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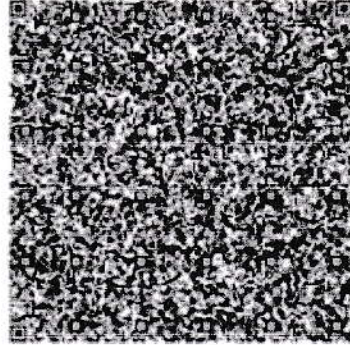
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00687/23899

To
कंचन मेहरा
kanchan mehra
W/O SUMIT MEHRA
HOUSE NO. 128A KUSUMKHERA , GAS GODAM ROAD
BHUMIYA VIHAR , PHASE A3
HALDWANI
HARIPUR NAYAK
Haripur Nayak
Nainital Uttarakhand - 263139
8192022107

Signature Not Verified

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA
Date: 2023.07.04 09:16
UTC



Dr. SUSHIL PANDEY

M.B.P.S
Reg. No.- UMC-6045
Chandan Dignitary Officer, Haldwani

आपका आधार क्रमांक / Your Aadhaar No. :

6146 1702 5784

VID : 9115 9123 6674 0522

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



कंचन मेहरा
kanchan mehra
जन्म तिथि/DOB: 02/07/1995
महिला/ FEMALE

Issue Date: 13/11/2011

पता:
व/ो
गोदाम
नायक
उत्तरा

Addr
W/O
KUSU
BHUI
HARI
Uttar

Download Date: 24/06/2023

6146 1702 5784



CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.KANCHAN MEHRA	Registered On	: 24/Jun/2023 09:35:58
Age/Gender	: 27 Y 11 M 22 D /F	Collected	: 24/Jun/2023 09:46:37
UHID/MR NO	: CHLD.0000092905	Received	: 24/Jun/2023 10:14:34
Visit ID	: CHLD0045872324	Reported	: 24/Jun/2023 13:01:20
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Blood Group	A
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	10.70	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)	4,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	54.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	37.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	8.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	28.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr.	<20	
PCV (HCT)	36.00	%	40-54	
Platelet count				
Platelet Count	1.08	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	17.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	44.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.12	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.53	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE

Blood Indices (MCV, MCH, MCHC)





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	95.90	fl	80-100	CALCULATED PARAMETER
MCH	30.30	pg	28-35	CALCULATED PARAMETER
MCHC	31.50	%	30-38	CALCULATED PARAMETER
RDW-CV	12.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,376.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	352.00	/cu mm	40-440	




Dr Vinod Ojha
MD Pathologist





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Patient Name	: Mrs.KANCHAN MEHRA	Registered On	: 24/Jun/2023 09:35:59
Age/Gender	: 27 Y 11 M 22 D /F	Collected	: 24/Jun/2023 18:07:43
UHID/MR NO	: CHLD.0000092905	Received	: 24/Jun/2023 18:26:46
Visit ID	: CHLD0045872324	Reported	: 24/Jun/2023 21:17:31
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Glucose Fasting	86.90	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

119.65	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 Vinod Ojha
MD Pathologist





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	111	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 G8 90 SL TOSOH 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 MALE & FEMALE BELOW 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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Visit ID	: CHLD0045872324	Reported	: 24/Jun/2023 13:49:31
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	12.63	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.56	mg/dl	Serum 0.5-1.2 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	3.03	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	24.35	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	22.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.70	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.39	gm/dl	6.2-8.0	BIRUET
Albumin	4.08	gm/dl	3.8-5.4	B.C.G.
Globulin	2.31	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.77		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	74.46	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.62	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.29	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.33	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	127.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	30.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	82	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.32	mg/dl	10-33	CALCULATED
Triglycerides	71.60	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Dr Vinod Ojha
MD Pathologist





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Patient Name	: Mrs.KANCHAN MEHRA	Registered On	: 24/Jun/2023 09:35:58
Age/Gender	: 27 Y 11 M 22 D /F	Collected	: 24/Jun/2023 12:19:11
UHID/MR NO	: CHLD.0000092905	Received	: 24/Jun/2023 12:24:19
Visit ID	: CHLD0045872324	Reported	: 24/Jun/2023 17:43:06
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Color	PALE YELLOW			
Specific Gravity	1.005			
Reaction PH	Acidic (6.0)			DIPSTICK
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	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			


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Patient Name	: Mrs.KANCHAN MEHRA	Registered On	: 24/Jun/2023 09:35:59
Age/Gender	: 27 Y 11 M 22 D /F	Collected	: 24/Jun/2023 18:07:44
UHID/MR NO	: CHLD.0000092905	Received	: 24/Jun/2023 18:26:46
Visit ID	: CHLD0045872324	Reported	: 24/Jun/2023 18:53:21
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

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




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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

T3, Total (tri-iodothyronine)	125.60	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.10	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.40	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.


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MD Pathologist





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Patient Name	: Mrs.KANCHAN MEHRA	Registered On	: 24/Jun/2023 09:36:01
Age/Gender	: 27 Y 11 M 22 D /F	Collected	: N/A
UHID/MR NO	: CHLD.0000092905	Received	: N/A
Visit ID	: CHLD0045872324	Reported	: 24/Jun/2023 13:34:25
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW:-

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

IMPRESSION:-

No significant abnormality is seen.

Adv:-Clinico-pathological correlation.

Dr Sushil Pandey(MD Radiodignosis)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

ULTRASOUND WHOLE ABDOMEN

LIVER: Is normal in size and echotexture. No SOL seen. No dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent.

GALL BLADDER: Lumen anechoic, wall is normal in thickness (~3 mm). No pericholecystic fluid seen.

CBD: Normal in caliber and smoothly tapering towards its lower end.

PANCREAS: Normal in size and echotexture.

