



CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road
Ph: 9235432707,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.NUPUR TEWARI	Registered On	: 26/Feb/2023 09:14:19
Age/Gender	: 39 Y 8 M 5 D /F	Collected	: 26/Feb/2023 09:18:31
UHID/MR NO	: CDCA.0000102616	Received	: 26/Feb/2023 10:05:00
Visit ID	: CDCA0301702223	Reported	: 26/Feb/2023 14:06:31
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) * , Whole Blood

Haemoglobin	11.70	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	
TLC (WBC)	11,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	28.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr.	< 20	
PCV (HCT)	36.00	%	40-54	
Platelet count				
Platelet Count	2.6	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	Nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.30	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<u>RBC Count</u>				
RBC Count	4.10	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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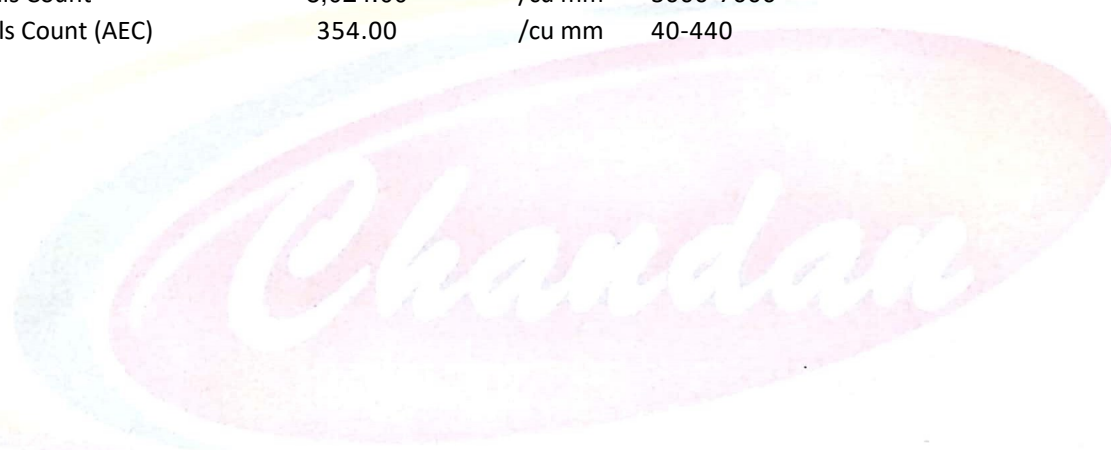


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Blood Indices (MCV, MCH, MCHC)				
MCV	87.80	fl	80-100	CALCULATED PARAMETER
MCH	28.53	pg	28-35	CALCULATED PARAMETER
MCHC	32.50	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	8,024.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	354.00	/cu mm	40-440	



Dr. R.K. Khanna
(MBBS, DCP)





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Patient Name	: Mrs.NUPUR TEWARI	Registered On	: 26/Feb/2023 09:14:20
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UHID/MR NO	: CDCA.0000102616	Received	: 26/Feb/2023 15:39:05
Visit ID	: CDCA0301702223	Reported	: 26/Feb/2023 16:14:40
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	115.19	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	174.79	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.

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Visit ID	: CDCA0301702223	Reported	: 26/Feb/2023 19:42:33
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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)	5.90	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	41.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	122	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.

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





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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 (MBBS MD Pathology)





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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample: Serum	8.11	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample: Serum	0.92	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid * Sample: Serum	6.40	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	30.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	25.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	45.73	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.84	gm/dl	6.2-8.0	BIRUET
Albumin	4.40	gm/dl	3.8-5.4	B.C.G.
Globulin	2.44	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.80		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	149.53	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.34	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.10	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.24	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	280.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	60.96	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	134	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	85.16	mg/dl	10-33	CALCULATED
Triglycerides	425.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP





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>500 Very High



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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
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URINE EXAMINATION, ROUTINE* , Urine

Color	CLEAR			
Specific Gravity	1.020			
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	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	Many			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	OCCASIONAL			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

STOOL, ROUTINE EXAMINATION* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (5.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT





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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
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++)
- (++++)

SUGAR, PP STAGE* , Urine

Sugar, PP Stage	ABSENT
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Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++)
- (++++)

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(MBBS,DCP)





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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)	115.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.09	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.

