



भारत सरकार
GOVERNMENT OF INDIA



अखिलेश कुमार गुप्ता
AKHILESH KUMAR
GUPTA
जन्म तिथि/DOB: 20/12/1972
पुरुष / MALE

7907 2908 0628

आधार-आम आदमी का अधिकार

Aadhaar-Aam Admi ka Adhikar

7907 2908 0628

Dr. R. C. ROY
MBBS., MD. (Radio Diagnosis)
Reg. No.-25818

पता:
S/O K.P. Gupta, H.No. 64,
VILLAGE-BABURI, POST-BABURA,
Baburi, Chandauli,
Uttar Pradesh - 232102
राज-राज, राजी, राजी,
उत्तर प्रदेश - 232102

भारतीय रिजर्व पुलिस अधीकरण

भारतीय रिजर्व पुलिस अधीकरण



CHANDAN DIAGNOSTIC CENTRE

Name of Company: Medi wheel - Bob

Name of Executive: Akhilesh Kumar Gupta

Date of Birth: 20/12/1972

Sex: M

Height: 172

Weight: 68

BMI (Body Mass Index) : 23.0

Chest (Expiration / Inspiration) 94/100

Abdomen: 89

Blood Pressure: 138/90

Pulse: 78 Spunregular

RR: 16

Ident Mark: Cut Mark Below Left Aarbum

Any Allergies: NO

Vertigo : NO

Any Medications: B/P 2X - Take Medicine Amlodipine - 5mg (Dor Mangla)

Any Surgical History: NO

Habits of alcoholism/smoking/tobacco: NO

Chief Complaints if any: NO

Lab Investigation Reports: Report A + B.

Eye Check up vision & Color vision: normal

Left eye: normal

Right eye: normal

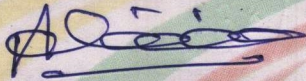
Near vision: normal

CHANDAN DIAGNOSTIC CENTRE


Far vision : *normal*
Dental check up : *normal*
ENT Check up : *normal*

Final impression

Certified that I examined *Akshay K. Gupta* S/o or D/o
is presently in good health and free from any cardio-respiratory/communicable
ailment, he/she is fit to join any organization.



Client Signature :-



Dr. R.C. ROY
MBBS, MD. (Radio Diagnosis)
Reg. No.-26918
Signature of Medical Examiner
Name & Qualification *Dr. R.C. Roy*
Date... *17/06/21* ... Place... *W.S.*



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795,0542-2223232
CIN : U85110DL2003PLC308206



Patient Name	: Mr. AKHILESH KUMAR GUPTA - PKG10000	Registered On	: 17/Jun/2021 09:50:34
Age/Gender	: 49 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000019612	Received	: N/A
Visit ID	: CVAR0035782122	Reported	: 17/Jun/2021 11:07:16
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CARDIOLOGY

2D ECHO *

2D ECHO & COLOUR DOPPLER REPORT

AORTIC VALVES STUDY

Ao DIAMETER	2.5 Cms.
LA DIAMETER	3.1 Cms.
CUSP OPENING	1.4 Cms.

LEFT VENTRICLE

IVSd	0.9 cms
LVIDd	4.5 cms
LVPWd	0.8 cms
IVSs	1.5 cms
LVIDs	2.8 cms
LVPWs	1.2 cms
EDV	93 ml
ESV	31 ml

EJECTION FRACTION	:	66 %	(60 ± 7 %)
SHORTENING FRACTION	:	36 %	(30 ± 5%)

RIGHT VENTRICLE

RVIDd : 2.7 cm.

DIMENSIONAL IMAGING

MITRAL VALVE	:	NORMAL
AORTIC VALVE	:	NORMAL
PULMONARY VALVE	:	NORMAL
TRICUSPID VALVE	:	NORMAL
INTER VENTRICULAR SEPTUM:		NORMAL
INTERATRIAL SEPTUM	:	NORMAL
INTRACARDIAC CLOT / VEGETATION / MYXOMA :		ABSENT
LEFT ATRIUM	:	NORMAL
LEFT VENTRICLE	:	NORMAL
RIGHT VENTRICLE	:	NORMAL
RIGHT ATRIUM	:	NORMAL
PERICARDIUM	:	NORMAL
OTHER	:	NORMAL





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DEPARTMENT OF CARDIOLOGY

COLOUR FLOW MAPPING

	VELOCITY m/s	PRESSURE GRADIENT mm/Hg	REGURGITATION
MITRAL FLOW	E: NORMAL		TRACE
	A:		
AORTIC FLOW	NORMAL		ABSENT
PULMONARY FLOW	NORMAL		ABSENT
TRICUSPID FLOW	NORMAL		TRACE

SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LV IS NORMAL IN SIZE AND EJECTION FRACTION. NO LVH. NO RWMA
- OTHER PARAMETERS WITHIN NORMAL RANGE
- IAS AND IVS ARE INTACT, NO SHUNT AT GREAT VESSEL
- NO THROMBUS /CLOT/ EFFUSION

FINAL IMPRESSION

- NO RESTING RWMA
- GOOD BIVENTRICULAR SYSTOLIC FUNCTION WITH LVEF 66%
- NO LVH WITH NORMAL DIASTOLIC FUNCTION
- NO CHAMBER DILATATION WITH TRACE MR AND TR
- NO CLOT/ VEGETATION/ PAH/ EFFUSION

Dr. Ganesh Shankar (MBBS PGDCC)





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UHID/MR NO	: CVAR.0000019612	Received	: 17/Jun/2021 10:04:01
Visit ID	: CVAR0035782122	Reported	: 17/Jun/2021 11:28:20
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

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

Blood Group	O
Rh (Anti-D)	POSITIVE

COMPLETE BLOOD COUNT (CBC) * , Blood

Haemoglobin	14.10	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	5,900	/Cu mm	4000-10000	MICROSCOPIC EXAMINATION

DLC

Polymorphs (Neutrophils)	50.00	%	55-70	MICROSCOPIC EXAMINATION
Lymphocytes	40.00	%	25-40	MICROSCOPIC EXAMINATION
Monocytes	4.00	%	3-5	MICROSCOPIC EXAMINATION
Eosinophils	6.00	%	1-6	MICROSCOPIC EXAMINATION
Basophils	0.00	%	< 1	MICROSCOPIC EXAMINATION

ESR

Observed	10.00	Mm for 1st hr.
Corrected	6.00	Mm for 1st hr. < 9
PCV (HCT)	37.80	cc % 40-54

Platelet count

Platelet Count	1.53	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION
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RBC Count

RBC Count	4.66	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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Blood Indices (MCV, MCH, MCHC)

MCV	81.30	fl	80-100	CALCULATED PARAMETER
MCH	30.30	pg	28-35	
MCHC	37.30	%	30-38	

S.N. Sinha
Dr.S.N. Sinha (MD Path)





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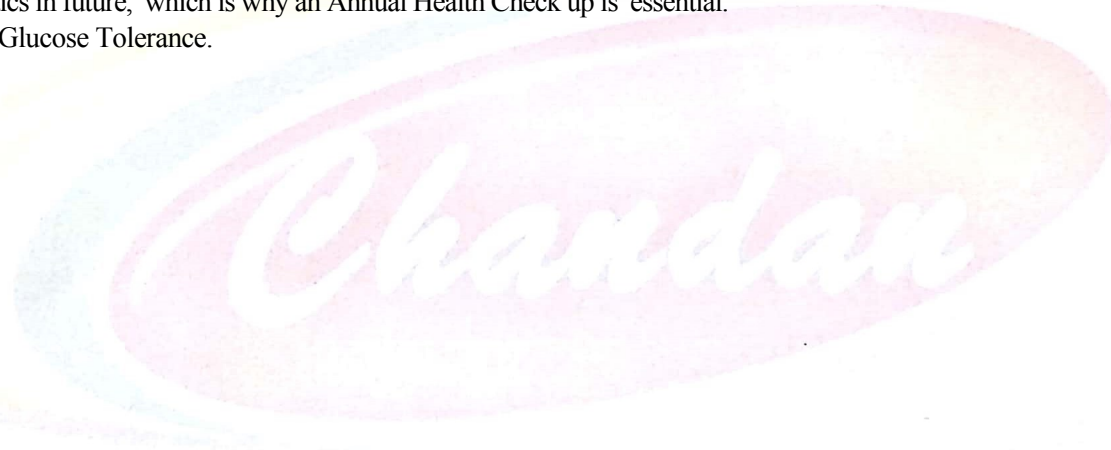
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Visit ID	: CVAR0035782122	Reported	: 17/Jun/2021 11:35:19
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Fasting <i>Sample: Plasma</i>	86.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

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.



S.N. Sinha
Dr.S.N. Sinha (MD Path)





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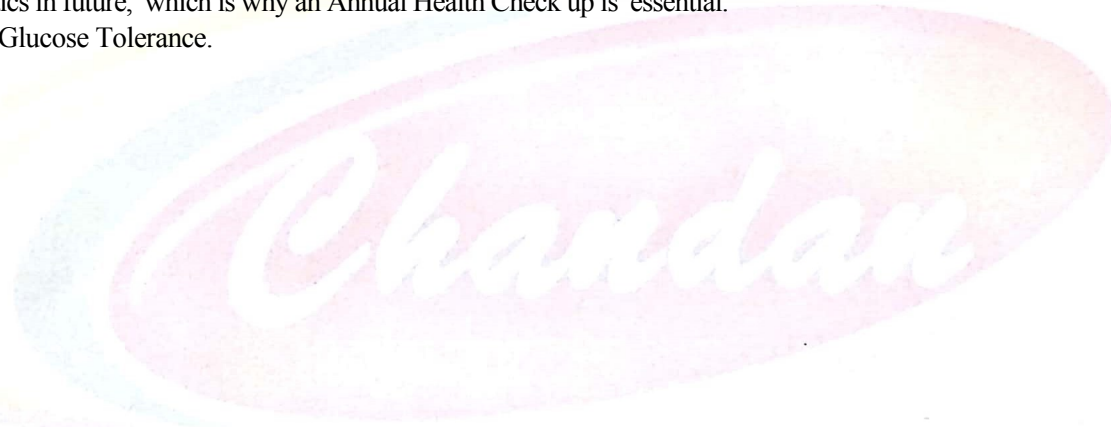
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UHID/MR NO	: CVAR.0000019612	Received	: 17/Jun/2021 10:04:01
Visit ID	: CVAR0035782122	Reported	: 18/Jun/2021 14:19:49
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose PP <i>Sample: Plasma After Meal</i>	120.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

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.



S.N. Sinha
Dr.S.N. Sinha (MD Path)





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DEPARTMENT OF BIOCHEMISTRY

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

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	34.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	105	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.





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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

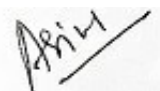
*With optimal control, the HbA 1c moves toward normal levels.

*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.


Dr. Anupam Singh
M.B.B.S., M.D. (Pathology)





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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	8.60	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	1.00	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) <i>Sample:Serum</i>	103.00	ml/min/1.73m ²	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid <i>Sample:Serum</i>	6.20	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	30.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	32.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	45.20	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.20	gm/dl	6.2-8.0	BIRUET
Albumin	4.30	gm/dl	3.8-5.4	B.C.G.
Globulin	2.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.48		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	139.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	229.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	42.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	159	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	27.76	mg/dl	10-33	CALCULATED
Triglycerides	138.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP





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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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>500 Very High



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Color	PALE YELLOW			
Specific Gravity	1.030			
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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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





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Age/Gender	: 49 Y 0 M 0 D /M	Collected	: 18/Jun/2021 17:07:53
UHID/MR NO	: CVAR.0000019612	Received	: 18/Jun/2021 17:08:21
Visit ID	: CVAR0035782122	Reported	: 18/Jun/2021 17:08:56
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

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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UHID/MR NO	: CVAR.0000019612	Received	: 18/Jun/2021 09:52:07
Visit ID	: CVAR0035782122	Reported	: 18/Jun/2021 11:23:25
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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PSA (Prostate Specific Antigen), Total **	0.760	ng/mL	< 2.0	CLIA
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Sample: Serum

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)	130.25	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.62	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.28	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-2223232
CIN : U85110DL2003PLC308206

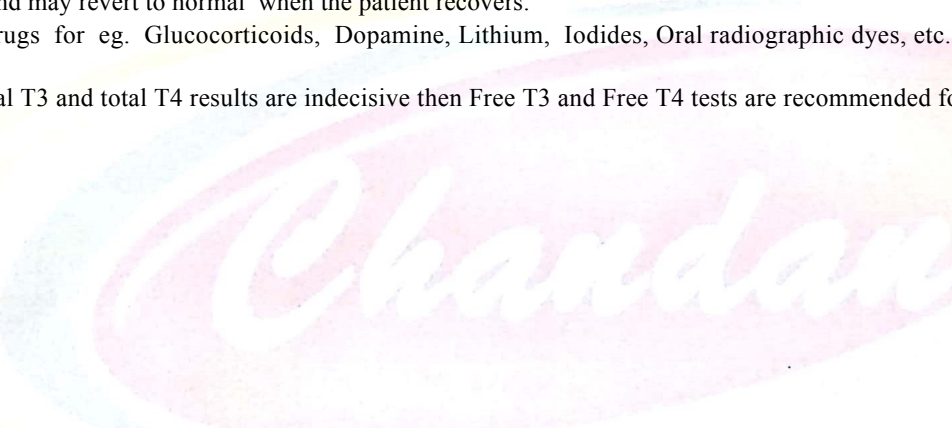


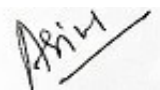
Patient Name	: Mr. AKHILESH KUMAR GUPTA - PKG10000	Registered On	: 17/Jun/2021 09:50:34
Age/Gender	: 49 Y 0 M 0 D /M	Collected	: 17/Jun/2021 10:03:01
UHID/MR NO	: CVAR.0000019612	Received	: 18/Jun/2021 09:52:07
Visit ID	: CVAR0035782122	Reported	: 18/Jun/2021 11:23:25
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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- 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. Anupam Singh
M.B.B.S., M.D. (Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-2223232
CIN : U85110DL2003PLC308206



Patient Name	: Mr. AKHILESH KUMAR GUPTA - PKG10000	Registered On	: 17/Jun/2021 09:50:34
Age/Gender	: 49 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000019612	Received	: N/A
Visit ID	: CVAR0035782122	Reported	: 17/Jun/2021 15:08:02
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- 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 & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION : N O R M A L S K I A G R A M

Dr. Raveesh Chandra Roy (MD-Radio)





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795,0542-2223232
CIN : U85110DL2003PLC308206



Patient Name	: Mr. AKHILESH KUMAR GUPTA - PKG10000	Registered On	: 17/Jun/2021 09:50:34
Age/Gender	: 49 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000019612	Received	: N/A
Visit ID	: CVAR0035782122	Reported	: 17/Jun/2021 10:46:43
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

The liver measures 14.2 cm in mid clavicular line. It is normal in shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

Gall bladder is well distended and is normal.

Portal vein measures 11.0 mm in caliber. CBD measures 4.0 mm in caliber.

Pancreas is normal in size, shape and echogenicity.

Spleen is normal in size (7.0 cm in its long axis), shape and echogenicity.

Right kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated. Right kidney measures : 9.4 x 3.7 cm.

Left kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated. Left kidney measures : 9.6 x 4.9 cm.

Urinary bladder is almost empty.

The prostate is normal in size (29 x 41 x 26 mm / 17gms), shape and echopattern.

No free fluid is seen in the abdomen/pelvis.

IMPRESSION : No significant abnormality seen.

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
STOOL R/M, ECG / EKG


Dr. Raveesh Chandra Roy (MD-Radio)

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 Conduction 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



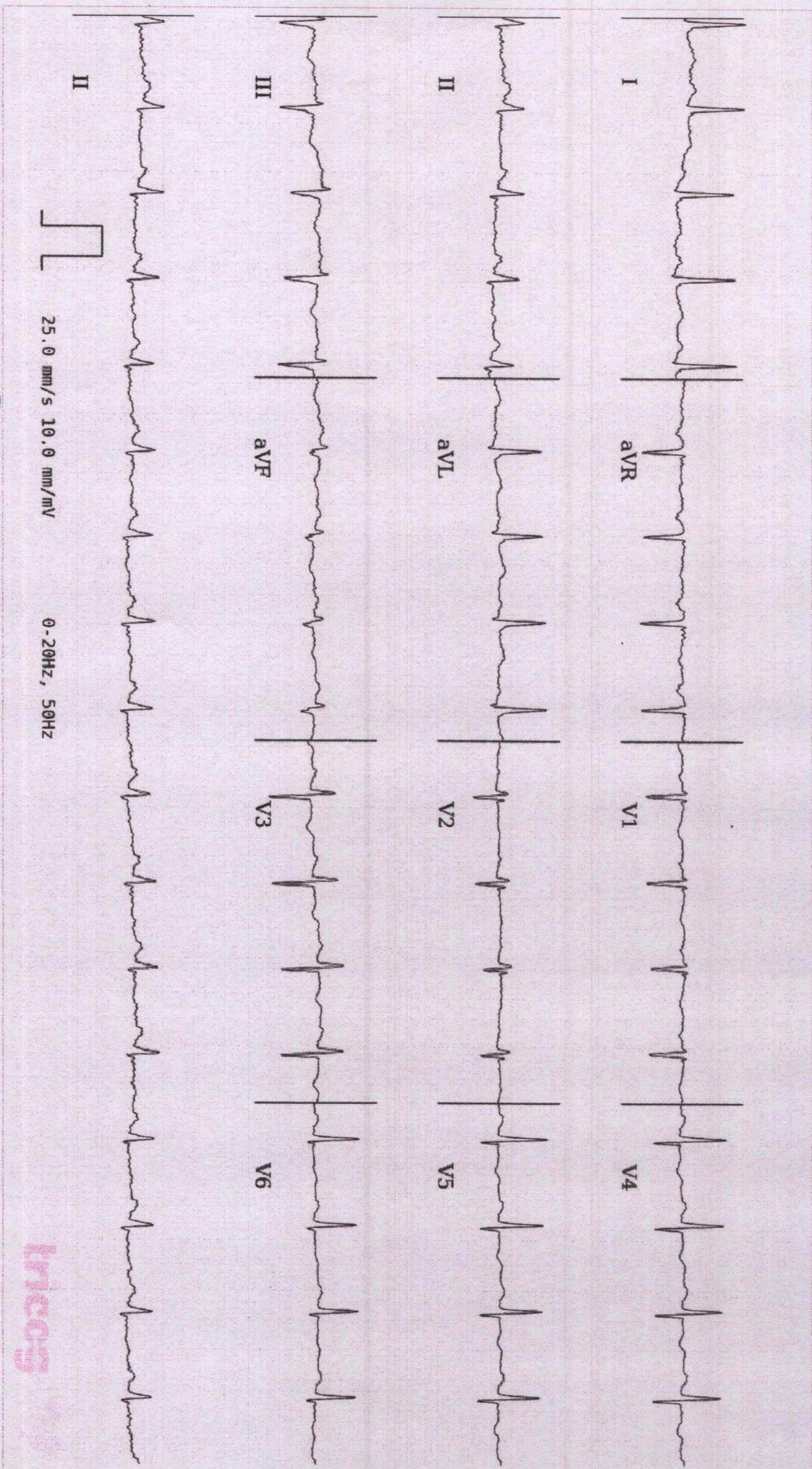


Age / Gender: 49/Male

Date and Time: 17th Jun 21 11:27 AM

Patient ID: CVAR0035782122

Patient Name: Mr AKHILESH KUMAR GUPTA -
PKG10000236



AR: 105 bpm VR: 105 bpm QRSd: 74 ms QT: 348 ms QTc: 459 ms PRI: 142 ms P-R-T: 35° -11° -43°

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

Simus Tachycardia, Nonspecific T wave Abnormality. Please correlate clinically.

Triccs

AUTHORIZED BY

REPORTED BY

Dr. R.C. ROY
MBBS, MD (Radio Diagnosis)
Reg. No. 22913

Dr. Charit
MD DM: Cardiology

Prashant S.K
Dr Prashant S.K



P- 93, Shivaji Nagar Colony, Mahmoorganj,
Varanasi, Uttar Pradesh 221010, India

Latitude

Longitude

25.305429°

82.979130°

LOCAL 15:09:17

SATURDAY 06.19.2021

GMT 09:39:17

ALTITUDE 18 METER