

Medical Summary

Name: Mr. Ranyth Kumar Date of Birth: 27/5/1986 Customer ID:
 Ref Doctor: Sex: Male Date: 22/3/24

Present Complaints: No Irritation at eye while doing continuous system work
 Past Illness:

Major medical illness: No DM, not on any surgery: —
 of now

Accident: Nil
 Others: —

Personal history:

Smoking: Nil
 Tobacco: Nil
 Alcohol: Nil
 Menstrual history: —
 Obstetric history: —

Diet: Mixed
 Exercise: Not done regularly
 Personality: Normal
 Marital status: Married
 Children: Two

Family history:

Tuberculosis: —
 Diabetes: Father & Mother
 Asthma: —
 Drug history: — Allergy: —

Hypertension: —
 Heart Disease: —
 Others: —
 Present Medications: —

General Examination:

Height:
 Conjunctiva: Normal
 Oedema: Nil
 Tongue: Moist
 Throat: Normal

Weight:
 Lymphnodes: Nil
 Nails: Normal
 Others: —
 Skin: Normal

BP:
 Eyes: Normal
 Genitals: Normal
 Dental: Normal

Eye Screening:

Vision	R/E	L/E
Distant Vision	5/6	5/6
Near Vision	N/6	N/6
Colour Vision	Normal	Normal



Systemic Examination:

Cardiovascular system: *S1S2*
Peripheral Pulsations: *Palpable*
Heart: *Normal*
Respiratory system: *Normal*

Gastrointestinal Systems:

Higher Function: *Normal*
Cranial Nerves: *Normal*
Motor System: *Normal*

Sensory System: *Normal*
Superficial Reflexes: *Normal*
Deep Reflexes: *Normal*

Impression:

Diet:

Medication:

Advice & Follow up:

- Continue the diabetic medication, regular diet, physical exercise.
- check liver function in higher center.

DR. *M. Srinivasan*
Consultant General Physician

MEDALL DIAGNOSTICS
#191, Poommalai High Road,
Kilpauk, Chennai - 500 010.
Cell : 91500 42328





(Medall Healthcare Pvt Ltd)
SELF REFERRAL FORM

MED12171040 2122-03-2012-13



124005233
MR. RANJITH KUMAR @ 3717

Customer Information

I, give consent to Medall Healthcare Pvt Ltd to perform the My-Health Package investigation requested by me. I declare that **my age is 18 years or above 18 years** and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs RAJITH KUMAR A.

Company Name: _____ Occupation: _____

Date of Birth: _____ or Age: _____ Gender: Male Female

Contact Number: _____ Pin Code: _____

Email ID: _____

Vitals Observations (to be filled by Medall team)

Place of service: In store Camp - (mention Location) _____

Height: 170.0 Cms

Waist: 41. Inches

Hip: 42. Inches

Weight: 93.1 Kgs

Fat: 36.5 %

Visceral Fat: 19.5 %

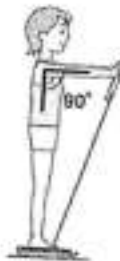
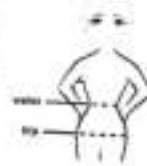
RM: 1884 Cal

BMI: 32.2

Body Age: 61 Yrs

Systolic BP: 117 mm/Hg

Diastolic BP: 78 mm/Hg



feet Inches

Measurement boxes for feet and inches

Clinical History / Medicines Taken

Blank area for clinical history and medicines taken

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>

Check in the appropriate box.

Inspiration: 13 cm Expiration: 11 cm SP O2: 99 Pulse: 74

(Always Ensure that the customer is relaxed and in sitting position while doing BP check)

Date: 22/03/2024 Medall Employee Name & centre Name: Arthun

I have verified and agree with all the data in this sheet. I all the information without fail

Customer Signature

Ranjith

Name	MR.RANJITH KUMAR A	ID	MED121710450
Age & Gender	37Y/MALE	Visit Date	22/03/2024
Ref Doctor	MediWheel		

ULTRASOUND SCAN

WHOLE ABDOMEN

Liver is normal in size and shows homogenously increased parenchymal echoes with no focal abnormality.

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

Bilateral kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Right kidney measures 9.4 x 4.9 cm.

Left kidney measures 9.8 x 5.7 cm.

Ureters are not dilated.

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

Prostate is normal in size, measures 3.6 x 3.3 x 2.7 cm (Vol – 17 cc). Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.



Name	MR.RANJITH KUMAR A	ID	MED121710450
Age & Gender	37Y/MALE	Visit Date	22/03/2024
Ref Doctor	MediWheel		

IMPRESSION:

- Grade II fatty liver.

