



बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम

Name **Mr. VINAY KUMAR SINGH**

कर्मचारी कुट क्र.

E. C. No. **80897**

[Handwritten Signature]

जारीकर्ता प्राधिकारी
Issuing Authority

[Handwritten Signature]

धारक के हस्ताक्षर
Signature of Holder

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BQRPS2603F



नाम / Name

VINAY KUMAR SINGH

पिता का नाम / Father's Name

DINESH SINGH

जन्म की तारीख / Date of Birth

05/01/1987

[Handwritten Signature]

हस्ताक्षर / Signature



30102017



D63/6-B4, Mahmoorganj, Varanasi, Uttar
Pradesh 221001, India

Latitude

25.305683°

Longitude

82.979330°

LOCAL 10:14:34

SATURDAY 11.27.2021

GMT 04:44:34

ALTITUDE 18 METER

CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediawheel
Name of Executive: Vinay Kumar Singh
Date of Birth: 15-01-1987
Sex: Male
Height: 173 cm
Weight: 85 kg.
BMI (Body Mass Index): 28.5
Chest (Exp/Ins): 95/99 cm
Abdomen: 90 cm
Blood Pressure: 110/70
Pulse: 76 BPM
RR: 20 per min.
Ident Mark: Male on forehead near the Rt eyebrow
Any Allergy: No
Vertigo: No
Any Medications: No
Any Surgical History: No
Habits of alcoholism/smoking/tobacco: No
Chief Complaints if any: No
Lab. Investigation: Test At -
Eye Check up vision & Color vision: Normal w Power glass - 2015
(Power. Rt & Lt = -2.50 D.)
Left eye: Normal
Right eye: Normal
Near vision: Normal

CHANDAN DIAGNOSTIC CENTRE

Far vision : Normal E glass - 295
ENT consultation : Normal
Dental Checkup : Normal
Eye Checkup : Normal

Final impression:

Certified that I examined Vinay Kumar Singh S/o or D/o
is presently in good health and free from any curable respiratory
ailment, he/she is Fit / Unfit to join any organization.



Client Signature



Dr. R.C. ROY
MBBS., MD. (Radio Diagnosis)
Reg. No. - 26918

.....
Signature of Medical Examiner

Name & Qualification Dr. R.C. Roy, MBBS, MD

Date 27/11/2021 **Place**... VARANASI



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795,0542-2223232
CIN : U85110DL2003PLC308206



Patient Name	: Mr.VINAY KUMAR SINGH-PKG10000238	Registered On	: 27/Nov/2021 08:48:27
Age/Gender	: 34 Y O M O D /M	Collected	: 27/Nov/2021 10:40:08
UHID/MR NO	: CVAR.0000024136	Received	: 27/Nov/2021 10:50:10
Visit ID	: CVAR0082832122	Reported	: 27/Nov/2021 15:21:12
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	O
Rh (Anti-D)	POSITIVE

COMPLETE BLOOD COUNT (CBC) * , Blood

Haemoglobin	12.30	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	6,900	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 9	
PCV (HCT)	38.30	cc %	40-54	
Platelet count				
Platelet Count	2.27	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.45	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	86.20	fl	80-100	CALCULATED PARAMETER
MCH	27.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.00	%	30-38	CALCULATED PARAMETER
RDW	13.20	%	11-16	ELECTRONIC IMPEDANCE
PLT	42.20	fL	35-60	ELECTRONIC IMPEDANCE
Neutrophils Count	4,692.00	/cu mm	3000-7000	
Eosinophils Count (AEC)	138.00	/cu mm	40-440	



Dr.S.N. Sinha (MD Path)





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Patient Name	: Mr.VINAY KUMAR SINGH-PKG10000238	Registered On	: 27/Nov/2021 08:48:27
Age/Gender	: 34 Y O M O D /M	Collected	: 27/Nov/2021 12:05:15
UHID/MR NO	: CVAR.0000024136	Received	: 27/Nov/2021 12:05:35
Visit ID	: CVAR0082832122	Reported	: 27/Nov/2021 15:02:45
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	91.40	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP

Sample: Plasma After Meal

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



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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CIN : U85110DL2003PLC308206



Patient Name	: Mr.VINAY KUMAR SINGH-PKG10000238	Registered On	: 27/Nov/2021 08: 48: 28
Age/Gender	: 34 Y O M O D /M	Collected	: 27/Nov/2021 10: 40: 08
UHID/MR NO	: CVAR.0000024136	Received	: 28/Nov/2021 11: 40: 48
Visit ID	: CVAR0082832122	Reported	: 28/Nov/2021 13: 28: 50
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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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	36.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	108	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.

