



# OPD ASSESSMENT FORM



Name Ms. Kavshik Naik Age.Sex 36/M MR.No. S106608

Doctor Dr. Shailaja Desai Date 23/03/2024

Ht : 164cm Wt. : 81.3kg Temp : 97.6F Pulse : 100b/m BP : 153/97 mm Hg

SPO2 : 100 RA Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

Routine dental check up

**Drug / Food Allergy :**

Prior Medication Reviewed : Yes  No

**On examination :**

As stain  
Referred to G

**Past History :**

**Provisional Diagnosis :**

**Nutritional Assessment :**

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

**Treatment and further Advices :  
(Write in Capital Letters)**

R<sub>x</sub>  
1) Sealing  
2) X-ray & review to G

**Investigation advised :**

Dr. Shailaja Desai  
B.D.S. (Dental Surgeon)  
A-9793  
Dental Surgeon  
Sunshine Global Hospital, Surat  
Signature

Follow Up : \_\_\_\_\_ Date : \_\_\_\_\_



# OPD ASSESSMENT FORM



Name Ms. Koushik Naik Age.Sex \_\_\_\_\_ MR.No. \_\_\_\_\_

Doctor Dr. Hardik Shroff Date 23/03/2024

Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_

SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

no complaint

Drug / Food Allergy :

Prior Medication Reviewed : Yes  No

On examination : BE Ant-seg MAD

MS NIB  
NA 6/12

Past History :

ST E & R - 0.75 - 0.25 - 20 - 4/2  
L - 0.75 - 4/2

Provisional Diagnosis : Endia central BE MAD

BE Myopia

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :  
(Write in Capital Letters)

Rx

Investigation advised :

Dr. Hardik Shroff

DOMS, DNB (Ophthalmology)

Signature 28902

SUNSHINE GLOBAL HOSPITAL  
Piplod, SURAT.

Follow Up : 205 Date : \_\_\_\_\_



<b>MR No.</b> : S106608	<b>Collection Date</b> : 23/03/2024 9:30AM
<b>Patient Name</b> : Mr. Kaushik Rameshchandra Naik	<b>Age</b> : 36 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 1:05 PM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>POST PRANDIAL BLOOD GLUCOSE [PPBS]</b>			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	<b>182</b>	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

**Reg. No.: G-9074**

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DOC. No. SGHS/FMT/OPD015' 01 14/06/2014 Rev. No. 0.0



### SPECTACLE CARD

Date 23/3/24

Name: Mr. Kanishk Raut

Ref. No. 5106608

RIGHT				LEFT			
Sph.	Cyl.	Axis	V.A.	Sph.	Cyl.	Axis	V.A.
-0.75	-0.25	20	6/6	-0.75			6/6

Remarks:

#### INSTRUCTIONS:

- Verify your new glasses before using them.
- Bring this prescription on every visit.
- Get your glasses checked every six months to one year if necessary.
- Donate Eyes, Help Blind.
- Request to optician. Please prepare the glasses according to this prescription only.

Consulting Eye Surgeon

Time : 09:00 am to 11:00 am, Monday to Saturday  
Please obtain reporting time in advance & always bring OPD File

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<b>PAT. NAME :</b> Kaushikkumar Naik	<b>Date :</b> 23/03/2024
<b>REF. DOCTOR :</b> Hosp Dr.	<b>AGE :</b> 36 Yrs / M
<b>INV. :</b> USG Whole Abdomen	<b>MR NO. :</b> S106608

**Findings:**

Liver is enlarge in size (16 cm), shape and shows moderate increase in parenchymal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is distended and appears normal. No e/o calculus, sludge or mass lesion is seen. CBD and Portal Vein appears normal is size and calibre.

Pancreas appears normal in size and shows normal echopattern to the extent assessed. Spleen appears normal in size, shape and homogenous echopattern.

Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o any calculus or hydronephrosis is seen.

Aorta and para-aortic regions appears normal. No e/o any lymphadenopathy.  
Urinary bladder appears well distended and normal.  
No e/o free fluid in pelvis.

**IMPRESSION:**

- **Hepatomegaly with grade II fatty liver.**

**Dr. Sneha Dumaswala**  
MBBS, DNB-Radiodiagnosis  
Consultant Radiologist  
G-21796

Transcribed By: Asha

Page: 1 out of 1  
Date & Time of report: 03/23/2024 – 12:23 PM

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<b>PAT. NAME :</b> Kaushikkumar Naik	<b>Date :</b> 23/03/2024
<b>REF. DOCTOR :</b> Hosp Dr.	<b>AGE :</b> 36 Yrs / M
<b>INV. :</b> Radiograph of Chest PA	<b>MR NO. :</b> S106608

**Clinical Details:** HC

**Observation:**

- Both the lung fields appears normal.
- Both costophrenic angles appear clear.
- Both the hila appears normal.
- Trachea appears in midline.
- Cardiac size and other mediastinal shadows appears normal.
- Both domes of diaphragm appear normal.
- Bony thorax appears normal.

