


Patient Name : Mr. MANISH KUMAR	Reg No. : 128/UHID23DL	Lab ID. : 126/OPDPB23DL
Age / Gender : 34Y / Male	Date : 06-Apr-2023	
Mobile No. : 9819998528	Manual No.	Collected : 06-Apr-2023 10.27
Refd. By : Dr. INSURANCE		Received : 06-Apr-2023 10.51
Sample Type : EDTA whole blood	Sample ID : 23977	Report : 06-Apr-2023 15.20

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMATOLOGY

COMPLETE BLOOD COUNT				
HEMOGLOBIN	13.9	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	5.0	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	56	%	40-75	Electrical impedance
Lymphocyte	36	%	20-45	Electrical impedance
Eosinophil	03	%	01-06	Microscopy
Monocyte	05	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	4.34	mili/cmm	3.8-5.5	Electrical impedance
PCV	41	%	35-45	Calculated
MCV	94.80	fL	80-100	Calculated
MCH	31.9	Picogram	27.5-33.2	Calculated
MCHC	33.70	gm/dl	32-36	Calculated
PLATELET COUNT	239	10 ³ /uL	150-450	Electrical impedance

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : SONUKUM



BOOK APPOINTMENT



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Refd. By : Dr. INSURANCE		Received : 06-Apr-2023 10.51
Sample Type : Serum	Sample ID : 23977	Report : 06-Apr-2023 15.20

TEST NAME	RESULT	UNIT	RANGE	METHOD
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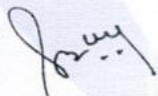
CLINICAL PATHOLOGY

PSA TOTAL	0.47	ng/ml	0-4.1	<p>< 4.1</p> <p>0-40 yrs : < 1.4</p> <p>41-50 yrs : < 2.0</p> <p>51-60 yrs : < 3.1</p> <p>61-70 yrs : < 4.1</p> <p>71-100 yrs : < 4.4</p>
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COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia (BPH) and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA.

However, the effect is clinically insignificant, since DRE causes the Most substantial increase in patients with PSA levels already elevated over 4.0 ng/mL . Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free (unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the Ratio of free to total PSA appears to be particularly promising promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However , both and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 Hours.

-----End of Report-----




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Lab Technician : chand



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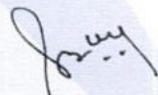
TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh
FACTOR
BLOOD GROUP ABO
RH TYPING

"O"	Manual
"POSITIVE"	Manual

-----End of Report-----




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BOOK APPOINTMENT



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Mobile No. : 9819998528	Manual No.	Collected :06-Apr-2023 10.27
Refd. By : Dr. INSURANCE		Received :06-Apr-2023 10.51
Sample Type : Plasma(Sodium fluoride)	Sample ID : 23977	Report :06-Apr-2023 15.20

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

BLOOD SUGAR FASTING	144.1	mg/dl	74-100	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

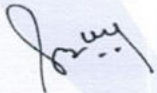
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----




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BOOK APPOINTMENT



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Age / Gender : 34Y / Male	Date : 06-Apr-2023	
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Refd. By : Dr. INSURANCE		Received :06-Apr-2023 13.23
Sample Type : Plasma(Sodium fluoride)	Sample ID : 23977	Report :06-Apr-2023 15.20

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
Blood Sugar PP	189.0	mg/dl	70-150	GOD-POD

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

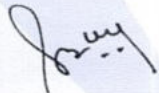
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----




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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMATOLOGY

HBA1C (GLYCOSYLATED HB)	8.3	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

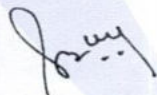
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----




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Sample Type : Serum	Sample ID : 23977	Report :06-Apr-2023 15.20

TEST NAME	RESULT	UNIT	RANGE	METHOD
HbsAg	NEGATIVE			Immunochromatography

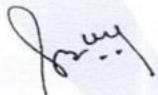
Serology

Interpretation:-

Clinical Singnificance:-Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

-----End of Report-----




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BOOK APPOINTMENT



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HIV 1 & II	NEGATIVE			Immunochromatography
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Serology

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(21 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test.Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----



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BOOK APPOINTMENT



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Mobile No. : 9819998528

Manual No.

Collected :06-Apr-2023 10.27

Refd. By : Dr. INSURANCE

Received :06-Apr-2023 10.51

Sample Type : Serum

Sample ID : 23977

Report :06-Apr-2023 15.20


TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	32.7	mg/dl	15.0-45.0	urease
Serum Creatinine	0.9	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	5.60	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	7.07	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.67	g/dl	2.3-3.5	
A/G RATIO	1.65	g/dl		
Calcium	9.3	mg/dl	8.6-10.2	Arsenazo
Sodium	142.8	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.0	mmol/L	3.5-5.5	ISE Indirect
Chloride	108.1	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----




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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	188.00	mg/dl	123-199	CHOD-PAP
Triglycerides	171.1	mg/dl	40-160	Gpo
HDL Cholesterol Direct	43.9	mg/dl	35.3-79.5	Direct
Vldl	34	mg/dl	4.7-22.1	
LDL Cholesterol Direct	109.9	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.3		0.0-4.97	
LDL/HDL Ratio	2.5		0.0-3.55	

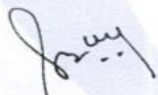
INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and




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pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

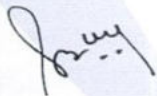
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----




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BOOK APPOINTMENT



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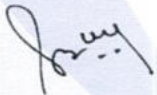
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin				
Total Bilirubin	1.02	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.36	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.66	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	7.07	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.70	g/dl	2.3-3.5	
A/G RATIO	1.62	g/dl		
SGOT	41	U/L	0-35	IFCC
SGPT	61	U/L	0.0-45	IFCC
Gamma GT	69.6	U/L	0-55	Glupa-c
Alkaline Phosphatase	115	U/L	53-128	Amp

-----End of Report-----




Dr. Sangeeta B
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DMC/25252

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BOOK APPOINTMENT



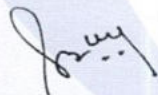
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<u>HORMONES</u>				
TSH	2.25	µIU/ml		CLIA
Adults				
21-100 yrs	0.42 - 5.45			
Pediatric				
0-12 Months	0.98-5.63			
1-5 years	0.64-5.76			
6-10 Years	0.51-4.82			
11-14 Years	0.53-5.27			
15-20 years	0.43-4.20			
Pregnancy				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----




