

Vineet Mod  
Dr. VINEET MODI  
MBBS  
Reg.: UMC.- 9575  
Chandan Diagnostic Centre, Haldwani

### GENERAL PHYSICAL EXAMINATION

NAME OF COMPANY..... Bank of Baroda ..... DATE..... 26/6/2021

CLIENT NAME..... Neha Gupta Dhyani ..... s/o, d/o Mr. Rajan Upadhyay

DATE OF BIRTH..... 24/04/1990 ..AGE..... 3.2 ..YEARS..... Male

ADDRESS..... Unchahar, Haldwani, Nainital

PHONE NO.... 9720730459 ..... OCCUPATION ..... House wife

PHOTO ID..... Adhar Card ..... NO. 485500005285

MARITAL STATUS..... Married

MARK OF IDENTIFICATION..... Male on right chest

HEIGHT..... 156 cm ..... WEIGHT..... 65 kg ..... BMI..... 26.7

CHEST EXP..... 94 cm ..... CHEST INS..... 97 cm ..... ABDOMEN..... 97 cm

WAIST..... 98 cm ..... HIP..... 104 cm

BLOOD PRESSURE..... 98/70 ..... PULSE RATE..... 78, regular

RESPIRATION RATE..... 20 ..... 14/m

FAILMY HISORY	AGE OF LIVING	AGE AT DEATH	STATUS	YEAR
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FATHER		72	Heart Diseases	.
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MOTHER	63		Healthy	
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BROTHER	—		—	
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SISTER	28, 36,		Healthy	.
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WIFE/HUSBAND	36		Healthy	
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DEFORMITIES	NO			
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POLIO ..... YES  NO  IF YES GIVE DETAILS

PARALYSIS ..... YES  NO  IF YES GIVE DETAILS

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## HISTORY OF CLIENT



TAKING MEDICINE

### IF YES, GIVE DETAILS

YES/NO

6/6 normal

normal

YES/NO

YES/NO ✓

YES/NO ✓

EYE VISION

DENTAL CHECKUP

BLOOD PRESSURE

DIABETES

THYROID

SURGERY

GALL BLADDER

YES/NO ✓

APPENDIX

YES/NO ✓

HARNIA

YES/NO ✓

HYDROCLE

YES/NO ✓

CATRACT

YES/NO ✓

OPEN HEART SURGERY

YES/NO ✓

BY PASS SURGERY

YES/NO ✓

ANGIOGRAPHY

YES/NO ✓

PILES

YES/NO ✓

FISTULA

YES/NO ✓

ACCIDENT

YES/NO ✓

UTERUS

YES/NO ✓

## HABITS

### IF YES, GIVE DETAILS

SMOKING

YES/NO ✓

ALCOHOL

YES/NO ✓

PAN MASALA

YES/NO ✓

NUMBER OF CHILD.....1

DATE OF BIRTH OF LAST BABY..5/2/2021

I am giving my blood sample empty stomach

YES/NO

URINE sample

YES/NO

ECG

YES/NO

## FINAL IMPRESSION:

Certified that I examined that Vineet Upadhyay.....s/o Vijay Upadhyay.....is presently in good health and free from any cardio-respiratory/ communicable ailment and in my opinion, he is fit / unfit to join any organization.

Client Signature

*Vineet Upadhyay*  
Dr. VINEET MODI  
MBBS

Reg.: UMC.- 9575  
Chandan Diagnostic Centre, Haldwani

Signature of Medical Examiner  
Name & Qualification of the medical examiner



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# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: 9235400975

