



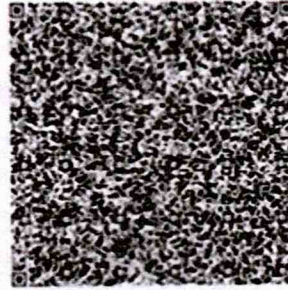
भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0653/47853/00510

To  
सुमन मिश्रा  
Suman Mishra  
C/O: Durgesh Kumar Mishra,  
A-502 Awas Vikas Hans Puram Naubasta Kanpur,  
VTC: Kanpur,  
PO: Naubasta,  
Sub District: Kanpur,  
District: Kanpur Nagar,  
State: Uttar Pradesh,  
PIN Code: 208021,  
Mobile: 9125775121

Dr. K.C. BHARADWAJ  
M.B.B.S. D CARD  
Reg. No. 32749



Signature Not Verified  
Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY (INDIA-01)  
Date: 2024.06.19 09:18:52  
GMT+05:30

Shonda Diagnostic Centre  
24/22, Karachi Khana  
Mall Road, Kanpur

आपका आधार क्रमांक / Your Aadhaar No. :

9196 6946 1967

VID : 9191 5606 8555 2738

मेरा आधार, मेरी पहचान

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भारत सरकार  
Government of India



Aadhaar no. issued: 06/04/2012



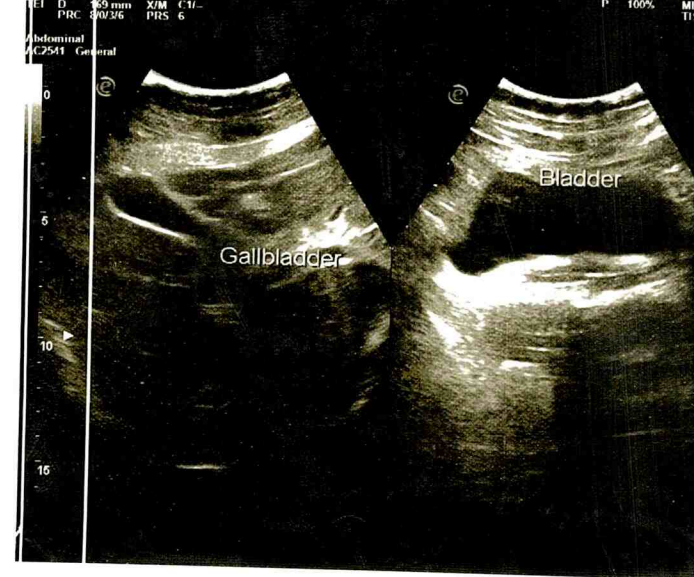
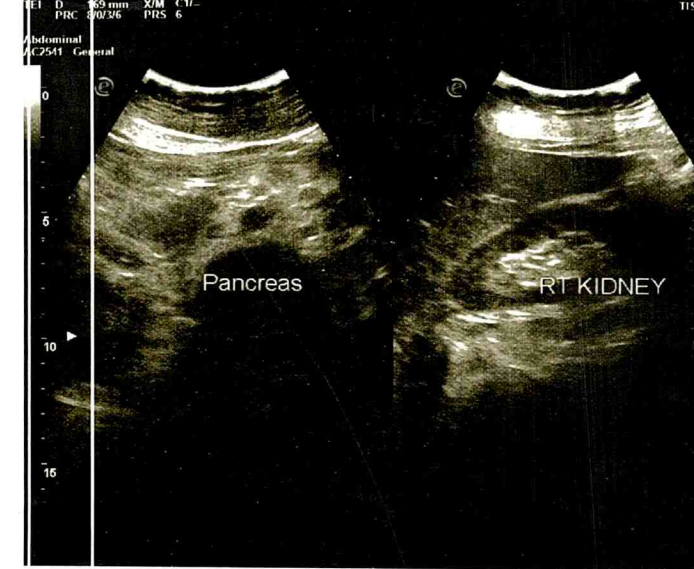
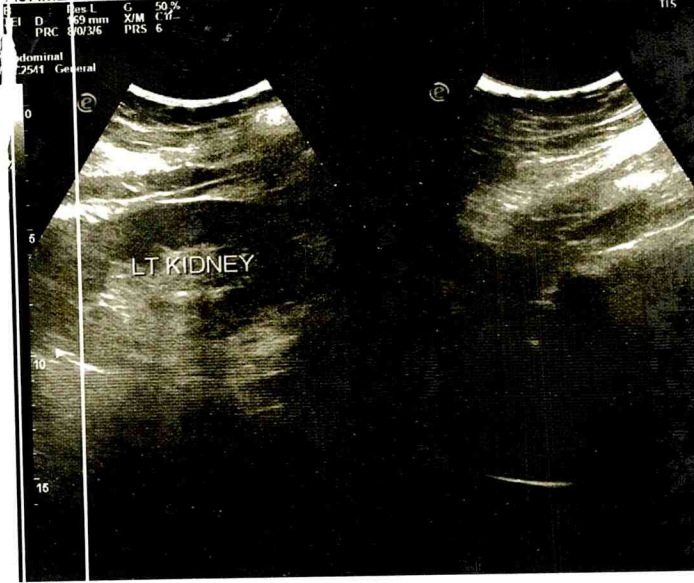
सुमन मिश्रा  
Suman Mishra  
जन्म तिथि/DOB: 23/06/1986  
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

