



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS | EMPLOYEE DETAILS |
|---------------------------------|--------------------------|
| NAME | MS. VERMA POOJA |
| EC NO. | 181635 |
| DESIGNATION | SINGLE WINDOW OPERATOR A |
| PLACE OF WORK | REWARI BUJURG |
| BIRTHDATE | 09-11-1997 |
| PROPOSED DATE OF HEALTH CHECKUP | 19-11-2021 |
| BOOKING REFERENCE NO. | 21D181635100006654E |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **15-11-2021** till **31-03-2022** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

| FOR MALE | FOR FEMALE |
|-------------------------------------|---|
| CBC | CBC |
| ESR | ESR |
| Blood Group & RH Factor | Blood Group & RH Factor |
| Blood and Urine Sugar Fasting | Blood and Urine Sugar Fasting |
| Blood and Urine Sugar PP | Blood and Urine Sugar PP |
| Stool Routine | Stool Routine |
| Lipid Profile | Lipid Profile |
| Total Cholesterol | Total Cholesterol |
| HDL | HDL |
| LDL | LDL |
| VLDL | VLDL |
| Triglycerides | Triglycerides |
| HDL / LDL ratio | HDL / LDL ratio |
| Liver Profile | Liver Profile |
| AST | AST |
| ALT | ALT |
| GGT | GGT |
| Bilirubin (total, direct, indirect) | Bilirubin (total, direct, indirect) |
| ALP | ALP |
| Proteins (T, Albumin, Globulin) | Proteins (T, Albumin, Globulin) |
| Kidney Profile | Kidney Profile |
| Serum creatinine | Serum creatinine |
| Blood Urea Nitrogen | Blood Urea Nitrogen |
| Uric Acid | Uric Acid |
| HBA1C | HBA1C |
| Routine urine analysis | Routine urine analysis |
| USG Whole Abdomen | USG Whole Abdomen |
| General Tests | General Tests |
| X Ray Chest | X Ray Chest |
| ECG | ECG |
| 2D/3D ECHO / TMT | 2D/3D ECHO / TMT |
| Stress Test | Thyroid Profile (T3, T4, TSH) |
| PSA Male (above 40 years) | Mammography (above 40 years) and Pap Smear (above 30 years). |
| Thyroid Profile (T3, T4, TSH) | Dental Check-up consultation |
| Dental Check-up consultation | Physician Consultation |
| Physician Consultation | Eye Check-up consultation |
| Eye Check-up consultation | Skin/ENT consultation |
| Skin/ENT consultation | Gynaec Consultation |



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम / Enrollment No.: 2040/10213/03361

To

पूजा वर्मा

Pooja Verma

D/O: Chotu Ram Verma

128/282 H2-BLOCK

KIDWAI NAGAR

Kidwai Nagar

Kidwai Nagar

Kanpur Kanpur Nagar

Uttar Pradesh 208011

04/03/2014
123188631



ML231886311FT



आपका आधार क्रमांक / Your Aadhaar No. :

