



CHANDAN DIAGNOSTIC CENTRE

Add: Kamnath Market, Hospital Road, Lakhimpur
Ph: 9235400943,
CIN : U85110DL2003PLC308206



Patient Name	: Mr.SARVESH KUMAR-PKG10000238	Registered On	: 08/Oct/2023 09:20:15
Age/Gender	: 36 Y 2 M 0 D /M	Collected	: 08/Oct/2023 09:32:43
UHID/MR NO	: CDCL.0000222470	Received	: 08/Oct/2023 10:43:18
Visit ID	: CDCL0302962324	Reported	: 08/Oct/2023 12:26:24
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd. - 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	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	11.80	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)	4,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	72.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	23.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	30.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	<9	
PCV (HCT)	36.00	%	40-54	
Platelet count				
Platelet Count	1.55	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	50.90	%	35-60	ELECTRONIC IMPEDANCE





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PCT (Platelet Hematocrit)	0.17	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	3.91	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	94.10	fL	80-100	CALCULATED PARAMETER
MCH	30.30	pg	28-35	CALCULATED PARAMETER
MCHC	32.20	%	30-38	CALCULATED PARAMETER
RDW-CV	15.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	54.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,880.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	80.00	/cu mm	40-440	

Dr Mahendra Kumar
MBBS,MD(PATHOLOGY)





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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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GLUCOSE FASTING* , Plasma

Glucose Fasting	96.27	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP*

Sample: Plasma After Meal

107.27	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C)* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	29.50	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	92	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.





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO 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 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.

BUN (Blood Urea Nitrogen) * Sample: Serum	11.93	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample: Serum	0.79	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample: Serum	6.24	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) * , Serum





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	29.77	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	45.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	23.87	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.56	gm/dl	6.2-8.0	BIURET
Albumin	4.41	gm/dl	3.4-5.4	B.C.G.
Globulin	2.15	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.05		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	144.44	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.71	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.51	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	1.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	169.26	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	51.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	99	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	18.65	mg/dl	10-33	CALCULATED
Triglycerides	93.27	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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MBBS,MD(PATHOLOGY)





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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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URINE EXAMINATION, ROUTINE* , Urine

Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	PRESENT (+)	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	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	ABSENT			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	Few sperms/h.p.f			

STOOL, ROUTINE EXAMINATION* , Stool

Color	YELLOWISH
Consistency	SEMI SOLID
Reaction (PH)	Basic (8.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT





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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
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage ABSENT gms%

Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++)
- (++++)



Mahendra Kumar

Dr Mahendra Kumar
MBBS,MD(PATHOLOGY)





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UHID/MR NO	: CDCL.0000222470	Received	: 08/Oct/2023 14:06:28
Visit ID	: CDCL0302962324	Reported	: 09/Oct/2023 10:33:07
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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)	161.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	10.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.700	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.

Mahendra Kumar

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

CHEST P-A VIEW

- **Expiratory film .**
- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- **Cardiac size cannot be commented { due to expiratory film }.**
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION :

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**

Adv: clinico-pathological correlation and further evaluation.

Shalini

Dr. Shalini Lohchab Misra (MBBS,DMRD)
(Consultant Radiologist)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size and has a normal homogenous echotexture. No focal lesion is seen.
- The intra hepatic portal channels are normal. The portal vein and inferior vena cava appears normal.

GALL BLADDER

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.
- Common bile duct is normal in size, shape and echotexture.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY

- Right kidney is normal in size {105 mm}, shape and cortical echotexture. Corticomedullary demarcation maintained. Pelvi-calyceal system, vesico uretric junction & ureter is not dilated.

LEFT KIDNEY

- Left kidney is normal in size {92 mm}, shape and cortical echotexture **& shows concretion of size {3 mm} at middle calyx** . Corticomedullary demarcation maintained. Pelvi-calyceal system, vesico uretric junction & ureter is not dilated.

