

|                      |                            |                   |                     |
|----------------------|----------------------------|-------------------|---------------------|
| <b>Radiology No.</b> | : 2400/OPDPB22DL           | <b>Date</b>       | : 09-Jul-2022       |
| <b>Patient Name</b>  | : <b>Mrs. PREETI YADAV</b> | <b>Age/Sex</b>    | : 26Y               |
| <b>Guardian Name</b> | :                          | <b>UHID No.</b>   | : 2162/UHID22DL     |
| <b>Consultant</b>    | : Dr. INSURANCE            | <b>Mobile No.</b> | : <b>9050905219</b> |

## 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.**



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| <b>Radiology No.</b> | : 2400/OPDPB22DL           | <b>Date</b>       | : 09-Jul-2022       |
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| <b>Guardian Name</b> | :                          | <b>UHID No.</b>   | : 2162/UHID22DL     |
| <b>Consultant</b>    | : Dr. INSURANCE            | <b>Mobile No.</b> | : <b>9050905219</b> |

### ULTRASOUND OF WHOLE ABDOMEN

**Convex Probe was used.**

**The liver** is normal in size, contour and 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.

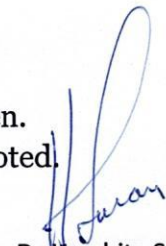
**Pancreas** is of normal size and contour with normal echotexture.

**Right kidney is small in size however smooth in outline. Left kidney is normal in size 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 7.21x3.89cm.**

**Left kidney measures 9.73x5.08cm.**

Spleen is of normal size and shape. Ecotexture is normal. No focal lesion is seen. No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.



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|----------------------|---------------------|-------------------|-----------------|
| <b>Radiology No.</b> | : 2400/OPDPB22DL    | <b>Date</b>       | : 09-Jul-2022   |
| <b>Patient Name</b>  | : Mrs. PREETI YADAV | <b>Age/Sex</b>    | : 26Y           |
| <b>Guardian Name</b> | :                   | <b>UHID No.</b>   | : 2162/UHID22DL |
| <b>Consultant</b>    | : Dr. INSURANCE     | <b>Mobile No.</b> | : 9050905219    |

Uterus is anteverted and is normal in size. Myometrium shows normal echo-pattern.  
No mass or lesion is noted.

**Endometrial** is normal measuring 7 mm and is in mid line.

**Both ovaries** are visualized and are normal with subcentemetric follicles.  
Right ovary measures 1.83x1.11x1.71cm(vol-1.81cc).  
Left ovary measures 3.44x1.51x3.03cm(vol-8.22cc).  
No free fluid is seen in the pouch of douglas.

**Urinary bladder** does not show any calculus or mass lesion.

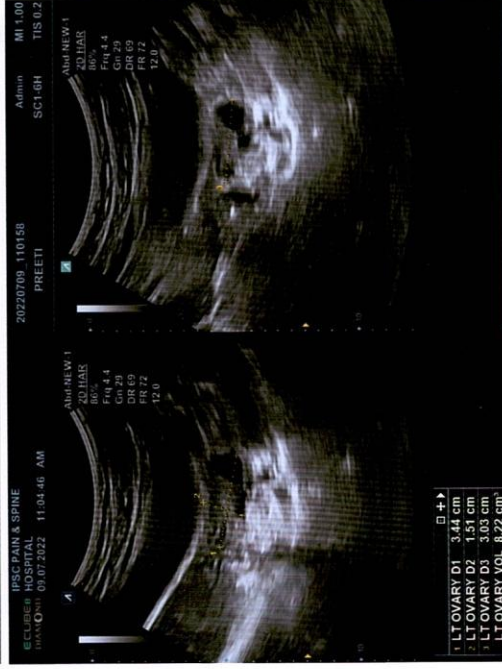
**Impression: Essentially normal scan.**

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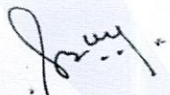


**Patient Name** : Mrs. PREETI YADAV  
**Age / Gender** : 26Y / Female  
**Mobile No.** : 9050905219  
**Sample Type** : EDTA whole blood

**Reg No.** : 2162/UHID22DL  
**Date** : 09-Jul-2022  
**Refd. By** : Dr. INSURANCE  
**Manual No. :**  
**Sample ID** : 2294

**Lab ID.** : 2400/OPDPB22DL  
  
**Collected** : 09-Jul-2022 10.34  
**Received** : 09-Jul-2022 10.35  
**Report** : 09-Jul-2022 17.19

| TEST NAME                                | RESULT | UNIT                | RANGE     | METHOD               |
|--|--------|---------------------|-----------|----------------------|
| <b>HEAMOTOLOGY</b>                       |        |                     |           |                      |
| <b>COMPLETE BLOOD COUNT</b>              |        |                     |           |                      |
| HEMOGLOBIN                               | 12.8   | g/dl                | 11.9-15   | Colorimetric         |
| TOTAL LEUCOCYTE COUNT                    | 7.5    | 10 <sup>3</sup> /uL | 4.0-11.0  | Electrical impedance |
| <b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b> |        |                     |           |                      |
| Neutrophil                               | 54     | %                   | 40-75     | Electrical impedance |
| Lymphocyte                               | 40     | %                   | 20-45     | Electrical impedance |
| Eosinophil                               | 03     | %                   | 1-6       | Microscopy           |
| Monocyte                                 | 03     | %                   | 2-10      | Microscopy           |
| Basophil                                 | 00     | %                   | 0-2       | Microscopy           |
| ESR                                      | 16     | mm/1sthr            | 0-20      | Westergren's         |
| RBC COUNT                                | 4.61   | mili/cmm            | 3.8-5.5   | Electrical impedance |
| PCV                                      | 39     | %                   | 35-45     | Calculated           |
| MCV                                      | 84.50  | Fl                  | 80-100    | Calculated           |
| MCH                                      | 27.8   | Picogram            | 27.5-33.2 | Calculated           |
| MCHC                                     | 32.90  | gm/dl               | 32-36     | Calculated           |
| PLATELET COUNT                           | 266    | 10 <sup>3</sup> /uL | 150-450   | Electrical impedance |
| -----End of Report-----                  |        |                     |           |                      |



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|   |                                 |   |
|---|---------------------------------|---|
| <b>Patient Name</b> : Mrs. PREETI YADAV | <b>Reg No.</b> : 2162/UHID22DL  | <b>Lab ID.</b> : 2400/OPDPB22DL   |
| <b>Age / Gender</b> : 26Y / Female      | <b>Date</b> : 09-Jul-2022       |  |
| <b>Mobile No.</b> : 9050905219          | <b>Refd. By</b> : Dr. INSURANCE | <b>Collected</b> : 09-Jul-2022 10.34  |
|   | <b>Manual No.</b> :             | <b>Received</b> : 09-Jul-2022 10.35   |
| <b>Sample Type</b> : EDTA whole blood   | <b>Sample ID</b> : 2294         | <b>Report</b> : 09-Jul-2022 17.19   |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

### HEAMATOLOGY

|                         |     |   |     |      |
|-------------------------|-----|---|-----|------|
| HBA1C (GLYCOSYLATED HB) | 5.4 | % | 4-6 | PEIT |
|-------------------------|-----|---|-----|------|

Metabolically healthy patients 4.5 - 6.0 %  
6.1 - 6.5 %

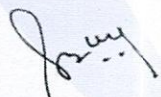
Good control :

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 within 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-----



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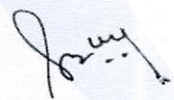


**Patient Name** : Mrs. PREETI YADAV  
**Age / Gender** : 26Y / Female  
**Mobile No.** : 9050905219  
**Sample Type** : Serum

**Reg No.** : 2162/UHID22DL  
**Date** : 09-Jul-2022  
**Refd. By** : Dr. INSURANCE  
**Manual No.:**  
**Sample ID** : 2294

**Lab ID.** : 2400/OPDPB22DL  
  
**Collected** : 09-Jul-2022 10.34  
**Received** : 09-Jul-2022 10.35  
**Report** : 09-Jul-2022 17.19

| TEST NAME                   | RESULT | UNIT   | RANGE       | METHOD         |
|-----------------------------|--------|--------|-------------|----------------|
| <b>BIOCHEMISTRY</b>         |        |        |             |                |
| <b>KIDNEY FUNCTION TEST</b> |        |        |             |                |
| Blood Urea                  | 26.1   | mg/dl  | 15.0-45.0   | urease         |
| Serum Creatinine            | 0.7    | mg/dl  | 07-1.3      | Jaffes Kinetic |
| Serum Uric Acid             | 6.30   | mg/dl  | 2.6-6.0     | Uricase        |
| <b>Total Protein</b>        | 8.10   | g/dl   | 6.4-8.3     | Bipret         |
| <b>PROTEN</b>               |        |        |             |                |
| ALBUMIN                     | 4.6    | g/dl   | 3.4-4.8     | Bcg            |
| GLOBULIN                    | 3.50   | g/dl   | 2.3-3.5     |                |
| A/G RATIO                   | 1.31   | g/dl   |             |                |
| Calcium                     | 10.6   | mg/dl  | 8.6-10.2    | Arsenazo       |
| Sodium                      | 141.7  | mmol/L | 136.0-149.0 | ISE Indirect   |
| Potassium                   | 4.9    | mmol/L | 3.5-5.5     | ISE Indirect   |
| Chloride                    | 105.5  | mmol/L | 98.0-109.0  | ISE Indirect   |
| -----End of Report-----     |        |        |             |                |

