

Customer Name	MR.ROHIT GULABNITNAWARE	Customer ID	MED111309492
Age & Gender	36Y/MALE	Visit Date	24/09/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height: 165.9 cms

Weight: 76.9 kg

BMI : 27.5 kg/m²

BP: 110/64 mmhg

Pulse: 75/ min, regular

Systemic Examination:

CVS: S1 S2 heard;

RS: NVBS+. Abd: Soft. CNS: NAD

Blood report:

Glucose-(FBS)-103.2 mg/dl and HbA1C test -6.2% - Slightly elevated.

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis - Within normal limits.

X-Ray Chest - Normal study.

ECG - Normal ECG.

USG whole abdomen - Fatty liver.

ECHO – Normal LV systolic function. No regional wall motion abnormality. Grade I LV diastolic dysfunction. Mild MR.

Eye Test - Normal study.

Vision	Right eye	Left eye	
Distant Vision	6/6	6/6	
Near Vision	N6	N6	
Colour Vision	Normal	Normal	





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Impression & Advice:

Glucose-(FBS)-103.2 mg/dl and HbA1C test -6.2% - Slightly elevated. To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

USG whole abdomen - Fatty liver. To take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

All other health parameters are well within normal limits.

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM MHC Physician Consultant

Dr NOOR MOHAMMAED RIZWAN A M.B.B.S., FDM.
Reg. No.: 120325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.



: Mr. ROHIT

GULABNITNAWARE

PID No.

: MED111309492

Register On

: 24/09/2022 9:38 AM

: 222016840 SID No.

Collection On : 24/09/2022 11:55 AM

Age / Sex Type

: OP

: 36 Year(s) / Male

Report On

24/09/2022 6:04 PM

Printed On

26/09/2022 9:17 AM

Ref. Dr

: MediWheel

Investigation

Observed Value

Unit

'O' 'Positive'

Biological Reference Interval

MEDALL

BLOOD GROUPING AND Rh

TYPING

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	38.9	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.10	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	76.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	26.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	35.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	35.52	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6220	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	58.6	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	29.9	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.9	%	01 - 06

REG NO:116685

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APPROVED BY

The results pertain to sample tested.

Page 1 of 7

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.2	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopicall	lly.
--	------

Cytometry)			
INTERPRETATION: Tests done on Automate	d Five Part cell cou	nter. All abnormal results a	re reviewed and confirmed microscopic
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.64	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.86	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.30	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.39	10^3 / μ1	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	290	10^3 / μΙ	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.6	fL	7.9 - 13.7
PCT (EDTA Blood'Automated Blood cell Counter)	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	11	mm/hr	<15
BUN / Creatinine Ratio	9.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	103.2	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125

REG NO:116685 **VERIFIED BY**

Diabetic: >= 126

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Page 2 of 7

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Observed **Value**

Unit

Biological Reference Interval

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)

116.6

mg/dL

70 - 140

(Plasma - PP/GOD-PAP) 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)	9.3	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.98	mg/dL	0.9 - 1.3

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

Uric Acid	5.5 mg/dL	3.5 - 7.2
(Serum/Enzymatic)		
Liver Function Test		
		All
	MICHAEL CONTRACTOR CON	

Bilirubin(Total) (Serum/DCA with ATCS)	0.48	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.36	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	35.9	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	35.9	U/L	5 - 41

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24/09/2022 6:04 PM 26/09/2022 9:17 AM

Ref. Dr

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Investigation	Observed Value	Unit	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	31.3	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	124.7	U/L	53 - 128
Total Protein (Serum/Biuret)	6.72	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.00	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.72	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.47		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	198.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	107.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: 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.

HDL Cholesterol

(Serum/Immunoinhibition)

39.8

mg/dL

Optimal(Negative Risk Factor): >=

Borderline: 40 - 59 High Risk: < 40

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The results pertain to sample tested.