Dr.PRASHANT MOORTHY, MBBS., MD.,
Consultant Radiologist



Dr. M. JAYAPRABA.
Consultant Sonologist



Name	MR.RANJITH KUMAR A	ID	MED121710450
Age & Gender	37Y/MALE	Visit Date	22/03/2024
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Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood Agglutination)	'A' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood Spectrophotometry)	14.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood Derived from Impedance)	44.2	%	42 - 52
RBC Count (EDTA Blood Impedance Variation)	5.41	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood Derived from Impedance)	81.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood Derived from Impedance)	26.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood Derived from Impedance)	32.9	g/dL	32 - 36
RDW-CV (EDTA Blood Derived from Impedance)	14.5	%	11.5 - 16.0
RDW-SD (EDTA Blood Derived from Impedance)	41.51	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood Impedance Variation)	8000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood Impedance Variation & Flow Cytometry)	68.1	%	40 - 75
Lymphocytes (EDTA Blood Impedance Variation & Flow Cytometry)	25.5	%	20 - 45



Dr S SIVAKUMAR Ph.D
Consultant Microbiologist

VERIFIED BY




Dr ARCHANA. K MD Ph.D
Lab Director
TNSMC NO: 79967

APPROVED BY

The results pertain to sample tested.

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Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	1.4	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	4.5	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood Impedance Variation & Flow Cytometry)	5.45	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	2.04	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.11	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.36	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	204	10 ³ / μ l	150 - 450
MPV (EDTA Blood Derived from Impedance)	8.8	fL	7.9 - 13.7
PCT (EDTA Blood Automated Blood cell Counter)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	25	mm/hr	< 15



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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	298.6	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Positive(+++)		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	462.1	mg/dL	70 - 140

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)	Positive(++++)		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.1	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.88	mg/dL	0.9 - 1.3
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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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.2	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.61	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.43	mg/dL	0.1 - 1.0
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Investigation	Observed Value	Unit	Biological Reference Interval
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	23.4	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	91.6	U/L	53 - 128
Total Protein (Serum/Biuret)	7.36	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.10	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.26	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.26		1.1 - 2.2

Lipid Profile.

Cholesterol Total (Serum/CHOD-PAP with ATCS)	186.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: \geq 240
Triglycerides (Serum/GPO-PAP with ATCS)	114.1	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: \geq 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.



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Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/Immunoturbidimetry)	25.5	mg/dL	Optimal(Negative Risk Factor): ≥ 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	138.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: ≥ 190
VLDL Cholesterol (Serum/Calculated)	22.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	161.0	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)	7.3	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)	4.5	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	5.4	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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Consultant Microbiologist

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MC-2425




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Page 5 of 9

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Investigation	Observed Value	Unit	Biological Reference Interval
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	11.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose
(Whole Blood) 286.22 mg/dL

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 glycemic 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/Chemiluminescent Immunometric Assay (CLIA))	0.97	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/Chemiluminescent Immunometric Assay (CLIA))	10.37	μ g/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/Chemiluminescent Immunometric Assay (CLIA))	2.120	μ IU/mL	0.35 - 5.50
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Investigation	Observed Value	Unit	Biological Reference Interval
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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 $\leq 0.03 \mu\text{IU/mL}$ need to be clinically correlated due to presence of rare TSH variant in some individuals.



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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	10.3		6.0 - 22.0

Urine Analysis - Routine

COLOUR (Urine)	Pale Yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Present(+++)		Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	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.

Stool Analysis - ROUTINE

Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent



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Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL



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Consultant Microbiologist

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-- End of Report --



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Age & Gender	37Y/M	Visit Date	Mar 22 2024 8:12AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal. The heart size and configuration are within normal limits.

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.

Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

IMPRESSION :

- **No significant abnormality detected.**



Dr. Prashant Moorthy MBBS., MD
Consultant Radiologist



Name	MR.RANJITH KUMAR A	ID	MED121710450
Age & Gender	37Y/MALE	Visit Date	22/03/2024
Ref Doctor	MediWheel		

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 68%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

FINAL IMPRESSION:

- **NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF : 68%)**
- **NO REGIONAL WALL MOTION ABNORMALITY.**
- **NORMAL VALVES FOR AGE.**
- **NORMAL DIASTOLIC COMPLIANCE.**
- **NORMAL COLOUR FLOW STUDIES.**

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)-	2.5cm(1.5cm/3.5cm)	IVS (ed) -	1.0cm (0.6cm/1.2cm)
LA (ed)-	2.6cm(1.5cm/3.5cm)	LVPW(ed) -	1.1cm (0.6cm/1.1cm)
RVID(ed)-	1.2cm(0.9cm/2.8cm)	EF	68 % (62 %-85 %)
LVID (ed)-	4.5cm(2.6cm/5.5cm)	FS	36 %
LVID (es)-	3.0cm		



Name	MR.RANJITH KUMAR A	ID	MED121710450
Age & Gender	37Y/MALE	Visit Date	22/03/2024
Ref Doctor	MediWheel		

MORPHOLOGICAL DATA:

Mitral valve

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

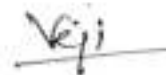
PERICARDIUM:

- Normal.

DOPPLER STUDY:

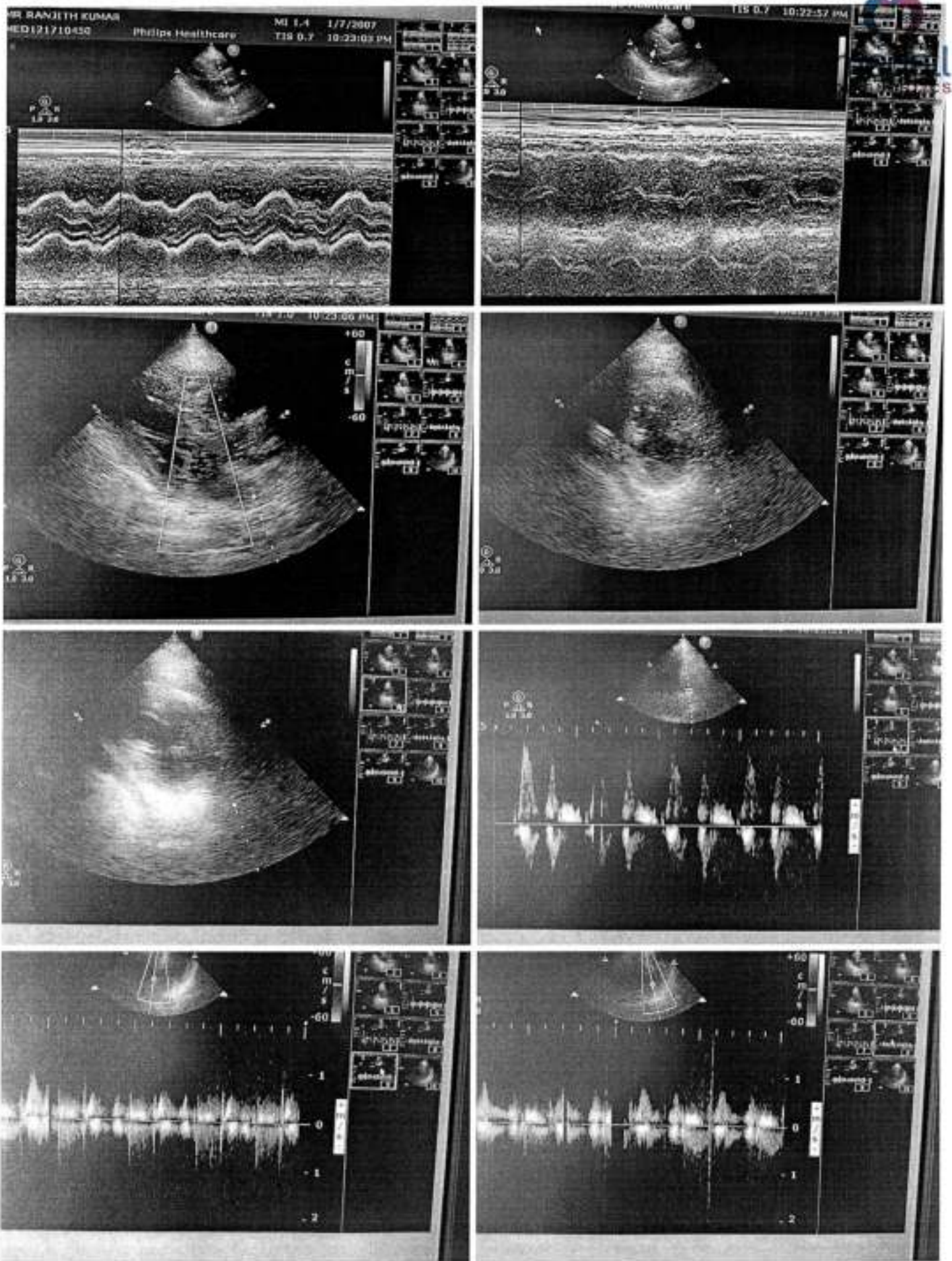
Continuous Wave Doppler & Colour Flow Study:

- *Normal colour flow studies.*



P. VIJAYA LAKSHMI
(ECHO TECH)





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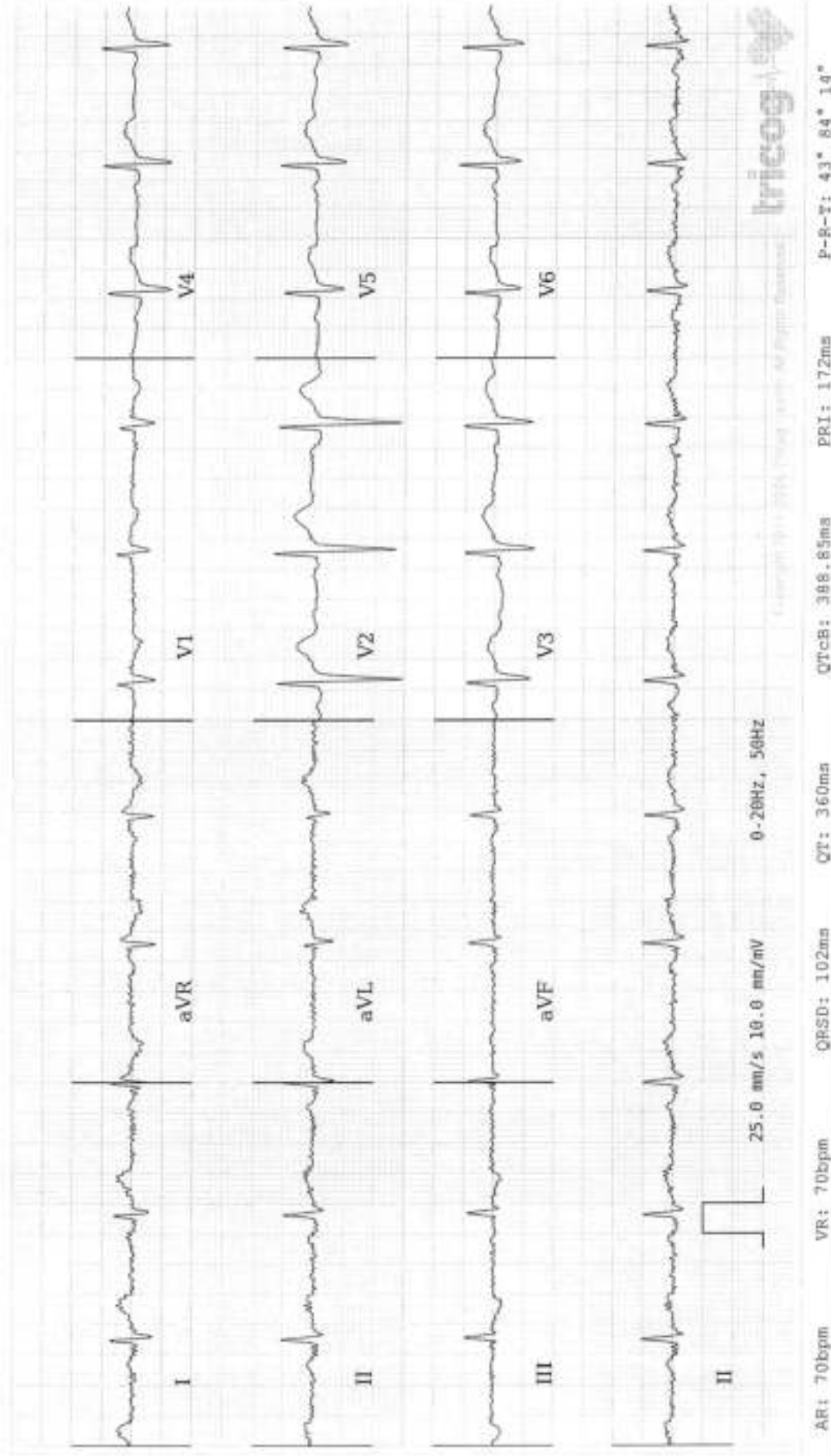
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Age / Gender: 37/Male

Date and Time: 22nd Mar 24 10:25 AM

Patient ID: med121710450

Patient Name: Mr ranjith kumar

**ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.**

REPORTED BY



Dr. Rishabh B.