

TEST REPORT

Reg. No. : 403100123	Reg. Date : 05-Mar-2024 08:26	Ref.No :	Approved On : 05-Mar-2024 11:12
Name : Ms. MEHTA NILEE KAUNAL			Collected On : 05-Mar-2024 09:46
Age : 42 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9879204529
Location :			

Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count			
<u>Specimen: EDTA blood</u>			
Hemoglobin			
Hemoglobin(SLS method)	12.5	g/dL	12.0 - 15.0
Hematocrit (calculated)	L 35.3	%	36 - 46
RBC Count(Ele.Impedence)	4.15	X 10 ¹² /L	3.8 - 4.8
MCV (Calculated)	85.1	fL	83 - 101
MCH (Calculated)	30.1	pg	27 - 32
MCHC (Calculated)	H 35.4	g/dL	31.5 - 34.5
RDW (Calculated)	L 11.2	%	11.5 - 14.5
Differential WBC count (Impedance and flow)			
Total WBC count	8400	/μL	4000 - 10000
Neutrophils	61	%	38 - 70
Lymphocytes	32	%	21 - 49
Monocytes	05	%	3 - 11
Eosinophils	02	%	0 - 7
Basophils	00	%	0 - 1
Platelet			
Platelet Count (Ele.Impedence)	270000	/cmm	150000 - 410000
MPV	7.90	fL	6.5 - 12.0
Platelets appear on the smear	Adequate		
Malarial Parasites	Not Detected		
EDTA Whole Blood			

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

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TEST REPORT

Reg. No. : 403100123 **Reg. Date** : 05-Mar-2024 08:26 **Ref.No** : **Approved On** : 05-Mar-2024 12:03
Name : Ms. MEHTA NILEE KAUNAL **Collected On** : 05-Mar-2024 09:46
Age : 42 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9879204529
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	05	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Method: Modified Westergren

EDTA Whole Blood

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TEST REPORT

Reg. No. : 403100123 Reg. Date : 05-Mar-2024 08:26 Ref.No : Approved On : 05-Mar-2024 11:14
Name : Ms. MEHTA NILEE KAUNAL Collected On : 05-Mar-2024 09:46
Age : 42 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9879204529
Location :

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"O"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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TEST REPORT

Reg. No. : 403100123 Reg. Date : 05-Mar-2024 08:26 Ref.No : Approved On : 05-Mar-2024 11:15
Name : Ms. MEHTA NILEE KAUNAL Collected On : 05-Mar-2024 09:46
Age : 42 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9879204529
Location :

Test Name	Results	Units	Bio. Ref. Interval
FASTING PLASMA GLUCOSE Specimen: Fluoride plasma			
Fasting Plasma Glucose <i>Hexokinase</i>	106.33	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

Flouride Plasma

Criteria for the diagnosis of diabetes:

- HbA1c ≥ 6.5 *
- Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

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Name : Ms. MEHTA NILEE KAUNAL Collected On : 05-Mar-2024 12:38
Age : 42 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9879204529
Location :

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE Specimen: Fluoride plasma			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 124.83	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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TEST REPORT

Reg. No. : 403100123 **Reg. Date** : 05-Mar-2024 08:26 **Ref.No** : **Approved On** : 05-Mar-2024 11:16
Name : Ms. MEHTA NILEE KAUNAL **Collected On** : 05-Mar-2024 09:46
Age : 42 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9879204529
Location :

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

GGT	32.1	U/L	6 - 42
-----	------	-----	--------

L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric

Serum

Uses:

- Diagnosing and monitoring hepatobiliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

Increased in:

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.

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Name : Ms. MEHTA NILEE KAUNAL			Collected On : 05-Mar-2024 09:46
Age : 42 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9879204529
Location :			

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL	178.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	118.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	24	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	110.40	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	43.60	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	H 4.08		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	2.53		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	552.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.
 To help diagnose other medical conditions, such as liver disease.
 Note : biological reference intervals are according to the national cholesterol education program (NCEP) guidelines.

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Age : 42 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9879204529
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIVER FUNCTION TEST</u>			
TOTAL PROTEIN	7.50	g/dL	6.6 - 8.8
ALBUMIN	4.58	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.92	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	1.57		1.2 - 2.2
SGOT	22.00	U/L	<31
SGPT	31.20	U/L	<31
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	46.30	U/L	40 - 130
TOTAL BILIRUBIN	1.29	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.17	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	H 1.12	mg/dL	0.0 - 1.00
Serum			

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TEST REPORT

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Name : Ms. MEHTA NILEE KAUNAL **Collected On** : 05-Mar-2024 09:46
Age : 42 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9879204529
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	5.10	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose <i>(Calculated)</i>	100	mg/dL	

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
 - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
 - Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
 - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
 - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
 - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
 - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

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TEST REPORT

Reg. No. : 403100123	Reg. Date : 05-Mar-2024 08:26	Ref.No :	Approved On : 05-Mar-2024 11:46
Name : Ms. MEHTA NILEE KAUNAL			Collected On : 05-Mar-2024 09:46
Age : 42 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9879204529
Location :			

Bio-Rad CDM System
Bio-Rad Variant V-II Instrument #1

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 140303500093
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

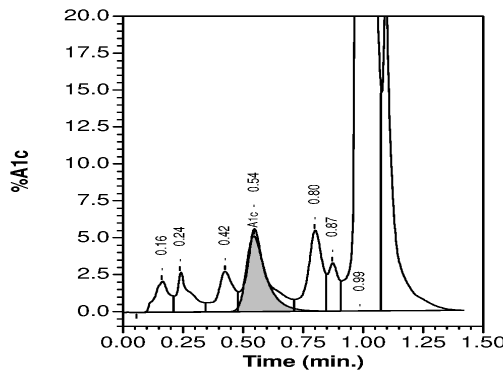
Analysis Performed: 05/03/2024 11:40:36
 Injection Number: 9673
 Run Number: 414
 Rack ID:
 Tube Number: 7
 Report Generated: 05/03/2024 11:42:25
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.2	0.161	15203
A1b	---	1.5	0.237	18344
LA1c	---	1.6	0.424	19916
A1c	5.1	---	0.545	52254
P3	---	3.3	0.797	40779
P4	---	1.4	0.870	16956
Ao	---	86.8	0.985	1075294

Total Area: 1,238,747

HbA1c (NGSP) = 5.1 %



Test done from collected sample.

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TEST REPORT

Reg. No. : 403100123 **Reg. Date :** 05-Mar-2024 08:26 **Ref.No :** **Approved On :** 05-Mar-2024 12:02
Name : Ms. MEHTA NILEE KAUNAL **Collected On :** 05-Mar-2024 09:46
Age : 42 Years **Gender:** Female **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :** 9879204529
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.01	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	8.83	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	3.932	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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TEST REPORT

Reg. No. : 403100123	Reg. Date : 05-Mar-2024 08:26	Ref.No :	Approved On : 05-Mar-2024 11:59
Name : Ms. MEHTA NILEE KAUNAL			Collected On : 05-Mar-2024 09:46
Age : 42 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9879204529
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<u>Physical Examination</u>			
Colour	Pale Yellow		
Clarity	Clear		
<u>CHEMICAL EXAMINATION (by strip test)</u>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.005		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

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TEST REPORT

Reg. No. : 403100123 **Reg. Date** : 05-Mar-2024 08:26 **Ref.No** : **Approved On** : 05-Mar-2024 11:18
Name : Ms. MEHTA NILEE KAUNAL **Collected On** : 05-Mar-2024 09:46
Age : 42 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9879204529
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.65	mg/dL	0.51 - 1.5

Serum

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

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TEST REPORT

Reg. No. : 403100123 Reg. Date : 05-Mar-2024 08:26 Ref.No : Approved On : 05-Mar-2024 11:19
Name : Ms. MEHTA NILEE KAUNAL Collected On : 05-Mar-2024 09:46
Age : 42 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9879204529
Location :

Test Name	Results	Units	Bio. Ref. Interval
Urea	28	mg/dL	<= 65 YEARS AGE: <50 mg/dL; >65 YEARS AGE: <71 mg/dL

UREASE/GLDH

Serum

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

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Age : 42 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9879204529
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>Method:ISE</small>	136.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	3.8	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	103.00	mmol/L	98 - 107

Sample Type: Serum

Comments

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

Report To Follow:
LBC PAP SMEAR (Cytology)

----- End Of Report -----

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M.D BIOCHEMISTRY
Reg. No.:G-34739

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NAME	Mrs Nilee Mehta		
AGE/ SEX	42yrs / F	DATE	05/03/2024
REF. BY	HC	DONE BY	Dr. Parth Thakkar

2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

FINDINGS:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- LV and LA are of normal size.
- RA & RV are of normal size.
- Normal LV Compliance
- Intact IAS & IVS.
- All Valves Are structurally Normal
- Trivial MR, No AR, No PR
- Trivial TR, No PAH, RVSP-28mmHg
- No clot or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size with preserved respiratory variation.



MEASUREMENTS:-

LVIDD	45 (mm)	LA	34(mm)
LVIDS	26 (mm)	AO	28(mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/10(mm)	EPSS	

DOPPLER STUDY:-

Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm ²
Aortic	1.1	5		
Mitral	E: 0.5 A: 0.7			
Pulmonary	0.8	3.6		
Tricuspid	2.1	20		

CONCLUSION:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- All Valves Are structurally Normal
- Trivial MR, No AR, No PR.
- Trivial TR, No PAH, RVSP-28mmHg.
- IVC is normal in size with preserved respiratory variation.

Dr. Parth Thakkar
MD (Med.), DrNB (Cardiology)
Interventional Cardiologist
79901-79258

Dr. Abhimanyu D Kothari
MD (Med.), DM (Cardiology)
Interventional Cardiologist
9714675115



NAME :	MEHTA NILEE	AGE/SEX:	42 Y/F
REF. BY:	HEALTH CHECK UP	DATE :	5-Mar-24

X-RAY CHEST PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Heart size is within normal limit.
- Both CP angles are clear.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.


Dr. KRUTI DAVE
CONSULTANT RADIOLOGIST

NAME :	NILEE MEHTA	AGE/SEX:	42 Y/F
REF. BY:	HEALTH CHECK UP	DATE :	5-Mar-24

USG ABDOMEN & PELVIS

LIVER: normal in size & shows normal echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

GALL-BLADDER: normal, No evidence of Gall Bladder calculi.

PANCREAS: appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: Both kidneys appear normal in size & echotexture.
 Right kidney measures 105 x 37 mm. Left kidney measures 106 x 38 mm.
 No evidence of calculus or hydronephrosis on either side.

URINARY BLADDER: appears normal and shows minimal distension & normal wall thickness. No evidence of calculus or mass lesion.

UTERUS: normal in size and **mild heterogenous myometrial echopattern is noted. - p/o changes of adenomyosis. A fibroid is seen in fundal aspect measuring about 1.1 x 1.0 cm in size. Another fibroid is seen in anterior wall of uterus measuring about 1.3 x 1.1 cm in size. Another hypoechoic lesion measuring about 2.3 x 1.6 cm in size is seen in cervical region, -? Fibroid. Few nabothian cysts are seen in cervical region. Endometrial thickness measures about 5.4 mm at present scan. Minimal free fluid is seen in POD. No e/o adnexal mass seen on either side.**

USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:
 Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No evidence of Ascites.

IMPRESSION:

Mild changes of uterine adenomyosis with few fibroids; as described above.
 Clinical correlation and further evaluation would be of help.

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Ht - 153 cms.
Wt - 63.3 kgs.

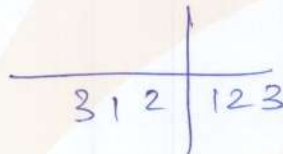
Mehra Nilesh Kamal F/42 yrs.

R - 0.25 x 40°
L - 0.25 x 110°

Add +1.25°

Dental Examination Report:

→ Calculus ++ rt



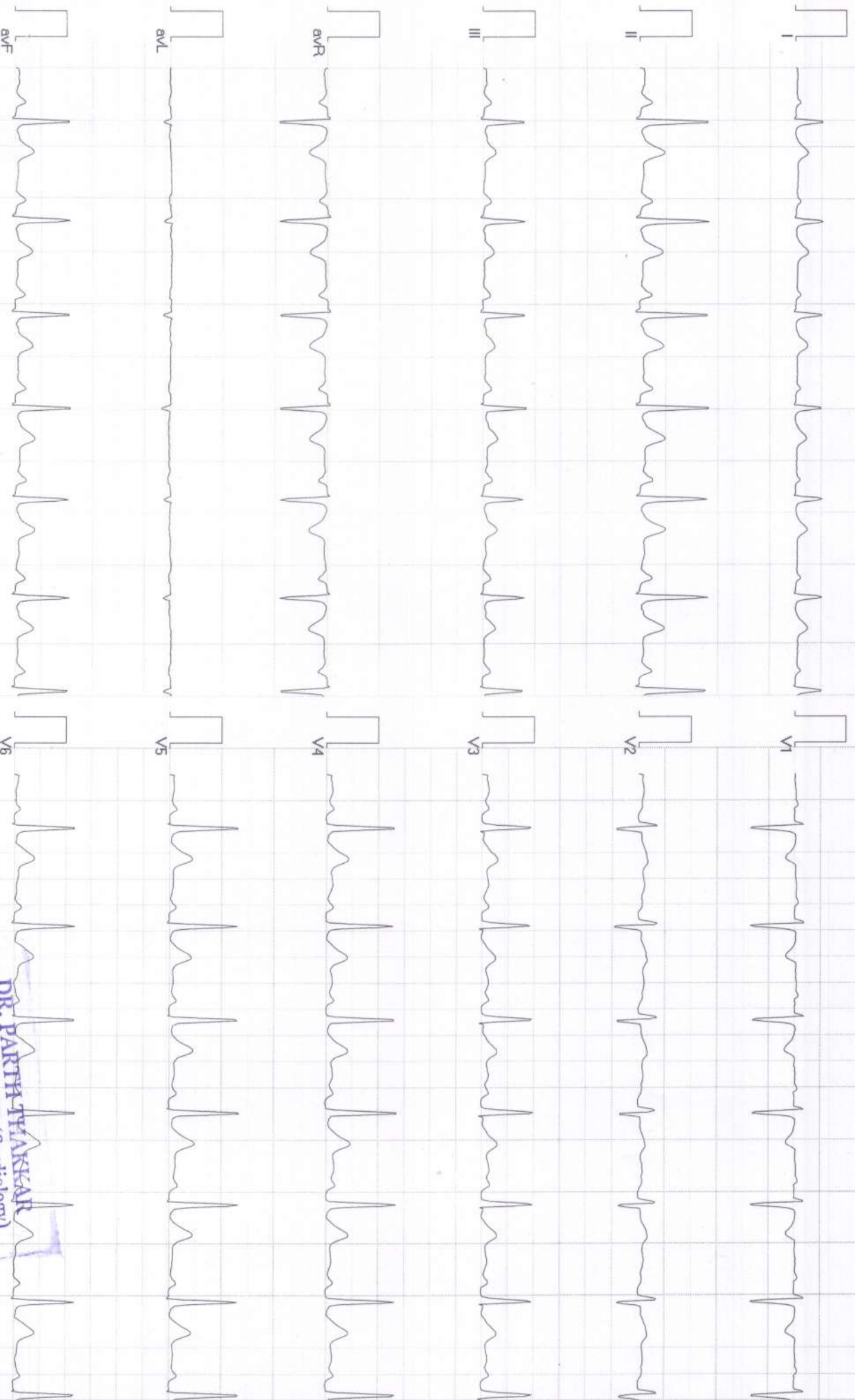
→ Advised scaling & rehab treatment of the same.

↓
Saxena

CONCEPT DIAGNOSTIC

ECG

1826 / MEHTA NILEE KAJUNAL / 42 Yrs / F / 150Cms. / 49Kgs. / Non Smoker
Heart Rate : 81 bpm / Tested On : 05-Mar-24 09:30:54 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Allengers ECG (Piscas)(PIS218210312)

Normal

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