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

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

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**


Dr. Vandana Gupta
MBBS,DMRD,DNB





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is mildly enlarged in size measuring 16.3 cm in longitudinal span & shows mild diffuse increase in parenchymal echogenicity.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta. (4.0 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY (10.8 x 3.8 cm)

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

LEFT KIDNEY (10.5 x 5.1 cm)

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

SPLEEN





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- The spleen is normal in size (11.7 cm) and has a homogenous echotexture.

ILIAC FOSSA

- Scan over the iliac fossae does not reveal any fluid collection or mass.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.

UTERUS

- The uterus is anteverted and anteflexed position and is normal in size measures 8.9 x 4.3 x 3.7 cm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. (5.2 mm)
- Cervix is normal.

UTERINE ADNEXA

- Adnexa on both sides are normal.
- Right ovary measures 2.2 x 1.2 cm.
- Left ovary measures 2.4 x 1.2 cm.
- Both the ovaries are normal in size.

CUL-DE-SAC

- Pouch of Douglas is clear.

IMPRESSION

- Mild hepatomegaly with grade-I fatty changes.

Recommended: clinicopathological correlation.



ow:

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.


Dr. Vandana Gupta
MBBS, DMRD, DNB

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

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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

**Re: Health Check up Booking Confirmed Request(bobS27749),Package Code-
PKG10000239, Beneficiary Code-54921**

1 message

anurag sri <anurag.idc@gmail.com>
To: Mediwheel <wellness@mediwheel.in>, "idc. ashiyana" <idcashiyana@gmail.com>
Cc: mediwheelwellness@gmail.com

Sat, Feb 25, 2023 at 3:18 PM

confirmed

pack code 2613

On Sat, Feb 25, 2023 at 11:52 AM Mediwheel <wellness@mediwheel.in> wrote:



Mediwheel
...Your wellness partner

**011-41195959****Email:wellness@mediwheel.in****Hi Indra Diagnostic Centre,****Diagnostic/Hospital Location :M-214/215 Sec G LDA Colony Near Power House Chauraha
Kanpur road,City:Lucknow**

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000239**Beneficiary Name :** NUPUR**Member Age :** 39**Member Gender :** Female**Member Relation :** Spouse**Package Name :** Full Body Health Checkup Female Below 40**Location :** NEW DELHI,Delhi-110059**Contact Details :** 9811410764**Booking Date :** 02-02-2023**Appointment Date :** 26-02-2023**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.





Bank of Baroda

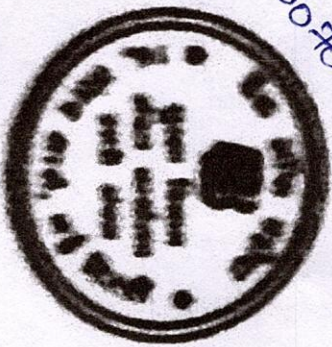
Name: **NEERAJ SINGH**

E. C. No. **76010**

Neeraj Singh

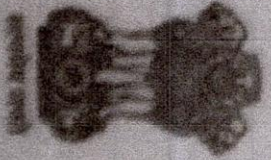
Reserve Bank of India, N. B. (S) Branch, N.D.
Issuing Authority CM (S), ZO, ND.