  
**Dr. Sneha Dumaswala**  
MBBS, DNB-Radiodiagnosis  
Consultant Radiologist  
G-21796

Transcribed By: Asha

Page: 1 out of 1  
Date & Time of report: 23/03/2024 – 12:13 PM

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<b>MR No.</b> : S106608	<b>Collection Date</b> : 23/03/2024 9:30AM
<b>Patient Name</b> : Mr. Kaushik Rameshchandra Naik	<b>Age</b> : 36 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:33 PM

**HAEMATOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>CBC with ESR</b>			
HAEMOGLOBIN	15.4	gm/dl	13.0 - 17.0
PCV	49.9	%	40 - 50
RBC COUNT	6.76	mill/cmm	4.5 - 5.5
MCV	73.8	fl	76 - 96
MCH	22.8	pg	26 - 32
MCHC	30.9	%	32 - 36
RDW	15.6	%	11 - 15
PLATELET COUNT	3.63	lacs/cmm	1.5 - 4.5
WBC COUNT	6510	/cmm	4000 - 11000
ESR	02	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	55	%	40 - 70
LYMPHOCYTES	34	%	20 - 40
EOSINOPHILS	03	%	1 - 6
MONOCYTES	08	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Hypochromasia(+), Microcytosis(+), Anisocytosis(+), Erythrocytosis		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSMEX XN-550

\*\*\*\*\* End Report \*\*\*\*\*

*SC*  
**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:29 PM

**HAEMATOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
<b>BLOOD GROUP &amp; RH FACTOR</b>		
BLOOD GROUP	"O"	
RH FACTOR	POSITIVE	

**BIOCHEMISTRY**

<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	<b>7.9</b>	mg/dl	3.4 - 7.0
<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	<b>125</b>	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
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**Reg. No.: G-9074**

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:29 PM

**BIOCHEMISTRY**

<b>Parameter</b>	<b>Result</b>	<b>Units</b>	<b>Normal Range</b>
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	6.4	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	136.98	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay

Note:- Criteria for the diagnosis of diabetes HbA1c >/=6.5\*

- HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
- HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefor remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy, nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
- Genetic Variants (Hb-S trait, Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

\*\*\*\*\* End Report \*\*\*\*\*

*[Signature]*  
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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:30 PM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	<b>318</b>	mg/dl	50 - 200
HDL CHOLESTEROL Direct	<b>33</b>	mg/dl	40 - 60
LDL CHOLESTEROL Direct	<b>216</b>	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	<b>346</b>	mg/dl	50 - 150
VLDL Calc	<b>69.2</b>	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	<b>9.64</b>		0 - 5
LDL / HDL RATIO	<b>6.55</b>		0 - 3

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Details on test interpretation available from the lab.

TEST	NEAR OPTIMAL (Moderate Risk)	BORDER LINE (Risk)	HIGH (Risk)	VERY HIGH
CHOLESTROL	160-199	200-239	240-279	280
HDL	50-59	40-49	< 40	
LDL	100-129	130-159	160-190	>190
TRIGLYCERIDES	150-169	170-199	240-499	>500
CHO/HDL RATIO	3.3-4.4	4.4-11.0	>11.0	
LDL/HDL RATIO	0.5-3.0	3.0-6.0	>6.0	

\*\*\*\*\* End Report \*\*\*\*\*

*SC*  
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**MD, DCP (Pathology)**

**Reg. No.: G-9074**

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:31 PM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	78	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.8	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.6	mg/dl	0.0 - 0.8
SGPT (IFCC)	49	U/L	5 - 41
SGOT (IFCC)	36	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.4	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.1	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.3	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.22	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	0.9	mg/dl	0.5 - 1.2
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	8.9	mg/dl	8 - 23
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	13.9	mg/L	
URINE CREATININE (JAFPE)	59.2	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	2.35	mg/gm	

Normal: <30;  
Microalbuminuria:  
30-299; Clinical  
Albuminuria: >300

\*\*\*\*\* End Report \*\*\*\*\*

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Age : 36 Y Sex : Male  
Report Date : 23/03/2024 12:31 PM

**CLINICAL CHEMISTRY**

Parameter	Result	Units	Normal Range
<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.25	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.62	ug/dl	5.1 - 14.0
TSH (CLIA)	2.23	uIU/ml	0.2 - 4.5

te:-

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (freeT4). Additionally the hypothalamic tripeptide, thyrotropin releasing hormone (TSH) directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy also stimulate the thyroid gland to synthesize and secrete T3 and T4.

Quantification of TSH significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated while in secondary and tertiary hypothyroidism, TSH levels are low.

\*\*\*\*\* End Report \*\*\*\*\*

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/03/2024 12:33 PM

**CLINICAL PATHOLOGY**

<b>Parameter</b>	<b>Result</b>	<b>Normal Range</b>
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.025	
<b>CHEMICAL EXAMINATION</b>		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
<b>MICROSCOPIC EXAMINATION</b>		
PUS CELLS	1-2	/hpf
EPITHELIAL CELLS	1-2	/hpf
.BC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

\*\*\*\*\* End Report \*\*\*\*\*

*[Signature]*  
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**MD, DCP (Pathology)**

**Reg. No.: G-9074**

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**Tilak Road**  
Anant Apartment, B/s. Aradhna Cinema  
Tilak Road, Vadodara - 390 001.  
T: +91 265 2429282, 2429262  
F: +91 265 434073

ID: s106608

23-Mar-2024  
13:05:42

36years

Caucasian

Male

BRUCE

Total exercise time: 7:35

Max HR: 182bpm 98% of max predicted 184bpm

Max BP: 187/94

Maximum workload: 9.4METS

25.0 mm/s  
10.0 mm/mV  
100hz

Reason for Termination:  
Comments:

Referred by:  
Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	2:17	0.7	0.0	1.5	126	140/90	176
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	148	140/90	207
	STAGE 2	3:00	2.5	12.0	7.0	167	160/95	267
	STAGE 3	1:35	3.4	14.0	9.4	182	160/95	291
RECOVERY	RECOVERY	4:02	**.*	**.*	1.0	130	187/94	248

Trot is negative for inducible ischemia

Technician:

Unconfirmed

MAC55-010B

ID: s106608

V1stV

23-Mar-2024

13:07:17

112bpm

BP: 140/90

ST @ 10mm/mV

80ms postJ

PRETEST  
SUPINE

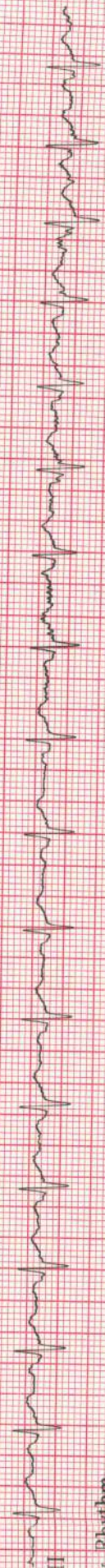
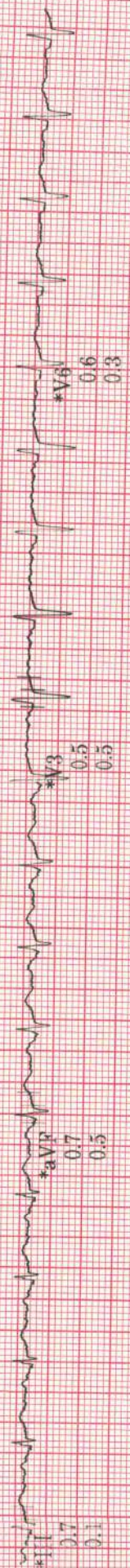
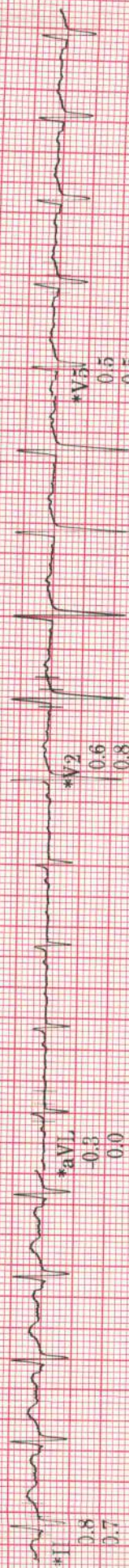
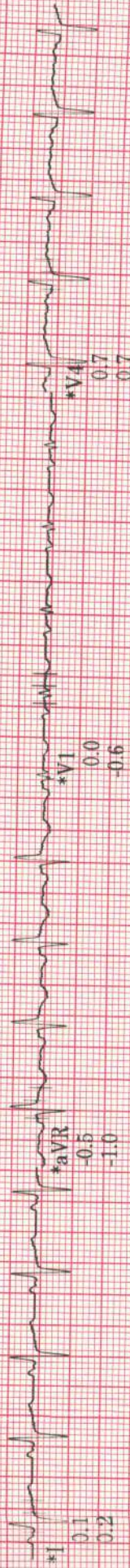
1:36

B. CE

\*\*.\*mph

\*\*.\*%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

0

ID: s106608

Visit:

23-Mar-2024

13:17:34

RECOVERY  
RECOVERY

2:00

146bpm

BP: 184/104

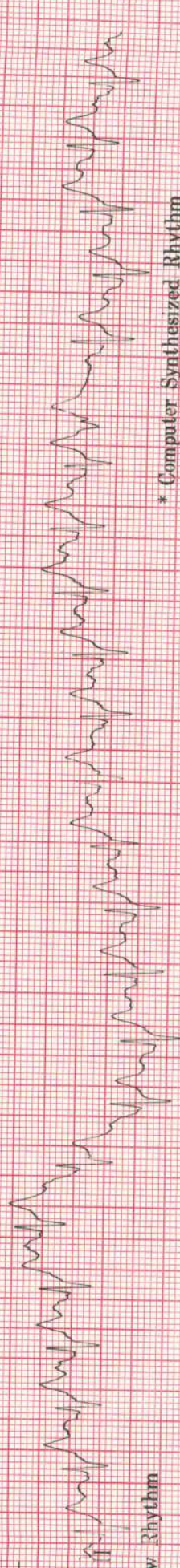
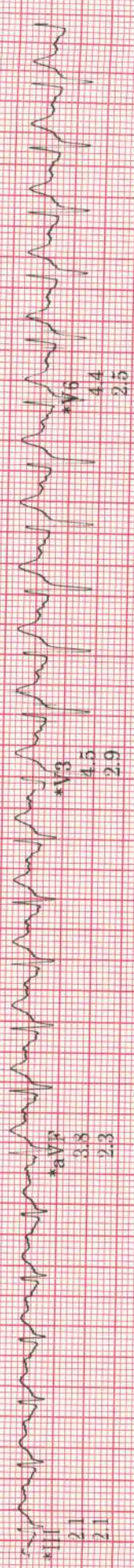
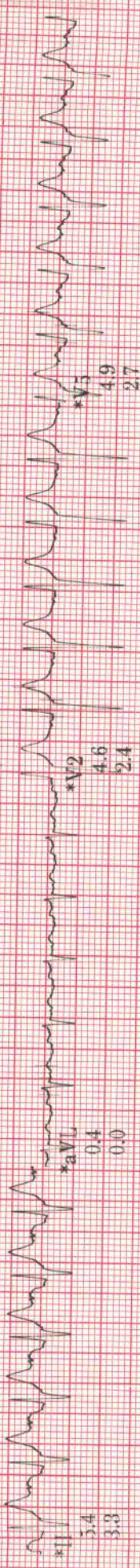
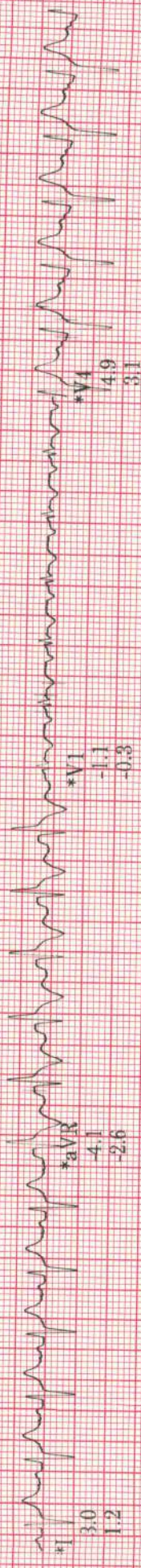
ST @ 10mm/mV  
80ms postJ

