

Plot No.2A, Street No. 1, Kakateeya Nagar, Habsiguda, Hyderabad, Telangana 500007

#### TEST REPORT

Name : Mrs. P LALITHA KUMARI Registered on : 29-Apr-2023 08:43
Age/Gender : 44 Years / Female Collected on : 29-Apr-2023 08:46
Registration ID : 230180025106 Released on : 29-Apr-2023 15:02
Ref. By : Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT Printed on : 29-Apr-2023 15:59
Sample Type : Serum Regn Centre : A S Rao Nagar - 18

#### **CREATININE**

TEST NAME RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

**Creatinine** : 0.5 mg/dL 0.5 - 1.0

Method: Jaffe Kinetic IDMS traceable

### **Interpretation / Comments:**

Useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than BUN.

• Use of simultaneous BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.





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Dr. AYESHA TAHSEEN ANWARI MD,BIOCHEMISTRY CONSULTANT BIOCHEMISTRY

<sup>\*</sup> Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory



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Sample Type : Whole Blood - EDTA Regn Centre : A S Rao Nagar - 18

#### **GLYCATED HAEMOGLOBIN (HbA1C)**

<u>TEST NAME</u> <u>RESULT</u> <u>UNIT</u> <u>BIOLOGICAL REFERENCE INTERVAL</u>

**Glycated Haemoglobin** : 4.7 % Non Diabetic : < 5.6

Pre - Diabetic Range: 5.7 - 6.4 Diabetic Range: >/= 6.5

Method: High performance liquid chromatography

#### **Interpretation / Comments:**

• Glycated hemoglobin is proportional to mean plasma glucose level during previous 6-12 weeks.

- Values may not be comparable with different methodologies and even different laboratories using same methodology.
- Perform A1c at least twice annually in diabetes patients to ascertain meeting of goals.
- Perform A1c test quarterly in diabetes patients whose therapy has changed and who are not meeting goals.
- Recommended goal of A1c is < 7%.
- ADA guidelines 2022.

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## AYA DIAGNOSTIC

Plot No.2A, Street No. 1, Kakateeya Nagar, Habsiguda, Hyderabad, Telangana 500007

#### TEST REPORT

Name : Mrs. P LALITHA KUMARI

Age/Gender : 44 Years / Female

Registration ID: 230180025106

Ref. By : Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT

Sample Type : Whole Blood - EDTA Registered on: 29-Apr-2023 08:43

Collected on : 29-Apr-2023 08:46

Released on : 29-Apr-2023 14:46

Printed on : 29-Apr-2023 15:59

Regn Centre : A S Rao Nagar - 18

#### GLYCATED HAEMOGLOBIN (HbA1C)

**Bio-Rad CDM System** VII Inst. #1. SN- 15813 **PATIENT REPORT** 

Patient Data

Sample ID: Patient ID: Name:

Physician: Sex:

DOB:

3230180025106 3230180025106 P LALITHA KUMARI

Injection Number: Run Number:

> Tube Number: Report Generated:

Analysis Performed:

Operator ID:

Analysis Data

V2TURBO A1c 2.0

29/04/2023 14:10:20

4178 82

29/04/2023 14:19:52

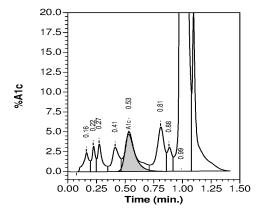
Rack ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a		1.2	0.160	25281
A1b		1.0	0.221	20697
F		1.5	0.272	30612
LA1c		2.0	0.413	41572
A1c	4.7		0.531	89528
P3		3.8	0.808	77584
P4		1.3	0.883	27267
Ao		84.9	0.990	1750822

