

BIOCHEMICAL ANALYSIS;

ESR	12
SERUM URIC ACID	7.8
BLOOD SUGAR FASTING	164.0
BLOOD SUGAR PP	226.4
HBA1C	7.0

(Advice: Regular Exercise)

Low fat diet


DR. ANUJ GOYAL
MBBS, MD (Internal Medicine)
Regn. No-DMC/R/-23794
UMKAL Hospital Pvt. Ltd.
GENERAL PHYSICIAN

Review in OPD SOS.

01/11/24

Pankaj Kumar / 45 yrs / Male

Pt. came for regular annual health
ECG RBB morphology. Check-up.

CLs :- No best complaints

Past history :- Kldo T2DM x 10-12yr (on Rx).

Personal history :- Mixed diet
↓ sleep. Chronic smoker &
alcoholic.

Family history :- Mother has diabetes mellitus &
Father has pacemaker in situ.

Allergic history :- Not significant.

OB :- Pt is conscious & oriented with time, place
& person.

PIA :- Soft & non-tender.

Rep :- Bk equal air entry.

CVS :- (D) S & S2.

UMKAL Hospital Pvt. Ltd CNS :- NAD.

A-520, Sushant Lok-I, Gurugram- 122 002
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Emergency Ph No.: 0124 4100000

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Regn. No-DMC/R/-23794
Umkal Hospital Pvt. Ltd.

Anuj Goyal
5/11/24.



Pankaj Kumar

15/6/6
6/6

5.4.23

NV 15 N-6
N-6

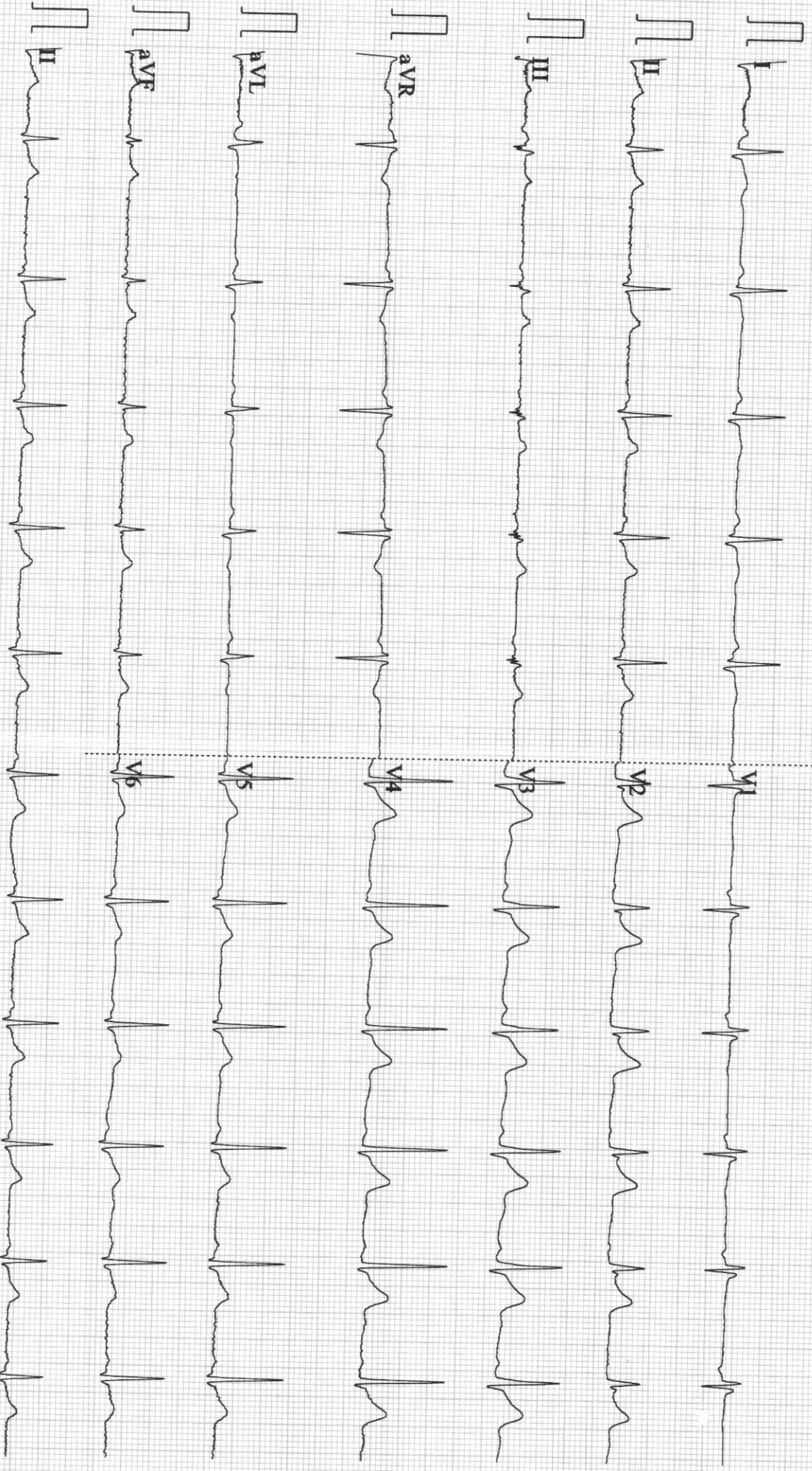
Crown NS 15 W M
W M
DR. ANUJ GOYAL
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Umkal Hospital Pvt. Ltd.

Pankaj Kumar
Male
Years
Req. No. :

HR : 69 bpm
P : 97 ms
PR : 142 ms
QRS : 99 ms
QT/QTcBz : 366/392 ms
P/QRS/T : -7125/67 °
RV5/SV1 : 1.250/0.440 mV

Diagnosis Information:
Sinus Rhythm
Premature Atrial Contraction

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.22 SEMIP V1.92 UMKAL HOSPITAL

BPL

TRANSTHORACIC ECHOCARDIOGRAPHY

Name: Mr. Pankaj Kumar
Age / Sex: 45Y/M
Referred by: Medical
Reason: To evaluate cardiac status

MR No: UH037428
LAB No. : OP048524
Date: 05/04/2024, Time: 01:40pm

Echocardiography done on Digital Mylab X7 with AI Technology.

	VALUES	NORMAL RANGE		VALUES	NORMAL RANGE
AORTA	30	17-40mm	IVS (ed)	9.9	06-11mm
			(es)	10.7	
LT. ATRIUM	33	17-40mm	PW (ed)	9.1	06-11mm
			(es)	10.6	
RT. VENTRICLE	27	15-30mm	EF	60%	50-80%
LT. VENTRICLE (ed)	43	35-55mm	FS		28-42%
(es)	32				

MORPHOLOGICAL DATA:-

MITRAL VALVE:- Normal

AORTIC VALVE:- Normal

TRICUSPID VALVE:- Normal

PUL. VALVE:- Normal

RT. VENTRICLE:- Normal

LT. VENTRICLE:- Normal

VENT. SEPTUM:- Normal

PUL. ARTERY. Normal

AORTA:- Normal

RT. ATRIUM:- Normal

LT. ATRIUM:- Normal

MR.PANKAJ KUMAR 45YRS/M/MED/OP048524

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER FINDINGS:-

Normal LV size and function with estimated LVEF of 60%. No Regional Wall Motion Abnormality. Right Atrium & Left Atrium is normal. Right Ventricle is normal. No Tricuspid Regurgitation. No Mitral Regurgitation, No Aortic Regurgitation. No LA/LV clot or pericardial effusion.

COLOR FLOW MAPPING: -

No Mitral Regurgitation.
No Aortic Regurgitation.
No Tricuspid Regurgitation


DOPPLER STUDIES: -

MV E: 0.97m/sec, A: 0.77m/sec.
AV: 1.21m/sec.
TV: Normal
PV: Normal.

IMPRESSION: -

Heart Rate 67 bpm .

1. Normal LV size and function with estimated LVEF of 60%.
2. No Regional Wall Motion Abnormality.
3. RA, LA, RV are normal.
4. No Tricuspid Regurgitation
5. No Mitral Regurgitation.
6. No Aortic regurgitation.
7. No LA/LV clot or pericardial effusion.


Dr. Umesh Gupta
MD, DM (Cardiology)
MACCP, FICA (USA)
Chief Cardiologist

PANKAJ KUMAR 45YRS/M/MED

05/Apr/2024 12:28:42

B Pen-M G
TEI D 174 mm X/M C1-
PRC 6/1/2/8 PRS 3

HR 70

Cardiac

P 1.5 FATTY



PANKAJ KUMAR 45YRS/M/MED

05/Apr/2024 12:30:10

B Pen-M G 34%
TEI D 174 mm X/M C1-
PRC 6/1/2/8 PRS 3

M F Pen-M G
TEI PRC 6/1/6

HR 68

Cardiac

P 1.5 FATTY



PANKAJ KUMAR 45YRS/M/MED

05/Apr/2024 12:30:40

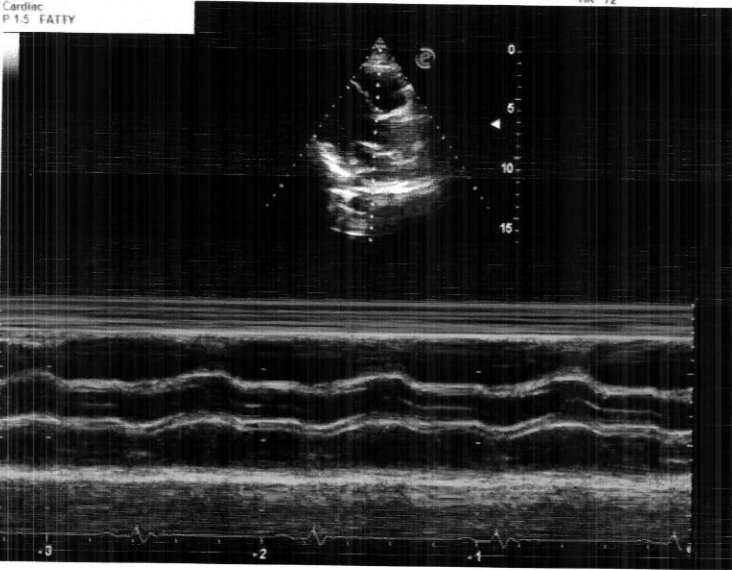
B Pen-M AG 38%
TEI D 174 mm X/M C1-
PRC 6/1/2/8 PRS 3

M F Pen-M AG
TEI PRC 6/1/6

HR 72

Cardiac

P 1.5 FATTY



PANKAJ KUMAR 45YRS/M/MED

05/Apr/2024 12:35:58

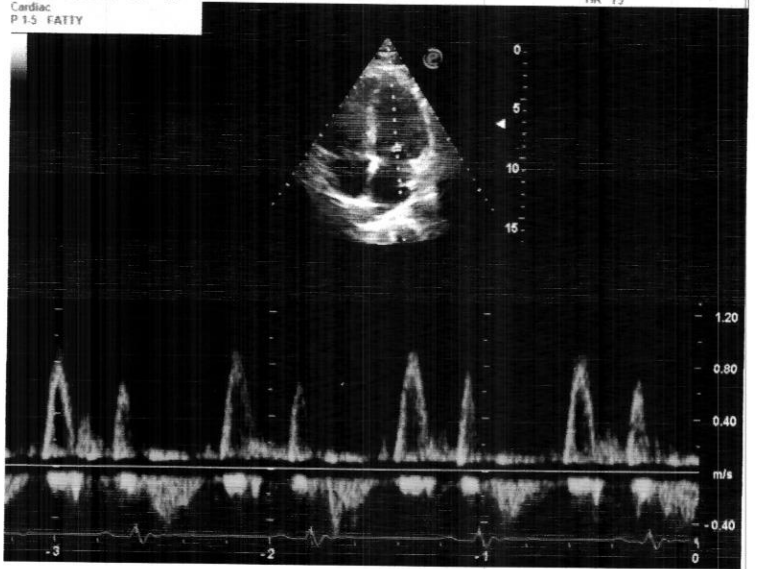
B Pen-M G 28%
TEI D 174 mm X/M C1-
PRC 6/1/2/8 PRS 3
SV 3/9/3mm 0 0° S 0°

PWF 2.5 MHz
PRC 5.1 kHz
PRC 5/8 WF 300 Hz

HR 75

Cardiac

P 1.5 FATTY



PANKAJ KUMAR 45YRS/M/MED

05/Apr/2024 12:36:29

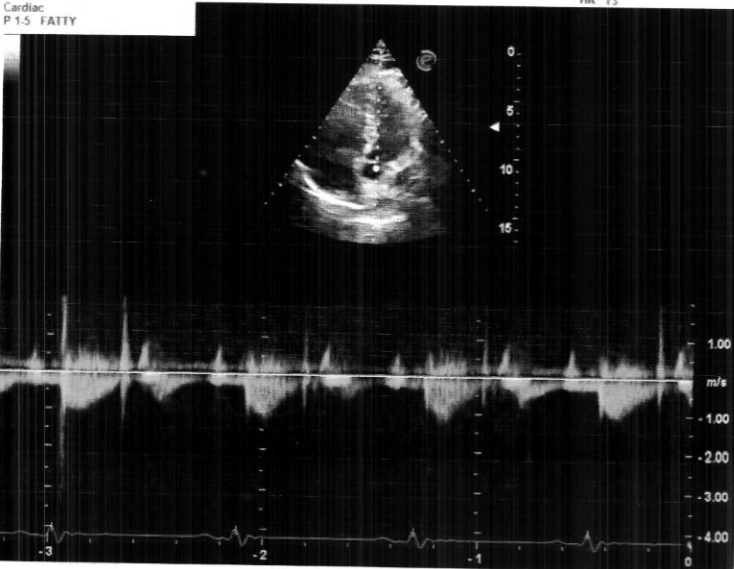
B Pen-M G 58%
TEI D 174 mm X/M C1-
PRC 6/1/2/8 PRS 3

CW F 2.1 MHz G
PRC 2/8 WF 300 Hz

HR 73

Cardiac

P 1.5 FATTY



PANKAJ KUMAR 45YRS/M/MED

05/Apr/2024 12:38:25

B Pen-M AG
TEI D 160 mm X/M C1-
PRC 6/1/2/8 PRS 3

HR 76

Cardiac

P 1.5 FATTY



Name	: Mr. PANKAJ KUMAR	MR No	: UH037428
Age/Gender	: 45 Y/M	Visit ID	: OP048524
Admitting Doctor	: DR. JITENDER KAUR <i>Medical</i>	Order Date	: 05-04-2024 09:07
		Report Date	: 05-04-2024 12:37

Radiology Report

X-Ray

CHEST X-RAY PA VIEW

Finding -

Both lung fields appear normal.

Trachea appears in the midline.

Right hilum appear prominent.

Cardiac size appears normal.

Both CP angle and cardiophrenic angle appears normal.

Diaphragm appears normal on both sides.

Visualized rib cage appears normal.

Please correlate clinically

DR ARUSHI BHARTIYA
CONSULTANT RADIOLOGIST

Name	: Mr. PANKAJ KUMAR	MR No	: UH037428
Age/Gender	: 45 Y/M	Visit ID	: OP048524
Admitting Doctor	:	Sample Collected on	: 05-04-2024 09:02
Lab ID No	: LAB065509	Sample Received on	:
		Report Released on	: 05-04-2024 13:02

Laboratory Report

Hematology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: EDTA			
BLOOD GROUP (ABO & RH TYPING)	"O" POSITIVE		
Sample Type: EDTA			
CBC WITH ESR			
HAEMOGLOBIN	14.8	gm/dL	13 - 18
TOTAL LEUCOCYTE COUNT	9,600	cell/cum	4000 - 11000
D.L.C = POLYMORPHS	65	%	40 - 75
LYMPHOCYTES	28	%	20 - 45
EOSINOPHILS	05	%	01 - 06
MONOCYTES	02	%	0 - 08
BASOPHILS	00	%	0 - 01
E.S.R (WINTROBE)	12 *	mm/1st	0 - 9
RED BLOOD CELLS	4.7	Millions	3.5 - 5.5
PLATELET COUNT	2.1	lakh/cum	1.5 - 4.5
P.C.V	43.7	%	35 - 50
M.C.V	92.4	fl	80 - 96
M.C.H	31.3	pg	27 - 32
M.C.H.C	33.9	%	32 - 36

End of the report

Checked By
Lab Technician

Verified By

UMKAL Hospital Pvt. Ltd

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Emergency Ph No.: 0124 4100000

DR. PRIYAVART MEHARWAL
MBBS, MD
Pathologist

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Laboratory Report

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum			
SERUM LIPID PROFILE 1514			
CHOLESTEROL	200.0	mg/dl	150 - 200
SERUM TRIGLYCERIDES	166.8	mg/dl	70 - 170
HDL CHOLESTEROL	44.3	mg/dl	30 - 88
LDL CHOLESTEROL	122.4	mg/dl	upto - 150
VLDL CHOLESTEROL	33.3	mg/dl	20 - 45
TOTAL CHOLESTEROL/HDL	4.5	ref.cut	upto - 4.96
LDL/HDL RATIO	2.7	ref.cut.	upto - 4.96

Sample Type: Serum

KFT			
BLOOD UREA	41.8	mg/dl	10 - 50
SERUM CREATININE	1.2	mg/dl	0.6 - 1.2
SERUM URIC ACID	7.8 *	mg/dl	3.5 - 7.0
SERUM SODIUM	142.0	mEq/l	135 - 155
SERUM POTASSIUM	4.4	mEq/l	3.5 - 5.5
SERUM CALCIUM	9.3	mg/dl	8.6 - 10.6

Sample Type: Serum

G.G.T.P. 1533			
G.G.T.P.	17.2	U/ML	upto - 47

Sample Type: Serum

Checked By
Lab Technician

Verified By

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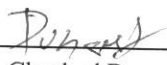
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LFT 1513

S.G.O.T	27.3	U/L	upto - 40
S.G.P.T	28.8	U/L	upto - 45
S. BILIRUBIN (TOTAL)	0.82	mg/dl	0.1 - 1.2
S. BILIRUBIN (DIRECT)	0.29	mg/dl	upto - 0.30
ALKALINE PHOSPHATASE	103.0	U/L	60 - 170
TOTAL PROTEINS	6.7	g/dl	6.5 - 8.0
ALBUMIN	4.2	g/dl	3.5 - 5.5
GLOBUMIN	2.5	g/dl	2.3 - 3.5
A:G RATIO	1.6:1		1.5 - 2.5

End of the report



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Lab Technician

Verified By



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Age/Gender	: 45 Y/M	Visit ID	: OP048524
Admitting Doctor	:	Sample Collected on	: 05-04-2024 09:02
Lab ID No	: LAB065509	Sample Received on	:
		Report Released on	: 05-04-2024 14:02

Laboratory Report

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine URINE SUGAR PP Urine Sugar PP	NIL		
Sample Type: Serum BLOOD SUGAR - FASTING BLOOD SUGAR FASTING	164.0 *	mg/dl	70 - 110
Sample Type: Serum BLOOD SUGAR - PP 1465 BLOOD SUGAR PP 1465	226.4 *	mg/dl	70 - 140

End of the report

Rocca

Checked By
Lab Technician

UMKAL Hospital Pvt. Ltd

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Emergency Ph No.: 0124 4100000

Verified By

CP

DR. PRIYAVART MEHARWAL
MBBS, MD
Pathologist

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Admitting Doctor	:	Sample Collected on	: 05-04-2024 09:02
Lab ID No	: LAB065509	Sample Received on	:
		Report Released on	: 05-04-2024 14:02

Laboratory Report

Biochemistry

HBA1C 1510

Test Name	Value	Unit	Bio Ref.Interval
HbA1c (Glycated Haemoglobin)	7.0	%	4.0 - 6.2

REMARKS-

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

The American Diabetes Association(ADA) recommendations are summarized as below:

Ref Range for HBA1c (In %):

Non diabetic Adults (Age \geq 18 years) < 5.7

At risk (Pre-Diabetic) : 5.7- 6.4

Diagnosing Diabetes: \geq 6.5

HbA1c goals in treatment of diabetes:

Ages 0-6 years: 7.6% - 8.4%

Ages 6-12 years: <8%

Ages 13-19 years: <7.5%

Adults: <7%

End of the report

Puneet

Checked By
Lab Technician

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DR. PRIYAVART MEHARWAL

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Pathologist

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Age/Gender	: 45 Y/M	Visit ID	: OP048524
Admitting Doctor	:	Sample Collected on	: 05-04-2024 09:02
Lab ID No	: LAB065509	Sample Received on	:
		Report Released on	: 05-04-2024 12:31

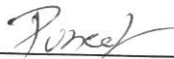
Laboratory Report

Hematology

PERIPHERAL BLOOD SMEAR

SMEAR SHOWS NORMOCYTIC NORMOCHROMIC PICTURE OF RBC'S WITH MILD ANISOPOIKILOCYTOSIS.
WBC'S SERIES SHOWS NORMAL IN COUNT AND MORPHOLOGY.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN.

End of the report



Checked By
Lab Technician

Verified By



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Lab ID No	: LAB065509	Sample Received on	:
		Report Released on	: 05-04-2024 13:22

Laboratory Report

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine			
URINE SUGAR FASTING	NIL		

CLINICAL PATHOLOGY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine			
URINE ROUTINE & MICROSCOPIC 1383			
COLOUR	P.YELLOW		
APPEARANCE	CLEAR		
SPEC.GRAVITY	1.010		
REACTION	6.0		
ALBUMINE	NIL		
SUGAR	NIL		
KETONE BODIES	NIL		
BLOOD	NIL		
LEUKOCYTES	NIL		
NITRITE	NIL		
UROBILINOGEN	NIL		
MICROSCOPIC EXAM			
PUS CELLS	2-4	/HPF	0 - 05
RBC CELLS	NIL	/HPF	0 - 02
EP CELLS	2-3	/HPF	0 - 05
CASTS	NIL		

Rojee
Checked By
Lab Technician

Verified By

UMKAL Hospital Pvt. Ltd

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Emergency Ph No.: 0124 4100000

PR
DR. PRIYAVART MEHARWAL
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Pathologist

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Age/Gender	: 45 Y/M	Visit ID	: OP048524
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Lab ID No	: LAB065509	Sample Received on	:
		Report Released on	: 05-04-2024 13:22

CRYSTALS NIL
BACTERIA NIL
OTHER NIL

End of the report

Ponce

Checked By
Lab Technician

Verified By

DR. PRIYAVART MEHARWAL

Mr. PANKAJ KUMAR



10094871

45 Years/Male



Panel : Umkal Hospital
A-520 Sushant Lok-1, Gurugram, Haryana
122022

Referred By : -

Patient Id
Collected
Analysed
Reported
Status



: 012404050252
: 05 Apr 2024 02:10 PM
: 05 Apr 2024 03:06 PM
: 05 Apr 2024 03:06 PM
: Final

DEPARTMENT OF IMMUNOASSAY

Test Name	Value	Unit	Bio Ref.Interval
Prostate Specific Antigen (Total) PSA (Serum,CMIA)	0.53	ng/ml	0.0-4.0

INTERPRETATION

Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended. The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer. Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA	Probability of carcinoma prostate when Total PSA is 4.1 - 10.0 ng / ml
≥ 26	8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy. PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding. Results obtained with different assay kits cannot be used interchangeably. All results should be correlated with clinical findings and results of other investigations.

UMKAL Hospital Pvt. Ltd

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Dr. Richa Chopra, MD Pathology
Chief Consultant Pathologist

Dr. Santosh Kumar, PhD Microbiology
Sr. Consultant Microbiologist



Dr. Rahul Goyal, MD Pathology
Consultant Pathologist



Mr. PANKAJ KUMAR

Panel : Umkal Hospital
A-520 Sushant Lok-I, Gurugram, Haryana
122022

Patient Id
Collected
Analysed
Reported
Status

012404050252
: 05 Apr 2024 02:10 PM
: 05 Apr 2024 03:06 PM
: 05 Apr 2024 03:06 PM
: Final



10094871

45 Years/Male

Referred By : -

DEPARTMENT OF IMMUNOASSAY

Test Name	Value	Unit	Bio Ref.Interval
TFT (Thyroid Function Test) Total			
Triiodothyronine, Total (T3) (Serum, CMIA)	97	ng/dL	70-204
Thyroxine, Total (T4) (Serum, CMIA)	7.70	ug/dL	4.6-10.5
TSH Ultra Sensitive (Serum, CMIA)	1.64	μIU/ml	0.35-5.5

Comment

T₃ or 3,5,3,5-triiodothyronine is a hormone synthesized and secreted from the thyroid gland, and formed by peripheral deiodination of thyroxine (T₄). The determination of it in serum is essential in assessing thyroid functions. T₃ is secreted by thyroid glands and circulates in the blood stream; mostly bound to the plasma protein, thyroxin binding globulin (TBG) and prealbumin and albumin.

T₄ or Thyroxine or 3,5,3,5-tetraiodothyronine is a hormone synthesized and secreted by the thyroid gland and plays an important role in regulating metabolism. In the peripheral tissues it act as a prohormone which is further metabolized to another most active thyroid hormone, triiodothyronine (T₃) and other inactive metabolites such as reverse T₃.

TSH or Thyroid-stimulating hormone is a hormone synthesized and secreted by Pituitary gland. TSH is glycoprotein with two non-covalently bound alpha and beta subunits. The beta subunit of TSH is unique, which results in the specific biochemical and immunological properties of this hormone. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.

Reference Ranges for T₃, T₄ and TSH (Age Wise and During Pregnancy):

Age	Total T4 (μg/dl)
0 - 6 days	11.8 - 22.6
1w - 2w	9.9 - 16.6
1 - 4 months	7.2 - 14.4
4 months - 1 years	7.8 - 16.5
1 - 5 years	7.3 - 15.0
5 - 10 years	6.4 - 13.3
10 - 15 years	5.6 - 11.7
15 - 60 years (Male)	4.6 - 10.5
15 - 60 years (Female)	5.5 - 11.0
>60 years	5.0 - 10.7

Age	Total T3 (ng/dl)
0 - 3 days	100 - 740
4 days - 11 months	105 - 245
4 - 5 years	105 - 269
6 - 10 years	94 - 241
11 - 15 years	82 - 213
16 - 20 years	80 - 210
20 - 50 years	70 - 204
50 - 90 years	40 - 181

Age	TSH (μIU/ml)
0 - 4 days	1 - 39.0
5 days - 90 days	1.7 - 9.1
91 days - 20 years	0.7 - 6.4
21 - 54 years	0.35 - 5.5
>54 years	0.5 - 8.9

Pregnancy Trimester	TSH (μIU/ml)
First Trimester	0.10 - 2.5
Second Trimester	0.20 - 3.0
Third Trimester	0.30 - 3.0

*** End Of Report ***

UMKAL Hospital Pvt. Ltd

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Chief Consultant Pathologist

0124-4666555 Mobile : 88600 77501
100000

Dr. Santosh Kumar, PhD Microbiology
Sr. Consultant Microbiologist



Dr. Rahul Goyal, MD Pathology
Consultant Pathologist



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Age/Gender	: 45 Y/M	Visit ID	: OP048524
Admitting Doctor	:	Order Date	: 05-04-2024 09:07
		Report Date	: 05-04-2024 10:20

Radiology Report

Ultrasound

ULTRASOUND WHOLE ABDOMEN

- Liver :** Liver is enlarged in size measuring 171 mm with fatty liver Grade I.
No focal lesion seen. No intrahepatic biliary radicle dilatation seen.
- Gall Bladder:** The Gall Bladder is well distended. No echoreflexive calculi seen.
Gall Bladder wall thickness normal. CBD and Portal vein are normal.
- Pancreas :-** The pancreas is normal in size , shape **with echogenic Pancreas.**
No Peripancreatic collection seen.
- Kidneys :** **Right kidney:-** is normal in size ,shape & position.
Echotexture of sinus & cortex normal. No calyceal dilatation seen.
No calculus/mass lesion seen.Corticomedullary differentiation maintained.
Left kidney:- is normal in size ,shape & position.
Echotexture of sinus & cortex normal. No calyceal dilatation seen.
No calculus/mass lesion seen.Corticomedullary differentiation maintained
- Spleen :** The Spleen is normal size ,shape and echotexture.
- U Bladder :** Urinary bladder is well distended and shows normal wall thickness.No
calculus/mass lesion seen.
- PROSTATE :** Is normal in size and echotexture.
No free fluid seen. No collection seen.
- IMPRESSION :** **Moderate Hepatomegaly with fatty liver Grade I.**
Echogenic Pancreas.

Please correlate clinically.

DR ARUSHI BHARTIYA
CONSULTANT RADIOLOGIST

PANKAJ 45/M OPD MED

S: 89%
TEI D: 152 mm
PRC: 112/2/8
K: 45%
X/M: C/11
PRS: 3

05/Apr/2024 09:57:36
P: 100%
MS: 1.1
T/S: 0.1



PANKAJ 45/M OPD MED

S: 89%
TEI D: 152 mm
PRC: 112/2/8
K: 45%
X/M: C/11
PRS: 3

05/Apr/2024 09:57:59
P: 100%
MS: 1.1
T/S: 0.1



PANKAJ 45/M OPD MED

S: 89%
TEI D: 152 mm
PRC: 112/2/8
K: 45%
X/M: C/11
PRS: 3

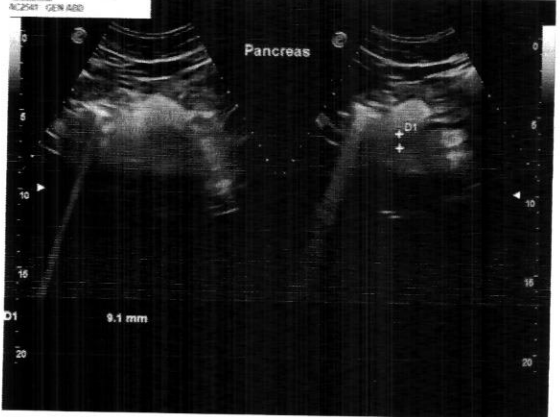
05/Apr/2024 09:58:39
P: 100%
MS: 1.1
T/S: 0.1



PANKAJ 45/M OPD MED

S: 89%
TEI D: 211 mm
PRC: 112/2/8
K: 45%
X/M: C/11
PRS: 3

05/Apr/2024 10:00:15
P: 100%
MS: 1.1
T/S: 0.1



PANKAJ 45/M OPD MED

S: 89%
TEI D: 211 mm
PRC: 112/2/8
K: 45%
X/M: C/11
PRS: 3

05/Apr/2024 10:01:15
P: 100%
MS: 1.1
T/S: 0.1



PANKAJ 45/M OPD MED

S: 89%
TEI D: 225 mm
PRC: 112/2/8
K: 45%
X/M: C/11
PRS: 3

05/Apr/2024 10:02:50
P: 100%
MS: 1.1
T/S: 0.1



PANKAJ 45/M OPD MED

S: 89%
TEI D: 225 mm
PRC: 112/2/8
K: 45%
X/M: C/11
PRS: 3

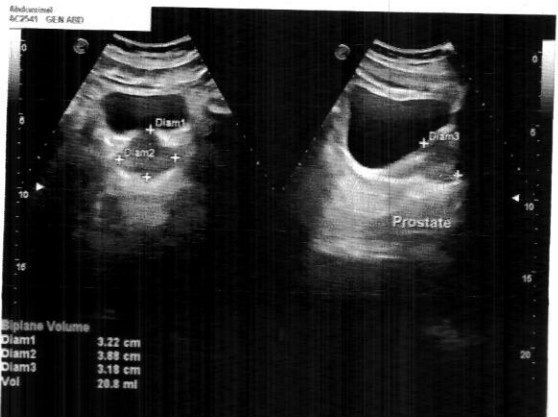
05/Apr/2024 10:03:28
P: 100%
MS: 1.1
T/S: 0.1



PANKAJ 45/M OPD MED

S: 89%
TEI D: 225 mm
PRC: 112/2/8
K: 45%
X/M: C/11
PRS: 3

05/Apr/2024 10:03:28
P: 100%
MS: 1.1
T/S: 0.1



Biplane Volume
Diam1 3.22 cm
Diam2 3.88 cm
Diam3 3.18 cm
Vol 29.8 ml

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Diam1 3.22 cm
Diam2 3.88 cm
Diam3 3.18 cm
Vol 29.8 ml