



Final Laboratory Report			PID :
Name : Mrs. PREMA P	Sex/Age : Female / 44 Years	Lab ID : 40409101809	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 11-Apr-2024 09:36	Recv Dt. Time : 11-Apr-2024 09:36	Sample Type :	
Reg Dt. Time : 11-Apr-2024 09:15	Report Released @ :	Report Printed : 24-May-2024 15:28	

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
CBCESR			
RBC Count	3.49	millions/cm ³	3.8 - 5.8
Haemoglobin	11.0	g/dL	11.5 - 16.5
PCV	33.1	%	37 - 47
Lipid Profile			
Triglyceride	43.00	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".
VLDL	8.60	mg/dL	10 - 40
Liver Function Test			
Proteins (Total)	6.20	gm/dL	6.4 - 8.3

Abnormal Result(s) Summary End



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Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 11-Apr-2024 09:38	Recv Dt. Time : 11-Apr-2024 09:38	Sample Type : Whole Blood EDTA	
Reg Dt. Time : 11-Apr-2024 09:15	Report Released @ : 11-Apr-2024 11:37	Report Printed : 24-May-2024 15:28	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
RBC Count <i>Electrical Impedance</i>	L 3.49	millions/cm m	3.8 - 5.8	
Haemoglobin <i>SLS</i>	L 11.0	g/dL	11.5 - 16.5	
PCV	L 33.1	%	37 - 47	
Mean Corpuscular Volume <i>Calculated</i>	94.8	fL	76 - 96	
Mean Corpuscular Hemoglobin <i>Calculated</i>	31.5	pg	27 - 32	
Mean Corpuscular Hb Concentration <i>Calculated</i>	33.2	g/dL	30 - 35	
Red Cell Distribution Width (RDW) <i>Calculated</i>	12.3	%	11.5 - 14	
Total Leucocyte Count(TLC) <i>Fluorescent Flowcytometry</i>	5330	Cells/cmm	4000 - 11000	
<u>Differential Counts</u>				
Neutrophil <i>Fluorescent Flowcytometry</i>	58.5	%	40 - 75	
Lymphocyte <i>Fluorescent Flowcytometry</i>	30.6	%	20 - 45	
Monocytes <i>Fluorescent Flowcytometry</i>	4.9	%	2 - 10	
Eosinophil	5.6	%	1 - 6	
Basophil <i>Fluorescent Flowcytometry</i>	0.4	%	0 - 1	
<u>Absolute Counts</u>				
Absolute Neutrophil Count <i>Calculated</i>	3120	Cells/cmm	2000-7000	
Absolute Lymphocyte Count <i>Calculated</i>	1630	Cells/cmm	1000-5000	
Absolute Monocyte Count <i>Calculated</i>	260	Cells/cmm	200-1000	
Absolute Eosinophil Count <i>Calculated</i>	300	Cells/cmm	20-500	
Absolute Basophil Count <i>Calculated</i>	20	Cell/cmm	20-100	
Platelet Count <i>Electrical Impedance</i>	172000	Cells/cmm	150000 - 400000	
Mean Platelet Volume (MPV)	10.4	fL	7.2 - 11.7	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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ESR

Photometrical capillary stopped flow kinetic analysis

2

mm/hour

0 - 20

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Reg Dt. Time : 11-Apr-2024 09:15	Report Released @ : 11-Apr-2024 13:08	Report Printed : 24-May-2024 15:28	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Blood Group & Rh Type <i>Microwell haemagglutination, Automated</i>	O Negative			confirmed with Du method.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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R. Malathi

R Malathi

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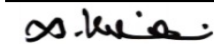


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Col Dt. Time : 11-Apr-2024 09:38	Recv Dt. Time : 11-Apr-2024 09:38	Sample Type : Plasma Fluoride	
Reg Dt. Time : 11-Apr-2024 09:15	Report Released @ : 11-Apr-2024 15:43	F,Plasma Fluoride PP	
		Report Printed : 24-May-2024 15:28	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F HEXOKINASE/G-6-PDH	83.00	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.	
Plasma Glucose - PP HEXOKINASE/G-6-PDH	77.00	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C High Performance Liquid Chromatography (HPLC)	5.50	%	Non Diabetic : Less than 5.7 % Pre Diabetic : 5.7 - 6.4 Diabetic : => 6.5 %	
Estimated Avg Glucose (3 Mths) Calculated	111.15	mg/dL	Not available	

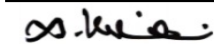
Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemc control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemc control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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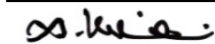


