

The new health care destination

Prepared By : Mr. PRATAP SINGH

Printed By : Mrs. SILVY JOHNSON

Dr. Viny Singh Rawat
DMRD MD Radiodiagnosis
Consultant Radiologist

Dr. Jagat Kumar
MD Radiodiagnosis, Fellow ARAI, MRB
(Consultant Radiologist)

Dr. Rajat Kumar
MD Radiodiagnosis
(Consultant Radiologist)

Dr. Saurabh Tripathi
MD Radiodiagnosis
(Consultant Radiologist)

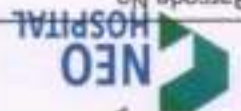
*** End Of Report ***

Please correlate clinically

Both lung fields are clear.
Hilar shadows are normal.
Both costophrenic angles are clear.
Cardiac silhouette is normal.
Bony thorax is normal.

X-RAY CHEST PA VIEW

DEPARTMENT OF RADIOLOGY



Phones : 0120 - 4880000, 3120000
email : info@neohospital.com website : www.neohospital.com



Barcode No. : M315386
Patient Name : Mr. JITENDER PRAKASH
IPD No. :
UHD : 28456
Referring Doctor : Dr. Rakesh Malhotra (H)



Age / Sex : 52.1 YRS / Male
Registration Date : 19-Mar-2024 08:49 AM
Reporting Date : 19-Mar-2024 08:39 PM
Approved Date : 19-Mar-2024 08:39 PM

DR. VIKAS SINGH KAWAT
 OHMD, MD RADIOLOGISTS
 CONSULTANT RADIOLOGIST

DR. SAGAR TOMAR
 MD RADIOLOGISTS
 CONSULTANT RADIOLOGIST

DR. KANISHA TRIPATHI
 MD RADIOLOGISTS
 CONSULTANT RADIOLOGIST

DR. SHEKHAR RASTOGI
 MD RADIOLOGISTS
 CONSULTANT RADIOLOGIST

DR. ROHIT KUMRA
 MD RADIOLOGISTS
 CONSULTANT RADIOLOGIST

This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purpose.

Please correlate clinically

• **GRADE II FATTY LIVER.**

IMPRESSION:

No free fluid seen in the peritoneal cavity.

Prostate is normal in size, shape and echogenicity, volume 16.6 cc. No focal lesion noted.

No diverticulum noted.

Urinary Bladder is partially distended with normal wall thickness. No calculi / mass lesion noted.

Left kidney - 9.2 x 5.1 cm

Right kidney - 9.9 x 5.2 cm

evidence of calculus or hydronephrosis.

Both kidneys are normal in size, shape, position & echogenicity. CMD is maintained. No

Pancreatic head appears normal, Rest of the pancreas is obscured by bowel gas shadows.

Spleen is normal in size, shape and echotexture, measures 8.1 cm.

CBD & PV are normal.

Gall Bladder is well distended and reveals normal walls. No evidence of calculus or mass lesion.

