

 भारत सरकार
GOVERNMENT OF INDIA


 संदीप
Sandeep

जन्म वर्ष / Year of Birth : 1989
पुरुष / Male




8269 8697 6364


आधार — आम आदमी का अधिकार


 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता: S/O धर्मवीर, २२५/६, जोहरी
नगर, लाइन पार, बहादुरगढ़, बहादुरगढ़,
झज्जर, ह, 124507

Address: S/O Dharmvir,
225/6, johri nagar, line paar,
Bahadurgarh, Bahadurgarh,
Jhajjar, Haryana, 124507

 1947
1800 180 1947

 help@uidai.gov.in

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 P.O. Box No. 1947,
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Health Check up


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We are pleased to confirm that your Booking Request *22E53695* has been *CONFIRMED* for your Health Checkup at  *Ivy Hospital* on *2025-02-22* at *09:00 AM - 09:30 AM* for the Package *Mediwheel Full Body Health Checkup Male Below 40*.

Your booking is confirmed and no additional steps are required. Please remember do not pay any additional amount at the hospital.

Please follow the guidelines including fasting requirements before your Health Checkup.

We thank you for using *MediWheel* – _Your Wellness Partner_

We encourage you to download the MediWheel App to keep a track of all your reports and bookings.



बैंक ऑफ बरोडा
Bank of Baroda

नाम

Name

सन्दीप

Sandeep

E.C. No.

180740



जारीकर्ता प्राधिकारी
Issuing Authority





धारक के हस्ताक्षर
Signature of Holder

Name : MR. Sandeep (36y, Male)
Phone : 9812196852
ID : 366380

Date & Time : 22-Feb-2025 01:40 PM

Complaints: ROUTINE EYE EXAM

Diagnosis: HIGH REFRACTIVE ERROR BE

VA T 6/9
(A) 6/9

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) REFRESH TEARS EYE 10ML DROPS *	1 - 1 - 1	After Food - Daily - 3 Months
Composition : Sodium carboxymethyl cellulose 5 MG		
Timing : 1 After breakfast, 1 After lunch, 1 After dinner		
Notes : both eyes		

Advice: adv dilated fundus exam/ oct



Dr. Mukesh Vats
MBBS, MS, FVRS
Retina Consultant & Phaco Surgeon
PMC: 45034

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Livasa Hospital, Mohali

(A Unit of Ivy Health and Life Sciences Private Limited)

Hospital Address: Sector 71, SAS Nagar, Mohali, Punjab-160071

For any service queries or appointments

Call: +91 8078880788, 6239502002

E-mail: cs@livasahospitals.in | Website: www.livasahospitals.com

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Registered Address: Administration Block,
Livasa Hospital, Sector-71, Mohali, Punjab -160071

Corporate Office: 3rd Floor, C-133, Industrial Area,
Phase 8, SAS Nagar, Mohali, Punjab-160071
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ

Name : MR. SANDEEP (36y, Male)
Phone : 9812196852
ID : 366380
Doctor : Dr. G Ranjeeth Kumar

Date & Time : 22-Feb-2025 03:18 PM

Past Medical History: POST RENAL TRANSPLANT - 2023, HYPERTENSION

BP 121/86 mmHg | **Pulse** 97 bpm | **Weight** 100 kg

Complaints: REGULAR HEALTH CHECKUP

Diagnosis:

· **ANAEMIA OF CHRONIC DISEASE**

Tests Prescribed: [Next Visit] IRON PROFILE , FREE THYROID PROFILE

Next Visit : 1 months

Admission Advice: NO



Dr. G. Ranjeeth Kumar
MBBS, MD Internal Medicine (PGIMER)
Regn No. 88598

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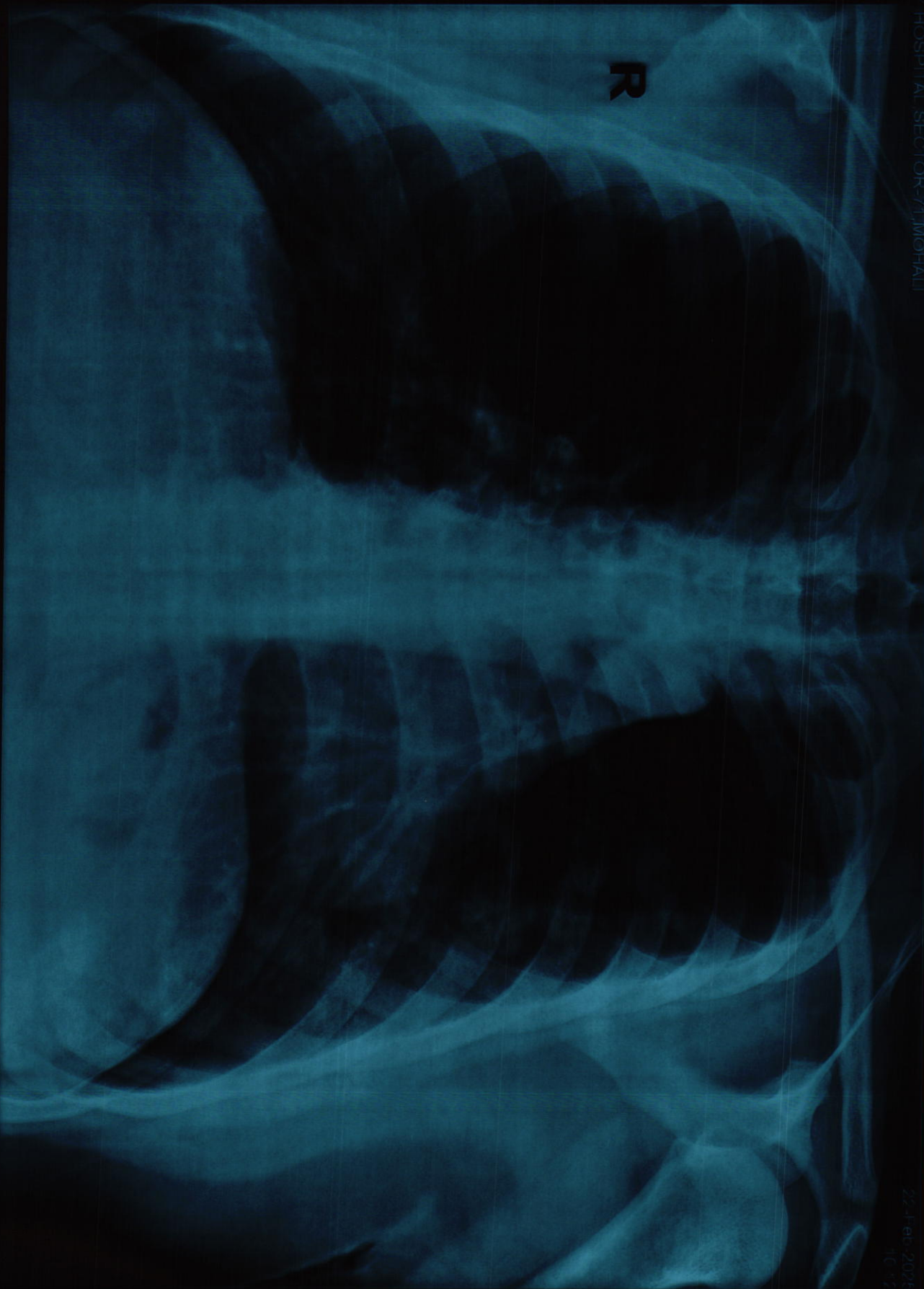
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ID366380 SANDEEP M 35 years XN 3529 OPD

IVV HOSPITAL SECTOR-71 MOHALI

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in



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NAME	: MR SANDEEP	Requisition Date	: 22/Feb/2025 10:05AM
DOB/Gender	: 12-Jan-1989/M	SampleCollDate	: 22/Feb/2025 10:08AM
UHID	: 366380	Sample Rec.Date	: 22/Feb/2025 10:08AM
Inv. No.	: 4971921	Approved Date	: 22/Feb/2025 12:51PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409338		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 5600)	1.40	ng/mL	0.970 - 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA/Vitros 5600)	9.60	µg/dL	5.52 - 12.97
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH (CLIA/Vitros 5600- TSH 3rd generation)	7.650	mIU/L	0.4001 - 4.049
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Summary & Interpretation:

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

- Note:**
- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
 - Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
 - Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
 - Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 - 3.70
2nd Trimester	0.31 - 4.35
3rd Trimester	0.41 - 5.18

The highlighted values should be correlated clinically
Result Entered By: Geetika 40845



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Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)	100	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic \geq 126 mg/dl
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level \geq 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

GLUCOSE PP

Plasma Glucose Post Prandial (VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)	117	mg/dL	Normal <140 Impaired Tolerance 140--180 Diabetic >180
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RFT (RENAL FUNCTION TESTS)

Serum Urea (VITROS 5600 /Colorimetric - Urease, UV)	29.00	mg/dl	19.26-42.8
Serum Creatinine (VITROS 5600 /Two-point rate - Enzymatic)	1.50	mg/dL	0.66--1.25mg/dl
Serum Uric acid (VITROS 5600 /Colorimetric - Uricase)	7.60	mg/dL	3.5--8.5 mg/dl

Interpretation:

Renal function tests are used to detect and diagnose diseases of the Kidney.

