

Patient Details

Date: 10-Jun-23

Time: 10:39:57 AM

Name: Mrs.PRIYANKA KUMARI ID: APH000015361

Age: 31 y

Sex: F

Height: 163 cms

Weight: 70 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 189 bpm

THR: 170 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 11 s

Max. HR: 171 (90% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 140 / 90 mmHg

Max. BP x HR: 23940 mmHg/min

Min. BP x HR: 6480 mmHg/min

Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 15	1.0	0	0	94	120 / 80	-0.25 aVR	0.42 II
Standing	0 : 21	1.0	0	0	81	120 / 80	-0.25 aVR	0.42 II
Hyperventilation	0 : 12	1.0	0	0	102	120 / 80	-0.25 aVR	0.00 II
1	3 : 0	4.6	2.7	10	137	130 / 80	-1.77 V3	-3.38 V4
2	3 : 0	7.0	4	12	155	140 / 90	-1.27 II	5.91 V4
Peak Ex	1 : 11	10.2	5.4	14	171	140 / 90	-3.54 V5	5.91 V5
Recovery(1)	2 : 0	1.8	1.6	0	107	140 / 90	-1.01 aVR	4.64 V4
Recovery(2)	2 : 0	1.0	0	0	98	120 / 80	-0.51 aVR	1.69 II
Recovery(3)	0 : 6	1.0	0	0	99	120 / 80	-0.25 aVR	1.27 aVR

Interpretation
COMMENTS

- FAIR EXERCISE (10.20 METS) TOLERANCE.
- NORMAL BP RESPONSE TARGET HEART RATE ACHIEVED.
- NO SIGNIFICANT ST-T SIGEMENT CHANGES SEEN IN LEADS.
- THE TEST TERMINATED DUE TO -HEART RATE ACHIEVED.

IMPRESSION :- THE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

Ref. Doctor: DR.NITISH KUMAR RANJAN.

Doctor: Dr.ADITYA KUMAR

(Summary Report edited by user)

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. PRIYANKA KUMARI	IPD No.	:	
Age	: 31 Yrs 2 Mth	UHID	:	APH000015361
Gender	: FEMALE	Bill No.	:	APHHC230000686
Ref. Doctor	: mediweel	Bill Date	:	10-06-2023 09:10:15
Ward	:	Room No.	:	
		Print Date	:	10-06-2023 10:50:31

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....

Prepare By.
MD.SERAJ

DR. MUHAMMAD SERAJ, MD,FCRC
(London) Radiodiagnosis
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. PRIYANKA KUMARI	IPD No.	:
Age	: 31 Yrs 2 Mth	UHID	: APH000015361
Gender	: FEMALE	Bill No.	: APHHC230000686
Ref. Doctor	: mediweel	Bill Date	: 10-06-2023 09:10:15
Ward	:	Room No.	:
		Print Date	: 10-06-2023 12:50:00

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.1 cm)
 No focal lesion seen. Intrahepatic biliary radicals are not dilated.
 Portal vein is normal in calibre.
 Gall bladder is well distended. Wall thickness is normal. No calculus seen.
 CBD is normal in calibre.
 Pancreas is normal in size and echotexture.
 Spleen is normal in size (7.8 cm) and echotexture.
 Both kidneys are normal in size and echotexture (Right kidney (9.0 cm), Left kidney (9.2 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.
 Urinary bladder appears normal.
 Uterus is anteverted (measures 9.0 x 5.1 x 4.4 cm) and appears normal in size and echotexture. No focal lesion seen. Cervix and vagina are unremarkable.
 Endometrial echo is central and normal in thickness (8.2 mm).
 Both ovaries are normal in size and echotexture. Right ovary measures 3.2 x 1.1 cm, left ovary measures 2.6 x 2.4 cm.
 No free fluid or collection seen. No basal pleural effusion seen.
 No significant lymphadenopathy seen.
 No dilated bowel loop seen.

IMPRESSION: Normal study.

Please correlate clinically.....

.....End of Report.....

Prepare By.
 MD.SERAJ

DR. MUHAMMAD SERAJ, MD,FCR
 (London) Radiodiagnosis
 CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

FINAL REPORT

Bill No.	: APHHC230000686	Bill Date	: 10-06-2023 09:10
Patient Name	: MRS. PRIYANKA KUMARI	UHID	: APH000015361
Age / Gender	: 31 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: mediweel	Ward / Bed	: /
Sample ID	: APH23014948	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 09:57
		Reporting Date & Time	: 10-06-2023 13:11

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.5	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.9	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		40.1	%	36 - 46
MEAN CORPUSCULAR VOLUME		89.7	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.3	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		151	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	49.4	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.4	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		53	%	40 - 80
LYMPHOCYTES		37	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		4	%	1 - 5
BASOPHILS		0	%	0 - 1

ESR (Westergren)	H	35	mm 1st hr	0 - 20
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**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Ashish

DR. ASHISH RANJAN SINGH

MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000686	Bill Date	: 10-06-2023 09:10
Patient Name	: MRS. PRIYANKA KUMARI	UHID	: APH000016361
Age / Gender	: 31 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: mediweel	Ward / Bed	: /
Sample ID	: APH23014950	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 09:57
		Reporting Date & Time	: 10-06-2023 17:21

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine

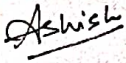
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

URINE-SUGAR		NEGATIVE		
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**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



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MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000686	Bill Date	: 10-06-2023 09:10
Patient Name	: MRS. PRIYANKA KUMARI	UHID	: APH000016361
Age / Gender	: 31 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: mediweel	Ward / Bed	: /
Sample ID	: APH23015053	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 15:34
		Reporting Date & Time	: 10-06-2023 17:19

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		21	mg/dL	15 - 45
BUN (CALCULATED)		9.8	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>		0.6	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		88.0	mg/dL	70 - 100

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
(As per American Diabetes Association recommendation)

GLUCOSE-PLASMA (POST PRANDIAL) <small>(UV Hexokinase)</small>		99.0	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
(As per American Diabetes Association recommendation)

LIPID PROFILE

CHOLESTROL-TOTAL <small>(CHO-POD)</small>	H	257	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		57	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	163	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		135	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	200.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.5		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		2.9		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		27	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL <small>(DPD)</small>		0.64	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.08	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.56	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Buret)</small>		6.6	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Eye Binding-Bromocresol Green)</small>		3.9	g/dL	

FINAL REPORT

Bill No.	: APHHC230000686	Bill Date	: 10-06-2023 09:10
Patient Name	: MRS. PRIYANKA KUMARI	UHID	: APH000015361
Age / Gender	: 31 Yrs 2 Mth / FEMALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: mediweel	Ward / Bed	: /
Sample ID	: APH23015053	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 15:34
		Reporting Date & Time	: 10-06-2023 17:19

S.GLOBULIN	L	2.7	g/dL	2.8-3.8
A/G RATIO	L	1.44		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER		81.3	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		22.0	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		19.6	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		10.5	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		233.8	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)		6.6	g/dL	6 - 8.1
URIC ACID Uricase - Trinder		3.2	mg/dL	2.6 - 7.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000686	Bill Date	: 10-06-2023 09:10
Patient Name	: MRS. PRIYANKA KUMARI	UHID	: APH000015361
Age / Gender	: 31 Yrs 2 Mth / FEMALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: mediweel	Ward / Bed	: /
Sample ID	: APH23015053	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 15:34
		Reporting Date & Time	: 10-06-2023 17:19

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-Inhibition)	5.4	%	4.0 - 6.2
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INTERPRETATION:

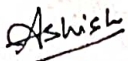
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
- 1.A three monthly monitoring is recommended in diabetics.
 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000688	Bill Date	: 10-06-2023 09:10
Patient Name	: MRS. PRIYANKA KUMARI	UHID	: APH000015381
Age / Gender	: 31 Yrs 2 Mth / FEMALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: modiwool	Ward / Bod	: /
Sample ID	: APH23014949	Current Ward / Bod	: /
		Receiving Date & Time	: 10-06-2023 09:57
		Reporting Date & Time	: 10-06-2023 20:54

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000686	Bill Date	: 10-06-2023 09:10
Patient Name	: MRS. PRIYANKA KUMARI	UHID	: APH000015361
Age / Gender	: 31 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: mediweel	Ward / Bed	: /
Sample ID	: APH23014953	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 09:57
		Reporting Date & Time	: 10-06-2023 16:12

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.22	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.10	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.21	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Ashish

DR. ASHISH RANJAN SINGH

MBBS,MD

CONSULTANT

NON INVASIVE CARDIOLOGY

Patient Name	: MPS. PRIYANKA KUMARI	IPD No.	:
Age	: 31 Yrs 2 Mth	UHD	: APH-000015367
Gender	: FEMALE	Bill No.	: APH-C200000986
Ref. Doctor	: (medicines)	Bill Date	: 10-05-2023 09:10:15
Ward	:	Room No.	:
		Procedure Date	: 10-05-2023 15:31:57

ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

M. MODE STUDY (MEASUREMENTS)

Left Ventricle-

ED:	40	(mm)	Left Atrium	39	(mm)
ES:	25	(mm)	Aortic Root	37	(mm)
IVS Thickness (D/S)	1.1/1.8	(mm)	Right Ventricle (LAPSE)	21	(mm)
LVPW Thickness	1.1/1.6	(mm)	Pericardium		NORMAL
LVEF	65	(%)			

WALL MOTION STUDY :- NO RWMA


MV	: NORMAL	TV	: NORMAL
AV	: NORMAL	PV	: NORMAL
AS	: NORMAL	IS	: NORMAL

DOPPLER STUDY (PW/CW AND COLOUR FLOW IMAGING)

VALVES	V _{max} (m/sec)	PG	MG	EDG	Orifice Area (cm ²)	REGURGITATION
		(mm Hg)				
MV/A	0.71/0.82					MR- NIL
AV	1.19	5.66				AR- NIL
TV	0.96	3.42				TR- NIL
PV	0.90	3.22				PR- NIL

IMPRESSION:-

No RWMA.
Normal Cardiac Chamber Dimensions.
Normal LV/RV Systolic Function, LVEF-65%.
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.


DR. ADITYA KUMAR
 MD, DM (CARDIOLOGY)
 CONSULTANT CARDIOLOGIST