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 1diabetics. 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.





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Visit ID	: CVAR0082832122	Reported	: 28/Nov/2021 13:28:50
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

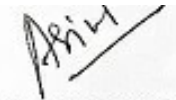
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.




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





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UHID/MR NO	: CVAR.0000024136	Received	: 27/Nov/2021 10: 50: 10
Visit ID	: CVAR0082832122	Reported	: 27/Nov/2021 14: 35: 51
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
BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	13.80	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.80	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) <i>Sample:Serum</i>	101.00	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid <i>Sample:Serum</i>	6.40	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	42.30	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	45.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	23.90	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.30	gm/dl	6.2-8.0	BIRUET
Albumin	5.30	gm/dl	3.8-5.4	B.C.G.
Globulin	2.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.65		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	145.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.50	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	170.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	119	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.14	mg/dl	10-33	CALCULATED
Triglycerides	70.70	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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Age/Gender	: 34 Y O M O D /M	Collected	: 27/Nov/2021 10:40:08
UHID/MR NO	: CVAR.0000024136	Received	: 27/Nov/2021 10:50:10
Visit ID	: CVAR0082832122	Reported	: 27/Nov/2021 14:35:51
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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200-499 High
>500 Very High



S.N. Sinha
Dr.S.N. Sinha (MD Path)





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CIN : U85110DL2003PLC308206



Patient Name	: Mr.VINAY KUMAR SINGH-PKG10000238	Registered On	: 27/Nov/2021 08:48:28
Age/Gender	: 34 Y O M O D /M	Collected	: 27/Nov/2021 12:05:15
UHID/MR NO	: CVAR.0000024136	Received	: 27/Nov/2021 12:05:35
Visit ID	: CVAR0082832122	Reported	: 27/Nov/2021 14:22:06
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE * , Urine

Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.5)			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	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

STOOL, ROUTINE EXAMINATION * , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	1-2/h.p.f





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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
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage ABSENT gms%

Interpretation:

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

SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

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



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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UHID/MR NO	: CVAR.0000024136	Received	: 28/Nov/2021 11:01:32
Visit ID	: CVAR0082832122	Reported	: 28/Nov/2021 13:03:58
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

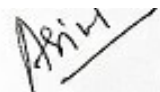
T3, Total (tri-iodothyronine)	124.52	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.35	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.31	μIU/mL	0.27 - 5.5	CLIA

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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Patient Name	: Mr.VINAY KUMAR SINGH-PKG10000238	Registered On	: 27/Nov/2021 08:48:29
Age/Gender	: 34 Y O M O D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000024136	Received	: N/A
Visit ID	: CVAR0082832122	Reported	: 27/Nov/2021 12:52:36
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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 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 : N O R M A L S K I A G R A M



Dr Raveesh Chandra Roy (MD-Radio)





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Patient Name	: Mr.VINAY KUMAR SINGH-PKG10000238	Registered On	: 27/Nov/2021 08:48:29
Age/Gender	: 34 Y O M O D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000024136	Received	: N/A
Visit ID	: CVAR0082832122	Reported	: 27/Nov/2021 09:22:12
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

- The liver measures 12.8 cm in mid clavicular line. It is normal in shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein measures 11.1 mm in caliber. CBD measures 3.4 mm in caliber.
- Pancreas is normal in size, shape and echogenicity.
- Spleen is normal in size (8.8 cm in its long axis), shape and echogenicity.
- Right kidney measures : 10.9 x 4.8 cm. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures : 11.7 x 5.0 cm. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Urinary bladder is partially filled. Prevoid urine volume 24 cc.
- The prostate is normal in size (30 x 23 x 24mm /9 gms), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

IMPRESSION : No significant abnormality seen.

