CHANDAN DIAGNOSTIC CENTRE

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

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:52
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: 08/Oct/2022 09:58:58
UHID/MR NO	: CHLD.0000083881	Received	: 08/Oct/2022 10:14:34
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 11:47:19
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , *Blood*				
Blood Group	O			
Rh (Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , *Whole Blood*				
Haemoglobin	14.70	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)	5,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	**48.00**	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	**48.00**	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	**1.00**	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	6.00	Mm for 1st hr.		
Corrected	4.00	Mm for 1st hr.	< 9	
PCV (HCT)	46.00	%	40-54	
Platelet count				
Platelet Count	1.84	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	35.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	**4.10**	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

CHANDAN DIAGNOSTIC CENTRE

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

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:52
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: 08/Oct/2022 09:58:58
UHID/MR NO	: CHLD.0000083881	Received	: 08/Oct/2022 10:14:34
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 11:47:19
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	98.80	fl	80-100	CALCULATED PARAMETER
MCH	32.60	pg	28-35	CALCULATED PARAMETER
MCHC	36.20	%	30-38	CALCULATED PARAMETER
RDW-CV	15.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	55.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	**2,592.00**	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	162.00	/cu mm	40-440	

Dr Vinod Ojha
MD Pathologist

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:53
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: 08/Oct/2022 09:58:57
UHID/MR NO	: CHLD.0000083881	Received	: 08/Oct/2022 10:14:34
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 11:56:51
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , *Plasma*				
Glucose Fasting	79.90	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) 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.
c) I.G.T = Impared Glucose Tolerance.

Glucose PP *Sample:Plasma After Meal*	165.60	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) 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.
c) I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , *EDTA BLOOD*			
Glycosylated Haemoglobin (HbA1c)	4.60	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	27.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	85	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 mnagement.

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:53
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: 08/Oct/2022 09:58:57
UHID/MR NO	: CHLD.0000083881	Received	: 08/Oct/2022 10:14:34
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 11:56:51
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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
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*	8.22	mg/dL	7.0-23.0	CALCULATED
Creatinine *Sample:Serum*	0.90	mg/dl	0.7-1.3	MODIFIED JAFFES
Uric Acid *Sample:Serum*	6.39	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) * , *Serum*

CHANDAN DIAGNOSTIC CENTRE

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

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:53
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: 08/Oct/2022 09:58:57
UHID/MR NO	: CHLD.0000083881	Received	: 08/Oct/2022 10:14:34
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 11:56:51
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	**38.50**	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	**48.20**	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	48.91	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.39	gm/dl	6.2-8.0	BIRUET
Albumin	4.02	gm/dl	3.8-5.4	B.C.G.
Globulin	2.37	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.70		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	67.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	**3.74**	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	**1.28**	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	**2.46**	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , *Serum*				
Cholesterol (Total)	167.55	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	43.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	97	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	26.74	mg/dl	10-33	CALCULATED
Triglycerides	133.69	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr Vinod Ojha
MD Pathologist

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:52
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: 08/Oct/2022 15:59:18
UHID/MR NO	: CHLD.0000083881	Received	: 08/Oct/2022 16:03:24
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 17:45:33
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE * , *Urine*				
Color	PALE YELLOW			
Specific Gravity	1.015			
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			
STOOL, ROUTINE EXAMINATION * , *Stool*				
Color	YELLOWISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (6.5)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:52
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: 08/Oct/2022 15:59:18
UHID/MR NO	: CHLD.0000083881	Received	: 08/Oct/2022 16:03:24
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 17:45:33
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 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
(+++) 1-2
(++++) > 2

SUGAR, PP STAGE * , *Urine*

Sugar, PP Stage	ABSENT			

Interpretation:

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

Dr Vinod Ojha
MD Pathologist

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:53
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: 08/Oct/2022 09:58:57
UHID/MR NO	: CHLD.0000083881	Received	: 08/Oct/2022 10:14:34
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 12:48:20
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total * *Sample:Serum*	0.400	ng/mL	< 1.3	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL * , *Serum*

T3, Total (tri-iodothyronine)	134.10	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.20	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.

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:53
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: 08/Oct/2022 09:58:57
UHID/MR NO	: CHLD.0000083881	Received	: 08/Oct/2022 10:14:34
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 12:48:20
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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.

Dr Vinod Ojha
MD Pathologist

CHANDAN DIAGNOSTIC CENTRE

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

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:53
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000083881	Received	: N/A
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 16:57:44
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 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 KAMAL PANT
(MD RADIO DIAGNOSIS)

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:53
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000083881	Received	: N/A
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 13:29:50
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) **

ULTRASOUND WHOLE ABDOMEN

LIVER: Is normal in size (~11.7 cms) 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: **Is enlarged in size (~13.1 cms)** and normal in 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.

PROSTATE: Is normal in size (~12.0 cc in volume) and echotexture. No focal lesion seen.

