



Patient Name : Mr. VIKRAM KUMAR Reg No. : 10388/UHID23DL Lab ID. : 10878/OPDPB23DL
Age / Gender : 42Y / Male Date : 23-Mar-2024
Mobile No. : 9717105250 Manual No. Collected : 23-Mar-2024 13:06
Refd. By : Dr. . Received : 23-Mar-2024 13:06
Sample Type : Plasma(Sodium fluoride) Sample ID : 243839 Report : 23-Mar-2024 20:56



TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

BLOOD SUGAR FASTING 85.7 mg/dl 74-100 GOD-POD

INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c >= 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose >=100mg/dl but <126 mg/dl

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252


Lab Technician : chand

Dr. Meenakshi Grag
Consultant Pathologist.



BOOK APPOINTMENT



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Age / Gender : 42Y / Male	Date : 23-Mar-2024	
Mobile No. : 9717105250	Manual No.	Collected : 23-Mar-2024 19.36
Refd. By : Dr. .	Sample ID : 243839	Received : 23-Mar-2024 19.36
Sample Type : Plasma(Sodium fluoride)		Report : 23-Mar-2024 20.56

TEST NAME	RESULT	UNIT	RANGE	METHOD
		BIOCHEMISTRY		
Blood Sugar PP	83.4	mg/dl	70-150	GOD-POD

INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

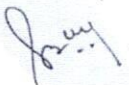
2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c >= 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose >=100mg/dl but <126 mg/dl -----End of Report-----


Dr. Sangeeta B
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BOOK APPOINTMENT



Patient Name : Mr. VIKRAM KUMAR
Age / Gender : 42Y / Male
Mobile No. : 9717105250
Refd. By : Dr. .
Sample Type : EDTA whole blood

Reg No. : 10388/UHID23DL
Date : 23-Mar-2024
Manual No.
Sample ID : 243839

Lab ID. : 10878/OPDPB23DL

Collected : 23-Mar-2024 13.06
Received : 23-Mar-2024 13.06
Report : 23-Mar-2024 20.56

TEST NAME	RESULT	UNIT	RANGE	METHOD
HEAMATOLOGY				
COMPLETE BLOOD COUNT				
HEMOGLOBIN	15.3	g/dl	13.0 - 17.0	Colorimetric
TOTAL LEUCOCYTE COUNT	4.7	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	49	%	40-75	Electrical impedance
Lymphocyte	41	%	20-45	Electrical impedance
Eosinophil	04	%	01-06	Microscopy
Monocyte	06	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	4.97	mili/cmm	4.50 - 5.50	Electrical impedance
PCV	44	%	40 - 50	Calculated
MCV	88.30	fl	83.00 - 101.00	Calculated
MCH	30.7	Picogram	27.0 - 32.0	Calculated
MCHC	34.80	gm/dl	31.50 - 34.50	Calculated
PLATELET COUNT	191	10 ³ /uL	150 - 410	Electrical impedance

-----End of Report-----


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Age / Gender : 42Y / Male	Date : 23-Mar-2024	
Mobile No. : 9717105250	Manual No.	Collected : 23-Mar-2024 13.06
Refd. By : Dr. .		Received : 23-Mar-2024 13.06
Sample Type : EDTA whole blood	Sample ID : 243839	Report : 24-Mar-2024 09.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.5	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %


Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----



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Refd. By : Dr. .	Sample ID : 243839	Received : 23-Mar-2024 13.06
Sample Type : Serum		Report : 23-Mar-2024 20.56

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
KIDNEY FUNCTION TEST				
Blood Urea	33.2	mg/dl	15.0-45.0	urease-GLDH
Serum Creatinine	0.9	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	4.60	mg/dl	2.5-7.2	Uricase
Total Protein	6.90	g/dl	6.4-8.3	Biuret
PROTEN	4.6	g/dl	3.4-4.8	Bcg
ALBUMIN	2.30	g/dl	2.3-3.5	
GLOBULIN	2.00			
A/G RATIO	9.7	mg/dl	8.6-10.2	Arsenazo
Calcium	140.0	mmol/L	136.0-149.0	ISE Indirect
Sodium	4.0	mmol/L	3.5-5.5	ISE Indirect
Potasium	102.4	mmol/L	98.0-109.0	ISE Indirect
Chloride				
-----End of Report-----				


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BOOK APPOINTMENT



Patient Name : Mr. VIKRAM KUMAR
Age / Gender : 42Y / Male
Mobile No. : 9717105250
Refd. By : Dr. .
Sample Type : Serum

Reg No. : 10388/UHID23DL
Date : 23-Mar-2024
Manual No.
Sample ID : 243839

Lab ID. : 10878/OPDPB23DL

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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY


LIPID PROFILE

Total Cholesterol	189.00	mg/dl	123-199	CHOD-PAP
Triglycerides	255.6	mg/dl	40-160	Gpo
HDL Cholesterol Direct	51.1	mg/dl	35.3-79.5	Direct
Vldl	51	mg/dl	4.7-22.1	
LDL Cholesterol Direct	86.8	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.7		0.0-4.97	
LDL/HDL Ratio	1.7		0.0-3.55	

INTERPRETATION:-

	Total cholesterol	LDL cholesterol	Triglycerides
Acceptable/Low Risk	< 200 mg/dl	<130 mg/dl	<150 mg/dl
Borderline High Risk	200-239 mg/dl	130-159 mg/dl	150-199 mg/dl
High Risk	> 240 mg /dl	> 160 mg/dl	200-499 mg/dl
Very High			>500 mg/dl

-----End of Report-----



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Sample Type : Serum		Report : 23-Mar-2024 20.56

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin	0.35	mg/dl	0.0-2.0	Diazo
Total Bilirubin	0.19	mg/dl	0-0.4	Diazo
Direct Bilirubin	0.16	mg/dl	0-0.8	Calculated
Indirect Bilirubin				
Total Protein	6.90	g/dl	6.4-8.3	Biuret
PROTEN	4.6	g/dl	3.4-4.8	Bcg
ALBUMIN	2.26	g/dl	2.3-3.5	
GLOBULIN	2.05			
A/G RATIO	23	U/L	0-35	IFCC
SGOT	31	U/L	0.0-45	IFCC
SGPT				
Gamma GT	51.1	U/L	0-55	Glupa-c
Alkaline Phosphatase	127	U/L	53-128	Amp

-----End of Report-----


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BOOK APPOINTMENT



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Refd. By : Dr. .		Received : 23-Mar-2024 13.06
Sample Type : Serum	Sample ID : 243839	Report : 24-Mar-2024 09.53

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

PSA TOTAL	0.82	ng/ml	0-4.1	< 4.1 0-40 yrs : < 1.4 41-50 yrs : < 2.0 51-60 yrs : < 3.1 61-70 yrs : < 4.1 71-100 yrs : < 4.4
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COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia (BPH) and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA.

However, the effect is clinically insignificant, since DRE causes the Most substantial increase in patients with PSA levels already elevated over 4.0 ng/mL . Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free (unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the Ratio of free to total PSA appears to be particularly promising promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However , both and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 Hours.

-----End of Report-----



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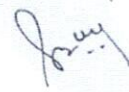
BOOK APPOINTMENT



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Mobile No. : 9717105250	Manual No.	Collected : 23-Mar-2024 19.36
Refd. By : Dr. .	Sample ID : 243839	Received : 23-Mar-2024 19.36
Sample Type : STOOL		Report : 23-Mar-2024 20.56

TEST NAME	RESULT	UNIT	RANGE	METHOD
CLINICAL PATHOLOGY				
STOOL R/M				
PHYSICAL EXAMINATION				
COLOUR/ APPEARANCE	BROWNISH			
CONSISTENCY	SEMI-FORMED			
PUS	NIL			
MUCUS	NIL			
BLOOD	NIL			
CHEMICAL REACTION				
REACTION	ACIDIC			
MICROSCOPY EXAMINATION				
PUS CELLS	1-2			
RBC'S	NIL			
OVA	NIL			
CYST	NIL			
BACTERIA	NIL			
OTHERS	NIL			

-----End of Report-----



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HORMONES

THYROID PROFILE
T3

1.27

ng/dl

CLIA

All values

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4

5.60

µg/dl

CLIA

Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1st Trimester 7.3-15.00 µg/dl

2st Trimester 8.92-17.38

3st Trimester 7.98-17.70



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BOOK APPOINTMENT





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Mobile No. : 9717105250	Manual No.	Collected : 23-Mar-2024 13.06
Refd. By : Dr. .	Sample ID : 243839	Received : 23-Mar-2024 13.06
Sample Type : Serum		Report : 24-Mar-2024 09.53

TSH

2.24

μ IU/ml

CLIA

Adults

21-100 yrs 0.42 - 5.45

Pediatric

0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

Pregnancy

First trimester 0.1 - 2.5*

Second trimester 0.2 - 3*

Third trimester 0.3 - 3*

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----


Dr. Sangeeta B
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DMC/25252
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BOOK APPOINTMENT



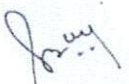
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Age / Gender : 42Y / Male	Date : 23-Mar-2024	
Mobile No. : 9717105250	Manual No.	Collected : 23-Mar-2024 19.36
Refd. By : Dr. .	Sample ID : 243839	Received : 23-Mar-2024 19.36
Sample Type : URINE		Report : 23-Mar-2024 20.56

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE				
MICROSCOPY				
PHYSICAL EXAMINATION				
QUANTITY	20.00	ml	10-30	
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
SPECIFIC GRAVITY	1.020		1.015-1.025	
PH	6.0		5.5 - 7	
CHEMICAL EXAMINATION				
ALBUMIN	NIL			
SUGAR	NIL			
MICROSCOPIC EXAMINATION				MICROSCOPIC
PUS CELLS	2-3	/hpf	NIL	
RBC'S	NIL			
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	1-2			
BACTERIA	NIL			
OTHERS	NIL			

-----End of Report-----


Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : chand

Dr. Meenakshi Grag
Consultant Pathologist.



BOOK APPOINTMENT



Date - 23/03/24

Name - Mr. Vikram Kumar

Age - 42 yrs

Gender - M

Height - 174 cms

Weight - 80 kgs

Chest $\left\{ \begin{array}{l} \text{Dias} - 98 \text{ cms} \\ \text{Exp} - 95 \text{ cms} \end{array} \right.$

BP - 122/80

PR - 84 bpm

Past Ailments -

Endoscopic Spine
Surgical Intervention
'2018'

Co-morbidities -

None

Eye Examination -


Near vision - $\left(\begin{array}{l} \text{Rt} \\ \text{Lt} \end{array} \right)$
Hypermetropia (+)
Far vision - $\left(\begin{array}{l} \text{Rt} \\ \text{Lt} \end{array} \right)$ 10t
6/6 6/6
Colour vision - $\left(\begin{array}{l} \text{Rt} \\ \text{Lt} \end{array} \right)$

He is Indeed fit & stable



BOOK APPOINTMENT

Dr. Pavan Bhardwaj
Surgeon
DMC No. - 97802
BMC - 97802



IPSC PAIN AND SPINE HOSPITAL
 PLOT-453 NEAR SBI BANK SECTOR-19
 DWARKA NEW DELHI-110075, PH: 9555437357

TREADMILL TEST REPORT

VIKRAM KUMAR
 ID : 67182
 DATE : 23-03-2024
 AGE/SEX : 42 / M
 HT/WT : 0 / 0
 REF. BY :

PROTOCOL : Bruce
 HISTORY :
 INDICATION : Checkup/Physical fitness,
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					70	120 / 80	84	1	-0.1	0.8	
STANDING					81	120 / 80	97	1.1	0	0.8	
HYPERVENT					83	120 / 80	99	1.1	-0.1	1	
Stage 1	2:55	0:16	2.7	10	110	130 / 80	143	0.7	0.1	0.9	4.67
Stage 2	5:55	2:55	4	12	139	140 / 80	194	-0.5	0.6	-0.1	7.04
PK-EXERCISE	7:17	1:17	5.4	14	157	150 / 90	235	-0.7	0.8	-0.8	8.34
RECOVERY	8:27	0:55			108	140 / 80	151	0.6	0.6	0.2	
RECOVERY	9:27	1:55			90	130 / 80	117	0.2	0.5	-0.1	

RESULTS

EXERCISE DURATION : 7:17
 MAX HEART RATE : 157 bpm
 MAX BLOOD PRESSURE : 150 / 90 mm Hg
 REASON OF TERMINATION : Achieved THR.
 BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :
 Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 8.34 METS

Dr. ANIL SAHOO
 MD, PGDCC
 Regn. No. 33201

Technician :

IPSC PAIN AND SPINE HOSPITAL

VIKRAM KUMAR
 I.D. 67182
 Age 42/M
 Date 23-03-2024

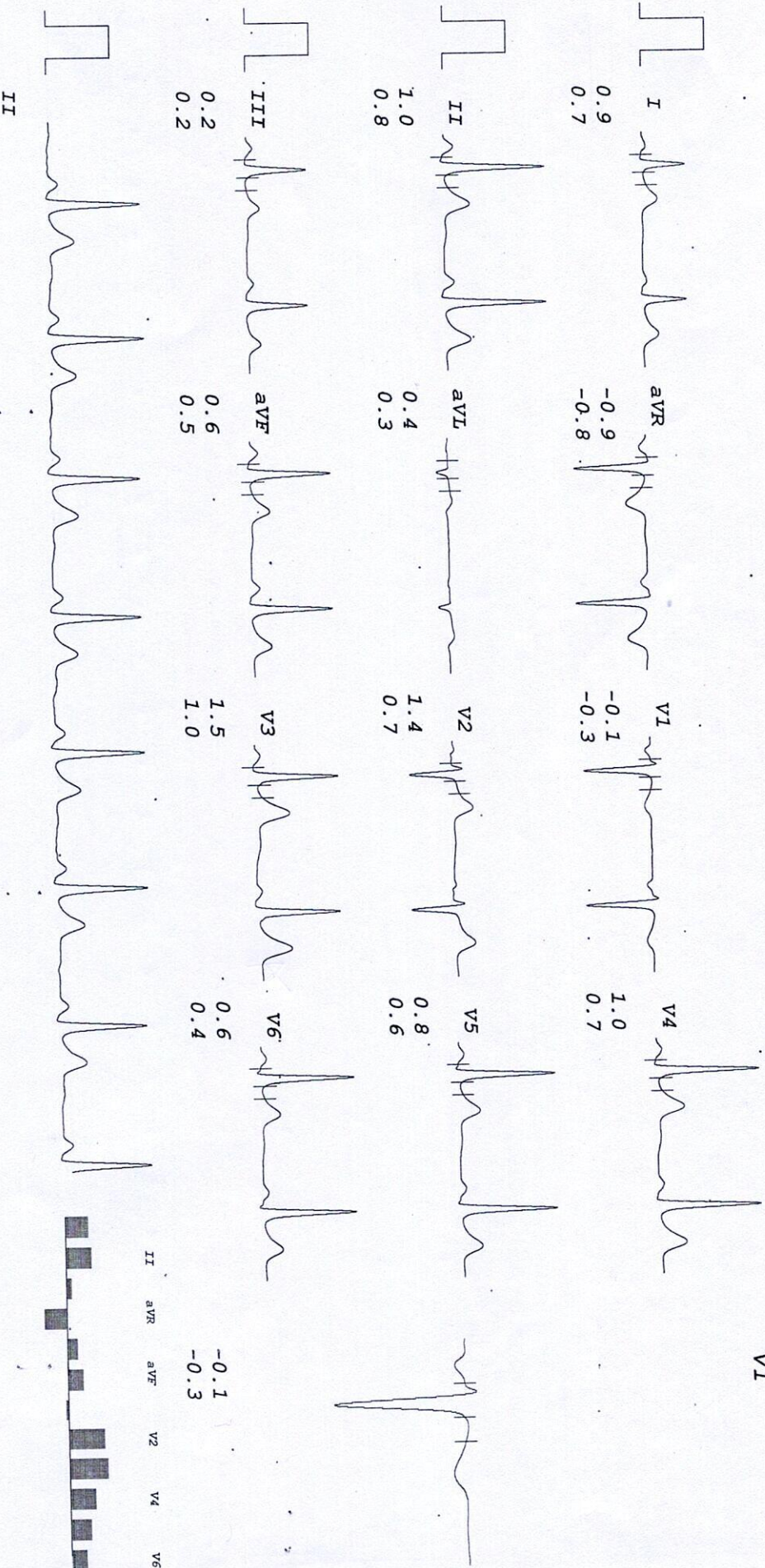
RATE 70bpm
 B.P. 120/80

PRETEST
 SUPINE

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



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VIKRAM KUMAR
 I.D. 67182
 Age 42/M
 Date 23-03-2024

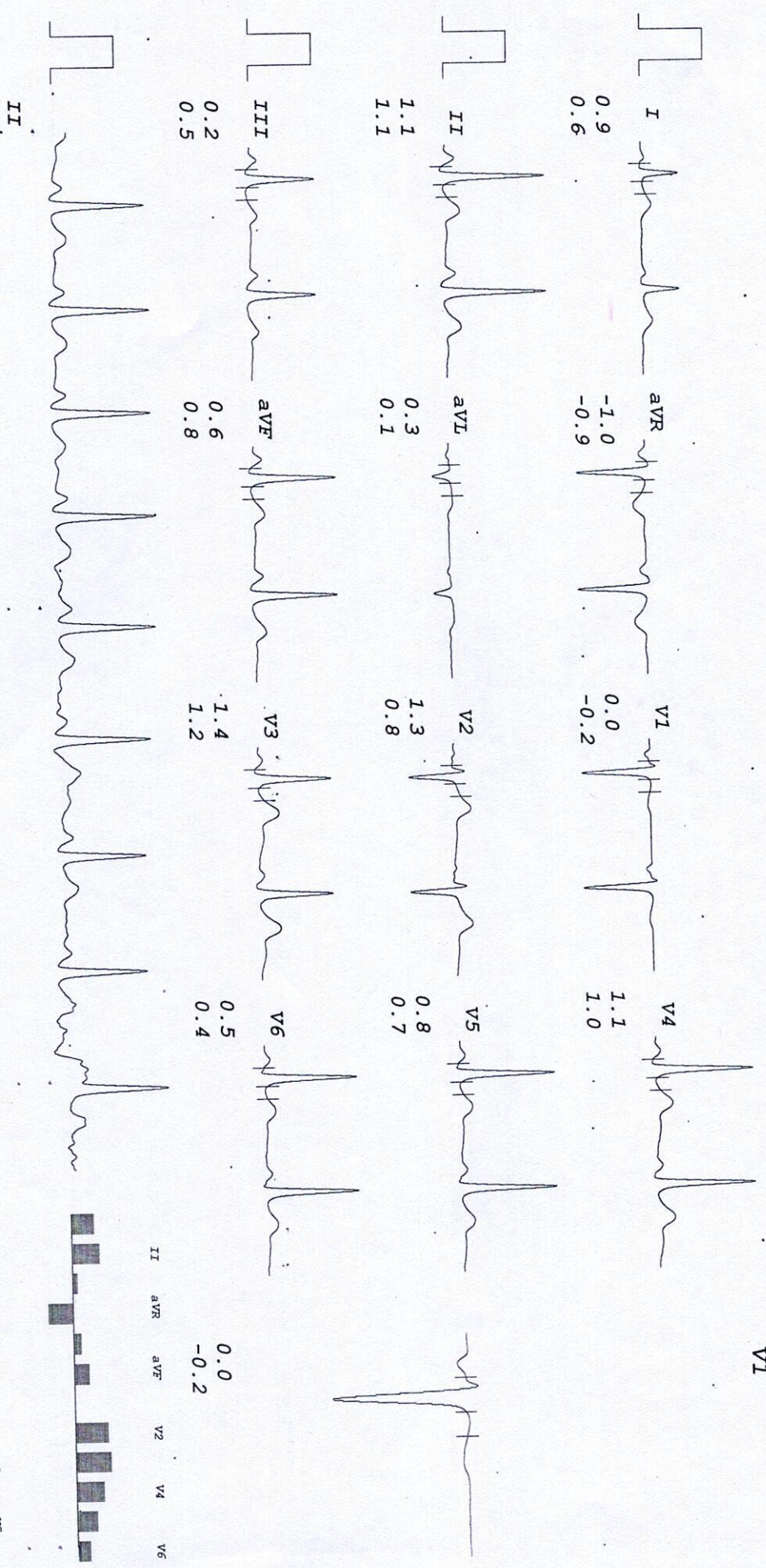
RATE 81bpm
 B.P. 120/80

PRETEST
 STANDING

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2"



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VIKRAM KUMAR
 I.D. 67182
 Age 42/M
 Date 23-03-2024

RATE 83bpm
 B.P. 120/80

PRETEST
 HYPERVENT
 PHASE TIME 0:16

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



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VIKRAM KUMAR
 I.D. 67182
 Age 42/M
 Date 23-03-2024

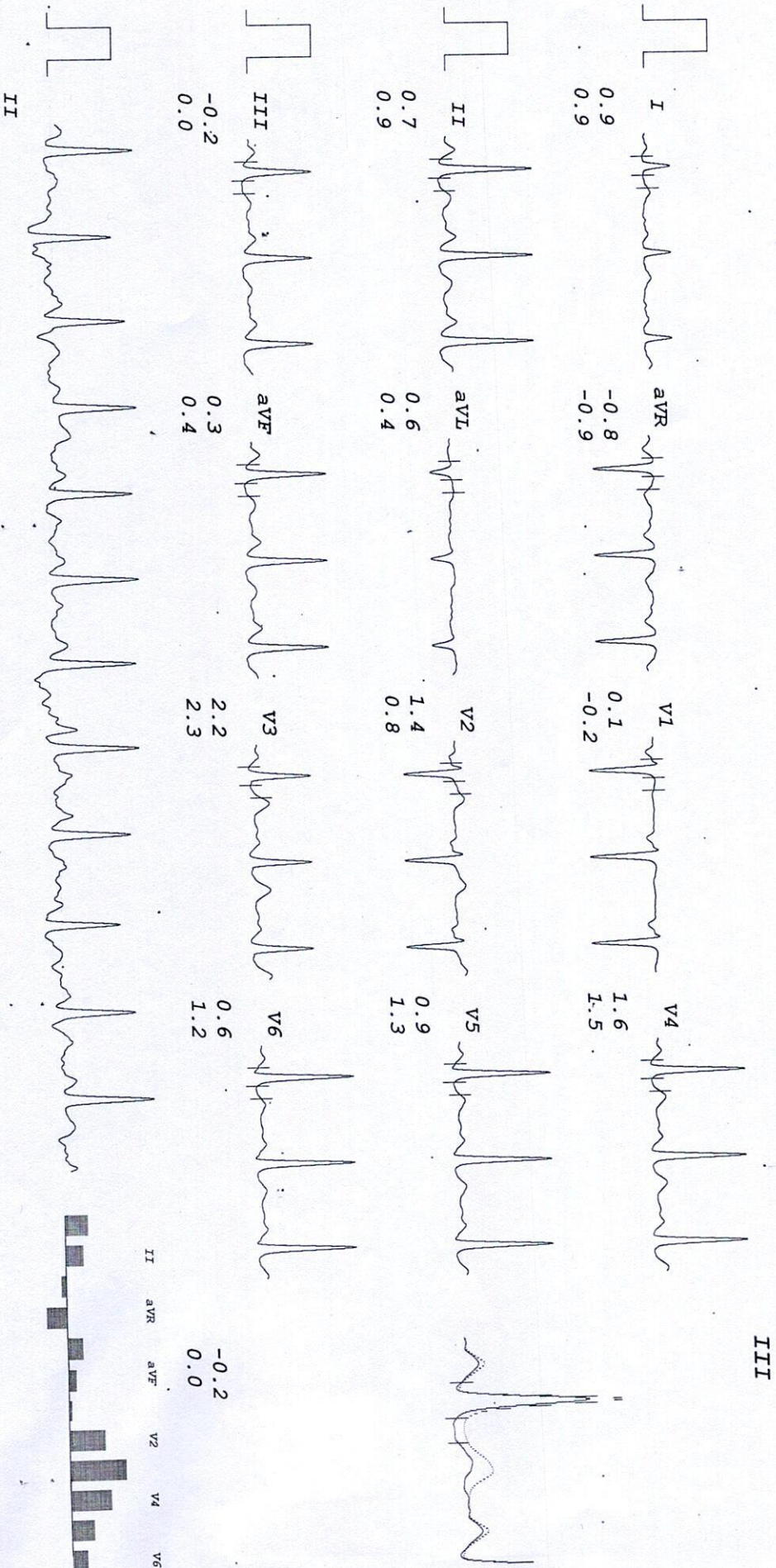
RATE 110bpm
 B.P. 130/80

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms Post J
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2



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VIKRAM KUMAR
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 Age 42/M
 Date 23-03-2024

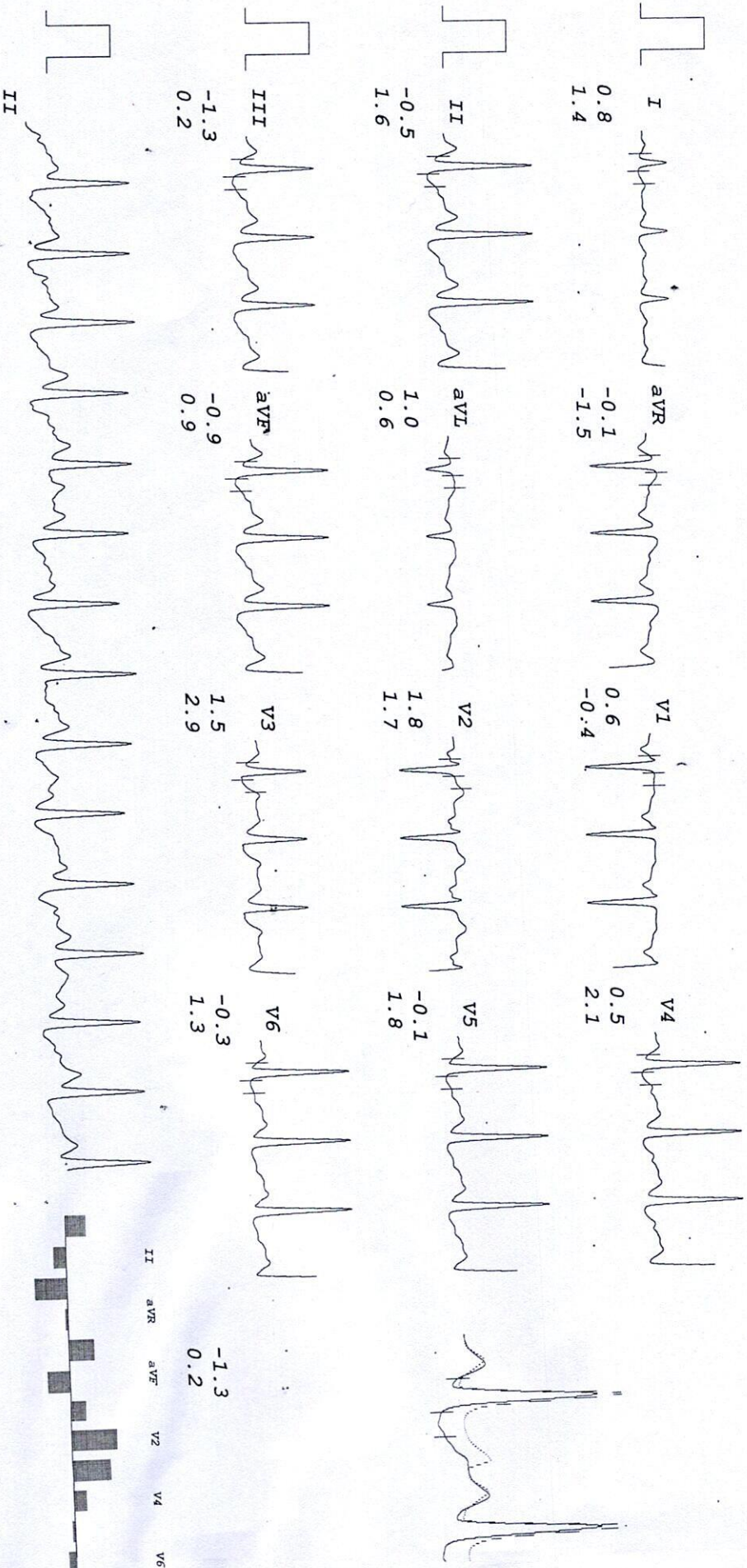
RATE 139bpm
 B.P. 140/80

Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2



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VIKRAM KUMAR
 I.D. 67182
 Age 42/M
 Date 23-03-2024

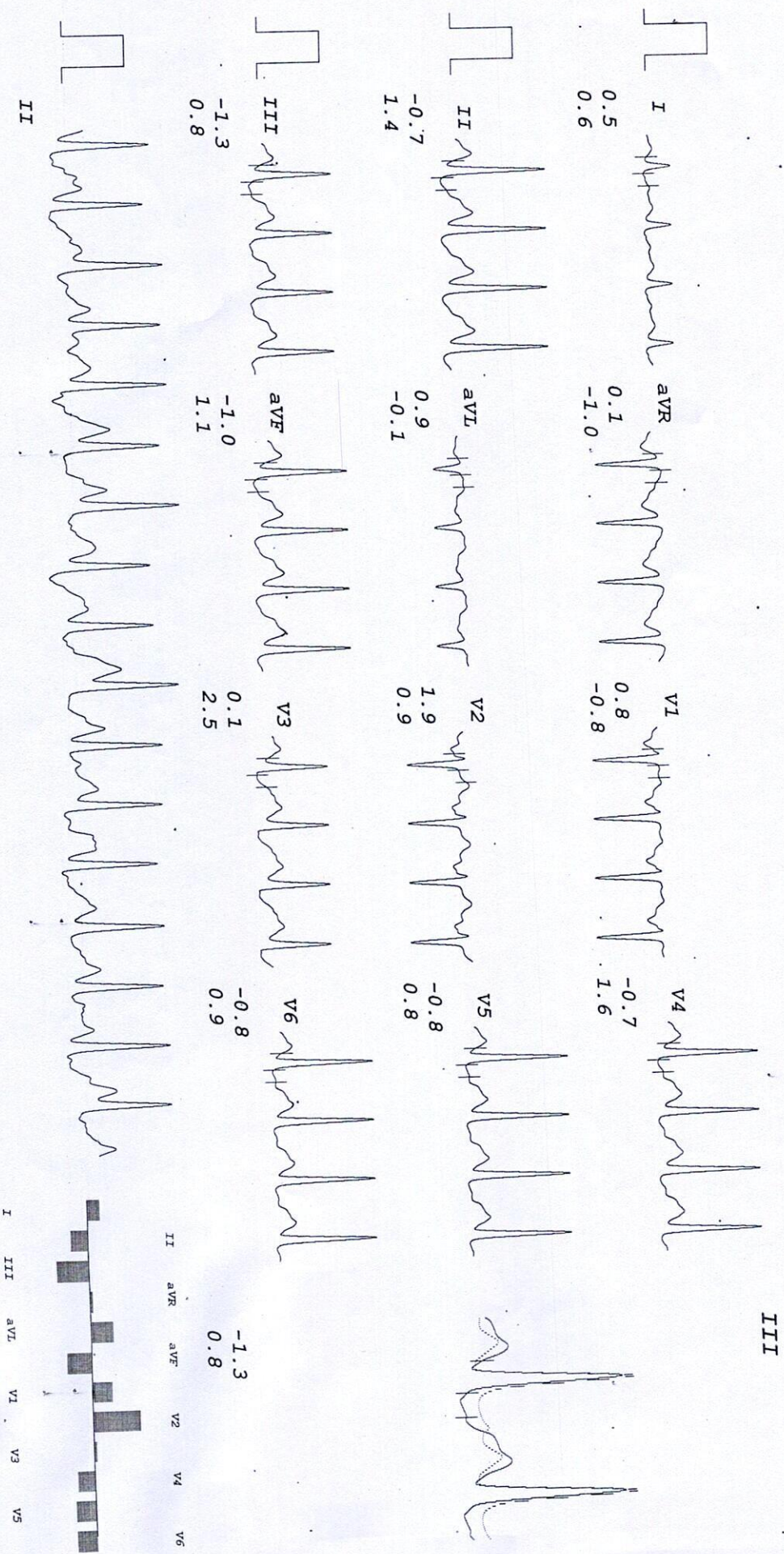
RATE 157bpm
 B.P. 150/90

Bruce
 PR-EXERCISE
 TOTAL TIME 7:17
 PHASE TIME 1:17

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2



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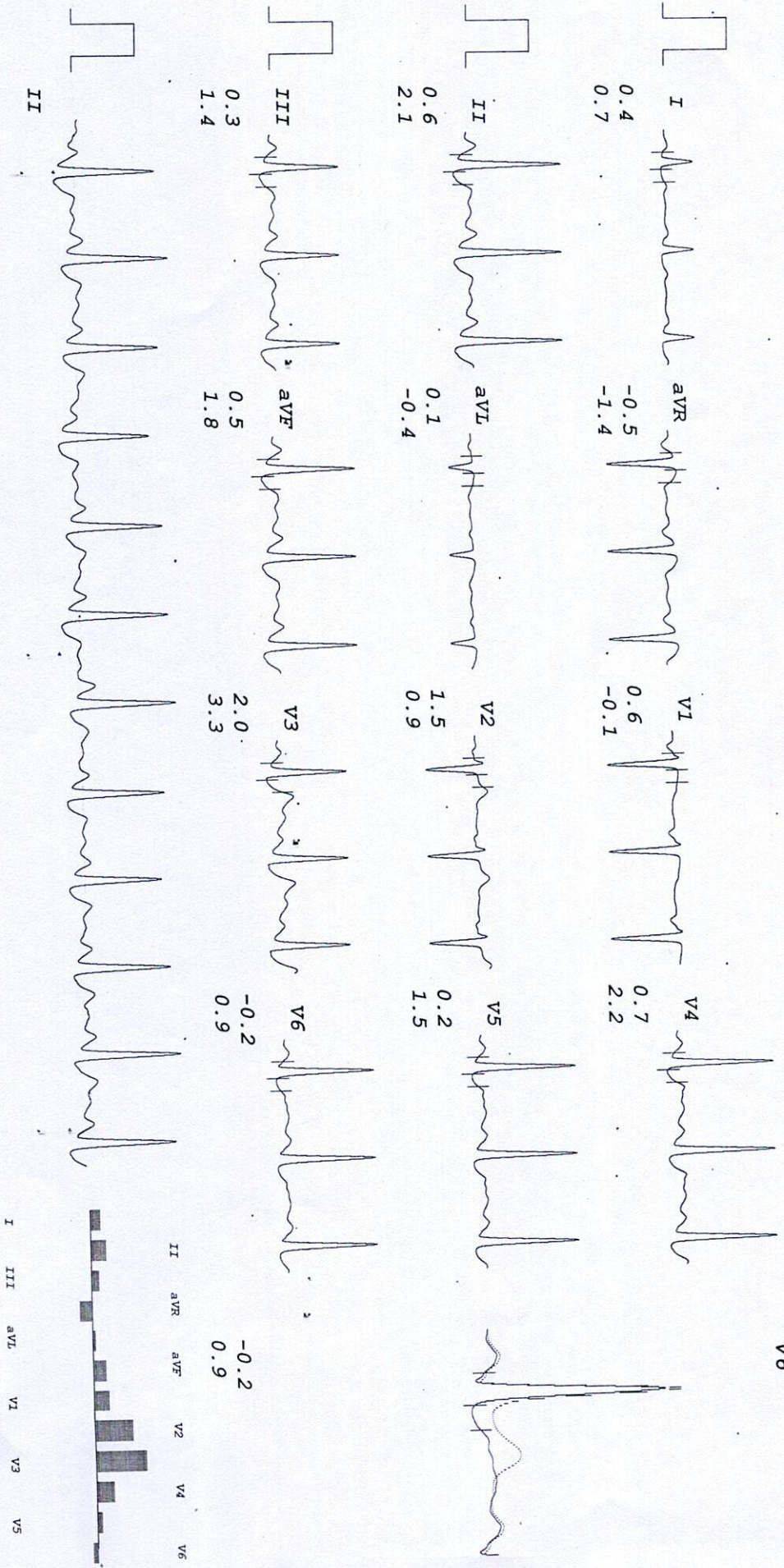
VIKRAM KUMAR
 I.D. 67182
 Age 42/M
 Date 23-03-2024

RATE 108bpm
 B.P. 140/80

Bruce
 RECOVERY
 TOTAL TIME 8:27
 PHASE TIME 0:55

ST @ 10mm/mV
 80ms PostJ

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

VIKRAM KUMAR
 I.D. 67182
 Age 42/M
 Date 23-03-2024

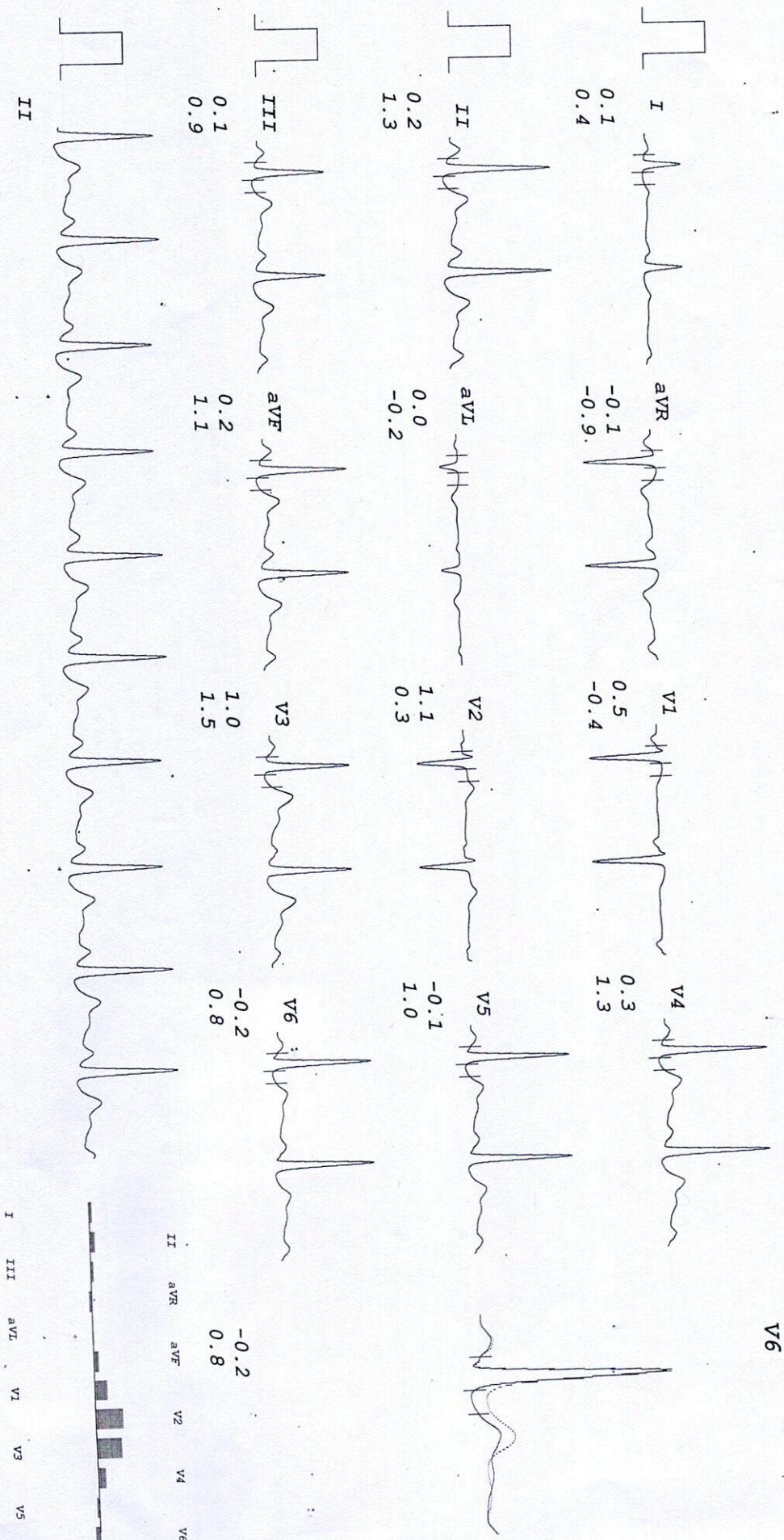
RATE 90bpm
 B.P. 130/80

Brice
 RECOVERY
 TOTAL TIME 9:27
 PHASE TIME 1:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



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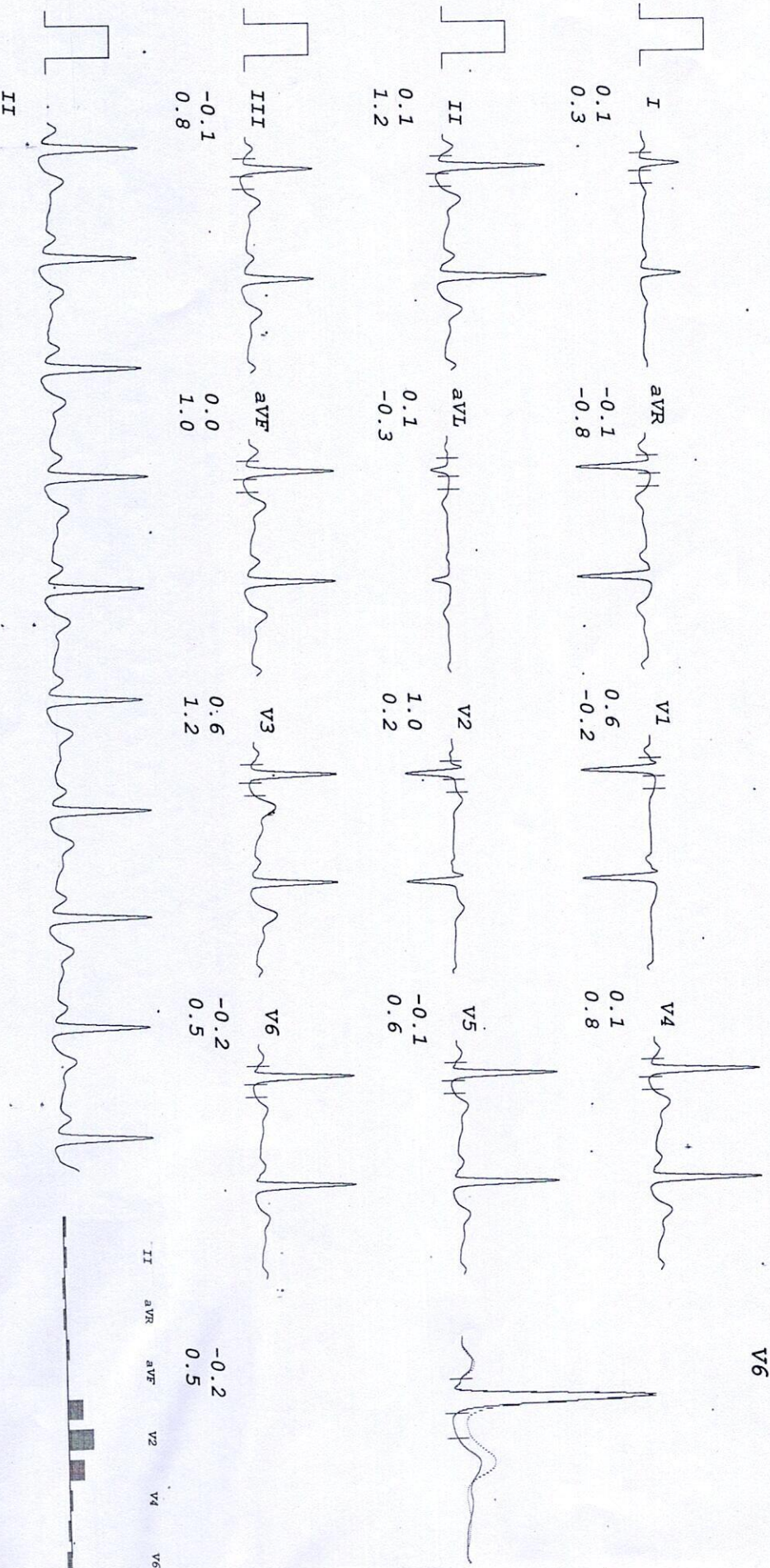
RATE 87bpm
 B.P. 120/80

Brice
 RECOVERY
 TOTAL TIME 9:54
 PHASE TIME 2:22

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2





Radiology No.	: 10878/OPDPB23DL	Date	: 23-Mar-2024
Patient Name	: Mr. VIKRAM KUMAR	Age/Sex	: 42Y Male
Guardian Name	:	UHID No.	: 10388/UHID23DL
Referred By	: Dr. .	Mobile No.	: 9717105250

X-RAY CHEST

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.

Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



Radiology No.	: 10878/OPDPB23DL	Date	: 23-Mar-2024
Patient Name	: Mr. VIKRAM KUMAR	Age/Sex	: 42Y Male
Guardian Name	:	UHID No.	: 10388/UHID23DL
Referred By	: Dr. .	Mobile No.	: 9717105250

ULTRASOUND OF WHOLE ABDOMAN

The liver is normal in size contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Right kidney measures- 111 x 43mm.

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures- 110 x 50mm.

Renal artery pulsation appear normal.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.



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BOOK APPOINTMENT





Radiology No. :	10878/OPDPB23DL	Date :	23-Mar-2024
Patient Name :	Mr. VIKRAM KUMAR	Age/Sex :	42Y Male
Guardian Name :		UHID No. :	10388/UHID23DL
Referred By :	Dr. .	Mobile No. :	9717105250

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prostate is of normal size for age with regular contours and normal echo-texture. It measures 34 x 33 x 40mm which is equal to 23gms.

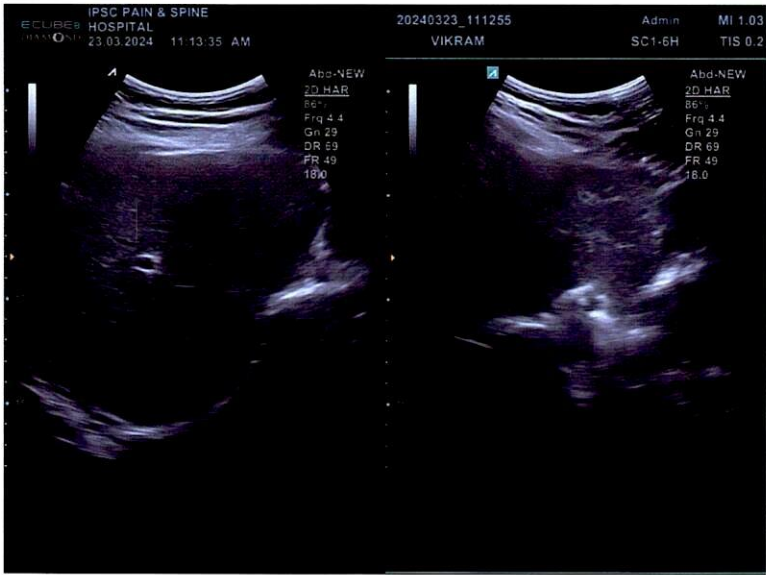
Impression : Normal sonogram.

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BOOK APPOINTMENT





Male
Years
Req. No. :

HR	: 69	bpm
P	: 118	ms
PR	: 138	ms
QRS	: 98	ms
QT/QTcBz	: 370/397	ms
P/QRS/T	: 64/50/37	°
RV5/SV1	: 1.589/0.986	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:

Vikram Kumar

Dr. ANIL SAHOO
MD, PGDCC
Regn. No. 33201

