पुराना धमतरी रोड, सब्जी बाजार के सामने,

हर जीवन 👭 अमूल्य है

संतोषी नगर, रायपुर (छ.ग.) 🛇 0771-4023900

MRI | CT Scan | 4D Color USG | Digital X-Ray | Advance Pathology | 2D Echo/E.C.G./TMT | E.E.G/OPG/SPIRO

एडवास इमेजिग

एंड डायग्नोस्टिक सेंटर

PT. NAME	:- MR. ROHIT MALVI	Sample Collected On	:- 02/10/2024
PT. AGE/SEX	:- 39 Y / M	Report Released On	:- 02/10/2024
MOBILE NO	:- 00	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10431
Company	5-	TPA :- MEDIWHEEL	

BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	86.0	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	126.0	mg/dl	70 - 140
Uric Acid	4.7	mg/dL	3.5 - 8.5
Blood Urea Nitrogen (BUN)	13.7	mg/dL	7 - 18
Serum Creatinine	0.93	mg/dl	0.66 - 1.25
Cholesterol	152.3	mg/dl	Desirable : <200
			Borderline :200 - 239
Trick consider	110.6	ine er /ell	High : >=240
Triglycerides	110.6	mg/dl	<150 : Normal 150-199 : Borderline - High
			200-499 : High
			>500 : Very High
HDL	43.8	mg/dl	<40 : Low
		0	40-60 :Optimal
			>60 : Desirable
LDL	86.38	mg/dl	<100 : Normal
			100-129 : Desirable
			130-159 : Borderling-High
			160-189 : High
	00.40	··· ·· / ·!!	>190 : Very High
VLDL	22.12	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.48		0 - 5.0
LDL/HDL Ratio	1.9	ratio	0 - 3.5

Clinical Significance :

Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins. Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure,certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome. Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholestero - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy ...Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

DR. MAIKAL KUJUR MBBS, MD PATHOLOGY (AIIMS, NEW DELHI) REG. NO. : CG MCI-2996/2010

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पुराना धमतरी रोड, सब्जी बाजार के सामने, संतोषी नगर, रायपुर (छ.ग.) 论 0771-4023900

MRI | CT Scan | 4D Color USG | Digital X-Ray | Advance Pathology | 2D Echo/E.C.G./TMT | E.E.G/OPG/SPIRO

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MOBILE NO	:- 00		Acces	sion On	:- 10
Ref. By.	:- SELF		Patien	t Unique ID No	o. :- 10431
Company	:-		ТРА	:- MEDIWHE	EL
Bilirubin - Total		0.70		mg/dl	0.2 - 1.3
Bilirubin - Direct		0.20		mg/dl	0 - 0.3
Bilirubin (Indirect)		0.50		mg/dl	0 - 1.1
SGOT (AST)		32.6		U/L	17 - 59
SGPT (ALT)		29.6		U/L	21 - 72
Alkaline phosphat	ase (ALP)	106.3		U/L	38 - 126
Total Proteins		7.0		g/dl	6.3 - 8.2
Albumin		4.1		g/dl	3.5 - 5.0
Globulin		2.90		g/dl	2.3 - 3.6
A/G Ratio		1.41			1.1 - 2.0
Gamma GT		30.7		U/L	<55

Clinical Significance :

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

Aspartate transaminase (AST)

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AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease, such as a blocked bile duct, or certain bone diseases. Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions. Lower-than-normal levels of albumin and total protein might indicate liver damage or disease. Bilirubin.

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

T3 (Triiodothyronine)	101.3	ng/dl	80 - 253 : 1yr - 10 Yr
		-	76 - 199 11 Yr - 15 Yr
			69 - 201 : 16 Yr - 18 Yr
			60 - 181 : > 18 Yrs
T4 (Thyroxine)	5.6	ug/dl	4.6 - 12.5
TSH	2.93	uiU/mL	0.52 -16.0 1 Day - 30 Days
			0.55-7.10 1 mon-5yrs
			0.37 -6.00 : 6 Yrs - 18 Yrs

0.35 - 5.50 18 Yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs

DR. MAIKAL KUJUR MBBS, MD PATHOLOGY (AIIMS, NEW DELHI) REG. NO. : CG MCI-2996/2010

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पुराना धमतरी रोड, सब्जी बाजार के सामने, संतोषी नगर, रायपुर (छ.ग.) 伦 0771-4023900

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Company	:-	TPA :- MEDIWHEEL	

CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range	
	URINE R/M			
Appearance	Clear		Clear	
Specific Gravity	1.010		1.003 - 1.030	
Urine Glucose(Sugar)	Nil		Not Detected	
Microscopic Examination				
Epithelial cells	01-02	/HPF	0 - 5	
PUS CELLS	04-05	/HPF	0 - 5	
RBC (Urine)	01-02	/HPF	0 - 3	
Casts	Absent		Not Detected	
Crystals	Absent		Not Detected	
Bacteria	Absent		Not Detected	
Reaction (pH)	Acidic			
Chemical Examination				
Others	Not detected			
Physical Examination				
Colour	Pale Yellow		Pale Yellow	
Urine Protein(Albumin)	Nil		Not Detected	

DR. MAIKAL KUJUR MBBS, MD PATHOLOGY (AIIMS, NEW DELHI) REG. NO. : CG MCI-2996/2010

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ो सांई एडवांस इमेजिंग ंड डायग्नोस्टिक सेंटर	हर जीवन 😡 अमूल्य है पुराना धमतरी रोड, सब्जी बाजार के सामने, संतोषी नगर, रायपुर (छ.ग.) 论 0771-4023900
Scan 4D Color USG Digital X-Ray Advance Path	ology 2D Echo/E.C.G./TMT E.E.G/OPG/SPIRO

