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

:- MR. DHARM NATH LAL DAS PT. NAME

:- 26/10/2024 Sample Collected On

PT. AGE/SEX :- 40 Y / M Report Released On :- 26/10/2024

**MOBILE NO** 

**Accession On** 

Ref. By. :- SELF

Patient Unique ID No.

:- 10522

:- 10

Company :- ARCOFEMI HEALTH CARE LTD. :- MEDIWHEEL

### **BIO CHEMISTRY**

Description	Result	Unit	Biological Ref. Range
-			
FASTING BLOOD SUGAR	104.1	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	153.4	mg/dl	70 - 140
Urea	26.4	mg/dL	15 - 45
Serum Creatinine	0.85	mg/dl	0.66 - 1.25
Uric Acid	4.3	mg/dL	3.5 - 8.5
Serum Sodium	139.4	mmol/L	135 - 155
Serum Potassium	4.2	mmol/L	3.5 - 5.3
Cholesterol	158.3	mg/dl	Desirable : <200
		•	Borderline :200 - 239
			High : >=240
Triglycerides	120.4	mg/dl	<150 : Normal
			150-199 : Borderline - High
			200-499 : High
			>500 : Very High
HDL	45.7	mg/dl	<40 : Low
			40-60 :Optimal
1.01	00.50		>60 : Desirable <100 : Normal
LDL	88.52	mg/dl	100 : Normai 100-129 : Desirable
			130-159 : Desirable 130-159 : Borderling-High
			160-189 : High
			>190 : Very High
VLDL	24.08	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.46	··· <b>·</b>	0 - 5.0
LDL/HDL Ratio	1.93	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.

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.

**CHECKED BY** 

DR. MAIKAL KUJUR MBBS, MD PATHOLOGY (AIIMS, NEW DELHI)

REG. NO.: CG MCI-2996/2010

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

PT. NAME	:- MR. DHARM NATH LAL DAS	Sample Collected On	:- 26/10/2024
I II IVAIIL	- MIN. DITAKWI NATIT EAE DAG	oumpic conceted on	20/10/2021

PT. AGE/SEX :- 40 Y / M Report Released On :- 26/10/2024

MOBILE NO :- Accession On :- 10

Ref. By. :- SELF Patient Unique ID No. :- 10522

### Company :- ARCOFEMI HEALTH CARE LTD. TPA :- MEDIWHEEL

Bilirubin - Total	0.55	mg/dl	0.2 - 1.3	
Bilirubin - Direct	0.10	mg/dl	0 - 0.3	
Bilirubin (Indirect)	0.45	mg/dl	0 - 1.1	
SGOT (AST)	27.3	U/L	17 - 59	
SGPT (ALT)	29.1	U/L	21 - 72	
Alkaline phosphatase (ALP)	87.5	U/L	38 - 126	
Total Proteins	7.5	g/dl	6.3 - 8.2	
Albumin	4.2	g/dl	3.5 - 5.0	
Globulin	3.30	g/dl	2.3 - 3.6	
A/G Ratio	1.27		1.1 - 2.0	
Gamma GT	30.8	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)

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 )	137.48	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)	8.15	ug/dl	4.6 - 12.5
TSH	1.47	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

**CHECKED BY** 

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

सही जाँच ही सही ईलाज का आधार 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

PT. NAME :- MR. DHARM NATH LAL DAS Sample Collected On

:- 26/10/2024

PT. AGE/SEX :- 40 Y / M Report Released On

:- 26/10/2024

**MOBILE NO** :- **Accession On** 

:- 10522

:- 10

Ref. By. :- SELF Patient Unique ID No.

:- MEDIWHEEL

:- ARCOFEMI HEALTH CARE LTD. Company

## **CLINICAL PATHOLOGY**

Description	Result	Unit	Biological Ref. Range	
	URINE R/M			
Appearance	Clear		Clear	
Specific Gravity	1.015		1.003 - 1.030	
Urine Glucose(Sugar)	Nil		Not Detected	
Microscopic Examination				
Epithelial cells	2-3	/HPF	0 - 5	
PUS CELLS	1-2	/HPF	0 - 5	
RBC (Urine)	Absent	/HPF	0 - 3	
Casts	Absent		Not Detected	
Crystals	Absent		Not Detected	
Bacteria	Absent		Not Detected	
Reaction (pH)	Acidic			
Chemical Examination				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	
Urine Protein(Albumin)	Nil		Not Detected	

**CHECKED BY** 

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

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

PT. NAME :- MR. DHARM NATH LAL DAS

Sample Collected On

:- 26/10/2024

**PT. AGE/SEX** :- 40 Y / M

Report Released On

:- 26/10/2024

MOBILE NO :-

Accession On

.- 20/10/202

Ref. By. :- SELF

Patient Unique ID No.

:- 10522

:- 10

Company :- ARCOFEMI HEALTH CARE LTD.

TPA :- MEDIWHEEL

### **HAEMATOLOGY**

Result	Unit	Biological Ref. Range
BLOOD GROU	P	
" O"		
Positive		
imen should Be Further Tested by Tube	Method For Confirmation.	
8200	/cumm	4000 - 11000
66	%	40 - 70
28	%	20 - 52
04	%	4 - 12
02	%	1 - 6
00	%	0 - 1
15.2	gm/dL	12.5 - 16.5
4.77	Mill/cumm	4.2 - 5.5
43.0	%	37.5 - 49.5
90.3	fL	80 - 95
31.8	pg	26 - 32
35.35	g/dl	32 - 36
15.0	fl	7.0 - 11.0
13.0	%	11.5 - 16.5
17.2	%	12 - 18
99000	/µL	150000-400000
60.9	%	13 - 43
		Correlate Clinically
14	mm at 1hr	0 - 15
	BLOOD GROU " O" Positive simen should Be Further Tested by Tube I 8200 66 28 04 02 00 15.2 4.77 43.0 90.3 31.8 35.35 15.0 13.0 17.2 99000 60.9	BLOOD GROUP " O" Positive simen should Be Further Tested by Tube Method For Confirmation.  8200 /cumm 66 % 28 % 04 % 02 % 00 %  15.2 gm/dL 4.77 Mill/cumm 43.0 % 90.3 fL 31.8 pg 35.35 g/dl 15.0 fl 13.0 % 17.2 %