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M.D PATHOLOGY

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Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409338		

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)	0.40	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600 / Colorimetric - Direct measure)	0.20	mg/dL	Adult 0.0 - 1.1 Neonate 0.6 - 10.5
Bilirubin(Conjugated) (VITROS 5600 / Colorimetric - Spectrophotometric)	0.01	mg/dL	Adult 0.0 - 0.3 Neonate 0.0 - 0.6
Serum SGOT(AST) (VITROS 5600 /UV with P5P)	22	U/L	Male 17-59U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with P5P)	24	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.92		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	26	U/L	15 - 73
Serum Alkaline Phosphatase (VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))	101	U/L	38--126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret,no serum blank, end point)	7.7	g/dl	6.3--8.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromocresol Green)	4.9	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	2.80	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.75	%	1.0 - 1.8

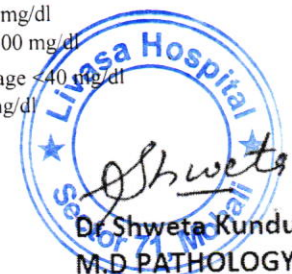
Interpretation:

Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

LIPID PROFILE

Serum Cholesterol (VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)	164	mg/dL	Desirable <200mg/dl Boredline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 /Colorimetric - Enzymatic, end point)	119	mg/dL	Normal < 150mg/dl Boredline High 150--199mg/dl High 200-499mg/dl Very High ≥500 mg/dl
Serum HDL Cholesterol (VITROS 5600 /Colorimetric - Direct measure, PTA-MgCl2)	47	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl

Result Entered By:Geetika 40845



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UHID	: 366380	Sample Rec.Date	: 22/Feb/2025 11:16AM
Inv. No.	: 4971921	Approved Date	: 22/Feb/2025 11:49AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409338		

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol (Calculated)	24	mg/dL	7-35
Serum LDL cholesterol (Calculated)	93	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.49		3-5
Serum LDL-HDL Ratio (Calculated)	1.98		1.5 - 3.5

Interpretation:

As per ATP 111 Guidelines - National Cholesterol Education Program

Total Cholesterol (mg/dL)	Desirable <200 Borderline High 200 – 239 High >240
Triglyceride	Normal < 150 Borderline High 150 – 199 High 200 – 499 Very High ≥ 500
HDL – Cholesterol	Low < 40 High ≥ 60
LDL- Cholesterol – Primary Target of Therapy	Optimal < 100 Near optimal/ Above optimal 100 – 129 Borderline high 130 – 159 High 160 – 189 Very high ≥ 190

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD>20%)	<100	<130
Multiple (2+) Risk Factors and 10-year risk <20%	<130	<160
0-1 Risk Factor	<160	<190

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Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	40.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH (Double Indicator)	6.00		4.8-7.6
Urine Specific Gravity (Ion Exchange)	1.005		1.010-1.030
Urine Glucose (Oxidase/Peroxidase Reaction)	Negative		Negative
Urine Protein (Acid Base Indicator)	Negative		Negative
Urine Ketones (Legal's Test)	Negative		Negative
Urine Bilirubin (Coupling)	Negative		Negative
Urine for Urobilinogen (Coupling)	Normal		Normal
Urine Nitrite (Griess Test)	Negative		Negative
Urine Blood (Peroxidase Activity)	Negative		Negative

Microscopic Examination

Urine Pus Cells	0-1		Negative
Urine RBC	Absent	/hpf	Negative
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent



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Inv. No.	: 4971921	Approved Date	: 22/Feb/2025 10:55AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409338		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c	5.8
Estimated Average Glucose (eAG)	120

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A	NEGATIVE
Anti B	POSITIVE
Anti D	POSITIVE
Final Blood Group	B POSITIVE

NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

The highlighted values should be correlated clinically
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Panel Name	: Livasa Mohali	Referred Doctor	: Self
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Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	24	mm/h	0-10
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COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin (Noncyanmethaemoglobin)	8.2	g/dl	13.0 - 17.0
Hematocrit(PCV) (Calculated)	30.9	%	36-48
Red Blood Cell (RBC) (Impedence/DC Detection)	4.00	$10^6 / \mu\text{l}$	4.5-5.5
Mean Corp Volume (MCV) (Impedence/DC Detection)	76.5	fL	83-97
Mean Corp HB (MCH) (Calculated)	20.3	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	26.5	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	19.7	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	153	$10^3 / \text{ul}$	150-450
Total Leucoocyte Count (TLC) (Impedence/DC Detection)	8.6	$10^3 / \mu\text{l}$	4.0 - 10.0

Differential Leucoocyte Count (VCS/ Microscopy)