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Investigation

LDL Cholesterol

(Serum/Calculated)

VLDL Cholesterol

(Serum/Calculated) Non HDL Cholesterol

(Serum/Calculated)

: MED111309492

: 222016840

: 36 Year(s)/ Male

: OP

: MediWheel

Observed Value

Register On

Report On

Printed On

Unit

Collection On : 24/09/2022 11:55 AM

137.4

mg/dL

: 24/09/2022 9:38 AM

: 24/09/2022 6:04 PM

26/09/2022 9:17 AM

21.6

159.0

mg/dL

mg/dL

Biological Reference Interval

Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189

Very High: >= 190

< 30

Optimal: < 130

Above Optimal: 130 - 159 Borderline High: 160 - 189

High: 190 - 219 Very High: >= 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)

Triglyceride/HDL Cholesterol Ratio

(TG/HDL)

(Serum/Calculated)

LDL/HDL Cholesterol Ratio

(Serum/Calculated)

2.7

3.5

Glycosylated Haemoglobin (HbA1c)

HbA1C

(Whole Blood/HPLC)

6.2

%

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

Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

Optimal: 0.5 - 3.0

Borderline: 3.1 - 6.0

High Risk: > 6.0

Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

REG NO:116685 **VERIFIED BY**

APPROVED BY

The results pertain to sample tested.

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: 36 Year(s) / Male

Report On Printed On : 24/09/2022 6:04 PM : 26/09/2022 9:17 AM

Type Ref. Dr OP

Observed Value

Unit

Biological Reference Interval

Estimated Average Glucose

(Whole Blood)

Investigation

131.24

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 glycemic 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 HbAlC 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

1.01

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.

T4 (Tyroxine) - Total

6.04

µg/dl

4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 3.44

µIU/mL

0.35 - 5.50

(CLIA))

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&lt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

VERIFIED BY

APPROVED BY

The results pertain to sample tested.

Page 6 of 7

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Investigation

COLOUR

APPEARANCE

(Urine/GOD - POD)

Epithelial Cells

(Urine)

(Urine) Protein

Glucose

Pus Cells

Casts

Others

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Urine Analysis - Routine

(Urine/Protein error of indicator)

(Urine/Automated - Flow cytometry)

: MediWheel

Observed Value

Pale yellow

Clear

Negative

Negative

1-2

1 - 2

NIL

NIL

NIL

NIL

Register On

Report On

Printed On

Collection On

Unit

: 24/09/2022 9:38 AM

: 24/09/2022 11:55 AM

24/09/2022 6:04 PM

26/09/2022 9:17 AM

/hpf

/hpf

/hpf

/hpf

/hpf

Biological Reference Interval

Yellow to Amber

Clear

Negative

Negative

NIL

NIL

NIL

NIL

NIL

(Urine) INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

VERIFIED BY

APPROVED BY

-- End of Report --

The results pertain to sample tested.

Page 7 of 7

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Age & Gender	36Y/M	Visit Date	Sep 24 2022 9:28AM
Ref Doctor	MediWheel		

X-RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

Chest x-ray shows no significant abnormality.

1.5. Campbullion

Dr. Rama Krishnan. MD, DNB., Consultant Radiologist. Medali Healthcare Pvt Ltd.





Customer Name	MR.ROHIT GULABNITNAWARE	Customer ID	MED111309492
Age & Gender	36Y/MALE	Visit Date	24/09/2022
Ref Doctor	MediWheel		

DEPARTMENT OF CARDIOLOGY

TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

ECHO INDICATION: Assessment M MODE & 2-D PARAMETERS:

ACOUSTIC WINDOW: GOOD

DOPPLER PARAMETERS

LV STUDY

IVS(d)	cm	0.5
IVS(s)	cm	1.0
LPW(d)	cm	0.5
LPW(s)	cm	1.0
LVID(d)	cm	5.0
LVID(s)	cm	3.3
EDV ml		128
ESV ml		38
SV ml		90
EF %		69
FS %		32

Parameters		Patient Value
LA	cm	3.8
AO	cm	2.8

Valves	Velocity max(m/sec mm/Hg)	
AV	0.6 / 2	
PV	0.8 / 3	
MV (E)	0.5	
(A)	0.7	
TV	1.2 / 6	

FINDINGS:

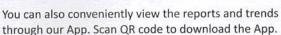
- Normal left ventricle systolic function (LVEF 69 %).
- * No regional wall motion abnormality.
- Grade I LV diastolic dysfunction.
- * Normal chambers dimension.
- * Mild mitral regurgitation.
- No pulmonary hypertension.
- Normal right ventricle systolic function.
- * Normal pericardium / Intact septae.
- * No clot/aneurysm.

IMPRESSION:

- MORMAL LV SYSTOLIC FUNCTION.
- **NO REGIONAL WALL MOTION ABNORMALITY.**
- **GRADE I LV DIASTOLIC DYSFUNCTION.**
- MILD MR.