PT. NAME	:- MR. ROHIT MALVI		Sample Collected O	n :- 02/10/2024
PT. AGE/SEX	:- 39 Y / M		Report Released Or	• :- 02/10/2024
MOBILE NO	:- 00		Accession On	:- 10
Ref. By.	:- SELF		Patient Unique ID N	o. :- 10431
Company	:-		TPA :- MEDIWH	EEL
		HAEMATO	LOGY	
Description		Result	Unit	Biological Ref. Range
		BLOOD GR	OUP	
BLOOD GROUP		"A"		
Rh		Positive		
NOTE :- This technique	e is used for preliminary ABO grouping spci	men should Be Further Tested by T	ube Method For Confirmation.	
W.B.C. Indices	8			
TOTAL WBC COU	JNT	7400	/cumm	4000 - 11000
NEUTROPHILS		61	%	40 - 70
LYMPHOCYTES		33	%	20 - 52
MONOCYTES		04	%	4 - 12
EOSINOPHILS		02	%	1 - 6
BASOPHILS		00	%	0 - 1
R.B.C. Indices	3			
		10 -		10 - 10 -

gm/dL

%

fL

pg

%

/µL

fl

%

%

after 1 hr

g/dl

Mill/cumm

12.5 - 16.5

37.5 - 49.5

4.2 - 5.5

80 - 95

26 - 32

32 - 36

11.5 - 16.5

7.0 - 11.0

12 - 18

13 - 43

0 - 15

150000-400000

Correlate Clinically

SPECIAL	PATHOLOGY

Description	Result	Unit	Biological Ref. Range	
PSA (Total)	1.08	ng/ml	0.0 To 4.00	

--- End Of Report ---

13.5

4.34

39.0

89.9

31.1

34.62

13.9

9.6

16.1

24.7

10

238000

CHECKED BY

A Unit o

MRI | CTS

HAEMOGLOBIN

HEMATOCRIT (PCV)

PLATELET COUNT

RBC COUNT

MCV

MCH

MPV

PDW

ESR Advice

P-LCR

MCHC

RDW-CV

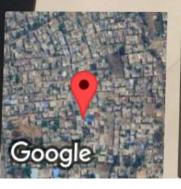
DR. MAIKAL KUJUR MBBS, MD PATHOLOGY (AIIMS, NEW DELHI) REG. NO. : CG MCI-2996/2010

सही जाँच ही सही ईलाज का आधार है...



🧕 GPS Map Camera

313.00



रायपुर, छत्तीसगढ़, भारत 6J6W+C64, कृष्णा नगर, संतोषी नगर, रायपुर, मथ्पुरेना, छत्तीसगढ़ 492001, भारत Lat 21.211143° Long 81.64562° 02/10/24 12:56 PM GMT +05:30

आधार - आम आदमी का अधिकार



6079 1187 7797

रोहित मालवी Rohit Malvi जन्म तिथि / DOB : 07/04/1985 पुरुष / MALE

भारत सरकार

GOVERNMENT OF INDIA



भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आत्मज: रामलाल मालवी, विध्या निकेतन स्कूल के पीछे, गोमती इंडस्ट्रीस के पास, लक्ष्मी नगर,पचपेडीनाका, रायपुर, रायपुर, रायपुर, रायपुर, स्वत्तीसगढ़, 492001

Address:

S/O: Ramlal Malvi, Behind vidhya niketan school, near gomati industries, laxmi nagar, Pachpedinaka; Raipur, Raipur, Raipur, Raipur, Chhattisgarh, 492001



help@uidai.gov.in

www

www.uidai.gov.in

P.O. Box No. 1947, Bengaluru-560 001 A Unit of Diagnostic Care with Trust

हर जीवन 🥠 अमूल्य है

पुराना धमतरी रोड, सब्जी बाजार के सामने, संतोषी नगर, रायपुर (छ.ग.) 🕸 0771-4023900

MRI | CT Scan | 4D Color USG | Digital X-Ray | Advance Pathology | 2D Echo / E.C.G. / TMT / E.E.G. / OPG / SPIRO

एडवास इमजिग

डायग्नोरिटक रे

DATE- 02-Oct-24

PATIENT NAM	Е	MR. MALVI ROHIT
AGE/SEX		39 YEAR / MALE
REF. BY		MEDIWHEEL
	SONOGRA	PHY OF THE ABDOMEN
PROCED	URE DONE BY ULTRASO	UND MACHINE Canon Apilo a450 (4D COLOR DOPPLER)
LIVER : GALL BLADDER : PANCREAS : SPLEEN : KIDNEY :	The liver enlar No evidence of normal. The CF appear normal i Appears norma It is normal ech Spleen is norma	any Focal lesion or mass seen. The intrahepatic biliary ducts are BD is normal in course, caliber & contour Hepatic & portal vain
URINARY BLADDER: PROSTATE : RETRO PERITONEUN	Left kidney me Both Kidneys a Renal parenchy No evidence of Right renal con Left renal cort UB is well disto It is normal in s	asures 12.5 x 5.2 cm. re normal size, shape and position. mal echogenicities are normal. any calculus or pelvicalyceal dilation. rtical cyst, size ~ 22.7 x 21.7 mm in mid pole. ical cyst, size ~ 12.0 x 8.0 mm in mid pole. ended with normal wall thickness. No evidence of mass /calculus. ize, shape & smooth outlines. lymphadenopathy / mass.
FREE FLUID	No free fluid see	en in abdomen & peritoneal cavity. rominent large bowel loops seen in mid & lower abdomen.

IMPRESSION:

- Mild hepatomegaly with fatty liver grade -III.
- Bilateral renal cortical cyst.
- Mild gaseous prominent large bowel loops seen in mid & lower abdomen. -To rule out inflammatory bowel disease.

Needs clinical correlation & other investigations.