BRUCE

\*\*\*mph

\*\*\*%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

9



ID: s106608

Visit:

23-Mar-2024

13:19:34

RECOVERY  
RECOVERY

4:00

129bpm

BP: 187/94

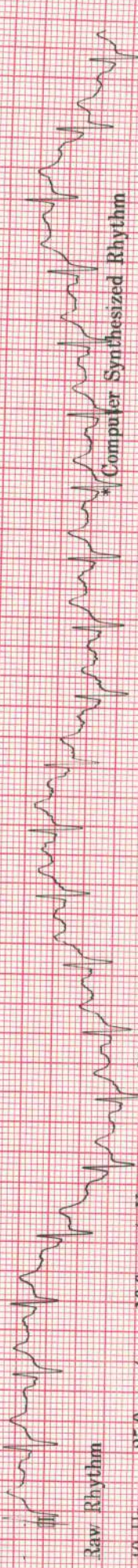
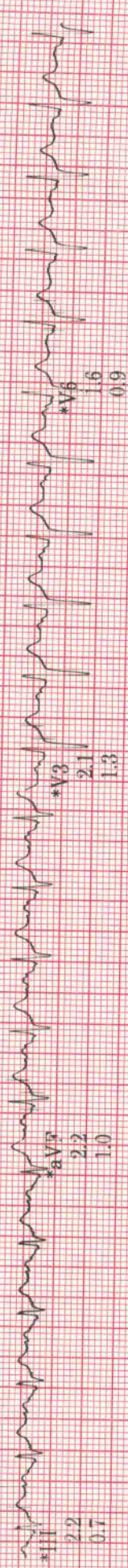
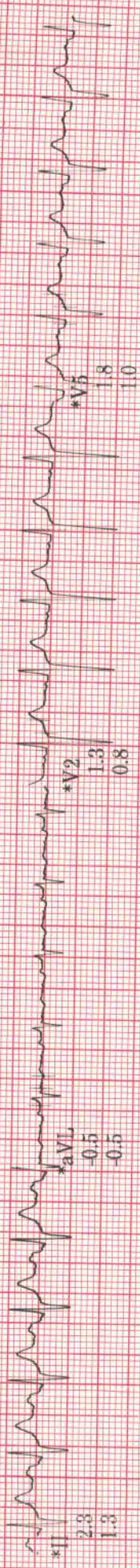
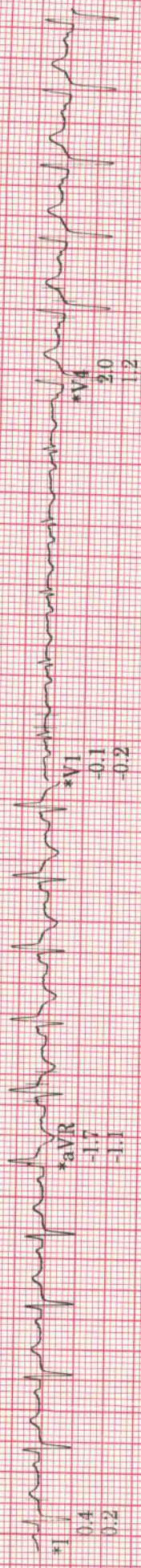
ST @ 10mm/mV  
80ms postJ

BIJCE

\*\*\*mph

\*\*\*%

Lead  
ST(mm)  
Slope(mV/s)



40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

\*Computer Synthesized Rhythm

MAC55 010B

三

ID: s106608

Visit:

23-Mar-2024

13:05:42

36years

Caucasian

Male

Referred by:

Test ind:

Total exercise time: 7:35

Max HR: 182bpm 98% of max predicted 184bpm

Max BP: 187/94

Maximum workload: 9.4METS

Reason for Termination:

Comments:

25.0 mm/s  
10.0 mm/mV  
100hz

BASELINE

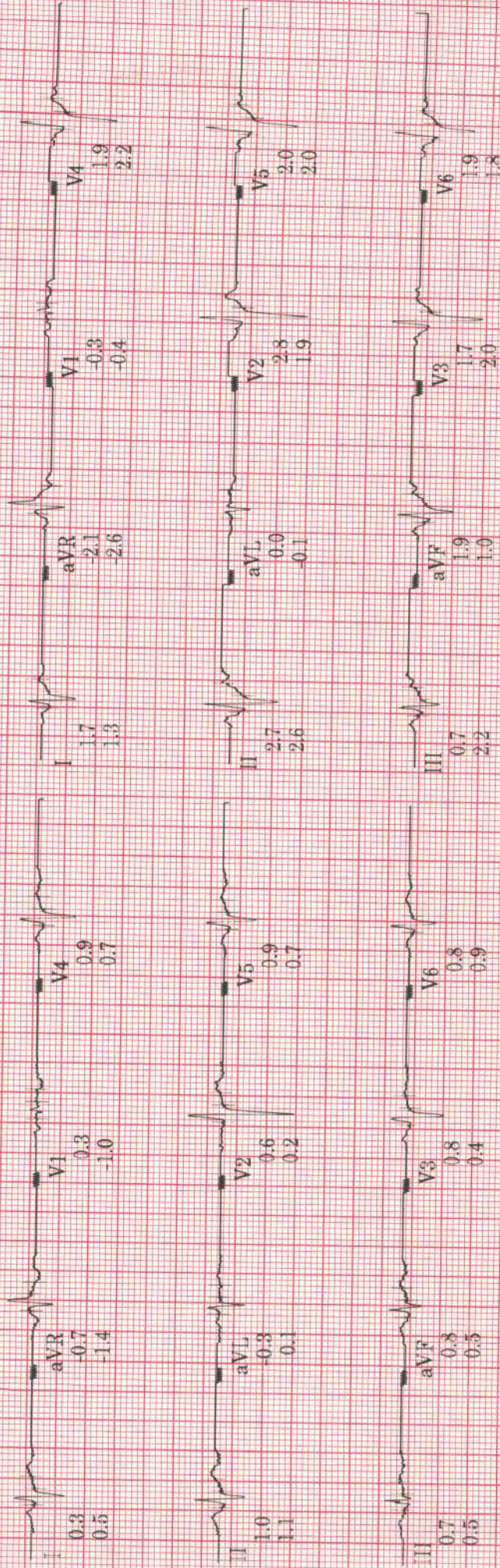
EXERCISE STAGE 1  
0:00 1.5METS

126bpm  
BP: 140/90  
ST @ 10mm/mV  
80ms postJ

PEAK

EXERCISE STAGE 3  
7:35 9.4METS

182bpm  
BP: 160/95  
ST @ 10mm/mV  
80ms postJ



Technician:

Unconfirmed

MAC55 010B

ID: s106608

Visit:

23-Mar-2024

13:10:59

EXERCISE  
STAGE 1

3:00

148bpm

BP: 140/90

ST @ 10mm/mV

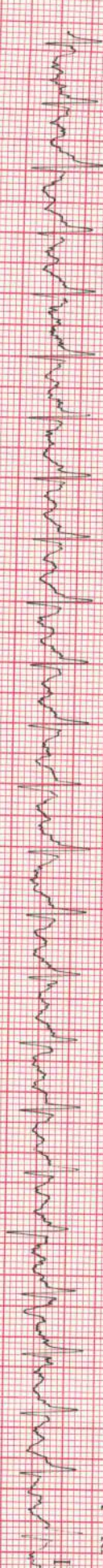
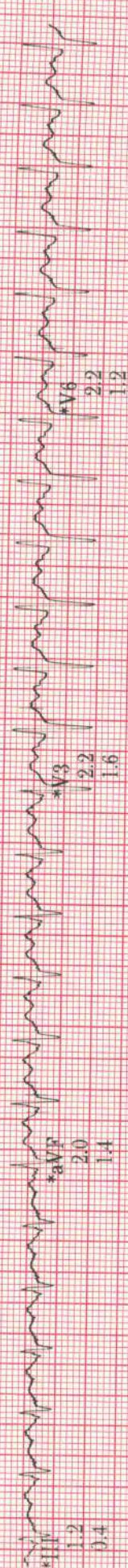
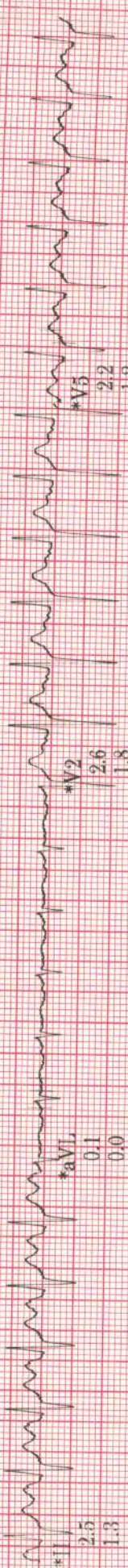
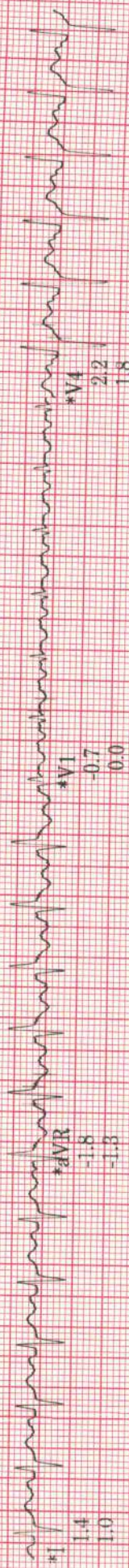
80ms postJ