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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Lipid Profile				
Cholesterol <i>Enzymatic</i>	127.00	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	L 43.00	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	42.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.	
LDL Cholesterol <i>Calculated</i>	76.40	ng/dL	< 100 - Optimal 100 - 129 - Near Optimal 130 - 159 - Borderline High 160 - 189 - High > 190 - Very High	
VLDL <i>Calculated</i>	L 8.60	mg/dL	10 - 40	
Non-HDL Cholesterol <i>Calculated</i>	85	mg/dL	< 130 Optimal 130-159 Near Optimal 160-189 Borderline high 190-219-High >or = 220- Very high	
LDL/HDL Ratio	1.82			
Chol/HDL <i>Calculated</i>	3.02		0 - 4.1	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Extreme Risk group - A.) CAD with > 1 feature of high risk group. B.) CAD with > 1 feature of very high risk group or recurrent ACS (within 1 year) despite LDL-C </= 50 mg/dl or polyvascular disease.

Very High Risk group - 1.) Established ASCVD 2.) Diabetes with 2 major risk factors or evidence of end organ damage 3.) Familial Homozygous Hypercholesterolemia.

High Risk - 1.) Three major ASCVD risk factors 2.) Diabetes with 1 major risk factor or no evidence of end organ damage 3.) CKD stage 3B or 4.) LDL > 190 mg /dl 5.) Extreme of a single risk factor 6.) Coronary Artery Calcium -CAC >300AU.

7.) Lipoprotein a >= 50 mg /dl 8.) Non stenotic carotid plaque.

Moderate Risk - 2 major ASCVD risk factors

Low Risk - 0-1 major ASCVD risk factors

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors

- 1.) Age >= 45 years in males and >= 55 years in females
- 2.) Family history of premature ASCVD
- 3.) Current Cigarette smoking or tobacco use
- 4.) High blood pressure.
- 5.) Low HDL

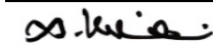
Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL(mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (optional goal </=30)	<80(optional goal </=60)	>/=50	>/=80
Extreme Risk Group Category B	</= 30	</=60	>30	>60
Very High Risk	<50	<80	>/=50	>/=80
High Risk	<70	<100	>/=70	>/=100
Moderate Risk	<100	<130	>/=100	>/=130
Low Risk	<100	<130	>/=130	>/=160

❖ After an adequate non-pharmacological intervention for at least 3 months.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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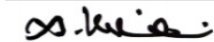


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Reg Dt. Time : 11-Apr-2024 09:15	Report Released @ : 11-Apr-2024 15:43	Report Printed : 24-May-2024 15:28	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
LIVER FUNCTION TEST				
Bilirubin Total <i>Diazonium Salt</i>	0.70	mg/dL	0.2 - 1.2	
Bilirubin Direct <i>DIAZO REACTION</i>	0.30	mg/dL	0 - 0.5	
Bilirubin Indirect <i>Calculated</i>	0.40	mg/dL	0.1 - 1	
S.G.P.T. <i>NADH (Without P-5-P)</i>	12.00	U/L	0 - 55	
S.G.O.T. <i>NADH (Without P-5-P)</i>	23.00	U/L	5 - 34	
Alkaline Phosphatase <i>Para-Nitrophenyl Phosphate</i>	43.00	U/L	40-150	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	10.00	U/L	9 - 36	
Proteins (Total) <i>Biuret</i>	L 6.20	gm/dL	6.4 - 8.3	
Albumin <i>Bromo Cresol Green</i>	3.60	g/dL	3.5-5.2	
Globulin <i>Calculated</i>	2.60		2.6 - 3.7	
A/G Ratio <i>Calculated</i>	1.4		0.9 - 1.6	

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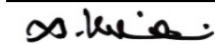


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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
KIDNEY PANEL (Renal Profile)				
Urea <i>Calculated</i>	25.68	mg/dL	14.98 - 40.01	
Creatinine <i>Kinetic Alkaline Picrate</i>	0.74	mg/dL	0.7 - 1.2	
Uric Acid <i>Uricase</i>	3.40	mg/dL	2.6 - 6.0	
Sodium <i>ISE, Indirect</i>	137	mmol/L	136 - 145	
Potassium <i>ISE, Indirect</i>	4.4	mmol/L	3.5 - 5.1	
Chloride <i>ISE, Indirect</i>	104	mmol/L	98 - 107	
Bi Carbonate <i>Enzymatic</i>	24.00	mEq/L	21 - 32	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) <i>CMA</i>	67.78	ng/dL	58 - 159	
Thyroxine (T4) <i>CMA</i>	5.34	µg/dL	4.87 - 11.72	
TSH <i>CMA</i>	2.15	µIU/mL	0.35 - 4.94	
				PREGNANCY: First trimester : 0.1 - 2.5 Second trimester : 0.2 - 3.0 Third trimester : 0.3 - 3.0