SPLEEN: Normal in size and echotexture.

KIDNEYS:-

Right kidney is normal in size, shape and echotexture with maintained CM differentiation.

No dilatation of PC system is seen.

No calculus seen.

Left kidney is normal in size, shape and echotexture with maintained CM differentiation.

No dilatation of PC system is seen.

No calculus seen.

URINARY BLADDER: Normal capacity bladder with anechoic lumen and smooth regular walls of normal thickness.

UTERUS & CERVIX:

- Uterus is normal in size, shape and echotexture.
- Endometrial and myometrial echoes are normal. (ET ~ 7.1mm). No focal lesion seen.
- Cervix appears normal.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

OVARIES & ADNEXA:

- Both ovaries are normal in size, shape and echo pattern.
- No adnexal mass/ cyst seen.
- No free fluid is seen in POD.

No evidence of any free fluid/retroperitoneal lymphadenopathy.

IMPRESSION:- Essentially a normal scan.

(Adv:- Clinico-pathological correlation and further evaluation).

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr Sushil Pandey(MD Radiodignosis)

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 *
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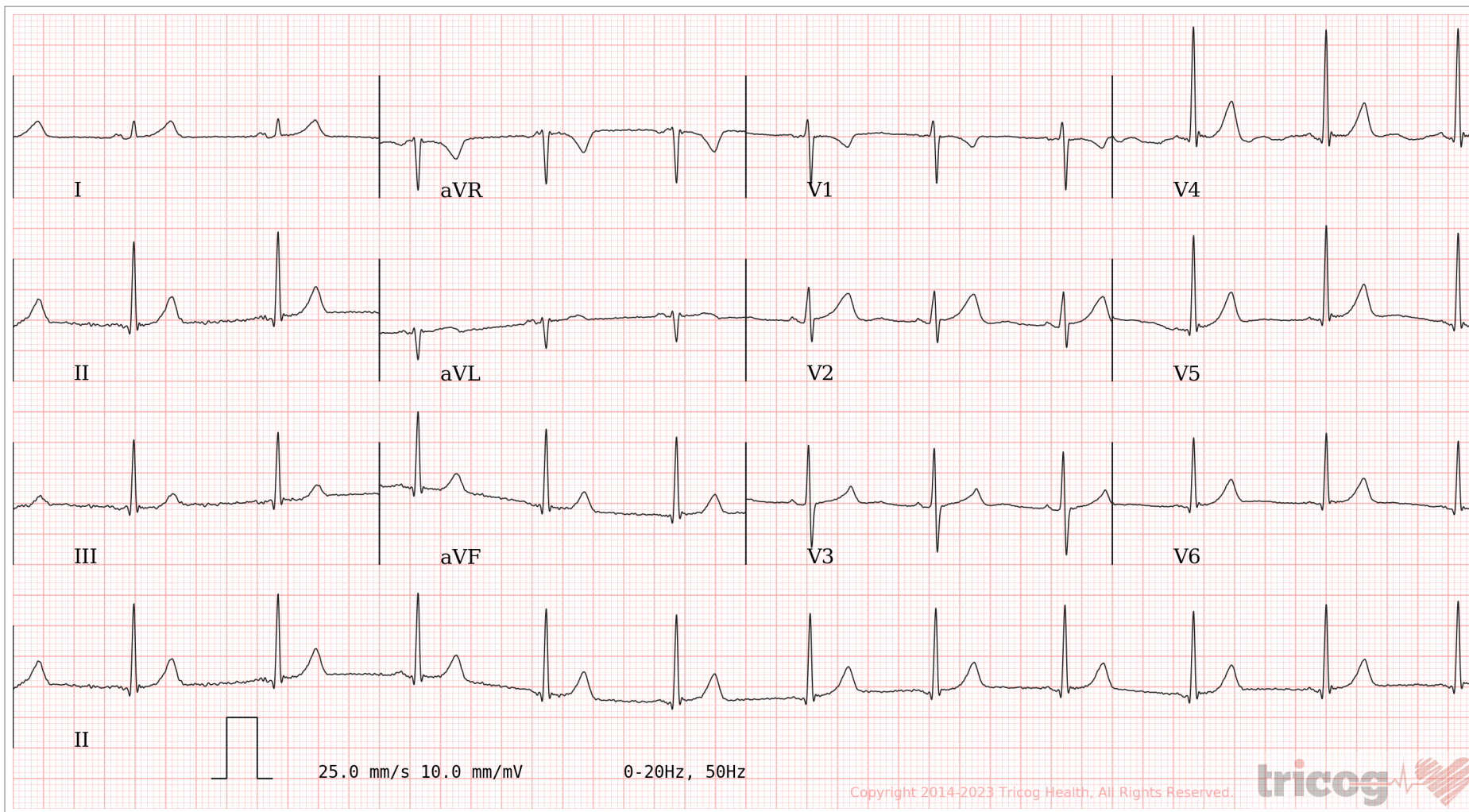
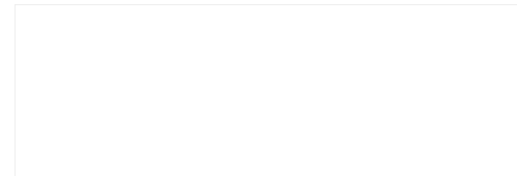


Chandan Diagnostic



Age / Gender: 27/Female
Patient ID: CHLD0045872324
Patient Name: KANCHAN MEHRA ECG

Date and Time: 24th Jun 23 10:40 AM



AR: 69bpm VR: 69bpm QRSD: 78ms QT: 366ms QTcB: 392ms PRI: 112ms P-R-T: NA 78° 56°

Sinus Rhythm, Short PR Interval. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Manjunatha Gosikere Chikkarangappa

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.

63382