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG/EKG



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 *
365 Days Open *Facilities Available at Select Location



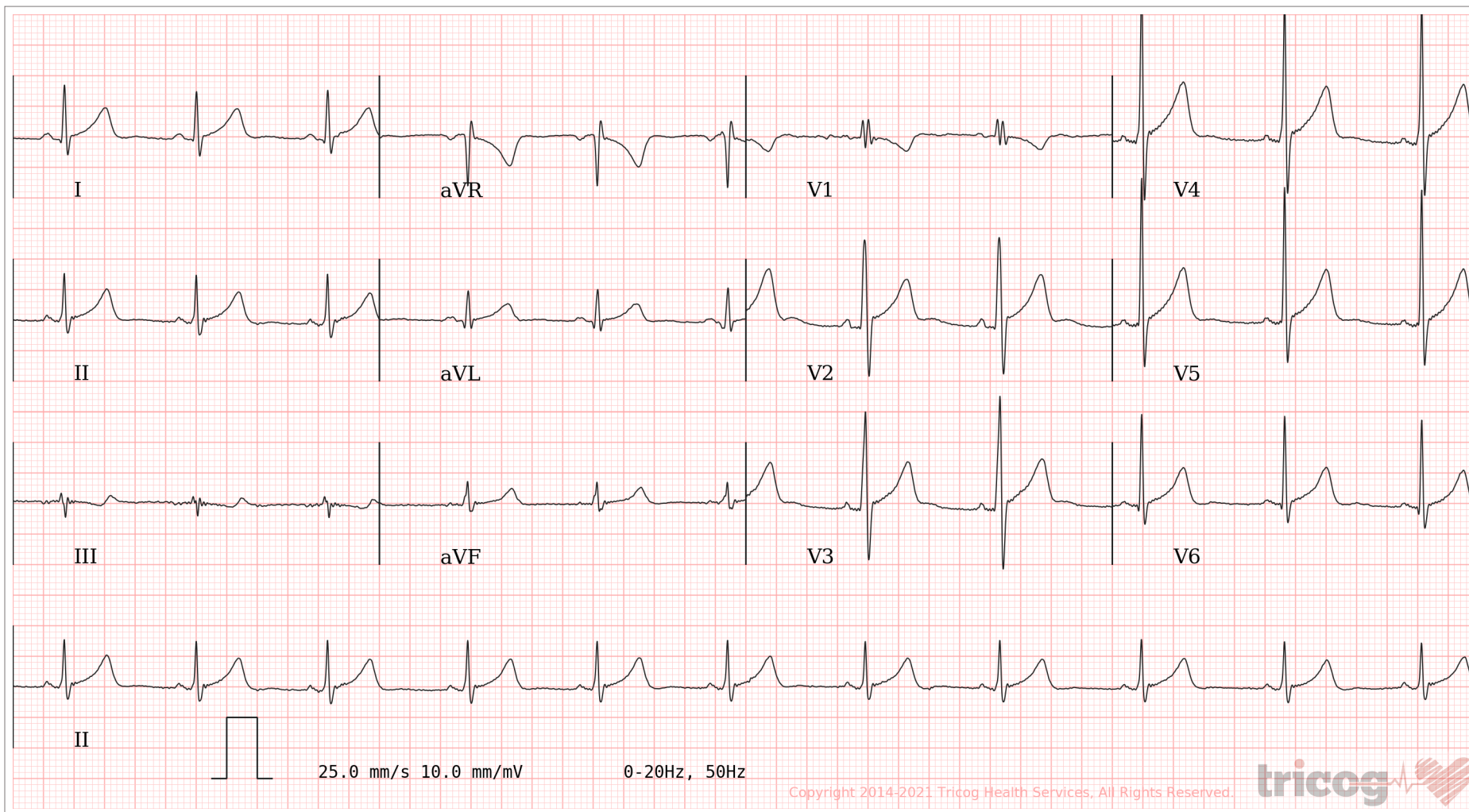
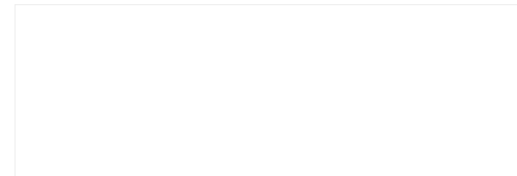


Age / Gender: 34/Male

Date and Time: 27th Nov 21 9:44 AM

Patient ID: CVAR0082832122

Patient Name: Mr.VINAY KUMAR SINGH-PKG10000238



AR: 68 bpm VR: 68 bpm QRSD: 82 ms QT: 402 ms QTc: 427 ms PRI: 122 ms P-R-T: 14° 25° 26°

Sinus Rhythm, Normal Axis, Non-specific Intra-ventricular Conduction Delay. Please correlate clinically.

AUTHORIZED BY

Charit

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Preethi

Dr. Preethi Chandramouli