Neutrophils	73	%	40-75
Lymphocytes	19	%	20-40
Monocytes	7	%	0-8
Eosinophils	1	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	6,278	μl	2000-7000
Absolute Lymphocyte Count	1,634	uL	1000-3000
Absolute Monocyte Count	602	uL	200-1000
Absolute Eosinophil Count	86	μl	20-500

*** End Of Report ***



The highlighted values should be correlated clinically
Result Entered By: Geetika 40845

Livasa Hospital, Mohali

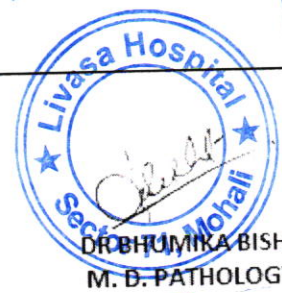
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Livasa Hospital, Sector-71, Mohali, Punjab-160071

Corporate Office: 3rd Floor, C-133, Industrial Area,
Phase 8, SAS Nagar, Mohali, Punjab-160071
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTCO27898
GSTIN: 03AABCI4594F1ZQ



Patient Name **SANDEEP**
 Gender/Age **Male / 36**

Patient ID **366380**
 Test Date : **22 Feb 2025**

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	5.0	3.7-5.6 CM
Left Ventricular ES Dimension	2.6	2.2-4.0 CM
IVS (D)	1.0	0.6-1.2 CM
IVS (s)	1.6	0.7-2.6 CM
LVPW (D)	1.0	0.6-1.1 CM
LVPW (S)	1.6	0.8-1.0 CM
Aortic Root	3.5	2.0-3.7 CM
LA Diameter	4.3	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	66%	54-76%

Mitral Valve : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse **Trace TR, RVSP = 20+RAPmmHg**

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve:** E=90 cm/s, A=75 cm/s, E>A
Aortic valve: Vmax =155 cm/s
Pulmonary valve: Vmax =123 cm/s

Chamber Size -

LV - Normal/ Enlarged **LA -** Normal / Enlarged
RV - Normal/ Enlarged **RA -** Normal/ Enlarged
RWMA - Nil
Others : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

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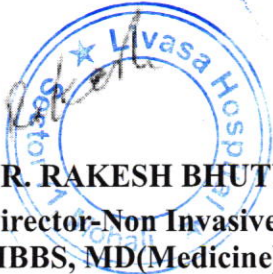


Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~66%)



DR. RAKESH BHUTUNGRU

Director-Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588

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GSTIN: 03AABC14594F1ZQ



NAME	., SANDEEP	SEX/AGE	M36Y
PATIENT ID	ID366380	Accession Number	
REF CONSULTANT	PACKAGE	DATE	22/02/2025 09:53

USG WHOLE ABDOMEN

LIVER: is normal in size (~ 14.2cm), outline and **bright in echotexture**. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

GALL BLADDER: is mildly distended at the time of examination.

SPLEEN: is **enlarged in size (~ 12.7cm)**, normal in outline and echotexture.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

BOTH NATIVE KIDNEY: shows feature of CKD.

TRANSPLANT KIDNEY: It is seen in right iliac fossa, normal in size (~ 9.7cm), outline and echotexture. Corticomedullary differentiation is well- defined. No calculi / hydronephrosis is seen.

U-BLADDER: is normally distended at the time of examination with normal wall thickness.

PROSTATE: is normal in size.

No free fluid is seen in peritoneal cavity.

CLINICAL PROFILE: Screening.

IMPRESSION:

Fatty liver Grade I.

Mild splenomegaly.

No other significant USG detectable abnormality seen.

Adv. Clinical correlation and follow up.



Dr Arushi Yadav
MD Radiodiagnosis

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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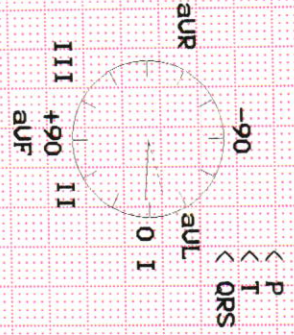
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GSTIN: 03AABCI4594F1ZQ

Measurement Results:
 QRS : 92 ms
 QT/QTcB : 334 / 395 ms
 PR : 120 ms
 P : 100 ms
 RR/PP : 714 / 710 ms
 P/QRS/T : -15 / 5 / 5 degrees
 QTd/QTcBD : 72 / 85 ms
 Sokolow : 1.3 mV
 NK : 12



Interpretation:
 < P
 < T
 < QRS
 R/S Inversion area between U1 and U2
 probably normal ECG

Mr. Sandeep
 UH10-366386
 Page - 36/m

Unconfirmed report.

