



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



NAME :- Mrs. AMRITA	Patient ID :-12221342	Date :- 09/07/2022	09:24:52
Age :- 31 Yrs 1 Mon 23 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 09/07/2022 17:46:03

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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FULL BODY HEALTH CHECKUP BELOW 40 FEMAL

HAEMOGARAM

HAEMOGLOBIN (Hb)	13.7	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	9.60	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	57.0	%	40.0 - 80.0
LYMPHOCYTE	35.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	5.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.83 H	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	42.90	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	89.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.9	g/dL	31.5 - 34.5
PLATELET COUNT	307	x10 ³ /uL	150 - 410
RDW-CV	15.2 H	%	11.6 - 14.0
MENTZER INDEX	18.43 H		0.00 - 13.00

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

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

- *Red Blood Cells (RBC), which carry oxygen -
- *White Blood Cells (WBC), which help in fighting against infections -
- *Hemoglobin, which is the oxygen carrying protein in the red blood cells -
- *Hematocrit (HCT), the proportion of RBC to the fluid component, or plasma present in blood -
- *Platelets, which aid in blood clotting

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

ADIYTA

Technologist

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



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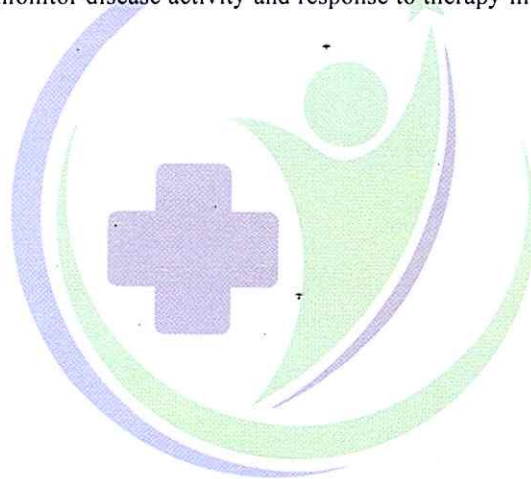
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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR) 16 mm in 1st hr 00 - 20
Method:- Westergreen

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



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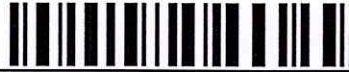
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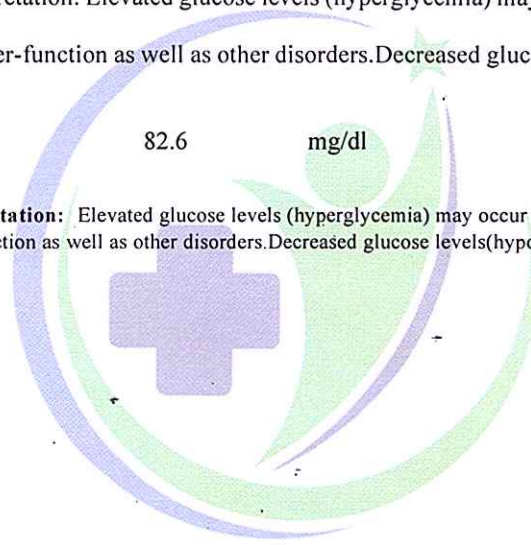
BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD POD	71.4	mg/dl	70.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

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

BLOOD SUGAR PP (Plasma) Method:- GOD PAP	82.6	mg/dl	70.0 - 140.0
---	------	-------	--------------

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



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HAEMATOTOLOGY

Test Name	Value	Unit	Biological Ref Interval
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GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- Nephelometry methodology

5.5 %

Reference normal value (NGSP) :-
4.6 % - 6.2 % HbA1c
ADA recommended reference range :-
5.7 %- 6.4 % HbA1c (High risk group)
Above 6.5 % HbA1c (Diabetics)

MEAN PLASMA GLUCOSE

Method:- Calculated Parameter

108 mg/dL

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.

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Tanu

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HAEMATOLOGY

BLOOD GROUP ABO
Method:- Haemagglutination reaction

"B"POSITIVE



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

TOTAL CHOLESTEROL 211.00 mg/dl
 Desirable <200
 Borderline 200-239
 High > 240
 Method:- CHOD-PAP methodology

InstrumentName:MISPA PLUS **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

TRIGLYCERIDES 114.00 mg/dl
 Normal <150
 Borderline high 150-199
 High 200-499
 Very high >500
 Method:- GPO-TOPS methodology

InstrumentName:MISPA PLUS **Interpretation :** Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDL CHOLESTEROL 50.00 mg/dl
 Male 35-80
 Female 42-88
 Method:- Selective inhibition Method

Instrument Name:MISPA PLUS **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

LDL CHOLESTEROL 142.00 mg/dl
 Optimal <100
 Near Optimal/above optimal 100-129
 Borderline High 130-159
 High 160-189
 Very High > 190
 Method:- Calculated Method

VLDL CHOLESTEROL 22.80 mg/dl
 0.00 - 80.00
 Method:- Calculated

T.CHOLESTEROL/HDL CHOLESTEROL RATIO 4.22
 0.00 - 4.90
 Method:- Calculated

LDL / HDL CHOLESTEROL RATIO 2.84
 0.00 - 3.50
 Method:- Calculated

TOTAL LIPID 610.41 mg/dl
 400.00 - 1000.00
 Method:- CALCULATED

1. 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.
2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended
3. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

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

Tanu

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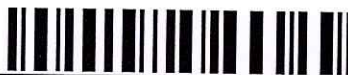
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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method:- DMSO/Diazo	0.90	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diazo	0.50	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.40	mg/dl	0.30-0.70
SGOT Method:- IFCC	20.1	U/L	Men- Up to - 37.0 Female - Up to - 31.0
SGPT Method:- IFCC	21.9	U/L	Men- Up to - 40.0 Female- Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	85.00	U/L	64.00 - 306.00
InstrumentName: MISPA PLUS 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.			
SERUM GAMMA GT Method:- Szasz methodology 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) are observed with infectious hepatitis.	22.80	U/L	5.00 - 32.00
SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	7.50	g/dl	5.10 - 8.00
SERUM ALBUMIN Method:- Bromocresol Green	3.85	g/dl	2.80 - 4.50
SERUM GLOBULIN Method:- CALCULATION	3.65 H	gm/dl	2.20 - 3.50
A/G RATIO	1.05 L		1.30 - 2.50

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

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

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Technologist

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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA 25.00 mg/dl 10.00 - 50.00
Method:- Urease/GLDH

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

SERUM CREATININE 0.98 mg/dl Males : 0.6-1.50 mg/dl
Method:- Jaffe's Method Females : 0.6 -1.40 mg/dl

Interpretation :

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

SERUM URIC ACID 5.10 mg/dl 2.40 - 7.00

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

SODIUM 138.0 mmol/L 135.0 - 148.0
Method:- ISE

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

POTASSIUM 4.50 mmol/L 3.50 - 5.10
Method:- Ion-Selective Electrode with Serum

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

CHLORIDE 104.0 mmol/L 98.0 - 107.0
Method:- Ion-Selective Electrode with Serum

Interpretation: Used for Electrolyte monitoring.

SERUM CALCIUM 9.50 mg/dL 8.80 - 10.20
Method:- Arsenazo III Method

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

SERUM TOTAL PROTEIN 7.50 g/dl 5.10 - 8.00
Method:- Direct Biuret Reagent

Technologist

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



General Physical Examination

Date of Examination: 09/07/2022

Name: AMRITA Age: 31yr DOB: 17/05/1991 Sex: F

Referred By: Bank of Baroda

Photo ID: ADHAR CARD ID #: ---5637

Ht: 162 (cm) Wt: 63 (Kg)

Chest (Expiration): 81 (cm) Abdomen Circumference: 84 (cm)

Blood Pressure: 130/77 mm Hg PR: 75 / min RR: 17 / min Temp: afebrile

BMI 24

Eye Examination: R/E 7 1.5
L/E 7 1.75

Other: N/A

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

Signature Of Examinee: Amrita Name of Examinee: AMRITA

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

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



भारत सरकार

Government of India



अमृता
Amrita
जन्म तिथि / DOB : 17/05/1991
महिला / Female



6544 2846 5637

आधार - आम आदमी का अधिकार

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



आधार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
W/O: लालचंद जाट, खेतानी जोहड़ी,
कोलीरा, कोलिडा, सीकर, राजस्थान,
332031

Address:
W/O: Lalchand Jat, khetani johri,
Koleera, Kolida, Sikar, Rajasthan,
332031

6544 2846 5637

1947
1800 300 1947



help@uidai.gov.in



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NAME:	MRS. AMRITA	AGE	31 YRS/F
REF.BY	BANK OF BARODA	DATE	09/07/2022

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

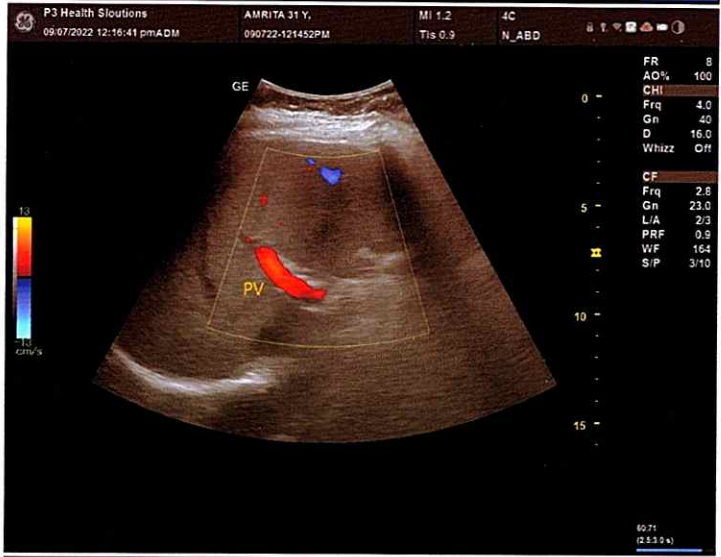
Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected.

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







MRS. AMRITA	Age: 31 Y/Female
Registration Date: 09/07/2022	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (14.2 cm). Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder 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 (9.6 cm). Echotexture is normal. No focal lesion is seen.

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

Right kidney is measuring approx. 10.0 x 3.5 cm.

Left kidney is measuring approx. 11.4 x 5.3 cm.

Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size (measuring approx. 7.0 x 3.9 x 4.4 cm).

Myometrium shows normal echo -pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 8.0 mm.

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

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.

No significant free fluid is seen in pouch of Douglas.

IMPRESSION:

- Normal Study.

DR.SHALINI GOEL

M.B.B.S, D.N.B (Radiodiagnosis)

RMC no.: 21954



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BIOCHEMISTRY

SERUM ALBUMIN Method:- Bromocresol Green	3.90	g/dl	2.80 - 4.50
SERUM GLOBULIN Method:- CALCULATION	3.65 H	gm/dl	2.20 - 3.50
A/G RATIO	1.05 L		1.30 - 2.50

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

INTERPRETATION

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

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

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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	7.0		5.0 - 7.5
SPECIFIC GRAVITY	1.015		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	3-4	/HPF	2-3
EPITHELIAL CELLS	4-5	/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

ADIYTA

Technologist

Page No: 12 of 16

Tanu

DR.TANU RUNGTA

MD (Pathology)
RMC No. 17226



MAXCARE DIAGNOSTICS

(ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

B-14, Vidhyadhar Nagar Enclave, Sector 2,
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com



NAME :- Mrs. AMRITA

Age :- 31 Yrs 1 Mon 23 Days

Sex :- Female

Patient ID :-12221342

Date :- 09/07/2022

09:24:52

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 09/07/2022 17:46:03

CLINICAL PATHOLOGY

URINE SUGAR (FASTING)
Collected Sample Received

Nil

Nil

URINE SUGAR PP
Collected Sample Received

Nil

Nil

ADITYA

Technologist

Page No: 13 of 16

DR.TANU RUNGTA

MD (Pathology)

RMC No. 17226



MAXCARE DIAGNOSTICS

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☎ +91 141 4824885 ✉ maxcarediagnostics1@gmail.com



NAME :- Mrs. AMRITA	Patient ID :-12221342	Date :- 09/07/2022	09:24:52
Age :- 31 Yrs 1 Mon 23 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 09/07/2022 17:46:03

TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
THYROID-TRIIODOTHYRONINE T3 Method:- Chemiluminescence Reference Range (T3)	0.90	ng/m	0.60 - 1.81 ng/ml
Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/m		
Full-Term Infants 1-3 days	0.89 - 4.05 ng/m		
1 Week	0.91 - 3.00 ng/ml		
1- 11 Months	0.85 - 2.50 ng/m		
Prepubertal Children	1.19 - 2.18 ng/ml		

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

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

THYROID - THYROXINE (T4) Method:- Chemiluminescence InstrumentName: VITROS ECI	5.80	ug/dl	4.50 - 10.90 ug/dl
---	------	-------	--------------------

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

TSH Method:- Chemiluminescence	1.950	μIU/mL	0-3 days 1.0-20.0 3 days-30 days 0.5-6.5 1month -18 years 0.5-6.0
--	-------	--------	---

Clinical Information:

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 hypothyroidism. In Pregnancy - Level Total T3 (ng/mL) Total T4 (ug/dl) TSH (μIU/ml)
1st Trimester 0.81-1.90 6.6-12.4 0.1-2.5
2nd Trimester 1.0-2.6 6.6-15.5 0.2-3.0
3rd Trimester 1.0-2.6 6.6-15.5 0.3-3.0
Note: TSH levels are subject to circadian variaton, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM.
The variaton is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.

InstrumentName: VITROS ECI Interpretation: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state.A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be

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Technologist
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DR.TANU RUNGTA
MD (Pathology)
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Final Authentication : 09/07/2022 17:46:03

IMMUNOASSAY

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.

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

InstrumentName: VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations 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

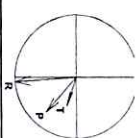
*** End of Report ***

ADIYTA

Technologist

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

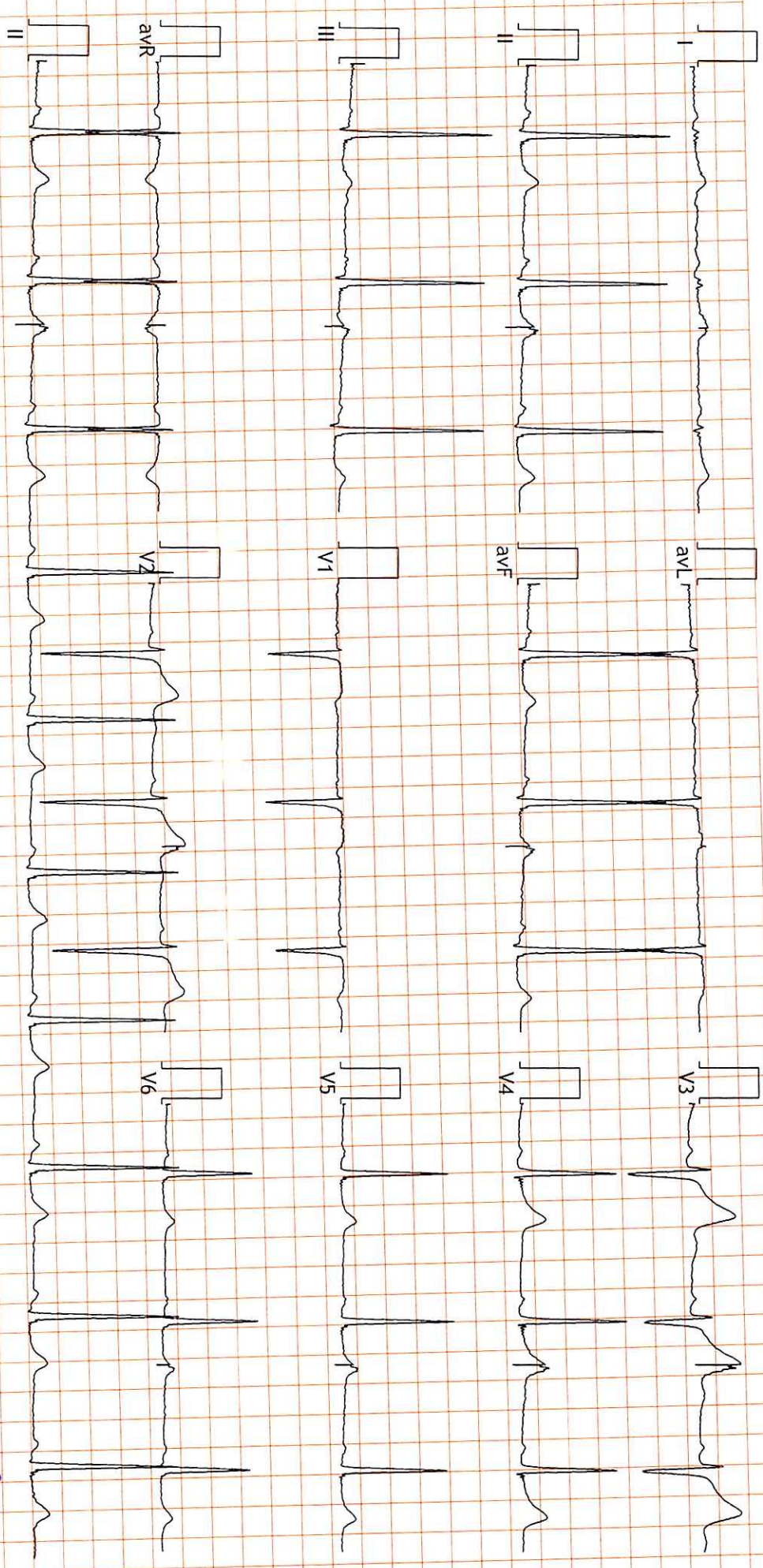


PR Interval: 136 ms

QRS Duration: 120 ms

QT/QTc: 423/424ms

P-QRS-T Axis: 41 - 85 - 18 (Deg)



Sinus rhythm with poor progression in lead V1, V3.

FINDINGS: Abnormal ECG with indication of Possibly AMI (Anterior)
Vent Rate : 60 bpm; PR Interval : 136 ms; QRS Duration: 120 ms; QT/QTc Int : 423/424 ms
P-QRS-T axis: 41 • 85 • 18 • (Deg)

Dr. Naresh Kumar Motarkka

RMC No.: 35703

MBBS, DIP. CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

P 3 HEALTH SOLUTIONS LLP
B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

10011/MRS AMRITA 31 Yrs/Female 0 Kg/0 Cms
 Date: 09-Jul-2022 11:23:03 AM
 Ref. By : BANK OF BARODA
 Medication :
 Objective :

Protocol : BRUCE
 History :

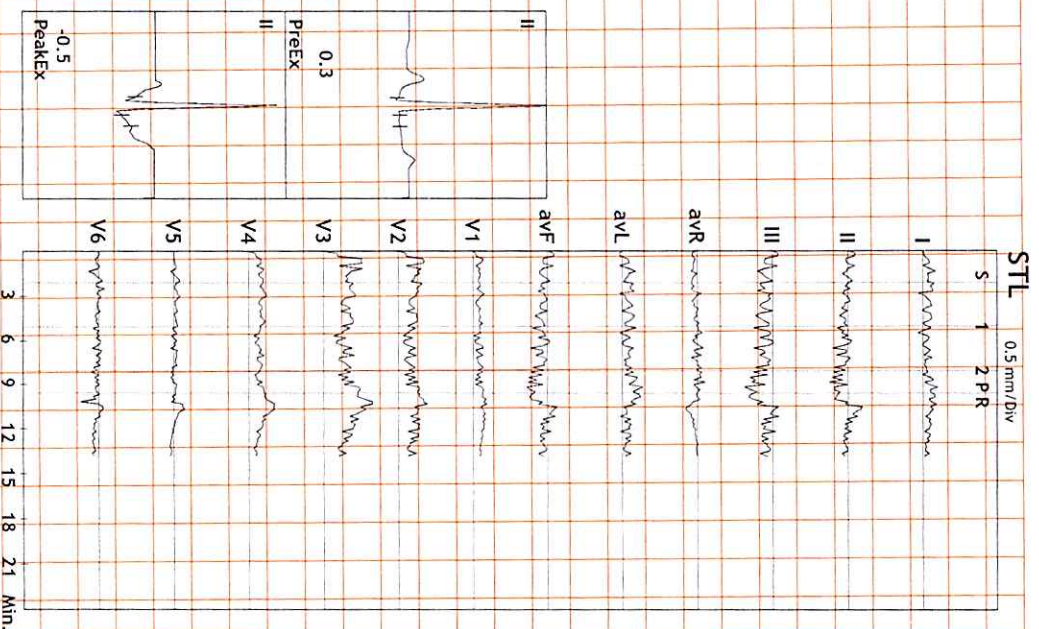
Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	62	125/85	77	-	
Standing					1.0	90	125/85	112	-	
HV					1.0	83	125/85	103	-	
ExStart					1.0	104	125/85	130	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	112	130/85	145	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	135	140/85	189	-	
PeakEX	1:32	7:33	3.4	14.0	8.7	164	150/85	246	-	
Recovery	1:00		0.0	0.0	1.2	110	150/85	165	-	
Recovery	2:00		0.0	0.0	1.0	102	160/90	163	-	
Recovery	3:00		0.0	0.0	1.0	90	135/85	121	-	
Recovery	4:00		0.0	0.0	1.0	88	135/85	118	-	

Findings :
 Exercise Time : 07:32
 Max HR Attained : 164 bpm 87% of Max Predictable HR 189
 Max BP : 160/90(mmHg)
 Max Workload attained : 8.7(Fair Effort Tolerance)

Tmt is Negative.

Advice/Comments:

Amrita



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



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

10011/MRS AMRITA

31 Yrs/Female

0 Kg/0 Cms

Date: 09-Jul-2022 11:23:03 AM

4X 70 ms Post J

HR: 62 bpm

METS: 1.0

BP: 125/85

MPHR: 32% of 189

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 00:48

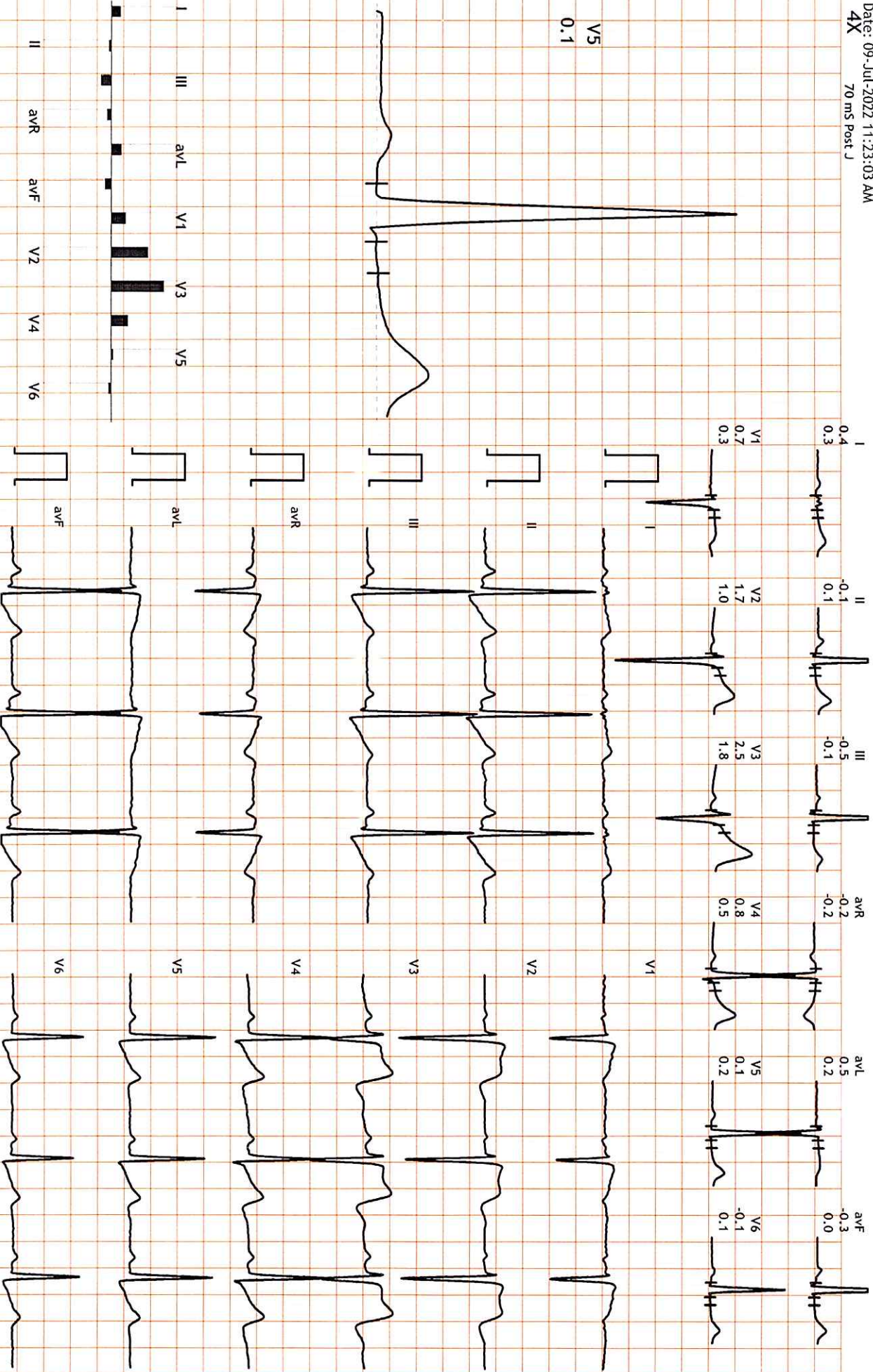
BLC : On

Notch : On

Supine

10.0 mm/mV

25 mm/Sec.



V5
0.1

I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

I II III aVR aVL aVF

V1 V2 V3 V4 V5 V6

10011/MRS AMRITA
 31 Yrs/Female
 0 Kg/0 Cms
 Date: 09-Jul-2022 11:23:03 AM
 4X 70 ms Post J

HR: 93 bpm
 METS: 1.0
 BP: 125/85

MPHR: 49% of 189
 Speed: 0.0 mph
 Grade: 0.0%

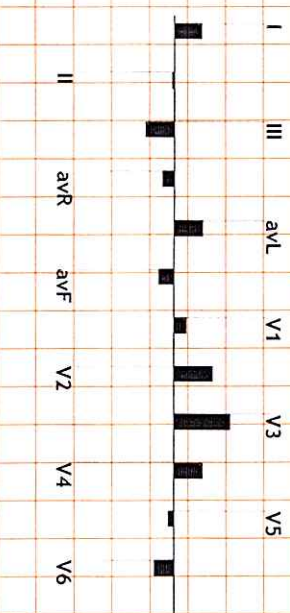
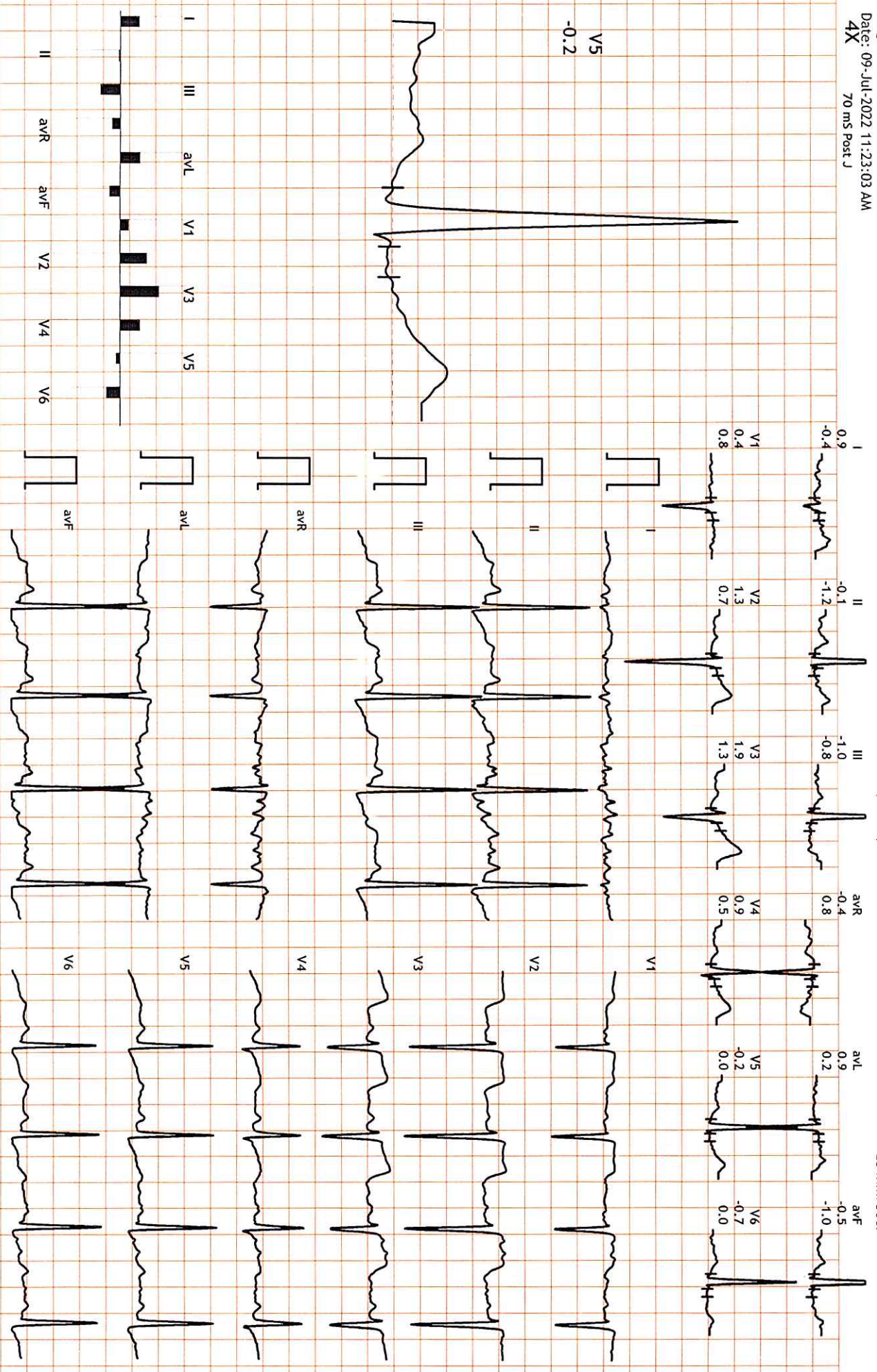
Raw ECG
 BRUCE
 (1.0-35)Hz

Ex Time 01:19
 BLC : On
 Notch : On

Standing
 10.0 mm/mV
 25 mm/Sec.



V5
 -0.2



10011/MRS AMRITA
31 Yrs/Female
0 Kg/0 Cms
Date: 09-Jul-2022 11:23:03 AM
4X 70 ms Post J

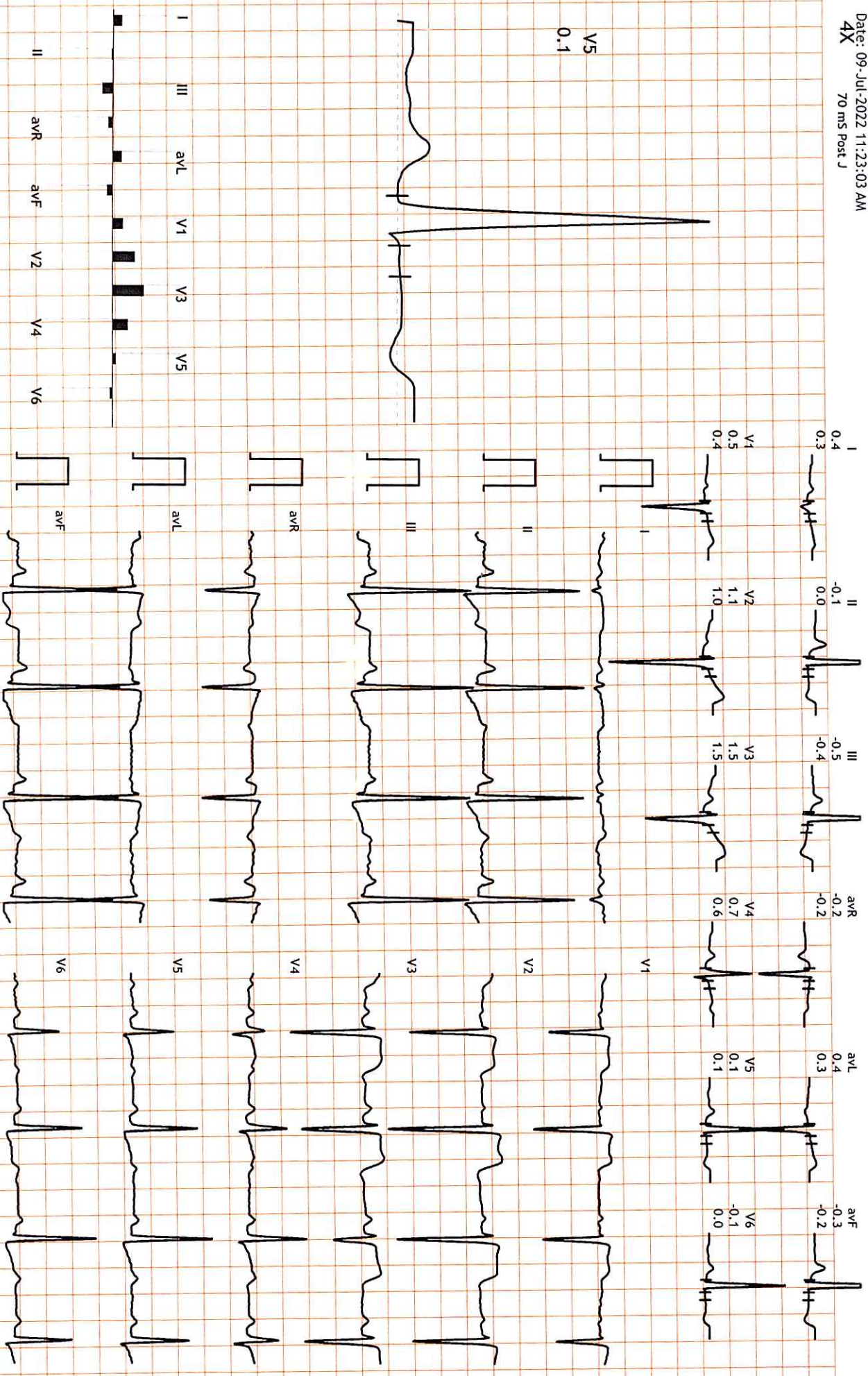
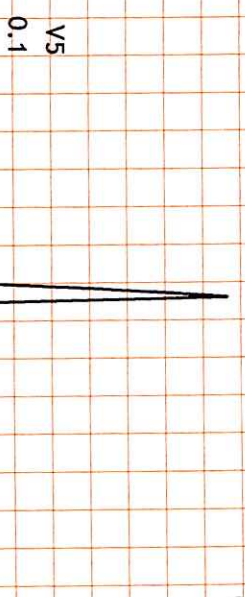
HR: 87 bpm
METs: 1.0
BP: 125/85

MPHR: 46% of 189
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-35)Hz

Ex Time 01:40
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.



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

10011/MRS AMRITA

31 Yrs/Female

0 Kg/0 Cms

Date: 09-Jul-2022 11:23:03 AM

4X 70 ms Post J

HR: 113 bpm

METS: 4.7

BP: 130/85

MPHR: 59% of 189

Speed: 1.7 mph

Grade: 10.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 02:59

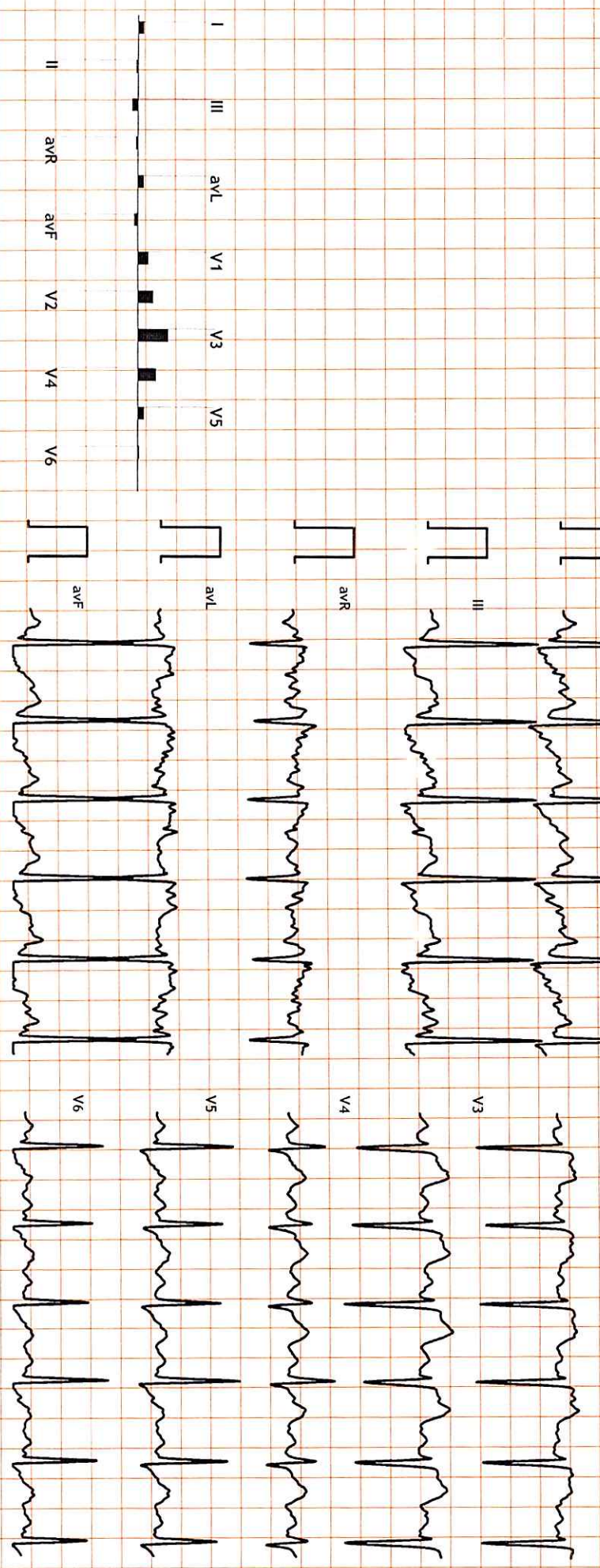
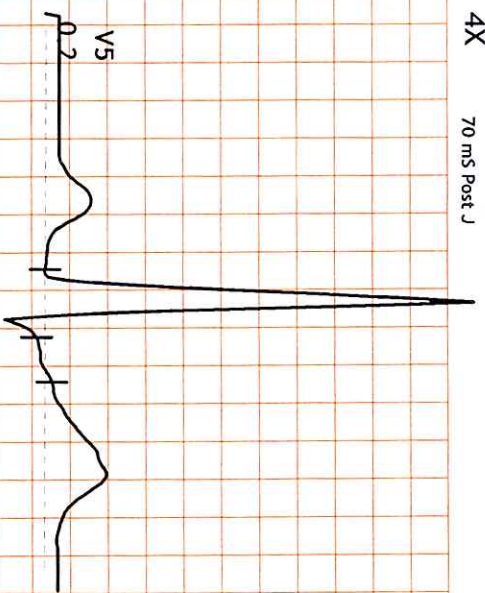
BLC :On

Notch :On

BRUCE: Stage 1 (3:00)

10.0 mm/mV

25 mm/Sec.



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

10011/MRS AMRITA

31 Yrs/Female

0 Kg/0 Cms

Date: 09-Jul-2022 11:23:03 AM

4X 70 ms Post J

HR: 134 bpm

MEFS: 7.1

BP: 140/85

MPHR: 70% of 189

Speed: 2.5 mph

Grade: 12.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 05:59

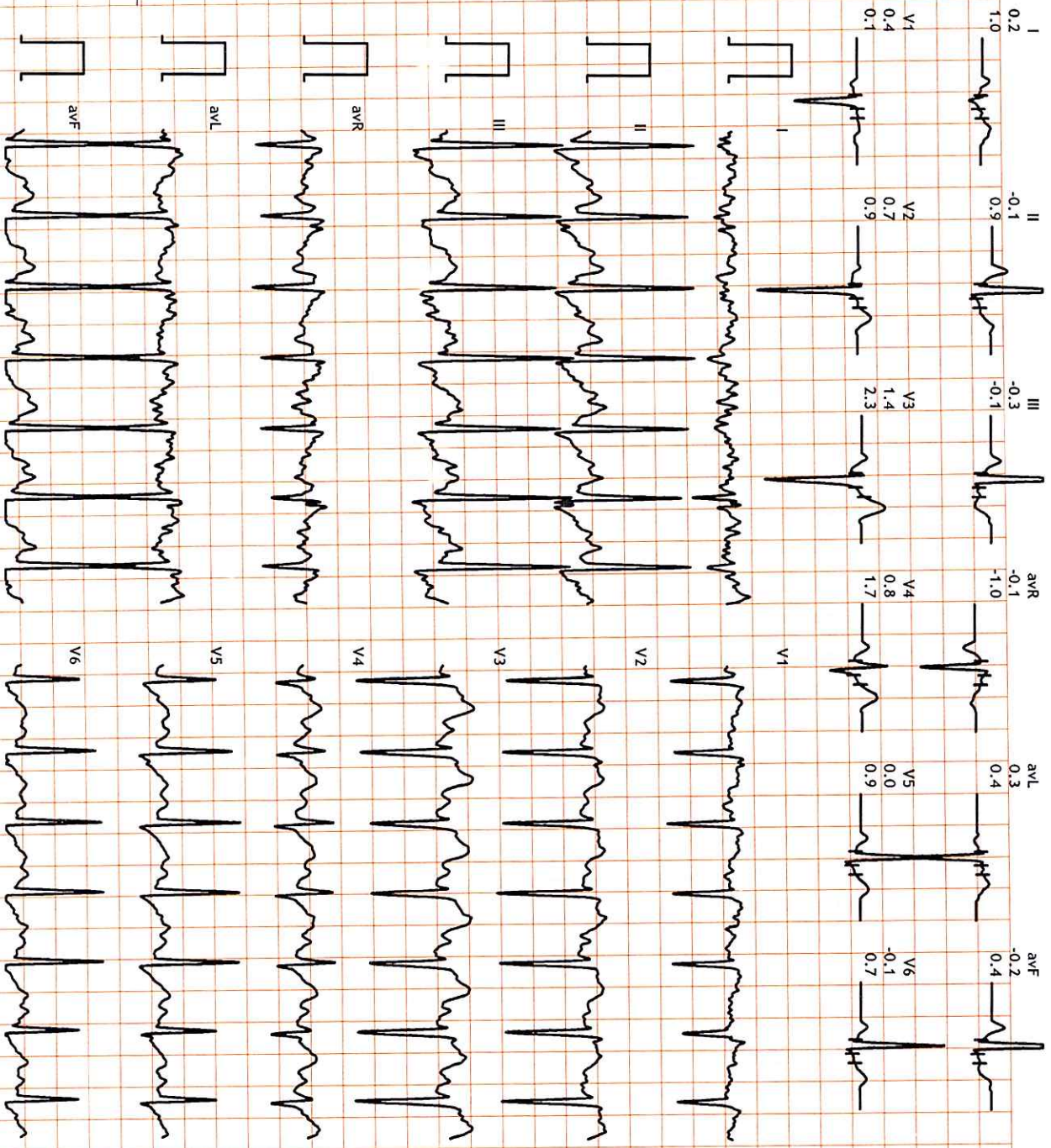
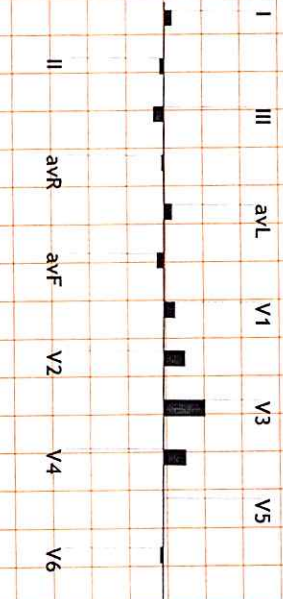
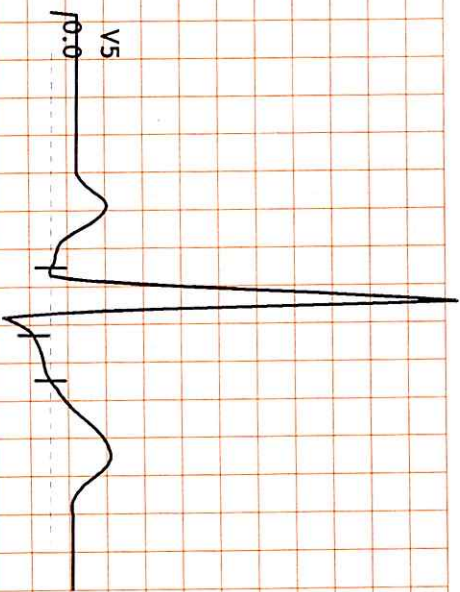
BLC : On

Notch : On

BRUCE: Stage 2(3:00)

10.0 mm/mV

25 mm/Sec.



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

10011/MRS AMRITA

31 Yrs/Female

0 Kg/0 Cms

Date: 09-Jul-2022 11:23:03 AM

4X 70 ms Post J

HR: 163 bpm

METS: 8.7

BP: 150/85

MPHR:86% of 189

Speed: 3.4 mph

Grade: 14.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 07:30

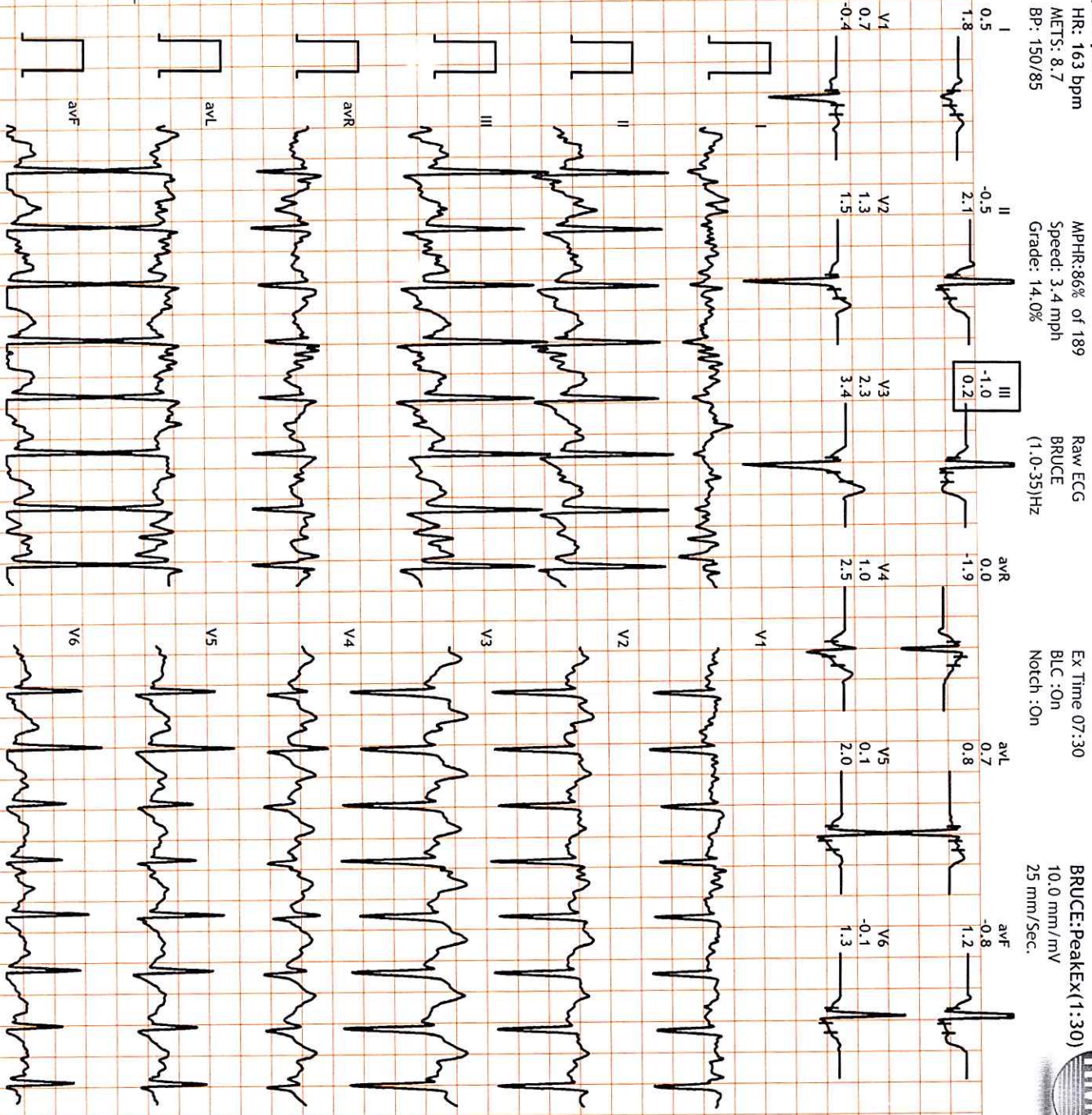
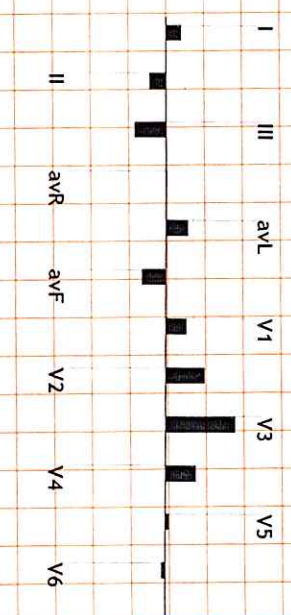
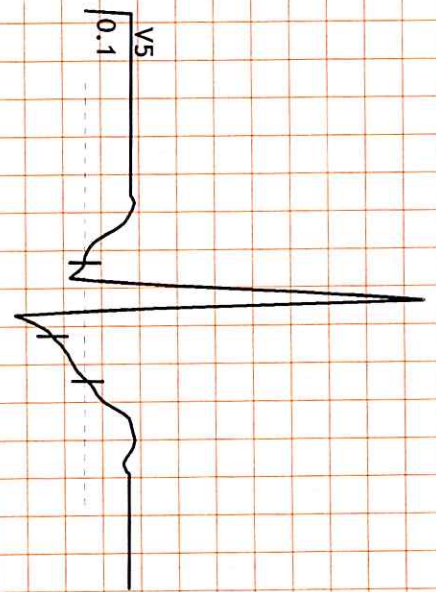
BLC : On

Notch : On

BRUCE:PeakEx(1:30)

10.0 mm/mv

25 mm/Sec.



10011/MRS AMRITA
 31 Yrs/Female
 0 Kg/0 Cms
 Date: 09-Jul-2022 11:23:03 AM
 4X 70 ms Post J

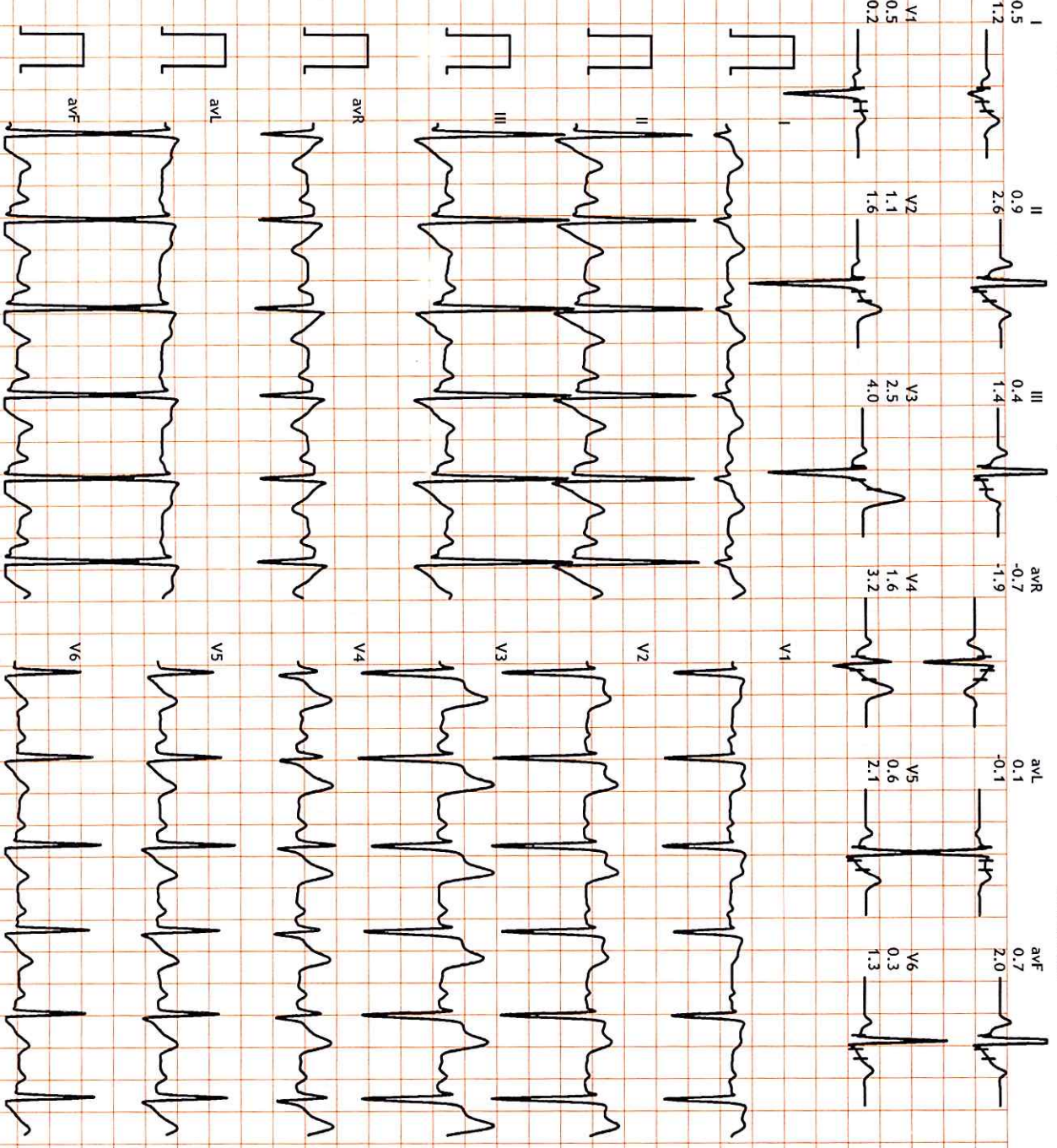
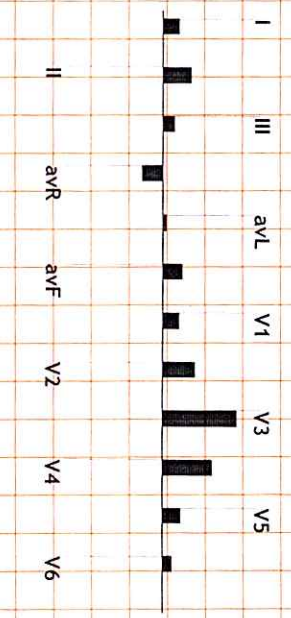
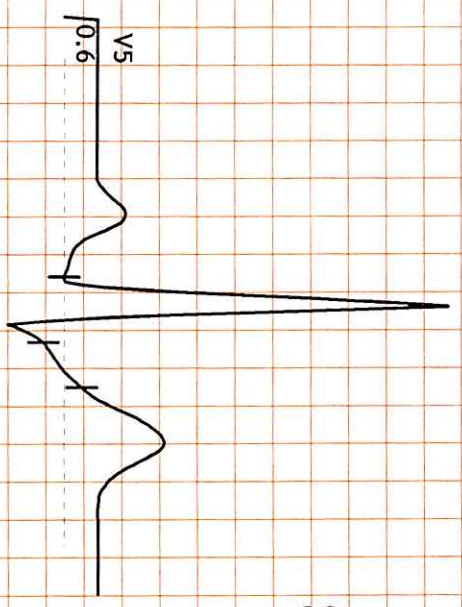
HR: 111 bpm
 METS: 1.3
 BP: 150/85

MPHR: 58% of 189
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 BRUCE
 (1.0-35)HZ

Ex Time 07:32
 BLC : On
 Notch : On

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



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

10011/MRS AMRITA

31 Yrs/Female

0 Kg/0 Cms

Date: 09-Jul-2022 11:23:03 AM

4X

70 ms Post J

HR: 90 bpm

METS: 1.0

BP: 135/85

MPHR: 47% of 189

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(1.0-35)Hz

Ex Time 07:32

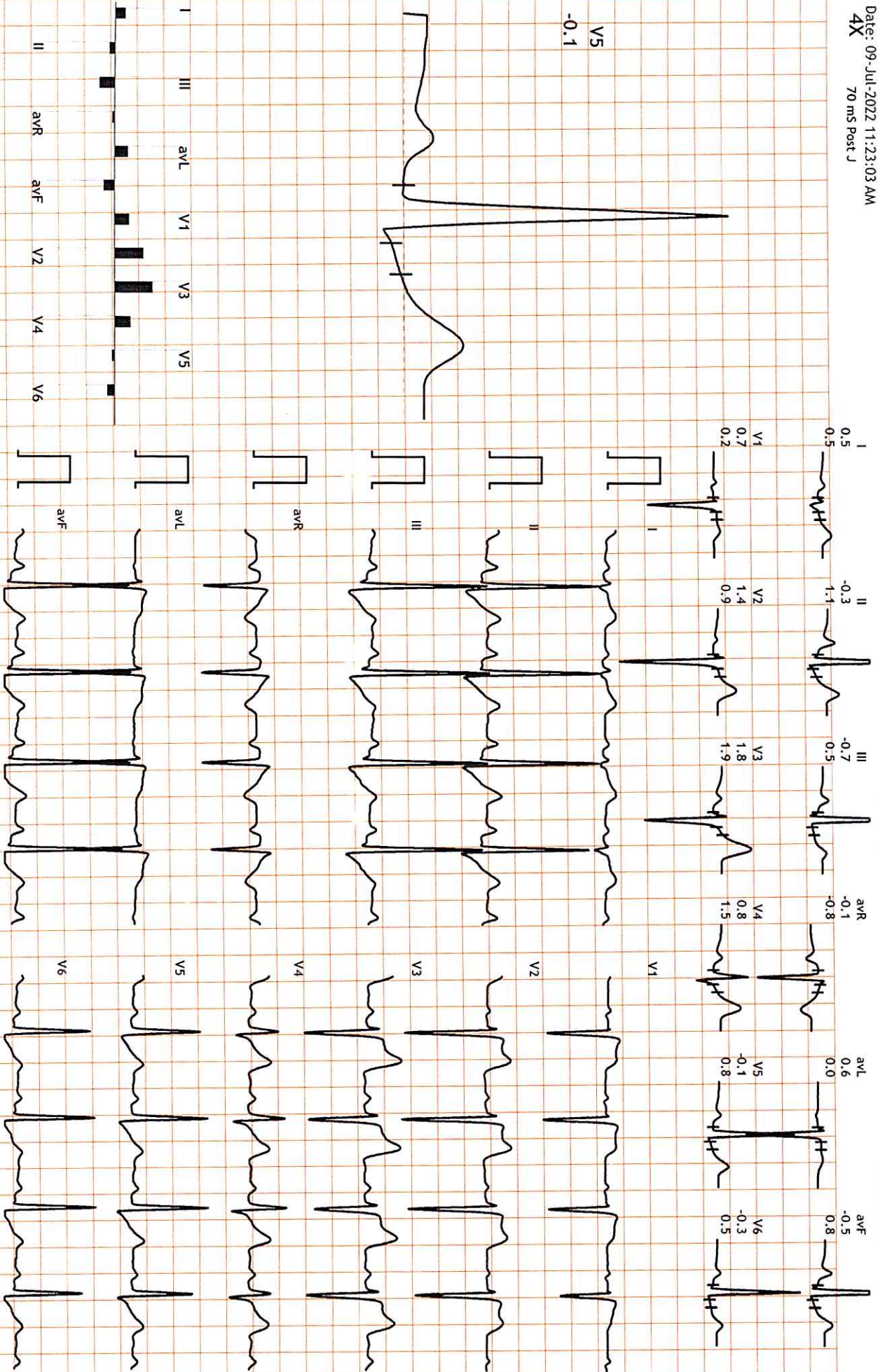
BLC : On

Notch : On

Recovery(3:00)

10.0 mm/mV

25 mm/Sec.



V5
-0.1

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

10011/MRS AMRITA

31 Yrs/Female

0 Kg/0 Cms

Date: 09-Jul-2022 11:23:03 AM

4X 70 ms Post J

HR: 89 bpm
METs: 1.0
BP: 135/85

MPHR: 47% of 189
Speed: 0.0 mph
Grade: 0.0%

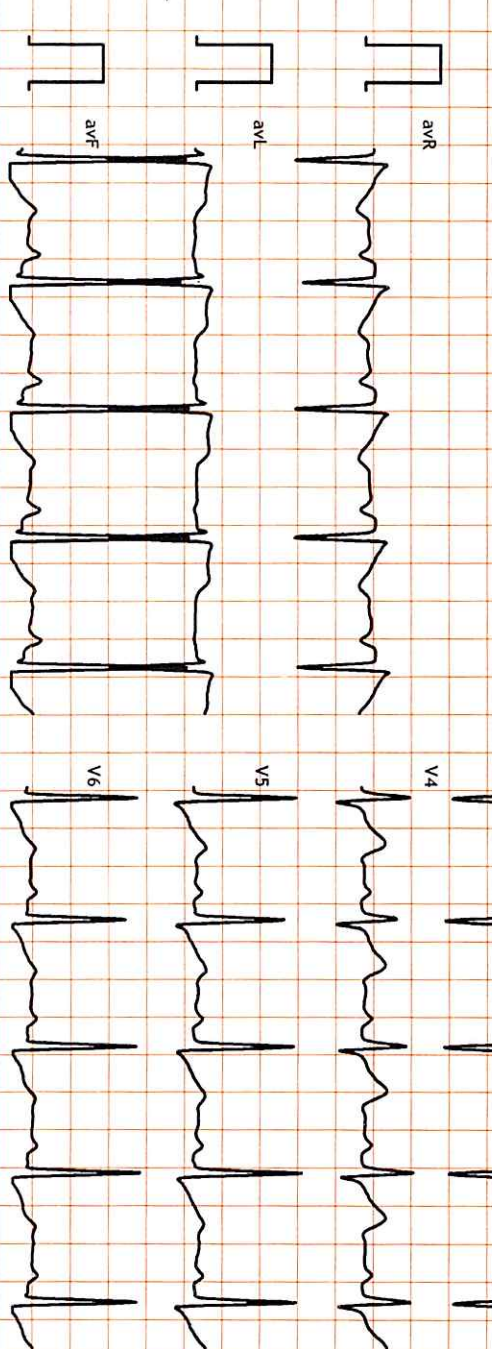
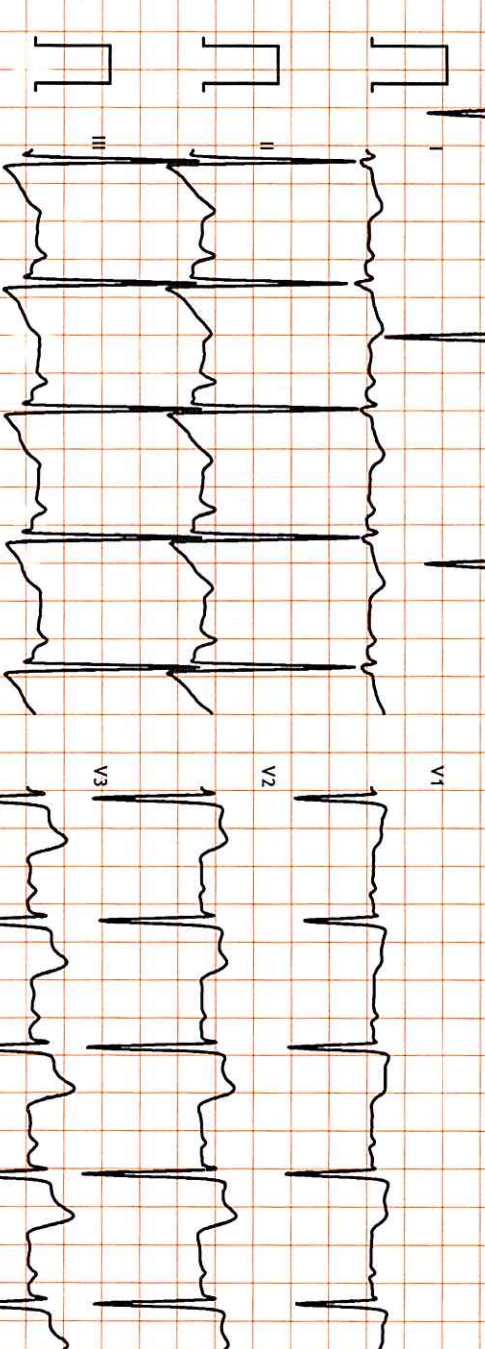
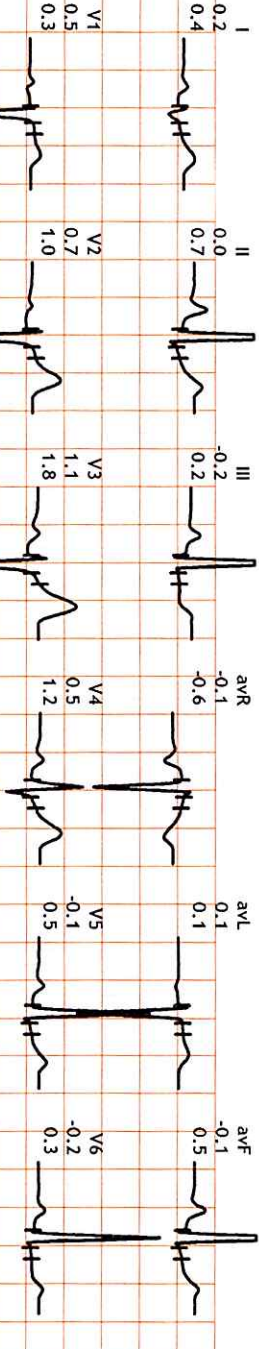
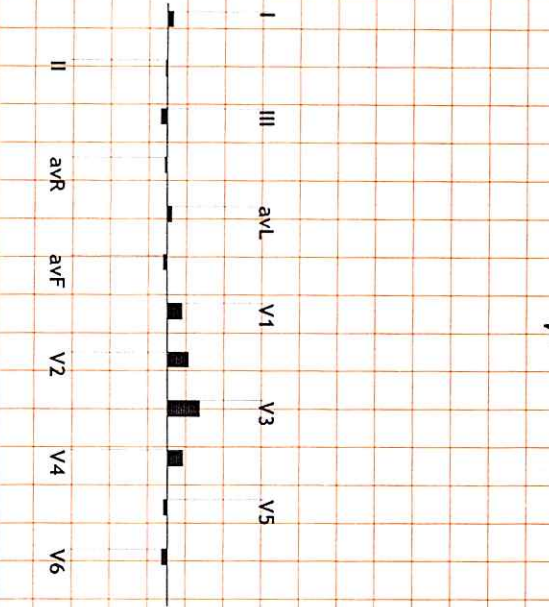
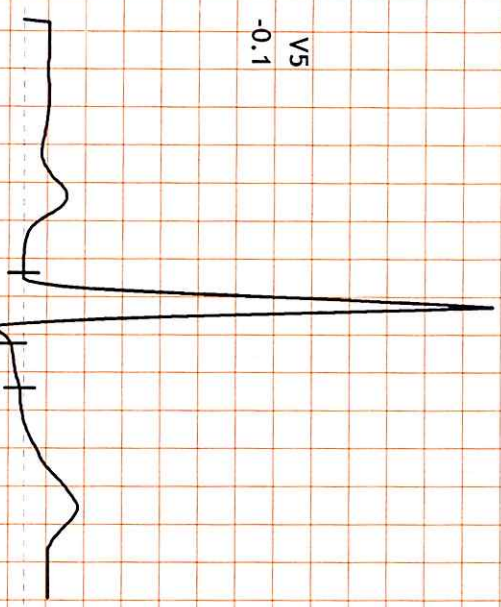
Raw ECG
BRUCE
(1.0-35)Hz

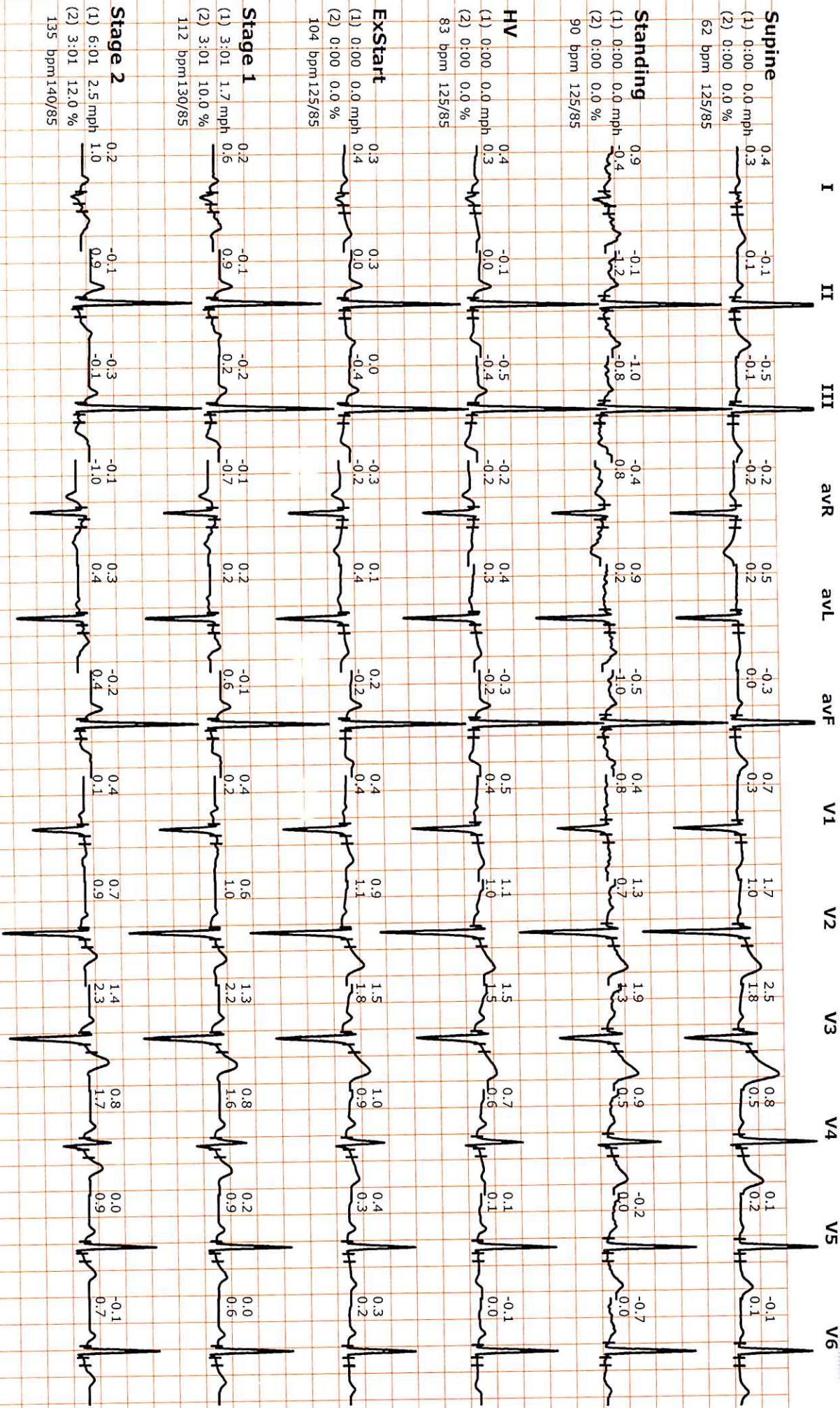
Ex Time 07:32
BLC: On
Notch: On

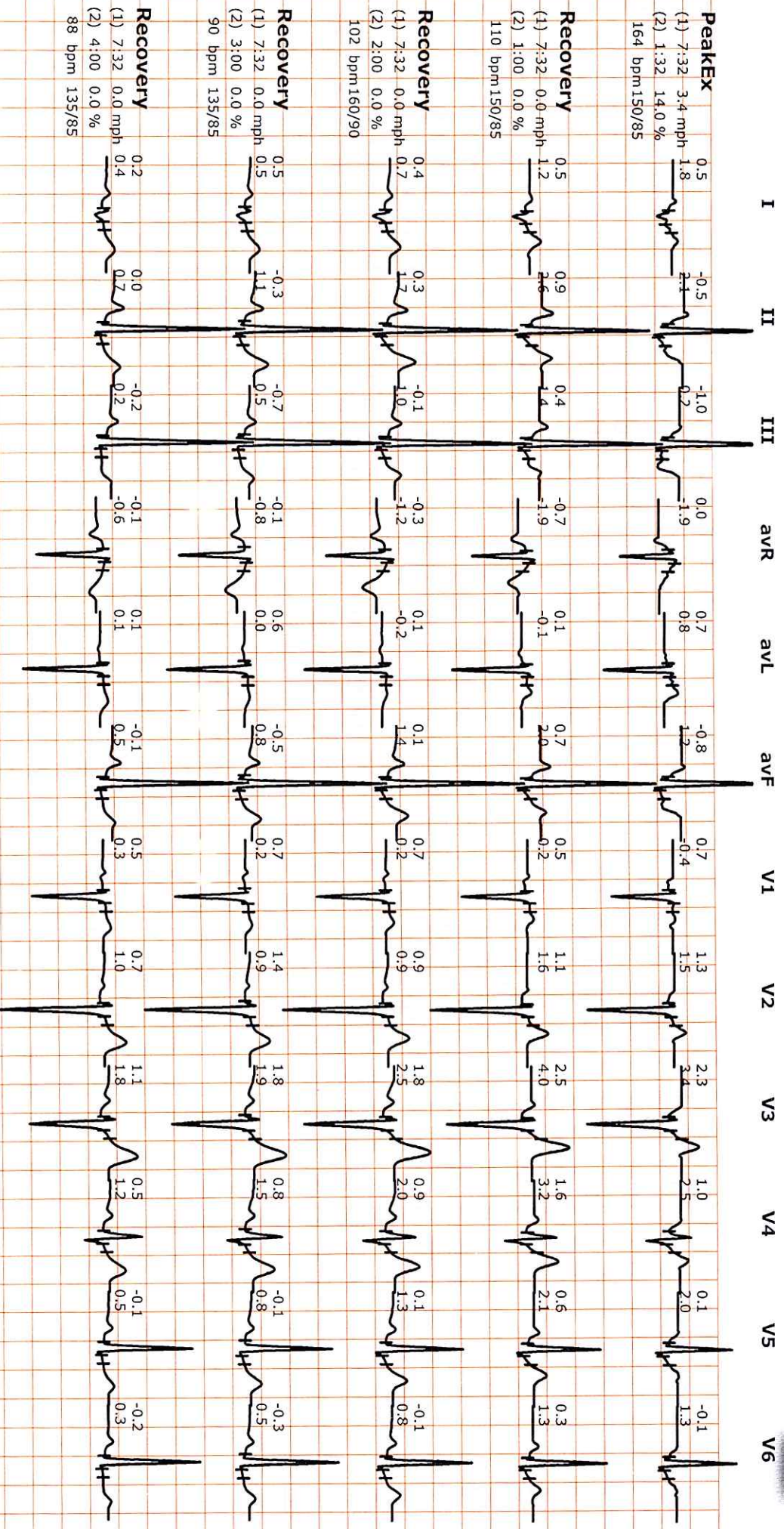
Recovery(4:00)
10.0 mm/mV
25 mm/Sec.



V5
-0.1







R

122221342 AMRITA 31YRS BANK OF BARODA F
09 JUL 2022
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