INTERPRETATIONS

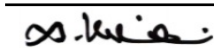
- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

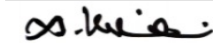
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)



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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<u>Urine Routine Examination</u>				
Appearance <i>Manual</i>	Clear		Clear	
Colour	Pale yellow			
pH <i>Ion concentration</i>	6.0		4.6 - 8	
Sp.Gravity <i>pKa change</i>	1.025		1.003 - 1.035	
<u>Chemical Examination</u>				
Protein <i>Tetrabromophenol blue</i>	Negative		Negative	
Glucose <i>GOD-POD</i>	Negative		Negative	
Bile pigment <i>Biochemical</i>	Negative		Negative	
Urobilinogen <i>Diazotization reaction</i>	Not Increased		Negative	
Ketones <i>Sodium Nitroprusside Reaction</i>	Negative	mg/dL	Negative	
Nitrite <i>N-(1-naphthyl)-ethylenediamine</i>	Negative		Negative	
<u>Microscopic Examination</u>				
Red Blood Cell	Nil	/HPF	Nil	
Pus Cells <i>Microscopy</i>	2-3	/HPF	0-5 cells/hpf	
Epithelial Cell <i>Microscopy</i>	3-5	/HPF	Negative	
Cast <i>Microscopy</i>	Nil	/HPF	Nil	
Pathological Cast <i>Reflectance Photometry</i>	Nil	/HPF	NIL	
<u>Crystals</u>				
Calcium oxalate Monohydrate	Nil	/HPF	Nil	
Calcium oxalate Dihydrate	Nil	/HPF	Nil	
Triple phosphate	Nil	/HPF	Nil	
Uric Acid <i>Phase Contrast Microscopy</i>	Nil	/HPF	Nil	
Bacteria	Nil	/μL	Nil	
Yeast	Nil	/μL	Nil	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

a. Thiva

Thivya G

Verified by

DR. MONICA KUMBHAT M

DR. MONICA KUMBHAT M
MBBS, MD (Pathology) FGIL

வெறல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க





Final Laboratory Report			PID :
Name : Mrs. PREMA P	Sex/Age : Female / 44 Years	Lab ID : 40409101809	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 11-Apr-2024 09:38	Recv Dt. Time : 11-Apr-2024 09:38	Sample Type : Urine	
Reg Dt. Time : 11-Apr-2024 09:15	Report Released @ : 11-Apr-2024 12:36	Report Printed : 24-May-2024 15:28	

Amorphous Deposits
Phase Contrast Microscopy


0.0

/HPF

0-29.5 p/hpf

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Page 14 of 26



Thivya G

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DR.MONICA KUMBHAT M
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Final Laboratory Report			PID :
Name : Mrs. PREMA P	Sex/Age : Female / 44 Years	Lab ID : 40409101809	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 11-Apr-2024 11:23	Recv Dt. Time : 11-Apr-2024 11:23	Sample Type : Urine PP	
Reg Dt. Time : 11-Apr-2024 09:15	Report Released @ : 11-Apr-2024 16:55	Report Printed : 24-May-2024 15:28	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Urine Glucose (Post Prandial)	Not Present		Absent	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Page 15 of 26

Thivya G

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
TMT	ECHO DONE			

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

For test performed on specimens received or collected from non-NDPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NDPL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Page 16 of 26

Nithya S S

Verified by

Monica.M
Dr.Monica.M

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



TEST REPORT

LABORATORY REPORT		PID	:
Name	: Mrs. PREMA P	Sex/Age	: Female/44 Years
Ref. By	:	Lab ID	: 40409101809
Corporate	: NDPL - Mediwheel	Ref. ID	:
Reg Dt. Time	: 11-Apr-2024 09:15	UID	:
Sample Dt. Time	: 11-Apr-2024 09:36	Report Released @	: 12-Apr-2024 17:25
		Report Printed @	: 24-May-2024 15:28
		Sample Type	: Health Check,XRAY,SC AN

ULTRASOUND WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures: 9.7 x 4.0 cms.

The left kidney measures: 9.9 x 4.6 cms.

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

The ureters are not dilated.

