

आधार - आम आदमी का अधिकार

चेतन सिंह चौहान  
Chetan Singh Chouhan  
जन्म वर्ष / Year of Birth : 1986  
पुरुष / Male

3317 4172 6170

आधार - आम आदमी का अधिकार

*Chetan Singh*  
331741726170



**LABORATORY REPORT**

<b>Name</b> :	Mr. Chetan Singh Chouhan	<b>Reg. No</b> :	409101425
<b>Sex/Age</b> :	Male/38 Years	<b>Reg. Date</b> :	28-Sep-2024 10:52 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Sep-2024 04:16 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 179

Weight (kgs) : 88.45

Blood Pressure : 110/70mmHg

Pulse : 67/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

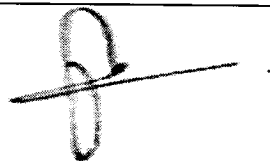
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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**Dr. Parth S Patel**  
MBBS, MD, FNB

**DR.MUKESH LADDHA**

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**TEST REPORT**

<b>Reg. No</b> : 409101425	<b>Ref Id</b> :	<b>Collected On</b> : 28-Sep-2024 10:55 AM
<b>Name</b> : Mr. Chetan Singh Chouhan		<b>Reg. Date</b> : 28-Sep-2024 10:52 AM
<b>Age/Sex</b> : 38 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9694130128
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

Parameter	Results	Unit	Biological Ref. Interval
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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (Colorimetric method)	14.6	g/dL	13.5 - 18
Hematocrit (Calculated)	46.10	%	40 - 50
RBC Count (Electrical Impedance)	H 5.85	million/cmm	4.73 - 5.5
MCV (Calculated)	L 78.8	fL	83 - 101
MCH (Calculated)	L 25.0	Pg	27 - 32
MCHC (Calculated)	31.7	%	31.5 - 34.5
RDW (Calculated)	L 10.7	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7090	/cmm	4000 - 10000
MPV (Calculated)	10.5	fL	6.5 - 11.5

<b>DIFFERENTIAL WBC COUNT</b>	<b>[ % ]</b>	<b>EXPECTED VALUES</b>	<b>[ Abs ]</b>	<b>EXPECTED VALUES</b>
Neutrophils (%)	45 %	40 - 80	3191 /cmm	2000 - 7000
Lymphocytes (%)	40 %	20 - 40	2836 /cmm	1000 - 3000
Eosinophils (%)	05 %	0 - 6	709 /cmm	200 - 1000
Monocytes (%)	10 %	2 - 10	355 /cmm	20 - 500
Basophils (%)	0 %	0 - 2	0 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

RBC Morphology Normocytic and Normochromic.  
 WBC Morphology Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance) 195000 /cmm 150000 - 450000  
 Electrical Impedance  
 Platelets Platelets are adequate with normal morphology.  
 Parasites Malarial parasite is not detected.  
 Comment -

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<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**HEMATOLOGY**

**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

**ABO** "B"  
*Tube Agglutination (Forward & Reverse grouping) Method*

**Rh (D)** Negative  
*Tube Agglutination (Forward & Reverse grouping) Method*

**Note** -

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

**ESR 1 hour** 3 mm/hr ESR AT 1 hour : 1-7  
*Westergreen method*


**ERYTHRO SEDIMENTATION RATE, BLOOD -**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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**Ref. By** :      **Dispatch At** :  
**Sample Type** : Flouride F, Flouride PP      **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Fasting Blood Sugar (FBS)</b> <i>GOD-POD Method</i>	91.20	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	94.2	mg/dL	70 - 140

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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### Lipid Profile

Cholesterol	308.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Cholesterol Oxidase, esterase, peroxidase</i>			
Triglyceride	251.50	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Glycerol-3-Phosphate Oxidase Peroxidase</i>			
HDL Cholesterol	51.50	mg/dL	Low : <40 High : >60
<i>4-Aminoantipyrine-CHE-Cholesterol Oxidase-POD</i>			
LDL	206.20	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	<b>50.30</b>	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	<b>4.00</b>		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	<b>5.98</b>		0 - 5.0
<i>Calculated</i>			

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<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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
**LFT WITH GGT**

