

OPR NO:

Shalby MD Physician Clinic

Patient Name:-

Harmanand Rao Kamble

Age / Sex :-

58 M

Chief Complaints:-

D.M.+

Date: 08/03/24

Weight:- 81.9 kg

Height:- 170 cm

Nutritional assessment:-

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

Pulse:- 79/min

BP:- 140/90 mmHg

SpO2:- 98%

Bgra: 31.1

Drug / Food Allergy:-

Past History :-

NAD

Family History:-

Systemic Examination:-

RS / NAD
CVS /
PA /
ONS /

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

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Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

Investigation :-

X-ray ~~chest~~ Rt. wrist ft
lower end
of forearm

Treatment and further advices:-
(Write in Capital Letters)

Rx

- Tab. Sitared M (3y) 50:500 I. c breakfast
- Tab. glimestar M, (3y) I tablet before dinner.
- Tab. Dapagold M (3y) 10:500 I tablet before lunch
- Tab. Telmikiind M (3y) I tab. daily

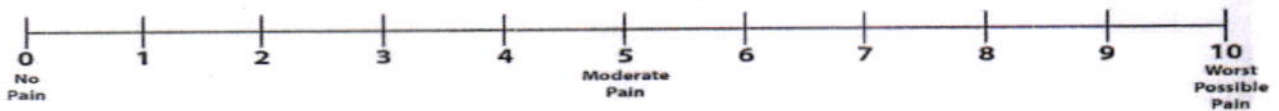
Follow Up:

in the
morning
अधी दवाओ. डक्टरने बतावीने लेवी.

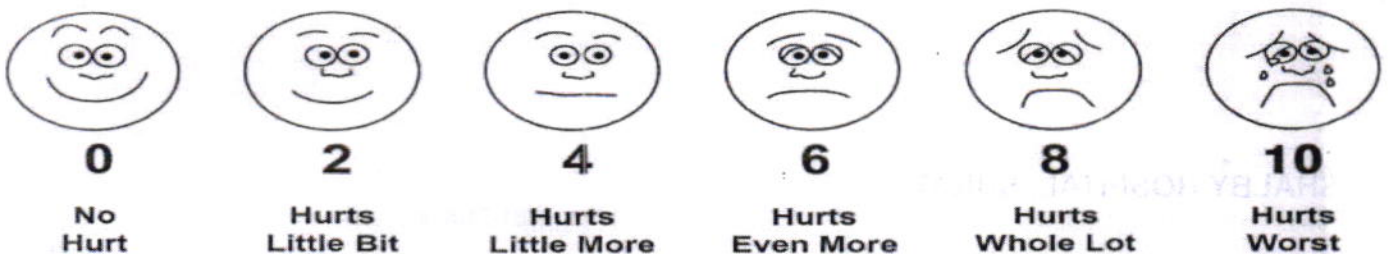
Date: - _____

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Certificate No.: MC-5200

Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat. India.
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000361201 OP-001

REPORT STATUS : Interim



Patient Name : Mr Hanmantrao Dattatreya Kamble /	Registered On : 08-Mar-2024 09:31 AM
Lab ID : 403900597	Collected On : 08-Mar-2024 09:35 AM
Gender/Age : Male / 58 Years	DOB : 07-Aug-1965
Received On : 08-Mar-2024 09:47 AM	Sample Type : EDTA Whole Blood
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	14.6	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	5.63	mill/cmm	4.5 - 5.5
HCT	Calculated	44.6	%	40 - 50
MCV	Calculated based on the RBC histogram	79.3	fL	83 - 101
MCH	Calculated	25.9	pg	27 - 32
MCHC	Calculated	32.7	g/dL	31.5 - 34.5
RDW	Calculated	13.3	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	5310	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	68	%	40 - 80
LYMPHOCYTES	Flow Cytometry	27	%	20 - 40
EOSINOPHILS	Flow Cytometry	2	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	264000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.9	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

WBCs	Total and differential leucocyte counts are within normal limit
PLATELETs	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

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Approved On : 08-Mar-2024 11:20 AM

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Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD GROUP (Tube agglutination: Forward & reverse)			
ABO Type	"B"		
RH Type	POSITIVE		

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Sample Type : Citrated Whole
Blood, EDTA Whole Bloo

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	5	mm in 1 hour	0 - 20
HBA1C			
HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	7.8	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Estimated Average Glucose (eAG) (mg/dL) * 177 mg/dL

Calculated

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Fluoride F, Urine (PP),
Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE**Plasma Glucose (F)**

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

136

mg/dL

74 - 106

Urine Sugar (F)

Glucose-oxidase/oxidase reaction

PRESENT[++]

mg/dL

Absent

POST PRANDIAL PLASMA GLUCOSE**Plasma Glucose (PP)**

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

211

mg/dL

Normal: 100-140 Impaired: 140
-199 Diabetic :=>200**Urine Sugar (PP)**

Glucose-oxidase/oxidase reaction

PRESENT[++++]

mg/dL

Absent

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Ref. By : Dr. Health Check Up . Shalby	Received On : 08-Mar-2024 10:14 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	155	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	135	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	32	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	123	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	96	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	27	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	3.0		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.8	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
RENAL FUNCTION TEST			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	13	mg/dL	9 - 20
UREA <i>Calculated</i>	28	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.81	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.6	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.2	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.7	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	140	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.44	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	103	mmol/L	98 - 107

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 * 122 ng/dL 87 - 178

Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

Total T4 * 15.06 µg/dL 99% Reference Interval (µg/dL)
4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

TSH * 1.565 µIU/mL 0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN ***6.0**

ng/mL

0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	39	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	24	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	57	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	29	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.3	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.3	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.0	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	2.1	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.6	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.5	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.1	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/oxidase reaction</i> Present (++)		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.020	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 5.5	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

----- End of Report -----

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Patient ID:	SUR0000361201	Patient Name:	HANMANTRAO KAMBLE
Age:	58 Years	Sex:	M
Accession Number:	2672 MHC	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	8-Mar-2024		

CHEST X-RAY (PA)

Prominent bronchovascular markings in bilaterally.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- Prominent bronchovascular markings in bilaterally.

Thanks for referral.

**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

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CIN: L85110GJ2004PLC044667

DR. RUJUTA SHELAT

Consultant Ophthalmologis

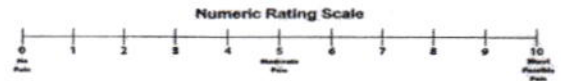
Reg. No.:- G-48712

Name :-

Date:-

8/3/22

Chief Complaints:-



Wong-Baker FACES[®] Pain Rating Scale



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Used with permission.

Pain Assessment:-

Regular check up

Past History:-

Family History:-

Allergy:-

Personal History:- **Habits:-** Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

Systemic Examination:-

BP:- Pulse:- Temp:-

HT:- WT:-

Visual Acuity:-

1/6/6

PH Vision:-

NCT

12
12

(aided)

ON Examination

Ant. Segment

Both Eye

- hmc

(early cataract)

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Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

(~2 mths)

Signature of the Consultant



Investigation:-

- low



Pre - op

Post- op

Health Check-up

Date : 08/03/24

Patient Reg. No. : _____

Patient Name : Hannathao Kumbale

Age / Sex : 58 / M

Address : Sureet

Complaints :

Pain : NAD

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History : NAD

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination : *

Abscess : _____ Food lodgement : _____

Periodontitis : pocket + 7 _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised : NA

Scaling : Sittings 1 2 3 Deep

Restoration : _____ Perio Surgery : _____

RCT : _____ Class V Fillings : _____

Dentures : _____ Extraction : _____

Implants : _____ Partial Denture : _____

Crown & Bridge Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.
hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.
After knee replacement any treatment should be done under "Antibiotic Coverage"

Dr. Darshini V. Shah
Dr. Darshini V. Shah
 (Consultant Dental Surgeon)

Patient's Name: Hanmantrao Kamble

Age: 58 yrs / male

UHID: 361201

Date:08 / 03 / 2024

ECHOCARDIOGRAPHY REPORT

VValves:-

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

Chambers:-

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity, Good RV systolic function With TAPSE:20

**Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.
Normal LV systolic function
with Ejection Fraction 60 %.
Grade I Diastolic Flow Pattern.**

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:13 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- Grade I LVDD
- EF 60 %



DR.SUSHIL YADAV
Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

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CIN: L85110GJ2004PLC044667

Patient Name: HANMANTRAO KAMBLE		UHID: 351201	
Age / Sex: 58 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 08/03/2024	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is enlarged in size (17 cm) shows grade II fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is enlarged in size and measures 34 X 42 X 35 mm (Approx. vol- 27 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- Hepatomegaly with grade II fatty liver.
- Mild Prostatomegaly.

Thanks for referral.

**DR. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)
G-14916**SHALBY HOSPITAL, SURAT**

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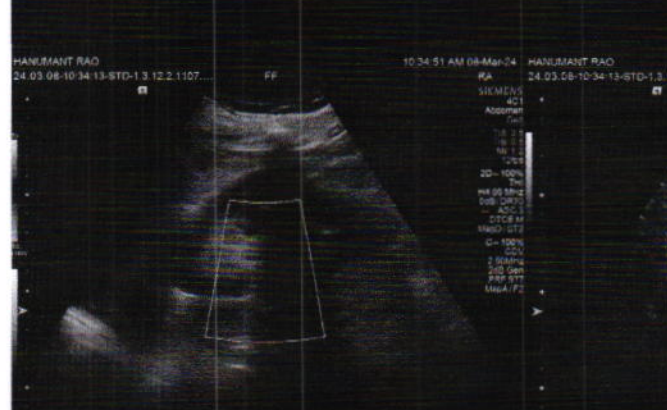
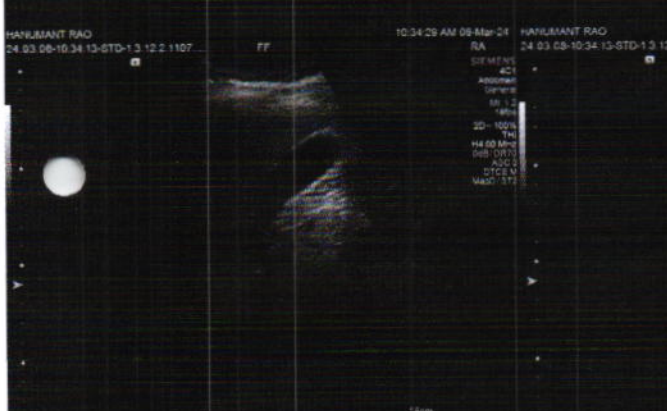
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ID:

Name:

Sex: M

cm

kg

Birth date:

/

mmHg

years

1100 Sinus rhythm

9110 ** normal ECG **

Hamman-zelo kumbie

Medication:

Symptoms:

History:

Heart rate	73	bpm
PR int	182	ms
QRS dur	80	ms
QT/QTc(E) int	362/ 387	ms
P/QRS/T axis	50/ 42/ 54	°
RV5/SV1 amp	1.47/ 0.49	mV
RV5+SV1 amp	1.96	mV

Unconfirmed Report

Reviewed by:

WNL

10 mm/mV 25 mm/s Filter: H50 d 35 Hz

10 mm/mV

