


Patient Name : Mrs. JYOTSNA SINHA	Reg No. : 3438/UHID22DL	Lab ID. : 3873/OPDPB22DL
Age / Gender : 49Y / Female	Date : 05-Sep-2022	
Mobile No. : 7087442787	Refd. By : Dr. INSURANCE	Collected : 05-Sep-2022 09.42
Sample Type : OTHER	Manual No. :	Received : 05-Sep-2022 09.43
	Sample ID : 221062	Report : 05-Sep-2022 17.05

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

Pap Smear(LBC)

PAP/34/22

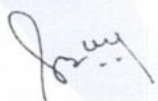
SPECIMEN RECEIVED - Liquid Bsed Preparation of the Cervical Cytology.

ADEQUACY OF SPECIMEN - Satisfactory for evaluation.
Transformation Zone component seen.

GENERAL CATEGORIZATION - Smears studied show dispersed parabasal,basal /reserve cells along with few intermediate and occasional metaplastic cells.

INTERPRETATION -Atrophic smear,NILM

-----End of Report-----



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician :chand



📍 Delhi Centre:
IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075

📞 Contact Us : +91-7028195111
✉ info@ipscindia.com



BOOK DIAGNOSTICS

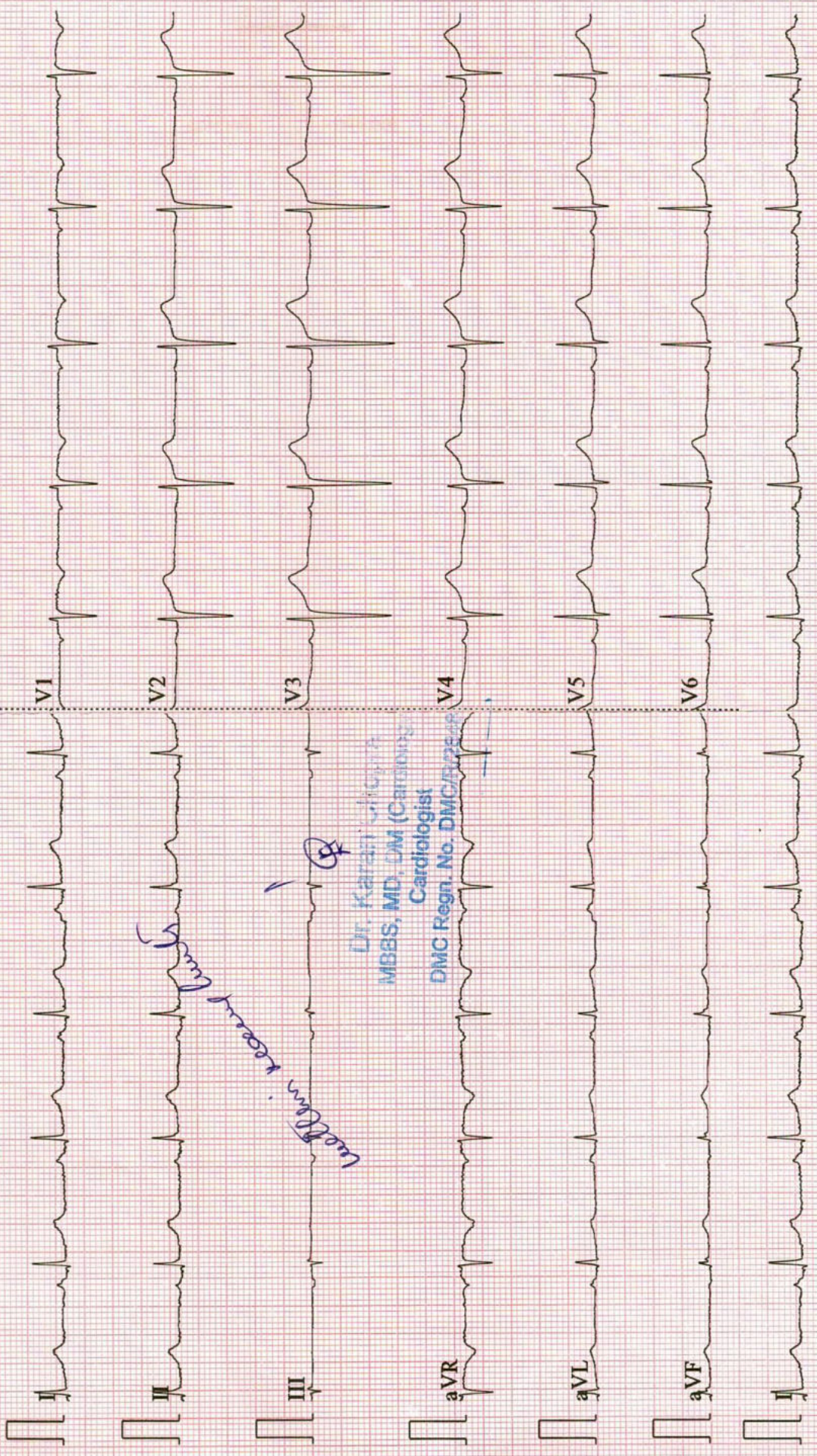
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📞 Contact Us : +91-7028207222
✉ bengaluru@ipscindia.com

04-09-2022 09:42:44 AM
 HR : 63 bpm
 P : 98 ms
 PR : 166 ms
 QRS : 76 ms
 QT/QTcBz : 426/437 ms
 P/QRS/T : 3/24/31 °
 RV5/SV1 : 0.705/0.703 mV

Diagnosis Information:
 Sinus rhythm
 Normal ECG


Report Confirmed by:



Lead II, III, aVF

Dr. Karan Singh
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DMC/5225/2018

ID: 7
 Name: Jyoti Bna
 F-Male
 Years: 49
 Req. No. :

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	Manual No. :	Received : 04-Sep-2022 09.25
Sample Type : EDTA whole blood	Sample ID : 221044	Report : 04-Sep-2022 17.59

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh FACTOR

BLOOD GROUP ABO

"O"

Manual

RH TYPING

"POSITIVE"

Manual

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : ramshankar



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Contact Us : +91-7028195111

info@ipscindia.com




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Sample Type : Plasma(Sodium fluoride)	Sample ID : 221044	Report : 04-Sep-2022 17.59

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
BLOOD SUGAR FASTING	98.2	mg/dl	74-100	GOD-POD

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----

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DCP, DNB, PATHOLOGY,
DMC/25252
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HEAMOTOLOGY

COMPLETE BLOOD COUNT

HEMOGLOBIN	12.0	g/dl	11.9-15	Colorimetric
TOTAL LEUCOCYTE COUNT	4.9	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	58	%	40-75	Electrical impedance
Lymphocyte	34	%	20-45	Electrical impedance
Eosinophil	05	%	1-6	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	00	mm/1sthr	0-20	Westergren's
RBC COUNT	4.36	mili/cmm	3.8-5.5	Electrical impedance
PCV	38	%	35-45	Calculated
MCV	87.80	Fl	80-100	Calculated
MCH	27.6	Picogram	27.5-33.2	Calculated
MCHC	31.40	gm/dl	32-36	Calculated
PLATELET COUNT	243	10 ³ /uL	150-450	Electrical impedance

-----End of Report-----

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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.4	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days.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 months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : DrSangeet



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HbsAg	NEGATIVE			Immunochromatography
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Interpretation:-

<1 Negative
>5 Positive

1-5 IU is determined and need to be repeated

Clinical Significance:-Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : ramshankar



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Serology

HIV 1 & II

NEGATIVE

Immunochromatography

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(21 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test.Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : ramshankar



Delhi Centre:
IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075


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info@ipscindia.com



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BIOCHEMISTRY

KIDNEY FUNCTION TEST


Blood Urea	18.6	mg/dl	15.0-45.0	urease
Serum Creatinine	0.7	mg/dl	07-1.3	Jaffes Kinetic
Serum Uric Acid	4.70	mg/dl	2.6-6.0	Uricase
Total Protein				
PROTEN	6.27	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	2.07	g/dl	2.3-3.5	
A/G RATIO	2.03	g/dl		
Calcium	9.1	mg/dl	8.6-10.2	Arsenazo
Sodium	139.4	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.3	mmol/L	3.5-5.5	ISE Indirect
Chloride	103.8	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----


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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	187.00	mg/dl	123-199	CHOD-PAP
Triglycerides	107.2	mg/dl	35-135	Gpo
HDL Cholesterol Direct	54.3	mg/dl	42-88	Direct
Vldl	21	mg/dl	4.7-22.1	
LDL Cholesterol Direct	111.3	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.4		0.0-4.97	
LDL/HDL Ratio	2.1		0.0-3.55	

INTERPRETATION:-

Acceptable/Low Risk : < 200 mg/dL : <130 mg/dL : < 4.5

Borderline High Risk : 200-239 mg/dL : 130-159 mg/dl : 4.5 - 6.0

High Risk : > 240 mg /dL : > 160 mg/dL : > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : ramshankar



Delhi Centre:
IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075


Contact Us : +91-7028195111
info@ipscindia.com



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management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC:25252
Lab Technician : ramshankar



Delhi Centre:
IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075


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info@ipscindia.com



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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	0.43	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.21	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.22	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	6.27	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	2.09	g/dl	2.3-3.5	
A/G RATIO	2.00	g/dl		
SGOT	20	U/L	0-31	IFCC
SGPT	23	U/L	0.0-34	IFCC
Gamma GT	28.8	U/L	0-38	Glupa-c
Alkaline Phosphatase	112	U/L	42-98	Amp

-----End of Report-----

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HORMONES

TSH 1.69 uIU/ml CLIA

Adults

21-100 yrs 0.35 - 5.50

Pediatric

0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

Pregnancy

First trimester 0.1 - 2.5*

Second trimester 0.2 - 3*

Third trimester 0.3 - 3*

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are

normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid

test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----

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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30 Automated /Manual

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL Automated/Manual

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

2-3 /hpf Automated/Manual

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

3-5

BACTERIA

NIL

OTHERS

NIL

-----End of Report-----

Dr. Sangeeta B
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DMC/25252
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Radiology No.	: 3853/OPDPB22DL	Date	: 04-Sep-2022
Patient Name	: Mrs. JYOTSNA SINHA	Age/Sex	: 49Y
Guardian Name	:	UHID No.	: 3438/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7087442787

ULTRASOUND OF WHOLE ABDOMEN

Convex and liner probes were used

The liver is normal in size and contour however is increased in echotexture.Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

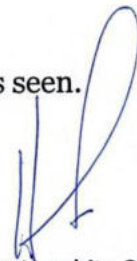
Pancreas is of normal size and contour with normal echotexture.

Kidneys are of normal size, shape and echo pattern. No calculus, mass or hydronephrotic changes seen in either kidney. Corticomedullary differentiation is normal bilaterally. Bilateral PCS are normal. Bilateral ureters are not dilated.

Right Kidney measures 79 x 36mm.

Left kidney measures 90 x 39mm.

Spleen is of normal size and shape. Ecotexture is normal. No focal lesion is seen.



Dr. Harshita Surange
MBBS, DMRD (RADIO DIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



Radiology No.	: 3853/OPDPB22DL	Date	: 04-Sep-2022
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Guardian Name	:	UHID No.	: 3438/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7087442787

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Uterus and ovaries show evolutionary changes.

Endometrial is normal measuring 2mm and is in mid line.

No free fluid is seen in the pouch of douglas.

Urinary bladder does not show any calculus or mass lesion.

Impression: Fatty liver Grade I.

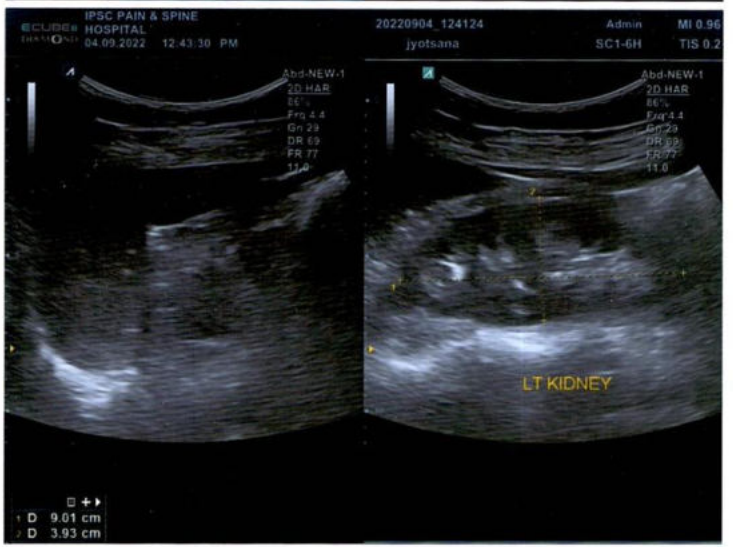
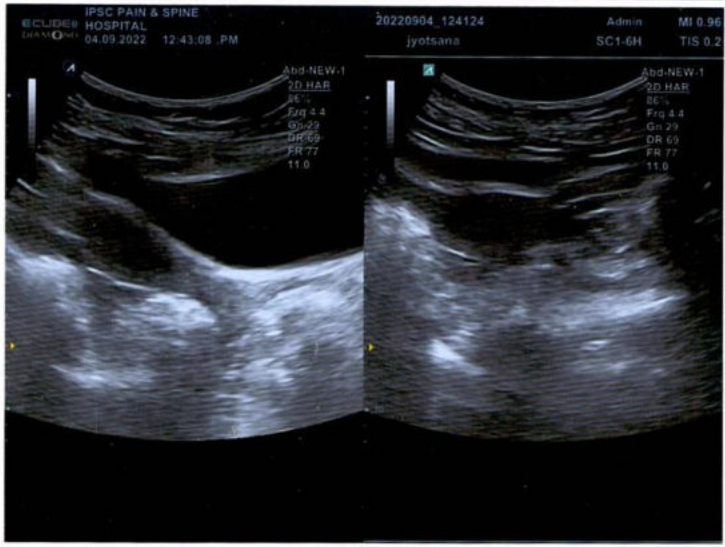
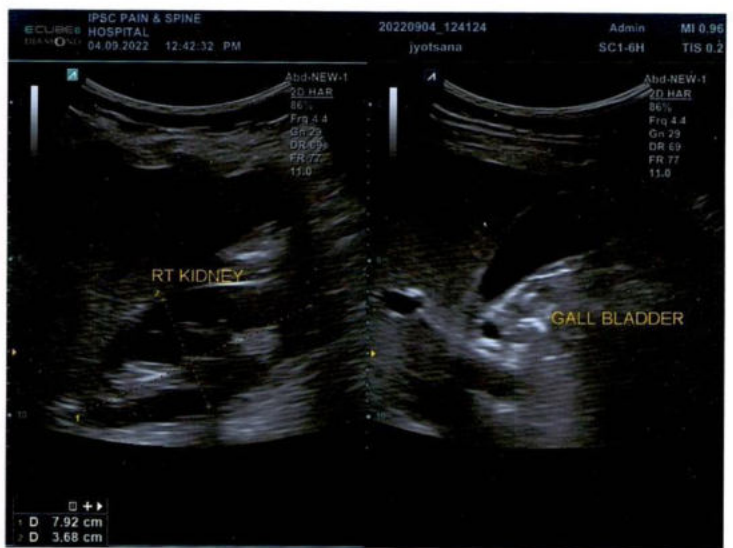
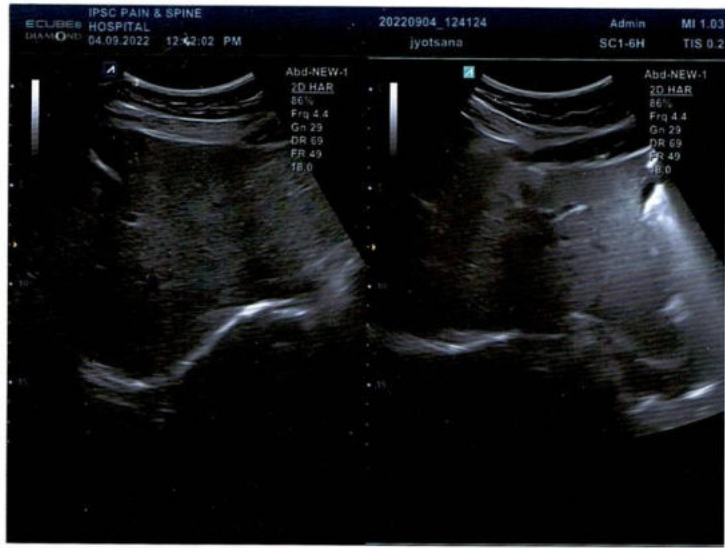


Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT







भारत सरकार
GOVERNMENT OF INDIA



आधार

Download Date: 06/03/2022



ज्योत्सना सिन्हा
Jyotsna Sinha
जन्म तिथि/DOB: 22/08/1973
महिला/ FEMALE

Issue Date: 05/06/2013

2802 0163 6239
VID : 9123 7823 3926 5775

MERA AADHAAR, MERI PEHCHAN

**IPSC PAIN AND SPINE HOSPITAL
Plot No 453 Dwarka Sector-19,
New Delhi-110075**



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



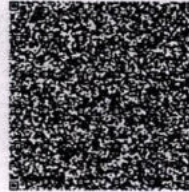
AADHAAR

पता:

द्वारा: विकास कुमार सिन्हा, फ्लैट न-ई-301, सूर्या विहार,
कपाशेडा बॉर्डर, इन्डुस्त्रियल कॉम्प्लेक्स दुन्दहेरा, गुडगांव,
हरियाणा - 122016

Address :

C/O: Vikas Kumar Sinha, Flat No-E-301, Surya
Vihar, Kapasheda Border, Industrial Complex
Dundahera, Gurgaon,
Haryana - 122016



2802 0163 6239

VID : 9123 7823 3926 5775



1947



help@uidai.gov.in



www.uidai.gov.in

THE DIAGNOSTIC & IMAGING CENTRE
 Plot No. 147, 2nd Floor, Main Road, Sec. 7,
 Dwarka, New Delhi-110078 Ph. 011-49078567

JYOTSNA SINHA

TREADMILL TEST REPORT

ID : 3431
 DATE : 04-09-2022
 AGE/SEX : 49 / F
 HT/WT : 0 / 0
 REF.BY :

PROTOCOL : Bruce
 HISTORY : Checkup/Physical fitness,
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METTS
								TI	V1	V5	
SUPINE					80	120 / 80	96	0.6	0.3	0.4	
STANDING					79	120 / 80	94	0.5	0.3	0.3	
HYPERVENT					87	120 / 80	104	0.6	0.2	0.4	
Stage 1	2:55	0:36	2.7	10	91	130 / 80	118	0.5	0.4	0.5	4.67
Stage 2	5:55	2:55	4	12	112	140 / 80	156	0.1	0.2	0	7.04
Stage 3	8:55	2:55	5.4	14	138	150 / 80	207	-0.4	0.2	-0.4	9.92
Stage 4	9:36	0:36	6.7	16	152	150 / 80	228	-0.5	0.3	-0.5	10.80
PK-EXERCISE	9:50	0:50	6.7	16	152	150 / 80	228	-0.4	0.3	-0.8	11.11
RECOVERY	11:5	0:55			93	140 / 80	130	0	0.4	-0.2	
RECOVERY	12:5	1:55			81	130 / 80	105	-0.1	0.3	-0.3	
RECOVERY	13:5	2:55			78	120 / 80	93	-0.3	0.3	-0.3	
RECOVERY	13:46	3:36			76	120 / 80	91	-0.1	0.2	-0.2	

RESULTS

EXERCISE DURATION : 9:50
 MAX HEART RATE : 152 bpm
 MAX BLOOD PRESSURE : 150 / 80 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :
 Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 11.11 METTS

DR. JYOTSNA SINHA
 MBBS, MD, DM (CARDIOLOGY)
 Cardiologist
 DMC Regn. No. DMC/15/2348

Jyotsna

Technician :

THE DIAGNOSTIC & IMAGING CENTRE

JYOTSNA SINHA
I.D. 3431
Age 49/F

Date 04-09-2022

RATE 80bpm
B.P. 120/80

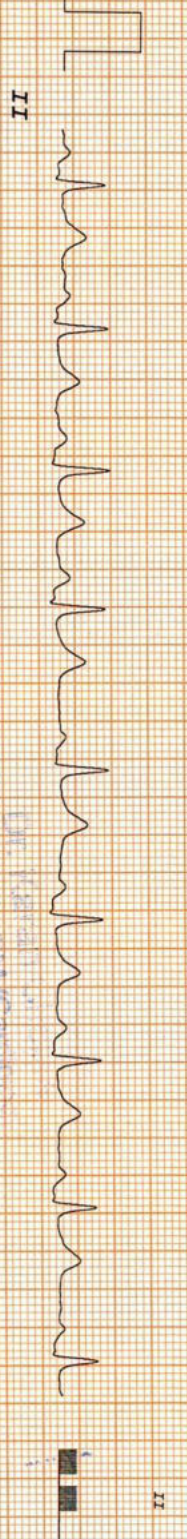
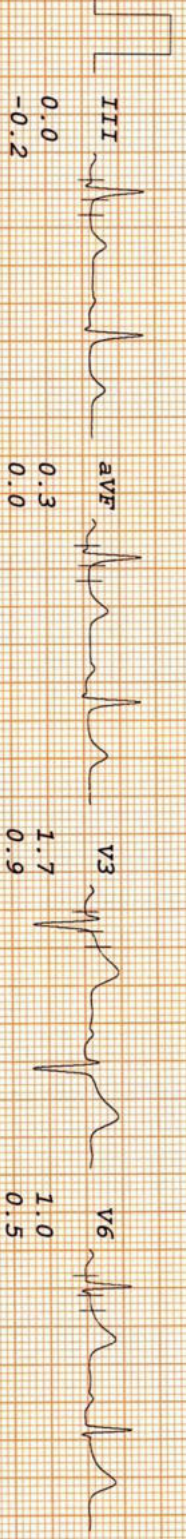
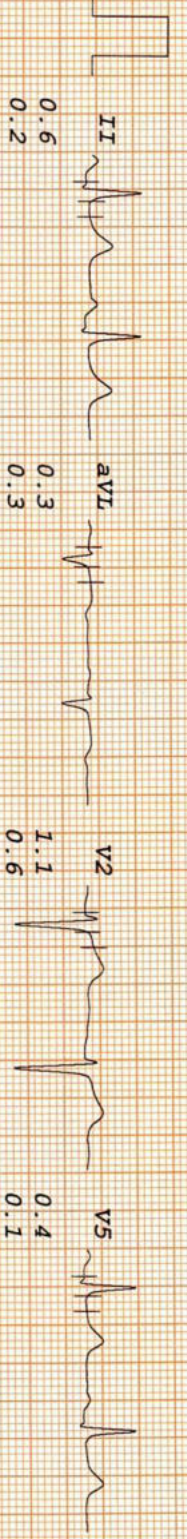
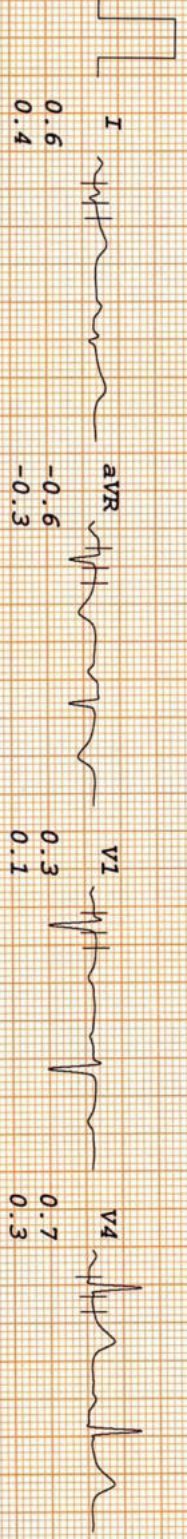
PRETEST
SUPINE

ST @ 10mm/mV
80ms Post J

LINKED MEDIAN

Mag. X 2

III



DR. PRADEEP J. SHARMA
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMC/R/22/46
Cyclic

THE DIAGNOSTIC & IMAGING CENTRE

JYOTSNA SINHA

I.D. 3431
Age 49/F
Date 04-09-2022

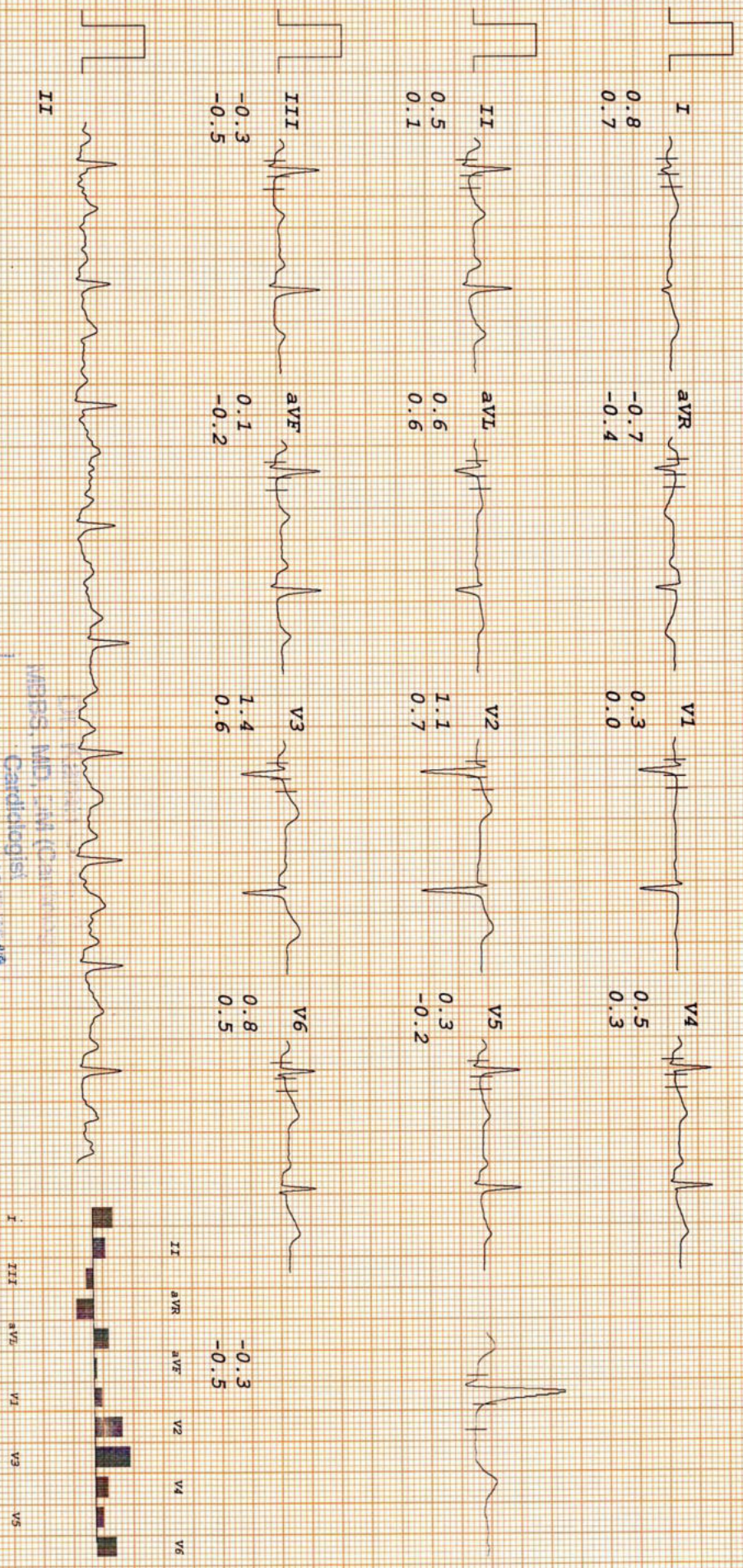
RATE 79bpm
R.P. 120/80

PRETEST
STANDING

ST @ 10mm/mV
80ms Post J

LINKED MEDIAN

Mag. X 2



MBBS, MD, CMA (Cardiology)
Cardiologist
DMC Regn. No. DMCH/2018/46

THE DIAGNOSTIC & IMAGING CENTRE

JYOTSNA SINHA

I.D. 3431
Age 49/F
Date 04-09-2022

RATE 87bpm
B.P. 120/80

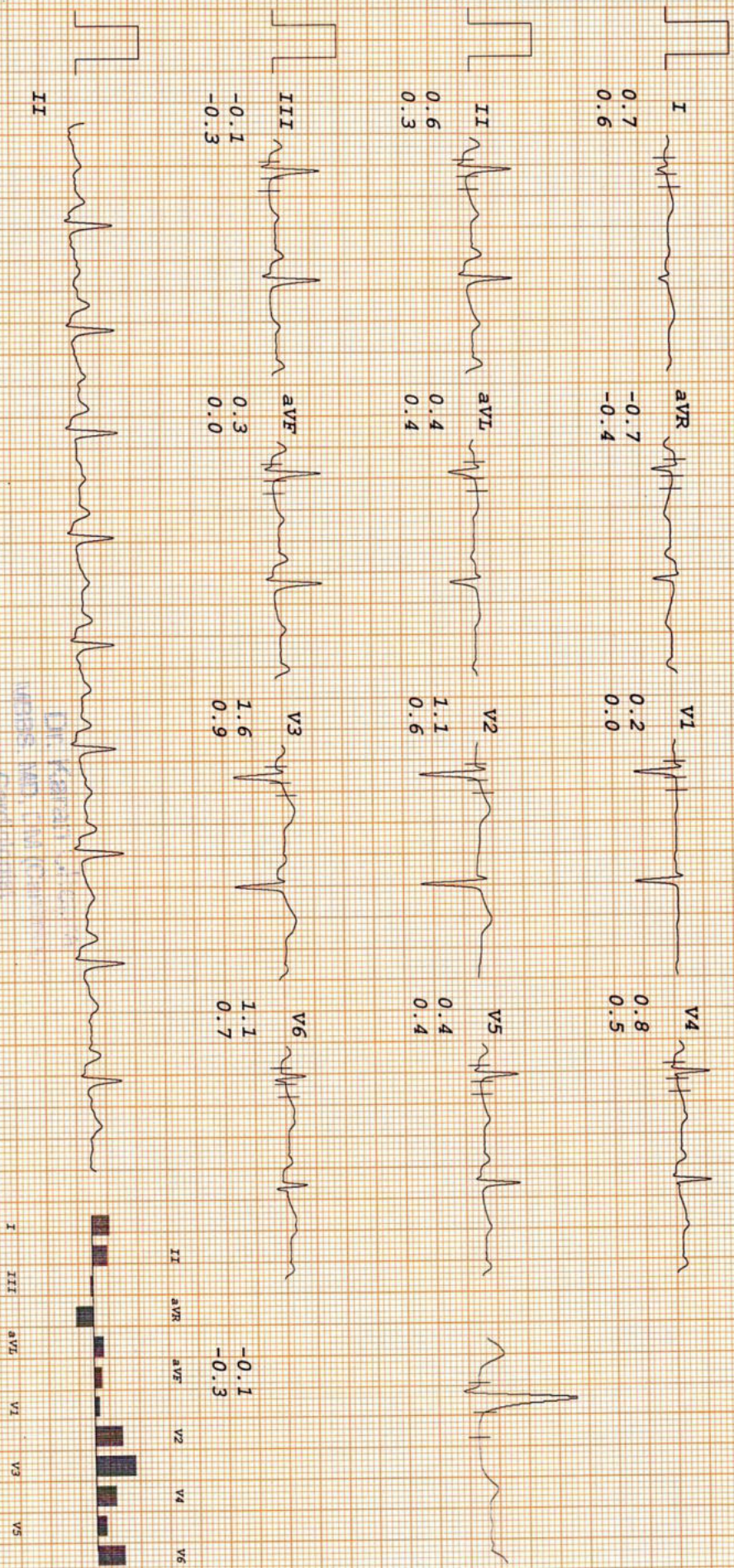
PRETEST
HYPERVENT
PHASE TIME 0:36

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

MAG. X 2

III



LINKED MEDIAN
ST @ 10mm/mV
80ms PostJ

THE DIAGNOSTIC & IMAGING CENTRE

JYOTSNA SINHA
I.D. 3431
Age 49/F
Date 04-09-2022

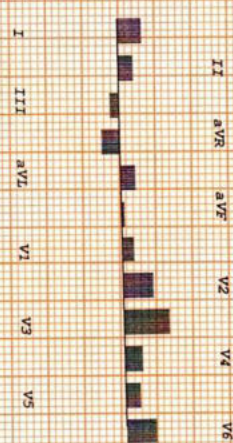
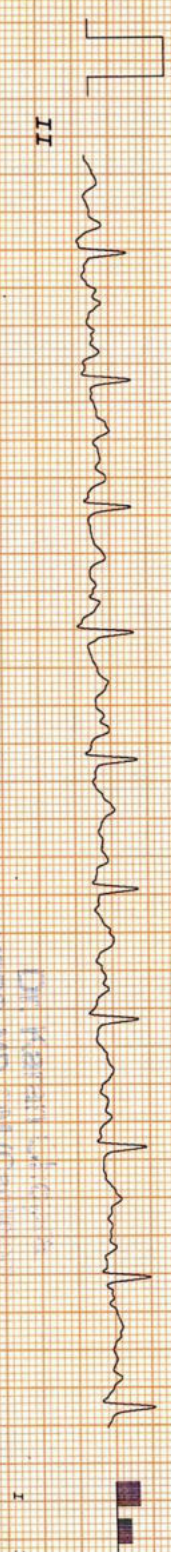
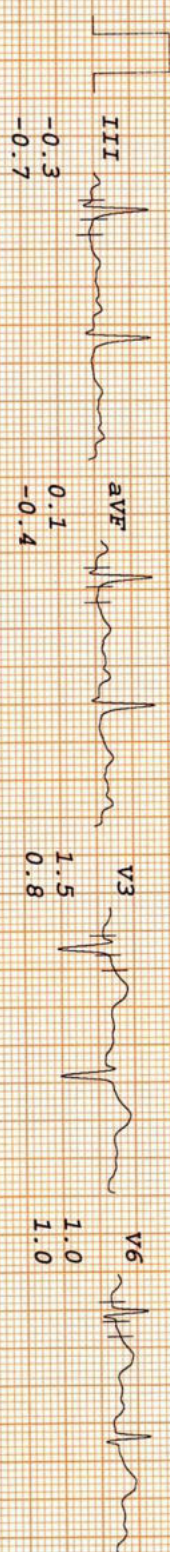
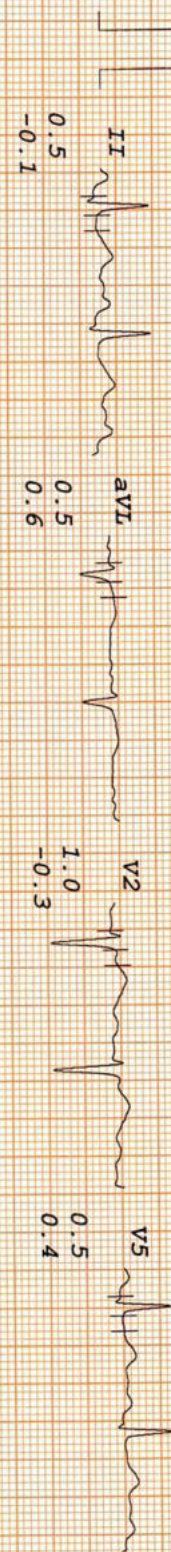
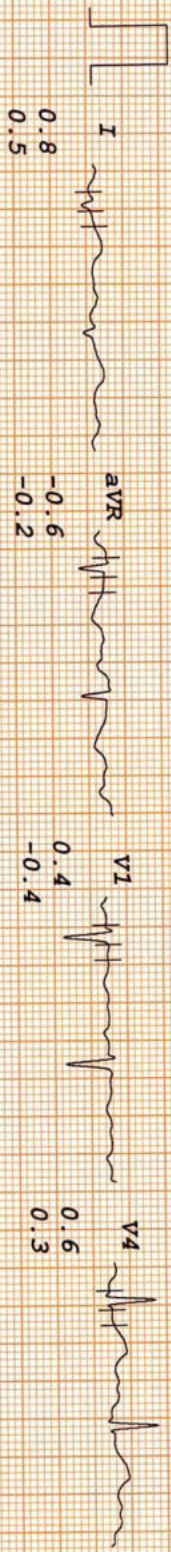
RATE 91bpm
B.P. 130/80

Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55
ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN

Mag. X 2

III



DR. HARSH VIKRAM
MBBS, MD, DM (Cardiology)
Consultant
Director, N. S. S. Hospital, N. S. S. Hospital, N. S. S. Hospital

THE DIAGNOSTIC & IMAGING CENTRE

JYOTSNA SINHA
 I.D. 3431
 Age 49/F
 Date 04-09-2022

RATE 138bpm
 B.P. 150/80

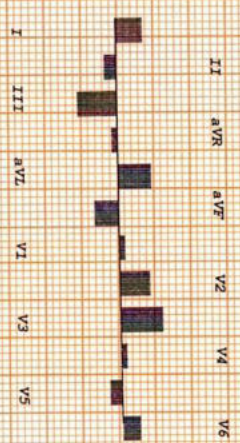
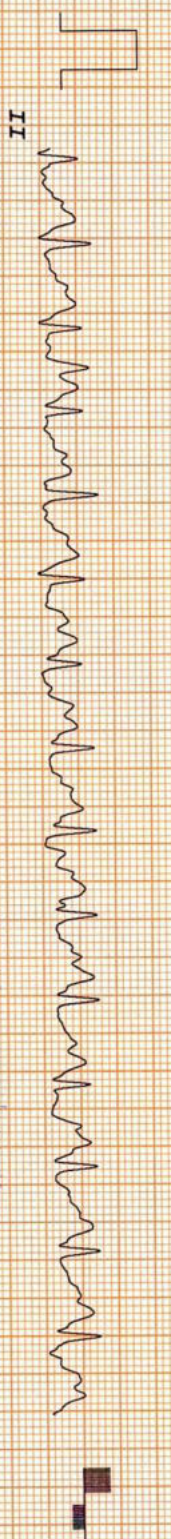
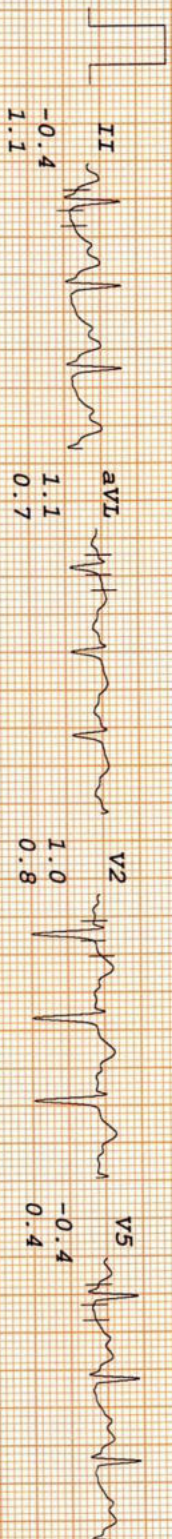
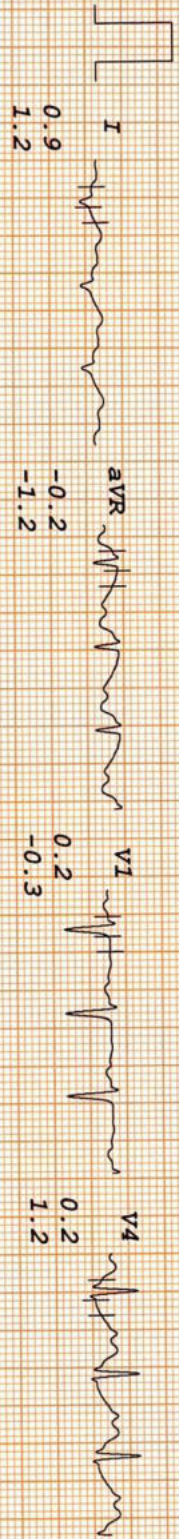
Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



DR. KARAN SINGH
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DMC/11/14/16

THE DIAGNOSTIC & IMAGING CENTRE

JYOTSNA SINHA
 I.D. 3431
 Age 49/F
 Date 04-09-2022

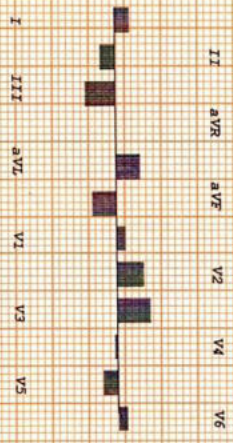
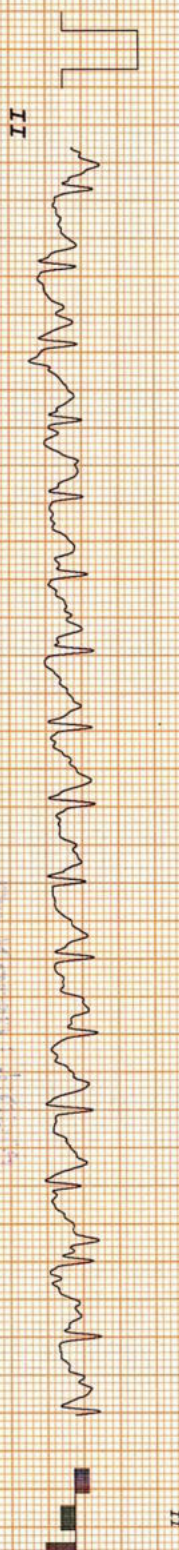
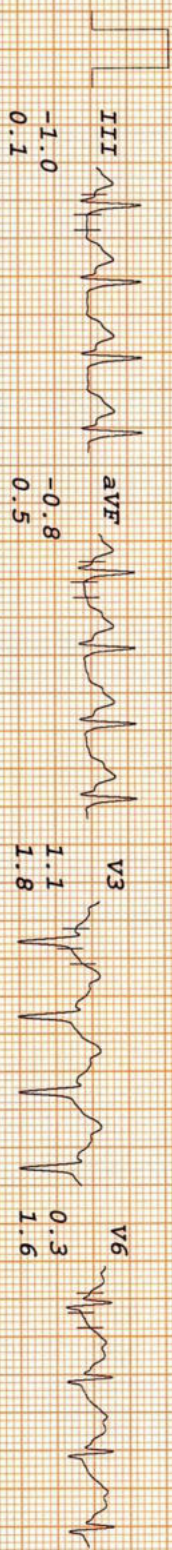
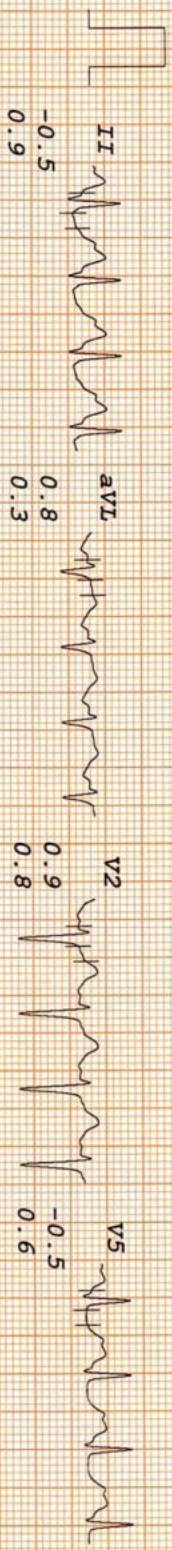
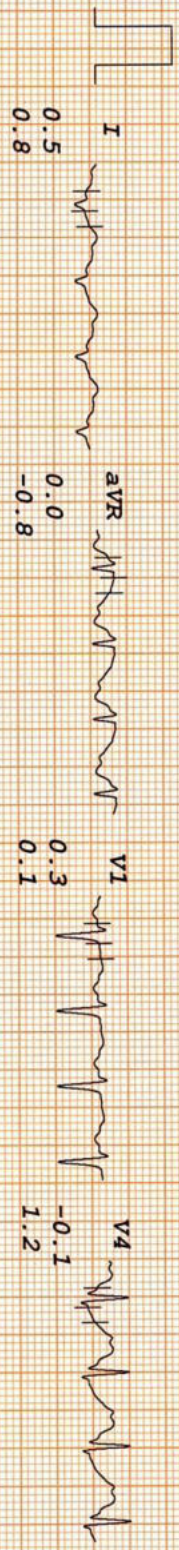
Rate 152bpm
 B.P. 150/80

Bruce
 Stage 4
 TOTAL TIME 9:36
 PHASE TIME 0:36

ST @ 10mm/mV
 80ms PostJ
 Speed 6.7 km/hr
 SLOPE 16 8

LINKED MEDIAN

Mag. X 2



Dr. Karan Singh
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn No. DMCH/2018/48

THE DIAGNOSTIC & IMAGING CENTRE

JYOTSNA SINHA
I.D. 3431
Age 49/F
Date 04-09-2022

Rate 93bpm
B.P. 140/80

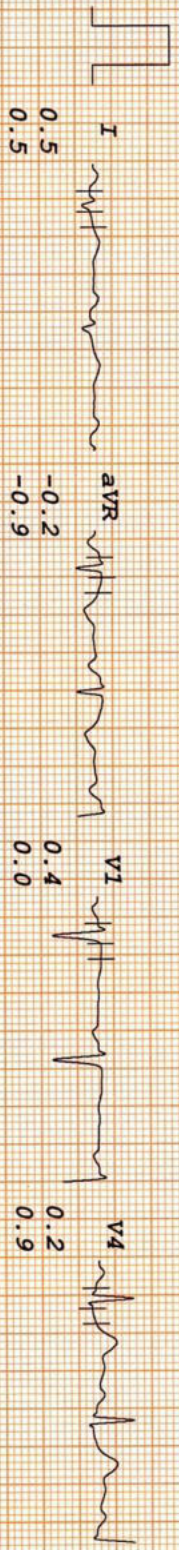
Brice
RECOVERY
TOTAL TIME 11:05
PHASE TIME 0:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III

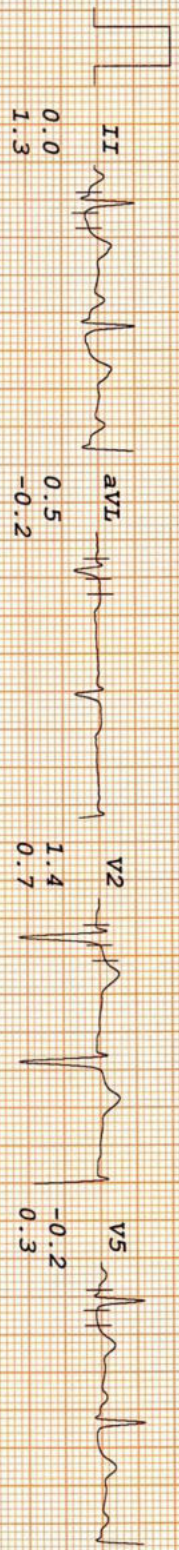


I
0.5
0.5

aVR
-0.2
-0.9

V1
0.4
0.0

V4
0.2
0.9

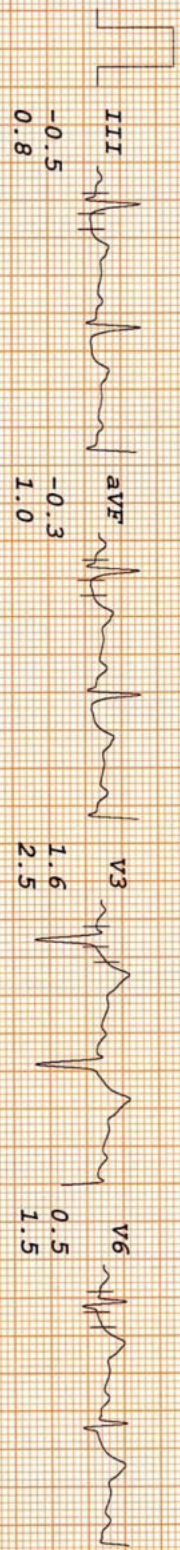


II
0.0
1.3

aVL
0.5
-0.2

V2
1.4
0.7

V5
-0.2
0.3

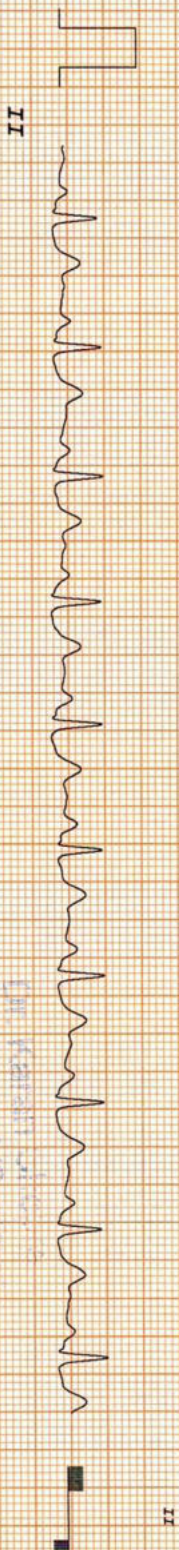


III
-0.5
0.8

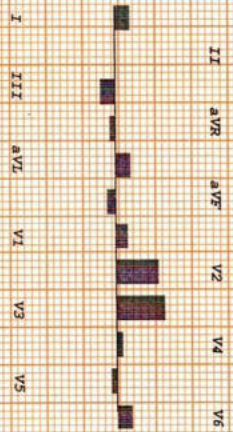
aVF
-0.3
1.0

V3
1.6
2.5

V6
0.5
1.5



II



DR. KARANJIT SINGH
MBBS, MD, DM (Geriatrics)
Cardiologist
LINKED MEDIUM
48

THE DIAGNOSTIC & IMAGING CENTRE

JYOTSNA SINHA
I. D. 3431
Age 49/F

Date 04-09-2022

RATE 81bpm
B.P. 130/80

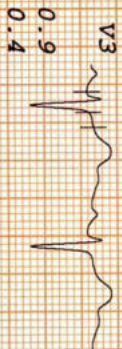
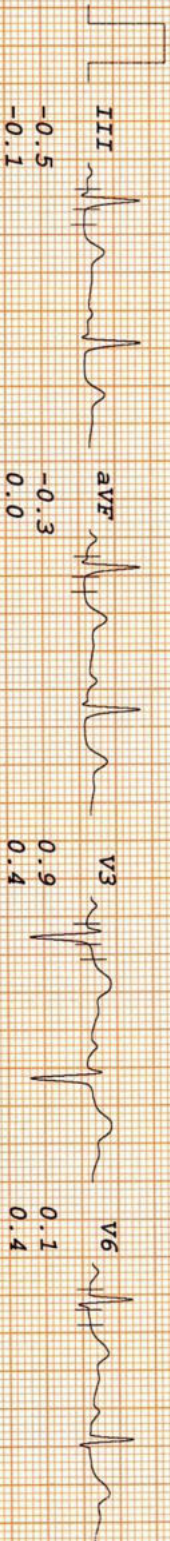
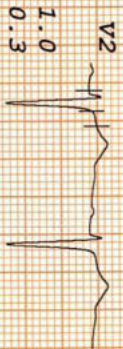
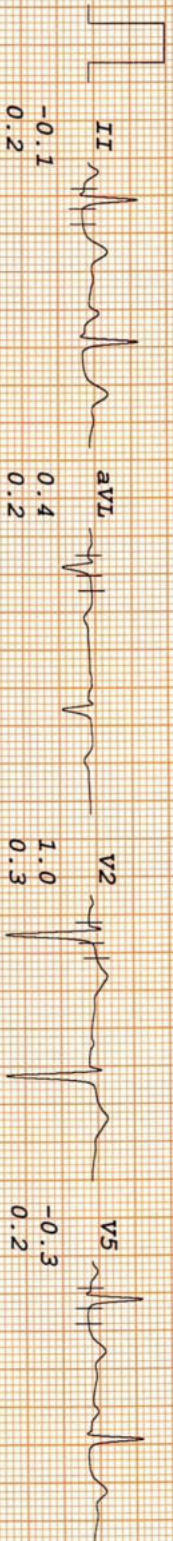
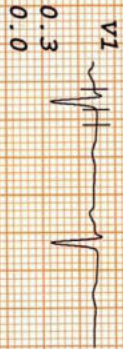
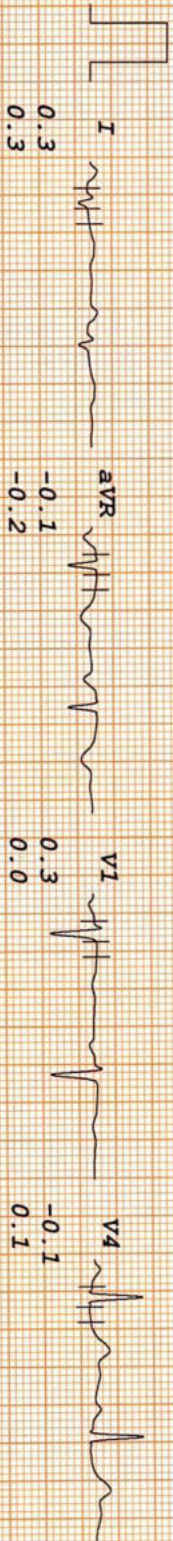
Brice
RECOVERY
TOTAL TIME 12:05
PHASE TIME 1:55

ST @ 10mm/mV
80ms PostJ

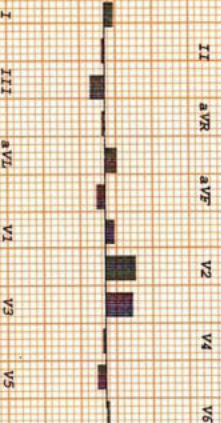
LINKED MEDIAN

Mag. X 2

III



-0.5
-0.1



Dr. Jyotsna Sinha
Cardiologist
CWC Regn. No. DMC/2012/46

THE DIAGNOSTIC & IMAGING CENTRE

JYOTSNA SINHA
I.D. 3431
Age 49/F
Date 04-09-2022

RATE 78bpm
B.P. 120/80

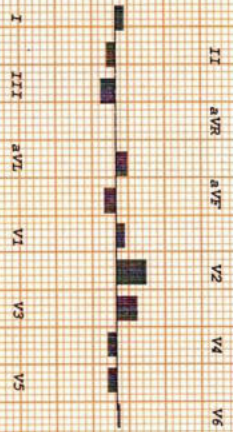
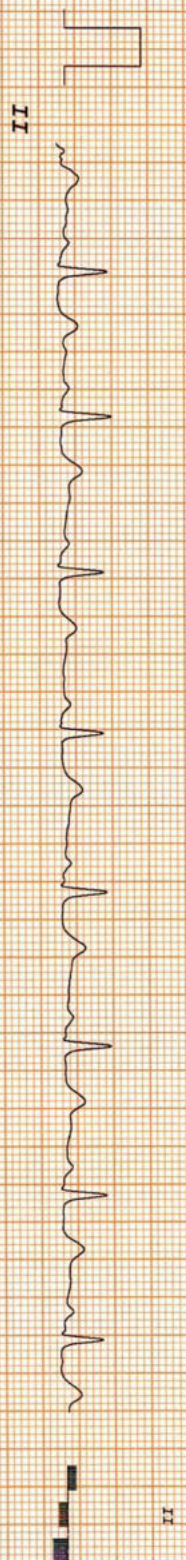
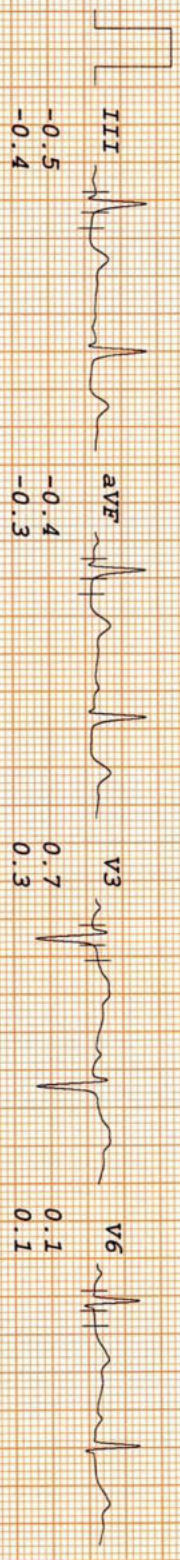
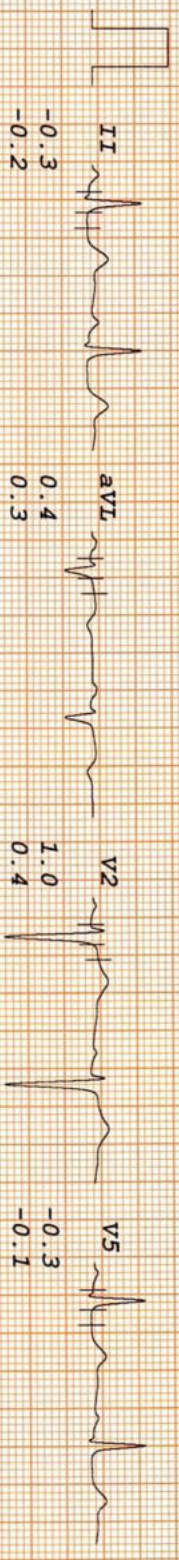
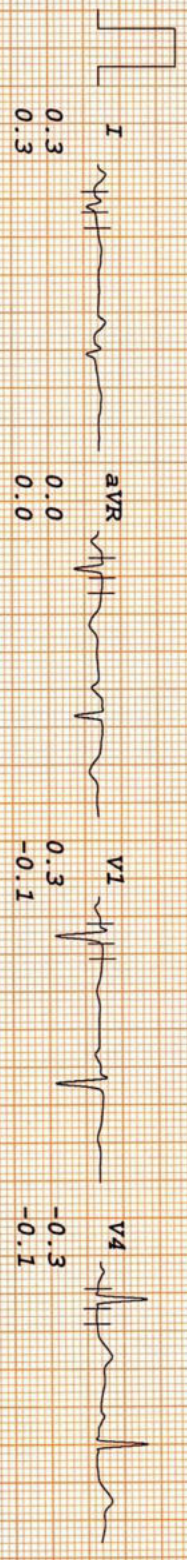
Bruce
RECOVERY
TOTAL TIME 13:05
PHASE TIME 2:55

ST @ 10mm/mV
80ms Post-J

LINKED MEDIAN

Mag. X 2

III



Dr. Jyotsna Sinha
Cardiologist
DMS Reg. No. DMC/11/146

THE DIAGNOSTIC & IMAGING CENTRE

JYOTSNA SINHA
I.D. 3431
Age 49/F
Date 04-09-2022

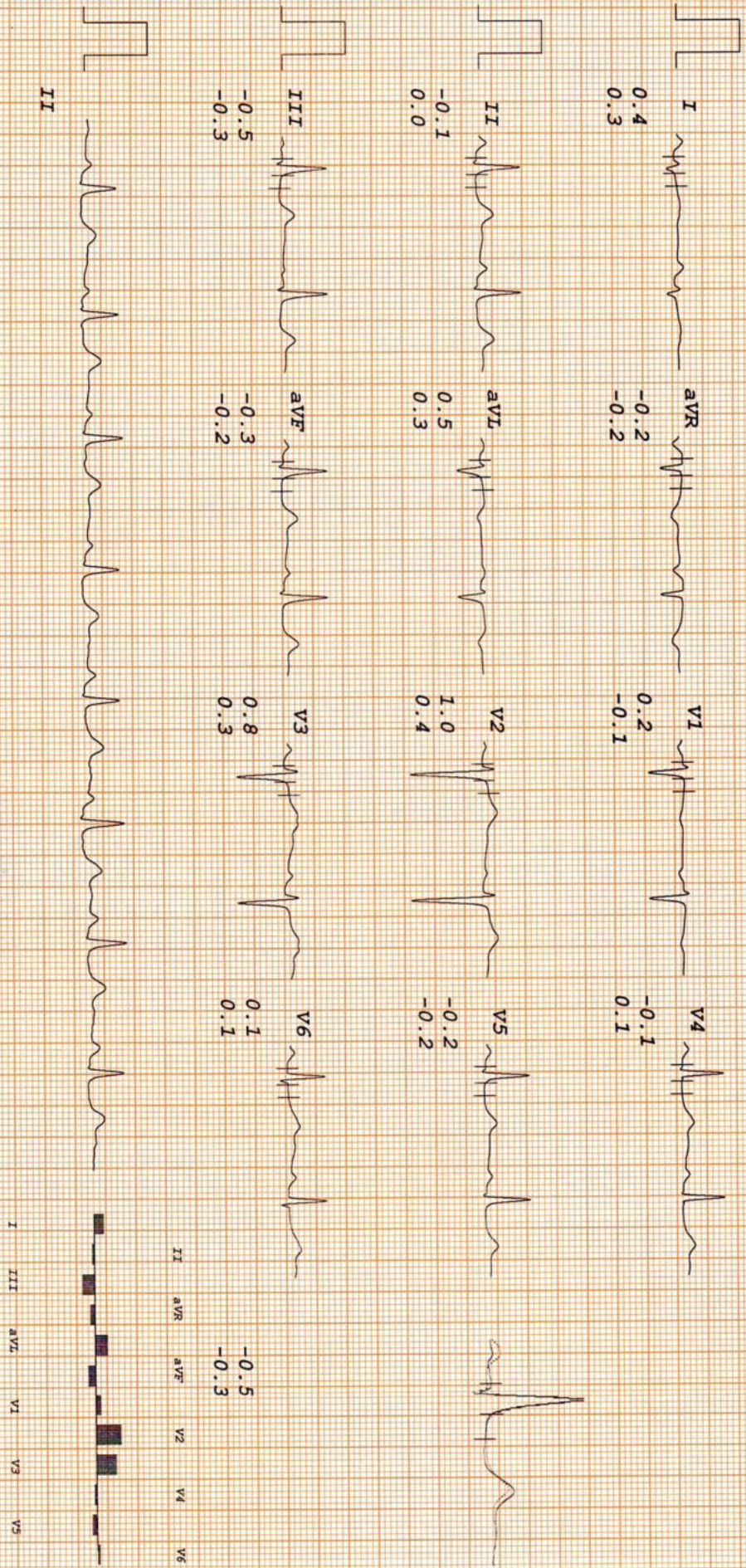
RATE 76bpm
B.P. 120/80

Recovery
TOTAL TIME 13:46
PHASE TIME 3:36

ST @ 10mm/mV
80ms PostU

LINKED MEDIAN

Mag. X 2



Radiology No.	: 3853/OPDPB22DL	Date	: 04-Sep-2022
Patient Name	: Mrs. JYOTSNA SINHA	Age/Sex	: 49Y
Guardian Name	:	UHID No.	: 3438/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7087442787

X-RAY CHEST

Indication: Routine checkup.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.

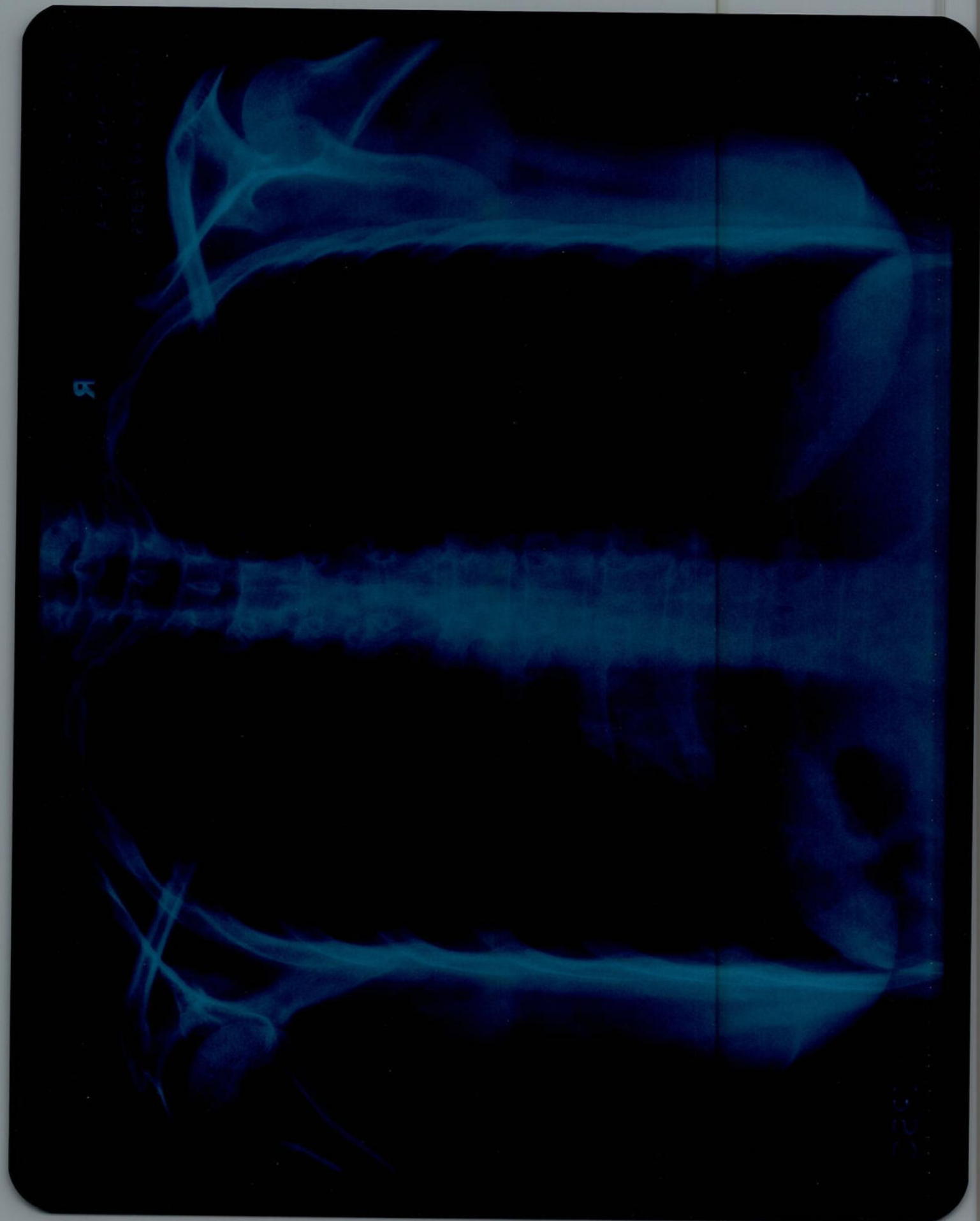


Dr. Harshita Surange
MBBS,DMRD(RADIODIAGNOSIS)
DIPLOMA IN MSK,UCAM(Spain)
Reg.No. MCI/16522,DMC/18402



BOOK APPOINTMENT





R

322