

**Patient Details**      Date: 18-Mar-23      Time: 10:16:30 AM  
 Name: Mrs.SINDHU KUMARI ID: APH000013054  
 Age: 30 y      Sex: F      Height: 162 cms.      Weight: 72 Kg.  
 Clinical History:

Modications:

**Test Details**

Protocol: Bruce      Pr.MHR: 190 bpm      THR: 171 (90 % of Pr.MHR) bpm  
 Total Exoc. Time: 7 m 14 s      Max. HR: 175 ( 92% of Pr.MHR )bpm      Max. Mets: 10.20  
 Max. BP: 140 / 90 mmHg      Max. BP x HR: 24500 mmHg/min      Min. BP x HR: 6320 mmHg/min  
 Test Termination Criteria:

**Protocol Details**

Stago Name	Stago Time (min : soc)	Mots	Spood (Km/h)	Grado (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 43	1.0	0	0	85	120 / 80	-0.76 aVR	1.69 II
Standing	0 : 38	1.0	0	0	79	120 / 80	-0.76 aVR	1.27 V5
Hyperventilation	0 : 9	1.0	0	0	81	120 / 80	-0.51 aVR	1.27 V5
1	3 : 0	4.6	2.7	10	130	130 / 80	-1.27 aVF	2.11 I
2	3 : 0	7.0	4	12	160	140 / 90	-1.52 III	4.22 V3
Peak Ex	1 : 14	10.2	5.4	14	175	140 / 90	-1.52 III	4.64 V3
Recovery(1)	2 : 0	1.8	1.6	0	106	140 / 90	-1.01 aVR	5.91 V3
Recovery(2)	2 : 0	1.0	0	0	107	140 / 90	-0.51 aVR	2.11 II
Recovery(3)	1 : 0	1.0	0	0	92	130 / 80	-0.51 III	1.27 II
Recovery(4)	0 : 45	1.0	0	0	94	130 / 80	-0.51 aVR	1.27 II

**Interpretation**

**COMMENTS**

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

**IMPRESSION** :- THE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

*N/K*  
*18/3/23*

Ref. Doctor: DR.NITISH KUMAR RANJAN.

Doctor: Dr.NITISH KUMAR RANJAN

( Summary Report edited by user )

Schiller CS-20 V 1.9

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

## NON INVASIVE CARDIOLOGY

Patient Name	: MRS. SINDHU KUMARI	IPD No.	:
Age	: 30 Yrs 3 Mth	UHID	: APFH000013954
Gender	: FEMALE	Bill No.	: APFH0230000307
Ref. Doctor	: MEDIWHEEL	Bill Date	: 18-03-2023 08:42:31
Ward	:	Room No.	:
		Procedure Date	: 18-03-2023 15:34:10

### ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

#### M MODE STUDY (MEASUREMENTS)

**Left Ventricle:-**

EDD:	45	(mm)	Left Atrium	35	(mm)
ESD:	29	(mm)	Aortic Root	30	(mm)
IVS Thickness (D/S)	0.9/1.6	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	0.9/1.8	(mm)	Pericardium	NORMAL	
LVEF	65	(%)			

**WALL MOTION STUDY : NO RWMA**

MV	: NORMAL	TV	: NORMAL
AV	: NORMAL	PV	: NORMAL
IAS	: NORMAL	IVS	: NORMAL

#### DOPPLER STUDY (PW/CW AND COLOUR FLOW IMAGING)

VALVES	V max(m/sec)	PG MG EDG (mm Hg)	Orifice Area (cm <sup>2</sup> )	REGURGITATION
MV E/A	0.57/0.43			MR:-NIL
AV	1.19	5.66		AR:-NIL
TV	0.96	3.42		TR:-NIL
PV	0.90	3.22		PR:-NIL

**IMPRESSION:-**

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

*Nm*  
*18/3*

DR. NITISH KUMAR BANJAN  
MD, DM (CARDIOLOGY)  
CONSULTANT CARDIOLOGIST



**FINAL REPORT**

Bill No.	: APHHC230000307	Bill Date	: 18-03-2023 08:42
Patient Name	: MRS. SINDHU KUMARI	UHID	: APH000013954
Age / Gender	: 30 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23006420	Current Ward / Bed	: /
		Receiving Date & Time	: 18-03-2023 11:48
		Reporting Date & Time	: 18-03-2023 13:02

