

INV. No. QLSR-INV-K-11185/(2024-2025)(11139)
 Patient Name **Mrs. MINIYAN GURIA**
 Age/Gen 30 Years | Female
 Referred By **Dr. Self**
 Source BERLIN DIAG INS CORP - (8)

Patient ID 11185
 Sample Collected 09/11/2024 12:58 PM
 Sample Received 09/11/2024 04:58 PM
 Report Generated 09/11/2024 06:12 PM



Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
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GLUCOSE FASTING (FBS)

Plasma Glucose(F) Method (GOD-POD Method)	96.8	mg/dL	65 - 110
----------------------------------------------	------	-------	----------

Comments:

Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

GLUCOSE, POST PRANDIAL 2 HOURS

Plasma Glucose(PP) Method (GOD-POD Method)	104.6	mg/dL	75 - 140
-----------------------------------------------	-------	-------	----------

Note :

1. The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

GLYCOSYLATED HAEMOGLOBIN

Whole blood HbA1c Method (HPLC)	5.3	%	Non diabetic level($<$ 6.0) Goal($<$ 7.0)
Whole blood eAG (Estimated AverageGlucose Level) Method (CALCULATION)	105	mg/dl	-

Note:

The Parameter indicates control over the last 90 Days

In the Blood, glucose adheres to haemoglobin (Hb) and make Glycosylated haemoglobin/HbA₁C, which provides a clue about the average blood glucose level over the last 8-12 weeks and it is an indicator for chronic glycaemic control along with effects of drug, diet and exercise.

In normal individuals, 90% is the adult haemoglobin fraction and the rest 8% is formed by HbA. Reduction of HbA₁C value reduces diabetic and cardiological related morbidity and mortality.

The short life span of RBC in haemoglobinopathy and chemically modified derivatives of haemoglobin (carbamyated Hb in renal failure and acetylated Hb, who are taking aspirin) can affect the results. Iron deficiency anaemia, liver disease, opiate addiction may interfere the test value.

HPLC, ion exchange chromatography is the ideal method for HbA₁C estimation. The target goal is $<$ 7%.

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Dr. R. Verma
 MBBS, MD(Pathology)

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Referred By	Dr. Self	Report Generated	09/11/2024 06:12 PM
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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
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Besides HbA_{1c} serum fructosamine can be measured.

American diabetes association guideline

Reference range

Non diabetic adult > 18 years	: < 5.7%
Pediabetes	: 5.7% - 6.4%
Diagnosing diabetes	: > 6.5%

Lipid Profile

Serum Triglyceride Method (Enzymatic,end point)	52.9	mg/dL	< 150
Serum Cholesterol Method (Oxidase, Esterase, Peroxidase)	177.4	mg/dL	125 - 200
Serum HDL-Chol Method (PTA/MgCl2, Reflectance photometry)	44.35	mg/dL	30 - 65
Serum LDL-Chol Method (Direct Homogeneous, Spectrophotometry)	122.050000000 00001	mg/dL	85 - 150
Serum VLDL-Chol	11	mg/dL	5 - 40
Serum LDL/HDL Cholesterol Ratio Method (Calculated)	2.75		1.5 - 3.5
Serum Cholesterol/ HDL Ratio Method (Calculated)	4.00		Low Risk(0 - 3) High Risk(5 - 10)

Interpretation :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100- 129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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Note :

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
- Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
- Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
- LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Liver Function Test (LFT)

Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.98	mg/dL	0.2 - 1.3
Serum Bilirubin (Direct) Method (Diphylline, Diazonium Salt)	0.26	mg/dL	0.1 - 0.4
Serum Bilirubin (Indirect) Method (Calculated)	0.72	mg/dL	0.2 - 1.1
Serum SGOT Method (IFCC)	26.8	U/L	14 - 36
Serum SGPT Method (IFCC)	16.9	U/L	9 - 52
Alkaline phosphatase (ALP) Method (IFCC)	97.8	U/L	Adult (38 - 126)
Serum Total Protein Method (Biuret Method)	7.0	g/dL	Adult(6.2 - 8.2) Children(5.6 - 8.4)
Serum Albumin Method (BCG)	5.0	gm/dL	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin Method (Calculated)	2.00	g/dL	Adult(2.3 - 3.6)

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
Serum A/G Ratio Method (BCG)	2.50		1.0 - 2.3

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Kidney Function Test (KFT)

Serum Urea Method (GLDH,Kinetic Assay)	34.4	mg/dL	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum Creatinine Method (Modified Jaffe, Kinetic)	1.2	mg/dL	Male:(0.72-1.16) Female: (0.72-1.18) Neonate: (0.26 - 1.01) Infant (2months - less than 3yrs): (0.15-0.37) Children (3 yrs - less than 15 yrs): (0.24-0.73)
Serum Uric Acid Method (Uricase PAP)	4.5	mg/dL	2.6 - 6.0
Serum Sodium Method (By Indirect ISE)	137.4	mmol/L	136 - 145
Serum Potassium Method (By Indirect ISE)	4.3	mmol/L	3.5 - 5.1
Serum Chloride Method (By Ion-selective Electrode)	105.3	mmol/L	98 - 107

~~~~~ End of report ~~~~~

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Patient ID 11185  
 Sample Collected 09/11/2024 12:58 PM  
 Sample Received 09/11/2024 01:11 PM  
 Report Generated 09/11/2024 06:33 PM



## Report Of Haematology Examination

| Investigation                                                                         | Result | Unit(s)      | Reference Range                                                                                                                                                |
|---------------------------------------------------------------------------------------|--------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ERYTHROCYTE SEDIMENTATION RATE</b>                                                 |        |              |                                                                                                                                                                |
| ESR<br>Method (Westergren & Manual)                                                   | 34     | mm           | < 20                                                                                                                                                           |
| <b>Note</b>                                                                           |        |              |                                                                                                                                                                |
| 1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions. |        |              |                                                                                                                                                                |
| 2. Test conducted on EDTA whole blood at 37°C.                                        |        |              |                                                                                                                                                                |
| 3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values           |        |              |                                                                                                                                                                |
| <b>COMPLETE BLOOD COUNT</b>                                                           |        |              |                                                                                                                                                                |
| Haemoglobin (Hb)%<br>Method (By Sahlis Method )                                       | 10.3   | gm%          | Adult Men (13 - 18)<br>Adult Women (11.5 - 16.5)<br>Children (11 - 13)                                                                                         |
| PCV                                                                                   | 34.3   | %            | Children (1-6) : (12 - 14)<br>Children (6-12) : (12 - 14)<br>35 - 45                                                                                           |
| Total Platelets Count (PC)                                                            | 1.6    | Lacs Per cmm | 1.5 - 4                                                                                                                                                        |
| Total RBC (Red Cell Count)                                                            | 5.1    | mill./uL     | Women (4.2 - 5.4)<br>Male (4.7 - 6.1)<br>Children (4.6 - 4.8)                                                                                                  |
| Total Leucocyte Count (TLC)<br>Method (Flow Cytometry)                                | 10,100 | Per cmm      | Adult :- (4,000 - 11,000)<br>New Born (10,000 - 26,000)<br>(1-4) Years : (6,000 - 18,000)<br>(5-7) Years : (5,000 - 15,000)<br>(8-12) Years : (4,500 - 12,500) |
| MCV                                                                                   | 66     | fL           | 76 - 96                                                                                                                                                        |
| MCH                                                                                   | 20.1   | pg           | 22 - 32                                                                                                                                                        |
| MCHC                                                                                  | 30.6   | g/dL         | 30 - 35                                                                                                                                                        |
| <b>Differential count of Leucocytes</b>                                               |        |              |                                                                                                                                                                |
| Neutrophils                                                                           | 67     | %            | 40 - 70                                                                                                                                                        |
| Lymphocytes                                                                           | 25     | %            | 15 - 40                                                                                                                                                        |
| Monocytes                                                                             | 02     | %            | 00 - 6                                                                                                                                                         |
| Eosinophils                                                                           | 06     | %            | 0.5 - 7                                                                                                                                                        |
| Basophils                                                                             | 00     | %            | 00 - 01                                                                                                                                                        |

### Comment :

CBC is a powerful diagnostic tool in various hematological and non-hematological conditions. It can be

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Age/Gen 30 Years | Female Sample Received 09/11/2024 01:11 PM  
Referred By **Dr. Self** Report Generated 09/11/2024 06:33 PM  
Source BERLIN DIAG INS CORP - (8)

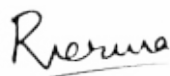
**Report Of Haematology Examination**

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

used to diagnose various conditions like anemia, hemoglobinopathies, infections. leukemia, nutritional deficiencies, parasitemias, etc. For microcytic indices, a Mentzer index of less than 13 suggests that the patient may have thalassemia trait, and an index of more than 13 suggests that the patient may have iron deficiency.

~~~~~ End of report ~~~~~




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 Age/Gen 30 Years | Female
 Referred By **Dr. Self**
 Source BERLIN DIAG INS CORP - (8)

Patient ID 11185
 Sample Collected 09/11/2024 04:53 PM
 Sample Received 09/11/2024 04:54 PM
 Report Generated 09/11/2024 06:47 PM



Report Of Clini Patho Examination

| Investigation | Result | Unit(s) | Reference Range |
|--------------------------------------------------------|-------------|---------|-----------------|
| Urine Routine and Microscopic Examination (R/M) | | | |
| Physical Examination | | | |
| Colour | Straw | | Pale Yellow |
| Urine Appearance | Transparent | | |
| Urine Deposit | Absent | | |
| Urine Specific Gravity | 1.010 | | 1.010 - 1.030 |
| Urine Reaction | Acidic | | |
| Chemical Examination | | | |
| Urine Glucose (Sugar) | Nil | gm% | |
| Urine Protein (Albumin) | Absent | | |
| Urine pH | 6.0 | | 6.0 |
| Urine Ketone Body | Absent | | |
| Urine Blood | Negative | | |
| Urine Phosphate (Amorphous deposits) | Absent | | |
| Urine Microscopic Examination | | | |
| Urine Red blood cells | Absent | /HPF | 0-2 |
| Urine Pus Cells | 1-2 | /HPF | 0-5 |
| Urine Epithelial cells | 2-4 | /HPF | 0-4 |
| Urine Bacteria | Absent | | |
| Urine Cast | Absent | /HPF | |
| Urine Crystals | Absent | /HPF | |
| Urine Yeast cells | Absent | | |
| Urine Spermatozoa | Absent | /HPF | |
| FASTING URINE SUGAR | | | |
| Urine Glucose (Sugar) | Nil | gm% | |

~~~~~ End of report ~~~~~

Report ID:- 44636 | Page 1/1



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 Patient Name **Mrs. MINIYAN GURIA**  
 Age/Gen 30 Years | Female  
 Referred By **Dr. Self**  
 Source BERLIN DIAG INS CORP - (8)

Patient ID 11185  
 Sample Collected 09/11/2024 12:59 PM  
 Sample Received 09/11/2024 01:12 PM  
 Report Generated 11/11/2024 10:30 AM



## Report Of Immunology Examination

| Investigation               | Result | Unit(s) | Reference Range                                                                                                                                                                                                                                      |
|-----------------------------|--------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(Thyroid Profile-I)</b>  |        |         |                                                                                                                                                                                                                                                      |
| Serum T3<br>Method (ECLIA)  | 1.02   | ng/mL   | (0.8 - 2.0)<br>11-15 Years ( 0.83 - 2.13 )<br>1-10 Years ( 0.94 - 2.69 )<br>1-12 Months ( 1.05 - 2.45 )<br>1-7 Days ( 0.36 - 3.16 )<br>1-4 Weeks ( 1.05 - 3.45 )                                                                                     |
| Serum T4<br>Method (ECLIA)  | 11.64  | µg/dL   | (5.1 - 14.1)<br>1-12 Months ( 5.9 - 16 )<br>1-7 Days ( 11 - 22 )<br>1-4 Weeks ( 8.2 - 17 )<br>1-10 Years ( 6.4 - 15 )                                                                                                                                |
| Serum TSH<br>Method (ECLIA) | 1.29   | µIU/mL  | 11-15 Years ( 5.5 - 12 )<br>Up to 1 Week (0.7-11.0)<br>1 week-4 week (0.7- 11.0)<br>1-12 Months (0.7- 8.4)<br>1-19 Years (0.6-4.9)<br>19 Years Above (0.5-5.5)<br>1st Trimester (0.6 - 3.4)<br>2nd Trimester (0.37 - 3.6) 3rd Trimester(0.38 - 4.04) |

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism. Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.

~~~~~ End of report ~~~~~

Report ID:- 44796 | Page 1/1



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Handwritten notes and a faint purple stamp are visible on the right side of the page. The notes are illegible due to blurriness. The stamp is a circular purple mark.

| | | | |
|--------------|--------------------|----------------|-------------------------------|
| Patient Name | MRS. MINIYAN GURIA | Requested By | MEDIWHEEL |
| MRN | BER/2024/OPD27884 | Procedure Date | 09.11.2024 |
| Age/Sex | 30Y/FEMALE | Hospital | BERLIN DIAGNOSTICS & DAY CARE |

USG WHOLE ABDOMEN

Liver : The liver is normal in size (12.7 cm) and outline. It shows a uniform echopattern. No obvious focal or diffuse pathology is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the porta hepatis.

Gall bladder : The gall bladder is normal in size, has normal wall thickness with no evidence of calculi.

CBD : The CBD is of normal caliber.

Pancreas : The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

Kidneys : Both kidneys were normal in position:

Right kidney measures 9.4 cm

Left kidney measures 9.1 cm

The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either side.

Spleen : The spleen is normal in size and echogenicity.

Urinary Bladder : The urinary bladder is normal in size. Its walls show a smooth outline. There is no evidence of any intraluminal or perivesical abnormality.

Uterus : The uterus is normal in size measuring 5.4 x 4.8 cm. Its outline is smooth. It shows normal endometrial echoes with no evidence of any mass lesion. No evidence of free fluid in the pouch of Douglas. ET measures - 7.6 mm.

Right ovary measures :1.5 cm

Left ovary measures :1.2 cm

Both ovaries are normal in size and show uniform parenchymal echogenicity and smooth outline. There is no evidence of any mass lesion arising from or within either ovary.

No significant probe tenderness in RIF.

No evidence of pleural effusion on either side.

No evidence of ascites or lymphadenopathy seen.

IMPRESSION: Normal study.

Please correlate clinically.



Dr. Ambuj Srivastav
M.D. Consultant Radiologist.

GURIA, MRS. MINIVAN
Patient ID 202427884
09.11.2024
1:43:00pm

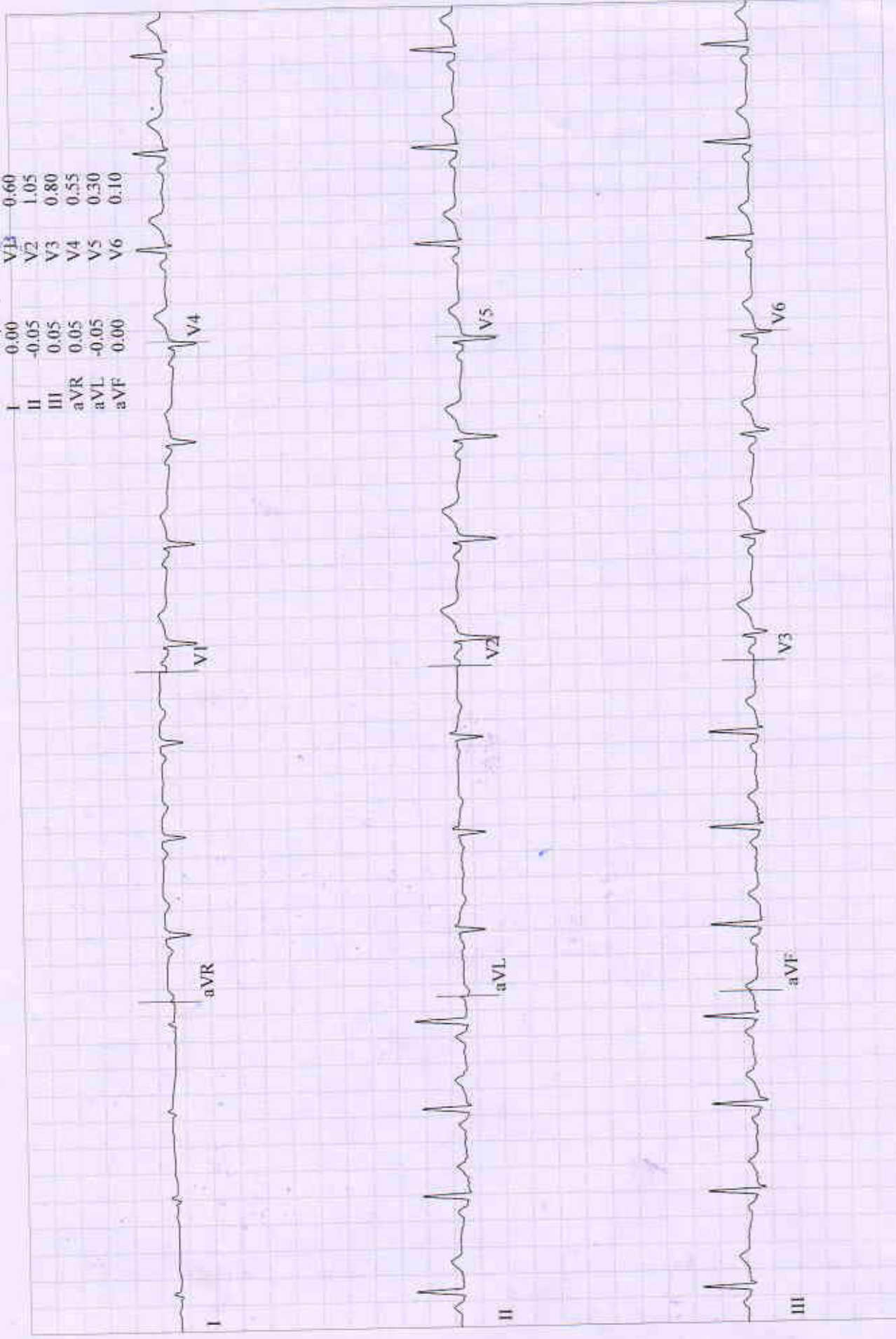
BRUCE
0.0 km/h
0.0 %

PRETEST
SUPINE
00:28

86 bpm
110/70 mmHg

Measured at 60ms Post J (10mm/mV)
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.00 | V1 | 0.60 |
| II | -0.05 | V2 | 1.05 |
| III | 0.05 | V3 | 0.80 |
| aVR | 0.05 | V4 | 0.55 |
| aVL | -0.05 | V5 | 0.30 |
| aVF | 0.00 | V6 | 0.10 |



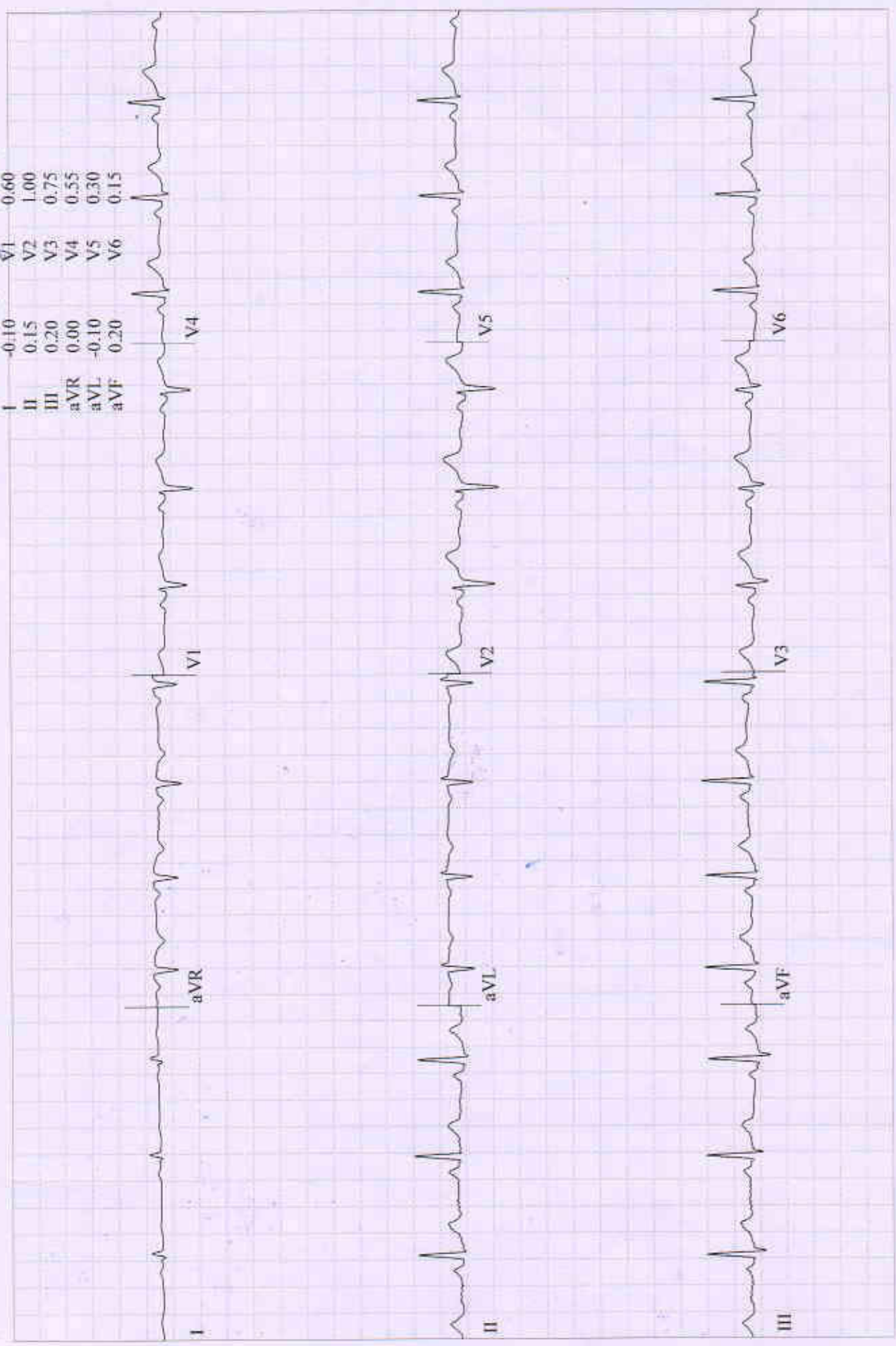
GURIA, MRS. MINIVAN
Patient ID: 202427884
09.11.2024
1:43:20pm

12-Lead Report
PRETEST
STANDING
00:48

84 bpm
110/70 mmHg

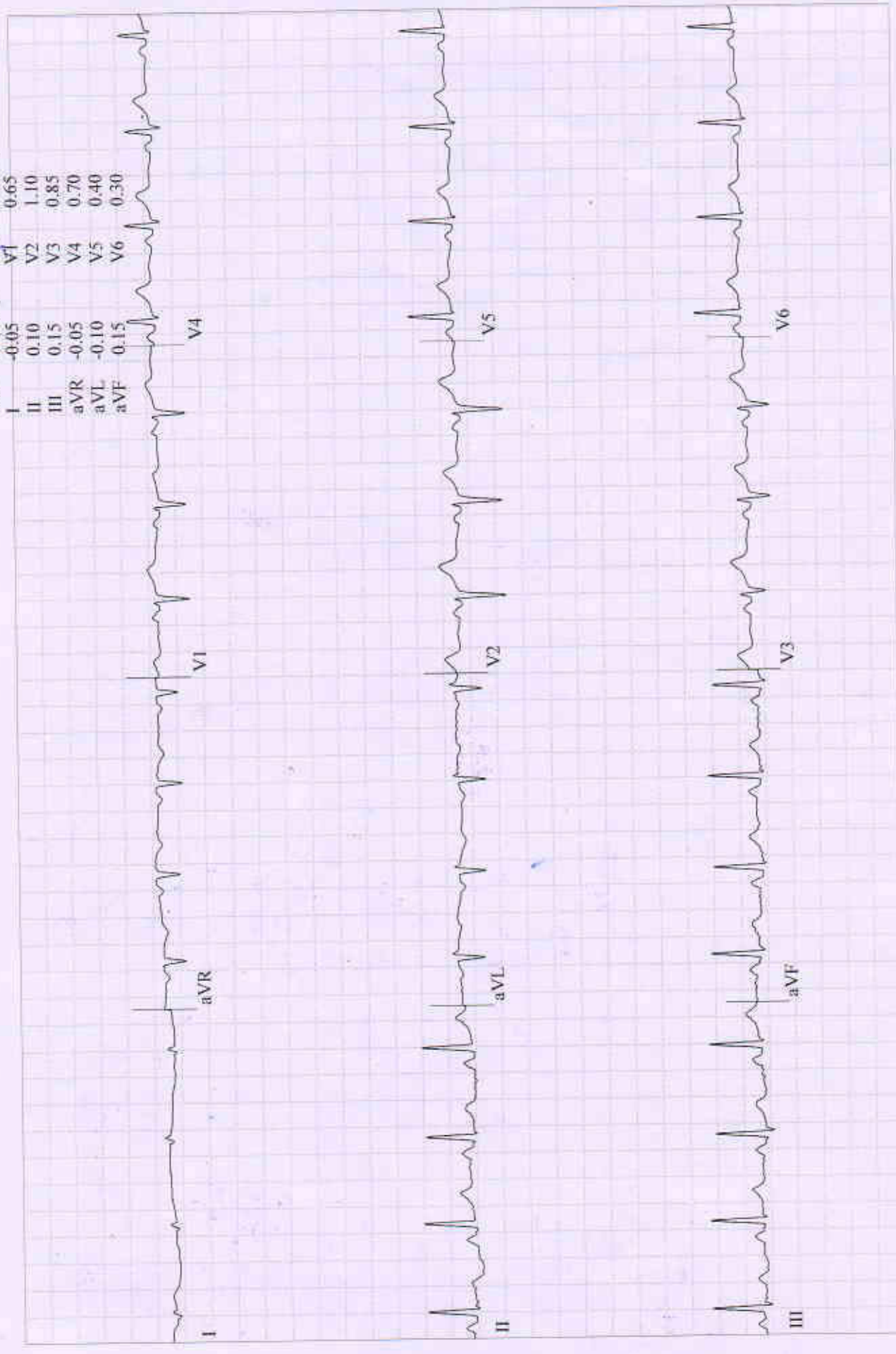
BERLIN DIAGNOSTICS AND DAY CARE
Measured at 60ms Post J (10mm/mV)
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | -0.10 | V1 | 0.60 |
| II | 0.15 | V2 | 1.00 |
| III | 0.20 | V3 | 0.75 |
| aVR | 0.00 | V4 | 0.55 |
| aVL | -0.10 | V5 | 0.30 |
| aVF | 0.20 | V6 | 0.15 |



Measured at 60ms Post J (10mm/mV)
 Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | -0.05 | V1 | 0.65 |
| II | 0.10 | V2 | 1.10 |
| III | 0.15 | V3 | 0.85 |
| aVR | -0.05 | V4 | 0.70 |
| aVL | -0.10 | V5 | 0.40 |
| aVF | 0.15 | V6 | 0.30 |



GURLA, MRS. MINIVAN
Patient ID 202427884
09.11.2024
1:44:00pm

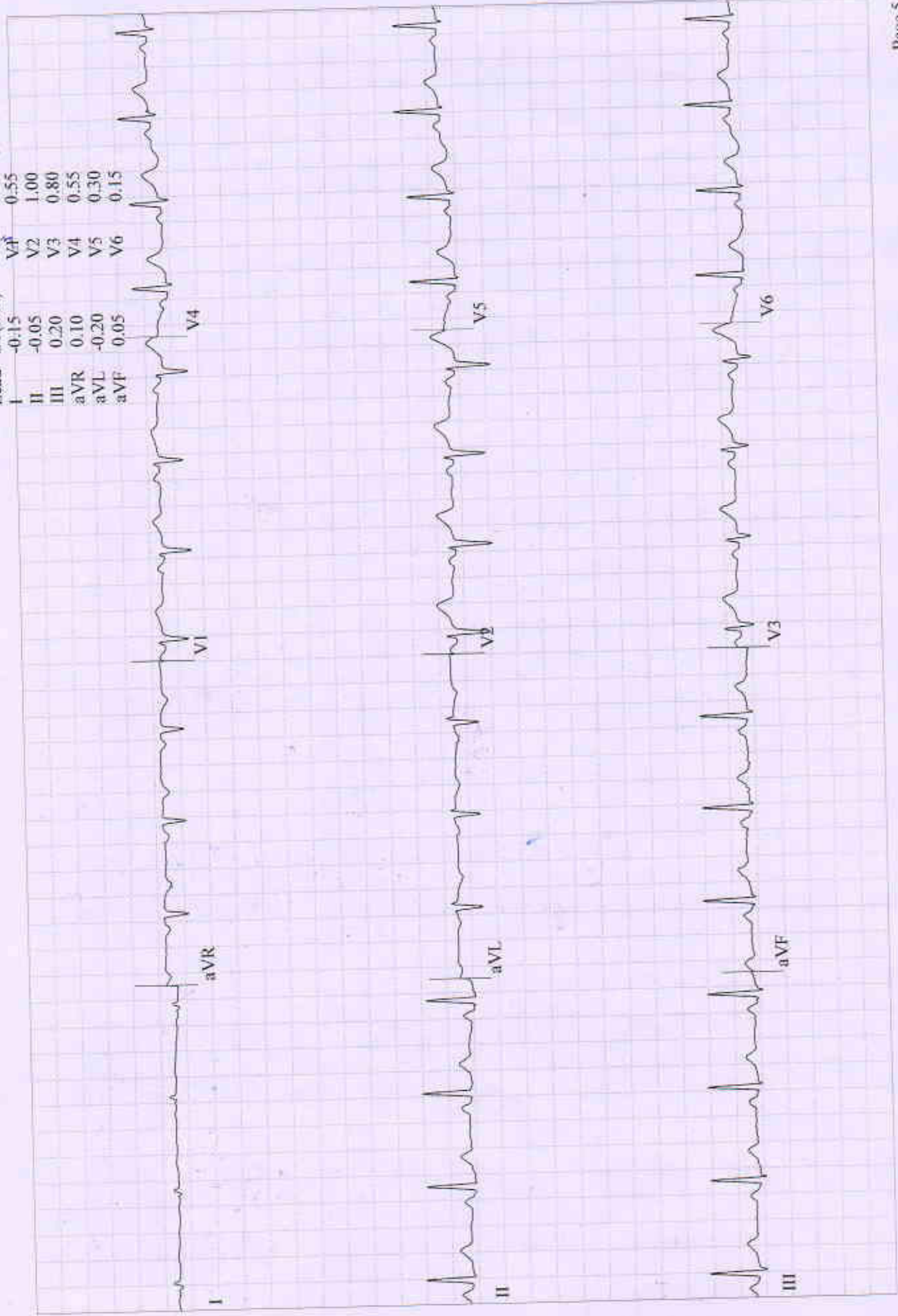
BRUCE
0.0 km/h
0.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

85 bpm
110/70 mmHg

PRETEST
WARM-UP
01:28

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | -0.15 | V4 | 0.55 |
| II | -0.05 | V2 | 1.00 |
| III | 0.20 | V3 | 0.80 |
| aVR | 0.10 | V4 | 0.55 |
| aVL | -0.20 | V5 | 0.30 |
| aVF | 0.05 | V6 | 0.15 |



GURJA, MRS. MINIVAN
 Patient ID: 202427884
 09.11.2024
 1:46:57pm

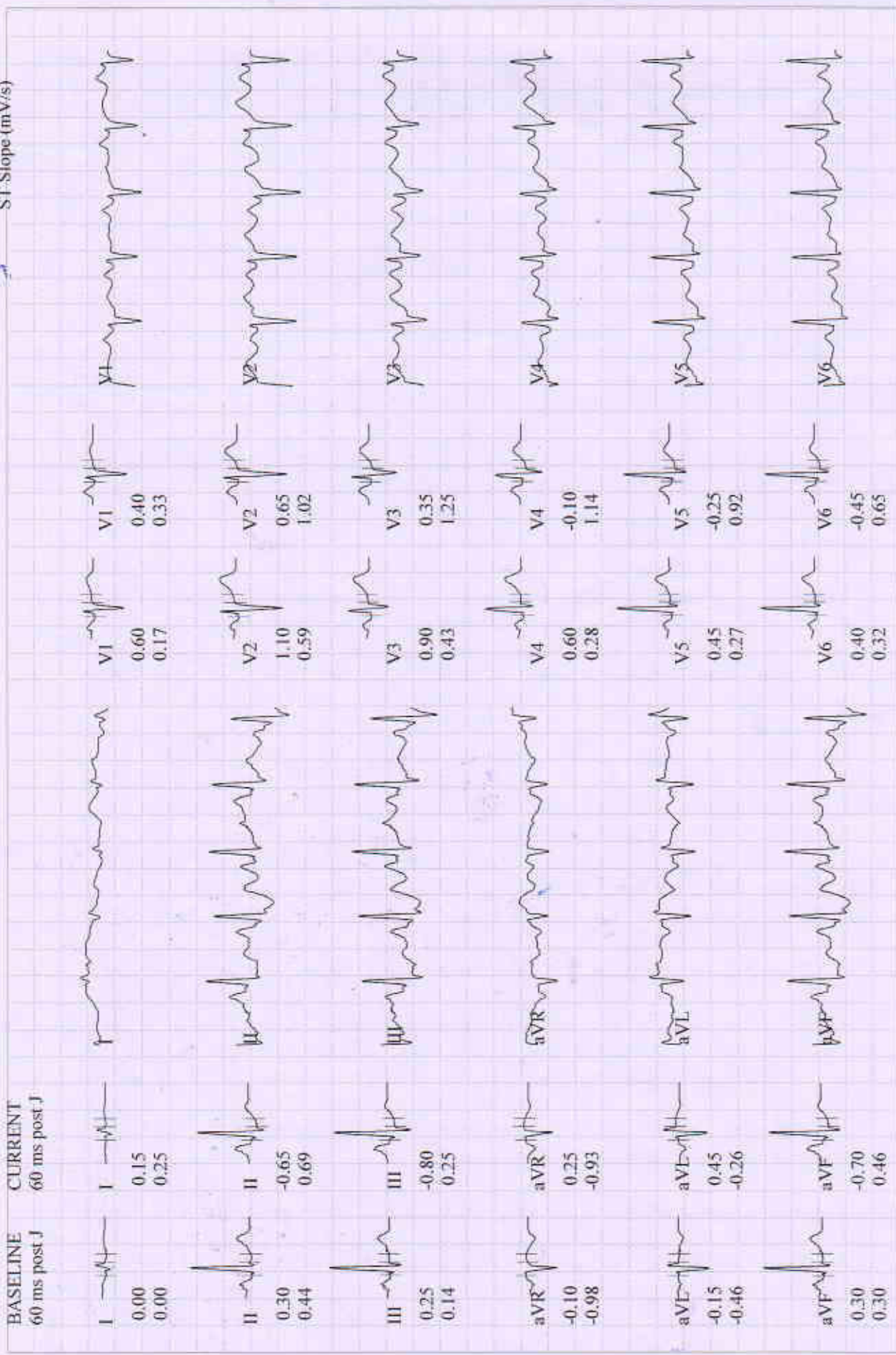
Comparative Medians Report
EXERCISE
 STAGE 1
 02:50

125 bpm
 120/80 mmHg

BRUCE
 2.7 km/h
 10.0 %

BERLIN DIAGNOSTICS AND DAY CARE

Lead
 ST Level (mm)
 ST-Slope (mV/s)



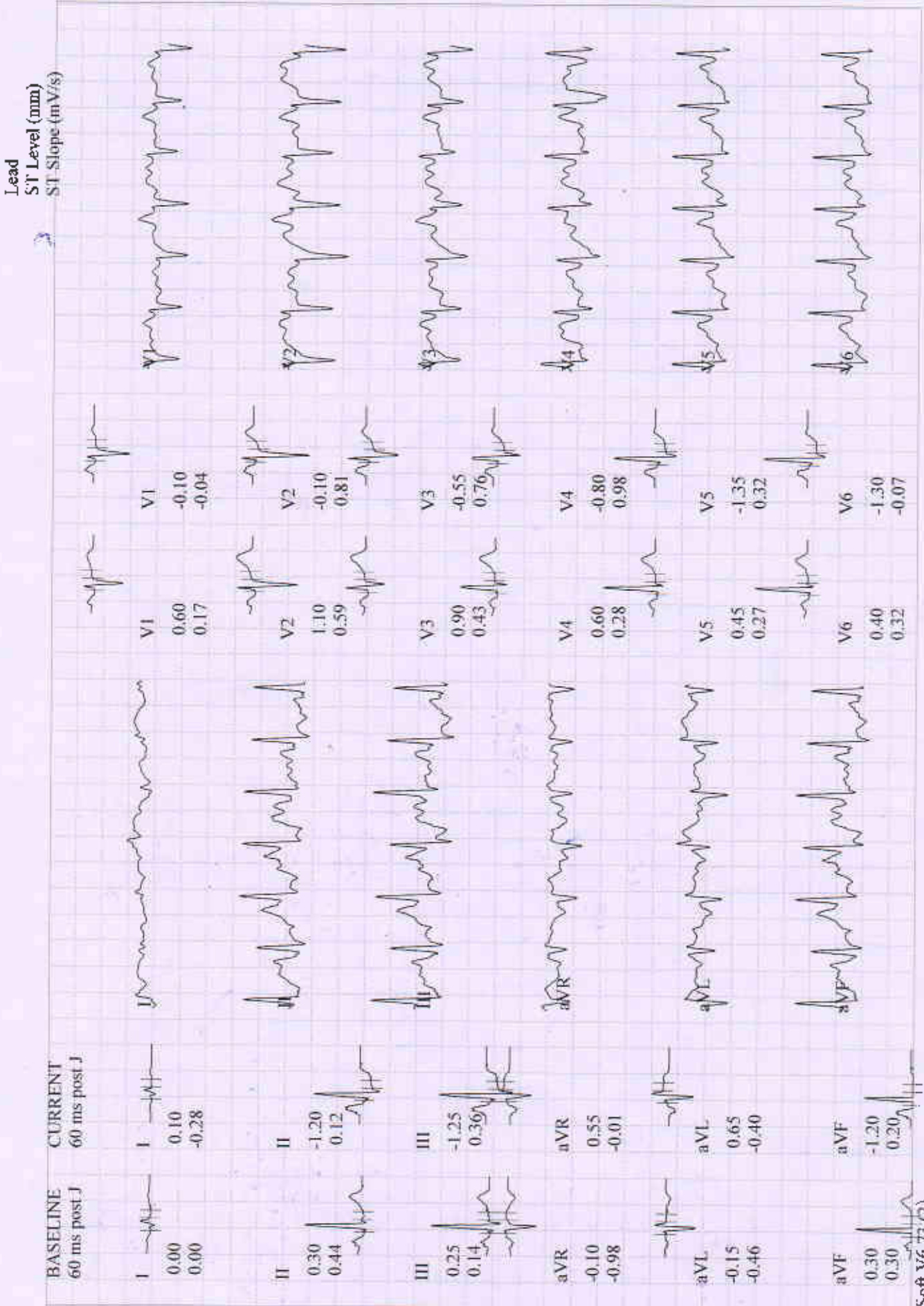
GURIA, MRS. MINMIYAN
 Patient ID 202427884
 09.11.2024
 1:49:57pm

Comparative Medians Report
EXERCISE
 STAGE 2
 05:50

151 bpm
 128/88 mmHg

BRUCE
 4.0 Km/h
 12.0 %

BERLIN DIAGNOSTICS AND DAY CARE



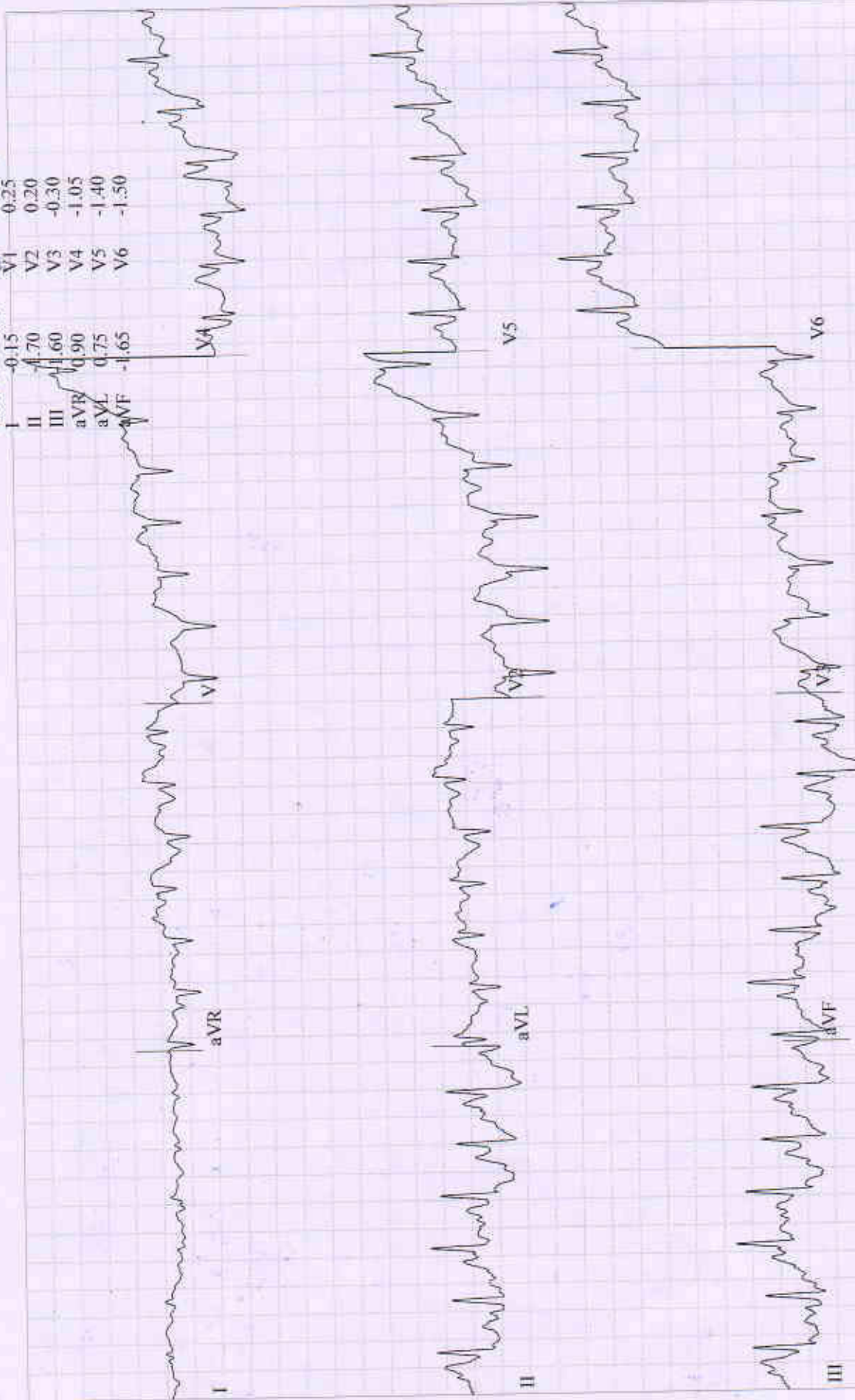
GURIA, MRS. MUNIYAN
Patient ID 202427884
09.11.2024
1:50:57pm

BRUCE
5.4 km/h
14.0 %

162 bpm
136/96 mmHg

Measured at 60ms Post J (10mm/mV)
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | -0.15 | V1 | 0.25 |
| II | -1.70 | V2 | 0.20 |
| III | -1.60 | V3 | -0.30 |
| aVR | 0.90 | V4 | -1.05 |
| aVL | 0.75 | V5 | -1.40 |
| aVF | -1.65 | V6 | -1.50 |



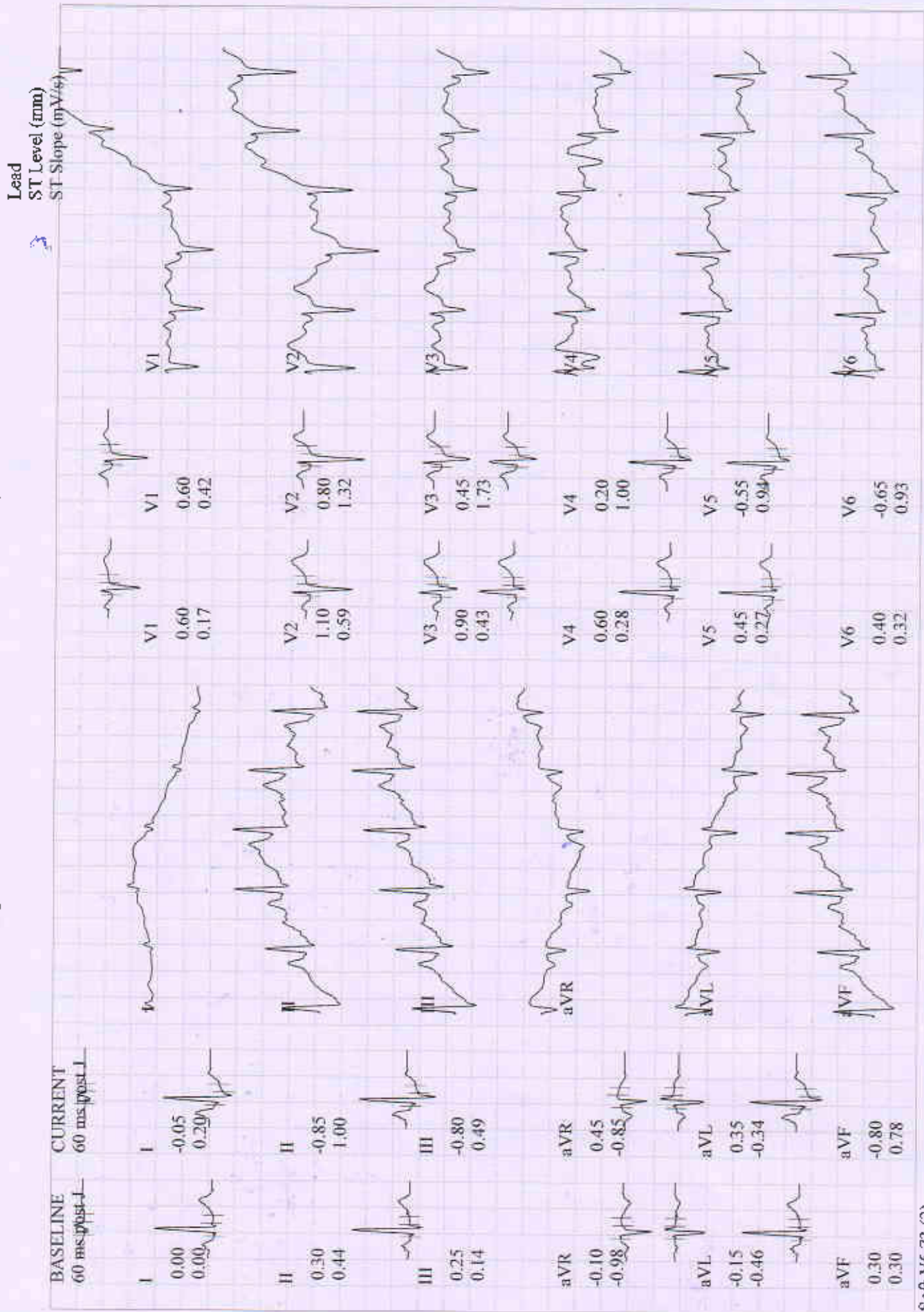
GURIA, MRS. MINJYAN
 Patient ID 202427884
 09.11.2024
 1:51:42pm

Comparative Medians Report
RECOVERY
 #1
 00:50

133 bpm
 128/88 mmHg

BRUCE
 2.4 km/h
 0.0 %

BERLIN DIAGNOSTICS AND DAY CARE



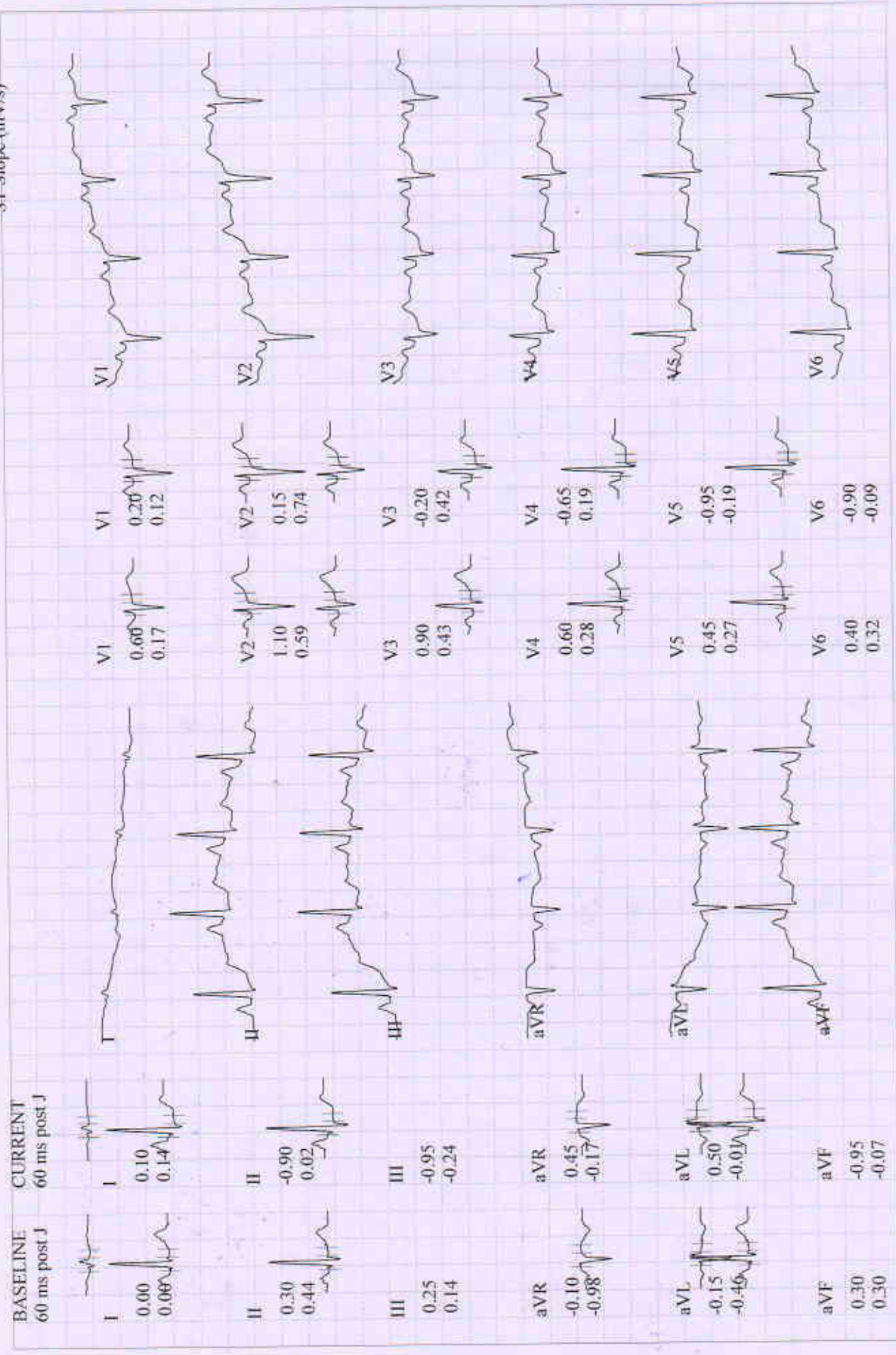
Comparative Medians Report

BRUCE
0.0 km/h
0.0 %

101 bpm
120/80 mmHg

GURIA, MRS. MINMIAN
Patient ID 202427884
09.11.2024
1:52:42pm

Lead
ST Level (mm)
ST Slope (mV/s)



GURIA, MRS. MINIYAN
 Patient ID 202427884
 09.11.2024
 1:53:32pm

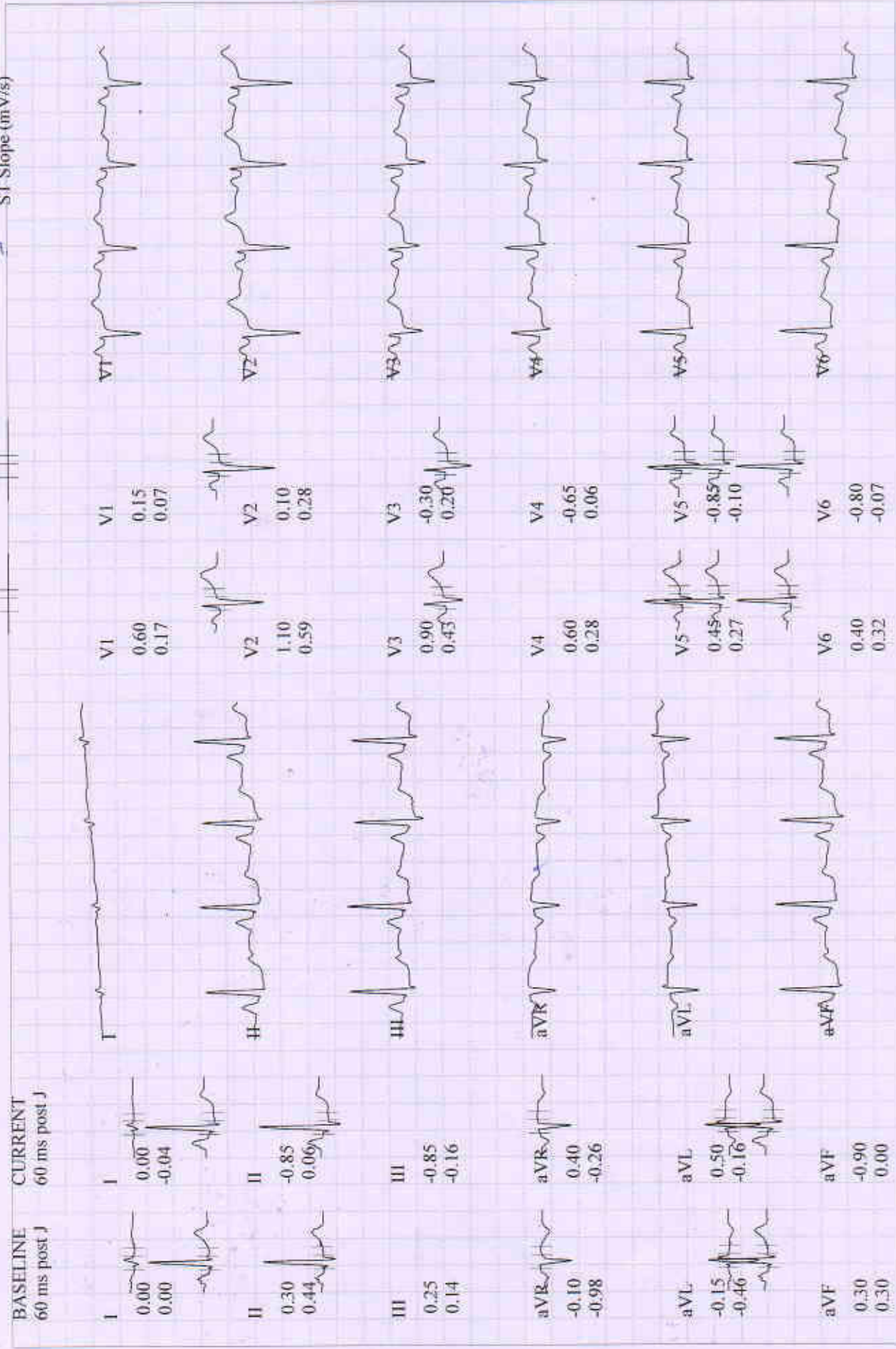
Comparative Medians Report
RECOVERY
 #1
 02:40

95 bpm
 110/70 mmHg

BRUCE
 0.0 km/h
 0.0 %

BERLIN DIAGNOSTICS AND DAY CARE

Lead
 ST Level (mm)
 ST Slope (mV/s)



GURIA, MRS. MINIVAN

Patient ID 202427884

09.11.2024

1:42:26pm

| BASELINE EXERCISE | | MAX. ST EXERCISE | | PEAK EXERCISE | | TEST END RECOVERY | | BASELINE EXERCISE | | MAX. ST EXERCISE | | PEAK EXERCISE | | TEST END RECOVERY | |
|-------------------|--------|------------------|---------|---------------|---------|-------------------|--------|-------------------|--------|------------------|---------|---------------|---------|-------------------|--------|
| 0:01 | 91 bpm | 6:30 | 157 bpm | 6:45 | 162 bpm | 2:15 | 94 bpm | 0:01 | 91 bpm | 6:30 | 157 bpm | 6:45 | 162 bpm | 2:15 | 94 bpm |
| 110/70 mmHg | | 136/96 mmHg | | 136/96 mmHg | | 120/80 mmHg | | 110/70 mmHg | | 136/96 mmHg | | 136/96 mmHg | | 120/80 mmHg | |
| I | | I | | I | | I | | V1 | | V1 | | V1 | | V1 | |
| 0.00 mm | 0.10 | 0.15 | 0.10 | 0.15 | 0.15 | 0.00 | 0.03 | 0.60 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 |
| 0.00 mV/s | 0.07 | 0.30 | 0.07 | 0.30 | 0.03 | 0.03 | 0.17 | 0.17 | 0.08 | 0.08 | 0.33 | 0.33 | 0.13 | 0.13 | 0.13 |
| II | | II | | II | | II | | V2 | | V2 | | V2 | | V2 | |
| 0.30 | -1.55 | -1.55 | -1.55 | -1.55 | -0.80 | -0.80 | 1.10 | 1.10 | -0.05 | -0.05 | -0.05 | -0.05 | 0.05 | 0.05 | 0.05 |
| 0.44 | 0.49 | -0.23 | 0.49 | -0.23 | -0.16 | -0.16 | 0.59 | 0.59 | 0.61 | 0.61 | 0.86 | 0.86 | 0.49 | 0.49 | 0.49 |
| III | | III | | III | | III | | V3 | | V3 | | V3 | | V3 | |
| 0.25 | -1.75 | -1.65 | -1.75 | -1.65 | -0.85 | -0.85 | 0.90 | 0.90 | -0.55 | -0.55 | -0.35 | -0.35 | -0.25 | -0.25 | -0.25 |
| 0.14 | 0.18 | -0.32 | 0.18 | -0.32 | -0.21 | -0.21 | 0.43 | 0.43 | 0.22 | 0.22 | 0.99 | 0.99 | 0.25 | 0.25 | 0.25 |
| aVR | | aVR | | aVR | | aVR | | V4 | | V4 | | V4 | | V4 | |
| -0.10 | 0.75 | 0.70 | 0.75 | 0.70 | 0.40 | 0.40 | 0.60 | 0.60 | -1.10 | -1.10 | -1.15 | -1.15 | -0.65 | -0.65 | -0.65 |
| -0.98 | -0.33 | -0.30 | -0.33 | -0.30 | -0.28 | -0.28 | 0.28 | 0.28 | 0.89 | 0.89 | 0.83 | 0.83 | 0.16 | 0.16 | 0.16 |
| aVL | | aVL | | aVL | | aVL | | V5 | | V5 | | V5 | | V5 | |
| -0.15 | 0.85 | 0.90 | 0.85 | 0.90 | 0.45 | 0.45 | 0.45 | 0.45 | -1.40 | -1.40 | -1.55 | -1.55 | -0.90 | -0.90 | -0.90 |
| -0.46 | -0.06 | 0.17 | -0.06 | 0.17 | -0.07 | -0.07 | 0.27 | 0.27 | 0.27 | 0.27 | 0.51 | 0.51 | -0.06 | -0.06 | -0.06 |
| aVF | | aVF | | aVF | | aVF | | V6 | | V6 | | V6 | | V6 | |
| 0.30 | -1.70 | -1.60 | -1.70 | -1.60 | -0.80 | -0.80 | 0.40 | 0.40 | -1.35 | -1.35 | -1.50 | -1.50 | -0.80 | -0.80 | -0.80 |
| 0.30 | 0.35 | -0.28 | 0.35 | -0.28 | -0.17 | -0.17 | 0.32 | 0.32 | 0.07 | 0.07 | 0.47 | 0.47 | -0.14 | -0.14 | -0.14 |



| | | | |
|---------------------|--------------------|-----------------------|-------------------------------|
| Patient Name | Mrs. MINİYAN GURIA | Requested By | MEDIWHEEL |
| MRN | BER/2024/OPD27884 | Procedure Date | 09.11.2024 |
| Age/Sex | 30Y/FEMALE | Centre | BERLIN DIAGNOSTICS & DAY CARE |

X-RAY CHEST PA VIEW

OBSERVATIONS :

Both lung fields are clear.

Both hila are normal.

Both CP angles are normal.

Cardiac contour and size are within normal limits.

The bony rib cage is normal.

Soft tissue are normal.

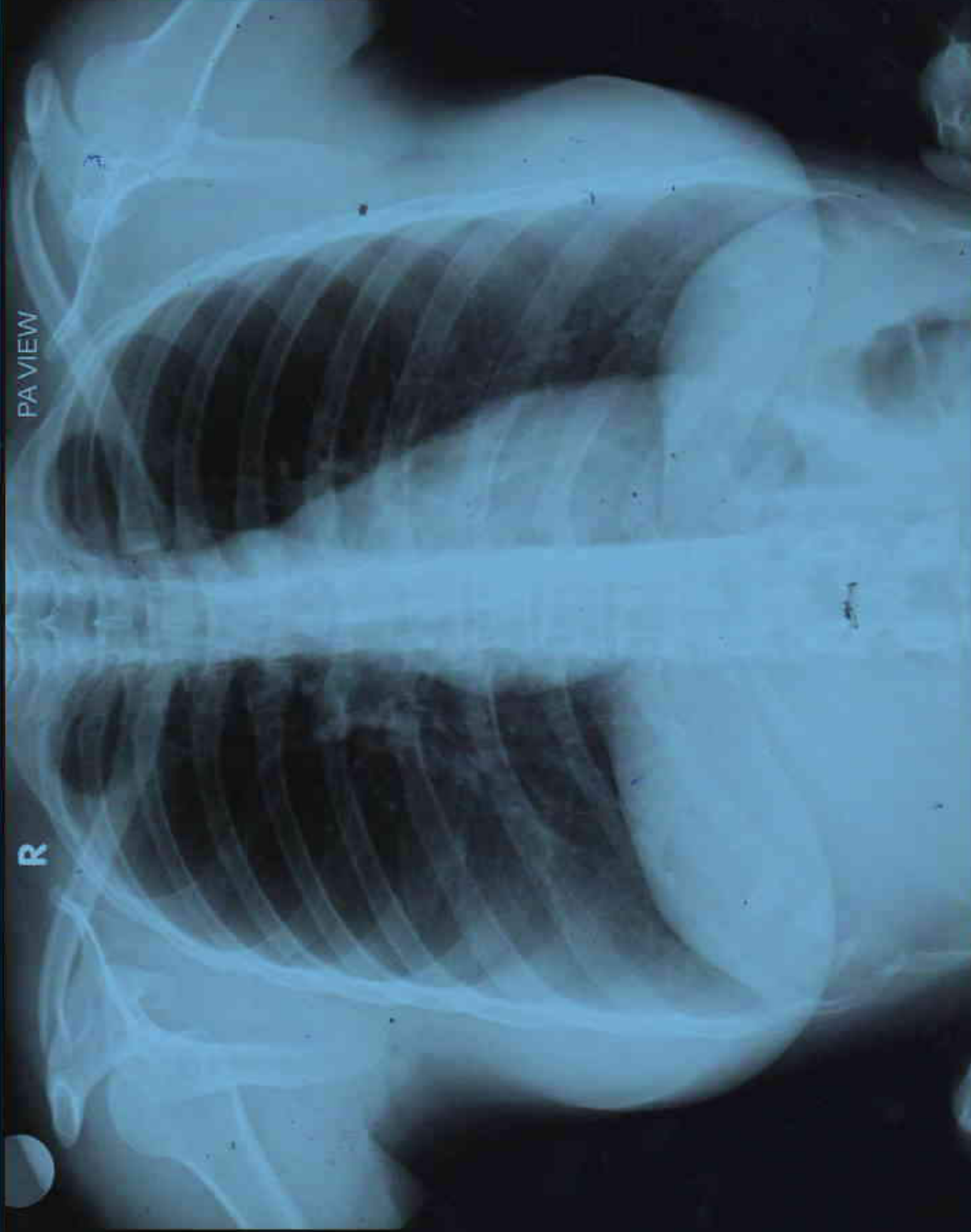
IMPRESSION: NORMAL STUDY.

Dr. Ambuj Srivastav
M.D. Consultant Radiologist.

We regret typographical errors if any. Please contact us for correction.

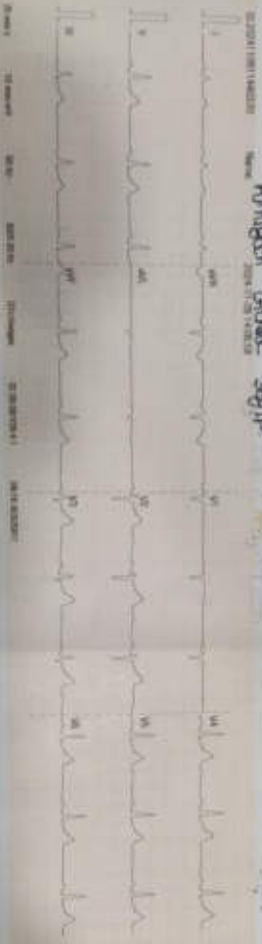
R

PA VIEW



MINIYAN GURIA AGE 30Y/F MEDIWHEEL BER/202427884 CHEST PA VIEW 09/11/2024

BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.



Dr. Rajeev Kumar
 Consultant Cardiologist
 Dr. Rajeev Kumar

2024/11/14 14:00:00
 Name: [Blank]
 Age: 45
 Sex: M
 Height: 170 cm
 Weight: 70 kg
 Blood Pressure: 120/80 mmHg
 Heart Rate: 75 bpm

Normal ECG (Unaffected/Normal)
 Normal sinus rhythm
 — ECG recorded with standard 12-lead system —

Dr. Kishan Kumar Prasad
 MD, FRCP, FRCGS
 Consultant Cardiologist