Hulesh Mandle, MD Consultant Radiologist 71711674

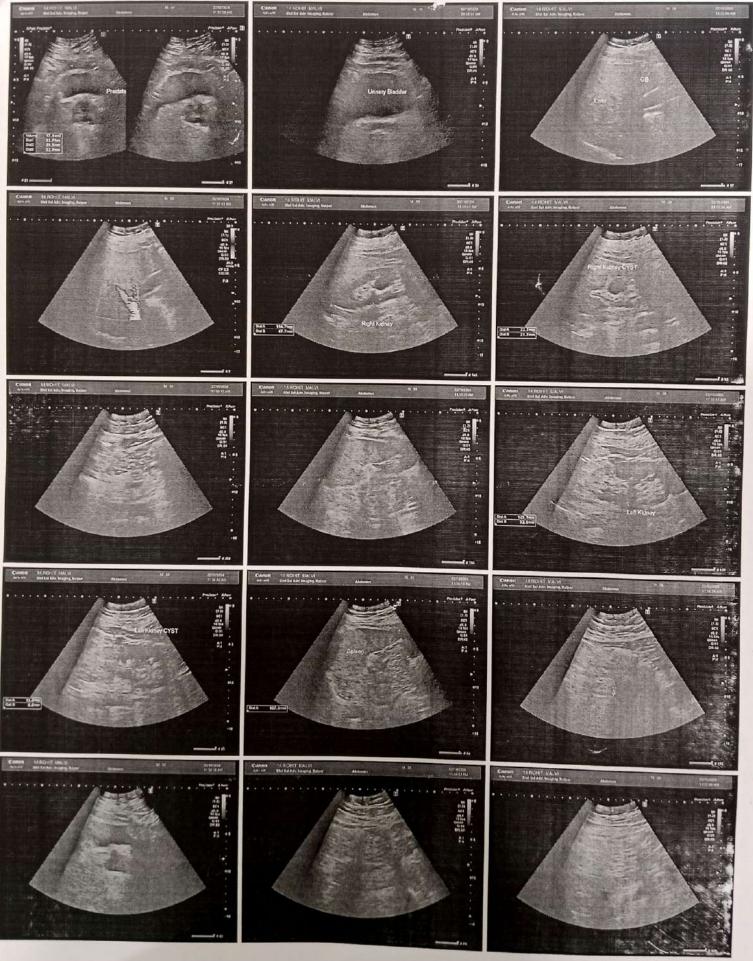
Kindly Note:-

- The report and films are not valid for medico legal purpose.
- Please Intimate us if any typing mistakes and send the report for correction within 7 days.
- कपृया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे ।

सही जाँच ही सही ईलाज का आधार है.

Email : shrisaiimaging@gmail.com, Website : www.shrisaidiagnostic.com

SHRI SAI ADVANCE IMAGING & DAIGNOSTIC CENTER, SANTOSHI NAGA R 02 Oct 2024 Study : Abdomen Name : ROHIT MALVI 039Y / M





MRI | CT Scan | 4D Color USG | Digital X-Ray | Advance Pathology | 2D Echo / E.C.G. / TMT / E.E.G. / OPG / SPIRO

DATE- 02-Oct-24

PATIENT NAME . AGE/SEX . REF. BY . MR. MALVI ROHIT 39 YRS /MALE MEDIWHEEL

X-RAY CHEST PA VIEW

Observation & Impression

- Bilateral lung fields are clear.
- Both costophrenic angles are normal.
- Bilateral hila are normal.
- > The cardiac shadow is normal.
- > The bony thorax is normal.

IMPRESSION No significant abnormality is seen.

.

.

Needs clinical correlation I other investigations.

Hulesh Manale MD Consultant Radiologist

Investigations have their limitation, solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly.

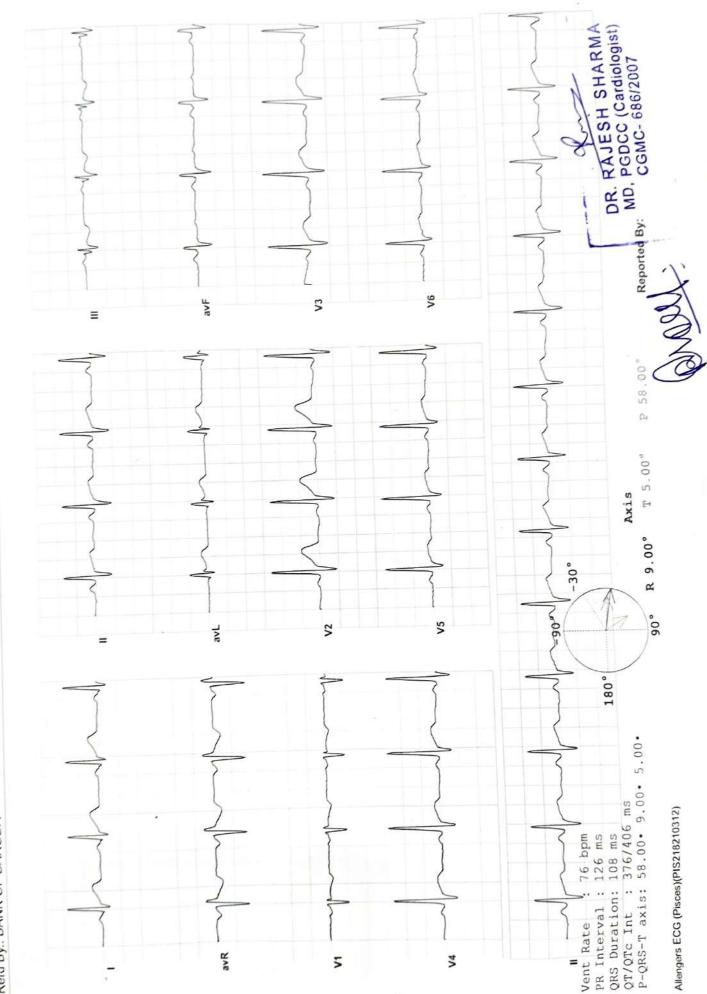
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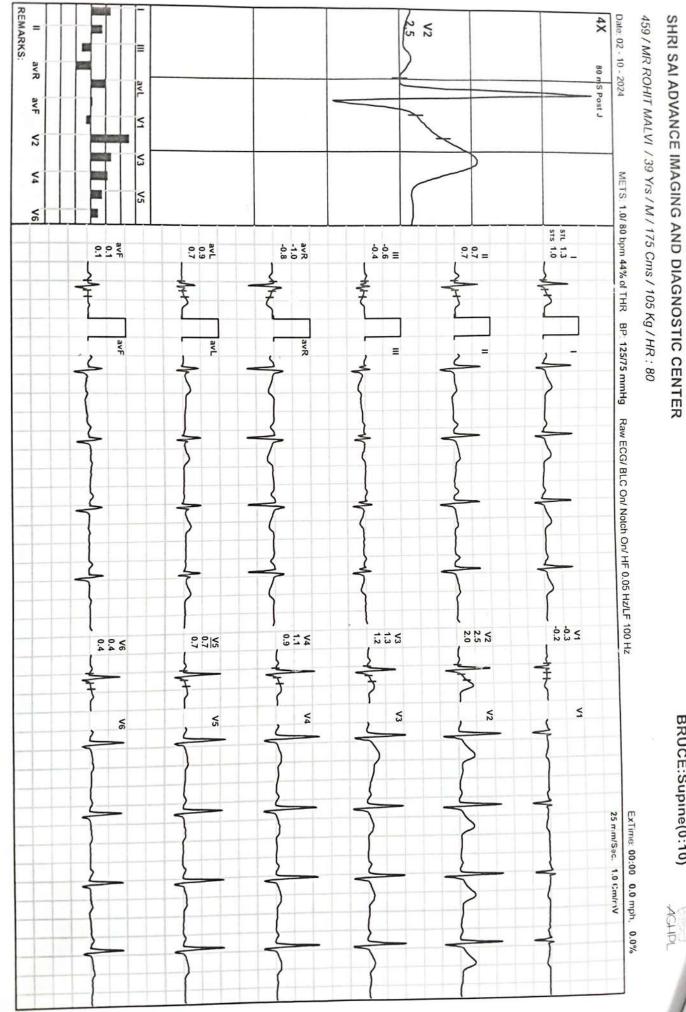