B. CE

1.7mph

10.0%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010B

II

ID: s106608

Visit:

23-Mar-2024  
13:13:59

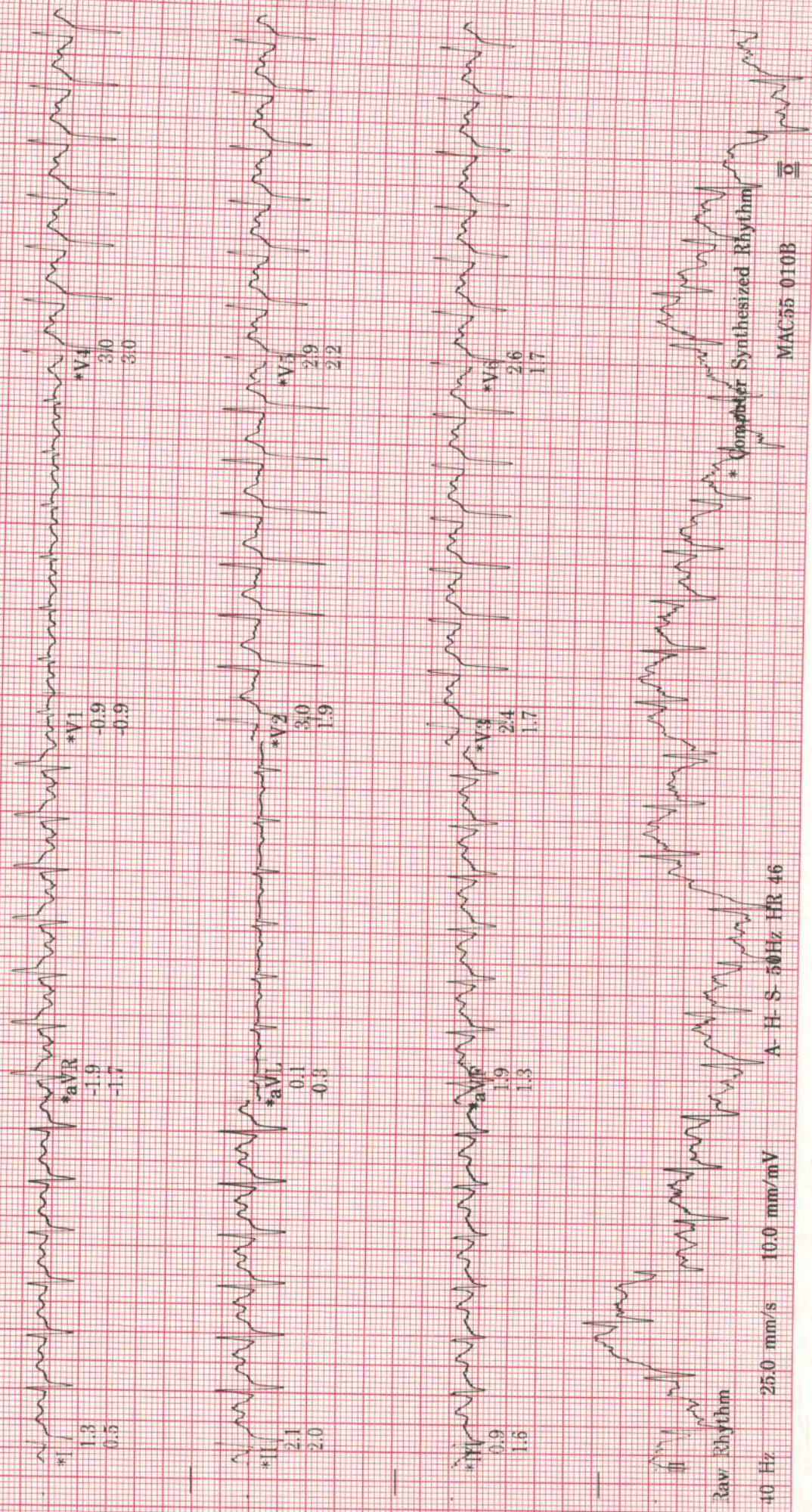
EXERCISE  
STAGE 2  
6:00

167bpm  
BP: 160/95

ST @ 10mm/mV  
80ms postJ

BCE  
2.5mph  
12.0%

Lead  
ST(mm)  
Slope(mV/s)



