

 **बैंक ऑफ़ बड़ोदा**
Bank of Baroda

नाम : **R. MAGESWARI**
Name

कर्मचारी कूट क्र : **94535**
E.C. No.


जारीकर्ता प्राधिकारी
Issuing Authority



R. Maheswari.
धारक के हस्ताक्षर
Signature of Holder

Mageswari

PRECEDENCE
101

| | | | |
|--------------|---------------|------------|--------------|
| Name | MRS.MAGESWARI | ID | MED120786623 |
| Age & Gender | 34Y/FEMALE | Visit Date | 09/02/2022 |
| Ref Doctor | MediWheel | | |

MASTER HEALTH CHECK UP SUMMARY

| | | | |
|----------|--------|---------|-------|
| Height : | 158 cm | Weight: | 62 kg |
| BMI : | 24.8 | | |

COMPLAINTS:

- Nil.

PRESENT HISTORY:

- Nil.

PAST HISTORY:

- H/o fall in childhood – Head Injury, post Injury Hearing and speech loss (+).

FAMILY HSITORY:

- Nil.

PERSONAL HISTORY:

- Married – 11 years.
- Number of children -1 - FTND.
- RMP- 3/30.
- LMP – 25/01/2022.

GENERAL EXAMINATION:

Pallor: No **Cyanosis:** No **Pedal oedema:** No

Icterus: No **Lymphadenopathy:** No

Pulse: 62/min **BP:** 130/80 mmHg **Respiratory Rate:** 18/min

Temp: Normal **Others:** Nil



| | | | |
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SYSTEMIC EXAMINATION:

CVS: S1S2+ RS: B/L NVBS CNS: Post Injury deaf and dumb.

P/A: Soft, No palpable mass, No tenderness, BS +.

INVESTIGATIONS:

XRAY:

- Essentially normal study.

ECG:

- Normal ECG.

ULTRASOUND ABDOMEN:

- Normal study.

ECHO:

- Normal LV / RV size and systolic function. (EF :69%)
- No Regional wall motion abnormality.
- Normal colour flow studies.
- Normal diastolic compliance.

LAB REPORTS:

- Elevated PPBS level.
- Glycosuria (Postprandial).
- Low HDL level.



| | | | |
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EXAMINATION OF EYES:

| | Right Eye | Left Eye |
|-----------------------|------------------|-----------------|
| DISTANT VISION | 6/6 | 6/6 |
| NEAR VISION | N6 | N6 |
| COLOUR VISION | Normal | Normal |

- Within normal limits.

ADVISED:

- **Balanced diet and regular exercises.**
- **Heart healthy diet.**
- **To do GTT after 6 months and Diabetologist opinion.**

N.L. Anandhi
DR. N.L. ANANDHI
Consultant Physician



Name : Mrs. MAGESWARI
PID No. : MED120786623
SID No. : 79185451
Age / Sex : 34 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 09/02/2022 10:00 AM
Collection On : 09/02/2022 12:42 PM
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| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|-------------|--------------------------------------|
| BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination) | 'B' 'Positive' | | |
| INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion | | | |
| <u>Complete Blood Count With - ESR</u> | | | |
| Haemoglobin (EDTA Blood/Spectrophotometry) | 14.0 | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance) | 41.1 | % | 37 - 47 |
| RBC Count (EDTA Blood/Impedance Variation) | 4.78 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance) | 86.0 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance) | 29.3 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance) | 34.1 | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood/Derived from Impedance) | 12.7 | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood/Derived from Impedance) | 39.5 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation) | 8980 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 69.9 | % | 40 - 75 |
| Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 23.0 | % | 20 - 45 |
| Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 1.5 | % | 01 - 06 |

Dr GOKULADHASK Ph.D
Consultant Biochemist

VERIFIED BY

Dr. E. Saravanan M.D (Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

The results pertain to sample tested.

Page 1 of 8

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.



