




PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited
Certificate No.:MC-2566

TEST REPORT

Name : **MR.PANDIT PRAVEEN KUMAR [176267]** TID/SID : UMR0923153/ 24040686
 Age / Gender : 37 Years / Male Registered on : 08-Oct-2022 / 09:35 AM
 Ref.By : - Collected on : 08-Oct-2022 / 09:44 AM
 Req.No  Reported on : 08-Oct-2022 / 14:24 PM
 BIL2444641 Reference : Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.010		1.003-1.030
Reaction and pH Method:Double Indicator	6.0		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
Microscopic Examination			
Pus cells (leukocytes) Method:Microscopy Of Sediment	1 - 2	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	1 - 2	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

Lab Timings (Weekdays) : 7.00 am to 8.30 pm
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm
& 5.45 pm to 7.45 pm
Sundays & Holidays : 7.30 am to 9.30 am




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DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

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--- End Of Report ---

Dr.Jyothi Kiranmai
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MD PATHOLOGY






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Req.No  Reported on : 08-Oct-2022 / 15:04 PM
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DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin	11.9	g/dL	13.0-17.0 g/dL
Method:Spectrophotometry			
Erythrocyte Count(RBC)	5.6	mill /cu.mm	4.5-5.5 mill /cu.mm
Method:Electrical Impedance			
PCV/HCT	38	%	40-50 %
Method:Numeric Integration			
MCV	69	fL	83-101 fL
Method:Calculated			
MCH	21.3	pg	27-32 pg
Method:Calculated			
MCHC	30.9	gm/dL	31.5-34.5 gm/dL
Method:Calculated			
RDW (CV)	16.1	%	11.6-14.0 %
Method:Calculated			
Total WBC Count	7.2	cells/cumm	4-10 cells/cumm
Method:Impedence flowcytometry/Light scattering			
Differential Count			
Neutrophils	55	%	40-80 %
Method:Flowcytometry/Microscopy			
Lymphocytes	38	%	20-40 %
Method:Flowcytometry/Microscopy			
Monocytes	5	%	2-10 %
Method:Flowcytometry/Microscopy			
Eosinophils	2	%	1-6 %
Method:Flowcytometry/Microscopy			
Basophils	0	%	0-2 %
Method:Flowcytometry/Microscopy			
Absolute Neutrophil Count	3.96	10 ³ /μL	2.0-7.0 10 ³ /μL
Absolute Lymphocyte Count	2.74	10 ³ /μL	1.0-3.0 10 ³ /μL




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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Absolute Monocyte Count	0.36	10 ³ /μL	0.20-1.0 10 ³ /μL
Absolute Eosinophil Count	0.14	10 ³ /μL	0.02-0.5 10 ³ /μL
Absolute Basophil Count	00	10 ³ /μL	0.02-0.1 10 ³ /μL
Platelet Count	320	10 ³ /μL	150-410 10 ³ /μL
Method:Electrical Impedence			

Peripheral Smear

RBC

Method:Microscopy

Microcytic and hypochromic, Anisocytosis+

WBC

Method:Microscopy

Within normal limits.No abnormal cells seen.

Platelets

Method:Microscopy

Discrete and adequate.Normal in morphology

Note

Advised Serum Iron studies, Hb Electrophoresis.

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DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	09	mm/hour	0-10 mm/hour
Method:Westergren			

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Req.No	:  BIL2444641	Reported on	: 08-Oct-2022 / 11:06 AM
		Reference	: Medi Wheel

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.53 cm
Left Atrium	3.17 cm
Left Ventricle	LVDd: 4.21 cm IVSd : 1.19 cm EF: 61 % LVDs: 2.83 cm LVPwd: 1.14 cm FS: 32 %
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.65 m/sec A: 0.48 m/sec E/A ratio : 1.35 Aortic flow : 0.80 m/sec Pulmonary flow : 0.87 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV/ RV function. No PE/ clot/ vegetation.

