



# OPD ASSESSMENT FORM



Name Mr. Anant Kumar Age.Sex 37/M MR.No. S150920

Doctor Dr. Krunal Gajjar Date 12/03/2024

Ht : 170 cm Wt. : 98.5 kg Temp : 97.5 Pulse : 71 bpm BP : 145/87 mm/Hg

SPO2 : 97% Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

NOT - ANY.

**Drug / Food Allergy :**

NO.

Prior Medication Reviewed : Yes  No

**On examination :**

RS } NAD  
CVS }

**Past History :**

— N.S. —  
except H/O Bronchial Asthma.

**Provisional Diagnosis :**

**Nutritional Assessment :**

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

Rx

→ Tab. Odimont LC 0-0-1 x (15) days.

→ Foracort Inhaler 2 puffs SOS.

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

**Investigation advised :**

**Dr. Krunal Gajjar**  
M.B.B.S., MD (MEDICINE)  
CONSULTANT PHYSICIAN

Reg. No. G-20422

SUNSHINE GLOBAL HOSPITAL  
SURAT  
Signature

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



# OPD ASSESSMENT FORM



Name Mr. Anant Kumar Age.Sex 37/m MR.No S150920

Doctor Dr. Herodik Shroff Date 12/03/24

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

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

Chief Complaints :

Drug / Food Allergy :

No complaints

Prior Medication Reviewed : Yes  No

On examination : BE - Ant-Seq MAD Past History :

Vr (R) 157 MG ST R - 2.0 x 2.0 - 6  
(L) 158 L - 1.75 x 1.00 - 6

Provisional Diagnosis : Fundus (Central) BE MAD

Nutritional Assessment :

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

BE - Myopic Astigmatism

Treatment and further Advices :  
(Write in Capital Letters)

Investigation advised :

Rx

*[Handwritten Signature]*

Follow Up : 505 Date : \_\_\_\_\_

Signature

DOC. No. | SGHS/FMT/OPD015 | DOI | 14/06/2014 | Rev. No. | 0.0



### SPECTACLE CARD



Ref. No.

S150920

Name: Mr. Anant Kumar

Date: 23/2024

RIGHT			
Sph.	Cyl.	Axis	V.A.
-	-2.0	20°	6/6

LEFT			
Sph.	Cyl.	Axis	V.A.
-	-1.75	160°	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.

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

Consulting Eye Surgeon



<b>PAT. NAME :</b> Anant Kumar	<b>Date :</b> 12/03/2024
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 37 Yrs / M
<b>INV. :</b> USG Whole Abdomen	<b>MR NO. :</b> S150920

**Findings:**

Liver is mildly enlarge in size (15.8 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 partially distended and appears grossly normal.  
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 abdomen.

**IMPRESSION:**

- Mild 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: 03/12/2024 – 10:59 AM

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PAT. NAME : Anant Kumar	Date : 12/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 37 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S150920

**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: 12/03/2024 – 10:54 AM

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**MR No.** : S150920  
**Patient Name** : Mr. Anant Kumar  
**Ref By** : Dr. Hospital A Doctor  
**Collection Date** : 12/03/2024 11:04AM  
**Age** : 37 Y **Sex** : Male  
**Report Date** : 12/03/2024 11:21AM

**HAEMATOLOGY**

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	12.9	gm/dl	13.0 - 17.0
PCV	40.5	%	40 - 50
RBC COUNT	4.46	mill/cmm	4.5 - 5.5
MCV	90.8	fl	76 - 96
MCH	28.9	pg	26 - 32
MCHC	31.9	%	32 - 36
RDW	13.6	%	11 - 15
PLATELET COUNT ON SMEAR	1.50	lacs/cmm	1.5 - 4.5
WBC COUNT	5880	/cmm	4000 - 11000
ESR	14	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	55	%	40 - 70
LYMPHOCYTES	34	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	09	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Normochromic		
WBC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Within Normal Range		
HEMOPARASITES	Adequate		
	Not Seen		

SYSMEX XN-550

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

*Dr. Shobha Choksi*  
**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**  
**Reg. No.: G-9074**

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<b>Patient Name</b> : Mr. Anant Kumar	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 12/03/2024 11:10AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	5.3	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
<b>MEAN BLOOD GLUCOSE</b>	<b>105.41</b>	mg/dl	

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

Note:- Criteria for the diagnosis of diabetes HbA1c  $\geq 6.5\%$

- HbA1c is important test for the assessment of long term blood glucose control (also called glyemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of long term glyemic 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 \*\*\*\*\*

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

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

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 12/03/2024 11:10AM

**HAEMATOLOGY**

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

**BIOCHEMISTRY**

<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	6.6	mg/dl	3.4 - 7.0
<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	107	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

*SC*

**Dr. Shobha Choksi**  
MD, DCP (Pathology)  
Reg. No.: G-9074

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**Age** : 37 Y **Sex** : Male  
**Report Date** : 12/03/2024 11:18AM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	182	mg/dl	50 - 200
HDL CHOLESTEROL Direct	33	mg/dl	40 - 60
LDL CHOLESTEROL Direct	100	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	231	mg/dl	50 - 150
VLDL Calc	46.2	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	5.52		0 - 5
LDL / HDL RATIO	3.03		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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**Page 1 of 1**



MR No. : S150920  
 Patient Name : Mr. Anant Kumar  
 Ref By : Dr. Hospital A Doctor  
 Collection Date : 12/03/2024 11:04AM  
 Age : 37 Y Sex : Male  
 Report Date : 12/03/2024 11:19AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	75	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.8	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.3	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.5	mg/dl	0.0 - 0.8
SGPT (IFCC)	<b>107</b>	U/L	5 - 41
SGOT (IFCC)	<b>64</b>	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.7	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.1	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.6	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.96	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	<b>5.9</b>	mg/dl	8 - 23
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	<b>4.0</b>	mg/L	
URINE CREATININE (JAFPE)	<b>64.6</b>	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	6.19	mg/gm	

