

भारत सरकार
असमिका सदी
Aramika Bhadi
जन तिथि/DOB: 02/12/1987
लिंग/ GENDER: FEMALE

7807 0511 0260
VID: 9161989 6183 5716

मेरा आधार, मेरी पहचान

Issue Date: 13/07/2013

Handwritten signature

8764277333



LABORATORY REPORT

Name : Ms. Anamika Bhati
Sex/Age : Female/36 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409101424
Reg. Date : 28-Sep-2024 10:48 AM
Collected On :
Report Date : 28-Sep-2024 04:14 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 155

Weight (kgs) : 78.05

Blood Pressure : 120/70mmHg

Pulse : 68/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

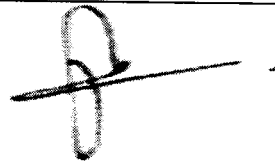
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

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TEST REPORT

Reg. No : 409101424	Ref Id :	Collected On : 28-Sep-2024 10:51 AM
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Age/Sex : 36 Years / Female	Pass. No. :	Tele No. : 8764277333
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	L 12.4	g/dL	12.5 - 16
Hematocrit (Calculated)	L 38.50	%	40 - 50
RBC Count (Electrical Impedance)	L 4.28	million/cmm	4.73 - 5.5
MCV (Calculated)	89.9	fL	83 - 101
MCH (Calculated)	29.1	Pg	27 - 32
MCHC (Calculated)	32.4	%	31.5 - 34.5
RDW (Calculated)	L 10.6	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7310	/cmm	4000 - 10000
MPV (Calculated)	9.5	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	56	% 40 - 80	4094 /cmm	2000 - 7000
Lymphocytes (%)	32	% 20 - 40	2339 /cmm	1000 - 3000
Eosinophils (%)	05	% 0 - 6	512 /cmm	200 - 1000
Monocytes (%)	07	% 2 - 10	366 /cmm	20 - 500
Basophils (%)	0	% 0 - 2	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.
 WBC Morphology Normal


PLATELET COUNTS

Platelet Count (Electrical Impedance) 368000 /cmm 150000 - 450000
 Electrical Impedance
 Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.
 Comment -

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Approved By : 
 Dr. Purvish Darji
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Sample Type : EDTA		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO "A"
Tube Agglutination (Forward & Reverse grouping) Method

Rh (D) Positive
Tube Agglutination (Forward & Reverse grouping) Method

Note -

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour 3 mm/hr ESR AT 1 hour : 3-12
Westergreen method


ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Age/Sex : 36 Years / Female **Pass. No.** : **Tele No.** : 8764277333
Ref. By : **Dispatch At** :
Sample Type : Flouride F, Flouride PP **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	90.30	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	100.1	mg/dL	70 - 140

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Age/Sex : 36 Years / Female	Pass. No. :	Tele No. : 8764277333
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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
Lipid Profile

Cholesterol	215.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Cholesterol Oxidase, esterase, peroxidase</i>			
Triglyceride	63.10	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Glycerol-3-Phosphate Oxidase Peroxidase</i>			
HDL Cholesterol	63.10	mg/dL	Low : <40 High : >60
<i>4-Aminoantipyrine-CHE-Cholesterol Oxidase-POD</i>			
LDL	139.28	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	12.62	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.21		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.41		0 - 5.0
<i>Calculated</i>			

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Age/Sex : 36 Years / Female	Pass. No. :	Tele No. : 8764277333
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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LFT WITH GGT

Total Protein	7.78	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i>			
Albumin	4.74	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>Bromocresol Green</i>			
Globulin (Calculated)	3.04	g/dL	2.3 - 3.5
<i>Calculated</i>			
A/G Ratio (Calculated)	1.56		0.8 - 2.0
SGOT	24.10	U/L	0 - 31
<i>L-Aspartate a - Ketoglutarate</i>			
SGPT	21.10	U/L	0 - 34
<i>Pyruvate to Lactate - IFCC</i>			
Alkaline Phosphatase	86.7	IU/l	42 - 98
<i>4-Nitrophenol phosphate (AMP)</i>			

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Age/Sex : 36 Years / Female	Pass. No. :	Tele No. : 8764277333	
Ref. By :		Dispatch At :	
Sample Type : Serum		Location : CHPL	
Total Bilirubin	0.69	mg/dL	Cord : Premature & full term : <2.0 0-1 day : Premature : <8.0 0-1 day : Full term : 1.4 - 8.7 1-2 day : Premature : <12 1-2 day : Full term : 3.4 - 11.5 3-5 day : Premature : <16 3-5 day : Full term : 1.5 - 12.0 Adult : 0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.17	mg/dL	0.0 - 0.4
<i>Vanadate</i>			
Indirect Bilirubin	0.52	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	23.60	U/L	< 38
<i>Y-Glutamyltransferase - IFCC</i>			

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Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

Parameter **Result** **Unit** **Biological Ref. Interval**

BIO - CHEMISTRY

Uric Acid
Uricase - Peroxidase 4.46 mg/dL 2.6 - 6.0


Creatinine
Sarcosine Oxidase peroxidase 0.66 mg/dL 0.6 - 1.1

BUN
Urease - UV Method 6.90 mg/dL 6.0 - 20.0

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Age/Sex : 36 Years / Female	Pass. No. :	Tele No. : 8764277333
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	5.1	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
---------	-----	---------------	--

Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	99.67	mg/dL
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Calculated
Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.


HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Age/Sex : 36 Years / Female	Pass. No. :	Tele No. : 8764277333
Ref. By :		Dispatch At :
Sample Type : Urine Spot		Location : CHPL

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5	4.6 - 8.0
Sp. Gravity	1.005	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Nil	Nil


MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Age/Sex : 36 Years / Female	Pass. No. :	Tele No. : 8764277333
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CLIA-Sandwich Immunoassay</i>	0.89	ng/mL	0.86 - 1.92
--	------	-------	-------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) <i>CLIA-Sandwich Immunoassay</i>	9.10	µg/dL	3.2 - 12.6
---	------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.


Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Sample Type : Serum **Location** : CHPL

TSH 1.530 μ IU/ml 0.35 - 5.50
CLIA-Sandwich Immunoassay

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 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), 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 is 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.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 μ IU/mL

Second Trimester : 0.2 to 3.0 μ IU/mL


Third trimester : 0.3 to 3.0 μ IU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

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LABORATORY REPORT

Name :	Ms. Anamika Bhati	Reg. No :	409101424
Sex/Age :	Female/36 Years	Reg. Date :	28-Sep-2024 10:48 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	28-Sep-2024 05:01 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Fair LV systolic function, LVEF: 55 %.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
7. No PAH, RVSP: 20 mmHg, AOVP: 1.39 m/s, PVP: 0.75 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

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MBBS. MD. FNB

DR.MUKESH LADDHA

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Page 10 of

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Client Name : Mediwheel

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Report Date : 28-Sep-2024 02:01 PM

X RAY CHEST PA

Both lung fields show prominent broncho-vascular markings.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

----- End Of Report -----

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

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Sex/Age : Female/36 Years
Ref. By :
Client Name : Mediwheel

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Collected On :
Report Date : 28-Sep-2024 03:50 PM

USG OF ABDOMEN

Liver appears normal in size & increased echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended and shows 8.5 mm calculus. No evidence of mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass lesion.

Uterus appears normal. No adnexal mass is seen.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

Comments:-

Grade I fatty liver.

Gb calculus.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness and for further intervention.

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

Page 1 of 2

CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



LABORATORY REPORT

Name : Ms. Anamika Bhati
Sex/Age : Female/36 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409101424
Reg. Date : 28-Sep-2024 10:48 AM
Collected On :
Report Date : 28-Sep-2024 04:33 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.00

CY: -0.50

AX:33

LEFT EYE

SP : -0.50

CY : -0.25

AX :175

	Without Glasses	With Glasses
Right Eye	6/6	N.A
Left Eye	6/6	N.A

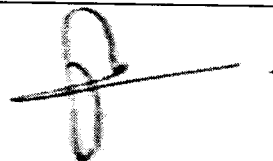
Near Vision: Right Eye - N/6, Left Eye - N/6

ColorVision : Normal

Comments: Normal

----- End Of Report -----

This is an electronically authenticated report



Dr. Parth S Patel

MBBS, MD, FNB

Note: Bring this document in next visit. Prescription is valid for 1 month or as per advise.

Page 14 of

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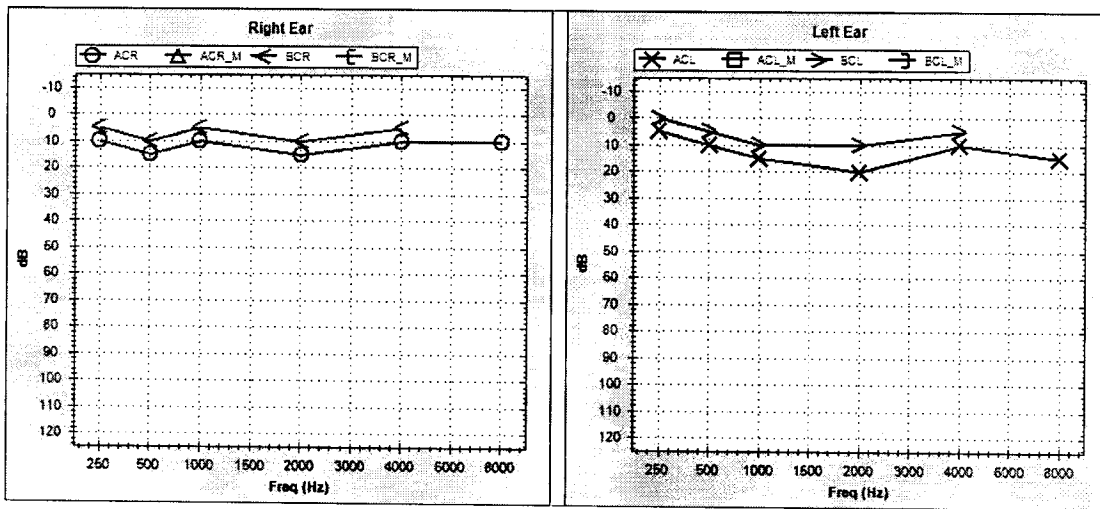