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| Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 5.4 | % | 01 - 10 |
| Basophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.2 | % | 00 - 02 |
| INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 6.27 | 10 ³ / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 2.07 | 10 ³ / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.14 | 10 ³ / µl | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.48 | 10 ³ / µl | < 1.0 |
| Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.02 | 10 ³ / µl | < 0.2 |
| Platelet Count (EDTA Blood/Impedance Variation) | 293 | 10 ³ / µl | 150 - 450 |
| MPV (EDTA Blood/Derived from Impedance) | 10.5 | fL | 8.0 - 13.3 |
| PCT (EDTA Blood/Automated Blood cell Counter) | 0.306 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method) | 14 | mm/hr | < 20 |
| BUN / Creatinine Ratio | 12.3 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 90.8 | mg/dL | Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126 |

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

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

| | | | |
|---|----------|--|----------|
| Glucose, Fasting (Urine) (Urine - F/GOD - POD) | Negative | | Negative |
|---|----------|--|----------|

| | | | |
|--|-------|-------|----------|
| Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) | 145.1 | mg/dL | 70 - 140 |
|--|-------|-------|----------|

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

| | | | |
|---|-------|--|----------|
| Urine Glucose(PP-2 hours) (Urine - PP) | Trace | | Negative |
|---|-------|--|----------|

| | | | |
|--|-----|-------|----------|
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 8.9 | mg/dL | 7.0 - 21 |
|--|-----|-------|----------|

| | | | |
|--------------------------------------|------|-------|-----------|
| Creatinine (Serum/Modified Jaffe) | 0.72 | mg/dL | 0.6 - 1.1 |
|--------------------------------------|------|-------|-----------|

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

| | | | |
|--------------------------------|-----|-------|-----------|
| Uric Acid (Serum/Enzymatic) | 2.6 | mg/dL | 2.6 - 6.0 |
|--------------------------------|-----|-------|-----------|

Liver Function Test

| | | | |
|---|------|-------|-----------|
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.40 | mg/dL | 0.1 - 1.2 |
|---|------|-------|-----------|

| | | | |
|---|------|-------|-----------|
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.14 | mg/dL | 0.0 - 0.3 |
|---|------|-------|-----------|

| | | | |
|--|------|-------|-----------|
| Bilirubin(Indirect) (Serum/Derived) | 0.26 | mg/dL | 0.1 - 1.0 |
|--|------|-------|-----------|

| | | | |
|--|------|-----|--------|
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 18.0 | U/L | 5 - 40 |
|--|------|-----|--------|

| | | | |
|--|------|-----|--------|
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 16.5 | U/L | 5 - 41 |
|--|------|-----|--------|

Dr. GOKULADHAS K Ph.D
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Please produce bill to the patient.

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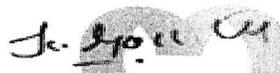
| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|--|-----------------------|-------------|--------------------------------------|
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 10.2 | U/L | < 38 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 73.0 | U/L | 42 - 98 |
| Total Protein (Serum/Biuret) | 7.01 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 3.89 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 3.12 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.25 | | 1.1 - 2.2 |

Lipid Profile

| | | | |
|---|-------|-------|---|
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 141.7 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 55.6 | mg/dL | Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500 |

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

| | | | |
|---|------|-------|--|
| HDL Cholesterol (Serum/Immunoinhibition) | 44.8 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50 |
|---|------|-------|--|


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|---|-----------------------|-------------|---|
| LDL Cholesterol (Serum/Calculated) | 85.8 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190 |
| VLDL Cholesterol (Serum/Calculated) | 11.1 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 96.9 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >=220 |

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

| | | | |
|---|-----|--|--|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) | 3.2 | | Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated) | 1.2 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 1.9 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |

Glycosylated Haemoglobin (HbA1c)

| | | | |
|-----------------------------|-----|---|---|
| HbA1C (Whole Blood/HPLC) | 5.2 | % | Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5 |
|-----------------------------|-----|---|---|

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

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

| | | | |
|--|--------|-------|--|
| Estimated Average Glucose (Whole Blood) | 102.54 | mg/dL | |
|--|--------|-------|--|

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

| | | | |
|--|------|-------|------------|
| T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 0.91 | ng/ml | 0.7 - 2.04 |
|--|------|-------|------------|

INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

| | | | |
|--|------|-------|------------|
| T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 7.33 | µg/dl | 4.2 - 12.0 |
|--|------|-------|------------|

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

| | | | |
|--|------|--------|-------------|
| TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 1.24 | µIU/mL | 0.35 - 5.50 |
|--|------|--------|-------------|

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1. TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2. TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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| <u>Urine Analysis - Routine</u> | | | |
| COLOUR (Urine) | Pale yellow | | Yellow to Amber |
| APPEARANCE (Urine) | Clear | | Clear |
| Protein (Urine/Protein error of indicator) | Negative | | Negative |
| Glucose (Urine/GOD - POD) | Negative | | Negative |
| Pus Cells (Urine/Automated - Flow cytometry) | 1 - 2 | /hpf | NIL |
| Epithelial Cells (Urine/Automated - Flow cytometry) | 1 - 2 | /hpf | NIL |
| RBCs (Urine/Automated - Flow cytometry) | NIL | /hpf | NIL |
| Casts (Urine/Automated - Flow cytometry) | NIL | /hpf | NIL |
| Crystals (Urine/Automated - Flow cytometry) | NIL | /hpf | NIL |
| Others (Urine) | NIL | | |

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Stool Analysis - ROUTINE

| | | |
|-------------------|--------|--------|
| Colour (Stool) | Brown | Brown |
| Blood (Stool) | Absent | Absent |
| Mucus (Stool) | Absent | Absent |

Dr GOKULADHASK Ph.D
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 Reg No : 79947

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| Reaction (Stool) | Acidic | | Acidic |
| Consistency (Stool) | Semi Solid | | Semi Solid |
| Ova (Stool) | NIL | | NIL |
| Others (Stool) | NIL | | NIL |
| Cysts (Stool) | NIL | | NIL |
| Trophozoites (Stool) | NIL | | NIL |
| RBCs (Stool) | NIL | /hpf | Nil |
| Pus Cells (Stool) | 1 - 2 | /hpf | NIL |
| Macrophages (Stool) | NIL | | NIL |
| Epithelial Cells (Stool) | NIL | /hpf | NIL |


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| Ref Doctor | MediWheel | | |

ULTRA SOUND SCAN

WHOLE ABDOMEN

Liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. Wall thickness is normal

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

Bilateral kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Right kidney measures 10.0 x 4.7 cm.

Left kidney measures 9.2 x 4.1 cm.

Ureters are not dilated.

No abnormality is seen in the region of the **adrenal glands**.

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

No para aortic lymphadenopathy is seen.

Uterus is anteverted, and measures 7.2 x 3.7 x 3.3 cm.

Endometrial thickness is 6.9 mm.

Right ovary measures 2.8 x 2.1 cm.

Left ovary measures 2.0 x 1.7 cm

No significant mass or cyst is seen in the ovaries.

Parametria are free.



| | | | |
|--------------|---------------|------------|--------------|
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| Ref Doctor | MediWheel | | |

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.

IMPRESSION:

➤ *Normal study.*

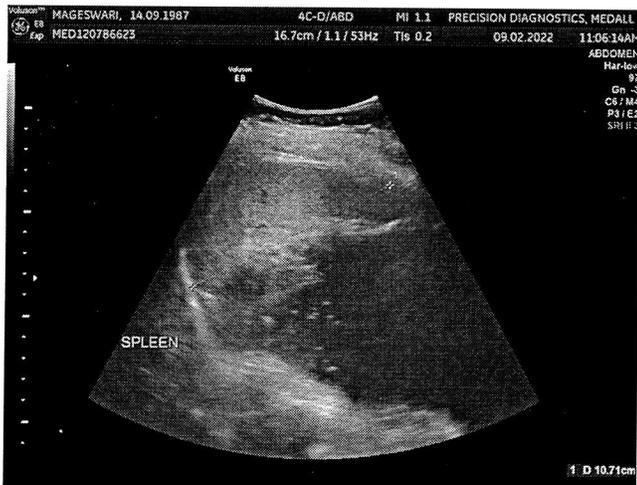


**Dr. J.Vinolin Nivetha, M.D.R.D,
Consultant Radiologist.**



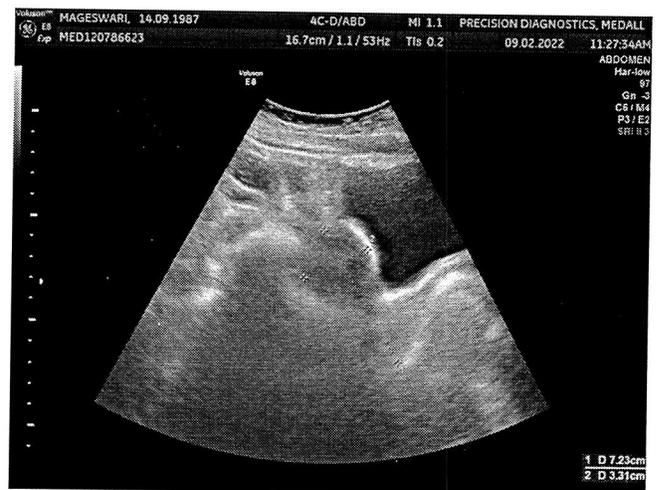
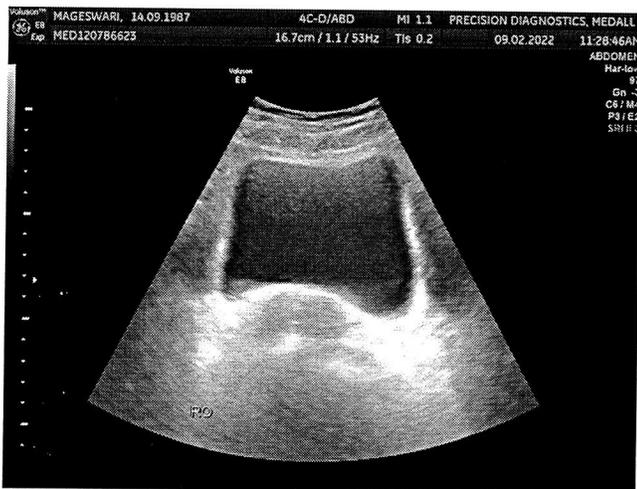
Precision Diagnostics
 No:191, Poonamalle High Road (Near Taylors Road Signal)

| | | | |
|-------------------------|----------------------|-------------------|---------------------|
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ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 69%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

FINAL IMPRESSION:

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF :69%)
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL COLOUR FLOW STUDIES.
- NORMAL DIASTOLIC COMPLIANCE.

LEFT VENTRICULAR MEASUREMENT:

| DIMENSIONS | NORMAL | DIMENSIONS | NORMAL |
|-------------------------------|--------|------------------|---------------|
| AO (ed)- 2.1cm(1.5cm/3.5cm) | | IVS (ed) - 0.6cm | (0.6cm/1.2cm) |
| LA (ed)- 2.1cm(1.5cm/3.5cm) | | LVPW(ed) - 0.6cm | (0.6cm/1.1cm) |
| RVID(ed)- 1.2cm(0.9cm/2.8cm) | | EF 69% | (62 %-85 %) |
| LVID (ed)- 4.2cm(2.6cm/5.5cm) | | FS 38% | |
| LVID (es)- 2.5cm | | | |



| | | | |
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MORPHOLOGICAL DATA:

Mitral valve

Anterior mitral leaflet (AML) : Normal
 Posterior mitral leaflet (PML) : Normal
 Aortic Valve : Normal
 Tricuspid Valve : Normal
 Pulmonary Valve : Normal
 Interatrial Septum : Intact
 Interventricular Septum : Intact
 Right Ventricle : Normal
 Right Atrium : Normal
 Pulmonary Artery : Normal
 Left Ventricle : Normal
 Left Atrium : Normal

PERICARDIUM:

- Normal.

DOPPLER STUDY:

Continuous Wave Doppler & Colour Flow Study:

- *Normal colour flow studies.*

Pradeep G. Nayar
9/2/22

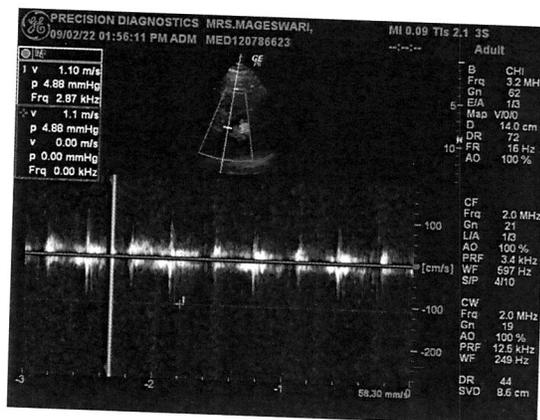
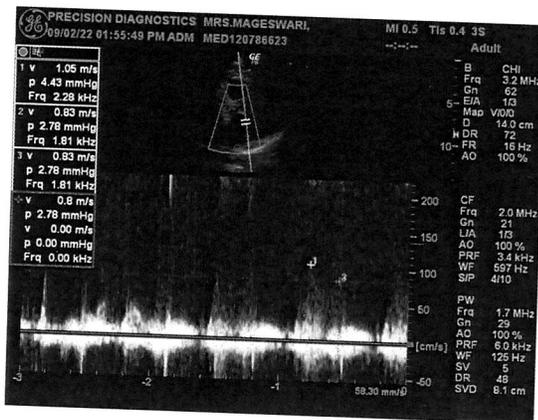
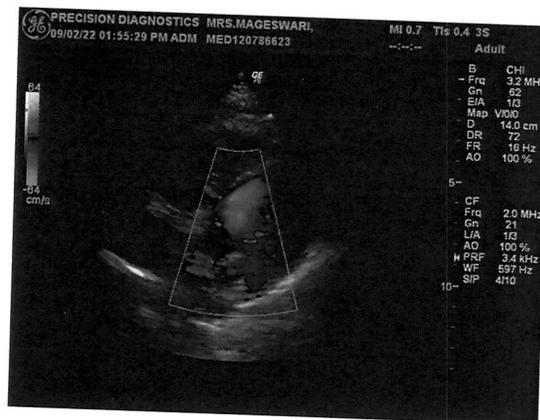
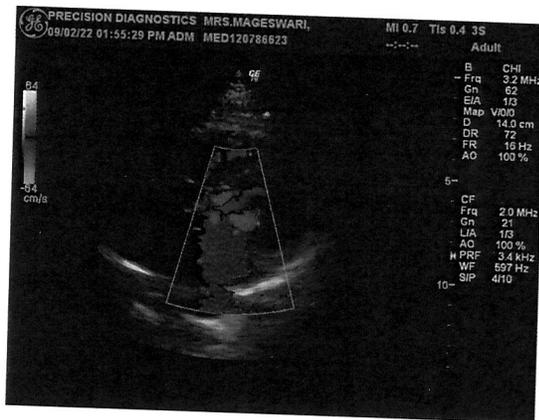
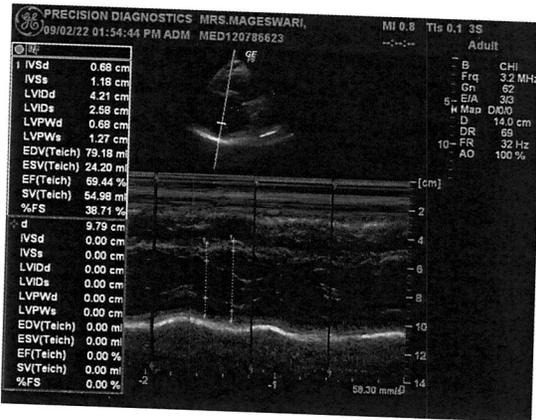
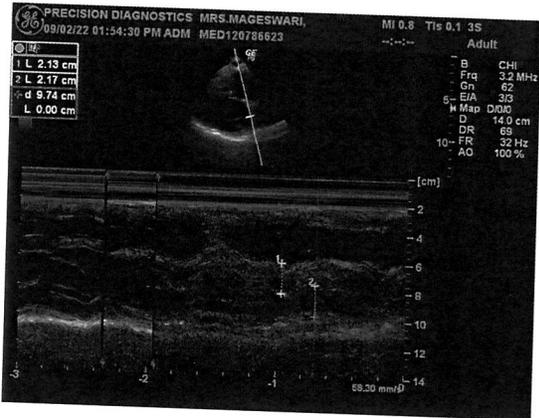
Dr.Pradeep G. Nayar

MD,DNB(CARD),MNAMS,FRCP(Lon),FRCP(Edin),
 FRCP(Glas)FAHA(USA),FACC(USA),FSCAI(USA).
 Sr.Consultant Interventional Cardiologist



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| | | | |
|--------------|-----------|-------------|-------------------|
| Name | MAGESWARI | Customer ID | MED120786623 |
| Age & Gender | 34Y/F | Visit Date | Feb 9 2022 9:58AM |
| Ref Doctor | MediWheel | | |

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: *Essentially normal study.*



**DR. POOJA B.P. MDRD.DNB
CONSULTANT RADIOLOGIST**



GE MAR 200 ST MRS. MADHUSRI, 120794423 PRECISION DIAGNOSTICS

HR 77 bpm

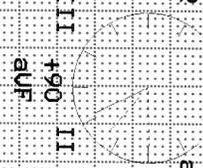
PRECISION DIAGNOSTICS

191 Poonamallee High Road
Kilpauk, Chennai - 600032
Ph: 044-46327777

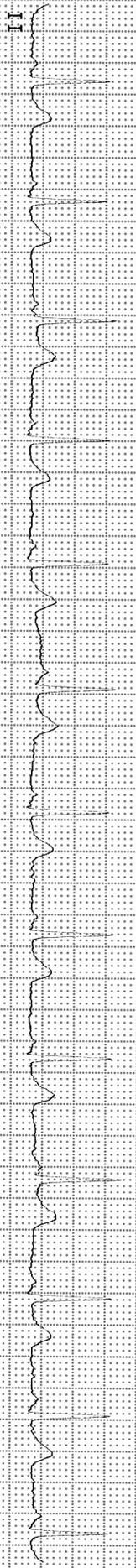
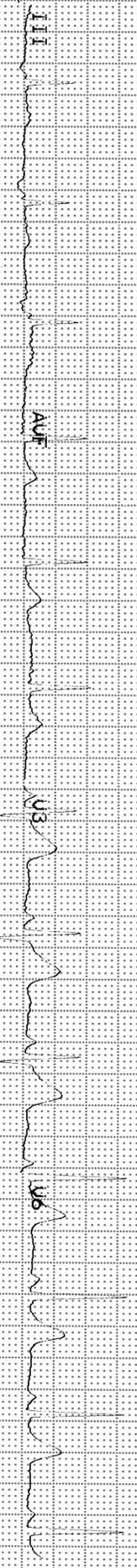
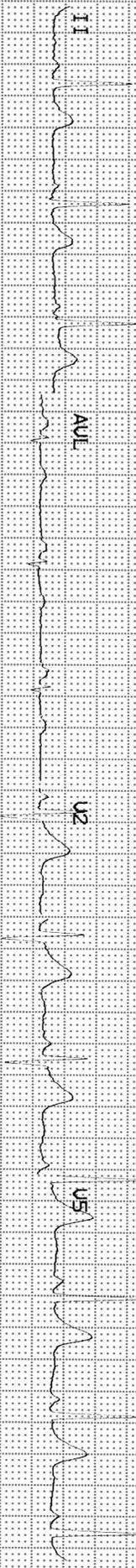
AGE: 34
Measurement Results:
QRS: 78 ms
QT/QTcB: 368 / 416 ms
PR: 116 ms
P: 102 ms
RR/PP: 770 / 775 ms
P/QRS/T: -2 / 64 / 42 degrees

-90
< P
< T
< QRS

Interpretation:
12SL - Interpretation:
Normal sinus rhythm
Normal ECG



M. S. Srinivasan
M. S. Srinivasan
Unconfirmed report



09 Feb 2022 10:48:22 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1_R Automatic U6.2.12i (1) 12SL0U231