*Self Attested
Neeraj Singh
780070087*



Neeraj Singh

Signature of Holder



भारत सरकार

GOVERNMENT OF INDIA



नूपुर तिवारी

Nupur Tewari

जन्म तिथि / DOB: 22/06/1983

महिना / FEMALE

*Self
Nupur
1700070755*

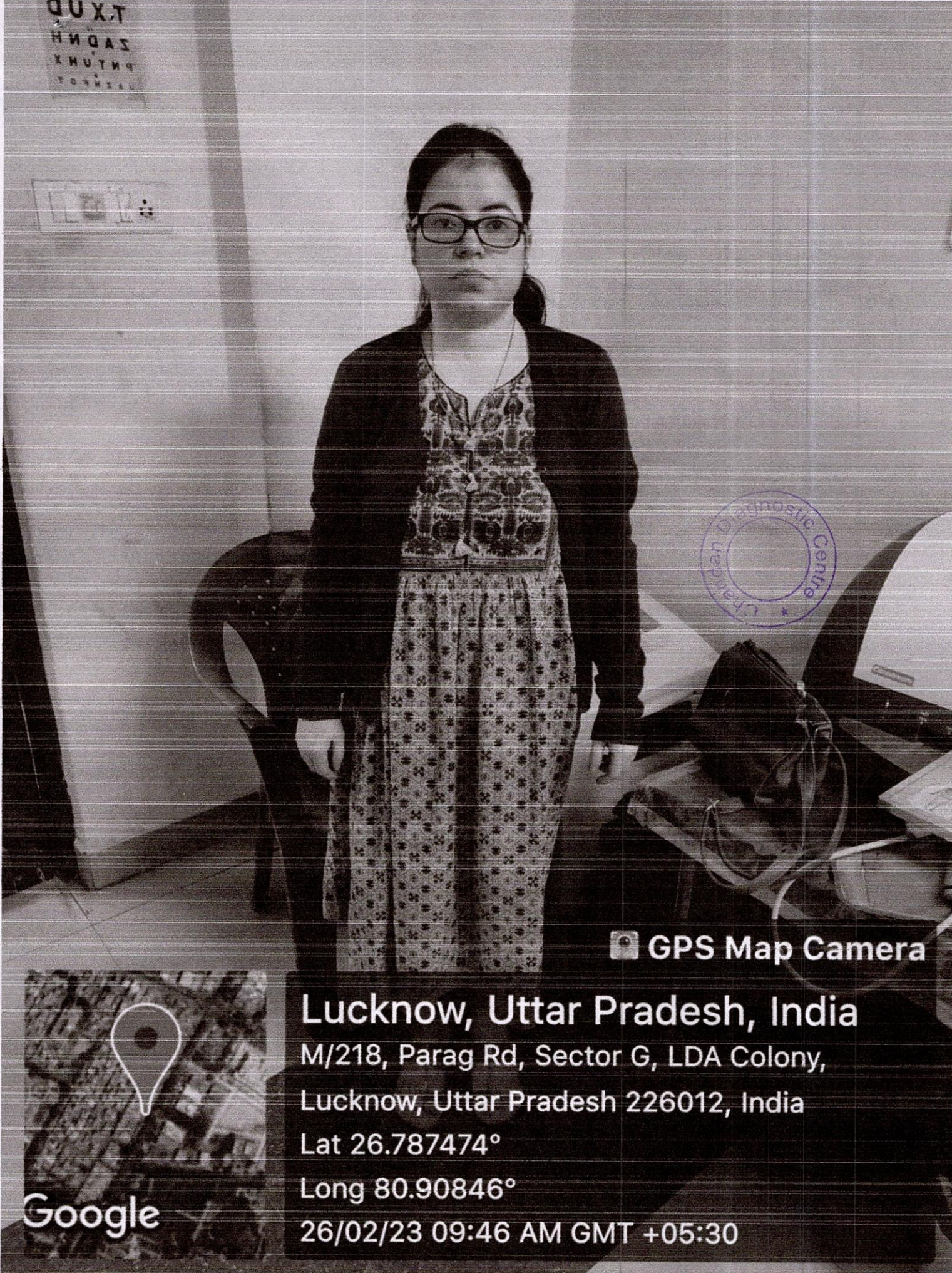


Issue Date: 15/04/2021

Download Date: 17/04/2021

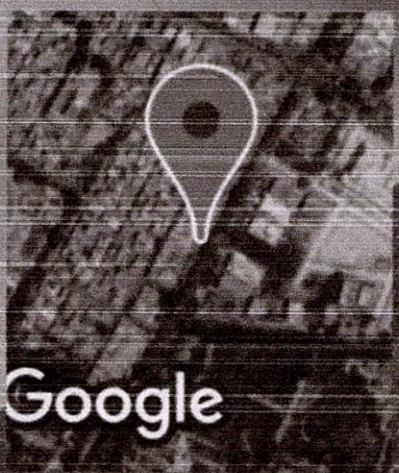
8175 7687 0563

मेरा आधार, मेरी पहचान



Uttaran Diagnostic Centre

GPS Map Camera



Google

Lucknow, Uttar Pradesh, India

M/218, Parag Rd, Sector G, LDA Colony,

Lucknow, Uttar Pradesh 226012, India

Lat 26.787474°

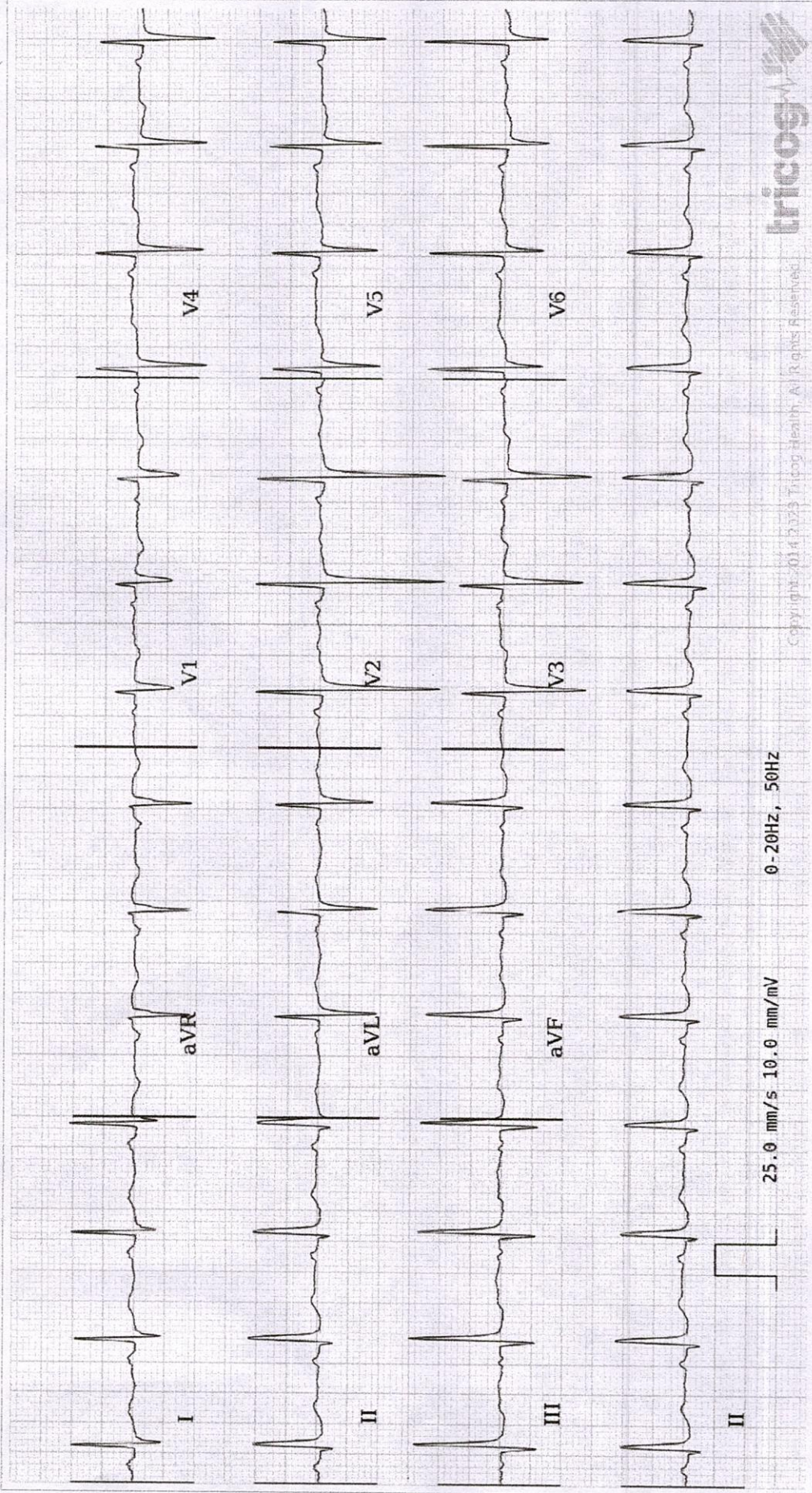
Long 80.90846°

26/02/23 09:46 AM GMT +05:30



Chandan Diagnostic

Age / Gender: 39/Female Date and Time: 26th Feb 23 9:39 AM
Patient ID: CDCA0301702223
Patient Name: Mrs.NUPUR TEWARI



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25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

AR: 85bpm VR: 85bpm QRS: 94ms QT: 366ms QTc: 435ms PRI: 142ms P-R-T: 34° 65° 30°

Sinus Rhythm, Non-specific ST/T wave abnormality. Q in inferior leads. Please correlate clinically.

REPORTED BY: *P. Bhalwani*

AUTHORIZED BY: *[Signature]*

Dr. Charit MD, DM: Cardiology 63382
Dr. Bhagyaxmi Sunil Bhalwad

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.