  
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|   |                                 |   |
|---|---------------------------------|---|
| <b>Patient Name</b> : Mrs. PREETI YADAV | <b>Reg No.</b> : 2162/UHID22DL  | <b>Lab ID.</b> : 2400/OPDPB22DL   |
| <b>Age / Gender</b> : 26Y / Female      | <b>Date</b> : 09-Jul-2022       |  |
| <b>Mobile No.</b> : 9050905219          | <b>Refd. By</b> : Dr. INSURANCE | <b>Collected</b> : 09-Jul-2022 10.34  |
| <b>Sample Type</b> : Serum              | <b>Manual No.</b> :             | <b>Received</b> : 09-Jul-2022 10.35   |
|   | <b>Sample ID</b> : 2294         | <b>Report</b> : 09-Jul-2022 17.19   |

| TEST NAME                   | RESULT | UNIT  | RANGE    | METHOD   |
|-----------------------------|--------|-------|----------|----------|
| <b>BIOCHEMISTRY</b>         |        |       |          |          |
| <b>LIPID PROFILE</b>        |        |       |          |          |
| Total Cholesterol           | 143.00 | mg/dl | 123-199  | CHOD-PAP |
| Triglycerides               | 94.1   | mg/dl | 35-135   | Gpo      |
| HDL Cholesterol Direct      | 62.8   | mg/dl | 42-88    | Direct   |
| Vldl                        | 19     | mg/dl | 4.7-22.1 |          |
| LDL Cholesterol Direct      | 61.4   | mg/dl | 63-129   |          |
| Total Cholesterol/HDL Ratio | 2.3    |       | 0.0-4.97 |          |
| LDL/HDL Ratio               | 1.0    |       | 0.0-3.55 |          |

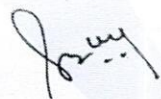
**INTERPRETATION:-**

|                      |                 |                 |             |
|----------------------|-----------------|-----------------|-------------|
| 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



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|   |                                 |   |
|---|---------------------------------|---|
| <b>Patient Name</b> : Mrs. PREETI YADAV | <b>Reg No.</b> : 2162/UHID22DL  | <b>Lab ID.</b> : 2400/OPDPB22DL   |
| <b>Age / Gender</b> : 26Y / Female      | <b>Date</b> : 09-Jul-2022       |  |
| <b>Mobile No.</b> : 9050905219          | <b>Refd. By</b> : Dr. INSURANCE | <b>Collected</b> : 09-Jul-2022 10.34  |
| <b>Sample Type</b> : Serum              | <b>Manual No.:</b>              | <b>Received</b> : 09-Jul-2022 10.35   |
|   | <b>Sample ID</b> : 2294         | <b>Report</b> : 09-Jul-2022 17.19   |

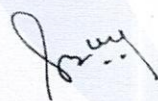
management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary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



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|---|---------------------------------|---|
| <b>Patient Name</b> : Mrs. PREETI YADAV | <b>Reg No.</b> : 2162/UHID22DL  | <b>Lab ID.</b> : 2400/OPDPB22DL   |
| <b>Age / Gender</b> : 26Y / Female      | <b>Date</b> : 09-Jul-2022       |  |
| <b>Mobile No.</b> : 9050905219          | <b>Refd. By</b> : Dr. INSURANCE | <b>Collected</b> : 09-Jul-2022 10.34  |
| <b>Sample Type</b> : Serum              | <b>Manual No.</b> :             | <b>Received</b> : 09-Jul-2022 10.35   |
|   | <b>Sample ID</b> : 2294         | <b>Report</b> : 09-Jul-2022 17.19   |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

|                        |      |       |         |            |
|------------------------|------|-------|---------|------------|
| <b>Serum Bilirubin</b> |      |       |         |            |
| Total Bilirubin        | 0.45 | mg/dl | 0.0-2.0 | Diazo      |
| Direct Bilirubin       | 0.22 | mg/dl | 0-0.4   | Diazo      |
| Indirect Bilirubin     | 0.23 | mg/dl | 0-0.8   | Calculated |
| <b>Total Protein</b>   |      |       |         |            |
| PROTEN                 | 8.10 | g/dl  | 6.4-8.3 | Biuret     |
| ALBUMIN                | 4.6  | g/dl  | 3.4-4.8 | Bcg        |
| GLOBULIN               | 3.50 | g/dl  | 2.3-3.5 |            |
| A/G RATIO              | 1.31 | g/dl  |         |            |
| SGOT                   | 30   | U/L   | 0-31    | IFCC       |
| SGPT                   | 38   | U/L   | 0.0-34  | IFCC       |
| Gamma GT               | 16.8 | U/L   | 0-38    | Glupa-c    |
| Alkaline Phosphatase   | 131  | U/L   | 42-98   | Amp        |

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



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|   |                                 |   |
|---|---------------------------------|---|
| <b>Patient Name</b> : Mrs. PREETI YADAV | <b>Reg No.</b> : 2162/UHID22DL  | <b>Lab ID.</b> : 2400/OPDPB22DL   |
| <b>Age / Gender</b> : 26Y / Female      | <b>Date</b> : 09-Jul-2022       |  |
| <b>Mobile No.</b> : 9050905219          | <b>Refd. By</b> : Dr. INSURANCE | <b>Collected</b> : 09-Jul-2022 10.58  |
| <b>Sample Type</b> : STOOL              | <b>Manual No. :</b>             | <b>Received</b> : 09-Jul-2022 12.15   |
|   | <b>Sample ID</b> : 2294         | <b>Report</b> : 09-Jul-2022 17.19   |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

**CLINICAL PATHOLOGY**

**STOOL R/M**

**PHYSICAL EXAMINATION**

|                    |             |
|--------------------|-------------|
| COLOUR/ APPEARANCE | BROWNISH    |
| CONSISTENCY        | SEMI-FORMED |
| PUS                | NIL         |
| MUCUS              | NIL         |
| BLOOD              | NIL         |

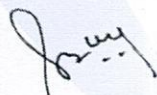
**CHEMICAL REACTION**

|          |        |
|----------|--------|
| REACTION | ACIDIC |
|----------|--------|

**MICROSCOPY EXAMINATION**

|           |      |
|-----------|------|
| PUS CELLS | /HPF |
| RBC'S     | NIL  |
| OVA       | NIL  |
| CYST      | NIL  |
| BACTERIA  | NIL  |
| OTHERS    | NIL  |

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



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**Patient Name** : Mrs. PREETI YADAV  
**Age / Gender** : 26Y / Female  
**Mobile No.** : 9050905219  
**Sample Type** : Serum

**Reg No.** : 2162/UHID22DL  
**Date** : 09-Jul-2022  
**Refd. By** : Dr. INSURANCE  
**Manual No.:**  
**Sample ID** : 2294

**Lab ID.** : 2400/OPDPB22DL  
  
**Collected** : 09-Jul-2022 10.34  
**Received** : 09-Jul-2022 10.35  
**Report** : 09-Jul-2022 17.19

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

### HORMONES

**THYROID PROFILE**  
**T3**

0.98

ng/dl

CLIA

#### All values

Adults (euthyroid) 0.80-2.0

Newborns 0.73-2.88

#### Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

T4

6.76

ug/dl

CLIA

1<sup>st</sup> Trimester 7.3-15.00 ng/dl  
 2<sup>st</sup> Trimester 8.92-17.38  
 3<sup>st</sup> Trimester 7.98-17.70

TSH

3.40

ulU/ml

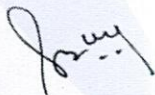
CLIA

#### Adults

21-100 yrs 0.35 - 5.50

#### Pediatric

0-12 Months 0.98-5.63



**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

Bengaluru Centre:  
 IPSC Bangalore: 11,12 Sahakara Nagar,  
 Bellary Road, Bengaluru - 560092

Contact Us : +91-7028207222

bengaluru@ipscindia.com



|   |                                 |   |
|---|---------------------------------|---|
| <b>Patient Name</b> : Mrs. PREETI YADAV | <b>Reg No.</b> : 2162/UHID22DL  | <b>Lab ID.</b> : 2400/OPDPB22DL   |
| <b>Age / Gender</b> : 26Y / Female      | <b>Date</b> : 09-Jul-2022       |  |
| <b>Mobile No.</b> : 9050905219          | <b>Refd. By</b> : Dr. INSURANCE | <b>Collected</b> : 09-Jul-2022 10.34  |
|   | <b>Manual No.</b> :             | <b>Received</b> : 09-Jul-2022 10.35   |
| <b>Sample Type</b> : Serum              | <b>Sample ID</b> : 2294         | <b>Report</b> : 09-Jul-2022 17.19   |

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**

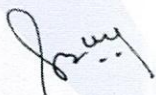
First trimester 0.1 - 2.5\*  
 Second trimester 0.2 - 3\*  
 Third trimester 0.3 - 3\*

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

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

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-----



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



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



|   |                                 |   |
|---|---------------------------------|---|
| <b>Patient Name</b> : Mrs. PREETI YADAV | <b>Reg No.</b> : 2162/UHID22DL  | <b>Lab ID.</b> : 2400/OPDPB22DL   |
| <b>Age / Gender</b> : 26Y / Female      | <b>Date</b> : 09-Jul-2022       |  |
| <b>Mobile No.</b> : 9050905219          | <b>Refd. By</b> : Dr. INSURANCE | <b>Collected</b> : 09-Jul-2022 10.58  |
| <b>Sample Type</b> : URINE              | <b>Manual No.</b> :             | <b>Received</b> : 09-Jul-2022 11.01   |
|   | <b>Sample ID</b> : 2294         | <b>Report</b> : 09-Jul-2022 17.19   |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

**CLINICAL PATHOLOGY**

**URINE ROUTINE**

**MICROSCOPY**

**PHYSICAL EXAMINATION**

QUANTITY

30.00 ml 10-30

Automated /Manual

COLOUR

PALE YELLOW

TRANSPARENCY

SLIGHTY TURBID

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

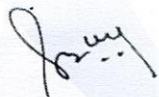
1-2

BACTERIA

NIL

OTHERS

NIL



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



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# THE DIAGNOSTIC & IMAGING CENTRE

