

General Physical Examination

Date of Examination: 14/05/23

Name: Chandya Kala Sahu Age: 47 Sex: female

DOB: 06/07/1975

Referred By: modi wheel.

Photo ID: Adhar ID #: attached

Ht: 155 (cm)

Wt: 66 (Kg)

Chest (Expiration): 94 (cm)

Abdomen Circumference: 92 (cm)

Blood Pressure: 120/80 mm Hg PR: 80 / min RR: 17 / min Temp: Afebrile

BMI 27.5

Eye Examination: Dis vision 6/24, near vision 6/6 with spaces
partially colour blindness

Other: Not significant

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

Signature Of Examinee : [Signature]

Name of Examinee: -----

Signature Medical Examiner : -----

Name Medical Examiner -----

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No -017998



भारत सरकार

Government of India



चन्द्रकला साहू

Chandrakala Sahu

जन्म तिथि / DOB : 06/07/1975

महिला / FEMALE



8307 0186 4579

मेरा आधार, मेरी पहचान

Dr Piyush Goyal
M.B.B.S, D.M.R.D
RMC Reg No -017996



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: W/O कैलाश चंद, १४७, आदिनाथ नगर,
पालवाले बालाजी मोड, वार्ड नं० १२, सिरसी,
सिरसी, जयपुर, राजस्थान, 302012

चन्द्रकला
Address: W/O Kailash Chand, 147, adinath
nagar, palawale balaji mod, ward no 12,
Sirsi, Sirsi, Jaipur, Rajasthan, 302012



8307 0186 4579



1947



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www

www.uidai.gov.in



Date :- 14/05/2023 09:15:42

Patient ID :-1223697

NAME :- Mrs. CHANDRA KALA SAHU

Ref. By Dr:- BOB

Sex / Age :- Female 47 Yrs 10 Mon 8 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 14/05/2023 09:30:43

Final Authentication : 14/05/2023 12:10:03

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE FEMALE ABOVE 40

GLYCOSYLATED HEMOGLOBIN (HbA1C)

6.0

%

Method:- HPLC

Non-diabetic: < 5.7
 Pre-diabetics: 5.7-6.4
 Diabetics: = 6.5 or higher
 ADA Target: 7.0
 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1C measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1C method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE

126

mg/dL

Method:- Calculated Parameter

Non Diabetic < 100 mg/dL
 Prediabetic 100- 125 mg/dL
 Diabetic 126 mg/dL or Higher

AJAYSINGH
 Technologist

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Dr. Chandrika Gupta
 MBBS.MD (Path)
 RMC NO. 21021/008037



Date :- 14/05/2023 09:15:42
NAME :- Mrs. CHANDRA KALA SAHU
Sex / Age :- Female 47 Yrs 10 Mon 8 Days
Company :- MediWheel

Patient ID :-1223697
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 14/05/2023 09:30:43

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	10.1 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	6.52	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	58.4	%	40.0 - 80.0
LYMPHOCYTE	33.0	%	20.0 - 40.0
EOSINOPHIL	6.1 H	%	1.0 - 6.0
MONOCYTE	2.2	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	3.81	10 ³ /uL	1.50 - 7.00
LYMPH#	2.16	10 ³ /uL	1.00 - 3.70
EO#	0.39	10 ³ /uL	0.00 - 0.40
MONO#	0.14	10 ³ /uL	0.00 - 0.70
BASO#	0.02	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	3.70 L	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	31.30 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	84.6	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.2	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.2	g/dL	31.5 - 34.5
PLATELET COUNT	198	x10 ³ /uL	150 - 410
RDW-CV	13.2	%	11.6 - 14.0
MENTZER INDEX	22.86		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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NAME :- Mrs. CHANDRA KALA SAHU

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR) 22 H mm/hr. 00 - 20

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: FLC, DLC, Fluorescent Flow cytometry, HB, SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and

or connective tissue disease. MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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 Sex / Age :- Female 47 Yrs 10 Mon 8 Days
 Company :- MediWHEEL

Patient ID :-1223697
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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 14/05/2023 09:30:43

Final Authentication : 14/05/2023 11:10:16

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	232.03 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	142.51	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	56.31	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	151.97 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	28.50	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.12		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.70		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	686.66	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Radox Rx Imola 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 HDLCHOLESTERO InstrumentName:Radox Rx Imola 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.			
DIRECT LDL-CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

SURENDRAXHANGA

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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 14/05/2023 09:30:43

Final Authentication : 14/05/2023 11:10:16

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.73	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.22	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.51	mg/dl	0.30-0.70
SGOT Method:- IFCC	31.5 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	20.8	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	92.90	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	35.00 H	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.40	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.00	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.40	gm/dl	2.20 - 3.50
A/G RATIO	1.67		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent InstrumentName: Randox Rx Imola 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.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen 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)

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Patient ID :-1223697
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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 14/05/2023 09:30:43

Final Authentication : 14/05/2023 12:51:38

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.290	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.910	ug/dl	5.500 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.770	μIU/mL	0.500 - 6.880

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 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.

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.

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 that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal 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

AJAYKUMAR
 Technologist

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 Sex / Age :- Female 47 Yrs 10 Mon 8 Days
 Company :- MediWheel

Patient ID :-1223697
 Ref. By Dr:- BOB
 Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 14/05/2023 09:30:43

Final Authentication : 14/05/2023 11:02:17

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.020		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip' (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
RBC Method:- Reagent Strip (Peroxidase like activity)	NIL		NIL
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA
 Technologist

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NAME :- Mrs. CHANDRA KALA SAHU
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 Company :- MediWheel

Patient ID :-1223697
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Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Iodide, BUN, SERUM, 14/05/2023 09:30:43

Final Authentication : 14/05/2023 15:12:13

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	100.4	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
<p>Instrument Name: Radox Rx Imola 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.</p>			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	110.4	mg/dl	70.0 - 140.0
<p>Instrument Name: Radox Rx Imola 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.</p>			
SERUM CREATININE Method:- Colorimetric Method	0.80	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.33	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA



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Lab/Hosp :-



Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 14/05/2023 09:30:43

Final Authentication : 14/05/2023 16:58:49

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"B" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

AJAYSINGH, RAJKUMAR, VIJENDRAMEENA
Technologist

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Dr. Chandrika Gupta
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Dr. Goyal's

Path Lab & Imaging Centre

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Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com

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Sample Type :- PLAIN/SERUM

Sample Collected Time 14/05/2023 09:30:43

Final Authentication : 14/05/2023 11:10:16

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.5	mg/dl	0.0 - 23.0

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Lab/Hosp :-



Sample Type :- SWAB

Sample Collected Time 14/05/2023 09:30:43

Final Authentication : 14/05/2023 14:22:38

PAP SMEAR

PAP SMEAR FOR CYTOLOGY EXAMINATION

Microscopic & diagnosis,

Smears show predominantly superficial & intermediate squamous epithelial cells along with few parabasal cells in the background of mild acute inflammation.

Clusters of endocervical cells seen.

No atypical or malignant cells seen.

IMPRESSION :Negative for intraepithelial lesion.

Note: Please note papanicolaou smear study is a screening procedure for cervical cancer with inherent false negative result, hence should be interpreted with caution.

Slides will be kept for one month only.

***** End of Report *****

SITAGURJAR
Technologist

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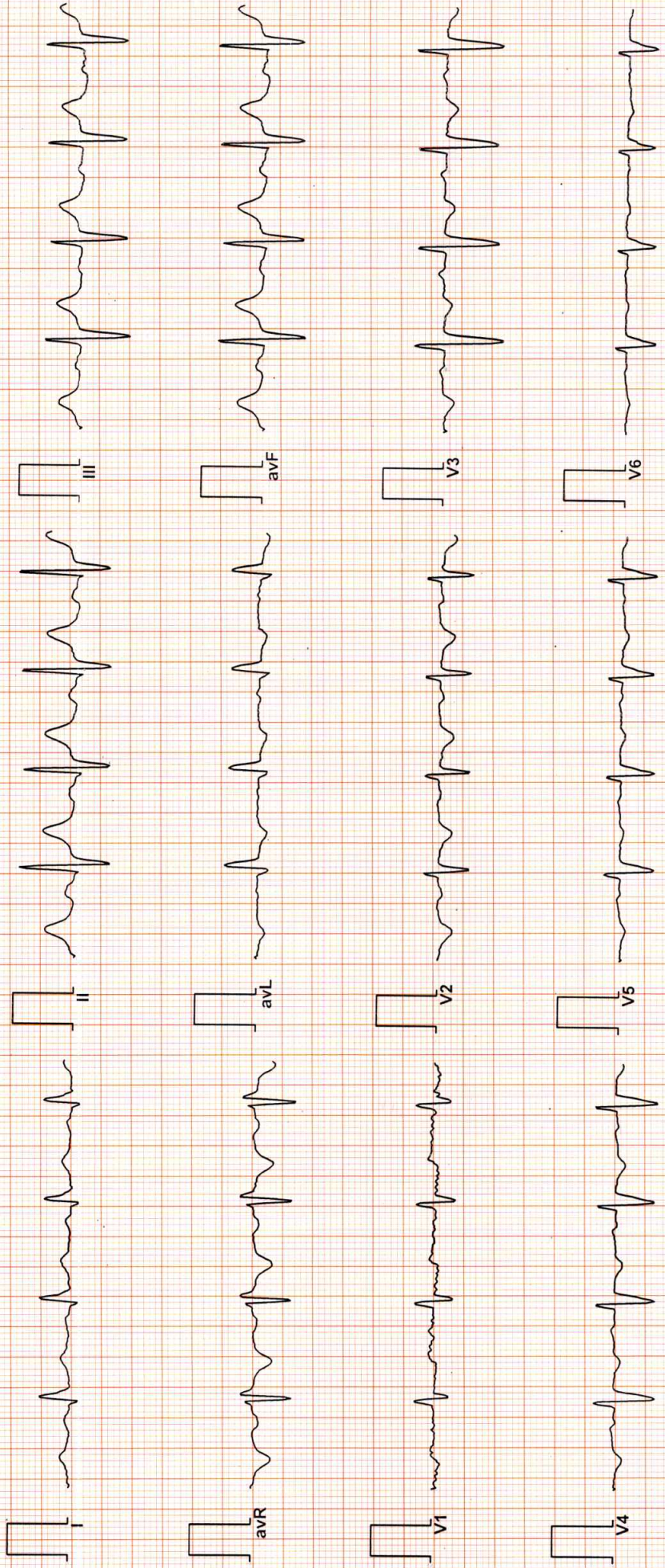
DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

4859 / MRS. CHNDRAKALA SAHU / 47 Yrs / F / Non Smoker

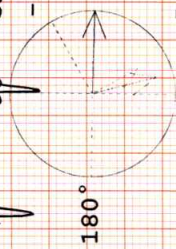
Heart Rate : 91 bpm / Tested On : 14-May-23 10:22:47 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

/ Refd By: MEDIWHEEL

ECG



Vent Rate : 91 bpm
PR Interval : 176 ms
QRS Duration : 102 ms
QT/QTc Int : 374/428 ms
P-QRS-T axis: 61.00 • 1.00 • 75.00 •



Sinus rhythm with inversion in lead V1, V6!

Dr. Waseeh Kumar Mohanta
RAC No. 33703
Reported By: Dr. Waseeh Kumar Mohanta
S.E.M. (RCGP-UK)

Axis I 75.00° P 61.00°
90° R 1.00°



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:54	0:54	01.1	00.0	01.0	105	61 %	110/80	115	00	
Standing	02:12	1:18	01.1	00.0	01.0	124	72 %	110/80	136	00	
HV	02:26	0:14	01.1	00.0	01.0	123	71 %	110/80	135	00	
Warm Up	03:58	1:32	01.1	00.0	01.0	147	85 %	110/80	161	00	
ExStart	04:02	0:04	01.7	10.0	01.1	146	84 %	110/80	160	00	
BRUCE Stage 1	07:02	3:00	01.7	10.0	04.7	166	96 %	120/86	199	00	
PeakEx	09:42	2:40	02.5	12.0	06.8	185	107 %	140/90	259	00	
Recovery	10:42	1:00	00.0	00.0	01.0	163	94 %	140/90	228	00	
Recovery	11:42	2:00	00.0	00.0	01.0	138	80 %	130/90	179	00	
Recovery	12:42	3:00	00.0	00.0	01.0	133	77 %	120/86	159	00	
Recovery	13:42	4:00	00.0	00.0	01.0	120	69 %	120/80	144	00	
Recovery	14:42	5:00	00.0	00.0	01.0	122	71 %	110/80	134	00	
Recovery	14:51	5:09	00.0	00.0	01.0	123	71 %	110/80	135	00	

FINDINGS :

Exercise Time : 05:40
 Max HR Attained : 185 bpm 107% of Target 173
 Max BP Attained : 140/90 (mm/Hg)
 Max WorkLoad Attained : 6.8 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Base line ECG show + Inversion in lead V1, V4. There is no significant ST + changes seen during exercise and in recovery -- + Inversion remains same in recovery.

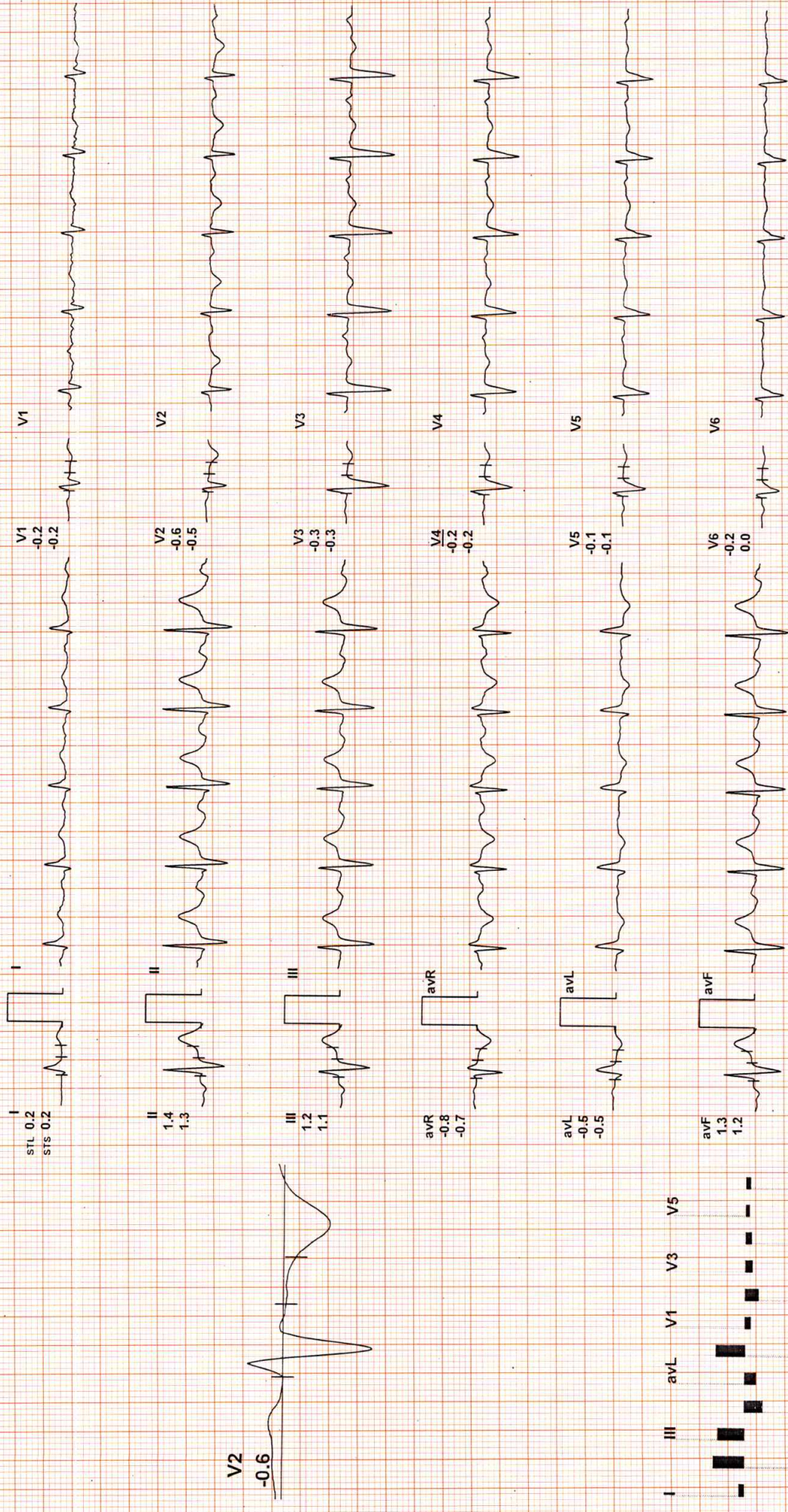
TMT Negative for RMI.
 Conclude Clinically to

(Signature)
 RMC No. 3570
 M.D. DIP, CARDIOLOGIST
 D.E.M. (RECOGNITION)

Date: 14 / 05 / 2023 10:25:30 AM METS: 1.0/ 105 bpm 61% of THR BP: ---/--- mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS: II avR avF V2 V4 V6

Date: 14 / 05 / 2023 10:25:30 AM METS: 1.0 / 124 bpm 72% of THR BP: --- mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
4X 60 mS Post J ExTime: 00:00 1.1 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV

I
STL -0.2
STS 0.1

V1
-0.3
0.3

II
0.1
1.3

V2
-0.2
-0.1

III
0.2
1.2

V3
-0.4
0.5

avR
0.0
-0.7

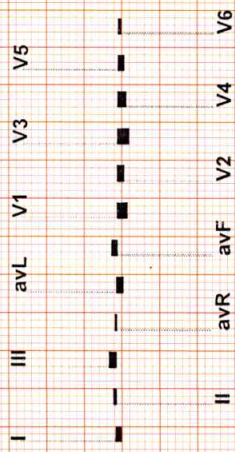
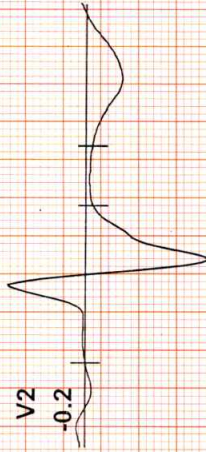
V4
-0.3
0.3

avL
-0.2
-0.6

V5
-0.2
0.3

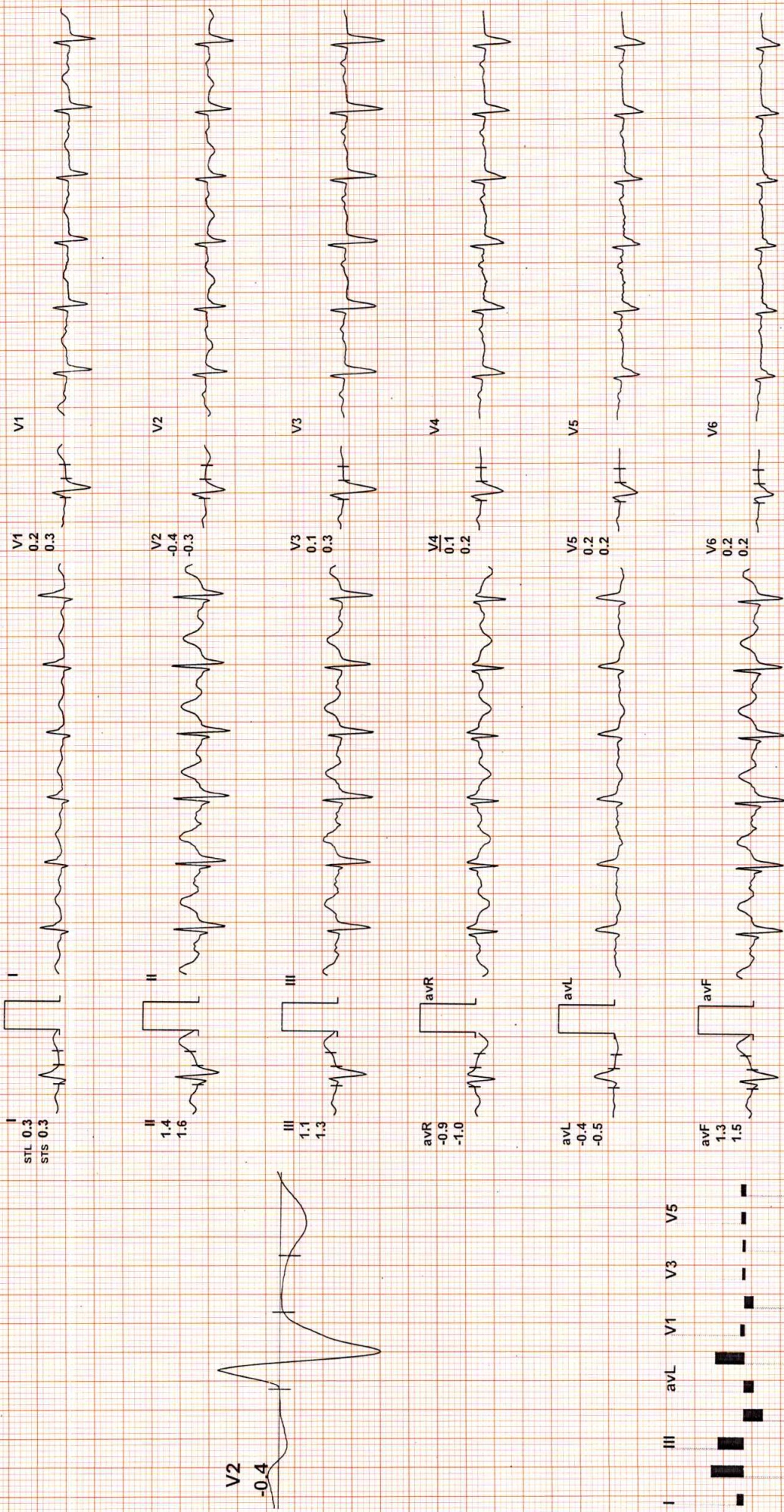
avF
0.2
1.3

V6
-0.1
0.2



REMARKS:

Date: 14 / 05 / 2023 10:25:30 AM METS: 1.0/ 123 bpm 71% of THR BP: ---/--- mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
4X 80 mS Post J ExTime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 14 / 05 / 2023 10:25:30 AM METS: 1.0/ 147 bpm 85% of THR BP: ---/--- mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz
4X 60 mS Post J ExTime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM217220330)(R)Allengers

DR. GOYALS PATH LAB & IMAGING CENTER

1084 / MR CHANDRA KALA SAHU / 47 Yrs / F / 0 Cms / 0 Kg / HR : 146

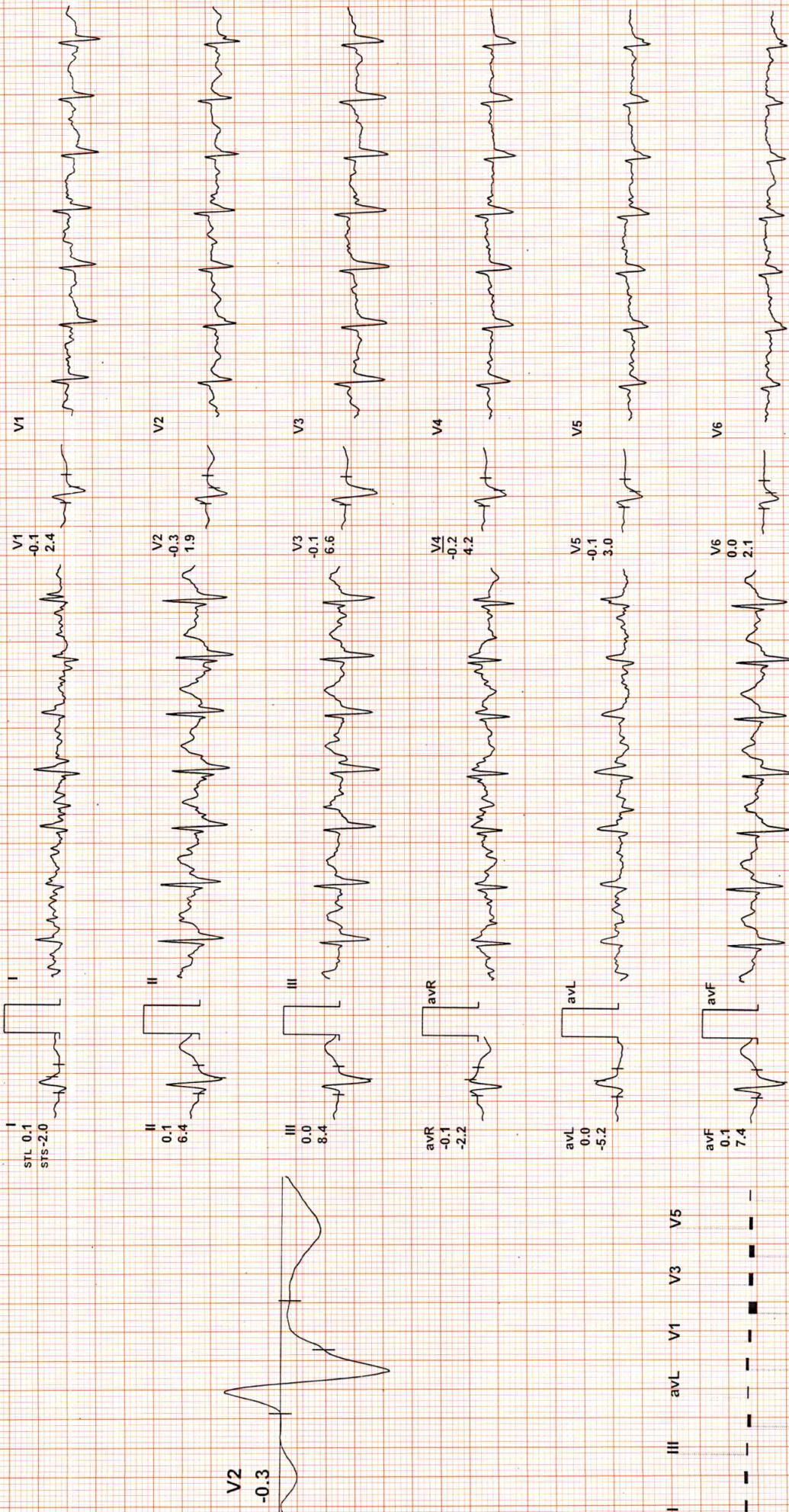
ExStart

AGHPL

Date: 14 / 05 / 2023 10:25:30 AM METS: 1.1/ 146 bpm 84% of THR BP: ---/--- mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.7 mph 10.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS: I II III avR avL avF V1 V2 V3 V4 V5 V6

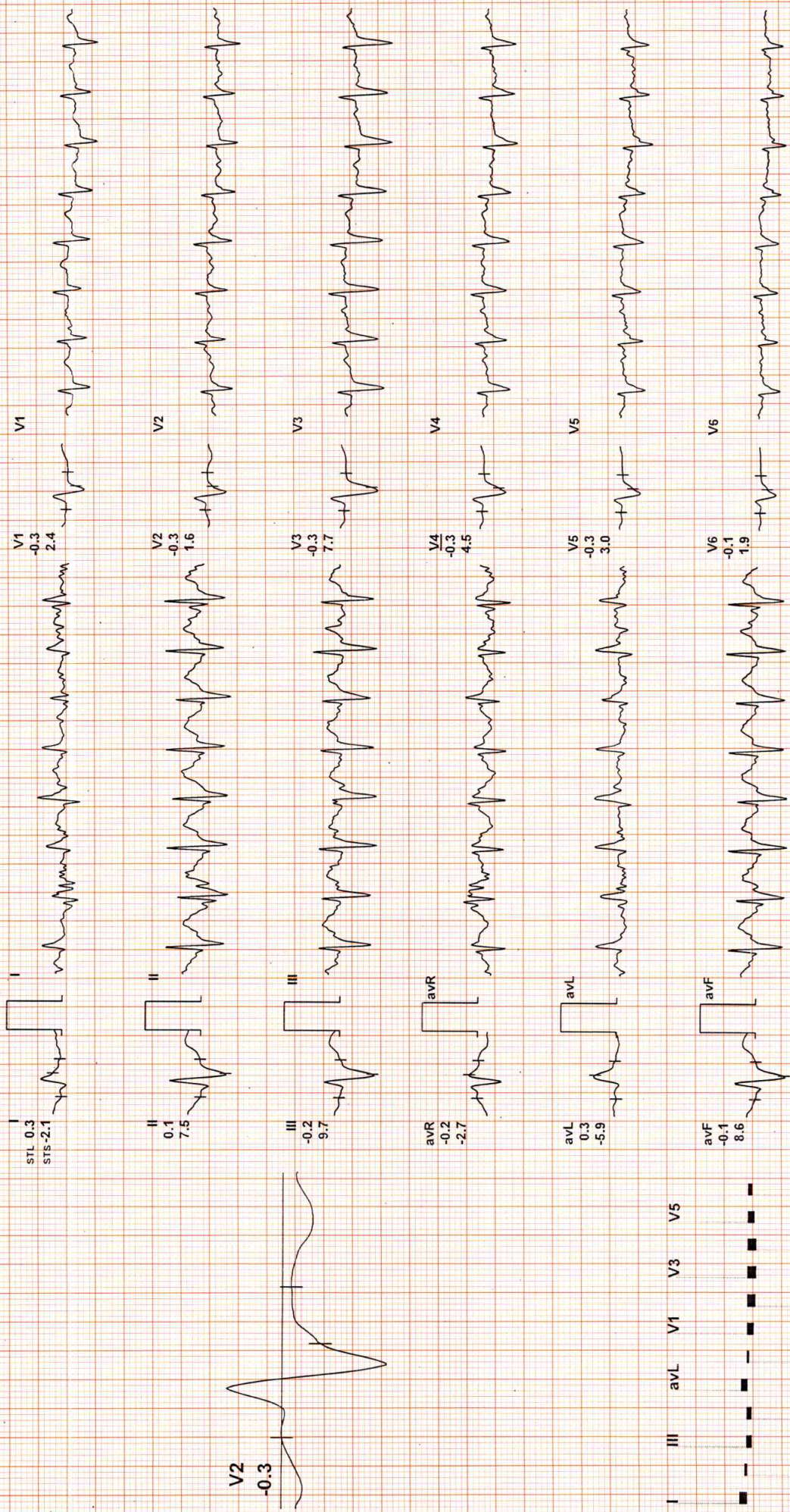
(ADX_GEM217220330)(R)Allengers



Date: 14 / 05 / 2023 10:25:30 AM METS: 4.71 166 bpm 96% of THR BP: 120/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J

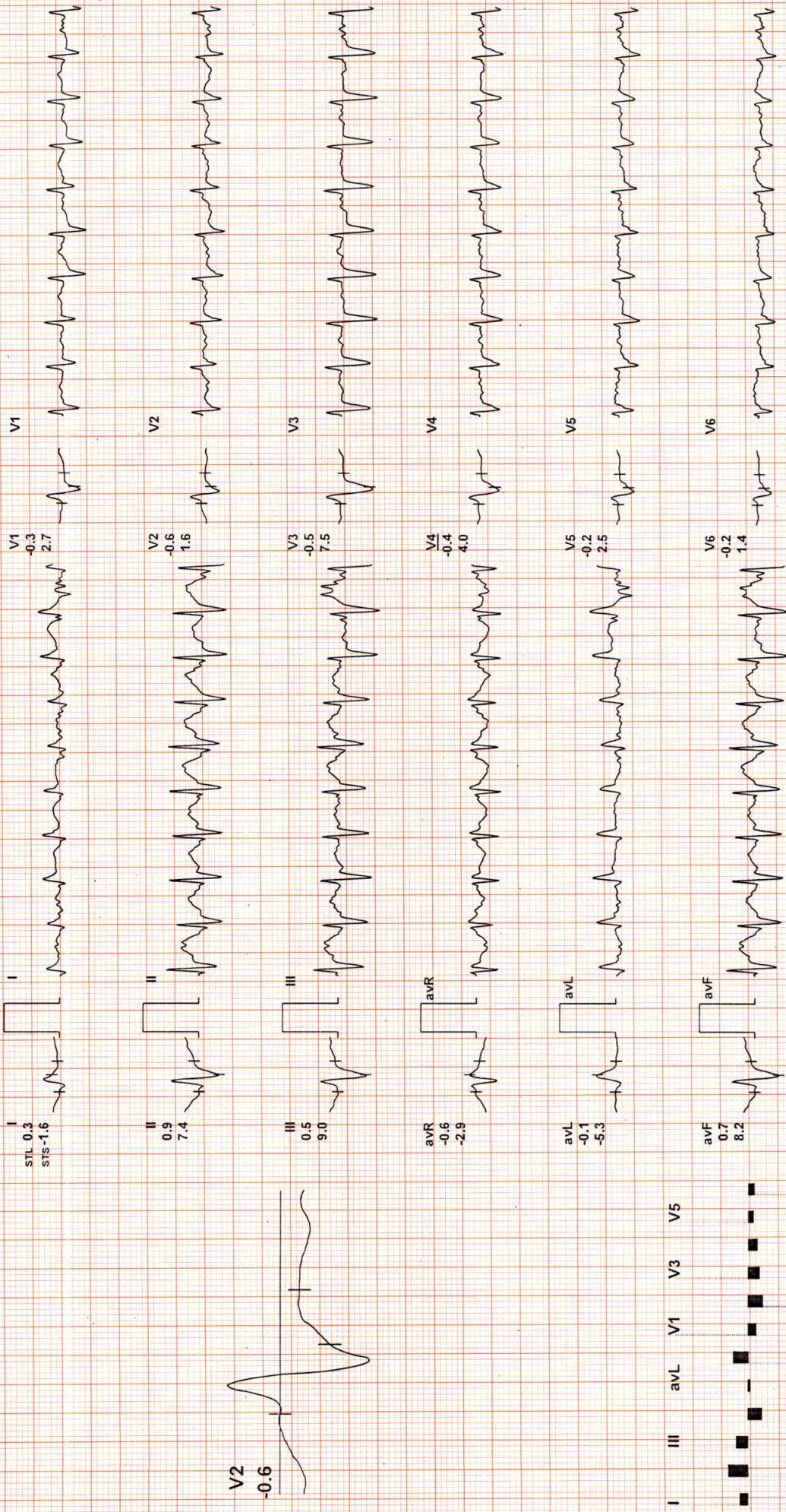


REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

Date: 14 / 05 / 2023 10:25:30 AM METS: 6.8/ 185 bpm 107% of THR BP: 140/90 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 05:40 2.5 mph, 12.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



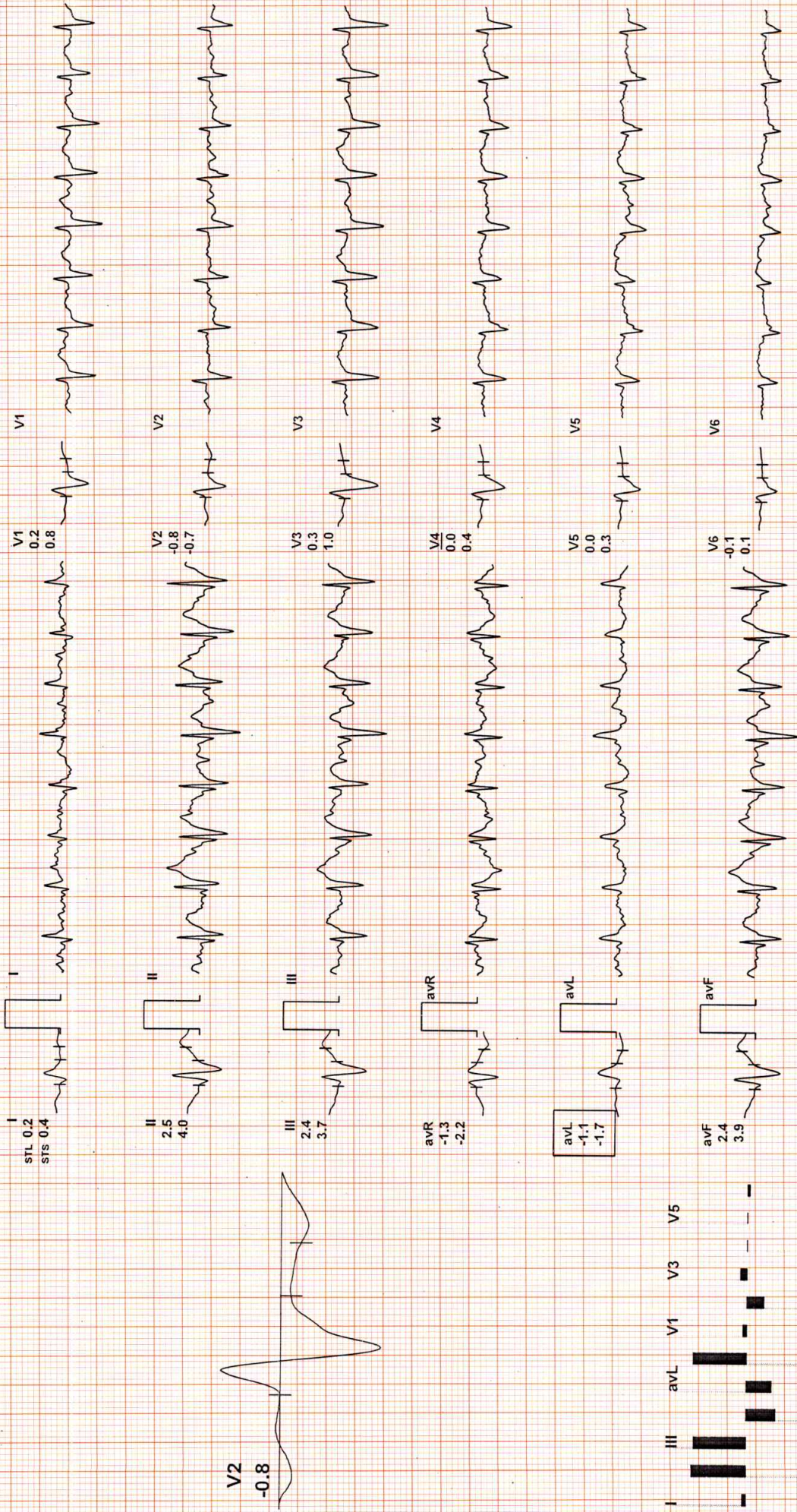
REMARKS:

(ADX_GEM217220330)(R)Allengers

Date: 14 / 05 / 2023 10:25:30 AM METS: 1.0/ 163 bpm 94% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 05:40 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post.J



REMARKS: II aVR avF V2 V4 V6

DR. GOYALS PATH LAB & IMAGING CENTER

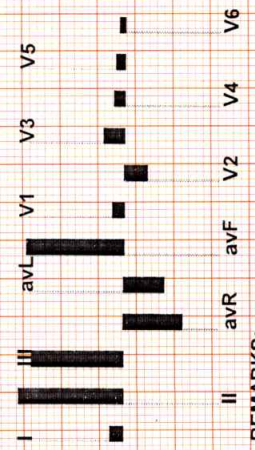
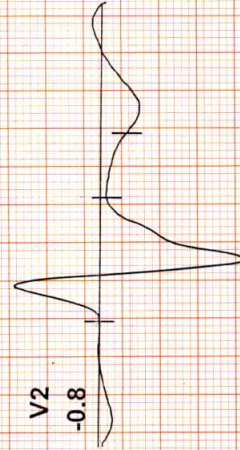
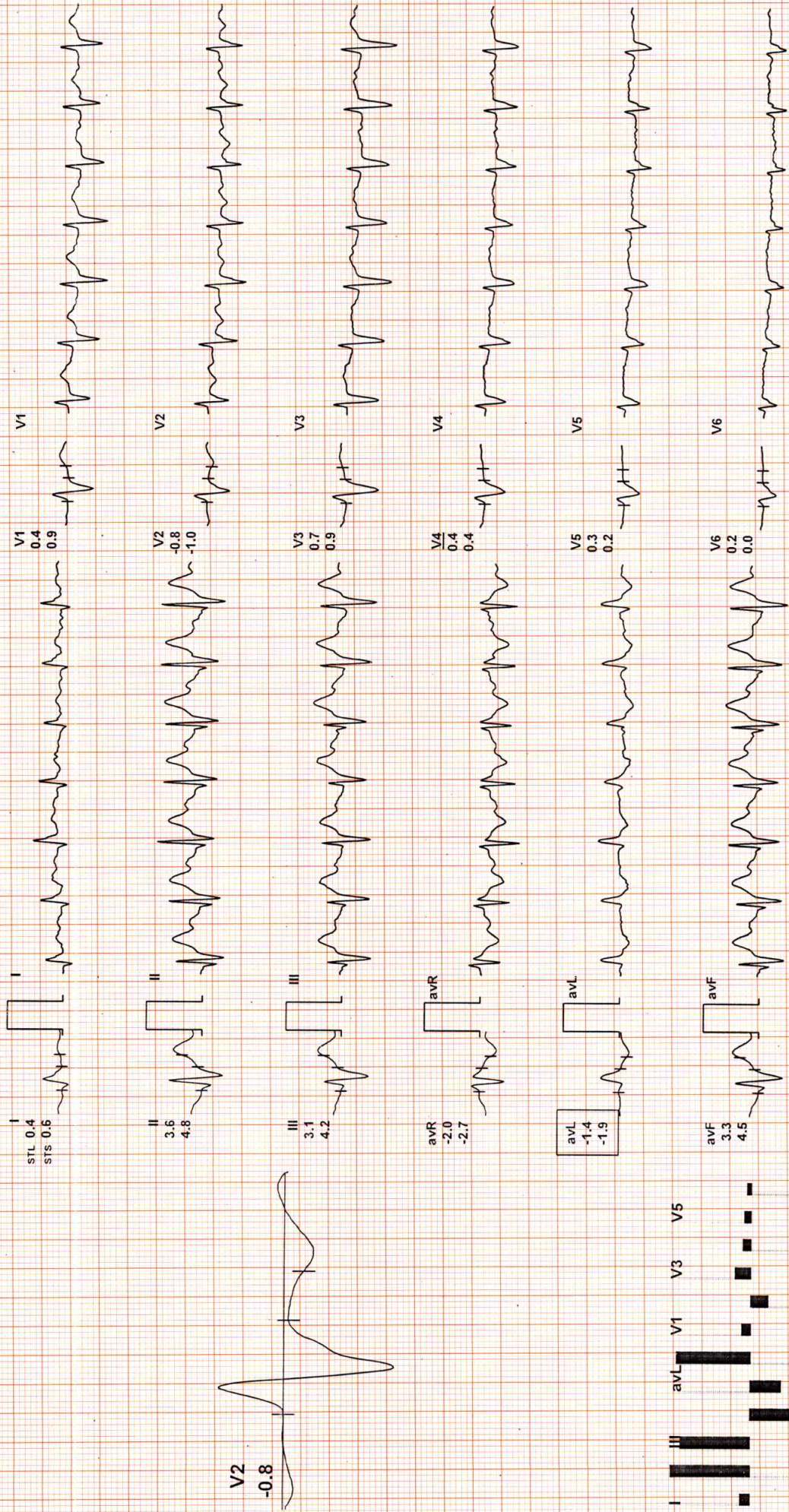
1084 / MR CHANDRA KALA SAHU / 47 Yrs / F / 0 Cms / 0 Kg / HR : 138

Recovery(2:00)



Date: 14 / 05 / 2023 10:25:30 AM METS: 1.0/ 138 bpm 80% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
 EXTime: 05:40 0.0 mph 0.0%
 25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(ADX_GEM217220330)(R)Allengers

DR. GOYALS PATH LAB & IMAGING CENTER

1084 / MR CHANDRA KALA SAHU / 47 Yrs / F / 0 Cms / 0 Kg / HR : 133

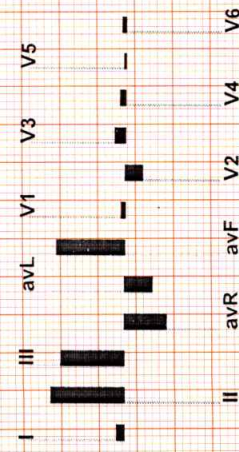
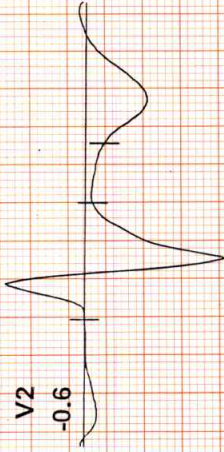
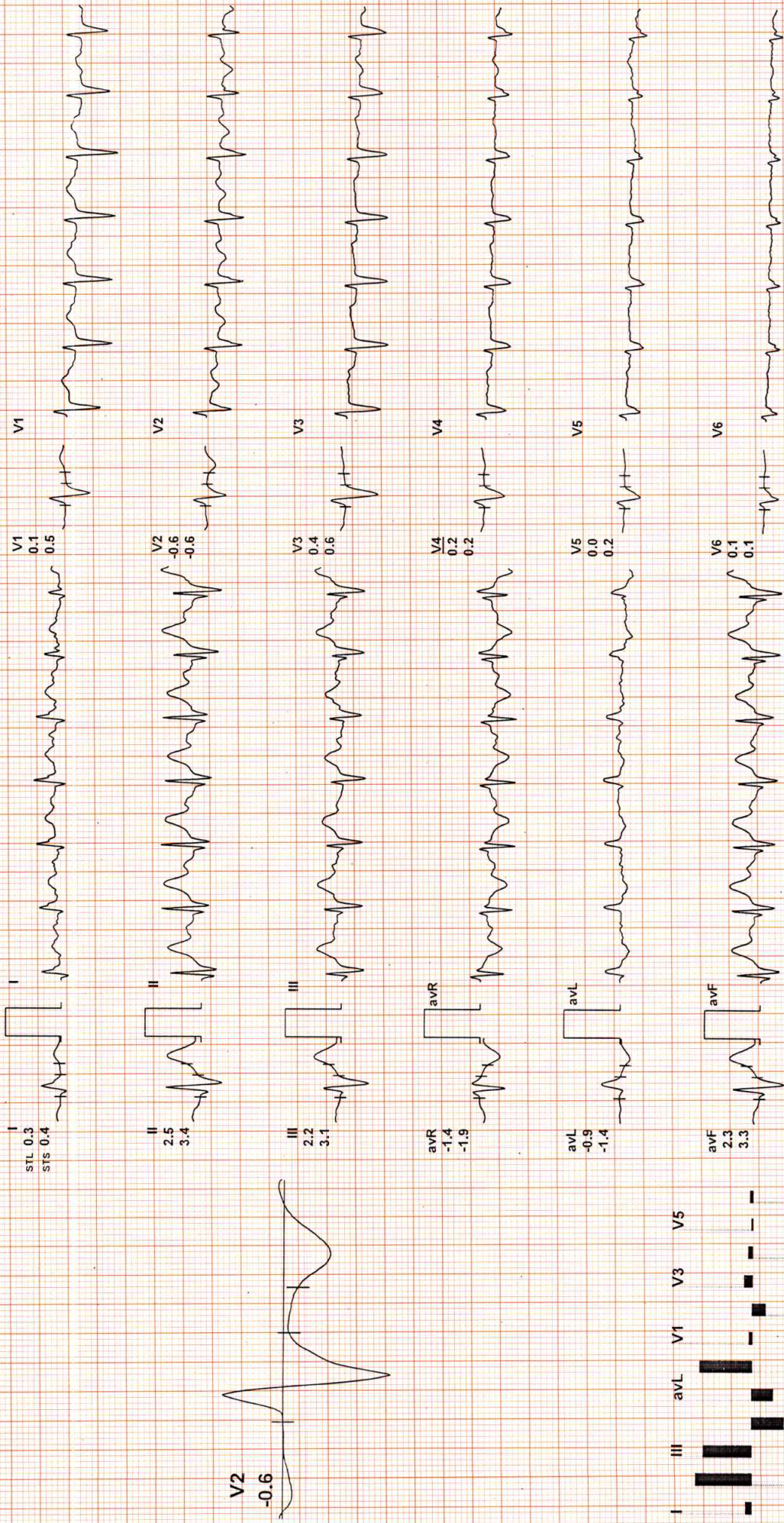
Recovery(3:00)



Date: 14 / 05 / 2023 10:25:30 AM METS: 1.0/ 133 bpm 77% of THR BP: 120/86 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz ExTime: 05:40 0.0 mph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV

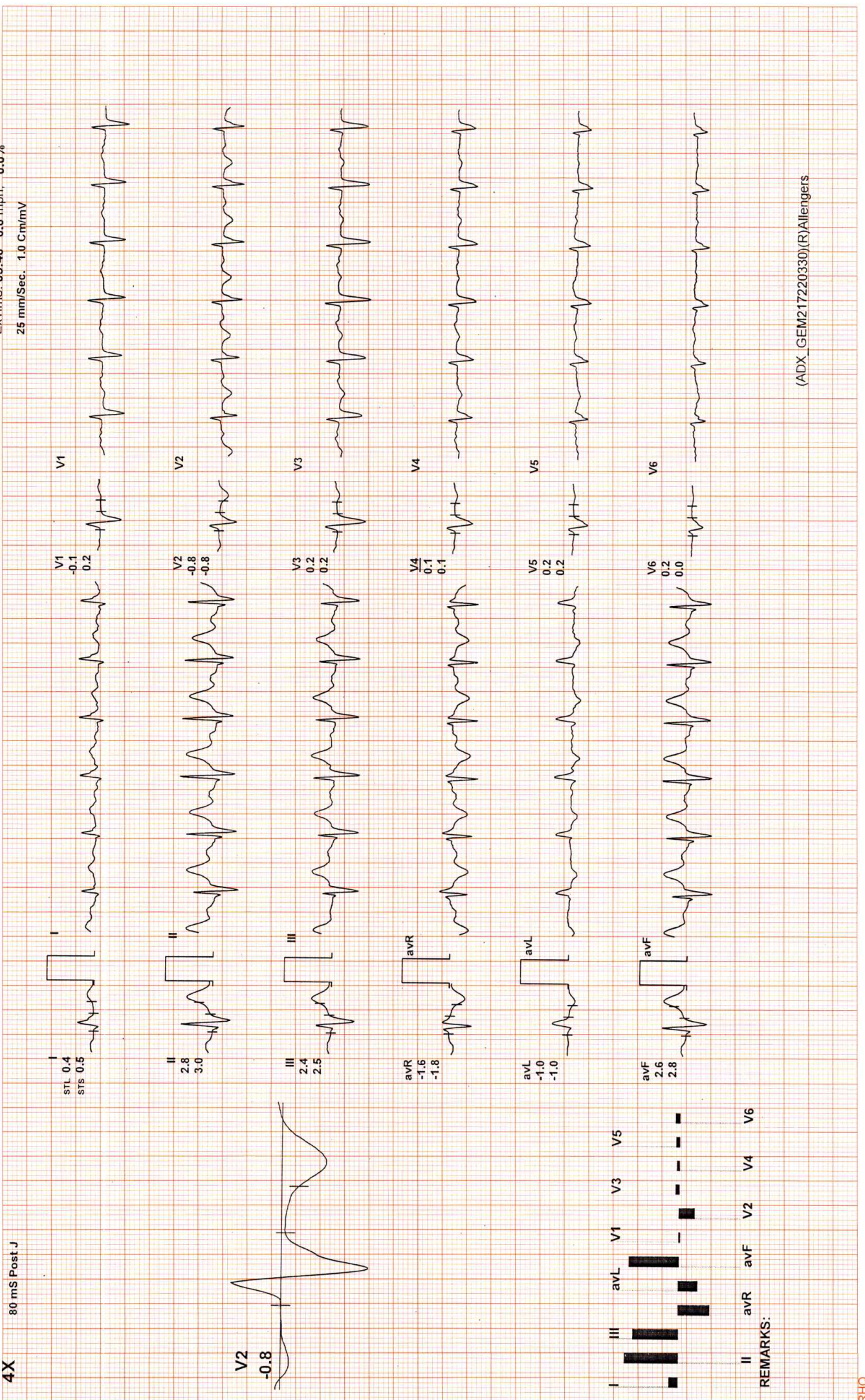


REMARKS:

(ADX_GEM217220330)(R)Allengers



Date: 14 / 05 / 2023 10:25:30 AM METS: 1.0/ 120 bpm 69% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz EXTime: 05:40 0.0 mph 0.0%



DR. GOYALS PATH LAB & IMAGING CENTER

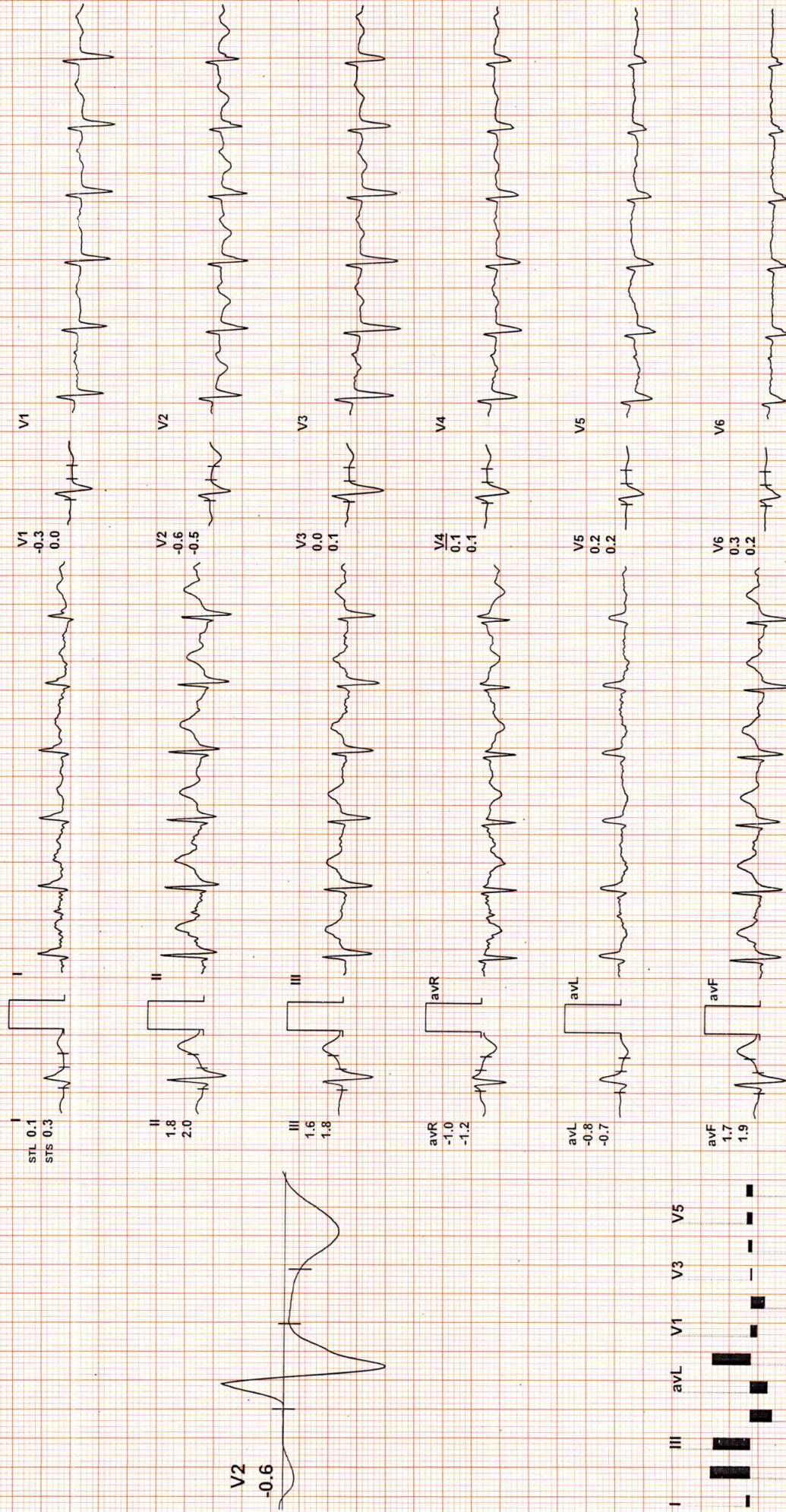
1084 / MR CHANDRA KALA SAHU / 47 Yrs / F / 0 Cms / 0 Kg / HR : 122

Recovery(5:00)



Date: 14 / 05 / 2023 10:25:30 AM METS: 1.0/ 122 bpm 71% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 05:40 0.0 mph, 0.0%

4X 80 mS Post J



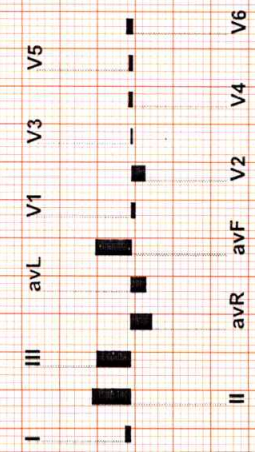
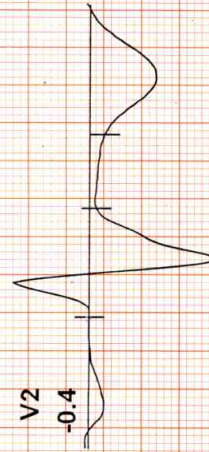
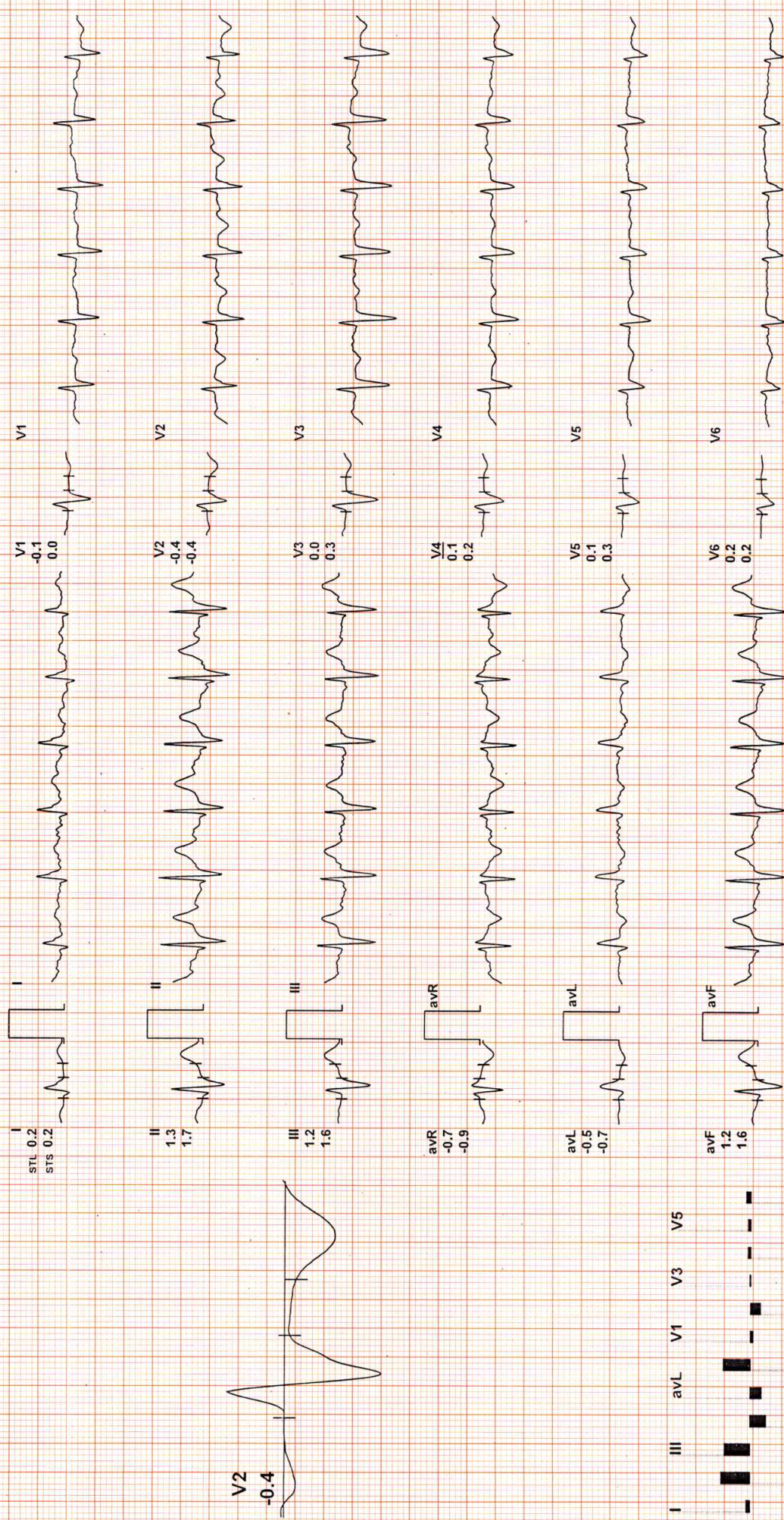
REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

(ADX_GEM217220330)(R)Allengers

Date: 14 / 05 / 2023 10:25:30 AM METS: 1.0 / 123 bpm 71% of THR BP: 110/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 05:40 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

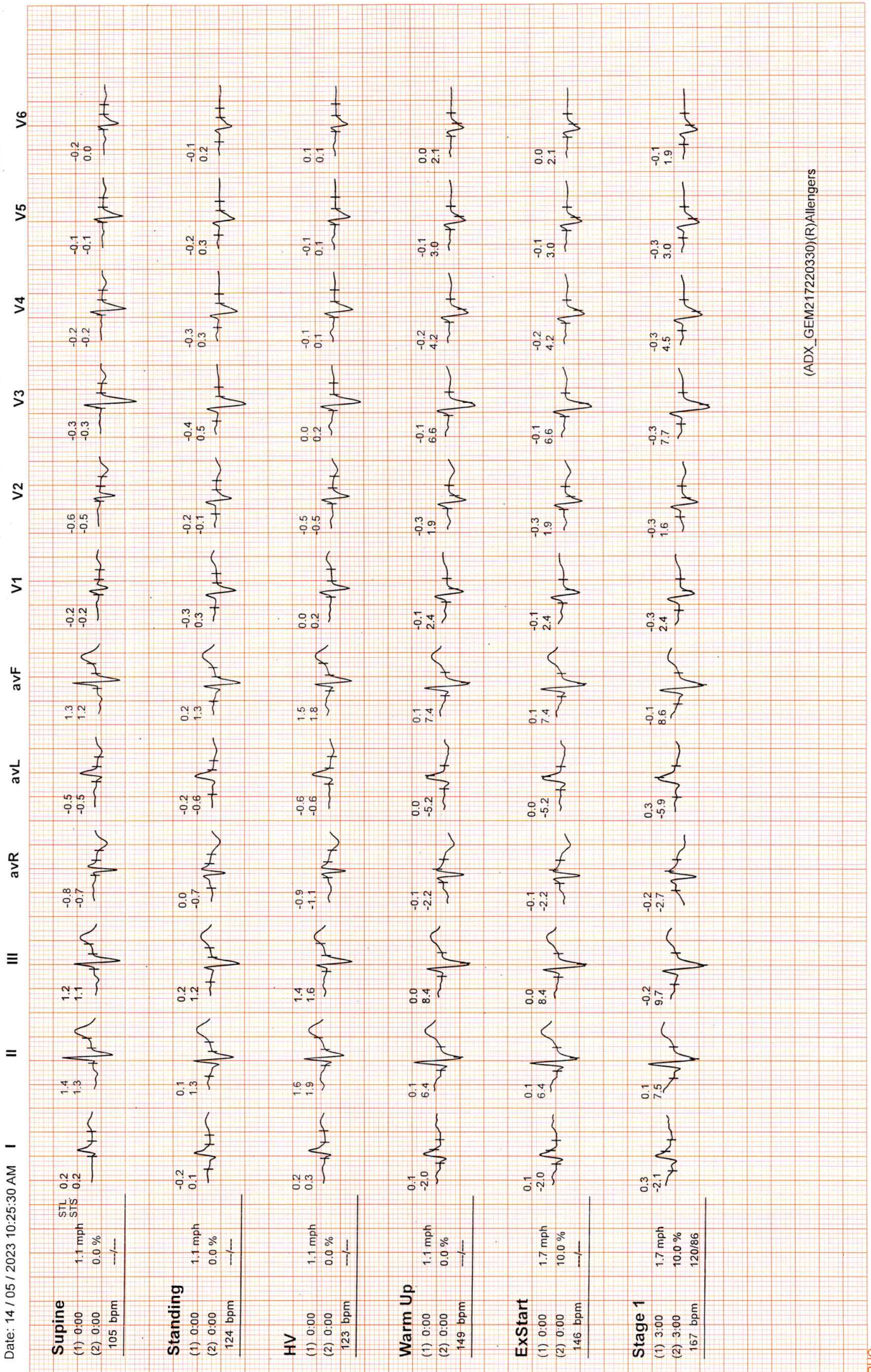
4X 80 mS Post J



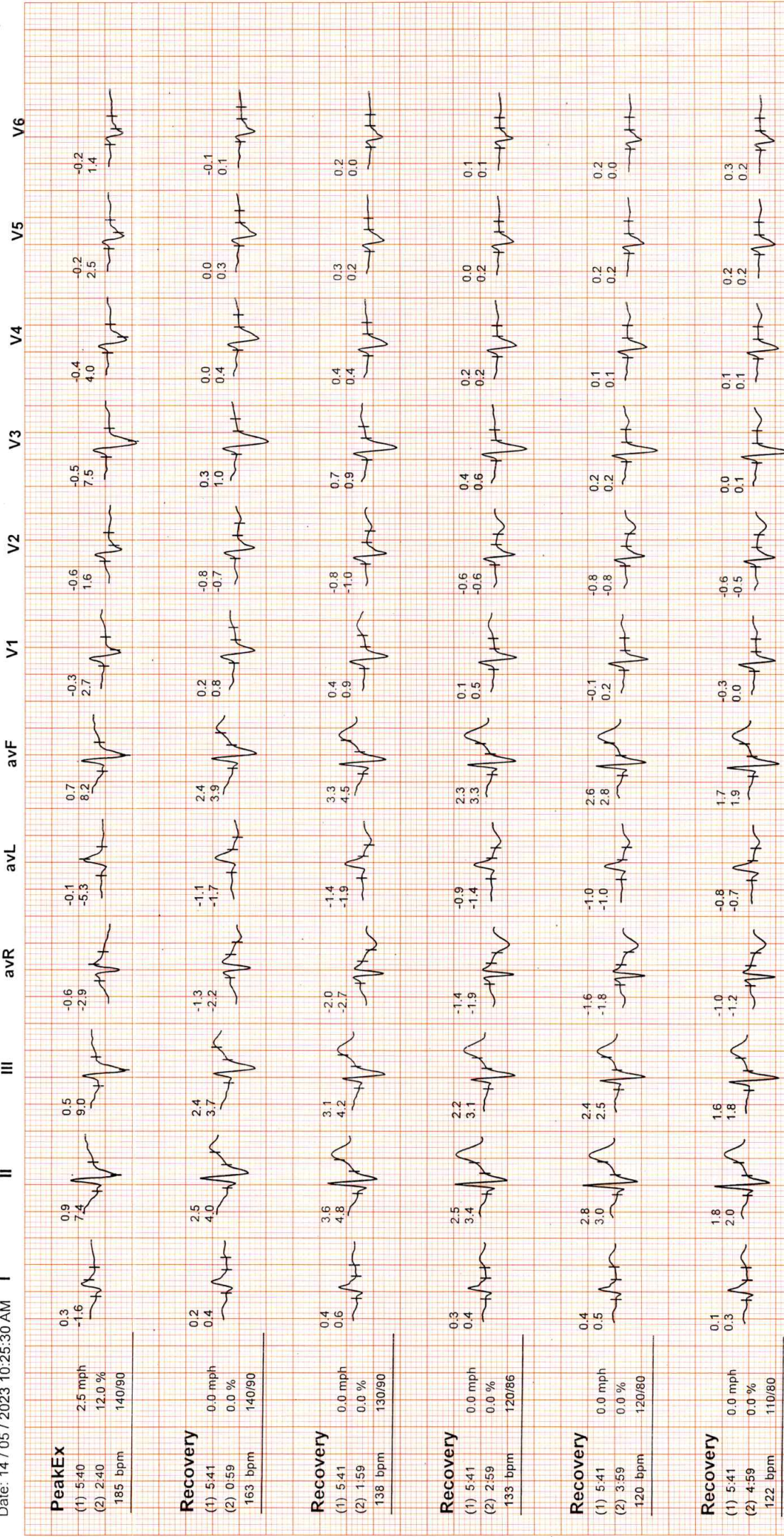
REMARKS:

1084 / MR CHANDRA KALA SAHU / 47 Yrs / F / 0 Cms / 0 Kg / HR : 101

Date: 14 / 05 / 2023 10:25:30 AM



Date: 14 / 05 / 2023 10:25:30 AM



DR. GOYALS PATH LAB & IMAGING CENTER

1084 / MR CHANDRA KALA SAHU / 47 Yrs / F / 0 Cms / 0 Kg / HR : 101

Date: 14 / 05 / 2023 10:25:30 AM

Average
AGHPL



Recovery

(1) 5:41 0.0 mph
(2) 5:09 0.0 %
123 bpm 110/80

(ADX_GEM217220330)(R)Allengers

Dr. Goyal's

Path Lab & Imaging Centre

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Tele : 0141-2293346, 4049787, 9887049787
Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com

NAME:	CHANDRA KALA SAHU	AGE	47 YRS
REF.BY	DR. BOB	DATE	14/05/2023

CHEST X RAY (PA VIEW)

Both lung fields appear clear.
Both costo-phrenic angles appear clear.
Dextrocardia is seen.
Both domes of diaphragm appear normal.
Thoracic soft tissue and skeletal system appear unremarkable.

IMPRESSION:

No significant abnormality is noted



DR. AMAN MAMODIA
DMRD, DNB (Radio-diagnosis)
Consultant Radiologist

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

Dr. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Transcript by.



Date :- 14/05/2023 09:15:42
NAME :- Mrs. CHANDRA KALA SAHU
Sex / Age :- Female 47 Yrs 10 Mon 8 Days
Company :- MediWheel

Patient ID :- 1223697
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 14/05/2023 14:21:52

BOB PACKAGEFEMALE ABOVE 40

ULTRASONOGRAPHY report : Breast and axilla

Right breast:

Skin , subcutaneous tissue and retroareolar region is normal

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable .

No obvious cyst, mass or architectural distortion visulised.

Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

Left breast:

Skin , subcutaneous tissue and retroareolar region is normal

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable .

No obvious cyst, mass or architectural distortion visulised.

Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

IMPRESSION : No abnormality detected.

*** End of Report ***

NIKITAPATWA

Page No: 1 of 1

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

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RMC No. 32495

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant

FMF ID - 260517 | RMC No 22430

Dr. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Transcript by.

NAME:	CHANDRA KALA SAHU/ 1223697	AGE	47 YRS
REF.BY	BOB	DATE	14-05-2023

ULTRA SOUND SCAN OF ABDOMEN

Situs inversus totalis noted with mirror image position / arrangement of abdominal viscera as evidenced by left sided liver, GB, duodenum, IC junction and IVC. Cardiac apex on right side (dextrocardia) with right sided stomach, spleen, aorta & jejunal loops.

Liver is of normal size. 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 is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. 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. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary Bladder: is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size and measures 72 x 35 x 45mm . Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 5.8 mm.

Both ovaries are visualised and are normal. No adnexal mass is seen. No enlarged nodes are visualised. No retro-peritoneal lesion is identified. No significant free fluid is seen in pouch of douglas.

IMPRESSION:

* *Situs inversus totalis as described above.*
- Needs clinical correlation & further evaluation



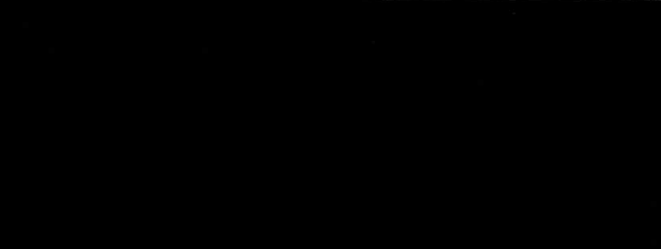
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Dr Goyal's Path Lab, Jaipur
TIS < 0.1 14.05.2023
TIb < 0.1 2:05:58 PM
MI 0.7 MLE 15 D
28Hz/ 5.0cm
Gr 5
HI M Pl 14.20 - 6.50
C/M/T
FF/FFZ
SR II 3/CR 2



CHANDRA KALA SAHU, 47
E61906 23 05 14 14
Dr Goyal's Path Lab, Jaipur
TIS < 0.1 14.05.2023
TIb < 0.1 2:06:23 PM
MI 0.7 MLE 15 D
28Hz/ 5.0cm
Gr 5
HI M Pl 14.20 - 6.50
C/M/T
FF/FFZ
SR II 3/CR 2



CHANDRA KALA SAHU, 47
E61906 23 05 14 14
Dr Goyal's Path Lab, Jaipur
TIS < 0.1 14.05.2023
TIb < 0.1 2:06:50 PM
MI 0.7 MLE 15 D
28Hz/ 5.0cm
Gr 5
HI M Pl 14.20 - 6.50
C/M/T
FF/FFZ
SR II 3/CR 2



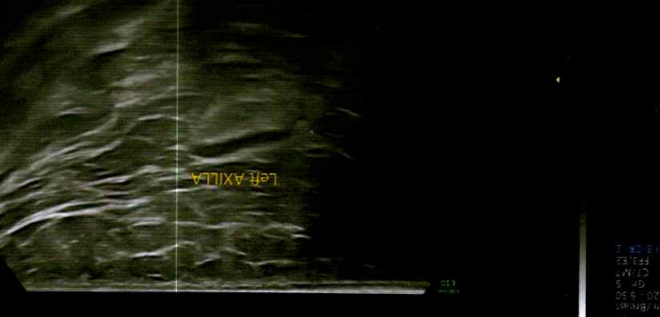
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E61906 23 05 14 14
Dr Goyal's Path Lab, Jaipur
TIS < 0.1 14.05.2023
TIb < 0.1 2:07:06 PM
MI 0.7 MLE 15 D
28Hz/ 5.0cm
Gr 5
HI M Pl 14.20 - 6.50
C/M/T
FF/FFZ
SR II 3/CR 2



CHANDRA KALA SAHU, 47
E61906 23 05 14 14
Dr Goyal's Path Lab, Jaipur
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TIb < 0.1 2:06:09 PM
MI 0.7 MLE 15 D
28Hz/ 5.0cm
Gr 5
HI M Pl 14.20 - 6.50
C/M/T
FF/FFZ
SR II 3/CR 2



CHANDRA KALA SAHU, 47
E61906 23 05 14 14
Dr Goyal's Path Lab, Jaipur
TIS < 0.1 14.05.2023
TIb < 0.1 2:06:44 PM
MI 0.7 MLE 15 D
28Hz/ 5.0cm
Gr 5
HI M Pl 14.20 - 6.50
C/M/T
FF/FFZ
SR II 3/CR 2



CHANDRA KALA SAHU, 47
E61906 23 05 14 14
Dr Goyal's Path Lab, Jaipur
TIS < 0.1 14.05.2023
TIb < 0.1 2:07:06 PM
MI 0.7 MLE 15 D
28Hz/ 5.0cm
Gr 5
HI M Pl 14.20 - 6.50
C/M/T
FF/FFZ
SR II 3/CR 2

