


*Dr. U. C. GUPTA*  
*MBBS, MD (Physician)*  
*BMC No. 281*

भारत सरकार  
Government of India

  
सुमन कायल  
Suman Kayal  
जन्म वर्ष / Year of Birth : 1989  
महिला / Female

~~8636 7852~~ 2644

आधार - आम आदमी का अधिकार

*Suman*

भारतीय विश्वव्यापी पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
W/O: पवन कुमार बुनकर, 33,  
प्रभात कॉलोनी, पथ न. 7, विजय  
बाड़ी, सीकर रोड, जयपुर, जयपुर,  
विश्वकर्मा इंडसट्रिअल एरिया,  
राजस्थान, 302013

Address:  
W/O: Pawan Kumar Bunkar, 33,  
prabhat colony, path no. 7, vijay  
bari, sikar road, Jaipur, Jaipur,  
Vishwakarma Industrial Area,  
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**General Physical Examination**

Date of Examination: 18/12/2022

Name: SUMAN KAYAL Age: 33 DOB: 14-01-1989 Sex: F

Referred By: Bank of Baroda

Photo ID: ADHAR CARD ID #: A(2644)

Ht: 148 (cm) Wt: 50 (Kg)

Chest (Expiration): 89 (cm) Abdomen Circumference: 92 (cm)

Blood Pressure: 120/80 mm Hg PR: 78 / min RR: 18 / min Temp: Afebrile

BMI 22

Eye Examination: R/E 6/6, N/G, NCB  
L/E 6/6, N/G, NCB

Other: \_\_\_\_\_

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

Signature Of Examinee: Suman Name of Examinee: MRS. SUMAN KAYAL

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

**Dr. U. C. GUPTA**  
MBBS, MD (Physician)  
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<b>NAME :- Mrs. SUMAN KAYAL</b>	Patient ID :-12222682	Date :- 18/12/2022	09:34:32
Age :- 33 Yrs 11 Mon 4 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 19/12/2022 10:34:01

**HAEMATOLOGY**

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

**HAEMOGARAM**

<b>HAEMOGLOBIN (Hb)</b>	13.1	g/dL	12.0 - 15.0
<b>TOTAL LEUCOCYTE COUNT</b>	5.60	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	53.0	%	40.0 - 80.0
LYMPHOCYTE	40.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.45	$\times 10^6/uL$	3.80 - 4.80
HEMATOCRIT (HCT)	41.40	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	93.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.7	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	224	$\times 10^3/uL$	150 - 410
RDW-CV	<b>31.2 H</b>	%	11.6 - 14.0
MENTZER INDEX	<b>20.90 H</b>		0.00 - 13.00

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

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

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

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

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## HAEMATOLOGY

### Erythrocyte Sedimentation Rate (ESR)

Method:- Westergreen

09

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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(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**

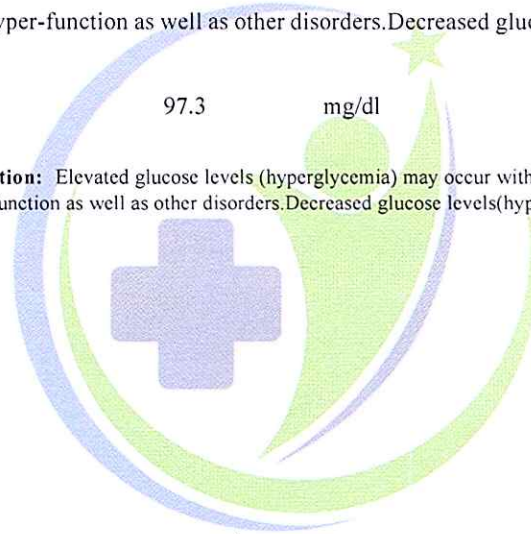
Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD POD	92.9	mg/dl	70.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

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

97.3	mg/dl	70.0 - 140.0
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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
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**GLYCOSYLATED HEMOGLOBIN (HbA1C)**

Method:- CAPILLARY with EDTA

5.0 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

100 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 - 6-8 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 intraerythrocytic 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: hypertriglyceridemia, 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.
- estimated Average Glucose (eAG) : based on value calculated according to National Glycohemoglobin Standardization Program (NGSP) criteria.

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### HAEMATOLOGY

BLOOD GROUP ABO  
Method:- Haemagglutination reaction

"A"POSITIVE



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**BIOCHEMISTRY**

Test Name	Value	Unit	Biological Ref Interval
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**LIPID PROFILE**

TOTAL CHOLESTEROL  
Method:- CHOD-PAP methodology

190.00 mg/dl

Desirable <200  
Borderline 200-239  
High > 240

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

TRIGLYCERIDES  
Method:- GPO-TOPS methodology

69.00 mg/dl

Normal <150  
Borderline high 150-199  
High 200-499  
Very high >500

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

DIRECT HDL CHOLESTEROL  
Method:- Selective inhibition Method

52.00 mg/dl

Male 35-80  
Female 42-88

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

LDL CHOLESTEROL  
Method:- Calculated Method

126.50 mg/dl

Optimal <100  
Near Optimal/above optimal 100-129  
Borderline High 130-159  
High 160-189  
Very High > 190

VLDL CHOLESTEROL  
Method:- Calculated

13.80 mg/dl

0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO  
Method:- Calculated

3.65

0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO  
Method:- Calculated

2.43

0.00 - 3.50

TOTAL LIPID  
Method:- CALCULATED

517.74 mg/dl

400.00 - 1000.00

- 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.
- 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  
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### BIOCHEMISTRY

atherogenic lipoproteins ( mainly LDL & VLDL). The Non HDL Cholesterol is used as a secondary target of therapy in persons with triglycerides  $\geq 200$  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/Diazo	0.53	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DMSO/Diazo	0.15	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.38	mg/dl	0.30-0.70
SGOT Method:- IFCC	23.2	U/L	Men- Up to - 37.0 Female - Up to - 31.0
SGPT Method:- IFCC	25.4	U/L	Men- Up to - 40.0 Female- Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	60.00	U/L	42.00 - 110.00
SERUM GAMMA GT Method:- Szasz methodology Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.	18.10	U/L	5.00 - 32.00
SERUM TOTAL PROTEIN Method:- Direct Biuret Reagent	6.64	g/dl	5.10 - 8.00
SERUM ALBUMIN Method:- Bromocresol Green	4.75	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	1.89 L	gm/dl	2.20 - 3.50
A/G RATIO	2.51 H		1.30 - 2.50

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

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

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**BIOCHEMISTRY**

**RFT / KFT WITH ELECTROLYTES**

SERUM UREA 25.50 mg/dl 10.00 - 50.00  
Method:- Urease/GLDH

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

SERUM CREATININE 0.88 mg/dl Males : 0.6-1.50 mg/dl  
Females : 0.6 -1.40 mg/dl  
Method:- Jaffe's Method

**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 3.45 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 131.2 L mmol/L 135.0 - 150.0  
Method:- ISE

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

POTASSIUM 4.17 mmol/L 3.50 - 5.50  
Method:- ISE

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

CHLORIDE 102.6 mmol/L 94.0 - 110.0  
Method:- ISE

**Interpretation:** Used for Electrolyte monitoring.

SERUM CALCIUM 9.20 mg/dL 8.80 - 10.20  
Method:- Arsenazo III Method

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

SERUM TOTAL PROTEIN 6.64 g/dl 5.10 - 8.00  
Method:- Biuret Reagent

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**BIOCHEMISTRY**

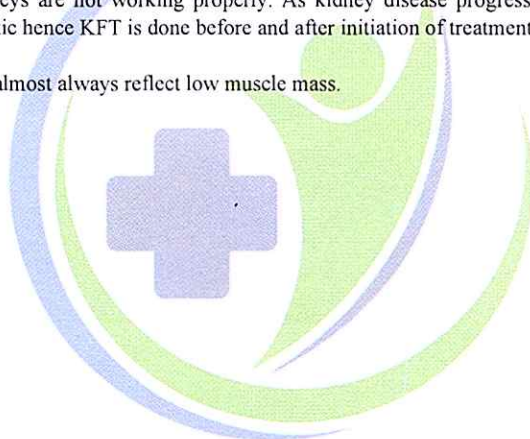
SERUM ALBUMIN Method:- Bromocresol Green	4.70	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	1.89	L gm/dl	2.20 - 3.50
A/G RATIO	2.51	H	1.30 - 2.50

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

**INTERPRETATION**

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

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



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*Tanu*

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



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

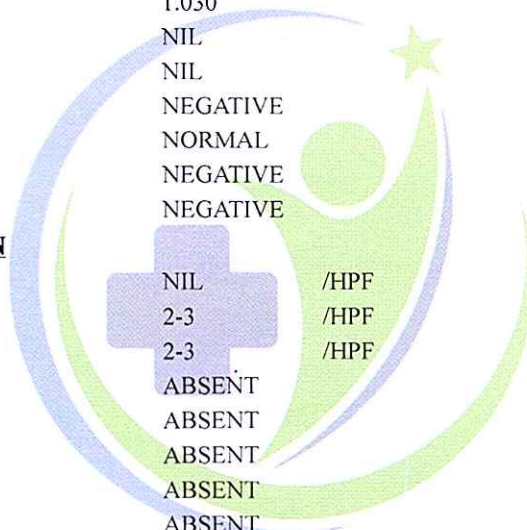


<b>NAME :- Mrs. SUMAN KAYAL</b>	Patient ID :-12222682	Date :- 18/12/2022	09:34:32
Age :- 33 Yrs 11 Mon 4 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 19/12/2022 10:34:01

**CLINICAL PATHOLOGY**

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.030		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<b><u>MICROSCOPY EXAMINATION</u></b>			
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



VIKARANTJI

**Technologist**

Page No: 12 of 15

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





# P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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



<b>NAME :- Mrs. SUMAN KAYAL</b>	Patient ID :-12222682	Date :- 18/12/2022	09:34:32
Age :- 33 Yrs 11 Mon 4 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 19/12/2022 14:24:28

## CLINICAL PATHOLOGY

URINE SUGAR (FASTING)  
Collected Sample Received

Nil

Nil



VIKARANTJI

**Technologist**  
Page No: 2 of 3

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



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



<b>NAME :- Mrs. SUMAN KAYAL</b>	Patient ID :-12222682	Date :- 18/12/2022	09:34:32
Age :- 33 Yrs 11 Mon 4 Days	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :-	Mr.MEDIWHEEL	

Final Authentication : 19/12/2022 14:24:28

**CLINICAL PATHOLOGY**

**STOOL ANALYSIS**

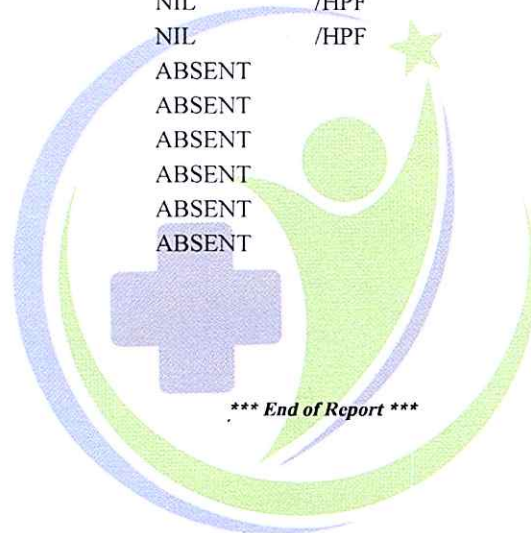
**PHYSICAL EXAMINATION**

COLOUR	YELLOW BROWN
CONSISTENCY	SEMI SOLID
MUCUS	ABSENT
BLOOD	ABSENT

**MICROSCOPIC EXAMINATION**

RBC's	NIL	/HPF
WBC/HPF	NIL	/HPF
MACROPHAGES	ABSENT	
OVA	ABSENT	
CYSTS	ABSENT	
TROPHOZOITES	ABSENT	
CHARCOT LEYDEN CRYSTALS	ABSENT	
OTHERS	ABSENT	

Collected Sample Received



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

VIKARANTJI

**Technologist**  
Page No: 3 of 3

*Tanu*

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



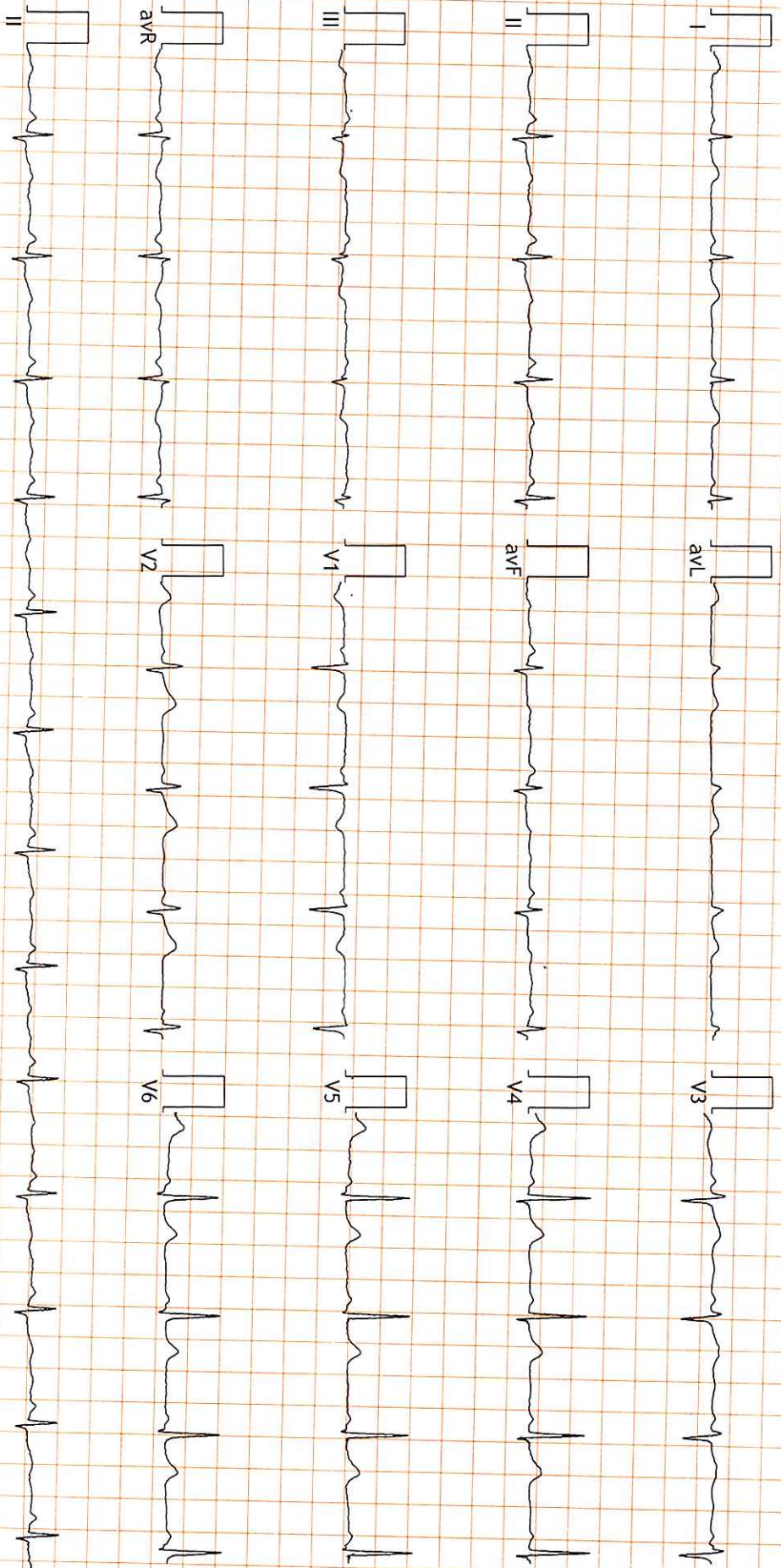
**P3 HEALTH SOLUTIONS LLP**

B-14, Vidhyanagar Nagar, Enclave, Phase-2, Jaipur  
12229451322692/Mrs Suman Kayal 33Yrs/Female  
Ref.: BANK OF BARODA Test Date: 18-Dec-2022(10:52:47)

Kgs/31 Cms BP: \_\_\_/\_\_\_ mmHg  
10mm/mV 25mm/Sec

HR: 78 bpm

PR Interval: 106 ms  
QRS Duration: 78 ms  
QT/QTc: 361/412ms  
P-QRS-T Axis: 45 -13 -22 (Deg)



**FINDINGS:** Normal Sinus Rhythm  
Vent Rate : 78 bpm; PR Interval : 106 ms; QRS Duration: 78 ms; QT/QTc Int : 361/412 ms  
P-QRS-T axis: 45 -13 -22 (Deg)  
Comments :

TWNL

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



**P3 HEALTH SOLUTIONS LLP**

**Summary**

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

1322291/MRS SUMAN KAYAL 33 Yrs/Female 0 Kg/0 Cms  
 Date: 18-Dec-2022 10:56:23 AM  
 Ref By : BANK OF BARODA

Protocol : BRUCE

History :

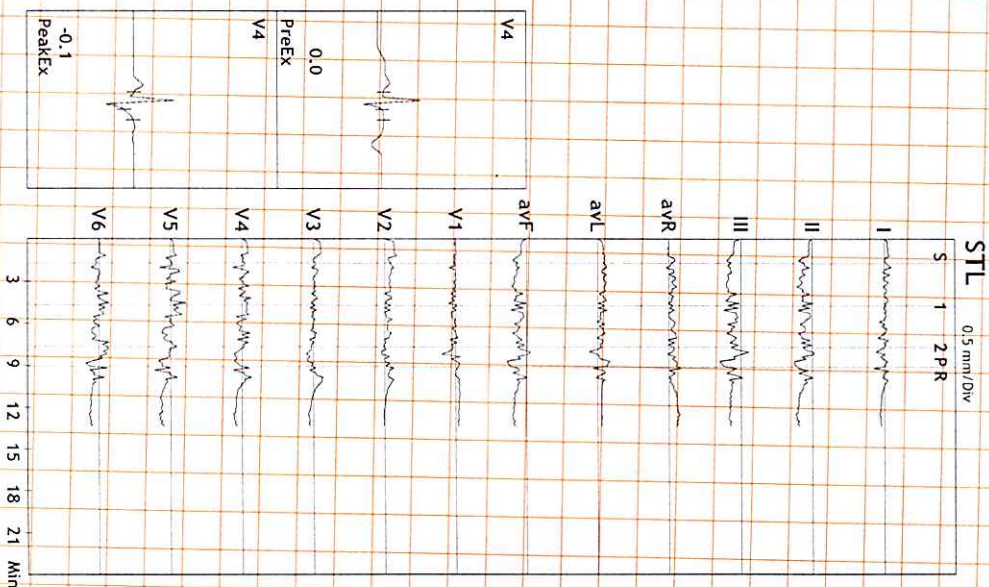
Medication :  
 Objective :

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	82	120/80	98	-	
Standing					1.0	82	120/80	98	-	
HV					1.0	81	120/80	97	-	
ExStart					1.0	113	120/80	135	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	133	130/80	172	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	137	140/90	191	-	
PeakEx	1:25	7:26	3.4	14.0	8.6	160	150/90	240	-	
Recovery	1:00		0.0	0.0	1.2	120	150/90	180	-	
Recovery	2:00		0.0	0.0	1.0	111	140/90	155	-	
Recovery	3:00		0.0	0.0	1.0	103	130/80	133	-	
Recovery	4:00		0.0	0.0	1.0	105	120/80	125	-	

**Findings :**

Exercise Time : 07:25  
 Max HR Attained : 160 bpm 86% of Max Predictable HR 187  
 Max BP : 150/90(mmHg)  
 Max Workload attained : 8.6(Fair Effort Tolerance)

*TMT is Negative for RMT*



Advice/Comments:

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





P3 HEALTH SOLUTIONS LLP

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

1322291/MRS SUMAN KAYAL  
33 Yrs/Female

Date: 18-Dec-2022 10:56:23 AM  
4X 73 ms Post J

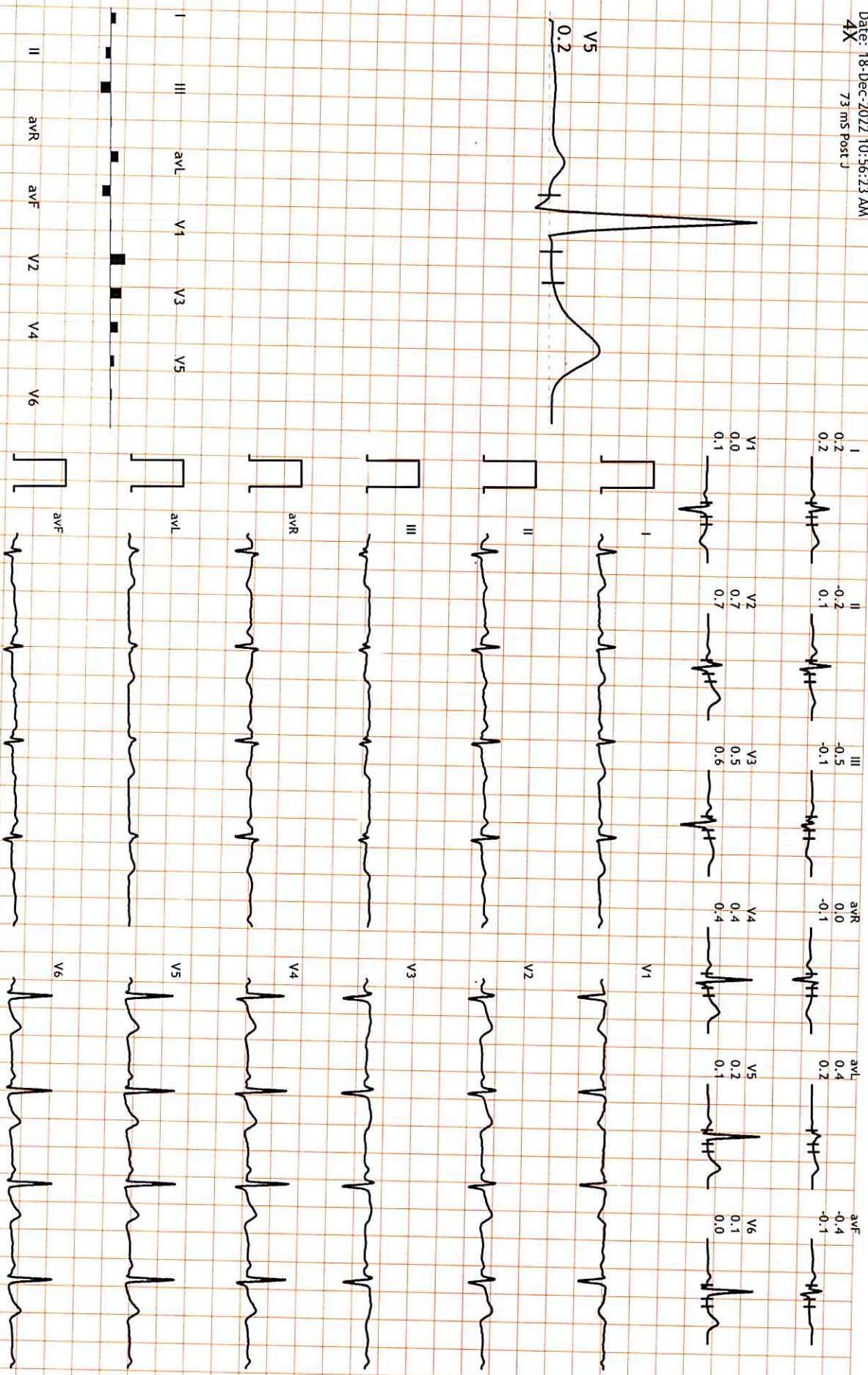
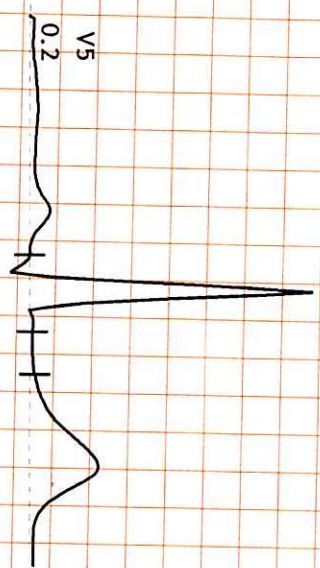
12 Lead + Median

HR: 82 bpm  
METS: 1.0  
BP: 120/80  
MPHR: 43% of 187  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)HZ

Ex Time 00:35  
BLC : On  
Notch : On

Supine  
10.0 mm/mV  
25 mm/Sec.





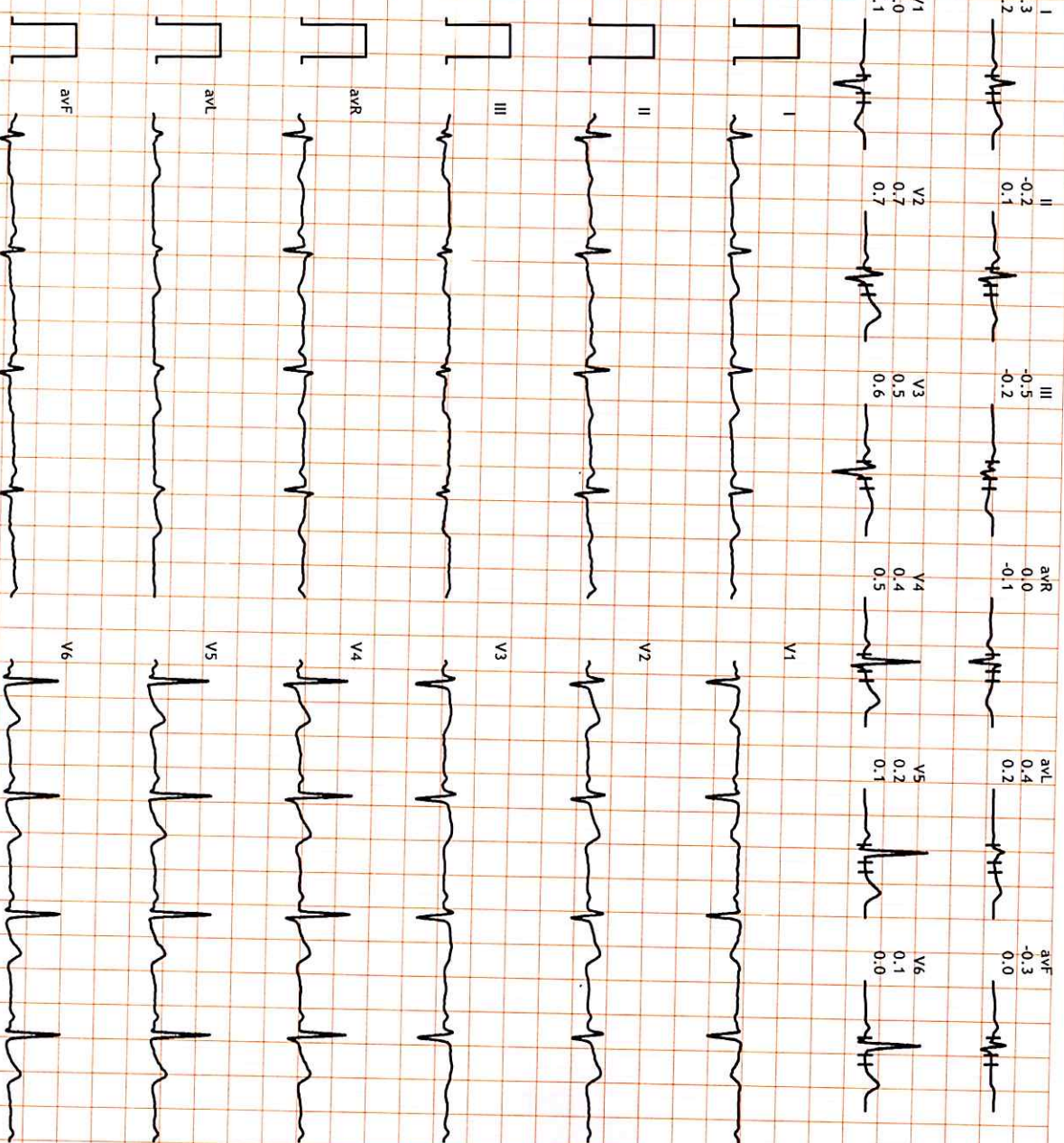
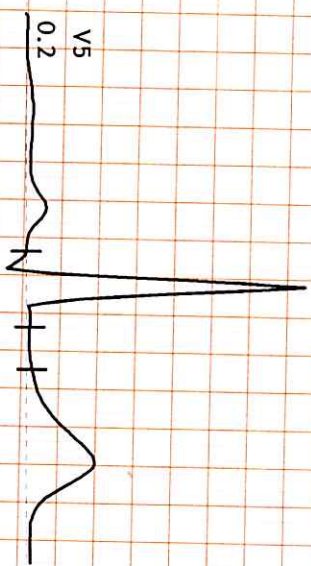
HR: 81 bpm  
METS: 1.0  
BP: 120/80

MPHR: 43% of 187  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 00:46  
BLC : On  
Notch : On

Standing  
10.0 mm/mV  
25 mm/Sec.





P3 HEALTH SOLUTIONS LLP

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

1322291/MRS SUMAN KAYAL

33 Yrs/Female

0 Kg/0 Cms

Date: 18-Dec-2022 10:56:23 AM  
4X 73ms Post J

12 Lead + Median

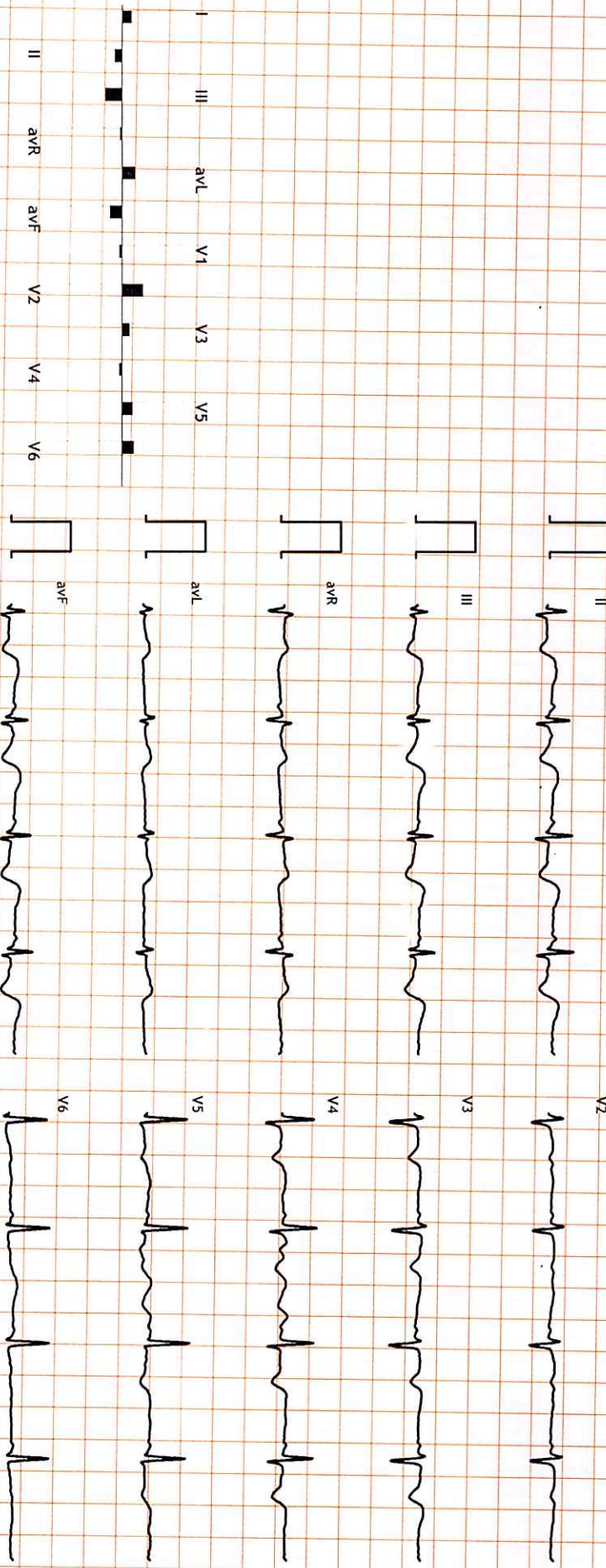
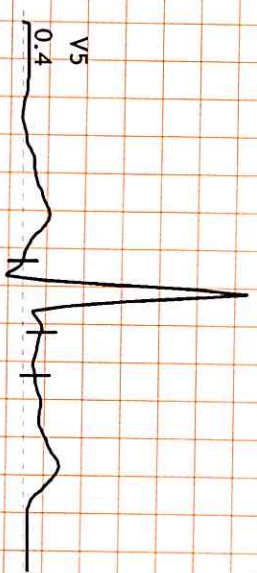
HR: 83 bpm  
METs: 1.0  
BP: 120/80

MPHR: 44% of 187  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 01:18  
BLC : On  
Notch : On

HV  
10.0 mm/mV  
25 mm/Sec.





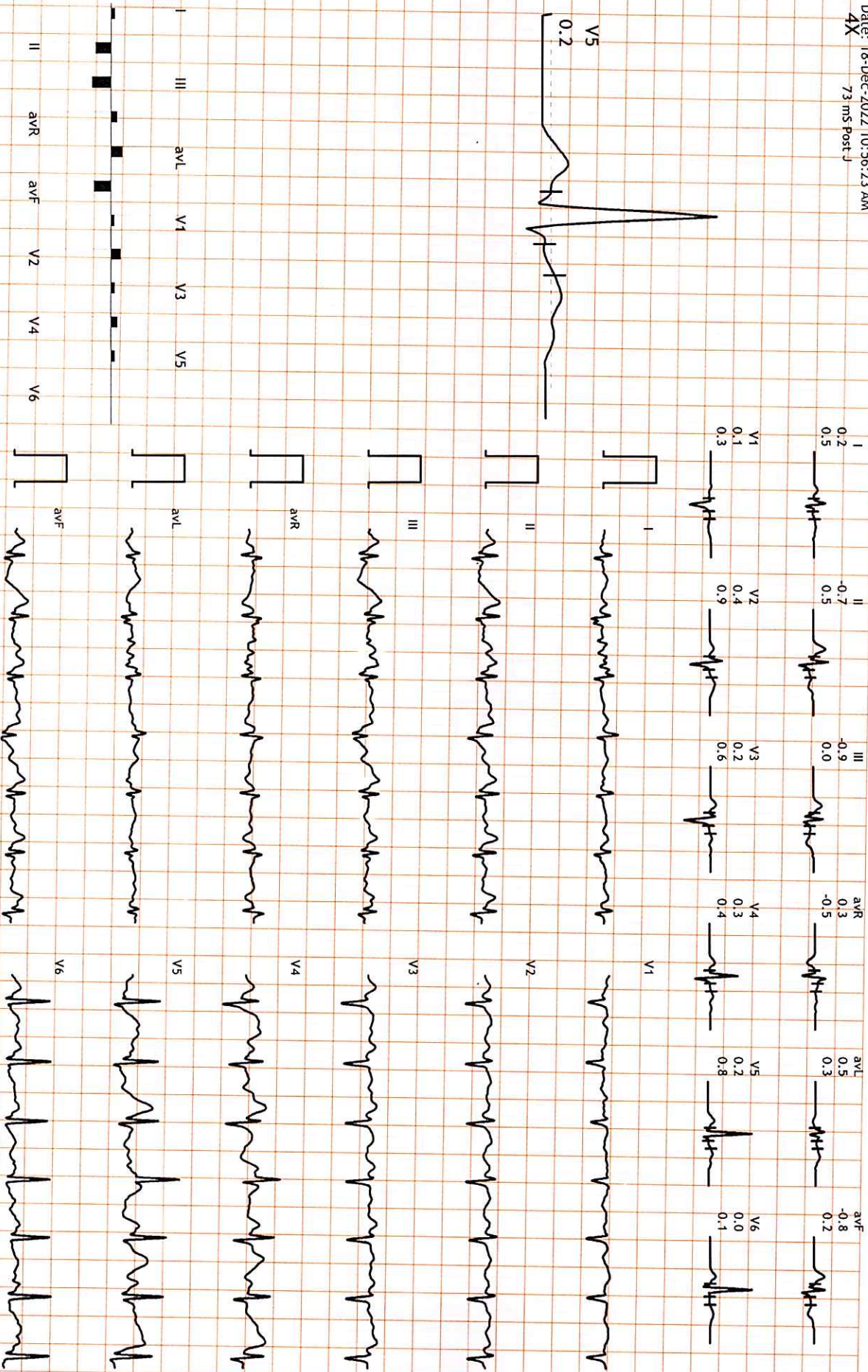
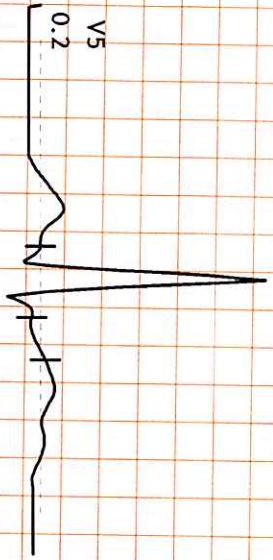
HR: 132 bpm  
METs: 4.7  
BP: 130/80

MPHR: 70% of 187  
Speed: 1.7 mph  
Grade: 10.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 02:59  
BLC : On  
Notch : On

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





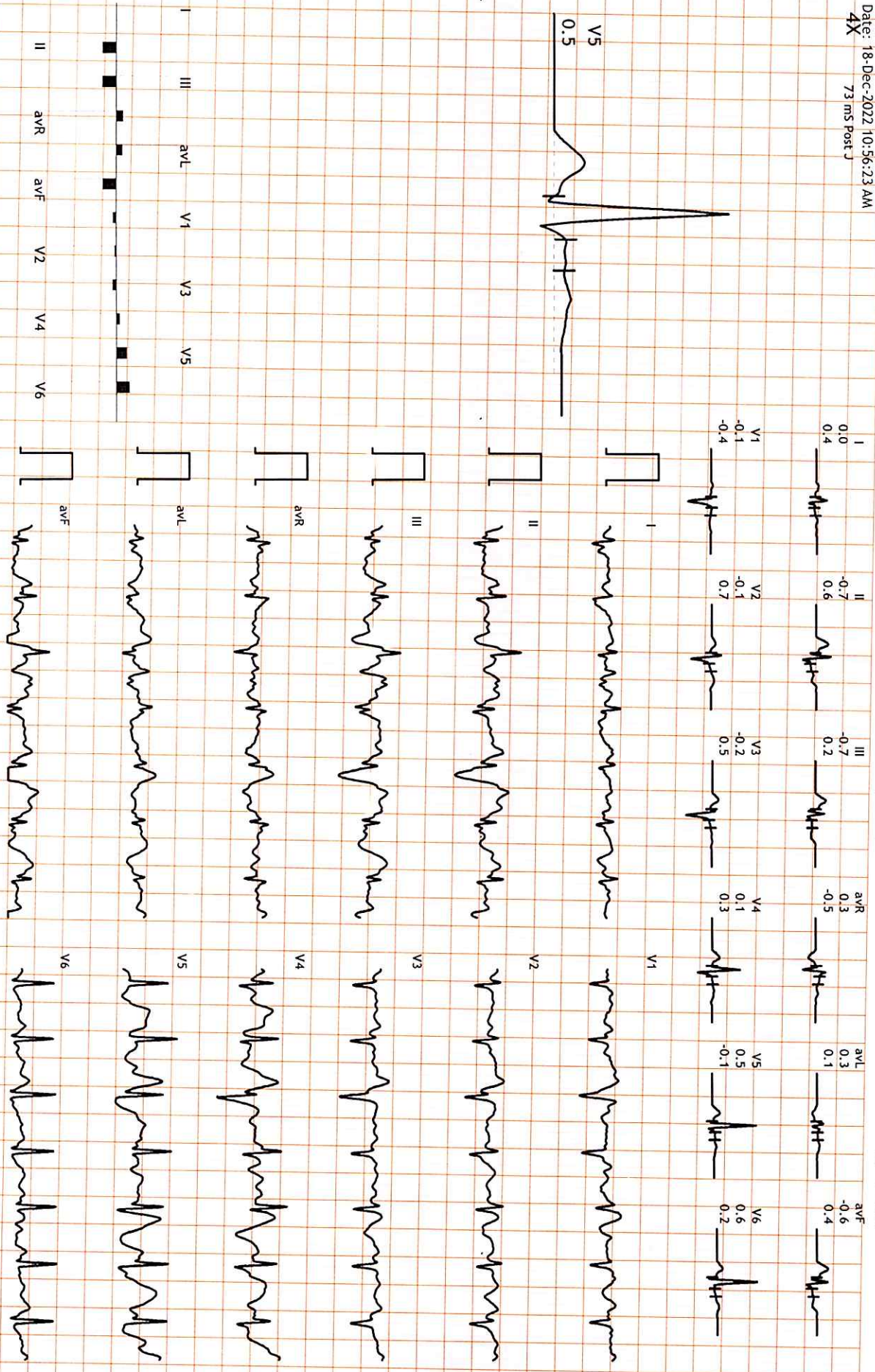
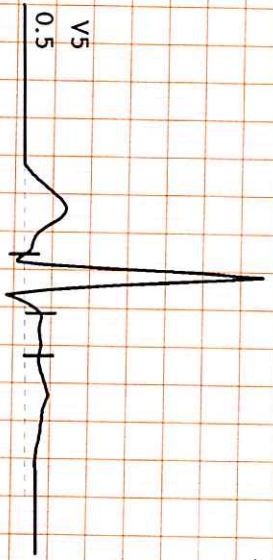
HR: 138 bpm  
METs: 7.1  
BP: 140/90

MPHR: 73% of 187  
Speed: 2.5 mph  
Grade: 12.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 05:59  
BLC : On  
Notch : On

BRUCE: Stage 2(3:00)  
10.0 mm/mV  
25 mm/Sec.



12 Lead + Median  
HR: 138 bpm  
METs: 7.1  
BP: 140/90  
MPHR: 73% of 187  
Speed: 2.5 mph  
Grade: 12.0%  
Raw ECG  
BRUCE  
(1.0-35)Hz  
Ex Time 05:59  
BLC : On  
Notch : On  
BRUCE: Stage 2(3:00)  
10.0 mm/mV  
25 mm/Sec.



P3 HEALTH SOLUTIONS LLP

12 Lead + Median

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

1322291/MRS SUMAN KAYAL

33 Yrs/Female

0 Kg/0 Cms

Date: 18-Dec-2022 10:56:23 AM

4X

73 ms Post J

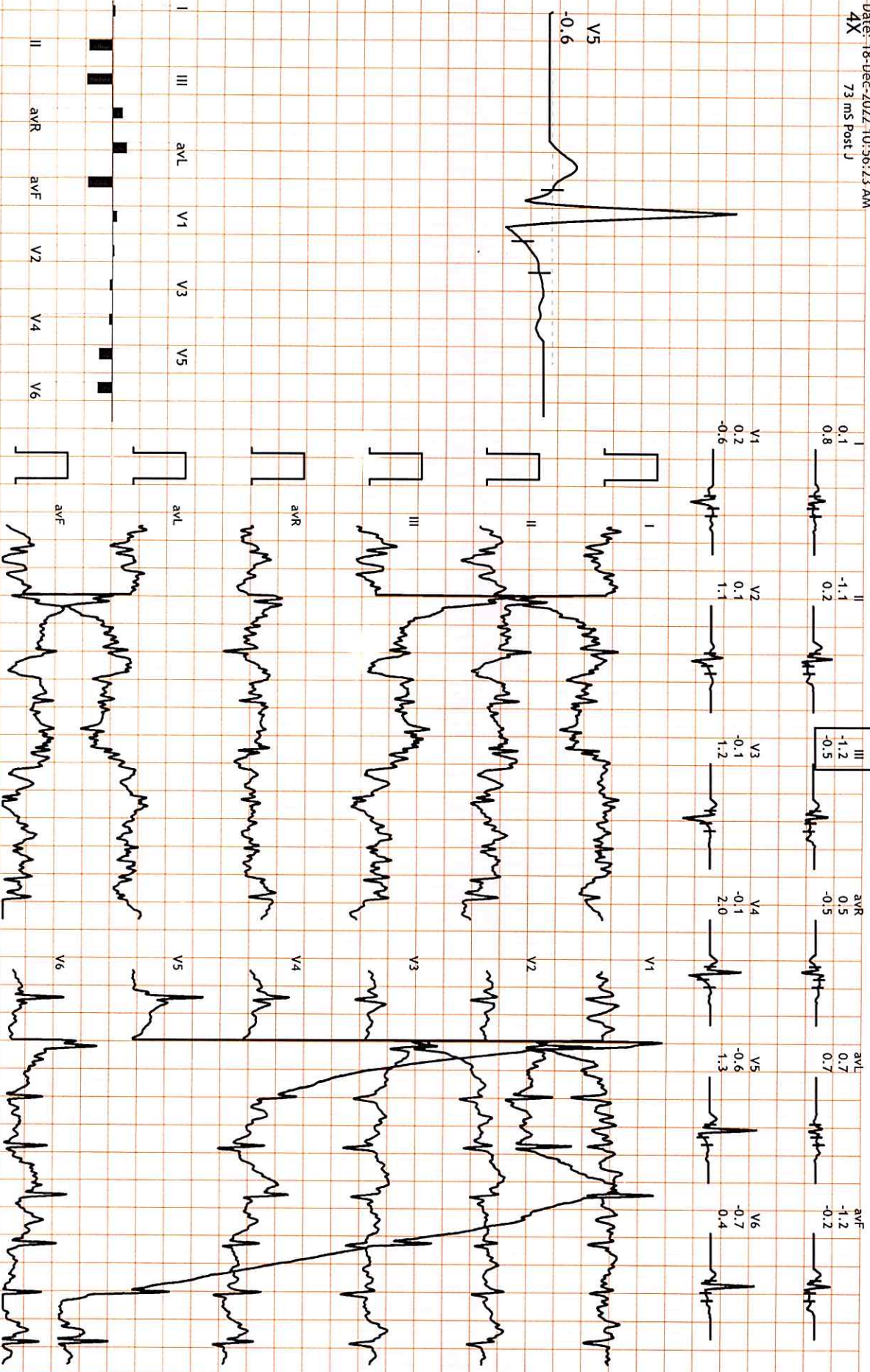
HR: 160 bpm  
METs: 8.6  
BP: 150/90

MPHR: 85% of 187  
Speed: 3.4 mph  
Grade: 14.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 07:23  
BLC : On  
Notch : On

BRUCE: PeakEx(1:23)  
10.0 mm/mV  
25 mm/Sec.





B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur  
 1322291/MRS SUMAN KAYAL  
 33 Yrs/Female  
 0 Kg/0 Cms  
 Date: 18-Dec-2022 10:56:23 AM

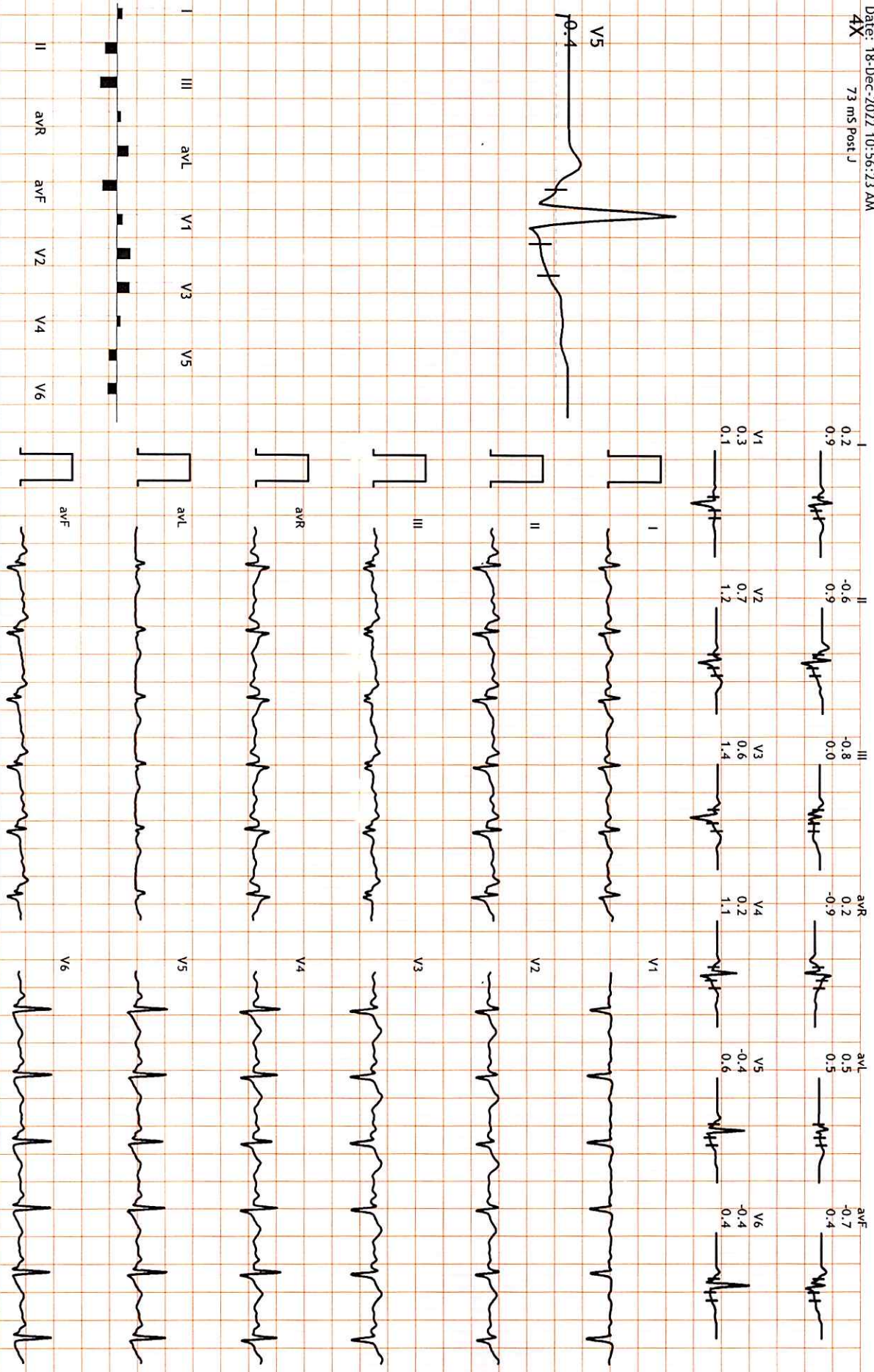
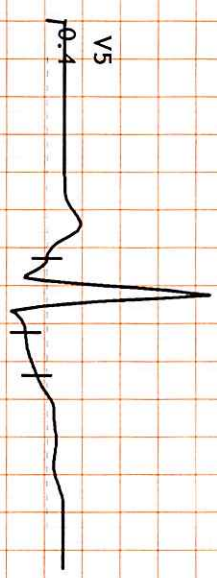
HR: 118 bpm  
 METS: 1.3  
 BP: 150/90

MPHR: 63% of 187  
 Speed: 0.0 mph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (1.0-35)Hz

Ex Time 07:25  
 BLC : On  
 Notch : On

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





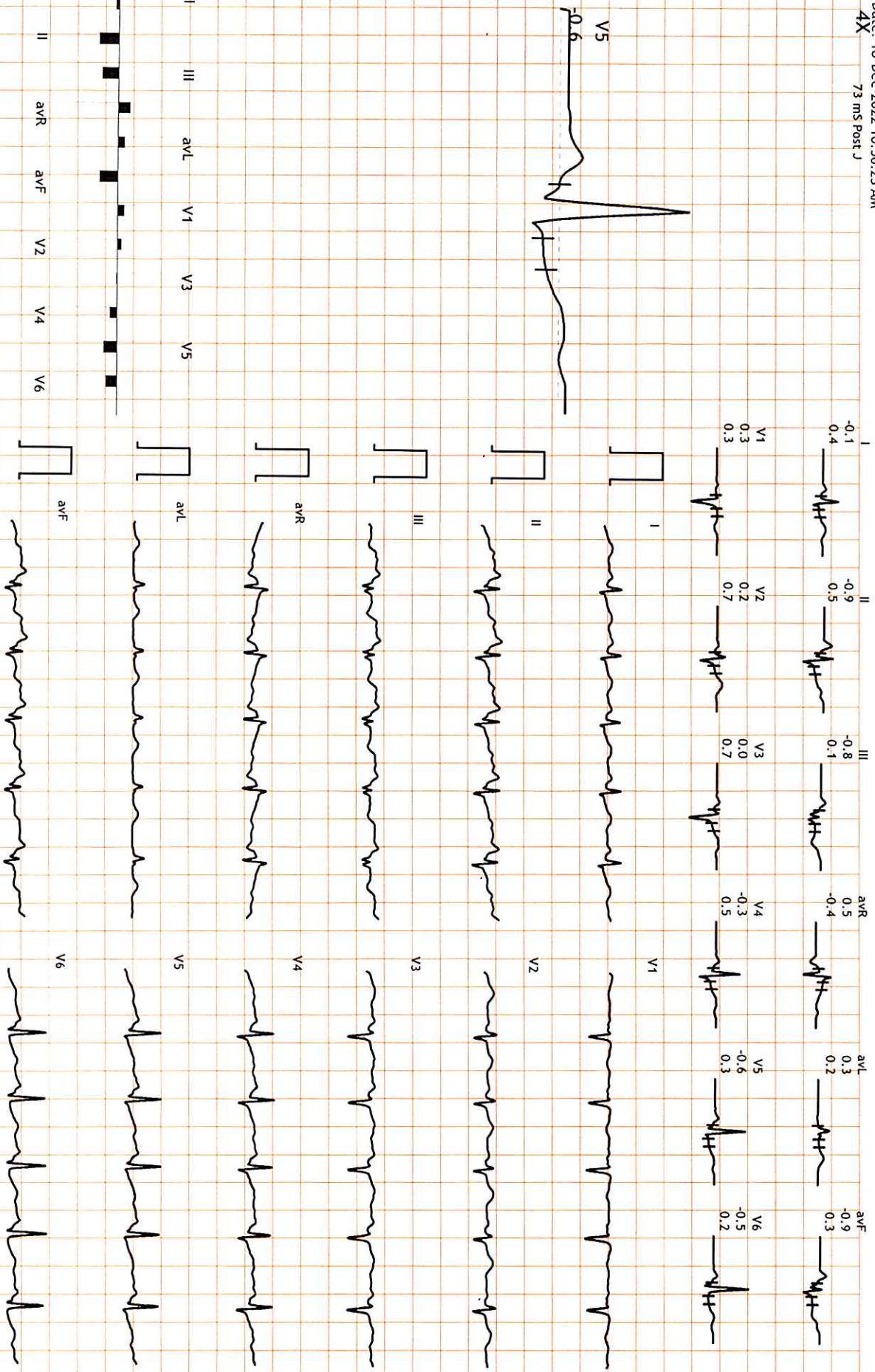
HR: 114 bpm  
METs: 1.0  
BP: 140/90

MPPR: 60% of 187  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 07:25  
BLC : On  
Notch : On

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



Medical Review: [illegible]

Print Date: 12/18/2022 10:56:23 AM



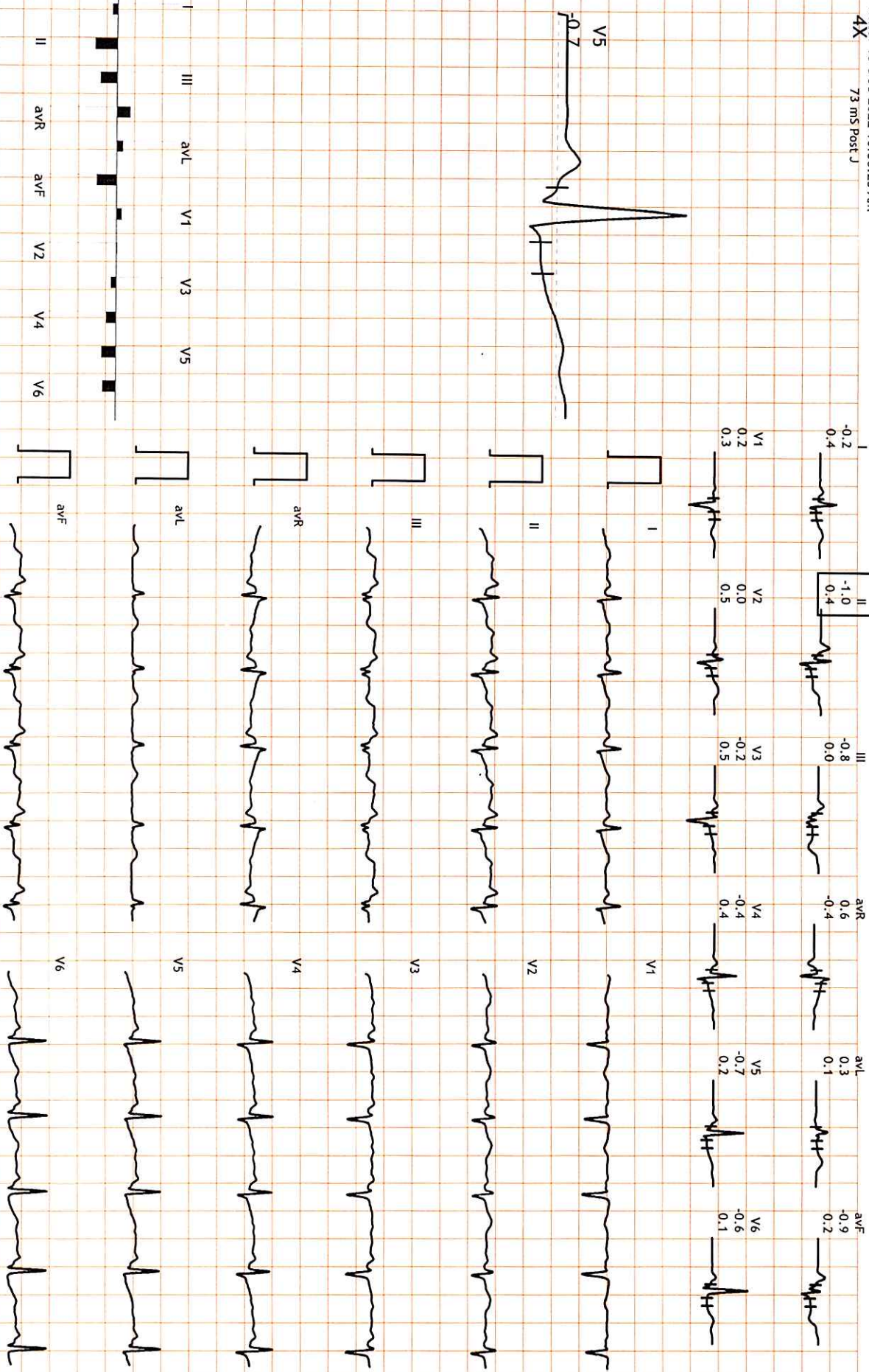
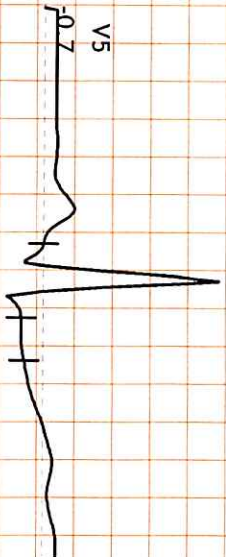
HR: 103 bpm  
MET5: 1.0  
BP: 130/80

MPHR: 55% of 187  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 07:25  
BLC :On  
Notch :On

Recovery(3:00)  
10.0 mm/mV  
25 mm/Sec.





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

1322291/MRS SUMAN KAVAL

33 Yrs/Female

0 Kg/0 Cms

Date: 18-Dec-2022 10:56:23 AM

4X

73 ms Post J

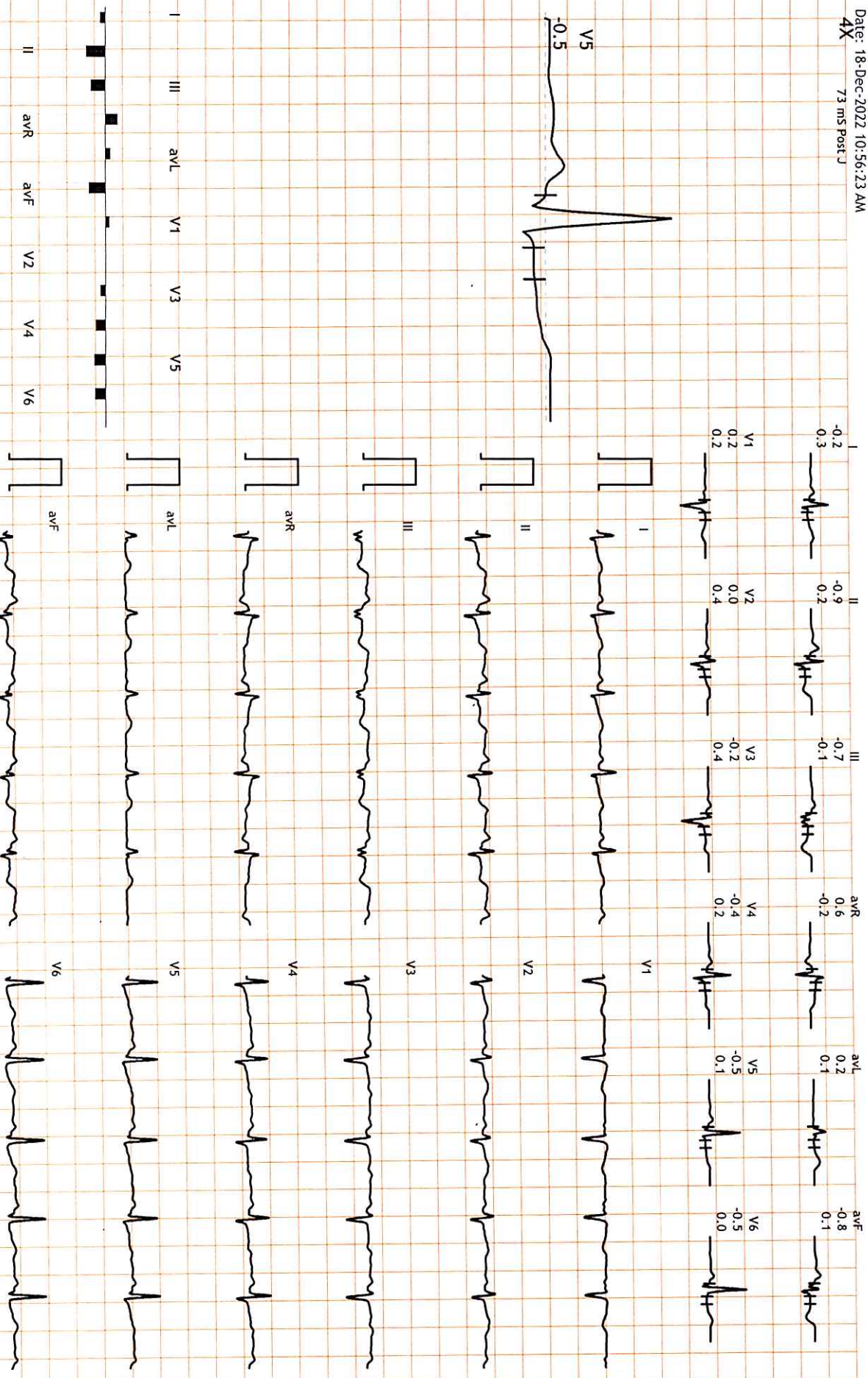
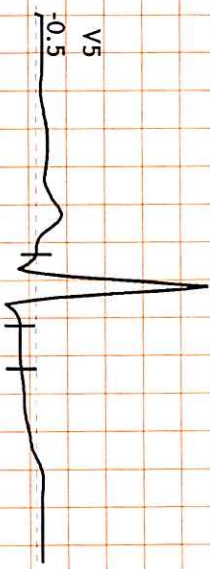
HR: 106 bpm  
METTS: 1.0  
BP: 120/80

MPHR: 56% of 187  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 07:25  
BLC :On  
Notch :On

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



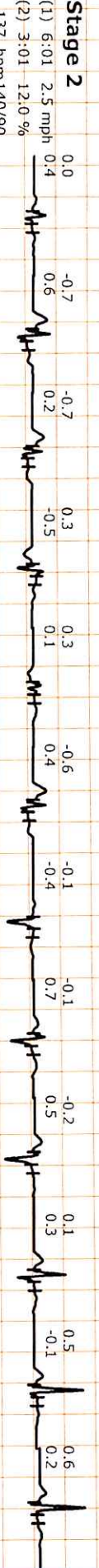
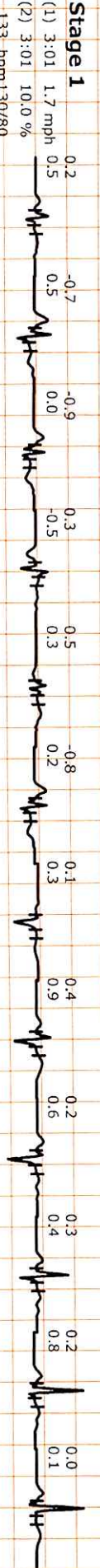
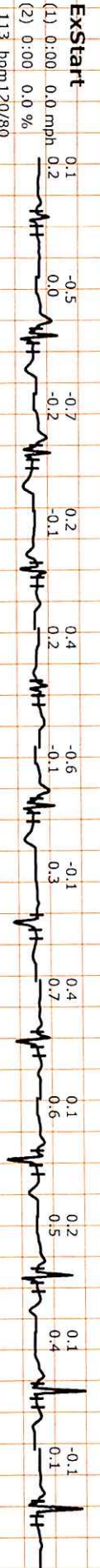
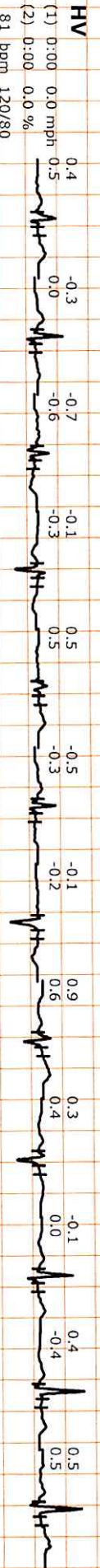
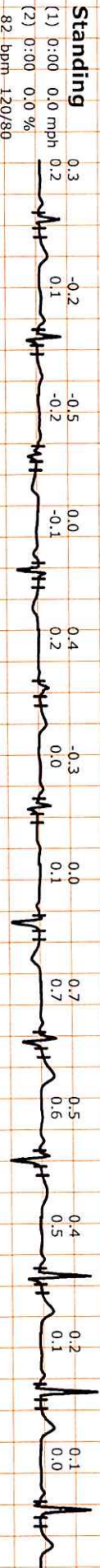
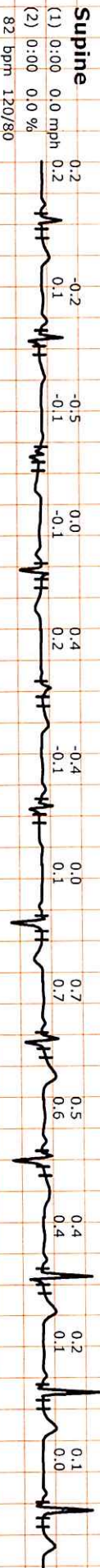


B-14, Vidhyadhar Nagar Enclave, Phase -2, Jaipur

1322291/MRS SUMAN KAYAL 33 Yrs/Female 0 Kg/0 Cms  
Date: 18-Dec-2022 10:56:23 AM

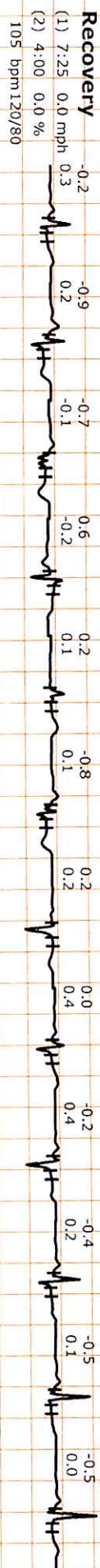
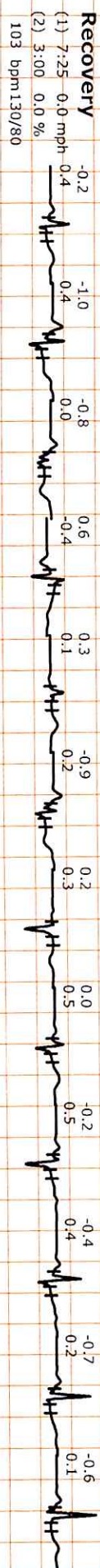
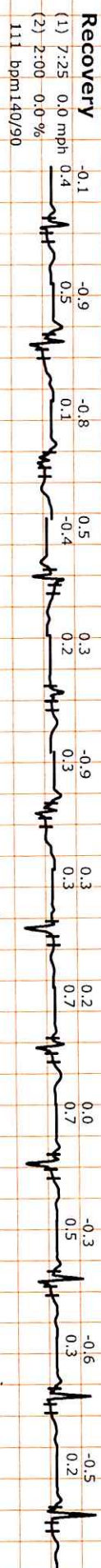
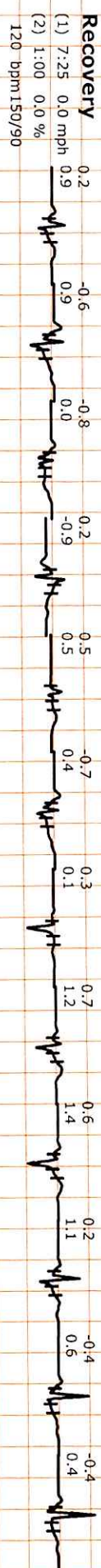
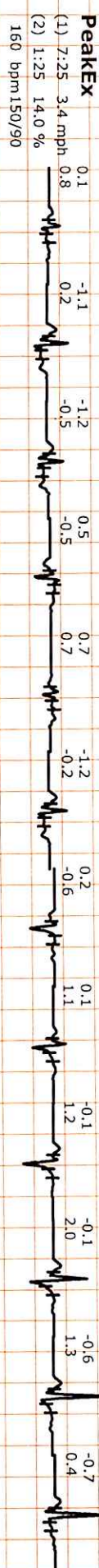


I II III avR avL avF V1 V2 V3 V4 V5 V6





I II III avR avL avF V1 V2 V3 V4 V5 V6















<b>MRS. SUMAN KAYAL</b>	<b>Age: 33 Y/F</b>
<b>Registration Date: 18/12/2022</b>	<b>Ref. by: BANK OF BARODA</b>

**ULTRASOUND OF WHOLE ABDOMEN**

**Liver** is of normal size (11.5 cm). Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is 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 (8.6 cm). Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen.

**Right kidney** is measuring approx. 12.0 x 4.1 cm. **Calyceal system is prominent with ballooning of pelvis (maximum calyceal diameter is 17-18 mm and maximum pelvic diameter is 38-39 mm). DD includes PUJ obstruction/calculus.**

**Left kidney** is measuring approx. 9.2 x 4.3 cm.

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

**Uterus** is anteverted and retroflexed (measuring approx. 8.1 x 3.7 x 3.7 cm).

Myometrium shows normal echo -pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 3.1 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:** Prominent right pelvicalyceal system as described above. **Adv: Clinical/NCCT KUB correlation to rule out PUJ obstruction/calculus.**

**DR.SHALINI GOEL**

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



**MAXCARE**  
**DIAGNOSTICS**  
(ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)



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

NAME:	MRS. SUMAN KAYAL	AGE	33 YRS/F
REF.BY	BANK OF BARODA	DATE	18/12/2022

**CHEST X RAY (PA VIEW)**

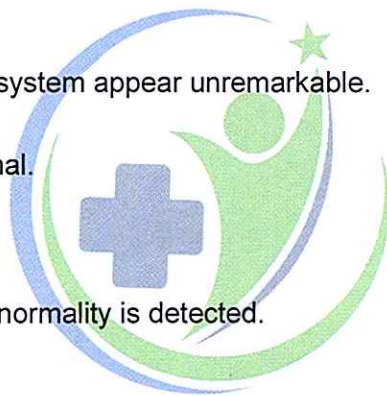
Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.



**IMPRESSION:** No significant abnormality is detected.

*Shalini*

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



R

1222682 MR.SUMAN KAYAL 33YRS BANK OF BARODA F  
18.DEC.2022  
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

