



Discharge Summary

Patient Name	: Mr. PRAKASH CHAND TAWRI [61 Yr /M] MRN-250800512		
Next Of Kin	: MR. FATTEAL TAWRI (FATHER)		
IP. No.	: 40989	Dept./Speciality	: NEURO SURGERY
Adm. Date	: 19-08-2025 02:22PM	Discharge Date	: 20-08-2025 04:29 PM
Ward Info.	: Bed 1/ROOM 6/DELUXE ROOM AC 1F		
Discharge Condition	: Stable		
Discharge Type	: Discharge		
Treating Doctor	: DR. AKSHAY BAID (M.S., MCH., (NEUROSURGERY))		
Consultant Doctor	: DR. AKSHAY BAID (M.S., MCH., (NEUROSURGERY))		

Final Diagnosis

OLD CVA (LEFT ISCHEMIC INFRCT)
POST PTCA
K/C/O- DM / HTN

Presenting Complaints

C/O- RIGHT UPPER LIMB WEAKNESS
SLURRING OF SPEECH

H/O- HTN SINCE 8 YEARS
DM SINCE 4 YEARS
OLD STROKE (2022)
CAD - POST PTCA (JAN 2024)

Evaluation and Management

O/E
PATIENT CONSCIOUS ORIENTED
GCS- E4 V4 M6
PUPIL- B/L 2 MM RTL
BP- 150/80 MMHG
P- 52/M
SPO2- 97% (RA)
TEMP- 97.2F
RR-20/M
RBS- 207 MG/DL

Investigation Report

Investigation Name	Date	Value
Blood Group and Rh Type	19-08-2025 06:02 PM	"AB" RH POSITIVE
BLOOD UREA	19-08-2025 04:14 PM	18 mg/dl
E.S.R. (Wintrobe 1 Hour)	19-08-2025 06:02 PM	35 mm

Investigation Name	Date	Value
Blood Sugar Random	19-08-2025 04:14 PM	138 Mg/dl
COVID-19 RAPID ANTIGEN	19-08-2025 02:57 PM	NEGATIVE
Serum Creatinine	19-08-2025 04:14 PM	0.86 mg/dl

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Phone : 0771-4222999, 4222909 | Helpline : 78800 03497
Email : medishine.health@gmail.com | Web : www.medishinehealth.com

Patient Name : Mr. PRAKASH CHAND TAWRI [MRN-250800512]
 Age / Gender : 61 Yr / Male
 Address : II NO. 211 GANJ PARA SATTICHOURA, WARD NO. 36 DURG Chhattisgarh
 Bed / Ward : Bed 1 / DELUXE ROOM AC 1F
 Requesting Doctor : DR. AKSHAY BAID



MRN-250800512

Reg. ID : 40989

SEROLOGY

Request Date : 19-08-2025 02:28 PM
 Sample No. : SE37136
 Acceptance Date : 19-08-2025 02:57 PM

Reporting Date : 19-08-2025 02:57 PM
 Reporting Status : Finalized

Investigations	Result	Biological Reference Range
COVID-19 RAPID ANTIGEN TEST * Nasopharyngeal swab	NEGATIVE	

Interpretation: STANDARD COVID - 19 Ag Test is a rapid chromatographic immunoassay for the qualitative detection of specific antigens to SARS-CoV-2 present in human nasopharynx. The antigen test is likely to be negative mainly when the SARS-CoV-2 viral load is low. Since antigen testing does not involve any amplification process, swab samples may lack enough antigen material to be detectable. This may result in false negative tests. For this reason, if a symptomatic person tests negative through antigen testing, they still need to get an RT-PCR test done for confirmation. If a person tests positive, confirmation RT-PCR is not required.

END OF REPORT.

Prepared By
HIMENDRA RATRE



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Page 1 of 1

PATIENTS NAME; MR. PRAKASH CHAND
REFD.BY:DR. AKSHAY BAID

SHREE
MEDISHINE
HOSPITAL
AGE:61Y/M
DATE:19/08/2025
एम्स जीवन अनगीत ||

2D ECHO

Dimension	In CMs	Normal (cm)	Dimension	In CMs	Normal (cm)
Aortic Diameter	2.8	2-3.5	LA Diameter	3.4	1.9-4.0
Aortic Sinus		NORMAL	Asending Aorta		NORMAL
IVSd	1.0	0.6-1.1	IVSs	1.4	0.8-2.0
LVIDd	4.8	3.5-5.5	LVIDs	2.8	1.8-4.2
LVPWd	1.0	0.6-1.1	LVPWs	1.4	0.8-2.0
EF	35%	>50%	FS	Normal	25%-45%

Chambers

LA- ENLARGED	LV-ENLARGED
RA- NORMAL	RV- NORMAL

Valves

Mitral Valve: Morphology- NORMAL Doppler-NORMAL	Tricuspid Valve: Morphology- NORMAL DOPpler- NORMAL
Pulmonary Valve: Morphology- NORMAL Doppler- NORMAL PV Vmax= 1.0m/s	Aortic Valve: Morphology- NORMAL Doppler- NORMAL AV Vmax= 1. 0m/s

Pericardium- Normal

IAS- Intact

IVS-NORMAL

RV- Normal

IVC-NORMAL

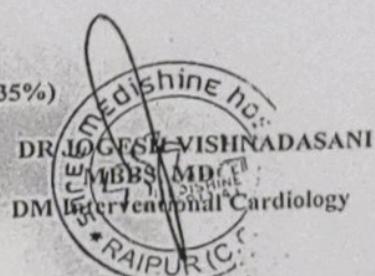
RWMA- GLOBAL LV HYPOKINESIA

Diastolic Function

E < A e'=6 GRADE-I

Final Impression

- LA/LV ENLARGED
- GRADE I LVDD
- MODERATE LV SYSTOLIC DYSFUNCTION (LVEF-35%)



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Mr. PRAKASH CHAND TAWRI [MRN-250800512]

61 Yr / Male



MRN-250800512

Age / Gender :

JI NO. 211 GANJ PARA, SATTICHOURA, WARD NO. 36 DURG Chhattisgarh

Address :

Bed 1 / DELUXE ROOM AC 1F

Bed / Ward :

DR. AKSHAY BAID

Requesting Doctor:

Reg. ID : 40989

HAEMATOLOGY

Request Date : 19-08-2025 02:26 PM
Sample No. : HA76760
Acceptance Date : 19-08-2025 02:57 PM

Reporting Date : 19-08-2025 04:52 PM

Reporting Status : Finalized

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	13.4 Gm/dl *	M 13.50 - 16.50 Gm/dl
TOTAL W.B.C.	6260 /cumm	4000.00 - 11000.00 /cumm
TOTAL R.B.C.	4.09 milli/cumm	3.50 - 5.00 milli/cumm
H.L.C.T.	38.4 %	37.00 - 47.00 %
M.C.V.	93.9 fl	80.00 - 100.00 fl
M.C.H.	32.8 pg	27.00 - 37.00 pg
M.C.H.C.	34.9 g/dl	32.00 - 37.00 g/dl
PLATELET COUNT	1.79 LAC /cumm	1.50 - 4.50 /cumm
R.D.W.	13.5 %	11.00 - 16.00 %
POLYMORPHS	70 %	45.00 - 75.00 %
LYMPHOCYTES	27 %	25.00 - 45.00 %
EOSINOPHILS	01 %	1.00 - 6.00 %
MONOCYTES	02 %	2.00 - 10.00 %
BASOPHILS	00 % *	1.00 - 6.00 %

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MRN-250800512

Reg. ID :40989

BIOCHEMISTRY

Request Date : 19-08-2025 02:26 PM Reporting Date : 19-08-2025 04:14 PM
 Sample No. : B196905 Reporting Status : Finalized
 Acceptance Date : 19-08-2025 02:57 PM

Investigations	Result	Biological Reference Range
SERUM ELECTROLYTES(NA/K/ Cl)		
Na ⁺	144.7 mmol/L	135.00 - 148.00 mmol/L
K ⁺	4.05 mmol/L	3.50 - 4.50 mmol/L
Cl	98.3 mmol/L	95.00 - 105.00 mmol/L
Blood Sugar Random	138 Mg/dl	70.00 - 140.00 Mg/dl
BLOOD UREA	18 mg/dl	15.00 - 45.00 mg/dl
Serum Creatinine	0.86 mg/dl	M 0.70 - 1.40 mg/dl
LFT		
Sr.Bilirubin (Total)	0.49 mg/dl	0.20 - 1.20 mg/dl
Sr.Bilirubin (Direct)	0.33 mg/dl *	0.00 - 0.20 mg/dl
Sr.Bilirubin (Indirect)	0.16 mg/dl *	0.20 - 1.00 mg/dl
SSGPT	14 iu/L	UPTO 40 iu/L
SSGOT	11 iu/l	5.00 - 34.00 iu/l
Alkaline Phosphatase	59 U/L	M ABOVE 60 YEAR 56.00 - 119.00 U/L
Total Protein	6.38 g/dL	6.00 - 8.30 g/dL
Albumin	4.34 g/dL	3.20 - 5.00 g/dL
Globulin	2.04 g/dL *	2.30 - 5.30 g/dL
A/g Ratio	2.13 *	1.00 - 2.00
GGT	11.4 U/L	M 11.00 - 50.00 U/L

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Reg. ID : 40989

HAEMATOLOGY

Request Date : 19-08-2025 02:26 PM
 Sample No. : HA76760
 Acceptance Date : 19-08-2025 02:57 PM

Reporting Date : 19-08-2025 06:02 PM
 Reporting Status : Finalized

Investigations	Result	Biological Reference Range
E.S.R. (Wintrobe 1 Hour)	35 mm	M Upto 9 mm
Blood Group and Rh Type	"AB" RH POSITIVE	

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Note : Tests marked * are not under NABL, Serpa

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Reg. ID : 40989

SEROLOGY

Request Date : 19-08-2025 02:26 PM
Sample No. : SE37136
Acceptance Date : 19-08-2025 02:57 PM

Reporting Date : 19-08-2025 04:58 PM

Reporting Status : Finalized

Investigations	Result	Biological Reference Range
HIV	NON-REACTIVE	
HBsAg	NON-REACTIVE	
HIV(SPOT)	NON-REACTIVE	

Interpretation:

HIV Note :- The presence of only an antigen positive test suggest infection is at an early stage Used for follow up to detect antibodies. A reactive result for antibodies HIV 1 & HIV 2 with non reactive HIV 1P24 does not preclude acute HIV infection. HIV positive patient on antiretroviral medication may give false negative results. Test should be confirmed by westernblot HIV nucleic acid test or viral culture.

****This is a screening test. Results need to be confirmed by ELISA. ****

HBSAg Note :- Virus are the causes of 80% to 90% of acute and chronic hepatitis While a variety of viruses can affect the liver, & damage the hepatocytes So they are called hepatitis viruses. Hepatitis B(HBV) is a hepadna virus having DNA. It is transmitted by body fluids like , serum, semen, mother to baby & by Needle prick. It is a virus associated with acute & chronic hepatitis, Carrier stage & hepatocellular carcinoma. Hepacard is a visual rapid sensitive one step immunoassay based on antigen Capture or sandwich principle. It is used for qualitative detection HbsAg in human serum the assay is intended to be used as an aid in the recognition and diagnosis of acute infection; chronic infection and carriers of HBV It is only a screening test so for a definitive diagnosis patients clinical history symptomatology and serological data should be considered.

HCV Note :- Hepatitis c virus is a main a etiological agent of A non A , non -B hepatitis, accounting for greater than 90% of the post transfusion hepatitis cases .Hcv is spherical virus of about 30-60 nm in diameter with single stranded RNA & belong to flaviviridae family. it is considered to be major cause of acute chronic hepatitis And liver cirrhosis the for antibodies to HCV after transfusion .Diagnosis of hepatitis c can be easily made by elevated serum alt levels & presence of anti HCV. In serum The 4 th generation HCV TRI DOT, has been developed & desing with increased sensitivity for core & Ns3 antibodies using unique combination of modified HCV antigens.

SYPHILIS :-The test detects the presence of Treponemal antibodies; thus a positive result indicates a past or present infection. Positive results should be evaluated in co-relation with the clinical condition before arriving at a final diagnosis. Low levels of antibodies to Treponema pallidum such as those present of a very early primary stage of infection can give negative result. But a negative result does not exclude the possibility of exposure to or infection with Treponema pallidum. Retesting is indicated after two weeks if clinically syphilis is still suspected.

*** The test should only be used as a screening test and its results should be confirmed by other supplemental method before taking clinical decisions. ***

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Page 1 of 1

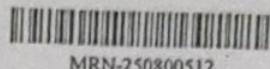
PRAKASH CHAND TAWRI [MRN-250800512] This report is not valid for medico legal purpose.
No. 211 GANJ PARA, SATTICHOURA, WARD NO. 36 DURG Chhattisgarh

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 Requesting Doctor : DR. AKSHAY BAID



MRN-250800512

Reg. ID : 40989

BIOCHEMISTRY

Request Date : 19-08-2025 03:45 PM
 Sample No. : BI96909
 Acceptance Date : 19-08-2025 04:07 PM

Reporting Date : 19-08-2025 04:58 PM
 Reporting Status : Finalized

Investigations	Result	Biological Reference Range
LIPID PROFILE (DIRECT LDL)		
S.CHOLESTROL	110 mg/dl	100.00 - 250.00 mg/dl
S.TRIGLYCERIDE	88.5 mg/dl	50.00 - 150.00 mg/dl
S.HDL (DIRECT)	31.2 mg/dl	30.00 - 70.00 mg/dl
S.LDL (DIRECT)	54.9 mg/dl *	80.00 - 200.00 mg/dl
S.VLDL	17.7 mg/dl	UP TO 40 mg/dl mg/dl
S.CHOL/HDL RATIO	3.53	UP TO 5
S.LDL /HDL	1.76 *	2.50 - 3.50

END OF REPORT.

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Note: Test results are valid under NABL Scope
 Mr. PRAKASH CHAND TAWRI MRN-250800512
 Date No. 19-08-2025

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Patient Name: Mr. PRAKASH CHAND TAWRI / MRN-250800512
Age / Gender: 61 Yr / Male

Address: H NO. 211 GANJ PARA, SATTICHOURA, WARD NO. 36
DURG Chhattisgarh

Ward/ Bed: DELUXE ROOM AC 1F/Bed 1
Requesting Doctor: DR. AKSHAY BAID

Request Date : 19-08-2025 04:56 PM

Reg. NO.: 40989

Reporting Date : 19-08-2025 07:40 PM

Report Status : Finalized

Acceptance Date: 19-08-2025 05:08 PM

Sample ID: BI96911

HbA1C

OBSERVATION:

Test Name

HbA1c (GLYCOSYLATED HEMOGLOBIN) BLOOD
bold="">(HPLC)

Results Units
5.63 %

Interpretation

As per American Diabetes Association (ADA)

Reference Group

HbA1c in %

- Non diabedic adults ≥ 18 years 4.5 – 6.3
- At risk ≥ 6.0 to ≤ 6.5
- Diagnosing Diabetes >6.5
- Therapeutic goals for glycemic control Adults
- Goal of therapy: < 7.0
- Action suggested: > 8.0
- Pediatric patients
- Toddlers & Preschoolers: > 7.5 to < 8.5
- 6 – 12 years : < 8.0
- 13 – 19 years : < 7.5

Note

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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 as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c (%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

DR. SHRUTI SINGH M.D., D.N.B.
Pathologist
SHREE MEDISHINE
HOSPITAL
RAIPUR (C.G.)

Mr. PRAKASH CHAND TAWRI / MRN-250800512

Reg. NO.: 40989

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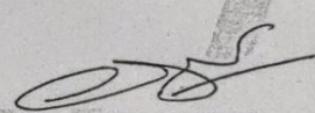
NAME : MR. PRAKASH CHAND TAWRI
REF. BY: DR. AKSHAY BAID

AGE : 61Y/M
DATE : 19.08.25

X-RAY CHEST AP VIEW

- ⦿ Heart size and contour is normal. Cardio thoracic ratio is within normal limits.
- ⦿ Trachea is central.
- ⦿ Both lung fields are clear.
- ⦿ Both hila are normal.
- ⦿ Both costophrenic angles and cardiophrenic angles are clear.
- ⦿ Bony thoracic cage and soft tissue are normal.

Advice : clinical correlation & other relevant investigation



DR. VISHAL JAIN
CONSULTANT RADIOLOGIST

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NAME : MR PRAKASH CHAND TAWRI
DATE : 19.08.2025 AGE/SEX : 61YRS/M
REF.PHYS.: DR. AKSHAY BAID ID. NO. :

CT SCAN BRAIN

Serial axial sections of the brain were taken.