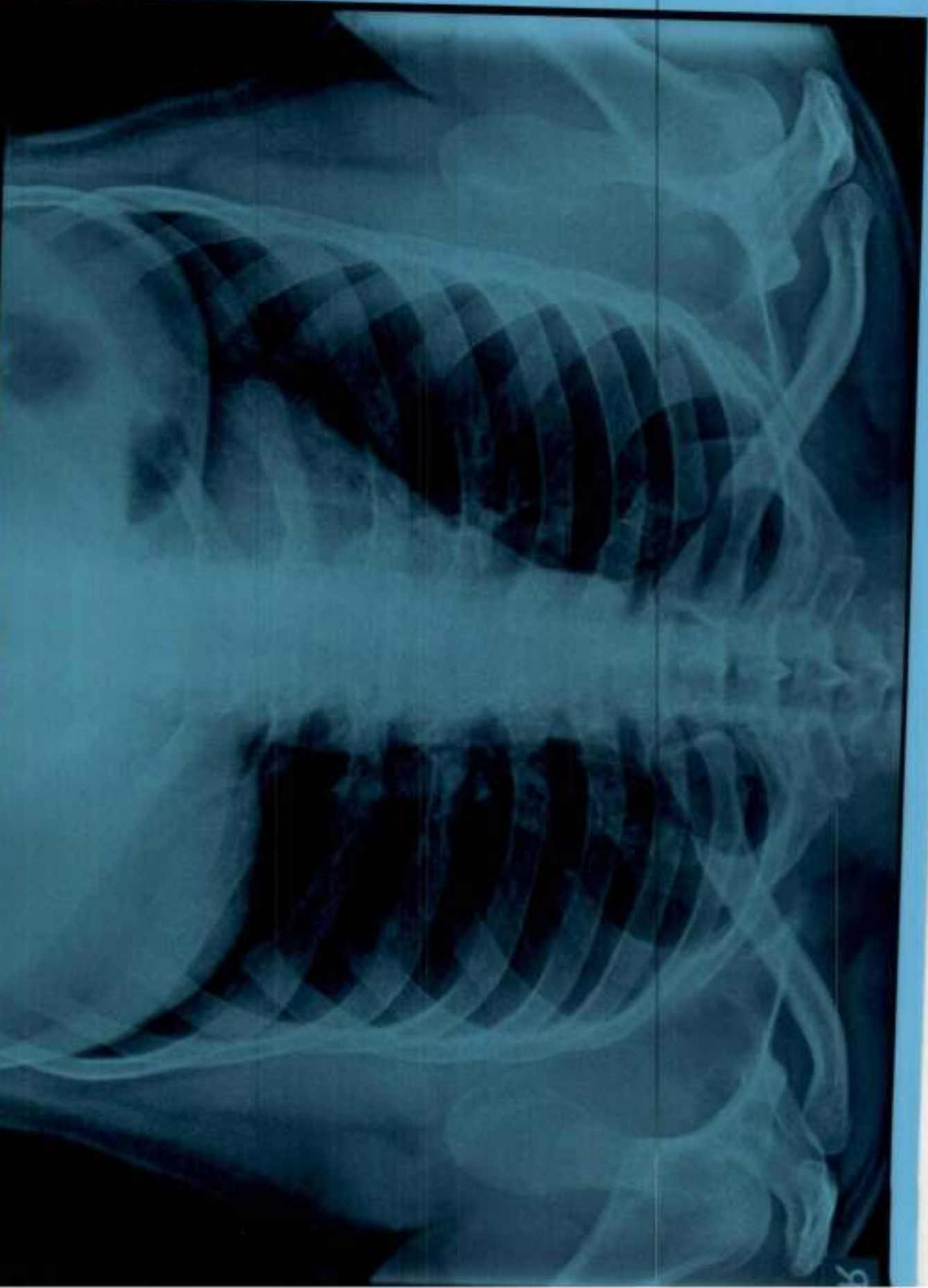
Liver is normal in size, measures 12.6 cm and shows generalized increased echogenicity. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

USG WHOLE ABDOMEN

REF. BY:	DR. RAKESH MALHOTRA (H)		
UHID:	284456	DATE	19-Mar-24
NAME:	JITENDER PRAKASH	AGE/SEX:	52.1 YRS / Male



ИЕО НОСРТИГ (I Medical Centre) БУ ГИД (D) СЕКТОР-20, ИОНДИУРЬ
СНЭЛ РА АР 1981
МҮСЭ НЭКАРАР ЭВЕНТИЛ 384482
ДР Р. МАГНОТРА 384482
МА 8С-44-9 450510181