The urinary bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

Page 17 of 26


Nithya S S

Verified By

 **Neuberg Ehrlich Laboratory Private Limited,**
No 46 & 48, Masilamani Rd, Balaji Nagar, Royapettah, Chennai -600014

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Dr.Monica.M

Monica.M

 044-4141 2222

 info@neubergdiagnostics.com

 www.neubergdiagnostics.com

TEST REPORT

LABORATORY REPORT		PID	:
Name	: Mrs. PREMA P	Sex/Age	: Female/44 Years
Ref. By	:	Lab ID	: 40409101809
Corporate	: NDPL - Mediwheel	Ref. ID	:
Reg Dt. Time	: 11-Apr-2024 09:15	UID	:
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		Sample Type	: Health Check,XRAY,SC AN

The uterus is anteverted, and measures: 9.1 x 4.3 cms.

Myometrial echoes are homogeneous. The endometrium is normal and measures 5.8 mm.

The right ovary measures: 2.4 x 2.6 cms.

The left ovary measures: 2.2 x 2.2 cms.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

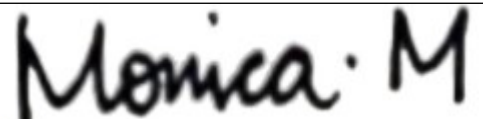
No mass or fluid collection is seen in the right iliac fossa.

The appendix is not visualized.

IMPRESSION :

- **NORMAL STUDY**

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




Nithya S S


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TEST REPORT

LABORATORY REPORT		PID	:
Name	: Mrs. PREMA P	Sex/Age	: Female/44 Years
Ref. By	:	Lab ID	: 40409101809
Corporate	: NDPL - Mediwheel	Ref. ID	:
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		Sample Type	: Health Check,XRAY,SC AN

ULTRASOUND BOTH BREASTS**BOTH BREASTS**

All the four quadrants and subareolar regions of both the breasts show normal echotexture.

No mass or cyst is seen on either side. No calcification is seen.

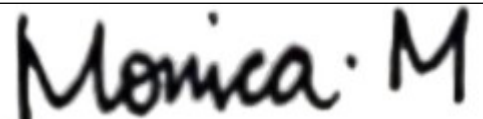
The axillary tails of Spence are normal bilaterally.

The retromammary tissues are normal.

IMPRESSION :

- **NORMAL STUDY**

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





Dr.Monica.M

Nithya S S

Verified By

 **Neuberg Ehrlich Laboratory Private Limited,**
No 46 & 48, Masilamani Rd, Balaji Nagar, Royapettah, Chennai -600014

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 044-4141 2222 info@neubergdiagnostics.com www.neubergdiagnostics.com

<i>Patient Name</i>	Mrs PREMA P	<i>Patient ID</i>	101809 NDPL
<i>Age/D.O.B</i>	44Y	<i>Gender</i>	F
<i>Referring Doctor</i>	NA	<i>Date</i>	11 Apr 24

Report Title

XRAY RADIOGRAPH CHEST - PA

History

.

Observations

Cardiothoracic ratio is normal.
 Both lung fields are clear.
 Visualized thoracic vertebral is normal.
 Sternum appears normal.
 Soft tissues of the chest wall are normal.
 Both costophrenic angles appear normal.

Impression

The study is within normal limits.