SPLEEN

- The spleen is normal in size {113 mm} and has a normal homogenous echo-texture.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

PROSTATE

- The prostate gland is normal in texture with smooth outline.

FINAL IMPRESSION

- **LEFT RENAL CONCRETION .**

Adv: clinico-pathological correlation and further evaluation.

*** End Of Report ***

Result/s to Follow:
ECG/EKG





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DEPARTMENT OF ULTRASOUND

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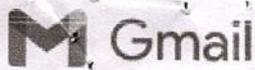
Shalini

Dr. Shalini Lohchab Misra (MBBS,DMRD)
(Consultant Radiologist)

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 *
365 Days Open *Facilities Available at Select Location





chandan diagnostic <cdclakhimpur@gmail.com>

Fwd: Health Check up Booking Confirmed Request(bobE42955),Package Code-PKG10000238, Beneficiary Code-43489

1 message

anurag sri <anurag.idc@gmail.com>

Tue, Oct 3, 2023 at 3:15 PM

To: chandan diagnostic <cdclakhimpur@gmail.com>

Pack code: 2613

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Tue, Oct 3, 2023 at 1:46 PM

Subject: Health Check up Booking Confirmed Request(bobE42955),Package Code-PKG10000238, Beneficiary Code-43489

To: <anurag.idc@gmail.com>

Cc: <customercare@mediwheel.in>

**Mediwheel**
...Your wellness partner

011-41195959

Email:wellness@mediwheel.in

Hi **Chandan Healthcare Limited**,Diagnostic/Hospital Location :**Kamnath Hospital, GIC, Government inter College, Jail Rd, Police Line, City:Lakhimpur Kheri**

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000238**Beneficiary Name** : MR. KUMAR SARVESH**Member Age** : 33**Member Gender** : Male**Member Relation** : Employee**Package Name** : Full Body Health Checkup Male Below 40**Location** : SITAPUR,Uttar Pradesh-261001**Contact Details** : 7251032340**Booking Date** : 28-07-2023**Appointment Date** : 08-10-2023**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.





भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No. : 1211/94523/02233

To
सर्वेश कुमार
Sarvesh Kumar
BARKHERVA
Lakhimpur
Kheri
Lakhimpur Kheri
Uttar Pradesh 262701
9721761558

170112014
103639659



ML036396597FT



Sarvesh Kumar

आपका आधार क्रमांक / Your Aadhaar No. :

7631 8170 6346

आधार - आम आदमी का अधिकार



भारत सरकार
Government of India



सर्वेश कुमार
Sarvesh Kumar
पिता : राम सागर वर्मा
Father : RAM SAGAR VERMA
जन्म तिथि / DOB : 08/08/1987
पुरुष / Male



7631 8170 6346

आधार - आम आदमी का अधिकार

GPS Map Camera



Lakhimpur, Uttar Pradesh, India

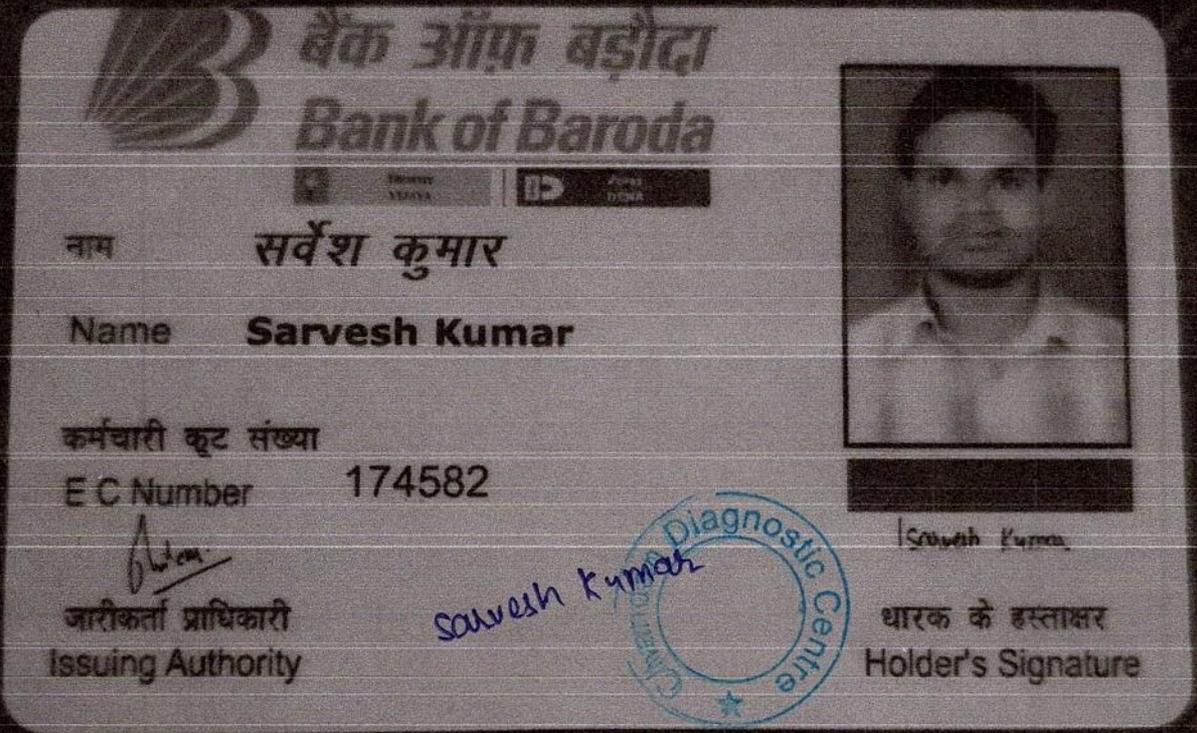
GIC, Government inter College, WQWM+4P5, Jail Rd,

Police Line, Lakhimpur, Uttar Pradesh 262701, India

Lat 27.945303°

Long 80.784359°

08/10/23 08:50 AM GMT +05:30



बैंक ऑफ़ बड़ोदा
Bank of Baroda

नाम **सर्वेश कुमार**
Name **Sarvesh Kumar**

कर्मचारी कूट संख्या
E C Number **174582**

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Holder's Signature

Sarvesh Kumar

Diagnostic Centre

GPS Map Camera



Lakhimpur, Uttar Pradesh, India

GIC, Government inter College, WQWM+4P5, Jail Rd,

Police Line, Lakhimpur, Uttar Pradesh 262701, India

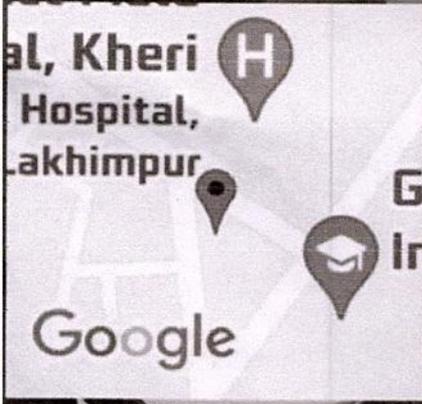
Lat 27.945303°

Long 80.784359°

08/10/23 08:50 AM GMT +05:30



 **GPS Map Camera**



Lakhimpur, Uttar Pradesh, India
WQWM+5M4, Police Line, Lakhimpur, Uttar Pradesh
262701, India
Lat 27.945404°
Long 80.784211°
08/10/23 09:45 AM GMT +05:30



Since 1991

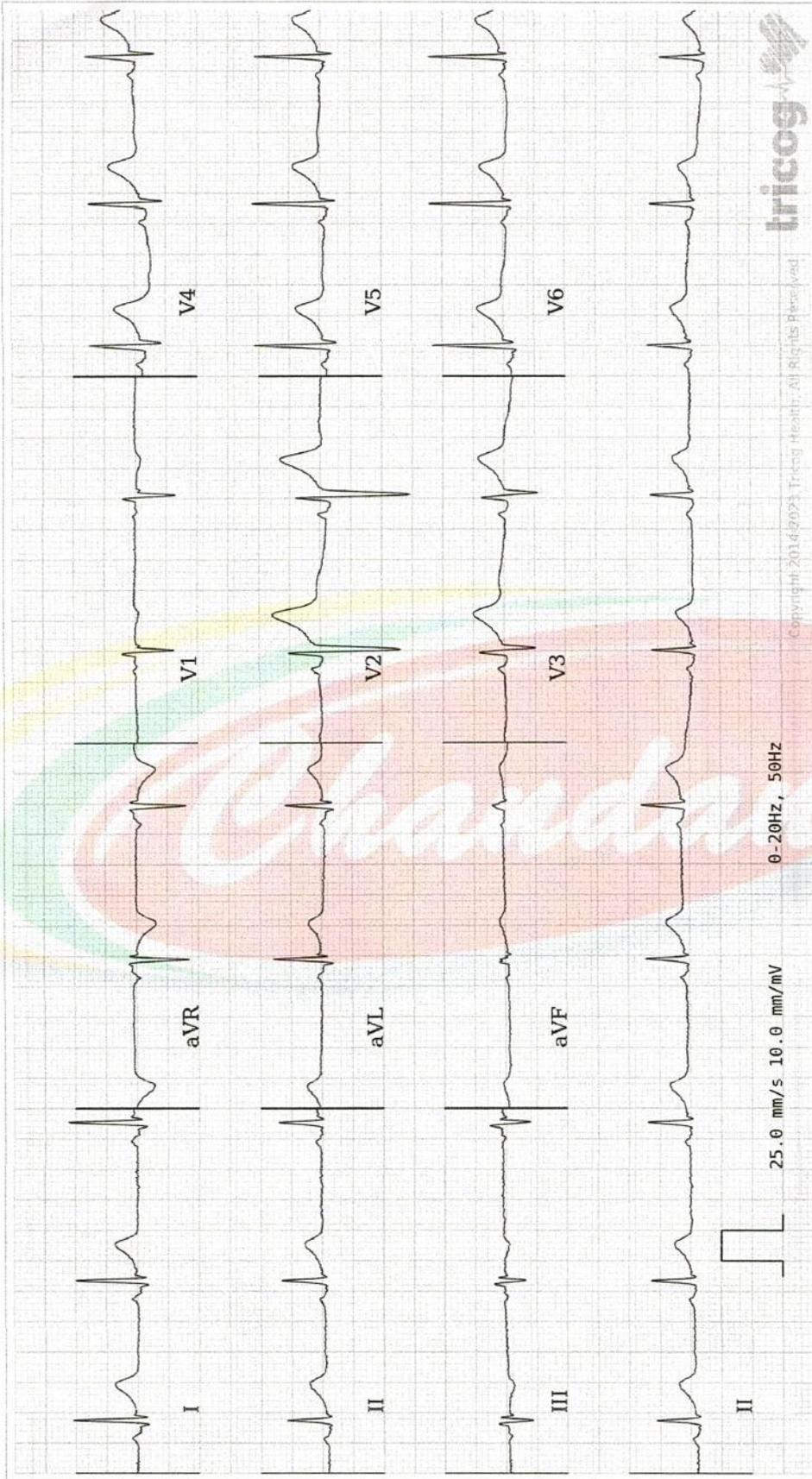
Chandan Diagnostic

Date and Time: 8th Oct 23 9:59 AM

Age / Gender: 36/Male

Patient ID: CDCL0302962324

Patient Name: Mr.SARVESH KUMAR-PKG10000238



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25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

AR: 60bpm VR: 60bpm QRSd: 78ms QT: 380ms QTcB: 380ms PRI: 116ms P-R-T: 16° 16° 19°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology
63382

REPORTED BY

Dr. Alifia Hatim
2000/08/29



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.