No evidence of any free fluid/retroperitoneal lymphadenopathy.

IMPRESSION:- ***Splenomegaly.***

CHANDAN DIAGNOSTIC CENTRE

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

Patient Name	: Mr.MADHUSUDAN	Registered On	: 08/Oct/2022 09:50:53
Age/Gender	: 39 Y 2 M 29 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000083881	Received	: N/A
Visit ID	: CHLD0094752223	Reported	: 08/Oct/2022 13:29:50
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

***** End Of Report *****

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

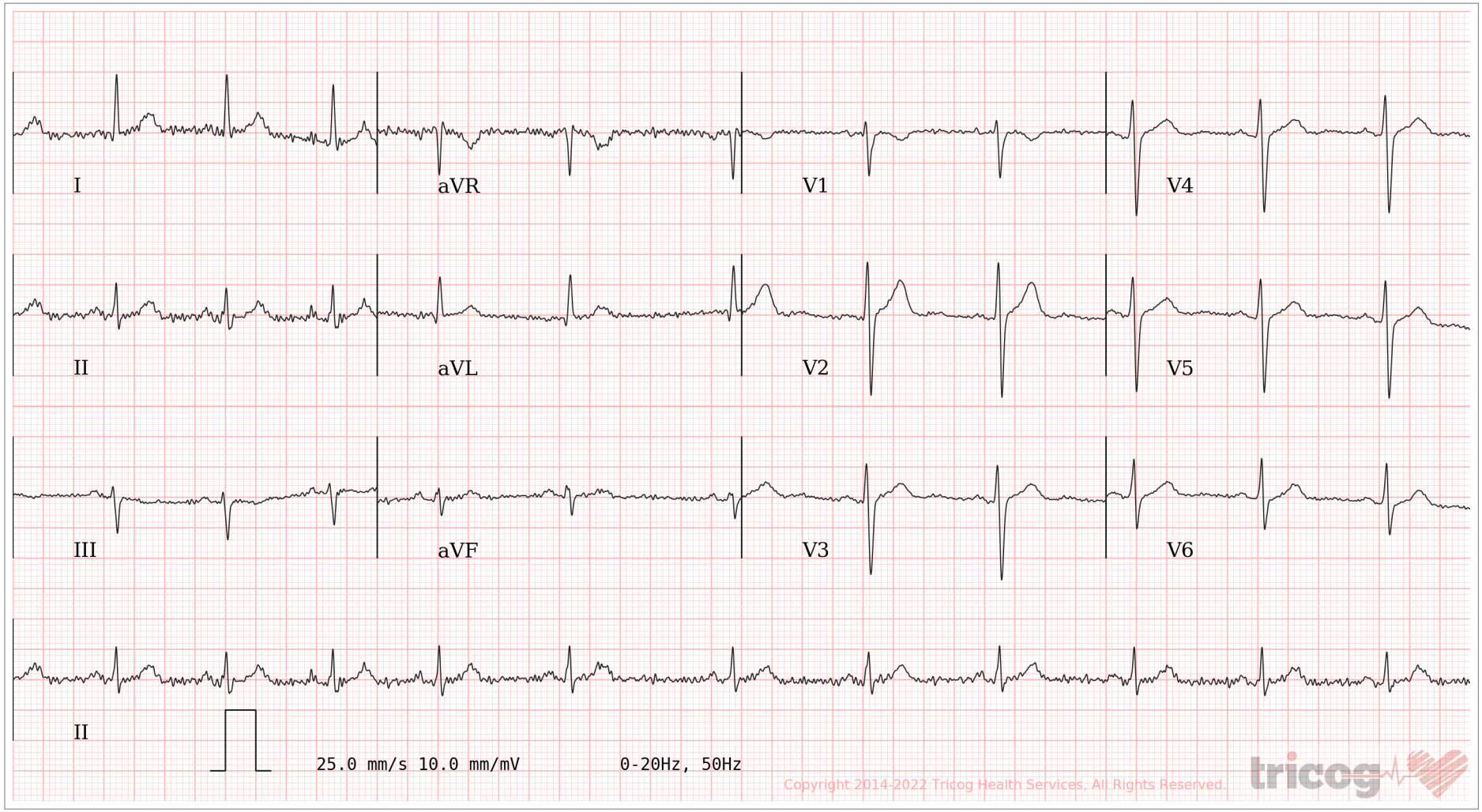
Result/s to Follow:
ECG / EKG, Tread Mill Test (TMT)

DR KAMAL PANT
(MD RADIO DIAGNOSIS)

Chandan Diagnostic

Age / Gender: 39/Male
Patient ID: CHLD0094752223
Patient Name: Mr.MADHUSUDAN

Date and Time: 8th Oct 22 10:24 AM



AR: 72bpm VR: 72bpm QRSD: 84ms QT: 352ms QTc: 385ms PRI: 142ms P-R-T: 56° 1° 24°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr Prashant Solshe

34384