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Req.No :  Reported on : 08-Oct-2022 / 14:05 PM
Reference : Medi Wheel
BIL2444641

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	9.3	mg/dL	7-23 mg/dL
Method:Calculated			

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.95	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

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Req.No :  Reported on : 08-Oct-2022 / 16:09 PM
Reference : Medi Wheel
BIL2444641

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	175	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : \geq 126 mg/dL

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DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	252	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : \geq 200 mg/dL

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DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	8.7	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	202	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

Note:Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION :

- 1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 2.A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	179	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	31	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	123	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	25	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	129	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	5.77		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	3.97		

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DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.34	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.14	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.20	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	38	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	25	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	47	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.58	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.56	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.02	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.51		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	37	U/L	7.0-50.0 U/L

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DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total Method:Enhanced chemiluminescence	1.31 ng/mL	0-3.9 ng/mL

Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

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DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.44	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	10.4	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.46	µIU/mL	0.465-4.68 µIU/mL

Note: Change in method and reference range
NOTE:

TSH - Reference ranges during pregnancy:*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors(secondary).

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DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	6.39	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

* Sample processed at Parkline

--- End Of Report ---

Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY






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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com

TEST REPORT

Name : **MR.PANDIT PRAVEEN KUMAR [176267]** TID/SID : UMR0923153/ 24042739
Age / Gender : 37 Years / Male Registered on : 08-Oct-2022 / 09:35 AM
Ref.By : - Collected on : 08-Oct-2022 / 09:44 AM
Req.No  Reported on : 08-Oct-2022 / 16:16 PM
BIL2444641 Reference : Medi Wheel

DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Fasting

Urine Glucose Fasting Nil NIL
Method:Reagent strip/Reflectance photometry

Glucose Urine Post Prandial

Urine Glucose Post Prandial 1.0 G % NIL
Method:Reagent strip/Reflectance photometry

* Sample processed at Parkline

--- End Of Report ---

V.G.Mallika

Dr V G Mallika
Regd. No: 63194
MD PATHOLOGY



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Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited
Certificate No.MC-2566

MEDICAL EXAMINATION REPORT

Name	Mr. pandit praveen kumar		Date : 8/10/22
Company	G/o. Medi wheel		Reg. No. : 2444641
Contact No.	9390529593		Sex <input checked="" type="checkbox"/> M Age : <input type="checkbox"/> 37
Type	Pre-Emp		Emp. No.: 176267
	Overseas		Height 173 cm
	Annual	<input checked="" type="checkbox"/>	Weight 75 kg
Remarks	<ul style="list-style-type: none"> Impaired glucose tolerance at diabetic range (HbA1c) Microcytic hypochromic anisocytosis. Low Hb1. LDL elevated Advised follow up after some Repeating parameters as well. 		
Fitness Status	Medically Fit / Unfit		<p>Dr. B. DEEPAK KUMAR (M.B.B.S.)</p> <p>Regd No: 75583</p> <p>Physician's Signature</p>

COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mrs Parvati Prashant Kungu

AGE 37 year

MARITAL STATUS married CHILDREN : M F (2 son)

IDENTIFICATION (IF ANY) more 009 chin



PAST HISTORY

Any family H/o : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

Any personal H/o Major illness like : Typhoid..... No Jaundice..... No Etc.

Any H/o STD..... No Skin infection..... No

H/o Blood Transfusion..... No Recent Vaccination..... Cou I (heal) (2 dose)

H/o Epilepsy..... No Giddiness..... No

H/o Surgery..... No Fracture in the past..... No

Any Personal H/O.

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt. Loss/Wt. Gain

Present illness / Medication (14-9-14) (14) (9/14)

GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

Normal

Normal

NO

DR. B. DEEPAK KUMAR
(M.B.B.S.)
REGD. 15583

CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date :



Signature

Place :

Note : General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.



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NABL Accredited
Certificate No.MC-2566

ENT CONSULTATION

S.No. 2AA46A1

Emp.No. 176267

Date 8/10/22

Name pandit praveen
kumar

Age 37Yrs

Sex M F

EARS :

Right

Left

EAC :

(N)

(N)

TM :

(N) (N)

(N) (N)

TFT :

Rinne's Ac > Bc

Ac > Bc

Wabers
Ac > Bc

← → cold
same as examination

NOSE :

(N)

THROAT :

(N)

NECK :

(N)

IMPRESSION:

ENT within (N) limits

Dr. POORNIMA
M.B.B.S, D.L.O., (ENT)
Reg No. 100155 (KMC)

Date:- 08/10/2022

Subject:- Not attending dental checkup.

