



CHANDAN DIAGNOSTIC CENTRE

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



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.ABHISHEK PANDEY | Registered On | : 22/Jul/2023 09:43:27 |
| Age/Gender | : 29 Y 0 M 0 D /M | Collected | : 22/Jul/2023 09:49:06 |
| UHID/MR NO | : CALI.0000045828 | Received | : 22/Jul/2023 12:49:53 |
| Visit ID | : CALI0076602324 | Reported | : 22/Jul/2023 15:52:24 |
| 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) **, Blood

| | |
|--------------|----------|
| Blood Group | AB |
| Rh (Anti-D) | POSITIVE |

Complete Blood Count (CBC) **, Whole Blood

| | | | |
|-------------|-------|------|--|
| Haemoglobin | 13.70 | 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) | 7,100.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
|-----------|----------|--------|------------|----------------------|

DLC

| | | | | |
|---------------------------|-------|---|-------|----------------------|
| Polymorphs (Neutrophils) | 49.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 41.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 5.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 5.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | <1 | ELECTRONIC IMPEDANCE |

ESR

| | | | |
|-----------|-------|----------------|-------|
| Observed | 10.00 | Mm for 1st hr. | |
| Corrected | 8.00 | Mm for 1st hr. | <9 |
| PCV (HCT) | 43.00 | % | 40-54 |

Platelet count

| | | | | |
|-----------------------------------|-------|------------|-------------|----------------------------------|
| Platelet Count | 3.36 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 10.30 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 18.10 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.29 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 8.80 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |

RBC Count

| | | | | |
|-----------|------|-------------|---------|----------------------|
| RBC Count | 4.13 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |
|-----------|------|-------------|---------|----------------------|

Blood Indices (MCV, MCH, MCHC)





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| MCV | 106.00 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 33.20 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 31.40 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 14.60 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 55.30 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 3,479.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 355.00 | /cu mm | 40-440 | |



Surbhi

Dr. Surbhi Lahoti (M.D. Pathology)





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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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GLUCOSE FASTING ** , Plasma

| | | | | |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 95.40 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|-------|-------|--|---------|

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

| | | | |
|--------|-------|--|---------|
| 105.00 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 Diabetes | GOD POD |
|--------|-------|--|---------|

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) | 4.90 | % NGSP | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 30.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 94 | 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 VARIANT II TURBO 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.

| | | | | |
|--|-------|-------|---|-----------------|
| BUN (Blood Urea Nitrogen) ** Sample: Serum | 10.92 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine ** Sample: Serum | 1.00 | mg/dl | Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320 | MODIFIED JAFFES |
| Uric Acid ** Sample: Serum | 4.50 | mg/dl | 3.4-7.0 | URICASE |





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LFT (WITH GAMMA GT) **, Serum

| | | | | |
|---|-------------|-------|------------|-------------------|
| SGOT / Aspartate Aminotransferase (AST) | 20.90 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 19.20 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 22.50 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 6.35 | gm/dl | 6.2-8.0 | BIURET |
| Albumin | 3.81 | gm/dl | 3.4-5.4 | B.C.G. |
| Globulin | 2.54 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.50 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 133.00 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 2.15 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.81 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 1.34 | mg/dl | < 0.8 | JENDRASSIK & GROF |

LIPID PROFILE (MINI) **, Serum

| | | | | |
|------------------------------------|---------------|-------|---|------------------|
| Cholesterol (Total) | 149.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 44.90 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 62 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 41.64 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 208.20 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |

Dr. Anupam Singh (MBBS MD Pathology)





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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 | PALE YELLOW | | | |
| Specific Gravity | 1.010 | | | |
| 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 | OCCASIONAL | | | MICROSCOPIC EXAMINATION |
| Pus cells | ABSENT | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE **, Urine

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

Interpretation:

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





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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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|-----------|--------|------|--------------------|--------|

SUGAR, PP STAGE **, Urine

Sugar, PP Stage ABSENT

Interpretation:

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



Dr. Anupam Singh (MBBS MD Pathology)





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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) | 136.62 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 9.60 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 3.41 | 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 (MBBS MD 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

- 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 DIAGNOSTIC ABNORMALITY SEEN.


Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size ~ 12.8 cm and shows diffused raised echogenicity of hepatic parenchyma S/O grade I fatty liver. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

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

KIDNEYS

- Right kidney is normal in size ~ 9.8 x 3.4 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size ~ 9.9 x 3.6 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

SPLEEN

- The spleen is normal in size ~ 10.4 cm and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus is seen.

PROSTATE





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- The prostate gland is normal in size with smooth outline. (volume ~ 13.2 cc).

FINAL IMPRESSION

- **GRADE I FATTY INFILTRATION OF LIVER.**

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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





Chandan healthcare <chandanhealthcare26@gmail.com>

Re: Health Check up Booking Confirmed Request(bobE41269),Package Code-PKG10000238, Beneficiary Code-77278

1 message

anurag sri <anurag.idc@gmail.com>

Mon, Jul 17, 2023 at 7:11 PM

To: Mediwheel <wellness@mediwheel.in>, Chandan healthcare <chandanhealthcare26@gmail.com>

Cc: customercare@mediwheel.in

CONFIRMED

Pack Code: 2613



On Mon, Jul 17, 2023 at 7:03 PM Mediwheel <wellness@mediwheel.in> wrote:



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Hi **Chandan Healthcare Limited**,

Diagnostic/Hospital Location :B1/2 Sec-J, Aliganj, Lucknow, City: Lucknow

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000238**Beneficiary Name** : MR. PANDEY ABHISHEK**Member Age** : 29**Member Gender** : Male**Member Relation** : Employee**Package Name** : Full Body Health Checkup Mate Below 40**Location** : ~~HARDASPUR, Uttar Pradesh-229001~~**Contact Details** : 9598198796**Booking Date** : 26-06-2023**Appointment Date** : 22-07-2023 ✓**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.

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS | EMPLOYEE DETAILS |
|---------------------------------|--------------------------|
| NAME | MR. PANDEY ABHISHEK |
| EC NO. | 182899 |
| DESIGNATION | SINGLE WINDOW OPERATOR A |
| PLACE OF WORK | HARDASPUR |
| BIRTHDATE | 26-01-1992 |
| PROPOSED DATE OF HEALTH CHECKUP | 16-07-2023 |
| BOOKING REFERENCE NO. | 23S182899100062738E |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **26-06-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda



(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No 1249/33293/02125

To,
अभिषेक पाण्डेय
Abhishek Pandey
S/O: Rama Kant Pandey
makhdumpur
Samarhada
Samrahda Raebareli Rae Bareli
Uttar Pradesh 229302
9598198796

Ref: 536 / 10T / 38156 / 38175 / P



SA350673348FT



आपका आधार क्रमांक / Your Aadhaar No. :

5579 2377 1747

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



अभिषेक पाण्डेय
Abhishek Pandey
जन्म तिथि / DOB : 26/01/1992
पुरुष / Male



5579 2377 1747

मेरा आधार, मेरी पहचान





Chandan Diagnostic

Age / Gender: 29/Male
Patient ID: CALL10076602324
Patient Name: MR.ABHISHEK PANDEY

Date and Time: 22nd Jul 23 10:25 AM



AR: 80bpm VR: 80bpm QRSD: 86ms QT: 358ms QTcB: 412ms PRI: 132ms P-R-T: 51° 67° 20°

Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

[Signature]

REPORTED BY

[Signature]

Dr. Chauri
MD, DM, Cardiology
63382

Dr. Mohammed
KMC



: 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.