Reported By,



Dr. Farid Khan

MBBS, MD
Consultant Radiologist
MPMC - 23324

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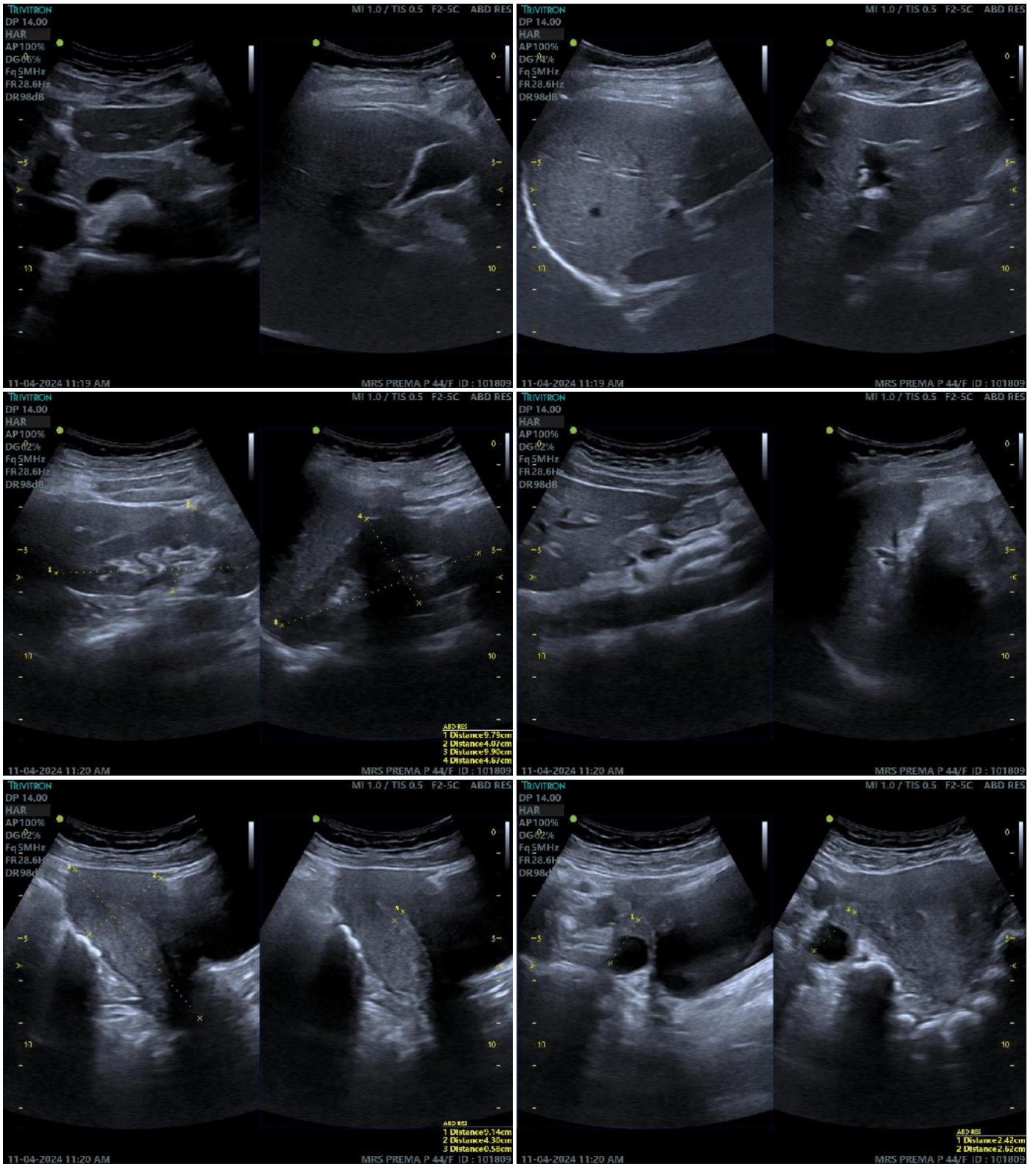
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Patient name	AG MRS PREMA P	Age/Sex	
Patient ID	AE • Sqh • 101809 • USA	Visit No	1
Referred by		Visit Date	11/04/2024