**CLINICAL PATH REPORTING**

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

MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

**STOOL ROUTINE EXAMINATION**
**PHYSICAL EXAMINATION**

COLOUR	BROWN
CONSISTENCY	SEMI SOLID
BLOOD	ABSENT
MUCOUS	ABSENT

**MICROSCOPIC EXAMINATION**

PUS CELLS	1-2
RBC's	NIL
TROPHOZOITES	NOT DETECTED
CYSTS	NOT DETECTED
OVA	NOT DETECTED

**URINE, ROUTINE EXAMINATION**
**PHYSICAL EXAMINATION**

QUANTITY	20 mL		
COLOUR	Pale Straw		Pale Yellow
TURBIDITY	Clear		

**CHEMICAL EXAMINATION**

PH (Double pH indicator method)	6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Negative		Negative
SUGAR (GOD POD Method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.030		1.005 - 1.030

**MICROSCOPIC EXAMINATION**

LEUCOCYTES	1-2	/HPF	0 - 5
RBC's	0-1		
EPITHELIAL CELLS	2-3		
CASTS	Nil		
CRYSTALS	Nil		
URINE-SUGAR	NEGATIVE		

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

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

**FINAL REPORT**

Bill No.	: APHHC230000307	Bill Date	: 18-03-2023 08:42
Patient Name	: MRS. SINDHU KUMARI	UHID	: APH000013954
Age / Gender	: 30 Yrs 3 Mth / FEMALE	Patient Type	: OPD <span style="margin-left: 20px;">If PHC</span> :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23006388	Current Ward / Bed	: /
		Receiving Date & Time	: 18-03-2023 09:37
		Reporting Date & Time	: 18-03-2023 12:18

**SEROLOGY REPORTING**

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

MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

**THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.12	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.30	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.25	mIU/L	0.27-4.20

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

**IMPORTANT INSTRUCTIONS**

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**DR. ASHISH RANJAN SINGH**

MBBS,MD  
CONSULTANT



## FINAL REPORT

Bill No.	: APHHC230000307	Bill Date	: 18-03-2023 08:42
Patient Name	: MRS. SINDHU KUMARI	UHID	: APH000013954
Age / Gender	: 30 Yrs 3 Mth / FEMALE	Patient Type	: OPD <span style="margin-left: 20px;">If PHC</span> :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23006389	Current Ward / Bed	: /
		Receiving Date & Time	: 18-03-2023 09:38
		Reporting Date & Time	: 18-03-2023 12:16

## BIOCHEMISTRY REPORTING

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

### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		19	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		8.9	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.4	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	110.0	mg/dL	70 - 100

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

### LIPID PROFILE

CHOLESTROL-TOTAL <small>(CHO-POD)</small>	H	171	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>	L	37	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	114	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		127	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	134.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.6		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.1		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		25	mg/dL	10 - 35

### Comments:

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

### LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL <small>(DPD)</small>		0.47	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.09	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.38	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.6	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.0	g/dL	
S.GLOBULIN	L	2.6	g/dL	2.8-3.8
A/G RATIO		1.54		1.5 - 2.5

**FINAL REPORT**

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Patient Name	: MRS. SINDHU KUMARI	UHID	: APH000013954
Age / Gender	: 30 Yrs 3 Mth / FEMALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23006389	Current Ward / Bed	: /
		Receiving Date & Time	: 18-03-2023 09:38
		Reporting Date & Time	: 18-03-2023 12:16

ALKALINE PHOSPHATASE IFCC AMP BUFFER	72.9	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	17.9	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	22.7	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	15.4	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)	124.7	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)	6.6	g/dL	6 - 8.1
URIC ACID Uricase - Trinder	<b>L</b> 2.3	mg/dL	2.6 - 7.2

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

**IMPORTANT INSTRUCTIONS**

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

*Ashish*

**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT




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Patient Name	: MRS. SINDHU KUMARI	UHID	: APH000013954
Age / Gender	: 30 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23006389	Current Ward / Bed	: /
		Receiving Date & Time	: 18-03-2023 09:38
		Reporting Date & Time	: 18-03-2023 12:15

Sample Type: EDTA Whole Blood, Serum

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550**

HBA1C (Turbidimetric Immuno-inhibition)	5.7	%	4.0 - 5.2
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**INTERPRETATION:**

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

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

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

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


**DR. ASHISH RANJAN SINGH**  
 MBBS, MD  
 CONSULTANT

**FINAL REPORT**

Bill No.	: APHHC230000307	Bill Date	: 18-03-2023 08:42
Patient Name	: MRS. SINDHU KUMARI	UHID	: APH000013954
Age / Gender	: 30 Yrs 3 Mth / FEMALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23006441	Current Ward / Bed	: /
		Receiving Date & Time	: 18-03-2023 14:29
		Reporting Date & Time	: 18-03-2023 15:08

**BIOCHEMISTRY REPORTING**

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

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550**

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)		131.0	mg/dL	70 - 140
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 Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.  
 (As per American Diabetes Association recommendation)

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

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



 DR. ASHISH RANJAN SINGH  
 MBBS,MD  
 CONSULTANT



## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. SINDHU KUMARI-	IPD No.	:	
Age	: 30 Yrs 3 Mth	UHID	:	APH000013954
Gender	: FEMALE	Bill No.	:	APHHC230000307
Ref. Doctor	: MEDIWHEEL	Bill Date	:	18-03-2023 08:42:31
Ward	:	Room No.	:	
		Print Date	:	18-03-2023 11:34:56

### CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

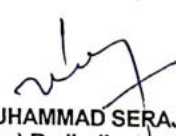
Soft tissues and bony cage appear normal.

Please correlate clinically.

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



Prepare By.  
MD.SALMAN

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

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

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. SINDHU KUMARI	IPD No.	:
Age	: 30 Yrs 3 Mth	UTRD	: APH1000013054
Gender	: FEMALE	Bill No.	: APH110230000397
Ref. Doctor	: MEDIWHEEL	Bill Date	: 18-03-2023 08:42:31
Ward	:	Room No.	:
		Print Date	: 18-03-2023 12:08:42

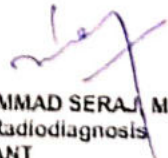
**WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 14.7 cm)  
 No focal lesion seen. Intrahepatic biliary radicals are not dilated.  
 Portal vein is normal in calibre (measures 9.6 mm).  
 Gall bladder is well distended. Wall thickness is normal. No calculus seen.  
 CBD is normal in calibre.  
 Pancreas is normal in size and echotexture.  
 Spleen is normal in size (7.8 cm) and echotexture.  
 Both kidneys are normal in size and echotexture (Right kidney (10.1 cm), Left kidney (11.5 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.  
 Urinary bladder appears normal.  
 Uterus is anteverted (measures 7.3 x 4.3 x 3.6 cm) and appears normal in size and echotexture. No focal lesion seen. Cervix and vagina are unremarkable.  
 Endometrial echo is central and normal in thickness (3.7 mm).  
 Both ovaries are normal in size and echotexture. Right ovary measures 3.2 x 1.6 cm, left ovary measures 2.8 x 2.1 cm.  
 No free fluid or collection seen. No pleural effusion seen.  
 No significant lymphadenopathy seen.  
 No dilated bowel loop seen.

**IMPRESSION: Normal study.**

Please correlate clinically.

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

Prepare By:  
MD.SERAJ

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

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



Patient: Mrs. Sindhu Kumari

HR 78/min

Axis: P 67°

SINUS RHYTHM  
NORMAL ECG

Intervals:  
RR 772 ms  
P 104 ms  
PR 134 ms  
QRS 76 ms  
QT 352 ms  
QTc 405 ms

T 28°

S (V1) 0.14 mV  
S (V1) -0.66 mV  
R (V5) 1.33 mV  
Sokol. 2.23 mV

50 year F

10 mm/mV

10 mm/mV

