

Name : Mrs. NAGAVENI B S

PID No. : MED122272597

Register On : 11/11/2023 8:14 AM

SID No. : 522317628

Collection On : 11/11/2023 1:38 PM

Age / Sex : 44 Year(s) / Female

Report On : 11/11/2023 6:27 PM

Type : OP

Printed On : 13/11/2023 12:24 PM

Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'A' Positive'

(EDTA Blood/Agglutination)

**INTERPRETATION:**Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

**Complete Blood Count With - ESR**

Haemoglobin	12.2	g/dL	12.5 - 16.0
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(EDTA Blood/Spectrophotometry)

Packed Cell Volume(PCV)/Haematocrit	37.9	%	37 - 47
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(EDTA Blood)

RBC Count	4.53	mill/cu.mm	4.2 - 5.4
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(EDTA Blood)

Mean Corpuscular Volume(MCV)	83.7	fL	78 - 100
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(EDTA Blood)

Mean Corpuscular Haemoglobin(MCH)	26.9	pg	27 - 32
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(EDTA Blood)

Mean Corpuscular Haemoglobin concentration(MCHC)	32.2	g/dL	32 - 36
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(EDTA Blood)

RDW-CV	13.0	%	11.5 - 16.0
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RDW-SD	38.08	fL	39 - 46
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Total Leukocyte Count (TC)	7700	cells/cu.m	4000 - 11000
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(EDTA Blood)

Neutrophils	62.1	%	40 - 75
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(Blood)

Lymphocytes	25.8	%	20 - 45
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(Blood)

Eosinophils	2.6	%	01 - 06
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(Blood)



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The results pertain to sample tested.

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Monocytes (Blood)	8.4	%	01 - 10
Basophils (Blood)	1.1	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.78	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.99	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.20	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.65	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.08	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	305	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	9.1	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	17	mm/hr	< 20
BUN / Creatinine Ratio	10.56		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	<b>136.14</b>	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: $\geq$ 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.



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The results pertain to sample tested.

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Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	<b>235.28</b>	mg/dL	70 - 140
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**INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	+++		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	<b>5.6</b>	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	<b>0.53</b>	mg/dL	0.6 - 1.1
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.75	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.34	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.10	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.24	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	10.94	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	11.59	U/L	5 - 41
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	20.68	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	65.6	U/L	42 - 98
Total Protein (Serum/Biuret)	6.34	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.24	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.10	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.02		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	148.40	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	131.93	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	35.31	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	86.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	113.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.2		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1C (Whole Blood/HPLC)	9.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	217.34	mg/dL
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**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.20	ng/ml	0.7 - 2.04
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**INTERPRETATION:**

**Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ECLIA)	6.72	µg/dl	4.2 - 12.0
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**INTERPRETATION:**

**Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	17.92 (Rechecked)	µIU/mL	0.35 - 5.50
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**INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

**Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values<math>\leq 0.03 \mu\text{IU/mL}</math> need to be clinically correlated due to presence of rare TSH variant in some individuals.

**URINE ROUTINE**

**PHYSICAL EXAMINATION (URINE COMPLETE)**

Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	

**CHEMICAL EXAMINATION (URINE COMPLETE)**

pH (Urine)	5	4.5 - 8.0
Specific Gravity (Urine)	1.010	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal



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Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	<b>Positive(+++)</b>		Negative
Leukocytes(CP) (Urine)	Negative		

**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**

Pus Cells (Urine)	<b>0-1</b>	/hpf	NIL
Epithelial Cells (Urine)	<b>0-1</b>	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

**INTERPRETATION:**Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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-- End of Report --



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Age & Gender	44Y/FEMALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

**X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.**

**BILATERAL MAMMOGRAPHY**

Breast composition Type B (These are scattered areas of fibroglandular density).  
 No evidence of focal soft tissue lesion.  
 No evidence of cluster microcalcification.  
 Subcutaneous fat deposition is within normal limits.  
 Two popcorn macro-calcifications seen in left central breast.  
 Bilateral axillary lymph nodes are seen.

**BILATERAL SONOMAMMOGRAPHY**

There is well defined wider than tall hypoechoic lesions seen in right breast as described below:  
 a) measuring 6.6 x 3.4 mm at 10 o' clock position.  
 b) measuring 4.6 x 4.2 mm at 7 o' clock position.  
 Left breast shows two well-defined wider than tall hypoechoic lesions as described below:  
 - a) measuring 15 x 5.6 mm at 10 o' clock position (zone-1 b).  
 - b) measuring 9.7 x 7.7 mm at 11 o' clock position (zone-1b) with calcifications.  
 - c) measuring 6.6 x 3.1 mm at 10 o' clock position (zone-1b) with calcifications.