LABORATORY REPORT

Name : Ms. Anamika Bhati
 Sex/Age : Female/36 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 409101424
 Reg. Date : 28-Sep-2024 10:48 AM
 Collected On :
 Report Date : 28-Sep-2024 04:33 PM

AUDIOGRAM



EAR \ MODE	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	□	×	⊔	>	Blue
RIGHT	△	○	⊔	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11.5	11.5
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.

This is an electronically authenticated report

Dr. Parth S Patel

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Page 15 of

CUROVIS HEALTHCARE PVT. LTD.

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LABORATORY REPORT

Name :	Ms. Anamika Bhati	Reg. No :	409101424
Sex/Age :	Female/36 Years	Reg. Date :	28-Sep-2024 10:48 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	30-Sep-2024 01:56 PM

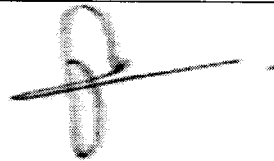
Electrocardiogram

Findings

T flattening+.

----- End Of Report -----

This is an electronically authenticated report



Dr. Parth S Patel
MBBS, MD, FNB

DR.MUKESH LADDHA

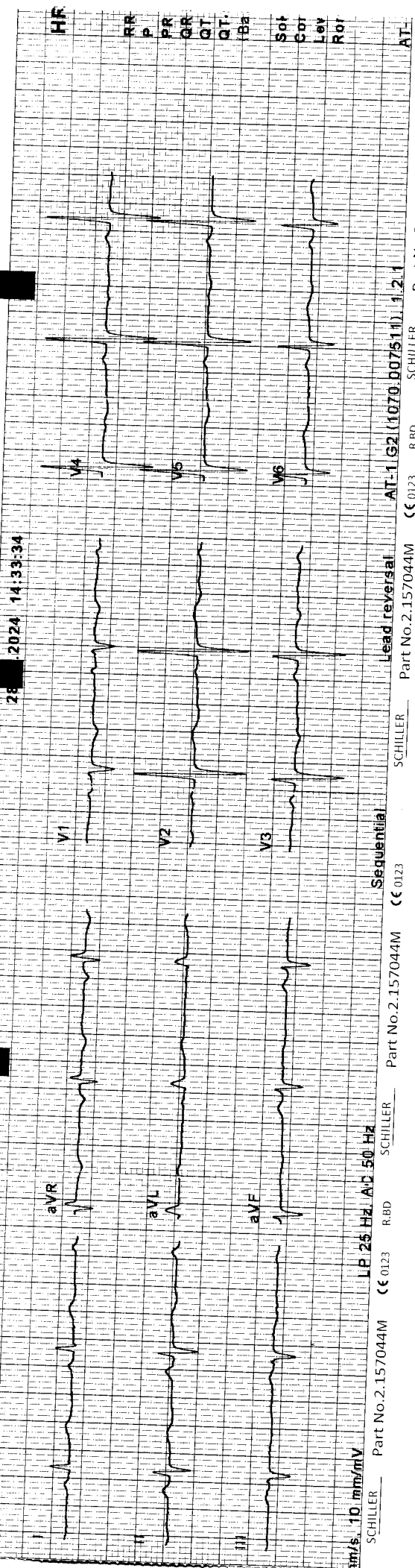
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Page 1 of 1

CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat

68 /bpm



10 mm/mV

LP 25 Hz, AC 50 Hz

Part No. 2.157044M

SCHILLER R.BD

CE 0123

Sequential

Part No. 2.157044M

SCHILLER

Lead reversal

Part No. 2.157044M

SCHILLER

AT-1 G2 (1070.0075.11).1.2.1

Part No. 2.157044M

CE 0123

AT

28.09.2024 14:33:34
 Anurmita Ghosh

Name	Patient ID	P-axis	45°
Date of birth	Age 36	QRS axis	-30°
Gender	pacemaker	T axis	20°
Height	cm	PR	160 ms
Weight	kg	QR	84 ms
BP	mmHg	QT	408 ms
Medication		QTc	435 ms
Remark		QT/QTc	2.59 mV
		ST	1.25 mV
		T	0.74 mV
		QT/QTc	2

28.09.2024 14:33:34
 Anurmita Ghosh

G2 (1070.0075.11).1.2.1
 SCHILLER Part No. 2.157044M
 CE 0123 R.BD

T flattening ⊕