4733 1424 2129

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India

पूजा वर्मा

Pooja Verma

जन्म तिथि / DOB : 09/11/1997

महिला / Female



4733 1424 2129

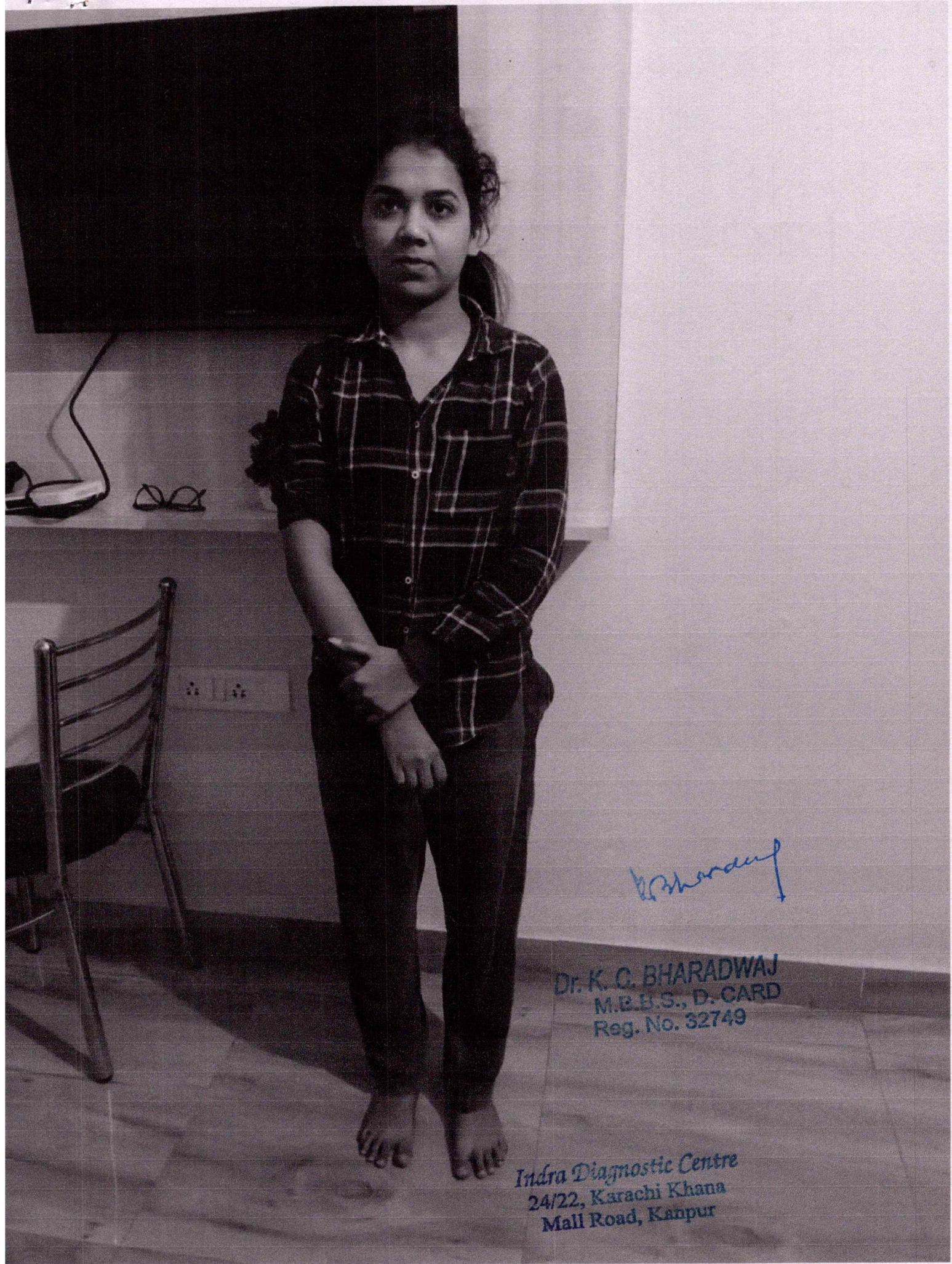
आधार - आम आदमी का अधिकार

8546054K1

K. C. Bharadwaj

Dr. K. C. BHARADWAJ
M.B.B.S., D. CARD
Reg. No. 32749

Indra Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur



K. C. Bharadwaj

Dr. K. C. BHARADWAJ
M.B.B.S., D. CARD
Reg. No. 32749

Indra Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur



INDRA DIAGNOSTIC CENTRE

Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110DL2003LC308206



| | | | |
|--------------|----------------------------|---------------|------------------------|
| Patient Name | : Ms.POOJA VERMA -BOBE4781 | Registered On | : 27/Nov/2021 10:38:47 |
| Age/Gender | : 24 Y 0 M 18 D /F | Collected | : 27/Nov/2021 10:54:20 |
| UHID/MR NO | : IKNP.0000015619 | Received | : 27/Nov/2021 10:54:46 |
| Visit ID | : IKNP0058852122 | Reported | : 27/Nov/2021 17:44:54 |
| Ref Doctor | : Dr.MediWheel Knp | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) * , Blood