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

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

*SC*  
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<b>MR No.</b> : S150920	<b>Collection Date</b> : 12/03/2024 11:04AM
<b>Patient Name</b> : Mr. Anant Kumar	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 12/03/2024 11:11AM

**CLINICAL CHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.31	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.51	ug/dl	5.1 - 14.0
TSH (CLIA)	<b>4.88</b>	uIU/ml	0.2 - 4.5

Note:-  
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 \*\*\*\*\*

*SC*  
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<b>MR No.</b> : S150920	<b>Collection Date</b> : 12/03/2024 11:04AM
<b>Patient Name</b> : Mr. Anant Kumar	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 12/03/2024 11:22AM

**CLINICAL PATHOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.020	
<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
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

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

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

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<b>Patient Name</b> : Mr. Anant Kumar	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 12/03/2024 12:39 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)	136	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

*[Signature]*  
**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**  
**Reg. No.: G-9074**

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ID: s150920  
 Visit:  
 12-Mar-2024  
 9:43:23  
 37years  
 Caucasian  
 Male  
 BRUCE  
 Max HR: 170bpm 92% of max predicted 183bpm  
 Max BP: 213/104  
 Reason for Termination: 10.4METS  
 Total Exercise time: 9:03  
 25.0 mm/s  
 10.0 mm/mV  
 100hz  
 Referred by:  
 Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	3:06	0.7	0.0	1.5	78	145/87	113
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	115	145/87	167
	STAGE 2	3:00	2.4	12.0	6.8	143	150/90	215
	STAGE 3	3:00	3.4	14.0	10.1	169		
	STAGE 4	0:03	3.4	14.0	10.1	169		
RECOVERY	RECOVERY	4:02	***	***	1.0	98	177/100	173

