ProZone Labs

MC-5752

HEALIC The Good Hospital

Barcode No	: 208394	Registration	: 07/Jun/2024 01:45PM
Patient Name	: MRS. NAVJOT KAUR	Received	: 07/Jun/2024 01:48PM
Age/Gender	: 49 Y 0 M 0 D /F	Reported	: 07/Jun/2024 02:02PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: WHOLE BLOOD EDTA		

HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range
COMPLETE BLOOD COUNT+ESR (CBC+ESR)			
HAEMOGLOBIN (Hb) Colorimetric SLS	13.0	gm/dl	12.00-15.00
RED BLOOD CELLS- RBC COUNT Electrical Impedance	4.8	10^6/uL	4.50-5.50
PACKED CELL VOLUME (PCV) -HEMATOCRIT Calculated	37.1	%	36 - 46
MCV Calculated	76.7	fL	83-101
MCH Calculated	26.9	pg	27-32
MCHC Calculated	35.1	g/dl	32-36
RED CELL DISTRIBUTION WIDTH (RDW-CV) Whole blood EDTA,Flow Cytometry	13.3	%	11.5-14.5
RED CELL DISTRIBUTION WIDTH (RDW - SD) Whole Blood EDTA,Calculated	36	fl	39.0-46.0
PLATELET COUNT Electrical Impedance	206	10^3/µL	150-410
PLATELET DISTRIBUTION WIDTH (PDW) Whole Blood EDTA,Calculated	17	fL	9.00-17.00
PCT(PLATELETCRIT) Whole blood EDTA,Flow Cytometry	0.22	%	0.108-0.282
MEAN PLATELET VOLUME - MPV Calculated	10.4	fL	7.00-12.00
P-LCR	44		
P-LCC Calculated	90.52	%	30.0-90.0
TOTAL LEUKOCYTE COUNT (TLC) Laser - Based Flow Cytometry / Microscopy	6.9	10^3/µL	4.0-10.0
DIFFERENTIAL LEUKOCYTE COUNT			
Neutrophils Laser - Based Flow Cytometry / Microscopy	70	%	40-80

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HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range
Lymphocytes Laser - Based Flow Cytometry / Microscopy	20	%	20-40
Eosinophils Laser - Based Flow Cytometry / Microscopy	03	%	1-6
Monocytes Laser - Based Flow Cytometry / Microscopy	07	%	2-10
Basophils Whole blood EDTA,Flow Cytometry	00	%	0.00-1.00
ABSOLUTE NEUTROPHIL COUNT Whole Blood EDTA,Calculated	4.83	10^3/µL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT Calculated	1.38	10^3/µL	1.00-3.00
ABSOLUTE EOSINOPHIL COUNT Calculated	0.21	10^3/µL	0.02-0.50
ABSOLUTE MONOCYTE COUNT Calculated	0.48	10^3/µL	0.20-1.00
ESR [WESTERGREN] Sedimentation	14.00	mm/1st	0-15

INTERPRETATION:

A complete blood count (CBC), also known as a full blood count (FBC), is a set of medical laboratory tests that provide information about the cells in a person's blood. The CBC indicates the counts of white blood cells, red blood cells and platelets, the concentration of hemoglobin, and the hematocrit (the volume percentage of red blood cells). The red blood cell indices, which indicate the average size and hemoglobin content of red blood cells, are also reported, and a white blood cell differential, which counts the different types of white blood cells, may be included. The CBC is often carried out as part of a medical assessment and can be used to monitor health or diagnose diseases. The results are interpreted by comparing them to reference ranges, which vary with sex and age. Conditions like anemia and thrombocytopenia are defined by abnormal complete blood count results. The red blood cell indices can provide information about the cause of a person's anemia such as iron deficiency and vitamin B12 deficiency, and the results of the white blood cell differential can help to diagnose viral, bacterial and parasitic infections and blood disorders like leukemia. Not all results falling outside of the reference range require medical intervention.

