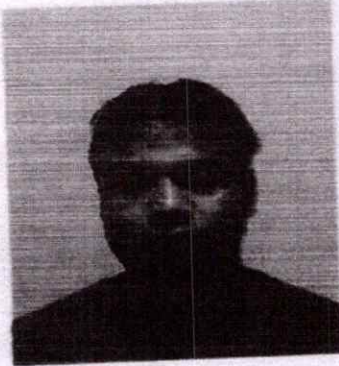




भारत सरकार
GOVERNMENT OF INDIA



अभिषेक कुमार गुप्ता
Abhishek Kumar Gupta
जन्म तिथि/ DOB:
19/01/1989
पुरुष / MALE

Abhishek
not given



5432 1113 5403

मेरा आधार, मेरी पहचान

MEERA AADHAAR, MERI PEHACHAN

5432 1113 5403

Signature

Dr. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

Indra Diagnostic Centre
24/22 Karachi Khana
Mall Road, Kar-pur

उत्तर प्रदेश - 208011

फिस्टवर्डे नगर, कानपुर नगर,
168/2, बाबू पुरवा कालोनी,
आत्मज: जय प्रकाश गुप्ता,

पता:

Address:

S/O: Jai Prakash Gupta, 168/2,
Babu Purwa Colony, Kidwai Nagar,
Kanpur Nagar,
Uttar Pradesh - 208011

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

भारतीय विशिष्ट पहचान प्राधिकरण





INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110DL2003LC308206



| | | | |
|--------------|---------------------------------------|---------------|------------------------|
| Patient Name | : Mr.ABHISHEK KUMAR GUPTA - PKG100002 | Registered On | : 28/Aug/2021 11:14:10 |
| Age/Gender | : 32 Y 7 M 8 D /M | Collected | : 28/Aug/2021 11:43:50 |
| UHID/MR NO | : IKNP.0000014110 | Received | : 28/Aug/2021 11:45:32 |
| Visit ID | : IKNP0042102122 | Reported | : 28/Aug/2021 19:46:49 |
| Ref Doctor | : Dr.MediWheel Knp | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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) * , Blood

| | | | | |
|-------------|----------|--------|------------|----------------------|
| Haemoglobin | 13.40 | g/dl | 13.5-17.5 | PHOTOMETRIC |
| TLC (WBC) | 7,900.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |

DLC

| | | | | |
|---------------------------|-------|---|-------|----------------------|
| Polymorphs (Neutrophils) | 58.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 36.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 6.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 0.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | < 1 | ELECTRONIC IMPEDANCE |

ESR

| | | |
|-----------|-------|--------------------|
| Observed | 18.00 | Mm for 1st hr. |
| Corrected | 10.00 | Mm for 1st hr. < 9 |
| PCV (HCT) | 41.00 | cc % 40-54 |

Platelet count

| | | | | |
|-----------------------------------|-------|------------|-------------|----------------------|
| Platelet Count | 1.50 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE |
| PDW (Platelet Distribution width) | 16.90 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 57.30 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.19 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 14.40 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |

RBC Count

| | | | | |
|-----------|------|-------------|---------|----------------------|
| RBC Count | 4.07 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |
|-----------|------|-------------|---------|----------------------|





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------------------------|----------|--------|--------------------|-------------------------|
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 100.60 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 32.90 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 32.70 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 13.40 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 48.40 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 4,582.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 0.00 | /cu mm | 40-440 | |



Dr. Seema Nagar(MD Path)





INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
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| | | | |
|--------------|---------------------------------------|---------------|------------------------|
| Patient Name | : Mr.ABHISHEK KUMAR GUPTA - PKG100002 | Registered On | : 28/Aug/2021 11:14:11 |
| Age/Gender | : 32 Y 7 M 8 D /M | Collected | : 28/Aug/2021 11:43:50 |
| UHID/MR NO | : IKNP.0000014110 | Received | : 28/Aug/2021 11:45:32 |
| Visit ID | : IKNP0042102122 | Reported | : 28/Aug/2021 13:02:17 |
| Ref Doctor | : Dr.MediWheel Knp | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------------------------------|--------|-------|--|---------|
| Glucose Fasting Sample: Plasma | 91.60 | 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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

| | | | |
|-----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c) | 5.10 | % NGSP | HPLC (NGSP) |
| Glycosylated Haemoglobin (Hb-A1c) | 32.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 100 | 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.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

