

Health Certificate

I do hereby certify that I have examined,

Shri/Kumari/Smt. KHUSHBOO SARASWATI

Son/Daughter/Wife of Shri BHUMI DUTT SHARMA a candidate

for employment Admission in the

Department and can not discover that he/she has any disease, constitutional defect or bodily infirmity communicable otherwise except

I do not consider this as disqualification for employment Admission in the Office as a the candidate's age is according to his/her own statement ... 24 years, and by appearance, about ... 24 years.

I have further to certify to the following findings on my Medical Examination :-

1. Height 5 Feet / Meter 3 Inch / Cms.

2. Weight .. 60 Lbs. / Kilograms

3. Vision : R.E. 6/6 L.E. 6/6


With Glasses : R.E. L.E.

Distant: Near: ^{at} 6/6 N. 6 left - N. 6

4. Urine Colour Pale yellow Specific Gravity

Albumin : Present / Nil Sugar : Present / Nil



I declare that I have been / not been Medically Examined previously for post in Service and was declared Fit / Unfit.


Signature of the Candidate



Signature of the Medical Officer

Place of Examination AJMER

Date the 26/6/2021

Download Date: 23/03/2021





Khushboo Saraswat
 Khushboo Saraswat
 जन्म तिथि/DOB: 02/08/1998
 लिंग/SEX: FEMALE

Know Date: 18/03/2021

9041
 VID: 9177 0985 2917 0828

मेरा आधार, मेरी पहचान

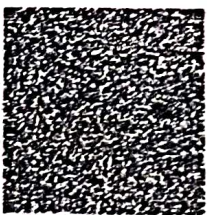
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भारत सरकार
 Ministry of India

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ARIHANT DIAGNOSTICS



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Rx



Name:	Miss. KHUSHBOO SARASWAT	Registration No.:	4981
Age/Gender:	24 Y/Female	Registered:	26/Jun/2021 01:02PM
Patient ID:	012106260009	Analysed:	26/Jun/2021 03:51PM
BacodeNo:	10005182	Reported:	
Referred By:	Dr. MEDIWHEEL	Report Status:	Interim

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
BLOOD UREA NITROGEN	12.6	mg/dL	7-20	Kinetic UV Assay
CREATININE	0.78	mg/dl	0.0-1.0	Jaffo-Rate Blancked

Interpretation:

Creatinine is the product of creatine metabolism. It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function.

Creatinine is a waste product produced by muscles when creatine, which is found in the muscles, breaks down during muscle metabolism. Creatine is part of the cycle that produces energy needed to contract muscles. Serum Creatinine test measures the level of creatinine in the blood and is used as a marker of kidney health. Healthy kidneys filter creatinine and other waste products from the blood and release them in urine. Since almost all creatinine is filtered from the blood by the kidneys and released into the urine, levels of serum Creatinine are a good indicator of how well the kidneys filter these waste products (Glomerular Filtration Rate). If the kidneys are not functioning properly, an increased level of creatinine may accumulate in the blood. The amount of creatinine a person produces depends on the body size and muscle mass, so levels of serum Creatinine are slightly higher in men than in women and children. Creatinine blood tests are usually performed along with other laboratory tests, including a blood urea nitrogen (BUN) test and 24-hour urine creatinine test, as part of Kidney Function Test or General Health Check up metabolic profile. Elevated levels of serum Creatinine are observed in patients typically with 50% or greater impairment of renal function.

GGT	19.6	U/L	9-58
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Kindly correlate clinically
Not valid for Medicolegal purpose

Kausha

SAMPLE TAKEN BY

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Patient ID:	012106260009	Analysed:	26/Jun/2021 03:52PM
BacodeNo:	10005182	Reported:	
Referred By:	Dr. MEDIWHEEL	Report Status:	Interim

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
URINE ROUTINE EXAMINATION				
PHYSICAL EXAMINATION				
VOLUME	20	ml	-	Measurement
COLOUR	Pale Yellow		Pale Yellow	Physical
APPEARANCE	Clear		Clear	Physical
DEPOSIT	Absent		Absent	Physical
CHEMICAL EXAMINATION				
LEUCOCYTES	Absent			Multistix
NITRITE	Absent		Absent	Multistix
UROBILINOGEN	NORMAL	mg/24 hrs	0.5-4.0	Multistix
PROTEIN	NEGATIVE	mg/24 hrs	< 150	Multistix
REACTION	6.50		4.6-8.0	pH Paper
BLOOD	Absent		0-0	Multistix
SP. GRAVITY	1.010		1.002 - 1.030	Multistix
KETONES	Absent		Absent	Multistix
BILE SALT & PIGMENT	Absent		Absent	Multistix
URINE SUGAR	Absent		Absent	Multistix/Benedicts
MICROSCOPIC EXAMINATION				
PUS CELLS	3-4	/H.P.F	Absent	Microscopic
EPITHELIAL CELLS	2-3	/H.P.F	0-1	Microscopic
R.B.C.	Absent	/H.P.F	Absent	Microscopic
CASTS	Absent		Absent	Microscopic
YEAST CELLS	Absent		Absent	Microscopic
MICRO-ORGANISM	Absent		Absent	Microscopic
CRYSTALS				
CALCIUM OXLATE	Absent		Absent	
CALCIUM PHOSPHATASE	Absent		Absent	
TRIPLE PHOSPHATASE	Absent		Absent	
OTHERS	Absent		-	Microscopic

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
<u>URIC ACID</u>				
URIC ACID	4.2	mg/dl	3.1 - 7.0	Uricase

Interpretation

Uric Acid is the end product of protein metabolism. High levels are seen with Gout, inherited metabolic disorders of purine metabolism, excessive purine dietary intake and increased cell turnover. Only 10-15% patients with hyperuricemia have Gout.

BLOOD SUGAR (F)

GLUCOSE, FASTING	91.30		70 - 115
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Interpretation:

Glucose determinations are useful in the detection and management of Diabetes mellitus.

BLOOD SUGAR(PP)

GLUCOSE (PP)	112.5	mg/dl	110 - 140	GOD/POD
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Interpretation:

Glucose determinations are useful in the detection and management of Diabetes mellitus.

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Aansha *Jhi*
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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
LIVER FUNCTION TEST				
BILIRUBIN-TOTAL	0.6	mg/dl	0.3-1.3	Diazo
BILIRUBIN-DIRECT	0.2	mg/dl	0.1 - 0.4	Jendrassik grof
BILIRUBIN-INDIRECT	0.4	mg/dl	0.2-0.9	Calculated
Serum AST/SGOT	33.6	U/L	12-38	
Serum ALT/SGPT	30.5	U/L	7 - 41	
ALKALINE PHOSPHATSE	86.9	u/l	35-104 U/L at 37°C	Kinetic IFCC Liquid Assay
PROTEIN, TOTAL	7.7	gm/dL	5.7-8.2	Bluret
ALBUMIN	4.2	g/dL	3.22 - 4.5	
GLOBULIN	3.5	gm/dl	2.0 - 3.5	Calculated
AVG RATIO	1.2	Ratio	0.9-2.0	Calculated

Interpretation

This test panel assesses the functional activity of the liver. It is used for screening for liver damage, specially if someone has a condition or is taking a drug that may affect the liver.

Note :

Enhanced liver fibrosis (ELF) test is used to evaluate liver fibrosis in patients with suspected chronic liver disease due to Viral Hepatitis B & C, Alcoholic liver disease and Non alcoholic fatty liver disease.

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Age/Gender:	24 Y/Female	Registered:	26/Jun/2021 01:02PM
Patient ID:	012105260009	Analysed:	26/Jun/2021 03:51PM
SacodeNo:	100051S2	Reported:	
Referred By:	Dr. MEDIWHEEL	Report Status:	Interim

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
<u>LIPID PROFILE PANEL</u>				
<u>LIPID PROFILE</u>				
CHOLESTEROL	191.6	mg/dl	Metabolic Desirable: <200 Borderline High: 200-239 High: >=240	CHOD-PAP
TRIGLYCERIDES	117.5	mg/dl	25-200	GPO-PAP
HDL CHOLESTEROL	38.3	mg/dl	low: <40 mg/dl High : >=60 mg/dl	Dextranulphate-PEG
LDL CHOLESTEROL	61.8	mg/dl	<100 mg/dl : Optimal 100 - 129 mg/dl :Near/above optimal 130 - 159 mg/dl :Borderline high 160 - 189 mg/dl :high >= 190 mg/dl: very high	Homogenous Enzymatic Assay
VLDL CHOLESTEROL	23.5	mg/dl	2 - 30	Calculated
LDL / HDL RATIO	1.61	Ratio	1.5-3.5	Calculated
TC / HDL RATIO	5		3-5	

Interpretation

Note:

- 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.
- As per NLA-2014 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.
- Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify

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Age/Gender: 24 Y/Female
Patient ID: 012106260009
BarcodeNo: 10005182
Referred By: Dr. MEDIWHEEL

Registration No.: 4981
Registered: 26/Jun/2021 01:02PM
Analysed: 26/Jun/2021 03:51PM
Reported:
Report Status: Interim

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
Glycated Hemoglobin (HbA1c)	5.0	%	4.5-6.5	HPLC - Cation Exchange
ABG (AVERAGE BLOOD GLICOSE)	96	mg/dl	90-120 Very Good Control < 121-150 Adequate Control 151-180 Suboptimal Control 181-210 Poor Control > 211 Very Poor Control	

Interpretation:

Recommended DCCT NGSP Guidelines for HbA1C Levels:

Normal : 4.5% - 6.5%
Target for diabetics : < 7 %
Therapeutic action required : > 8 %

HbA1c is an indicator of glycemic control. It represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 days life span of the red blood cell. recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in month two to four.
Mean Plasma Glucose mg/dL=(HbA1c x 35.6)-77.3).

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "Perfect". It Predicts or estimates average glucose from HbA1c and gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels very much more than daytime glucose levels, Which are easier to predict and control.

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Patient ID: 012106260009
BarcodeNo: 10005182
Referred By: Dr. MEDIWHEEL

Registration No.: 4981
Registered: 26/Jun/2021 01:02PM
Analysed: 26/Jun/2021 03:57PM
Reported: Interim
Report Status:

Test Name	Result	HARMONS		
		Unit	Biological Ref.Interval	Method
TFT(T3T4TSH)				
T3	0.87	ng/dl	0.60-1.81	
T4	7.56	ng/dl	4.5-10.9	
TSH	1.02	uIU/ml	0.35-5.50	

Interpretation:

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

Reference Range (T3)

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

Reference Ranges (T4):

Premature Infants 26-30 weeks ,3-4 days	2.60 - 14.0 ug/dl
Full -Term Infants 1-3 days	8.20 - 19.9 ug/dl
1 weeks	6.0 - 15.9 ug/dl
1-11 Months	6.1 - 14.9 ug/dl
Prepubertal children 12 months-2yrs	6.8 - 13.5 ug/dl
pubertal children 3-9 yrs	5.5 - 12.8 ug/dl

Reference Ranges (TSH)

Premature Infants 26-32 weeks ,3-4 Days	0.8 - 6.9 uIU/ml
Full Term Infants 4 Days	1.36 - 16 uIU/ml
Newborns : TSH surges within the first 15-60 Minutes of life reaching peak levels between 25- 60 uIU/ml at about 30 minutes. Values then decline rapidly and after one week are within the adult normal range.	

1 - 11 Months 0.90 - 7.70 uIU/ml

Prepubertal children 0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In addition, as TSH

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BarcodeNo:	100051S2	Reported:	
Referred By:	Dr. MEDIWHEEL	Report Status:	Interim

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm/hour	2-20	Westergren/wintrobe

Interpretation

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

An ESR test or Erythrocyte Sedimentation Rate (ESR) test is a type of blood test that measures the rate at which the erythrocytes (red blood cells) sediment (fall) and settle at the bottom of a standardized tube that contains a blood sample. When a sample of blood is placed in a standardized tube, the red blood cells normally settle out slowly, leaving little clear plasma on the top of the tube. ESR test results are reported as the millimeters of plasma that is present in the top portion of the tube after one hour. In case of inflammation, the increased

levels of acute phase reactants like fibrinogen cause the red blood cells to stick to each other. The red cells form stacks called Rouleaux which settle faster, due to their increased density, resulting in a higher value of ESR test. Since the introduction of automated analyzers into the clinical laboratory, the ESR test has been automatically performed. ESR test is a non-specific measure of inflammation caused by one or more conditions such as infections, tumors or autoimmune diseases. The rate of erythrocyte sedimentation is affected by non-inflammatory conditions as well, e.g anemia, kidney failure. Since ESR levels can not specifically diagnose any disease, if the ESR results are abnormal, the health care provider will need more information and will order more lab tests before making a diagnosis. ESR test is also known as Sed rate.

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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
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BLOOD GROUP ABO AND RH FACTOR

Blood Group	*A*
Rh Factor	POSITIVE

Note:

- Both forward and reverse grouping performed
- Test conducted on EDTA whole blood

COMPLETE BLOOD COUNT (CBC)

Test Name	Result	Unit	Biological Ref.Interval	Method
TOTAL LEUCOCYTE COUNT	5900	/cu.mm	4000 - 11000	Light Scattering
RBC	4.84	/L	3.8-4.8	Electronic Impedance
HEMOGLOBIN	11.4	g/dl	10.0 - 15.0	Electronic Impedance
HCT/PCV	36.0	%	42- 50	Calculated
MCV	74.4	fl	80-100	Electrical Imprdance
MCH	23.6	pg	27-32	Calculated
MCHC	31.7	gm/dl	32-37	Calculated
PLATELET COUNT	3.97	Lac/cu.mm	1.5 - 5.5	Electronic Impedance

DIFFERENTIAL LEUCOCYTE COUNT

Test Name	Result	Unit	Biological Ref.Interval	Method
NEUTROPHILS	46.1	%	42 - 80	Microscope
LYMPHOCYTES	41.8	%	20 - 40	Microscope
MONOCYTES	9.6	%	02 - 10	Microscope
EOSINOPHILS	2.5	%	1-6	Microscope
BASOPHILS	00	%	< 1	Microscope
ABSOLUTE NEUTROPHIL COUNT	2719.9	µl/dl	1500-8000	Microscopic/Electronic Impedance
ABSOLUTE LYMPHOCYTE COUNT	2466.2	µl/dl	800-5000	Microscopic/Electronic Impedance
ABSOLUTE EOSINOPHIL COUNT	147.5	µl/dl	50-250	Microscopic/Electronic Impedance
ABSOLUTE MONOCYTE COUNT	566.4	µl/dl	100-700	Microscopic/Electronic Impedance

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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
ABSOLUTE BASOPHILS COUNT	00	µl/dl	0-25	Impedance Microscopic/Electronic
R.D.W - SD	15.0		0-40	Impedance
R.D.W - CV	16.1	%	11.6-14.0	Calculated
PDW	12.40		9.3 - 16	Calculated
MPV	10.20		7 - 10.5	
P-LCR	27.10			
PCT	0.41		0.19 - 0.4	

Interpretation

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

Note :-

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood

2. Test conducted on EDTA whole blood

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अरिहन्त डायग्नोस्टिक
डी.के. कौत नगर, अजमेर

Add: S.D.M Tower, Near Mamta sweets, B.K. Kaul Nagar, Ajmer

ARIHANT DIAGNOSTICS.


MOBILE -9414676663(EMAIL@.arihantdiagnosticsajmer@gmail.com)
ADD.BK KAUL NAGAR PANCHOLI CHORAHA SDM TOWER AJMER.
Web. www.arihantdiagnostics.com

Name Of Patient	MS. KHUSHBOO SARASWAT	DATE	26/06/2021
Age	24YRS	Sex	FEMALE
Dr.Name.	BOB FULL BODY CHECKUP	Reg.No	

Investigation	Observed Value	Unit	Biological Reference Interval
BUN/CREATININE RATIO	16.2	mg/dl	6-22


SAMPLE TAKEN BY


LAB TECHNICIAN


डॉ. पंकज जैन
M.D.(पैथोलॉजी)
अरिहन्त डायग्नोस्टिक
बी.के. कौल नगर, अजमेर

ARIHANT DIAGNOSTICS



M.: 8112287996, 6377655417

Ph.: 0145-2600011

Email : arihantdiagnosticsajmer@gmail.com

website : www.arihantdiagnostics.com



Rx

Name: Miss. KHUSHBOO SARASWAT
Age/Gender: 24 Y/Female
Patient ID: 012106260009
BarcodeNo: 10005182
Referred By: Dr. MEDIWHEEL

Registration No.: 4981
Registered: 26/Jun/2021 01:02PM
Analysed: 27/Jun/2021 12:20PM
Reported:
Report Status: Interim

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
ROUTINE EXAMINATION - STOOL				
PHYSICAL EXAMINATION				
COLOUR	BROWNISH		Pale Yellow	Physical
CONSISTENCY	SOFT		-	Physical
MUCUS	ABSENT		-	Physical
VISIBLE BLOOD	ABSENT			
CHEMICAL EXAMINATION				
REACTION	6.00		4.6-8.0	pH Paper
OCCULT BLOOD	ABSENT		-	Guaic
MICROSCOPIC EXAMINATION				
OVA	ABSENT		-	Microscopic
PARASITES	ABSENT		-	Microscopic
CYSTS	ABSENT		-	Microscopic
PUS CELLS	1-2	/H.P.F	Absent	Microscopic
R.B.C.	ABSENT	/H.P.F	Absent	Microscopic
STARCH	ABSENT		-	Microscopic
UNDIGESTED MUSCLE FIBRE	ABSENT			
UNDIGESTED FAT GLOBULES	ABSENT			
VEGETABLE CELLS	ABSENT		-	Microscopic
MICRO-ORGANISM	ABSENT		Absent	Microscopic

Interpretation:

This test is used to detect parasitic infections and the physical characteristics of stool aid in the diagnosis of gastrointestinal infections.

*** End Of Report ***

Kindly correlate clinically
Not valid for Medicolegal purpose

Handwritten signature
SAMPLE TAKEN BY

Handwritten signature
LAB TECHNICIAN

Handwritten signature
डॉ. पंकज जैन
M.D.(पैथोलोजी)
अरिहन्त डायग्नोस्टिक
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Web. www.arihantdiagnostics.com

Name Of Patient	MS. KHUSBOO SARASWAT	DATE	26/06/2021
Age	24 YRS	Sex	FEMALE
Dr.Name.	BOB BODY HEALTH CHECK UP	Reg.No	

URINE SUGAR PP	NEGATIVE
----------------	----------

Kaushey
SAMPLE TAKEN BY

Shri
LAB TECHNICIAN

डॉ. पंकज जैन
M.D.(पैथोलॉजी)
अरिहन्त डायग्नोस्टिक्स
बी.के. कौल नगर, अजमेर

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ADD.BK KAUL NAGAR PANCHOLI CHORAHA SDM TOWER AJMER.
Web. www.arihantdiagnostics.com

Name Of Patient	MS. KHUSBOO SARASWAT	DATE	26/06/2021
Age	24 YRS	Sex	FEMALE
Dr.Name.	BOB BODY HEALTH CHECK UP	Reg.No	

URINE SUGAR FASTING	NEGATIVE
---------------------	----------


SAMPLE TAKEN BY

डॉ. पंकज जैन
M.D.(पैथोलोजी)
अरिहन्त डायग्नोस्टिक
बी.के. कौल नगर, अजमेर

ARIHANT DIAGNOSTICS.

MOBILE -9414670663(EMAIL@arihantdiagnosticsajmer@gmail.com)
ADD.BK KAUL NAGAR PANCHOLI CHORHA SDM TOWER AJMER.
Web. www.arihantdiagnostics.com

Name Of Patient	MS. KHUSHBOO SARASWAT	DATE	26/06/2021
Age	24YRS	Sex	FEMALE
Dr.Name.	BOB FULL BODY CHECKUP	Reg.No	

X-RAY REORT


BOTH LUNS FIELD ARE CLEAR.

BOTH CP ANGLES ARE CLEAR.

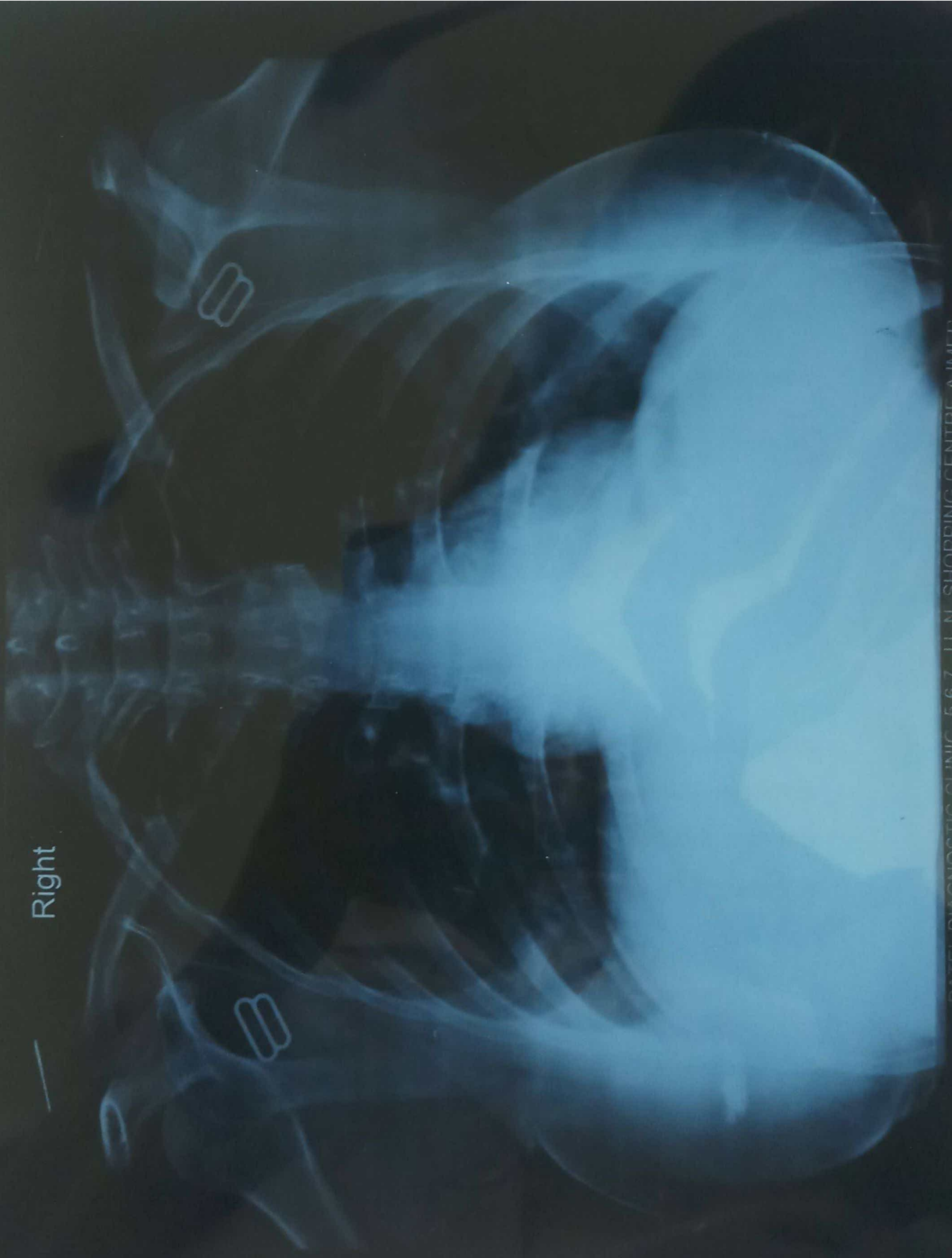
CARDIAC SHADOW WITHIN NORMAL LIMITS.

NORMAL SKAIGRAM

END OF REPORT


डॉ. पंकज जैन
M.D.(पैथोलोजी)
अरिहन्त डायग्नोस्टिक
बी.के. कौल नगर, अजमेर

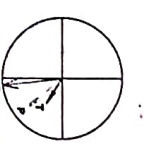
Right



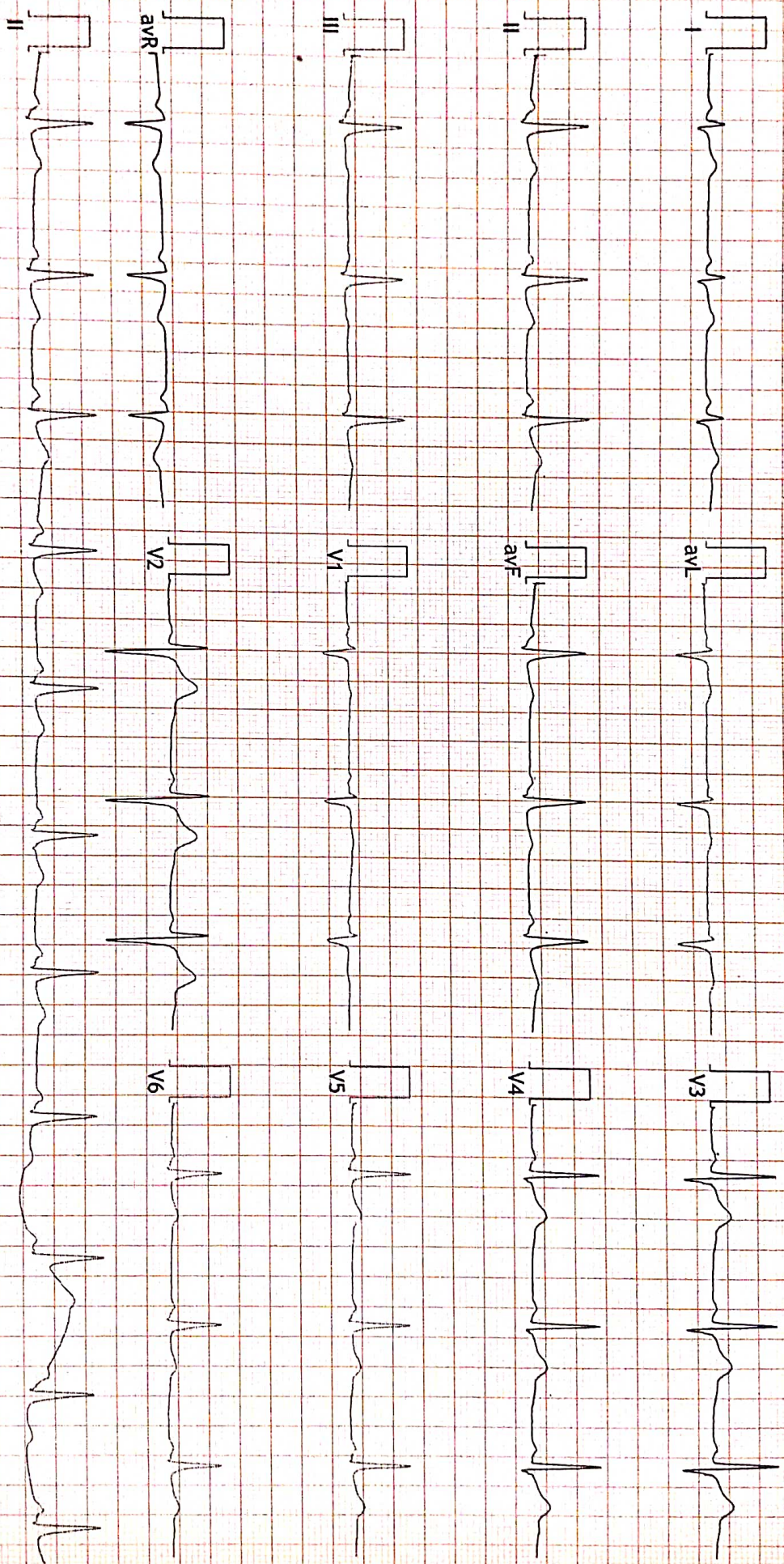
PATEL DIAGNOSTIC CLINIC, 5-6-7, JI. N. SHOPPING CENTRE, AJMER
KHUSHBOO F CHEST, PA 26.06.2021, 1

141/Khushboo Saraswat 24Yrs/Female Kgs/31 Cms BP: ___/___ mmHg
 Ref.: Test Date: 26-Jun-2021(11:08:34) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

HR: 64 bpm



PR Interval: 138 ms
 QRS Duration: 92 ms
 QT/QTc: 389/403ms
 P-QRS-T Axis: 51 - 83 - 32 (Deg)



FINDINGS: Normal Sinus Rhythm
 Vent Rate : 64 bpm; PR Interval : 138 ms; QRS Duration: 92 ms; QT/QTc Int: 389/403 ms
 P-QRS-T axis: 51 • 83 • 32 • (Deg)
 Comments :

पंजाब जैन
 डॉ. M.D. (बैथनेरी)
 अखिल भारतीय
 डॉ. कोल गुरु अण्डर



Summary

Ref. By : Dr. Singh
Medication : Nil
Objective : FOR TESTING PURPOSE ONLY.

Protocol : BRUCE
History : Nil

ARIHANT DIAGNOSTICS CENTRE
AJMER
8779/Khushboo saraswat
Date: 26-Jun-2021 11:36:12 AM
24 Yrs/Male
60 Kg/164 Cms

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	114	---/---	0	-	
Standing					1.0	116	---/---	0	-	
HV					1.0	116	---/---	0	-	
EXStart					1.0	117	---/---	0	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	134	126/84	168	-	
Stage 2	3:00	6:01	2.5	12.0	7.1	153	130/86	198	-	
Stage 3	3:00	9:01	3.4	14.0	10.2	171	140/88	239	-	
PeakEX	1:06	10:07	4.2	16.0	11.4	181	140/88	253	-	
Recovery	1:00		1.1	0.0	4.3	162	145/90	234	-	
Recovery	3:00		1.1	0.0	1.0	122	120/80	146	-	

Findings :

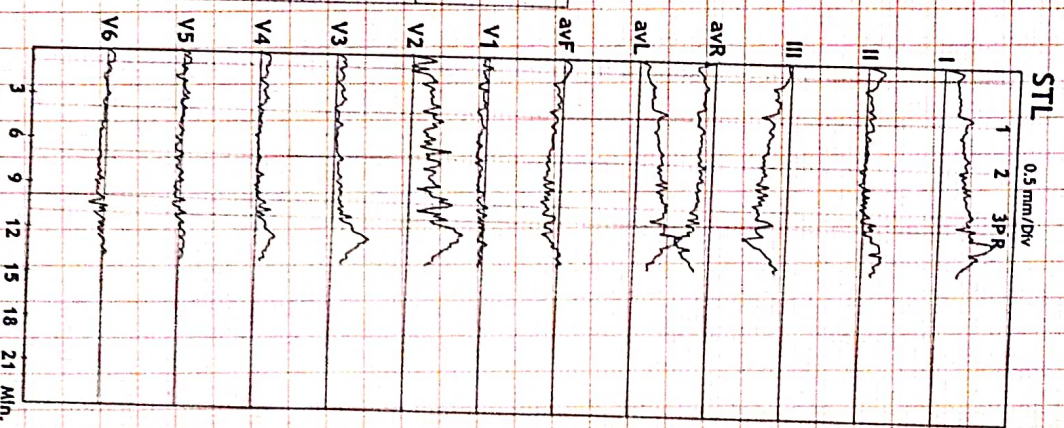
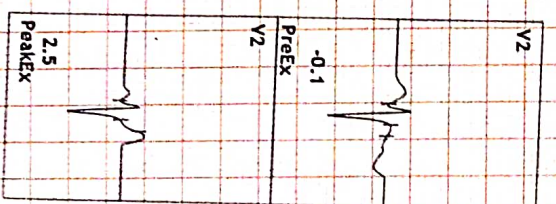
Exercise Time : 10:07
Max HR Attained : 181 bpm 92% of Max Predictable HR 196
Max BP : 145/90 (mmHg)
Max Workload attained : 11.4 (Good Effort Tolerance)

Negative for ischaemia

[Signature]

Advice/Comments:

डॉ. पंकज जैन
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सी.के. कौल नगर, अजमेर





12 Lead + Median

ARIHANT DIAGNOSTICS CENTRE
AJMER

4X 37 ms Post J

8779/ Khushboo saraswathi: 114 bpm
24 Yrs/Male
60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM

MPHR: 58% of 196
Speed: 1.1 mph
Grade: 0.0%

Raw ECG
BRUCE
(110-100)Hz

Ex Time 00:34
BLC: On
Notch: On

Supine
10.0 mm/mV
25 mm/Sec.

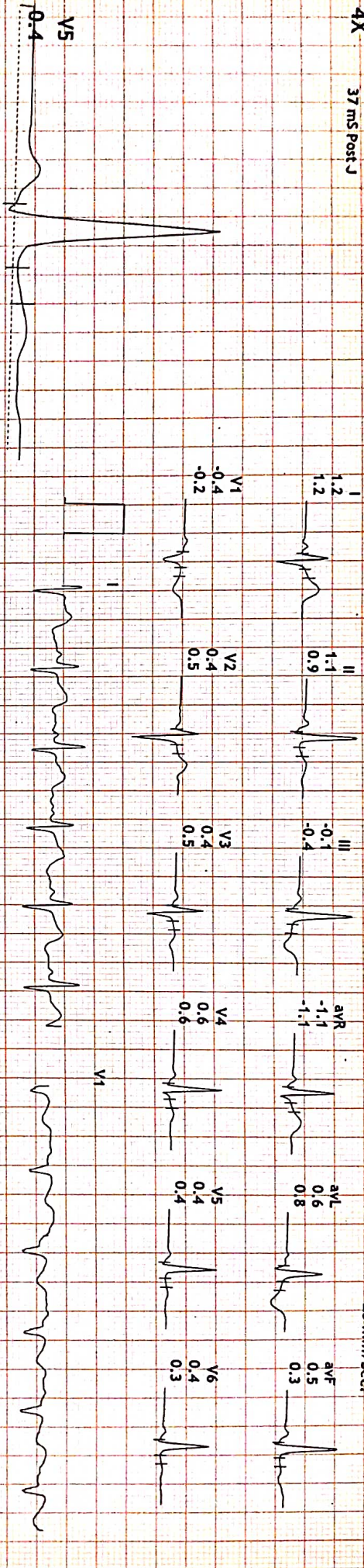
BP: ---/---
METS: 1.0

MPHR: 58% of 196
Speed: 1.1 mph
Grade: 0.0%

Raw ECG
BRUCE
(110-100)Hz

Ex Time 00:34
BLC: On
Notch: On

Supine
10.0 mm/mV
25 mm/Sec.





12 Lead + Median

ARIHANT DIAGNOSTICS CENTRE

AJMER

4X 37 ms Post J

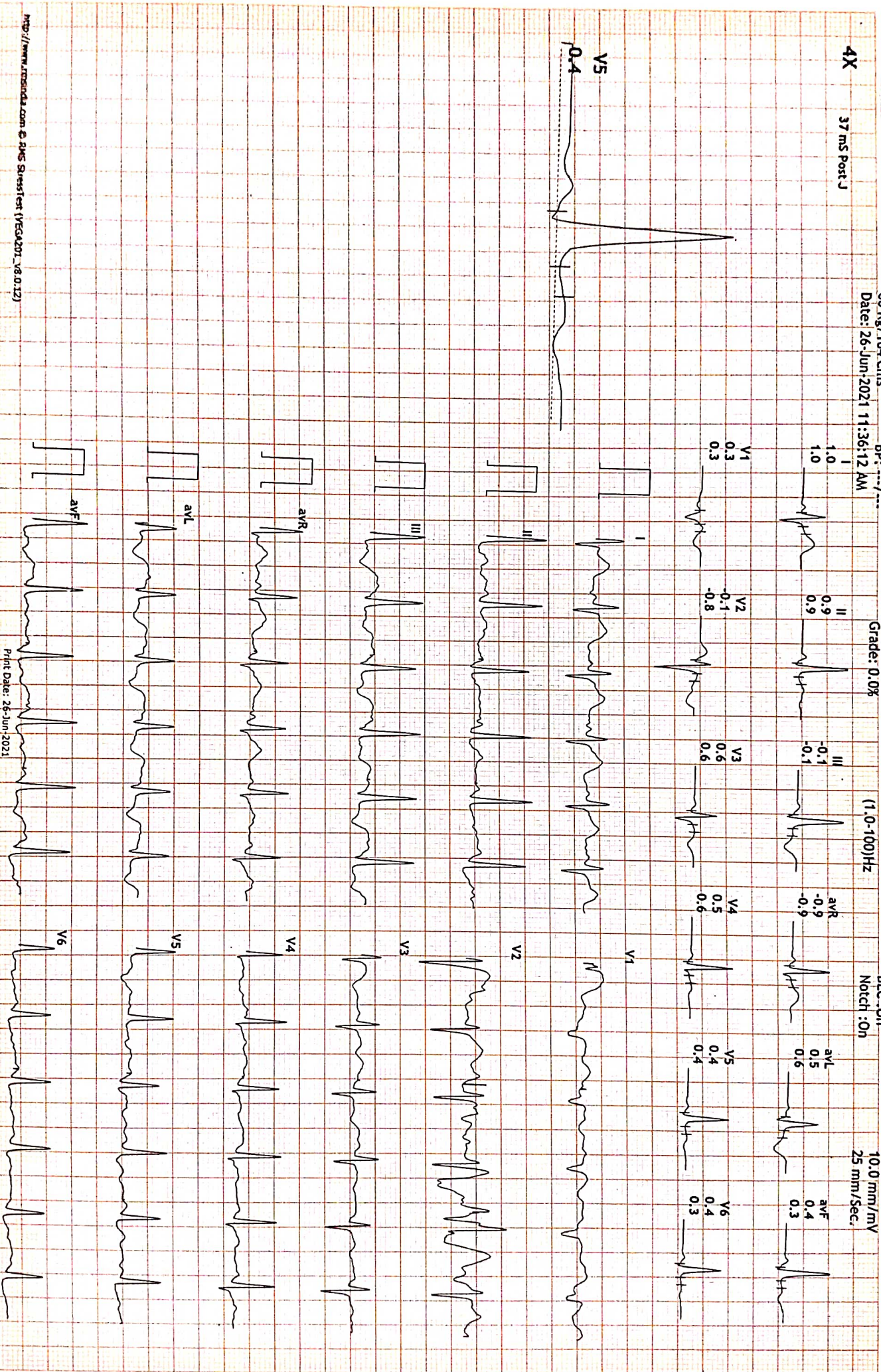
8779/khushboo saraswathi: 116 bpm
24 Yrs/Male
60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM

MPHR: 59% of 196
Speed: 1.1 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 00:40
BLC: On
Notch: On

Standing
10.0 mm/mV
25 mm/Sec.





12 Lead + Median

ARIHANT DIAGNOSTICS CENTRE
AJMER

8779/khushboo saraswathi: 116 bpm
24 Yrs/Male
60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM

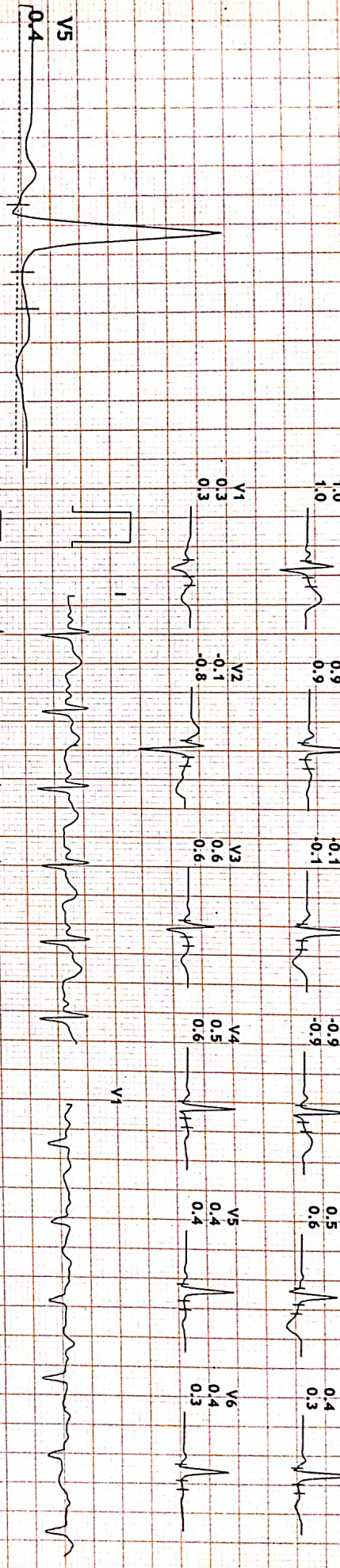
APHR: 59% of 196
Speed: 1.1 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 00:45
BLC: On
Notch: On

HV
10.0 mm/mV
25 mm/Sec.

4X 37 ms Post J





12 Lead + Median

ARIHANT DIAGNOSTICS CENTRE

AJMER

4X 37 ms Post J

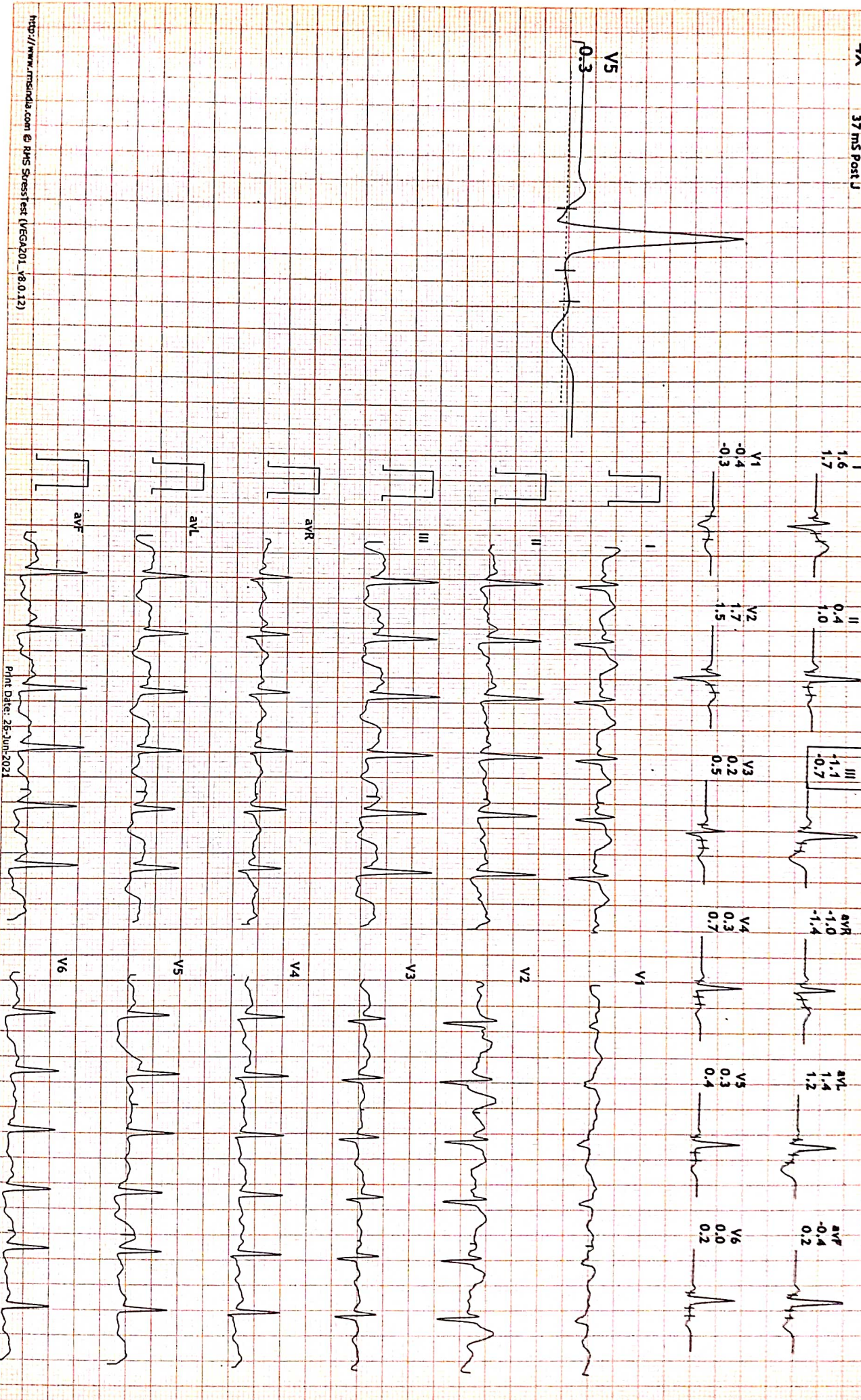
8779/khushboo saraswathi: 134 bpm
24 Yrs/Male
60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM

MPHR: 68% of 196
Speed: 1.7 mph
Grade: 10.0%

RAW ECG
BRUCE
(1.0-100)HZ

Ex Time 03:00
BLC : On
Notch : On

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





12 Lead + Median

ARIHANT DIAGNOSTICS CENTRE
AJMER

8779/Khushboo saraswatiR: 153 bpm
24 Yrs/Male
60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM

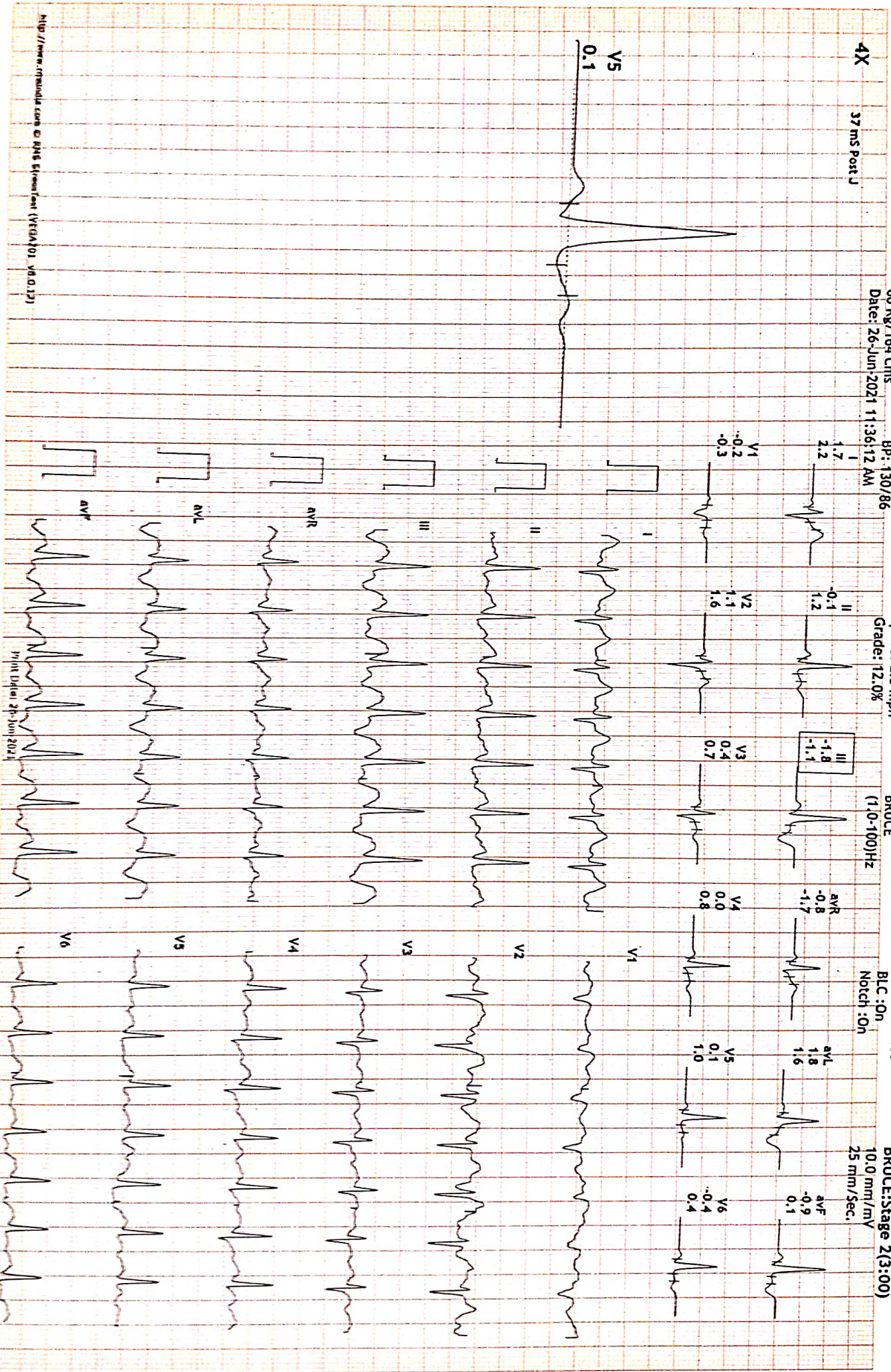
MPHR: 78% of 196
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 06:00
BLC :On
Notch :On

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

4X 37 ms Post J





12 Lead + Median

ARIHANT DIAGNOSTICS CENTRE
AJMER

8779/khushboo saraswathi: 153 bpm
24 Yrs/Male
60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM

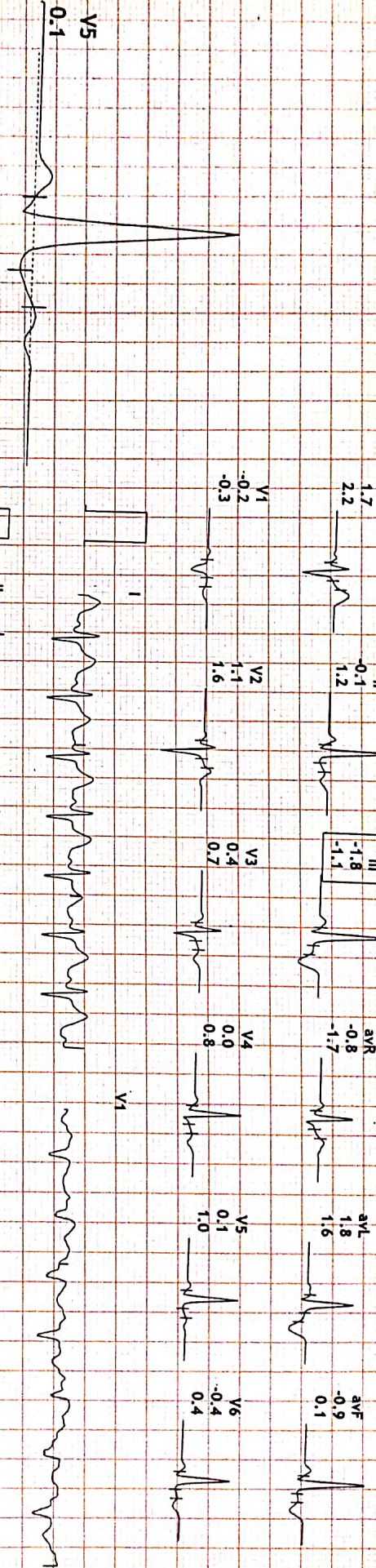
MPHR: 78% of 196
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 06:00
BLC: On
Notch: On

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

4X 37 ms Post J





12 Lead + Median

ARIHANT DIAGNOSTICS CENTRE
AJMER

4X 37 mS Post J

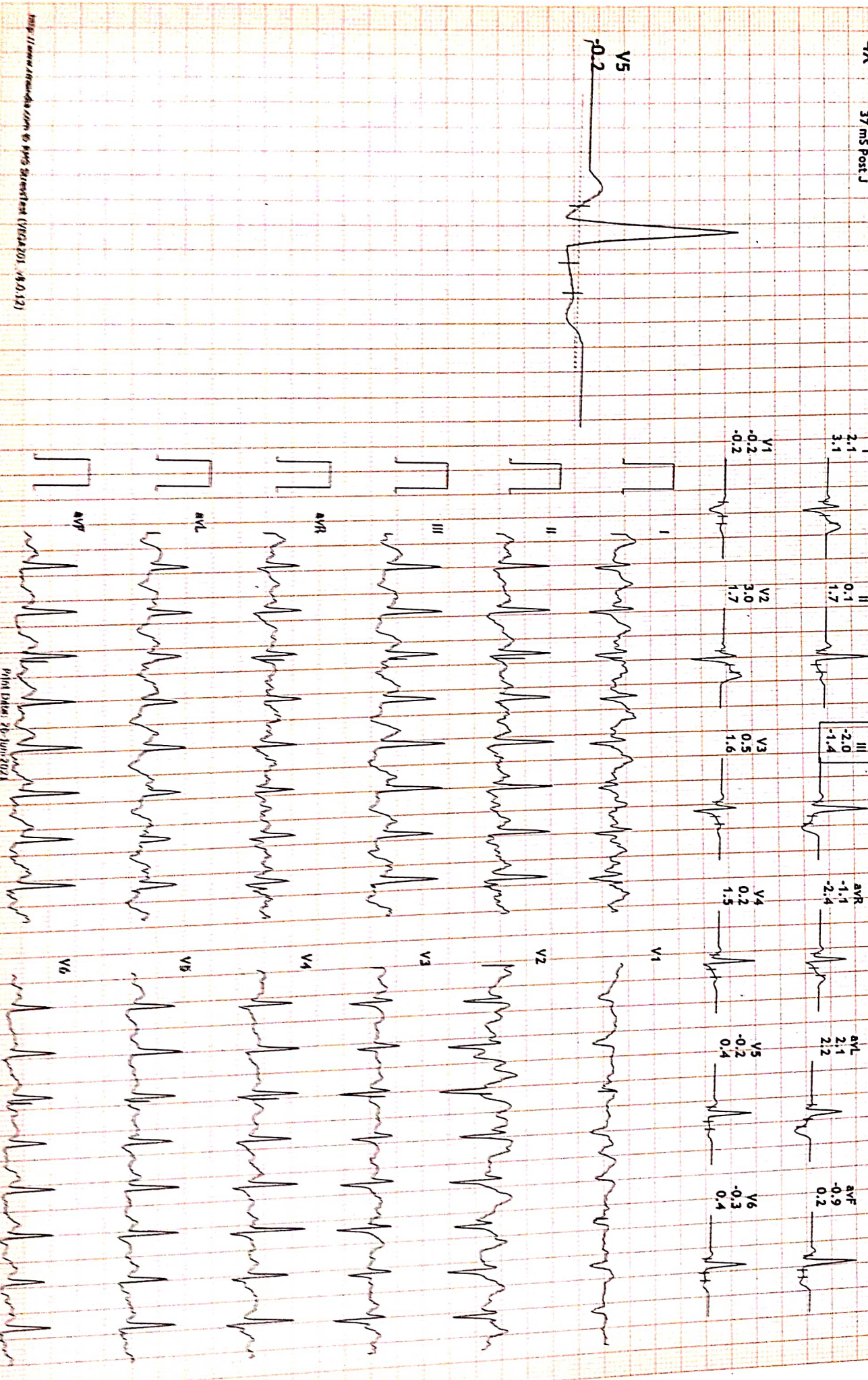
8779/Khushboo saraswathi: 171 bpm
24 Yrs/Male
60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM

MPHR: 87% of 196
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 09:00
BLC: On
Notch: On

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





12 Lead + Median

ARIHANT DIAGNOSTICS CENTRE

AJMER

4X 37.65 Rest J

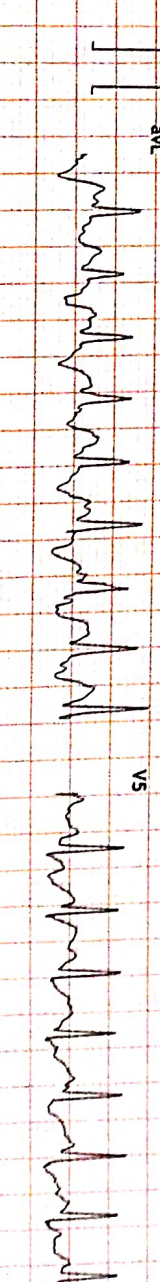
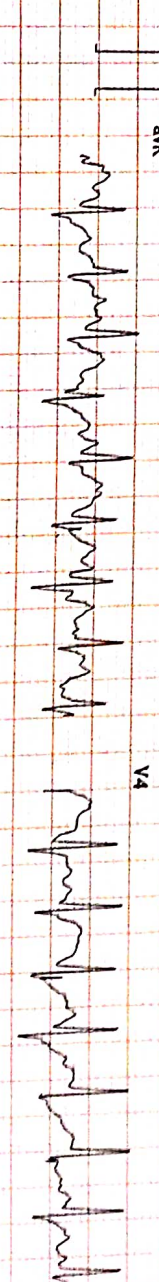
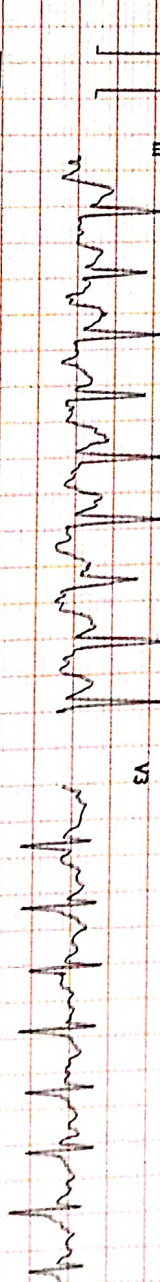
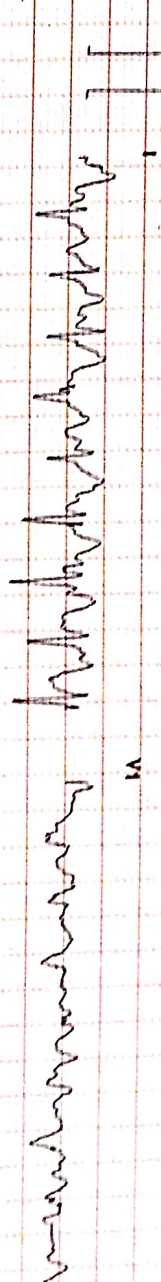
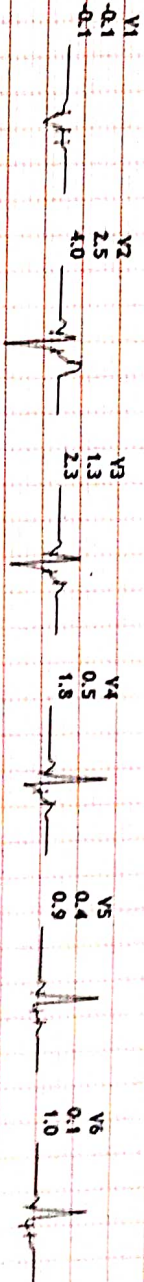
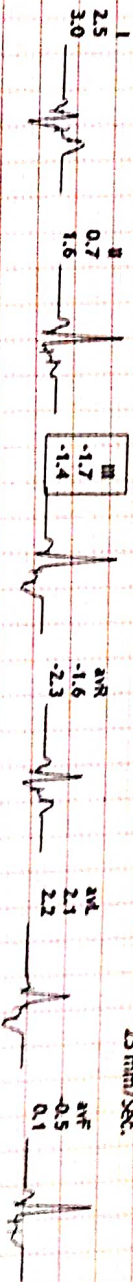
S779/Itashoboo saraswatiHR: 181 bpm
24 Yrs/Male
60 KG/164 Cms
Date: 26-Jun-2021 11:36:12 AM

APHR:92% of 196
Speed: 4.2 mph
Grade: 16.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 10:06
BLC :On
Natch :On

BRUCE:PeakEx(1:06)
10.0 mm/mv
25 mm/Sec.





12 Lead + Median

ARIHANT DIAGNOSTICS CENTRE
AJMER

4X 37 ms Post J

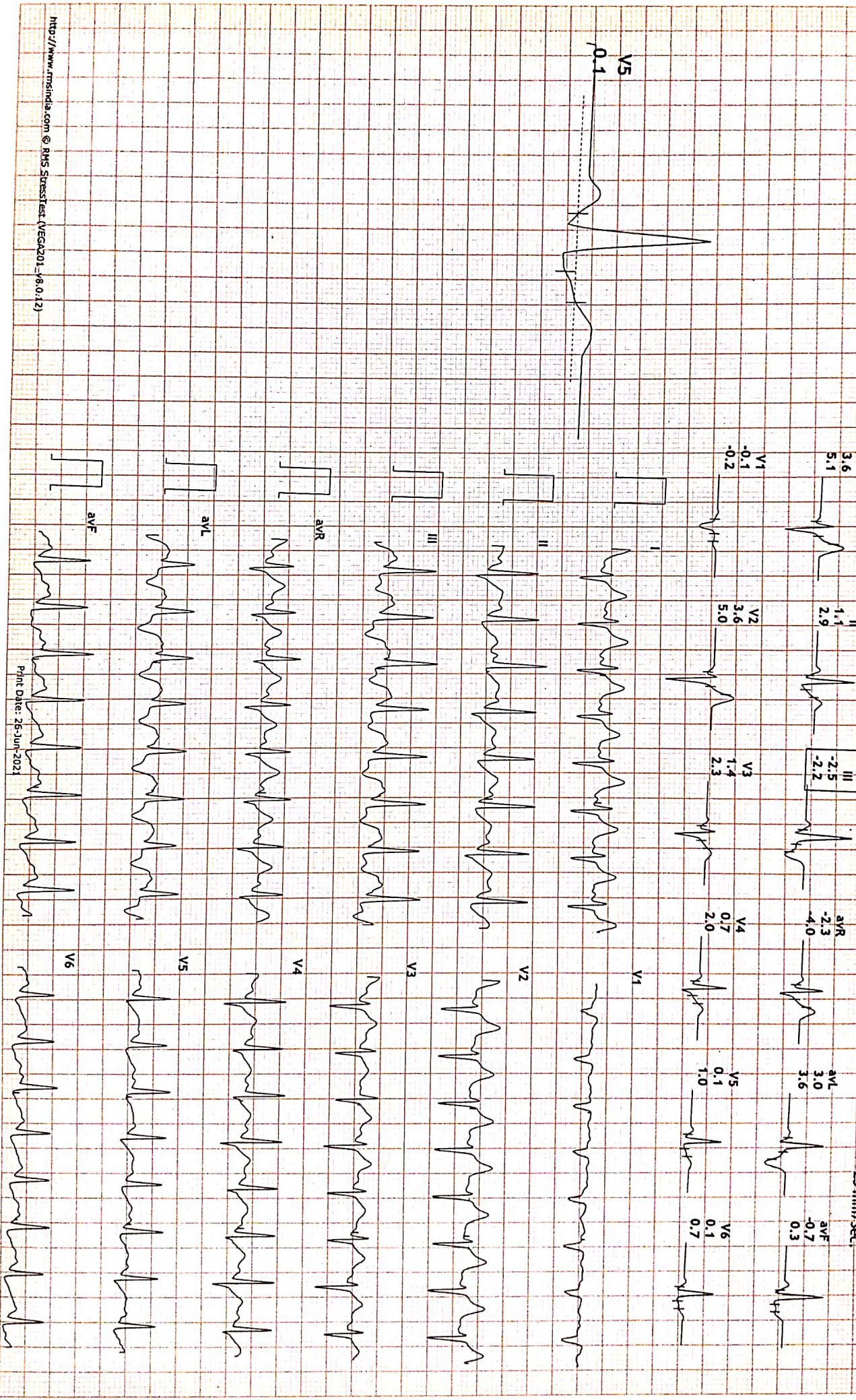
8779/Khushboo saraswathi: 162 bpm
24 Yrs/Male
60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM

MPHR: 82% of 196
Speed: 1.1 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 10:07
BLC: On
Notch: On

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





12 Lead + Median

8779/khushboo saraswa HR: 122 bpm
24 Yrs/Male
60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM
BP: 120/80
METs: 1.0

ARIHANT DIAGNOSTICS CENTRE
AJMER

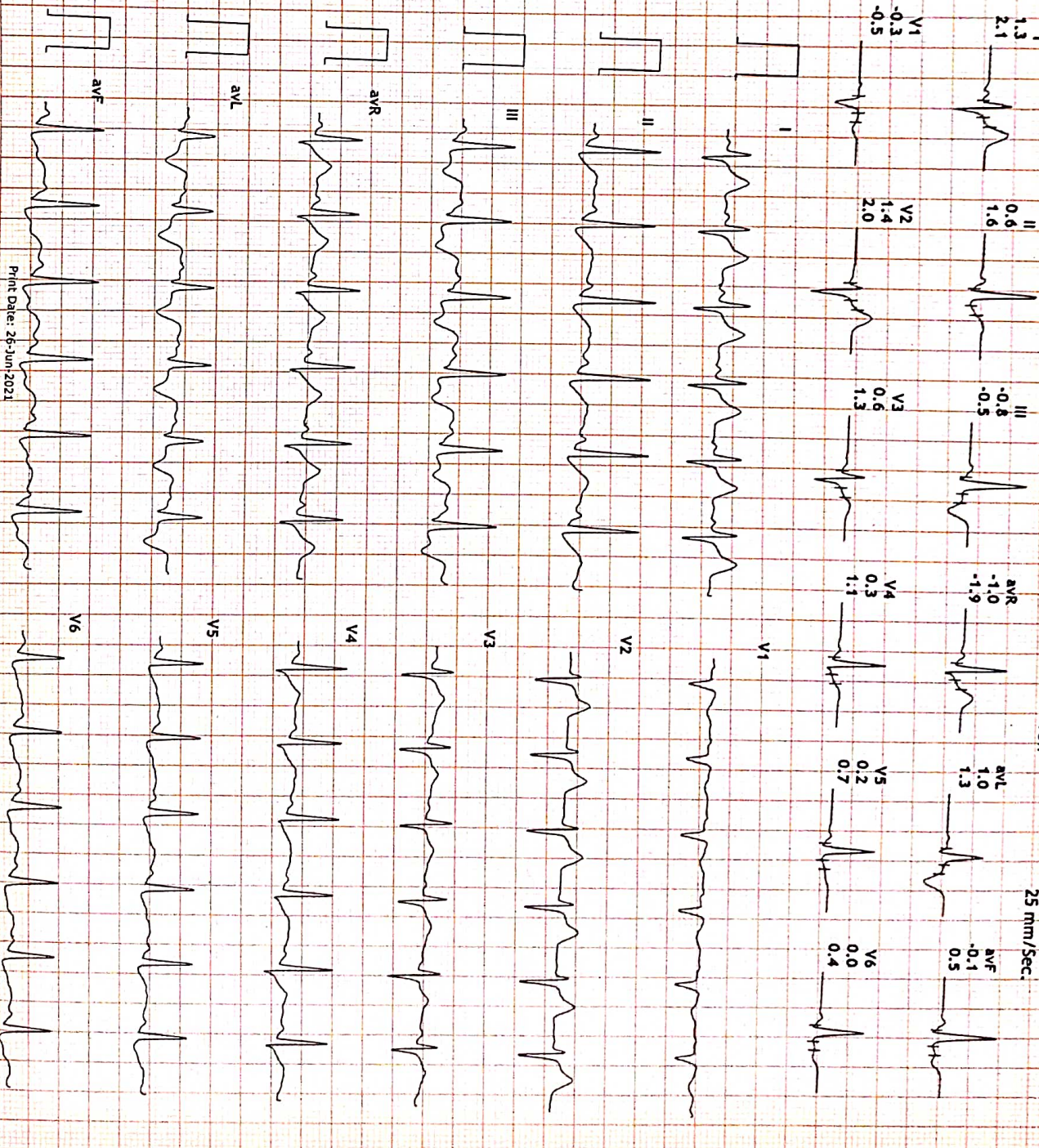
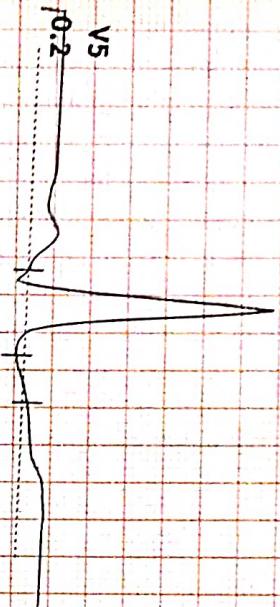
MPHR: 62% of 196
Speed: 1.1 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 10:07
BLC: On
Notch: On

Recovery(3:00)
10.0 mm/mV
25 mm/Sec

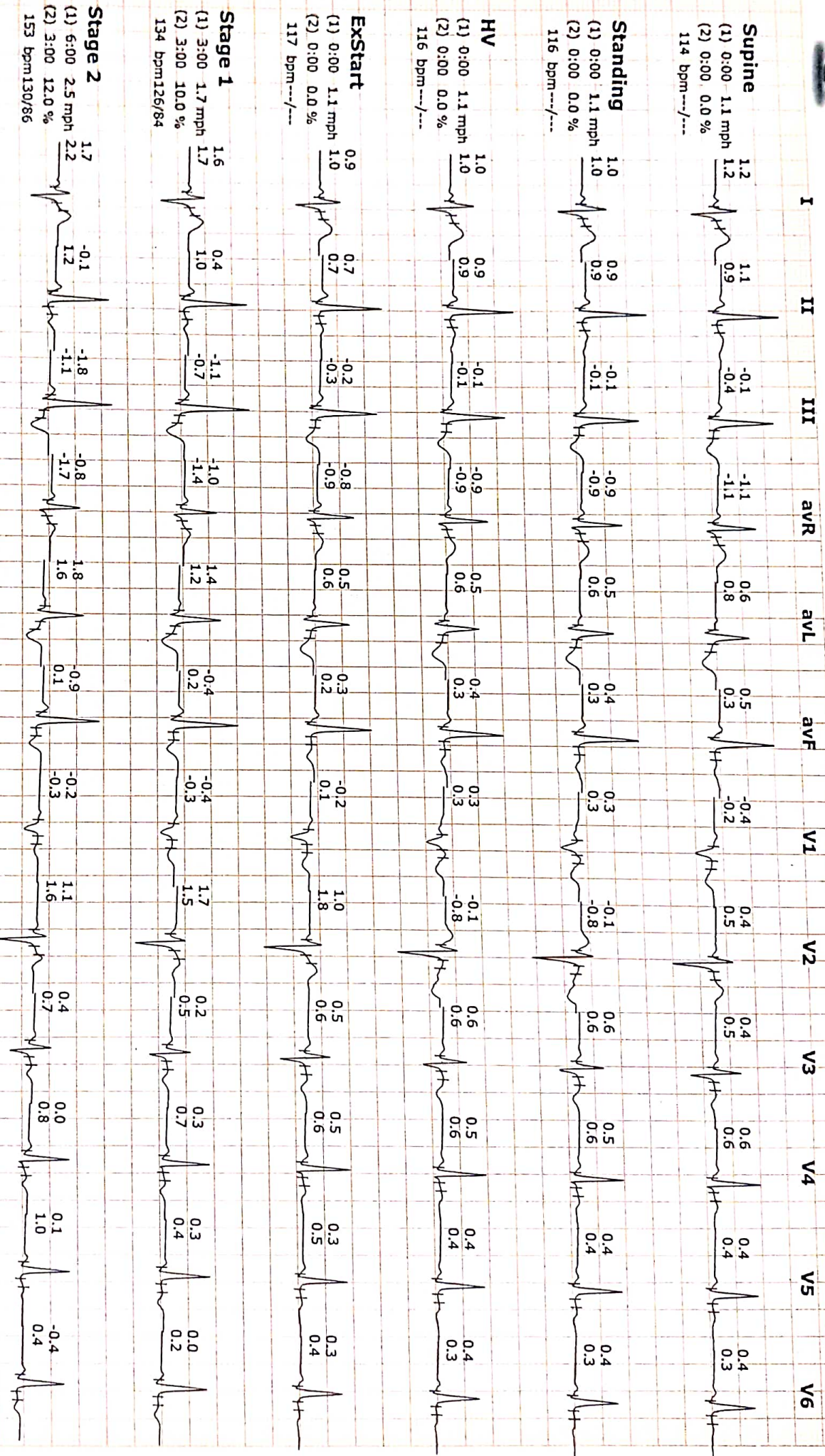
4X 37 ms Post J





Average

ARIHANT DIAGNOSTICS CENTRE
AJMER
8779/khushboo saraswat 24 Yrs/Male 60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM



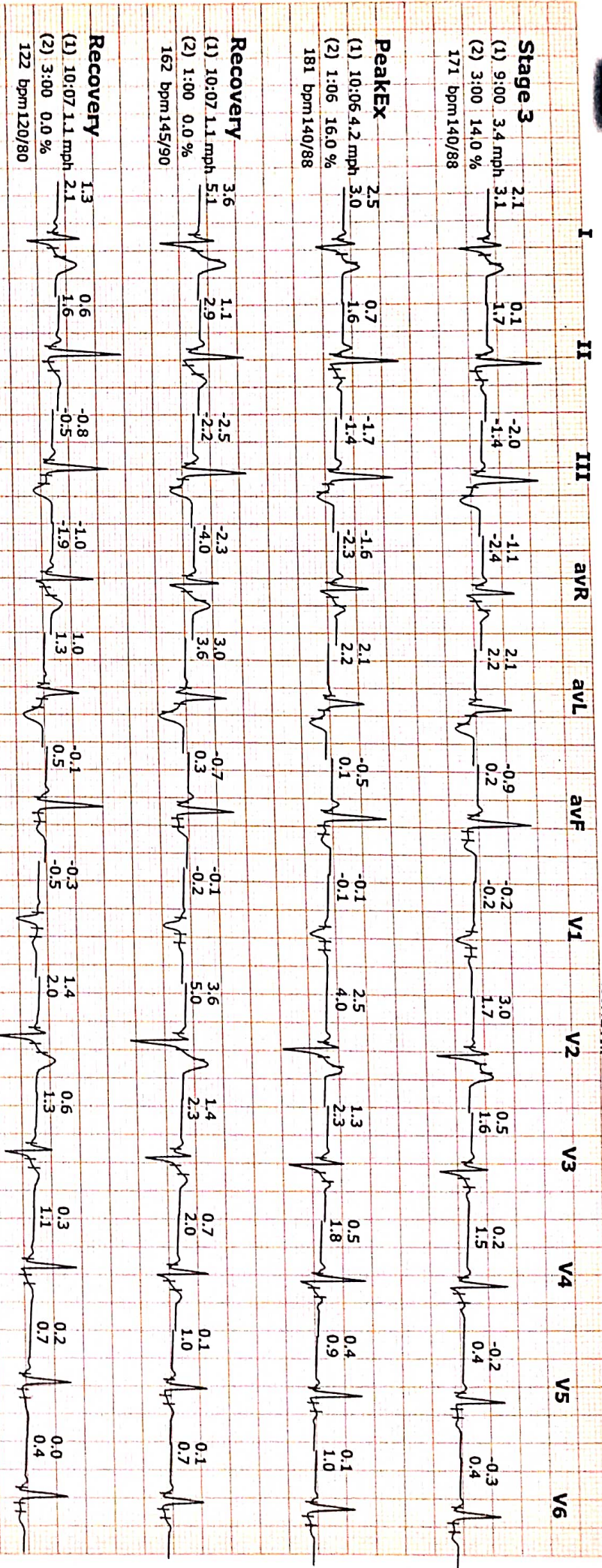


Average

ARIHANT DIAGNOSTICS CENTRE

AJMER

8779/Khushboo saraswat 24 Yrs/Male 60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM





ST Summary

ARIHANT DIAGNOSTICS CENTRE

AJMER

8779/Khushboo saraswat 24 Yrs/Male 60 Kg/164 Cms
Date: 26-Jun-2021 11:36:12 AM

STL (mm) 36 mSecs Post J	Protocol : BRUCE											
	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6
Supine	1.2	1.1	-0.1	-1.1	0.6	0.5	-0.4	0.4	0.4	0.6	0.4	0.4
Standing	1.0	0.9	-0.1	-0.9	0.5	0.4	0.3	-0.1	0.6	0.5	0.4	0.4
HV	1.0	0.9	-0.1	-0.9	0.5	0.4	0.3	-0.1	0.6	0.5	0.4	0.4
ExStart	1.0	0.9	-0.1	-0.9	0.5	0.4	0.3	-0.1	0.6	0.5	0.4	0.4
Stage 1	1.6	0.3	-1.3	-0.9	1.4	-0.5	-0.7	0.7	-0.1	-0.1	0.0	-0.2
Stage 2	1.7	0.1	-1.6	-0.9	1.6	-0.7	-0.6	1.3	0.3	0.0	-0.3	-0.4
Stage 3	2.0	0.1	-1.9	-1.0	2.0	-0.9	-0.2	2.0	0.3	0.1	-0.4	-0.5
PeakEx	2.5	0.7	-1.7	-1.6	2.1	-0.5	-0.1	2.5	1.3	0.5	0.4	0.1
Recovery	3.6	1.1	-2.5	-2.3	3.0	-0.7	-0.1	3.6	1.4	0.7	0.1	0.1
Recovery	1.3	0.6	-0.8	-1.0	1.0	-0.1	-0.3	1.4	0.6	0.3	0.2	0.0
Supine	1.2	0.9	-0.4	-1.1	0.8	0.3	-0.2	0.5	0.5	0.6	0.4	0.3
Standing	1.0	0.9	-0.1	-0.9	0.6	0.3	0.3	-0.8	0.6	0.6	0.4	0.3
HV	1.0	0.9	-0.1	-0.9	0.6	0.3	0.3	-0.8	0.6	0.6	0.4	0.3
ExStart	1.0	0.9	-0.1	-0.9	0.6	0.3	0.3	-0.8	0.6	0.6	0.4	0.3
Stage 1	2.1	1.1	-1.1	-1.6	1.5	0.0	-0.7	2.1	0.0	0.3	0.9	0.2
Stage 2	2.1	0.9	-1.2	-1.5	1.7	-0.2	-0.6	1.4	0.7	0.6	0.2	0.1
Stage 3	3.0	1.5	-1.5	-2.3	2.2	0.1	-0.4	2.5	1.2	1.2	0.6	0.2
PeakEx	3.0	1.6	-1.4	-2.3	2.2	0.1	-0.1	4.0	2.3	1.8	0.9	1.0
Recovery	5.1	2.9	-2.2	-4.0	3.6	0.3	-0.2	5.0	2.3	2.0	1.0	0.7
Recovery	2.1	1.6	-0.5	-1.9	1.3	0.5	-0.5	2.0	1.3	1.1	0.7	0.4
Supine	4.7	4.5	-0.1	-4.5	1.9	2.1	-2.0	1.0	1.3	2.4	1.8	1.7
Standing	3.5	3.4	0.1	-3.4	1.6	1.7	2.7	1.6	3.1	2.2	1.8	1.6
HV	3.5	3.4	0.1	-3.4	1.6	1.7	2.7	1.6	3.1	2.2	1.8	1.6
ExStart	3.5	3.4	0.1	-3.4	1.6	1.7	2.7	1.6	3.1	2.2	1.8	1.6
Stage 1	4.7	1.1	-5.7	-1.6	5.2	-3.4	-2.3	-0.2	-0.4	-1.1	-2.2	-1.9
Stage 2	5.2	1.2	-6.5	-2.0	5.9	-3.9	-2.1	4.7	0.5	-1.3	-2.3	-2.9
Stage 3	4.5	-2.7	-7.2	-0.9	6.0	-5.0	-0.2	4.5	-0.2	-2.0	-3.4	-3.4
PeakEx	6.5	1.1	-5.5	-3.8	6.1	-2.2	-0.2	5.1	2.4	-1.2	0.5	-0.8
Recovery	9.3	0.5	-8.7	-4.9	9.0	-4.1	0.1	10.6	3.9	0.3	-1.1	-0.5
Recovery	2.9	0.3	-2.7	-1.5	2.5	-1.2	-0.5	3.8	1.1	-0.4	-0.4	-0.3



Ajmer, Rajasthan, India

353, Kotra, Ajmer, Rajasthan 305004, India

Lat N 26° 28' 12.1188"

Long E 74° 36' 25.6572"

26/06/21 11:53 AM



भारत सरकार
Government of India



Download Date : 22/03/2021



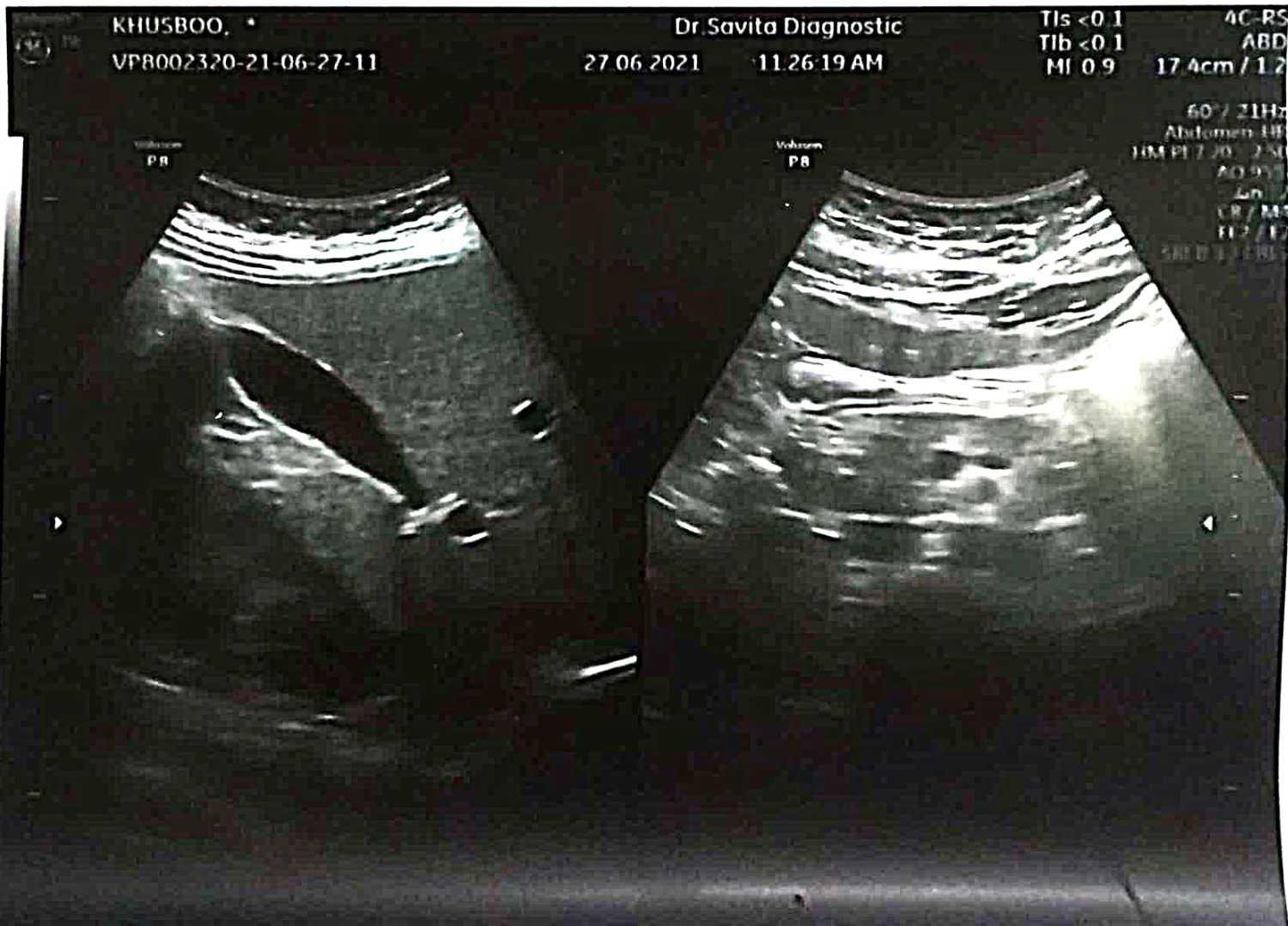
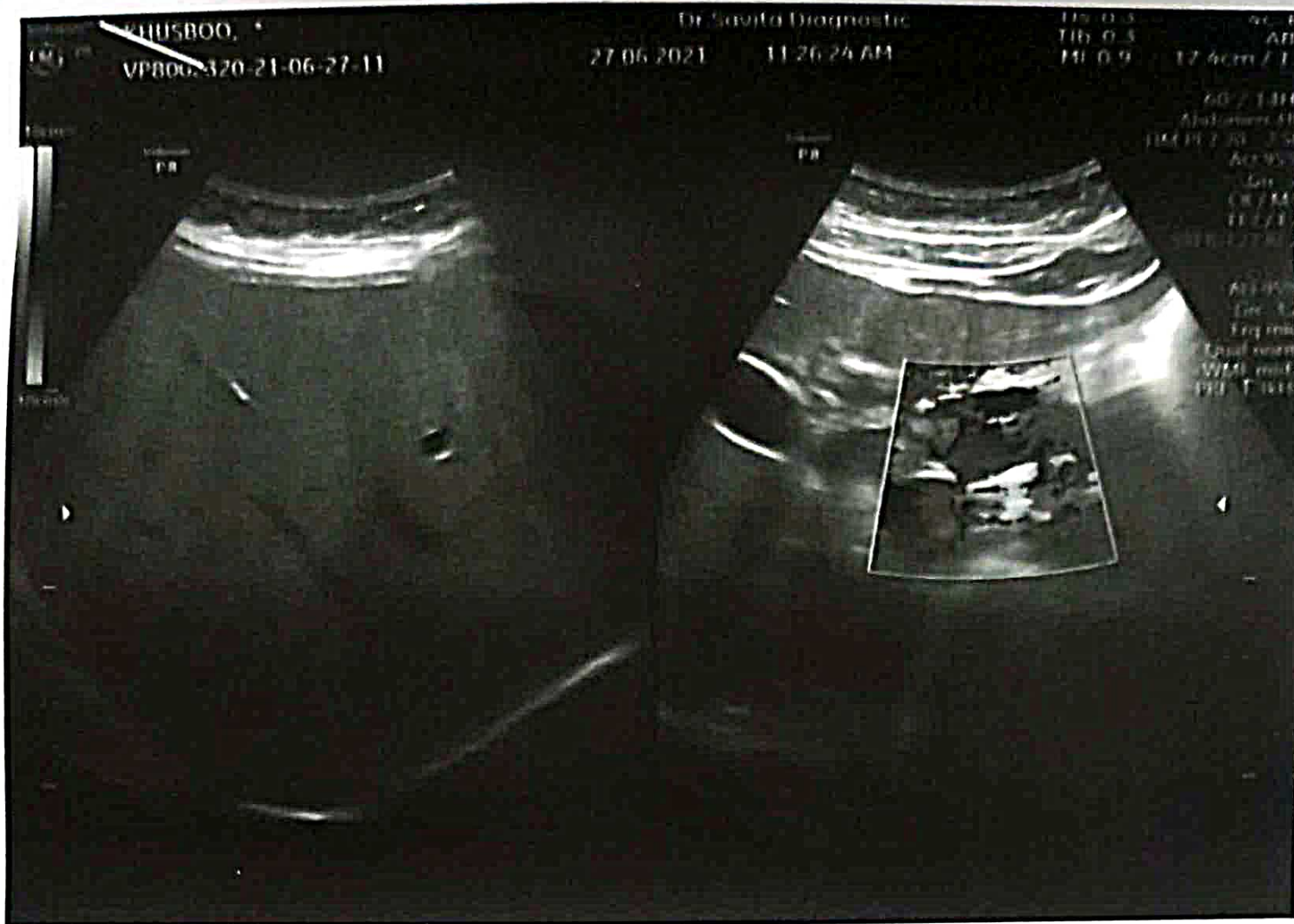
Khushboo Saraswat
Khushboo Saraswat
जन्म तिथि/DOB: 09/08/1996
महिला/ FEMALE

Issue Date: 19/03/2021

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मेरा आधार, मेरी पहचान





Dr. Savita Diagnostic

COLOUR DOPPLER, SONOGRAPHY, COLOUR SONOGRAPHY, LEVEL II SCAN, 3D, 4D

SHOP NO. 5, J.L.N. SHOPPING CENTER, OPP. JLN HOSPITAL, AJMER 305001

Ref by :-DR.

Date :- JUNE 27/ 2021

Patient's Name : MISS.KHUSBOO

Age :- 24 (Yrs) Sex : Female

REAL TIME B MODE ULTRASOUND SCANNING OF ABDOMEN AND PELVIS IS PERFORMED.

LIVER: Mid-clavicular length is 11.06 cm (Normal 13 cm). Normal in size, shape and echogenicity. Echotexture is homogenous. No focal or diffuse pathology seen. No IHBD seen. The portal vein (Normal up to 13 mm), hepatic veins and IVC is normal.

GALL BLADDER: Normal in shape, size and echogenicity. Well distended with normal walls (Normal-2 mm, please correlate clinically -2 To 4 mm, thick-more than 4 mm). Calculi and masses not seen. CBD & Portal Vein are within normal limits.

PANCREAS: is normal size, shape and echotexture. Pancreatic Duct is not dilated. The head, body and tail is within normal limits. No calculus seen in pancreatic duct. No F/D lesion seen.

SPLEEN: Normal size at long axis 9.89 cms, shape and echotexture. No F/D lesion seen.

KIDNEY: Both kidneys are normal in size, shape and echotexture. No evidence of calculi / hydronephrosis bilaterally. Size: RIGHT: 10.42 X 4.16 cms LEFT: 10.39 X 4.21 cms

URINARY BLADDER : Well distended and is normal in shape, size and echotexture. Wall thickness is normal (Normal-2 To 3 mm). No calculus/polyp/sludge/jet seen. The diameter of lower ureters are normal.

UTERUS : Anteverted normal in size shape and echotexture. No F/D lesion seen. Central cavity echo shows normal endometrial cavity. Endometrial thickness normal mm. Normal is myometrium.

ADNEXA: Bilateral ovaries are normal in shape, size and echogenicity. The follicles are normal as per L.M.P. day. NO FREE FLUID SEEN IN POD/ CUL-DE-SAC SEEN. Both F. tubes are normal..

OTHER FINDINGS: No evidence of any free fluid in the peritoneal cavity. Para aortic and para iliac regions are normal. No lymphadenopathy. R.I.F.- Vermiform Appendix not seen.

IMPRESSION: ULTRASOUND FINDINGS SUGGESTIVE OF NORMAL SCAN OF WHOLE ABDOMEN.

PLEASE CORRELATE CLINICALLY AND WITH OTHER INVESTIGATIONS. THANKS FOR REFERENCE.

DR. RAVINBRA REPSWAL
MD. RADIODIAGNOSIS
RADIOLOGIST 26647/14889

Note:

1. This is a Professional opinion only and not the final Diagnosis
2. No. Ultrasonography is pathognomic, all findings are only suggestive, hence they should be reviewed with the relevant clinical history & relevant investigations before embarking upon the final Diagnosis and proceeding for management (Medical or Surgical)
3. Not all gross & major congenital anomalies of fetus are apparent, during scanning due to difficult & variable position attained by the fetus. Hence this report does not exclude all gross & major congenital fetal anomalies, Which could be visible, if scanned later or at any other time. Fetal cardiac anomalies are not included ask for fetal echocardiography whenever suspicion is there.
4. Whenever suspect congenital anomalies, ask for targeted scan along with serum alpha fetoprotein estimation.
5. In case of Disparity between clinical and sonographic please send patient again for review free of cost.
6. This report is not valid for medico legal purposes.
7. Any typing error or unintentional clerical reporting of removed organ needs immediate correction and if, not feasible, clinical correlation and self correction.
8. Even major abnormalities can be missed, due to overlying gaseous shadows patient's obesity or patient's condition. The same could be visualized, at some other time, if visualization window improves.
9. subject to Ajmer Jurisdiction only.

“ भुण लिंग परीक्षण करवाना जघन्य अपराध है, तथा इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है”