**CHECKED BY** 

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





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

:- MR. DHARM NATH LAL DAS Sample Collected On :- 26/10/2024 PT. NAME PT. AGE/SEX :- 40 Y / M Report Released On :- 26/10/2024 **MOBILE NO Accession On** :- 10 Ref. By. :- SELF Patient Unique ID No. :- 10522 Company :- ARCOFEMI HEALTH CARE LTD. **TPA** :- MEDIWHEEL **HbA1C-Glycosylated Haemoglobin** Normal Range: <6% 6.5

Good Control: 6 - 7% Fair Control: 7 - 8%

Unsatistactory Control: 8 -10%

Poor Control: >10%

### Clinical Significance:

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span. and may not reflect glycemic control in these cases accurately.

### **SPECIAL PATHOLOGY**

Description	Result	Unit	Biological Ref. Range
PSA (Total)	0.95	ng/ml	0.0 To 4.00

--- End Of Report ---

**CHECKED BY** 

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

सही जाँच ही सही ईलाज का आधार है...





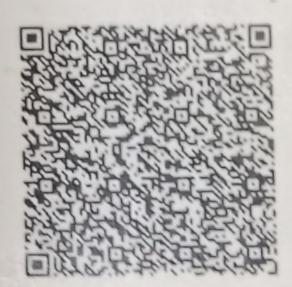
## भारत सरकार

## Government of India



धर्म नाथ तात दास Dharm Nath Lal Das

जन्म तिथि / DOB : 01/12/1983 पुरुष / Male



9754 8266 3993

आधार - आम आदमी का अधिकार



## भारतीय विसिष्ट पहचान प्राधिकरण

## Unique Identification Authority of India

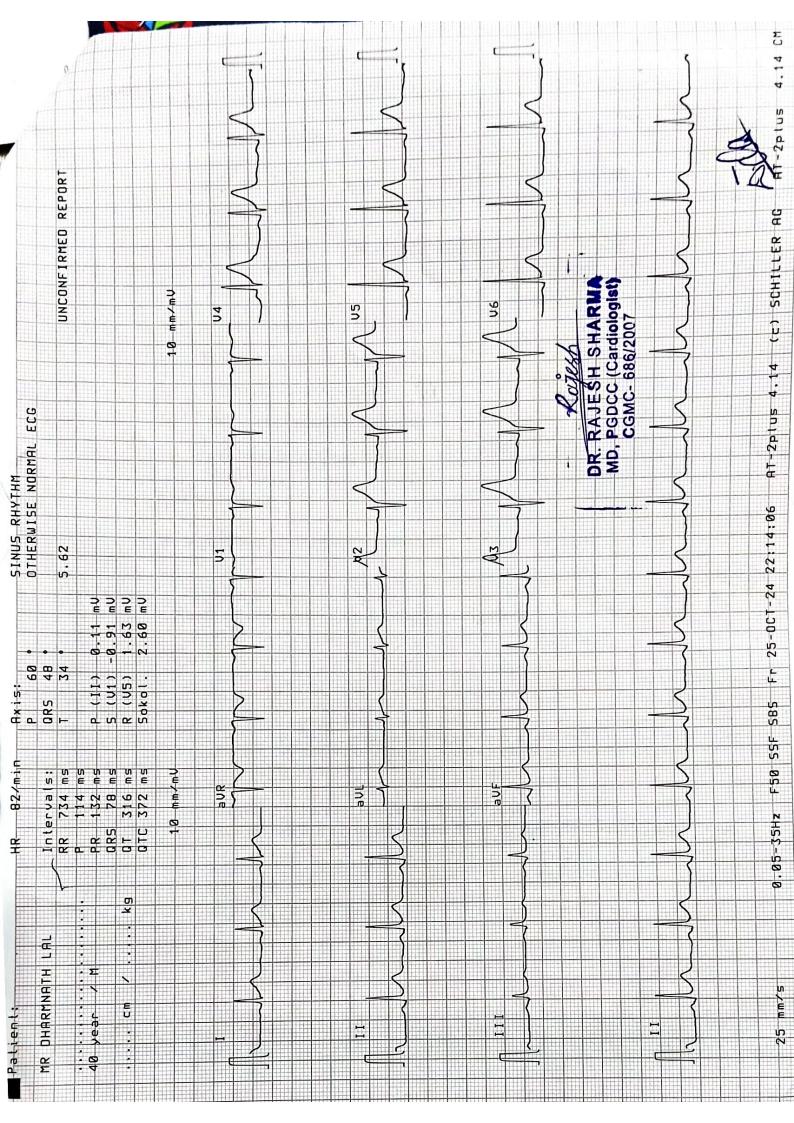
पताः S/O: लक्ष्मी नारायण लाल दास, 365/1, वॉर्ड न 06, सहाइादेव चौक, गुण्डरदेही, बालोद, गुण्डरदेही, छत्तीसगढ, 491223 Address: S/O: Lakshmi Narayan Lal Das, 365/1, ward no 06, sahadadev chauk, Gunderdehi, Balod, Gundardehi, Chhattisgarh, 491223

## 9754 8266 3993









पुराना धमतरी रोड, सब्जी बाजार के सामने, संतोषी नगर, रायपुर (छ.ग.) 🔊 0771-402390।

MRI | C.T. Scan | 4-D Colour USG | Digital X-Ray | Advanced Pathology | 2D Echo / E.C.G. / TMT / E.E.G / OPG / SPIR

DATE 26-10-2024

PATIENT NAME

MR. DHARM NATH LAL DAS

AGE/SEX

40 YRS / MALE

REF. BY

BANK OF BARODA

## **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 detected.

Needs clinical correlation & other investigations.