AGHPL

ECG



	121		D. PGDCC (C	S PT	E	DAN C		and	is nego		
	NP	CHARMA	R			nieved	art Rate Act	: Test Complete, Heart Rate Achieved	: Test C	ons	REPORT : Trong and the international interna
	X		2			d stress	rrget 181 e to induced	: 09:04 : 169 bpm 93% of Target 181 : 140/90 (mm/Hg) : 10.3 Good response to induced stress	: 09:04 : 169 bp : 140/90 : 10.3 C	ed ed I Attained	Exercise Time Max HR Attained Max BP Attained Max WorkLoad Attained
											FINDINGS :
	0	123	C1/021	57 %	103	01.0	00.0	01.1	3:22	13:27	Recovery
		134	120/75	62 %	112	01.0	00.0	01.1	2:00	12:05	Recovery
	00	101	130/80	82 %	149	04.3	00.0	01.1	1:00	11:05	Recovery
	00 0	102	140/90	93 %	169	10.3	00.0	01.1	0:04	10:05	PeakEx
	8	326	140/00	93 %	168	10.2	14.0	03.4	3:00	10:01	BRUCE Stage 3
	00	227	1 30/00	% 8/	142	07.1	12.0	02.5	3:00	07:01	BRUCE Stage 2
	00	191	135/85	70 %	126	04.7	10.0	01.7	3:00	04:01	BRUCE Stage 1
	00	163	120/20	51 %	093	01.0	00.0	00.0	0:43	01:01	ExStart
	00	116	105/75	44 %	080	01.0	00.0	00.0	0:08	00:18	Standing
	00	100	125/75	44 %	080	01.0	00.0	00.0	0:10	00:10	Supine
	00	100	405/75	% THR	Rate	METS	Elevation	Speed(mph)	Duration	Time	100
Comments						Y:	NonSmoker Examined By:	1105 Kg / No BARODA E	9 Yrs / M / 175 Cms / 105 Kg / Refd By : BANK OF BARODA	ALVI / 39 Yrs / 4 Refd E	459 / MR ROHIT MALVI / 39 Yrs / M / 175 Cms / 105 Kg / NonSmoker Date: 02 - 10 - 2024 Refd By : BANK OF BARODA Examined I
								Mail:	SHI NAGAR E	VIHAR SANTOS	RADHAKRISHNA VIHAR SANTOSHI NAGAR EMail:
2	Report					ENTER	STIC CI	DIAGNC	GING ANI	INNOE IMA	SUBLEAL ADVANCE IMAGING AND DIAGNOSTIC CENTER



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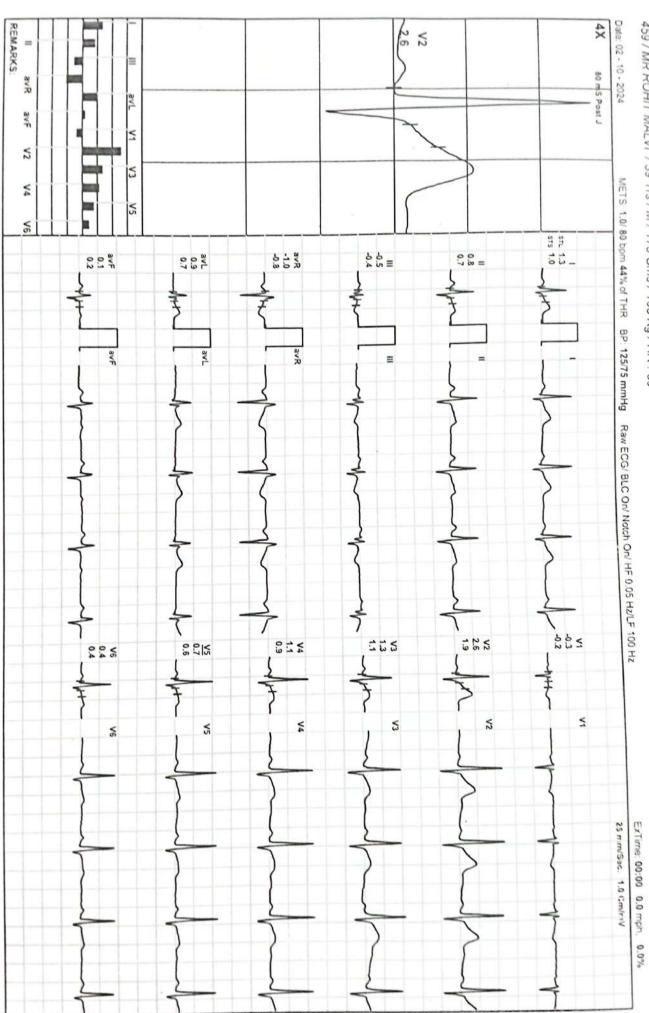
BRUCE:Supine(0:10)