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

## TREADMILL TEST REPORT

**PREETI YADAV**  
 ID : 1685  
 DATE : 09-07-2022  
 AGE/SEX : 26 / 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) |     |      | METS  |
|-------------|------------|------------|-------------|---------|----------|-----------|----------|---------------|-----|------|-------|
|             |            |            |             |         |          |           |          | II            | V1  | V5   |       |
| SUPINE      |            |            |             |         | 67       | 120 / 80  | 80       | 0.8           | 1   | 1.1  | 4.67  |
| STANDING    |            |            |             |         | 72       | 120 / 80  | 86       | 1.1           | 1.1 | 1.8  | 9.92  |
| HYPERVENT   |            |            |             |         | 71       | 120 / 80  | 85       | 0.7           | 1.1 | 1    | 13.89 |
| Stage 1     | 2:55       | 0:15       | 2.7         | 10      | 104      | 130 / 80  | 135      | 0.3           | 0.9 | 1.1  | 14.53 |
| Stage 2     | 5:55       | 2:55       | 4           | 12      | 110      | 140 / 80  | 154      | -0.5          | 0.9 | 0.3  | 7.04  |
| Stage 3     | 8:55       | 2:55       | 5.4         | 14      | 133      | 150 / 80  | 199      | -1.4          | 1   | -0.1 | 9.92  |
| Stage 4     | 11:55      | 2:55       | 6.7         | 16      | 166      | 160 / 80  | 265      | -1.2          | 0.8 | 0.4  | 13.89 |
| Stage 5     | 12:16      | 0:16       | 8           | 18      | 173      | 160 / 80  | 276      | -1.3          | 1.2 | 0.5  | 14.53 |
| PK-EXERCISE | 12:35      | 0:35       |             |         | 178      | 160 / 80  | 284      | -1.6          | 0.8 | 0    | 15.17 |
| RECOVERY    | 13:54      | 0:55       |             |         | 106      | 150 / 80  | 159      | 1.5           | 0.5 | 2.2  |       |
| RECOVERY    | 14:54      | 1:55       |             |         | 89       | 140 / 80  | 124      | 1.5           | 0.6 | 0.8  |       |
| RECOVERY    | 15:54      | 2:55       |             |         | 87       | 130 / 80  | 113      | 0             | 0.7 | 0.3  |       |
| RECOVERY    | 16:33      | 3:34       |             |         | 88       | 120 / 80  | 105      | -0.1          | 0.7 | 0.2  |       |

**RESULTS**

EXERCISE DURATION : 12:35  
 MAX HEART RATE : 178 bpm  
 MAX BLOOD PRESSURE : 160 / 80 mm Hg  
 REASON OF TERMINATION : Achieved THR,  
 BP RESPONSE : Normal,  
 ARRYTHMIA : None,  
 H.R. RESPONSE : Normal Chronotropic Response,  
 IMPRESSIONS :  
 POSITIVE for Provocable myocardial ischemia,

MAX WORK LOAD : 15.17 METS

  
 MBBS, DNB (Cardiology)  
 Cardiologist  
 DMC Regn. No. DMC/REG/11/11/11

Technician :



# THE DIAGNOSTIC & IMAGING CENTRE

PREETI YADAV  
I.D. 1685  
Age 26/F  
Date 09-07-2022

RATE 67bpm  
B.P. 120/80

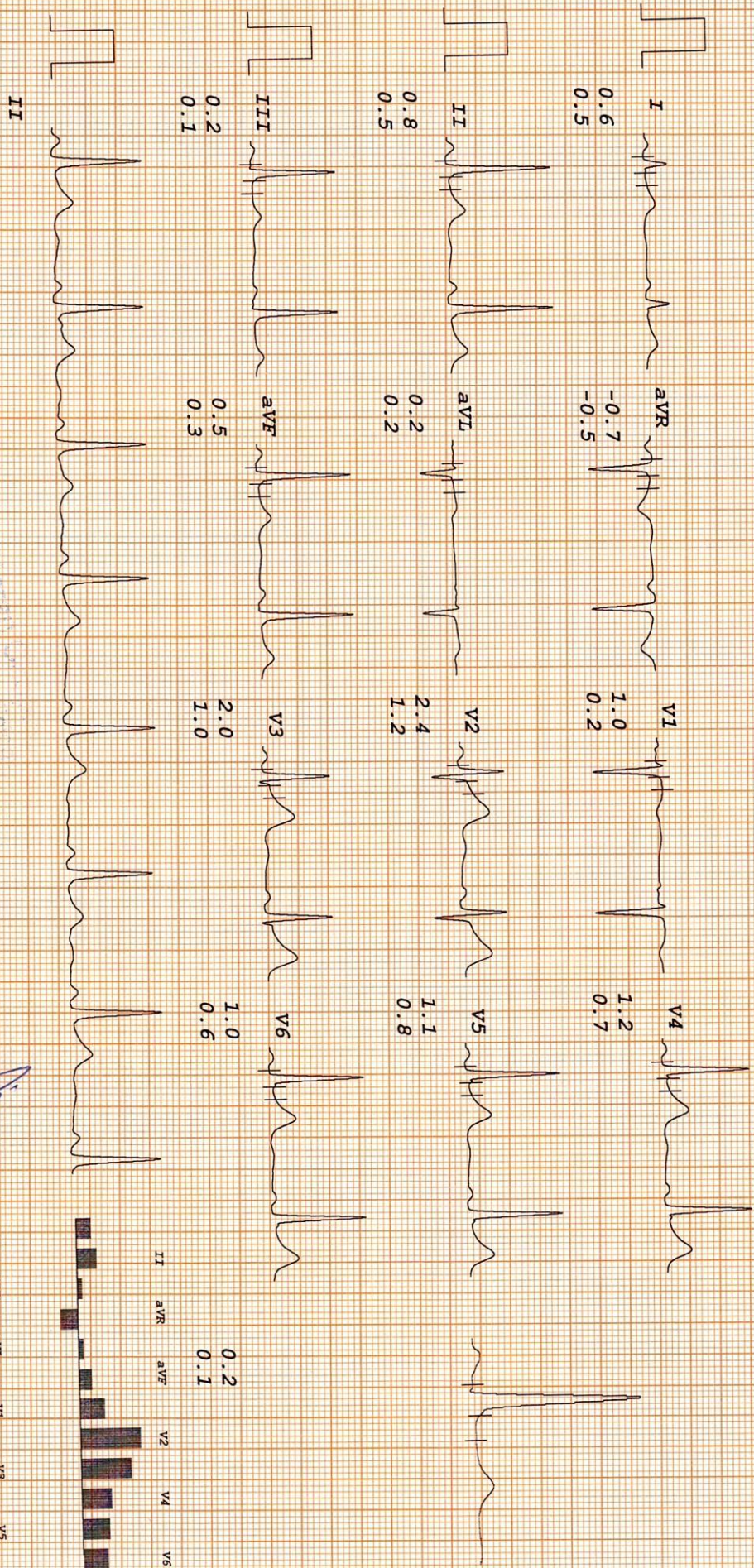
PRETEST  
SUPINE

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



DR. PREETI YADAV  
M.D. (General Medicine)  
M.D. (Cardiology)  
M.D. (Internal Medicine)  
M.D. (Diagnoses)  
M.D. (Postgraduate)

*[Signature]*



# THE DIAGNOSTIC & IMAGING CENTRE

PREETI YADAV  
I.D. 1685

PRETEST  
STANDING

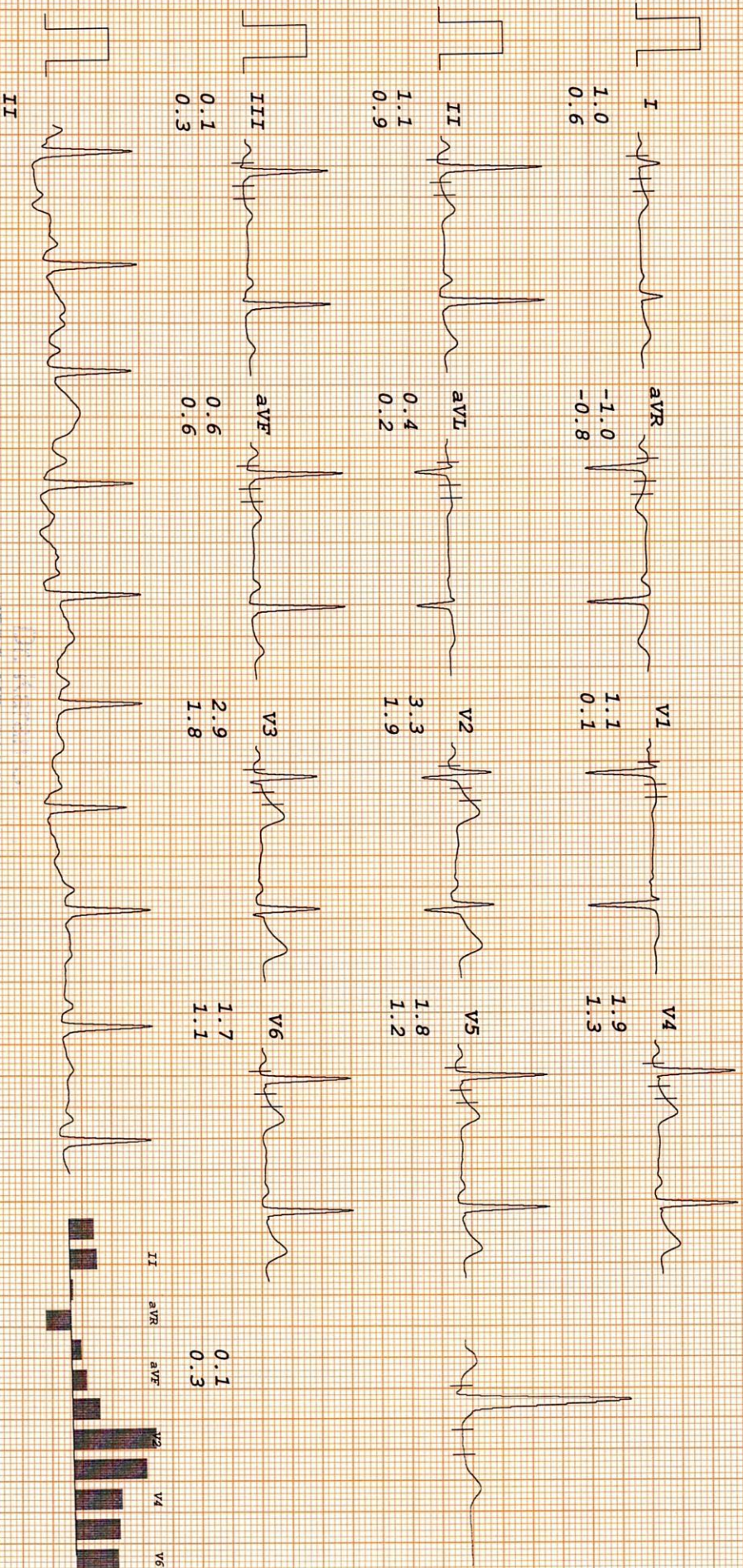
ST @ 10mm/mV  
80ms PostJ

Age 26/F  
Date 09-07-2022

RATE 72bpm  
B.P. 120/80

LINKED MEDIAN

Mag. X 2



Dr. Pradeep K. Sharma  
MD, DM, DNB (Cardiology)  
DMC Regn. No. DMC/11/11



# THE DIAGNOSTIC & IMAGING CENTRE

PREETI YADAV  
I.D. 1685

Age 26/F  
Date 09-07-2022

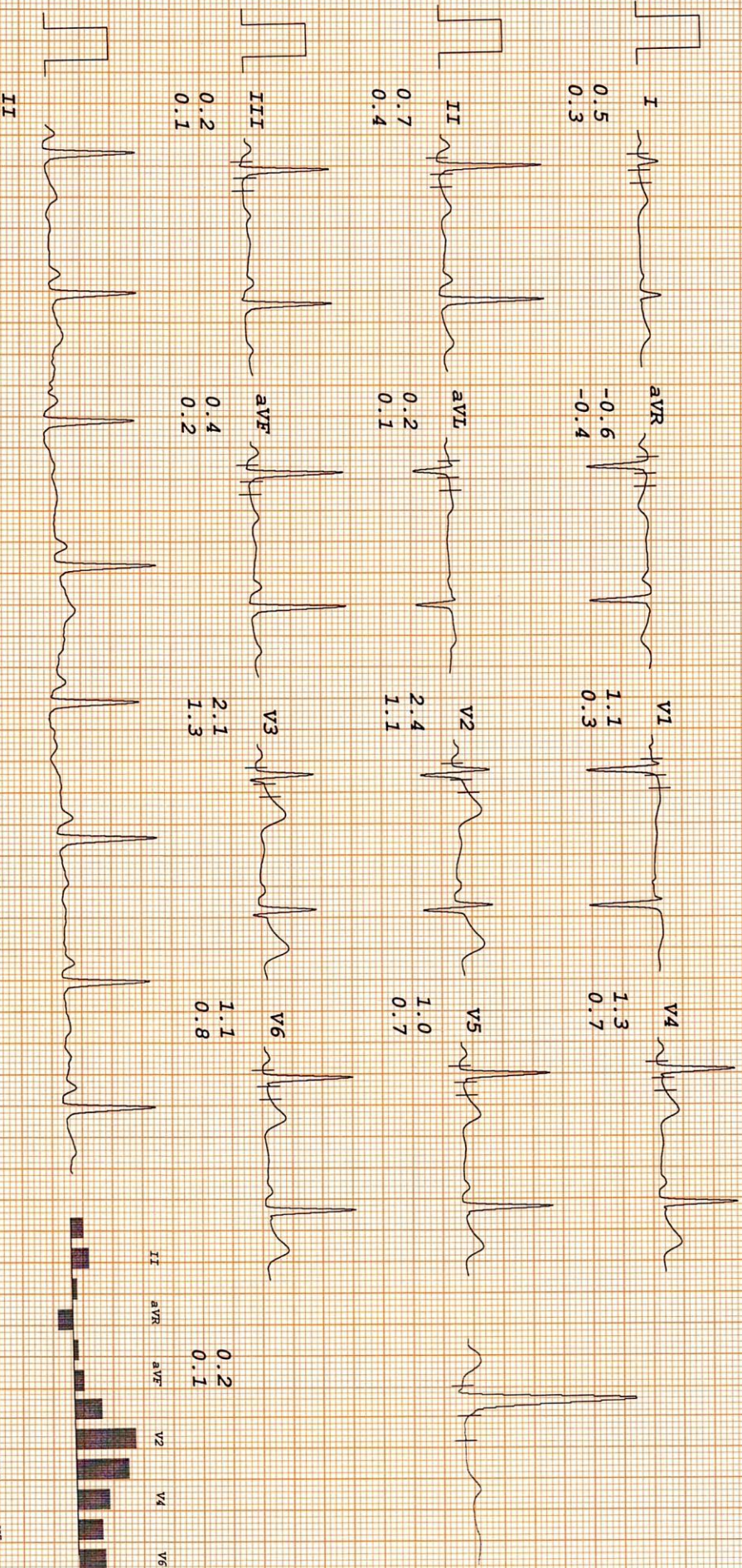
RATE 71bpm  
B.P. 120/80

PRETEST  
HYPERVENT  
PHASE TIME 0:15

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2



DR. JAMES M. GIBBS, MD, JM Gibb, MD, FRCPC  
Cardiologist



# THE DIAGNOSTIC & IMAGING CENTRE

PREETI YADAV  
 I.D. 1685  
 Age 26/F  
 Date 09-07-2022

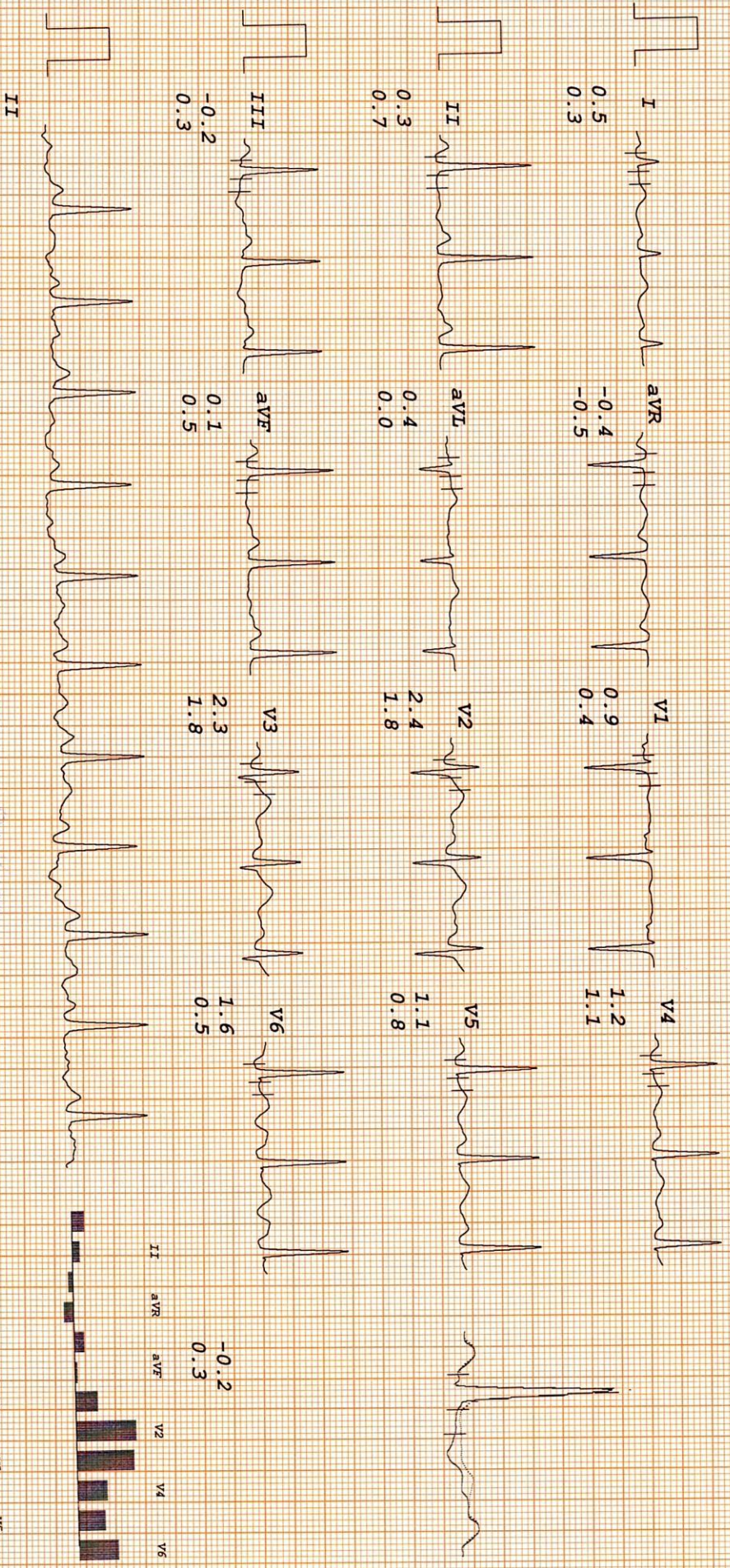
RATE 104bpm  
 B.P. 130/80

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



DR. K. K. K. K.  
 MBBS, MD, DM (Cardiology)  
 Cardiacologist  
 DMC Regn. No. DMC/REG/2011/1111



# THE DIAGNOSTIC & IMAGING CENTRE

PREETI YADAV  
 I.D. 1685  
 Age 26/F  
 Date 09-07-2022

RATE 110bpm  
 B.P. 140/80

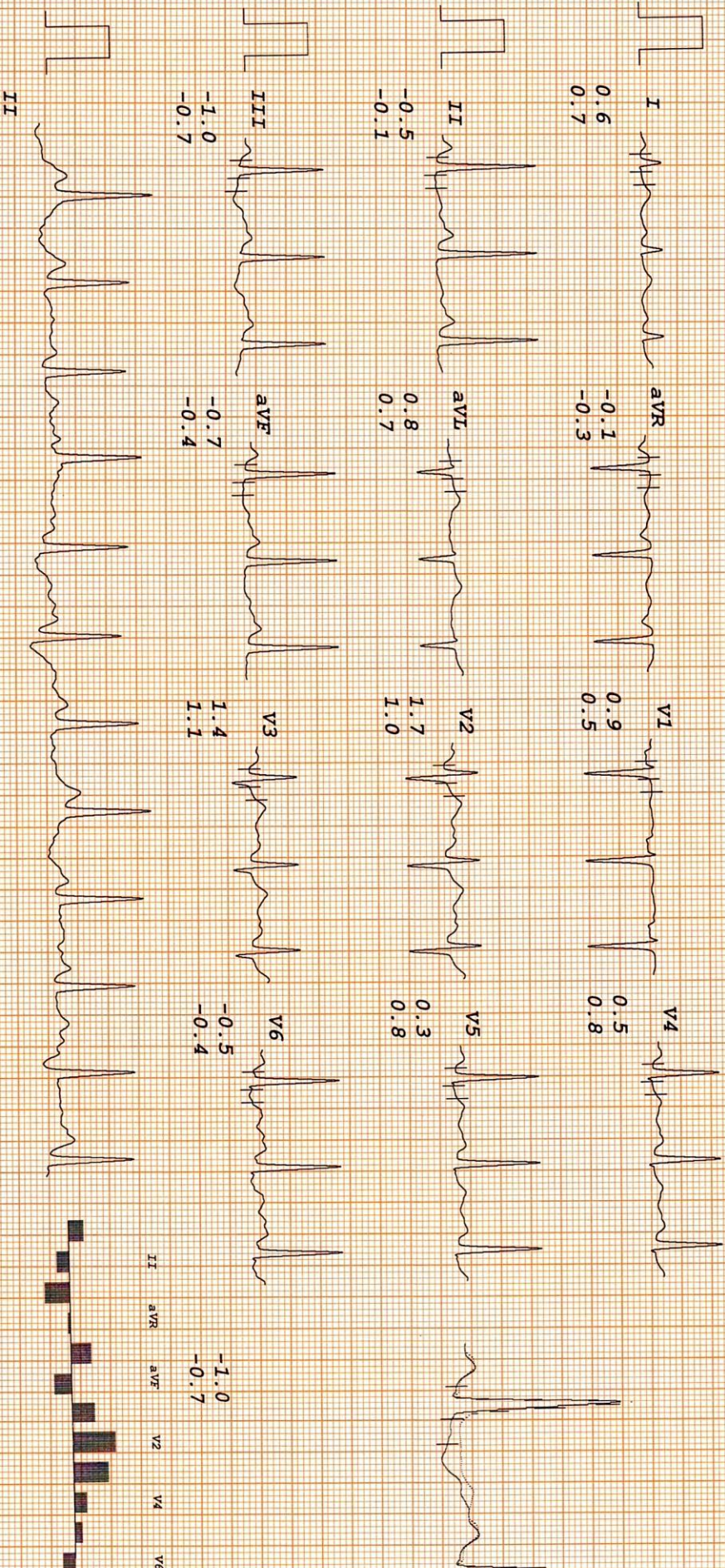
Bruce  
 Stage 2  
 TOTAL TIME 5:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 4 km/hr  
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

III



Dr. N. S. Srinivas  
 MBBS, MD, DNB (Gen)  
 Cardiologist  
 No. DMC/2017/11



# THE DIAGNOSTIC & IMAGING CENTRE

PREETI YADAV  
 I.D. 1685  
 Age 26/F  
 Date 09-07-2022

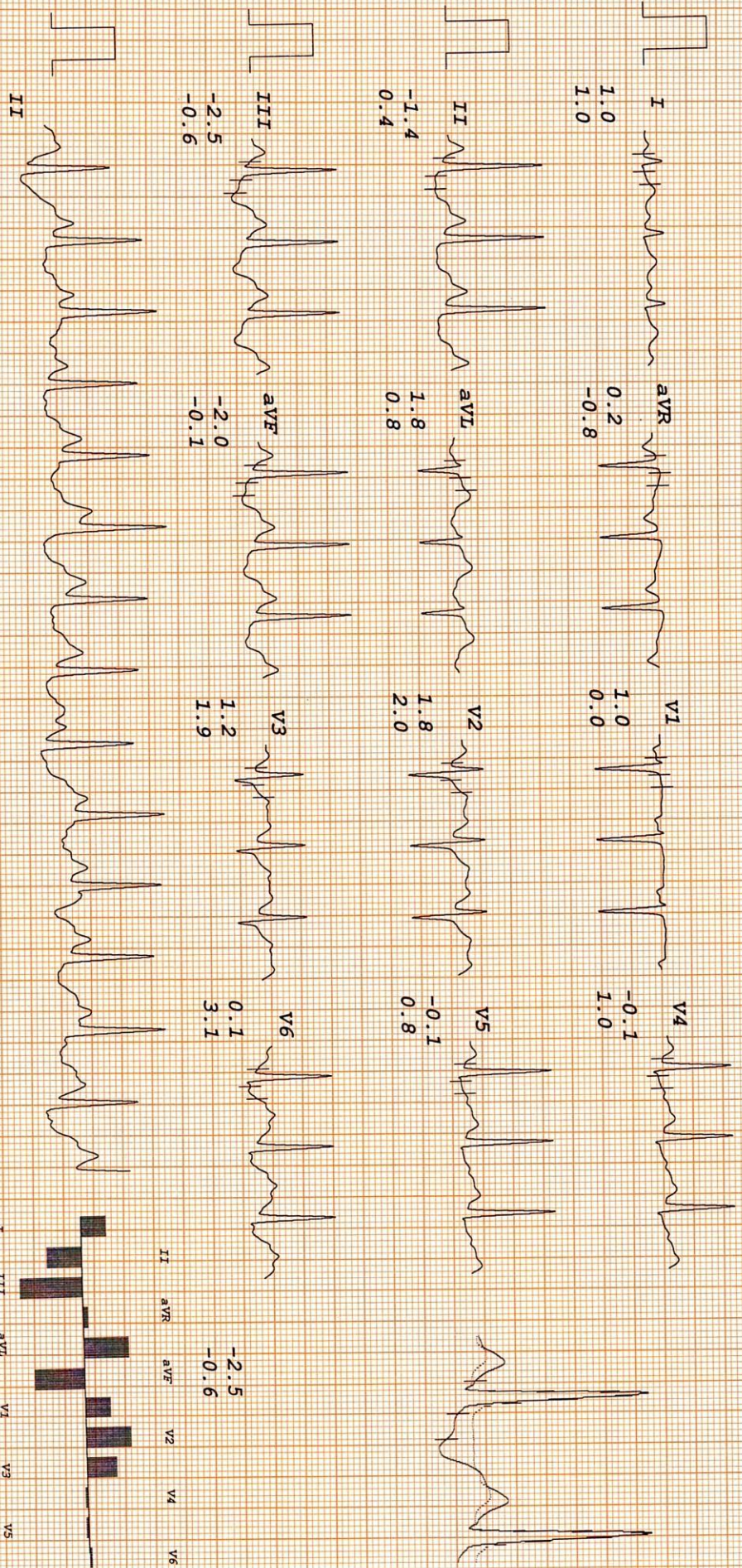
RATE 133bpm  
 B.P. 150/80

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

ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14.8

LINKED MEDIAN

Mag. X 2



DR. P. S. SINGH  
 MBBS, MD, DM (Cardiology)  
 Cardiology  
 Director, DMC, PNH



# THE DIAGNOSTIC & IMAGING CENTRE

PREETI YADAV  
 I.D. 1685  
 Age 26/F  
 Date 09-07-2022

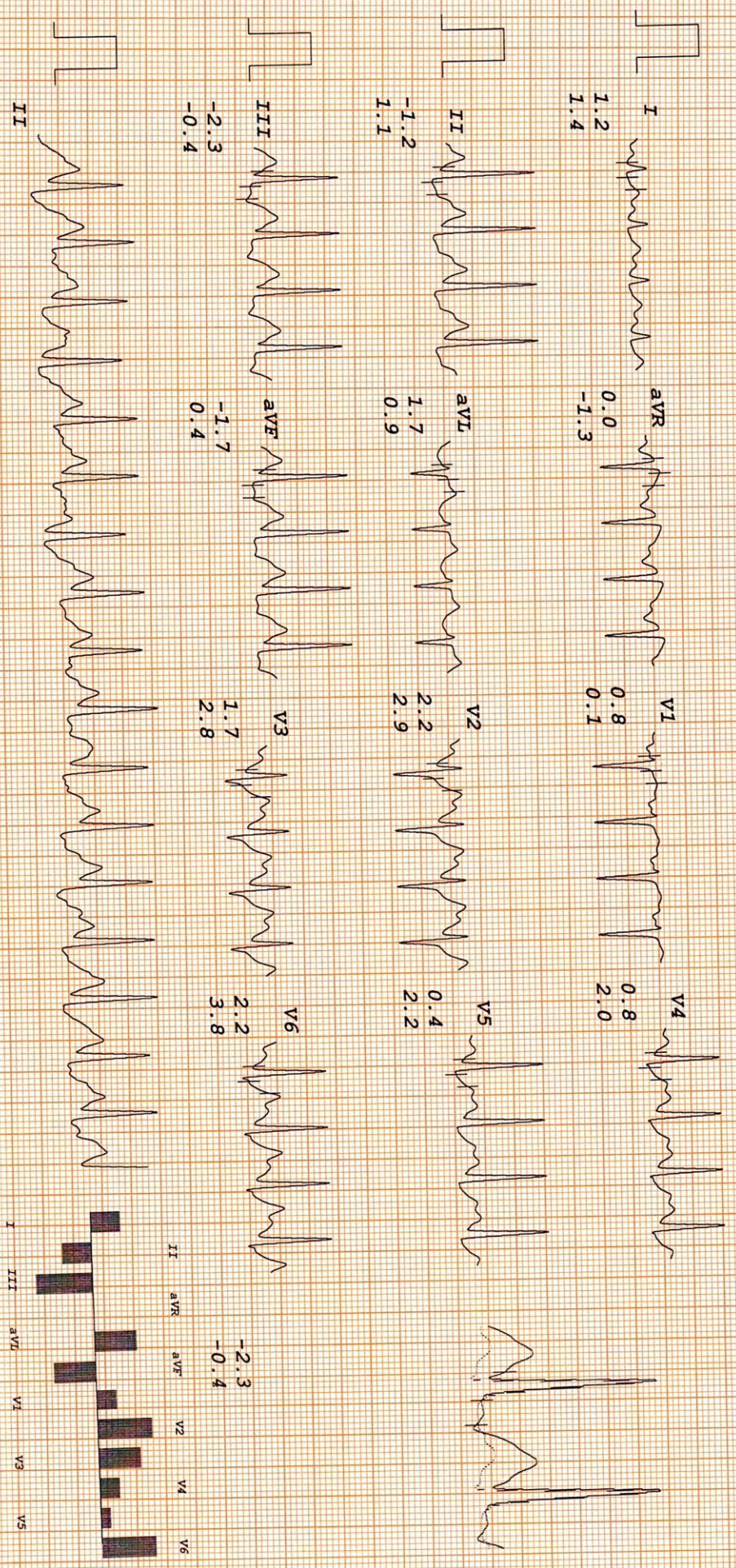
RATE 166bpm  
 B.P. 160/80

Bruce  
 Stage 4  
 TOTAL TIME 11:55  
 PHASE TIME 2:55

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

LINKED MEDIAN

Mag. X 2





# THE DIAGNOSTIC & IMAGING CENTRE

**PREETI YADAV**  
 I.D. 1685  
 Age 26/F  
 Date 09-07-2022

**RATE 173bpm**  
**B.P. 160/80**

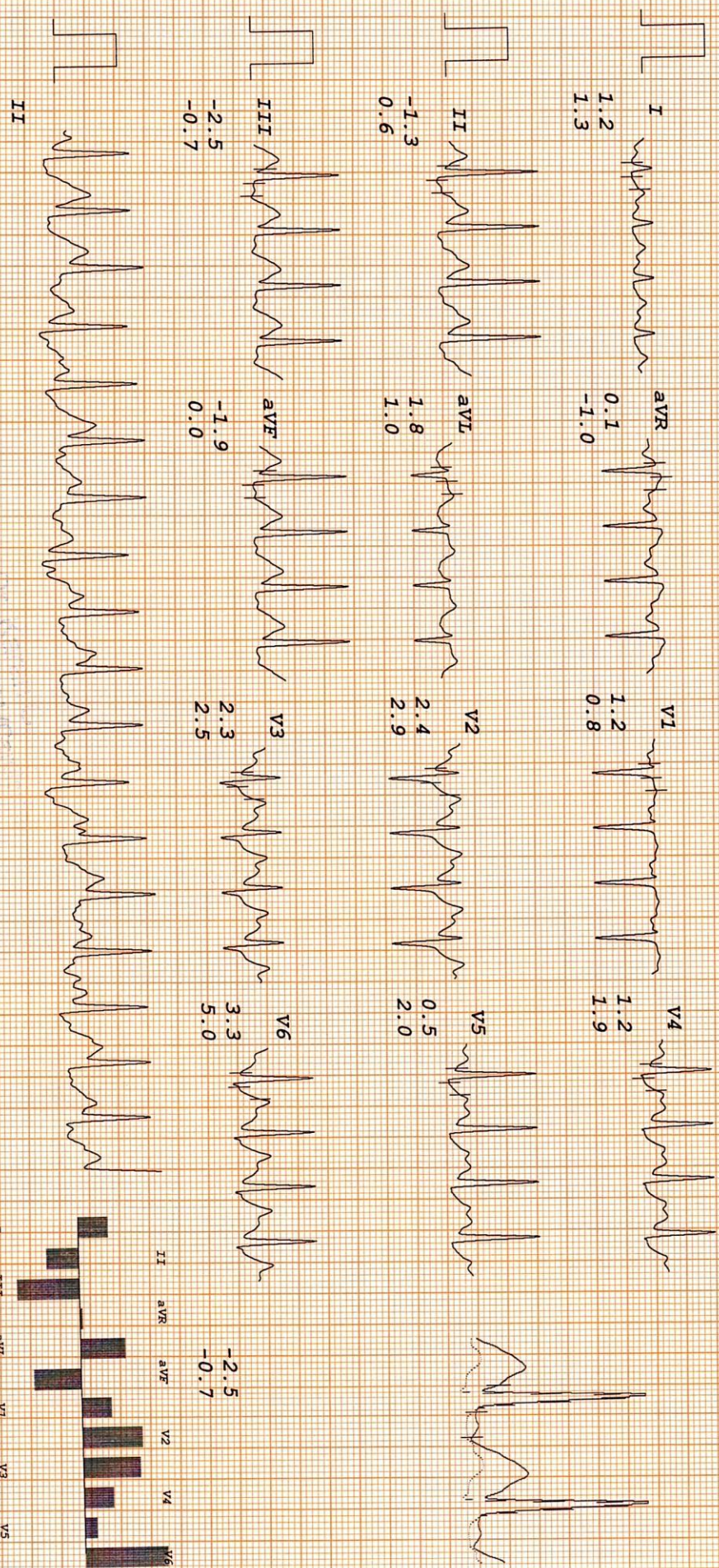
**Bruce**  
 Stage 5  
 TOTAL TIME 12:16  
 PHASE TIME 0:16

**ST @ 10mm/mV**  
**80ms PostJ**  
**Speed 8 km/hr**  
**SLOPE 18 %**

**LINKED MEDIAN**

Mag. X 2

III



DR. P. S. SINGH  
 DR. R. S. SINGH  
 DR. S. S. SINGH  
 DR. M. S. SINGH  
 DR. K. S. SINGH  
 DR. J. S. SINGH  
 DR. H. S. SINGH  
 DR. D. S. SINGH  
 DR. C. S. SINGH  
 DR. B. S. SINGH  
 DR. A. S. SINGH



# THE DIAGNOSTIC & IMAGING CENTRE

PREETI YADAV  
 I.D. 1685  
 Age 26/F  
 Date 09-07-2022

RATE 178bpm  
 B.P. 160/80

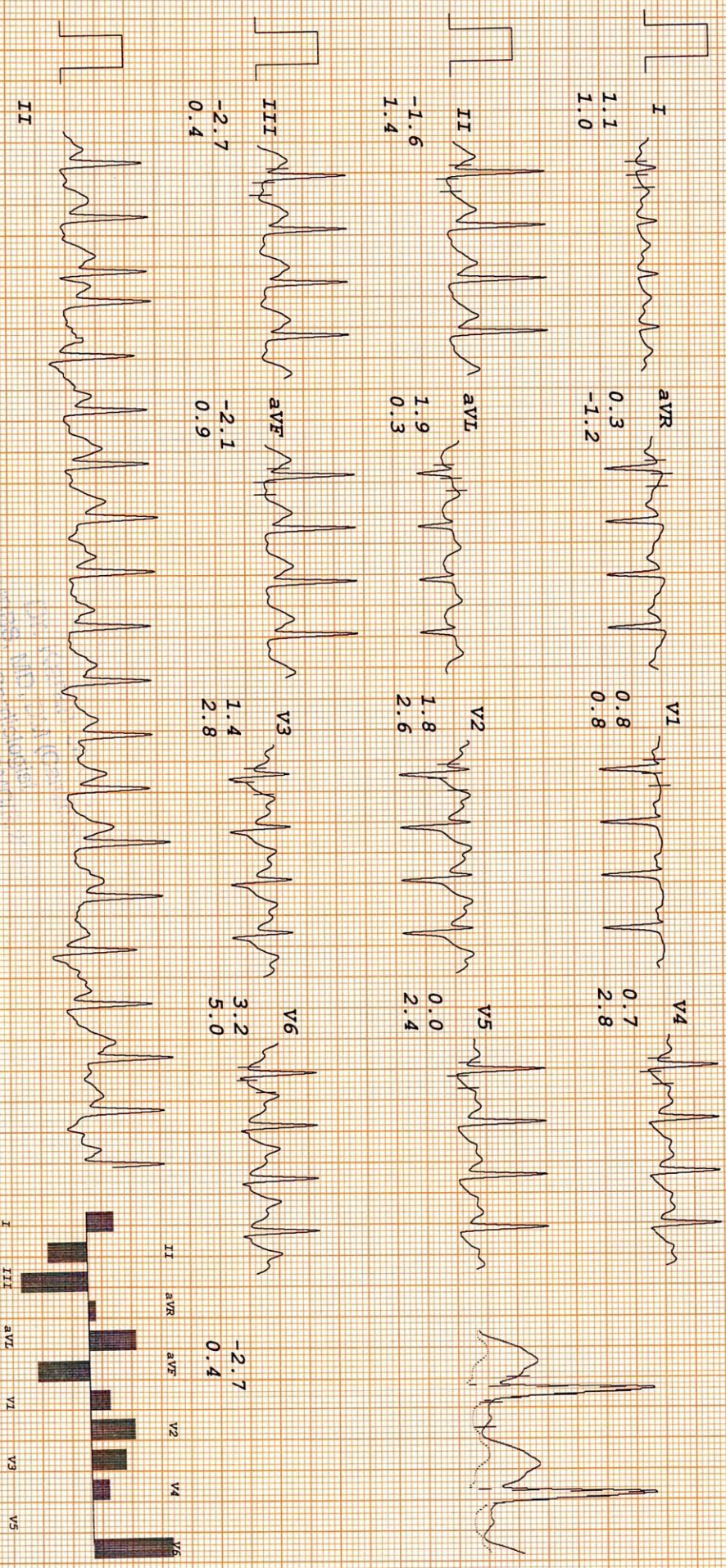
Bruce  
 PK-EXERCISE  
 TOTAL TIME 12:35  
 PHASE TIME 0:35

ST @ 10mm/mV  
 80ms Post-J  
 Speed 8 km/hr  
 SLOPE 18 %

LINKED MEDIAN

Mag. X 2

III



DR. V. S. SHARMA  
 DR. S. S. SHARMA  
 DR. R. S. SHARMA  
 DR. P. S. SHARMA  
 DR. M. S. SHARMA  
 DR. K. S. SHARMA  
 DR. J. S. SHARMA  
 DR. H. S. SHARMA  
 DR. G. S. SHARMA  
 DR. F. S. SHARMA  
 DR. D. S. SHARMA  
 DR. C. S. SHARMA  
 DR. B. S. SHARMA  
 DR. A. S. SHARMA



# THE DIAGNOSTIC & IMAGING CENTRE

ST @ 10mm/mV  
80ms PostJ

PREETI YADAV  
I, D. 1685  
Age 26/F  
Date 09-07-2022

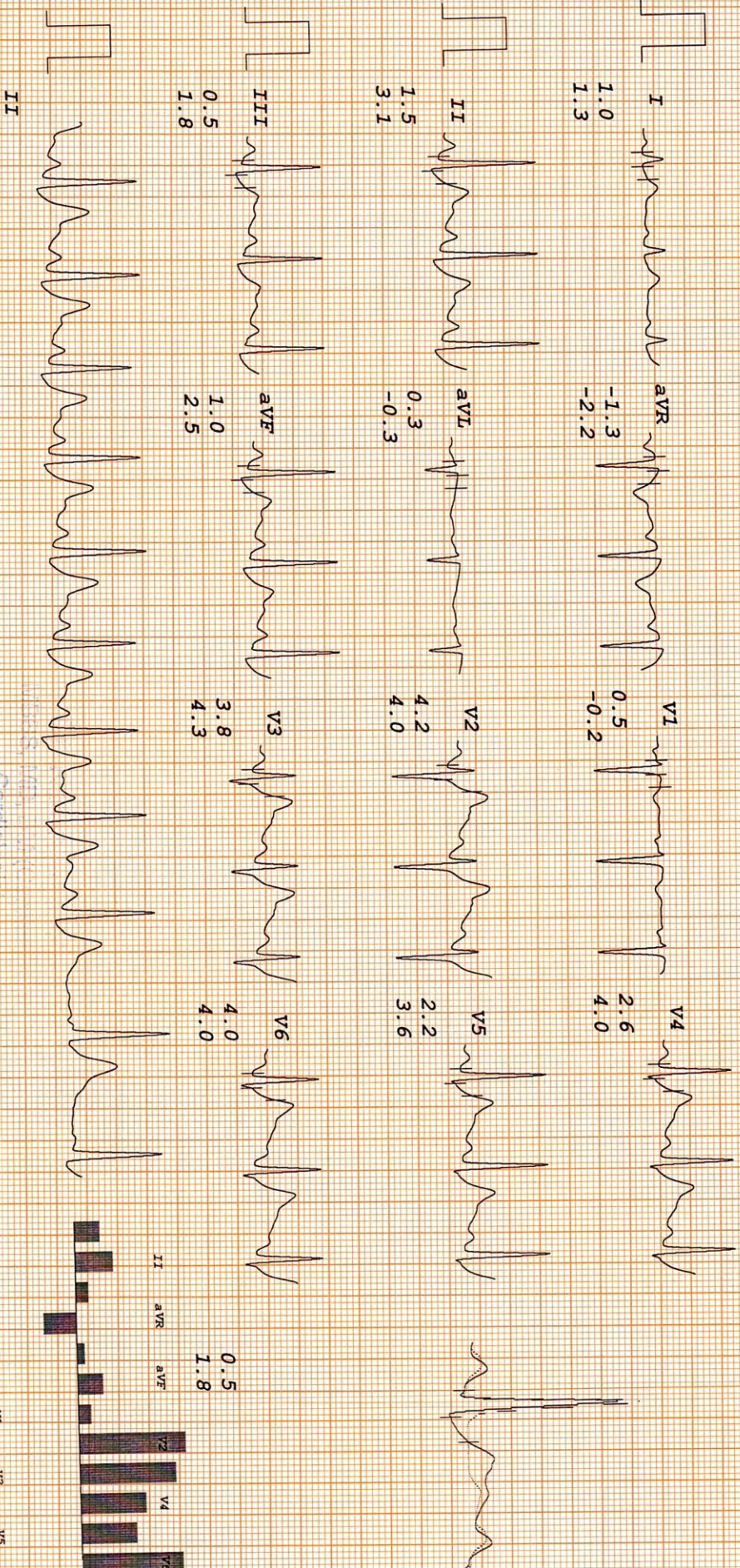
RATE 106bpm  
B.P. 150/80

Brice  
RECOVERY  
TOTAL TIME 13:54  
PHASE TIME 0:55

LINKED MEDIAN

Mag. X 2

III



Cardiologist  
DMC Regd. No. DM/2012/1234

UNI-EM, Indore. Tel.: +91-731-4030034, Fax: +91-731-4031101. E-Mail: em@electromedics.net, Web: www.uni-em.com

KARDIO SURGICARE 9811008518

Rhythm: Filtered (20 Cycle/abase) Corrected Avg Complex: Filtered











# THE DIAGNOSTIC & IMAGING CENTRE

PREETI YADAV

I.D. 1685

Age 26/F

Date 09-07-2022

RATE 88bpm

B.P. 120/80

Bruce  
RECOVERY

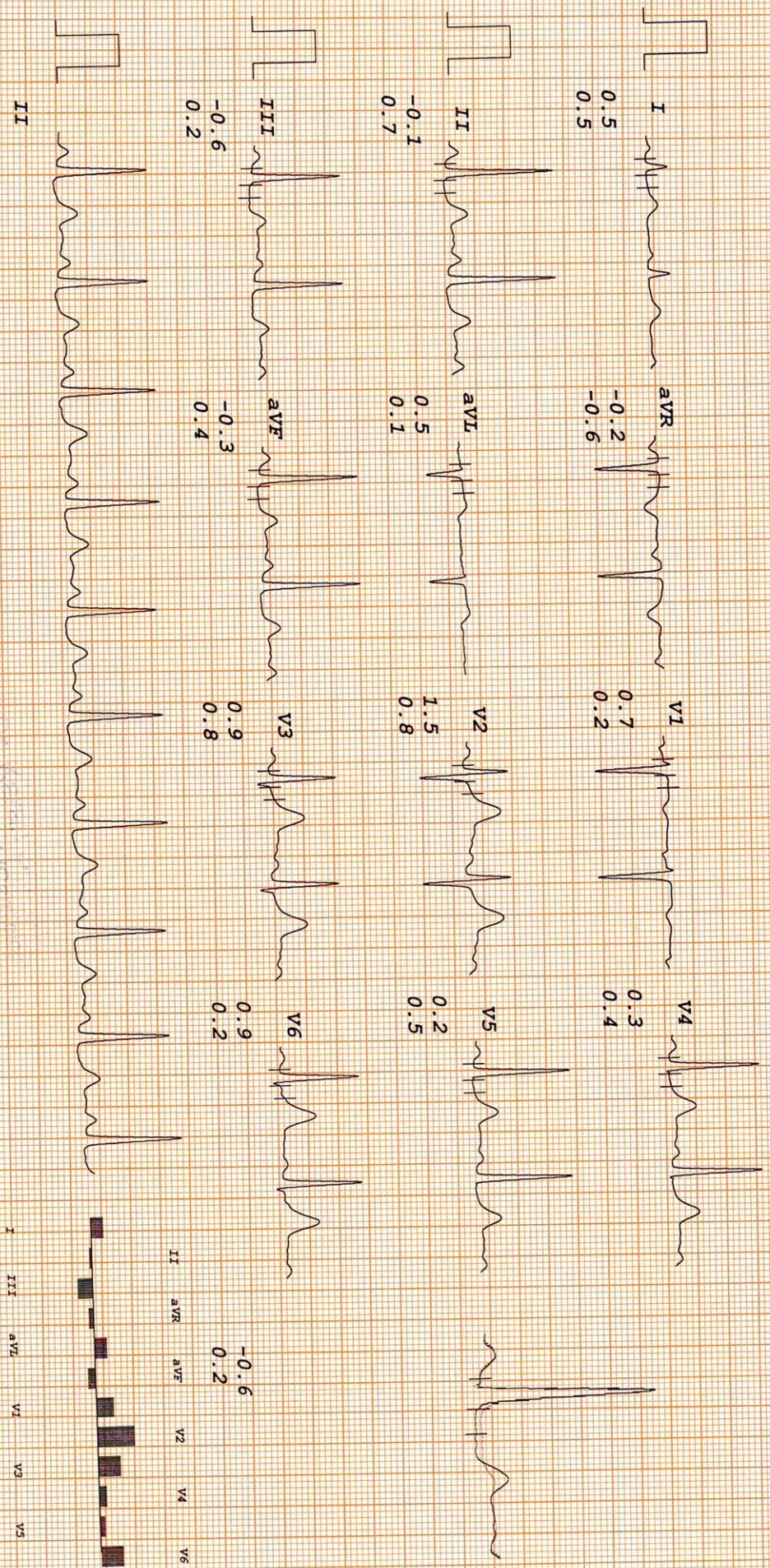
TOTAL TIME 16:33

PHASE TIME 3:34

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. Preeti Yadav  
Cardiologist  
C-10/11, No. Durga Nagar



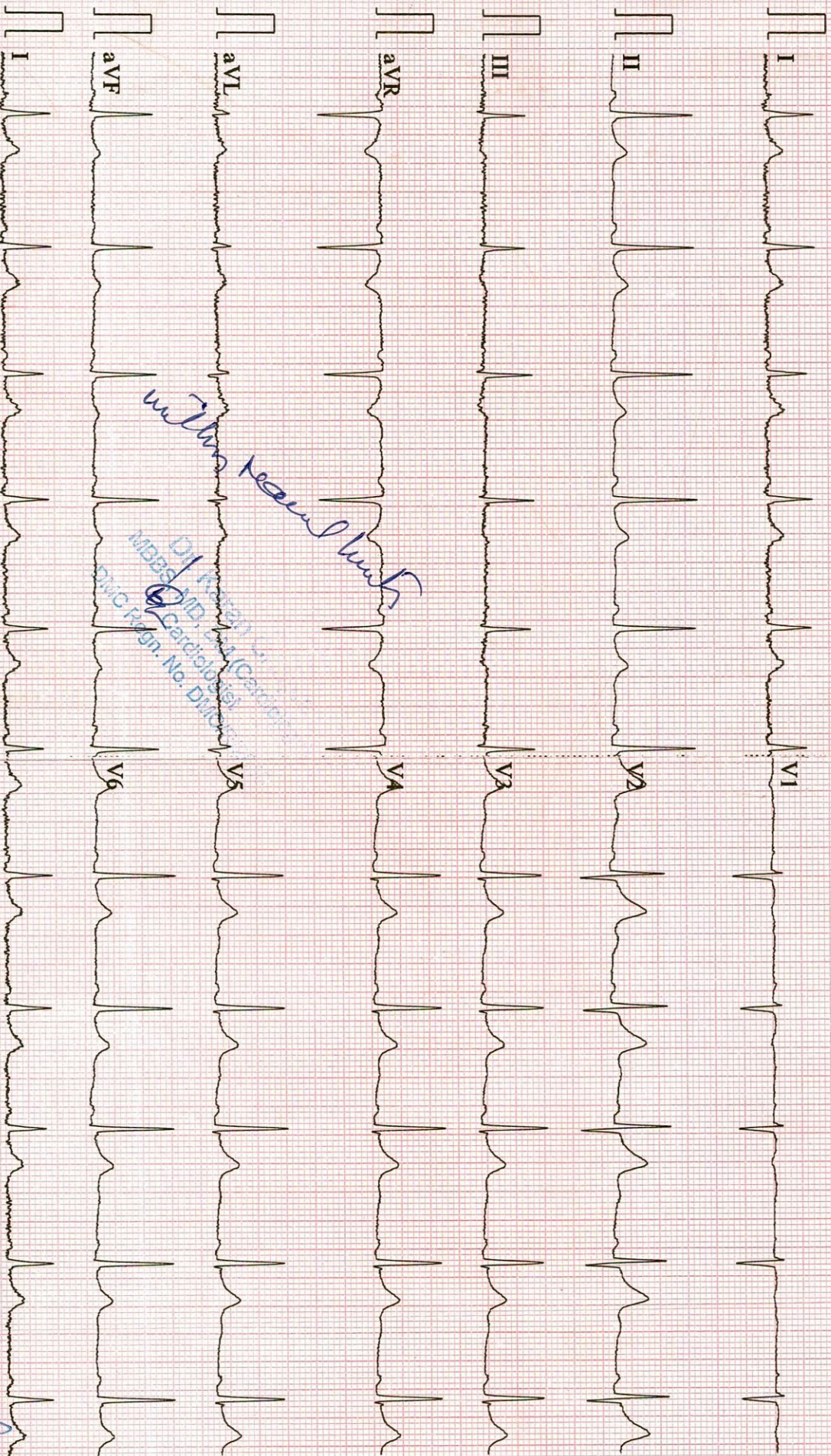
ID: 17  
Mrs yadav preeti  
Female 26Years  
Req. No. :

09-07-2022 10:01:01 AM

HR : 65 bpm  
P : 98 ms  
PR : 146 ms  
QRS : 70 ms  
QT/QTcBz : 396/412 ms  
P/QRS/T : 43/58/27 °  
RV5/SV1 : 1218/0.600 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



*within normal limits*

Dr. Karan V. ...  
MBBS, MD, ... (Cardiology)  
DMC Regn. No. DMC/...

067-45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r CARDIART 91

V1.44 Glasgow V28.6.7

*[Signature]*



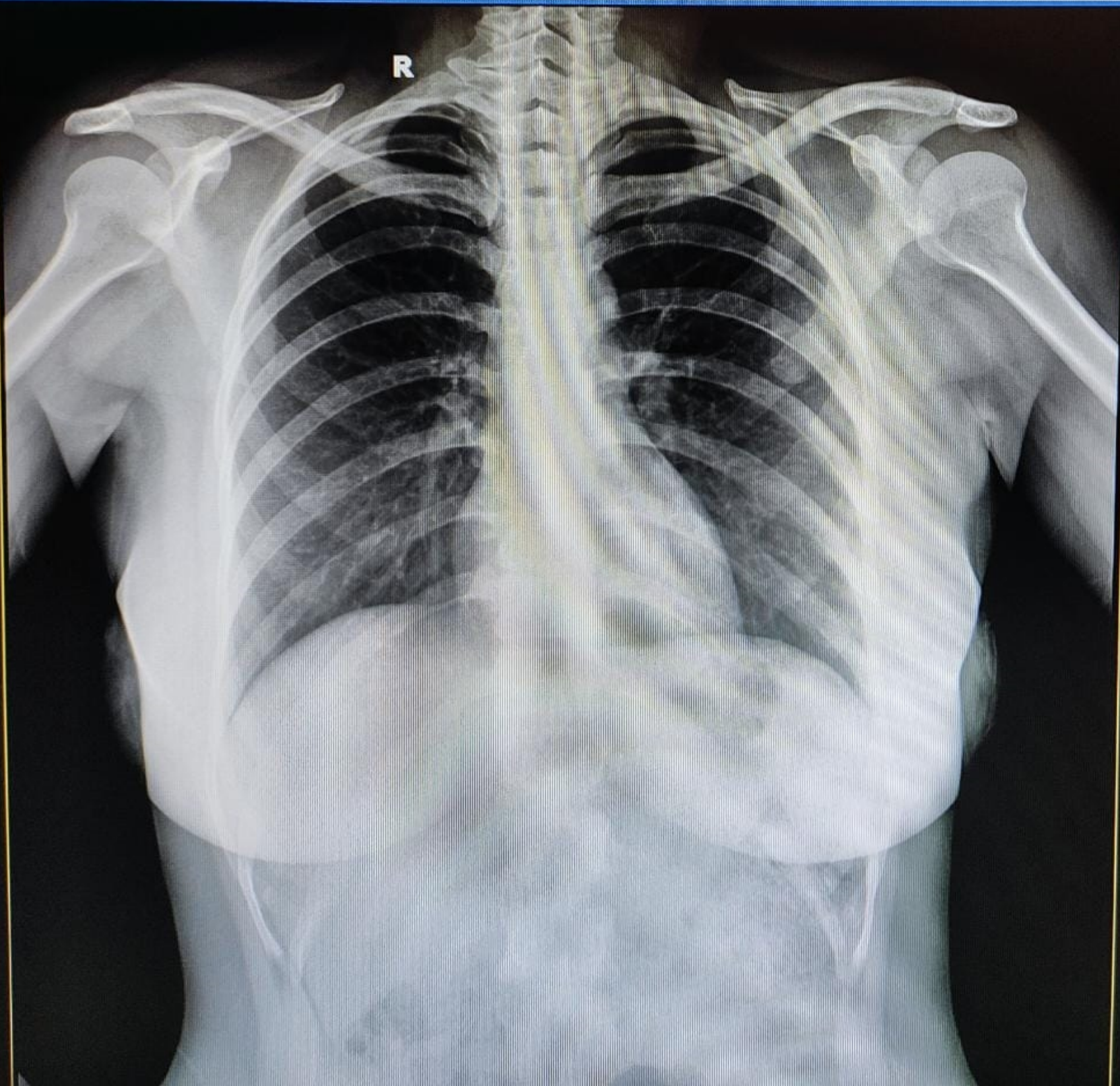
ID  
2162-UHID22DL

Name  
PREETI YADAV(F/26)

Study description  
CHEST

2162-UHID22DL  
PREETI YADAV  
01/01/1996  
Female

2207090935571  
09/07/2022  
2207090935571  
User



IPSC  
RADIOLOGY

WL: 02498  
WW: 03802  
CHEST  
PA