TMT is negative for inducible ischemia

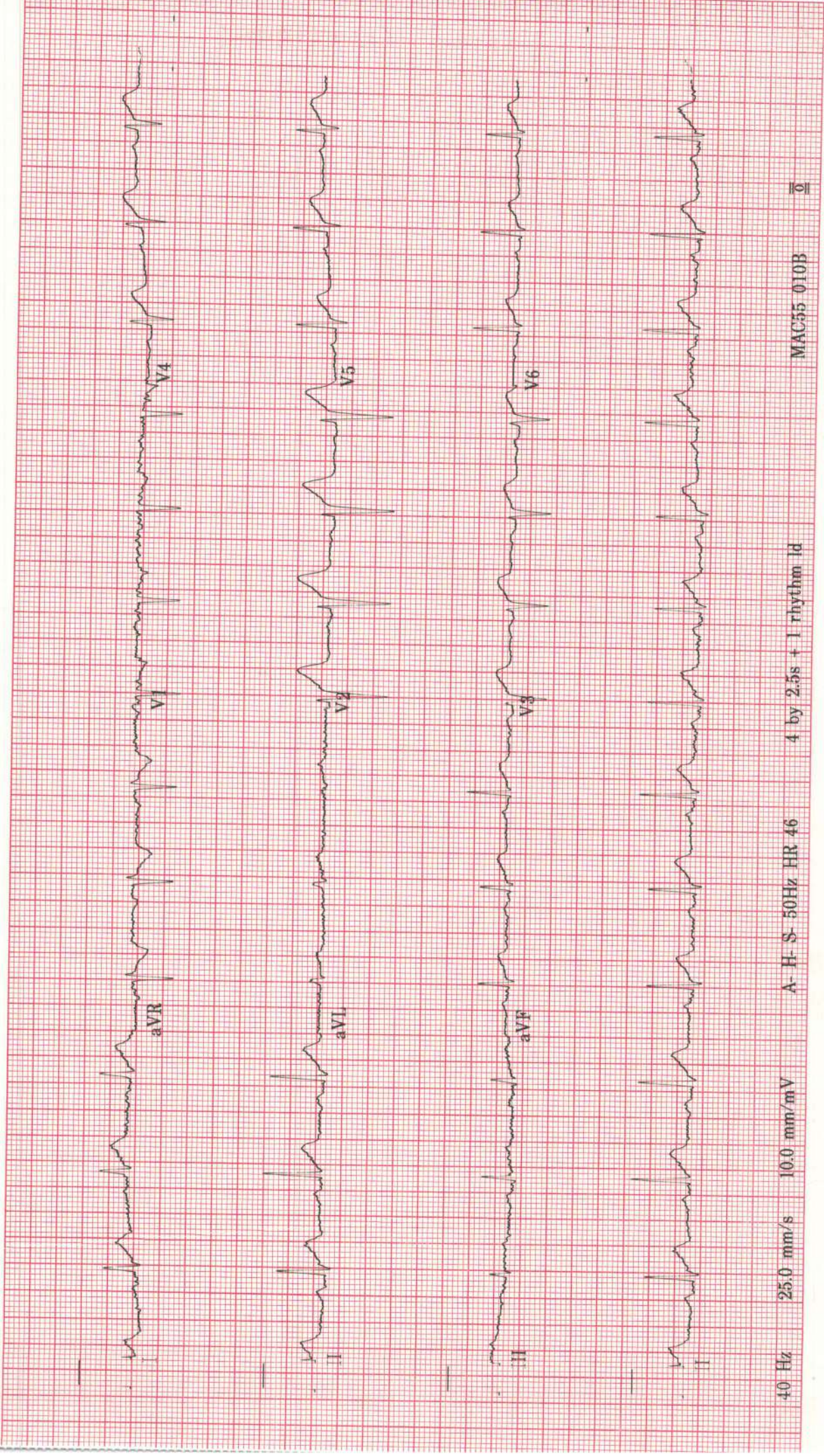
Technician: Unconfirmed  
 MAC55 010B

ID: s150920  
Visit:  
12-Mar-2024  
9:44:56

PRETEST  
SUPINE  
1:33

82bpm  
BP: 145/87

ba...JCE  
\*\*\*.mph  
\*\*\*.q%



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46 4 by 2.5s + 1 rhythm Id

MAC55 010B

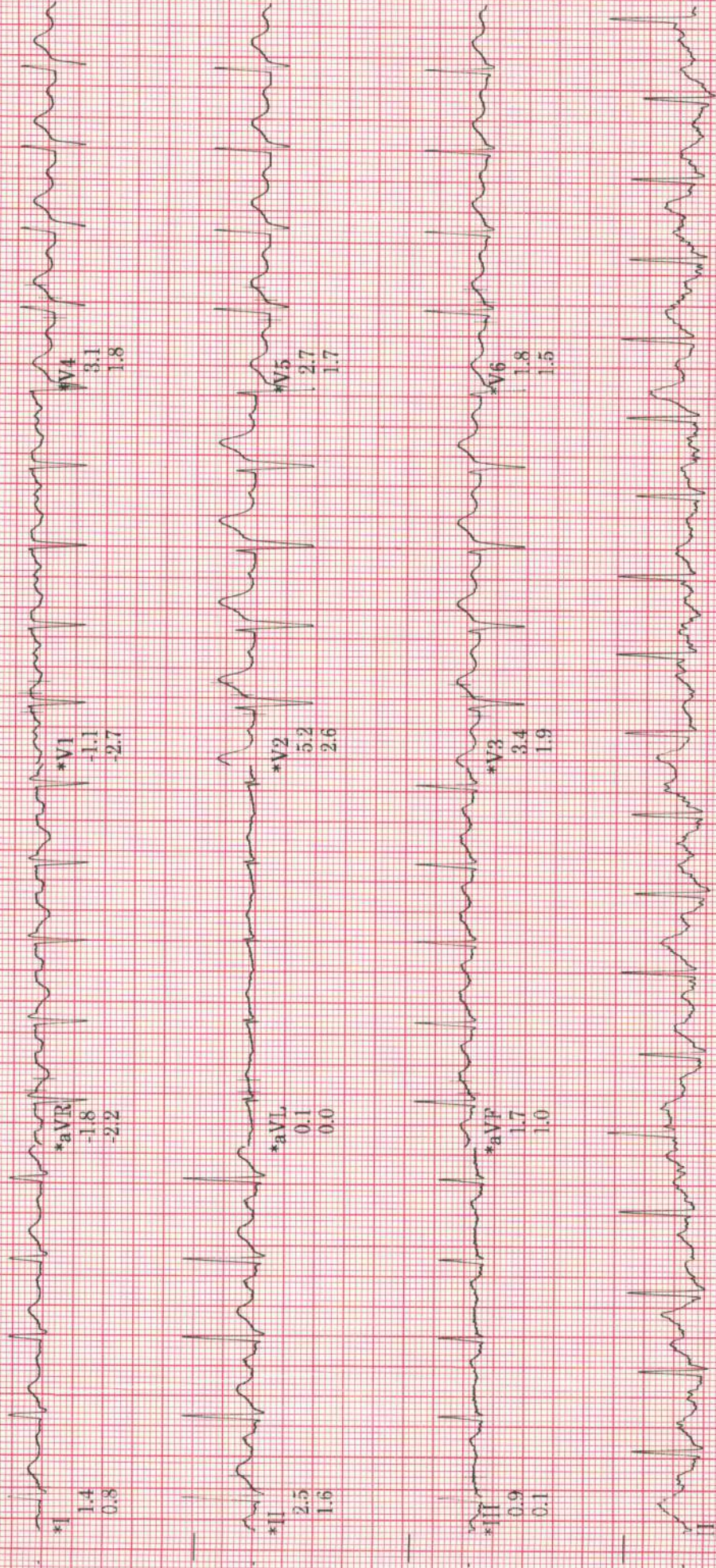
02

ID: s150920  
Visit:  
12-Mar-2024  
9:49:29

EXERCISE  
STAGE 1  
3:00  
115bpm  
BP: 145/87

Lead  
ST(mm)  
Slope(mV/s)

ST @ 10mm/mV  
80ms postJ



\* Computer Synthesized Rhythm

MAC55 010B

Raw Rhythm  
40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46



ID: s150920

Visit:

12-Mar-2024

9:52:29

143bpm

BP: 150/90

ST @ 10mm/mV  
80ms postJ

EXERCISE  
STAGE 2

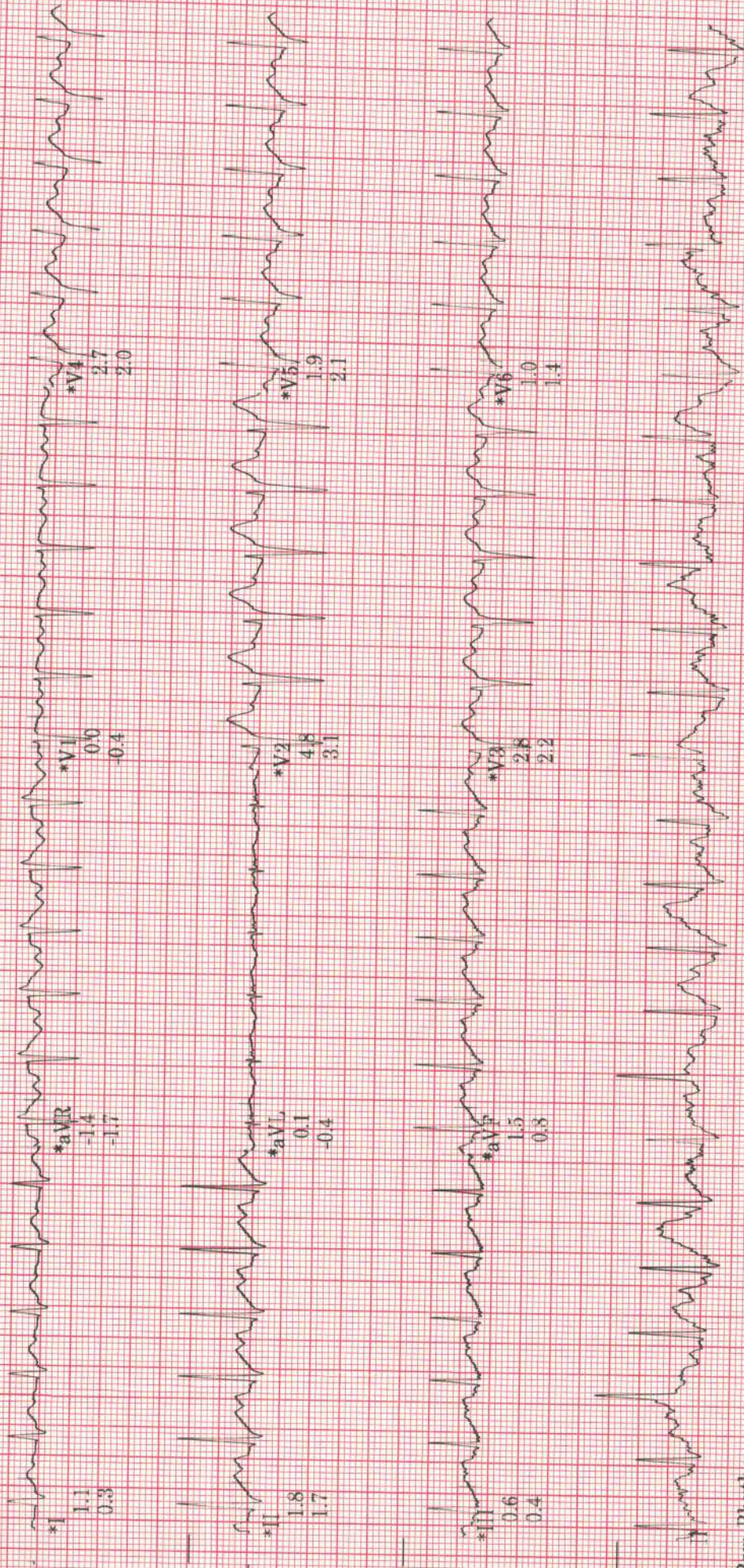
6:00

UCE

2.4mph

12.0%

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: s150920

Visit:

12-Mar-2024

9:55:32

EXERCISE  
STAGE 4

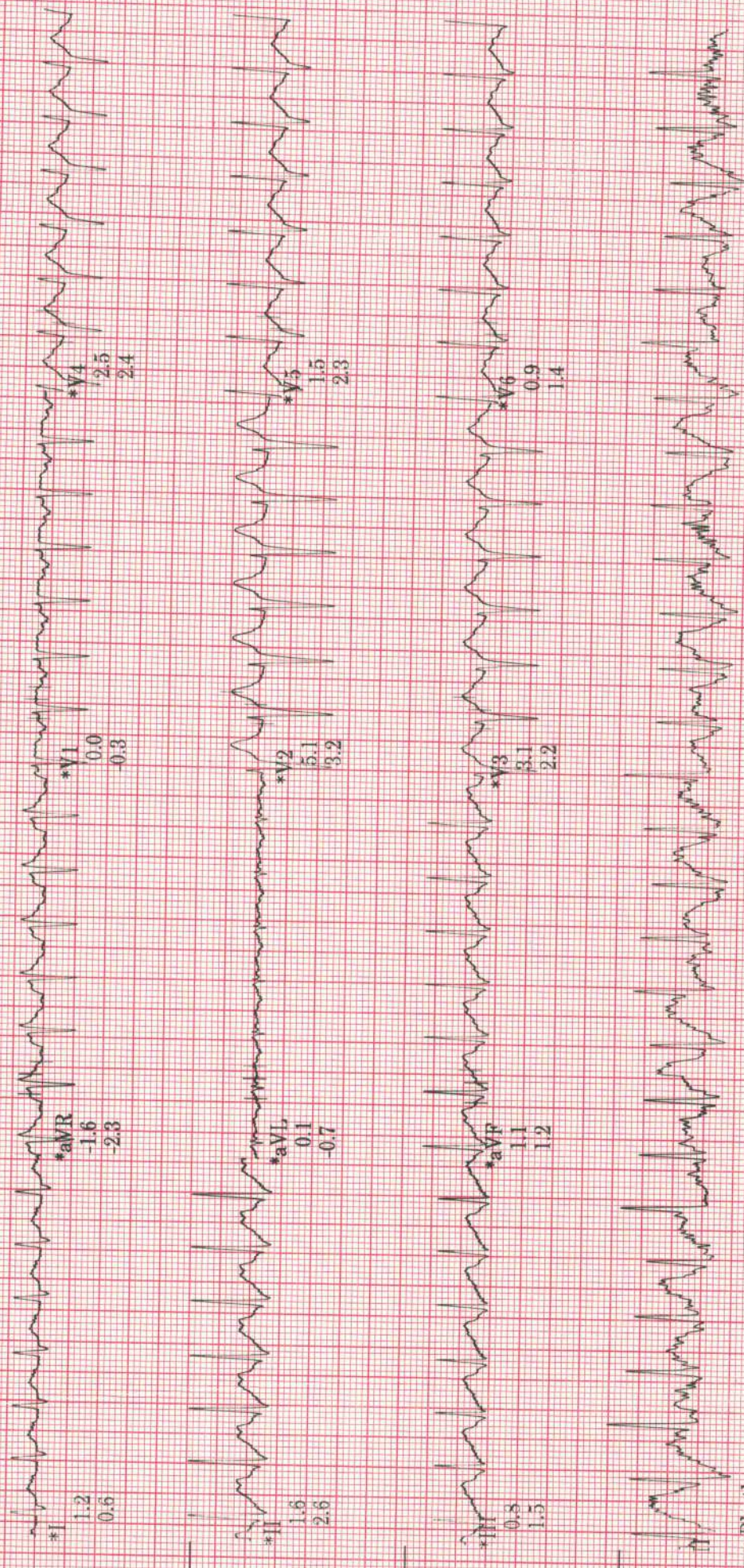
9:03

170bpm

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)

DUCE  
3.6mph  
14.6%



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 010B

0

ID: s150920

Visit:

12-Mar-2024

9:57:32

RECOVERY  
RECOVERY

118bpm

BP: 213/104

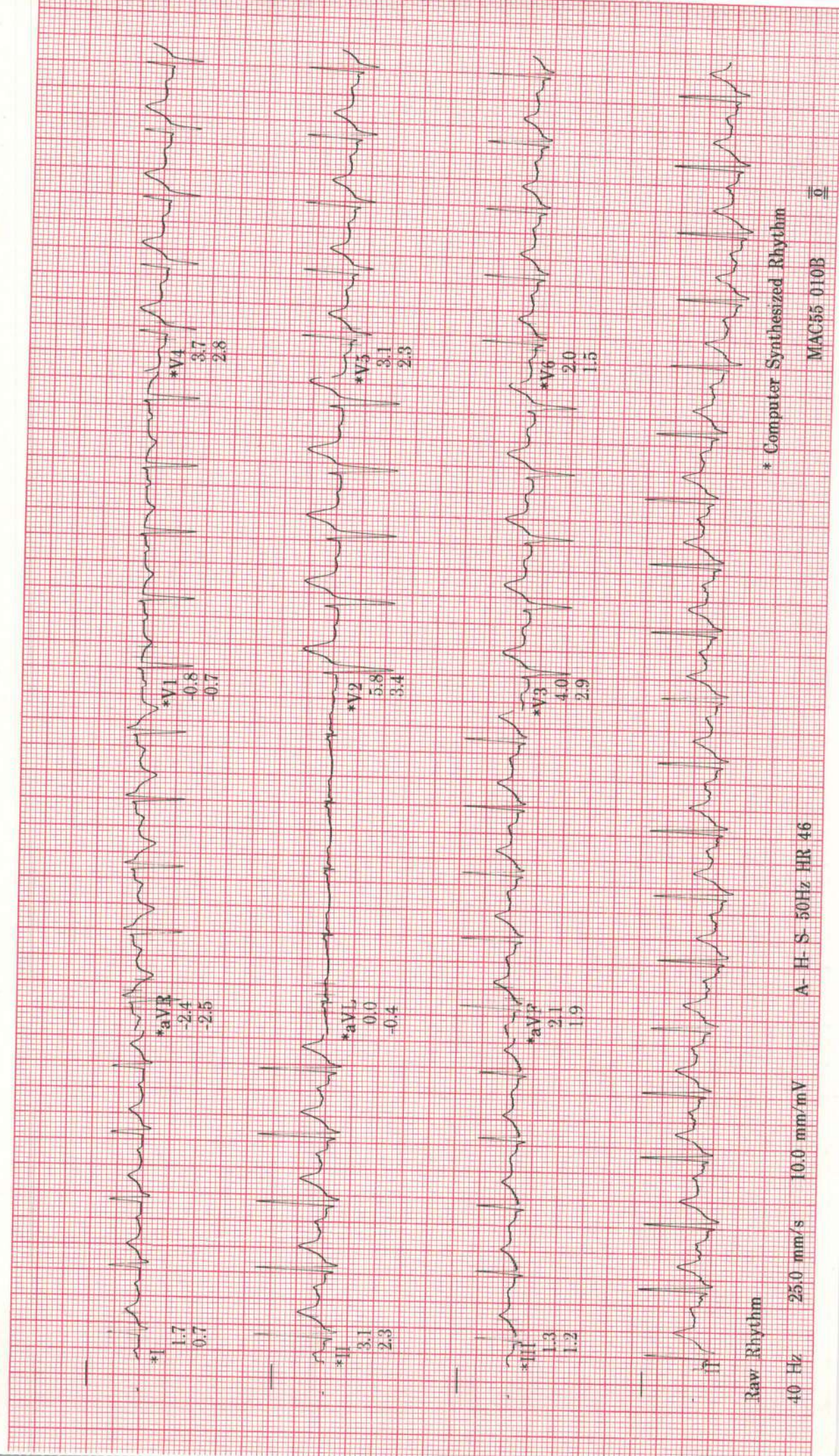
ST @ 10mm/mV  
80ms postJ

DUCE

\*\*.\*mph

\*\*.\*%

Lead  
ST(mm)  
Slope(mV/s)



\* Computer Synthesized Rhythm

A-H-S-50Hz HR 46

10.0 mm/mV

25.0 mm/s

40 Hz

MAC55 010B

0

ID: s150920

Visit:

12-Mar-2024

9:59:32

RECOVERY  
RECOVERY

99bpm

BP: 177/100

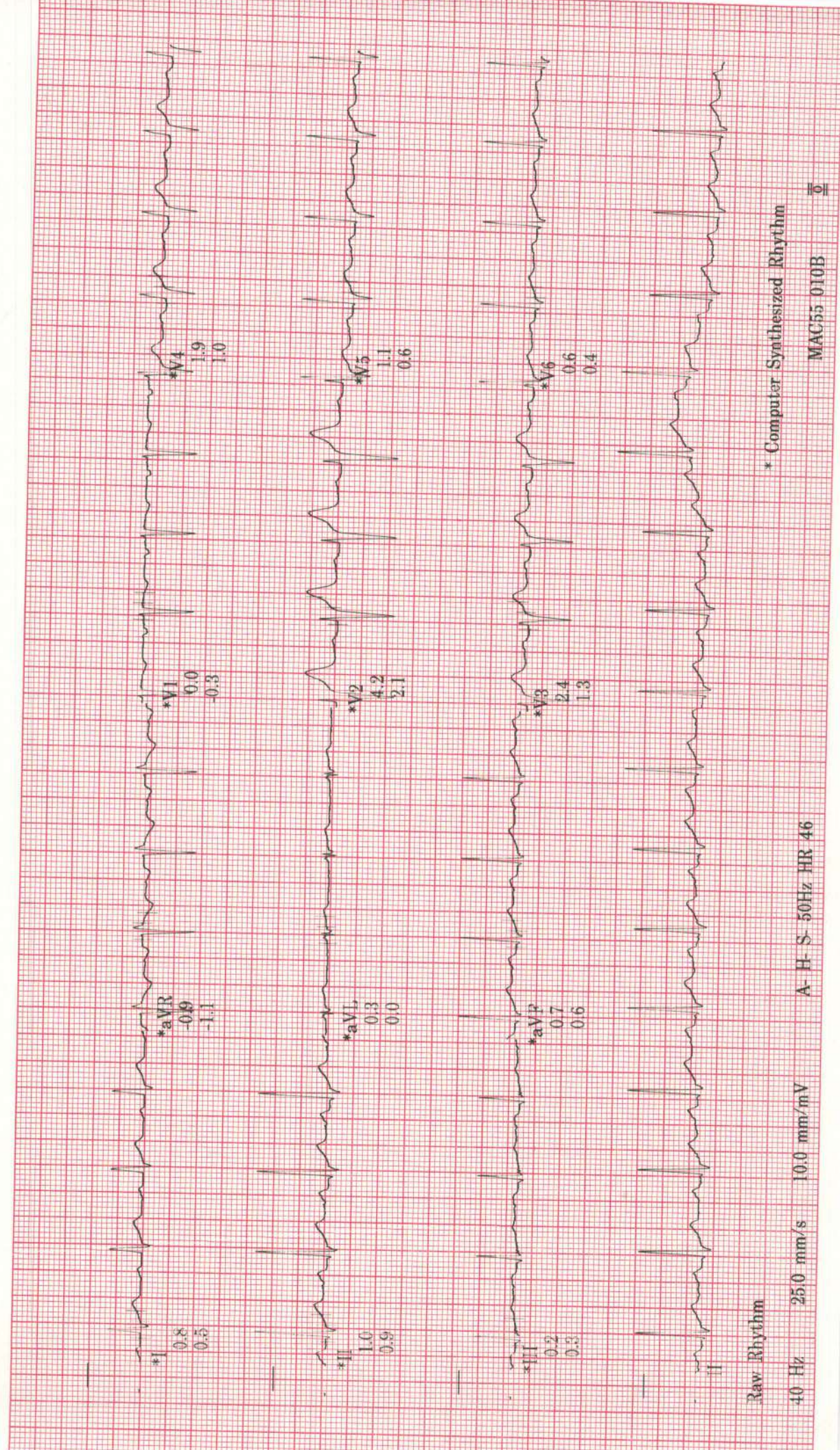
ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)

LUCE

\*\*.\*mph

\*\*.\*%



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: s150920

Visit:

12-Mar-2024  
9:43:23

37 years

Caucasian

Male

BRUCE  
Max HR: 170bpm 92% of max  
Max BP: 213/104  
Reason for Termination:  
Comments:

Total exercise time: 9:03  
Maximum workload: 10.4 METS

25.0 mm/s  
10.0 mm/mV  
100hz

Referred by:  
Test ind:

**BASELINE**

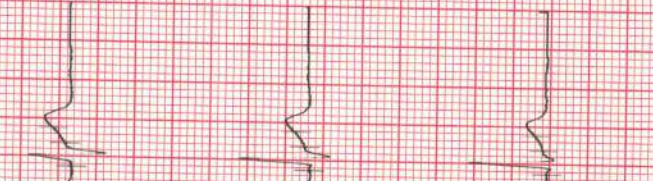
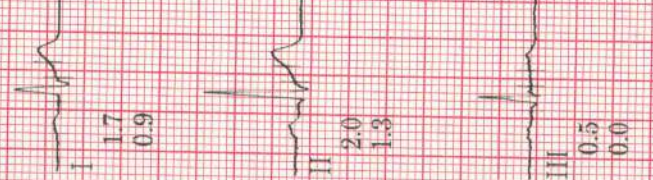
EXERCISE STAGE I  
0:00 1.5 METS

78bpm  
BP: 145/87  
ST @ 10mm/mV  
80ms postJ

**PEAK**

EXERCISE STAGE 4  
9:03 10.1 METS

169bpm  
ST @ 10mm/mV  
80ms postJ



Technician:

Unconfirmed

MAC55 010B

ID: s150920

12-Mar-2024  
9:43:23

PRETEST  
SUPINE  
1:33  
82bpm  
BP: 145/87  
1.0METS

EXERCISE  
STAGE 1  
0:00  
78bpm  
BP: 145/87  
1.5METS  
BASELINE

EXERCISE  
STAGE 1  
1:00  
108bpm  
BP: 145/87  
3.0METS

EXERCISE  
STAGE 1  
2:00  
116bpm  
BP: 145/87  
4.4METS

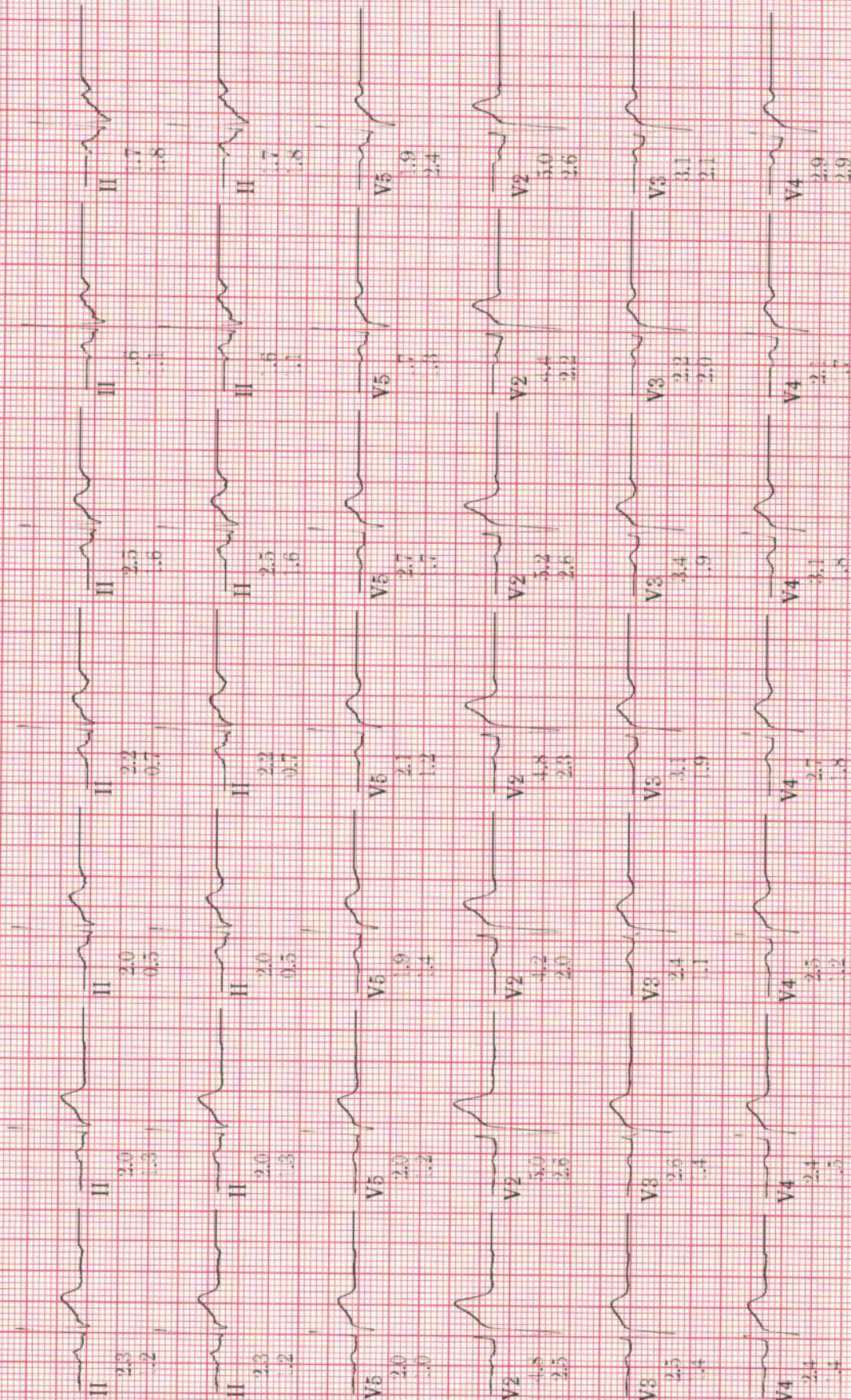
EXERCISE  
STAGE 1  
3:00  
115bpm  
BP: 145/87  
4.6METS

EXERCISE  
STAGE 2  
4:00  
140bpm  
5.8METS

EXERCISE  
STAGE 2  
5:00  
144bpm  
BP: 150/90  
7.0METS

BRUCE

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



Lead  
ST(mm)  
Slope(mV/s)

