



INDRA DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj
Ph: 9235432681,
CIN : U85110DL2003PLC308206



Patient Name	: Mr.AZHAR ABSAR	Registered On	: 19/Jul/2022 10:20:47
Age/Gender	: 35 Y 0 M 0 D /M	Collected	: 19/Jul/2022 10:33:33
UHID/MR NO	: CALI.0000035741	Received	: 19/Jul/2022 12:49:34
Visit ID	: CALI0040912223	Reported	: 19/Jul/2022 15:51:45
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	B
Rh (Anti-D)	NEGATIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin	16.40	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
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TLC (WBC)	6,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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DLC

Polymorphs (Neutrophils)	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	42.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

ESR

Observed	4.00	Mm for 1st hr.
Corrected	0.00	Mm for 1st hr. <9
PCV (HCT)	50.00	cc % 40-54

Platelet count

Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	48.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.15	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	5.55	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	91.20	fl	80-100	CALCULATED PARAMETER
MCH	29.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.50	%	30-38	CALCULATED PARAMETER
RDW-CV	14.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,200.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	320.00	/cu mm	40-440	




Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)





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Age/Gender	: 35 Y 0 M 0 D /M	Collected	: 19/Jul/2022 10:33:32
UHID/MR NO	: CALI.0000035741	Received	: 19/Jul/2022 12:56:42
Visit ID	: CALI0040912223	Reported	: 19/Jul/2022 15:18:05
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
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GLUCOSE FASTING **, Plasma

Glucose Fasting	290.20	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP **

Sample: Plasma After Meal

445.90	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	12.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	110.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	303	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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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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BUN (Blood Urea Nitrogen) ** <i>Sample:Serum</i>	15.88	mg/dL	7.0-23.0	CALCULATED
Creatinine ** <i>Sample:Serum</i>	1.10	mg/dl	0.5-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** <i>Sample:Serum</i>	76.20	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** <i>Sample:Serum</i>	6.50	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST)	46.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	84.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	66.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.91	gm/dl	6.2-8.0	BIRUET
Albumin	5.33	gm/dl	3.8-5.4	B.C.G.
Globulin	2.58	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.07		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	169.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.25	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.44	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.81	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	145.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	30.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	88	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
	25.64	mg/dl	10-33	CALCULATED
	128.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



ASIN
Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)





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Patient Name	: Mr.AZHAR ABSAR	Registered On	: 19/Jul/2022 10:20:48
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UHID/MR NO	: CALI.0000035741	Received	: 19/Jul/2022 15:17:56
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Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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URINE EXAMINATION, ROUTINE **, Urine

Color	PALE 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	PRESENT (++)	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			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE **, Urine

Sugar, Fasting stage	PRESENT (++)	gms%
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Interpretation:

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





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Dr. Anupam Singh
M.B.B.S., M.D. (Pathology)





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UHID/MR NO	: CALI.0000035741	Received	: 19/Jul/2022 12:42:56
Visit ID	: CALI0040912223	Reported	: 19/Jul/2022 13:47:23
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

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

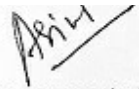
T3, Total (tri-iodothyronine)	117.96	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.21	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.70	μIU/mL	0.27 - 5.5	CLIA

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. Anupam Singh
M.B.B.S, M.D.(Pathology)





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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 SKI AGRAM



Dr. Anil Kumar Verma
(MBBS,DMRD)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- **Liver is enlarged in size (~ 188 mm) with grade II/ III fatty changes. (ADV:- LFT correlation).**
- No obvious focal lesion is seen. The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

GALL BLADDER & CBD

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic. No wall thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal in caliber.

PANCREAS

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

KIDNEYS

- Both the kidneys are normal in size and echotexture.
- **Atleast 2 calculi seen at lower polar region of right kidney, largest ~ approx 14.1 mm.**
- **Atleast 2 right sided mobile pelviureteric junction calculi ~ between 10 to 12 mm with pelviureteric junction fullness with massive hydronephrosis with associated marked thinning of function renal parenchyma.**
- The collecting system of left kidney is normal.
- Bilateral cortico-medullary demarcation is clear.