**Some danger of hypoglycemic reaction in Type I diabetics. 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 | 11.00 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample:Serum | 1.04 | mg/dl | 0.7-1.3 | MODIFIED JAFFES |
| e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum | 82.80 | ml/min/1.73m ² | 90-120 Normal 60-89 Near Normal | CALCULATED |
| Uric Acid Sample:Serum | 7.18 | mg/dl | 3.4-7.0 | URICASE |
| L.F.T.(WITH GAMMA GT) * , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 44.40 | U/L | < 35 | IFCC WITHOUT P5P |





INDRA DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------------------------|---------------|-------|--------------------|-------------------|
| SGPT / Alanine Aminotransferase (ALT) | 57.10 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 118.80 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 7.17 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.28 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 2.89 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.48 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 151.70 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 1.15 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.70 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.45 | mg/dl | < 0.8 | JENDRASSIK & GROF |

LIPID PROFILE (MINI) * , Serum

| | | | | |
|------------------------------------|--------------|-------|---|------------------|
| Cholesterol (Total) | 162.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 22.19 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 112 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 27.58 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 137.90 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |



Dr. Seema Nagar(MD Path)





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| Patient Name | : Mr.ABHISHEK KUMAR GUPTA - PKG100002 | Registered On | : 28/Aug/2021 11:14:10 |
| Age/Gender | : 32 Y 7 M 8 D /M | Collected | : 28/Aug/2021 11:43:50 |
| UHID/MR NO | : IKNP.0000014110 | Received | : 28/Aug/2021 19:25:25 |
| Visit ID | : IKNP0042102122 | Reported | : 28/Aug/2021 19:53:12 |
| Ref Doctor | : Dr.MediWheel Knp | Status | : Final Report |

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

URINE EXAMINATION, ROUTINE * , Urine

| | | | | |
|---------------------------------|----------------|------|--|-------------------------|
| Color | LIGHT YELLOW | | | |
| Specific Gravity | 1.010 | | | |
| Reaction PH | Acidic (5.0) | | | 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 | 1-2/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | 1-2/h.p.f | | | MICROSCOPIC EXAMINATION |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE * , Urine

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

Interpretation:

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





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|--------------|---------------------------------------|---------------|------------------------|
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|



Dr. Seema Nagar (MD Path)





INDRA DIAGNOSTIC CENTRE

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| UHID/MR NO | : IKNP.0000014110 | Received | : 28/Aug/2021 11:45:32 |
| Visit ID | : IKNP0042102122 | Reported | : 28/Aug/2021 19:27:12 |
| Ref Doctor | : Dr.MediWheel Knp | Status | : Final Report |

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

THYROID PROFILE - TOTAL * , Serum

| | | | | |
|-----------------------------------|--------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 123.60 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 5.02 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 1.89 | 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.
- 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. Seema Nagar(MD Path)



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|--------------|---------------------------------------|---------------|------------------------|
| Patient Name | : Mr.ABHISHEK KUMAR GUPTA - PKG100002 | Registered On | : 28/Aug/2021 11:14:11 |
| Age/Gender | : 32 Y 7 M 8 D /M | Collected | : N/A |
| UHID/MR NO | : IKNP.0000014110 | Received | : N/A |
| Visit ID | : IKNP0042102122 | Reported | : 29/Aug/2021 10:27:21 |
| Ref Doctor | : Dr.MediWheel Knp | Status | : Final Report |

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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 : NORMAL SKIAGRAM

*** End Of Report ***

(*) Test not done under NABL accredited Scope

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Raz

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 Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

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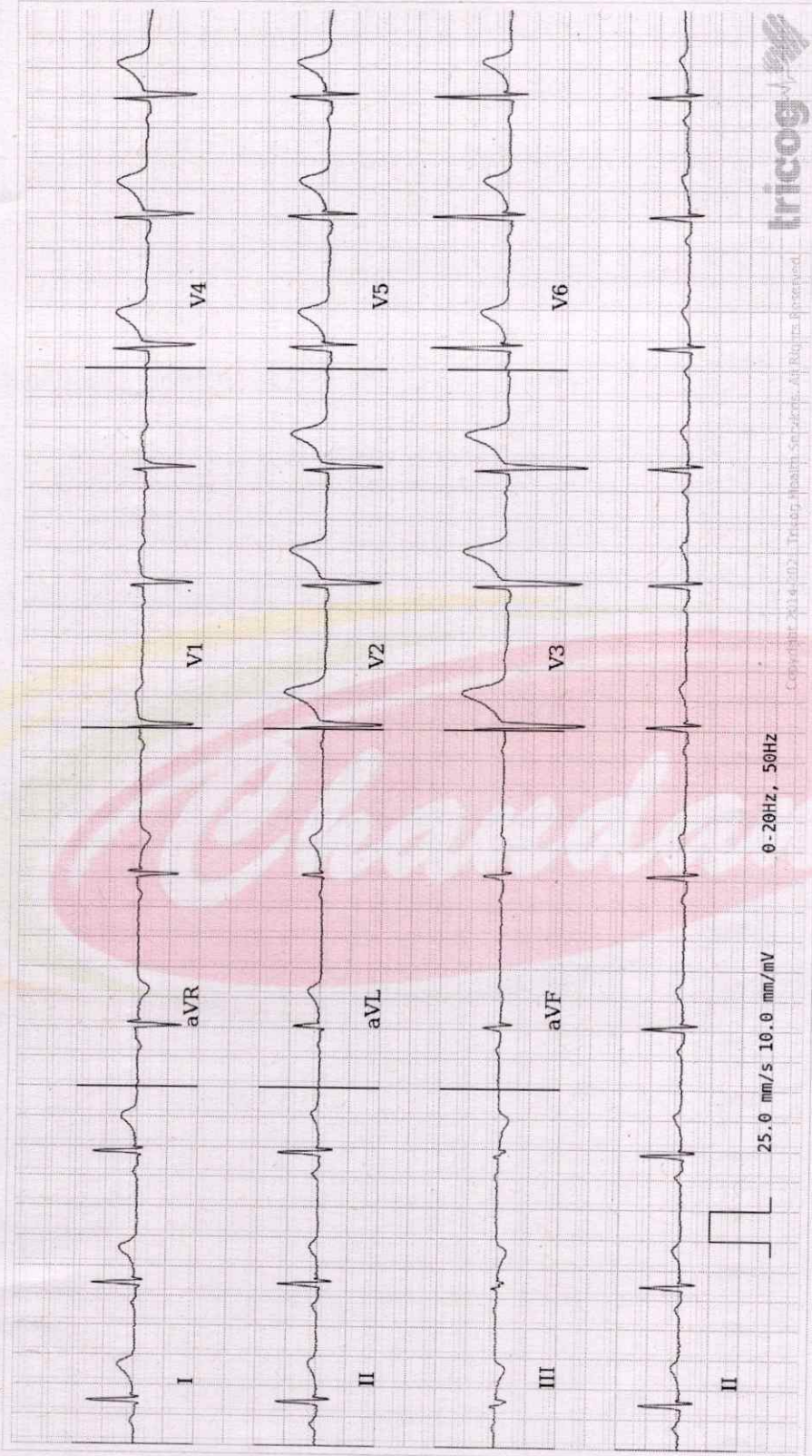
Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in

Home Sample Collection
1800-419-0002

Page 9 of 9

June 2021

Age / Gender: 32/Male Date and Time: 28th Aug 21 11:11 AM
 Patient ID: IKNP0042102122
 Patient Name: ABHISHEK KUMAR GUPTA - PKG10000238



AR: 69 bpm VR: 69 bpm QRSD: 82 ms QT: 370 ms QTC: 396 ms PRI: 150 ms P-R-T: 42° 19° NA

Sinus Rhythm, Normal Axis, with Sinus Arrhythmia, Nonspecific T wave Abnormality. Please correlate clinically.

REPORTED BY



AUTHORIZED BY

[Signature]

Dr. Charit
MD, DM: Cardiology

63382

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.