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HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range

BLOOD GROUP ABO & RH

ABO Gel Columns agglutination	A
Rh Typing Gel agglutination	POSITIVE

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST			
TOTAL BILIRUBIN Diazo	0.77	mg/dL	0.10 - 1.2
CONJUGATED (D. Bilirubin) Diazo	0.14	mg/dL	0.0 - 0.30
UNCONJUGATED (I.D. Bilirubin) Calculated	0.63	mg/dl	0.0 - 1.0
S.G.P.T UV without P5P	28	U/L	0-35
SGOT UV without P5P	23	U/L	0-40
ALKALINE PHOSPHATASE AMP	89.60	U/L	42 - 98
TOTAL PROTEINS Biuret	7.8	g/dL	6.4 - 8.3
ALBUMIN Bromocresol Green	4.2	g/dL	3.5 - 5.2
GLOBULIN Calculated	3.68	g/dL	2.30-4.50
A/G RATIO Calculated	1.13		1.0-2.3

INTERPRETATION

Bilirubin Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice).
Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts.
Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.
AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast levels may also increase after a heart attck or strenuous activity.
ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.
GGT may be higher with diabetes, heart failure, hyperthyroidism, or pancreatitis. Higher GGT levels also may mean liver damage from heavy, chronic alcohol abuse. GGT levels that are higher than normal may also signal a viral infection
Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyriodism, Leukemia, Lymphoma, paget`s disease, Rickets, Sarcoidosis etc. Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-including drugs etc.
Serum total protein, in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation

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Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range

or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition,

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BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
TOTAL CHOLESTEROL Cholesterol Oxidase,PAP	219.83	mg/dl	<200 Desirable~200 – 239 Borderline >240 High Risk
TRIGLYCERIDES GPO-TRINDER	109.56	mg/dL	Normal : <161~High : 161 - 199~Hyper Triglyceridemic : 200 - 499~Very High : >499
H D L CHOLESTEROL Direct Enzymatic Colorimetric	47	mg/dl	>40 Recommended Range
L D L CHOLESTEROL Calculated	150.92	mg/dl	70-130
VLDL Spectrophotmetry/Calculated	21.91	mg/dl	0.00-45.0
T. CHOLESTEROL/ HDL RATIO Calculated	4.68	Ratio	3.40-4.40
LDL / HDL RATIO Calculated	3.21	Ratio	1.0-3.5

COMMENT :-

(#). A lipid panel measures five different types of lipids from a blood sample, including:
(1). Total cholesterol: This is your overall cholesterol level — the combination of LDL-C, VLDL-C and HDL-C.
(2). Low-density lipoprotein (LDL) cholesterol: This is the type of cholesterol that's known as "bad cholesterol." It can collect in your blood vessels and increase your risk of cardiovascular disease.
(3). Very low-density lipoprotein (VLDL) cholesterol: This is a type of cholesterol that's usually present in very low amounts when the blood sample is a fasting samples since it's mostly comes from food you've recently eaten. An increase in this type of cholesterol in a fasting sample may be a sign of abnormal lipid metabolism.
(4). High-density lipoprotein (HDL) cholesterol: This is the type of cholesterol that's known as "good cholesterol." It helps decrease the buildup of LDL in your blood vessels.
(5).Triglycerides: This is a type of fat from the food we eat. Excess amounts of triglycerides in your blood are associated with cardiovascular disease and pancreatic inflammation.