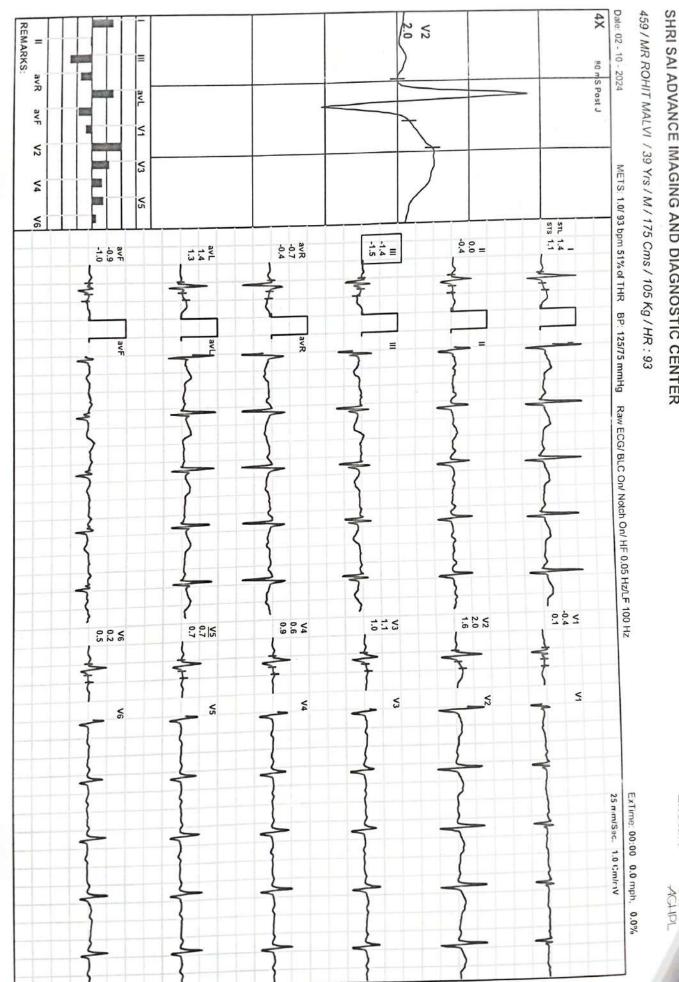


BRUCE:Standing(0:08)



