



CHANDAN DIAGNOSTIC CENTRE

Add: Kamnath Market, Hospital Road, Lakhimpur
Ph: 9235400943,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.KUMARI KHUSHBOO-PKG10000239	Registered On	: 22/Jul/2023 13:13:33
Age/Gender	: 30 Y 0 M 12 D /F	Collected	: 22/Jul/2023 13:23:19
UHID/MR NO	: CDCL.0000211512	Received	: 22/Jul/2023 13:44:52
Visit ID	: CDCL0169482324	Reported	: 22/Jul/2023 14:59:53
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd. - Status		: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	A
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	11.80	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	8,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	69.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	32.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	<20	
PCV (HCT)	36.00	%	40-54	
Platelet count				
Platelet Count	1.25	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	72.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	17.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.13	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE

Blood Indices (MCV, MCH, MCHC)





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Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	87.70	fl	80-100	CALCULATED PARAMETER
MCH	28.50	pg	28-35	CALCULATED PARAMETER
MCHC	32.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,003.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	174.00	/cu mm	40-440	



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UHID/MR NO	: CDCL.0000211512	Received	: 22/Jul/2023 14:01:47
Visit ID	: CDCL0169482324	Reported	: 22/Jul/2023 15:44:16
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING * , Plasma

Glucose Fasting	74.54	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

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UHID/MR NO	: CDCL.0000211512	Received	: 23/Jul/2023 13:52:28
Visit ID	: CDCL0169482324	Reported	: 23/Jul/2023 14:09:19
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd. - Status		: Final Report

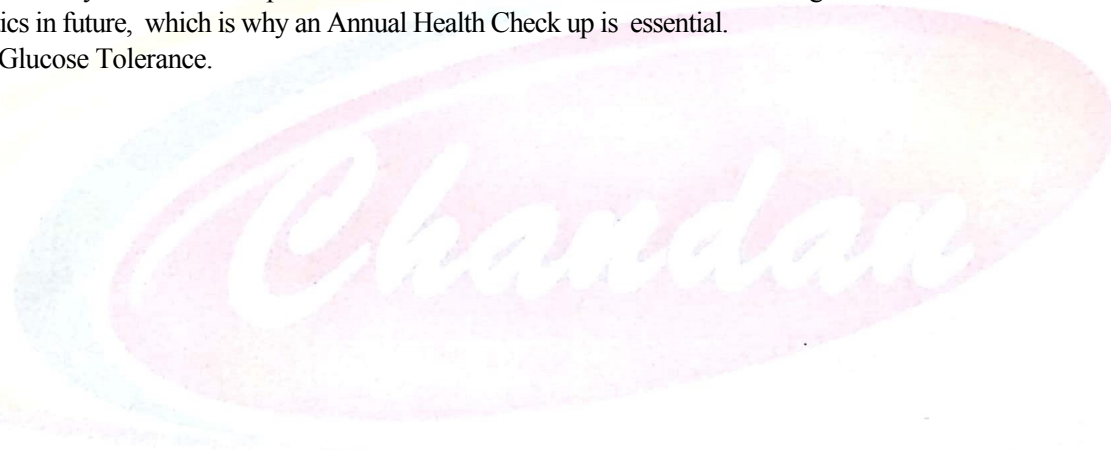
DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose PP * <i>Sample: Plasma After Meal</i>	100.46	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



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Visit ID	: CDCL0169482324	Reported	: 22/Jul/2023 15:56:46
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HbA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	30.70	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	96	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications 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.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy





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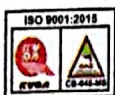
c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	7.91	mg/dL	7.0-23.0	CALCULATED
Creatinine * <i>Sample:Serum</i>	0.62	mg/dl	Serum 0.5-1.2 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid * <i>Sample:Serum</i>	3.57	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	23.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	34.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.58	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.55	gm/dl	6.2-8.0	BIURET
Albumin	4.14	gm/dl	3.4-5.4	B.C.G.
Globulin	2.41	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.72		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	138.94	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.53	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.29	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.24	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	123.79	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	44.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	71	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	12.86	mg/dl	10-33	CALCULATED





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Triglycerides	64.32	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



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Age/Gender	: 30 Y 0 M 12 D /F	Collected	: 23/Jul/2023 10:48:39
UHID/MR NO	: CDCL.0000211512	Received	: 23/Jul/2023 11:18:52
Visit ID	: CDCL0169482324	Reported	: 23/Jul/2023 13:07:36
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE * , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

(+) < 0.5
(++) 0.5-1.0
(+++) 1-2
(++++) > 2

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UHID/MR NO	: CDCL.0000211512	Received	: 23/Jul/2023 13:42:49
Visit ID	: CDCL0169482324	Reported	: 23/Jul/2023 14:31:18
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



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Visit ID	: CDCL0169482324	Reported	: 22/Jul/2023 15:43:42
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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	106.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	4.66	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.97	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION :

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**

Adv: clinico-pathological correlation and further evaluation.

Dr Mohd. Akbar Khan(MD Radiologist)





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Visit ID	: CDCL0169482324	Reported	: 23/Jul/2023 10:33:04
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size and has a normal homogenous echotexture. No focal lesion is seen. *Its measuring approximately 14.3 cm in size in craniocaudal length.*
- The intra hepatic portal channels are normal. The portal vein and inferior vena cava appears normal.

GALL BLADDER

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.
- Common bile duct normal in size, shape and echotexture.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

BOTH KIDNEY

- Both kidneys are normal in size, shape and cortical echotexture. Corticomedullary demarcation maintained. Pelvi-calyceal system, vesico uretric junction & ureter is not dilated. *Few echogenic foci are seen in renal calyces on both kidneys measuring less than 3 mm in size.*

SPLEEN

- The spleen is normal in size and has a normal homogenous echo-texture. *Its measuring approx 9.8 cm in long axis.*

URINARY BLADDER

- *The urinary bladder is partially distended.*

UTERUS & CERVIX

- The uterus is anteverted and normal in size, shape and homogenous myometrial echotexture. *Its measuring approx 6.8 x 3.5 x 4.2 cm & volume 53 cc.*
- The endometrial echo is seen in mid line & *measuring approx 4 mm.*
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both ovaries are normal in size and texture.
- *Right ovary measuring approx 3.0 x 1.7 cm.*
- *Left ovary measuring approx 2.6 x 1.9 cm.*





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

FINAL IMPRESSION

- **BILATERAL RENAL CONCRETIONS.**

Adv: clinico-pathological correlation and further evaluation.

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr Mohd. Akbar Khan(MD Radiologist)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location





chandan diagnostic <cdclakhimpur@gmail.com>

Fwd: Health Check up Booking Confirmed Request(bobS42410),Package Code-PKG10000239, Beneficiary Code-27947

1 message

anurag sri <anurag.idc@gmail.com>
To: chandan diagnostic <cdclakhimpur@gmail.com>

Fri, Jul 21, 2023 at 5:46 PM

Pack Code: 2613

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Fri, Jul 21, 2023 at 1:12 PM

Subject: Health Check up Booking Confirmed Request(bobS42410),Package Code-PKG10000239, Beneficiary Code-27947

To: <anurag.idc@gmail.com>

Cc: <customercare@mediwheel.in>

**Mediwheel**
...Your wellness partner**011-41195959**

Email:wellness@mediwheel.in

Hi **Chandan Healthcare Limited**,Diagnostic/Hospital Location :**Kamnath Hospital, GIC, Government inter College, Jail Rd, Police Line, City:Lakhimpur Kheri**

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000239**Beneficiary Name** : KUMARI KHUSHBOO**Member Age** : 28**Member Gender** : Female**Member Relation** : Spouse**Package Name** : Full Body Health Checkup Female Below 40**Location** : NEEMGAON,Uttar Pradesh-261501**Contact Details** : 7754859923**Booking Date** : 18-07-2023**Appointment Date** : 22-07-2023**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.





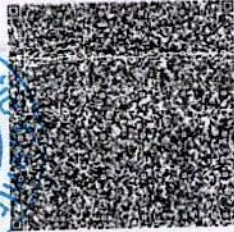
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2712/82796/46255

To
कुमारी खुरुबू
Kumari Khushboo
C/O: Nitin Kumar
214s shyam niwas
baheri
Ballia City
Ballia Uttar Pradesh - 277001
8539897581

Signature Not Verified
Details available at
UIDAI'S WEBSITE: www.uidai.gov.in
UIDAI's Helpline: 1947
UIDAI's Email: help@uidai.gov.in



आपका आधार क्रमांक / Your Aadhaar No. :

7775 9900 5136

VID : 9143 0645 0870 5398

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



कुमारी खुरुबू
Kumari Khushboo
जन्म तिथि/DOB: 10/07/1993
महिला/ FEMALE

Issue Date: 12/08/2015

7775 9900 5136

VID : 9143 0645 0870 5398

मेरा आधार, मेरी पहचान



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



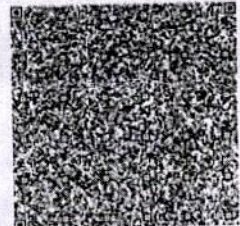
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
नुरा: नितिन कुमार, 214एस श्याम निवास, बाहरी, बलिया
सिटी, बलिया,
उत्तर प्रदेश - 277001

Address:
C/O: Nitin Kumar, 214s shyam niwas, baheri,
Ballia City, Ballia,
Uttar Pradesh - 277001

Download Date: 24/12/2015

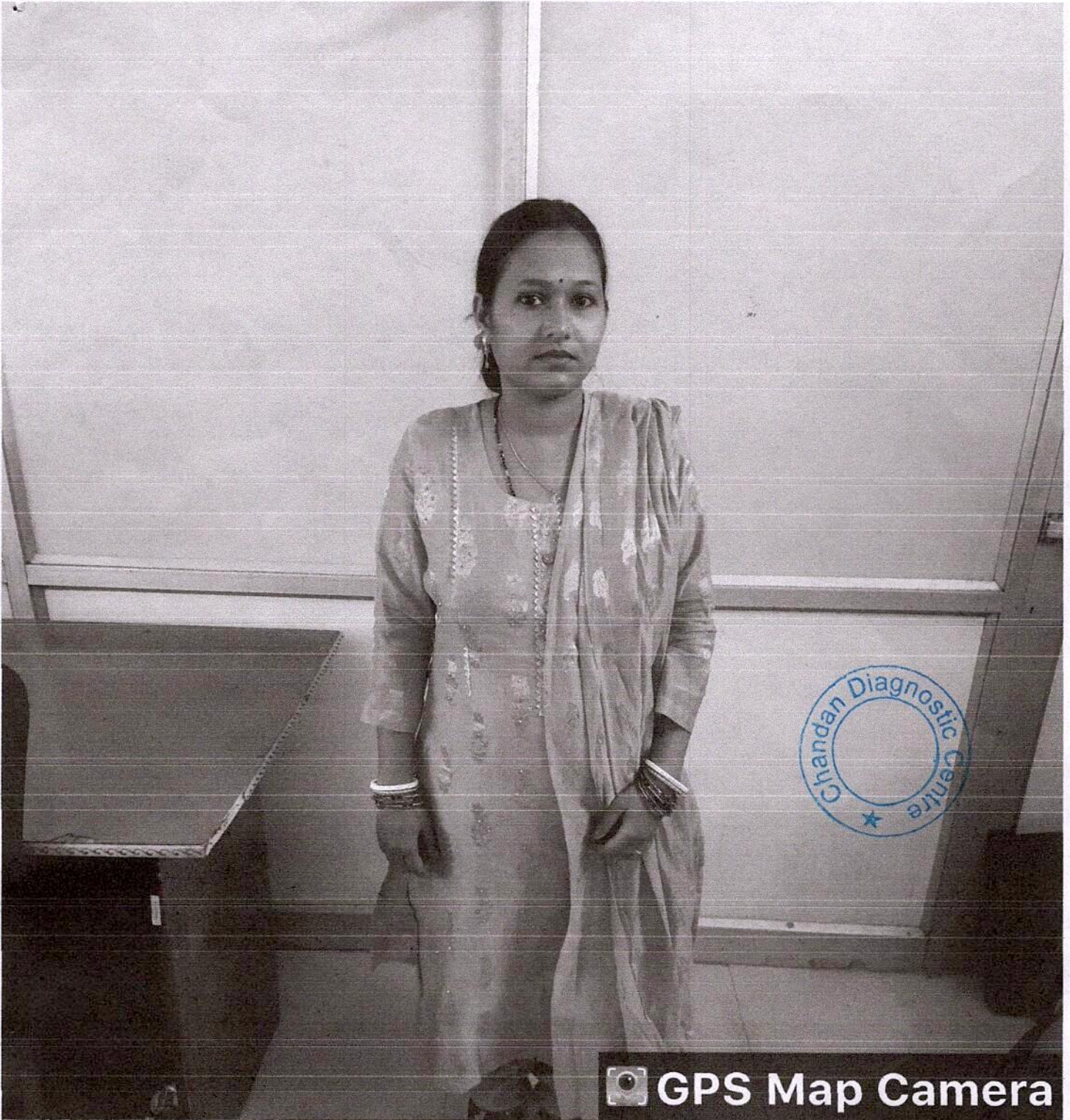


7775 9900 5136

VID : 9143 0645 0870 5398

1947 | help@uidai.gov.in | www.uidai.gov.in

John Khushboo



 **GPS Map Camera**

Lakhimpur, Uttar Pradesh, India

WQWM+5M4, Police Line, Lakhimpur, Uttar Pradesh

262701, India

Lat 27.945386°

Long 80.78426°

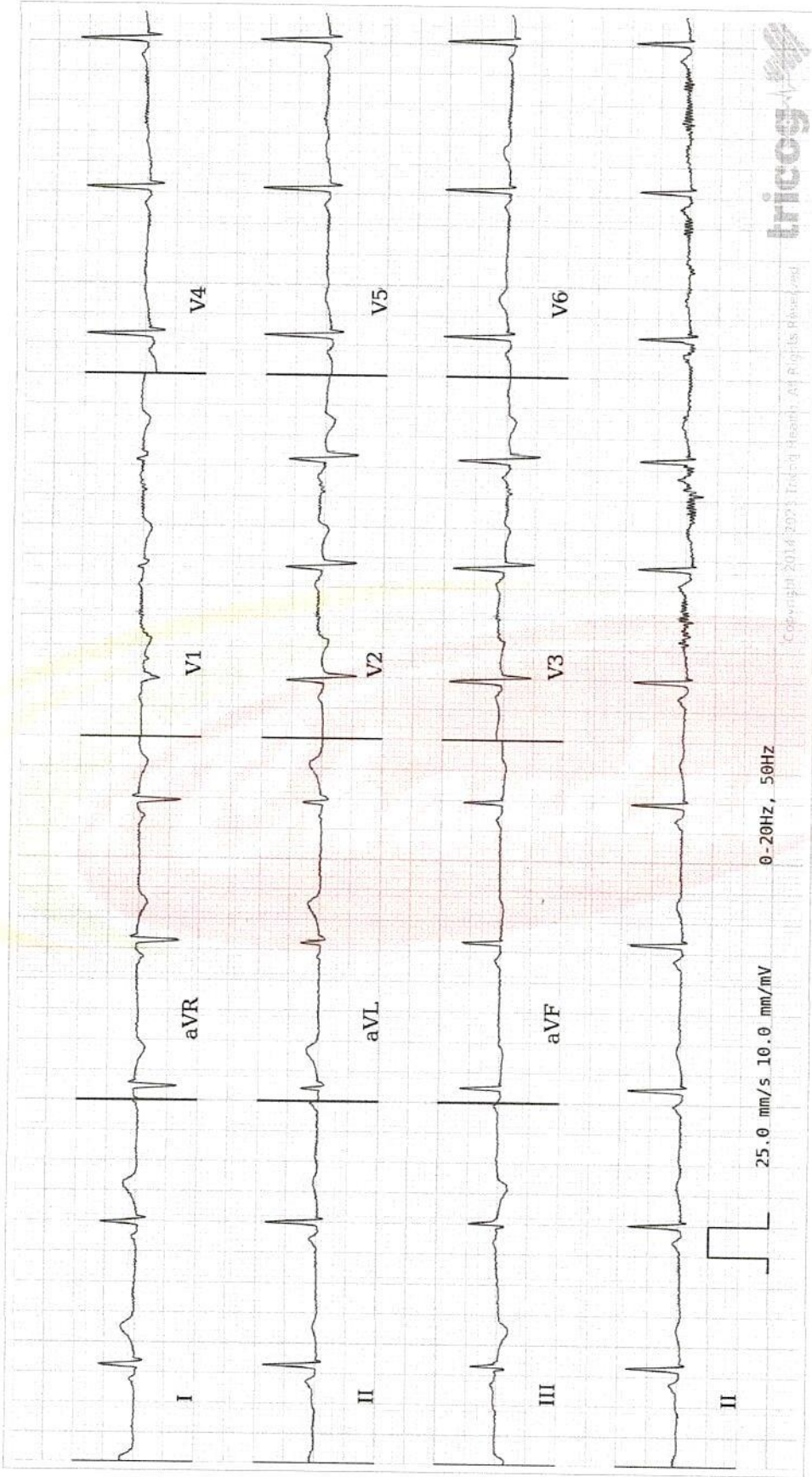
22/07/23 11:31 AM GMT +05:30



Google


Chandan Diagnostic

Age / Gender: 30/Female Date and Time: 22nd Jul 23 12:40 PM
 Patient ID: CDCL0169482324
 Patient Name: Mrs.KUMARI KHUSHBOO-PKG10000239



AR: 68bpm VR: 68bpm QRSD: 68ms QT: 374ms QTcB: 397ms PRI: 128ms P-R-T: 52° 49° -10°

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Baseline artefacts. Please correlate clinically.

AUTHORIZED BY

 Dr. Charit
 MD, DM: Cardiology
 63362

REPORTED BY

 Dr. Preeti Choudhary
 Since 1991
 72169

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.