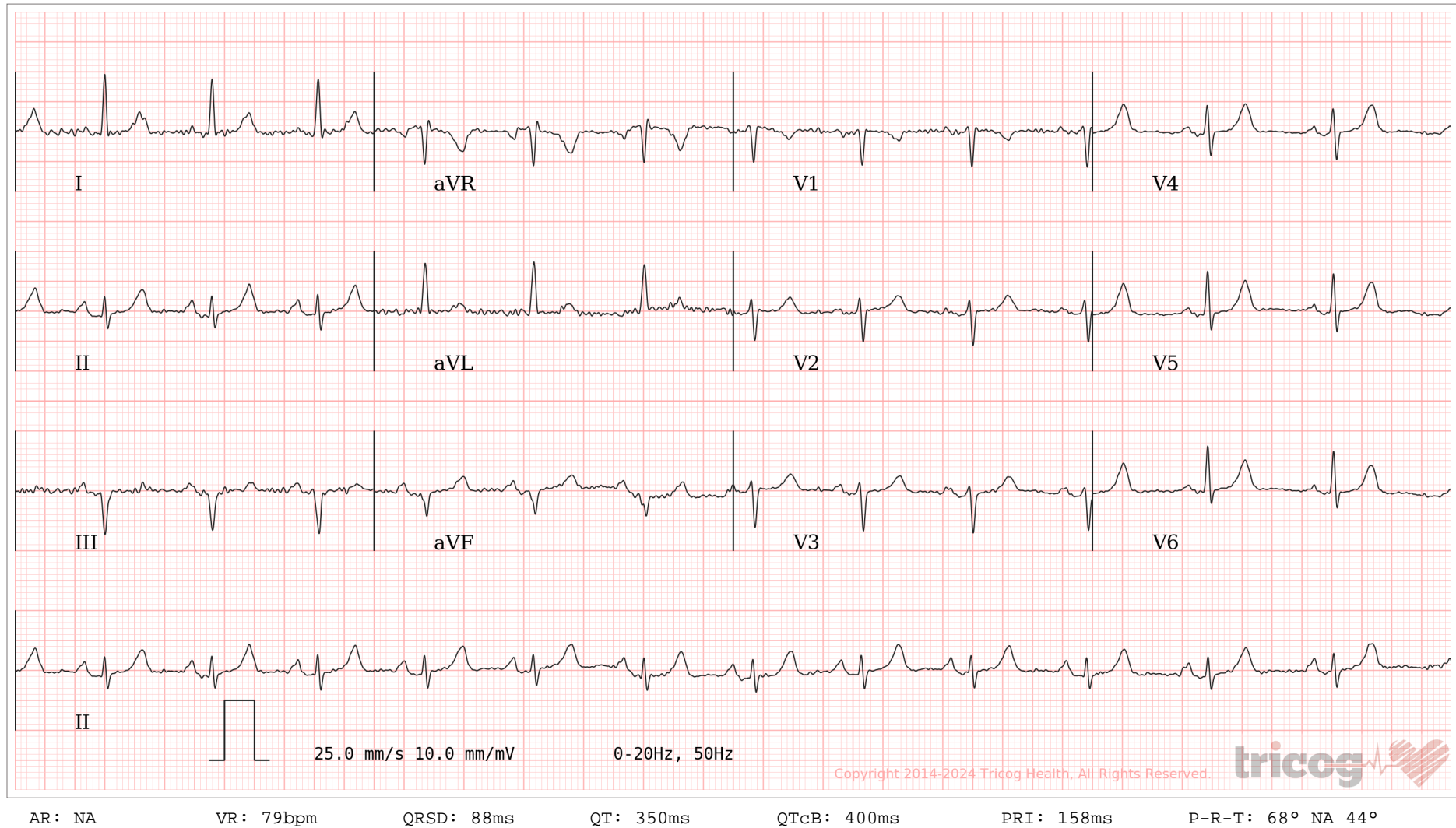
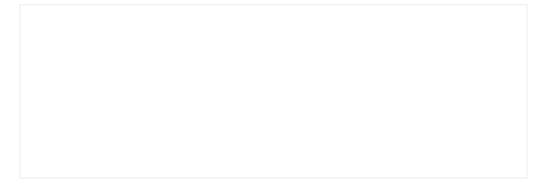


Age / Gender: 65/Female
Patient ID: 1308212
Patient Name: Rosy Moses Joseph

Date and Time: 31st Dec 24 11:22 AM



Footer Text: ECG Report Summary

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

Patient ID: 1308212

Patient Name: Rosy Moses Joseph

Age / Gender: 65/Female

Date: 31st Dec 24 11:22 AM

Summary of ECG Report

Based on the ECG report for Rosy Moses Joseph, here are the key findings and what they might indicate:

Heart Rate (VR): 79 bpm

This is within the normal resting heart rate range for adults (60-100 bpm).

QRS Duration (QRSD): 88 ms

This is within the normal range (less than 120 ms), indicating normal ventricular depolarization.

QT Interval (QT): 350 ms

This is within the normal range for women (generally considered less than 440ms, though exact values depend on heart rate and other factors. Further clarification from a physician is recommended.). It indicates normal ventricular repolarization.

Corrected QT Interval (QTcB): 400 ms

This is within the generally accepted normal range, which is important for assessing the risk of arrhythmias. The upper limit of normal varies depending on several factors including age and sex, and precise interpretation requires clinical context.

PR Interval (PRI): 158 ms

This is at the upper limit of the normal range (120-200 ms). While within normal limits, it is approaching a slightly prolonged range which might warrant further observation by a physician, particularly in conjunction with other symptoms or findings.

P-R-T Angles: 68° NA 44°

These angles provide information about the electrical axis of the heart. The values here appear to be within normal limits, but interpretation needs the context of the full ECG report.

Summary:

The ECG report for Rosy Moses Joseph shows mostly normal findings. The PR interval is slightly prolonged, nearing the upper limit of normal. While this is not necessarily indicative of pathology in isolation, it warrants attention and should be considered in conjunction with the patient's medical history and other clinical findings by a healthcare professional.

before any conclusions are drawn. A qualified physician should review the full ECG and clinical information for complete interpretation.