Total Protein	7.73	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i>			
Albumin	4.92	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>Bromocresol Green</i>			
Globulin (Calculated)	2.81	g/dL	2.3 - 3.5
<i>Calculated</i>			
A/G Ratio (Calculated)	1.75		0.8 - 2.0
SGOT	31.20	U/L	0 - 35
<i>L-Aspartate a - Ketoglutarate</i>			
SGPT	38.40	U/L	0 - 45
<i>Pyruvate to Lactate - IFCC</i>			
Alakaline Phosphatase	106.6	IU/l	53 - 128
<i>4-Nitrophenol phosphate (AMP)</i>			

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**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

Total Bilirubin      0.81      mg/dL      Cord : Premature & full term : <2.0  
0-1 day : Premature : <8.0  
0-1 day : Full term : 1.4 - 8.7  
1-2 day : Premature : <12  
1-2 day : Full term : 3.4 - 11.5  
3-5 day : Premature : <16  
3-5 day : Full term : 1.5 - 12.0  
Adult : 0.3 - 1.2

*Vanadate Oxidation*

Direct Bilirubin      0.18      mg/dL      0.0 - 0.4

*Vanadate*

Indirect Bilirubin      0.63      mg/dL      0.0 - 1.1

*Calculated*


GGT      73.90      U/L      < 55

*Y-Glutamyltransferase - IFCC*

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**Sample Type** : Serum      **Location** : CHPL

**Parameter**      **Result**      **Unit**      **Biological Ref. Interval**

**BIO - CHEMISTRY**

**Uric Acid**  
*Uricase - Peroxidase*      5.98      mg/dL      3.5 - 7.2


**Creatinine**  
*Sarcosine Oxidase peroxidase*      0.91      mg/dL      0.7 - 1.3

**BUN**  
*Urease - UV Method*      10.80      mg/dL      6.0 - 20.0

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

*Hb A1C	5.0	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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*Boronate Affinity with Fluorescent Quenching*

Mean Blood Glucose	96.80	mg/dL
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*Calculated*
**Degree of Glucose Control Normal Range:**

Poor Control &gt;7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level &lt; 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

**EXPLANATION :-**

\*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.


**HbA1c assay Interferences:**

\*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Urine Spot		<b>Location</b> : CHPL

Test	Result	Unit	Biological Ref. Interval
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**URINE ROUTINE EXAMINATION**
**PHYSICAL EXAMINATION**

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6	4.6 - 8.0
Sp. Gravity	1.005	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Nil	Nil


**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**IMMUNOLOGY**

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <i>CLIA-Sandwich Immunoassay</i>	0.97	ng/mL	0.86 - 1.92
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

<b>T4 (Thyroxine)</b> <i>CLIA-Sandwich Immunoassay</i>	9.90	µg/dL	3.2 - 12.6
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Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.


**Limitations:**

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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**Name** : Mr. Chetan Singh Chouhan  
**Age/Sex** : 38 Years / Male      **Pass. No.** :  
**Ref. By** :  
**Sample Type** : Serum

**Collected On** : 28-Sep-2024 10:55 AM  
**Reg. Date** : 28-Sep-2024 10:52 AM  
**Tele No.** : 9694130128  
**Dispatch At** :  
**Location** : CHPL

**TSH**      2.800      µIU/ml      0.35 - 5.50  
*CLIA-Sandwich Immunoassay*

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL


Third trimester : 0.3 to 3.0 µIU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

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MD (Pathology)

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**CUROVIS HEALTHCARE PVT. LTD.**

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



**TEST REPORT**

**Reg. No** : 409101425      **Ref Id** :      **Collected On** : 28-Sep-2024 10:55 AM  
**Name** : Mr. Chetan Singh Chouhan      **Reg. Date** : 28-Sep-2024 10:52 AM  
**Age/Sex** : 38 Years / Male      **Pass. No.** :      **Tele No.** : 9694130128  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

**IMMUNOLOGY**

<b>TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b> <small>CMIA</small>	1.28	ng/mL	0 - 4
---	------	-------	-------

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.


Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

**Approved By :**   
**Dr. Purvish Darji**  
MD (Pathology)

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**LABORATORY REPORT**

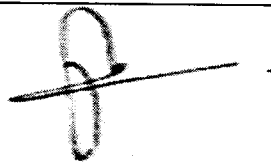
**Name** : Mr. Chetan Singh Chouhan  
**Sex/Age** : Male/38 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 409101425  
**Reg. Date** : 28-Sep-2024 10:52 AM  
**Collected On** :  
**Report Date** : 28-Sep-2024 05:01 PM

**2D Echo Colour Doppler**

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60 %.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
7. No PAH, RVSP: 23 mmHg, AOVP: 0.92 m/s, PVP: 0.65 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

This is an electronically authenticated report



Dr. Parth S Patel  
MBBS. MD. FNB

DR.MUKESH LADDHA

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LABORATORY REPORT

Name : Mr. Chetan Singh Chouhan  
Sex/Age : Male/38 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 409101425  
Reg. Date : 28-Sep-2024 10:52 AM  
Collected On :  
Report Date : 28-Sep-2024 02:01 PM

**X RAY CHEST PA**

Both lung fields show prominent broncho-vascular markings.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

----- End Of Report -----

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**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494

Page 2 of 2

**CUROVIS HEALTHCARE PVT. LTD.**

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**LABORATORY REPORT**

<b>Name</b> :	Mr. Chetan Singh Chouhan	<b>Reg. No</b> :	409101425
<b>Sex/Age</b> :	Male/38 Years	<b>Reg. Date</b> :	28-Sep-2024 10:52 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Sep-2024 03:50 PM

**USG ABDOMEN**

Liver appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern. No evidence of focal lesions.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, or solid mass on either side.

6 mm calculus in mid calyx right kidney. 5.5 mm in mid calyx left kidney

Urinary bladder is partially distended. No evidence of calculus or mass.

Prostate appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.

*No evidence of para-aortic lymph adenopathy.*

*No evidence of dilated small bowel loops.*

**Comments :**

6 mm calculus in mid calyx right kidney. 5.5 mm in mid calyx left kidney.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness and for further intervention.

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**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494

Page 1 of 2

**CUROVIS HEALTHCARE PVT. LTD.**

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**LABORATORY REPORT**

<b>Name</b> :	Mr. Chetan Singh Chouhan	<b>Reg. No</b> :	409101425
<b>Sex/Age</b> :	Male/38 Years	<b>Reg. Date</b> :	28-Sep-2024 10:52 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Sep-2024 04:33 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: -3.25

CY: -0.75

AX:63

**LEFT EYE**

SP : -3.75

CY : -0.50

AX :136

	Without Glasses	With Glasses
Right Eye	6/60	6/6
Left Eye	6/60	6/6

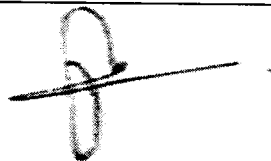
Near Vision: Right Eye - N/6, Left Eye - N/6

ColorVision : Normal

Comments: Normal

----- End Of Report -----

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**Dr. Parth S Patel**

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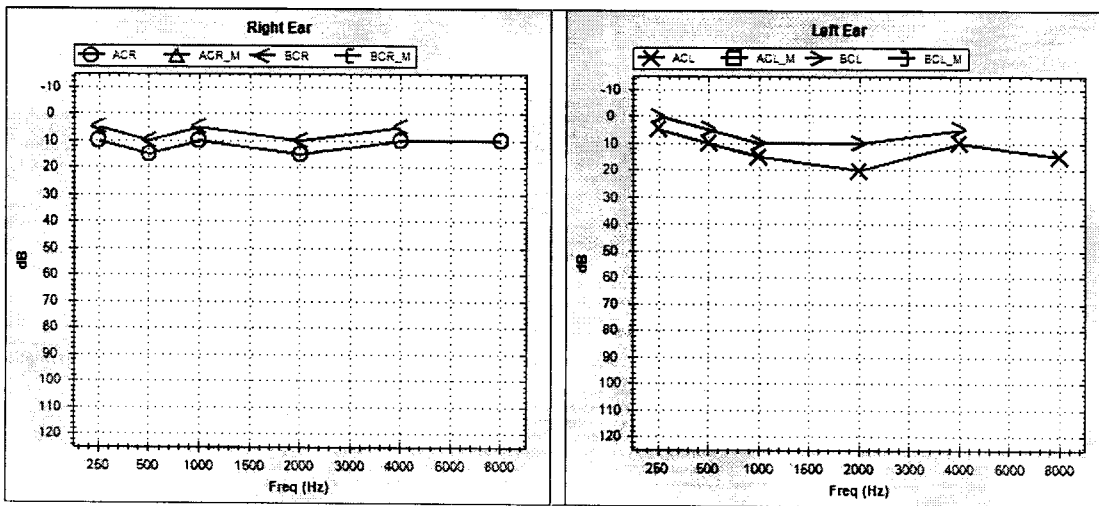


## LABORATORY REPORT

Name : Mr. Chetan Singh Chouhan  
 Sex/Age : Male/38 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 409101425  
 Reg. Date : 28-Sep-2024 10:52 AM  
 Collected On :  
 Report Date : 28-Sep-2024 04:33 PM

## AUDIOGRAM



EAR \ MODE	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	□	×	⌋	>	Blue
RIGHT	△	○	⌈	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	10.5	11.0
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.

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Dr. Parth S Patel

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**LABORATORY REPORT**

**Name** : Mr. Chetan Singh Chouhan  
**Sex/Age** : Male/38 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 409101425  
**Reg. Date** : 28-Sep-2024 10:52 AM  
**Collected On** :  
**Report Date** : 30-Sep-2024 03:33 PM

**Electrocardiogram**

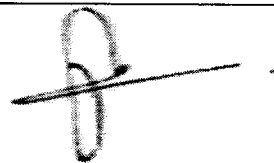
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.

----- End Of Report -----

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**Dr. Parth S Patel**  
MBBS. MD. FNB

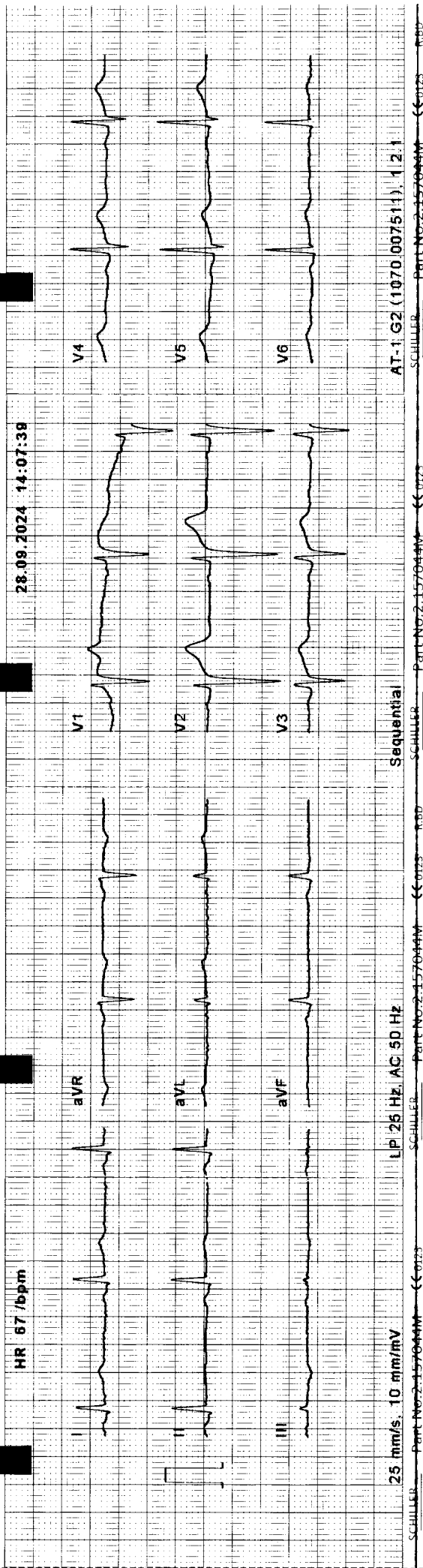
**DR.MUKESH LADDHA**

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HR 67 /bpm		28.09.2024 14:07:39	
Name	Patient ID	Name	Patient ID
Chickens, Tanya		Chickens, Tanya	
Date of Birth	53°	Date of Birth	38°
Gender	38°	Gender	0°
Pacemaker	0°	Pacemaker	
Height	cm	Height	cm
Weight	kg	Weight	kg
BP	mmHg	BP	mmHg
Medication		Medication	
Remark		Remark	
AT-1 G2 (1070.007511), 1.2.1		AT-1 G2 (1070.007511), 1.2.1	

SCHULLER Part No: 2.157044M