

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	ANUJ KUMAR
DATE OF BIRTH	25-10-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	29-03-2024
BOOKING REFERENCE NO.	23M177631100100142S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. KUMARI NIKKY
EMPLOYEE EC NO.	177631
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	NEW DELHI, PARLIAMENT STREET
EMPLOYEE BIRTHDATE	05-02-1990

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **14-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

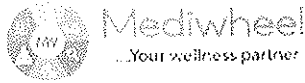
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



Mediwheel <wellness@mediwheel.in>

Tue 3/26/2024 5:00 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>  
Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

**Hospital Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Hospital Address** : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links  
Aparment

**Contact Details** : 8010821098

**Appointment Date** : 29-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

Member information		
Booked Member Name	Age	Gender
Anuj Kumar	36 year	Male

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team

Please Download Mediwheel App



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भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नामांकन क्रम / Enrollment No.: 1007/12242/02664

To  
अनुज कुमार  
Anuj Kumar  
S/O Ashok Kumar Thakur  
A - 415 GALI NO - 9 , PART - 2  
NEAR GYAN PUBLIC SCHOOL 1 PUSTA  
SONIA VIHAR  
Sabhapur North East  
Delhi 110094  
9818372636

29/01/2012  
14238190



UG142381909IN



आपका आधार क्रमांक / Your Aadhaar No. :

**7257 2570 8977**

आधार — आम आदमी का अधिकार



भारत सरकार  
GOVERNMENT OF INDIA



अनुज कुमार  
Anuj Kumar  
जन्म वर्ष / Year of Birth : 1987  
पुरुष / Male

**7257 2570 8977**



आधार — आम आदमी का अधिकार

*Anuj*  
9818372636



**LABORATORY REPORT**

Name : ANUJ KUMAR  
Registration No : MH008990179  
Patient Episode : H18000002013  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 10:32

Age : 37 Yr(s) Sex :Male  
Lab No : 202403004270  
Collection Date : 29 Mar 2024 10:32  
Reporting Date : 29 Mar 2024 14:17

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	108.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
Drugs-  
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

**Dr. Charu Agarwal**  
Consultant Pathologist



**LABORATORY REPORT**

Name : ANUJ KUMAR  
Registration No : MH008990179  
Patient Episode : H18000002013  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 15:46

Age : 37 Yr(s) Sex : Male  
Lab No : 202403004271  
Collection Date : 29 Mar 2024 15:46  
Reporting Date : 29 Mar 2024 16:40

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen: Plasma <b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS</b> Method: Hexokinase	175.0 #	mg/dl	[80.0-140.0]

Note:  
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

-----END OF REPORT-----

**Dr. Alka Dixit Vats**  
Consultant Pathologist



**LABORATORY REPORT**

Name : ANUJ KUMAR  
Registration No : MH008990179  
Patient Episode : H18000002013  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 12:38

Age : 37 Yr(s) Sex : Male  
Lab No : 202403004273  
Collection Date : 29 Mar 2024 12:38  
Reporting Date : 29 Mar 2024 16:20

**CLINICAL PATHOLOGY**

**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine**

**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.015	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

-----END OF REPORT-----

*Alka*

**Dr. Alka Dixit Vats**  
Consultant Pathologist





**LABORATORY REPORT**

<b>Name</b>	: ANUJ KUMAR	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH008990179	<b>Lab No</b>	: 202403004269
<b>Patient Episode</b>	: H18000002013	<b>Collection Date</b>	: 29 Mar 2024 10:32
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 30 Mar 2024 10:25
<b>Receiving Date</b>	: 29 Mar 2024 10:32		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Specimen Type : Serum</b>			
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ELFA)	1.200	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.540	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.130	µIU/mL	[0.250-5.000]

**NOTE:**

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.







**LABORATORY REPORT**

Name : ANUJ KUMAR  
Registration No : MH008990179  
Patient Episode : H18000002013  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 10:32

Age : 37 Yr(s) Sex : Male  
Lab No : 202403004269  
Collection Date : 29 Mar 2024 10:32  
Reporting Date : 29 Mar 2024 14:29

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.97	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.7	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	44.6	%	[40.0-50.0]
MCV (DERIVED)	89.7	fL	[83.0-101.0]
MCH (CALCULATED)	29.6	pg	[25.0-32.0]
MCHC (CALCULATED)	33.0	g/dl	[31.5-34.5]
<b>RDW CV% (DERIVED)</b>	<b>14.1 #</b>	%	<b>[11.6-14.0]</b>
Platelet count	247	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.20	fL	
WBC COUNT (TC) (IMPEDEANCE)	8.41	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	63.0	%	[40.0-80.0]
Lymphocytes	26.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	9.0	mm/1sthour	[0.0-



**LABORATORY REPORT**

<b>Name</b>	: ANUJ KUMAR	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH008990179	<b>Lab No</b>	: 202403004269
<b>Patient Episode</b>	: H18000002013	<b>Collection Date</b>	: 29 Mar 2024 10:32
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 29 Mar 2024 16:29
<b>Receiving Date</b>	: 29 Mar 2024 10:32		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
<b>HbA1c (Glycosylated Hemoglobin)</b>	5.7 #	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk )5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	117	mg/dl	
Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.			

**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine**

**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



**LABORATORY REPORT**

<b>Name</b>	: ANUJ KUMAR	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH008990179	<b>Lab No</b>	: 202403004269
<b>Patient Episode</b>	: H18000002013	<b>Collection Date</b>	: 29 Mar 2024 10:33
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 30 Mar 2024 10:36
<b>Receiving Date</b>	: 29 Mar 2024 10:33		

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	159	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	139	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	44	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	28	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	87.0	mg/dl	[<120.0]
			Near/
Above optimal-100-129			
			Borderline High:130-159
			High Risk:160-189
T.Chol/HDL.Chol ratio (Calculated)	3.6		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.0		<3 Optimal
			3-4 Borderline
			>6 High Risk



**LABORATORY REPORT**

<b>Name</b>	: ANUJ KUMAR	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH008990179	<b>Lab No</b>	: 202403004269
<b>Patient Episode</b>	: H18000002013	<b>Collection Date</b>	: 29 Mar 2024 10:32
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 29 Mar 2024 14:00
<b>Receiving Date</b>	: 29 Mar 2024 10:32		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:  
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

**KIDNEY PROFILE**

Specimen: Serum			
UREA	20.2	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	9.4	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.81	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	7.1	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	136.80	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	3.93	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.2	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			
eGFR (calculated)	113.5	ml/min/1.73sq.m	[>60.0]

Technical Note  
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.





**LABORATORY REPORT**

Name : ANUJ KUMAR  
Registration No : MH008990179  
Patient Episode : H18000002013  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 10:32

Age : 37 Yr(s) Sex : Male  
Lab No : 202403004269  
Collection Date : 29 Mar 2024 10:32  
Reporting Date : 29 Mar 2024 14:00

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.67	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.56	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.69	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.87		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	28.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	43.40	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	75.0	IU/L	[32.0-91.0]
GGT	51.0 #	U/L	[7.0-50.0]





**RADIOLOGY REPORT**

NAME	, ANUJ KUMAR	STUDY DATE	29/03/2024 10:50AM
AGE / SEX	37 y / M	HOSPITAL NO.	MH008990179
ACCESSION NO.	R7143516	MODALITY	CR
REPORTED ON	29/03/2024 4:10PM	REFERRED BY	HEALTH CHECK MGD

**XR- CHEST PA VIEW****FINDINGS:**

LUNGS: Normal.  
 TRACHEA: Normal.  
 CARINA: Normal.  
 RIGHT AND LEFT MAIN BRONCHI: Normal.  
 PLEURA: Normal.  
 HEART: Normal.  
 RIGHT HEART BORDER: Normal.  
 LEFT HEART BORDER: Normal.  
 PULMONARY BAY: Normal.  
 PULMONARY HILA: Normal.  
 AORTA: Normal.  
 THORACIC SPINE: Normal.  
 OTHER VISUALIZED BONES: Normal.  
 VISUALIZED SOFT TISSUES: Normal.  
 DIAPHRAGM: Normal.  
 VISUALIZED ABDOMEN: Normal.  
 VISUALIZED NECK: Normal.

**IMPRESSION:**

**No significant abnormality noted.**  
 Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB  
 CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*

**RADIOLOGY REPORT**

NAME	, ANUJ KUMAR	STUDY DATE	29/03/2024 12:34PM
AGE / SEX	37 y / M	HOSPITAL NO.	MH008990179
ACCESSION NO.	R7143517	MODALITY	US
REPORTED ON	29/03/2024 12:39PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS****FINDINGS**

LIVER: appears normal in size (measures 140 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 96 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.6 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 98 x 35 mm.

Left Kidney: measures 93 x 55 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 36 x 28 x 28 mm with volume 14 cc. Rest normal.

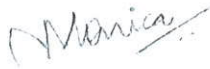
SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Diffuse grade I fatty infiltration in liver.**

Recommend clinical correlation.



**Dr. Monica Shekhawat MBBS, DNB**  
**CONSULTANT RADIOLOGIST**

\*\*\*\*\*End Of Report\*\*\*\*\*





Patient Name	MR ANUJ	Location	: Ghaziabad
Age/Sex	: 37Year(s)/male	Visit No	: V000000001-GHZZ
MRN No	MH008990179	Order Date	: 29/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 29/03/2024

**Protocol** : Bruce **MPHR** : 183BPM  
**Duration of exercise** : 11min 10sec **85% of MPHR** : 155BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 166BPM  
**Blood Pressure (mmHg)** : Baseline BP : 120/80mmHg **% Target HR** : 90%  
Peak BP : 150/90mmHg **METS** : 13.4METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	66	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	105	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	122	130/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	145	140/90	Nil	No ST changes seen	Nil
STAGE 4	2:10	158	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:10	97	130/80	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology**Dr. Sudhanshu Mishra**MD  
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

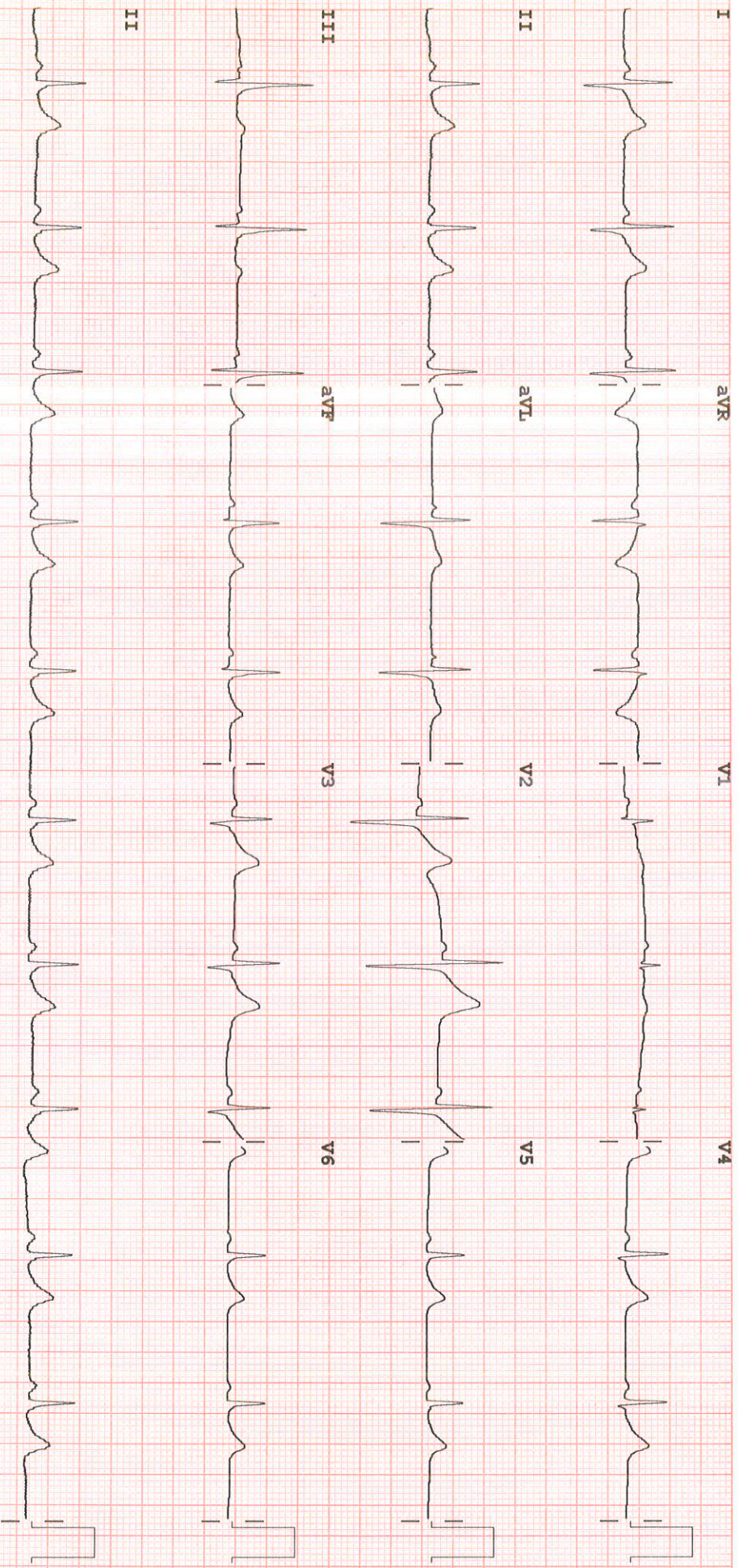
Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com



- NORMAL ECG -

Unconfirmed Diagnosis



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?