



Patient Name Mos Bayg Bajaigs MRN:	161592 Age Sex A Date/Time 15/0924
1. 0.	Moh No

## Investigations: (Please Tick)

CBC

ESR

CRP

S-Vit D3

S-Vit B12

RBS

B Sugar - F/PP

bA1C

LFT/KFT

PT

INR

**RA Factor** 

Anti CCP

HLA B27

ANA

HIV

**HBsAg** 

Anti HCV

#### Vitals

B.P.

P.R.

SPO2 Temp

## **Medical Illness**

Hypertension

Diabetes

Thyroid

Cardiac Disease

**Drug Allergies** 

Next Appointment/Follow up

- Physician yerene

Dr. Bhawna Garg MBBS, DIP.GO, PGDHA MEDICAL CO ORDINATOR RJN Apollo Spectra Hospital Reg.No. MP18035

Signature:

#### **RATAN JYOTI NETRALAYA PRIVATE LIMITED**

CIN: U85110MP2013PTC030901

Registered Office: 18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002

#### **RJN APOLLO SPECTRA HOSPITALS**





: Mrs. PRIYA BARARIYA

Age/Gender UHID/MR NO : 28 Y 0 M 0 D /F : ILK.00037898

Visit ID

: ILK.111392

Ref Doctor

: Dr.ARCOFEMI HEALTHCARE LIMITED

Collected

: 10/Feb/2024 08:50AM

00-01

Received

: 10/Feb/2024 09:28AM : 10/Feb/2024 12:59PM

Reported Status

Client Name

: Final Report : INSTA

## DEPARTMENT OF HEMATOLOGY

COMPLETE BLO	OOD COUNT- CRC	/ HAEMOGRAM ,	WHOLE BLOOD EDIA	
Haemoglobin (Hb%)	9.7	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	31.2	%	35-49	Cell Counter
RBC Count	3.8	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	82.1	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	25.7	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	31.3	g/dl	30.0-35.0	Calculated
RDW	16.6	%	11-16	Calculated
Total WBC count (TLC)	7,200	/cu mm	4000-11000	Cell Counter
Differential Count by Flowcytometry,	Microscopy	18		
Neutrophils	57.4	%	50-70	Cell Counter
Lymphocytes	35.7	%	20-40	•
Monocytes	5.2	%	01-10	Cell Counter
Eosinophils	1.5	%	01-06	Cell Counter

Basophils	
Absolute Leucocyte Count	

4,133	per cumm	2000 - 8000	Calculated
2570	per cumm	600-4000	Calculated
374	per cumm	0-600	Calculated
108	per cumm	40-440	Calculated
15	per cumm	0-110	Calculated
2.40	Lac/cmm	1.50-4.00	Cell Counter
	2570 374 108 15	2570 per cumm  374 per cumm  108 per cumm  15 per cumm	2570 per cumm 600-4000 374 per cumm 0-600 108 per cumm 40-440 15 per cumm 0-110

%

0.2

ERYTHE	ROCYTE SEDIN	MENTATION RATE (E	SR)	
Erythrocyte Sedimentation Rate (ESR)	52	mm lst hr.	0-20	Wester Green

Page 1 of 9





DR. ASHOK KUMAR M.D. (PATH)

Cell Counter

# **RJN Apollo Spectra Hospitals**

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob.: 8269663137, Email: lpc.rjn@gmail.com

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## DEPARTMENT OF HEMATOLOGY

BLO	OD GROUPING(A,B,O) AND RH FACTOR, v	VHOLE BLOOD EDTA
Blood Grouping	В	Slide/Tube Agglutination
Rh (D) Type	POSITIVE	Slide/Tube Agglutination

# BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION, WHOLE BLOOD EDTA

RBC'S

: Predominently normocytic normochromic ,hypochromic RBC's.

No cytoplasmic inclusions or hemoparasite seen.

WBC'S

: Normal in number, morphology and distribution. No toxic granules seen.

No abnormal cell seen.

PLATELETS: Adequate on smear.

IMPRESSION; NORMOCYTIC NORMOCHROMIC ANEMIA.

Page 2 of 9





DR. ASHOK KUMAR M.D. (PATH)

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name

Result

Unit

Bio. Ref. Range

Method

GLUCOSE - FASTING (FBS), NAF PLASMA

Fasting Glucose

72.0

mg/dL

65-110

God - Pod

Ref.for Biological Reference Intervals: American Diabetic Assiosation.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL), FLUORIDE PLASMA

Post Prandial Glucose

100.0

mg/dL

90-140

2hrs. after...gm glucose/lunch

Ref.for Biological Reference Intervals: American Diabetic Assiosation.

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A.K. Payong

DR. ASHOK KUMAR M.D. (PATH)

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE				
Test Name	Result	Unit	Bio. Ref. Range	Method
				_

GLYCOSYLATED	HAEMOGLOBIN	(GHB/HBA	LC) , WHOLE BLOOD EDTA	
Glycosylated Haemoglobin HbA1c	4.9	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	93.07	7	N. C.	Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

#### INTERPRETATION:

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

#### -Adults:

- Goal of therapy: <7.0% HbA1c</li>
- Action suggested: >8.0% HbA1c

#### -Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%</li>
- Adolescents and young adults (13-19 years): <7.5%</li>

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DR. ASHOK KUMAR M.D. (PATH)

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Method

Spectrothoto

Patient NAME

: Mrs. PRIYA BARARIYA

Age/Gender

: 28 Y O M O D /F

UHID/MR NO Visit ID

: ILK.00037898 : ILK.111392

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Bio. Ref. Range

Status

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Client Name

Unit

: INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE	
DEPARTMENT OF BIOCHEMISTRY-ROUTINE	

Result

Test Name	Result	Unit	Bio. Ref. Range	Method
	COMPLETE KIDNEY PRO	OFILE (RFT/KFT)	, SERUM	
Urea	21.46	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	2.9	mg/dL	2.6-6.0	Urease
Sodium	138.0	Meq/L	135-155	Direct ISE
Potassium	3.8	Meq/L	3.5-5.5	Direct ISE
Chloride	105.0	mmol/L	96-106	Direct ISE
Calcium	9.2	mg/dL	8.6-10.0	OCPC
Phosphorous	3.4	mg/dL	2.5-5.6	PMA Phenol
BUN	10.03	mg/dL	6.0-20.0	Reflect

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DR. ASHOK KUMAR M.D. (PATH)

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Status

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Client Name

: INSTA

DEPARTMENT OF BIOCHEMIS	TRY-ROUTINE
-------------------------	-------------

Test Name	Result	Unit	Bio. Ref. Range	Method
	LIPID PROF	ILE , SERUM		
Type OF Sample	SERUM			
Total Cholesterol	116.0	mg/dl	up to 200	End Point
Total Triglycerides	62.0	mg/dL	Borderline High Risk: 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	58.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	58	mg/dL	<130	
LDL Cholesterol	45.6	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	12.4	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	2 .		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2- 11.0 High Risk : >11.0	CALCULATED

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A.K. Feylorger

DR. ASHOK KUMAR M.D. (PATH)

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	DEPARTMENT OF BIO	CHEMISTRY-RO	DUTINE	
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER	FUNCTION TEST	(LFT) WITH GGT	, SERUM	
Total Bilirubin	0.8	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.6	mg/dL	0.0-0.9	Calculated
SGOT / AST	23.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	14.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	90.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	11.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.2	g/dl	6.4-8.3	Biuret
Albumin	4.4	g/dL	3.5-5.2	BCG
Globulin	2.8	g.dl	2.0-3.5	Calculated
A/G Ratio	1.57	%	1.0-2.3	Calculated

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DR. ASHOK KUMAR M.D. (PATH)

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Received

: 10/Feb/2024 11:59AM

Reported

: 10/Feb/2024 01:16PM

Status

: Final Report

Client Name

: INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL						
Test Name	Result	Unit	Bio. Ref. Range	Method		

THYROID PROFILE-I, SERUM							
Trilodothyronine Total (TT3)	1.40	ng/dL	0.6-1.8	Chemilluminisence			
Thyroxine (TT4)	9.53	μg/dL	4.5-10.9	Chemilluminisence			
Thyroid Stimulating Hormone (TSH)	3.342	μIU/ml	0.35-5.50	Chemilluminisence			

COMMENT:- Above mentioned reference ranges are standard reference ranges.

AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	NEW BORN	INFANT	CHILD	ADULT
(u lu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6
PREGNENCY R	<b>ELATED</b> GUIDLINES FOR F	REFERENCE RANGE	ES FOR TSH	
TSH	1st Trimester	2nd & 3rd Tri	mester	
(u lu/ml)	0.2 - 2.5	0.3 - 3.0		

NOTE: TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

#### Ultrasensetive kits used.

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

- :-Primary hypethyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- :- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- :-Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- :-.singhtly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in

severe illness, malnutrition, renal failure and during therapy with drugs like propanolol .

:-Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours ( seconday hypothyroidism).

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AK KEEP J.

DR. ASHOK KUMAR M.D. (PATH)

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Test Name Result Unit Bio. Ref. Range Method

#### **CUE - COMPLETE URINE ANALYSIS , URINE**

#### **Physical Examination**

Colour	PALE YELLOW		Visual
Appearance	Clear	9/118	Visual
pH	6.5	5.0-7.5	Dipstick
Specific Gravity	1.030	1.002-1.030	Dipstick

#### **Chemical Examination**

Albumin Urine/ Protein Urine	NIL	NIL	Dipstick/Heat Test
Glucose Urine	NIL	NIL	Dipstick/Benedict
Urobilinogen	NIL	NIL	Dipstick/Ehrlichs
Ketones	NIL	NIL	Dipstick/Rotheras
Bile Salts	ABSENT	ABSENT	Dipstick
Bile Pigments	ABSENT	ABSENT	Dipstick/Fouchets
Nitrite	ABSENT	ABSENT	Dipstick

#### Microscopic Examination.

Pus Cells	1-2	/Hpf	0-5	
Epithelial Cells	2-3	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

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

Page 9 of 9





DR. ASHOK KUMAR M.D. (PATH)

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# ECHO CARDIOGRAPHY REPORT

Patient Name : Mrs PRIYA BARARIYA

Date : 10/02/2024 AGE & Sex :28yrs/F

Echocardiography was performed on vivid T8

Quality Of Imaging : Adequate

Mitral Valve :Normal Tricuspid Valve : Normal

Aortic Valve : Normal Pulmonary Valve : Normal Left Atrium : 3.4cms

Left Ventricle

IVSD : 1.2 cms

EDD : 4.6 cms ESD

: 2.8 cms

LVPWD: 1.2cms

EF 58% FS 30%

**RWMA** : NO REGIONAL WALL MOTION ABNORMALITY

Right Atrium : Normal Right Ventricle : Normal Aorta : 3.1cms IAS IVS : Intact Pulmonary Artery : Normal Pericardium : Normal SVC, IVC : Normal

Pulmonary Artery : Normal Intracardiac Masses: Nil

Doppler

E > A

#### Conclusion:

NORMAL CARDIAC CHAMBERS DIMENSION. NO REGIONAL WALL MOTION ABNORMALITY NORMAL LV SYSTOLIC FUNCTION, LVEF-58% NORMAL VALVES INTACT SEPTUM NO CLOT /VEGETATION /PERICARDIAL EFFUSION

Dr. Ab MRRS.MD (11

Consultant Dr. Abhishek sharma (DNB) (Interventional Cardiologist)

#### RATAN JYOTI NETRALAYA PRIVATE LIMITED

CIN: U85110MP2013PTC030901

Registered Office: 18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002

#### RJN APOLLO SPECTRA HOSPITALS



# RATAN JYOTI NETRALAYA

### OPHTHALMIC INSTITUTE & RESEARCH CENTRE





18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel.: 2423350/51, Web: www.ratanjyotigroup.org, Email:rjneye@gmail.com Opp. Medical College, Gate No. 3 Jhansi-284128 (U.P.) Ph. 0510-2322311 (M) 9109973225

SR.NO.

NAME

: MRS PRIYA BARARIYA

AGE/SEX

: 28 YRS / FEMALE

DATE

: 10-February-2024

MRD NO.

: R-115546

CITY

: MORENA

VISION	DISTANCE		NEAR	
VIOIOIV	OD	os	OD	os
UNAIDED	6/24	6/18		
WITH GLASSES				
WITH PIN HOLE	6/6	6/6		
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	os	OS METHOD
11:39AM	17		17	

Rx.

EYE

From

To

Instructions

WETEYE DROPS 1\*10ML

(CARBOXYMETHYLCELLULOSE IP 5% W/V)

ONE DROP 4 TIMES A DAY FOR 60 DAYS

BOTH EYE 10-Feb-2024 9-Apr-2024

TREATMENT PLAN

: -GLASS PRESCRIPTION

REFFERED TO

**NEXT REVIEW** 

: AS PER DR. ADVISED

DR. JYOTSNA SHARMA

NOTE

: Kindly continue medications as advised for the period advised.

In case of redness or allergy please discontinue and inform the doctor.

**Nutritional Advice** 

: As per treating physician

Instructions : Patient and Attendant(s) Counselled

Advised medicine may be replaced with a good quality generic medicine.

Speciality Clinics: Comprehensive Ophthalmology Clinic Cataract & IOL Clinic Vitreo Retina & Uvea Clinic Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) \* Cornea Clinic \* Glaucoma Clinic \* Orbit & Oculoplasty Clinic \* Trauma Clinic \* Squint Clinic Paediatric Ophthalmology Clinic
 Low Vision Aid Clinic
 Contact Lens Clinic

CONSULTATION TIMINGS: MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त
 कैशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध

For Appointment Please Contact: 9111004046

स्वामी विद्यानंद भारती आई बैंक

नेन्नदान

करें और करायें इसे अपने परिवार की परम्परा बनायें नेत्रदान के लिए सम्पर्क करें: 9111004044





Patient Name Psuga	MRN :	Age 294 s	ex
Investigations : (Please Ti			Mob No
CBC		1	
ESR	Hereth check c	sh,	
CRP	DE	Ac-do.	
S-Vit D3	( )	7	
S-Vit B12	thath check :	the got	9
RBS	c		
B Sugar - F/PP		tu got	
₩bA1C			1 . 10
LFT/KFT	Nicre 1	un Sil	In Mills
PT		of the so	un (V)
INR		10 1	Ad Jut
RA Factor		Vodego	mellis Ideful
Anti CCP			
HLA B27	No Dehe	-00	
ANA	(100		,
HIV	٥ ١ .	ENZ gote	etc
HBsAg	No Dune		Dr. Suni Gunta
Anti HCV			Reg. No. MP13378
			REN Apolio Specifa Hi spitals
Vitals			,
B.P.			
P.R.			
SPO2			
Temp			
Medical Illness			
Hypertension			
Diabetes			
Thyroid			

# RATAN JYOTI NETRALAYA PRIVATE LIMITED

**Next Appointment/Follow up** 

CIN: U85110MP2013PTC030901

Cardiac Disease Drug Allergies

Registered Office: 18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002

#### **RJN APOLLO SPECTRA HOSPITALS**

18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002 Ph. No.: 0751-2454600, 2450500 www.apollospectra.com Registered Vide No. NH/1542/MAR-2016

Signature:





PATIENT NAME MRS. PRIYA BARARIYA 28Y/F

HEALTH CHECKUP REFERRED BY

10/02/2024 DATE

INVESTIGATION **USG WHOLE ABDOMEN** 

#### IMAGING FINDINGS:-

Liver appears normal in size, position, shape, echotexture and margin. Liver does not show any measurable focal or diffuse abnormality. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

Gall Bladder is well distended. GB wall and lumen content appears normal. No echogenic focus within GB lumen. Visualized CBD is of normal caliber.

Spleen appears normal in size (~8.5cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

Pancreas is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

Both Kidneys: Measurements are right kidney ~9x3.6cm and left kidney ~10.7x4.8cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

Urinary Bladder is partially distended

Uterus is anteverted, appears grossly normal in size, position and echotexture. No abnormal measurable mass or cyst in adnexal region.

No obvious ascites.

OPINION: Features are suggestive of-

No significant abnormality seen in USG WHOLE ABDOMEN.

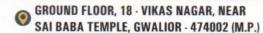
Suggested clinical correlation/Follow up imaging.

DR. SAKSHI CHAWLA (MD RADIODIAGNOSIS)

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.

गर्भाशय कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।

बेटी बचाओ - बेटी पढाओ











			Certificate No.: PEH-2022-1862 April 07, 2022 - April 06, 2024
Patient Name Plulya	Blacy MRN:		. Date/Time / 0/2/24
Investigations : (Please	Tick)		Mob No
CBC	rick)		
ESR			
CRP	MODITA	Chercup	
S-Vit D3	1/200		
S-Vit B12			
RBS			
B Sugar - F/PP O E			
LFT/KFT			
PT	Curported 5	-	
INR	. Duglegeld c	- 18	
RA Factor		0	
Anti CCP	· Calor on		
HLA B27			
ANA	· Calo ~ ~ · Sparm ~ ~ · Gen. gigjufe		
HIV	Span		
HBsAg	/	,	
Anti HCV	· Pely, anglufil	y .	
	900 /	110-	C la allian
Vitals		/ //	Expueltion To
B.P.			( -
P.R.			18.
SPO2			
Temp			
	01,019	DOS M/W	
Medical Illness	Culout	(/ 1	
Hypertension			
Diabetes			
Thyroid			
Cardiac Disease			
Drug Allergies		. )	
Next Appointment/Follow up		Signature :	
		^	

## **RATAN JYOTI NETRALAYA PRIVATE LIMITED**

CIN: U85110MP2013PTC030901

Registered Office: 18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002

#### **RJN APOLLO SPECTRA HOSPITALS**

Sinus rhythm.....normalities, anterior leads.....T flat or neg, V2-V4 66 Rate

. Baseline wander in lead(s) V3,V4

134 77 344 442 PR QRSD QT QTC

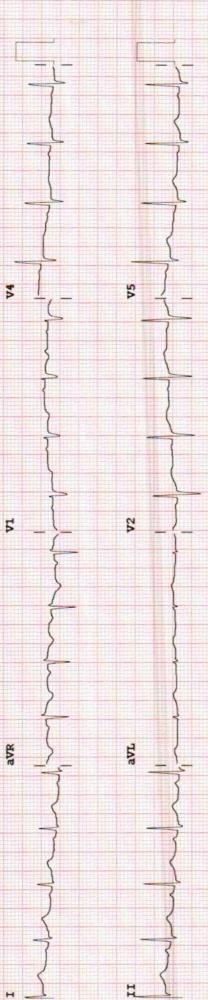
--AXIS--

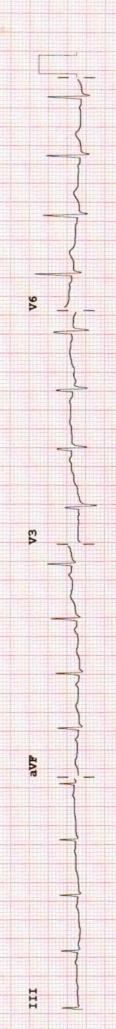
12 Lead; Standard Placement

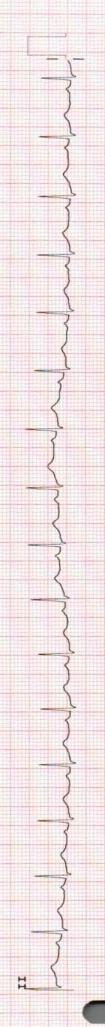
- BORDERLINE ECG -



Unconfirmed Diagnosis







ARROW

Chest: 10.0 mm/mV

Limb: 10 mm/mV

Speed: 25 mm/sec

Device:

6

PH100B CL

F 60~ 0.15-100 Hz





Patient Name Date PRIYA BARARIYA 10-02-2024 Age Sex 28Yrs FEMALE

## **CHEST X RAY (PA VIEW)**

#### Artifact is seen.

Both lung fields appear clear.

Both costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Both domes of diaphragm appear normal.

#### IMPRESSION:

No significant abnormality is noted

Please correlate clinically and with related investigations may be more informative.

Am

DrAmit Kumar MBBS, DMRD Consultant Radiologist

RMC-NO-26828/14866

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