Barcode No. : M315386
 Patient NAME : Mr. JITENDER PRAKASH
 Sample Coll. DATE : 19-Mar-2024 01:45 PM
 UHID : 284456
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Sample Receiving DATE : 19-Mar-2024 02:50 PM
 Reporting DATE : 19-Mar-2024 05:21 PM
 Approved DATE : 19-Mar-2024 05:22 PM
 Age / Sex : 52.1 YRS / Male

DEPARTMENT OF BIOCHEMISTRY

Date	Status	Result	Unit	Bio Ref Interval
19/Mar/24 05:21PM	H	206.0	mg/dl	70-100
Blood Sugar Fasting*				
19/Mar/24 05:22PM	H	332.0	mg/dl	70.0-140.0
Blood Sugar Post Prandial*				

Prepared By : Mrs. Anita

Printed By : Mr. KAMAL VERMA

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A unit of Maxima Medical Centre Pvt. Ltd.



Phones : 0120 - 488000, 3120000
 email : info@neohospital.com website : www.neohospital.com



Barcode No. : ME15386
 Patient NAME : Mr. JITENDER PRAKASH
 Sample COLL DATE : 19-Mar-2024 09:07 AM
 UHID : 284456
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Sample Receiving DATE : 19-Mar-2024 09:49 AM
 Reporting DATE : 19-Mar-2024 02:26 PM
 Approved DATE : 19-Mar-2024 03:37 PM
 Age / Sex : 52.1 YRS / Male

DEPARTMENT OF HAEMATOLOGY

Complete Haemogram* (Automated - EDTA)

Date	Status	19/Mar/24	05:21PM	Unit	Bio Ref Interval
Haemoglobin		13.6		g/dl	13.0-17
(whole blood/photometric method)					
Total Leucocyte Count (TLC)		5200		cells/cmm	4000-10000
(whole blood/impedance method)					
Neutrophil		59.2		%	45-70
Lymphocyte		31.5		%	20-40
Eosinophils	H	5.2		%	1.0-5.0
Monocytes		4.0		%	2.0-10.0
Basophils		0.1		%	0.0-1.0
Packed Cell Volume (PCV)		40.5		%	40.0-50.0
(whole blood/calculation)					
Red Blood Cell Count		5.30		million/cmm	4.5-5.5
(whole blood/impedance method)					
Mean Cell Volume (MCV)	L	78.5		fL	83.0-101.0
(whole blood/calculation)					
Mean Cell Haemoglobin (MCH)	L	25.7		pg	27.0-32.0
(whole blood/calculation)					
MCHC		33.6		g/dl	31.0-34.5
(whole blood/calculation)					
RDW - CV		14		%	11.0-16.0
Platelet Count		2.40		lakhs/cmm	1.5-4.0
(whole blood/impedance method)					
MPV (Mean Platelet Volume)		9.7		fL	6.5-12.0
ESR		03		mm/hr	0-10

Interpretation :
 Complete Haemogram* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter (Hb is performed by photometric method, WBC, RBC, Platelet Count by impedance method, WBC differential by Flow Cytometry technology other parameters calculated) As Abnormal Haemograms are reviewed confirmed microscopically.

Prepared By : Mrs. Anita

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 Test conducted under NABL scope MG-3302, Neo Hospital Laboratory, Noida

MULTISPECIALITY

A unit of MUSHAN Medical Centre Pvt Ltd

Printed By : Mr. KAMAL VERMA



Barcode No. : M315386
 Patient NAME : Mr. JITENDER PRAKASH
 Sample Coll DATE : 19-Mar-2024 09:07 AM
 UHID : 284456
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Sample Receiving DATE : 19-Mar-2024 09:49 AM
 Reporting DATE : 19-Mar-2024 10:32 AM
 Approved DATE : 19-Mar-2024 03:37 PM
 Age / Sex : 52.1 YRS / Male