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Age/Gender	: 49 Y 0 M 0 D /F	Reported	: 07/Jun/2024 02:29PM
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Sample Type	: WHOLE BLOOD EDTA		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
HBA1C			
HBA1c HPLC	5.5	%	
ESTIMATED AVG. GLUCOSE	111.15	mg/dl	

Ref Range for HBA1c
Non-Diabetic :- 4.0 – 5.6
Increased Risk:- 5.7 – 6.4
In Diabetics:
Excellent Control: 6.5 – 7.0
Fair To Good Control: 7.0 – 8.0
Unsatisfactory Control:- 8.0 – 10
Poor Control: >10

COMMENT:

The Glycosylated Hemoglobin (HbA1c or A1c) test evaluates the average amount of glucose in the blood over the last 2 to 3 months.
This test is used to monitor treatment in someone who has been diagnosed with diabetes.
It helps to evaluate how well the person's glucose levels have been controlled by treatment over time. This test may be used to screen for and diagnose diabetes or risk of developing diabetes.
Depending on the type of diabetes that a person has, how well their diabetes is controlled, and on doctor recommendations, the HbA1c test may be measured 2 to 4 times each year.
The American Diabetes Association recommends HbA1c testing in diabetics at least twice a year.
When someone is first diagnosed with diabetes or if control is not good, HbA1c may be ordered more frequently.
Note: If a person has anemia, few type of hemoglobinopathy, hemolysis, or heavy bleeding, HbA1c test results may be falsely low.
If someone is iron-deficient, the HbA1c level may be increased.
If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.

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Barcode No	: 208401	Registration	: 07/Jun/2024 01:45PM
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Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: FLOURIDE PLASMA		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
FASTING BLOOD SUGAR			
Plasma Glucose Fasting Glucose Oxidase/Peroxidase	105.7	mg/dL	70 -110

INTERPRETATION:

Fasting blood sugar test. A blood sample will be taken after an overnight fasting blood sugar level less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

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Barcode No	: 208283	Registration	: 07/Jun/2024 01:45PM
Patient Name	: MRS. NAVJOT KAUR	Received	: 08/Jun/2024 03:22PM
Age/Gender	: 49 Y 0 M 0 D /F	Reported	: 08/Jun/2024 07:02PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: FLOURIDE PLASMA (PP)		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
PLASMA GLUCOSE - PP			
Plasma Glucose PP Glucose Oxidase/Peroxidase	127.4	mg/dL	80-140

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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Sample Type	: Serum		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
GGT			
GGT IFCC	29	U/L	12.0-58.0

INTERPRETATION:
GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

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Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
KIDNEY FUNCTION TEST			
SERUM UREA Serum,Urease GLDH	24.14	mg/dL	19.0 - 45.0
SERUM CREATININE Enzymatic	0.81	mg/dL	0.7-1.30
SERUM URIC ACID Serum,Uricase	6.0	mg/dl	2.6 - 6.0
SERUM SODIUM ISE, Direct	141.2	mmol/L	135-150
SERUM POTASSIUM ISE, Direct	4.32	mmol/L	3.5-5.5
SERUM CHLORIDE ISE, Direct	102.7	mmol/L	94-110
Blood Urea Nitrogen (BUN) Calculated	11.28	mg/dl	8.00-23.0
UREA / CREATININE RATIO	29.80		
SERUM TOTAL CALCIUM BAPTA	9.65	mg/dl	8.4-10.6

INTERPRETATION:

Normal range for a healthy person on normal diet: 12 - 20.
To Differentiate between pre- and postrenal azotemia.
INCREASED RATIO (>20:1) WITH NORMAL CREATININE:
1.Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion,dehydration, blood loss) due to decreased glomerular filtration rate.
2.Catabolic states with increased tissue breakdown.
3.GI hemorrhage.
4.High protein intake.
5.Impaired renal function plus .
6.Excess protein intake or production or tissue breakdown (e.g. infection, GI bleeding, thyrotoxicosis, Cushings syndrome, high