TEST REPORT

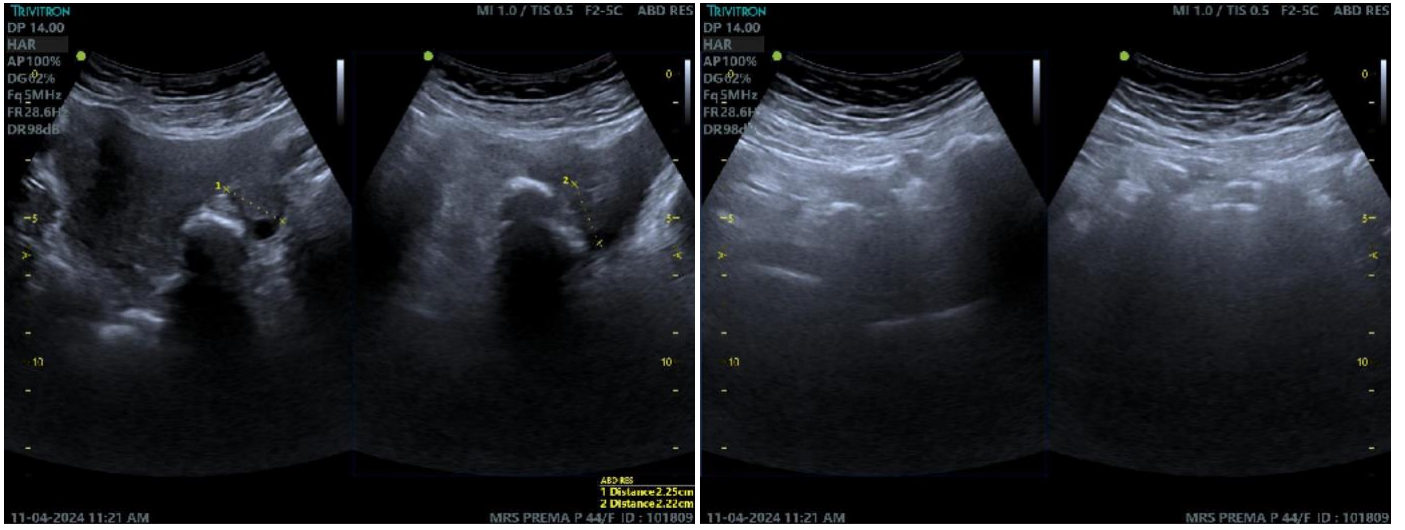


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Patient name	AG MRS PREMA P	Age/Sex	
Patient ID	AE • South Africa • USA	Visit No	1
Referred by		Visit Date	11/04/2024

TEST REPORT

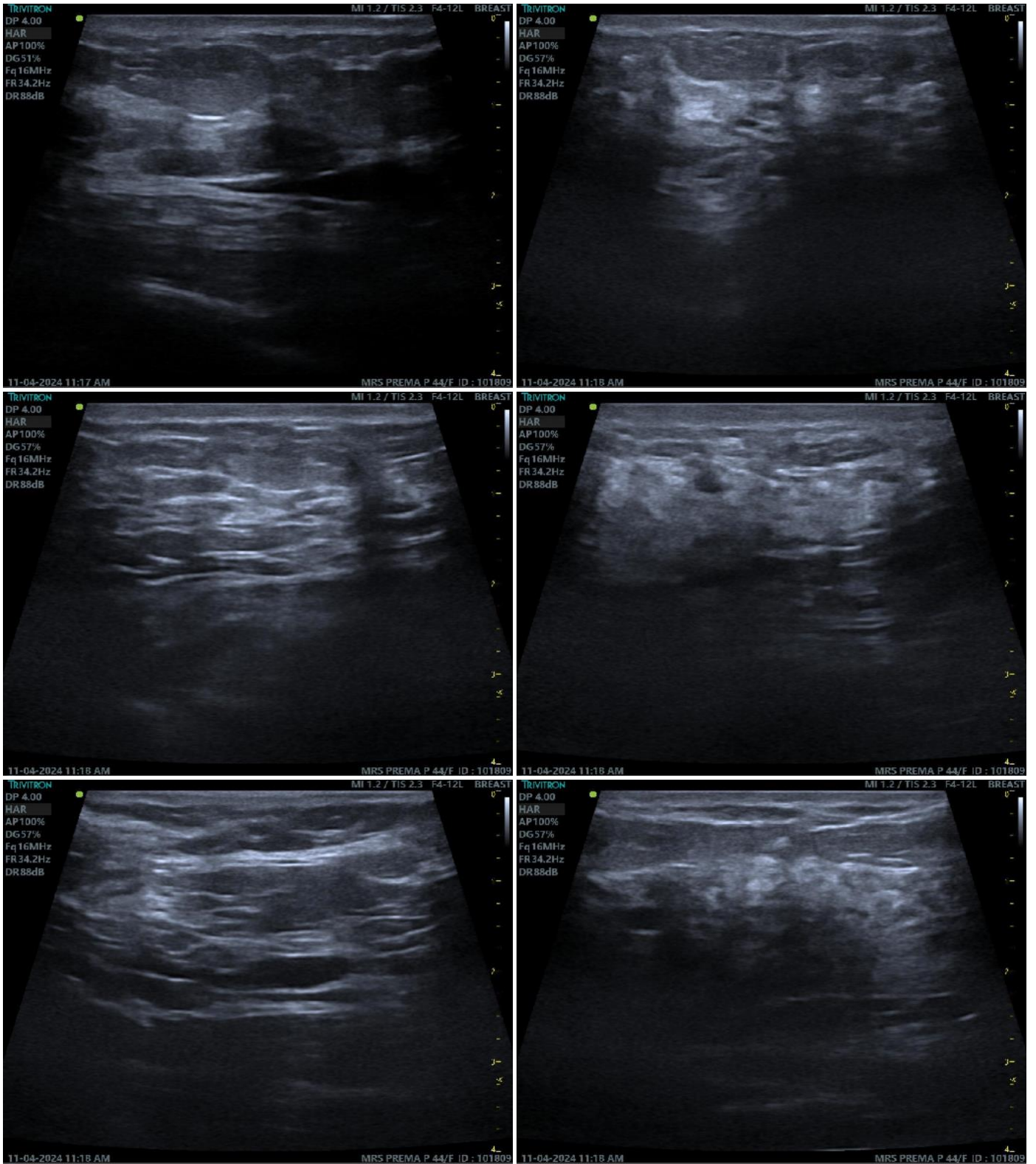


ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



Patient name	MRS PREMA P	Age/Sex	
Patient ID	101809	Visit No	1
Referred by		Visit Date	11/04/2024