No evidence of ductal dilatation.

Bilateral axillary lymph nodes are seen with preserved fatty hilum.

**IMPRESSION:**

- **Well-defined wider than tall hypoechoic lesion in bilateral breast as described above - Benign (probably fibroadenoma)**
- **Bilateral benign axillary lymph nodes.**

**ASSESSMENT: BI-RADS CATEGORY - 2**

**BI-RADS CLASSIFICATION**

**CATEGORY RESULT**

**2                      Benign finding. Routine mammogram in 1 year recommended.**

**DR. HEMANANDINI V.N**

Name	MRS.NAGAVENI B S	ID	MED122272597
Age & Gender	44Y/FEMALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

**CONSULTANT RADIOLOGIST**

Hn/Sp

Name	MRS.NAGAVENI B S	ID	MED122272597
Age & Gender	44Y/FEMALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (14.5 cm) and shows has increased echogenicity. No evidence of lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** is partially distended. CBD is not dilated.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

#### **BOTH KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.8	1.4
Left Kidney	12.1	1.6

**URINARY BLADDER** show normal shape and wall thickness. It has clear contents. No evidence of diverticula.

**UTERUS** is anteverted and has normal shape and size. An anterior wall seedling fibroid is noted. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 7.0 mm. Uterus measures LS: 6.6 cms      AP: 4.3 cms      TS: 5.0 cms.

**OVARIES:** Left ovary measures 2.4 x 2.3 cm and shows normal in size, shape and echotexture. Right ovary is obscured.

POD & adnexa are free.  
No evidence of ascites.

#### **IMPRESSION:**

- **Grade I to II fatty infiltration of liver**
- **No other significant abnormality detected.**

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**DR. HEMANANDINI V.N**  
**CONSULTANT RADIOLOGIST**  
Hn/Gk

Name	MRS.NAGAVENI B S	ID	MED122272597
Age & Gender	44Y/FEMALE	Visit Date	11 Nov 2023
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## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	2.37	cms.
LEFT ATRIUM	:	2.78	cms.
AVS	:	1.45	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	4.12	cms.
(SYSTOLE)	:	2.58	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	1.29	cms.
(SYSTOLE)	:	1.29	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	0.98	cms.
(SYSTOLE)	:	1.34	cms.
EDV	:	63	ml.
ESV	:	26	ml.
FRACTIONAL SHORTENING	:	38	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.9 m/s	A -0.6 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A -0.3 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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### **2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Normal size, Normal systolic function.  
: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

Aortic Valve : Normal. Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

### **IMPRESSION:**

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**

Name	MRS.NAGAVENI B S	ID	MED122272597
Age & Gender	44Y/FEMALE	Visit Date	11 Nov 2023
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Name	MRS. NAGAVENI B S	Customer ID	MED122272597
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**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression:**

***No significant abnormality detected.***



**Dr.Hemanandini  
Consultant Radiologist**



Patient Name	Nagaveni B S	Date	11/11/2023
Age		Visit Number	
Sex	Female	Corporate	

### GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 164 cms  
 Weight : 82.6 kg  
 Pulse : 86 /minute  
 Blood Pressure : 110/70 mm of Hg  
 BMI : 30.4

#### BMI INTERPRETATION

Underweight = <18.5  
 Normal weight = 18.5-24.9  
 Overweight = 25-29.9

Chest :

Expiration : 101 cms

Inspiration : 106 cms

Abdomen Measurement : 106 cms

Eyes :

Ears : clinically normal

Throat : clinically normal

Neck nodes : No lymphadenopathy noted

RS : Bilateral (+)

CVS : S2 ⊕

PA : soft, non tender

CNS : conscious, oriented

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

Signature



Dr. RITESH RAJ, MBBS  
 General Physician & Diabetologist  
 KMC Reg. No: 85075  
 CLUMAX DIAGNOSTICS





Female  
44 Years

QRS : 86 ms  
QT / QTcBaz : 362 / 433 ms  
PR : 138 ms  
P : 102 ms  
RR / PP : 696 / 697 ms  
P / QRS / T : 63 / 62 / -2 degrees

Normal sinus rhythm  
Abnormal QRS-T angle, consider primary T wave abnormality  
Abnormal ECG

*Handwritten signature*