SPLEEN

- The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

- No significant lymph node noted.

URINARY BLADDER

- Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.

PROSTATE

- Prostate is normal in size measures ~ 13.1 grams.





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IMPRESSION

- **Hepatomegaly with grade II/ III fatty changes in liver. (ADV:- LFT correlation).**
- **Right nephrolithiasis with mobile right pelviureteric junction calculi with associated massive hydronephrosis with pelviureteric junction fullness as described.**

Typed by- anoop

(This report is an expert opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

***** End Of Report *****

() Test Performed at Chandan Speciality Lab.**

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG



Dr. Anil Kumar Verma
(MBBS, DMRD)

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

Page 11 of 11



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

Mar. 2018

Fwd: Health Check up Booking Request(bobS13928),Package Code(PKG10000238),Beneficiary Code(60201)

1 message

anurag sri <anurag.idc@gmail.com>
To: Chandan healthcare <chandanhealthcare26@gmail.com>

Sat, Jul 16, 2022 at 4:24 PM

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

From: **Mediwheel** <customercare@policywheel.com>
Date: Sat, Jul 16, 2022 at 2:13 PM
Subject: Health Check up Booking Request(bobS13928),Package Code(PKG10000238),Beneficiary Code(60201)
To: anurag.idc@gmail.com <anurag.idc@gmail.com>
Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Chandan Healthcare Limited,
City : Lucknow . Location : .Aliganj,,

We have received the following request for Health Check up from

Name : Tahreema zaib farooqui
Age : 24
Gender : Female
Member Relations : Spouse
Package Name : Full Body Health Checkup Male Below 40
Package Code : PKG10000238
User Location : Uttar Pradesh,LUCKNOW,271831
Contact Details : 7704023413
Booking Date : 16-07-2022
Appointment Date : 19-07-2022

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Tahreema zaib farooqui	24	Female	Cashless
AZHAR ABSAR ✓	33	Male	Cashless
Total amount to be paid			Cashless

Please login to your account to confirm the same. Also you mail us for confirmation


Package Name : Full Body Health Checkup Male Below 40 - Includes (37)Tests

Tests included in this Package : Ecg, Eye Check Up, TSH, X-ray Chest, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid,

 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: Address:
आत्मज: अबसार अहमद, S/O. Absar Ahmad, QADRI MASJID,
कादरी मस्जिद, दरगाह DARGAH SHAREEF, BAHRAICH,
शरीफ, बहराइच, बहराइच, Bahraich, Bahraich,
बहराइच, Uttar Pradesh - 271801
उत्तर प्रदेश - 271801



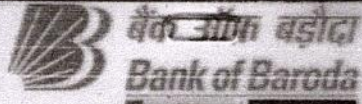
1947 1800 300 1947  help@uidai.gov.in  www.uidai.gov.in P.O. Box No. 1947, Bengaluru-560 001

 भारत सरकार
GOVERNMENT OF INDIA

 अज़हर अबसार
Azhar Absar
जन्म तिथि/ DOB: 18/12/1987
पुरुष / MALE

7513 6901 6069 

आधार आम आदमी का अधिकार



नाम अजहर अबसार

Name Azhar Absar

कर्मचारी कूट संख्या
E C Number 108651

ज. अ. = श. अ.
जारीकर्ता प्राधिकारी
Issuing Authority

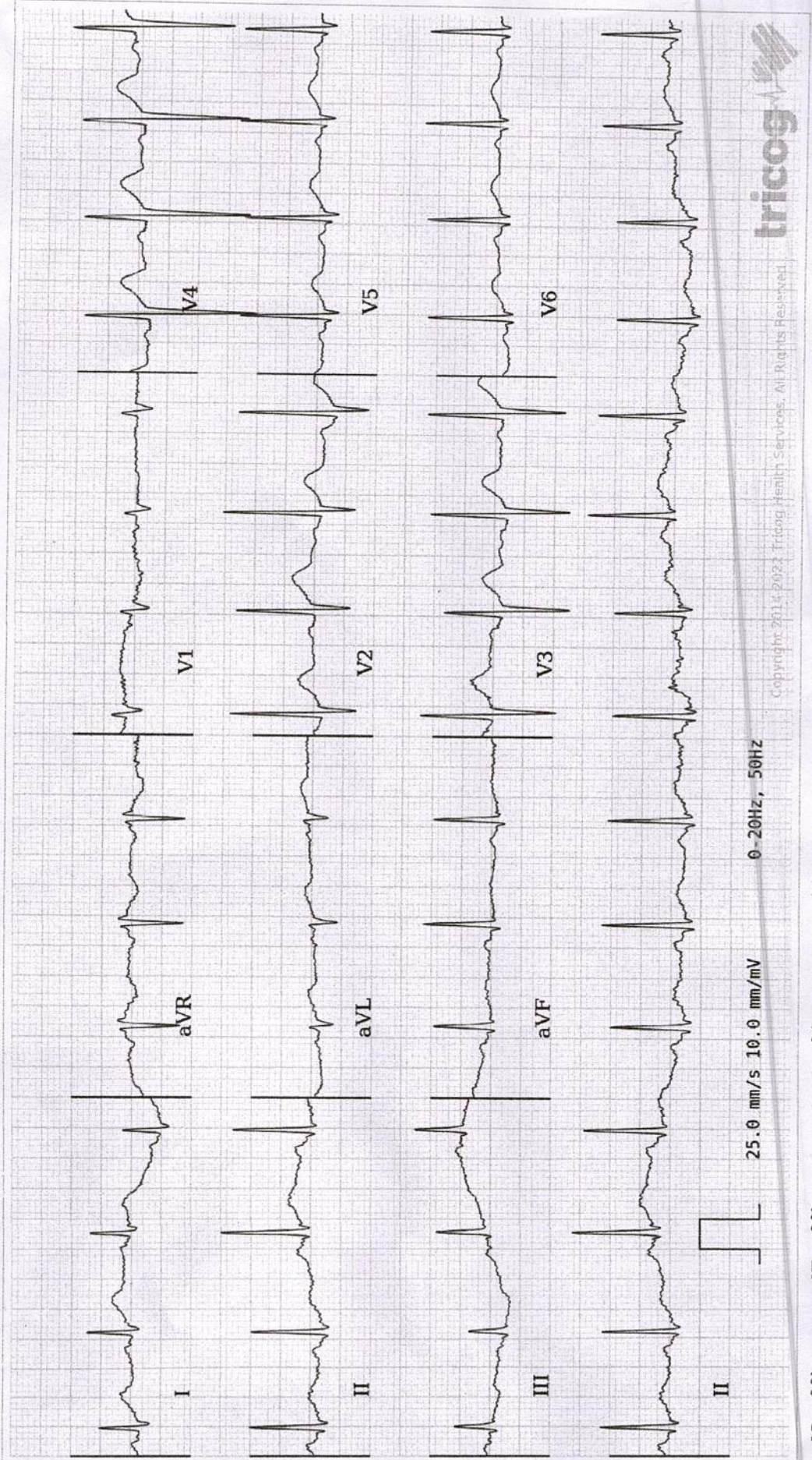


धारक के हस्ताक्षर
Holder's Signature



Indra Diagnostic Centre aliganj, Lucknow

Age / Gender: 35/Male Date and Time: 19th Jul 22 11:01 AM
Patient ID: CALJ0040912223
Patient Name: Mr.AZHAR ABSAR



AR: 90bpm VR: 90bpm QRS: 84ms QT: 368ms QTc: 450ms PRI: 140ms P-R-T: 47° 64° 19°

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

AUTHORIZED BY: 
REPORTED BY: 
Dr. Charit MD, DM: Cardiology
Dr. Alafia Hafim Canteenwala

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.

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2000/08/2914