Dr. Alsaba Khan 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 accordinaly.

## Note-

- 1. The report & film are not valid for medico-legal purpose.
- 2. Please intimate us if any typing mistakes & send the report for correlation within 7 days

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

C.T. Scan | 4-D Colour USG | Digital X-Ray | Advanced Pathology | 2D Echo / E.C.G. / TMT / E.E.G / OPG / SPIRO

DATE 26-10-2024

PATIENT NAME

MR. DHARM NATH LAL DAS

AGE/SEX

40 YRS / MALE

REF. BY

BANK OF BARODA

SONOGRAPHY OF THE ABDOMEN

PROCEDURE DONE BY ULTRASOUND MACHINE TOSHIBA XARIO-200 (4D COLOR DOPPLER)

LIVER

The liver is enlarged in size 15.2 with raised echotexture.

No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepati & portal vein

appear normal in morphology.

GALL BLADDER

Partially distended (Post prandial status) shows normal wall thickness.

PANCREAS

**KIDNEY** 

It is normal echogenicities and size, shape. Pancreatic duct is normal.

SPLEEN

Spleen is normal size, shape and position. No focal lesion seen.

\* R

Right kidney measures ~ 9.8 x 4.7 cm.

Left kidney measures~ 10.7 x 4.8 cm.

Both Kidneys are normal size, shape and position. Renal parenchymal echogenicities are normal.

No evidence of any calculus or pelvicalyceal dilation.

URINARY BLADDER:

UB is well distended with normal wall thickness. No evidence of mass /cclculus.

PROSTATE :

It is normal in size, shape & smooth outlines.

**RETRO PERITONEUM:** 

No evidence of lymphadenopathy / mass.

FREE FLUID

No free fluid seen in abdomen & peritoneal cavity.

## **IMPRESSION:-**

Marginal hepatomegaly with fatty liver grade-I.

Needs clinical correlation & other investigations.

L. Alsa Khan 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.

Note-

1) The report & film are not valid for medico-legal purpose.

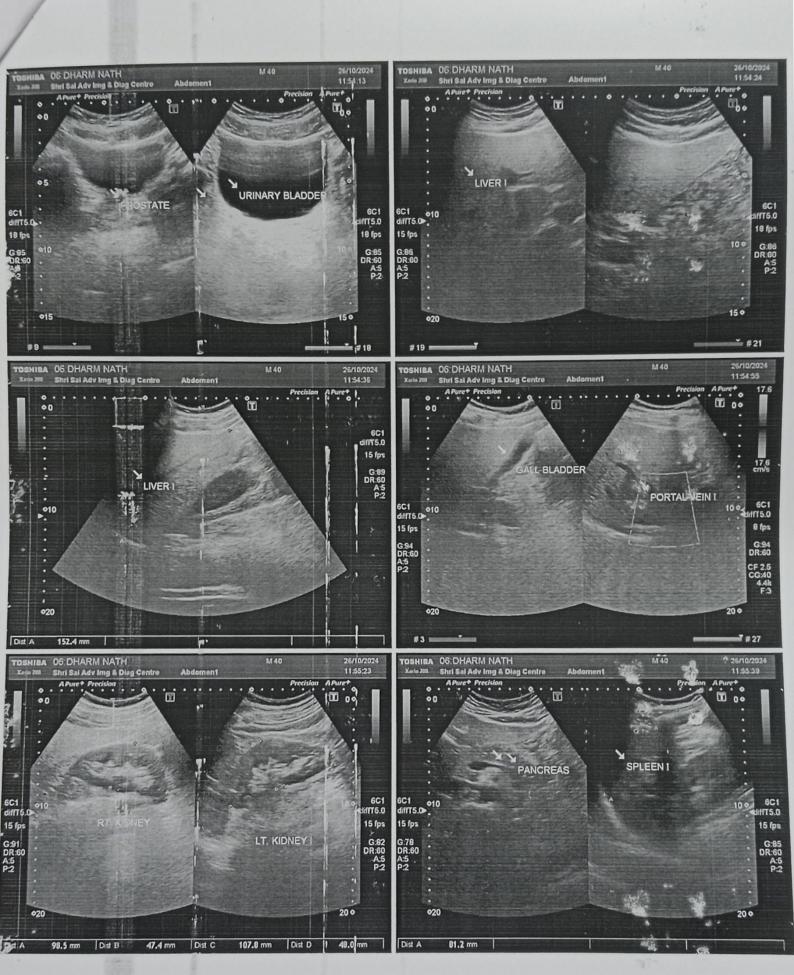
2) Please intimate us if any typing mistakes & send the report for correlation within 7 days.

3) कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे।

सही जॉच ही सही ईलाज का आधार है...

