भारत सरकार

Government of India

आधार

उषा यादव

Usha Yadav

जन्म तिथि / DOB : 12/07/1973

महिला / Female

Issue Date: 16/04/2013

5562 9415 0840

मेरा आधार, मेरी पहचान

I alongwith my wife Usha Yadav willingly not interested for stool test against mandatory health checkup

(Rajesh Yadav)
9166283516
dt:09 Nov 25

Usha
(Usha Yadav)

Chandan Diagnostic Center
99,Shivaji Nagar,Mahmoorganj
Varanasi-221010 (U.P.)
Phone No.:0542-2223232

CHANDAN DIAGNOSTIC CENTRE

Add: D63/6, B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi
Ph: 9235447795,0542-4501413
CIN: U85110UP2003PLC193493

Patient Name	: Mrs.USHA YADAV - 22S56897	Registered On	: 09/Mar/2025 10:01:12
Age/Gender	: 51 Y 7 M 27 D /F	Collected	: 09/Mar/2025 12:01:26
UHID/MR NO	: CVAR.0000061841	Received	: 09/Mar/2025 12:21:27
Visit ID	: CVAR0129242425	Reported	: 09/Mar/2025 13:15:19
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) , *Blood*				
Blood Group	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) , *EDTA Whole Blood*				
Haemoglobin	10.90	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	6,500.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	50.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	**45.00**	%	20-40	FLOW CYTOMETRY
Monocytes	3.00	%	2-10	FLOW CYTOMETRY
Eosinophils	2.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	< 1-2	FLOW CYTOMETRY
ESR				
Observed	20.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	

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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	**35.90**	%	40-54	CALCULATED
Platelet count				
Platelet Count	3.45	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	**32.20**	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	**0.40**	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	**5.09**	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	**70.50**	fl	80-100	CALCULATED PARAMETER
MCH	**21.30**	pg	27-32	CALCULATED PARAMETER
MCHC	30.30	%	30-38	CALCULATED PARAMETER
RDW-CV	14.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	37.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,250.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	130.00	/cu mm	40-440	

S.N.Sinha

Dr.S.N. Sinha (MD Path)

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Patient Name	: Mrs.USHA YADAV - 22S56897	Registered On	: 09/Mar/2025 10:01:14
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UHID/MR NO	: CVAR.0000061841	Received	: 10/Mar/2025 10:22:16
Visit ID	: CVAR0129242425	Reported	: 10/Mar/2025 12:49:03
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , *Plasma*				
Glucose Fasting	88.90	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP *Sample:Plasma After Meal*	89.90	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

Interpretation:
a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impaired Glucose Tolerance.

Dr. Anupam Singh (MBBS MD Pathology)

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C) , *EDTA Whole Blood*				
Glycosylated Haemoglobin (HbA1c)	6.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	43.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	129	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.
N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
*With optimal control, the HbA 1c moves toward normal levels.
*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity
*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
*Pregnancy d. chronic renal failure. Interfering Factors:
*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hen causes falsely decreased values.

S.N.Sinha

Dr.S.N. Sinha (MD Path)

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) *Sample:Serum*	10.32	mg/dL	7.0-23.0	CALCULATED

Interpretation:
Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestimal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine *Sample:Serum*	0.60	mg/dL	Female- 0.6-1.1 Newborn 0.3-1.0 Infent 0.2-0.4 Child 0.3-0.7 Adolescent 0.5- 1.0	MODIFIED JAFFES

Interpretation:
The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid *Sample:Serum*	4.10	mg/dL	2.6-6.0	URICASE

Interpretation:
Note:-
Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
LFT (WITH GAMMA GT) , *Serum*				
SGOT / Aspartate Aminotransferase (AST)	16.80	U/L	< 31	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	14.20	U/L	< 34	IFCC WITHOUT P5P
Gamma GT (GGT)	25.90	U/L	0-38	IFCC, KINETIC
Protein	6.80	g/dL	6.2-8.0	BIURET
Albumin	4.10	g/dL	3.4-5.4	B.C.G.
Globulin	2.70	gm/dL	1.8-3.6	CALCULATED
A:G Ratio	1.52		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	84.00	U/L	42-98	IFCC AMP KINETIC
Bilirubin (Total)	0.40	mg/dL	Adult 0-2.0	DIAZO
Bilirubin (Direct)	0.20	mg/dL	< 0.20	DIAZO
Bilirubin (Indirect)	0.20	mg/dL	< 1.8	CALCULATED
LIPID PROFILE , *Serum*				
Cholesterol (Total)	**255.00**	mg/dL	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	62.30	mg/dL	35.0-79.5	DIRECT ENZYMATIC
Non-HDL Cholesterol	**192.70**	mg/dl	0-130	CALCULATED
LDL Cholesterol (Bad Cholesterol)	169	mg/dL	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	23.54	mg/dL	10-33	CALCULATED
TC / HDL Cholesterol Ratio	4.09		3-5	CALCULATED
LDL / HDL Ratio	2.72		< 3.0	CALCULATED
Triglycerides	117.70	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Interpretation:

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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

Note:-

1. 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.
2. 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
3. Triglycerides levels >150 mg/dL in fasting or >175 mg/dL in non-fasting are considered risk modifier for ASCVD risk

Treatment Goals for Lipid lowering therapy (as per Lipid Association of India 2023)

ASCVD RISK CATEGORY	TREATMENT GOAL	
	LDL-C in mg/dL (Primary target)	NON HDL-C in mg/dL (Co-Primary target)
Low	<100	<130
Moderate	<100	<130
High	<70	<100
Very High	<50	<80
Extreme (A)	<50 (<30 Optional)	<80 (< 60 optional)
Extreme (B)	<30	<60

ASCVD Risk Stratification & Treatment goals in Indian population

Indians are at very high risk of developing ASCVD, they usually get the disease at an early age, have a more severe form of the disease and have poorer outcome as compared to the western populations. Many individuals remain asymptomatic before they get heart attack, ASCVD risk helps to identify high risk individuals even when there is no symptom related to heart disease. Risk stratification is important to guide lipid lowering therapy and to identify treatment goals.
CSI Clinical Practice guidelines (2024) recommends in the absence of formal risk calculator for Indian population, only risk factors can be used for risk assessment. Standard Risk factors are:

1. Smoking/tobacco use
2. Hypertension

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Test Name	Result	Unit	Bio. Ref. Interval	Method

3. Diabetes
4. Family h/o Premature CAD (Men <55 years and women <60 years

Risk Assessment*

Low	Moderate Risk	High Risk	Very High Risk	Extremely High Risk
		Presence of 2 or more standard factors with no manifest ASCVD	ASCVD-CAD/PVD/CeVD	ASCVD with recurrent vascular events
		DM with 1 or more risk factor	Imaging->50%lesion in any two major vessels	ASCVD with HeFH & High Lp(a)
No standard risk factor	Presence of any one standard risk factor	Heterozygous Familial Hypercholesterole- mia (HeFH) with no risk factor	DM>20 years or multiple risk factors, TOD	
		Hypertension with one or more risk factor or with Target organ damage (TOD)	HeFH-with ASCVD or RF	
		CKD- eGFR 30-59 ml/min	CKD-eGFR <30 ml/min	

* A more formal risk assessment may be used by clinicians according to their personal preferences and familiarity with the risk scores.

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE , *Urine*				
Color	PALE YELLOW		Pale Yellow	VISUAL EXAMINATION
Specific Gravity	1.010		1.001-1.030	PRE-TREATED POLYMERIC ION EXCHANGE RESIN
Reaction PH	Acidic (6.0)		5.0-8.0	METHYL RED BROMOTHYMOLBLUE
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	TETRA BROMOPHENOL BLUE METHYLRED
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	GLUCOSE OXIDASE PEROXIDASE CHROMOGEN REACTION
Ketone	ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	SODIUM NITROPRUSSIDE
Bile Salts	ABSENT		ABSENT	SULPHUR GRANULE
Bile Pigments	ABSENT		ABSENT	FOUCHET TEST
Bilirubin	ABSENT		ABSENT	DIAZONIUM SALT
Leucocyte Esterase	ABSENT		ABSENT	CARBOXYLIC ACID ESTER DIAZONIUM SALT
Urobilinogen(1:20 dilution)	ABSENT		ABSENT	DIAZONIUM SALT
Nitrite	ABSENT		ABSENT	SULFANANIC ACID TETRAHYDRO BENZOL
Blood	ABSENT		ABSENT	TETRA METHYL BENZIDINE
Microscopic Examination:				
Epithelial cells	0-2/h.p.f	cells/hpf	0.0-5.0	MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f	WBC/hpf	0.0-5.0	MICROSCOPIC
RBCs	ABSENT	RBC/hpf	0.0-2.0	MICROSCOPY
Cast	ABSENT		ABSENT	MICROSCOPY

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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Crystals	ABSENT		ABSENT	MICROSCOPY
Others	ABSENT			

SUGAR, FASTING STAGE , *Urine*

Sugar, Fasting stage	ABSENT	gms%	

Interpretation:

(+) < 0.5
(++) 0.5-1.0
(+++) 1-2
(++++) > 2

SUGAR, PP STAGE , *Urine*

Sugar, PP Stage	ABSENT		

Interpretation:

(+) < 0.5 gms%
(++) 0.5-1.0 gms%
(+++) 1-2 gms%
(++++) > 2 gms%

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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL , *Serum*				
T3, Total (tri-iodothyronine)	111.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.90	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.490	µIU/mL	0.4 - 4.5	CLIA

Interpretation:

0.7-27	µIU/mL	Premature	28-36 Week
2.3-13.2	µIU/mL	Cord Blood	> 37Week
1.0-39.0	µIU/mL	Child	Birth 4 Days
1.7-9.1	µIU/mL	Child	2-20 Week
0.7-6.4	µIU/mL	Child (21 wk - 20 Yrs.)	
0.4-4.5	µIU/mL	Adults	21-54 Years
0.4-4.5	µIU/mL	Adults	55-87 Years

Pregnancy

0.3-4.5	µIU/mL	First trimester
0.5-4.6	µIU/mL	Second trimester
0.8-5.2	µIU/mL	Third trimester

Whole blood heel puncture

<20.0	µIU/mL	Newborn screen

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Note :-
TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

S.N.Sinha

Dr.S.N. Sinha (MD Path)

CHANDAN DIAGNOSTIC CENTRE

Add: D63/6, B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi
Ph: 9235447795,0542-4501413
CIN: U85110UP2003PLC193493

Patient Name	: Mrs.USHA YADAV - 22S56897	Registered On	: 09/Mar/2025 10:01:15
Age/Gender	: 51 Y 7 M 27 D /F	Collected	: 2025-03-09 10:41:47
UHID/MR NO	: CVAR.0000061841	Received	: 2025-03-09 10:41:47
Visit ID	: CVAR0129242425	Reported	: 09/Mar/2025 10:42:27
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

Dr Raveesh Chandra Roy (MD-Radio)

Patient Name	: Mrs.USHA YADAV - 22S56897	Registered On	: 09/Mar/2025 10:01:15
Age/Gender	: 51 Y 7 M 27 D /F	Collected	: 2025-03-09 10:09:05
UHID/MR NO	: CVAR.0000061841	Received	: 2025-03-09 10:09:05
Visit ID	: CVAR0129242425	Reported	: 09/Mar/2025 10:14:39
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size **(13.3 cm in midclavicular line)** and has a normal homogenous echo texture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is **(10.1 mm in caliber)** not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is **(3.1 mm in caliber)** not dilated.
- The gall bladder is **normal** in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is **normal** in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- **Right kidney:-**
  - Right kidney is normal in size, measuring **~ 10.6 x 3.9 cms.**
  - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.
- **Left kidney:-**
  - Left kidney is normal in size, measuring **~ 9.6 x 4.4 cms.**
  - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN

Patient Name	: Mrs.USHA YADAV - 22S56897	Registered On	: 09/Mar/2025 10:01:15
Age/Gender	: 51 Y 7 M 27 D /F	Collected	: 2025-03-09 10:09:05
UHID/MR NO	: CVAR.0000061841	Received	: 2025-03-09 10:09:05
Visit ID	: CVAR0129242425	Reported	: 09/Mar/2025 10:14:39
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

- The spleen is normal in size **(~ 5.9 cm in its long axis)** and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.

URINARY BLADDER

- The urinary bladder is adequately filled. Bladder wall is normal in thickness and regular.
- **Pre-void urine volume is ~ 174 cc.**

UTERUS & CERVIX

- The uterus is anteverted and normal in size **(~ 58 x 34 x 34 mm / 25 cc)** & shape and homogenous myometrial echotexture.
- The endometrial echo is seen in mid line **(endometrial thickness ~ 4.0 mm).**
- Cervix is normal.

ADNEXA & OVARIES

- No adnexal mass seen.

FINAL IMPRESSION:-

- ***No significant sonological abnormality noted.***

Adv : Clinico-pathological-correlation /further evaluation & Follow up

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

Result/s to Follow:
STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)

Dr Raveesh Chandra Roy (MD-Radio)

CHANDAN DIAGNOSTIC CENTRE

Add: D63/6, B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi
Ph: 9235447795,0542-4501413
CIN : U85110DL2003PLC308206

Patient Name	: Mrs.USHA YADAV - 22S56897	Registered On	: 09/Mar/2025 10:01AM
Age/Gender	: 51 Y 7 M 27 D /F	Collected	: 09/Mar/2025 12:01PM
UHID/MR NO	: CVAR.0000061841	Received	: 09/Mar/2025 12:25PM
Visit ID	: CVAR0129242425	Reported	: 09/Mar/2025 05:48PM
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report
		Contract By	: MEDIWHEEL - ARCOFEMI HEALTH CARE LTD.[52610]CREDIT

DEPARTMENT OF CYTOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

SPECIMEN:	PAP SMEAR
CYTOLOGY NO:	39/25-26
GROSS:	Received one slide unstained conventional PAP smear. Received one slide unstained conventional PAP smear.
MICROSCOPIC:	Satisfactory for evolution endoc-ervical cell seen. Cervical smear show predominantly benign superficial / parabasal cells, and intermediate squamous cells /epithelial cells with maintained neucleocytoplasmic ratio. Background show dense / mild infiltrates of neutrophils.
IMPRESSION:	[N. I. L. M] :-Negative for Interaepithelial lesion or Malignancy.

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

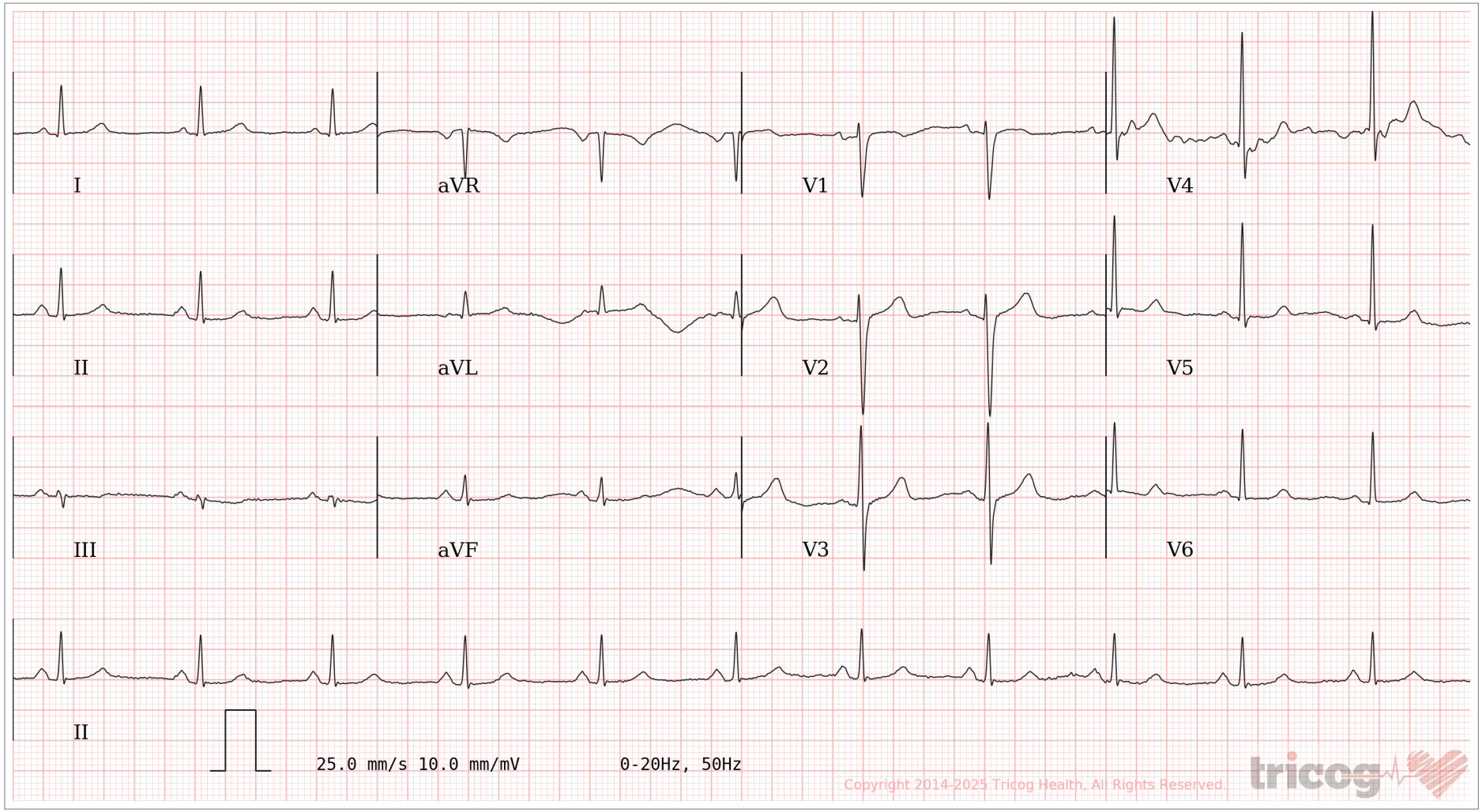
Result/s to Follow:
STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)

S.N. Sinha

Dr.S.N. Sinha (MD Path)

Chandan Diagnostic

Age / Gender: 51/Female
Patient ID: CVAR0129242425
Patient Name: Mrs.USHA YADAV - 22S56897
Date and Time: 9th Mar 25 10:24 AM



AR: 70bpm VR: 70bpm QRSD: 80ms QT: 386ms QTcB: 416ms PRI: 144ms P-R-T: 65° 23° 16°

ECG Within Normal Limits: Sinus Rhythm. Baseline artefacts. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Sudha Parimala

CHANDAN DIAGNOSTIC CENTRE

99, SHIVAJI NAGAR COLONY, MAHMOORGANJ, VARANASI

Ms. MRS USHA YADAV
Age : 51/F
Recorded : 9- 3-2025 13:43
Ref. by : MEDIWHEEL
Indication : ,,

ID : 129242425
Ht/Wt : 158/52

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE
History:
Medication : ,,

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	ST LEVEL (mm) II	V2	V5	METS
SUPINE					83	110/72	91	-2.4	0.9	-1.6	
HYPERVENT	0:01	0:01			85	110/72	93	-2.4	0.9	-1.6	
VALSALVA					87	110/72	95	-2.4	0.9	-1.6	
STANDING					89	110/72	97	-2.4	0.9	-1.5	
STAGE 1	2:59	2:59	2.70	10.00	101	110/72	111	-2.3	0.8	-1.2	4.80
STAGE 2	6:00	2:59	4.00	12.00	120	130/78	156	-2.9	0.8	-1.8	7.10
STAGE 3	9:00	2:59	5.40	14.00	144	140/80	201	-4.3	1.4	-2.8	10.00
EVENT	9:03	0:01	6.70	16.00	146	150/80	219	-4.3	1.4	-2.8	10.02
PEAK EXERCISE	9:07	0:05			147	150/80	220	-4.3	1.5	-2.6	10.11
EVENT	0:30	0:30	0.00	0.00	128	150/80	192	-4.1	1.5	-2.4	
EVENT	2:00	2:00	0.00	0.00	101	146/80	147	-2.6	1.0	-1.6	
RECOVERY	2:59	2:59	0.00	0.00	95	144/80	136	-2.7	0.9	-1.7	

RESULTS

Exercise Duration : 9:07 Minutes
Max Heart Rate : 147 bpm 86 % of target heart rate 169 bpm
Max Blood Pressure : 150/80 mmHg
Max Work Load : 10.11 METS
Reason of Termination :

IMPRESSIONS :

→ TMT negative for reversible myocardial ischemia
→ Good functional capacity
→ No arrhythmias
→ Chronotropic response normal
→ Conclude clinically

Dr. Balaji Lohiya
MBBS, MD (MED)
DM-(CARDIO)
MCI-114859

MEDISEARCH, MEDIACT SYSTEMS

CHANDAN DIAGNOSTIC CENTRE

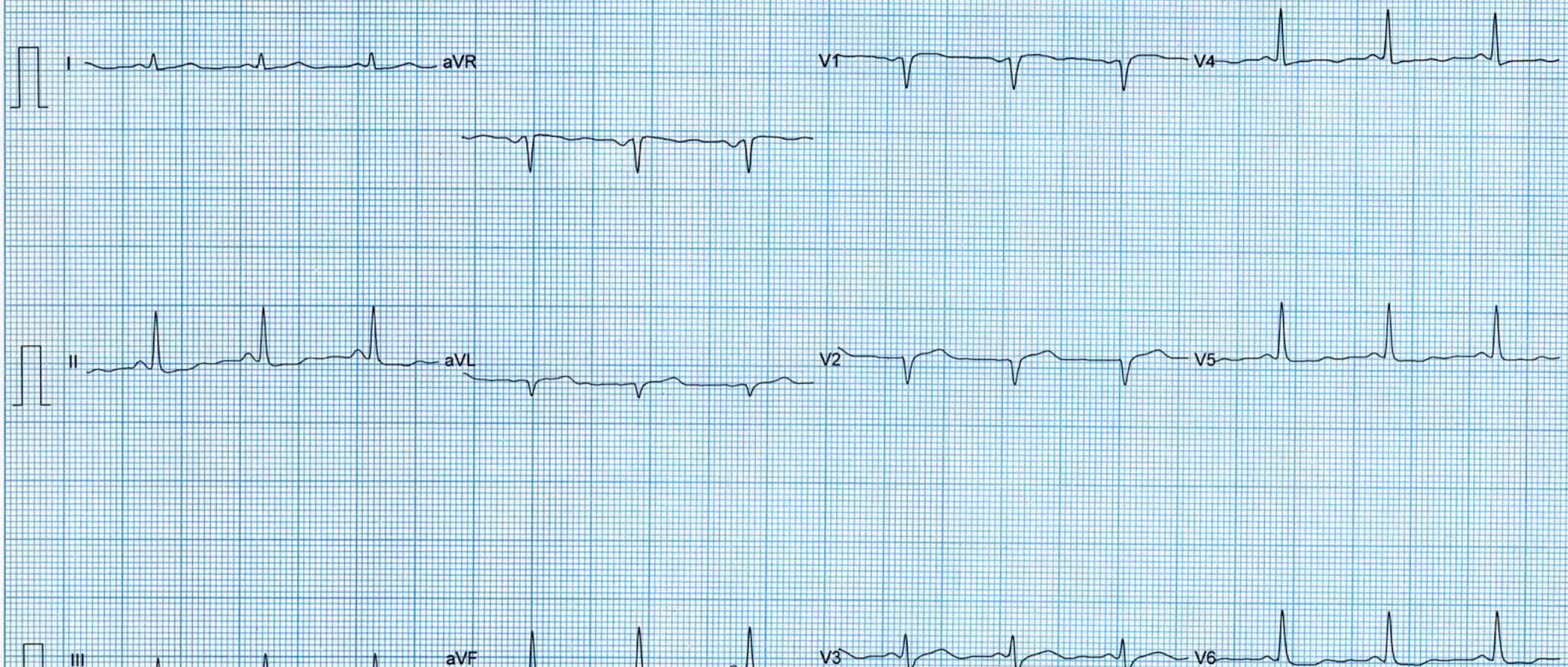
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

RATE : 83 BPM
B.P. : 110/72 mmHg

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

RAW E.C.G.



Filtered

25mm/sec 10mm/mV

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MEDISEARCH, MEDIACT SYSTEMS

CHANDAN DIAGNOSTIC CENTRE

Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

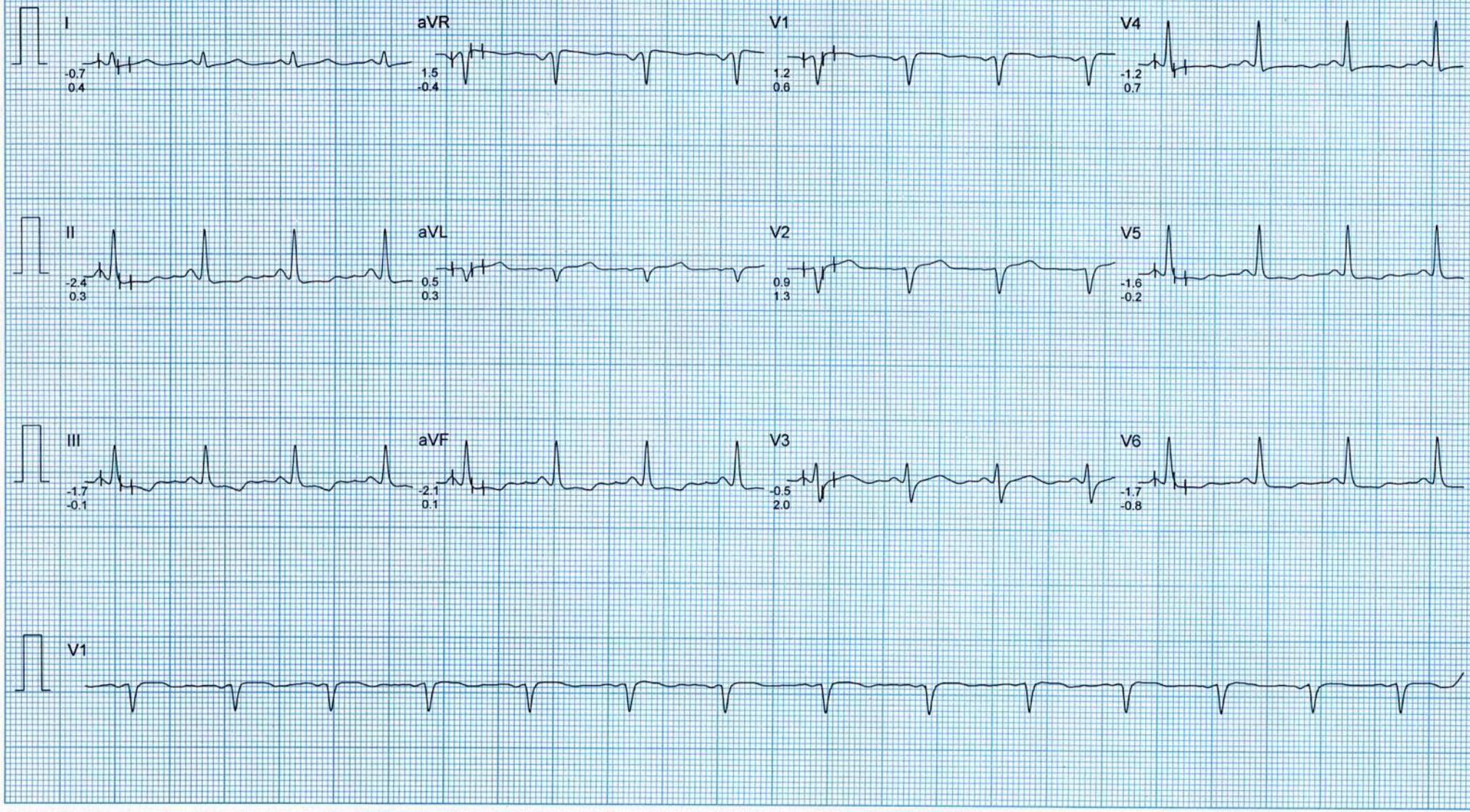
RATE : 85 BPM
B.P. : 110/72 mmHg

HYPERVENTILATION
PRETEST

STAGE TIME : 0:01

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



Filtered Computer Corrected Baseline 25mm/sec 10mm/mV

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MEDISEARCH, MEDIACT SYSTEMS

CHANDAN DIAGNOSTIC CENTRE

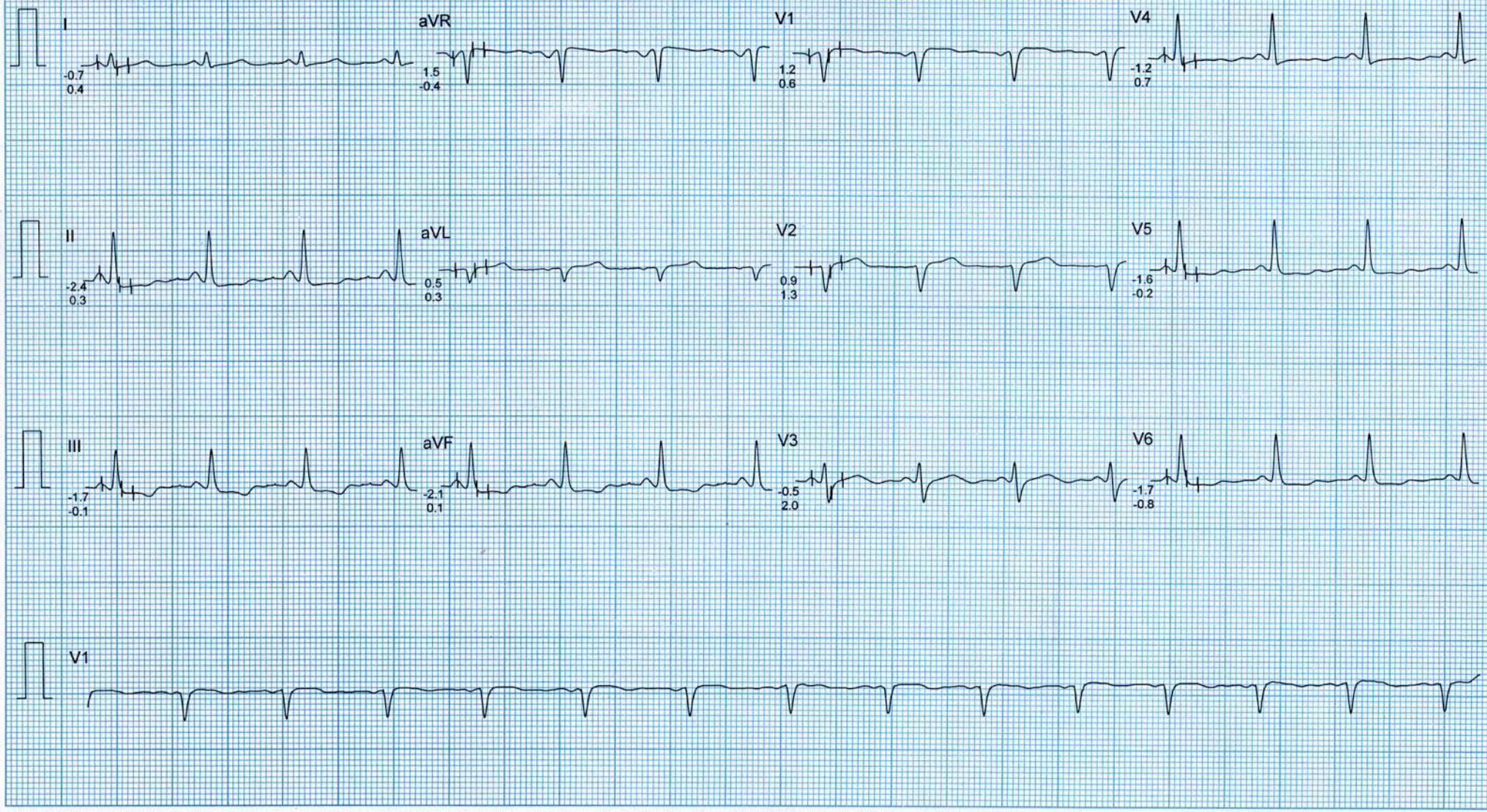
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

RATE : 87 BPM
B.P. : 110/72 mmHg

VALSALVA
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



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Computer Corrected Baseline

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MEDISEARCH, MEDIACT SYSTEMS

CHANDAN DIAGNOSTIC CENTRE

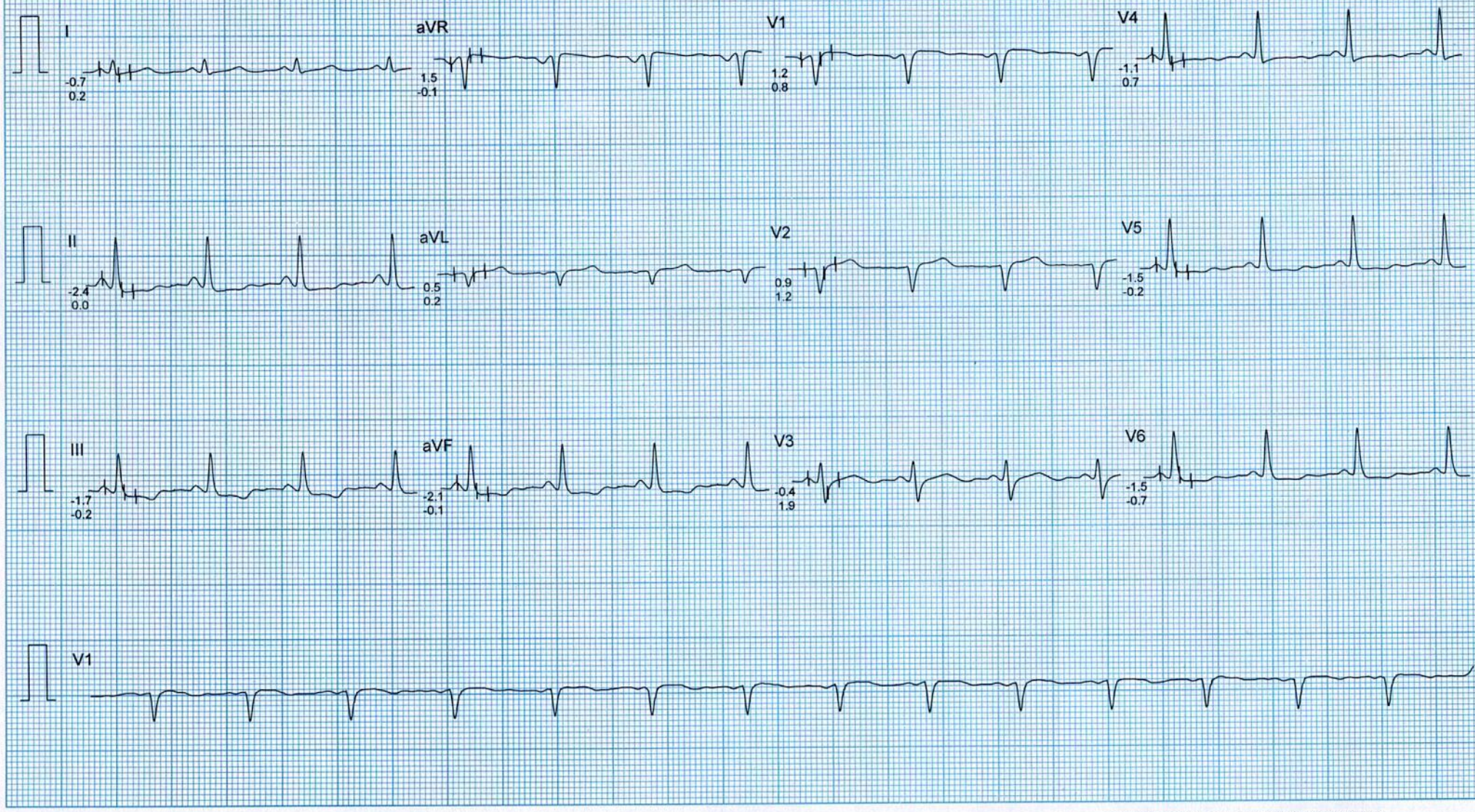
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

RATE : 89 BPM
B.P. : 110/72 mmHg

STANDING
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



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25mm/sec 10mm/mV

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CHANDAN DIAGNOSTIC CENTRE

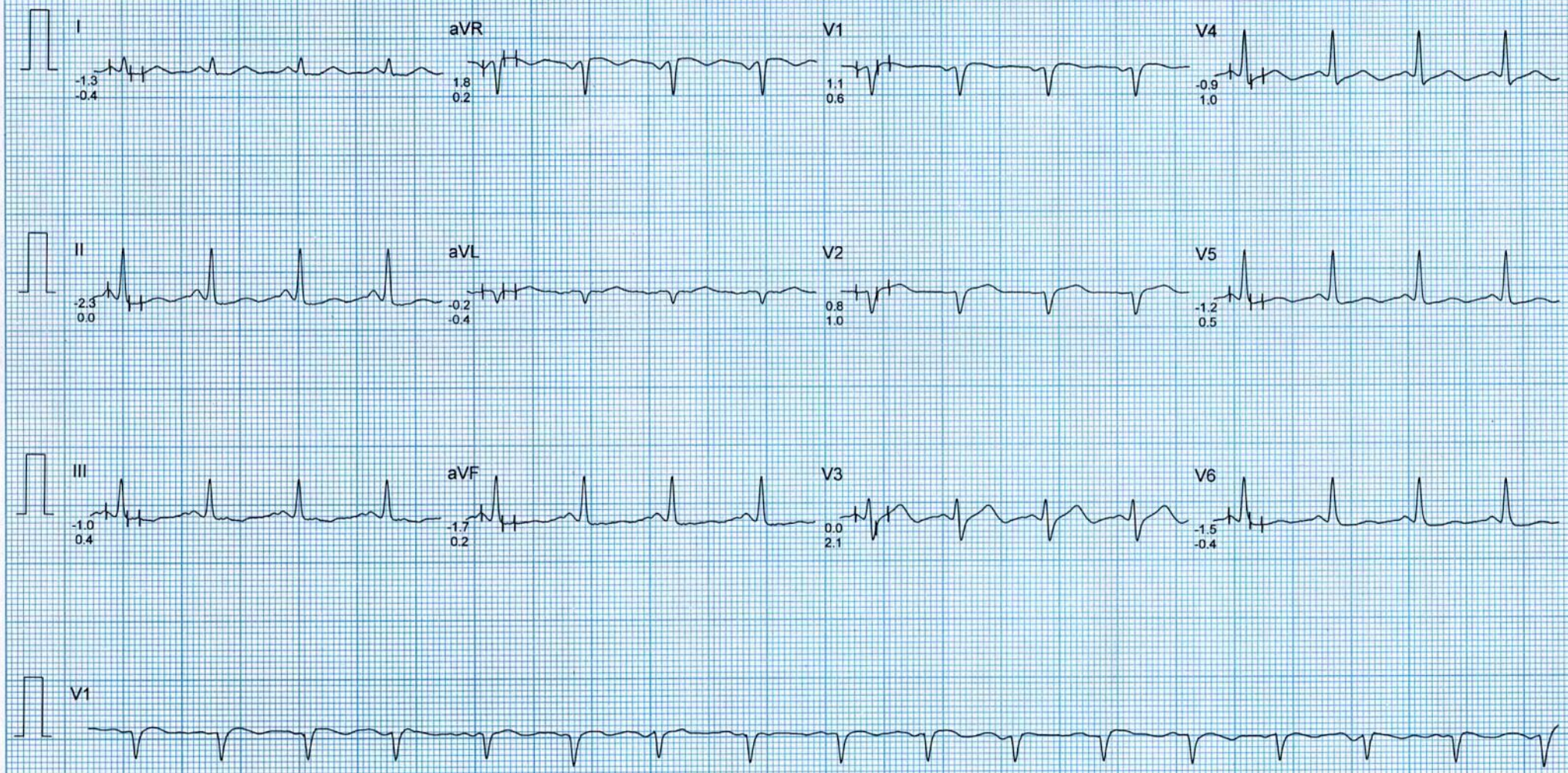
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

RATE : 101 BPM
B.P. : 110/72 mmHg

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 2.7 Km./Hr.
GRADE : 10.0 %

LINKED MEDIAN



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Computer Corrected Baseline

25mm/sec 10mm/mV

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MEDISEARCH, MEDIACT SYSTEMS

CHANDAN DIAGNOSTIC CENTRE

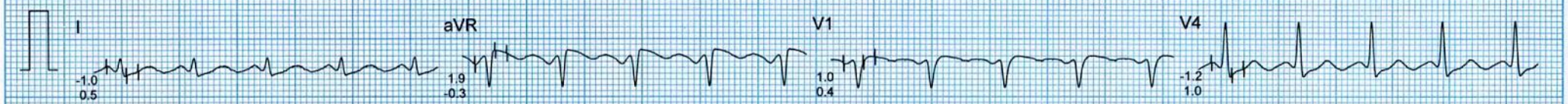
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

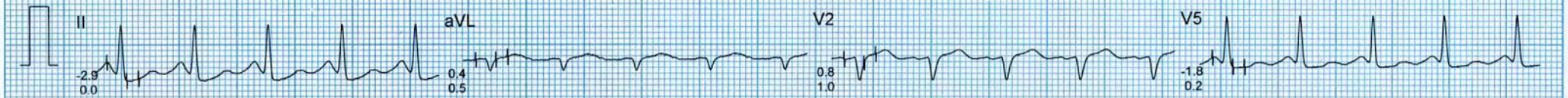
RATE : 120 BPM
B.P. : 130/78 mmHg

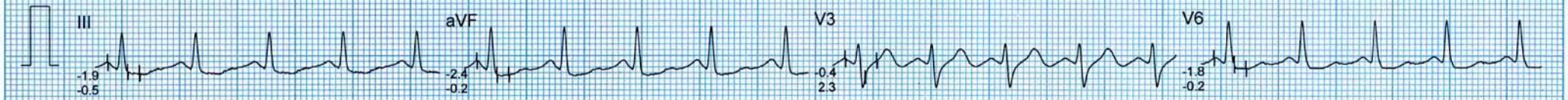
BRUCE
EXERCISE 2
PHASE TIME : 6:00
STAGE TIME : 2:59

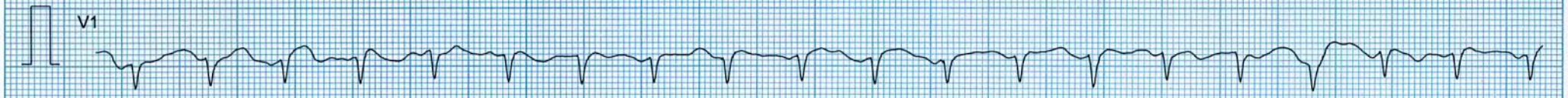
ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr.
GRADE : 12.0 %

LINKED MEDIAN









Filtered Computer Corrected Baseline 25mm/sec 10mm/mV

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MEDISEARCH, MEDIACT SYSTEMS

CHANDAN DIAGNOSTIC CENTRE

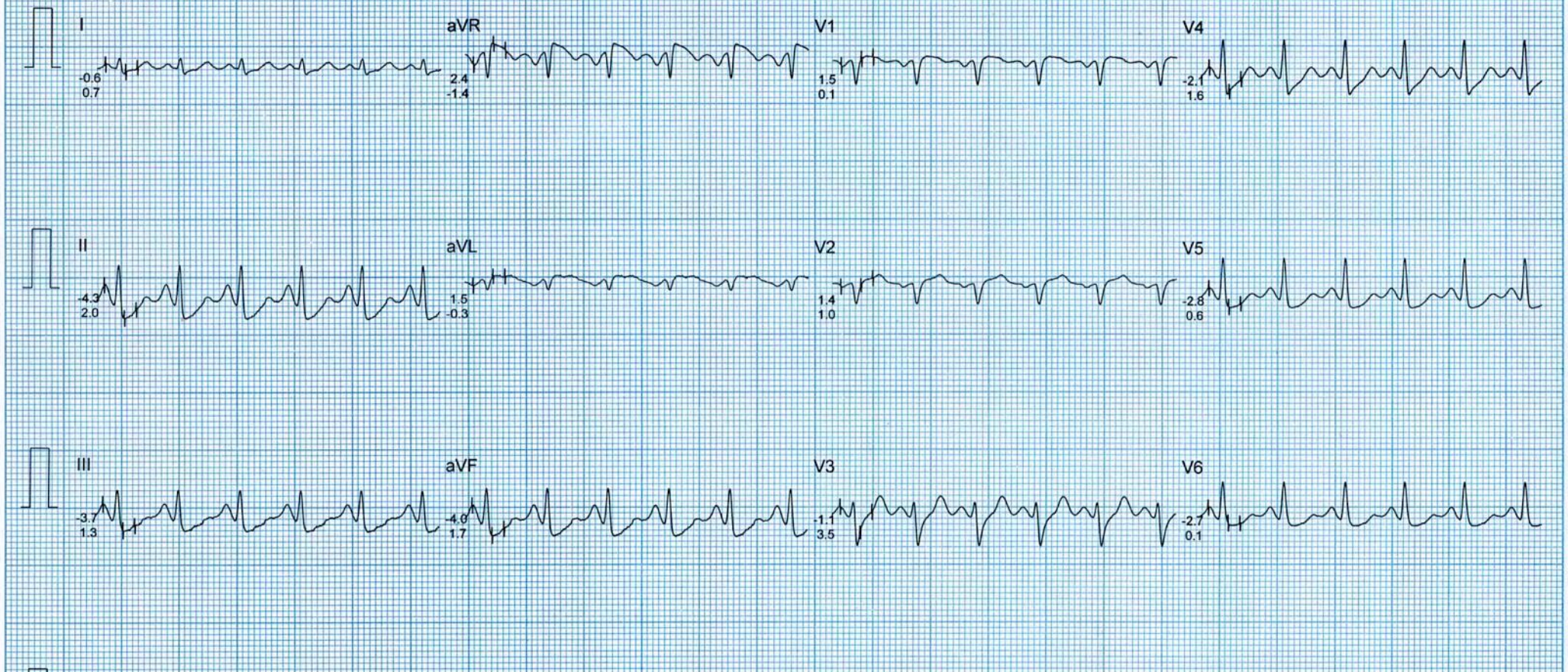
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

RATE : 144 BPM
B.P. : 140/80 mmHg

BRUCE
EXERCISE 3
PHASE TIME : 9:00
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 5.4 Km./Hr.
GRADE : 14.0 %

LINKED MEDIAN



Filtered Computer Corrected Baseline 25mm/sec 10mm/mV

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MEDISEARCH, MEDIACT SYSTEMS

CHANDAN DIAGNOSTIC CENTRE

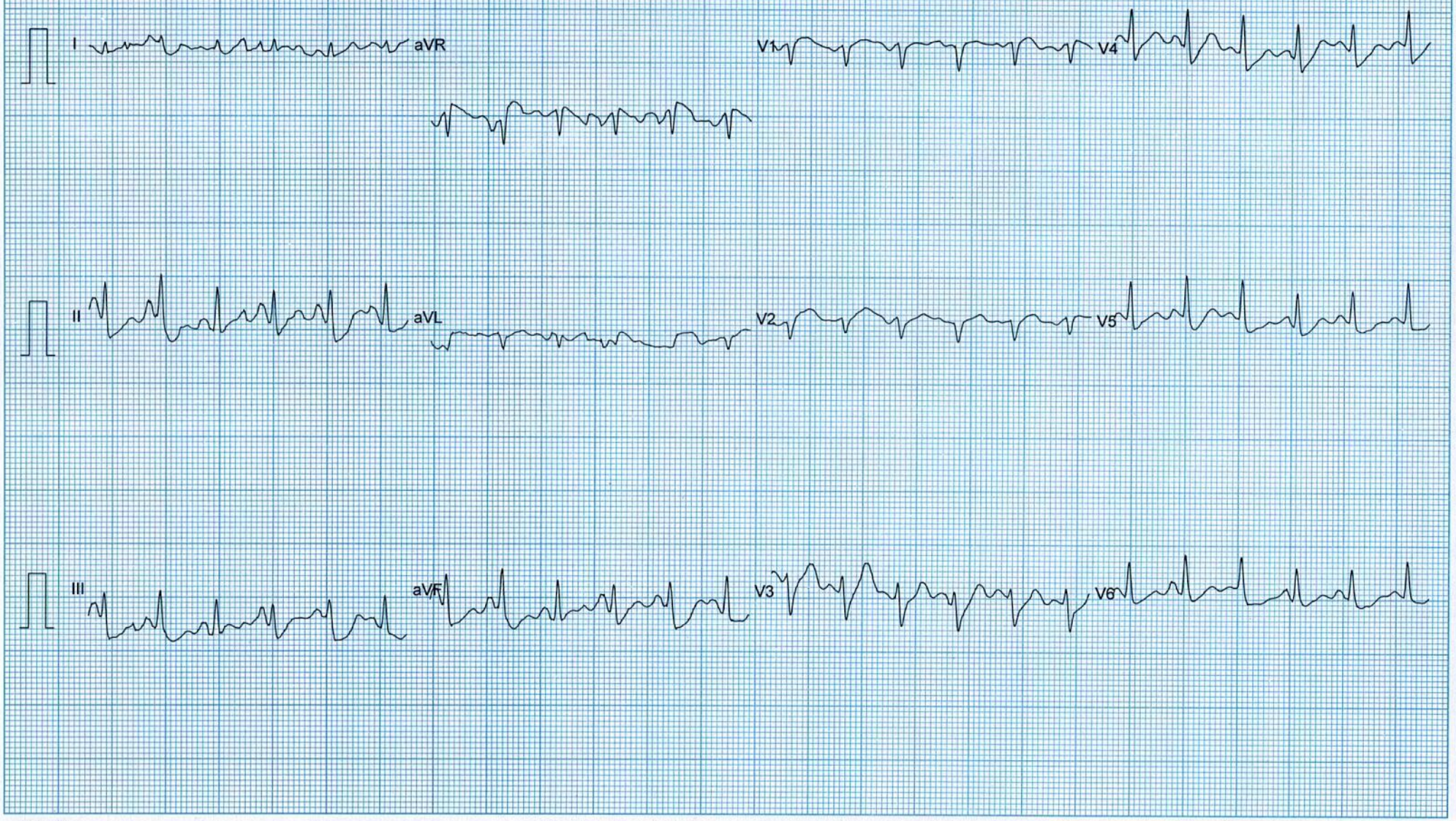
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

RATE : 146 BPM
B.P. : 150/80 mmHg

BRUCE
EXERCISE 4 (EVENT)
PHASE TIME : 9:03
STAGE TIME : 0:01

ST @ 10mm/mV
80ms PostJ
SPEED : 6.7 Km./Hr.
GRADE : 16.0 %

RAW E.C.G.



Filtered

25mm/sec 10mm/mV

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MEDISEARCH, MEDIACT SYSTEMS

CHANDAN DIAGNOSTIC CENTRE

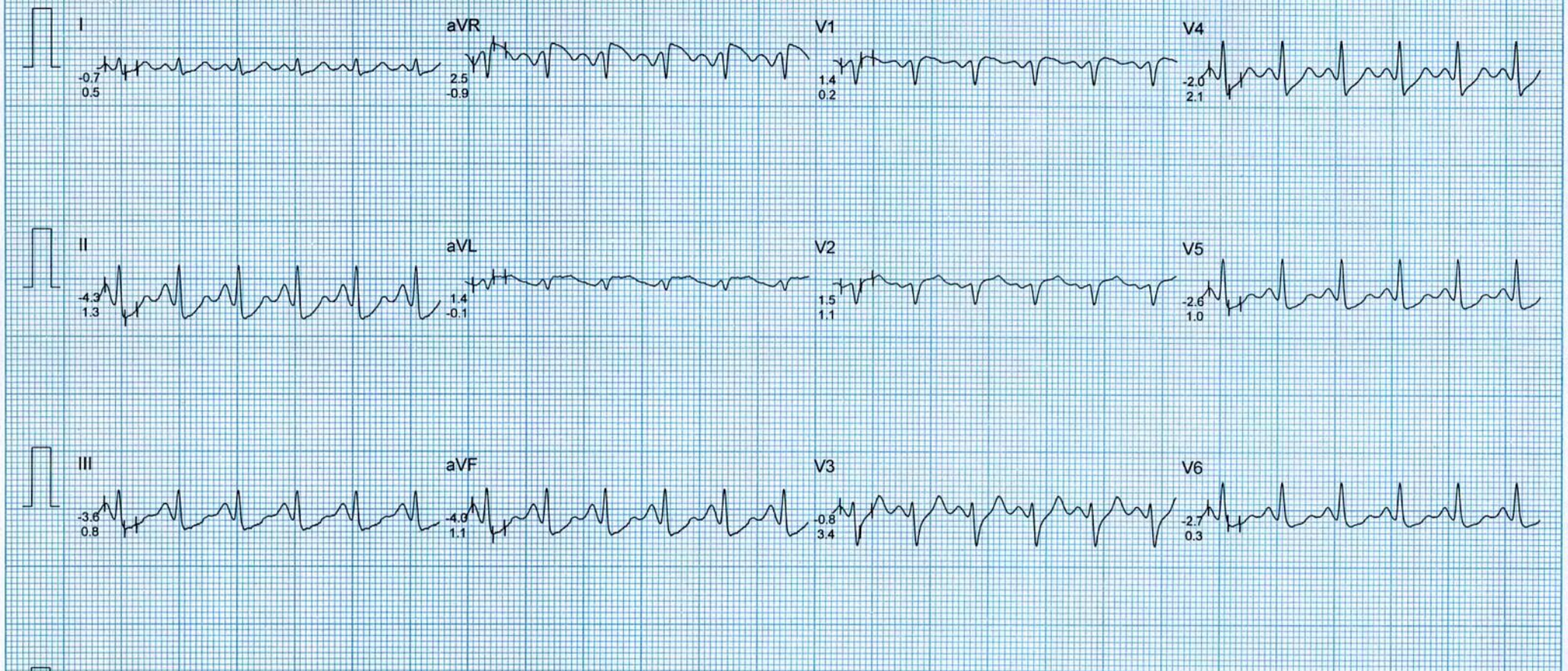
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

RATE : 147 BPM
B.P. : 150/80 mmHg

BRUCE
PEAK EXERCISE
PHASE TIME : 9:07
STAGE TIME : 0:05

ST @ 10mm/mV
80ms PostJ
SPEED : 6.7 Km./Hr.
GRADE : 16.0 %

LINKED MEDIAN



Filtered Computer Corrected Baseline 25mm/sec 10mm/mV

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CHANDAN DIAGNOSTIC CENTRE

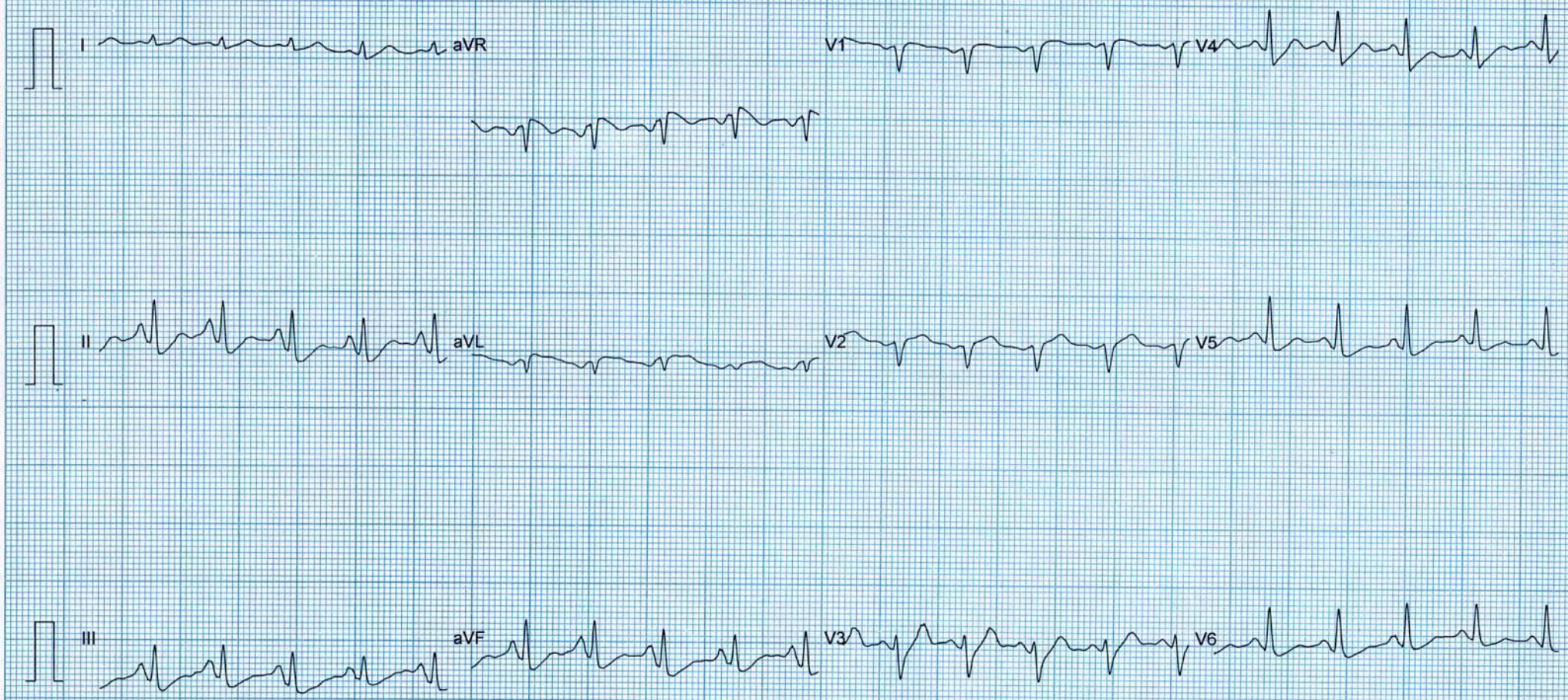
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

RATE : 128 BPM
B.P. : 150/80 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME : 0:30

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

RAW E.C.G.



Filtered

25mm/sec 10mm/mV

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CHANDAN DIAGNOSTIC CENTRE

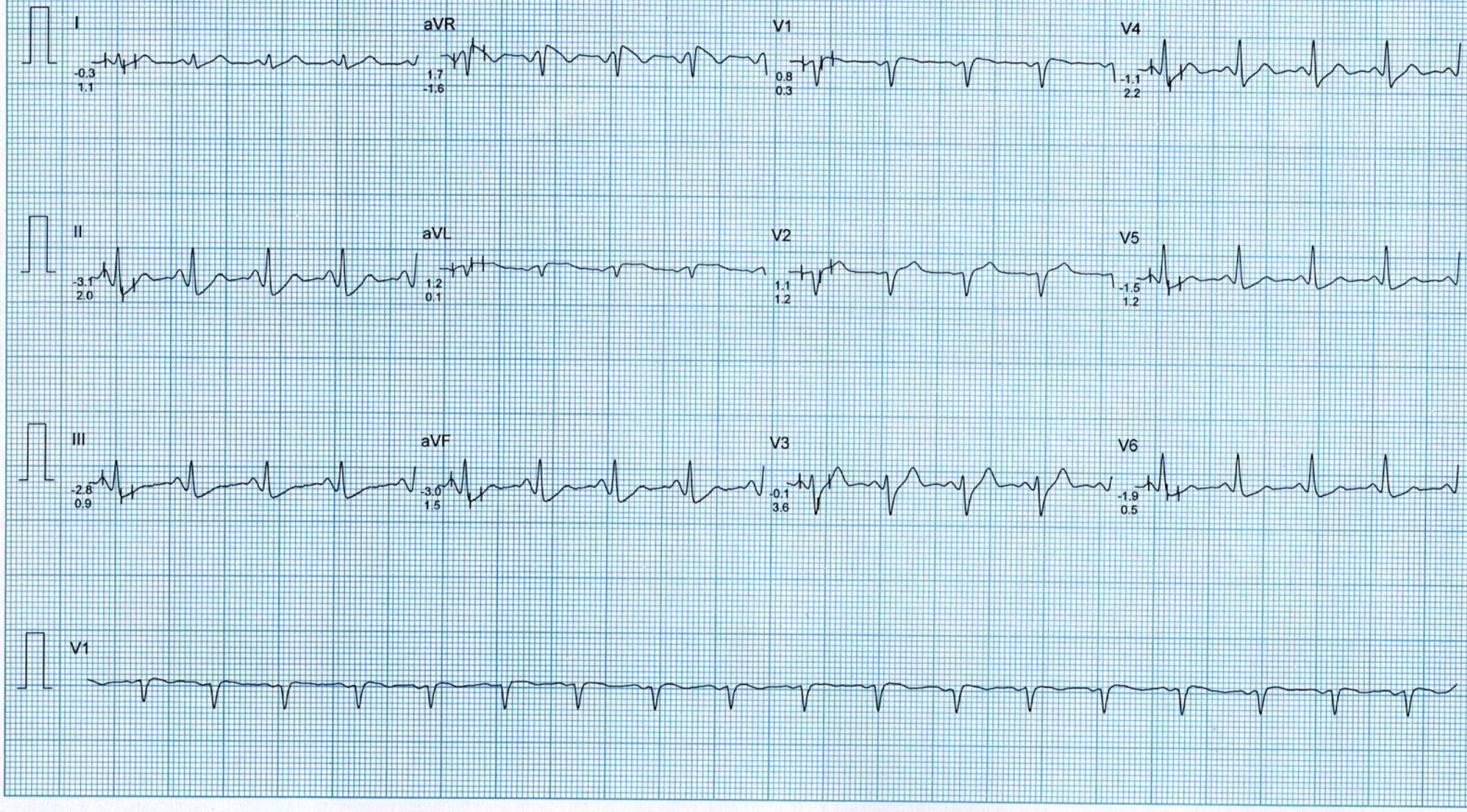
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

RATE : 110 BPM
B.P. : 148/80 mmHg

BRUCE
RECOVERY
PHASE TIME : 0:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIAN



Filtered Computer Corrected Baseline 25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740,TeleFax:091-731-2431214

MEDISEARCH, MEDIACT SYSTEMS

CHANDAN DIAGNOSTIC CENTRE

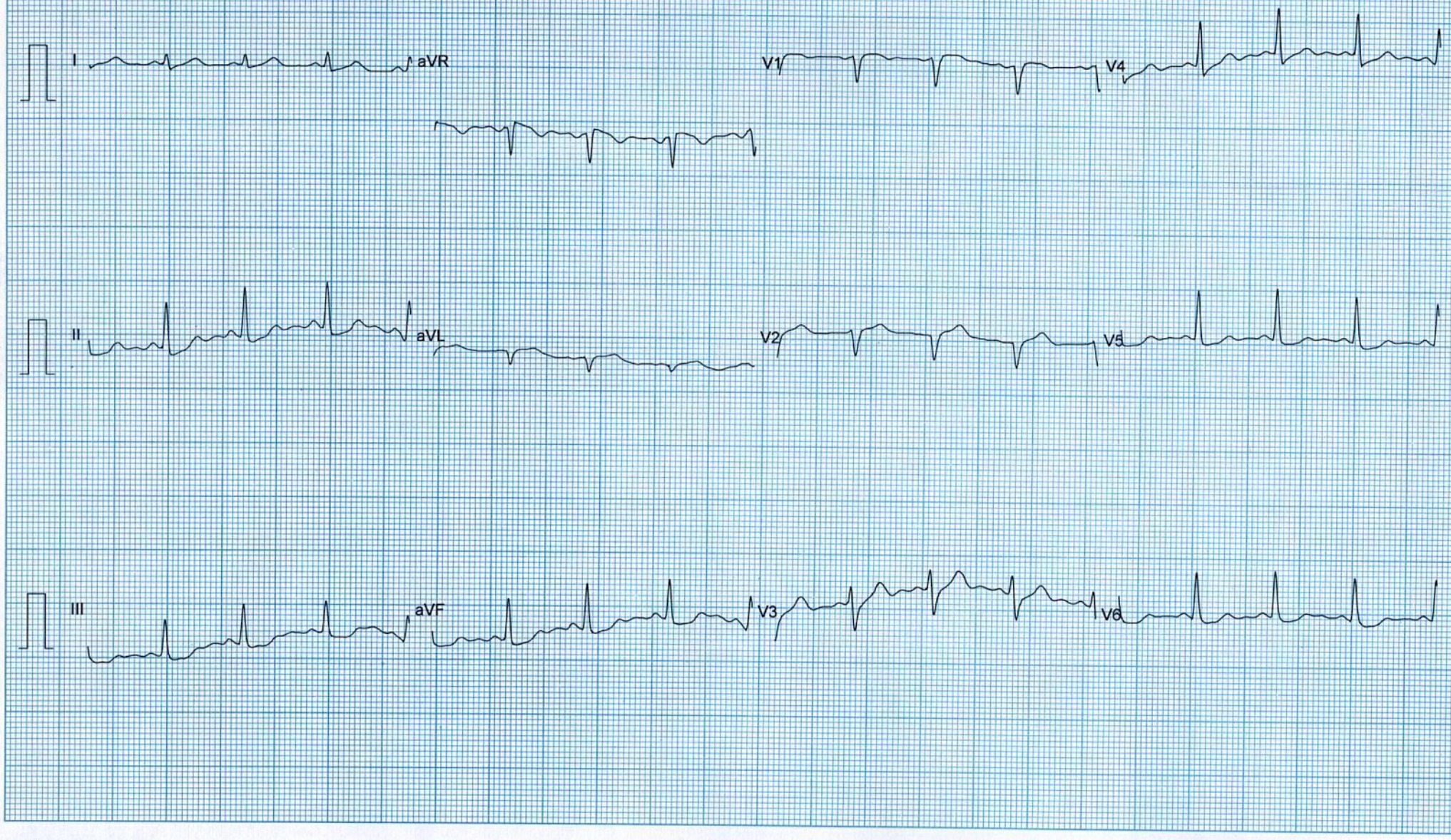
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

RATE : 101 BPM
B.P. : 146/80 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME : 2:00

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

RAW E.C.G.



Filtered

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740,TeleFax:091-731-2431214

CHANDAN DIAGNOSTIC CENTRE

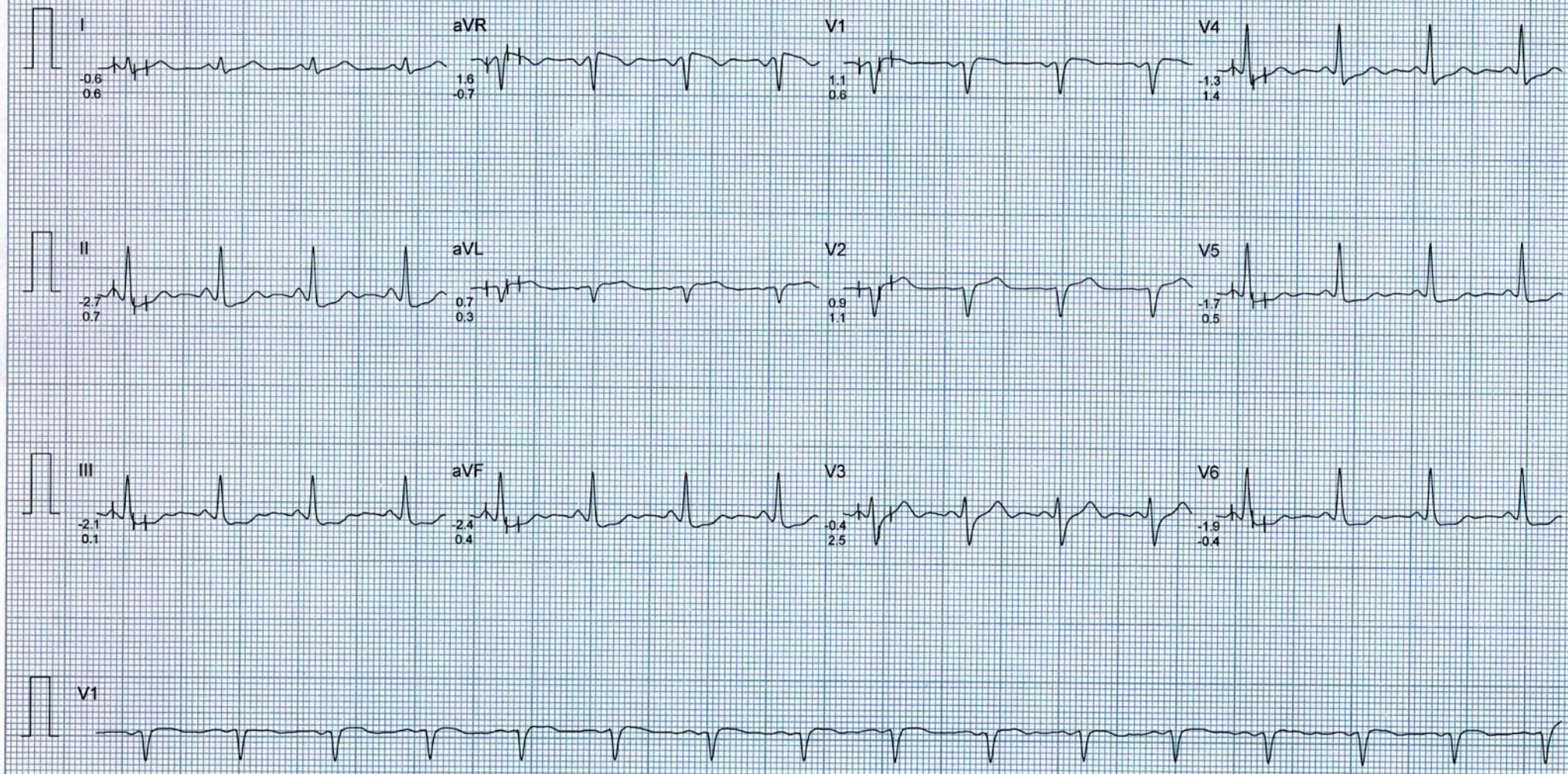
Ms. MRS USHA YADAV
I.D. : 129242425
AGE/SEX : 51/F
RECORDED : 9- 3-2025 13:43

RATE : 95 BPM
B.P. : 144/80 mmHg

BRUCE
RECOVERY
PHASE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIAN



Filtered Computer Corrected Baseline 25mm/sec 10mm/mV

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