MAC55 010B

ID: S150920

12-Mar-2024  
9:43:23

EXERCISE STAGE 2  
6:00  
143bpm  
BP: 150/90  
6.8METS

EXERCISE STAGE 3  
7:00  
161bpm  
BP: 150/90  
8.4METS

EXERCISE STAGE 3  
8:00  
167bpm  
BP: 150/90  
9.8METS

EXERCISE STAGE 3  
9:00  
169bpm  
10.1METS

EXERCISE STAGE 4  
9:03  
169bpm  
10.1METS

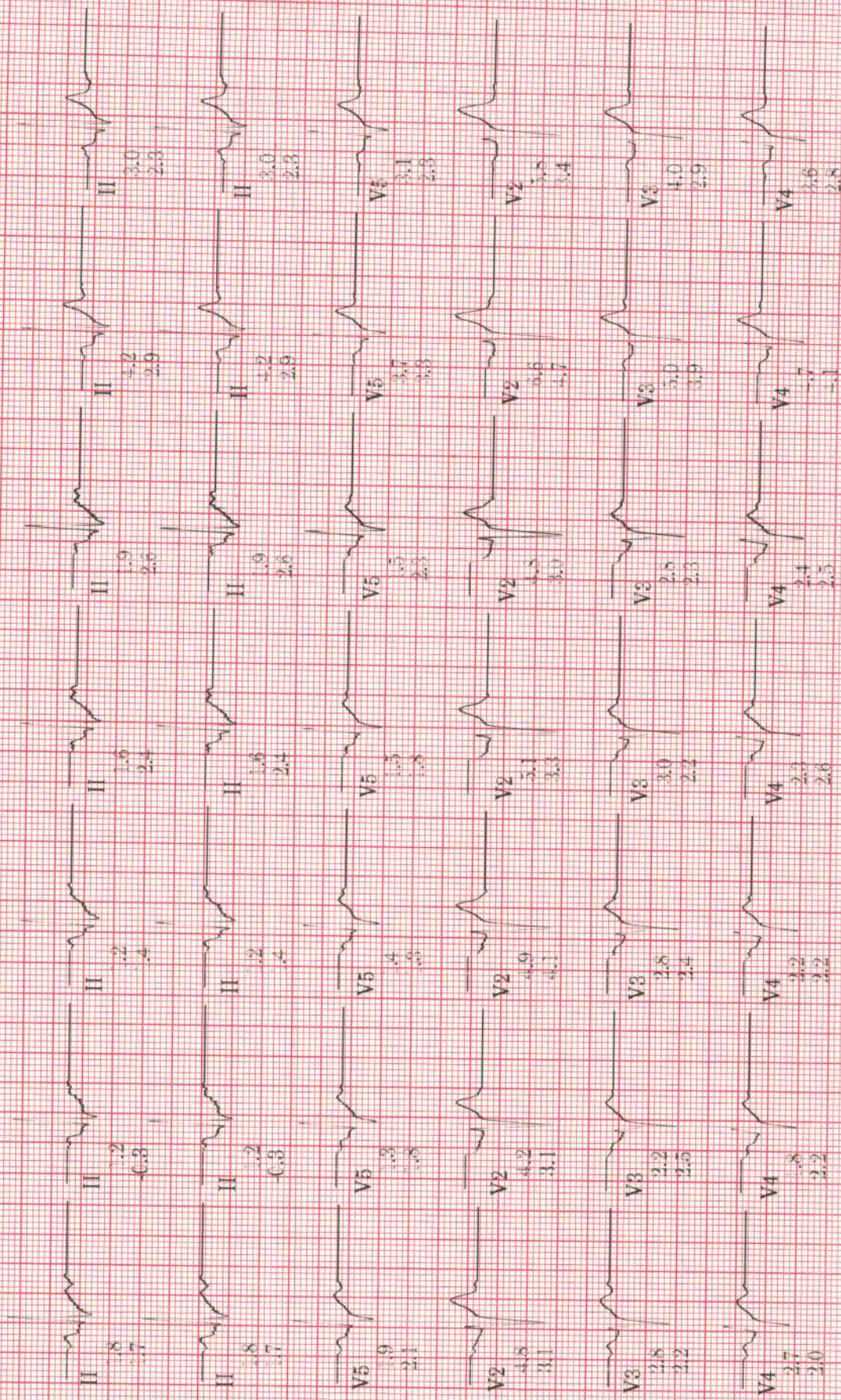
PEAK

RECOVERY  
RECOVERY  
2:00  
118bpm  
BP: 213/104  
1.0METS

RECOVERY  
RECOVERY  
1:00  
139bpm  
BP: 150/90  
5.6METS

BRUCE

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



Lead  
ST(mm)  
Slope(mV/s)

MAC55 010B

ID: s150920  
Visit:

12-Mar-2024  
9:43:23

BRUCE

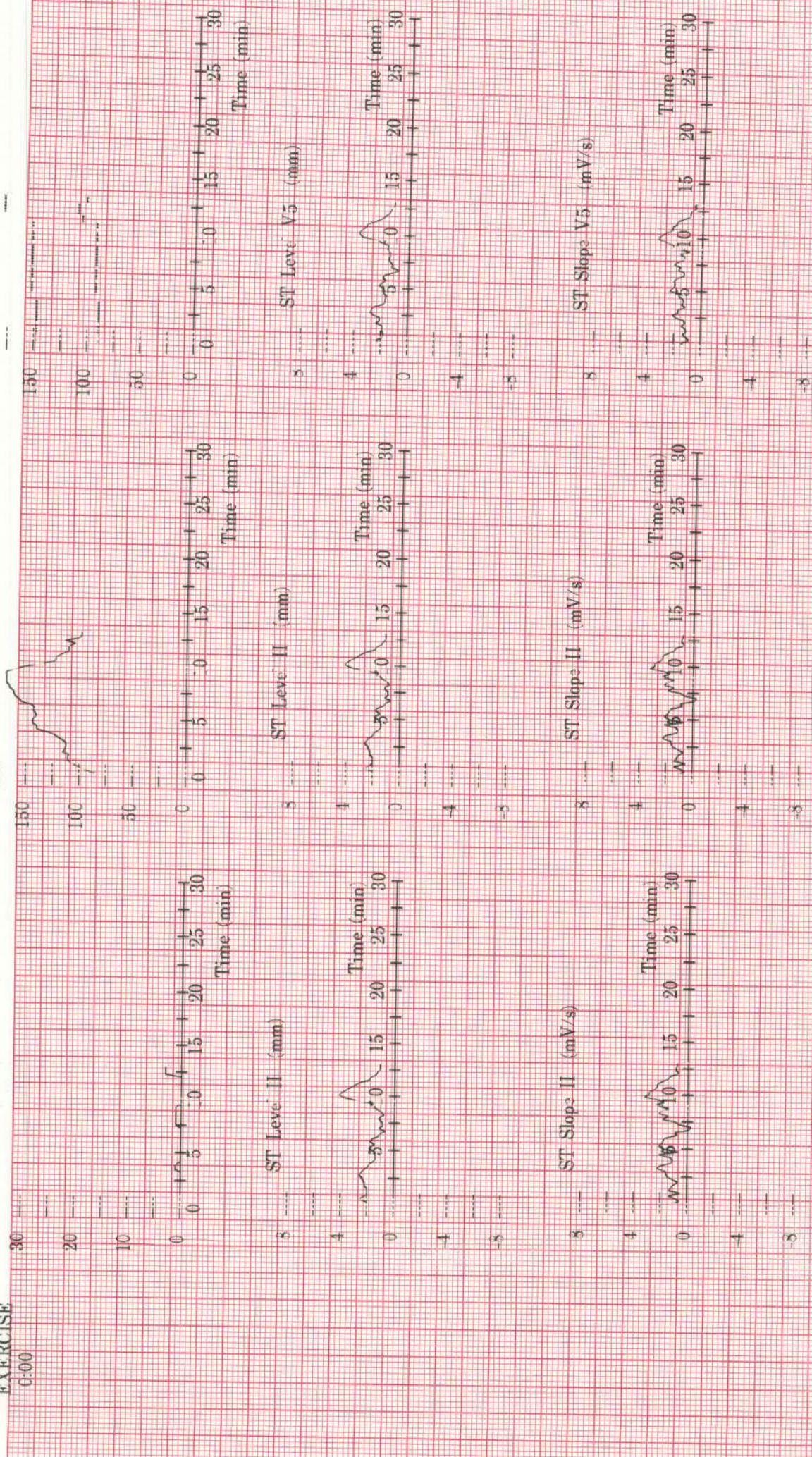
Heart Rate (bpm)      BP (mm Hg)

250 ---      250 ---  
---      ---  
200 ---      200 ---  
---      ---

250 ---  
---  
200 ---  
---

PVC's/m

ST @ 10mm/mV 40 ---  
80ms postJ ---  
EXERCISE





DOB: yr, MALE

Vent rate: 64 BPM  
PR int: 192 ms  
QRS dur: 96 ms  
QT/QTc: 344/353 ms  
P-R-T axes: 46 42 15

SINUS RHYTHM  
ST ELEVATION, PROBABLY EARLY POLARIZATION  
BORDERLINE ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS  
Reviewed by -----

Mr. Arant Kumar 37/M