S. Vignesh, M.ScIPCT Cardiology Department

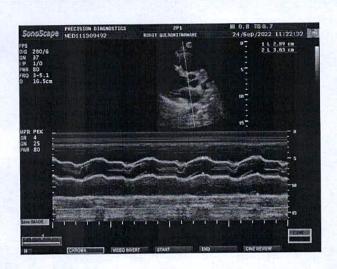
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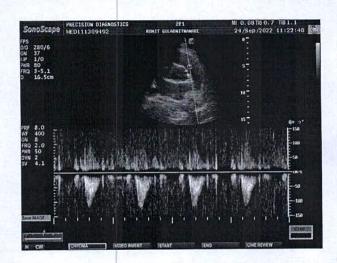


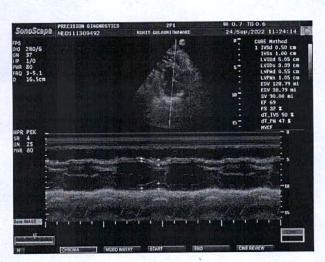
Medall Healthcare Pvt Ltd

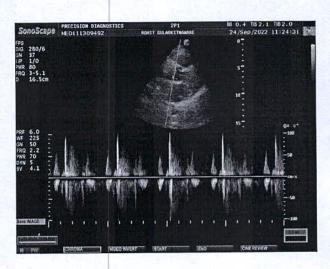
58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

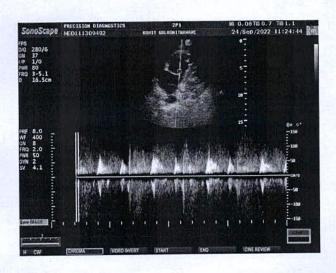
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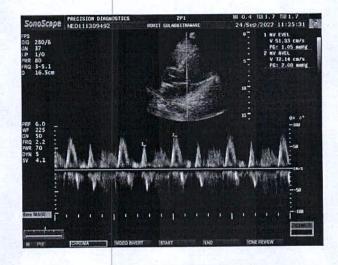














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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized, smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

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

The right kidney measures 10.4 x 5.9 cm.

The left kidney measures 11.6 x 5.3 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures 3.1 x 3.6 x 3.2 cm (19.3 cc) and is normal sized.

The echotexture is homogeneous.





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The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- · Fatty liver.
- · Normal study of other abdominal organs.

DR. UMALAKSHMI SONOLOGIST



Medall Healthcare Pvt Ltd
58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

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Medall Diagnostic Vadapalani



Age / Gender:

36/Male

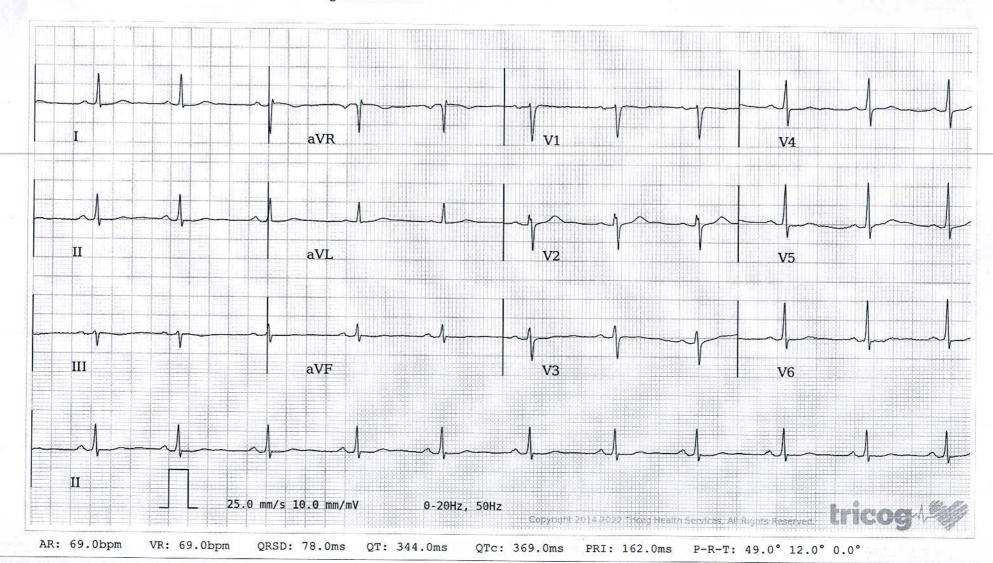
Date and Time: 24th Sep 22 12:10 PM

Patient ID:

Med111309492

Patient Name:

Mr rohit gulamnitnaaware



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