CTN : U85110DL2003PLC308206



Patient Name	: Mrs.NEHA UPADHYAYA BOBS1328	Registered On	: 26/Jun/2021 08:23:02
Age/Gender	: 31 Y 2 M 2 D /F	Collected	: 26/Jun/2021 08:37:05
UHID/MR NO	: CHLD.0000067647	Received	: 26/Jun/2021 09:14:03
Visit ID	: CHLD0025492122	Reported	: 26/Jun/2021 12:03:09
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	A
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	12.60	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	7,200.00	/Cu mm	4000-10000	MICROSCOPIC EXAMINATION
<b>DLC</b>				
Polymorphs (Neutrophils)	64.00	%	55-70	MICROSCOPIC EXAMINATION
Lymphocytes	32.00	%	25-40	MICROSCOPIC EXAMINATION
Monocytes	1.00	%	3-5	MICROSCOPIC EXAMINATION
Eosinophils	3.00	%	1-6	MICROSCOPIC EXAMINATION
Basophils	0.00	%	<1	MICROSCOPIC EXAMINATION
<b>ESR</b>				
Observed	16.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	< 20	
PCV (HCT)	39.00	cc %	40-54	
Platelet count				
Platelet Count	2.70	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION
<b>RBC Count</b>				
RBC Count	4.31	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	90.70	fL	80-100	CALCULATED PARAMETER
MCH	29.30	pg	28-35	CALCULATED PARAMETER
MCHC	32.50	%	30-38	CALCULATED BY Dr Vinod Ojha MD Pathologist PARAMETER

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose Fasting</b> <i>Sample: Plasma</i>	90.33	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
<b>Glucose PP</b> <i>Sample: Plasma After Meal</i>	116.80	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

#### Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) 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.
- c) I.G.T = Impaired Glucose Tolerance.

<b>Glucose PP</b> <i>Sample: Plasma After Meal</i>	116.80	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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### GLYCOSYLATED HAEMOGLOBIN (HbA1C) \* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.36	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	35.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	107	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.

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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 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 HbA1c 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 A1c 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) \*

14.62

mg/dL

7.0-23.0

CALCULATED



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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<i>Sample: Serum</i>				
Creatinine	0.91	mg/dl	0.5-1.2	MODIFIED JAFFES
Sample: Serum				
e-GFR (Estimated Glomerular Filtration Rate)	77.00	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
Sample: Serum				
Uric Acid	4.93	mg/dl	2.5-6.0	URICASE
Sample: Serum				
<b>L.F.T.(WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	42.10	U/L	< 35	IFCC WITHOUT PSP
SGPT / Alanine Aminotransferase (ALT)	69.28	U/L	< 40	IFCC WITHOUT PSP
Gamma GT (GGT)	24.17	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.73	gm/dl	6.2-8.0	BIRUET
Albumin	4.06	gm/dl	3.8-5.4	B.C.G.
Globulin	2.67	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.52		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	76.94	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.23	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.27	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	218.49	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	43.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	145	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	30.15	mg/dl	10-33	CALCULATED
Triglycerides	150.76	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. Vinod Ojha  
MD Pathologist

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Patient Name	: Mrs.NEHA UPADHYAYA BOBS1328	Registered On	: 26/Jun/2021 08:23:03
Age/Gender	: 31 Y 2 M 2 D /F	Collected	: 26/Jun/2021 13:41:36
UHID/MR NO	: CHLD.0000067647	Received	: 26/Jun/2021 13:46:51
Visit ID	: CHLD0025492122	Reported	: 26/Jun/2021 14:20:54
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	1.025			
Reaction PH	Acidic ( 6.0 )			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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
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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**DEPARTMENT OF CLINICAL PATHOLOGY****MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS**

Test Name

Result

Unit

Bio. Ref. Interval

Method

**SUGAR, PP STAGE \* , Urine**

Sugar, PP Stage

ABSENT

**Interpretation:**

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

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UHID/MR NO	: CHLD.0000067647	Received	: 26/Jun/2021 09:14:03
Visit ID	: CHLD0025492122	Reported	: 26/Jun/2021 18:26:41
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
THYROID PROFILE - TOTAL * , Serum				

#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	156.39	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.66	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.54	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature .28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

- 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 \*\*

**(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)**

### DIGITAL CHEST P-A VIEW:-

- Trachea is central in position
- Bilateral hilar shadows are normal
- Bilateral lung fields appear grossly unremarkable.
- Pulmonary vascularity & distribution are normal.
- Cardiac size & contours are normal.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Bony cage is normal.
- Soft tissue shadow appears normal.