ID: s106608  
Visit:  
23-Mar-2024  
13:15:34

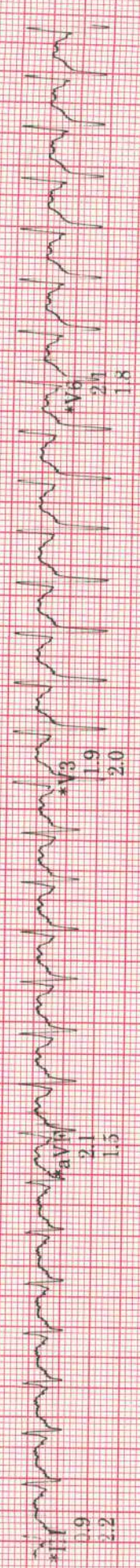
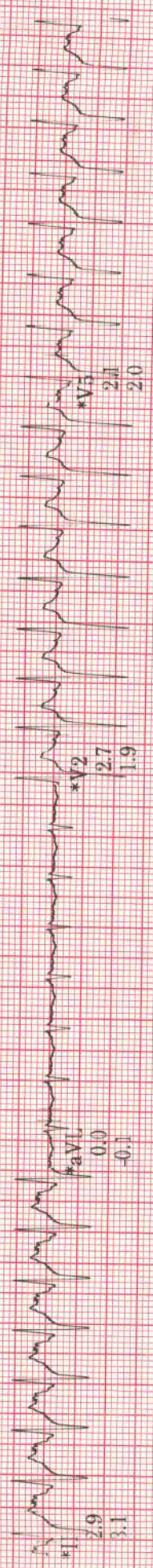
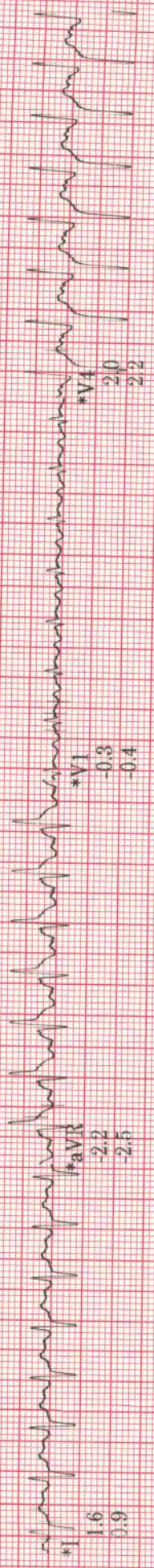
EXERCISE  
STAGE 3  
7:35

182bpm  
BP: 160/95

ST @ 10mm/mV  
80ms postJ

B. CE  
3.5mph  
14.0%

Lead  
ST(mm)  
Slope(mV/s)



ID: s106608

Visit:

23-Mar-2024

13:05:42

BRUCE

Heart Rate (bpm)

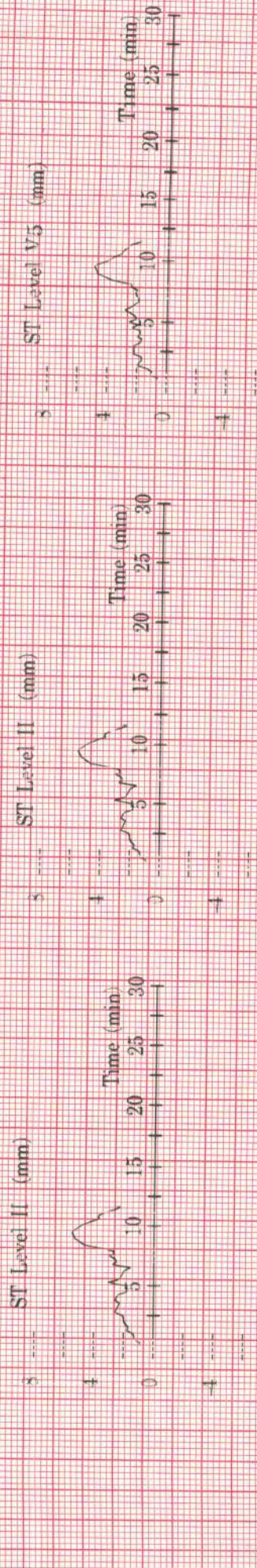
BP (mmHg)

PVC's/m

ST @ 10mm/mV 40

80ms postJ

EXERCISE



MAC55 0103

ID: S100006

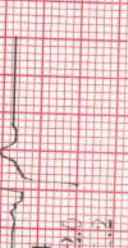
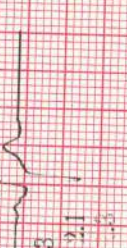
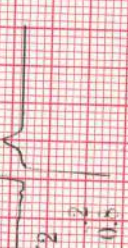
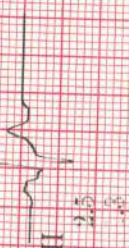
23-Mar-2024  
13:05:42

RECOVERY  
RECOVERY  
4:00  
130bpm  
BP: 187/94  
1.0METS

Visit:

BRUCE

ST @ 10mm/mV  
80ms postJ  
25.0 mm/s  
10.0 mm/mV  
100hz



Lead  
ST(mm)  
Slope(mV/s)

MAC55 010B

ID: s106608

23-Mar-2024  
13:05:42

PRETEST  
SUPINE  
1:36  
112bpm  
BP: 140/90  
1.0METS

EXERCISE  
STAGE 1  
0:00  
126bpm  
BP: 140/90  
1.5METS  
BASELINE

EXERCISE  
STAGE 1  
1:00  
143bpm  
BP: 140/90  
3.0METS

EXERCISE  
STAGE 1  
2:00  
144bpm  
BP: 140/90  
4.8METS

EXERCISE  
STAGE 1  
3:00  
148bpm  
BP: 140/90  
4.6METS

EXERCISE  
STAGE 2  
4:00  
162bpm  
BP: 160/95  
5.8METS

EXERCISE  
STAGE 2  
5:00  
162bpm  
BP: 160/95  
7.0METS

BRUCE

ST @ 10mm/mV  
60ms postJ  
25.0 mm/s  
10.0 mm/mV  
100hz



Lead  
ST(mm)  
Slope(mV/s)