459 / MR ROHIT MALVI / 39 Yrs / M / 175 Cms / 105 Kg / HR : 80

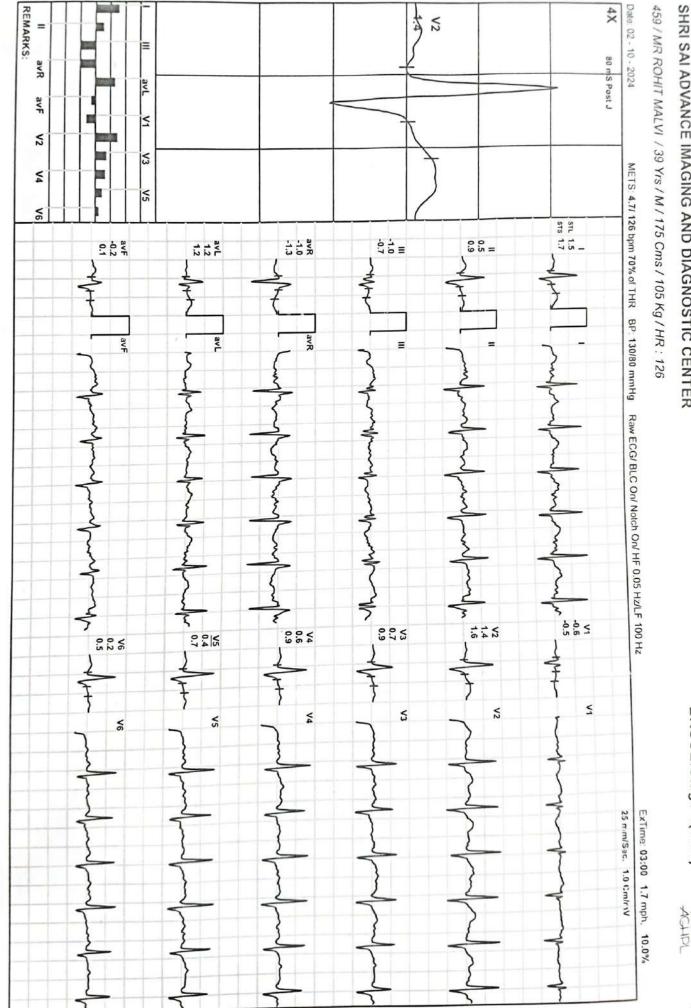




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ExStart

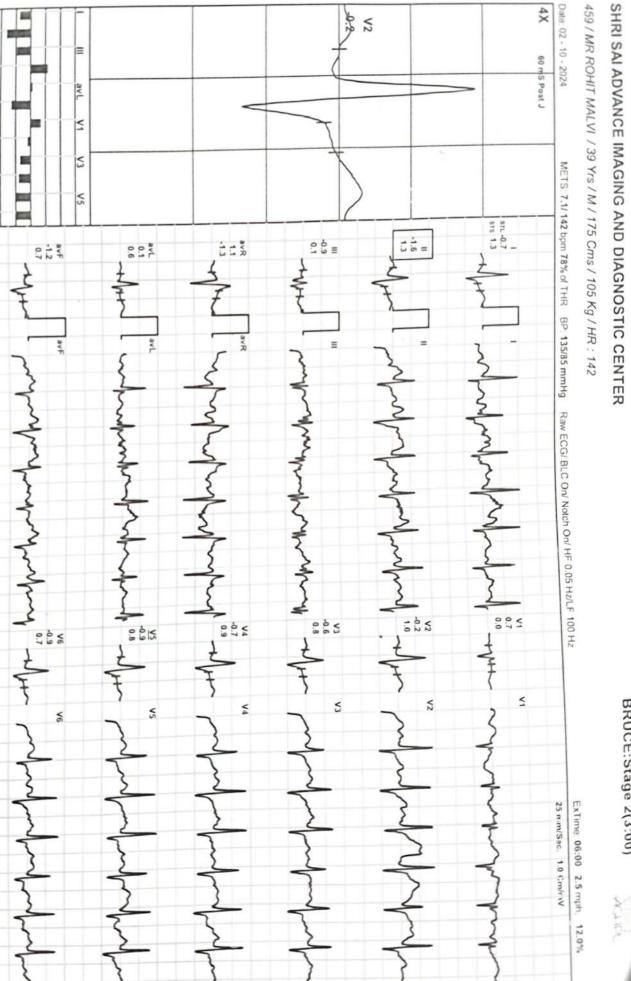
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER



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BRUCE:Stage 1(3:00)



10.10 **V**2

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REMARKS:

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BRUCE:Stage 2(3:00)

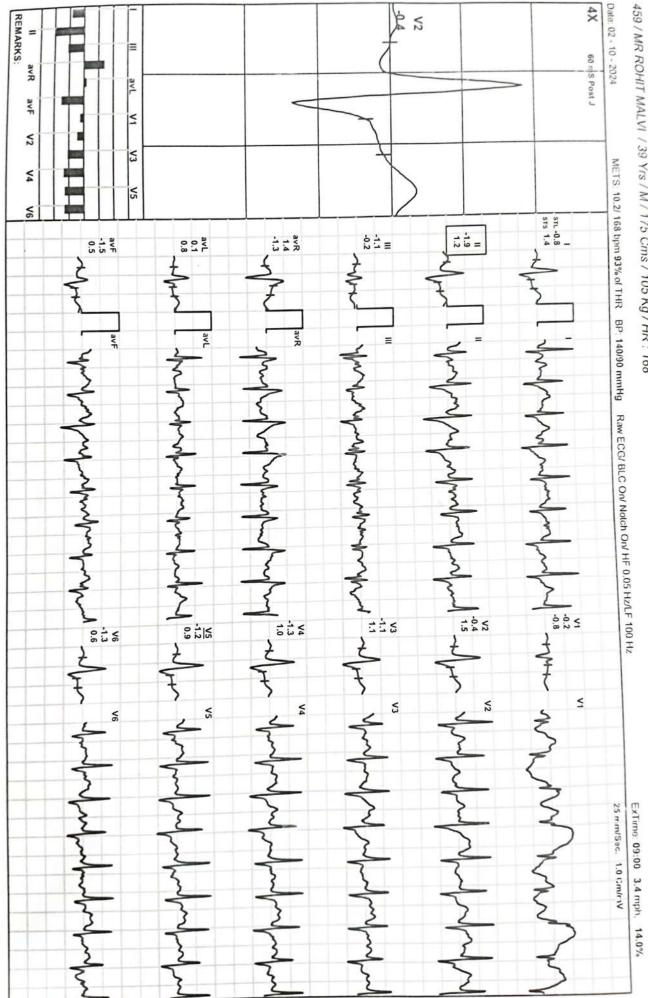
4X

BRUCE:Stage 3(3:00)



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

459 / MR ROHIT MALVI / 39 Yrs / M / 175 Cms / 105 Kg / HR : 168



4X Date: 02 - 10 - 2024 SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER 459 / MR ROHIT MALVI / 39 Yrs / M / 175 Cms / 105 Kg / HR : 169 REMARKS: <2 21 = 60 mS Post J avR avl avF < \$2 5 METS: 10.3/ 169 bpm 93% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz 4 5 <6 STL 0.5 -0.2 0.4 P -0.2 -0.5 E 1.2 "why I which here when here " TAR at the pullingular when the short 1 with is sharper har har har har har And the work of the work of the white Why why why why why why why why 0.9 25 mm/Sec. 1.0 Cm/mV ExTime 09:05 1.1 mph. 0.0%

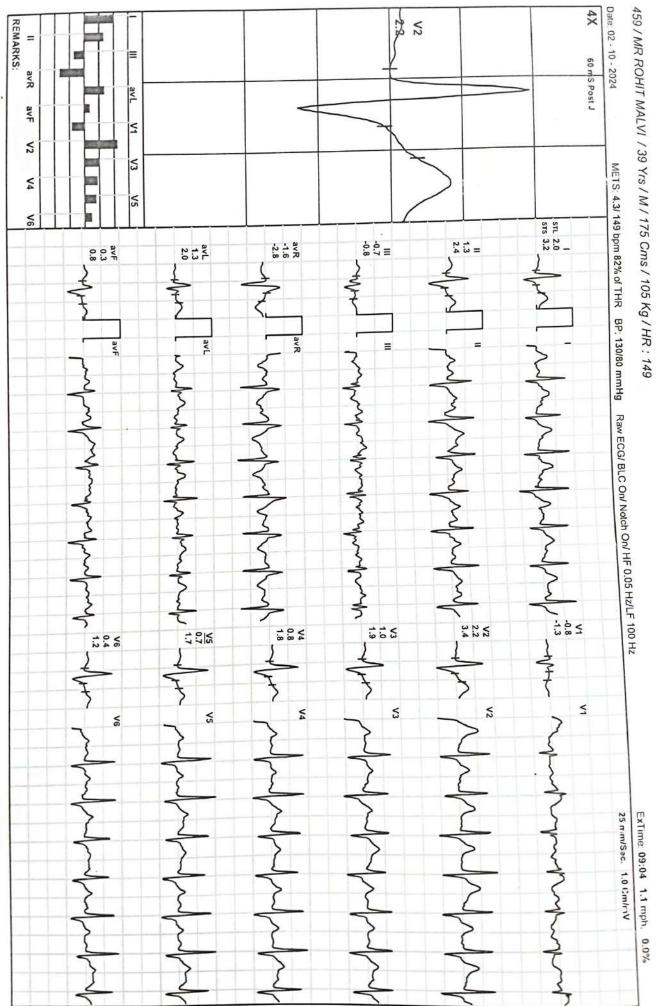
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PeakEx