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Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range

protein diet, burns,surgery, cachexia, high fever).
7.Urine reabsorption (e.g. ureterocolostomy)
8.Reduced muscle mass (subnormal creatinine production)
9.Certain drugs (e.g. tetracycline, glucocorticoids)
INCREASED RATIO (>20:1) WITH ELEVATED CREATININE LEVELS:
1.Postrenal azotemia (BUN rises disproportionately more than creatinine) (e.g. obstructive uropathy).
2.Prerenal azotemia superimposed on renal disease.
DECREASED RATIO (<10:1) WITH DECREASED BUN :
1.Acute tubular necrosis.
2.Low protein diet and starvation.
3.Severe liver disease.
4.Other causes of decreased urea synthesis.
5.Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid).
6.Inherited hyperammonemias (urea is virtually absent in blood).
7.SIADH (syndrome of inappropiate antidiuretic harmone) due to tubular secretion of urea.
8.Pregnancy.
DECREASED RATIO (<10:1) WITH INCREASED CREATININE:
1.Phenacimide therapy (accelerates conversion of creatine to creatinine).
2.Rhabdomyolysis (releases muscle creatinine).
3.Muscular patients who develop renal failure.
INAPPROPIATE RATIO:
1.Diabetic ketoacidosis (acetoacetate causes false increase in creatinine with certain methodologies,resulting in normal ratio when dehydration should produce an increased BUN/creatinine ratio).
2.Cephalosporin therapy (interferes with creatinine measurement).

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Barcode No	: 208399	Registration	: 07/Jun/2024 01:45PM
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Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: Urine		

CLINICAL PATHOLOGY

Test Description	Observed Value	Unit	Reference Range
URINE SUGAR - PP			
Result Benedicts test	NIL		Nil

INTERPRETATION:
When the glucose level in blood exceeds the renal thresholds of glucose (160-180mg/dl) glucose starts to appear in urine. Glucose in urine gets excreted in diabetes mellitus. Elevated level of glucose in urine may also be a result of renal glucosuria. Other causes of glucose in urine are hyperthyroidism, high sugar diet, liver cirrhosis.

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Barcode No	: 208399	Registration	: 07/Jun/2024 01:51PM
Patient Name	: MRS. NAVJOT KAUR	Received	: 07/Jun/2024 01:52PM
Age/Gender	: 49 Y 0 M 0 D /F	Reported	: 07/Jun/2024 02:09PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: URINE		

CLINICAL PATHOLOGY

Test Description	Observed Value	Unit	Reference Range
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
QUANTITY visual	30 ML	ml	0-50
COLOUR visual	PALE YELLOW		PALE YELLOW
TRANSPARENCY visual	CLEAR		Clear
SPECIFIC GRAVITY ION exchange	1.015		1.010 - 1.030
CHEMICAL EXAMINATION			
pH Double Indicator	6.5		5-7
PROTEIN Protein - error of Indicators	NEGATIVE	g/dL	
GLUCOSE GOD-POD	NEGATIVE	mg/dl	
UROBILINOGEN Ehrlichs Reaction	NEGATIVE		Nil
KETONE BODIES Legals Nitroprasside	NEGATIVE		NEGATIVE
BILIRUBIN Azo-coupling Reaction	NEGATIVE		Nil
BLOOD Pseudo-peroxidase	NEGATIVE		Nil
NITRITE Diazotization Reaction	NEGATIVE		Nil
MICROSCOPIC EXAMINATION			
PUS CELLS Microscopy	4-6	cells/HPF	0-5
RBCs Microscopy	NIL	Cells/HPF	Nil

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Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: URINE		

CLINICAL PATHOLOGY

Test Description	Observed Value	Unit	Reference Range
EPITHELIAL CELLS Microscopy	2-4	Cells/HPF	0 - 5
CRYSTALS Microscopy	ABSENT	ABSENT	ABSENT
CASTS Microscopy	ABSENT	/HPF	ABSENT
OTHER	NIL	%	

Dr.Vimla
MBBS MD
Consultant Pathologist

Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist

ProZone Pvt. Ltd.
Corporate Office :
WZ-409/C 2nd Floor, Janak Park, Hari Nagar, New Delhi-110064
82870 27108, 011-44793929 .prozonelabs.com

Barcode No	: 208402	Registration	: 07/Jun/2024 01:45PM
Patient Name	: MRS. NAVJOT KAUR	Received	: 07/Jun/2024 01:48PM
Age/Gender	: 49 Y 0 M 0 D /F	Reported	: 07/Jun/2024 02:41PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

HORMONE ASSAYS

Test Description	Observed Value	Unit	Reference Range

THYROID PROFILE. (T3,T4,TSH)

TRIODOTHYRONINE TOTAL (T3) CLIA	1.54	ng/mL	0.8 - 1.9

Summary & Interpretation:.

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organsT3 is mainly formed extrathyroidally , particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration.It Occurs under the influence of medicaments such as propanolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

THYROXINE TOTAL (T4) CLIA	10.3	ug/dL	5.0 - 13.0

Summary & Interpretation:

The hormons thyroxime (T4) is the main product secreted by the thyroid gland. The major part of total thyroxime (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken in to account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications : the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

THYROID STIMULATING HORMONE (TSH) CLIA	0.578	µIU/mL	0.35 - 4.75

Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circardian secretion sequence.The determination of TSH serves as the initial test in thyroid diagnostics, Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularl suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

1.TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between6-10 pm .The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. 4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41– 5.18

*** End Of Report ***

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Dr. Jayati Bhatnagar

Dental Surgeon
Bachelors of Dental Surgery

HEALIC

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carebsg@healic.in

Patient Name Mrs. Navjot kaur

Date

Patient Age/Gender 43/F

C/C – Pt c/o food lodgement in her lower back tooth region

PMH
PDH } NR.

O/E Impaction (food lodgement) | 67

Calculus + stain ++.

Caries 5|5

T/A – Restoration 5|5

Scaling & Polishing

Follow Up Date

Signature Dr Jayati

Dr. Maincy Jain
Obstetrician & Gynaecologist
MBBS, DNB, MNAMS
Reg No. RMC - 18032

HEALIC
The Good Hospital
+91 97111 10373
carebsg@healic.in

Patient Name Navjot Kaur

Date 07-June-2024

Patient Age/Gender 49F/4

49 year / P2L2

C/O Post menopausal Bleeding -1 month Back.

O/E

Breast - B/L NAD

PV - Cx / Vg (N)

Pap smear Taken

Adv

- USG Pelvis
- Mammography
- Pap smear
- F/up c Report

Follow Up Date

Signature

ID: 92 CASE:

AGE: Y M D

Cms KG

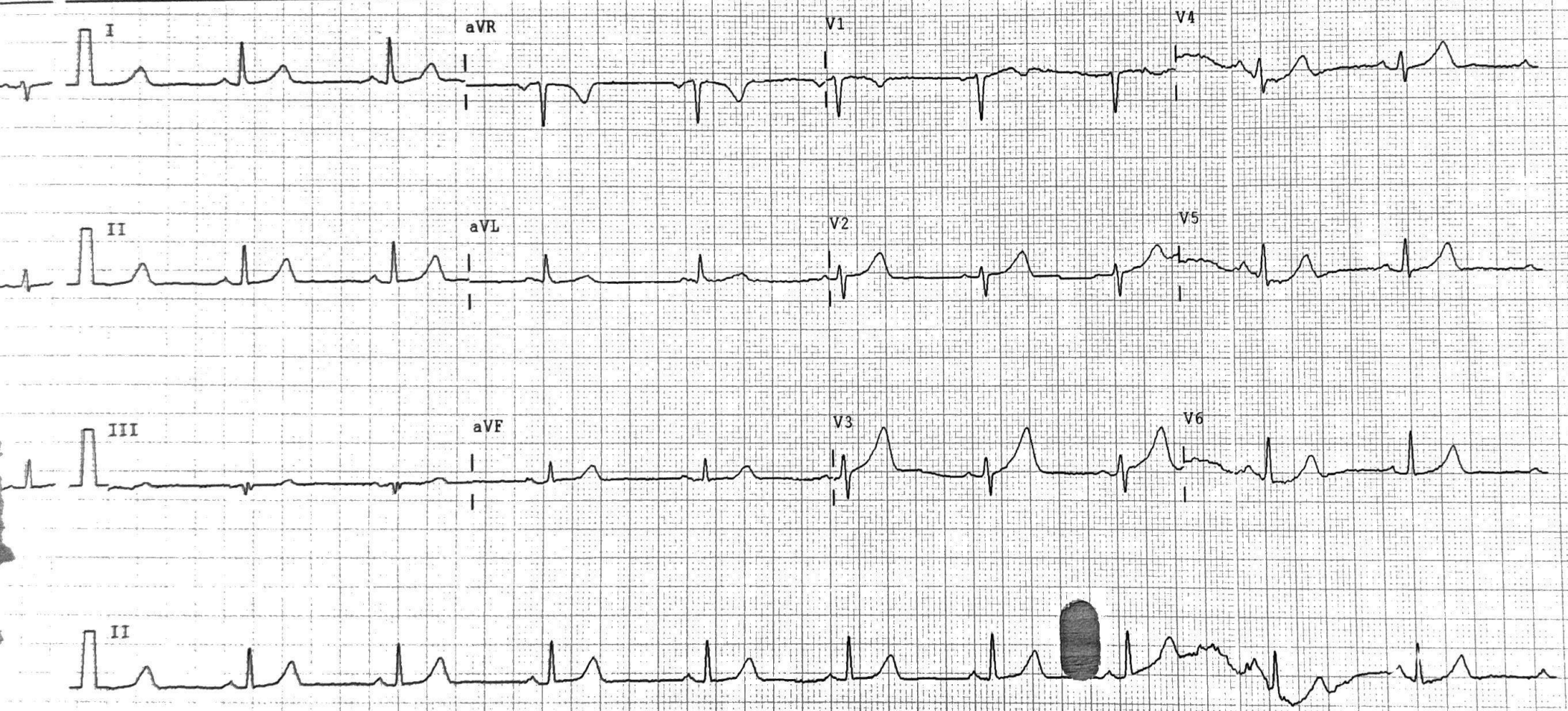
07/06/2024 11:14:33

HEILIC MULTISPECIALTY CLINIC

BAINI SQARE, SEC-50, GURUGRAM

RATE	59 bpm	SINUS RHYTHM
R-R	1006 ms	POOR R WAVE PROGRESSION
P-R	134 ms	LOW QRS VOLTAGES IN PRECORDIAL LEADS
QRS	76 ms	
QT	420 ms	
QTc	418 ms	
--AXIS--		
P	28°	
QRS	22°	
T	43°	

12 SL: REPORT FORMAT: 3x4+1L SQ REF: Dr. VIKRAM PABREJA



25mm/sec 10 mm/mV Notch: ON BLC: ON 0.05- 35Hz ALLENGERS PISCES 1012(VER- :1.11) CLINICALLY CORRELATE THE FINDINGS

HEALIC
Gurugram

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Baani Square, South City II,
Sector 50, Gurugram

NAME	MRS. NAVJOT KAUR	AGE/SEX	49 YRS/F
REFD BY.	Self	DATE	09 JUN.2024

RADIOGRAPH CHEST–PA VIEW

www.healic.in

Bilateral lung parenchyma appears unremarkable.

Right hilum prominent .

Left hilum is normal.

Bilateral CP angles are clear.

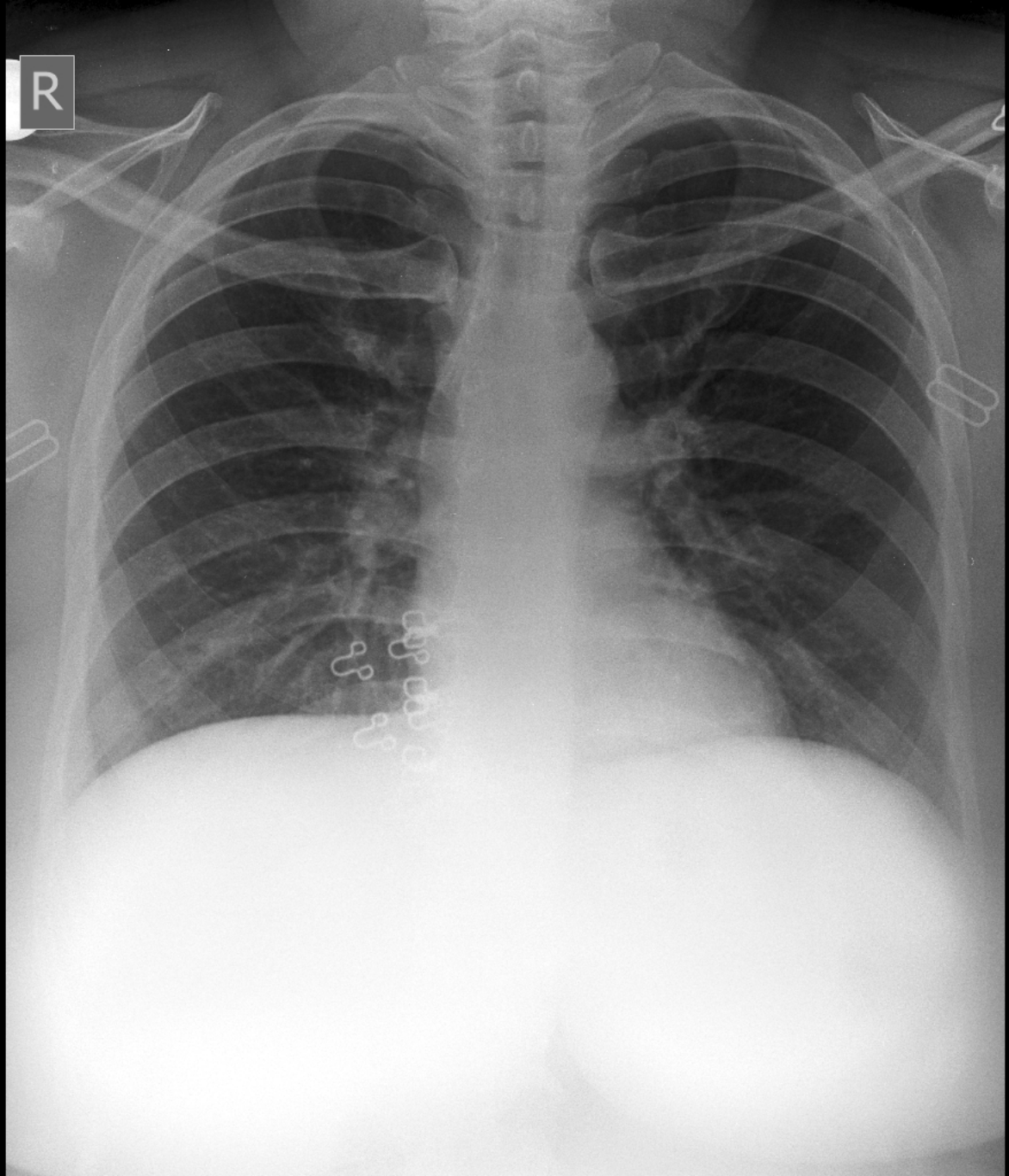
Cardiac shadow is within normal limits.

Visualised bone in view appear normal .

Please *correlate clinically.*

Dr. Varun Vishwash
MBBS, DNB (Radio-Diagnosis)
Regn. No. HMC HN 22602
Healic Multispeciality Clinic

Dr. VARUN VISHWASH
(MBBS,DNB)
(Radiodiagnosis)
Consultant Radiologist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