

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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	POONAM GUPTA
NAME	
DATE OF BIRTH	12-01-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE	14-10-2021
SPOUSE SECRETARIO NO	21D182898100005504S
BOOKING REFERENCE NO.	SPOUSE DETAILS
EMPLOYEE NAME	MR. GUPTA SHYAM NARESH
EMPLOYEE EC NO.	182898
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	BHOJPUR
EMPLOYEE BIRTHDATE	08-03-1985

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 13-10-2021 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's spouse 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))

14/ Oct 2021



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
ESK PH Factor	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)
1 OA Maio (assets 1)	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





Not willing for stool Sample

Poonam
9167623890

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

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





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

CIN: U85110DL2003LC308206







Since 1991

Test Name

Patient Name : Mrs.POONAM GUPTA Registered On : 14/Oct/2021 12:15:48 Age/Gender : 34 Y 9 M 11 D /F Collected : 14/Oct/2021 14:48:29 UHID/MR NO : IKNP.0000014962 Received : 14/Oct/2021 14:50:58 Visit ID : IKNP0051592122 Reported : 14/Oct/2021 17:49:56 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	AB			
Rh (Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin	9.60	g/dl	13.5-17.5	DUOTOMETRIC
TLC (WBC)	6,700.00	/Cu mm	4000-10000	PHOTOMETRIC ELECTRONIC
		/ Cu min	4000-10000	IMPEDANCE
DLC				MINI ED/NIVEE
Polymorphs (Neutroph's)	67.00	%	55-70	ELECTRONIC
				IMPEDANCE
Lymphocytes	28.00	%	25-40	ELECTRONIC
				IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC
reduce the				IMPEDANCE
Eosinop, ils	1.00	%	1-6	ELECTRONIC
Basophils	0.00	04		IMPEDANCE
Визорииз	0.00	%	<1	ELECTRONIC
ESR				IMPEDANCE
Observed	42.00	Mm for 1st hr.		
Corrected	24.00	Mm for 1st hr.		
PCV (HCT)	32.00	cc %	40-54	
Platelet count	52.00	CC 70	40-34	
Platelet Count .	1.84	LACS/cu mm	1540	FLECTRONIC
	1.04	LACS/CU IIIII	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC
				IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	46.70	%	35-60	ELECTRONIC
				IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC
				IMPEDANCE
MPV (Mean Platelet Volume)	12.20	fL .	6.5-12.0	ELECTRONIC
PRC Count				IMPEDANCE
RBC Count				
RBC Count	4.18	Mill./cu mm	3.7-5.0	ELECTRONIC
	All many that the			IMPEDANCE







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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio, Ref. Interval	Method
Blood Indices (IMCV, MCH, MCHC)				
MCV	77.00	fl	80-100	CALCULATED PARAMETER
MCH .	22.90	pg	28-35	CALCULATED PARAMETER
MCHC	29.70	%	30-38	CALCULATED PARAMETER
RDW-CV	18.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	53.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neut ophils Count	4,489.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	67.00	/cu mm	40-440	



Dr. Seema Nagar(MD Path)



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: Final Report





Since 1991 Patient Name

Age/Gender

UHID/MR NO

Ref Doctor

Visit ID

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DEPARTMENT OF BIOCHEMISTRY

Status

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	u u	Init Bio. Ref. Int	erval n	/lethod
Glucose Fasting Sample:Plasma	86.90	mg/dl	< 100 Normal 100-125 Pre-diabete ≥ 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 diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

Glucose PP 118.60 mg/ Sample:Plasma After Meal	<140 Normal GOD POD 140-199 Pre-diabetes >200 Diabetes
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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 diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucese Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * FDTA 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 mnagement.

The following rang is 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.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit Bio. Ref. Interval	Method

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.

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 'award 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.

BUN (Blood Urea Nitrogen) *

14.80

mg/dL

7.0-23.0

CALCULATED





^{**}Some danger of hypoglycemic reaction in Type Idiabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



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DEPARTMENT OF BIOCHEMISTRY

Status

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	t Ur	nit Bio. Ref. Interv	ral Method
Sample:Securi				
Creatinine Sample:Serum	0.91	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	70.80	ml/min/1.73m	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	4.72	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	32.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotra sferase (ALT)	9.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.43	gm/dl	6.2-8.0	BIRUET .
Albumin	4.35	gm/dl	3.8-5.4	B.C.G.
Globulin	3.08	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.41		1.1-2.0	CALCULATED
Alkaline Chosphatase (Total)	114.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.64	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.81	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.83	mg/dl	< 0.8	JENDRASSIK & GROF
IPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	106.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	28.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cho esterol)	59	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High	CALCULATED .
			160-189 High > 190 Very High	
VLDL	18.46	mg/dl	10-33	CALCULATED
Trielycerides	92.30	mg/dl	< 150 Normal	GPO-PAP
			150-199 Borderline High 200-499 High >500 Very High	Congress
型視鏡碟				Dr. Seema Nagar(MD





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Since 1991

Patient Name

Age/Gender

UHID/MR NO

Ref Doctor

Visit ID

: Mrs.POONAM GUPTA : 34 Y 9 M 11 D /F : IKNP.0000014962 : IKNP0051592122

: Dr.MediWheel Knp

Registered On Collected Received

Reported

: 14/Oct/2021 14:48:29 : 14/Oct/2021 14:50:58 : 14/Oct/2021 18:14:17

Status : Final Report

LEPARTMENT 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 Specific Gravity	LIGHT YELLOW 1.030			
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			DIPSTICK
Bile Salts	ABSENT	11.		
Bile Pigments Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ABSENT			
Epithelial cells	1-2/h.p.f			
Lpitilellal cells	1-2/n.p.1			MICROSCOPIC
Pus celle	6-7/h.p.f			EXAMINATION MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Others	ABSENT			EXAMINATION
UGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				
(+) < 0.5				
(++) 0.5-1.0				



(+++) 1-2 (++++) > 2



Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN: U85110DL2003LC308206







Patient Name Age/Gender

UHID/MR NO

Ref Doctor

Visit ID

: Mrs.POONAM GUPTA : 34 Y 9 M 11 D /F

: IKNP.0000014962 : IKNP0051592122 : Dr.MediWheel Knp

Registered On Collected

: 14/Oct/2021 12:15:48 : 14/Oct/2021 14:48:29

Received

: 14/Oct/2021 14:50:58 : 14/Oct/2021 18:14:17

Reported Status

: Final Report

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

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Visit ID

Patient Name : Mrs.POONAM GUPTA : 14/Oct/2021 12:15:48 Registered On Age/Gender : 34 Y 9 M 11 D /F Collected : 14/Oct/2021 14:48:29 UHID/MR NO : IKNP.0000014962 Received : 14/Oct/2021 14:50:58 : IKNP0051592122 Reported : 14/Oct/2021 18:18:50 : Dr.MediWheel Knp Ref Doctor Status

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)	89.60	ng/dl {	84.61-201.7	CLIA
T4, Total (Thyroxine)	3.98	ug/dl 3	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.13		0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/mL	First Trimester	
		0.5-4.6 μIU/mL	Second Trimest	er
		0.8-5.2 μIU/mL	Third Trimester	
		0.5-8.9 μIU/mL		5-87 Years
		0.7-27 μIU/mL		28-36 Week
		2.3-13.2 μIU/mL		> 37Week
		0.7-64 μIU/mL	Child(21 wk - 2	0 Yrs.)
		1-39 μIU/m	L 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 autoimmine 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
- 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 3 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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Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur Ph: 9235432757,

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Patient Name : Mrs.POONAM GUPTA

Age/Gender : 34 Y 9 M 11 D /F UHID/MR NO : IKNP.0000014962 Visit ID : IKNP0051592122 Ref Doctor

: Dr.MediWheel Knp

Registered On : 14/Oct/2021 12:15:49

Collected : N/A Received : N/A Reported

: 16/Oct/2021 14:36:35 Status : Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA * (500 mA COMPUTERISED UNIT STOT 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 Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing * *Facilities Available at Select Location









Indira Diagnostic Centre Kanpur

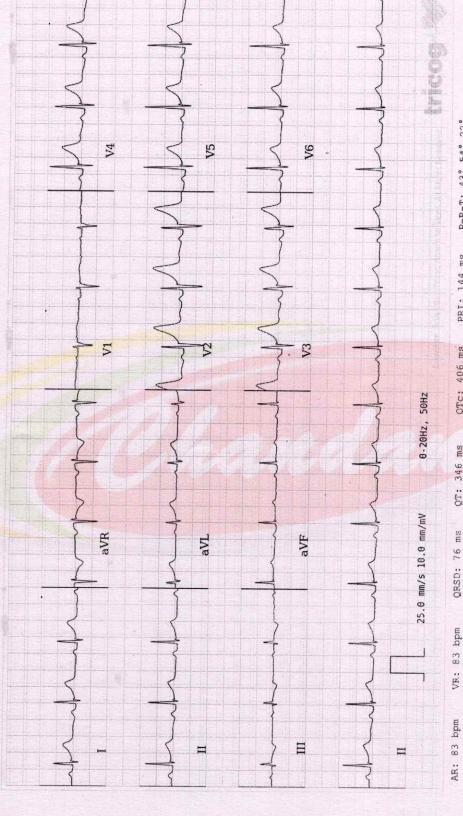
IK) T 0551592122 34/Female Age / Gender: Patient ID:

trices

POONAM GUPTA

Patient Name:

Date and Time: 15th Oct 21 11:44 AM



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

AUTHORIZED BY

REPORTED BY

P-R-T: 43° 54° 22°

PRI: 144 ms

QTc: 406 ms

QT: 346 ms

QRSD: 76 ms

Dr. Charit MD, DM: Cardiology

63382

rasive tests and must be interpreted by a qualified physician. 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



Oct 2021