TEST REPORT

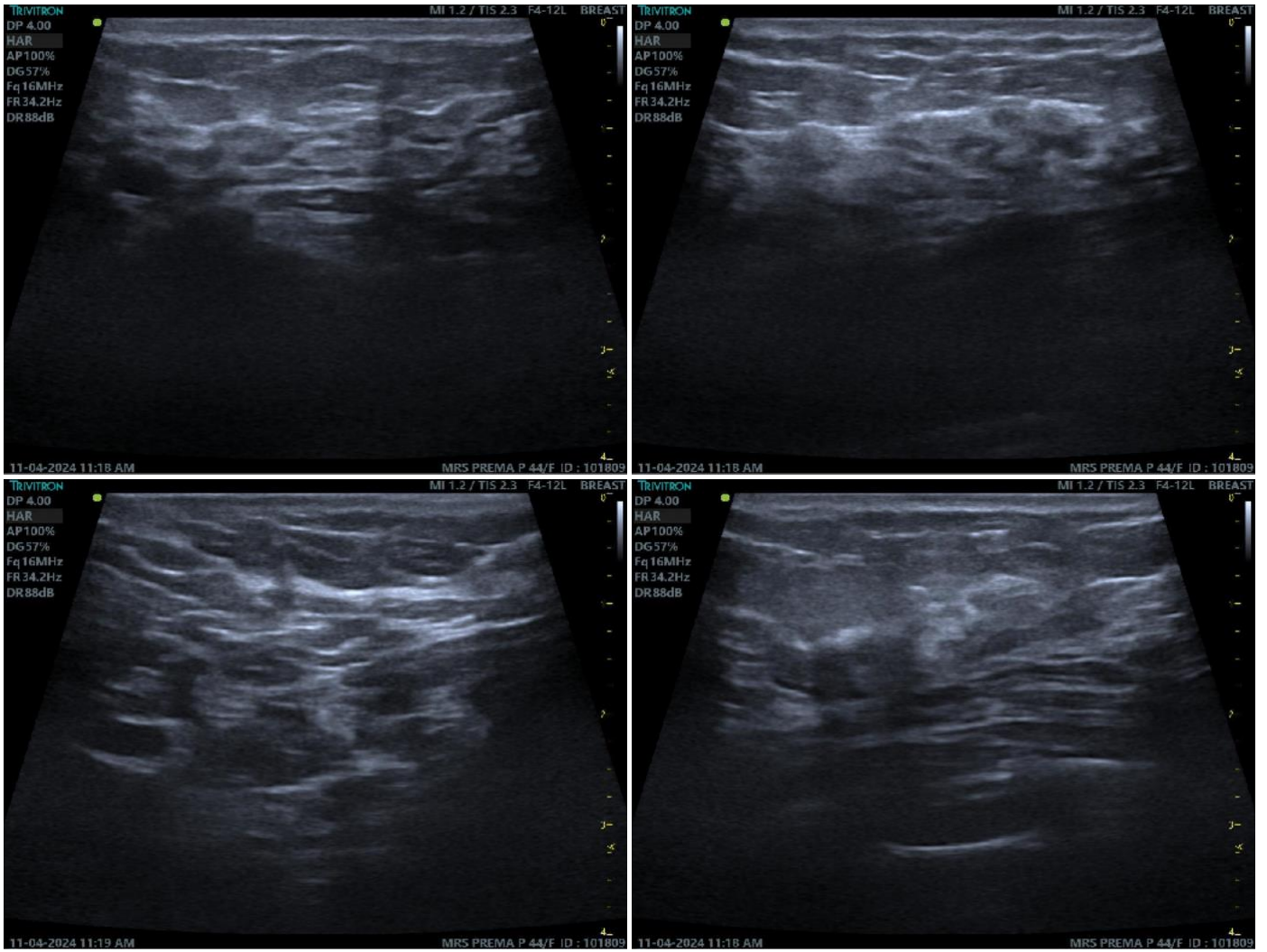


ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



Patient name	AG MRS PREMA P	Age/Sex	
Patient ID	DAE • South Africa • USA	Visit No	1
Referred by		Visit Date	11/04/2024