| | |
|--------------|----------|
| Blood Group | O |
| Rh (Anti-D) | NEGATIVE |

COMPLETE BLOOD COUNT (CBC) * , Blood

| | | | | |
|---------------------------------------|----------|----------------|---|----------------------------------|
| Haemoglobin | 12.90 | g/dl | Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl | |
| TLC (WBC) | 4,500.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 38.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 46.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 9.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 5.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | < 1 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 20.00 | Mm for 1st hr. | | |
| Corrected | 16.00 | Mm for 1st hr. | < 20 | |
| PCV (HCT) | 38.00 | cc % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 2.21 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.20 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 43.00 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.27 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 12.20 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 4.10 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 93.00 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 31.50 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 33.80 | % | 30-38 | CALCULATED PARAMETER |
| RDW | 12.70 | % | 11-16 | ELEC |
| RDW-CV | 43.70 | fL | 35-60 | ELEC |
| Neutrophils Count | 1,710.00 | /cu mm | 3000-7000 | |
| Eosinophils Count (AEC) | 225.00 | /cu mm | 40-440 | |



Seema Nagar

Dr. Seema Nagar(MD Path)





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| Visit ID | : IKNP0058852122 | Reported | : 27/Nov/2021 12:43:15 |
| Ref Doctor | : Dr.MediWheel Knp | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

GLUCOSE FASTING , Plasma

| | | | | |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 84.80 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|-------|-------|--|---------|

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) 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.
- c) I.G.T = Impaired Glucose Tolerance.

Glucose PP

Sample: Plasma After Meal

| | | | |
|-------|-------|--|---------|
| 97.00 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 Diabetes | GOD POD |
|-------|-------|--|---------|

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) 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.
- c) I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

| | | | |
|-----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c) | 5.00 | % NGSP | HPLC (NGSP) |
| Glycosylated Haemoglobin (Hb-A1c) | 31.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 97 | 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.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

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 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH 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

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.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|---------------------------|---|-------------------|
| BUN (Blood Urea Nitrogen) * Sample:Serum | 6.50 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample:Serum | 0.73 | mg/dl | 0.5-1.2 | MODIFIED JAFFES |
| e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum | 97.90 | ml/min/1.73m ² | 90-120 Normal - 60-89 Near Normal | CALCULATED |
| Uric Acid Sample:Serum | 3.83 | mg/dl | 2.5-6.0 | URICASE |
| L.F.T.(WITH GAMMA GT) * , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 23.30 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 16.50 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 13.70 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 7.02 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.27 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 2.75 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.55 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 86.30 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.43 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.22 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.21 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| LIPID PROFILE (MINI) * , Serum | | | | |
| Cholesterol (Total) | 130.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 36.60 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 80 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| | 13.78 | mg/dl | 10-33 | CALCULATED |
| | 68.90 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PA |



Dr. Seema Nagar(MD Path)





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| UHID/MR NO | : IKNP.0000015619 | Received | : 27/Nov/2021 16:33:27 |
| Visit ID | : IKNP0058852122 | Reported | : 27/Nov/2021 17:34:14 |
| Ref Doctor | : Dr.MediWheel Knp | Status | : Final Report |

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

URINE EXAMINATION, ROUTINE * , Urine

| | | | | |
|---------------------------------|-----------------|-------|--|-------------------------|
| Color | LIGHT YELLOW | | | |
| Specific Gravity | 1.005 | | | |
| Reaction PH | Neutral (7.0) | | | 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 | 2-4/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | 2-3/h.p.f | | | MICROSCOPIC EXAMINATION |
| RBCs | 4-5/h.p.f | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE * , Urine

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

Interpretation:

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





INDRA DIAGNOSTIC CENTRE

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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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

SUGAR, PP STAGE * , Urine

| | |
|-----------------|--------|
| Sugar, PP Stage | ABSENT |
|-----------------|--------|

Interpretation:

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



Dr. Seema Nagar(MD Path)





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| Visit ID | : IKNP0058852122 | Reported | : 27/Nov/2021 16:39:47 |
| Ref Doctor | : Dr.MediWheel Knp | Status | : Final Report |

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

THYROID PROFILE - TOTAL * , Serum

| | | | | |
|-----------------------------------|--------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 124.60 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 8.95 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 1.57 | 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.