DEPARTMENT OF BIOCHEMISTRY

Date	Status	19/Mar/24	06:21PM	Unit	Bio Ref Interval
Blood Urea		10.0		mg/dl	19.0-43.0
Serum Creatinine		0.8		mg/dl	0.66-1.25
Uric Acid		4.0		mg/dl	3.5-8.5
Sodium (Na+)	L	135.0		mmol/L	137.0-145.0
Potassium (K+)		4.9		mmol/L	3.5-5.1
Chloride (Cl-)		98.0		mmol/L	98.0-107.0
Serum Calcium		9.2		mg/dl	8.4-10.2
Phosphorus Serum		3.6		mg/dl	2.5-4.5
Alkaline Phosphatase (ALP)		89.0		U/L	38.0-126.0
Total protein		6.9		g/dl	6.3-8.2
Albumin		3.9		g/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated)	H	1.3			
eGFR		101.5		ml/min	0.8-1.1
Lipid Profile* (fasting, serum)					
Total Cholesterol		199.0		mg/dl	<200
Triglyceride		104.0		mg/dl	<150.0
HDL Cholesterol		41.0		mg/dl	>40.0

Prepared By : Mrs. Anita

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Printed By : Mr. KAMAL VERMA

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A unit of Muskaan Medical Centre Pvt. Ltd.

Barcode No.	M315386
Age / Sex	52.1 YRS / Male
Sample Receiving DATE	19-Mar-2024 09:49 AM
Reporting DATE	19-Mar-2024 10:32 AM
Approved DATE	19-Mar-2024 03:37 PM
Referring Doctor	Dr. Rakesh Malhotra (H)
Passport No.	
UHD	284456
IPD No. / Ward	/
Sample Coll. DATE	19-Mar-2024 09:07 AM
Patient NAME	Mr. JITENDER PRAKASH

DEPARTMENT OF BIOCHEMISTRY

LDL	(calculator)	137.2	H	mg/dl	< 100
VLDL	(calculator)	20.8		mg/dl	< 30
LDL/HDL Ratio	(calculator)	3.35			< 3.5
Total Cholesterol : HDL Ratio	(calculator)	4.85			< 5.0
Interpretation :					
Lipid Profile :					

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High		>=500	>=190	>=220

Note:

- Measurements in the same patient can show physiological, analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- NLA-2014 identifies Non HDL Cholesterol as an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.

Prepared By : Mrs. Anita

Printed By : Mr. KAMAL VERMA

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(*) Test conducted under NABL scope MC 3302 Neo Hospital Laboratory, Noida

MULTISPECIALTY

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Barcode No.	: M315386
Patient NAME	: Mr. JITENDER PRAKASH
Sample Coll. DATE	: 19-Mar-2024 09:07 AM
UHID	: 284456
IPD No. / Ward	: /
Referring Doctor	: Dr. Rakesh Malhotra (H)
Passport No.	:
Sample Receiving DATE	: 19-Mar-2024 09:49 AM
Reporting DATE	: 19-Mar-2024 03:11 PM
Approved DATE	: 19-Mar-2024 03:37 PM
Age / Sex	: 52.1 YRS / Male

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar Fasting* (Random Urine)

Date 19-Mar-24 Status 07:00PM
 Urine for Sugar Fasting (*)
 Unit Bio Ref Interval

Prepared By : Mrs. Anita

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Barcode No. : M315386
 Patient NAME : Mr. JITENDER PRAKASH
 Sample Coll. DATE : 19-Mar-2024 01:45 PM
 UHID : 284456
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Sample Receiving DATE : 19-Mar-2024 02:50 PM
 Reporting DATE : 19-Mar-2024 07:01 PM
 Approved DATE : 19-Mar-2024 07:21 PM
 Age / Sex : 52.1 YRS / Male

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar PP* (Department: UHID)
 Date : 19/Mar/24
 Status : 07:21PM (+)
 Unit : Bio Ref Interval
 *** End Of Report ***

Dr. Pooja Gupta
 M.B.B.S., MD
 (Consultant Microbiology)