TEST REPORT



Personal Details
UHID: 01VLL2K26UC0RFB
Patient ID: 1809
Name: Prema P
Age: 44
Gender: Female
Mobile: 0987456321

Pre-Existing Medical Conditions

Symptoms

Vitals

Measurements

Interpretation

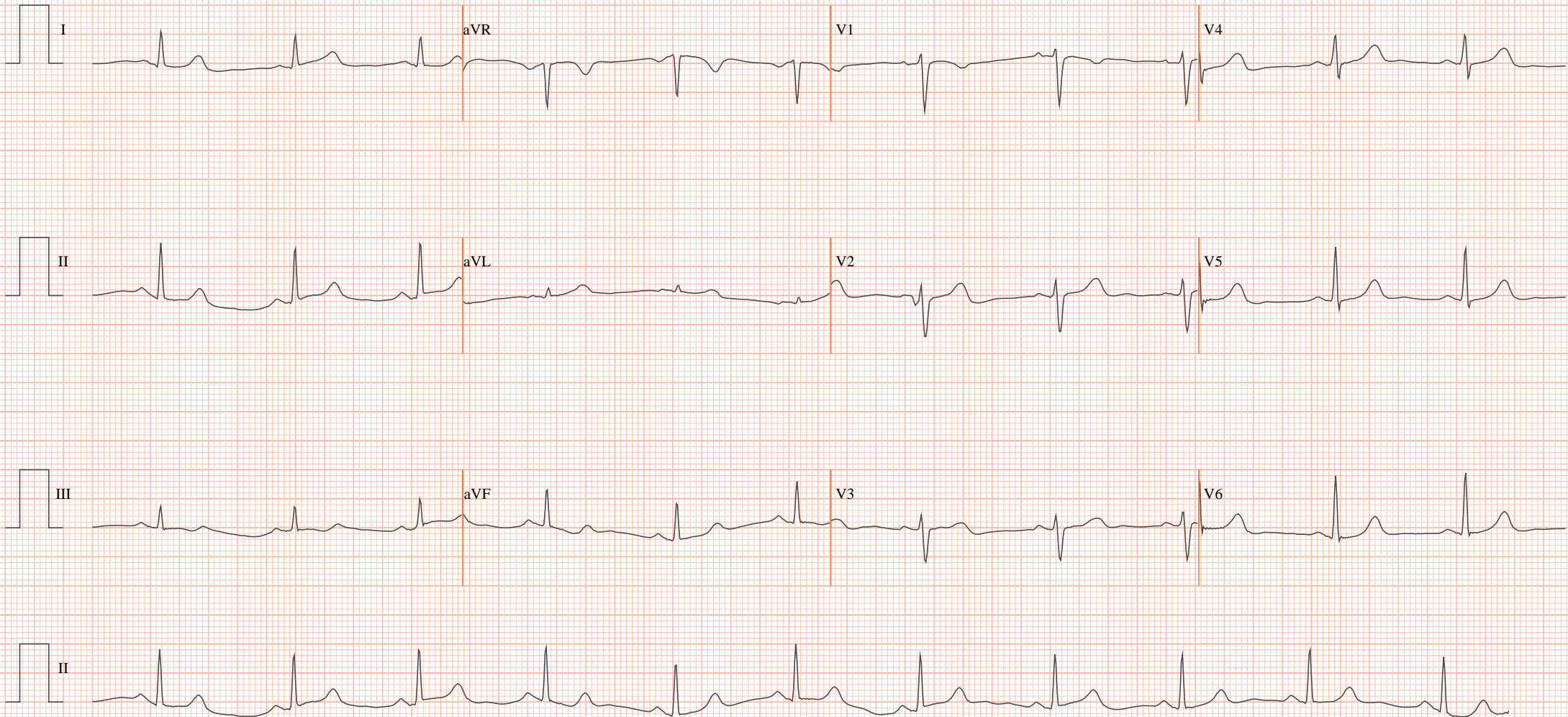
HR: 66 BPM
PR: 147 ms
PD: 113 ms
QRSD: 77 ms
QRS Axis: 49 deg
QT/QTc: 393/393 ms

Normal sinus rhythm
Normal axis

TEST REPORT

Authorized by

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg No- KMC 44065



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV