

# Medical Summary

<sup>Mrs.</sup> Name: Alpi Banarwal - Date of Birth: 01/03/82  
 Ref Doctor: MEDIWHEEL Sex: 41 YRS

Customer ID: MED121747640  
 Date: 21.03.2023

Present Complaints: NO complaints

Past Illness: Kldo ~~type~~ Hypothyroidism & on Thyronorm 50mg

Major medical Illness: Kldo Hypothyroidism  
 Surgery: ~~hicc~~ previous hlo LSES

Accident: -

Others: -

**Personal history:**

Smoking:

Tobacco:

Alcohol:

Menstrual history: Regular

Obstetric history: G<sub>3</sub> P<sub>2</sub> L<sub>2</sub> A<sub>1</sub>

Diet: (N) diet

Exercise: Mild

Personality: -

Marital status: Married

Children: 2 children

**Family history:**

Tuberculosis: /

Diabetes: / (N)

Asthma: /

Drug history: -

Allergy: -

Hypertension: /

Heart Disease: / (N)

Others: -

Present Medications: Thyronorm 50mg

**General Examination:**

Height: 158cm

Conjunctiva: /

Oedema: / (N)

Tongue: /

Throat: /

Weight: 56.3kg

Lymphnodes: /

Nails: / (N)

Others: /

Skin: /

BP: 121/80

Eyes: / (N)

Genitals: / (N)

**Eye Screening:**

Vision	R/E	L/E
Distant Vision	(N)	(N)
Near Vision	(N)	(N)
Colour Vision	(N)	(N)

**Systemic Examination:**

Cardiovascular system: S/S (P)  
Peripheral Pulsations:  
Heart:  
Respiratory System: BAET (P)

**Gastrointestinal System:**

Higher Function: ?  
Cranial Nerves: ? (N)  
Motor System: ? (N)

Sensory system:  
Superficial Reflexes: ? (N)  
Deep Reflexes: ? (N)

**Rectal Examination:**

Others:

**Impression:**

Endometrial thickness - 5mm  
PID? Anemic (Hb-10.4)  
Hypothyroidism

Diet: (N) diet

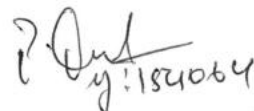
Medication: - Thyronorm 50mg

- Syrup Dexorange 15ml - o-o

**Advice & Follow up:**

- Mild to moderate exercise  
- Gynecologist opinion


Dr. RANJITH  
Consultant General Physician

  
y: 184064

Name : Ms. ALPI BARANWAL  
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Type : OP  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'AB' 'Positive'		
<b>INTERPRETATION:</b> Reconfirm the Blood group and Typing before blood transfusion			
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	<u>10.4</u>	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	33.2	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	3.55	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	93.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	31.5	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.5	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	47.45	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5840	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	70.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	24.2	%	20 - 45



**Dr. Manjula Ramesh**  
Consultant Biochemist

VERIFIED BY




**DR. SUNDAR ELAYAPERUMAL MD, CIC**  
CONSULTANT MICROBIOLOGIST  
REG NO. 41854

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)	4.0	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.3	%	00 - 02
<b>INTERPRETATION:</b> 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)	4.09	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	1.41	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.08	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.23	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.02	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	175	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood Derived from Impedance)	11.8	fL	8.0 - 13.3
PCT (EDTA Blood Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	<u>35</u>	mm/hr	< 20



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BUN / Creatinine Ratio	11.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	83.6	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)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	104.4	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)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.9	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.88	mg/dL	0.6 - 1.1

**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)	6.6	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.41	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.13	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.28	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.1	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	10.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	9.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	66.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.24	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.10	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.14	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.31		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.1	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	132.3	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

  
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<p><b>INTERPRETATION:</b> 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.</p>			
HDL Cholesterol (Serum/Immunoinhibition)	48.8	mg/dL	Optimal(Negative Risk Factor): $\geq$ 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	101.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq$ 190
VLDL Cholesterol (Serum/Calculated)	26.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	128.3	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq$ 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)	3.6		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	4.8	%	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) 91.06 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 glycaemic 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 0.99 ng/ml 0.7 - 2.04  
(Serum/Chemiluminescent Immunometric Assay (CLIA))

**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.



**Dr. Manjula Ramesh**  
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T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.11	µg/dl	4.2 - 12.0

**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))	1.66	µIU/mL	0.35 - 5.50
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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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

**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)	Negative	Negative
Pus Cells (Urine/Automated - Flow cytometry )	Occasional /hpf	NIL

*Manjularamesh*  
**Dr. Manjula Ramesh**  
 Consultant Biochemist

VERIFIED BY



*Ph*  
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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
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

  
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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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Name	MS.ALPI BARANWAL	ID	MED121747640
Age & Gender	41Y/FEMALE	Visit Date	21/03/2023
Ref Doctor	MediWheel		

## ULTRA SOUND SCAN

### WHOLE ABDOMEN

**Liver** is normal in size and shows uniform echotexture 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 10.1 x 3.8 cm.

**Left kidney** measures 9.3 x 3.9 cm.

Ureters are not dilated.

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

No para aortic lymphadenopathy is seen.

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

**Uterus is bulky, anteverted and measures 10.9 x 6.0 x 4.4 cm.**

Endometrial thickness is 5 mm.

**Right ovary** measures 4.2 x 2.4 cm.

**Left ovary** measures 4.0 x 1.9 cm.

No significant mass or cyst is seen in the ovaries.

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<b>Age &amp; Gender</b>	<b>41Y/FEMALE</b>	<b>Visit Date</b>	<b>21/03/2023</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

Parametria are free.

**Free fluid is noted in the pouch of Douglas.**

Iliac fossae are normal.

**IMPRESSION:**

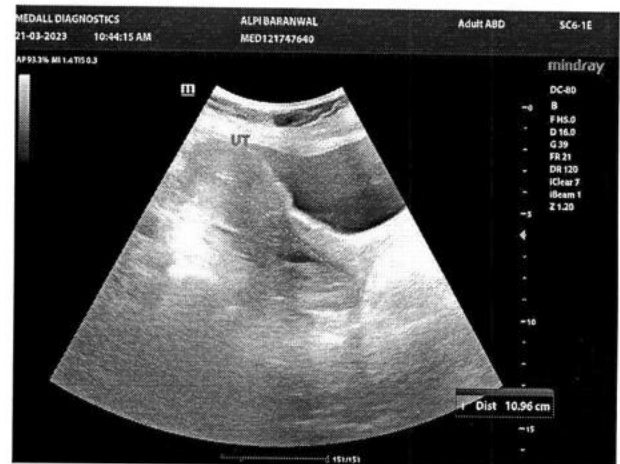
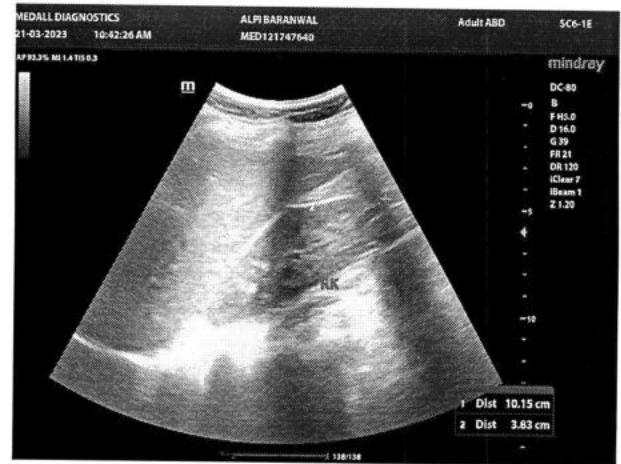
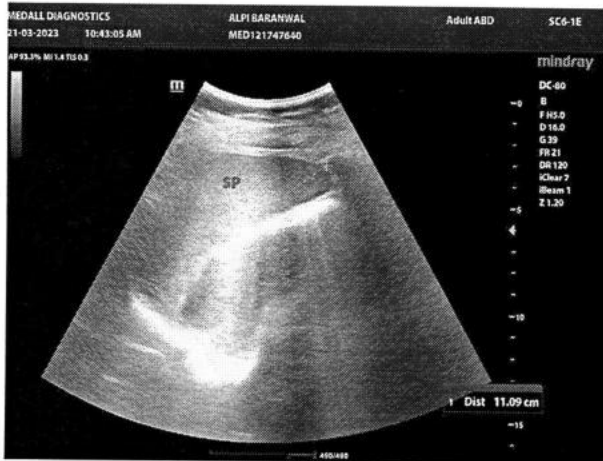
- **Bulky uterus.**
- **Pelvic inflammatory disease.**

**Suggested clinical correlation.**

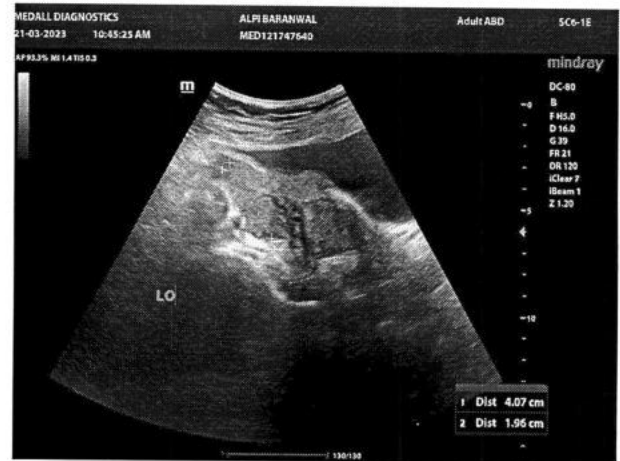
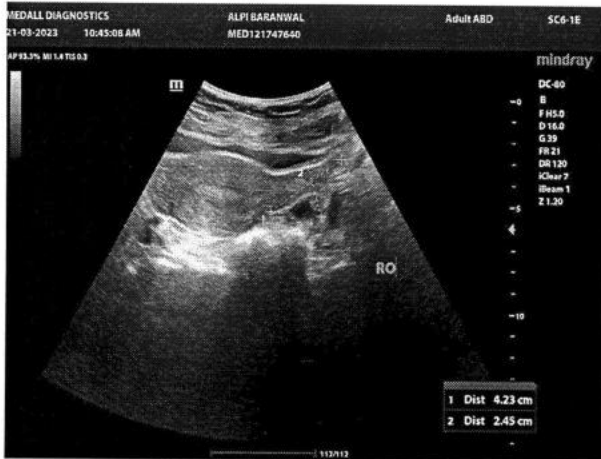
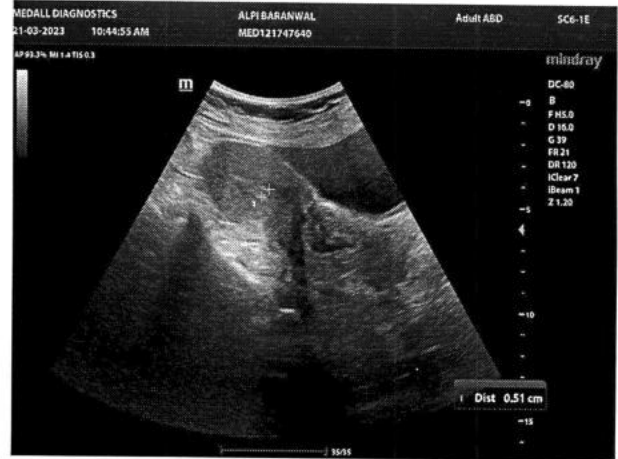
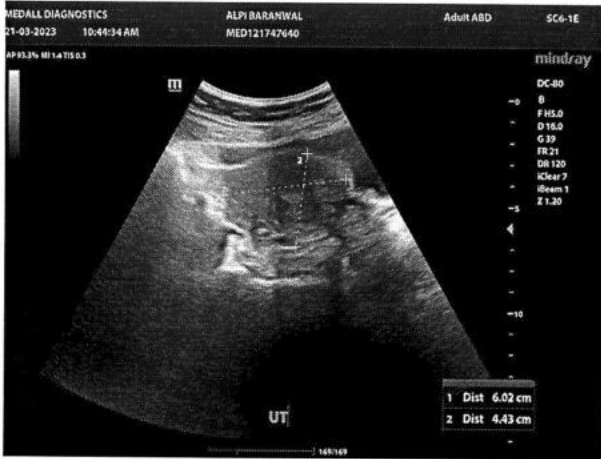


**Dr. SUMITHA**  
**SONOLOGIST**

<b>Name</b>	<b>MS.ALPI BARANWAL</b>	<b>ID</b>	<b>MED121747640</b>
<b>Age &amp; Gender</b>	<b>41Y/FEMALE</b>	<b>Visit Date</b>	<b>21/03/2023</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



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**ECHO CARDIOGRAM REPORT**

**2D ECHO STUDY:**

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 72%)
- 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 : 72% )**
- **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)- 2.4cm(1.5cm/3.5cm)		IVS (ed) - 1.0cm	(0.6cm/1.2cm)
LA (ed)- 2.5cm(1.5cm/3.5cm)		LVPW(ed) - 1.0cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)		EF 72 %	(62 %-85 %)
LVID (ed)- 3.0cm(2.6cm/5.5cm)		FS 38 %	
LVID (es)- 2.8cm			



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**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

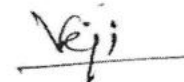
**PERICARDIUM:**

- Normal.

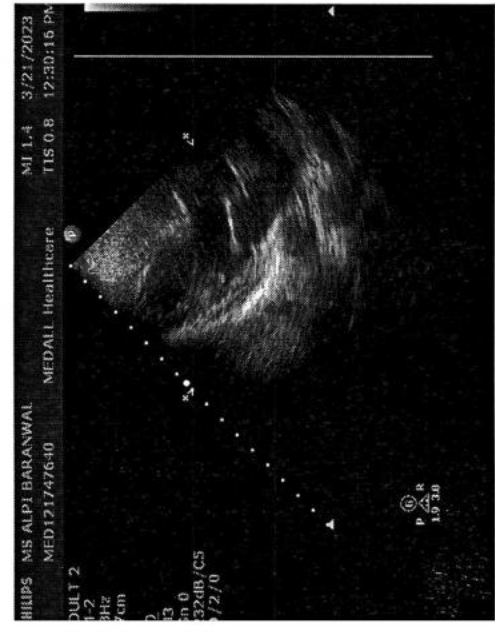
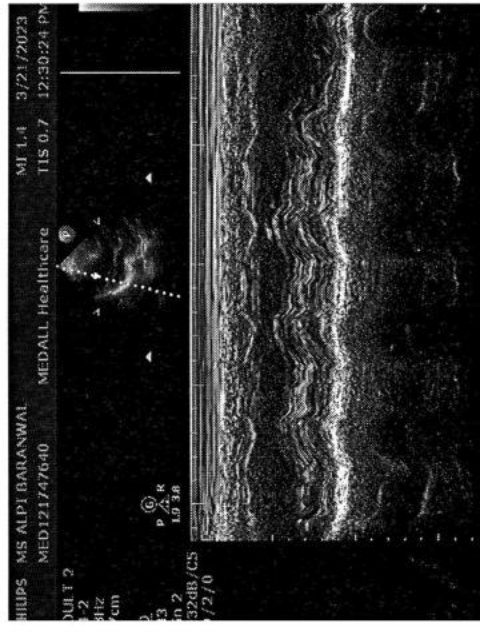
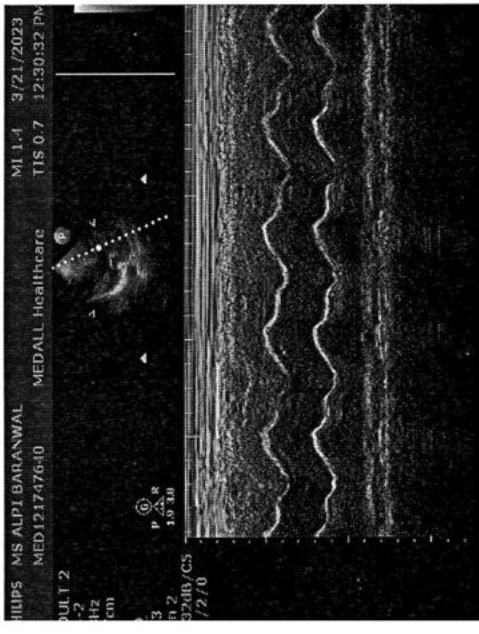
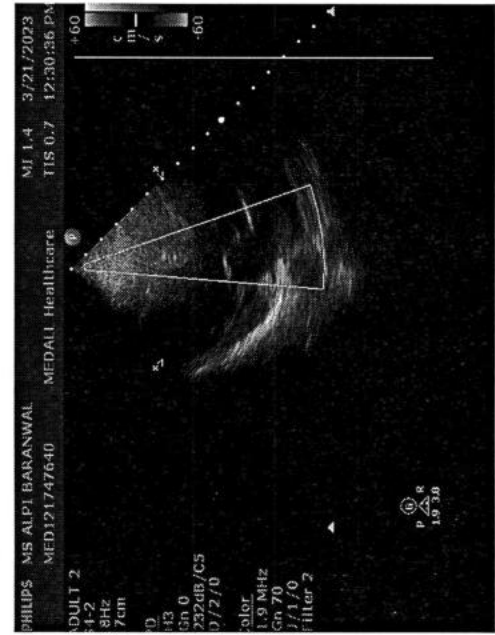
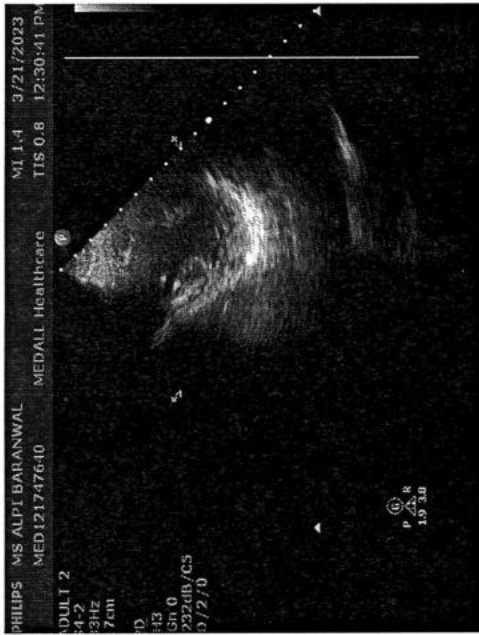
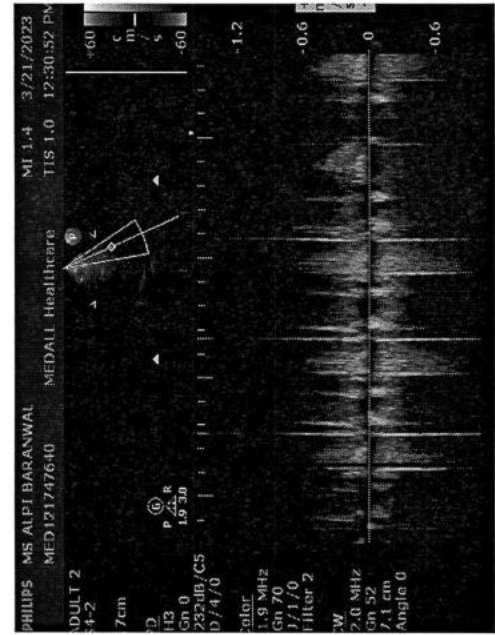
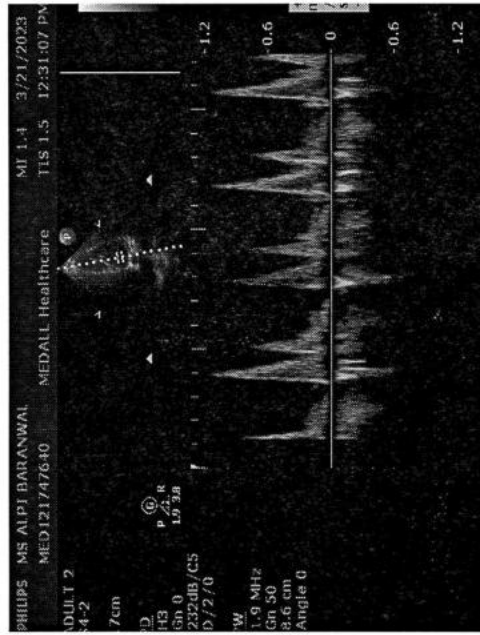
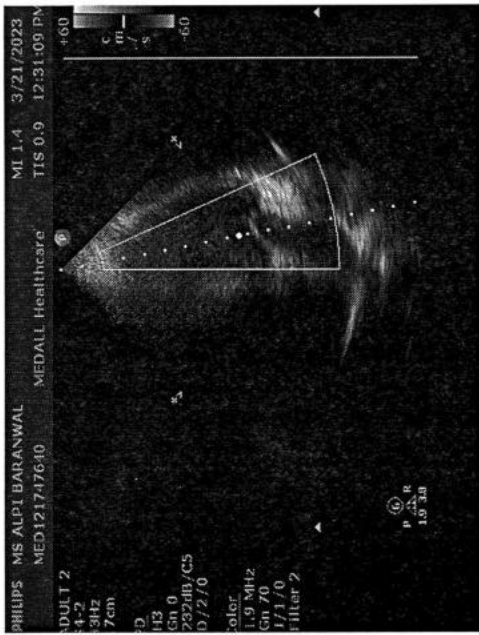
**DOPPLER STUDY:**

Continuous Wave Doppler & Colour Flow Study:

➤ *Normal colour flow studies.*



**P. VIJAYA LAKSHMI  
ECHO TECHNICIAN**



Name	ALPI BARANWAL	Customer ID	MED121747640
Age & Gender	41Y/F	Visit Date	Mar 21 2023 8:46AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression: Essentially normal study.**



DR. B. C. SRIDHAR, DMRD, DNB  
CONSULTANT RADIOLOGIST

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### **X-RAY MAMMOGRAPHY OF BOTH BREASTS**

Soft tissue X-ray mammography of both breasts was performed using the Cranio-caudal and Medio-lateral oblique views.

No mass or calcification is seen in either breast.

The retro-mammary space is free.

The nipples are normal with no evidence of retraction.

The skin and subcutaneous tissues are normal.

Correlated ultrasound screening of both breasts did not reveal any abnormality.

**IMPRESSION :** = No mammographic evidence of abnormality.

= BIRADS category I.

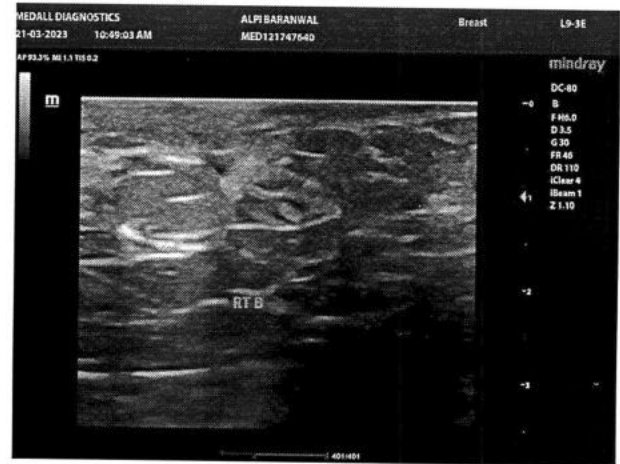
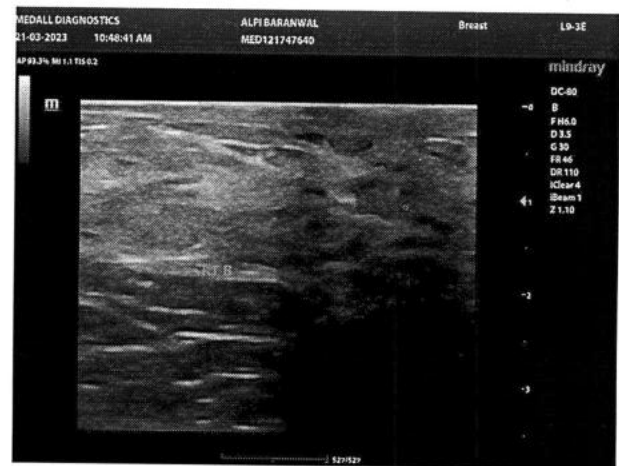


**Dr. SUMITHA**  
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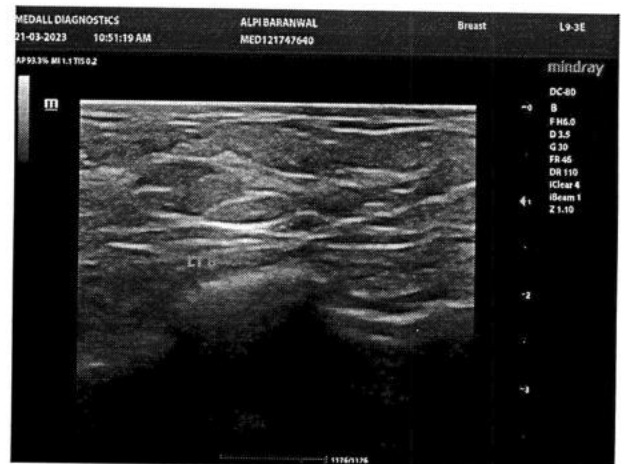
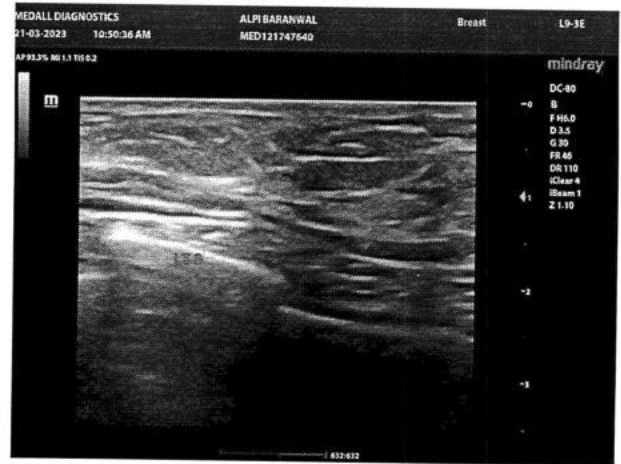
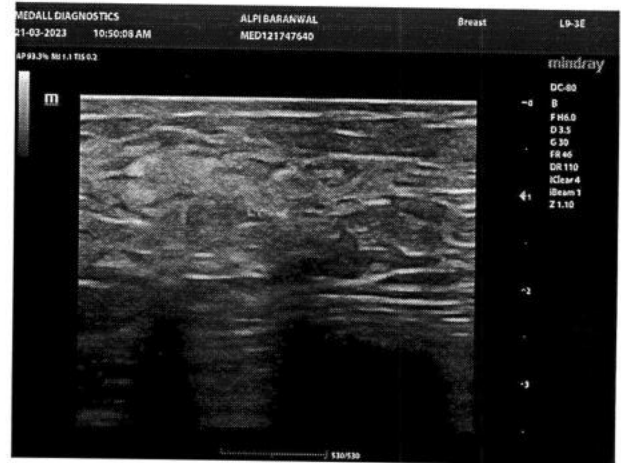
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<b>BIRADS Category</b>		<b>Likely hood of cancer</b>
<b>0</b>	<b>Need additional imaging or prior examinations</b>	<b>N/A</b>
<b>1</b>	<b>Negative</b>	<b>0%</b>
<b>2</b>	<b>Benign</b>	<b>0%</b>
<b>3</b>	<b>Probably benign</b>	<b>&gt;0% - 2 %</b>
<b>4</b>	<b>Suspicious</b>	<b>4a Low suspicion for malignancy (&gt;2% to 10%)</b>  <b>4b Moderate suspicion for malignancy (&gt;10% to 50%)</b>  <b>4c High suspicion for malignancy (&gt;50% to 95%)</b>
<b>5</b>	<b>Highly suggestive of malignancy</b>	<b>95%</b>
<b>6</b>	<b>Known biopsy proven</b>	<b>N/A</b>

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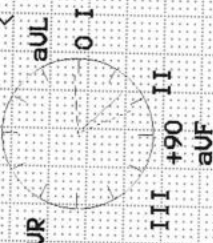


HR 75 bpm

Measurement Results:

P	88 ms
PR	384 / 428 ms
QT	158 ms
QTc	104 ms
RR	792 / 800 ms
PR-T	65 / 46 / -5 degrees

Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Normal ECG



Unconfirmed report.