Dear Sir,

I donot require dental checkup as
I have visited dentist few days ago.

As I have visited & taken proper treatment,

I donot require dental checkup. You

Can consider and skip dental checkup.

Thank you,

P. Anand Kumar P. 2.7 Ad (SPOUSE)

Bank of Baroda

PP. 17626A

8390529593



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TEST REPORT

Name : Mr . PANDIT PRAVEEN KUMAR [176267]
Age / Gender : 37 Years / Male
Ref.By : Medi Wheel
Req. No : BIL2444641

TID : UMR0923153
Registered on : 08-Oct-2022 09:35 AM
Reported On : 08-Oct-2022 12:43 PM

DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

LIVER : Normal in size and echotexture. No focal lesions.
No IHBD /CBD dilatation. Portal vein is normal in size.

SPLEEN : Normal in size and echotexture. No focal lesion seen.

GALL BLADDER : Well distended. No sludge / gall stones / sol.
Gall bladder -Wall thickness is normal.
No pericholecystic oedema.

PANCREAS : Normal in size and echotexture.No calcification / sol.
Pancreatic duct is normal. No peripancreatic fluid collection.

RIGHT KIDNEY : 10.86 x 4.92 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

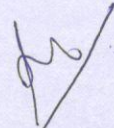
LEFT KIDNEY : 11.01 x 4.86 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

URINARY BLADDER : Well distended. Normal ii contour.
Wall thickness is normal. No calculus / sol.

PROSTATE : Normal in size and echotexture.
No calcification / sol.
No pre or para aortic adenopathy / ascites noted.

IMPRESSION : Normal Study.

Clinical correlation



Dr. PRAJAKTA SUKHADEVE
DMB RADIOLOGY
Reg. No. 68493



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TEST REPORT

Name : MR.PANDIT PRAVEEN KUMAR [176267] TID/SID : UMR0923153/
Age / Gender : 37 Years / Male Registered on : 08-Oct-2022 / 09:35 AM
Ref.By : - Collected on : 08-Oct-2022 / 09:44 AM
Req.No :  Reported on : 08-Oct-2022 / 11:06 AM
BIL2444641 Reference : Medi Wheel

DEPARTMENT OF CARDIOLOGY

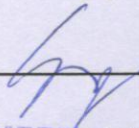
2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.53 cm
Left Atrium	3.17 cm
Left Ventricle	LVDd: 4.21 cm IVSd: 1.19 cm EF: 61 % LVDs: 2.83 cm LVPwd: 1.14 cm FS: 32 %
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.65 m/sec A: 0.48 m/sec E/A ratio : 1.35 Aortic flow : 0.80 m/sec Pulmonary flow : 0.87 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV/ RV function. No PE/ clot/ vegetation.

* Sample processed at Parkline

--- End Of Report ---

Page 1 of 2


Dr. SAMEER G. VANKAR
MD., D.M.
Consultant Interventional Cardiologist
Reg.No.8245



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TEST REPORT

Name : Mr . PANDIT PRAVEEN KUMAR [176267]
Age / Gender : 37 Years / Male
Ref.By : Medi Wheel
Req. No : BIL2444641

TID : UMR0923153
Registered on : 08-Oct-2022 09:35 AM
Reported On : 08-Oct-2022 12:53 PM

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

Hila are normal.

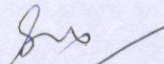
C P angles are free.

Bony cage is normal.

Soft tissues are normal.

IMPRESSION : NORMAL CHEST X-RAY




Dr. PRAJAKTA SUKHADAVE
DMB RADIOLOGY
Reg. No. 68483

MR PANDIT PRAVEEN KUMAR
Male 37Years

HR : 87 bpm
P : 117 ms
PR : 154 ms
QRS : 91 ms
QT/QTc : 311/374 ms
P/QRS/T : 36/-17/28 °
RV5/SV1 : 0.772/1.038 mV

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V3)
Flattened T Wave(aVL,V6)
Low T Wave(V5)

DR. SAMEER G. VANKAR
Consultant Cardiologist
Reg. No. 8895

C S2 Ummy un

Used
6

Report Confirmed by: 