OBSERVATION

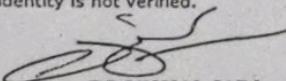
- Old infarct with gliosis at left fronto-temporo-parietal cortex with ex-vacuo prominent left lateral ventricle.
- Old lacunar infarct at right frontal periventricular white matter
- Rest visualized brain parenchyma shows normal tissue attenuation with well-maintained gray-white matter differentiation. Cerebral sulci are normal.
- The lateral and third ventricles otherwise appear normal. No structural midline shift noted. IVth ventricle and basal cisterns appear normal.
- Both cp angles appear clear.
- Internal auditory canal show normal calibre on both sides.
- Sella, supra sellar and para sellar regions appear normal.
- Bony calvarium appear normal.

IMPRESSION

- Old infarct with gliosis at left fronto-temporo-parietal cortex with ex-vacuo prominent left lateral ventricle.
- Old lacunar infarct at right frontal periventricular white matter

Advice – Clinical correlation and other relevant investigation.

Investigations have their limitation, solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly. Preserve films & report. It may not be possible to issue duplicates for technical reasons. In case of any typing error please get it corrected within 7 days. Not for medico legal purpose. Patient identity is not verified.


DR VISHAL JAIN
CONSULTANT RADIOLOGIST

End of the report

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NAME: MRS KUSUM SONI

AGE: 64Y /F

REF. BY: DR. ANURAG AGRAWAL (MD)

DATE: 19.08.2025

X - RAY CHEST PA VIEW

- ⦿ Trachea is central.
- ⦿ Prominent bilateral bronchovascular markings & prominent bilateral hila
- ⦿ Left costophrenic angles and cardiophrenic angles are obscured.
- ⦿ Bony thoracic cage and soft tissue are normal.

Advice : clinical correlation & other relevant investigation

DR VISHAL JAIN
CONSULTANT RADIOLOGIST

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No. - 40989

Page 4 of 4

Mr. PRAKASH CHAND TAWRI / MRN-250800512

Advice On Discharge

Sr.No	Description	Remark
1	Tab LEVOFLOX 500 MG -	1 tab Once a day 7 days
2	Tab PANTOP 40 MG -	1 tab Once a day 7 days
3	Tab ROSUVAS - 40mg ✓	1 tab Once a day 15 days
4	Tab ECOSPRIN 75MG ✓	1 tab at bed time - 10PM. 15 days
5	✓ Tab CEHAM P ✓	1 tab twice a day 15 days
6	Tab NURIWIRE - ✓	1 tab Once a day 15 days
7	Tab COMBIMAK - ✓	1 tab Once a day 1 month
8	Tab REJUNEX -	1 tab Once a day 15 days
9	Tab GLYCIPHAGE - SR -	1 tab Once a day - SELF MEDICATION CONTINUE 1 month
10	Tab CILAMET-XL 10/50 MG -	1 tab Once a day - SELF MEDICATION CONTINUE 1 month

Advice

DAILY PHYSIOTHERAPY

REVIEW AFTER 1 MONTH OR SOS

Authorised By

Dr. Akshay Baid

MS., MCH. ,(Neurosurgeon)

In Case of Urgent Case / Emergency Please Contact - 07714222999 / 4222909, 7880003497

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No. - 40989

08-2025 07:40 PM

Page 3 of 4

Mr. PRAKASH CHAND TAWRI / MRN-250800512

Test Name	Results	Units
HbA1c (GLYCOSYLATED HEMOGLOBIN) BLOOD bold""="">(HPLC)	5.63	%

Interpretation

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabedc adults >=18 years	4.5 – 6.3
At risk	>=6.0 to <=6.5
Diagnosing Diabetes	>6.5
Therapeutic goals for glycemic control	Adults
• Goal of therapy: < 7.0	
• Action suggested: > 8.0	
• Pediatric patients	
• Toddlers & Preschoolers: > 7.5 to < 8.5	
• 6 – 12 years : < 8.0	
• 13 – 19 years : < 7.5	

Note

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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 as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c (%) Mean Plasma Glucose (mg/dL)

.	6	126
.	7	154
.	8	183
.	9	212
.	10	240
.	11	269
.	12	298

Hospital Stay

PATIENT CAME IN HOSPITAL WITH ABOVE MENTION COMPLAINTS. ON EXAMINATION PATIENT WAS CONSCIOUS ORIENTED WITH A GCS- E4 V4 M6, PUPIL- B/L 2 MM RTL, BP- 150/80 MMHG, P- 52/M , SPO2- 97%(RA), TEMP- 97.2F, RR- 20/M , RBS- 207 MG/DL. CT BRAIN AND ALL ROUTINE INVESTIGATION WERE DONE. CT BRAIN S/O OLD INFARCT WITH GILOSIS AT LEFT FRONTO TEMPORO- PARIETAL CORTEX. CARDIOLOGIST OPINION (DR JOGESH) WAS TAKEN ADVISE 2D ECHO WAS DONE S/O LA/LV ENLARGED, GRADE 1 LVDD, MODERATED LV SYSTOLIC DYSFUNCTION (LVEF-35%). OPINION DONE BY DR.A. AGRAWAL FOR DM ADVISE FOLLOW. PATIENT CONSERVATIVELY MANAGED WITH ANTIBIOTICS, ANALGESIC, ANTACID, AND OTHER SUPPORTIVE MEDICATIONS. DAILY PHYSIOTHERAPY ADVISED. PATIENT IS GRADUALLY IMPROVED. SO, PATIENT IS DISCHARGE IN STABLE CONDITION.

EVERY LIFE IS PRECIOUS

Add.: New Rajendra Nagar, Amildih, Raipur 492015 (C.G.)

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No. - 40989

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Mr. PRAKASH CHAND TAWRI / MRN-250800512

SAG	19-Aug 04:58 PM
SULT	NON-REACTIVE

V(SGOT)	19-Aug 04:58 PM
SULT	NON-REACTIVE

T	19-Aug 04:14 PM
/g Ratio	2.13

Bilirubin	59 U/L
Globulin	4.34 g/dL

IGT	11.4 U/L
Globulin	2.04 g/dL

r.Bilirubin Total)	0.49 mg/dl
r.Bilirubin Direct)	0.33 mg/dl
r.Bilirubin Indirect)	0.16 mg/dl

SGPT	14 iu/L
SGOT	11 iu/l

Total Protein	6.38 g/dL
(LIPID PROFILE DIRECT LDL)	19-Aug 04:58 PM

CHOLESTROL	110 mg/dl
CHOL/HDL RATIO	3.53
HDL (DIRECT)	31.2 mg/dl
LDL (DIRECT)	54.9 mg/dl
LDL /HDL	1.76
TRIGLYCERIDE	88.5 mg/dl
VLDL	17.7 mg/dl

bAic	

HCV	19-Aug 04:58 PM
Result	NON-REACTIVE

CBC	19-Aug 04:52 PM
BASOPHILS	00 %
EOSINOPHILS	01 %
Haemoglobin	13.4 Gm/dl
H.C.T.	38.4 %
LYMPHOCYTES	27 %
M.C.H.C.	34.9 g/dl
M.C.V.	93.9 fl
M.C.H.	32.8 pg
MONOCYTES	02 %
PLATELET COUNT	1.79 LAC /cumm
POLYMORPHS	70 %
R.D.W.	13.5 %
TOTAL W.B.C.	6260 /cumm
TOTAL R.B.C.	4.09 milli/cumm

SERUM ELECTROLYTES(Na/K / Cl)	19-Aug 04:14 PM
Cl	98.3 mmol/L
K+	4.05 mmol/L
Na+	144.7 mmol/L

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19-08-2023 10:52:27

Female Years
Req. No. :

HR	: 53 bpm
P	: 126 ms
PR	: 174 ms
QRS	: 112 ms
QTQTcBz	: 528/496 ms
PQRST	: 51/-30/14 °
RV5/SV1	: 1.480/0.904 mV

Diagnosis Information:
 Sinus bradycardia
 Prolonged QT – consider ischemia, electrolyte imbalance, drug effects
 Left axis deviation
 Inferior infarct – age undetermined
 Possible left ventricular hypertrophy
 Lateral ST-T abnormality is probably due to the ventricular hypertrophy

Prakash Chaudhary
19/8/23

Abnormal ECG
 Report Confirmed by:

