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+91 141 4824885 maxcarediagnostics1@gmail.com

General Physical Examination

Date of Examination: 04/08/2022

Name: SURUCHI CHUGH Age: 35 yrs DOB: 21.10.1986 Sex: female

Referred By: Bank of Baroda.

Photo ID: ~~A~~ DHAR CARD ID #: 2739

Ht: 165.5 (cm) Wt: 72 (Kg)

Chest (Expiration): 94 (cm) Abdomen Circumference: 83 (cm)

Blood Pressure: 111 / 71 mm Hg PR: 79 / min RR: 17 / min Temp: afebrile

BMI 30

Eye Examination: R|E - 6|9 , N|6 . NCB
L|E 6|6 N|6 . NCB

Other: N|A

On examination he/she appears physically and mentally fit: Yes / No

Signature Of Examine : ---------- **Name of Examinee:** MRS. SURUCHI CHUGH

Signature Medical Examiner : ---------- **Name Medical Examiner** Dr. U.C. Gupta

Dr. U. C. GUPTA
MBBS, MD (Physician)
RMC No. 291

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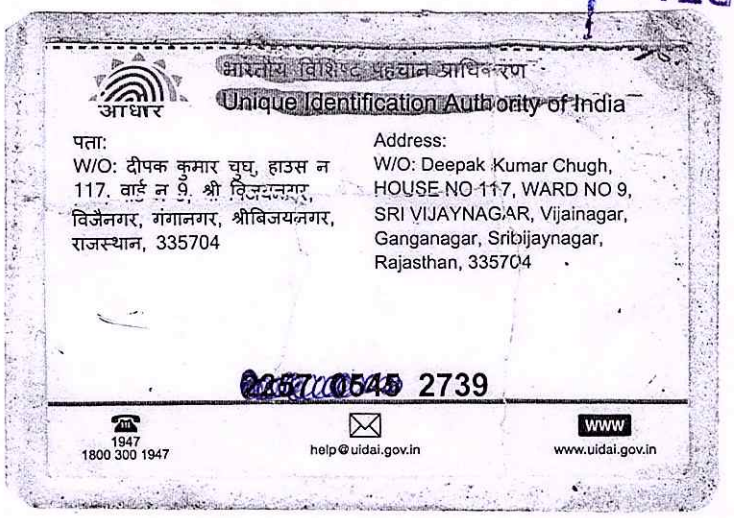
MBBS, MD (Physician)
RMC No. 291



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NAME :- Mrs. SURUCHI CHUGH	Patient ID :-12221571	Date :- 04/08/2022	10:39:10
Age :- 35 Yrs 9 Mon 14 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 04/08/2022 16:56:40

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 FEMAL			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	**9.6** L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.10	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	62.0	%	40.0 - 80.0
LYMPHOCYTE	31.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.04	x10^6/uL	3.80 - 4.80
HEMATOCRIT (HCT)	**31.70** L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	**78.0** L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	**23.7** L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	**30.3** L	g/dL	31.5 - 34.5
PLATELET COUNT	286	x10^3/uL	150 - 410
RDW-CV	**16.4** H	%	11.6 - 14.0
MENTZER INDEX	**19.31** H		0.00 - 13.00

A complete blood picture (CBP) is a kind of blood test that is done to assess a person's overall health and diagnose a wide range of health disorders like leukemia, anemia and other infections.

A complete blood count (CBC) is a complete blood test that diagnose many components and features of a persons blood which includes: -

***Red Blood Cells (RBC),** which carry oxygen -

***White Blood Cells (WBC)**, which help in fighting against infections -

***Hemoglobin**, which is the oxygen carrying protein in the red blood cells -

***Hematocrit (HCT)**, the proportion of RBC to the fluid component, or plasma present in blood -

***Platelets,** which aid in blood clotting

(CBC): Methodology: TLC,TRBC,PCV,PLT Impedance method, HB Calorimetric method,. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName: MINDRAY BC-3000 Plus 3** part automatic analyzer,

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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)	15	mm in 1st hr	00 - 20

Methord:- Westergreen

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein.ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis.This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as

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(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName:** Sysmex 6 part fully automatic analyzer XN-L,Japan

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Methord:- GOD POD	82.8	mg/dl	70.0 - 115.0

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm,
hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin
therapy or various liver diseases .

BLOOD SUGAR PP (Plasma) Methord:- GOD PAP	98.7	mg/dl	70.0 - 140.0

Instrument Name: MISPA PLUS Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C)			
Methord:- CAPILLARY with EDTA	4.8	mg%	
MEAN PLASMA GLUCOSE Methord:- Calculated Parameter	92	mg/dL	

Interpretation:

Hemoglobin A1c %	Degree of Glucose Control
< 6.0	Normal level
6.0 - 7.0	Near normal glycemia
7.0 - 8.0	Good control
> 8.0	Action suggested

Clinical Information:

Hemoglobin is the oxygen-carrying pigment that gives blood its red color and is also the predominant protein in red blood cells. About 90% of hemoglobin is hemoglobin A. Although one chemical component accounts for 92% of hemoglobin A, approximately 8% of hemoglobin A is made up of minor components that are chemically slightly different. These minor components include hemoglobin A1c, A1b, A1a1, and A1a2. Hemoglobin A1c (HbA1c) is a minor component of hemoglobin to which glucose is bound. HbA1c also is sometimes referred to as Glycosylated or Glycosylated Hemoglobin or Glycohemoglobin. In addition to random fasting blood glucose levels, HbA1c levels are routinely measured in the monitoring of people with diabetes. Levels of HbA1c are not influenced by daily fluctuations in the blood glucose concentration but reflect the average glucose levels over the prior six to eight weeks. Therefore, HbA1c is a useful indicator of how well the blood glucose level has been controlled in the recent past (over two to three months) and may be used to monitor the effects of diet, exercise, and drug therapy on blood glucose in people with diabetes.

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HAEMATOLOGY

BLOOD GROUP ABO Methord:- Haemagglutination reaction	"A" POSITIVE

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Methord:- CHOD-PAP methodology	170.00	mg/dl	Desirable <200 Borderline 200-239 High> 240
InstrumentName:MISPA PLUS **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES Methord:- GPO-TOPS methodology	61.90	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
InstrumentName:MISPA PLUS **Interpretation** : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDL CHOLESTEROL Methord:- Selective inhibition Method	40.00	mg/dl	Male 35-80 Female 42-88
Instrument Name:MISPA PLUS **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies.Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
LDL CHOLESTEROL Methord:- Calculated Method	119.68	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Methord:- Calculated	12.38	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Methord:- Calculated	4.25		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Methord:- Calculated	2.99		0.00 - 3.50
TOTAL LIPID Methord:- CALCULATED	465.24	mg/dl	400.00 - 1000.00

1. Measurements in the same patient can show physiological& analytical variations. Three serialsamples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status.Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended
3. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated fromperipheral tissues.

Comments: **1-** ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol – HDL Cholesterol) as an indicator of all

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BIOCHEMISTRY

atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterolis used as a secondary target of therapy in persons with triglycerides >=200 mg/dL. The goal for Non HDL Cholesterol in those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol.

2 -For calculation of CHD risk,history of smoking, any medication for hypertension & current B.P. levels are required.

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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Methord:- DMSO/Diazo	0.69	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Methord:- DMSO/Diazo	0.18	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Methord:- Calculated	0.51	mg/dl	0.30-0.70
SGOT Methord:- IFCC	10.0	U/L	Men- Up to - 37.0 Female - Up to - 31.0
SGPT Methord:- IFCC	13.6	U/L	Men- Up to - 40.0 Female- Up to - 31.0
SERUM ALKALINE PHOSPHATASE Methord:- DGKC - SCE	64.00	U/L	42.00 - 110.00
SERUM GAMMA GT Methord:- Szasz methodology Instrument Name Randox Rx Imola	21.40	U/L	5.00 - 32.00

Interpretation: Elevations in GGT levels areseen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)are observed with infectious hepatitis.

SERUM TOTAL PROTEIN Methord:- Direct Biuret Reagent	6.40	g/dl	5.10 - 8.00
SERUM ALBUMIN Methord:- Bromocresol Green	4.02	g/dl	2.80 - 4.50
SERUM GLOBULIN Methord:- CALCULATION	2.38	gm/dl	2.20 - 3.50
A/G RATIO	1.69		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

Note :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc.Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver.

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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA Methord:- Urease/GLDH	20.40	mg/dl	10.00 - 50.00

InstrumentName: MISPA PLUS **Interpretation** : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE Methord:- Jaffe's Method	1.07	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl

Interpretation :
Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.

SERUM URIC ACID	2.76	mg/dl	2.40 - 7.00

InstrumentName:HORIBA YUMIZEN CA60 Daytona plus **Interpretation**: **Elevated Urate**:High purine diet,Alcohol• Renal insufficiency,Drugs , Polycythaemia vera, Malignancies,Hypothyroidism,Rare enzyme defects ,Downs syndrome,Metabolic syndrome, Pregnancy,Gout.

SODIUM Methord:- Ion-Selective Electrode with Serum	139.0	mmol/L	135.0 - 148.0

Interpretation: Decreased sodium - Hyponatraemia Causes include: fluid or electrolyte loss,Drugs,Oedematous states,Legionnaire's disease and other chest infections,pseudonatremia, Hyperlipidaemias and paraproteinaemias,endocrine diseases ,SIADH.

POTASSIUM Methord:- Ion-Selective Electrode with Serum	5.17	mmol/L	3.30 - 5.50

Interpretation: A. Elevated potassium (hyperkalaemia)• Artefactual;Physiological elevation,Drugs, Pathological states,Renal failure Adrenocortical insufficiency, metabolic acidoses, very high platelet or white cell counts B. Decreased potassium (hypokalaemia)Drugs, Liquoric,Diarrhoea and vomiting,Metabolic alkalosis,Corticosteroid excess, Oedematous state,Anorexia nervosa/bulimia

CHLORIDE Methord:- Ion-Selective Electrode with Serum	98.0	mmol/L	95.0 - 106.0

Interpretation: Used for Electrolyte monitoring.

SERUM CALCIUM Methord:- Arsenazo III Method	9.51	mg/dL	8.80 - 10.20

InstrumentName:MISPA PLUS **Interpretation**: Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia .Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

SERUM TOTAL PROTEIN Methord:- Direct Biuret Reagent	6.40	g/dl	5.10 - 8.00

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SERUM ALBUMIN Methord:- Bromocresol Green	4.02	g/dl	2.80 - 4.50
SERUM GLOBULIN Methord:- CALCULATION	2.38	gm/dl	2.20 - 3.50
A/G RATIO	1.69		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR .in urine, it can remove the need for 24-hourcollections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the bloodincreases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare; they almost always reflect low muscle mass.

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TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
THYROID-TRIIODOTHYRONINE T3	1.17	ng/m	0.60 - 1.81 ng/ml

Methord:- Chemiluminescence

Reference Range (T3)

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/m
Full-Term Infants 1-3 days	0.89 - 4.05 ng/m
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/m
Prepubertal Children	1.19 - 2.18 ng/ml

NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.

Clinical Information Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In additional, as TSH directly affect thyroid function,malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood,in Primary hypothyroidism,TSH levels are significantly elevated,while in secondary and tertiary hypothyrodism,TSH levels may be low.IN addition,In Euthyroid sick Syndrom,multiple alterations in serum thyroid function test findings have been recognized in patient with a wide variety of nonthyroid illness (NTI) serum without evidence of preexisting thyroid or hypothalamic- pituitary disease .

THYROID - THYROXINE (T4) 7.65 ug/dl 4.50 - 10.90 ug/dl

Methord:- Chemiluminescence

InstrumentName: VITROS ECI **Interpretation** :The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

TSH 3.210 µIU/mL 0.35 - 5.5 >20 Years

Methord:- Chemiluminescence

Clinical Informaton:

The levels of thyroid hormone (T3 & T4) are low in case of Primary, Secondary and Tertary hypothyroidism and sometmes in nonthyroidal illness also.
Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism. In Pregnancy - Level Total T3 (ng/mL) Total T4 (µg/dl) TSH (µIU/ml)
1st Trimester 0.81-1.90 6.6-12.4 0.1-2.5
2nd Trimester 1.0-2.6 6.6-15.5 0.2-3.0
3rd Trimester 1.0-2.6 6.6-15.5 0.3-3.0
Note: TSH levels are subject to circadian variaton, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM.
The variaton is of the order of 50%. Hence tme of the day has influence on the measured serum TSH concentratons.

InstrumentName: VITROS ECI **Interpretation**: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state.A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease.T3 concentrations may be altered in some conditions, such as

ADIYTA

Technologist

DR.TANU RUNGTA
MD (Pathology)
RMC No. 17226

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com

NAME :- Mrs. SURUCHI CHUGH		Patient ID :-12221571	Date :- 04/08/2022 10:39:10
Age :-	35 Yrs 9 Mon 14 Days	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Female	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 04/08/2022 16:56:40

IMMUNOASSAY

pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration.Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation** :The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation** :TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations t hat occur in subclinical hyperthyroidism. The performance of this assay has not been established forneonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

*** End of Report ***

ADIYTA

Technologist

DR.TANU RUNGTA
MD (Pathology)
RMC No. 17226

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+91 141 4824885 maxcarediagnostics1@gmail.com

NAME:	MR. SURUCHI CHUGH	AGE	35 YRS/F
REF.BY	BANK OF BARODA	DATE	04/08/2022

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

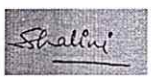
Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected.



DR.SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)
RMC No.: 21954

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

B-14, Vidhyadhar Enclave - II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com

MRS. SURUCHI CHUGH	Age: 35 Y/Female
Registration Date: 04/08/2022	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (12.9 cm). Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder: Multiple (4-5) **calculi with posterior acoustic shadowing are noted in fundus and body region, largest measuring 19-20 mm. No evidence of pericholecystic free fluid is noted.** Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape (11.1 cm). Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. Collecting system does not show any dilatation or calculus.
Right kidney is measuring approx. 11.3 x 5.5 cm. **Simple, well-defined cortical cyst of size 13 x 13 mm is noted at lower pole region (Bosniak grade 1 cyst).**
Left kidney is measuring approx. 11.1 x 5.3 cm.

Urinary bladder does not show any calculus or mass lesion.

Uterus is bulky (measuring approx. 12.4 x 4.9 x 4.8 cm) with coarse echotexture and indistinct endomyometrial junction at places – possibility of adenomyosis.

Both ovaries are visualized and are normal. No adnexal mass is seen.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pouch of Douglas.

IMPRESSION:

- **Cholelithiasis as described above.**
- **Bulky uterus with coarse echotexture and indistinct endomyometrial junction at places – possibility of adenomyosis. Adv: MRI pelvis correlation.**

Dr. SHALINI GOEL
MBBS, DNB (Radiologist)
RMC No. 21954
P-3 Health Solutions LLP


P3 Health Sloutions
04/08/2022 11:39:21 amADM
MRS. SURUCHI CHUGH 35YRS, MI 0.9
040822-113753AM
TIs 0.3
4C
Abdomen
URINARY BLADDER
GE

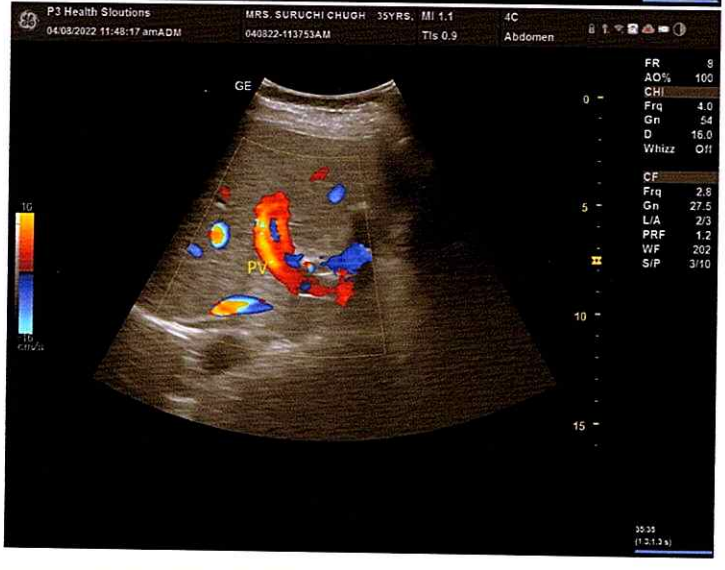

P3 Health Sloutions
04/08/2022 11:41:38 amADM
MRS. SURUCHI CHUGH 35YRS, MI 0.9
040822-113753AM
TIs 0.3
4C
Abdomen
GE
1 L 124.72 mm
2 L 49.69 mm


P3 Health Sloutions
04/08/2022 11:42:07 amADM
MRS. SURUCHI CHUGH 35YRS, MI 0.9
040822-113753AM
TIs 0.3
4C
Abdomen
GE
1 L 48.46 mm


P3 Health Sloutions
04/08/2022 11:43:35 amADM
MRS. SURUCHI CHUGH 35YRS, MI 0.9
040822-113753AM
TIs 0.3
4C
Abdomen
GE
RO
GE
LO


P3 Health Sloutions
04/08/2022 11:45:39 amADM
MRS. SURUCHI CHUGH 35YRS, MI 0.9
040822-113753AM
TIs 0.3
4C
Abdomen
GE
PANCREAS


P3 Health Sloutions
04/08/2022 11:47:28 amADM
MRS. SURUCHI CHUGH 35YRS, MI 0.9
040822-113753AM
TIs 0.3
4C
Abdomen
GE
GALLBLADDER
1 L 14.77 mm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04/08/2022 11:48:17 amADM
MRS. SURUCHI CHUGH 35YRS, MI 1.1
040822-113753AM
TIs 0.9
4C
Abdomen
GE
PV


P3 Health Sloutions
04/08/2022 11:48:28 amADM
MRS. SURUCHI CHUGH 35YRS, MI 0.9
040822-113753AM
TIs 0.3
4C
Abdomen
GE
LIVER
1 L 129.68 mm


P3 Health Sloutions
04/08/2022 11:49:04 amADM
MRS. SURUCHI CHUGH 35YRS
040822-113753AM
MI 1.0
TIs 0.3
4C
Abdomen
GE
RK LOWER POLE
FR 32
AO% 100
CHI
Frq 4.0
Gn 47
S/A 3/3
Map F/0
D 13.0
DR 72
Whizz Off
1 L 13.15 mm
2 L 13.69 mm

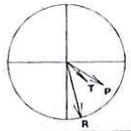

P3 Health Sloutions
04/08/2022 11:49:49 amADM
MRS. SURUCHI CHUGH 35YRS
040822-113753AM
MI 1.0
TIs 0.3
4C
Abdomen
GE
RT KIDNEY
FR 32
AO% 100
CHI
Frq 4.0
Gn 47
S/A 3/3
Map F/0
D 13.0
DR 72
Whizz Off
1 L 113.63 mm
2 L 55.19 mm


P3 Health Sloutions
04/08/2022 11:50:22 amADM
MRS. SURUCHI CHUGH 35YRS
040822-113753AM
MI 0.9
TIs 0.3
4C
Abdomen
GE
GALLBLADDER
FR 31
AO% 100
CHI
Frq 4.0
Gn 44
S/A 3/3
Map F/0
D 14.0
DR 72
Whizz Off
1 L 19.59 mm

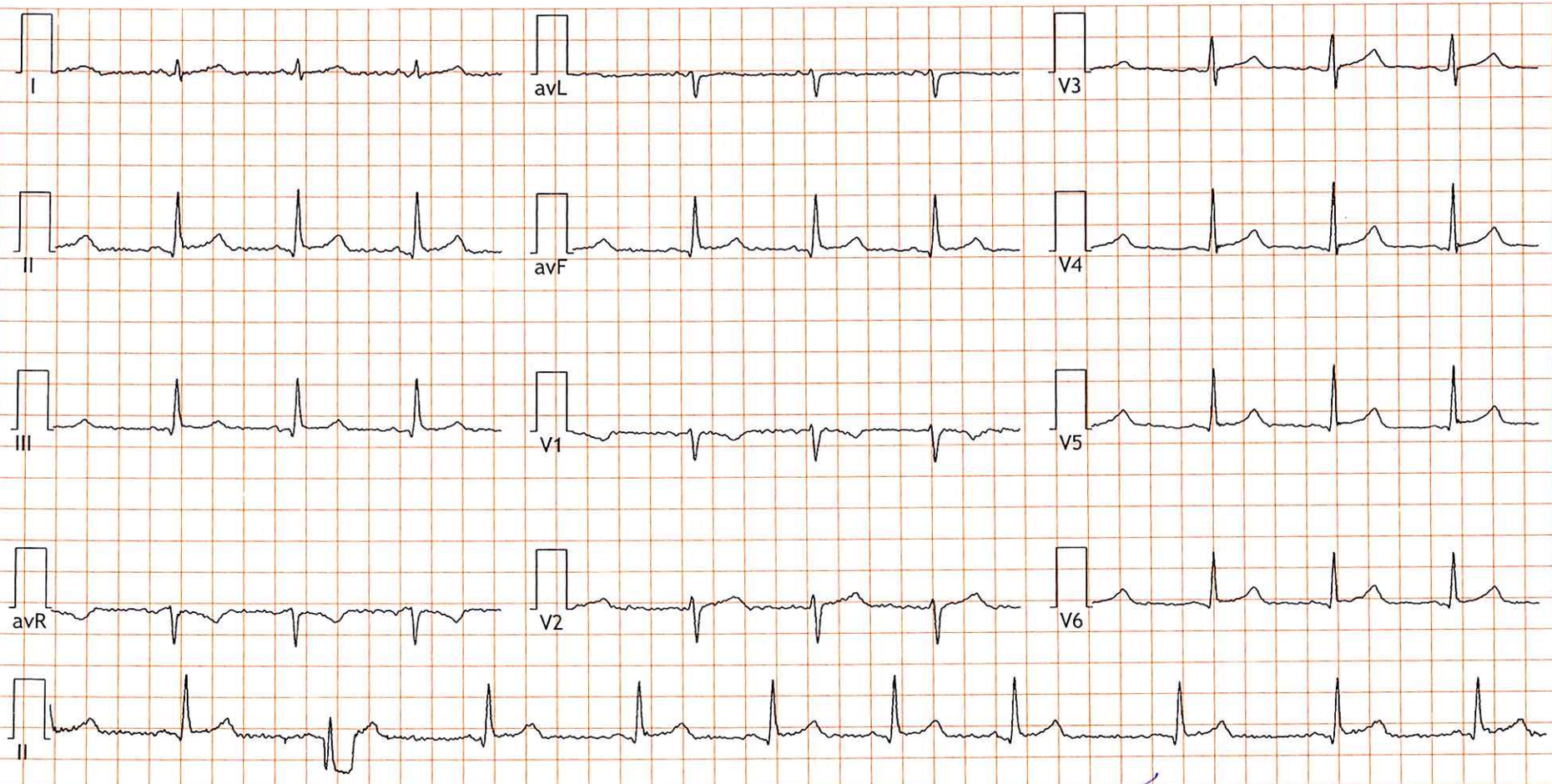

P3 Health Sloutions
04/08/2022 11:52:01 amADM
MRS. SURUCHI CHUGH 35YRS
040822-113753AM
MI 0.9
TIs 0.3
4C
Abdomen
GE
SPLEEN
FR 28
AO% 100
CHI
Frq 4.0
Gn 44
S/A 3/3
Map F/0
D 16.0
DR 72
Whizz Off
1 L 111.72 mm


P3 Health Sloutions
04/08/2022 11:52:50 amADM
MRS. SURUCHI CHUGH 35YRS
040822-113753AM
MI 0.9
TIs 0.3
4C
Abdomen
GE
LT KIDNEY
FR 31
AO% 100
CHI
Frq 4.0
Gn 30
S/A 3/3
Map F/0
D 14.0
DR 72
Whizz Off
1 L 111.53 mm
2 L 53.28 mm

P3 HEALTH SOLUTIONS LLP
B-14, Vidhyanagar Nagar, Enclave, Phase-2, Jaipur
12221571/Suruchi Chugh 35Yrs-9Months/Female Kgs/ Cms BP: ___/___ mmHg **HR: 66 bpm**
Ref.: BANK OF BARODA Test Date: 04-Aug-2022(12:10:19) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec



PR Interval: 140 ms
QRS Duration: 78 ms
QT/QTc: 301/317ms
P-QRS-T Axis: 32 - 75 - 44 (Deg)



Twave

FINDINGS: Normal Sinus Rhythm
Vent Rate : 66 bpm; **PR Interval :** 140 ms; **QRS Duration:** 78 ms; **QT/QTc Int :** 301/317 ms
P-QRS-T axis: 32• 75• 44• (Deg)
Comments :

Dr. Naresh Kumar Mohanka
RMC No.: 35703
MBBS, DIP. CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

P3 HEALTH SOLUTIONS LLP

Summary

B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12221571/MRSSURUCHI CHUGH 35 Yrs/Female 0 Kg/0 Cms

Date: 04-Aug-2022 12:20:39 PM

Ref.By : BANK OF BARODA

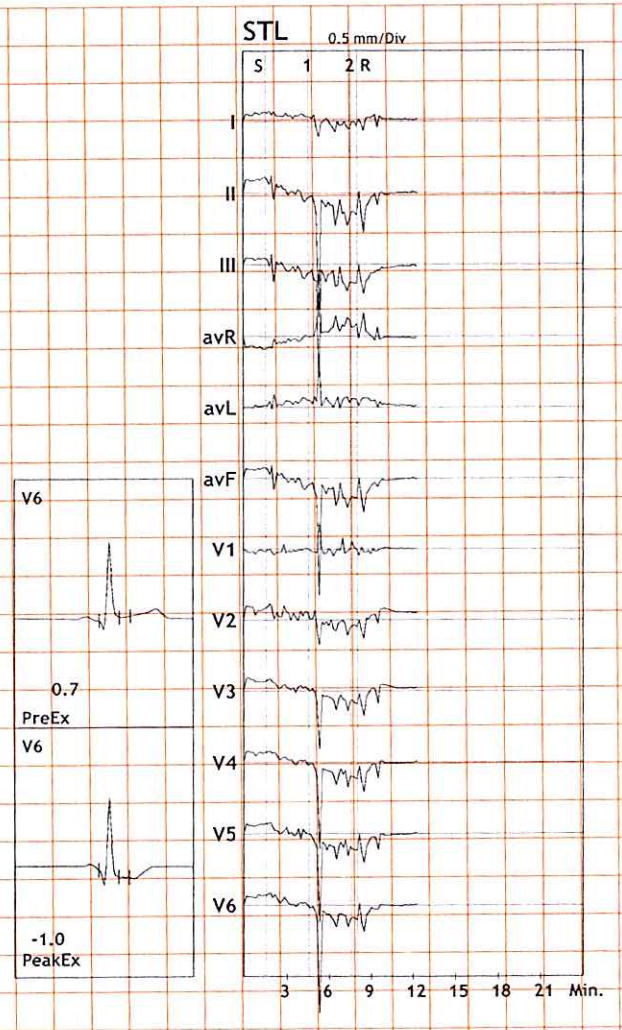
Protocol : BRUCE

Medication :

History :

Objective :

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	67	120/80	80	-	
Standing					1.0	83	120/80	99	-	
HV					1.0	85	120/80	102	-	
ExStart					1.0	90	120/80	108	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	134	125/85	167	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	154	140/90	215	-	
PeakEx	0:31	6:32	3.4	14.0	7.6	164	140/90	229	-	
Recovery	1:00		1.1	0.0	1.2	129	140/90	180	-	
Recovery	2:00		0.0	0.0	1.0	83	140/90	116	-	
Recovery	3:00		0.0	0.0	1.0	77	130/85	100	-	
Recovery	4:00		0.0	0.0	1.0	78	120/80	93	-	



Findings :

Exercise Time :06:31

Max HR Attained :164 bpm 89% of Max Predictable HR 185

Max BP : 150/100(mmHg)

Max WorkLoad attained :7.6(Fair Effort Tolerance)

TMT is Negative

Advice/Comments:

Dr. Naresh Kumar Mohanka
RMC No.: 35703
MBBS, DIP. CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

P3 HEALTH SOLUTIONS LLP

B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12221571/MRSSURUCHI CHUGH
35 Yrs/Female
0 Kg/0 Cms
Date: 04-Aug-2022 12:20:39 PM

HR: 68 bpm
METS: 1.0
BP: 120/80

MPHR:36% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

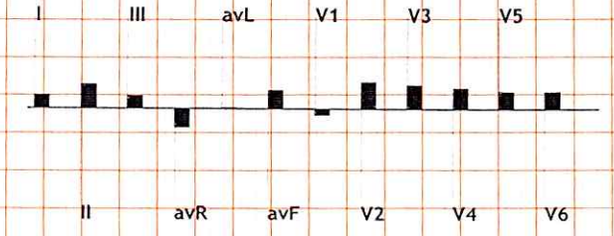
Ex Time 00:31
BLC :On
Notch :On

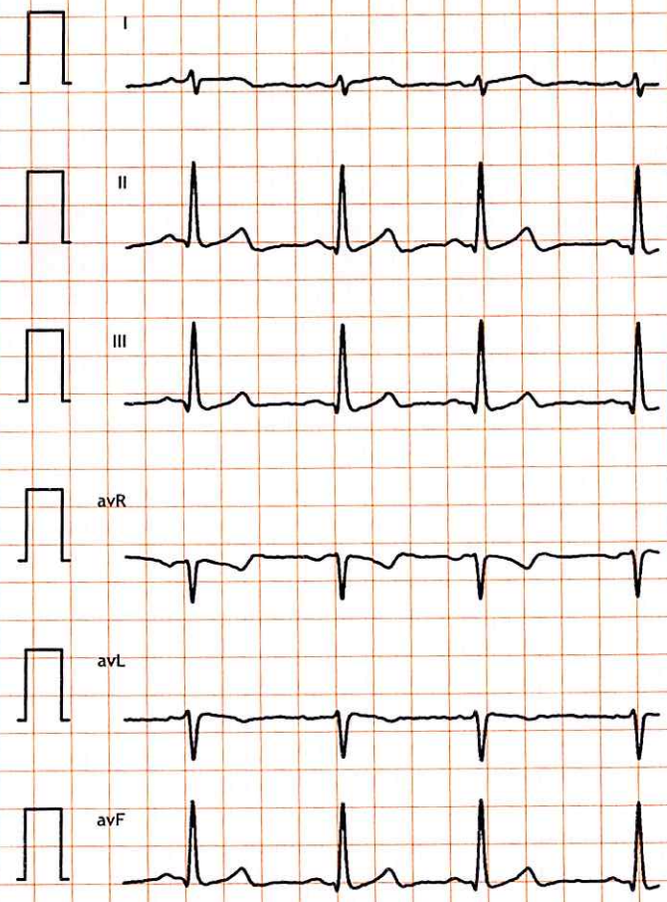
Supine
10.0 mm/mV
25 mm/Sec.

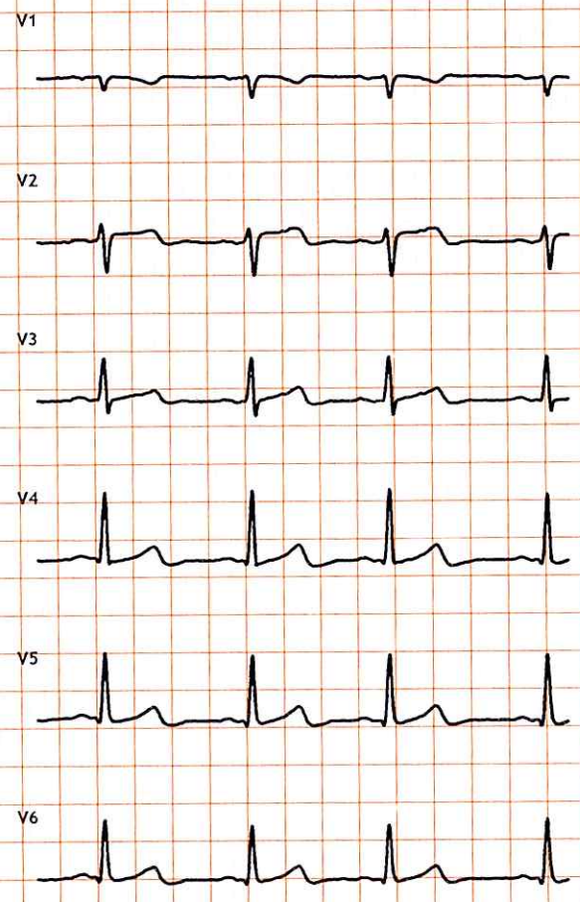
12 Lead + Median

I	II	III	avR	avL	avF
0.4	0.9	0.4	-0.7	0.0	0.7
0.5	0.1	-0.4	-0.3	0.4	-0.1

V1	V2	V3	V4	V5	V6
-0.2	0.9	0.8	0.7	0.6	0.6
-0.2	0.7	0.4	0.3	0.1	0.2







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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12221571/MRSSURUCHI CHUGH
35 Yrs/Female
0 Kg/0 Cms
Date: 04-Aug-2022 12:20:39 PM

HR: 82 bpm
METS: 1.0
BP: 120/80

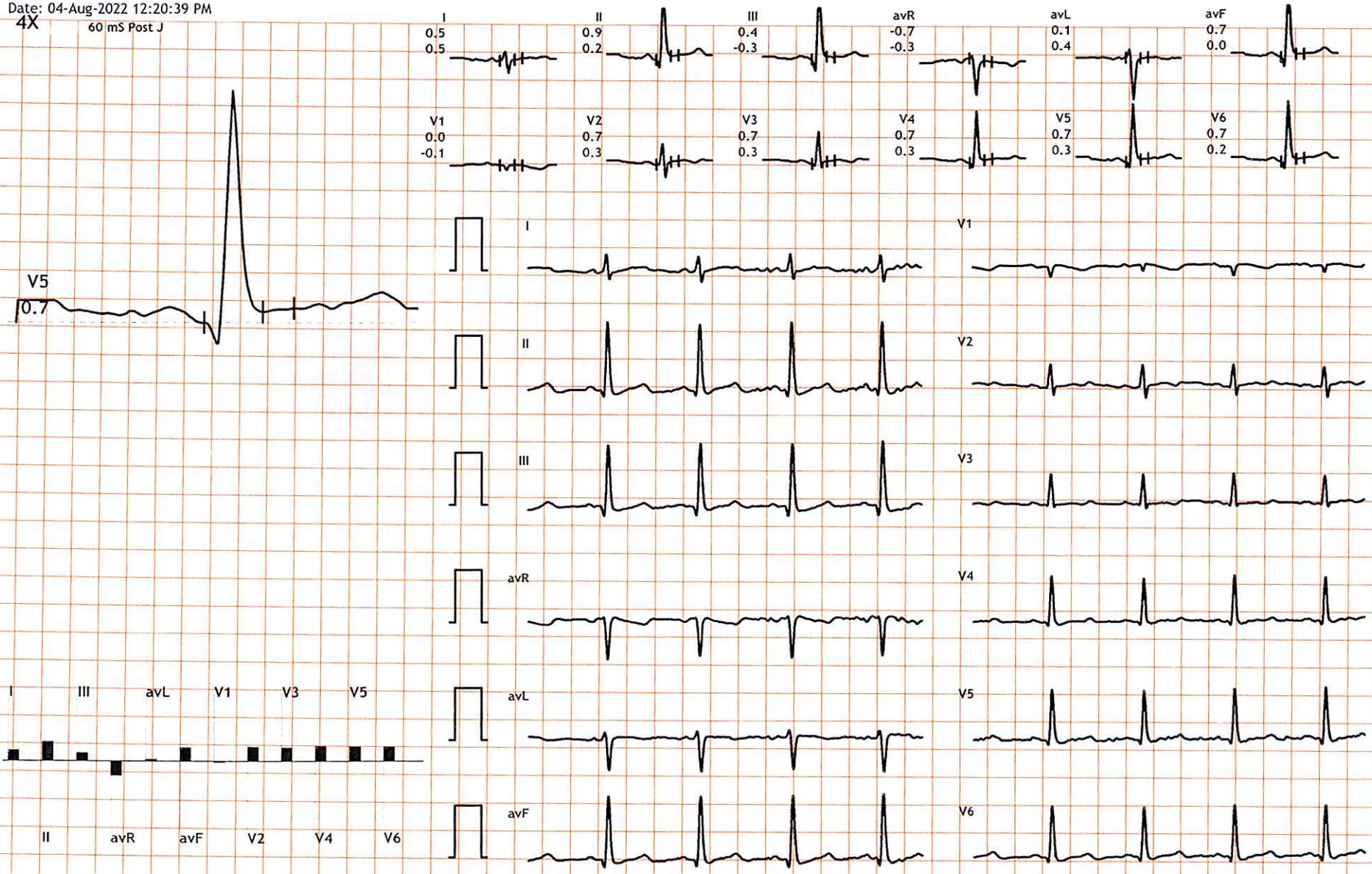
MPHR:44% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 01:16
BLC :On
Notch :On

Standing
10.0 mm/mV
25 mm/Sec.

12 Lead + Median



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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12221571/MRSSURUCHI CHUGH
35 Yrs/Female
0 Kg/0 Cms
Date: 04-Aug-2022 12:20:39 PM

HR: 85 bpm
METS: 1.0
BP: 120/80

MPHR:45% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

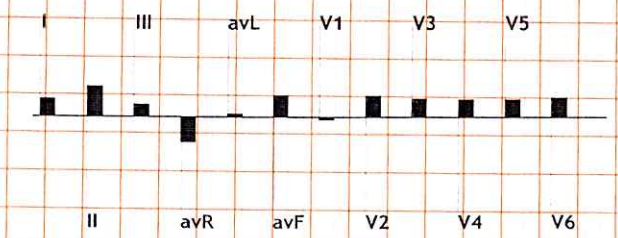
Ex Time 01:24
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.

12 Lead + Median

RMS

4X 60 mS Post J



I	II	III	avR	avL	avF
0.6	1.1	0.4	-0.9	0.1	0.8
0.7	0.5	-0.2	-0.6	0.4	0.1

V1	V2	V3	V4	V5	V6
-0.1	0.8	0.7	0.6	0.6	0.7
-0.3	0.4	0.3	0.3	0.4	0.3

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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221571/MRSSURUCHI CHUGH
35 Yrs/Female
0 Kg/0 Cms
Date: 04-Aug-2022 12:20:39 PM

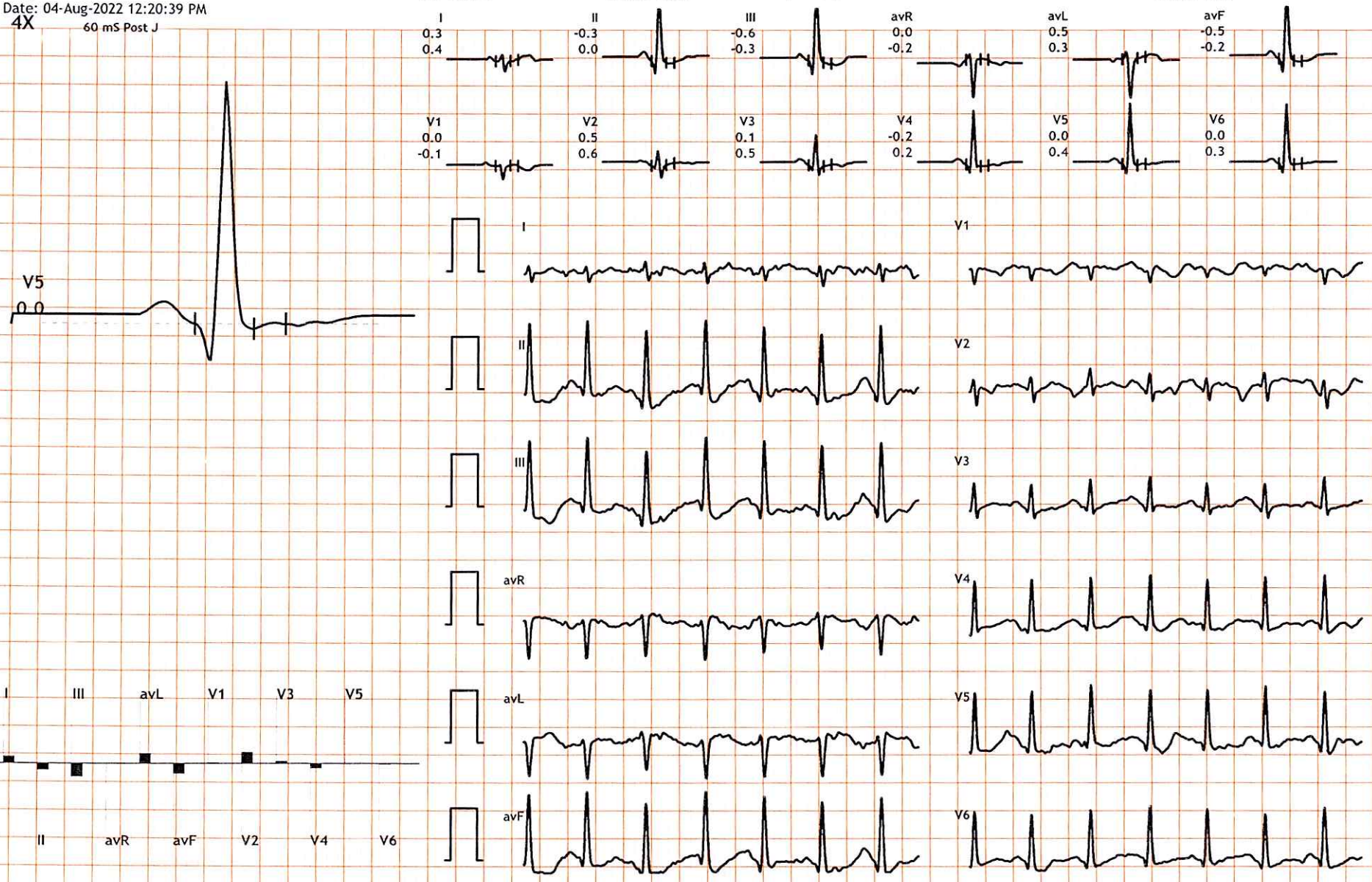
HR: 134 bpm
METS: 4.7
BP: 125/85

MPHR:72% of 185
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 02:59
BLC :On
Notch :On

BRUCE:Stage 1(3:00)
10.0 mm/mV
25 mm/Sec.



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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221571/MRSSURUCHI CHUGH
35 Yrs/Female
0 Kg/0 Cms
Date: 04-Aug-2022 12:20:39 PM

HR: 154 bpm
METS: 7.1
BP: 140/90

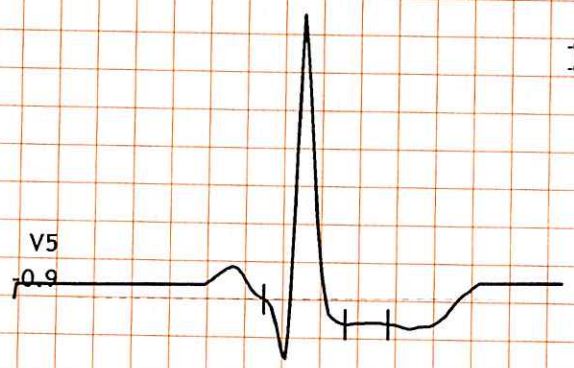
MPHR:83% of 185
Speed: 2.5 mph
Grade: 12.0%

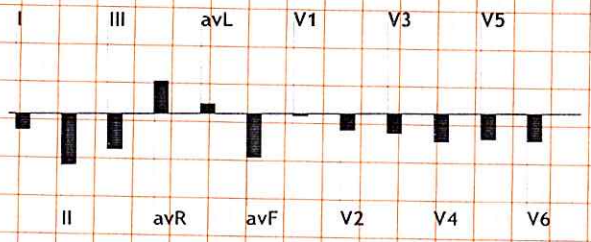
Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 05:59
BLC :On
Notch :On

BRUCE:Stage 2(3:00)
10.0 mm/mV
25 mm/Sec.

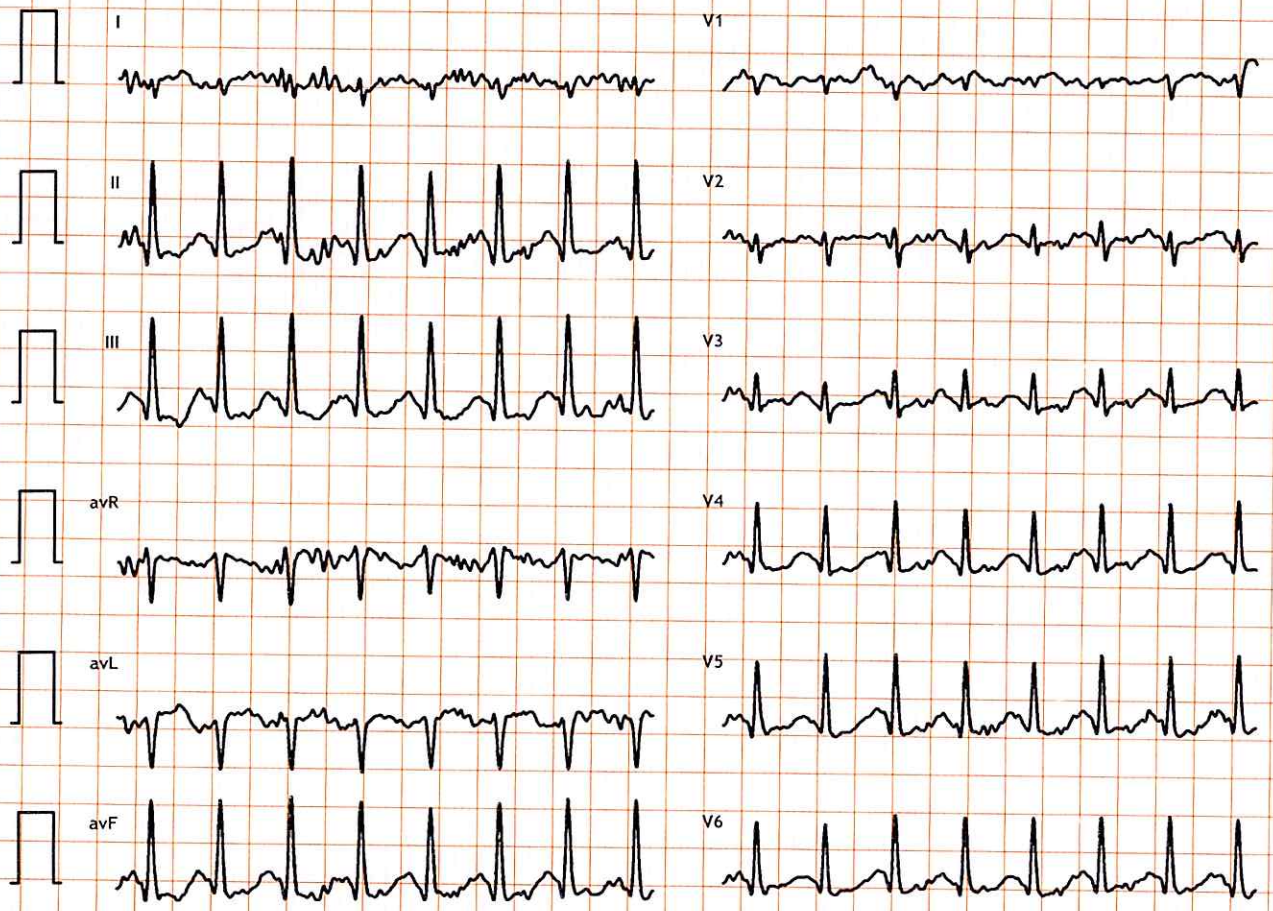
4X 60 mS Post J





I	II	III	avR	avL	avF
-0.5	-1.8	-1.2	1.1	0.3	-1.5
0.3	-0.7	-1.1	0.2	0.7	-0.9

V1	V2	V3	V4	V5	V6
-0.1	-0.6	-0.7	-1.0	-0.9	-1.0
-0.7	0.2	0.0	0.1	0.0	0.1



P3 HEALTH SOLUTIONS LLP

B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221571/MRSSURUCHI CHUGH
35 Yrs/Female
0 Kg/0 Cms
Date: 04-Aug-2022 12:20:39 PM

HR: 164 bpm
METS: 7.6
BP: 140/90

MPHR:88% of 185
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
(1.0-35)Hz

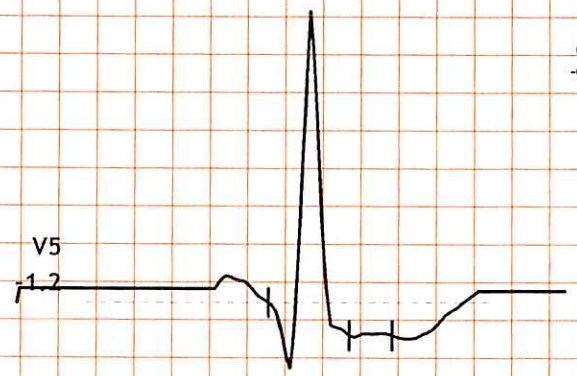
Ex Time 06:29
BLC :On
Notch :On

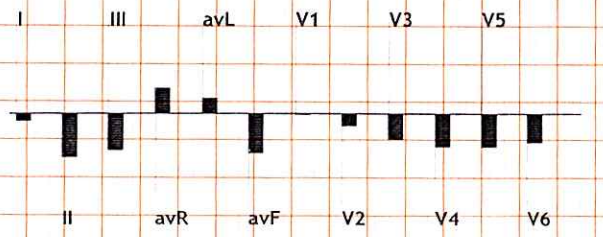
BRUCE:PeakEx(0:29)
10.0 mm/mV
25 mm/Sec.

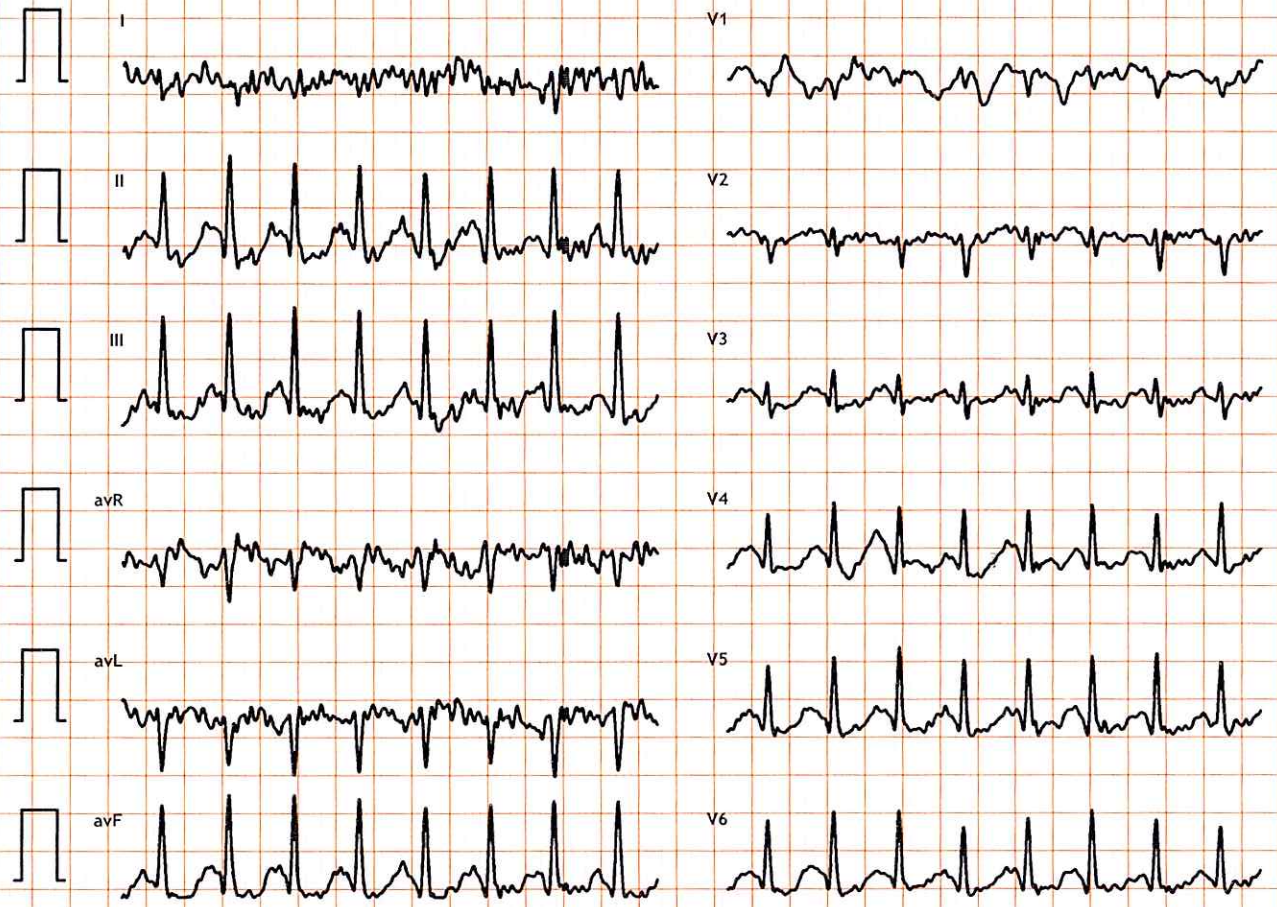
4X 60 mS Post J

I	II	III	avR	avL	avF
-0.3	-1.5	-1.3	0.9	0.5	-1.4
0.5	-0.1	-0.6	-0.2	0.5	-0.3

V1	V2	V3	V4	V5	V6
0.0	-0.4	-0.9	-1.2	-1.2	-1.0
-0.4	0.6	0.0	-0.1	0.0	0.0







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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221571/MRSSURUCHI CHUGH
35 Yrs/Female
0 Kg/0 Cms
Date: 04-Aug-2022 12:20:39 PM

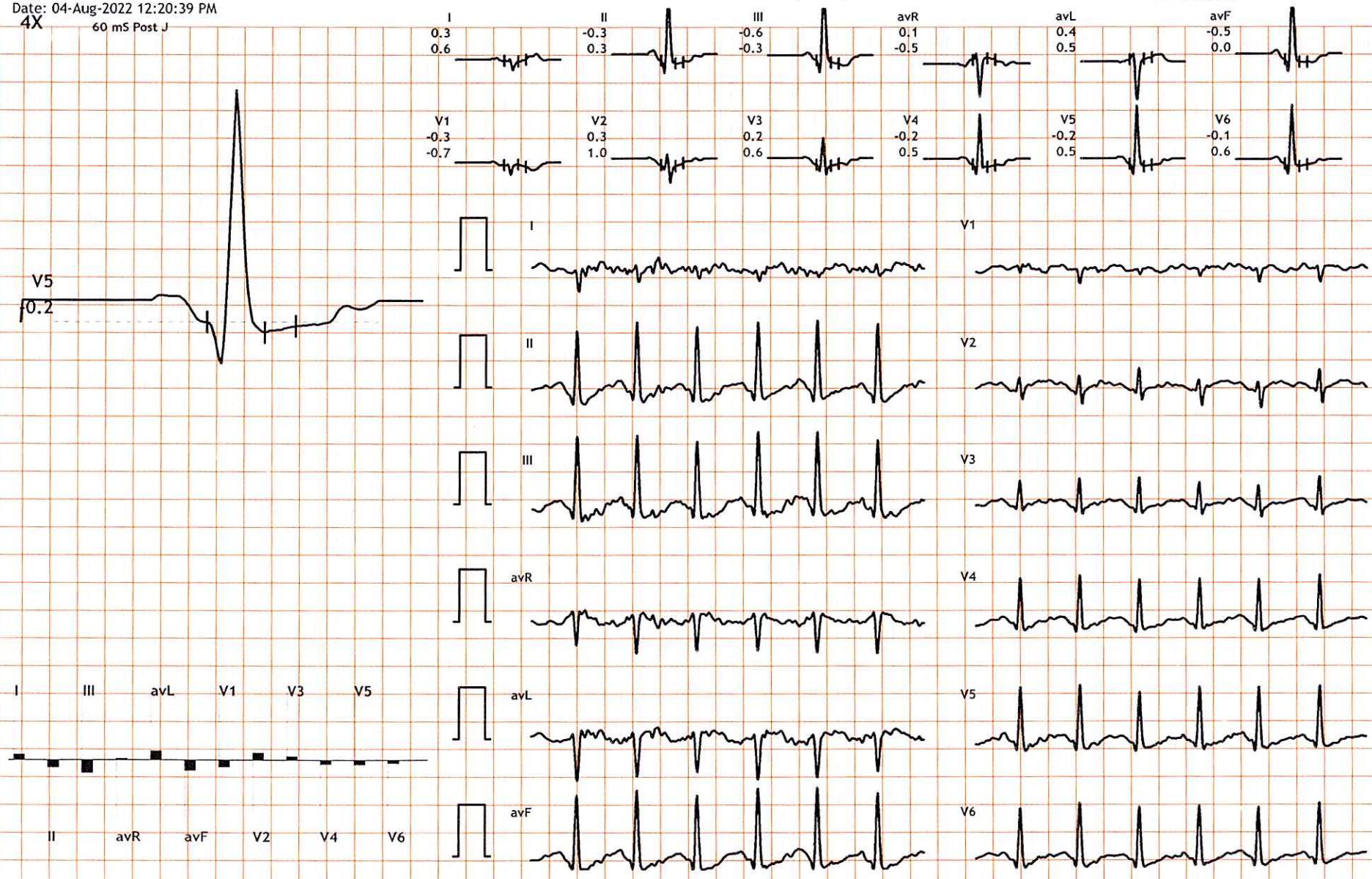
HR: 131 bpm
METS: 1.3
BP: 140/90

MPHR:70% of 185
Speed: 1.1 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 06:31
BLC :On
Notch :On

Recovery(1:00)
10.0 mm/mV
25 mm/Sec.



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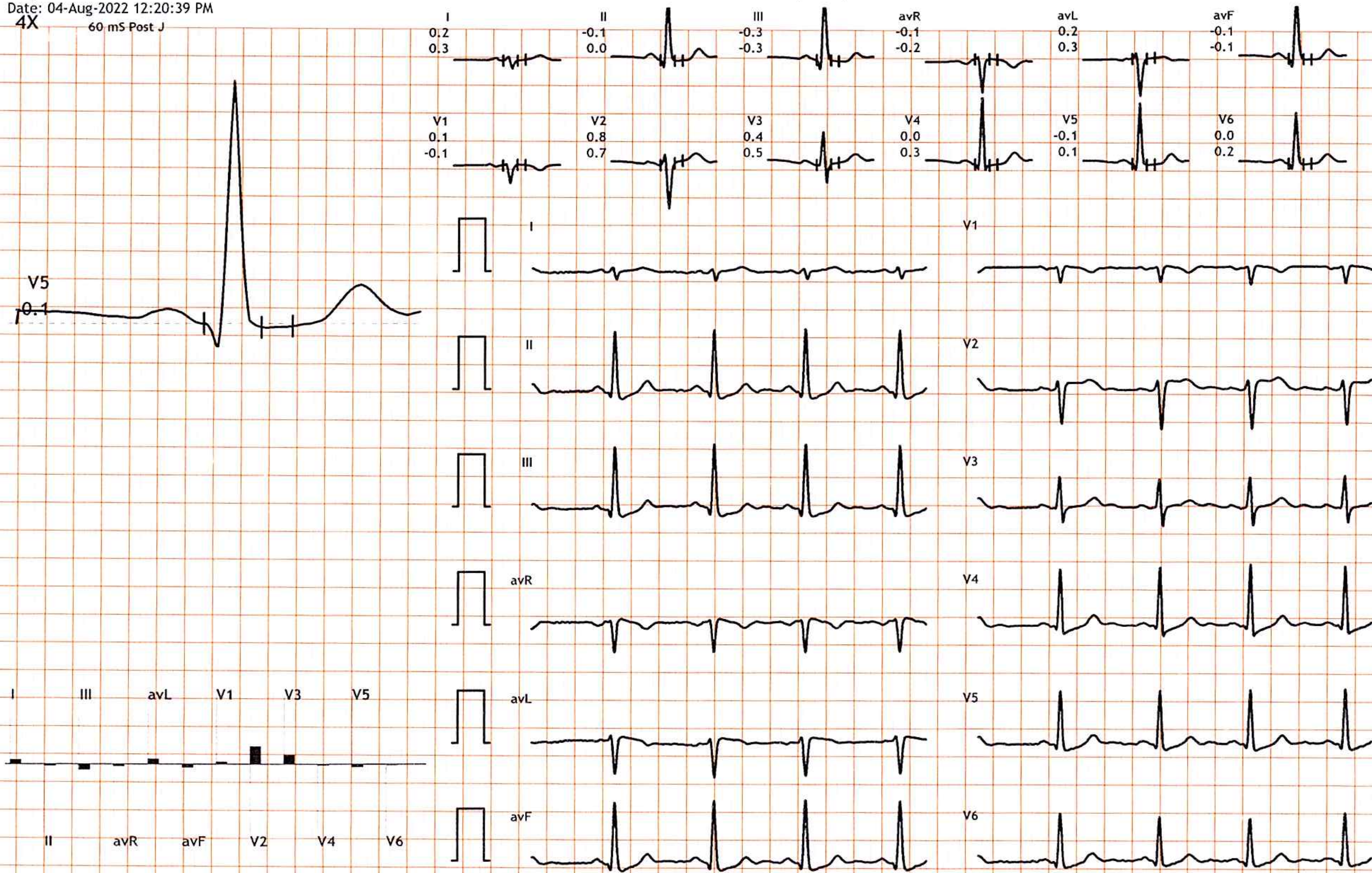
B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221571/MRSSURUCHI CHUGH	HR: 84 bpm	MPHR:45% of 185	Raw ECG	Ex Time 06:31	Recovery(2:00)
35 Yrs/Female	METS: 1.0	Speed: 0.0 mph	BRUCE	BLC :On	10.0 mm/mV
0 Kg/0 Cms	BP: 140/90	Grade: 0.0%	(1.0-35)Hz	Notch :On	25 mm/Sec.

Date: 04-Aug-2022 12:20:39 PM



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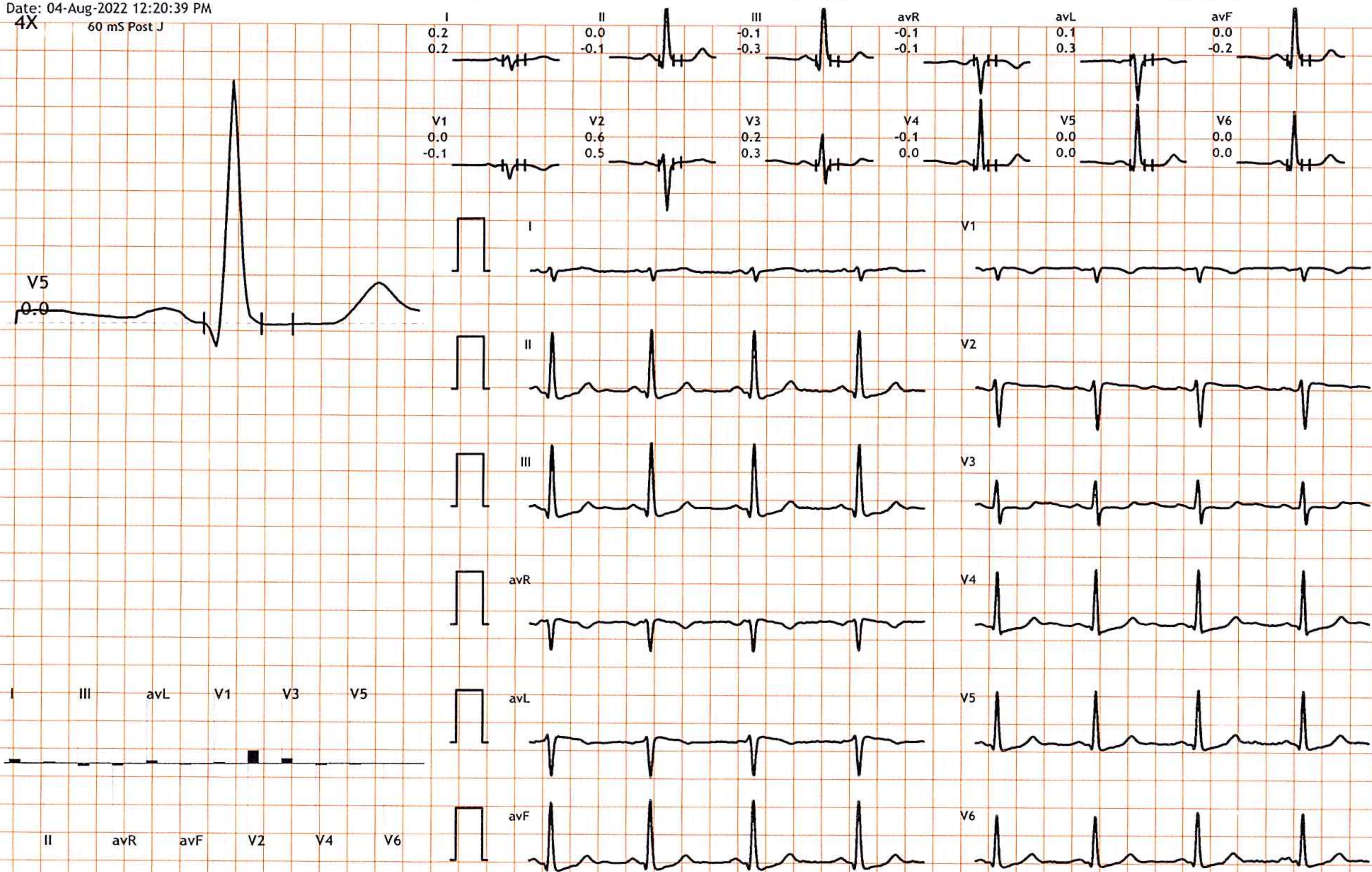
B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

12 Lead + Median

12221571/MRSSURUCHI CHUGH
35 Yrs/Female
0 Kg/0 Cms
Date: 04-Aug-2022 12:20:39 PM

HR: 77 bpm	MPHR:41% of 185	Raw ECG	Ex Time 06:31	Recovery(3:00)
METS: 1.0	Speed: 0.0 mph	BRUCE	BLC :On	10.0 mm/mV
BP: 130/85	Grade: 0.0%	(1.0-35)Hz	Notch :On	25 mm/Sec.



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B-14,Vidhyadhar Nagar Enclave,Phase -2,Jaipur

12 Lead + Median

12221571/MRSSURUCHI CHUGH
35 Yrs/Female
0 Kg/0 Cms
Date: 04-Aug-2022 12:20:39 PM

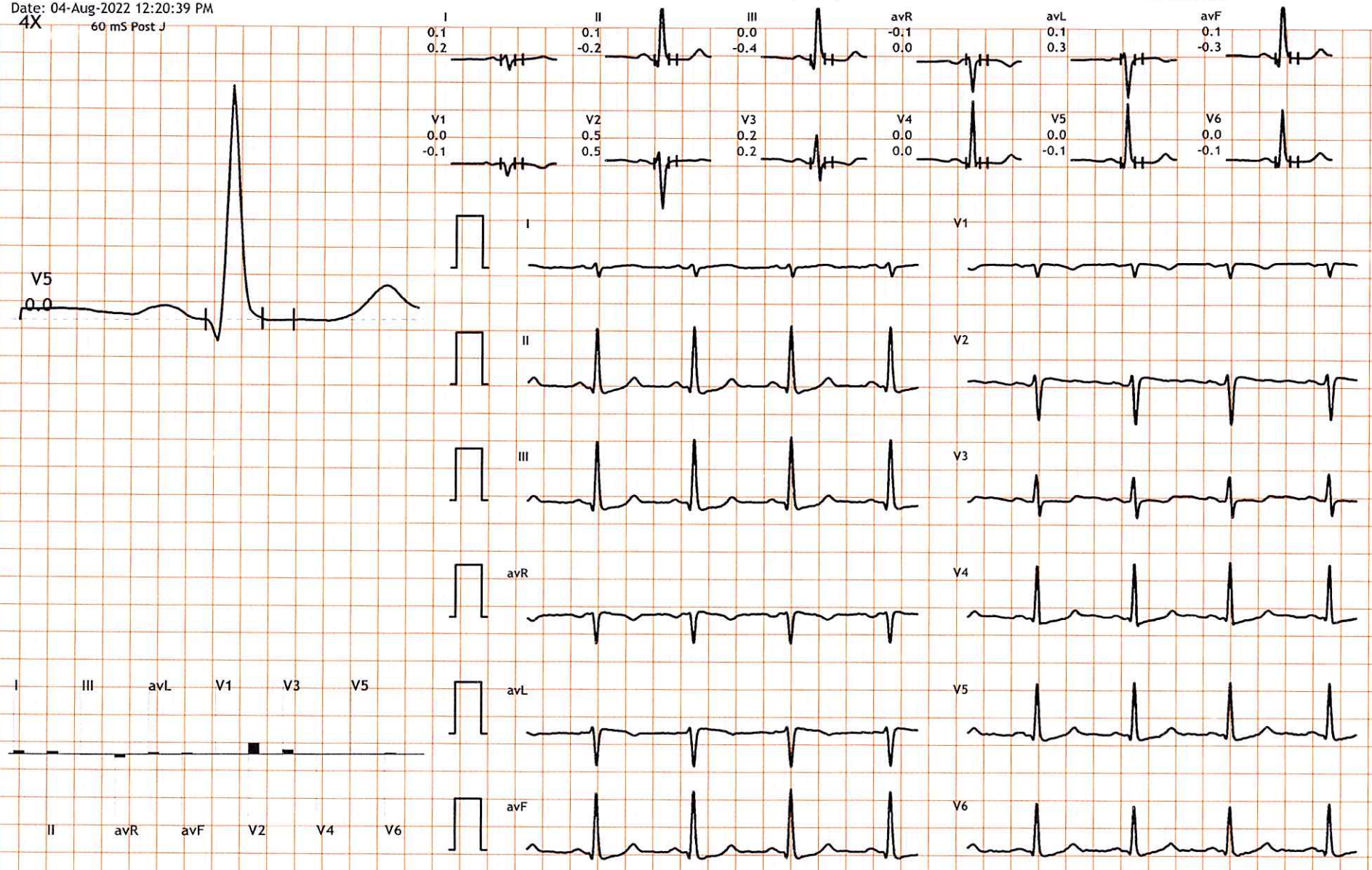
HR: 79 bpm
METS: 1.0
BP: 120/80

MPHR:42% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 06:31
BLC :On
Notch :On

Recovery(4:00)
10.0 mm/mV
25 mm/Sec.




R
12221671 SURUCHI CHIGH 36YRS BANK OF BARODA F
04 AUG 2022
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)