



दिव्यमान हॉस्पिटल प्राइवेट लिमिटेड



ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525999999, 8173006932

Name: MR AMAN SANTOSH KUMAR	Age / Sex: 40 YEAR / Female	Contact: 6388616030
OPD No: 4073	Token No: 2	UHID: UHID2210
Guardian: SHREE RAM KRISHNA RAM	Address: GOPALGANJ BIHAR	Under Dr: DR ASHOK KUMAR SRIVASTAVA
Ref By: SELF	Registration No: 0	Room No: 01 -[OPD]
Dr Qualification: MBBS MD	Date: 27. 07. 2024	Department: GENERAL MEDICINE

BP- 138/74 mmHg
wt- 70kg
CVS - Normal

efo cadu

27/7/2024
Hb 13.2g%
CBC - Normal
SFT CP 90 / 120 / 10
LFT ALT 35 / AST 46
UR - Normal
HbA1c 6.3
BSA 1.75
KIDNEY - Normal

BP - 138/74 mmHg
Hb - 13.2 g%
SFT - CP 90 / 120 / 10
LFT - ALT 35 / AST 46
UR - Normal
HbA1c - 6.3
BSA - 1.75
KIDNEY - Normal

Dr. Ashok Kumar
27/4/2024

Dr. Ashok Kumar
Dr. Ashok Kumar

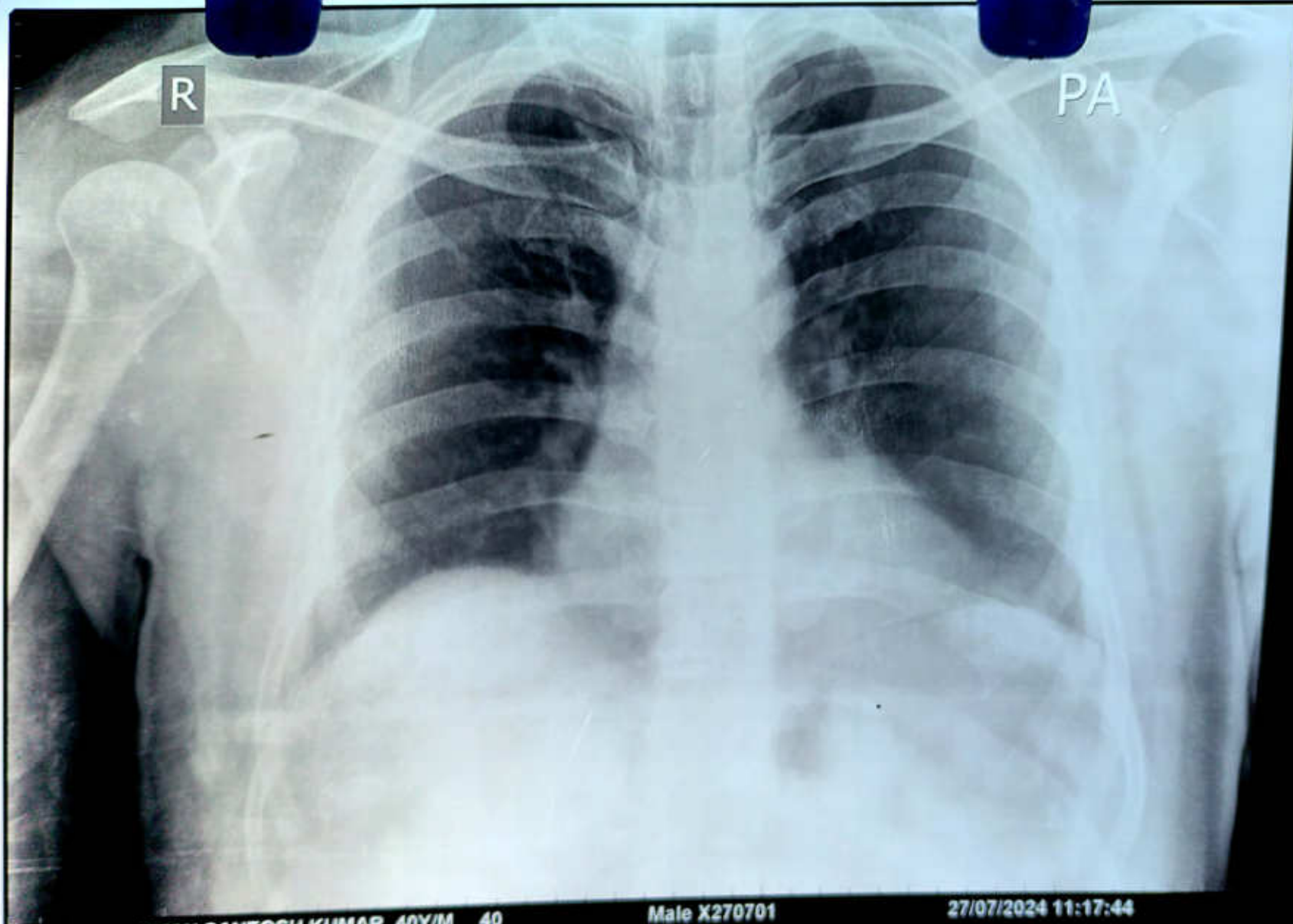
ECG - Normal
USG - Normal
X-ray - Normal
T₃ T₄ TSH - Normal

-: अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- नेडिस्तिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैंग्विस्कोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी
- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- घाती रोग
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोलॉजी
- माइयलर ओ.टी., सी.आर्म

इमरजेंसी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, अजांघी बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003
रजि. आफिस : 731-एव, शारदा शिवालय, आनन्द विहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003



AMAN SANTOSH KUMAR 40Y/M 40

Male X270701

27/07/2024 11:17:44

DMH

Chest PA

DIVYAMAN HOSPITAL PRIVATE LIMITED X-RAY DEPARTMENT

OPP. VEER BAHADUR SINGH SPORT COLLEGE . RAPTINAGAR PHASE-1. GORAKHPUR MOB. 7525969999



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L.D. NO	X/27/07	July 27, 2024
PATIENT NAME	MR.AMAN SANTOSH KUMAR	AGE/SEX 40 Y/M
REF. BY	DIVYAMAN HOSPITAL	

X-RAY CHEST (PA VIEW)

No active pulmonary parenchymal lesion is seen.

B/L c/p angle is clear.

Hilar shadows are normal.

Cardiac shadow is normal.


Trachea and mediastinum are normal in position.

Bones and soft tissues are normal

IMPRESSION:

> **NORMAL SCAN.**

ADV - CLINICAL CORRELATION.


DR. RAHUL NAYAK
MBBS(MLN),MD(Dr. RMLIMS)
RADIODIAGNOSIS

:- अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
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- छाती रोग
- फिजियोथैरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोजॉजी
- माइवूलर ओ.टी., सी.आर्म

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DIVYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. AMAN SANTOSH KUMAR	SAMPLE COLLECTED ON	27-07-2024
AGE / SEX	40 Y / Male	REPORT RELEASED ON	27/07/2024
COLLECTED AT	Inside	REPORTING TIME	3:15:10PM
RECEIPT No.	21,076	PATIENT ID	21108
REFERRED BY Dr.	DMH		

INVESTIGATION : COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Group (ABO), Blood Sugar Fasting & PP, Glycosylated Haemoglobin, Urine Examination Report, PSA Total, ESR Wintrobe, Lipid Profile...

Tests	Results	Biological Reference Range	Unit
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CANCER MARKER

PSA Total 0.20 (0.0-4.0)ng/ml ng/ml

EXPECTED VALUES :

99% OF HEALTHY MALES	0.0 - 4.0 ng / ml
80% OF BENIGN PROSTATIC HYPERTROPHY	4.0 - 10.0 ng / ml
81% OF PROSTITIC CARCINOMAS	10 - 20.0 ng / ml
PROSTATIC METASTASIS	Above 20.0 ng / ml

INTERPRETATION:- PSA is reliable tumor marker for already diagnosed prostatic carcinomas . It is uniquely associated only with prostatic tissue and therefore , is specific for it. Baseline levels measured prior to therapeutic intervention , and follows later by serial , periodical measurements will predict the outcome of the therapy . It also helps in early discovery of recurrences , relapses and metastases.

RECOMMENDED TESTING INTERVALS:-

First Datermination	:	Preoperatively (Baseline)
Second determination	:	2-4 Days postoperatively
Third determination	:	Before discharge from hospital

FOLLOW - UP DATERMINATION :-

- Levels are high / show rising trend : Monthly
- Levels are normal : Every 3 monthly initially , later annually.

* In general tumor marker levels are directly related to the tumor mass and the stage of the cancer . However if is the rate of change in the tumor marker level , which is more important , rather than its absolute value . A 50% change may be considered clinically significant.

* It must empha sized that PSA may be also elevated in benign prostatic hypertrophy and inflammatory condition of sure surroundings genitor-urinary tract . Therefore , this parameter should never be used as a screening test or diagnosing prostatic carcinomas , but only as aid in follow up studies.

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For Home Collection Dial : 9076655547

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YAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



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Tests	Results	Biological Reference Range	Unit
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COMPLETE BLOOD COUNT

HAEMATOLOGY

Haemoglobin	13.2	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	8800	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count (DLC)			
Polymorph	71	(40-80)%	%
Lymphocyte	24	(20-40)%	%
Eosinophil	05	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	4.44	(4.2 - 5.5) million/cmm	million/ /Litre
P. C. V. (hemotocrite)	38.7	(36-50) Litre/Litre	/Litre
M. C. V.	87.1	(82-98) fl	fl
M. C. H.	29.6	(27Pg - 32Pg)	Pg
M. C. H. C.	34.1	(21g/dl - 36g/dl)	g/dl
Platelete Count	2.12	(1.5-4.0 lacs/cumm)	/cumm
ESR Wintrobe			
Observed	20	20mm fall at the end of first hr.	mm

*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

*elevated In Acute And Chronic Infections And Malignancies.

*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sle, Pulmonary Infarction.

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DIYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



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Tests	Results	Biological Reference Range	Unit
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BIOCHEMISTRY

Blood Sugar Fasting & PP

Blood Sugar Fasting	98.5	(60 - 110)mg/dl	mg/dl
Blood Sugar PP	120.6	110 - 140 mg/dl	mg/dl

Reference Value :

Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)
 After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)
 Random/casual (diabetics 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholestrol	166.5	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	41.5	(30-70 mg%)	mg%
Triglyceride	170.6	High (60-165mg/dL)	mg/dL
V L D L	34.12	(5-40mg%)	mg%
L D L Cholestrol	90.88		mg/dl

50 Optimal
50-100 Near/Above Optimal

TC/HDL	4.0	(3.0-5.0)
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LDL/HDL	2.2	(1.5-3.5)
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Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholestral ,triglycerides,hdl& Ldl Cholestrol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholestrol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.

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Tests	Results	Biological Reference Range	Unit
LIVER FUNCTION TEST			
Bilirubin (Total)	0.8	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	50.9	High 0-40	IU/L
SGPT (ALT)	46.5	High 0.0-42.0	IU/L
Serum Alkaline Phosphatase	144.6	80.0-290.0	U/L
Serum Total Protein	6.6	6.0-7.8	gm/dl
Serum Albumin	3.9	3.5-5.0	gm/dl
Serum Globulin	2.7	2.3-3.5	gm/dl
A/G Ratio	1.44	High	

Comments/interpretation:

- liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
- the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
- It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST

Blood Urea	40.6	15.0-45.0	mg/dl
Blood Urea Nitrogen (BUN)	18.6	06-21	mg%
Serum Creatinine	1.1	0.7-1.4	mg/dl
Serum Uric Acid	6.8	Male-3.5-7.2 Female-2.5-6.0	mg/dl

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Tests	Results	Biological Reference Range	Unit
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Glycosylated Haemoglobin

HBA1c	6.3	(4.3-6.4)	%
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Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O.	"B"
Rh(D)	POSITIVE

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Tests	Results	Biological Reference Range	Unit
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CLINICAL PATHOLOGY

Urine Examination Report

PHYSICAL

Volume	20		ml
Colour	LIGHT YELLOW		
Appearance	CLEAR		

CHEMICAL

Reaction PH	6.0	(4.5-8.0)	
Specific Gravity	1.020	(1.01-1.025)	
Proteins	NIL	NIL	
Sugar	NIL	NIL	
Blood	NIL	NIL	
Phosphates/urates	NIL	NIL	
Ketone Bodies	NIL		
Chyle	NIL		
Bile Pigment (Bilirubin)	NIL		
Bile Salt	NIL		
Urobilinogen	Normal		

MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	4-5	0-5 /hpf	/hpf
Epithelial Cells	2-3		
Crystals	Nil		
Yeast Cells	Absent		
Casts	Absent		
BACTERIA	Absent		

*** End of Report ***

THANKS FOR REFERENCE

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
21108

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

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For Home Collection Dial : 9076655547

पता : डॉ. बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.

DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME Mr. AMAN SANTOSH KUMAR
AGE / SEX 40 Y / Male
COLLECTED AT Inside
RECEIPT No. 21,079
REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 27-07-2024
REPORT RELEASED ON 27/07/2024
REPORTING TIME 3:32:53PM
PATIENT ID 21111

INVESTIGATION T3 Triiodo Thyroid, T4 Thyroxine, TSH,,

Tests	Results	Biological Reference Range	Unit
IMMUNOLOGY			
T3 Triiodo Thyroid	1.09	(0.69 - 2.15)	ng/ml
T4 Thyroxine	89.9	(52 - 127) ng/ml	ng/ml
TSH	2.33	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

- Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
- A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
- A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
- Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Samples Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

*** End of Report ***

THANKS FOR REFERENCE

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
21111

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

Page 1 of 1

Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जांचें • बायोप्सी • एफ.एन.ए.सी. • पैप Smear • हार्मोन्स (प्रतिदिन रिपोर्ट) • साइटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट (24 घंटे)
For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932
Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.

REPORT

I.D. NO	U/27-07-06	July 27, 2024
PATIENT NAME	MR. AMAN SANTOSH KUMAR	AGE/SEX 40 Y/M
REF. BY	DIVYAMAN HOSPITAL	

USG: WHOLE ABDOMEN (Male)

Liver – Mildly enlarged in size (158.5mm) with grade-I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.
CBD – normal. PV - normal. porta – normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (90.4mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Prostate: is normal in size 35.9x33.9x26.5mm, volume 16.8cc. Margins are well-defined. Capsule is normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- **MILD HEPATOMEGALY WITH FATTY LIVER GRADE-I.**

ADV – CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.

(Consultant Radiologist)

उपलब्ध सुविधाएँ



Siemens C.T. Scan

- > CT Scan गतिमान, फिरे, रींग अर्दे
- > CT Angiography
- > Digital X-ray



Philips 1.5 T MRI

- > MRI Scan
- > 4D Colour Dopler
- > CT/USG Guided Biopsy/FNAC



Siemens Astreon S 52000

- > ECO, ECO Cardiology
- > Dr. Lal Path Lab
- > 24 H Ambulance



Siemens X Ray



REPORT

I.D. NO II : U/27-07-07 July 27, 2024
Patient's Name: : MR. AMAN SANTOSII KUMAR AGE/SEX :40 YRS / M
Ref by Dr. : DIVYAMAN HOSPITAL

2D- ECHO

MITRAL VALVE

Morphology AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/Absent Score :
Doppler Normal/Abnormal E>A A>E
Mitral Stenosis Present/Absent RR Interval_ msec
EDG_ mmHg MDG_ mmHg MVA_ cm2
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
Doppler Normal/Abnormal.
Tricuspid stenosis Present/Absent RR Interval_ msec.
EDG_ mmHg MDG_ mmHg
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmmed signals.
Velocity_ msec. Pred. RVSP=RAP+_ mmHg

PULMONARY VALVE

Morphology Normal/Atresis/Thickening/Doming/Vegetation.
Doppler Normal/Abnormal
Pulmonary stenosis Present/Absent Level
PSG_ mmHg Pulmonary annulus_ mm
Pulmonary regurgitation Present/Absent
Early diastolic gradient_ mmHg. End diastolic gradient_ mmHg

उपलब्ध सुविधाएँ



CT Scan सीटिंग, रे, सीन अंति
CT Angiography
Digital X-ray



MRI Scan
4D Colour Dopler
CT/USG Guided Biopsy/FNAC



THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

ECG, ECO Cardiography
Dr. Lal Path Lab
24 H Ambulance



Seimens X Ray

REPORT

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted opening/ Flutter/Vegetation
 No of cusps 1/2/3/4

Doppler Normal/Abnormal
 Aortic stenosis Present/Absent Level
 PSG_ mmHg Aortic annulus_ mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	3.55	LAcS :	3.36
Lves :		Lved :	4.74
IVSed :	1.04	PW (LV):	
RVed :		RV Anterior wall	
EF :	61%	IVC	
IVSmotion	Normal/Flat/Paradoxical/Other		

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA
 LA Normal/Enlarged/Clear/Thrombus
 RA Normal/Enlarged/Clear/Thrombus
 RV Normal/Enlarged/Clear/Thrombus
 Pericardium Normal/Thickening/Calcification/Effusion

IMPRESSION

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 61% 2D,
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.

Cardiologist.



➤ CT Scan मॉड्यूल, हेत, सीमा अर्ध
 ➤ CT Angiography
 ➤ Digital X-ray



➤ MRI Scan
 ➤ 4D Colour Dopler
 ➤ CTUSG Guided Biopsy/FNAC

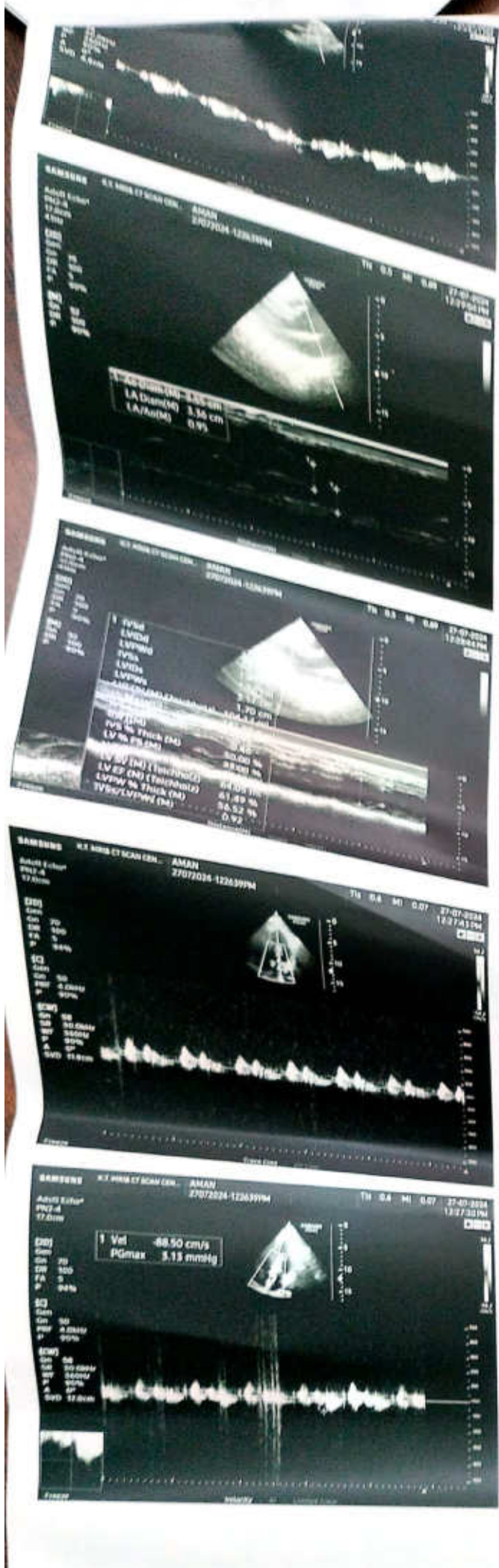


Siemens Ambulance S 57000

➤ ECG, ECO Cardiography
 ➤ Dr. Lal Path Lab
 ➤ 24 H Ambulance



Siemens X Ray



MAC600 1.02

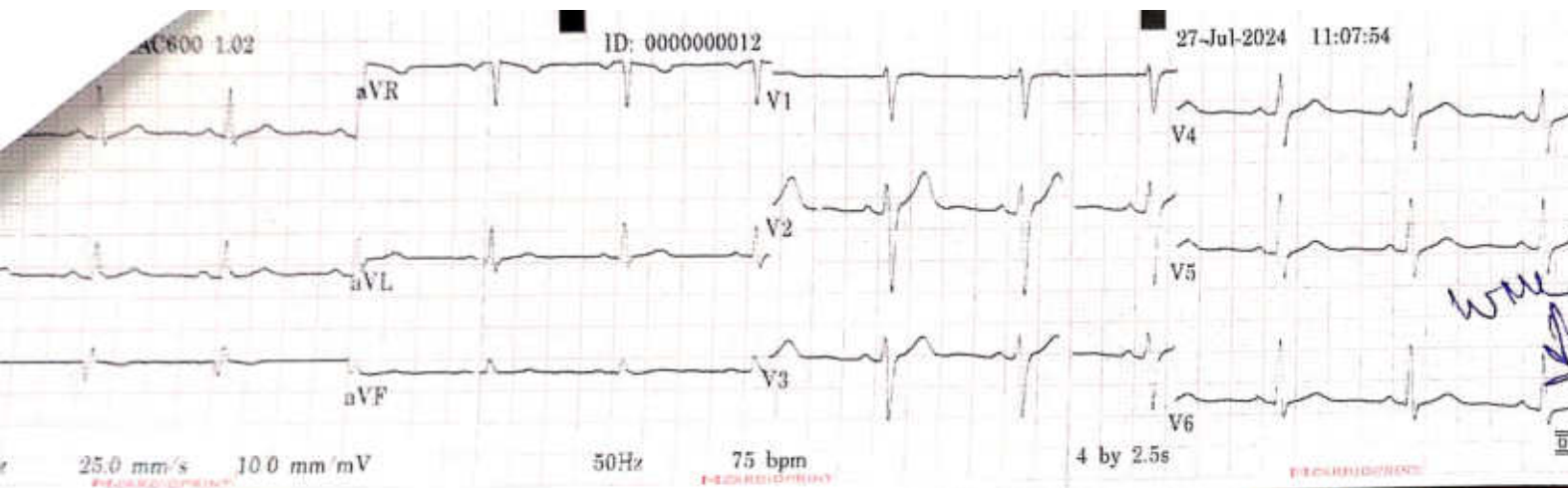
ID: 0000000012

27-Jul-2024 11:07:54

ID: 0000000012

Anam Santosh Kumar

40years Male



Vent. rate	75 bpm
QRS duration	96 ms
QT/QTc	380/424 ms
PR interval	132 ms
P duration	96 ms
RR interval	800 ms
P-R-T axes	29 28 19

25.0 mm/s 10.0 mm/mV

50Hz

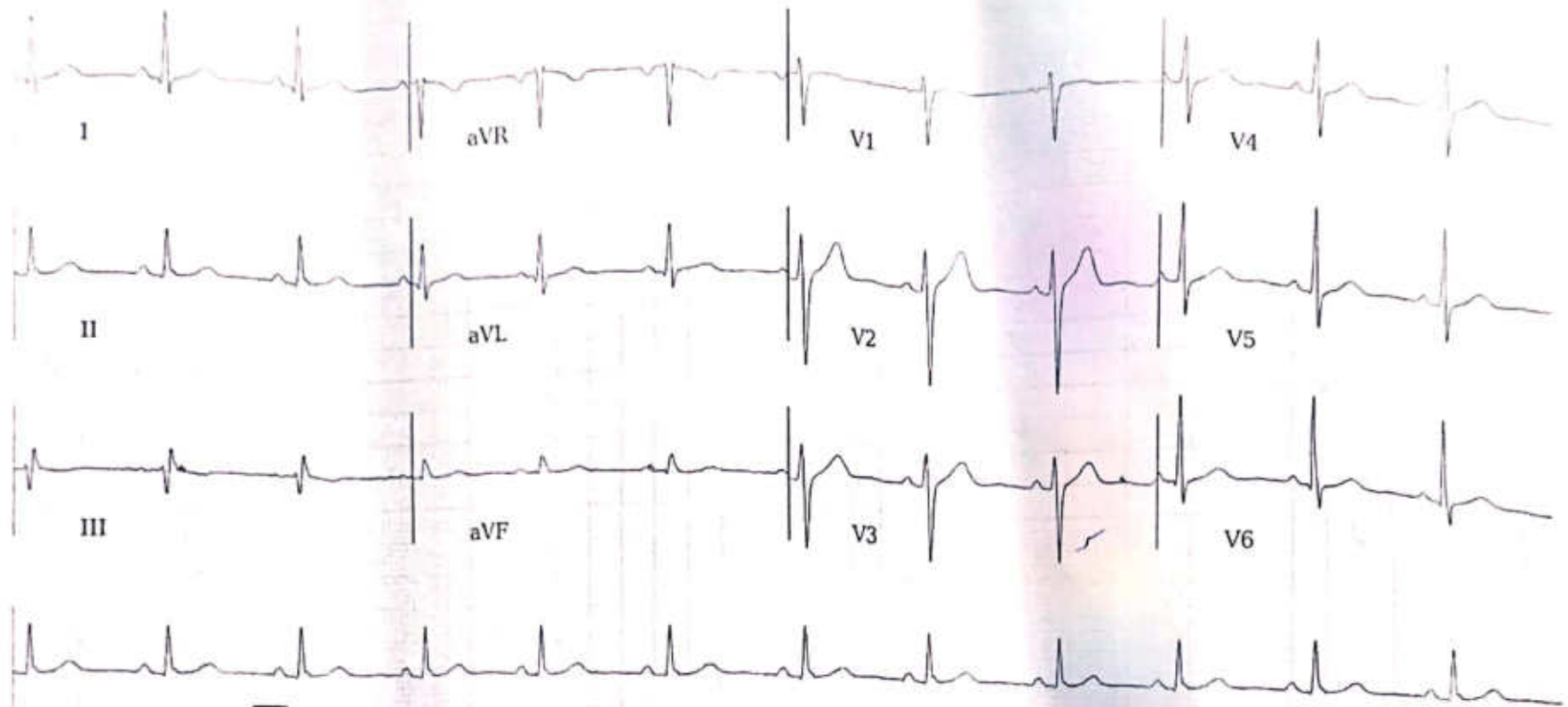
75 bpm

4 by 2.5s

MAC600 1.02

12SL™v239

Patient ID: 0000000012
Patient Name: MR AMAN SANTOSH KUMAR



AR: 75bpm VR: 75bpm QRSD: 96ms QT: 380ms QTcB: 424ms PRI: 132ms P-R-T: 29° 28° 19°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY
Prathima S K
Dr Prathima S K

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.