**IMPRESSION:- NORMAL SKIAGRAM IN PRESENT SCAN.**

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Dr. Manish Tewari (MD Radiodiagnosis)  
 (PDUCC Interventional Radiology)  
 Formerly at : AIMS RISHIKESH,  
 SWAMI DEENDAYAL,  
 STH HALDWANI

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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 mildly enlarged in size (~15.9 cms in longitudinal span) and has a normal homogenous echo texture. No focal lesion is seen. (Note:- Small isoechoic focal lesion cannot be ruled out).

##### PORTAL SYSTEM

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

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile 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:-**
  - Right kidney is normal in size, measuring ~10.8x5.0 cms.
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.
- Left kidney:-**
  - Left kidney is normal in size, measuring ~9.7x4.3 cms.
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.

##### SPLEEN

Chandan Diagnostic Centre  
Plot No.-1051, Near Chaudhary Bhagwan Singh  
Nainital Road, HALDWANI  
Ph: 9235400975



Customer Care No.: +91-9916300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandandiagnostic.com

Home Sample Collection  
**1800-419-0002**



Since 1991

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: 9235400975

CTN : U85110DL2003PLC308206



Patient Name	: Mrs.NEHA UPADHYAYA BOBS1328	Registered On	: 26/Jun/2021 08:23:04
Age/Gender	: 31 Y 2 M 2 D /F	Collected	: N/A
UHID/MR NO	: CHLD.0000067647	Received	: N/A
Visit ID	: CHLD0025492122	Reported	: 27/Jun/2021 11:06:31
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- The spleen is normal in size (~8.6 cms) and has a normal homogenous echo-texture.

#### ILIAC FOSSAE & PERITONEUM

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

#### URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

#### URINARY BLADDER

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

#### UTERUS & CERVIX

- The uterus is normal in size and anteverted, its measuring ~2.7x4.7x9.2 cms.
- It has a homogenous myometrial echotexture.
- The endometrial echo is in midline and measuring ~4.9 mm.

#### ADNEXA & OVARIES

- Adnexa are normal.
- Right ovary is normal in size and echotexture, measuring ~3.2x2.0 cms.
- Left ovary is normal in size and echotexture, measuring ~3.0x1.1 cms.
- No pelvic mass cyst or collection is seen.

#### FINAL IMPRESSION:-

*Mild hepatomegaly.*

Adv : Clinico-pathological-correlation /further evaluation & Follow up.

\*\*\* End Of Report \*\*\*

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG

Chandan Diagnostic Centre  
Plot No.-1051, Near Chaudhary Nath  
Nainital Road, HALDWANI  
Cont. No. 9235400975

Dr. Navneet Kumar (MD Radiodiagnosis)

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, MRL, 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 \*

\*Facilities Available at Select Location

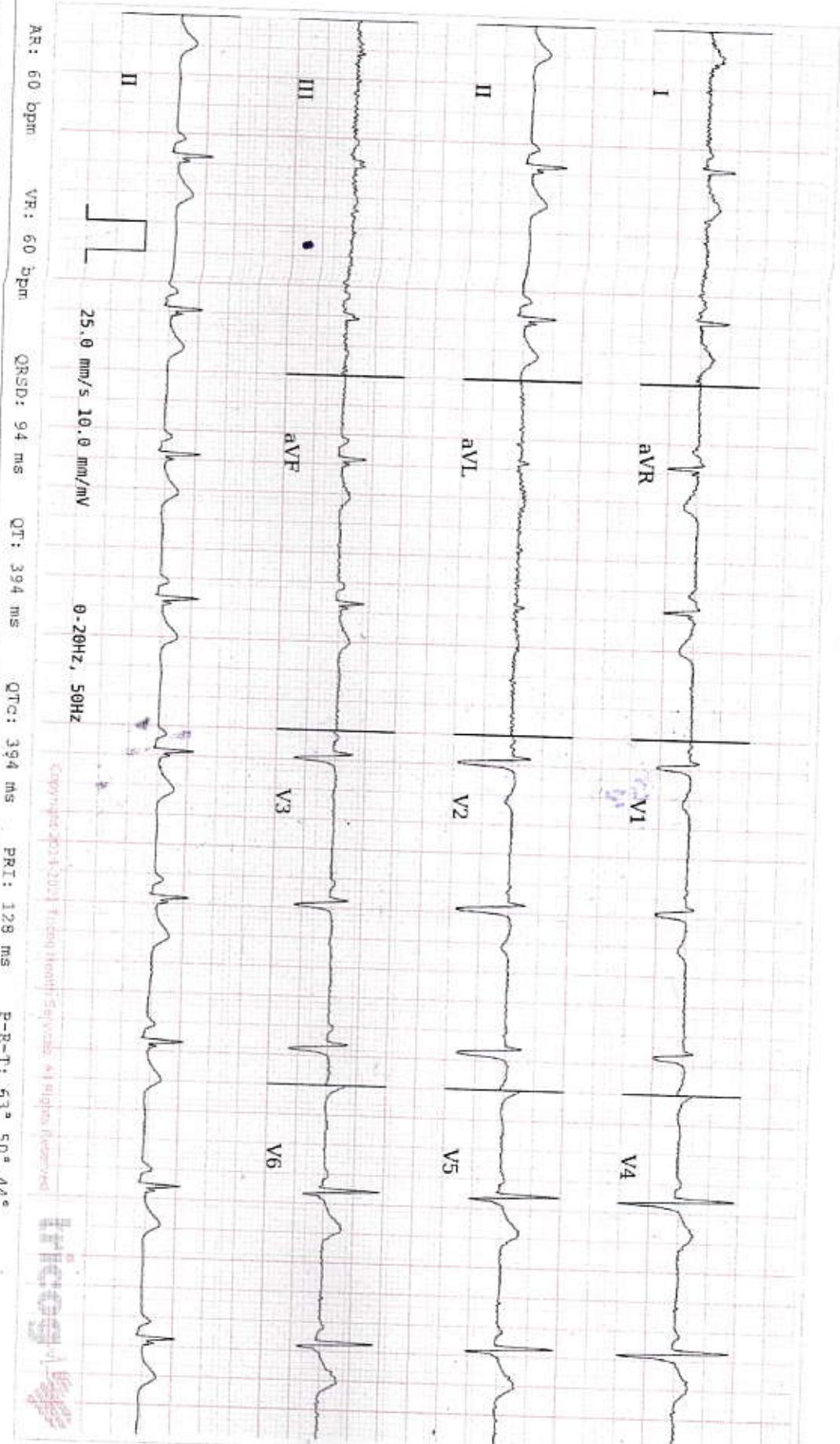


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Home Sample Collection  
**1800-419-0002**

Age / Gender: 31/Female  
 Patient ID: CHLD0025492122  
 Patient Name: Mrs.NEHA UPADHYAYA BOBS1328

Date and Time: 26th Jun 21 10:06 AM



ECG Within Normal Limits; Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY

REPORTED BY

 Dr. Chait  
 MD, DM Cardiology



 Dr. Prashant Sushil  
 63382  
 34384

 Chandan Diagnostic Centre  
 Chandan Diagnostic Centre  
 Dr. Chait  
 Dr. Prashant Sushil  
 Main

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 investigations. Non-invasive tests and must be interpreted by a qualified physician.

Cont.