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DMC/25252

Lab Technician : chand



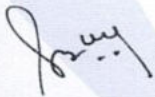
BOOK APPOINTMENT



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Mobile No. : 9819998528	Manual No.	Collected : 06-Apr-2023 13.09
Refd. By : Dr. INSURANCE	Sample ID : 23977	Received : 06-Apr-2023 13.23
Sample Type : URINE		Report : 06-Apr-2023 15.20

TEST NAME	RESULT	UNIT	RANGE	METHOD
CLINICAL PATHOLOGY				
URINE ROUTINE MICROSCOPY				
PHYSICAL EXAMINATION				
QUANTITY	20.00	ml	10-30	
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
SPECIFIC GRAVITY	1.030		1.015-1.025	
PH	6.0		5.5 - 7	
CHEMICAL EXAMINATION				
ALBUMIN	NIL			
SUGAR	NIL			
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3	/hpf		MICROSCOPIC
RBC'S	NIL			
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	1-2			
BACTERIA	NIL			
OTHERS	NIL			

-----End of Report-----



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DMC/25252

Lab Technician : chand



BOOK APPOINTMENT





Radiology No.	: 126/OPDPB23DL	Date	: 06-Apr-2023
Patient Name	: Mr. MANISH KUMAR	Age/Sex	: 34Y
Guardian Name	:	UHID No.	: 128/UHID23DL
Consultant	: Dr. INSURANCE	Mobile No.	: 9819998528

X-RAY CHEST

Indication: Routine checkup.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.

Dr. Harshita Surange
MBBS, DMRD (RADIO DIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



Transport Department Government of Delhi

Licence to drive vehicles throughout India

Licence No. : DL-09200990012833 (P)

Name : MANISH KUMAR

S/D/W of : SUBHASH CHAND

DOB :

14-08-1988

BG :

Address : FLAT NO 1081 PRT 3 SECT 19 DWARAKA
NEW DELHI 110075



Authorization to drive
Vehicle Class : M, CT, L, MV, NT

Date of Issue : 02-07-2009

(Holder's Signature)

Date of Issue : 02-07-2009

Validity : 01-07-2029

INV CARR NO : NA

Sig. Of Licensing Authority SWZ

11/07/09

IPSC PAIN AND SPINE HOSPITAL

PLOT-453 NEAR SBI, BANK SECTOR-19
 DWARKA NEW DELHI-110075, PH: 9555437357

MANISH KUMAR

TREADMILL TEST REPORT

ID : 3772
 DATE : 06-04-2023
 AGE/SEX : 34 / M
 HT/WT : 0 / 0
 REF. BY :

PROTOCOL : Bruce
 HISTORY :
 INDICATION : Checkup/Physical fitness,
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			MET'S
								II	V1	V5	
SUPINE					83	120 / 80	99	0.5	0	0.6	
STANDING					109	120 / 80	130	0.5	-0.1	0.5	
HYPERVENT					109	120 / 80	130	0.3	-0.1	0.4	
Stage 1	2:55	0:11	2.7	10	130	130 / 80	169	-0.1	0.1	0.6	4.67
Stage 2	5:55	2:55		12	155	140 / 80	217	0.2	0.2	0.6	7.04
Stage 3	6:33	0:33		14	168	150 / 80	252	0.1	0.4	0.7	7.63
PK-EXERCISE	6:41	0:41	5:4	14	168	150 / 80	252	0.3	0.4	0.9	7.76
RECOVERY	7:51	0:55		119	119	150 / 80	178	0.7	0.1	0.9	
RECOVERY	8:51	1:55		110	110	140 / 80	154	0.2	0.1	0.3	
RECOVERY	9:51	2:55		106	106	130 / 80	137	0.1	0.1	0.1	
RECOVERY	10:31	3:35		108	108	120 / 80	129	0	0	0	

RESULTS

EXERCISE DURATION : 6:41
 MAX HEART RATE : 168 bpm
 MAX BLOOD PRESSURE : 150 / 80 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response

MAX WORK LOAD : 7.76 METS

IMPRESSIONS

Negative for Provocable myocardial ischemia,

Technician :



[Handwritten Signature]

IPSC PAIN AND SPINE HOSPITAL

MANISH KUMAR
I. D. 3772
Age 34/M
Date 06-04-2023

RATE 83bpm
B.P. 120/80

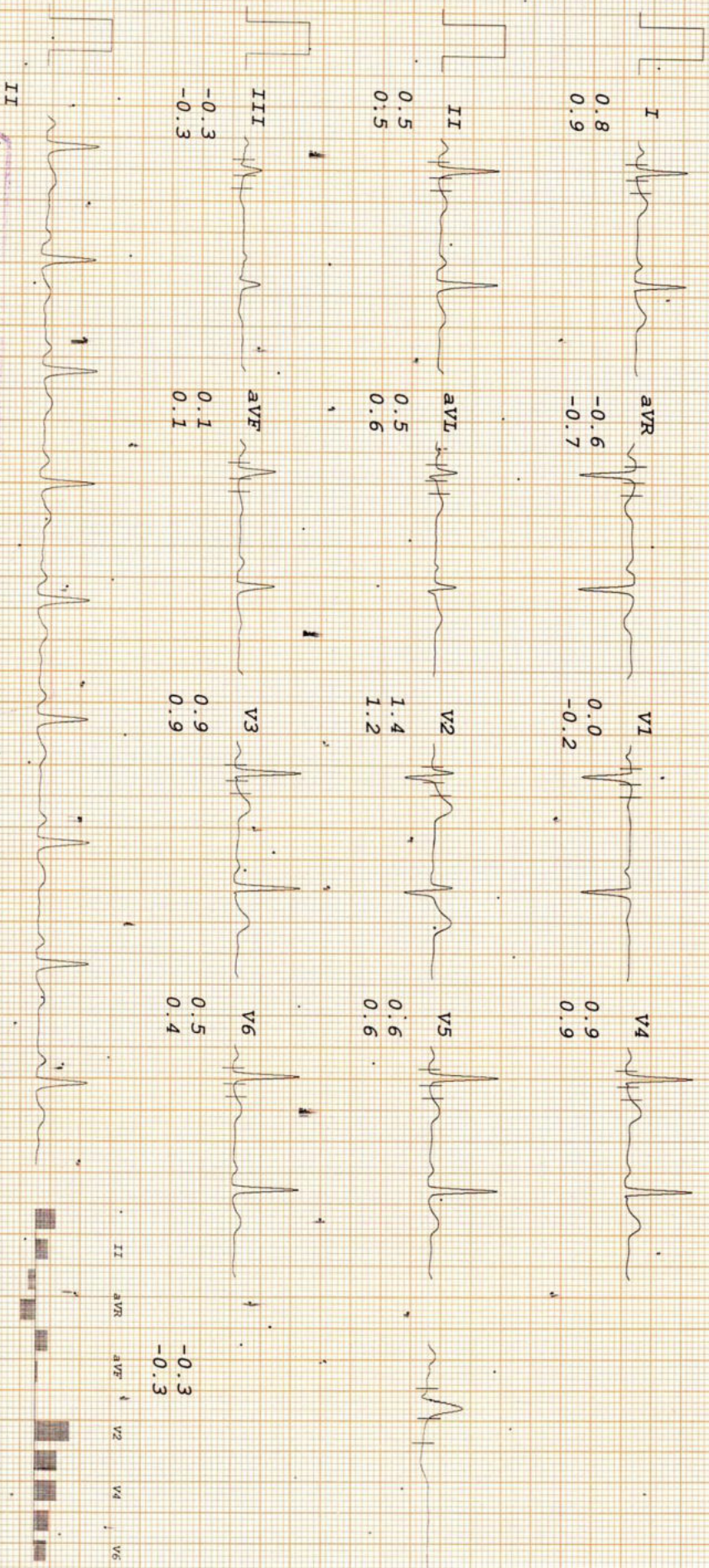
PRETEST
SUPINE

ST @ 10mm/mV
80ms Post J

LINKED MEDIAN

Mag. X 2

III



D. Karan Kumar
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMC/R/22848

[Handwritten Signature]

IPSC PAIN AND SPINE HOSPITAL

MANISH KUMAR
I. D. 3772
Age 34/M
Date 06-04-2023

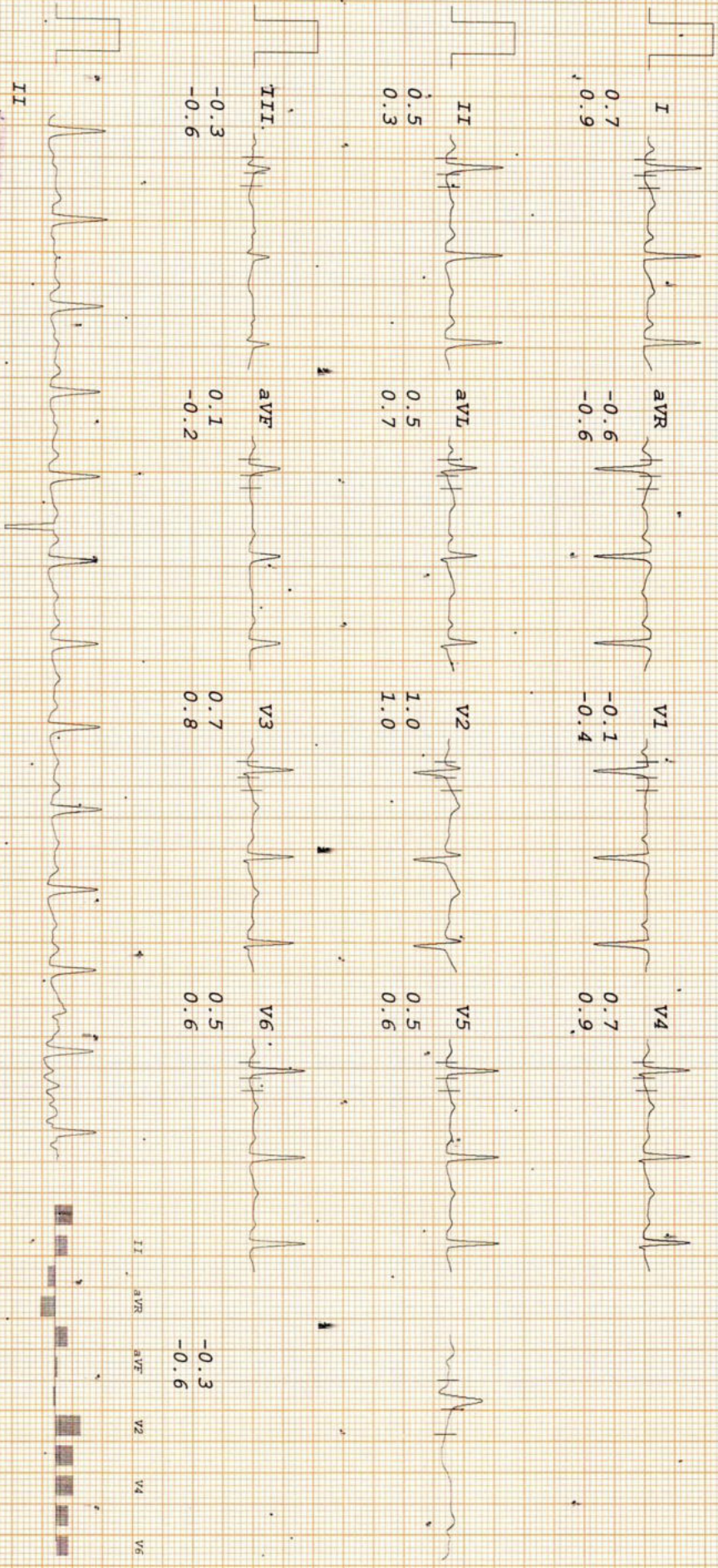
RATE 109bpm
B.P. 120/80

PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



DR. KALAN CHODIA
MBBS, MD, DM (GERIATRY)
Cardiologist
DMC Regn. No. DMC/N/2348

IPSC PAIN AND SPINE HOSPITAL

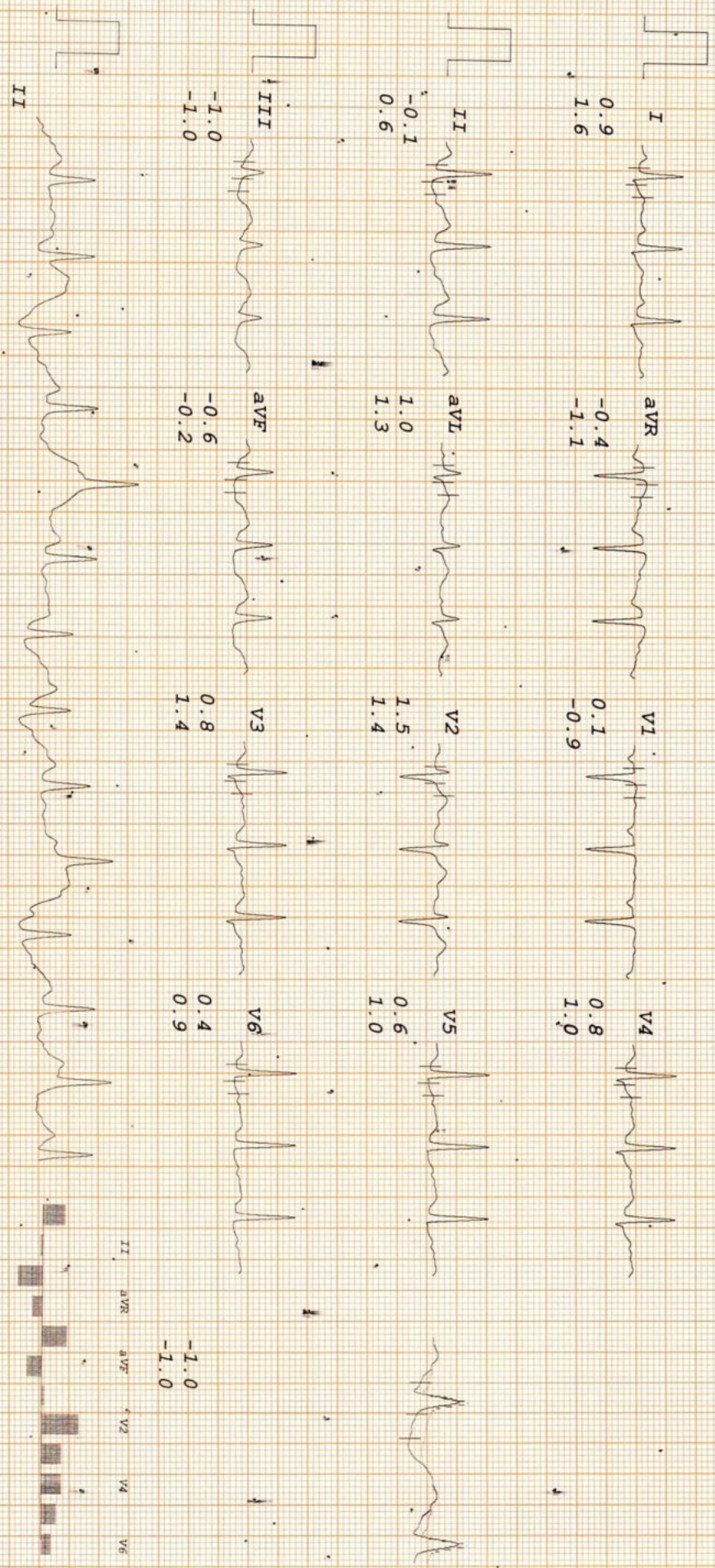
MANISH KUMAR
 I.D: 3772
 Age 34/M
 Date 06-04-2023

Rate 130bpm
 B.P. 130/80
 Bruce Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mv
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 *

LINKED MEDIAN

Mag. X 2



Dr. Karan Chopra
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DMC/R/2243

IPSC PAIN AND SPINE HOSPITAL

MANISH KUMAR
I.D. 3772
Age 34/M
Date 06-04-2023

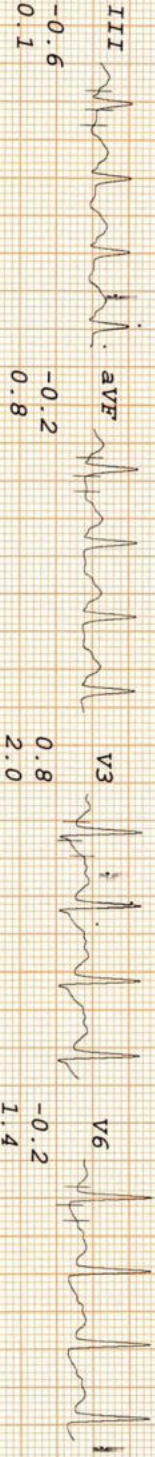
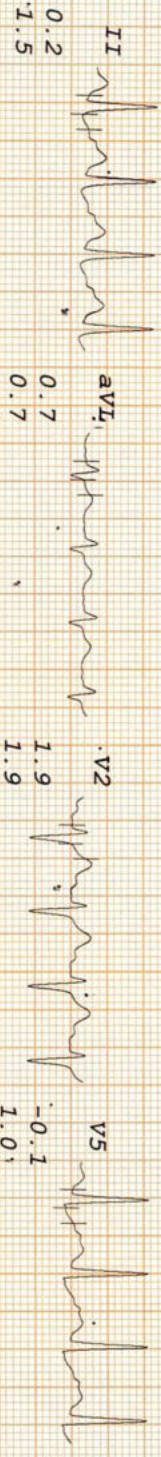
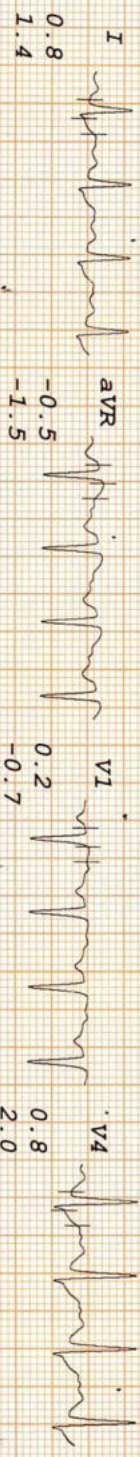
BRUCE
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 4 km/hr
SLOPE 12 %

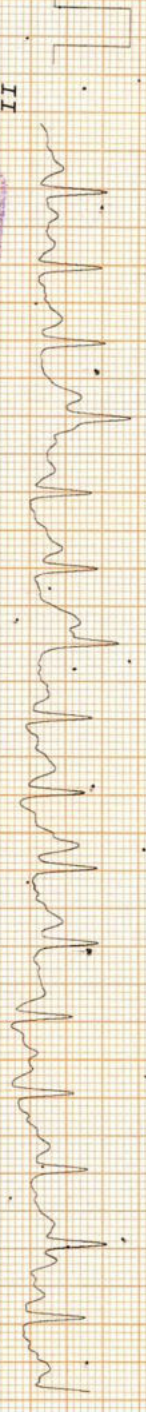
LINKED MEDIUM

Mag. X 2

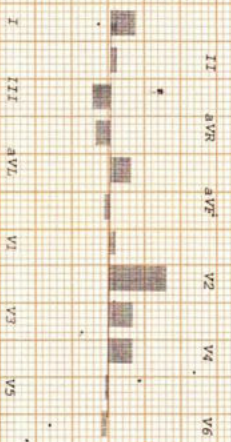
III



-0.6
0.1



Dr. Karan Choudhary
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMC/R/2543



IPSC PAIN AND SPINE HOSPITAL

MANISH KUMAR

I.D. 3772
Age 34/M
Date 06-04-2023

RATE 168bpm
B.P. 150/80

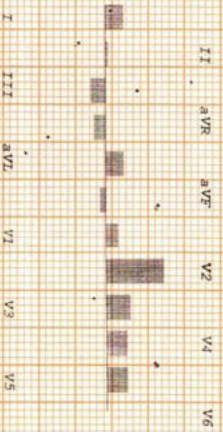
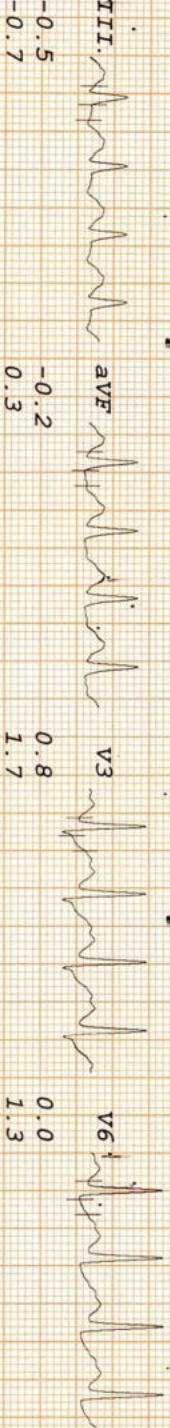
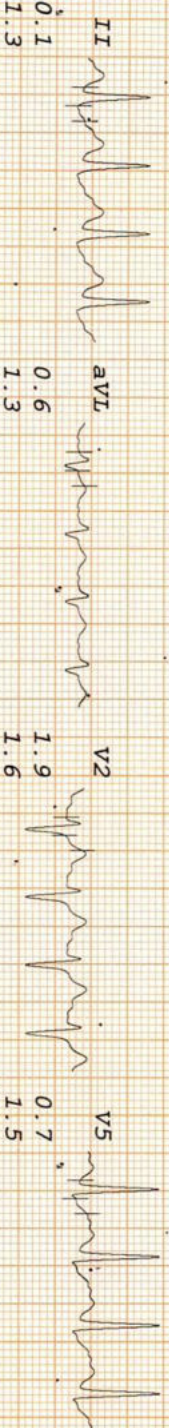
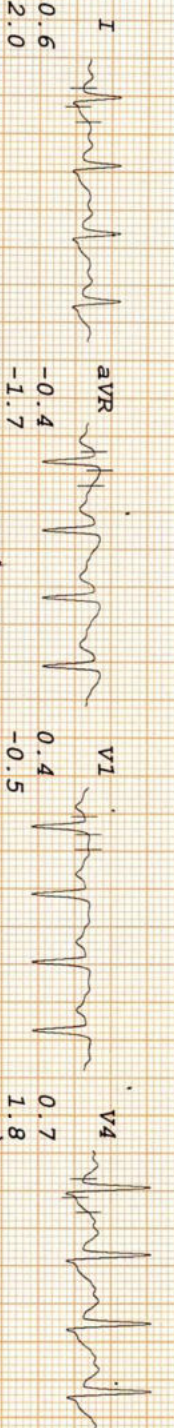
Bruce
Stage 3
TOTAL TIME 6:33
PHASE TIME 0:33

ST @ 10mm/mV
80ms/PostJ
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



Dr. Manish Kumar
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMC/R/2543

IPSC PAIN AND SPINE HOSPITAL

MANISH KUMAR
I.D. 3772
Age 34/M
Date 06-04-2023

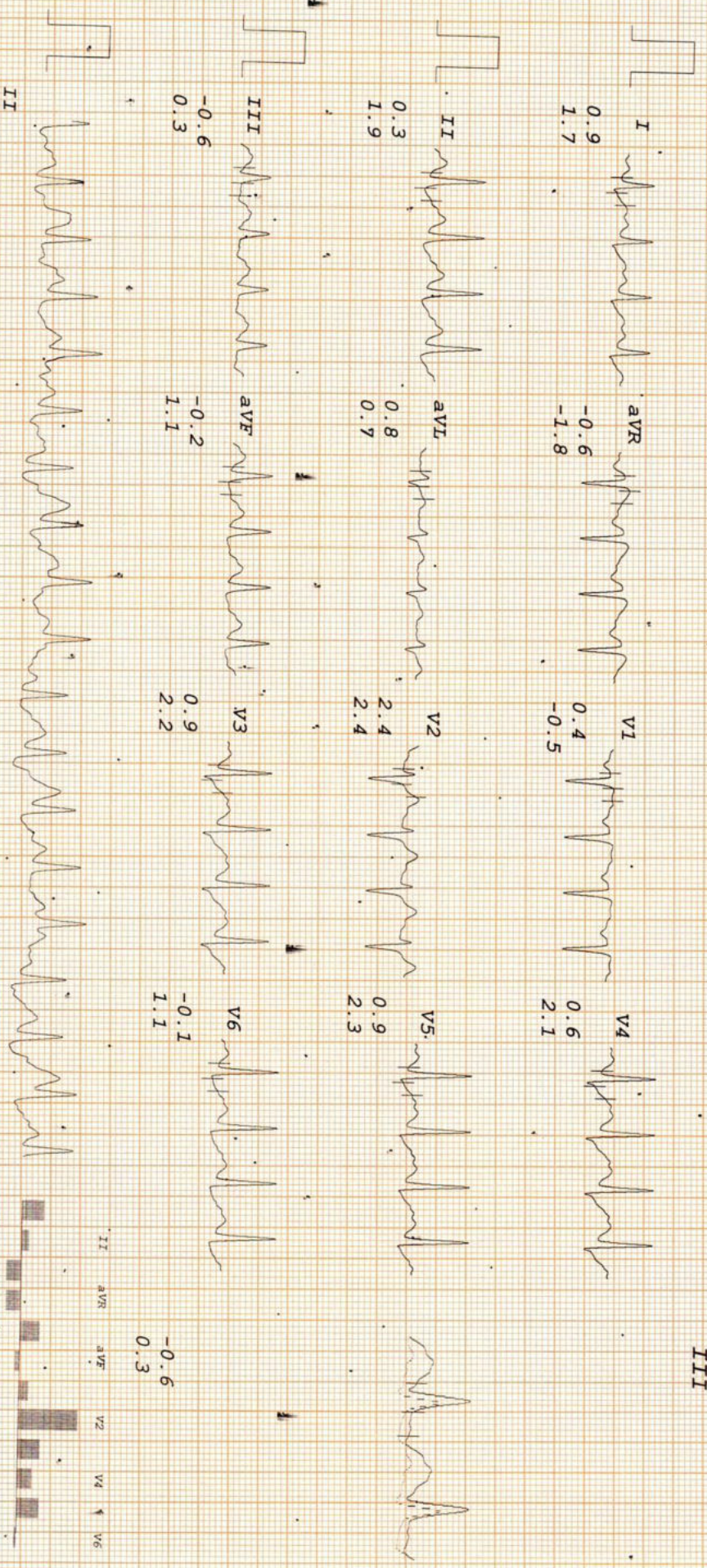
RATE 168bpm
B.P. 150/80

Bruce
PK-EXERCISE
TOTAL TIME 6:41
PHASE TIME 0:41

ST @ 10mm/mv
80ms PostJ
Speed 5.4 km/hr
SLOPE 14.8

LINKED MEDIAN

Mag. X 2



III

Dr. K. S. Srinivasan
MBBS, MD, DM, FRCR
Cardiologist
DMC Regn. No. DMC/22848

IPSC PAIN AND SPINE HOSPITAL

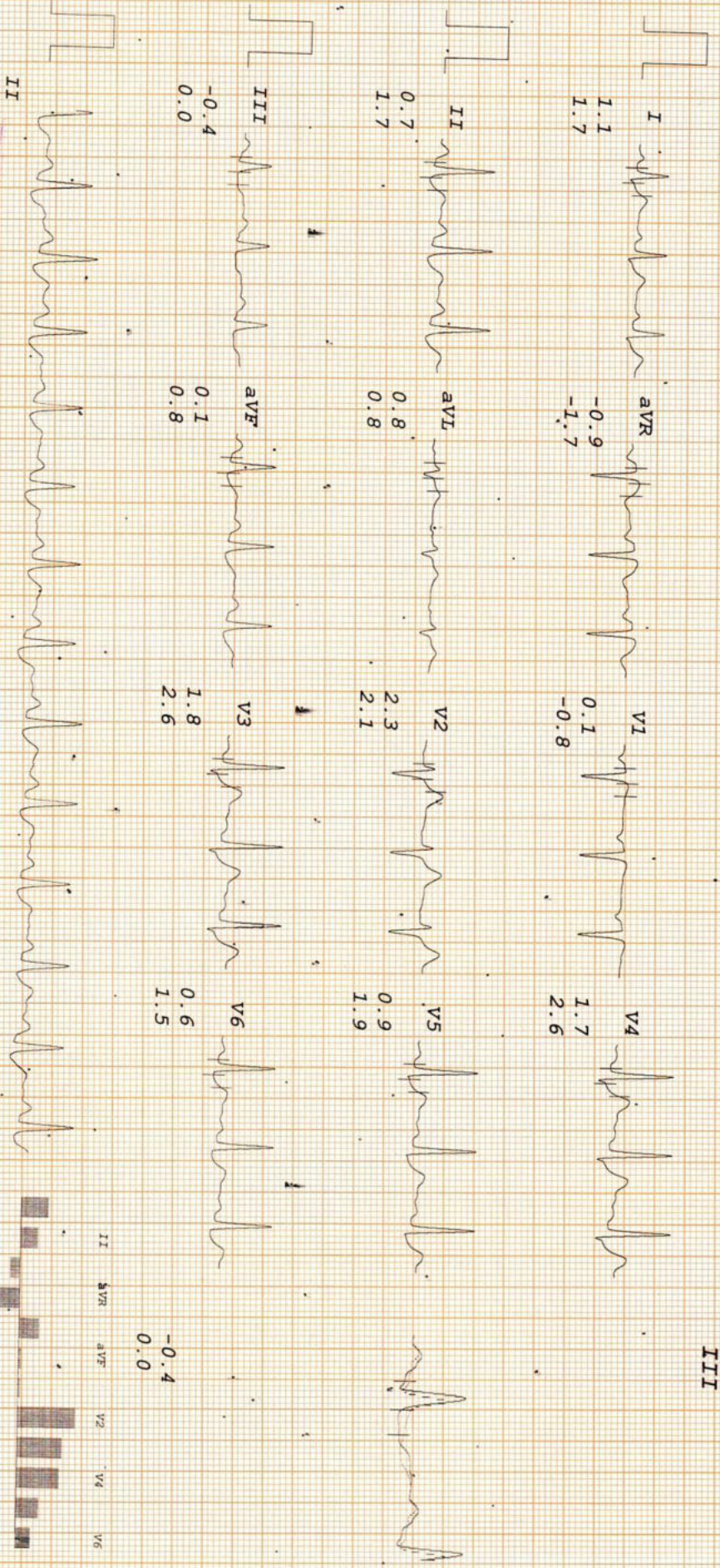
MANISH KUMAR
 I.D. 3772
 Age 34/M
 Date 06-04-2023

Rate 119bpm
 R.P. 150/80
 Bruce
 RECOVERY
 TOTAL TIME 7:51
 PHASE TIME 0:55

ST @ 10mm/mv
 80ms Post J

LINKED MEDIAN

Mag. X 2



Dr. Karan Singh
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DM/5/2018

IPSC PAIN AND SPINE HOSPITAL

MANISH KUMAR

I.D. 3772
Age 34/M
Date 06-04-2023

RATE 110bpm
B.P. 140/80

Brucce
RECOVERY
TOTAL TIME 8:51
PHASE TIME 1:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III

I
0.6
1.2

avR
-0.4
-1.1

V1
0.1
-0.5

V4
0.7
1.3

II
0.2
1.0

avL
0.5
0:7

V2
1.5
1.3

V5
0.3
1.2

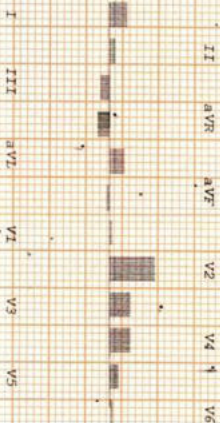
III
-0.3
-0.2

avF
-0.1
0.4

V3
0.7
1.5

V6
0.1
0.8

II



D. K. KUMAR
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMC/R/2848

IPSC PAIN AND SPINE HOSPITAL

MANISH KUMAR

I.D. 3772
Age 34/M
Date 06-04-2023

PATE 106bpm
B.P. 130/80

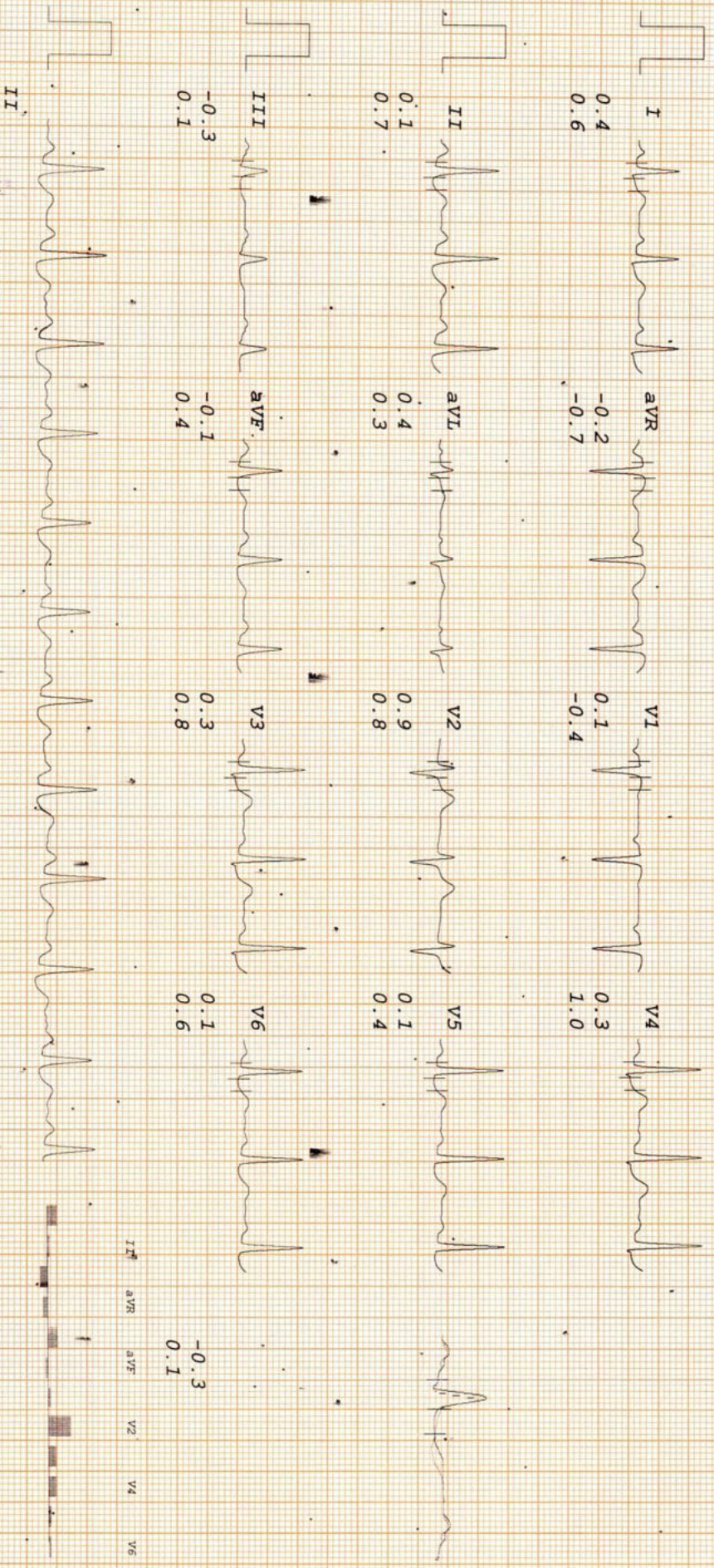
Bruce
RECOVERY
TOTAL TIME 9:51
PHASE TIME 2:55

ST @ 10mm/mv
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



MBBS, MD, DM (CARDIOLOGY)
Cardiologist
DMC Regn. No. DMC/1985/18

IPSC PAIN AND SPINE HOSPITAL

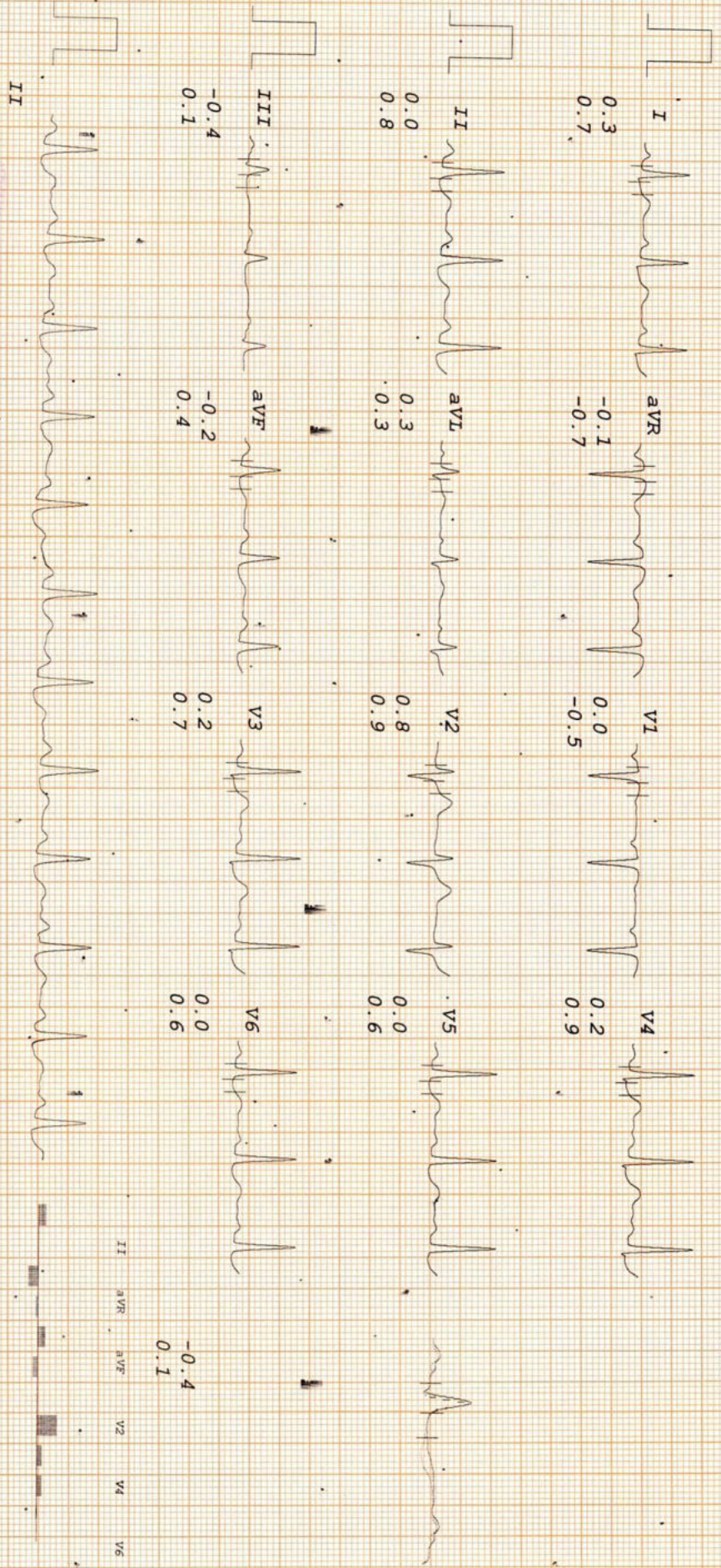
MANISH KUMAR
 I.D. 3772
 Age 34/M
 Date 06-04-2023

RATE 108bpm
 B.P. 120/80
 TOTAL TIME 10:31
 RECOVERY
 PHASE TIME 3:35

ST @ 10mm/mV
 80ms Post J

LINKED MEDIAN

Mag. X 2



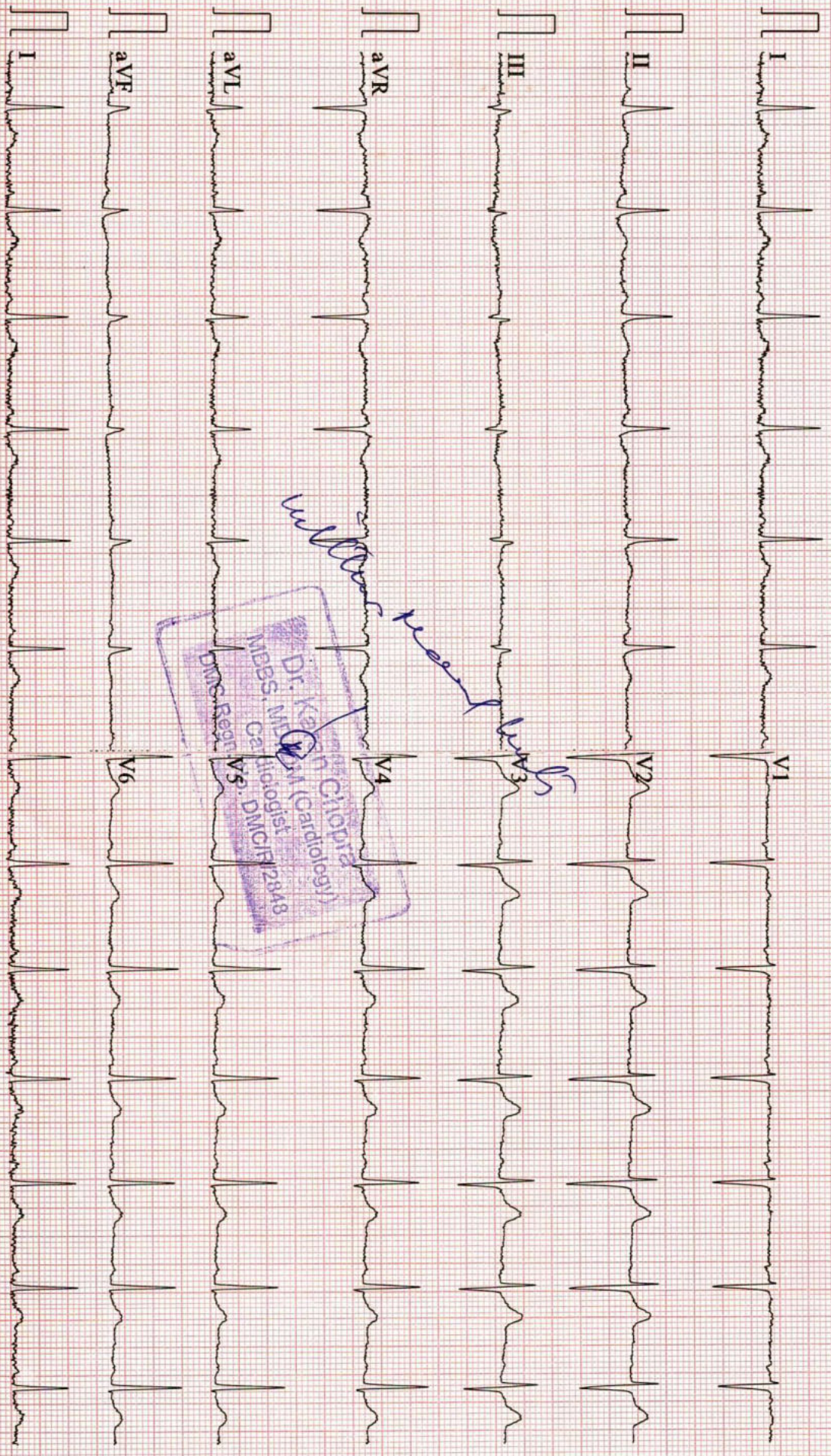
Dr. K. R. S. Srinivas
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DMC/1226/15

ID: 48
mr manish kumar
Male 34Years
Req. No. :

06-04-2023 10:32:38 AM
HR : 78 bpm
P : 100 ms
PR : 150 ms
QRS : 80 ms
QT/QTcBz : 346/395 ms
P/QRS/T : 36/26/11 °
RV5/SV1 : 1.129/0.972 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



[Handwritten signature]