Total Area: 2,063,363

#### HbA1c (NGSP) = 4.7 %







Dr. AYESHA TAHSEEN ANWARI **MD,BIOCHEMISTRY** CONSULTANT BIOCHEMISTRY

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#### TEST REPORT

Name : Mrs. P LALITHA KUMARI Registered on : 29-Apr-2023 08:43
Age/Gender : 44 Years / Female Collected on : 29-Apr-2023 11:42
Registration ID : 230180025106 Released on : 29-Apr-2023 15:28
Ref. By : Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT Printed on : 29-Apr-2023 15:59
Sample Type : Fluoride Plasma Regn Centre : A S Rao Nagar - 18

### POST LUNCH GLUCOSE

TEST NAME RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

**Post Lunch Glucose** : 115 mg/dL Normal : 100 - 140

Method: Hexokinase Impaired Glucose Tolerance: 141 - 199

Diabetes : >/= 200

### **Interpretation / comments:**

• ADA guidelines (2022) are adopted for the evaluation of diabetic status.





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Sample Type : Serum Regn Centre : A S Rao Nagar - 18

### LIPID PROFILE

TEST NAME	<u>RESULT</u>	UNIT BIOL	OGICAL REFERENCE INTERVAL
Serum Status	: Clear		
<b>Triglycerides</b> Method: Glycerol Phosphate Oxidase (GPO), Peroxidase (POD)	: 105	mg/dL	Desirable level : < 150 Borderline : 150 - 199 High : 200 - 499 Very High : > / = 500
Total Cholesterol	: 165	mg/dL	Desirable : < 200
Method: Cholesterol Oxidase Peroxidase (CHOD-POD)			Borderline high : 200 - 239 High : > / = 240
LDL Cholesterol	: 100	mg/dL	Optimal : < 100
Method: Calculated			Near optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high :> 190
HDL Cholesterol	: 44	mg/dL	Desirable level : > 60
Method: Enzymatic Immunoinhibition			Optimal : 40 - 59 Undesriable : < 40
VLDL Cholesterol	: 21	mg/dL	< 30
Method: Calculation			
Total Cholesterol / HDL Cholesterol Ratio	: 3.8		Low risk : 3.3 - 4.4 Average risk : 4.5 - 7.1
Method: Calculation			Moderate risk: 7.2 - 11.0
LDL Cholesterol / HDL Cholesterol Ration  Method: Calculation	<b>D</b> :2.3		Desirable level: 0.5 - 3.0 Borderline risk: 3.0 - 6.0 High risk: > 6.0

### **Interpretation / Comments:**

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





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Sample Type : Serum Regn Centre : A S Rao Nagar - 18

#### THYROID PROFILE

TEST NAME	<b>RESULT</b>	<u>UNIT</u> <u>BIO</u>	LOGICAL REFERENCE INTERVAL
T3 Total  Method: Chemiluminiscence Immunoassay	:1.33	ng/mL	Non pregnant : 0.60 - 1.81 Pregnant 1st Trimester : 0.81 - 1.90 2nd & 3rd Trimester : 1.0 - 2.60
T4 Total  Method: Chemiluminiscence Immunoassay	: 11.80	μg/dL	Adult : 3.2 - 12.6 Pregnant : 6.4 - 10.7
TSH - Ultrasensitive  Method: Chemiluminiscence Immunoassay	: 2.319	μIU/mL	Non pregnant : 0.55 - 4.78 Pregnant 1st Trimester : 0.3 - 4.5 2nd Trimester : 0.5 - 4.6 3rd Trimester : 0.8 - 5.2

### Interpretation / Comments:

• Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.

- The levels of T3 helps in the diagnosis of T3 thyrotoxicosis and monitoring the course of hyperthyroidism.T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum thyroxine binding globulin.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in thyroxine binding globulin.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decreased levels of TSH may be seen in graves disease, toxic multinodular goitre, thyroiditis, excessivetreatment with thyroid hormone replacement and central hypothyroidism.





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Sample Type : Urine Regn Centre : A S Rao Nagar - 18

### **CUE (COMPLETE URINE EXAMINATION)**

TEST NAME	<u>RESULT</u>	<u>UNIT</u>	BIOLOGICAL REFERENCE INTERVAL
Microscopic Examination			
Colour	: Pale Yellow		Pale Yellow
Method: Light Scattering Measurement			
Appearance	: Clear		Clear
Method: Physical Examination			
Specific Gravity	: 1.010		1.003 - 1.030
Method: Refractive Index			
Reaction/pH	: 5.0		4.6 - 8
Method: pH Indicator			
Protein	: Nil		Nil-Trace
Method: Dip Stick, Protein error of indicators			
Glucose	: Nil		Nill
Method: GOD-POD			
Urobilinogen	: Normal		NA
Method: Diazonium			
Bilirubin	: Negative		Negative
Method: Diazonium			
Ketones	: Negative		Negative
Method: Legals			
Nitrites	: Negative		Negative
Method: Modified Griess Reaction			
Microscopic Examination			
Pus Cells	: 1-2	cells / HP	F 0 - 5
RBC	: Nil	cells / HP	F 0 - 2
Epithelial Cells	: 1-2	cells / HP	F 0 - 5
Casts	: Nil		Nil
Crystals	: Nil		Nil
Method	Reagent Strips, Wave length reflectance method, Refractive index, Flow Digital Imaging technology using APR and Microscopy.		







DR. GEETHA JAHAGIRDAR MBBS,DCP CONSULTANT PATHOLOGIST

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Registration ID : 230180025106 Released on : 29-Apr-2023 15:01
Ref. By : Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT Printed on : 29-Apr-2023 15:59
Sample Type : Serum Regn Centre : A S Rao Nagar - 18

### LIVER FUNCTION TEST (LFT-A)

TEST NAME	<u>RESULT</u>	UNIT BIO	LOGICAL REFERENCE INTERVAL
Total Bilirubin	: 0.8	mg/dL	0.3 - 1.2
Method: Dichlorophenyl Diazonium Tetrafluoroborate	?		
Direct Bilirubin	: 0.1	mg/dL	< 0.2
Method: Dichlorophenyl Diazonium Tetrafluoroborate	?		
Indirect Bilirubin	: 0.7	mg/dL	<1.0
Method: Calculation			
SGPT/ALT	:18	U/L	0 - 35
Method: IFCC without P-5-P			
SGOT/AST	:21	U/L	0 - 35
Method: IFCC without P-5-P			
Alkaline Phosphatase	: 54	U/L	33 - 98
Method: Kinetic PNPP-AMP			
Total Protein	: 7.4	gm/dL	6.6 - 8.3
Method: Biuret			
Albumin	: 4.2	gm/dL	3.5 - 5.2
Method: Bromocresol Green (BCG)			
Globulin	: 3.2	gm/dL	1.8 - 3.6
Method: Calculation			
Protein A/G Ratio	: 1.3		0.8 - 2.0
Method: Calculation			
Gamma Glutamyl Transferase	: 32	U/L	0 - 38
Method: UV Kinetic			

### **Interpretation / Comments:**

- Liver function test aids in the diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemias, viral and alcoholic hepatitis and cholestasis of obstructive causes.
- The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage.
- LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.





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Sample Type : Whole Blood - EDTA Regn Centre : A S Rao Nagar - 18

### **COMPLETE BLOOD PICTURE (CBP)**

TEST NAME	<u>RESULT</u>	UNIT BIOL	OGICAL REFERENCE INTERVAL
Haemoglobin	: 12.1	gm/dL	12.0 - 15.0
Method: Photometric Measurement			
<b>Total RBC Count</b>	: 4.7	millions/cumm	3.8 - 4.8
Method: Coulter Principle			
Packed Cell Volume / Hematocrit	: 39.1	%	36.0 - 46.0
Method: Calculated			
MCV	: 82.7	fL	83.0 - 101.0
Method: Derived From RBC Histogram			
MCH	: <b>25.7</b>	pg	27.0 - 32.0
Method: Calculated			
MCHC	: 31.0	gm/dL	31.5 - 34.5
Method: Calculated			
RDW	: 16.3	%	11.6 - 14.0
Method: Derived From RBC Histogram			
Total Leucocytes (WBC) Count	: 8400	Cells/cumm	4000 - 10000
Method: Coulter Principle			
<u>Differential count</u>			4000
Neutrophils	: 60	%	40 - 80
Method: VCSn Technology and Microscopy			20.10
Lymphocytes	:31	%	20 - 40
Method: VCSn Technology and Microscopy			
Eosinophils	: 2	%	1 - 6
Method: VCSn Technology and Microscopy	_		
Monocytes	: 7	%	2 - 10
Method: VCSn Technology and Microscopy			
Basophils	:0	%	0-2
Method: VCSn Technology and Microscopy			
Absolute Leucocyte Count Absolute Neutrophil Count	: 5040	Cells/cumm	2000 - 7000
•	. 3040	Cens/cumm	2000 - 7000
Method: Calculated	.2604	Calla/auran	1000 2000
Absolute Lymphocyte Count	: 2604	Cells/cumm	1000 - 3000
Method: Calculated	. 160	Calla/a	20 500
Absolute Eosinophil Count	: 168	Cells/cumm	20 - 500
Method: Calculated	. 500	Calle/a	200 1000
Absolute Monocyte Count	: 588	Cells/cumm	200 - 1000
Method: Calculated			

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## YA DIAGNOSTII

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Printed on

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Age/Gender : 44 Years / Female Registration ID: 230180025106

Ref. By : Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT

Sample Type : Whole Blood - EDTA Registered on: 29-Apr-2023 08:43

Collected on : 29-Apr-2023 08:46

: 29-Apr-2023 15:59

Released on : 29-Apr-2023 14:35

Regn Centre : A S Rao Nagar - 18

#### **COMPLETE BLOOD PICTURE (CBP)**

**UNIT TEST NAME RESULT BIOLOGICAL REFERENCE INTERVAL** 

**Platelet Count** :282000 Cells/cumm 150000 - 410000

Method: Coulter Principle and Microscopy

**Peripheral Smear** 

**RBC** : Normocytic Normochromic with anisocytosis

Method: Microscopy of Leishman stained smear

**WBC** : Normal in morphology, maturity and distribution

Method: Microscopy of Leishman stained smear **Platelets** : Adequate

Method: Microscopy of Leishman stained smear





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DR. GEETHA JAHAGIRDAR MBBS,DCP

CONSULTANT PATHOLOGIST

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Registration ID : 230180025106 Released on : 29-Apr-2023 13:53 Ref. By : Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT Printed on : 29-Apr-2023 15:59

Sample Type : Fluoride Plasma Regn Centre : A S Rao Nagar - 18

### **FASTING PLASMA GLUCOSE**

TEST NAME RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Fasting Plasma Glucose : 102 mg/dL Normal : 70 - 100

Method: Hexokinase Impaired Fasting Glucose: 101 - 125

Diabetes: >/=126

### **Interpretation / Comments:**

• ADA guidelines (2022) are adopted for the evaluation of diabetic status.





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Dr. AYESHA TAHSEEN ANWARI MD,BIOCHEMISTRY CONSULTANT BIOCHEMISTRY

<sup>\*</sup> Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory



Opp. Railway Reservation Counter, A.S.Rao Nagar, Secunderabad, Telangana, 500062

#### TEST REPORT

Mrs. P LALITHA KUMARI Name Registered on : 29-Apr-2023 08:43 44 Years/Female Released on : 29-Apr-2023 11:45 Age/Gender Printed on Registration ID : 230180025106 : 29-Apr-2023 15:59 Ref. By : Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT Regn Centre : A S Rao Nagar - 18

## DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES ULTRASOUND OF ABDOMEN & PELVIS

History : Check up.

Liver : Enlarged in size (16 cm) and shows increased echotexture. No

focal pathology seen. There is no evidence of obvious intra or extrahepatic biliary dilatation. CBD and portal vein appear

normal.

Gall Bladder : Physiologically distended and shows no wall thickening. No

obvious intraluminal lesion seen.

Pancreas : Normal in size, shape and echopattern. No calcifications, duct

dilatation seen.

Spleen : Normal in size (9.1 cm), shape and echopattern.

Kidneys : Right kidney : 109 x 47 mm; Left kidney : 107 x 52 mm

Both kidneys are normal in size, shape and echo pattern.

Corticomedullary differentiation can be appreciated.

Collecting system appears normal.

Urinary Bladder : Well distended. No wall thickening seen. No obvious

intraluminal lesion seen.

**Uterus** : Size : 81 x 58 x 42 mm

Normal in size, shape and echotexture. Endometrial thickness measures 7 mm.

Cervix appears normal.

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Opp. Railway Reservation Counter, A.S.Rao Nagar, Secunderabad, Telangana, 500062

#### **TEST REPORT**

Mrs. P LALITHA KUMARI : 29-Apr-2023 08:43 Name Registered on 44 Years/Female Released on : 29-Apr-2023 11:45 Age/Gender : 230180025106 Printed on : 29-Apr-2023 15:59 Registration ID Ref. By : Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT Regn Centre : A S Rao Nagar - 18

## DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES ULTRASOUND OF ABDOMEN & PELVIS

Ovaries : Right ovary : 24 x 17 x 27 mm; Volume : 6 cc

Left ovary: 22 x 20 x 23 mm; Volume: 5.5 cc

Both ovaries are normal in size, shape and echotexture.

Other Findings : No free fluid in Pouch of Douglas.

No ascites.

Impression : \* HEPATOMEGALY WITH GRADE I FATTY INFILTRATION.

- For clinical correlation.

United Bases

Dr.HEMANTH KUMAR DEEVI CONSULTANT RADIOLOGIST REG NO: APMC/FMR/75464

<sup>\*</sup> Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory

### VIJAYA DIAGNOSTIC CENTRE, A S Rao Nagar

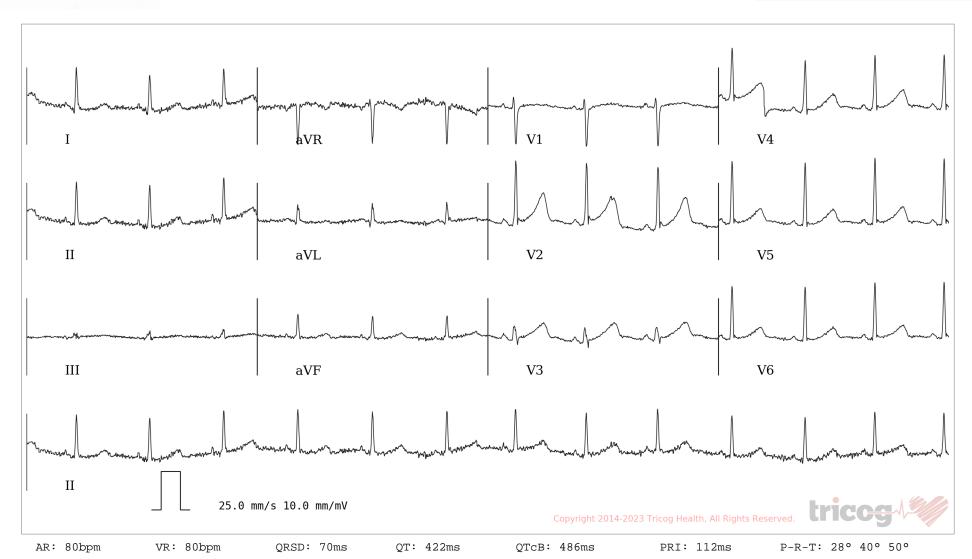
Age / Gender: 44/Female Date and Time: 29th Apr 23 9:14 AM

Patient ID:

230180025106

Patient Name:

Mrs. P LALITHA KUMARI



ECG Within Normal Limits: Normal. Please correlate clinically.

REPORTED BY

Dr. Prashant G MBBS, PGDCC

Reg. No: 17370

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.