



NAME : ADITI SACHAR

AGE/SEX : 34Y/F

DATE : 26.03.2022

Height	Weight	BP	BMI
161 cm	55 kg	100/60 mmHg	21.2
<p><u>Smoking</u> : NO</p> <p><u>Alcohol</u> : OCC</p> <p><u>Drugs</u> : NO</p>			

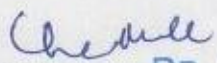
**Family History: -**

- Asthma : NO
- Diabetes / BP : NO
- TB : Nil
- Cancer : Nil
- Heart Disease : NO
- HTN : No
- BP : NO
- Thyroid : MOTHER HAS THYROID

**Personal History:**

- Pleurisy : Nil
- Rheumatic : No
- TB : NO
- Operated for : NO
- Accidents : No
- Psychosomatic history : Nil
- BP : NO
- Thyroid : NO


Eye / Vision	DISTANCE VISION		NEAR VISION		COLOUR VISION	GLASSES:
	RT EYE	LT EYE	RT EYE	LT EYE		
	6/6	6/6	N6	N6	NORMAL	YES

  
 Signature of Medical Examiner **DR. CHARU KOHLI**  
 CONSULTANT MBBS  
 DMC-8388

**IMPORTANT:** Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.




Aditi


 बैंक ऑफ बड़ौदा  
Bank of Baroda


नाम: ADITI SACHAR  
Name:

कर्मचारी कुट क. 174063  
E. C. No.



जारीकर्ता प्राधिकारी मु. प्र. (सु. प्र.) का. नदि  
Issuing Authority CM (S) ZO, ND





धारक के हस्ताक्षर  
Signature of Holder

Aditi - sachar @ yahoo . com

PP Sample is no given

Aditi Sachar

Charu

DR. CHARU KOHLI  
CONSULTANT MBBS  
DMC-8388



DR. CHARU KOHLI  
CONSULTANT MEBS  
DMC-8388

*Charu*





Registration No.	102128523	Mobile No.	9560411543
Patient Name	Ms. SACHAR ADITI	Registration Date/Time	26/03/2022 10:10:42
Age / Sex	34 Yrs Female	Sample Collected Date/Time	26/03/2022 12:10:22
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	26/03/2022 18:26:46
Collected At	DCKC	Printed Date/Time	26/03/2022 19:49:27
<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Biological Ref Interval</b>

**HAEMATOLOGY**

**Complete Blood Count (CBC)**

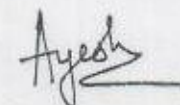
Haemoglobin (Hb) ,EDTA <i>Method: Colorimetric</i>	12.8	g/dL	12.0 - 15.0
Total Leucocyte Count (TLC) ,EDTA <i>Method: Electric impedance</i>	08.7	10 <sup>9</sup> /L	04.0 - 10.0
Differential Leucocyte Count <i>Method: Microscopy</i>			
Neutrophil ,EDTA	61.2	%	40.0 - 75.0
Lymphocyte ,EDTA	29.2	%	20.0 - 45.0
Eosinophil ,EDTA	3.2	%	1.0 - 6.0
Monocyte ,EDTA	6.4	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 1.0
ESR* ,EDTA <i>Method: Westergreen</i>	14	mm/Ist hr.	00 - 20
Red Blood Cell (RBC) ,EDTA <i>Method: Electric impedance</i>	4.51	10 <sup>6</sup> /uL	3.80 - 4.80
Hematocrit (HCT /PCV) ,EDTA <i>Method: Pulse height detection</i>	38.4	%	36.0 - 46.0
Mean Corp Volume (MCV) ,EDTA <i>Method: Calculated</i>	85.1	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method: Calculated</i>	28.4	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method: Calculated</i>	33.4	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method: Electric impedance/Microscopy</i> * The test outside of the scope of NABL.	174.00	10 <sup>3</sup> /uL	150.00 - 450.00

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 Dr. Ayesha  
 MBBS, MD(Pathology)



<b>Registration No.</b>	102128523	<b>Mobile No.</b>	9560411543
<b>Patient Name</b>	Ms. SACHAR ADITI	<b>Registration Date/Time</b>	26/03/2022 10:10:42
<b>Age / Sex</b>	34 Yrs Female	<b>Sample Collected Date/Time</b>	26/03/2022 12:10:22
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<b>Test Name</b>		<b>Value</b>	<b>Unit</b>
			<b>Biological Ref Interval</b>

<b>RDW- CV%*</b> ,EDTA	13.2	%	10.0 - 14.5
<b>Blood Group ABO*</b> ,EDTA <i>Method: Forward Grouping</i>	"B"		
<b>Rh Typing</b> ,EDTA <i>Method: Forward Grouping</i>	POSITIVE		
<b>HbA1c*</b> ,EDTA <i>Method: Photometric method</i>	5.3	%	

**INTERPRETATIONS:-**

**NORMAL RANGE**

4.00 - 5.60 %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20 -	6.80	%
Fair Diabetic Control	6.80 -	7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

**Note:-**

Glycosylated Haemoglobin is a specific component of HbA1c and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

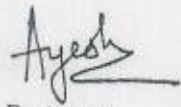
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<b>Collected At</b>	DCKC	<b>Printed Date/Time</b>	26/03/2022 19:49:27
<b>Test Name</b>		<b>Value</b>	<b>Unit</b>
			<b>Biological Ref Interval</b>

## BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
Total Lipids ,Serum Plain			
Serum Cholesterol ,Serum Plain <i>Method : CHOD-POD</i>	510	mg/dl	400 - 700
Serum Triglycerides ,Serum Plain <i>Method : GOD-POD</i>	166	mg/dl	80 - 200
Serum HDL Cholesterol* ,Serum Plain <i>Method : Direct Method</i>	178	mg/dl	40 - 200
Serum LDL Cholesterol* ,Serum Plain <i>Method : Calculated</i>	45.0	mg/dl	40.0 - 70.0
Serum VLDL Cholesterol* ,Serum Plain <i>Method : Calculated</i>	85.0	mg/dl	30.0 - 100.0
Total CHO/HDL Cholesterol Ratio* ,Serum Plain <i>Method : Calculated</i>	36.0	mg/dl	24.0 - 45.0
LDL/HDL Cholesterol Ratio* ,Serum Plain <i>Method : Calculated</i>	3.69		
	1.89		

**Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples**

Desirable - Less than 200 mg/dl  
 Borderline High Risk - 200 to 239 mg/dl  
 High Risk - 240 mg/dl and over, on repeated values

**Optimal Level for Cardiac Patients - Less than 200 mg/dl**

**HDL-C\*** High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.


**LDL Reference Range :**

Adult Levels	Levels in terms of risk for coronary heart disease :
Optimal	<100 mg/dL
Near Optimal/ above optimal	100 - 129 mg/dL
Borderline high	130 - 159 mg/dL
High	160 - 189 mg/dL
Very High	≥190 mg/dL

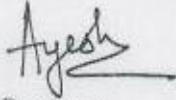
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Patient Name	Ms. SACHAR ADITI	Registration Date/Time	26/03/2022 10:10:42
Age / Sex	34 Yrs Female	Sample Collected Date/Time	26/03/2022 12:10:22
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	26/03/2022 18:26:47
Collected At	DCKC	Printed Date/Time	26/03/2022 19:49:27
Test Name		Value	Unit
			Biological Ref Interval


**KIDNEY FUNCTION TEST (KFT)**

Blood Urea ,Serum Plain Method : Urease -GLDH	27.2	mg/dl	15.0 - 45.0
Serum Creatinine ,Serum Plain Method : Modified Jaffe's	0.85	mg/dl	0.50 - 1.50
Serum Uric Acid ,Serum Plain Method : Uricase-POD	4.20	mg/dl	2.40 - 5.70
Serum Sodium# ,Serum Plain Method : ISE Direct	138.0	mmol/L	135.0 - 148.0
Serum Potassium* ,Serum Plain Method : ISE Direct	4.10	mmol/L	3.50 - 5.00
Serum Chloride* ,Serum Plain Method : ISE DIRECT	98.00	mmol/L	97.00 - 107.00
Serum Calcium ,Serum Plain Method : Arsenazo III	9.20	mg/dl	New Born : 7.8 - 11.2 mg/dl Adult : 8.2 - 10.6 mg/dl

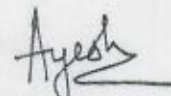
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Collected At	DCKC	Printed Date/Time	26/03/2022 19:49:27

**LIVER PROFILE / LFT**

Test Name	Value	Unit	Biological Ref Interval
Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.61	mg/dl	0.00 - 1.30
Serum Bilirubin (Direct)* ,Serum Plain <i>Method : DSA Method</i>	0.23	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect)* ,Serum Plain <i>Method : Calculated Parameter</i>	0.38	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	10.0	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	12.1	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	104.0	IU/l	30.0 - 310.0
Serum Total Protein ,Serum Plain <i>Method : Buret Method</i>	7.01	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.00	gm/dl	3.50 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	3.00	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.33		1.00 - 2.10
Serum GGTP* ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	34.0	U/L	0.0 - 50.0

\* The test outside of the scope of NABL.

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Age / Sex	34 Yrs Female	Sample Collected Date/Time	26/03/2022 12:10:22
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	26/03/2022 18:25:24
Collected At	DCKC	Printed Date/Time	26/03/2022 19:49:27
<b>Test Name</b>		<b>Value</b>	<b>Unit</b>
			<b>Biological Ref Interval</b>

Blood Sugar (Fasting) ,Plasma F  
Method : GOD/POD

82.8 mg/dl 70.0 - 110.0

Blood Urea Nitrogen\* ,Serum Plain  
Method : Calculated

12.71 mg/dl 0.00 - 30.00

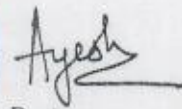
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Age / Sex	34 Yrs Female	Sample Collected Date/Time	26/03/2022 12:10:22
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	26/03/2022 19:48:49
Collected At	DCKC	Printed Date/Time	26/03/2022 19:49:27
<b>Test Name</b>		<b>Value</b>	<b>Unit</b>
			<b>Biological Ref Interval</b>

**IMMUNOASSAY**

TOTAL THYROID PROFILE# , Serum Plain

Triiodothyronine (T3)	0.98	ng/ml	0.50 - 2.00
Thyroxin (T4)	5.96	ug/dl	4.40 - 11.60
Thyroid Stimulating Hormone (TSH)	3.94	uIU/mL	0.39 - 6.16

**Comments :**  
The levels of thyroid hormone (T3&T4) are low in case of primary secondary and tertiary hypothyroidism and sometimes 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

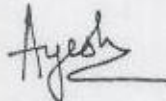
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**CLINICAL PATHOLOGY**

**URINE ROUTINE EXAMINATION\***

**URE PHYSICAL EXAMINATION\***

Colour URINE	Yellow		Pale Yellow
Volume URINE	10	mL	
Appearance URINE	Clear		Clear

**URE CHEMICAL EXAMINATION\***

Reaction URINE	Acidic		Acidic
Ph (Strip Method) URINE	6.5		5.0 - 8.0
Specific Gravity URINE	1.015		1.001 - 1.035
Protein (Strip Method) URINE	Nil		Not-Detected
Glucose (Strip Method) URINE	Nil		Nil

**URE MICROSCOPY EXAMINATION**

Pus Cells URINE	1 - 2	/HPF	0 - 2
Epithelial Cells URINE	2 - 4	/HPF	0 - 2
RBC's URINE	NIL	/HPF	0 - 2
Casts URINE	Nil		
Crystals URINE	Nil		
Bacteria URINE	Absent		Absent
Mucus Thread URINE	Nil		Nil
Other URINE	Nil		

\* The test outside of the scope of NABL.

*[Signature]*  
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Dr. ~~Charu Kohli~~  
 MBBS, MD(Pathology)

*[Signature]*

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Collected At	DCKC	Printed Date/Time	26/03/2022 19:49:27
Test Name	Value	Unit	Biological Ref Interval

URINE SPOT SUGAR (FASTING) , URINE Nil Nil

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

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<b>Patient Name</b>	<b>Ms. SACHAR ADITI</b>	<b>Registration Date/Time</b>	<b>26/03/2022 10:10:42</b>
<b>Age / Sex</b>	<b>34 Yrs Female</b>	<b>Sample Collected Date/Time</b>	<b>26/03/2022 13:53:02</b>
<b>Ref By / Hospital</b>	<b>Others BANK OF BARODA</b>	<b>Report Date/Time</b>	<b>29/03/2022 13:58:29</b>
<b>Collected At</b>	<b>DCKC</b>	<b>Printed Date/Time</b>	<b>29/03/2022 13:58:50</b>

**PAP SMEAR** , SLIDE SMEAR

**LAB ID:** P- 124/22  
**SPECIMEN TYPE:** Conventional Smear  
**SPECIMEN ADEQUACY:** Satisfactory for evaluation.

**MICROSCOPY:** Smears are scanty and limited by absence of TZ cells few superficial and intermediate cells are seen in a clear background.  
 No atypical cells are seen.

**INTERPRETATION/RESULTS:** Negative for intra-epithelial lesion or malignancy (NILM).

**NOTE:-**

*Cervical cytology is screening test primarily for squamous cancer and its precursors and has been associated with false positive and false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false negative results (The Bethesda System 2014)*

**SCREENING GUIDELINES:-** 21-29 year Cytology only 3 yrs, 30-65years---Co-testing every 5 years; <21&> 65 yrs - Screening not recommended.

ASCO/CA & GUIDELINES:-			
	HPV unknown	HPV positive	HPV Negative
Unsatisfactory	Repeat cytology after 2-4 mths	Colposcopy	Repeat cytology after 2-4 mths
NILM with EC/TZ	Routine screening	HPV genotyping repeat co-testing @ 1 year	Routine screening
NILM without EC/TZ	HPV testing	Repeat co-testing @ 1 year	Routine screening
ASCUS	HPV testing	Colposcopy	Repeat co-testing@ 3year
LSIL	Colposcopy	Colposcopy	Co-testing @ 1 year
ASC-H	Colposcopy	Colposcopy	Colposcopy
HISL	"Immediate LEEP"	"Immediate LEEP"	"Immediate LEEP"
AGC	EB & EndocervicalBx	EB & EndocervicalBx	EB & EndocervicalBx

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**Dr. CHARU KOHLI CLINIC**  
**C-234, DEFENCE COLONY, NEW DELHI**

**Patient Information**

Name : **ADITI SACHAR**

DATE : 26/03/22 12:37:58

AGE : 34 /F

ID : 81

Height : 161

REF. BY : Dr.

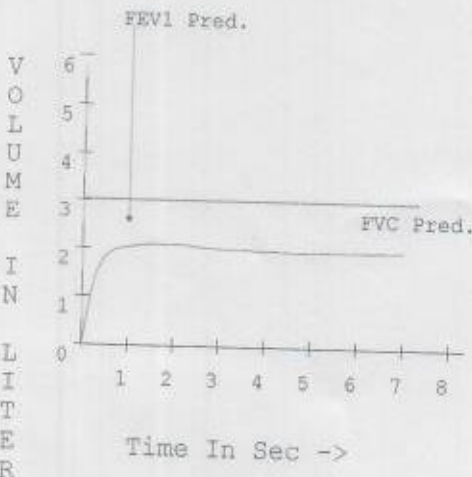
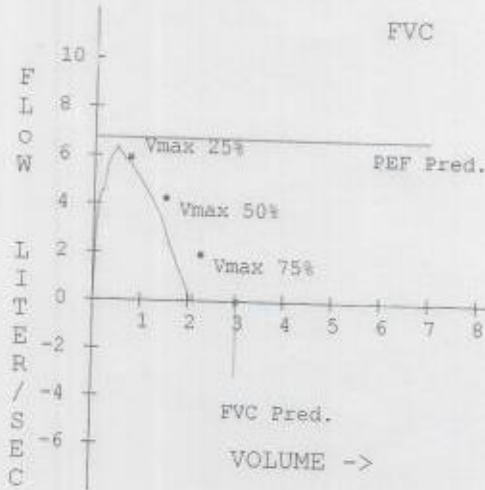
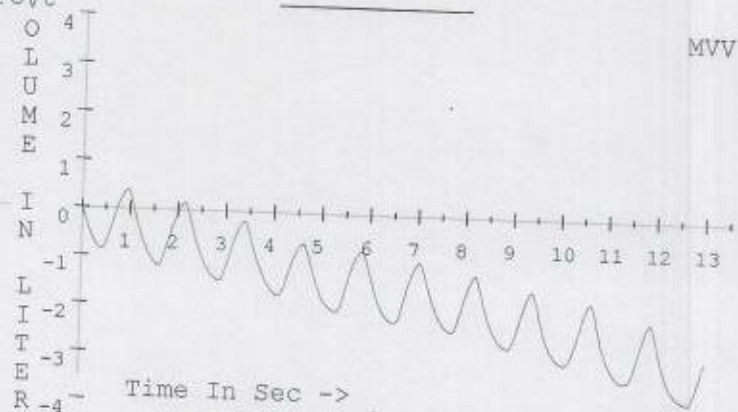
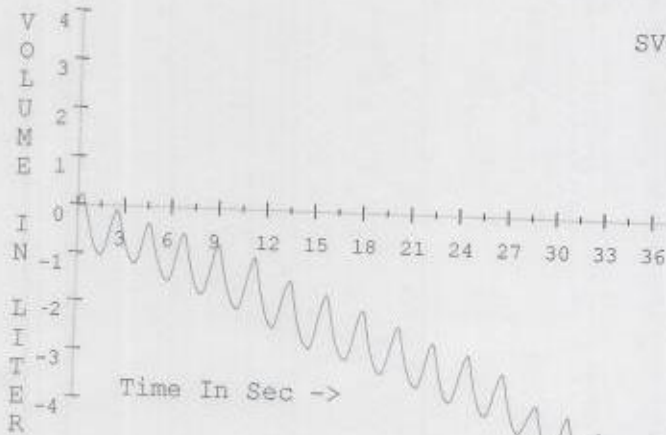
Weight : 55

Indication:

Smoker : Non Smoker

Pre

Post



Parameter	Pred	Pre	%Pred	Post	%Pred	Dif.%
FVC (L)	3.02	2.11	69.69			
FEV0.5 (L)		1.80				
FEV1 (L)	2.62	2.04	78.00			
FEV1/FVC %	86.64	96.97	111.93			
PEF (L/S)	6.73	6.38	94.91			
PIF (L/S)		0.40				
FEF25-75% (L/S)	3.78	4.02	106.45			
VMax25 %	5.93	5.98	100.84			
VMax50 %	4.25	4.79	112.52			
VMax75 %	1.95	2.39	122.72			
FET100 %		1.55				
SVC (L)	3.00	5.78	192.25			
ERV (L)	1.71	5.89	344.31			
IRV (L)		0.99				
RE (BrPM)		27.73				
VT (L)		1.09				
TI (s)		1.18				
TE (s)		0.99				
VE (I/M)		35.14				
VT/TI (L/S)		0.93				
TI/T.TOT		0.54				
IC		2.08				
MVV	96.66	68.30	70.66			
FEF50 % (L/S)		4.39				
PIF50 % (L/S)		49.47				
FEF50/FIF50 %		0.09				

**Diagnosis :**

Obstructive abnormality : Mild (FEV1 < 100 % of Predicted value and FEV1 >= 70 % of Predicted value)  
 Restrictive abnormality : Moderate (FVC < 70 % of Predicted value and FVC >= 60 % of Predicted value)

**DR. D. R. RAJIV**  
**MBBS, MD**  
**DMC-46748**  
**CONSULTANT CARDIOLOGIST**

Dr.



Ms. ADITI SACHAR  
I.D. : 222  
AGE/SEX : 34/F  
RECORDED : 26-3-2022 11:46  
RATE : 65 BPM  
B.P. : 100/66 mmHg

DR. CHARU KOHLI'S CLINIC  
SUPINE  
PRETEST

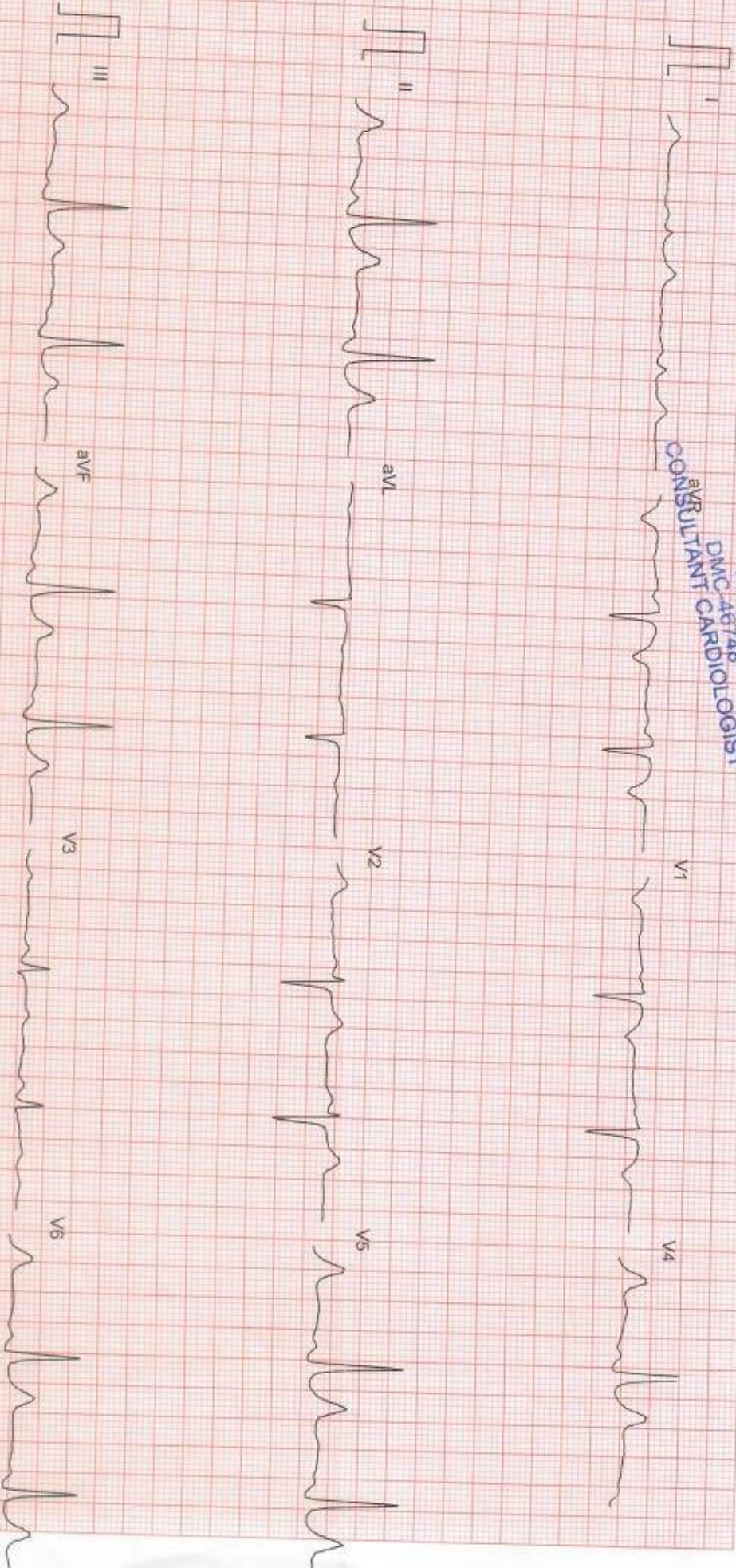
ST @ 1r  
80ms P

*Aditi Sachar*

*Dr. D. R. Rajiv*  
DR. D. R. RAJIV  
MBBS, MD  
DMC-46748  
CONSULTANT CARDIOLOGIST

*Charu Kohli*

Rp



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Computer Corrected Baseline

25mm/sec 10mm/mV

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*Aditi Sachar*

# DR. CHARU KOHLI'S CLINIC

C-234, DEFENCE COLONY, NEW DELHI-110024

Ms. ADITI SACHAR

Age : 34/F

Recorded : 26-3-2022 11:46

Ref. by :

Indication :

ID : 222  
HWT : 161/55

## TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE

History:

Medication :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (bPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE											
HYPERVENT	0:32	0:32			66	100/66	65	0.9	1.2	0.7	
VALSALVA					76	100/66	76	0.4	1.0	0.6	
STANDING					58	100/66	58	0.6	1.0	0.8	
					107	100/66	107	0.6	0.9	0.6	
STAGE 1	2:59	2:59	2.70	10.00	95	108/66	95	-0.4	1.2	0.5	4.80
STAGE 2	5:59	2:59	4.00	12.00	105	110/66	115	0.7	1.3	-0.3	7.10
STAGE 3	8:59	2:59	5.40	14.00	119	128/66	152	-1.1	2.3	0.5	10.00
STAGE 4	11:59	2:59	6.70	16.00	138	140/66	193	-4.4	-1.7	-0.2	14.00
PEAK EXERCISE	12:08	0:08			132	140/66	184	-0.6	1.5	1.0	14.27
RECOVERY	2:59	2:59	0.00	0.00	91	130/66	118	-0.9	1.1	-0.7	
RECOVERY	5:59	5:59	0.00	0.00	90	130/66	117	0.1	0.9	0.0	

### RESULTS

Exercise Duration : 12:08 Minutes  
 Max Heart Rate : 138 bpm 74% of target heart rate 186 bpm  
 Max Blood Pressure : 140/66 mmHg  
 Max Work Load : 14.27 METS  
 Reason of Termination :

### IMPRESSIONS

*Negative for RVT*

*by*  
**DR. D. R. RAJIV**  
 MBBS, MD  
 DMC-40748  
 CONSULTANT CARDIOLOGIST  
 CARDIOLOGIST



Ms. ADITI SACHAR

I.D. : 222

AGE/SEX : 34/F

RECORDED : 26-3-2022 11:46

*Aditi Sachar*

RATE : 65 BPM

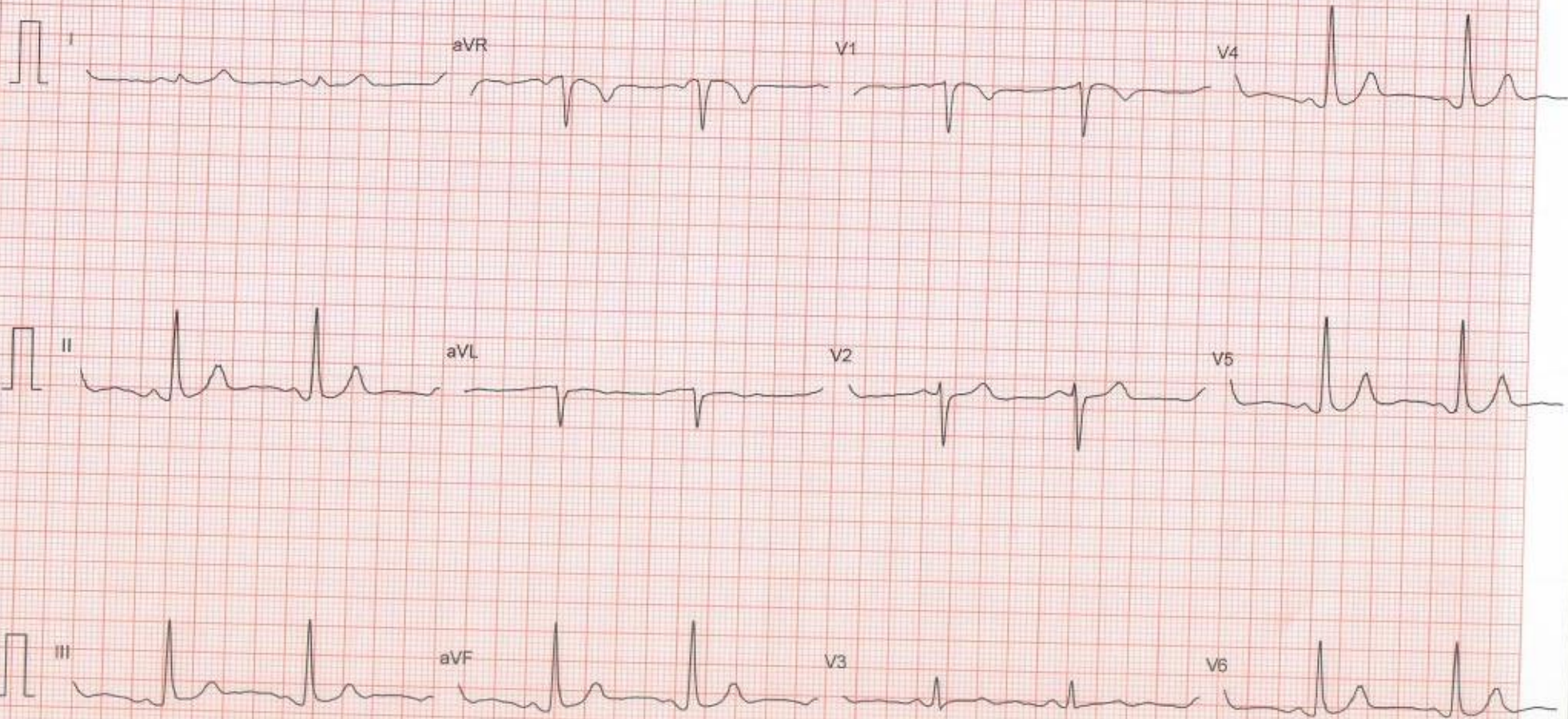
B.P. : 100/66 mmHg

# Dr. CHARU KOHLI'S CLINIC

SUPINE  
PRETEST

ST @ 10mm/mV  
80ms PostJ

RAW E.C.G.





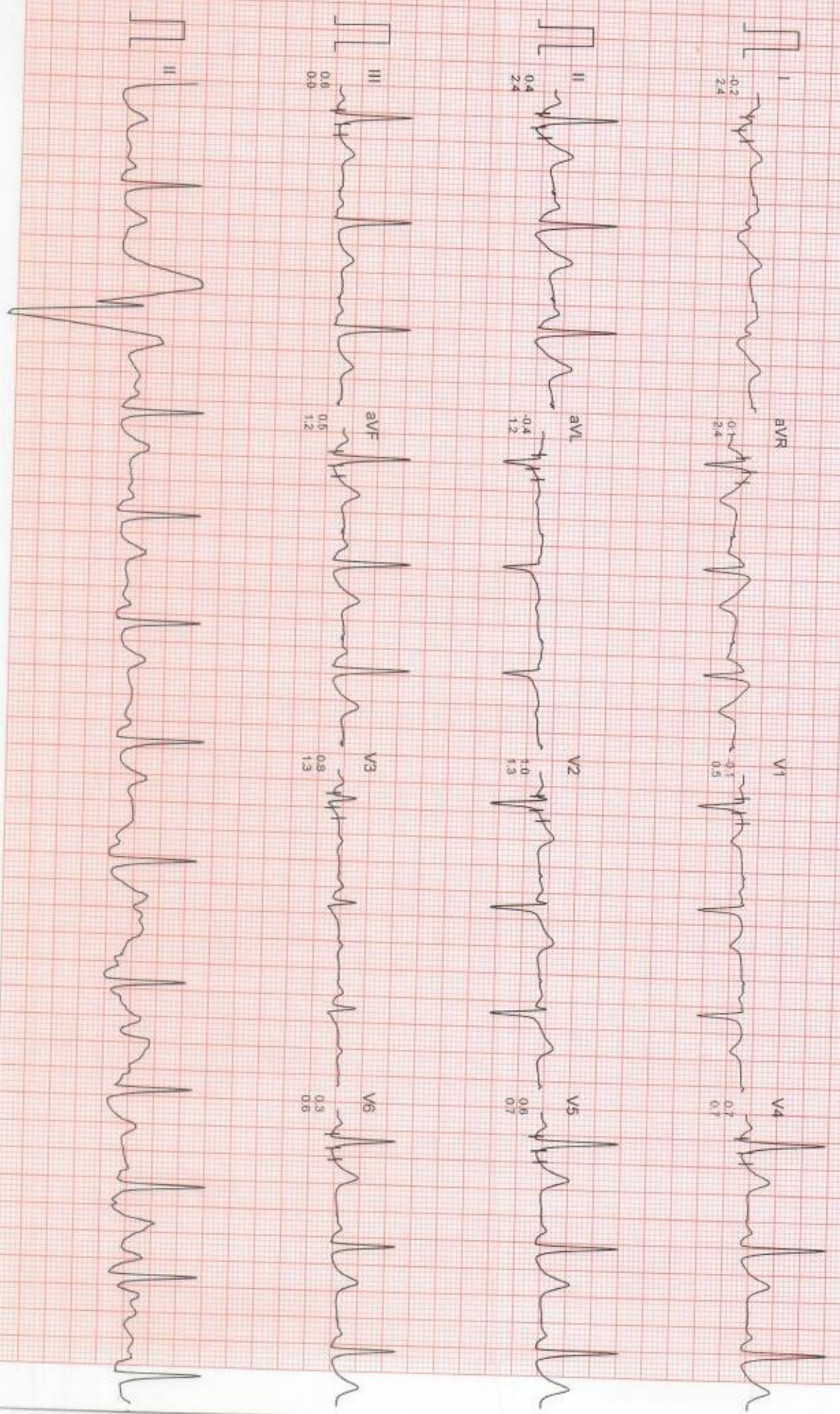
Ms. ADITI SACHAR  
I.D. : 222  
AGE/SEX : 34/F  
RECORDED : 26-3-2022 11:46

RATE : 76 BPM  
B.P. : 100/66 mmHg

DR. CHARU KOHLI'S CLINIC  
HYPERVENTILATION  
PRETEST  
STAGE TIME : 0.32

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIUM





Ms. ADITI SACHAR

I.D. : 222

AGE/SEX : 34/F

RECORDED : 26-3-2022 11:46

RATE : 58 BPM

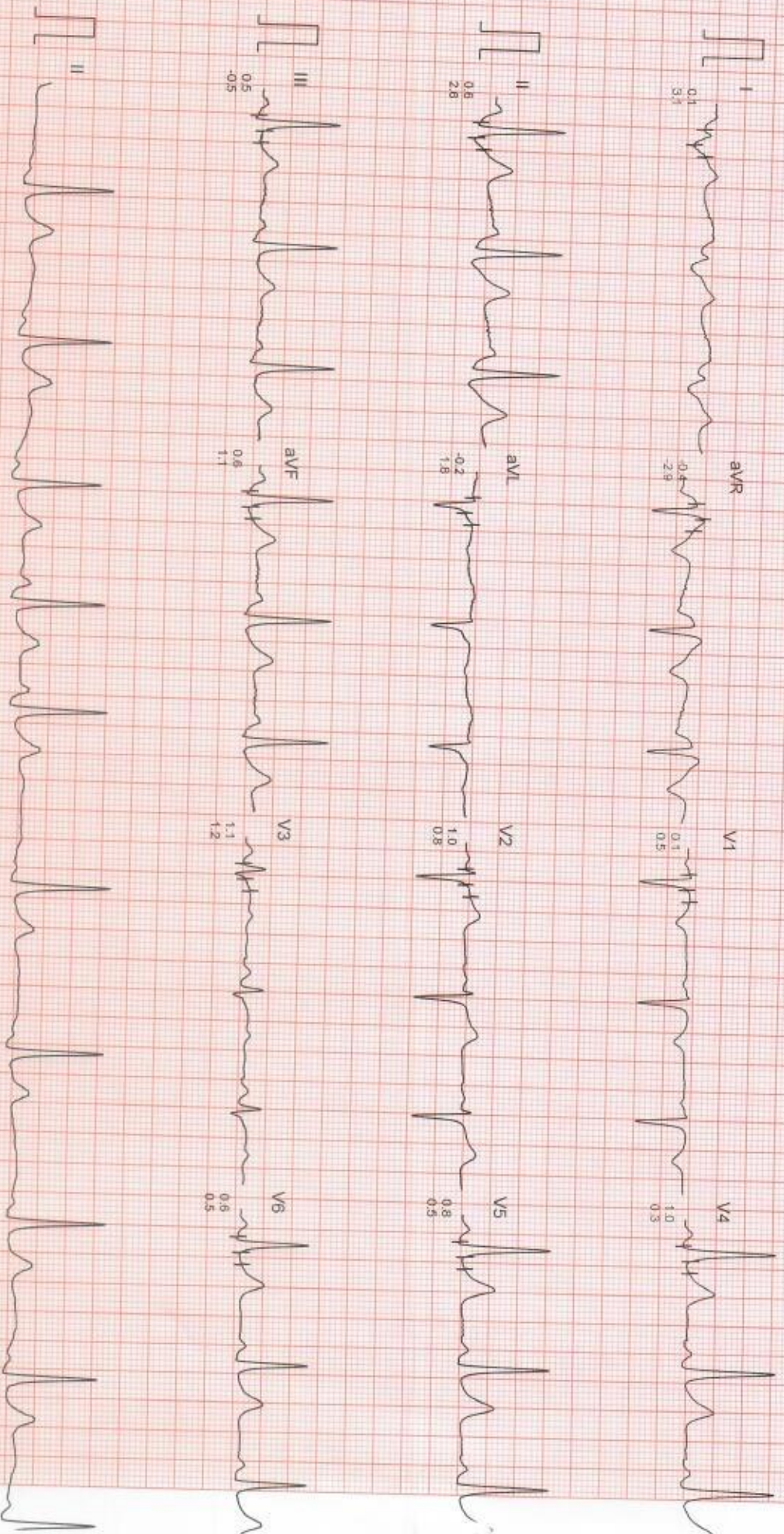
B.P. : 100/66 mmHg

Dr. CHARU KOHLI'S CLINIC

VALSALVA  
PRETEST

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIUM



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Computer Corrected Baseline

25mm/sec 10mm/mV

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Ms. ADITI SACHAR

I.D. : 222

AGE/SEX : 34/F

RECORDED : 26-3-2022 11:46

RATE : 107 BPM

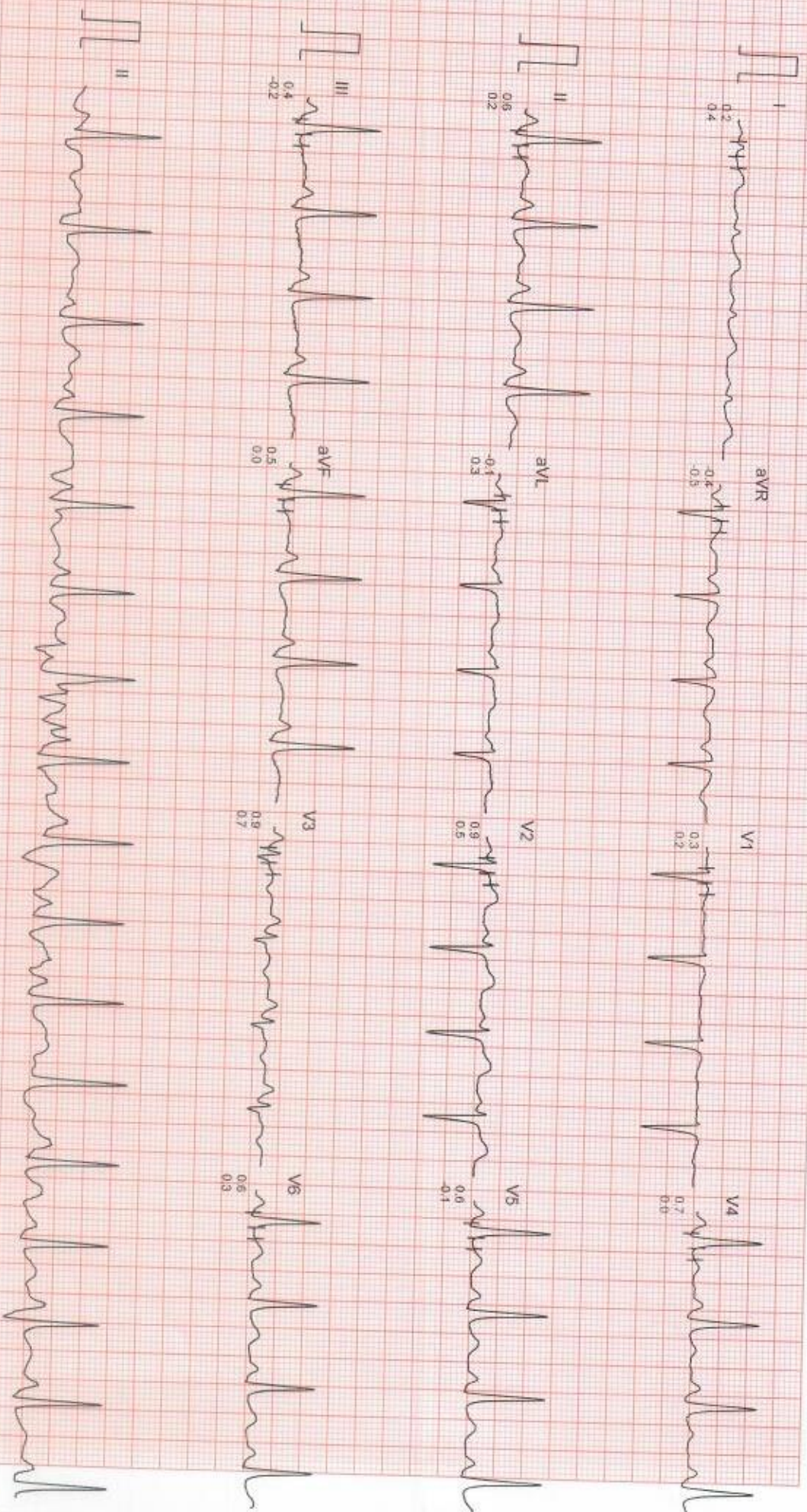
B.P. : 100/66 mmHg

DR. CHARU KOHLI'S CLINIC

STANDING  
PRETEST

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIUM



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Computer Corrected Baseline

25mm/sec 10mm/mV

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Ms. ADITI SACHAR  
I.D. : 222

AGE/SEX : 34/F  
RECORDED : 26-3-2022 11:46

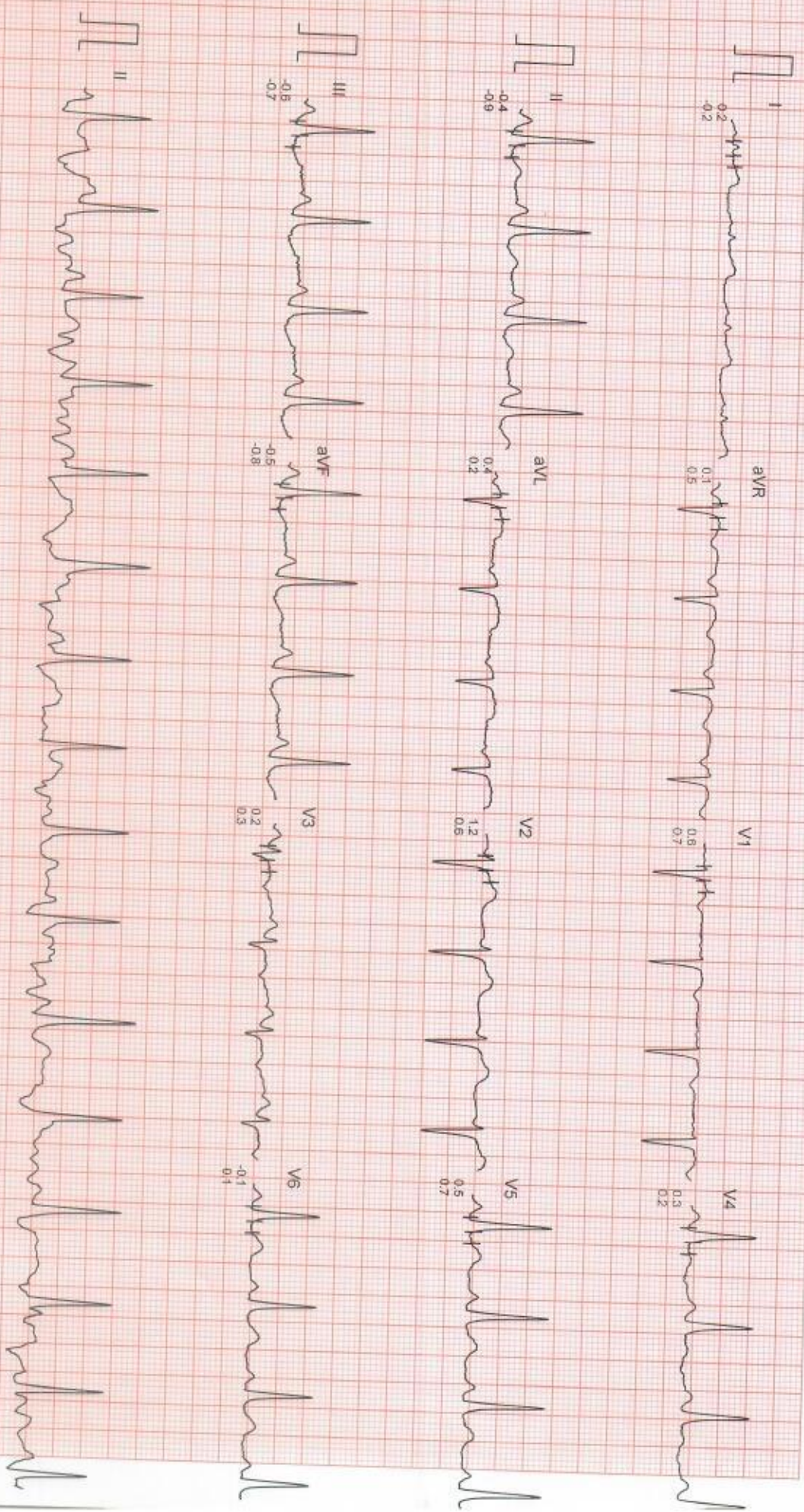
RATE : 95 BPM  
B.P. : 100/66 mmHg

Dr. CHARU KOHLI'S CLINIC

BRUCE  
EXERCISE 1  
PHASE TIME : 2.59  
STAGE TIME : 2.59

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

LINKED MEDIAN



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Computer Corrected Baseline

25mm/Sec 10mm/mV

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Ms. ADITI SACHAR

DR. CHARU KOHLI'S CLINIC

ID : 222  
AGE/SEX : 34/F  
RECORDED : 26-3-2022 11:46

RATE : 105 BPM  
B.P. : 110/66 mmHg

BRUCE  
EXERCISE 2  
PHASE TIME : 5:59  
STAGE TIME : 2:59

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

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

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Ms. ADITI SACHAR

I.D. : 222

AGE/SEX : 34/F

RECORDED : 26-3-2022 11:46

RATE : 119 BPM

B.P. : 128/66 mmHg

# DR. CHARU KOHLI'S CLINIC

BRUCE

EXERCISE 3

PHASE TIME : 8:59

STAGE TIME : 2:59

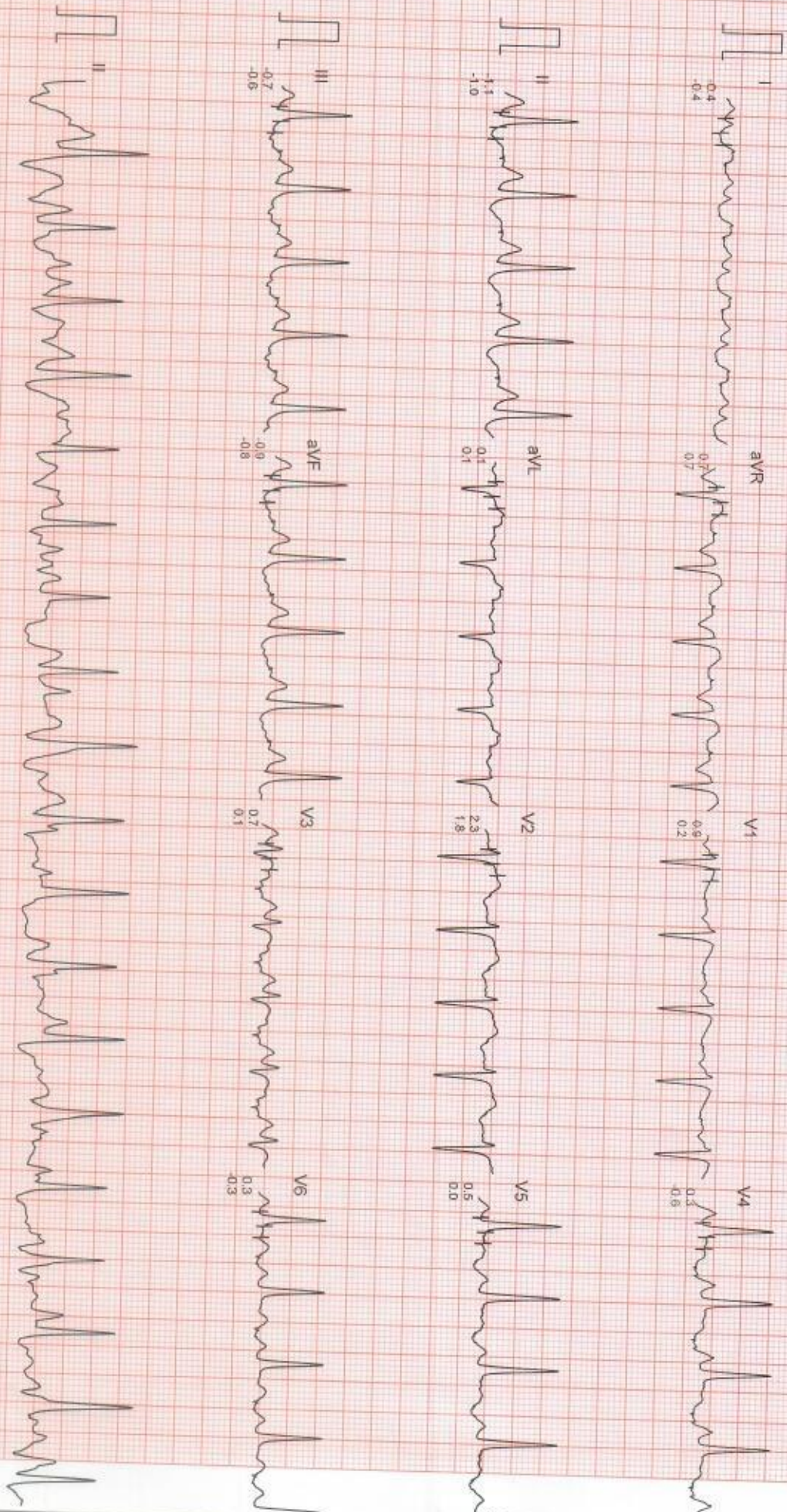
ST @ 10mm/mV

80ms PostJ

SPEED : 5.4 Km./Hr.

GRADE : 14.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

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MS. ADITI SACHAR

I.D. : 222

AGE/SEX : 34/F

RECORDED : 26-3-2022 11:46

DR. CHARU KOHLI'S CLINIC

RATE : 138 BPM

B.P. : 140/66 mmHg

BRUCE

EXERCISE 4

PHASE TIME : 11:59

STAGE TIME : 2:59

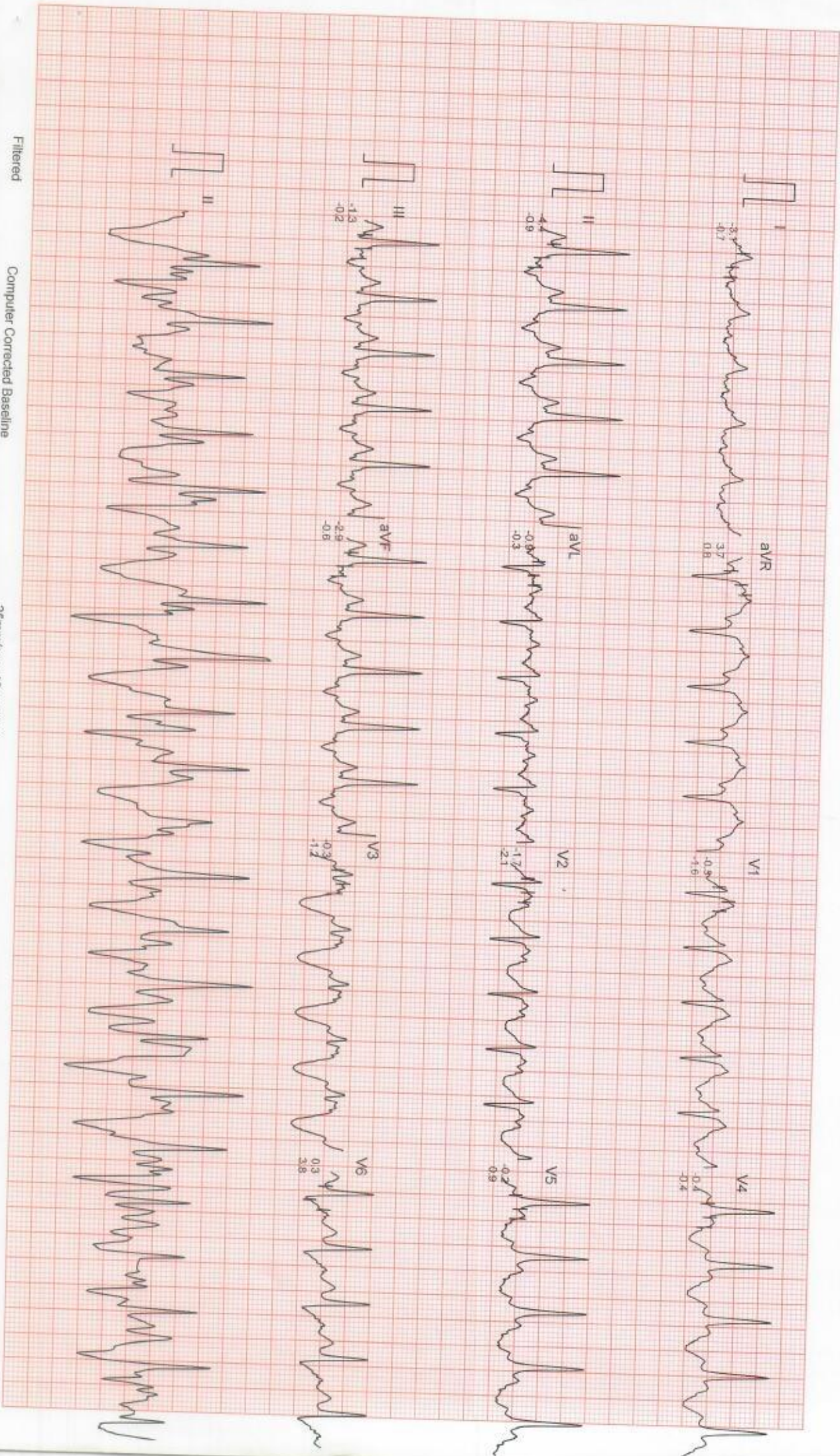
ST @ 10mm/mV

80ms PostJ

SPEED : 6.7 Km/Hr

GRADE : 16.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

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MS. ADITI SACHAR

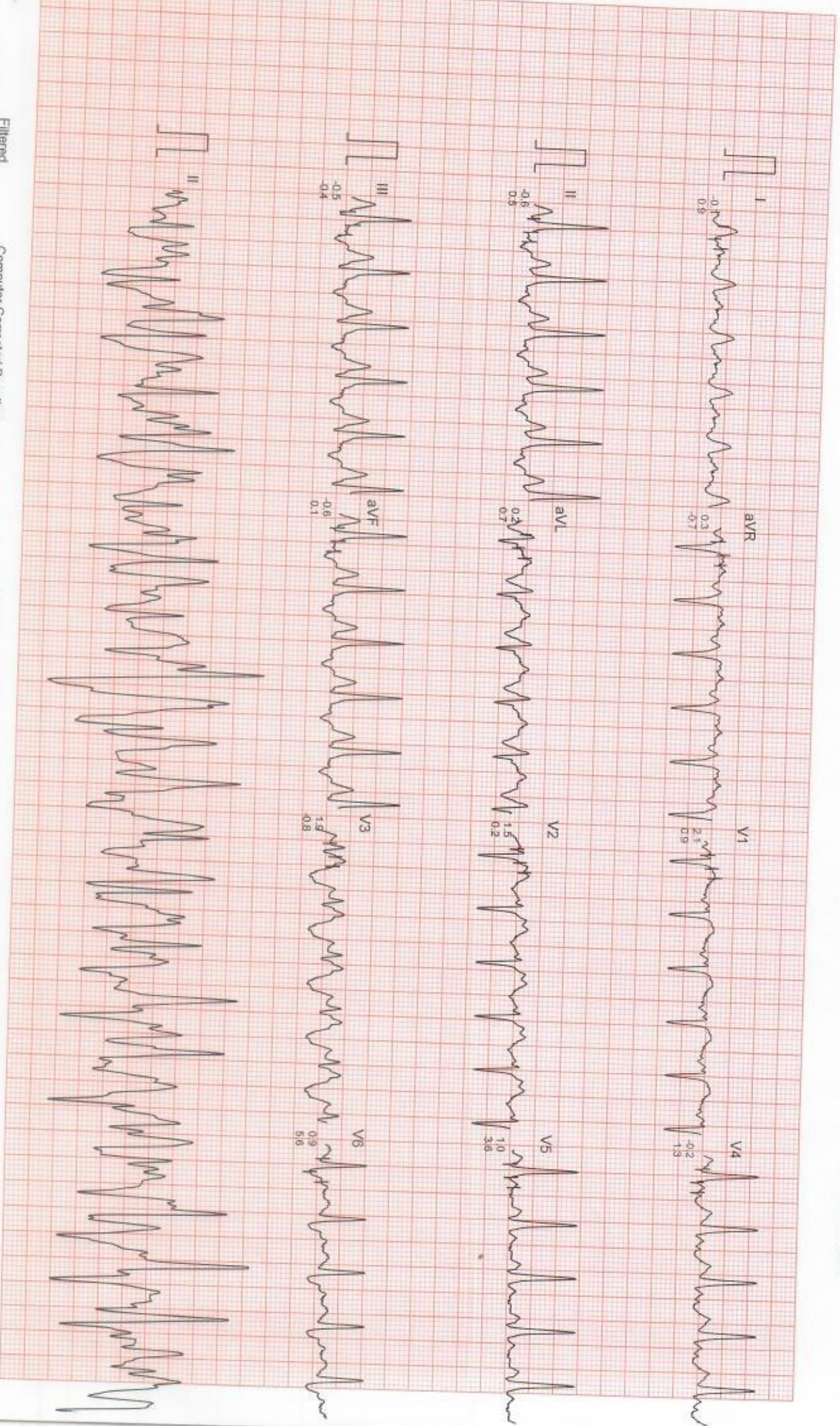
ID : 222  
AGE/SEX : 34/F  
RECORDED : 26-3-2022 11:46

RATE : 132 BPM  
B.P. : 140/66 mmHg

DR. CHARU KOHLI'S CLINIC

BRUCE  
PEAK EXERCISE  
PHASE TIME : 12:08  
STAGE TIME : 0:08

ST @ 10mm/mV  
80ms PostJ  
SPEED : 8.0 Km./Hr.  
GRADE : 18.0 %  
LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

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Ms. ADITI SACHAR

I.D. : 222

AGE/SEX : 34/F

RECORDED : 26-3-2022 11:46

DR. CHARU KOHLI'S CLINIC

BRUCE

RECOVERY

PHASE TIME : 0:59

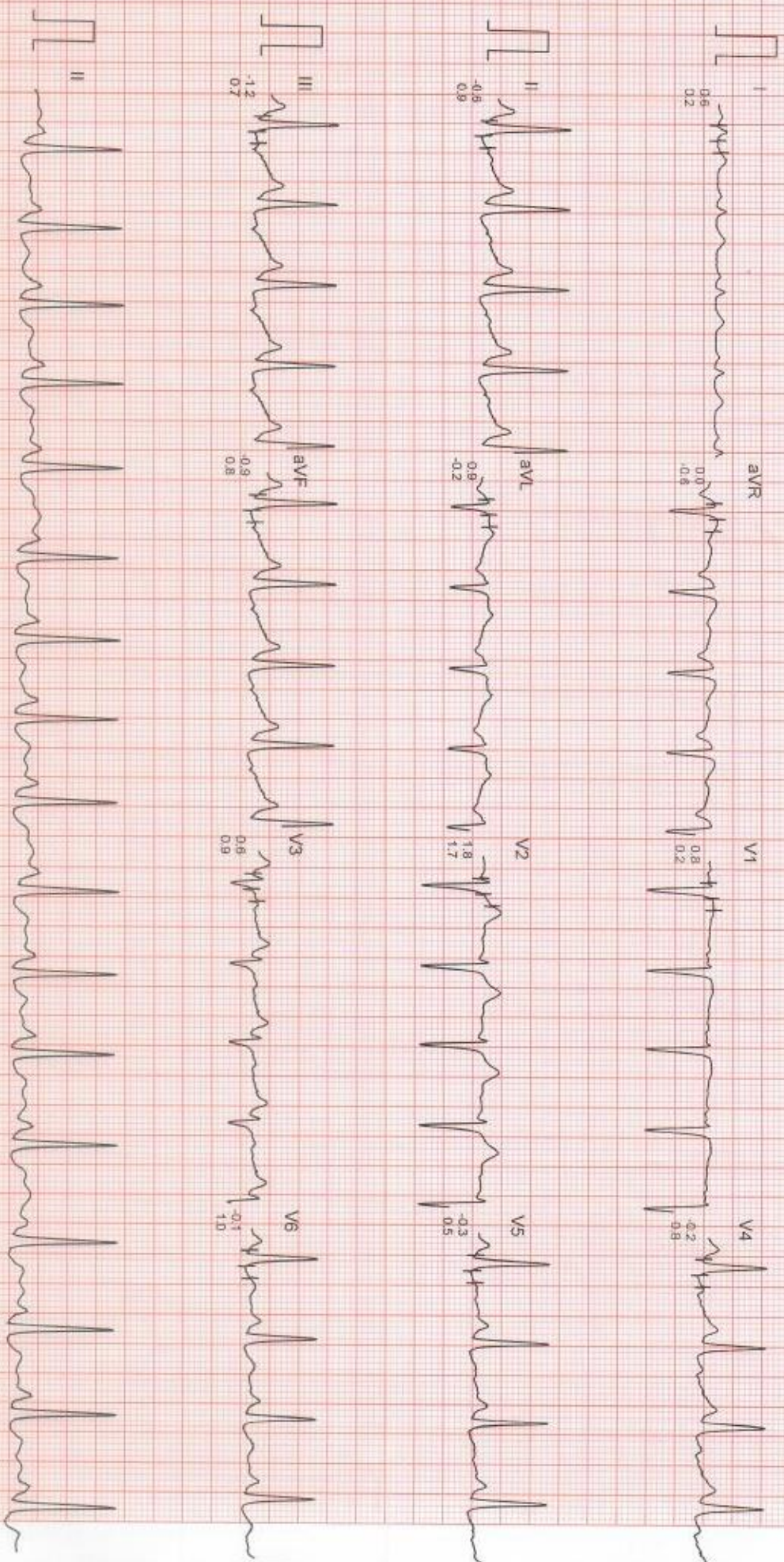
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

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# Dr. CHARU KOHLI'S CLINIC

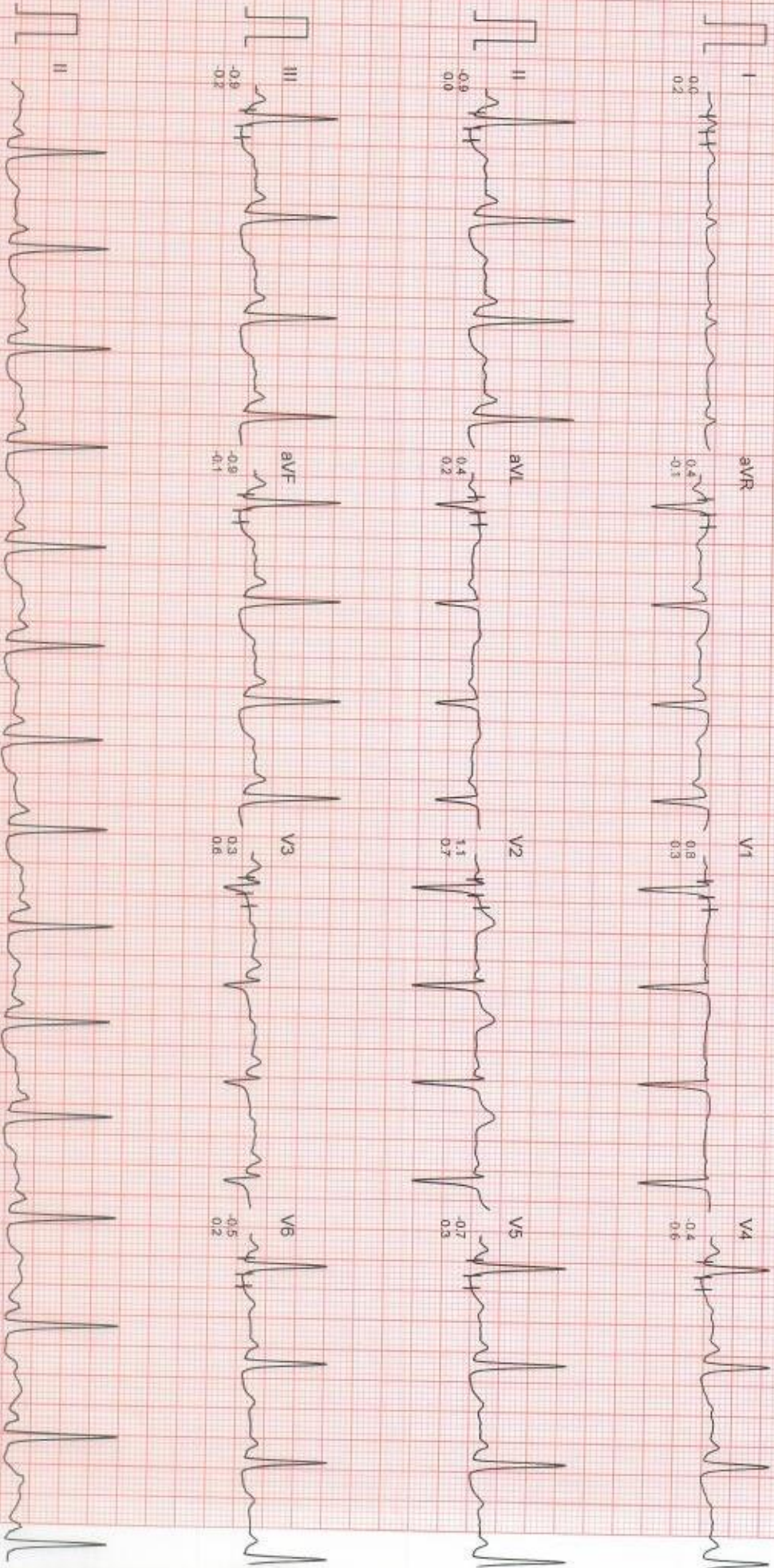
Ms. ADITI SACHAR  
I.D. : 222  
AGE/SEX : 34/F  
RECORDED : 26-3-2022 11:46

RATE : 91 BPM  
B.P. : 130/66 mmHg

BRUCE  
RECOVERY  
PHASE TIME : 2:59

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

LINKED MEDIAN





Ms. ADITI SACHAR

ID : 222

AGE/SEX : 34/F

RECORDED : 26-3-2022 11:46

*Aditi Sachar*

RATE : 90 BPM

B.P. : 130/66 mmHg

DR. CHARU KOHLI'S CLINIC

BRUCE

RECOVERY

PHASE TIME : 5:59

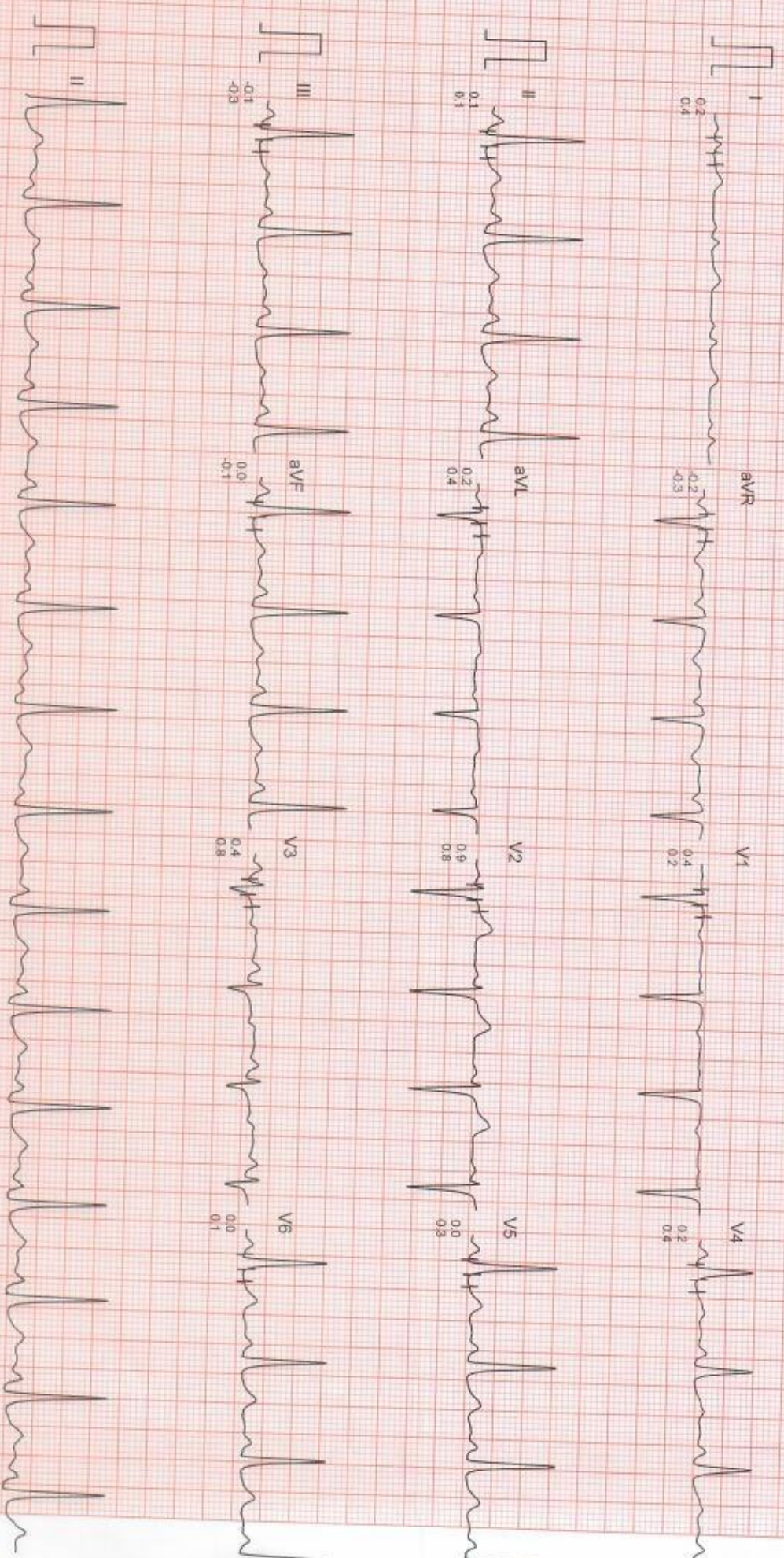
ST @ 10mm/mv

80ms PostU

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN



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Computer Corrected Baseline

25mm/sec 10mm/mV

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ACCREDITED BY NABL FOR LABORATORY MEDICINE SERVICES AS PER SCOPE

Name: ADITI (AN ISO 15189:2012 ACCREDITED LABORATORY)  
Date: March 27, 2022

## WHOLE ABDOMEN SCAN

Liver is normal in size and echotexture is maintained. Normal intrahepatic biliary radicles and normal appearing venous channels. No focal lesion in either lobes. Portal vein is normal. No sub-diaphragmatic collection or pleural effusion.

Gall bladder is showing echofree lumen.  
CBD: not dilated ; apparently echofree.

Both the kidneys are normal in size, position and echopattern with normal pelvicalyceal systems and corticomedullary differentiation.

LK: 9.02 x 4.1 cm , shows a calculus of 0.4cm size  
RK: 9.92 x 4.61 cm

Pancreas is of normal size & echopattern. No focal lesion or peri-pancreatic collection.

Spleen is of normal size and echopattern. No focal lesion or calcification. Splenic vein is not dilated.

Aorta and IVC are normal. No retroperitoneal lymphadenopathy.

Urinary bladder shows normal distension and wall-thickness. No calculus or mass.

Uterus measures 3.29 x 6.11 mm in a.p. and transverse diameters and is 6.67 cm in fundo-cervical length. Endometrial lining is regular and maintained and is 0.62 cm thick. Endometrial cavity is normal. Myometrial echoes are maintained with a regular serosal outline.

Cervix is normal in length and mucosal pattern. Echopattern is homogenous.

Rt. Ovary measures 2.3 x 1.29 cm, and shows normal echopattern with a normal stroma.  
Lt. ovary shows normal echopattern with a normal stroma. RO: 2.28 x 1.27 cm

No free fluid is seen in cul de sac.

**IMPRESSION: Left renal calculus, otherwise study is normal.**



DR CHARU KOHLI  
MBBS ,DMRD  
DMC 8388

DR. CHARU KOHLI  
MBBS, DMRS  
DMC-8388  
CONSULTANT RADIOLOGIST

**IMPORTANT:** Owing to technical limitations, in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature, and this report is not valid for any Medicolegal aspect.  
Every modern technology has its own limitations, in case of discrepancy/difference in opinion advised- repeat scan/ second opinion

**At Your Home: Digital X-Ray, Blood Samples, ECG, PFT, HOLTER, EEG, ABG**

Occupational Health Services ■ Diagnostic & Preventive Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks  
Test marked with \* are not in NABL Scope. / Tests marked with # are performed at outsourced laboratory.

**Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry**



ADITI





Name : ADITI  
Date : Saturday, March 26, 2022

**ULTRASOUND BREAST**

Both breasts are symmetrical.  
Skin subcutaneous tissue is normal.  
Nipple is normal.  
Breast tissue shows mixed morphology, fatty & glandular. Remaining parenchyma is normal in architecture.  
No focal lesion or calcific density appreciated.  
No evidence of axillary lymphadenopathy noted.

**IMPRESSION:**

**Sonological study is normal.**

*Charu Kohli*  
**DR. CHARU KOHLI  
MBBS, DMRS  
DMC-8388  
CONSULTANT RADIOLOGIST**

DR.CHARU KOHLI  
MBBS DMRD  
DMC8388

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Dense breasts may mask lesions.The false negative rate of a mammogram is 15-20%. False positives are also known.

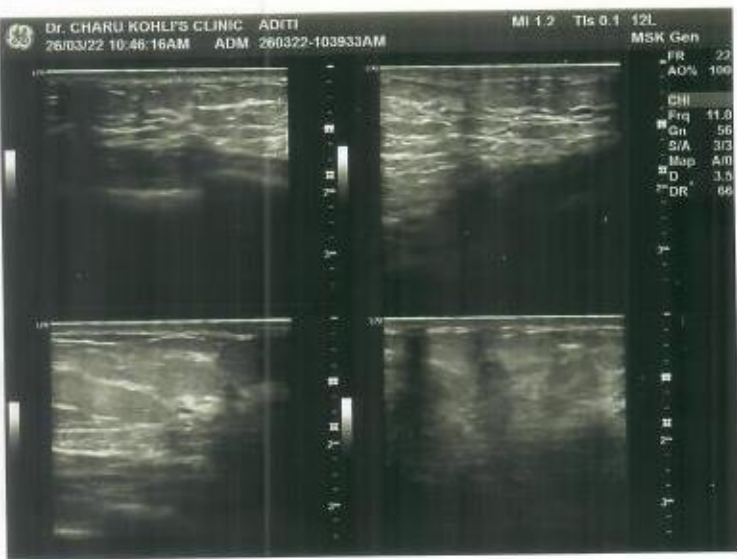
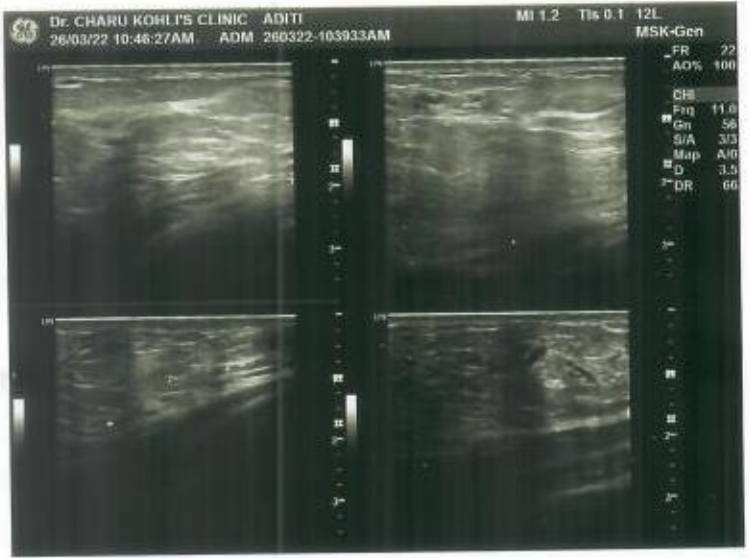
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ADITI





**M - Mode / 2 - D Description :-**

- ❖ Left Ventricle : It is normal sized. The wall does not show hypertrophy or thinning. No Regional Wall Motion Abnormality. Global LVEF ~ **55-60%**.
- ❖ Left Atrium : It is normal sized.
- ❖ Right Atrium : It is normal sized.
- ❖ Right Ventricle : It is normal sized. RV systolic function is normal.
- ❖ Aortic Valve : Aortic cusps are normal.
- ❖ Mitral Valve : It opens normally.
- ❖ Tricuspid valve : It appears normal.
- ❖ Pulmonic Valve : It appears normal.
- ❖ Main Pulmonary artery & its branches: Appear normal.
- ❖ Pericardium : There is no pericardial effusion.
- ❖ Inter Atrial Septum : It is intact.
- ❖ Inter ventricular Septum : It is intact.

**Final Interpretation**

**Study done at HR of -- 65bpm.**

1. No Regional wall motion abnormality. Global LVEF~ **55-60 %**.
2. Normal LV, LA, RA, RV chamber dimensions.
3. Normal RV systolic function present (~~TAPSE~~ = --)
4. No Intracardiac clot/vegetation/pericardial pathology seen.
5. IVC is normal in size with >50% inspiratory collapse (RAP = 3 mmHg).



**At Your Home: Digital X-Ray, Blood Samples, ECG, PFT, HOLTER, EEG, ABG**

Occupational Health Services ■ Diagnostic & Preventive Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks  
Test marked with \* are not in NABL Scope. / Tests marked with # are performed at outsourced laboratory.

**Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry**



ADITI

68/min

Echo





NAME : ADITI SACHAR

AGE/SEX : 34Y/F

DATE : 26.03.2022

**X- RAY CHEST PA :**

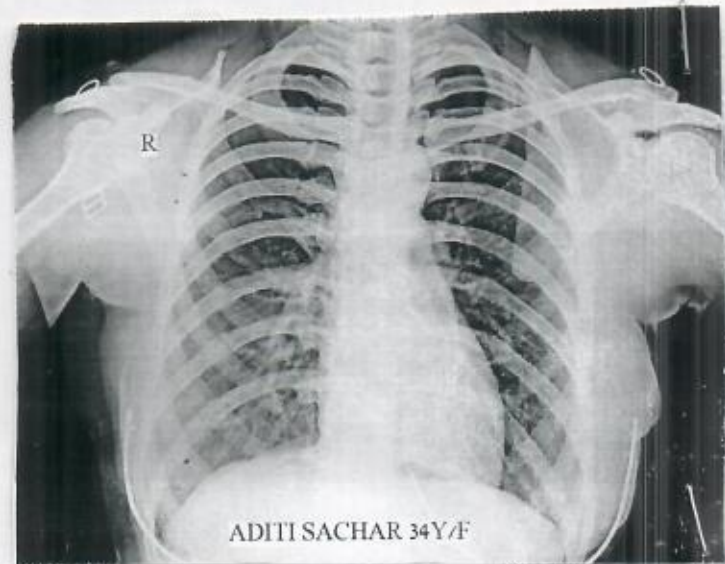
Cardiac shadow is normal.  
Aorta is normal.  
Both lung fields are clear.  
Both costophrenic angles are clear.  
Bilateral domes of diaphragm is normal.  
No bony injury noted.

**IMPRESSION :** Normal chest skiagram.

*Charu Kohli*

DR. CHARU KOHLI  
MBBS, MD  
Consultant Radiologist

DR. CHARU KOHLI  
MBBS, DMRS  
DMC-8388  
CONSULTANT RADIOLOGIST



**IMPORTANT:** Owing to technical limitations ,in case of any error in the study ,the Doctor cannot be held responsible for claim of damages of any nature, and this report is not valid for any Medical aspect.