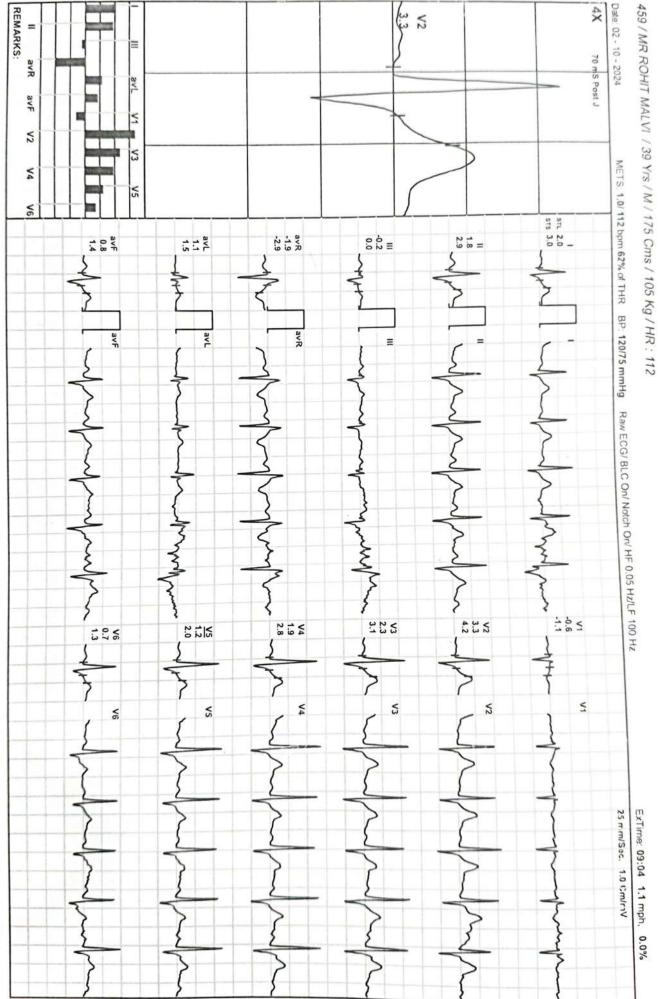
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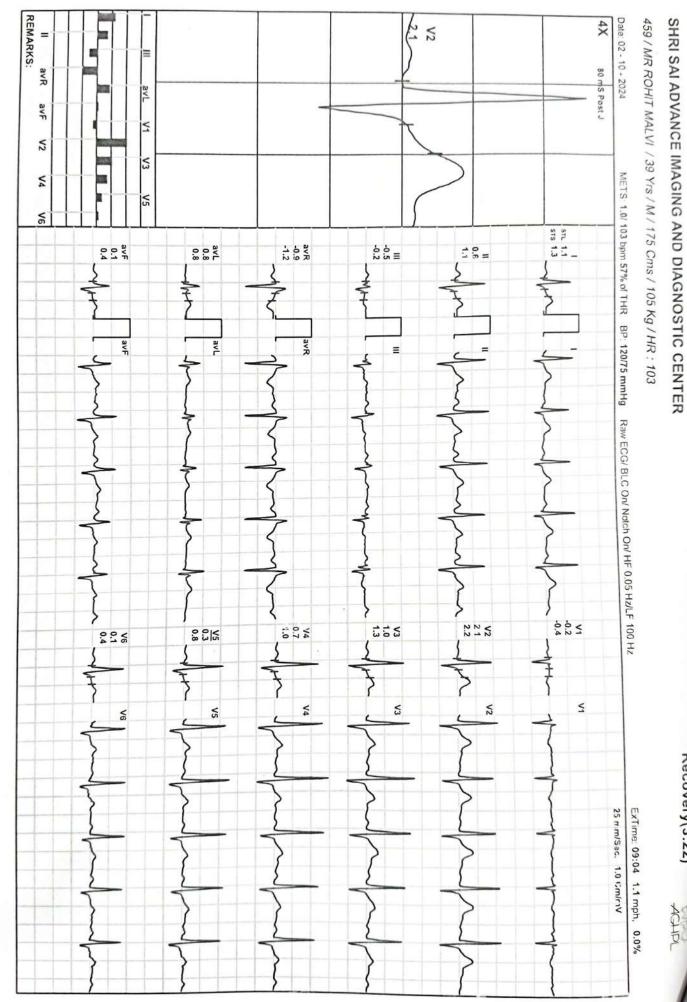




ACHD

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER





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Recovery(3:22)

ST Measurements

ACHD

									STI(µVs)		Recovery	Recovery	Recovery	PeakEx	Stage 3	Stage 2	Stage 1	ExStart	80 @ms Standing	STL(mm)Supine		Date: 02 - 10 - 2024
Recovery	Recovery	Recovery	PeakEx	Stage 3	Stage 2	Stage 1	ExStart	Standing	Supine		0.6	1.8 -0.2 -1.9	1.3 -0.7	-0.2 -0.6 -0.2	-1.9 -1.1	-1.6 -0.9	1.5 0.5 -1.0 -1.0 1.2	0.0 -1.4 -0.7	0.8 -0.5 -1.0	1.3 0.7 -0.6 -1.0 0.9	I II III avR avL	
7.7	9.6	3.1	-8.3	-8.3	-6.3	7.5	9.7	11.1	11.0	_	0.1	0.8	0.3	-0.4	-1.5	-1.2	-0.2	-0.9	0.1	0.1	avF V1	
4.1	10.0	0.5	-12.1	-12.1	-11.2	2.0	3.2	6.4	6.0	=	2.1	ω .ω	2.2	0.4	-0.4	-0.2	-0.6 1.4	2.0).3 2.6	-0.3 2.5	1 V2	
-3.6	0.2	-2.6	-3.8	-3.8	-4.9	-5.4	-6.4	4.6	-4.9						-1.1 -1.3		0.7 0.1			1.3 1.1	V3 V4	
-5.9	-9.7	-1.8	10.2	10.2	8.7	-4.8	-6.5	-8.7	-8.6	avR	0.3	1.2	0.7	-0.4	-1.2	-0.9	0.4	0.7	0.7	0.7	٧5	
5.6	5.5	2.9	-2.2	-2.2	-0.7	6.4	8.1	7.9	8.0	avL	0.1	0.7	0.4	0.4	1.3	0.9	0.2	0.2	0.4	0.4	V6	
0.2	5.2	-1.0	-7.9	-7.9	-8.0	-1.7	-2.1	0.9	0.5	avF							1.7 0	1.1 -0.4	1.0 0.7	1.0 0.7	-	
-1.2	-1.1	-0.8	0.5	0.5	4.0	-2.6	-4.4	-3.3	-2.6	V1	-0.2		-0.8	-0.5	1.2 -0.2	0.1	0.9 -0.7	-1.5	-0.4	-0.4		
13.2	15.9	3.8	-4.8	-4.8	-2.5	7.0	12.7	21.6	21.4	V2					-1.3 0.8		-1.3 1.3	-0.4 1.3	-0.8 0.7	-0.8 0.7	avR avL	
6.2	13.8	1.9	-7.7	-7.7	-5.1	3.2	6.3	10.2	10.5	٧3	0.4	1.4	0.8	0.4	0.5	0.7	0.1	-1.0	0.2	0.1	avF	
4.4	10.3	0.9	-8.7	-8.7	-5.6	2.7	2.2	8.3	8.5	V4							-0.5 1.6		0.2 1.9		V1 V2	
1.8	6.4	-0.3	-8.1	-8.1	-6.5	1.4	3.2	5.7	5.6	۷5	1.3	<u>з</u> .1	1.9	1.s	1.	0.8	0.9	1.0	1.1	1.2	V3 V	
0.9	4.4	0.0	-8.0	-8.0	-6.4	0.4	-0.3	3.2	3.5	V6			1.7	0.9	0.9	0.8		0.7	0.6	0.9 0.7 0.4	V4 V5 V6	
																				STS(mv/sec)		Protocol : BRUCE

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

ST-D

459 / MR ROHIT MALVI / 39 Yrs / Male / 175 Cm / 105 Kg /Non Smoker RADHAKRISHNA VIHAR SANTOSHI NAGAR

12:30	12:00	11:30	11:00	10:30	10:00	09:30	00 : 00	08 : 30	00:80	07:30	07:00	06:30	06:00	05:30	05:00	04:30	04:00	03:30	03:00	02:30	02:00	01:-30	01:00	00:30	(Min.)	Time
0 108	0 112) 149									140				130		127						76	(bpm)	HR
188	172	74	124	112	108	112	116	122	,124	132	140	138	132	136	124	150	116	150	116	150	178	200	216	148	(mS)	PR Int
78	76	130	112	64	74	62	120	66	72	64	89	64	72	72	116	64	114	68	108	92	92	89	06	94	(mS)	QRS Wid
8	8	1	-13	-18	-14	-19	-12	-26	-11	-21	-14	-14	-17	27	-15	-10	6 -	4	-13	-2	-11	-21	-14	5	(Deg.)	QRS Wid QRS Axis
407	423	438	318	338	336	334	375	334	365	- 199	339	220	453	370	454	155	442	154	330	399	354	331	349	435	(mS)	QTC
170	. 171	198	197	207	223	206	222	254	208	211	224	196	177	192	175	187	176	153	188	142	168	166	205	211	(Max)	P(µV)
1277	1264	1214	866	793	804	862	837	793	856	811	860	811	818	840	814	823	849	851	851	864	943	1064	1118	1284	(Max)	R(µV)
7 -524				-678	-513	-724	-677	-732	-539	-767	-752	-737	-493	-704	-717	-721	-755	-741	-749	-421	-799	-777	-505	-461	(Min)	S(JVV)
454	457		374	293														-198				261		443	(Max)	Τ(μΛ)
-201	18	ት	-44	-256	-256	-38	-33	-329	-337	-398	-322	-401	-305	-66	-33	-325	-48	-18	-49	-11	-118	-82	-97	-362	(V1)	Min. J
		V1	III	III	Ш	III	111	V5	V5	11	Ш					III			JII	V1	111	111	III	III	(J & PJ)	Leads for
-32	-14	-75	-111	-72	-72	-105	-128	-67	-90	-76	-63	-58	-56	-53	-96	-52	-120	-90	-110	-41	-94	-96-	-115	-142	(MM)	Min. Post
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(%)	JRR Var
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(Counts,	VEB
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0) (Counts)	lin. J Leads for Min. Post JRR Var VEB Missed Beats

Page 1 of 2

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• 459 / MR ROHIT MALVI / 39 Yrs / Male / 175 Cm / 105 Kg /Non Smoker SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary RADHAKRISHNA VIHAR SANTOSHI NAGAR 13:00 (Min.) Time You created this PDF from an application that is not licensed to print to novaPDF printer (http://www.novapdf.com) (bpm) HR 104 PR Int (mS) QRS Wid QRS Axis (mS) 22 (Deg.) 12 QTC (mS) 433 (Max)P(µV) 169 R(µV) (Max) 1283 S(UV) (Min) -507 (Max) T(µV) 397 Min. J Leads for Min. Post JRR Var -303 (Ld & L) (NH) 11 (hV) -34 (%) 0.00 VEB (Counts) 0 Missed Beats (Counts) Page 2 of 2 0 ACHP