Dr. Iqbal Ahmad
 M.B.B.S., MD
 (Consultant Pathology)

[Signature]

Dr. Manoj Sharma
 M.B.B.S., DNB
 (Consultant Pathology)

Dr. Anika Singh
 M.B.B.S., MD
 (Consultant Microbiology)

Prepared By : Mrs. Anita

Printed By : Mr. KAMAL VERMA

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Barcode No.	M15386	Age / Sex	: 52.1 YRS / Male
Patient NAME	: Mr. JITENDER PRAKASH	Sample Receiving DATE	: 19-Mar-2024 09:49 AM
Sample Coll DATE	: 19-Mar-2024 09:07 AM	Reporting DATE	: 19-Mar-2024 01:38 PM
LHID	: 284456	Approved DATE	: 19-Mar-2024 03:37 PM
IPD No. / Ward	: /	Referring Doctor	: Dr. Rakesh Malhotra (H)
Passport No.	:		

DEPARTMENT OF HAEMATOLOGY

BLOOD GROUPING (ABO AND RH) (Serum - EDTA)
 Date Status 19/Mar/24 05:21PM *AB*
 Blood Group (agglutinator method) *AB*
 Rh Type (agglutinator method) POSITIVE

Unit Bio Ref Interval

Prepared By : Mr. Anind

Printed By : Mr. KAMAL VERMA

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 These values are only indicative not confirmatory. For confirmatory test, contact the laboratory.

MULTISPECIALITY

(*) Test conducted under NABL scope MC 3303 Neo Hospital Laboratory, Noida

A unit of Muskaan Medical Centre Pvt. Ltd.

Barcode No.	: M315386
Patient NAME	: Mr. JITENDER PRAKASH
Sample Coll DATE	: 19-Mar-2024 09:07 AM
UHD	: 284456
IPD No. / Ward	: /
Referring Doctor	: Dr. Rakesh Malhotra (H)
Passport No.	:
Age / Sex	: 52.1 YRS / Male
Sample Receiving DATE	: 19-Mar-2024 09:49 AM
Reporting DATE	: 19-Mar-2024 10:39 AM
Approved DATE	: 19-Mar-2024 03:37 PM

DEPARTMENT OF IMMUNOLOGY

Free Thyroid Profile (FT3, FT4, TSH) (Treatment - OFF/ON)

Date	Status	FT3	FT4	TSH	Unit	Bio Ref Interval
19/Mar/24	05:12PM	3.68	1.31	1.68	pg/ml ng/dL µIU/ml	1.4-5.8 0.87-1.71 0.25-5.0

Interpretation :

Free Thyroid Profile (FT3, FT4, TSH) :

Interpretation:-

TSH	FT3 / FT4	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests
Within Range	Decreased	Within Range	- Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	Isolated High TSH especially in the range of 4.7 to 15 µIU/ml is commonly associated with Physiological & Biological TSH Variability.
			-Subclinical Autoimmune Hypothyroidism
			Intermittent T4 therapy for hypothyroidism
			Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis
			Post thyroidectomy, Post radioiodine
			Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Within Range	Interfering antibodies to thyroid hormones (ant-TPO antibodies)
			Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	Isolated Low TSH- especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
			Subclinical Hypothyroidism
			Thyroxine ingestion
Decreased	Decreased	Decreased	Central Hypothyroidism
			Non-Thyroidal illness
			Recent treatment for Hypothyroidism (TSH remains suppressed)
Decreased	Raised	Raised	Primary Hypothyroidism (Graves disease), Multinodular goitre, Toxic nodule
			Transient thyroiditis: Postpartum, Silent (Pymphocytic), Postviral (granulomatous, subacute, DeQuervains), Gestational
			thyrotoxicosis with hyperemesis gravidarum

Prepared By : Mr. Arvind

The new health care destination

Test conducted under NABL scope MG-1302 Neo Hospital Laboratory, Noida

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Printed By : Mr. KAMAL VERMA

Barcode No.	M315386
Patient NAME	Mr. JITENDER PRAKASH
Sample Coll. DATE	19-Mar-2024 09:07 AM
UHD	284456
IPD No. / Ward	/
Referring Doctor	Dr. Rakesh Malhotra (H)
Passport No.	
Age / Sex	52.1 YRS / Male
Sample Receiving DATE	19-Mar-2024 09:49 AM
Reporting DATE	19-Mar-2024 10:39 AM
Approved DATE	19-Mar-2024 03:37 PM

DEPARTMENT OF IMMUNOLOGY

Decreased or within Range	Raised	Within Range	T3 toxicosis	Non-Thyroidal illness
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Prepared By : Mr. Arind

Printed By : Mr. KAMAL VERMA

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(*) Test conducted under NABL scope MCG-3302 Neo Hospital Laboratory, Noida

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Barcode No.	ME15386	Age / Sex	: 52.1 YRS / Male
Patient NAME	: Mr. JITENDER PRAKASH	Sample Receiving DATE	: 19-Mar-2024 09:49 AM
Sample COLL DATE	: 19-Mar-2024 09:07 AM	Reporting DATE	: 19-Mar-2024 11:16 AM
L/HID	: 284456	Approved DATE	: 19-Mar-2024 03:37 PM
FPD No. / Ward	: /	Referring Doctor	: Dr. Rakesh Malhotra (H)
Passport No.	:		

DEPARTMENT OF BIOCHEMISTRY

HbA1c (Random) - F02A	Date	Status	19Mar24	09:11PM
Interpretation :	HbA1c	H	12.0	
	AVERAGE BLOOD SUGAR	H	298.0	
	MGDL		<116	
	%		<5.7	
	Unit			Bio Ref Interval

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non-diabetic adults	<5.7%
Pre-diabetic	5.7-6.4 %
Diabetic	>or = 6.5%
ADA Target	>7.0
Action suggested	>8.0

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1c is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable Schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (Ghb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells (120 days) and the blood glucose concentration. the Ghb concentration represents the integrated values for glucose over a period of 6 to 8 weeks. Ghb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in Ghb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of Ghb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of Ghb. High Ghb is been reported in iron deficiency anaemia.

Prepared By : Mr. Arvind

Printed By : Mr. KAMAL VERMA

These values are only indicative not confirmatory of any disease. Hospital Laboratory, Noida

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The new health care destination

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Sample Receiving DATE	19-Mar-2024 09:49 AM
Reporting DATE	19-Mar-2024 01:54 PM
Approved DATE	19-Mar-2024 03:37 PM
Referring Doctor	Dr. Rakesh Malhotra (H)

DEPARTMENT OF IMMUNOLOGY

PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL (Urea Nitrogen, Serum)
 Date 19/Mar/24 Status 05:21PM
 PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL 1.25
 Interpretation :
 PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL :
 Method: Chemiluminescence

Decrease in total PSA level is seen 24 to 48 hours after ejaculation. Decrease in total PSA level occurs after prostatectomy and orchiectomy. Successful radiation therapy and therapy with anti-androgen drugs result in decline in PSA levels, over a period of time.

Unit ng/mL
 Bio Ref Interval <0.01-4.00

Prepared By : Mr. Anand

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Printed By : Mr. KAMAL VERMA

(*) Test conducted under NABL scope MC-1302 Neo Hospital Laboratory, Noida
 These values are only indicative not confirmation of diagnosis. Kindly consult your physician.



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 Reporting DATE : 19-Mar-2024 10:32 AM
 Approved DATE : 19-Mar-2024 03:37 PM
 Age / Sex : 52.1 YRS / Male
 Certificate No. H-2019-4038

DEPARTMENT OF BIOCHEMISTRY

LFT PANEL (LIVER FUNCTION TEST) / (Specimen: SCL/UM)

Date	Status	19/Mar/24	05:21PM	Unit	Bio Ref Interval
Bilirubin Total		0.8		mg/dl	0.2-1.3
Bilirubin Direct		0.2		mg/dl	0.0-0.3
Bilirubin Indirect		0.6		mg/dl	0.0-1.1
Aspartate Transaminase (SGOT, AST)		51.0		U/l	17.0-59.0
SGPT, ALT (Alanine Transaminase)	H	75.0		U/L	<50.0
Alkaline Phosphatase (ALP)		89.0		U/L	38.0-128.0
Total protein		6.9		gm/dl	6.3-8.2
Albumin		3.9		gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated)	H	1.3			0.8-1.1
GGT (Gamma Glutamyl Transpeptidase)		32.0		U/L	15.0-73.0

*** End Of Report ***

[Handwritten Signature]

Dr. Anshu Gupta
 M.B.B.S, MD
 (Consultant Microbiology)

Dr. Anur Agnihotri
 M.B.B.S, MD
 (Consultant Pathologist)

Dr. Manju Sharma
 M.B.B.S, DNB
 (Consultant Pathologist)

Dr. Anika Singh
 M.B.B.S, MD
 (Consultant Microbiology)

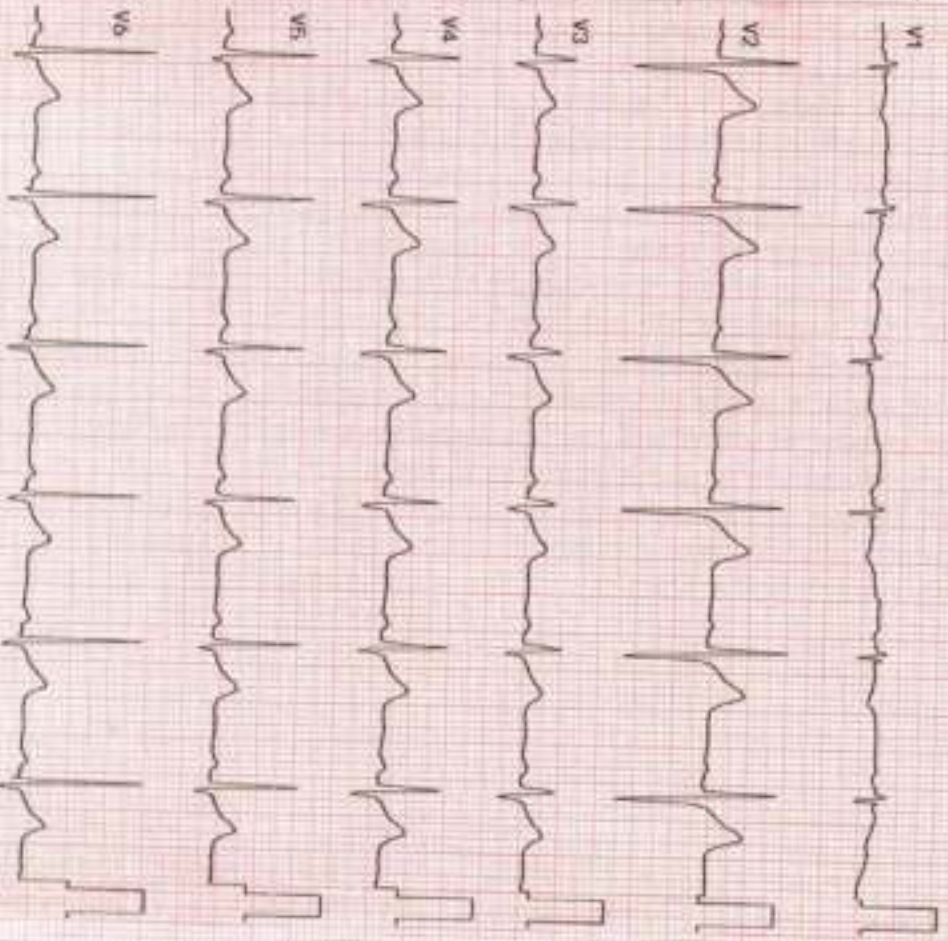
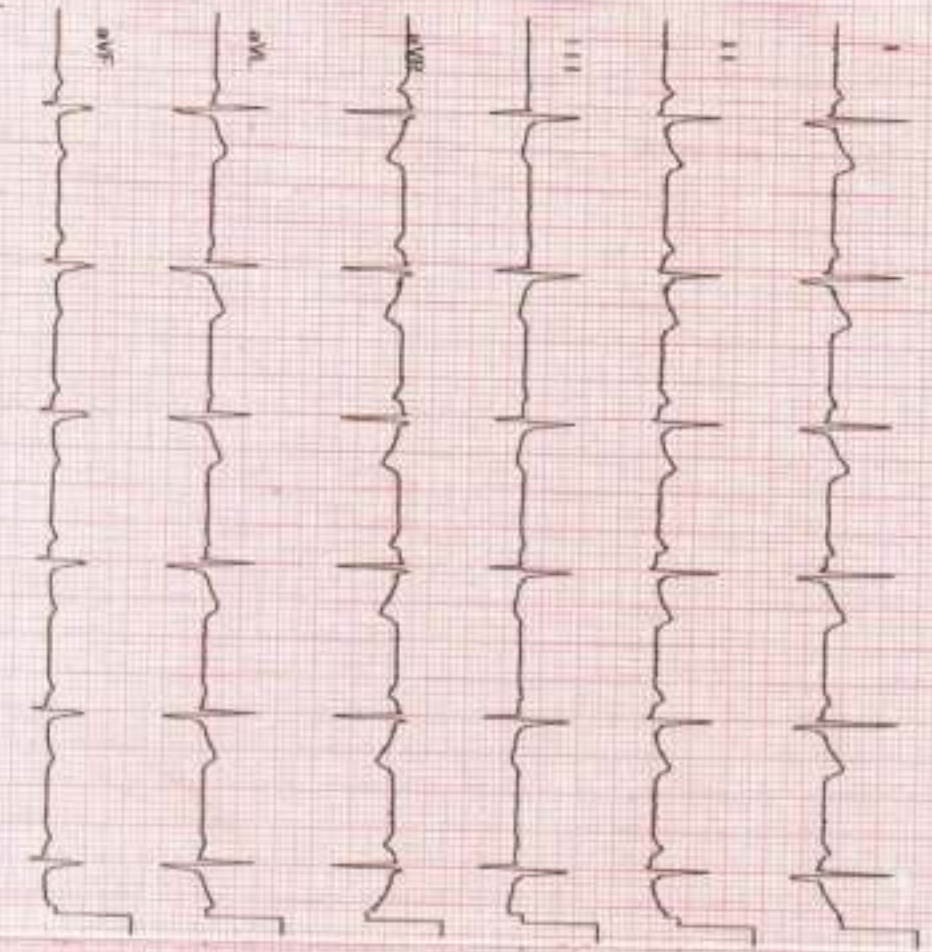
Prepared By : Mr. Anand
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Sex: M Age: Birth date: height: years:
 Medication:
 Symptoms:
 History:
 Vent. rate: 76 bpm
 PR int: 162 ms
 QRS dur: 84 ms
 QT/QTc(E) int: 358/387 ms
 P/QRS/T axis: 44/ 46/ 20
 RV6/SV1 amp: 1.18/ 0.29 mV
 RV6+SV1 amp: 1.47 mV

10 mm/mV 25 mm/s Filter: 50 d 100 Hz



1100 Sinus rhythm
 0110 normal ECG
 Mr. Jitendra Prakash
 52-11/m

Unconfirmed Report
 Reviewed by:

