



भारत सरकार

Government of India



भानु प्रिया गंडैर

Bhanu Priya Gandair

जन्म तिथि / DOB : 14/09/1986

महिला / Female



9317 5088 5634

मेरा आधार, मेरी पहचान

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Bhanu Priya Gander
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*To be used only
for Medical TCM cases
29/10/2023*

AS

आर्य समाज विश्वविद्यालय, राजस्थान
Unique Identification Authority of India

पता:
अधीनस्थ: चंद्र प्रकाश मेघवाल, बी-4
आर्य समाज स्टाफ कॉलोनी अमेजिट
बानिपार्क पुलिस स्टेशन, सीकर रोड,
जयपुर, बनी पार्क, राजस्थान,
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Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No.-037041



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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
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General Physical Examination

Date of Examination: 21-10-2023

Name: DHANU PRIYA GANDHARA Age: 37y DOB: 14-09-1986 Sex: F

Referred By: BANK OF BARODA

Photo ID: AADHAR CARD ID #: 5834

Ht: 153 (cm)

Wt: 82 (Kg)

Chest (Expiration): 98 (cm)

Abdomen Circumference: 93 (cm)

Blood Pressure: 120/80 mm Hg

PR: 75 / min

RR: 18 / min

Temp: Afebrile

BMI 35

Eye Examination: RE] 6/6 N/6 NCB with Glass
LE] 6/6 N/6 NCB

Other: _____

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

Signature Of Examinee: [Signature]

Name of Examinee: DHANU Priya Gandhar

Signature Medical Examiner: [Signature]

Name Medical Examiner: Dr. Piyush Goyal

DR. PIYUSH GOYAL
MBBS, DMR (Radiologist)
RMC No.-037041



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NAME :- Mrs. BHANU PRIYA GANDAIR

Age :- 37 Yrs 1 Mon 6 Days

Sex :- Female

Patient ID :-12233794

Date :- 21/10/2023 10:57:31

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 21/10/2023 18:16:07

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 FEMAL			
HAEMOGLOBIN (Hb)	9.5 L	g/dl.	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	6.70	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL.	58.0	%	40.0 - 80.0
LYMPHOCYTE	34.0	%	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)	4.84 H	$\times 10^6/\mu\text{L}$	3.80 - 4.80
HEMATOCRIT (HCT)	33.10 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	68.0 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	19.7 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	28.7 L	g/dl.	31.5 - 34.5
PLATELET COUNT	528 H	$\times 10^3/\mu\text{L}$	150 - 410
RDW-CV	16.9 H	%	11.6 - 14.0

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DR.TANU RUNGTA
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RMC No. 17226



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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)

Method - Westergren

16

mm in 1st hr

00 - 20

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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Age :- 37 Yrs 1 Mon 6 Days	Ref. By Doctor:-BANK OF BARODA		
Sex -> Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L,Japan





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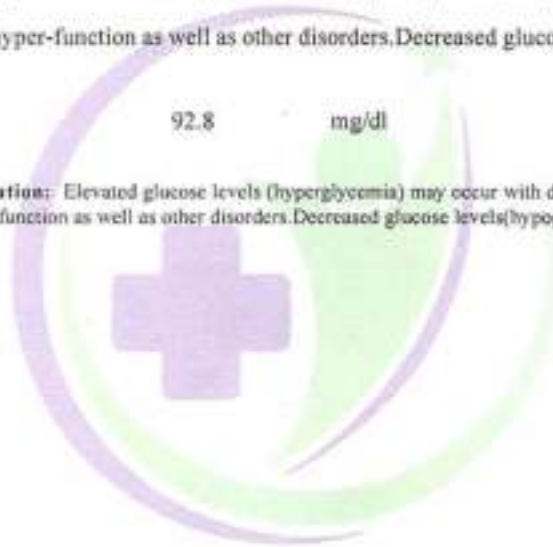
BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD POD	72.1	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	92.8	mg/dl	70.0 - 140.0
---	------	-------	--------------

Instrument Name: HORIBA 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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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method- CAPILLARY with EDTA	4.9	mg%	Non-Diabetic < 6.0 Good Control 6.0-7.0 Weak Control 7.0-8.0 Poor control > 8.0
MEAN PLASMA GLUCOSE Method- Calculated Parameter	97	mg/dL	68 - 125

INTERPRETATION

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group HbA1c in %
Non diabetic adults >=18 years < 5.7
At risk (Prediabetes) 5.7 - 6.4
Diagnosing Diabetes >= 6.5

CLINICAL NOTES

In vitro quantitative determination of HbA1c in whole blood is utilized in long-term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx. 5-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings. Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al.]

1. Erythropoiesis

- Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.
- Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.

2. Altered Haemoglobin-Genetic or chemical alterations in hemoglobin, hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c

3. Glycation

- Increased HbA1c: alcoholism, chronic renal failure, decreased venerythrocyte pH.
- Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocyte pH

4. Erythrocyte destruction

- Increased HbA1c: increased erythrocyte life span, Splenectomy
- Decreased A1c: decreased RBC life span, hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavirin & dapsone

5. Others

- Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use, chronic renal failure
- Decreased HbA1c: hyperglycemia, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, splenomegaly, rheumatoid arthritis or drugs

Note:

1 Shortened RBC life span -HbA1c test will not be accurate when a person has a condition that affects the average lifespan of red blood cells (RBCs), such as hemolytic anemia or blood loss. When the lifespan of RBCs in circulation is shortened, the A1c result is falsely low and is an unreliable measurement of a person's average glucose over time.
2 Abnormal forms of hemoglobin - The presence of some hemoglobin variants, such as hemoglobin S in sickle cell anemia, may affect certain methods for measuring A1c. In these cases, fructosamine can be used to monitor glucose control.

Advised:

1 To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead
2 Hemoglobin HPLC screen to analyze abnormal hemoglobin variant.

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HAEMATOLOGY

BLOOD GROUP ABO
Method - Haemagglutination reaction

"O" POSITIVE



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method - CHOD-PAP methodology	173.00	mg/dl	Desirable <200 Borderline 200-239 High > 240
<i>InstrumentName: MISPA PLUS Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</i>			
TRIGLYCERIDES Method - GPO-PAP	139.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
<i>InstrumentName: Randox Rx Imola 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.</i>			
DIRECT HDL CHOLESTEROL Method - Direct clearance Method	45.60	mg/dl	MALE- 30-70 FEMALE - 30-85
<i>Instrument Name: Rx Daytona 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.</i>			
LDL CHOLESTEROL Method - Calculated Method	104.23	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method - Calculated	27.80	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method - Calculated	3.79		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method - Calculated	2.29		0.00 - 3.50
TOTAL LIPID Method - CALCULATED	549.15	mg/dl	400.00 - 1000.00
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.			

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BIOCHEMISTRY

- 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.
- 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 atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterol is used as a secondary target of therapy in persons with triglycerides ≥ 200 mg/dL. The goal for Non HDL Cholesterol in those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol.

2 -For calculation of CHD risk, history of smoking, any medication for hypertension & current B.P. levels are required.



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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method- DMSO/Diaz	0.63	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method- DMSO/Diaz	0.21	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method- Calculated	0.42	mg/dl	0.30-0.70
SGOT Method- IFCC	21.1	U/L	0.0 - 40.0
SGPT Method- IFCC	23.9	U/L	0.0 - 35.0
SERUM ALKALINE PHOSPHATASE Method- DGKC - SCE	124.00	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- Sraz methodology Instrument Name Random Rs. Inala Interpretation: Elevations in GGT levels occur earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and alcoholic acyptosis. 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) observed with infectious hepatitis.	19.50	U/L	5.00 - 32.00
SERUM TOTAL PROTEIN Method- Direct Buret Reagent	6.98	g/dl	6.00 - 8.40
SERUM ALBUMIN Method- Immunoturbid Green	3.97	g/dl	3.50 - 5.50
SERUM GLOBULIN Method- CALCULATION	3.01	gm/dl	2.20 - 3.50
A/G RATIO	1.83		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

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BIOCHEMISTRY

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



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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA	22.80	mg/dl	10.00 - 50.00
<small>Method - Urease-GITM</small>			

InstrumentName: HORIBA CA 60 Interpretation : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE	0.71	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl
<small>Method - Jaffe's Method</small>			

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	6.10	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	148.0	mmol/L	135.0 - 150.0
<small>Method - ISE Interpretation:</small>			

Electrolytes are minerals that are found in body tissues and blood in the form of dissolved salts. As electrically charged particles, electrolytes help move nutrients into and wastes out of the body's cells, maintain a healthy water balance, and help stabilize the body's acid/base (pH) level. The electrolyte panel measures the blood levels of the main electrolytes in the body. *

* Sodium—most of the body's sodium is found in the fluid outside of the body's cells, where it helps to regulate the amount of water in the body. *

POTASSIUM	4.26	mmol/L	3.50 - 5.50
<small>Method - ISE</small>			

* Potassium—this electrolyte is found mainly inside the body's cells. A small but vital amount of potassium is found in the plasma, the liquid portion of the blood. Potassium plays an important role in regulating muscle contraction. Monitoring potassium is important as small changes in the potassium level can affect the heart's rhythm and ability to contract.

CHLORIDE	97.2	mmol/L	94.0 - 110.0
<small>Method - ISE</small>			

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BIOCHEMISTRY

* **Chloride**—this electrolyte moves in and out of the cells to help maintain electrical neutrality (concentrations of positively charged cations and negatively charged anions must be equal) and its level usually mirrors that of sodium. Due to its close association with sodium, chloride also helps to regulate the distribution of water in the body.

SERUM CALCIUM	9.71	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 hypercalcaemia .Hypocalcaemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

SERUM TOTAL PROTEIN	6.98	g/dl	6.00 - 8.40
Method- Direct Buret Reagent			

SERUM ALBUMIN	3.97	g/dl	3.50 - 5.50
Method- Bromocresol Green			

SERUM GLOBULIN	3.01	gm/dl	2.20 - 3.50
Method- CALCULATION			

A/G RATIO	1.32		1.30 - 2.50
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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.

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

Technologist
MLSR
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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



NAME :- Mrs. BHANU PRIYA GANDAIR	Patient ID :-42233794	Date :- 21/10/2023	10:57:31
Age :- 37 Yrs 1 Mon 6 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 21/10/2023 18:16:07

CLINICAL PATHOLOGY

URINE SUGAR (FASTING)
Collected Sample Received

NII

NII



Technologist
MGRK
Page No. 14 of 18

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



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NAME :- Mrs. BHANU PRIYA GANDAIR	Patient ID :-12233794	Date :- 21/10/2023	10:57:31
Age :- 37 Yrs 1 Mon 6 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 21/10/2023 18:16:07

TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
THYROID-TRIIODOTHYRONINE T3 Method - ECLIA	3.18 H	ng/mL	0.70 - 2.04

NOTE-TSH levels are subject to circadian variation reaching peak levels between 2-4 AM and min between 6-12 PM. The variation is the order of 50% hence time of the day has influence on the measured serum TSH concentration. Dose and time of drug intake also influence the test result. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions simultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis.

INTERPRETATION-Ultra Sensitive 4th generation assay. 1.Primary hyperthyroidism is accompanied by (serum T3 & T4 values along with * TSH level. 2.Low TSH,high FT4 and TSH receptor antibody (TRAb) +ve seen in patients with Graves disease. 3.Low TSH,high FT4 and TSH receptor antibody (TRAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter. 4.High TSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimoto's thyroiditis. 5.High TSH,Low FT4 and Thyroid microsomal antibody normal seen in patients with iodine deficiency/Congenital T4 synthesis deficiency. 6.Low TSH,Low FT4 and TRH stimulation test. Delayed response seen in patients with Tertiary hypothyroidism. 7.Primary hypothyroidism is accompanied by (serum T3 and T4 values & serum TSH level). Normal T4 levels accompanied by * T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis. Normal or * T3 & T4 Normal T3 & T4 along with * TSH indicate mild / Subclinical Hyperthyroidism. * T3 & T4 along with * TSH is seen in Hypothyroidism. 12.Normal T3 & T4 levels with * TSH indicate Mild / Subclinical Hypoth

DURING PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association) 1st Trimester : 0.10-2.50 uIU/mL, 2nd Trimester : 0.20-3.00 uIU/mL, 3rd Trimester : 0.30-3.00 uIU/mL. The production, circulation, and degradation of thyroid hormones are altered throughout the stages of pregnancy.

REMARK-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 radioiodine scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved. TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly. ** 5.10 - 14.10

NOTE-TSH levels are subject to circadian variation reaching peak levels between 2-4 AM and min between 6-12 PM. The variation is the order of 50% hence time of the day has influence on the measured serum TSH concentration. Dose and time of drug intake also influence the test result. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions simultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis.

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TSH Method - ECLIA	0.020 L	μIU/mL	0.350 - 5.500
------------------------------	---------	--------	---------------

4th Generation Assay. Reference ranges vary between laboratories.

PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

Tanu

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NAME :- Mrs. BHANU PRIYA GANDAIR

Age :- 37 Yrs 1 Mon 6 Days

Sex :- Female

Patient ID :-12233794

Date :- 21/10/2023

10:57:31

Ref. By Doctor:-BANK OF BARODA

Lab/Hosp :-

Company :- Mr.MEDIWHEEL

Final Authentication : 21/10/2023 18:16:07

IMMUNOASSAY

1st Trimester : 0.10-2.50 uIU/mL

2nd Trimester : 0.20-3.00 uIU/mL

3rd Trimester : 0.30-3.00 uIU/mL

The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

NOTE-TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration. Dose and time of drug intake also influence the test result.

INTERPRETATION

- 1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.
- 2.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels
- 3.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
- 4.Normal or ↓ T3 & ↑T4 levels indicate T4 Thyrotoxicosis (problem is conversion of T4 to T3)
- 5.Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism

. 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.

Disclaimer-TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age, and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly.

. Reference ranges are from Teitz fundamental of clinical chemistry 8th ed (2018)

Test performed by Instrument : Beckman coulter Dxl 800

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

4th Generation Assay. Reference ranges vary between laboratories

PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

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INTERPRETATION

- 1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.
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Age :- 37 Yrs 1 Mon 6 Days	Ref. By Doctor:-BANK OF BARODA		
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Final Authentication : 21/10/2023 18:16:07

IMMUNOASSAY

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.

Disclaimer: TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly.

Reference ranges are from Toltz fundamental of clinical chemistry 8th ed (2018)
Test performed by Instrument : Beckman coulter Dxi 800

Note: The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.



Technologist
MGR
Page No: 18 of 18

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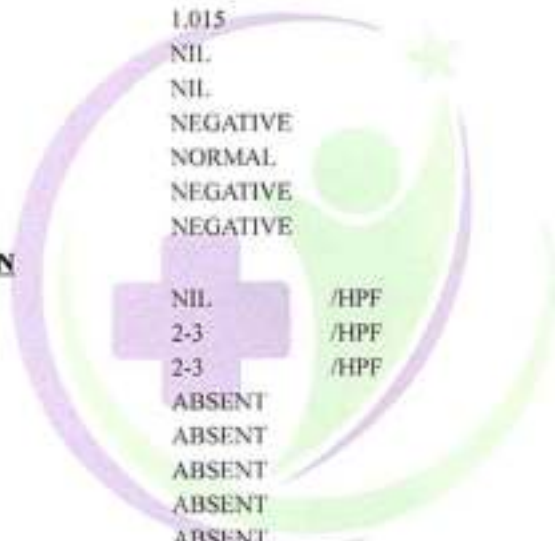


NAME :- Mrs. BHANU PRIYA GANDAIR	Patient ID :-12233794	Date :- 21/10/2023	10:57:31
Age :- 37 Yrs 1 Mon 6 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 21/10/2023 18:16:07

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	6.0		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
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/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



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MGR
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DR.TANU RUNGTA
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MRS. BHANU PRIYA GANDAIR	Age: 37 Y/F
Registration Date: 21/10/2023	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (133 mm) **with bright parenchymal echotexture**. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is well distended. 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. 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. 95 mm.

Left kidney is measuring approx. 92 mm.

Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and **bulky** (measuring approx. 107 x 72 mm) and shows an **anterior wall fibroid with sub-endometrial, intramural and subserosal component causing contour bulge**. The lesion measures **57 x 55 mm**. Myometrium shows normal echo-pattern. Endometrial echo is normal. Endometrial thickness is 5.7 mm.

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

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

No significant free fluid is seen in pouch of Douglas.

IMPRESSION:

- **Grade I hepatic steatosis.**
- **Uterine fibroid as described above (FIGO grade 2-5).**
- **No free fluid or lymphadenopathy.**

Dr. Mukesh Sharma
M.B.B.S; M.D. (Radiodiagnosis)

Dr. **MUKESH SHARMA**
M.B.B.S., M.D.(Radiodiagnosis),
RMC No. : 43418/17437
P3 Health Solutions LLP



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NAME:	MRS. BHANU PRIYA GANDAIR	AGE	37 YRS/F
REF.BY	BANK OF BARODA	DATE	21/10/2023

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

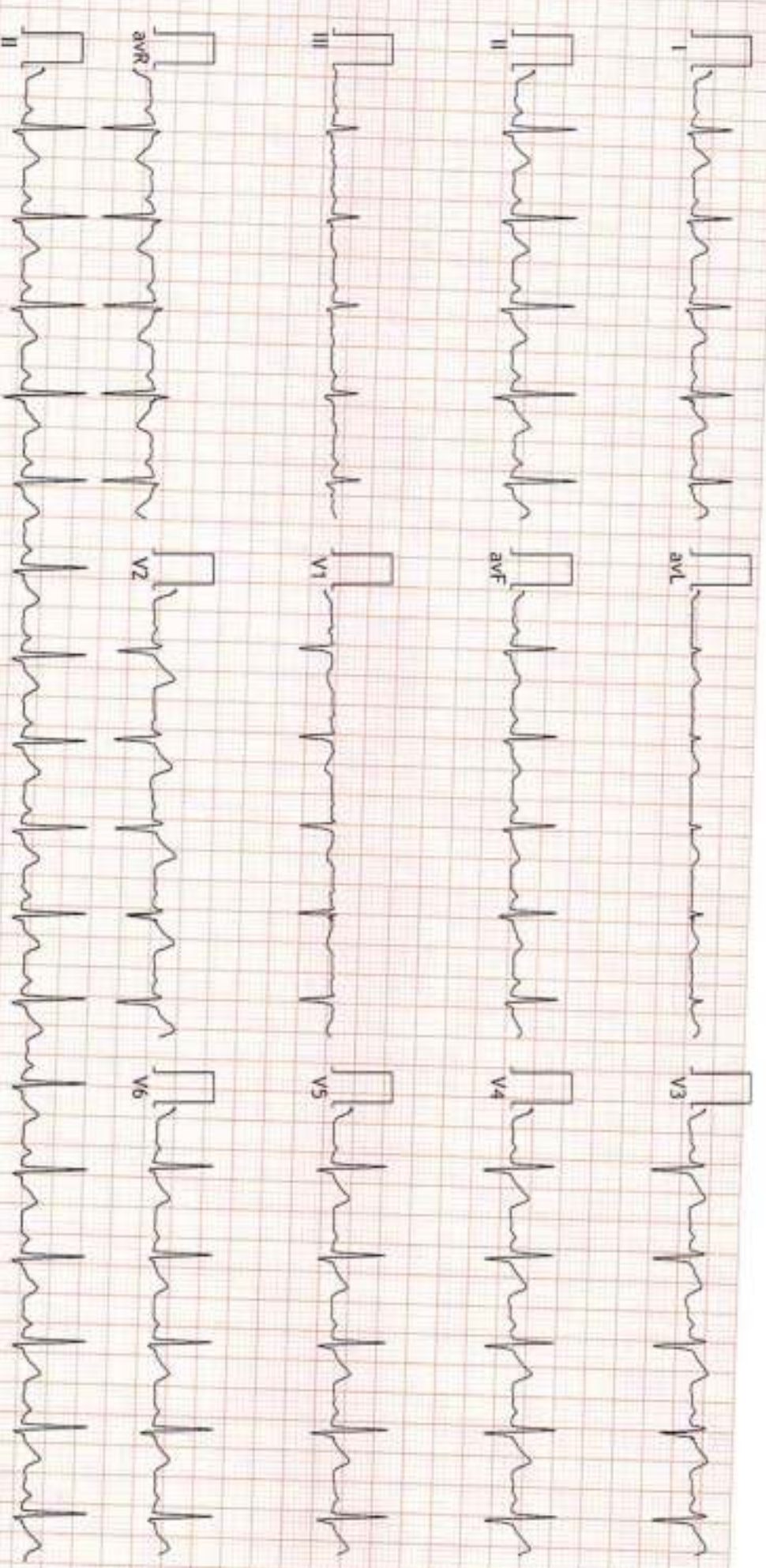
Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected

Dr. Mukesh Sharma
M.B.B.S; M.D. (Radiodiagnosis)
RMC No. 43418/17437



FINDINGS: Abnormal ECG with Indication of Sinus Tachycardia
Vent Rate : 103 bpm PR Interval : 134 ms; QRS Duration: 92 ms; QT/QTc Int : 302/397 ms
P-QRS-T axis: 53 • 44 • 31 • (Deg)
Comments :

*Paroxysmal Sinus
Tachycardia*

[Signature]
DR. PYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No.-037041

F3 HEALTH SOLUTIONS LLP
 B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
 10215106/WIS BHAIJI PRYA GANDAIR
 Date: 21-Oct-2023 03:32:20 PM
 Ref. By : BANK OF BARODA
 Medication : Nil
 Objective :

Protocol : BRUCE
 History : Nil

Stage	StageTime (minutes)	PhaseTime (minutes)	Speed (m/min)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. (x100)	PVC	Comments
Supine					1.0	106	120/80	127	-	
Standing					1.0	133	120/80	159	-	
HV					1.0	127	120/80	152	-	
EXStart					1.0	137	120/80	164	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	163	130/80	211	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	194	140/80	271	-	
PEAKEx	0:31	6:32	3.4	14.0	7.6	207	140/80	289	-	
Recovery	1:00		0.0	0.0	1.2	177	140/80	247	-	
Recovery	2:00		0.0	0.0	1.0	148	150/85	222	-	
Recovery	3:00		0.0	0.0	1.0	135	140/80	189	-	
Recovery	4:00		0.0	0.0	1.0	134	130/80	174	-	
Recovery	5:00		0.0	0.0	1.0	128	120/80	153	-	

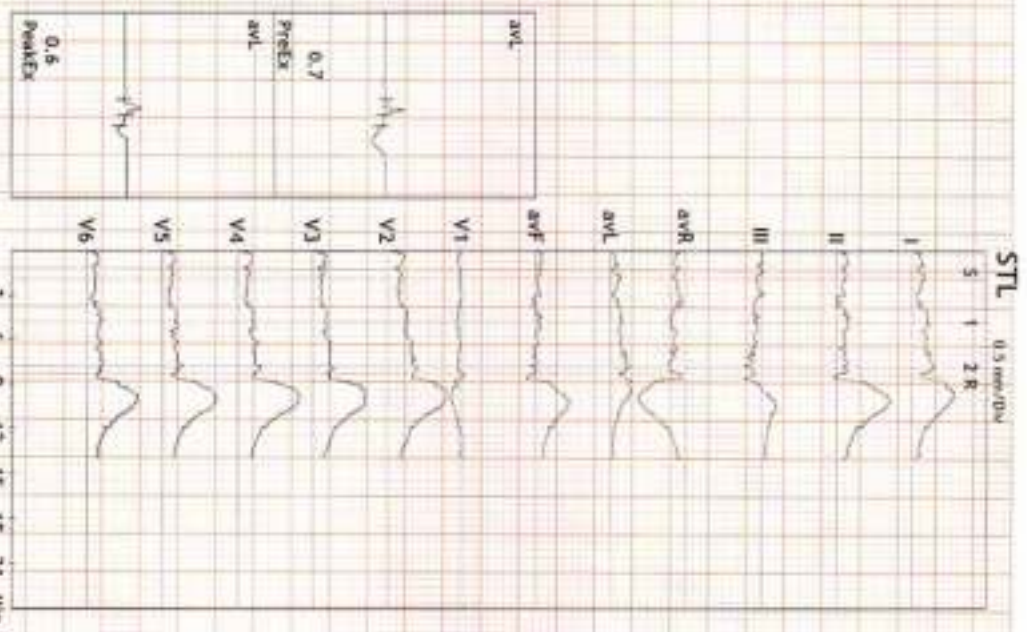
Findings :

Exercise Time : 06:31
 Max HR Attained : 207 bpm (113% of Max Predictable HR 183)
 Max BP : 150/85(mmHg)
 Max Workload attained : 7.6(Fair Effort Tolerance)

TTMT is Negative for RHT.

Advice/Comments:

[Handwritten signature]



Dr. Anshu K. Sharma
 RMAC No. 357/05
 MBBS, DPM, CARDIO (ESCORTS)
 D.E.M. (KIDNEY) (DK)



PJ HEALTHCARE PRIVATE LIMITED
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur

10235106/MRS BHAWI PIYU GANDAIR

37 Yrs/Female

0 Kg/0 Cms

Date: 21-Oct-2023 03:32:20 PM

4X 60 ms Post J

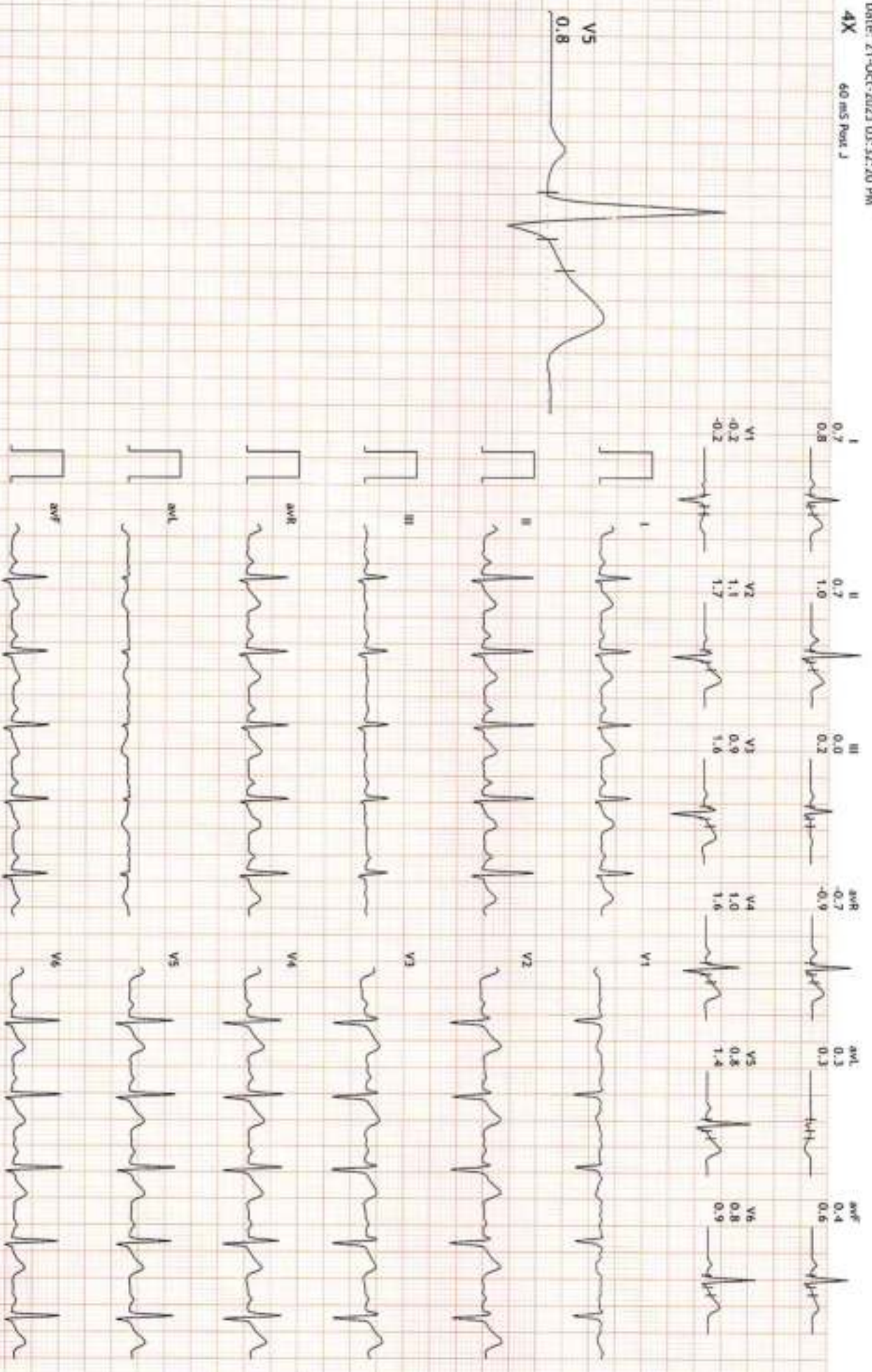
HR: 105 bpm
METs: 1.0
BP: 120/80

APR: 57% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:33
BLC: On
Notch: On

Supine
10.0 mm/mV
25 mm/Sec.



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

10235106/MIS BHAAVI PRIYA GANDHAR

37 Yrs/Female

0 Kg/0 Cms

Date: 21-Oct-2023 03:32:20 PM

4X 60 mm Post J

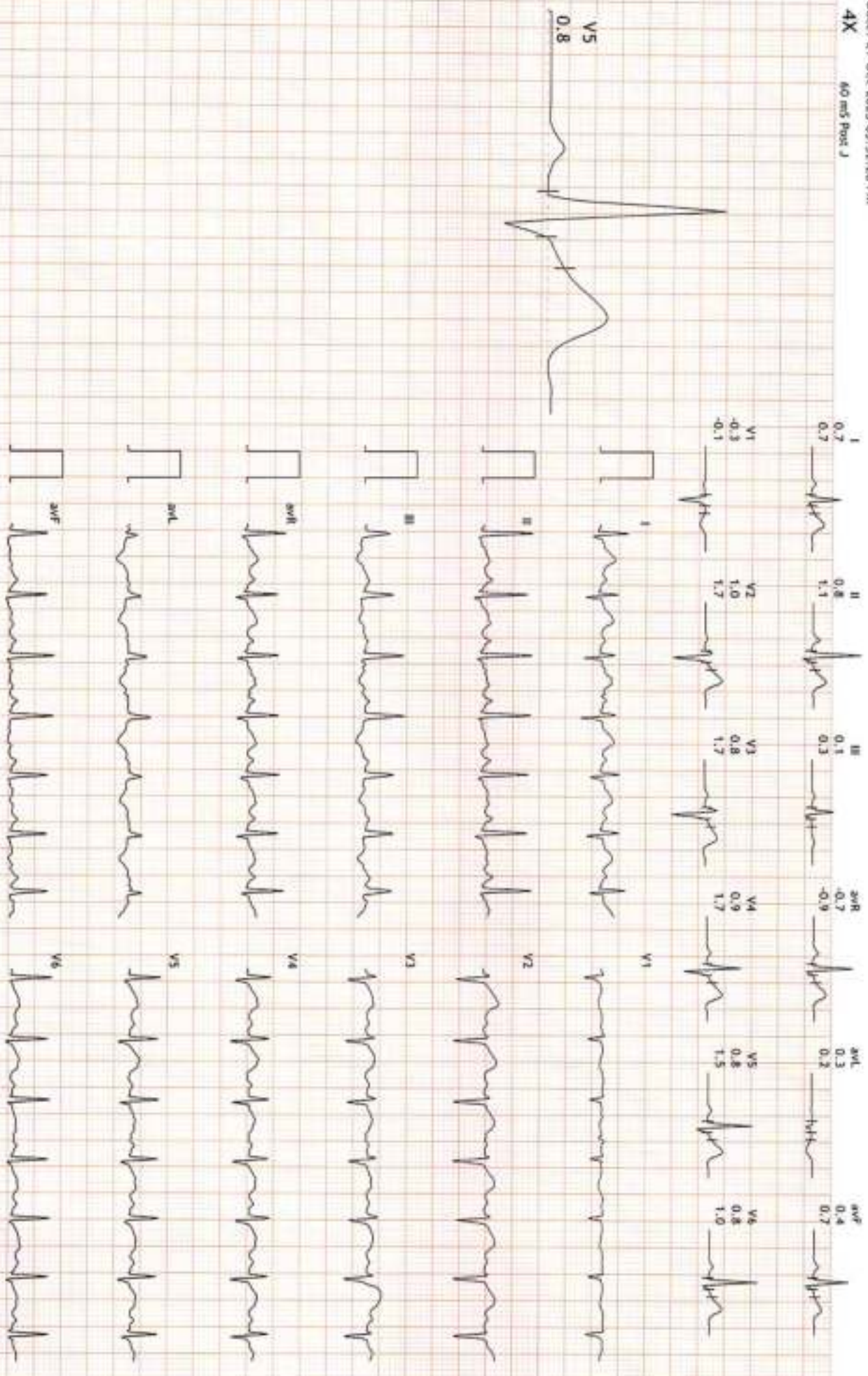
HR: 129 bpm
MET5: 1.0
BP: 120/80

MPH: 70% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:54
BLC :On
Notch :On

Standing
10.0 mm/mV
25 mm/Sec.



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

10235106/MRS BHANU PRIYA GANDAIR

37 Yrs/Female

0 Kg/0 Cms

Date: 21-Oct-2023 03:32:20 PM

4X

60 ms Print J

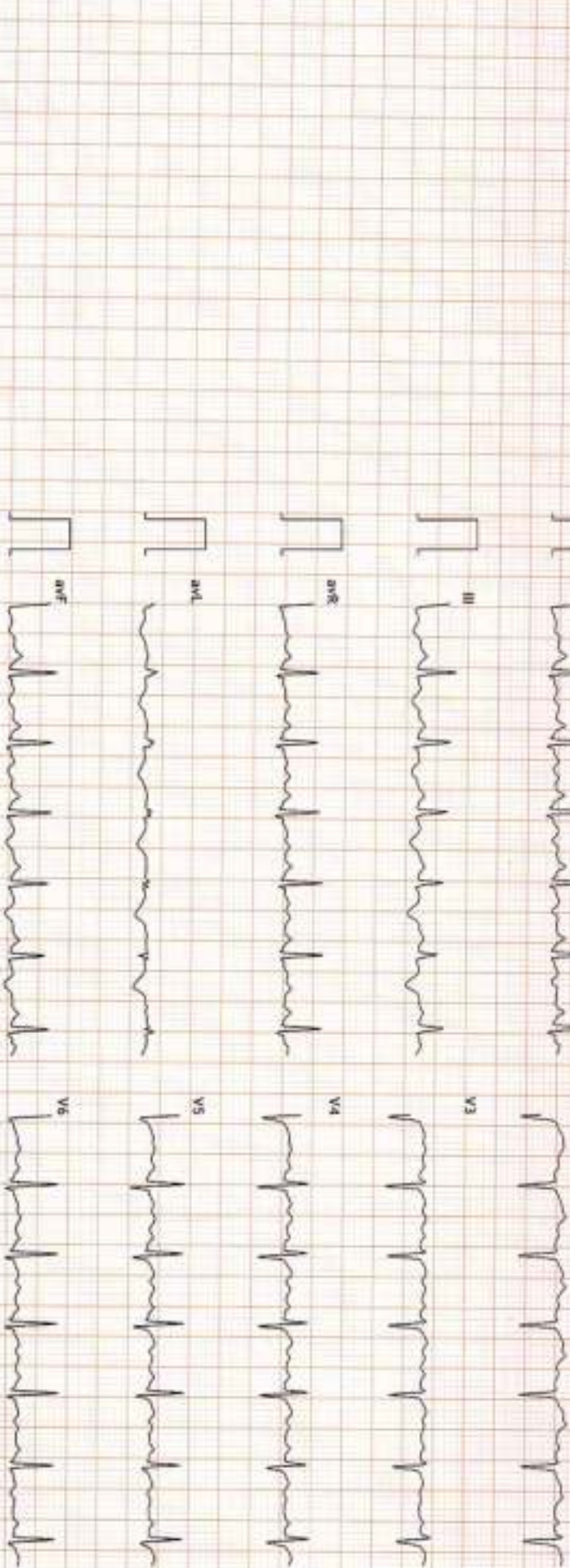
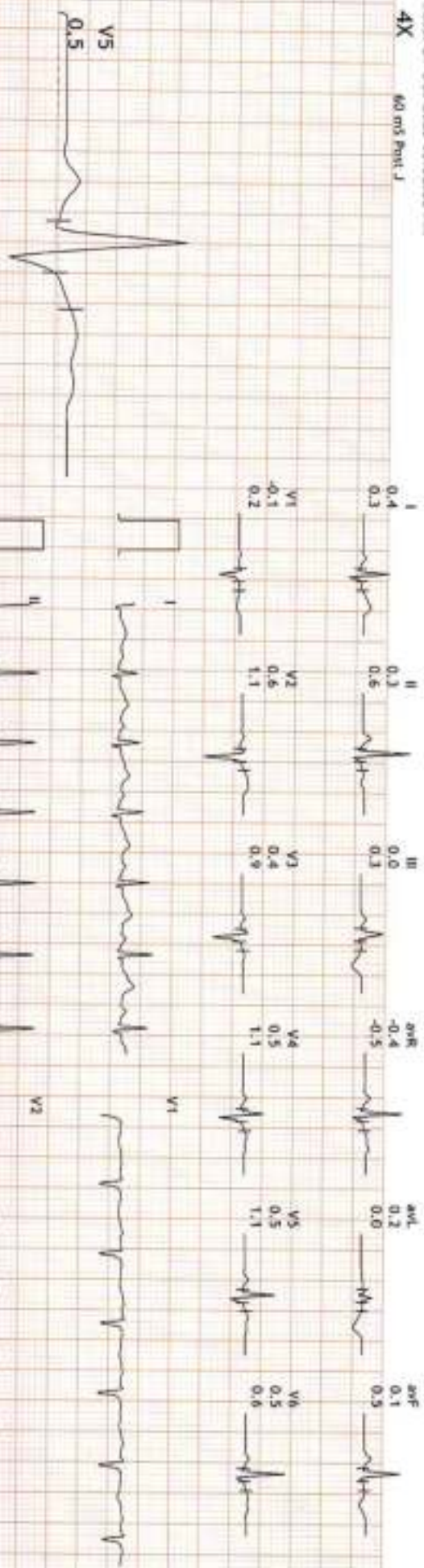
HRC: 129 bpm
METs: 1.0
BP: 120/80

AMPL: 70% of 100
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:13
BLC: On
Notch: On

HV
10.0 mm/mV
25 mm/Sec



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

10235106/M65 BHARU PRIVA GANDBAR

37 Yrs/Female

0 Kg/70 Cms

Date: 21-Oct-2023 03:37:20 PM

4X 60 ms Paper J

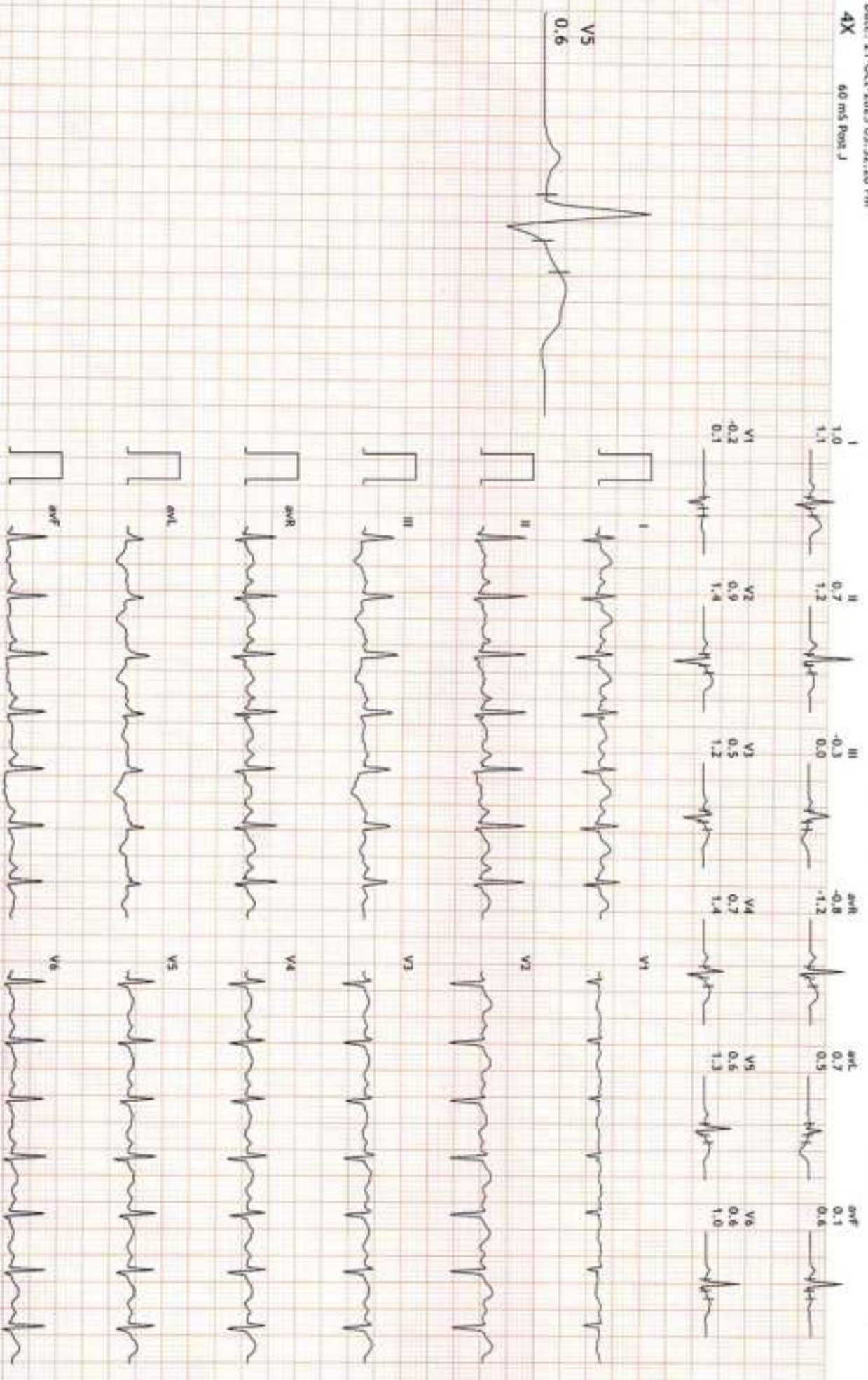
HR: 135 bpm
MET5: 1.0
BP: 120/80

MPHR: 73% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
10.05-100.0HZ

Ex Time 01:51
BLC : On
Mech : On

EXStart
10.0 mm/mV
25 mm/Sec



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

10235106/MRS BHANU PRIYA GANDAIR

37 Yrs/Female

0 Kg/0 Cms

Date: 21-Oct-2023 03:32:20 PM

4X

60 ms/Box J

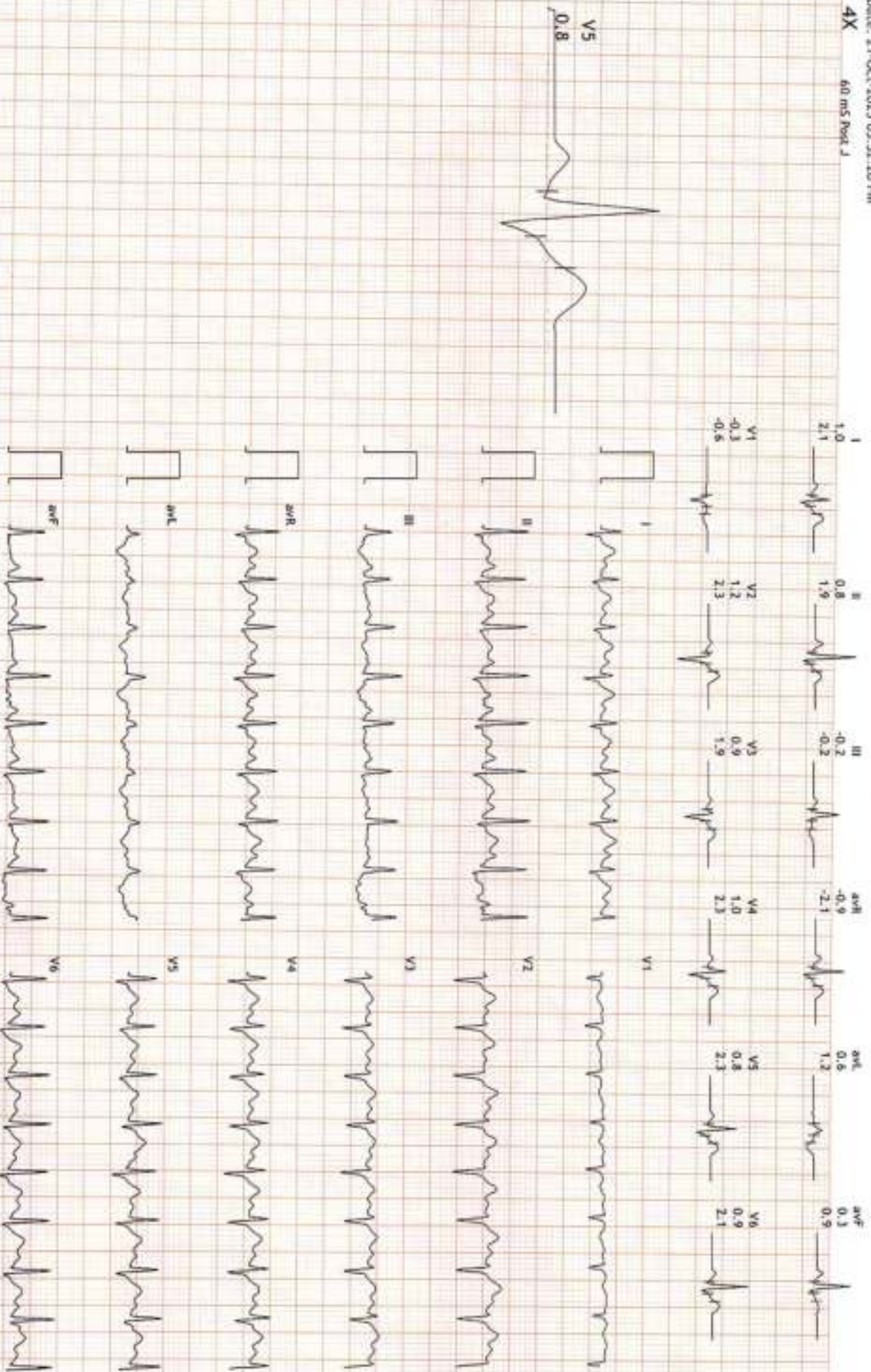
HR: 163 bpm
METs: 4.7
BP: 130/80

MPHR: 89% of 183
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time: 02:59
BLC: 0h
Notch: On

BRUCE: Stage 1 (3:00)
10.0 mm/mV
25 mm/Sec.



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

10235106/MRS BHANU PRIYA GANDAIR

37 Yrs/Female
0 Kg/0 Cms
Date: 21-Oct-2023 03:22:20 PM

4X 60 ms Post J

HR: 103 bpm

METS: 7.1

BP: 140/80

MPHR: 105% of 183

Speed: 2.5 mph

Grade: 12.0%

Raw ECG

BRUCE

10.05-100/Hz

Ex Time 05:59

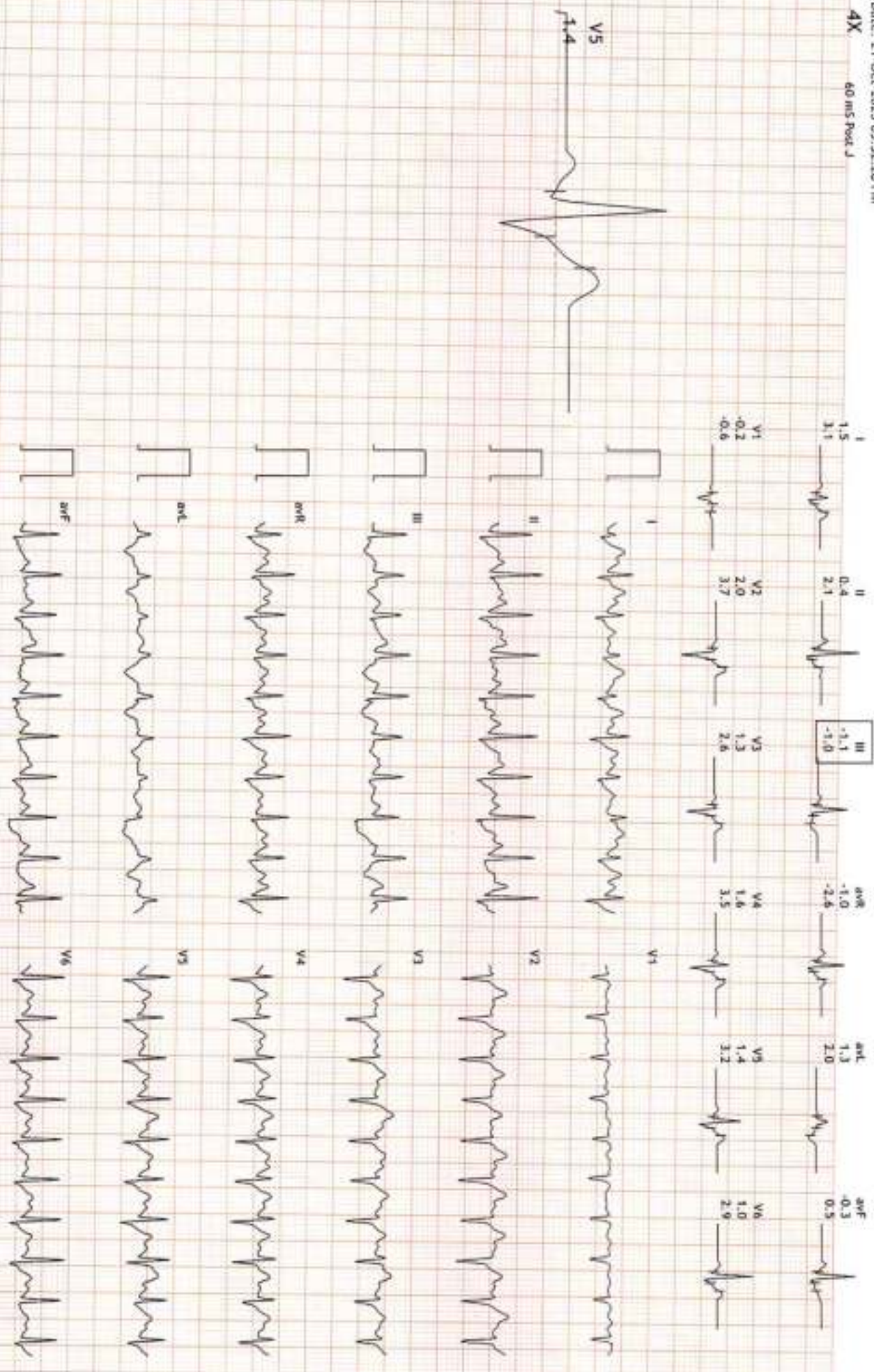
BLC : On

Notch : On

BRUCE: Stage 2(3:00)

10.0 mm/mV

25 mm/Sec



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10235106/MRS BHANU PRIYA GANDHAR

37 Yrs/Female

0 Kg/0 Cms

Date: 21-Oct-2023 03:32:20 PM

4X 60 MS Post J

HR: 208 bpm

METS: 7.6

BP: 140/80

MPHR: 113% of 183

Speed: 3.4 mph

Grade: 14.0%

Raw ECG

BRUCE

10.05-100Hz

Ex Time 06:29

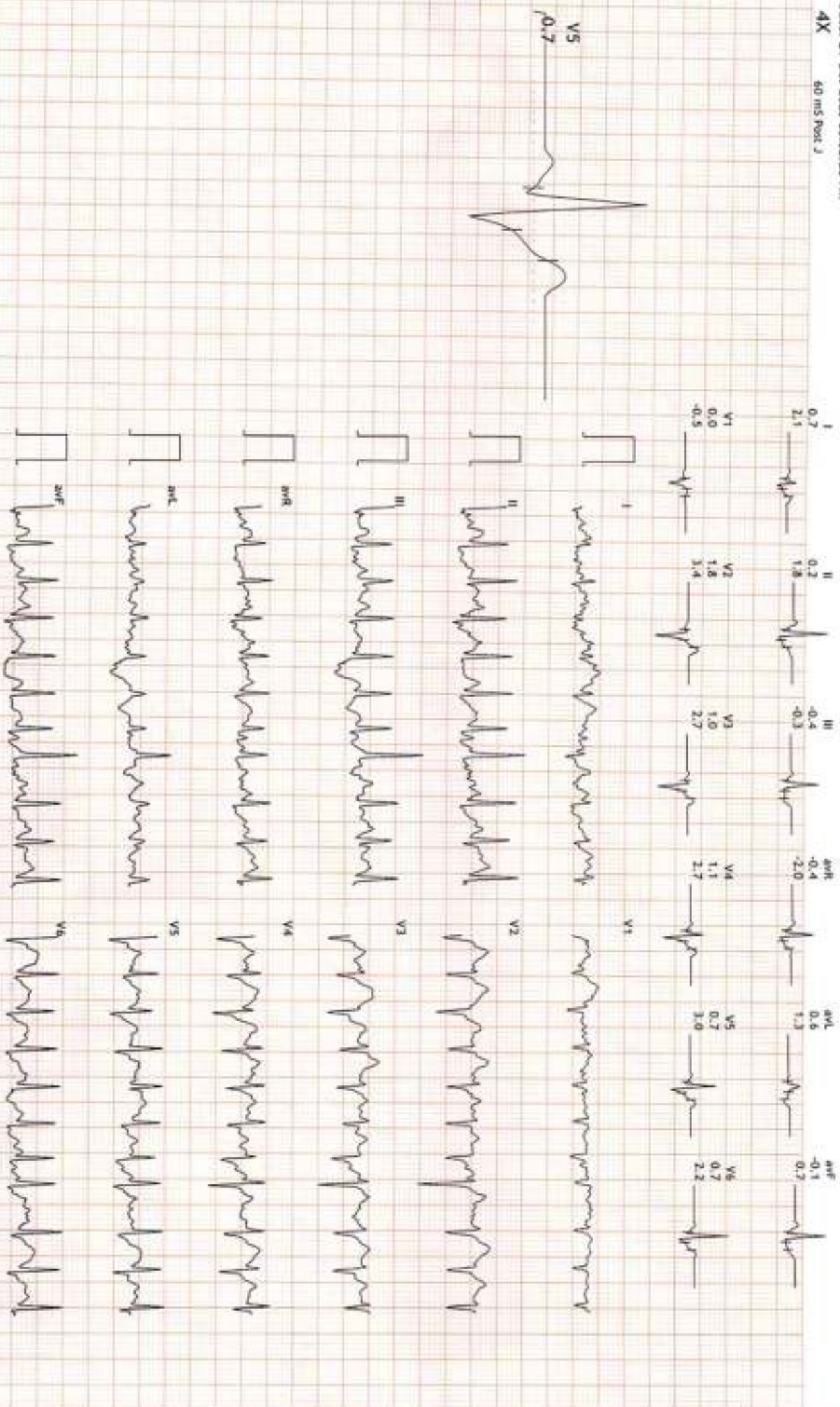
BLC -On

Notch -On

BRUCE-PeakEx(0:29)

10.0 mm/mV

25 mm/Sec.



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

10233106/MRS BHAVI PRIYA GANDHAR

37 Yrs/Female

60 Kg/70 Cms

Date: 21-Oct-2023 03:32:20 PM

4X 60 ms Post J

HR: 177 bpm

MEFS: 1.3

BP: 140/80

APPR: 96% of 183

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 06:31

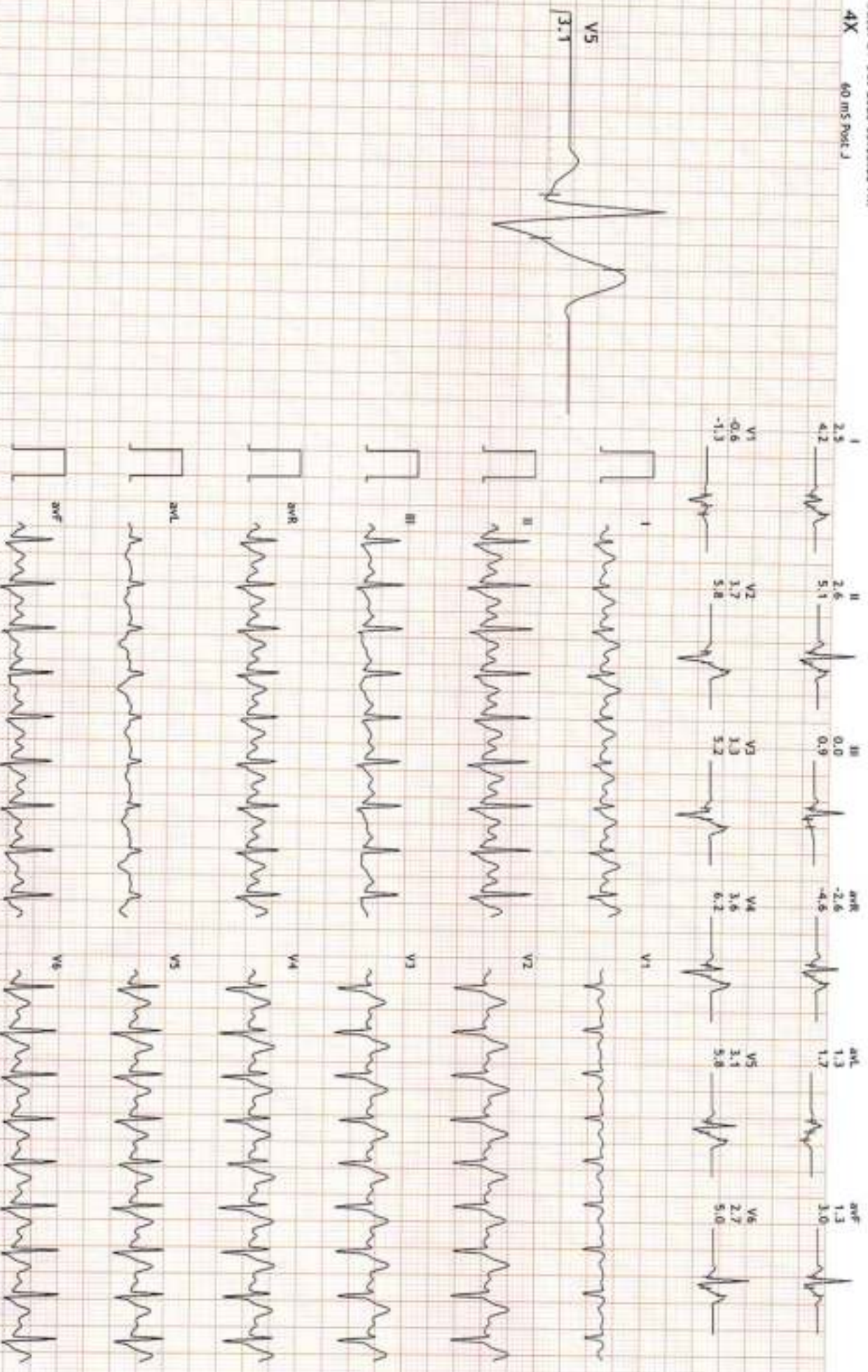
BLC :On

Notch :On

Recovery(1:00)

10.0 mm/mV

25 mm/Sec.



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

10235106/MRS BHANU PRIYA GANDHAR

37 Yrs/Female

0 Kg/0 Cms

Date: 21-Oct-2023 03:32:20 PM

4X 60 ms Post J

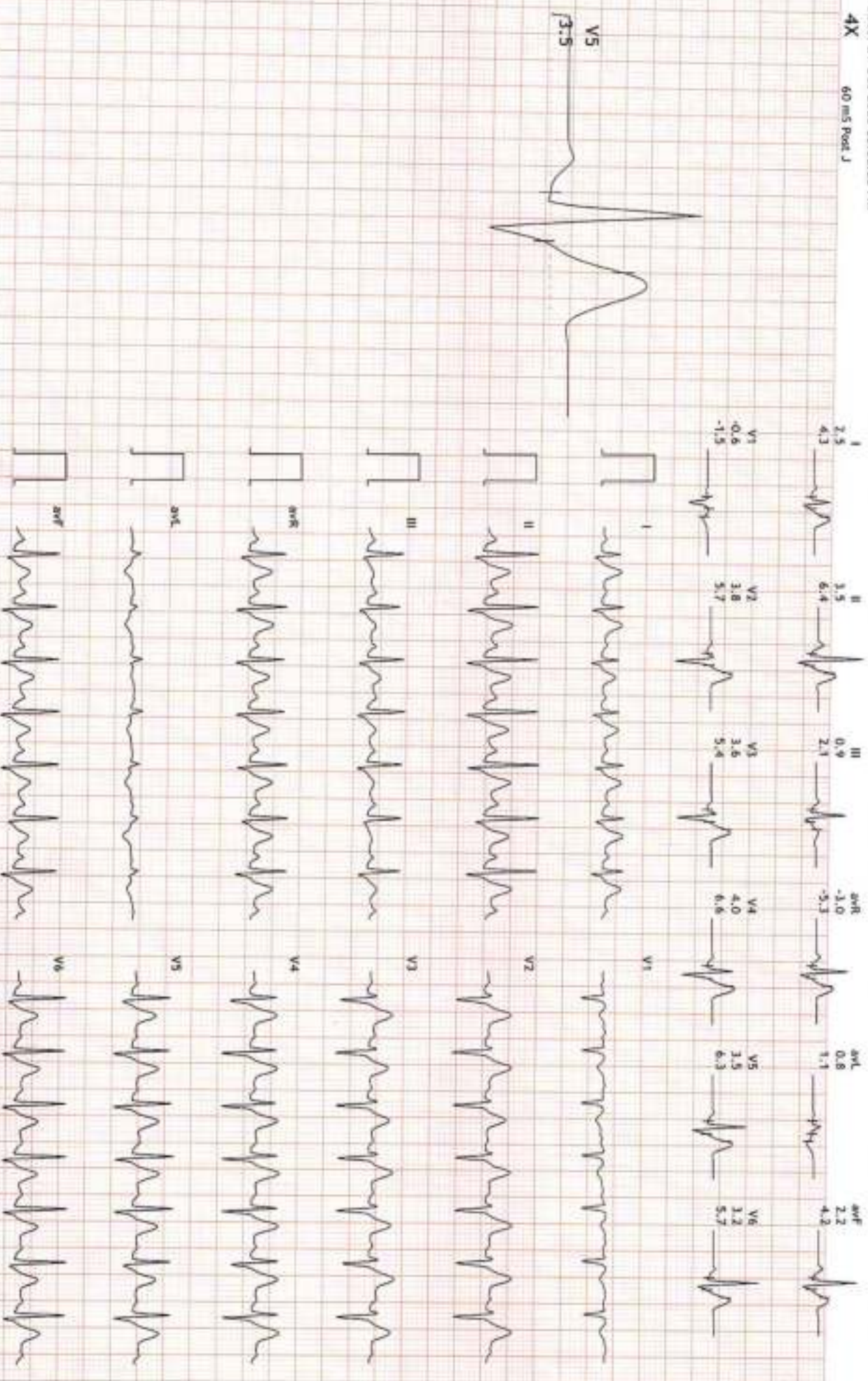
HR: 148 bpm
METs: 1.0
BP: 150/85

MPH: 80% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
10.05-100/Hz

Ex Time: 06:31
BLC: On
Notch: On

Recovery(2:00)
10.0 mm/mv
25 mm/Sec.



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

10235 ISE/MRS BHANU PRIYA GANDARI

37 Yrs./Female

0 Kg/0 Cms

Date: 21-Oct-2023 03:32:20 PM

4X 60 ms Post J

HR: 136 bpm

MEETS: 1.0

BP: 140/80

MPHR: 74% of 183

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

10.05-100/Hz

Ex Time 06:31

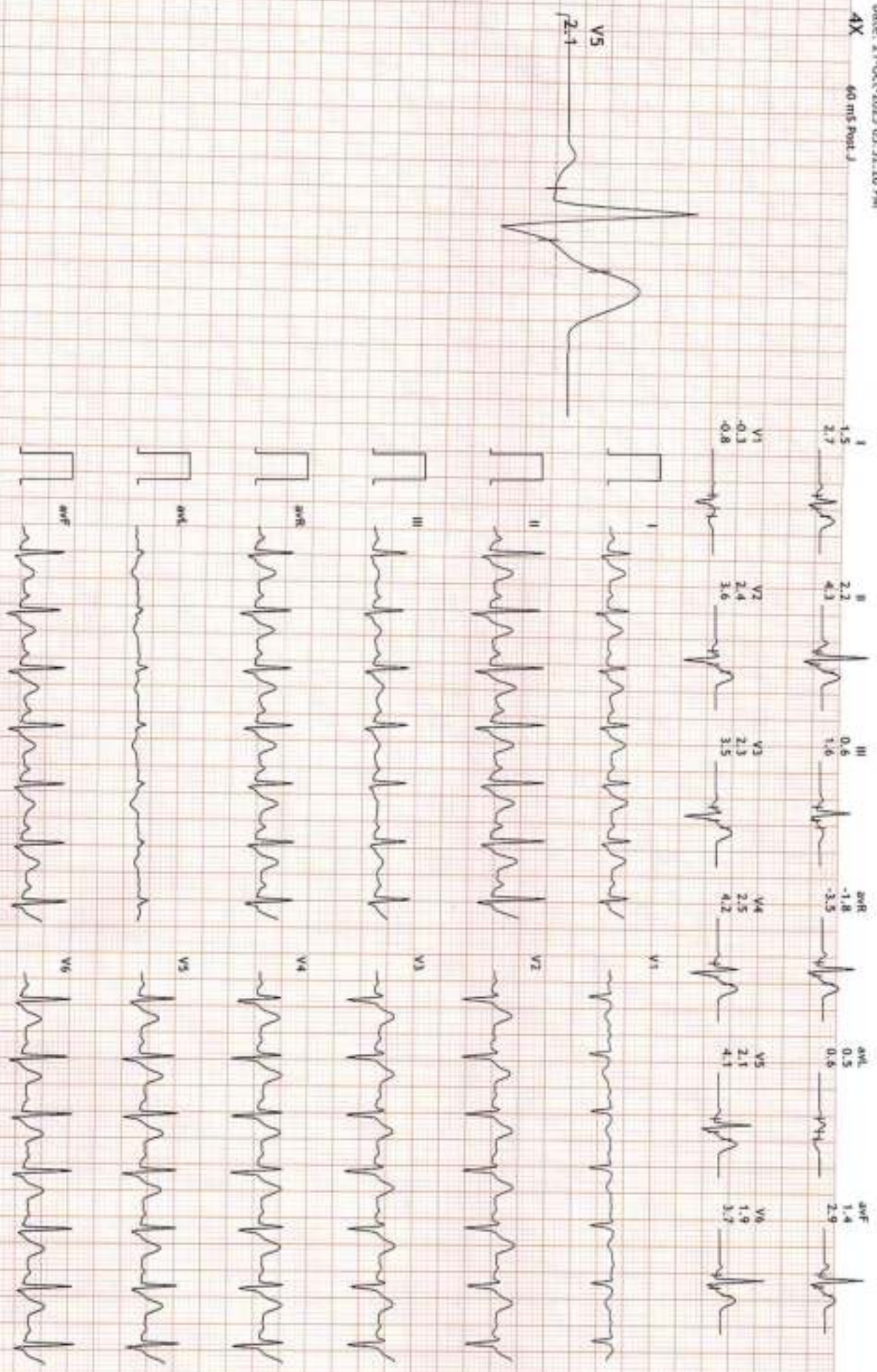
BLC :On

Notch :On

Recovery(3:00)

10.0 mm/mV

25 mm/Sec



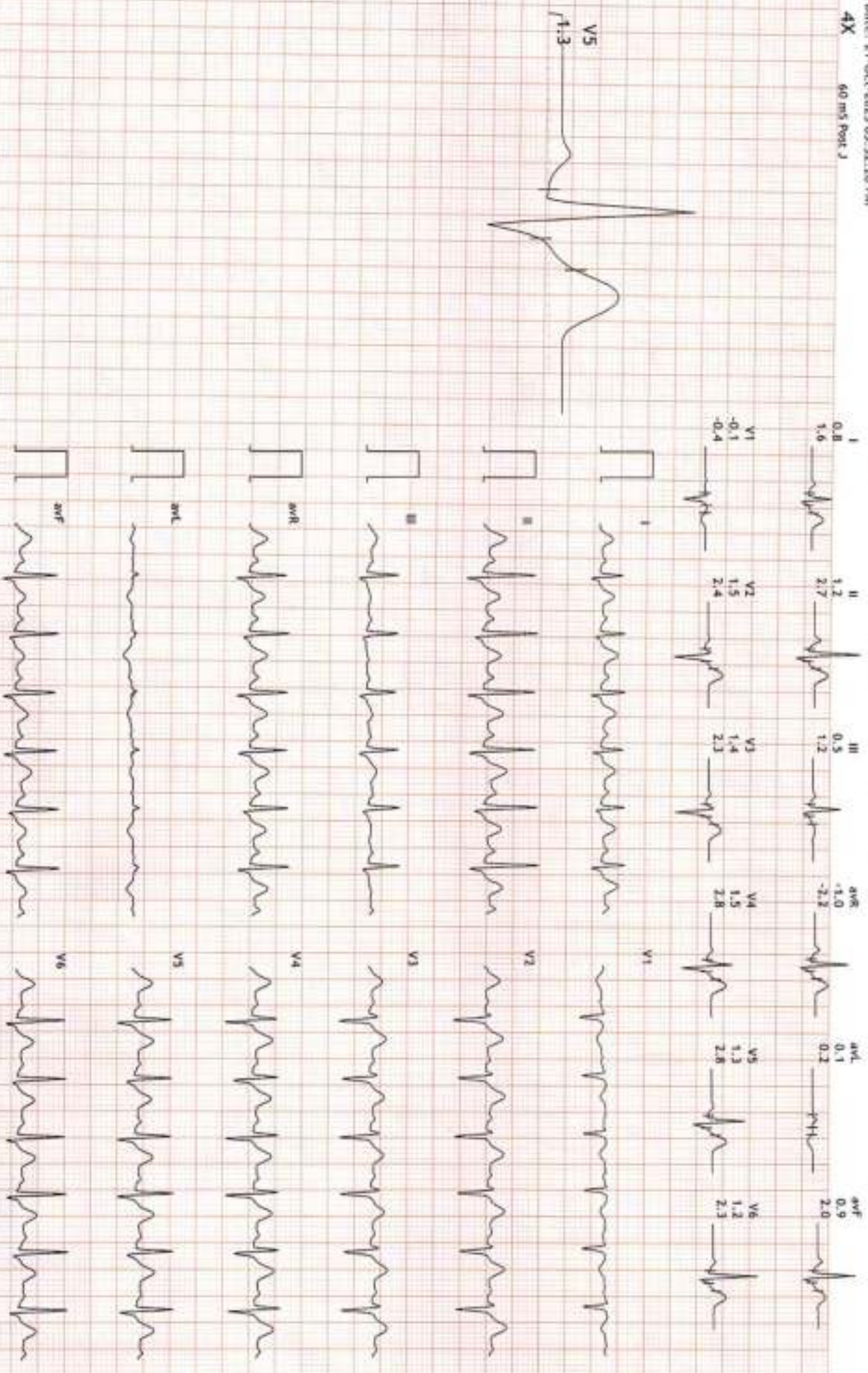
P3 HEALTH SYSTEMS LLC
B-14, Vidhyadhar Enclave-2, Vidhyadhar Nagar, Jaipur
10235106/MS BHANU PIPRA GANDHAR
37 Yrs/Female
0 Kg/0 Cms
Date: 21-Oct-2023 03:32:20 PM
4X 60 mm Post J

HR: 134 bpm
METs: 1.0
BP: 130/80

MPHR: 73% of 183
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
10.05-100/Hz

Ex Time 06:31
BLC :On
Notch :On
Recovery(4:00)
10.0 mm/mV
25 mm/Sec



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

10235186/MRS BHANU PRIYA GANDHAR

37 Yrs./Female

0 Kg/0 Cms

Date: 21-Oct-2023 03:32:20 PM

HR: 128 bpm

MCIS: 1.0

BP: 120/80

APPR: 69% of 183

Speed: 0.0 mgh

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 06:31

BLC : On

Noise : On

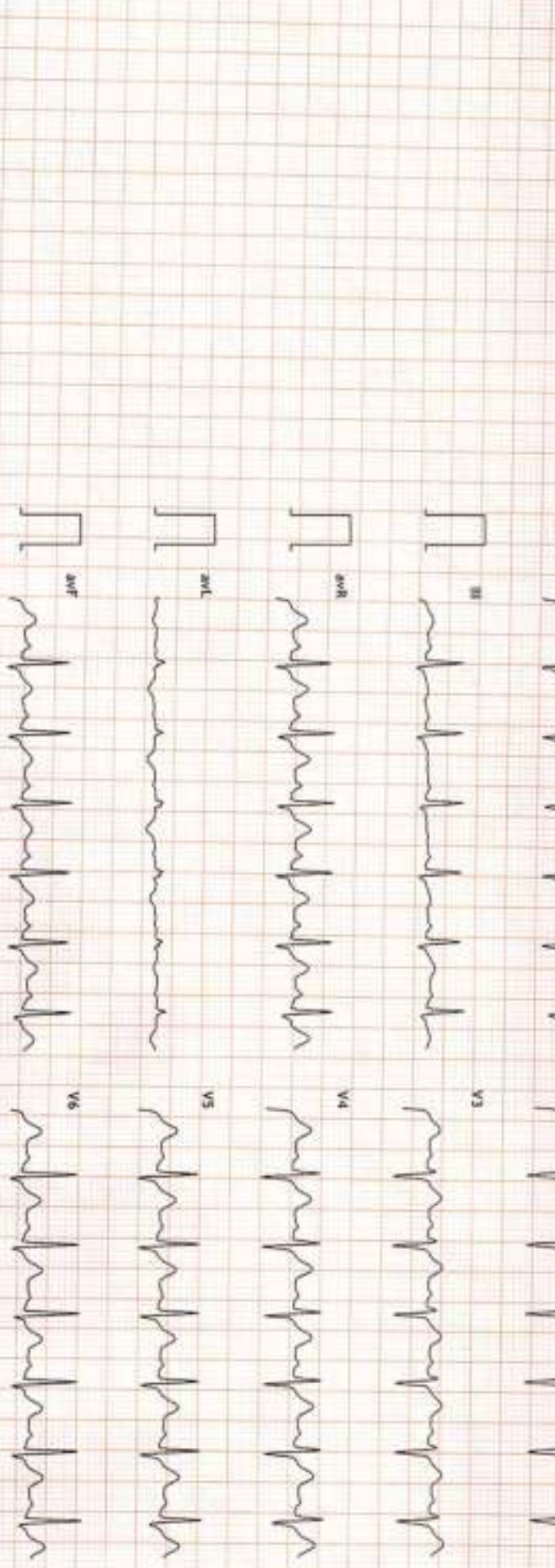
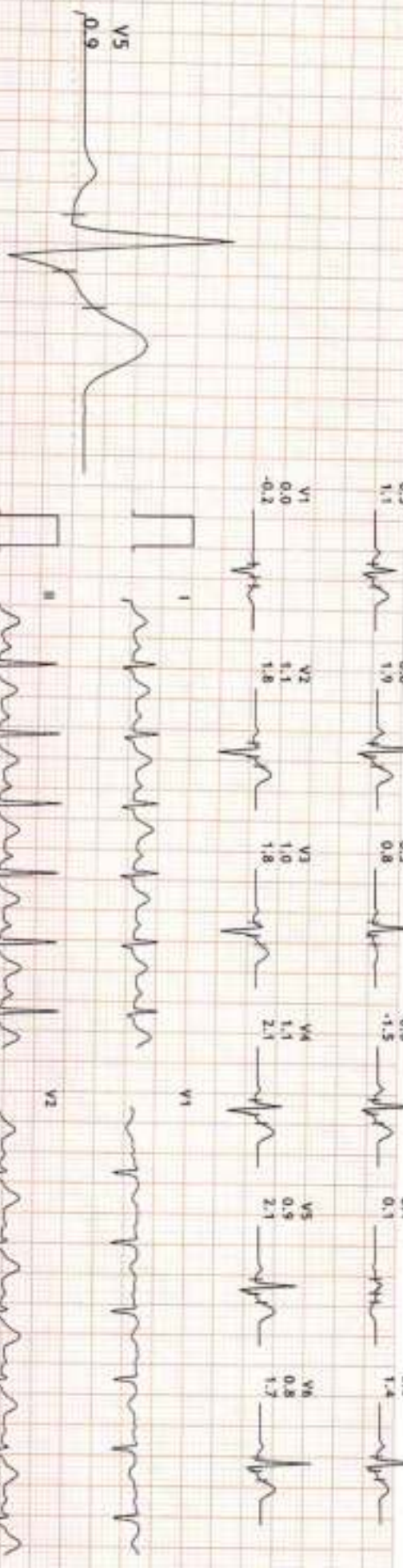
Recovery(5:00)

10.0 mm/mV

25 mm/Sec.

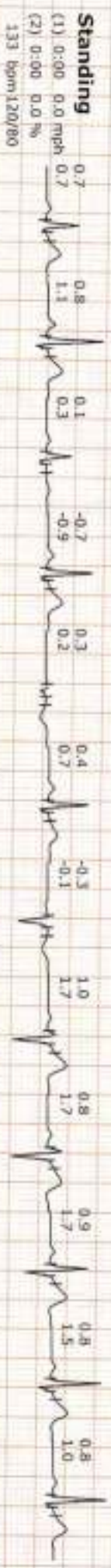


4X 60 ms Post J



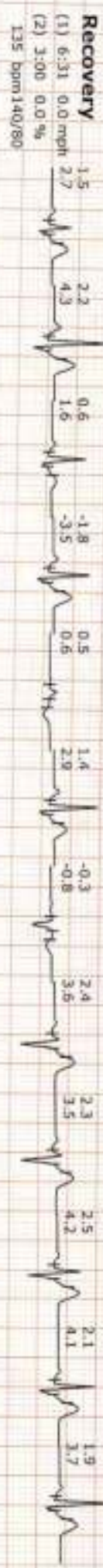
Average

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



Average

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





1223754 BHAMU PRIYA GANDARI 37 SOB F
31.OCT.2023
MARELME DIAGNOSTIC (ASSOCIATES OF PE HEALTH SOLUTIONS LLP)