*Handwritten signature: Suman Mishra*  
*Handwritten text: School ke-1 No.7 Reg. no. 101*

9196 6946 1967

मेरा आधार, मेरी पहचान



**DR. A.K. GUPTA**

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.  
Ex Chief Medical Superintendent  
Senior Consultant

**ASHMEE CARE**

**ULTRASOUND  
&  
CARDIO CENTRE**

**2D ECHO ★ COLOUR DOPPLER ★ ULTRASOUND ★ TMT ★ ECG**

**NAME OF PATIENT: MRS.SUMAN MISHRA**

**AGE: 38 SEX: F**

**REF.BY: DR.CDC**


**DATE: 25-08-2024**

**WHOLE ABDOMINAL SCAN**

- LIVER** : LIVER IS NORMAL IN SIZE 134.3MM NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY RADICALS ARE NORMAL.THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER  
**GALL BLADDER** : WELL DISTENDED, NORMAL WALL THICKNESS .IT HAS AN ECHO FREE LUMEN & THERE IS NO EVIDENCE OF GALLSTONES
- C B D** : NORMAL IN COURSE & CALIBER.  
**PANCREAS** : NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL IN COURSE & CALIBER. NO FOCAL LESION SEEN.
- RT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULI /HYDRONEPHROSIS LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- SPLEEN** : SPLEEN IS NORMAL IN SIZE 119.0MM .SPLENIC VEIN IS NORMAL IN DIAMETER.
- U. BLADDER** : NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL NO INTRALUMINAL MASS LESION/CALCULUS NOTED.RESIDUAL URINE VOLUME 4 ML
- UTERUS** : UTERUS IS NORMAL IN SIZE & SHAPE MYOMETRIUM IS NORMAL. ENDOMETRIAL THICKNESS IS 6.1MM .
- OVARIES** : BOTH OVARY ARE NORMAL IN SHAPE AND SIZE.
- RETRO PERITONEAL VESSELS ARE NORMAL .NO RETROPERITONEAL LYMPH NODES ARE SEEN.PSOAS MUSCLES ARE NORMAL.
- IMPRESSION : NORMAL SCAN WHOLE ABDOMEN**

**FILM & REPORT NOT VALID FOR MEDICO-LEGAL PURPOSE**

**SONOLOGIST**



**DR. RACHIT GUPTA**

Attending Cardiologist, MD (Physician)  
PG Diploma in Clinical Cardiology

PNDT Registration No- PNDT/REG/94/2012

**SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 ★ M.: 9307775184**

Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.



# CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur  
Ph: 9235432757,  
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SUMAN MISHRA	Registered On	: 25/Aug/2024 11:54:47
Age/Gender	: 38 Y 2 M 2 D /F	Collected	: 25/Aug/2024 13:01:03
UHID/MR NO	: IKNP.0000035803	Received	: 26/Aug/2024 10:32:17
Visit ID	: IKNP0028262425	Reported	: 26/Aug/2024 14:29:49
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \*\* , Blood

Blood Group	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) \*\* , Whole Blood

Haemoglobin	12.80	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	4,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	47.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	<b>47.00</b>	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	16.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 Pregnancy	





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### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Corrected PCV (HCT)	10.00 <b>38.00</b>	Mm for 1st hr. %	<20 40-54	Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)
<b>Platelet count</b>				
Platelet Count	2.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	42.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	<b>0.33</b>	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>12.40</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.49	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	95.10	fl	80-100	CALCULATED PARAMETER
MCH	28.50	pg	27-32	CALCULATED PARAMETER
MCHC	30.00	%	30-38	CALCULATED PARAMETER
RDW-CV	<b>16.10</b>	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	54.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>1,880.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	80.00	/cu mm	40-440	

**Dr. Anupam Singh (MBBS MD Pathology)**





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Age/Gender	: 38 Y 2 M 2 D /F	Collected	: 25/Aug/2024 13:01:03
UHID/MR NO	: IKNP.0000035803	Received	: 25/Aug/2024 13:02:28
Visit ID	: IKNP0028262425	Reported	: 25/Aug/2024 13:57:27
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	78.50	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

92.50	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Dr. Seema Nagar(MD Path)





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UHID/MR NO	: IKNP.0000035803	Received	: 26/Aug/2024 13:47:43
Visit ID	: IKNP0028262425	Reported	: 26/Aug/2024 14:30:07
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	102	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.

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 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c 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





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c 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.



**Dr. Anupam Singh (MBBS MD Pathology)**







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UHID/MR NO	: IKNP.0000035803	Received	: 25/Aug/2024 13:02:28
Visit ID	: IKNP0028262425	Reported	: 25/Aug/2024 14:42:36
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen)</b> Sample:Serum	8.50	mg/dL	7.0-23.0	CALCULATED

#### Interpretation:

**Note: Elevated BUN levels can be seen in the following:**

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

**Low BUN levels can be seen in the following:**

Low-protein diet, overhydration, Liver disease.

<b>Creatinine</b> Sample:Serum	0.51	mg/dl	0.5-1.20	MODIFIED JAFFES
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#### Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

<b>Uric Acid</b> Sample:Serum	2.56	mg/dl	2.5-6.0	URICASE
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#### Interpretation:

**Note:-**

**Elevated uric acid levels can be seen in the following:**

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

#### LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	16.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	18.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	16.10	IU/L	11-50	OPTIMIZED SZAIZING





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Protein	6.86	gm/dl	6.2-8.0	BIURET
Albumin	4.40	gm/dl	3.4-5.4	B.C.G.
Globulin	2.46	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.79		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	98.00	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.70	mg/dl	< 0.8	JENDRASSIK & GROF

### LIPID PROFILE ( MINI ) , Serum

Cholesterol (Total)	151.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	53.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	81	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	16.20	mg/dl	10-33	CALCULATED
Triglycerides	81.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. Seema Nagar(MD Path)





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Visit ID	: IKNP0028262425	Reported	: 26/Aug/2024 15:18:40
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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \*\* , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.0)			DIPSTICK
Appearance	CLEAR			
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	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	PRESENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	PRESENT			DIPSTICK

#### Microscopic Examination:

Epithelial cells	6-7/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	3-4/h.p.f			
RBCs	3-4/h.p.f			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	CALCIUM OXALATE			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \*\* , Urine

Sugar, Fasting stage	ABSENT	gms%		
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#### Interpretation:





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### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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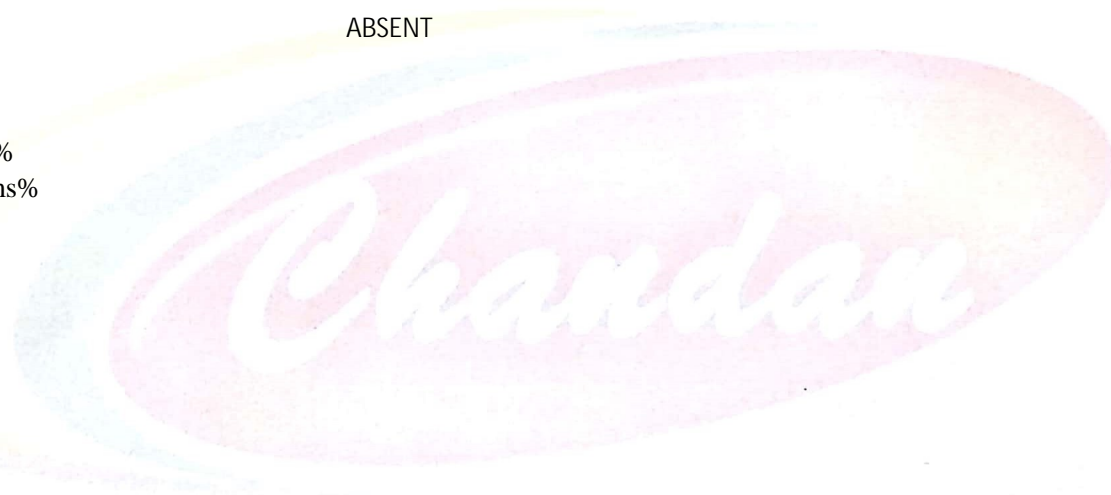
- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

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

Sugar, PP Stage ABSENT

#### Interpretation:

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



Dr. Anupam Singh (MBBS MD Pathology)





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UHID/MR NO	: IKNP.0000035803	Received	: 26/Aug/2024 09:45:16
Visit ID	: IKNP0028262425	Reported	: 26/Aug/2024 11:58:08
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \*\* , Serum

T3, Total (tri-iodothyronine)	135.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.170	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

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

- 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.

Dr. Anupam Singh (MBBS MD Pathology)





# CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur  
Ph: 9235432757,  
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SUMAN MISHRA	Registered On	: 25/Aug/2024 11:54:49
Age/Gender	: 38 Y 2 M 2 D /F	Collected	: 2024-08-25 12:49:39
UHID/MR NO	: IKNP.0000035803	Received	: 2024-08-25 12:49:39
Visit ID	: IKNP0028262425	Reported	: 25/Aug/2024 17:52:22
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA

#### X-Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

#### IMPRESSION

**\* NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



Dr Raveesh Chandra Roy (MD-Radio)

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, MRI, 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 \*

365 Days Open

\*Facilities Available at Select Location

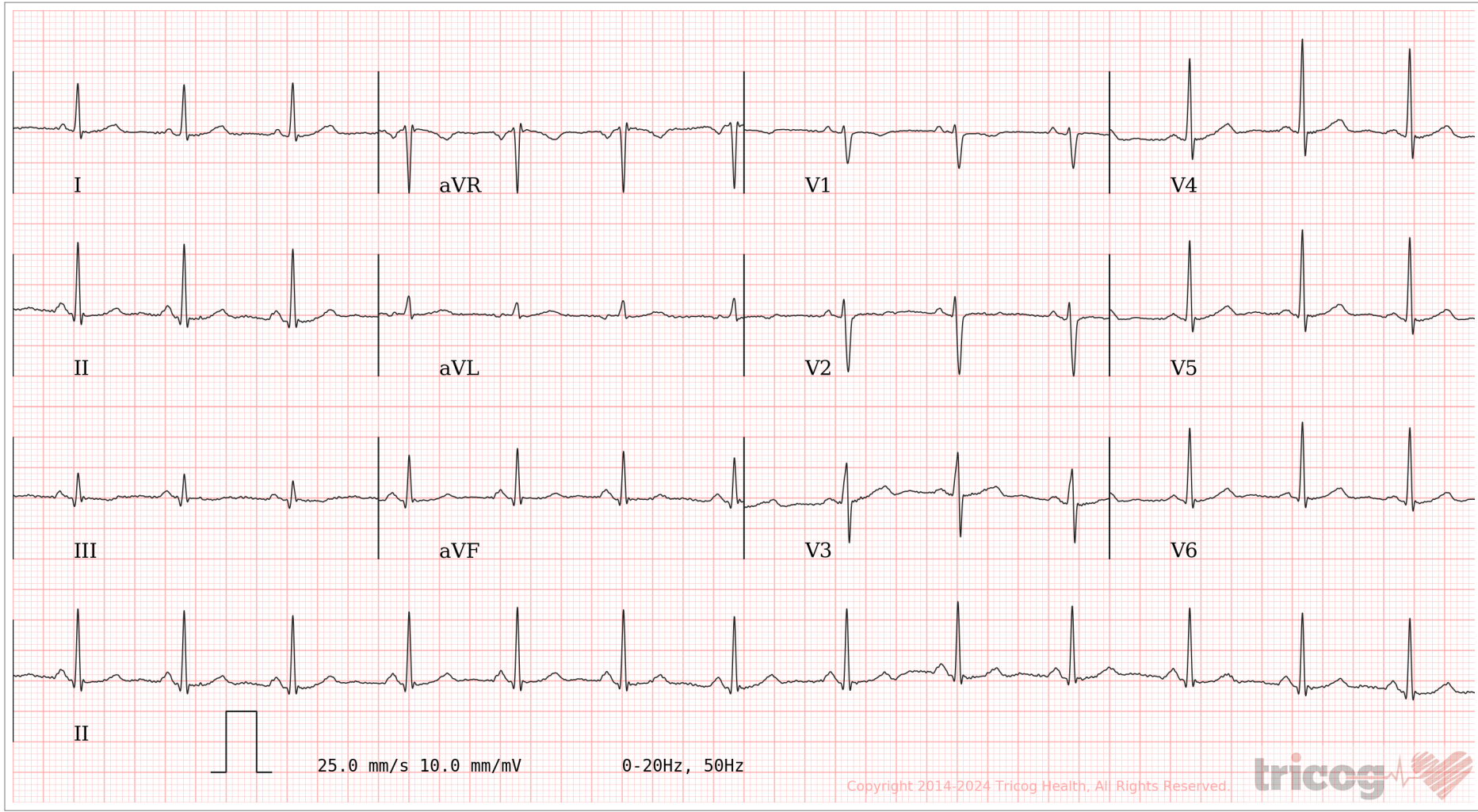
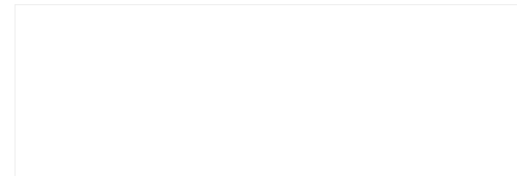


# Chandan Diagnostic



Age / Gender: 38/Female  
Patient ID: IKNP0028262425  
Patient Name: Mrs.SUMAN MISHRA

Date and Time: 26th Aug 24 8:26 AM



AR: 82bpm    VR: 82bpm    QRSD: 72ms    QT: 366ms    QTcB: 427ms    PRI: 118ms    P-R-T: 66° 47° 31°

ECG Within Normal Limits: Sinus Rhythm. Baseline wandering. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr. Aishwarya Yadav Venugopal

KMC 129058

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