## SAI DIAGNOSTIC CENTER RAIPUR

24 Study : Abdomen OHARM NATH



# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER RADHAKRISHNA VIHAR SANTOSHI NAGAR EMAII:

485 / MR DHARM NATH LAL DAS / 40 Yrs / M / 170 Cms / 74 Kg / NonSmoker Date: 26 - 10 - 2024 Refd By : MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP .	RPP	PVC	Comments
Supine	00:39	0:39	0.00	00.0	01.0	135	75 %	/	000	00	
Standing	01:57	1:18	0.00	0.00	01.0	086	48 %	/	000	00	
ExStart	01:59	0:02	00.0	00.0	01.0	086	48 %	/	000	00	
BRUCE Stage 1	04:59	3:00	01.7	10.0	04.7	130	72 %	120/80	156	00	
BRUCE Stage 2	07:59	3:00	02.5	12.0	07.1	141	78 %	125/85	176	00	
BRUCE Stage 3	10:59	3:00	03.4	14.0	10.2	156	87 %	130/90	202	00	
PeakEx	11:02	0:03	03.4	14.0	10.3	156	87 %	130/90	202	00	
Recovery	12:02	1:00	01.1	0.00	04.3	140	78 %	125/85	175	00	
Recovery	13:02	2:00	01.1	0.00	01.0	120	67 %	120/80	144	00	
Recovery	13:22	2:20	01.1	00.0	01.0	118	66 %	120/80	141	00	T Section 1

ä
Z
G
S
• •

: 09:03

: 156 bpm 87% of Target 180

: 130/90 (mm/Hg) : 10.3 Good response to induced stress

: Test Complete, Heart Rate Achieved

REPORT: TMT Test is vegetive

**Test End Reasons** 

Max WorkLoad Attained

Exercise Time Max HR Attained Max BP Attained

DR. RAJESH SHARMA MD, PGDCC (Cardiologist) MD, CGMC- 686/2007

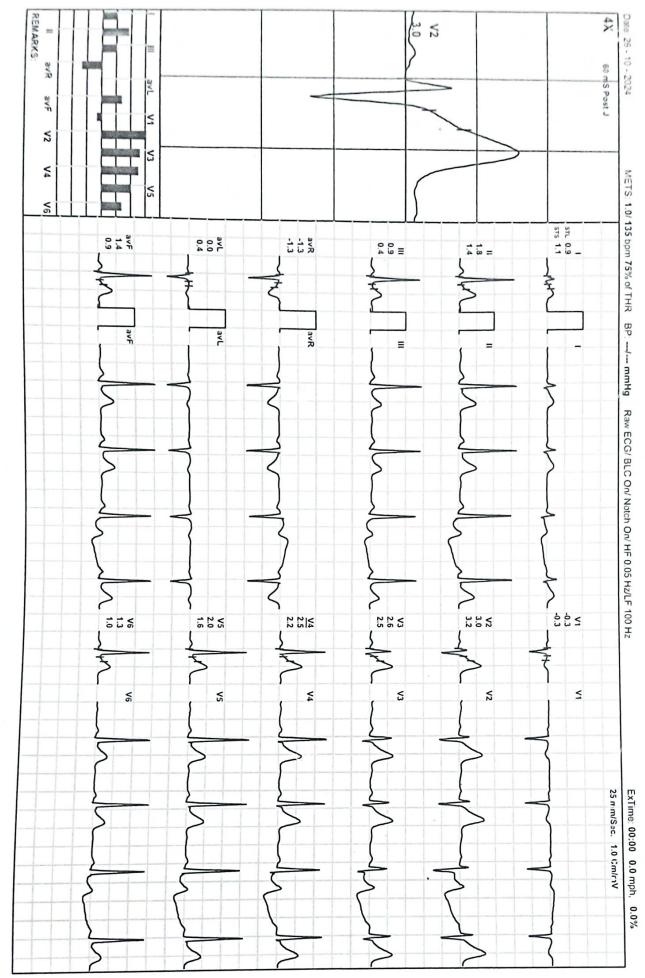
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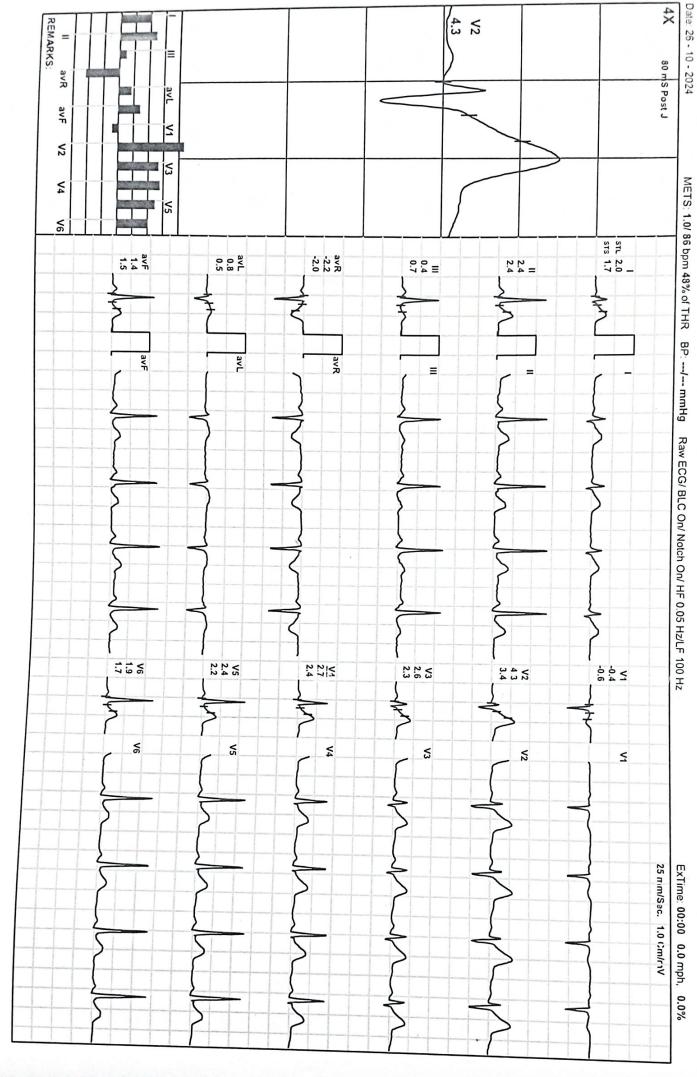
## SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE:Supine(0:39)



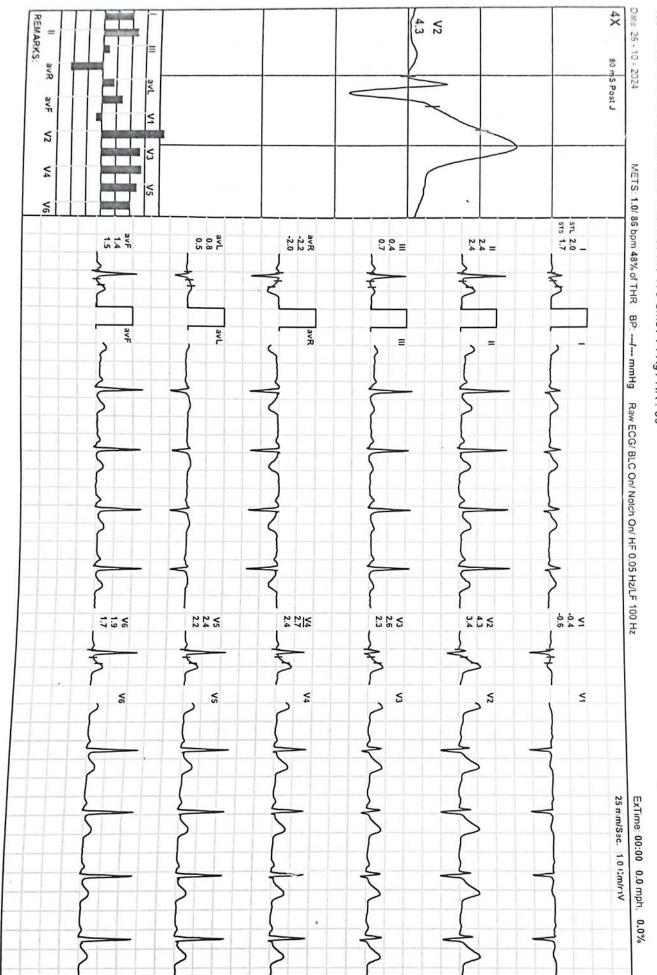


485 / MR DHARM NATH LAL DAS / 40 Yrs / M / 170 Cms / 74 Kg / HR : 86 BRUCE:Standing(1:18)

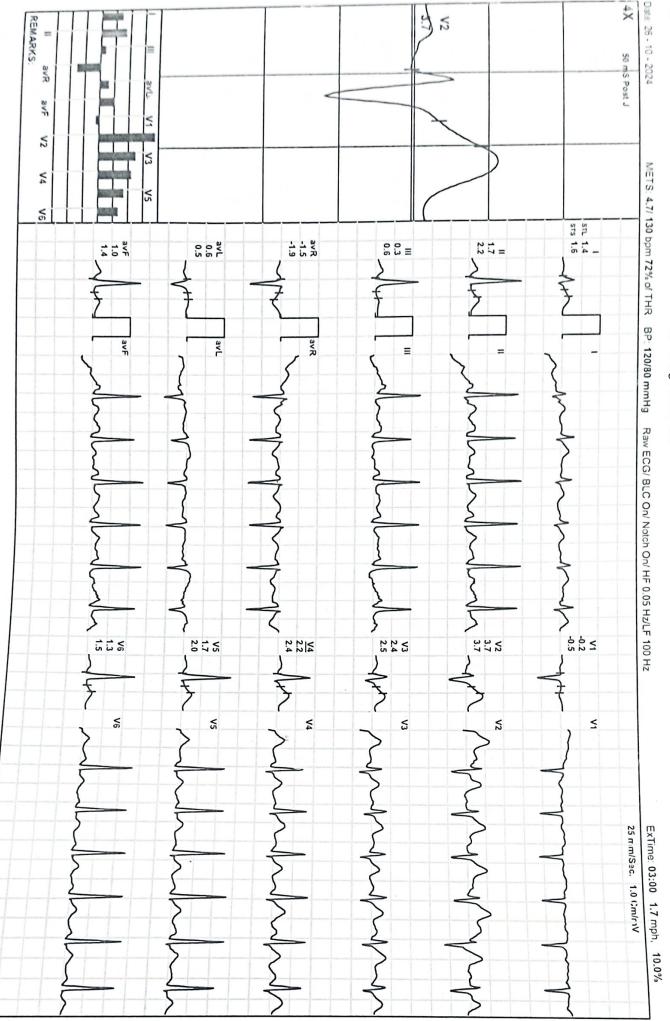








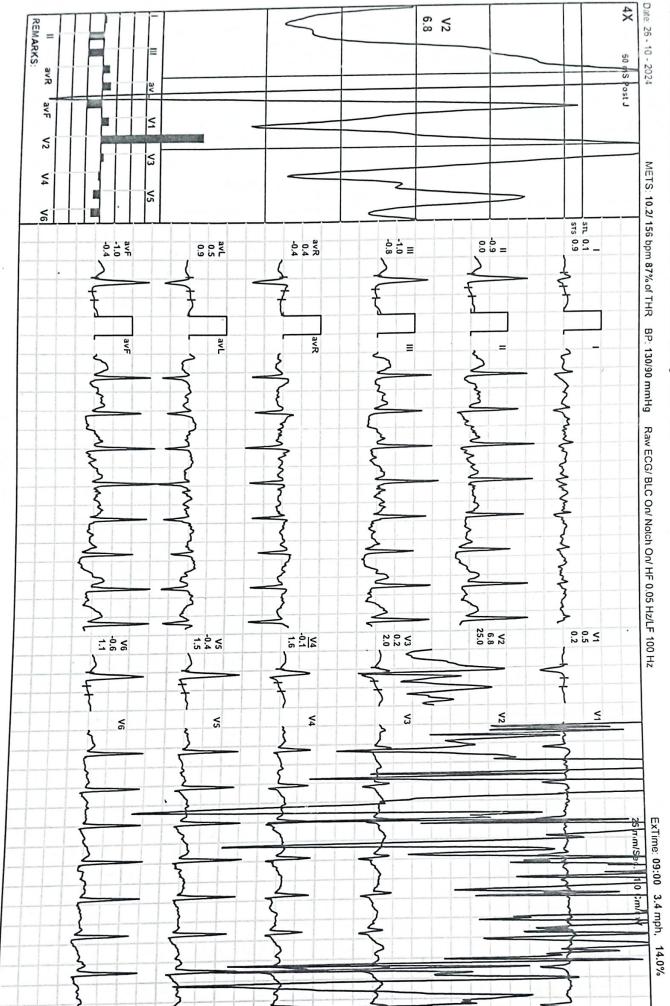
Jaroy Partor



485 / MR DHARM NATH LAL DAS / 40 Yrs / M / 170 Cms / 74 Kg / HR : 141 Date: 26 - 10 - 2024 **4**× V2 60 mS Post J REMARKS: avR avF METS: 7.1/ 141 bpm 78% of THR BP: 125/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz **Y2** 4 STL 0.5 46 0.2 0.1 0.1 -0.3 0.4 0.6 0.0 0.8 avR avL 0.2 25 , V3 1.8 1.7 0.6 1.4 0.4 0.9 ≤ S **Y**2 ٧5 4 8 25 m m/Sec. 1.0 Cm/ ExTime: 06:00 2.5 mph, 12.0%

BRUCE:Stage 3(3:00)

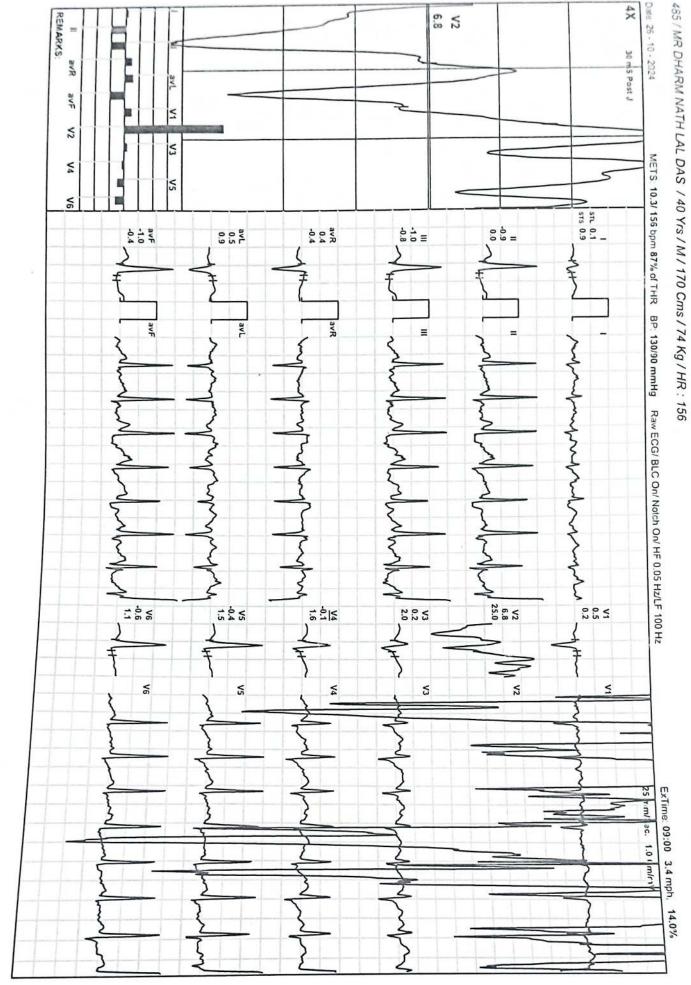
Id TO Y



## PeakE

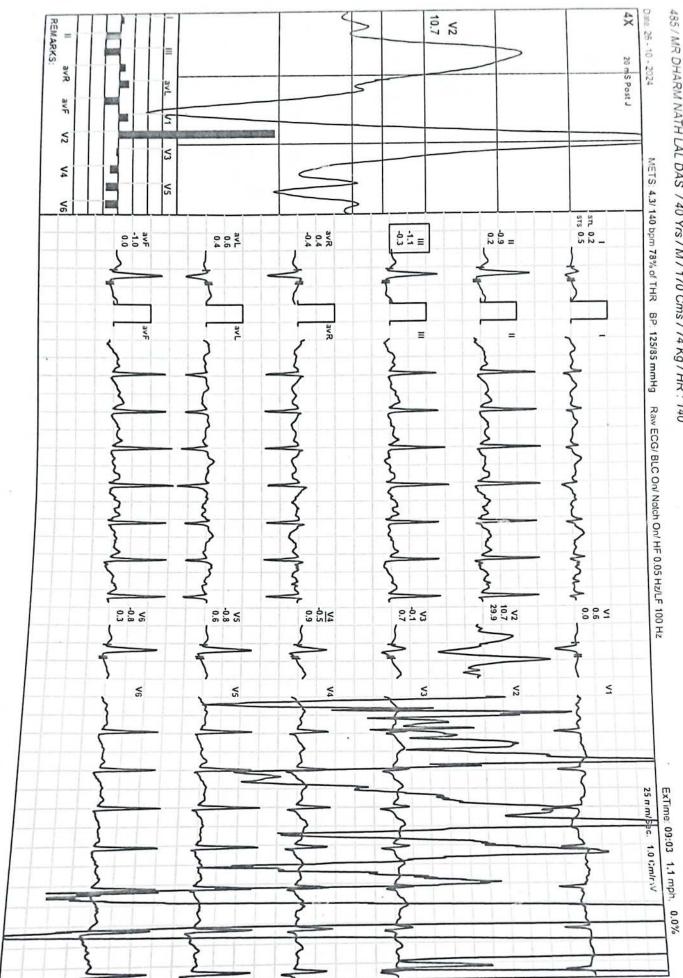


## SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER





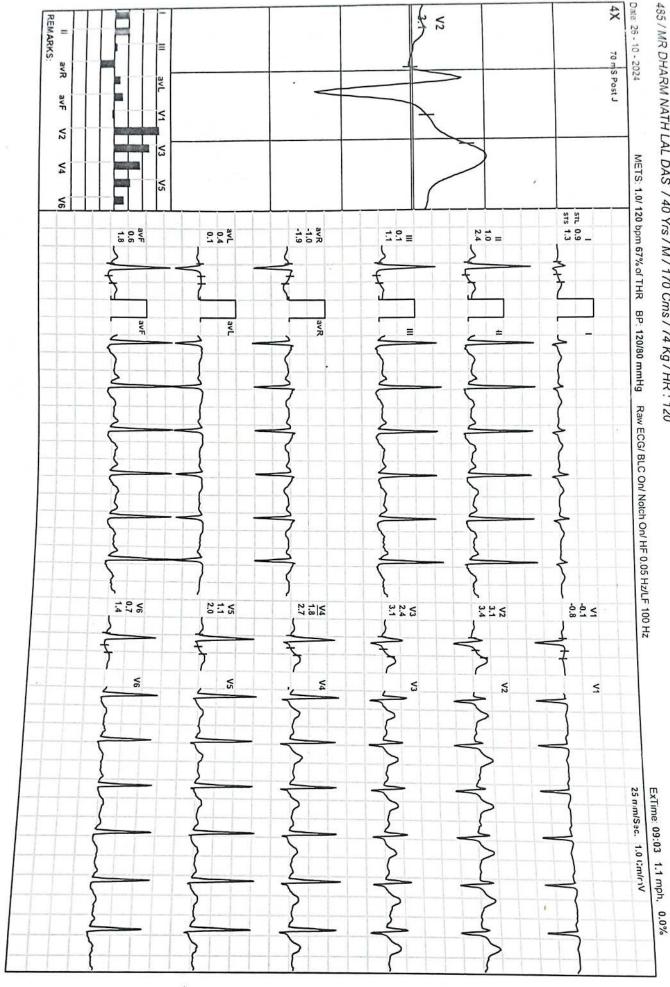
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER 485 / MR DHARM NATH LAL DAS / 40 Yrs / M / 170 Cms / 74 Kg / HR : 140 Date: 26 - 10 - 2024 **4**X V2 10.7 20 mS Post J 5 STL 0.2 STS 0.5 -0.9 0.2 0.4 -0.4 21 = 1.0 0.0 0.6 0.4 avR avL



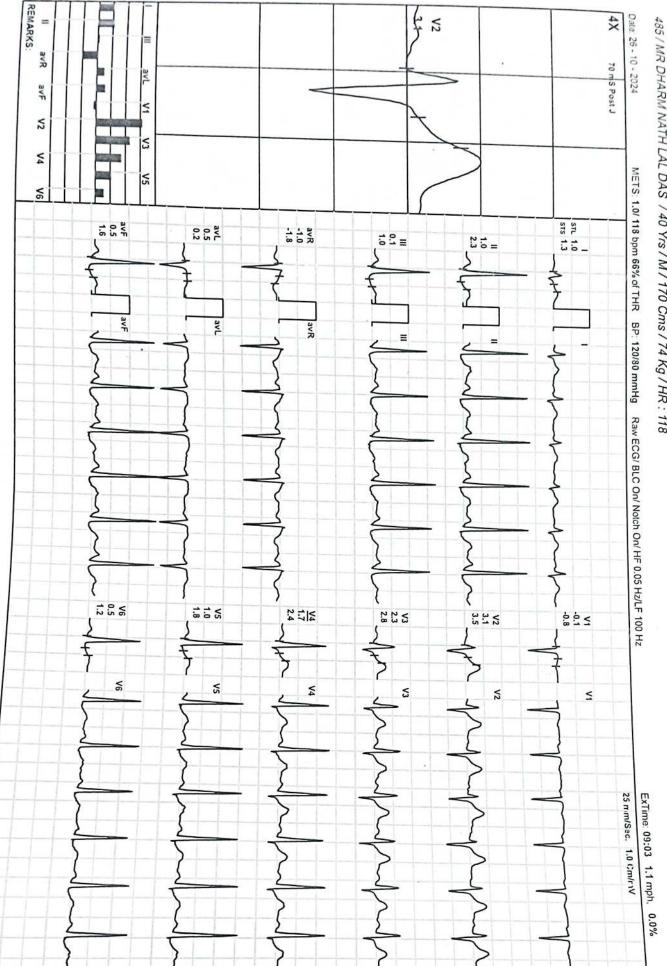
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## SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER







# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

ST Measurements



	ļ	į			9	Since A Property Company	19		9												Protocol : BRUCE
Date: 26 - 10 - 2024	-	=	III avR	₹ avL	avF	<u> </u>	<b>∑</b> 2	3	V4 V5	6		-	=  =	avR	avL a	avF V1	1 V2	<b>V</b> 3	V4 V5		0.000
STL(mm)Supine	0.9	1.8	0.9 -1.3		- 1	-0.3	3.0	٠	٠. ا	_	ω	- 1			0.4	0.9 -0	.3 3.2				SIS(IIIV/sec)
60 @mS Standing	2.0	2.4	0.4 -2.2			-0.4	4.3				Ψ	1.7	2.4 0.7	-2.0		1.5 -0.6		2.3	2.4 2.2	2 1.7	
ExStart	2.0	2.4	0.4 -2.2			-0.4	4.3	2.6	2.7 2.	4 1.9	w.				0.5	1.5 -0	.6 3.4				
Stage 1	1.4	1.7	0.3 -1.5		1.0	-0.2	3.7	2.4	2.2 1.	7 1.3	ω						.5 3.7				
Stage 2	0.5	0.2	-0.3 -0.3		0.0	0.2	1.5		0.8 0.6		42						.2 2.5				
Stage 3	0.1	-0.9	-1.0 0.4	1 0.5		0.5	6.8	0.2 -	1		0,						.2 25.0				
PeakEx		-0.9				0.5	6.8				0)						.2 25.0				
Recovery	0.2	-0.9	-1.1 0.4	0.6		0.6	10.7 -	-0.1	-0.5 -0.8		ω						0 29.9				
Recovery						-0.1		2.4			7						8 3.4			0 1.4	
Recovery	1.0	1.0	0.1 -1.0	0.5	0.5	-0.1	<u>3</u> .1	2.3	1.7 1.0	0 0.5	Oi						8 3.5			8 1.2	
					-	_		≡	avR		avL	avF	۷1	<b>\</b> 2	٧3	ω	V4	٧5	V6		
STI(µVs)		Supine	ine		5.5	<b>±</b>	9.	6.5	-8.7		0.5	9.2	-1.8	19.0		5.5	16.1	12.9	8.9		
		Stan	Standing		13.7	16	œ	3. 3.	-15.3		5.3	10.0	1.4	31.3		7.	19.8	16.9	12.9		
		ExStart	tart		13.7	16.8	œ	<u>3</u> .1	-15.3		5.3	10.0	-1.4	31.3		.7	19.8	16.9	12.9		
		Stage 1	e 1		6.6	6	4	-0.2	-6.5	0.	3.5	3.0	0.7	19.0			10.3	7.4	5.9		
		Stage 2	e 2		0.6	<u>_</u>	.9	-2.5	0.7	•	1.6	-2.3	1.6	5.1		6	2.2	1.3	0.9		
		Stage 3	ез		<u>-</u> 0.1	ځ	Ċ	-3.2	1.9	ŭ	1.6	-3.4	1.6	8.6		.55	-1.2	-2.1	-2.4		
		PeakEx	ŵ		0.1	ည်	C	-3.2	1.9		1.6	-3.4	1.6	8.6		.5	-1.2	-2.1	-2.4		
		Reco	Recovery		0.8	-2	œ	-3.6	1.0		2.2	-3.2	2.1	40.9		2	-1.6	-2.5	-2.7		
		Reco	Recovery		3.7	2	Ċ	-1.0	-3.0		2.3	0.8	0.9	14.7		O	7.3	ა. 8	1.9		
		Reco	Recovery		4.3	ω		<u>-1.1</u>	-3.7		2.8	0.9	0.7	14.8		10.3	7.1	3.6	1.4		

## THRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary RADHAKRISHNA VIHAR SANTOSHI NAGAR

ACT DEL

485 / MR DHARM NATH LAL DAS / 40 Yrs / Male / 170 Cm / 74 Kg /Non Smoker

	12:30	12:00	11:30	11:00	10:30	10:00	09:30	09:00	08 - 30	08:00	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	(Win.)	Time
	122	133	145	156	156	155	153	150	147	145	141	138	124	134	136	133	130	129	128	126	119	107	86	90	110	(bpm)	HR
	146	106	48	112	108	114	114	48	122	74	126	124	134	124	130	136	140	136	144	122	136	178	242	118	258	(mS)	PR Int
	88	24	10	74	64	76	76	74	64	60	50	118	76	122	120	52	66	136	132	66	66	52	98	68	66	(mS)	QRS Wid
	87	90	87	90	88	90	88	88	87	85	87	81	83	83	84	82	. 81	83	83	82	79	78	82	79	84	(Deg.)	QRS Axis
	457	270	104	436	235	199	400	337	420	425	432	437	424	444	432	438	438	445	445	440	455	433	401	414	405	(mS)	QTC
	209	4591	1459	1700	2569	2742	256	223	220	207	223	219	209	209	219	203	202	209	204	192	164	171	166	148	148	(Max)	P(µV)
	1775	1807	1445	1607	1500	1480	1446	1488	1426	1456	.1414	1289	1325	1325	1378	1354	1333	1387	1403	1382	1361	1368	1352	1596	1614	(Max)	R(µV)
	-762	-3083	-616	-697	-4249	-5879	-685	-686	-635	-652	-614	-614	-627	-627	-595	-597	-611	-580	-601	-584	-588	-605	-839	-921	-915	(Min)	ShN
	456	8799	1995	4284	3056	4024	321	243	306	297	275	451	361	361	430	456	460	440	460	399	486	594	618	712	687	(Max)	て(ルソ)
	-27	1419	-42	-72	-203	-107	-98	-96	-50	-26	303	-103	-116	-116	20	12	-10	ٺ	-24	-17	-16	-11	19	-78	-32	(אין)	Min. J
	///	V6	III	#	V2	11	111	#	H	111	#	III	V6	<i>III</i>	7	VI	VI	7	7	7	7	1	<b>V</b> 1	71	VI	(PM) (18PJ) (PM)	Leads for
	-45	-53	-103	-149	-615	-77	-77	-91	-124	-153	-67	-196	-82	-82	-25	-48	-6	-12	-13	-12	-19	-16	-40	-64	-25	(hr)	Min. Po
	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	(%)	Min. J Leads for Min. Post 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		(country)	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	<i>,</i>		Missed Beats