MAC55 010B



00000000

23-Mar-2024  
13:05:42

EXERCISE STAGE 2  
6:00  
167bpm  
BP: 160/95  
7.0METS

EXERCISE STAGE 3  
7:00  
181bpm  
BP: 160/95  
8.5METS

EXERCISE STAGE 3  
7:35  
182bpm  
BP: 160/95  
9.4METS  
PEAK

RECOVERY RECOVERY  
1:00  
148bpm  
BP: 184/104  
5.3METS

RECOVERY RECOVERY  
2:00  
146bpm  
BP: 184/104  
1.0METS

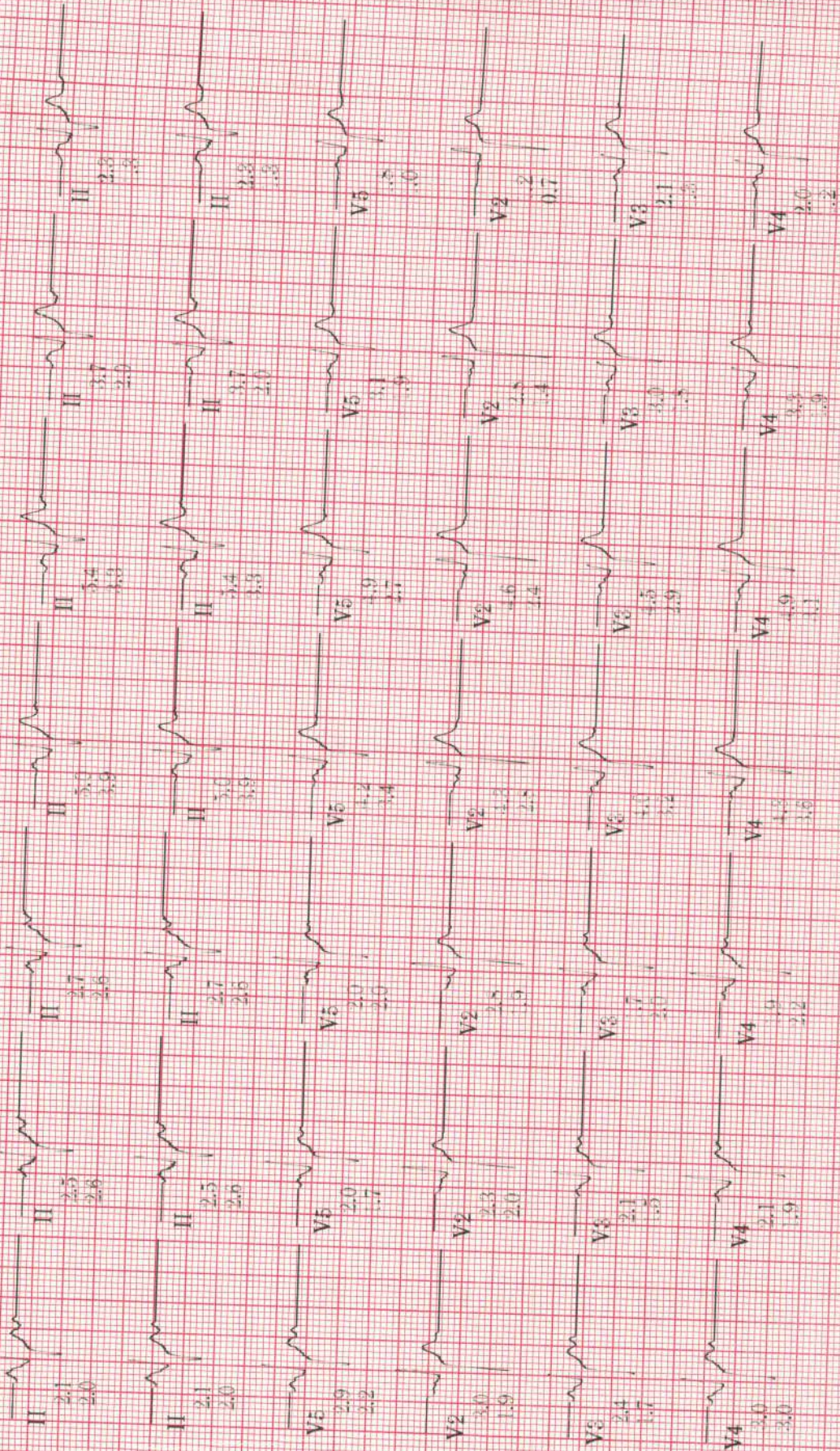
RECOVERY RECOVERY  
3:00  
138bpm  
BP: 187/94  
1.0METS

RECOVERY RECOVERY  
4:00  
129bpm  
BP: 187/94  
1.0METS

BRUCE

ST @ 10mm/mV  
80ms postJ

25.0 mm/s  
10.0 mm/mV  
100hz



Lead  
ST (mm)  
Slope (mV/s)

MAC55 010B

DOB:  
97, MALE

Mr. Karushik  
Kumar R. MHA  
36/100  
MR No: S106608

Vent rate: 104 BPM  
PR int: 138 ms  
QRS dur: 89 ms  
QT/QTc: 312/372 ms  
P-R-T axes: 54 70 70

SINUS TACHYCARDIA  
INDETERMINATE AXIS  
ABNORMAL RHYTHM ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS  
Reviewed by -----