Dr. Seema Nagar(MD Path)





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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL 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 : NORMAL SKIAGRAM

*** End Of Report ***

(*) Test not done under NABL accredited Scope

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Dr Raveesh Chandra Roy (MD-Radio)

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 Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

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Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

Nov. 2021

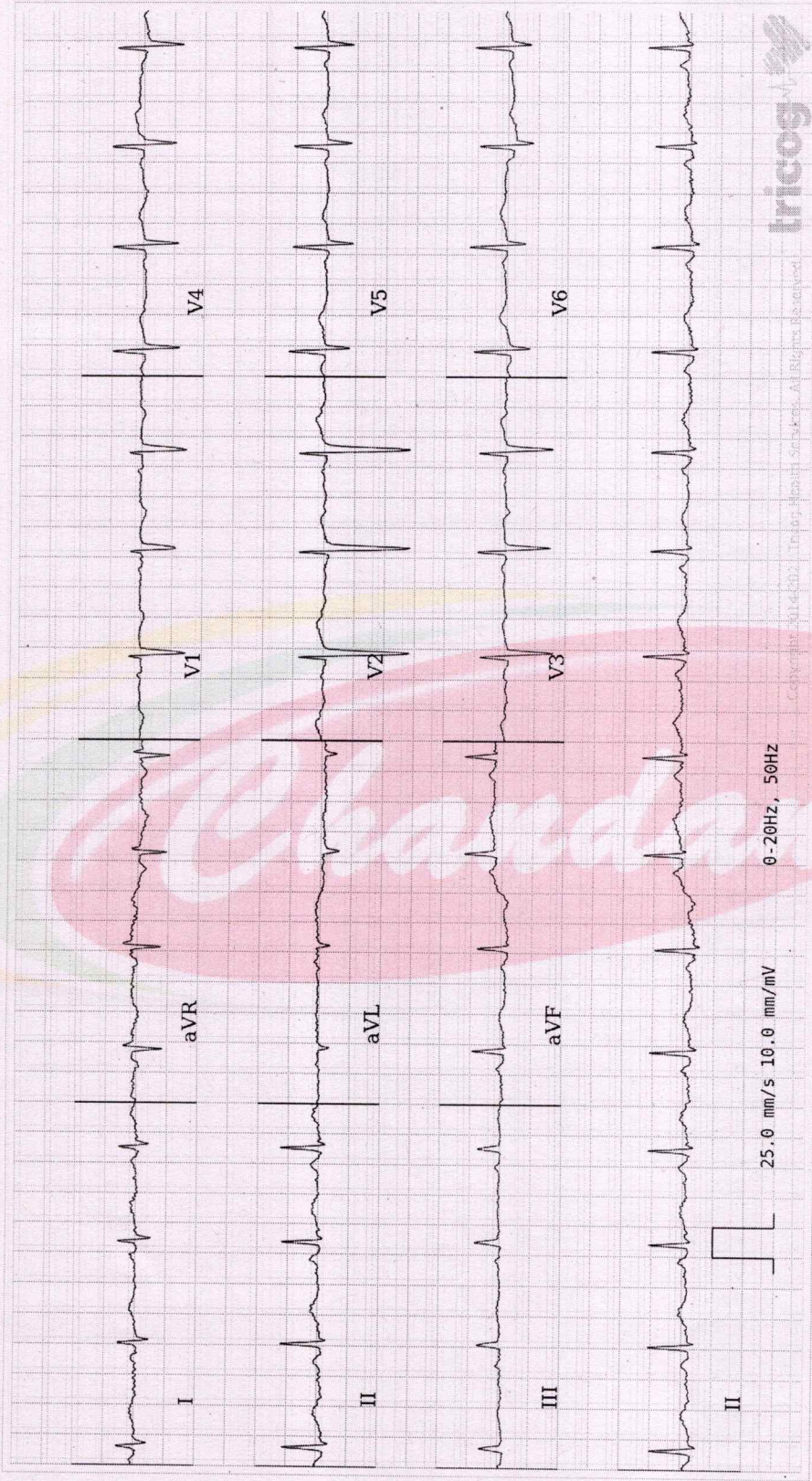
Indira Diagnostic Centre Kanpur

Date and Time: 27th Nov 21 11:34 AM

Age / Gender: 24/Female

Patient ID: IKNP0058852122

Patient Name: POOJA VERMA -BOBE4781



AR: 91 bpm VR: 91 bpm QRSD: 74 ms QT: 320 ms QTc: 393 ms PRI: 124 ms P-R-T: 57° 78° 50°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY




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.