



Department of Lab Medicine



TEST REPORT

UHID: IH/312973/23

Patient Name : **Mrs. Sapna** Mobile No : **9463546399**  
 ID No , Age : IH/312973/23 , 32 Yr F Address : Mediweel Derabassi  
 Booking No. : 729595 Doc No. : 24 Sample Receiving Date & Time : 02/12/2023 1:29:00PM  
 Date # SNo : 02-12-2023 # 93  
 Referred by : INDUS  
 Category : Mediwheel (Arcofemi Healthcare Limited )

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
---------------	-------	-------	------------	--------------------	-----------------

HAEMATOLOGY

COMPLETE BLOOD COUNTS

Specimen:EDTA Whole Blood

HAEMOGLOBIN (HB) Non Cyanide Method	: 11.9	g/dL	12.0 - 15.0	02/12/2023 13:50	
TOTAL LEUCOCYTE COUNT (TLC)	: 5090	/cmm	4000 - 10000	02/12/2023 13:50	
DIFFERENTIAL LEUCOCYTE COUNT				02/12/2023 13:50	
NEUTROPHIL	: 56	%	40 - 80	02/12/2023 13:50	
LYMPHOCYTE	: 35	%	20 - 40	02/12/2023 13:50	
EOSINOPHIL	: 03	%	01 - 06	02/12/2023 13:50	
MONOCYTE	: 06	%	02 - 10	02/12/2023 13:50	
BASOPHIL	: 00	%	00 - 02	02/12/2023 13:50	
R B C (Red Blood Cells)	: 4.39	Millions/cmm	3.8 - 4.8	02/12/2023 13:50	
PLATELET COUNT	: 1.30	Lakh/cmm	1.5 - 4.1	02/12/2023 16:50	
P.C.V / HAEMATOCRIT	: 36.9	%	36 - 46	02/12/2023 13:50	
M C V	: 84.0	fL	83 - 101	02/12/2023 13:50	
M C H	: 27.2	picogram	27 - 32	02/12/2023 13:50	
M C H C	: 32.3	%	31.5 - 34.5	02/12/2023 13:50	
R D W	: 13.2	%	11.6 - 14.0	02/12/2023 13:50	

OTHERS

02/12/2023 16:50

PLATELETS COUNT CONFIRMED MANUALLY.

Tests Performed on Automated Five Part Cell Counter. (WBC by Flow cytometry, RBC & Platelet count by Electrical Impedance and other parameters calculated. ) All Abnormal Haemograms are reviewed & confirmed.

Specimen:CITRATE WHOLE BLOOD

ERYTHROCYTE SEDIMENTATION RATE Westergren method	: 10	mm/hrs.	00 - 20	02/12/2023 14:43	
---	------	---------	---------	------------------	--

*A. Nayar*

*Navjot Kaur*  
INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)  
 Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHAW) Punjab (India)-140507  
 Dr. Ankush Nayar (PMC No. 31407) Consultant Pathologist  
 Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist  
 24x7 Indus Information Centre +91 1782 512666 | contact@indushospital.in | www.indushospital.in  
 MBBS, MD (Pathology) MBBS - MD (Pathology)

NOT VALID FOR MEDICO-LEGAL PURPOSES



Department of Lab Medicine



MC-3266

TEST REPORT

UHID: IH/312973/23

Patient Name : **Mrs. Sapna** Mobile No : **9463546399**  
 ID No , Age : IH/312973/23 , 32 Yr F Address : Mediweel Derabassi  
 Booking No. : 729595 Doc No. : 24 Sample Receiving Date & Time : 02/12/2023 1:29:00PM  
 Date # SNO : 02-12-2023 # 93  
 Referred by : INDUS  
 Category : Mediwheel (Arcofemi Healthcare Limited )

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
---------------	-------	-------	------------	--------------------	-----------------

Comments:

Erythrocyte sedimentation rate (ESR) is a non - specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

A normal ESR cannot be taken to exclude organic diseases, but nevertheless in the majority of acute and chronic infections, the ESR is raised. ESR increases with age and in men and women over the age of 60 years. An ESR of 30 mm at the end of first hour or more may be present without any obvious causes.

LIPID PROFILE

Specimen:SERUM

TOTAL CHOLESTEROL (CHOD-PAP)	: 190	mg/dL	< 200	02/12/2023 14:11
TRIGLYCERIDES (GPO METHOD)	: 80.1	mg/dL	< 161	02/12/2023 14:11
H D L CHOLESTEROL (PEGME)	: <b>68.6</b>	mg %	30 - 65	02/12/2023 14:11
L D L CHOLESTEROL Calculated	: 105.4	mg %	74 - 130	02/12/2023 14:11
V L D L Calculated	: 16	mg %	10 - 32	02/12/2023 14:11
TOTAL CHO / HDL RATIO Calculated	: 2.8			02/12/2023 14:11
LDL / HDL CHOLESTEROL RATIO Calculated	: 1.5		0.00 - 3.55	02/12/2023 14:11

INTERPRETATION:

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of

*A. Nayyar*

*Navjot Kaur*

INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)  
 Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507  
 Dr. Ankush Nayyar (PMC No. 31407) Consultant Pathologist  
 Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist  
 24x7 Indus Information Centre +91 1762 512866 | contact@indushospital.in | www.indushospital.in  
 MBBS, MD (Pathology) MBBS, MD (Pathology)

NOT VALID FOR MEDICO-LEGAL PURPOSES



Department of Lab Medicine

TEST REPORT

UHID: IH/312973/23

Patient Name : **Mrs. Sapna** Mobile No : **9463546399**  
 ID No , Age : IH/312973/23 , 32 Yr F Address : Mediweel Derabassi  
 Booking No. : 729595 Doc No. : 24 Sample Receiving Date & Time : 02/12/2023 1:29:00PM  
 Date # SNo : 02-12-2023 # 93  
 Referred by : INDUS  
 Category : Mediwheel (Arcofemi Healthcare Limited )

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
<p>TRIGLYCERIDE level &gt; 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12hrs., alcohol intake, diabetes mellitus, and pancreatitis.</p> <p>Normal : &lt; 161 mg/dl            High : 161 - 199 mg/dl            Hypertriglyceridemic : 200 - 499 mg/dl            Very high : &gt; 499 mg/dl</p> <p>CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL &amp; LDL values.</p> <p>HDL-CHOLESTEROL level &lt;35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.</p> <p>LDL - CHOLESTEROL &amp; TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.</p>					

HORMONE ASSAYS

Specimen:SERUM

<b>T3, Total Tri Iodothyronine</b> (CLIA)	: 162.1	ng/dL	69 - 215	02/12/2023 18:15
<b>T4, Total Thyroxine</b> (CLIA)	: 9.690	ug/dl	5.2 - 12.7	02/12/2023 18:15
<b>TSH Ultrasensitive</b> CLIA	: 3.323	uIU/ML	0.3 - 4.5	02/12/2023 18:15

Interpretation:

1. An abnormal TSH result should be followed by additional tests to investigate the cause of increase or decrease.
2. Many medications like aspirin and thyroid replacement therapy may affect the thyroid gland function results.
3. Extreme stress and acute illness may affect TSH results. Results may be low in first trimester of pregnancy.
4. The following table summarises test results and their potential meaning:

TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (subclinical) hypothyroidism.
High	Low	Low or Normal	Hypothyroidism.
Low	Normal	Normal	Mild (subclinical) hyperthyroidism.
Low	High or Normal	High or Normal	Hyperthyroidism.
Low	Low or Normal	Low or Normal	Non-thyroidal illness.; rare pituitary (secondary) hypothyroidism.

Specimen:SERUM

<b>TOTAL BILIRUBIN</b> (DIAZO)	: 0.62	mg/L	0.01 - 1.2	02/12/2023 14:11
<b>CONJUGATED (D. Bilirubin)</b> (DIAZO)	: 0.36	mg %	0.0 - 0.4	02/12/2023 14:11
<b>UNCONJUGATED (I.D. Bilirubin)</b> (CALCULATED)	: 0.26	mg %	0.0 - 0.9	02/12/2023 14:11

A. Nayyar

Navjot Kaur

INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)  
 Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507  
 Dr. Ankush Nayyar (PMC No. 31407) Consultant Pathologist  
 Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist  
 24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in  
 MBBS, MD (Pathology) MBBS, MD (Pathology)

NOT VALID FOR MEDICO-LEGAL PURPOSES



Department of Lab Medicine



**TEST REPORT**

UHID: IH/312973/23

Patient Name : **Mrs. Sapna** Mobile No : **9463546399**  
 ID No , Age : IH/312973/23 , 32 Yr F Address : Mediweel Derabassi  
 Booking No. : 729595 Doc No. : 24 Sample Receiving Date & Time : 02/12/2023 1:29:00PM  
 Date # SNo : 02-12-2023 # 93  
 Referred by : INDUS  
 Category : Mediwheel (Arcofemi Healthcare Limited )

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
<b>AST / SGOT</b> (IFCC, Without pyridoxal phosphate)	: 27.0	IU/L	0 - 31	02/12/2023 14:11	
<b>ALT / SGPT</b> (IFCC, Without pyridoxal phosphate)	: 20.7	IU/L	0 - 34	02/12/2023 14:11	
<b>ALKALINE PHOSPHATASE</b> (Serum, AMP)	: 54	U/L	53 - 128	02/12/2023 14:11	
<b>TOTAL PROTEIN</b> (BIURET)	: 6.59	gm/dl	6.4 - 8.3	02/12/2023 14:11	
<b>SERUM ALBUMIN</b> (BCG)	: 4.11	gm/dl	3.50 - 5.2	02/12/2023 14:11	
<b>GLOBULIN</b> (CALCULATED)	: 2.48	gm/dl	1.5 - 3.0	02/12/2023 14:11	
<b>A/G RATIO</b>	: 1.7			02/12/2023 14:11	

Comments :

Liver function tests (LFT) are used to diagnose and monitor liver disease or damage. Levels that are higher or lower than normal can indicate liver problems. These are a group of tests which are helpful to screen for liver infections; determine how well a treatment is working or measure the severity of a disease or monitor possible side effects of medications.

**RENAL FUNCTION TEST**

Specimen:SERUM

<b>BLOOD UREA</b> (UREASE-GLDH)	: 16.7	mg /dl	13 - 43	02/12/2023 14:11
<b>SERUM CREATININE</b> Modified Jaffes Method	: 0.66	mg/dL	0.6 - 1.1	02/12/2023 14:11
<b>SERUM URIC ACID</b> (URICASE-POD)	: 3.7	mg/dL	2.6 - 6.0	02/12/2023 14:11

Comments:

Kidney function tests (KET) are used when a patient has risk factors for kidney dysfunction such as hypertension

*A. Nayyar*

*Navjot Kaur*

**INDUS INTERNATIONAL HOSPITAL**

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)  
 Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507  
 Dr. Ankush Nayyar (PMC No. 31407) Consultant Pathologist  
 Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist  
 24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in  
 MBBS, MD (Pathology) MBBS, MD (Pathology)  
 NOT VALID FOR MEDICO-LEGAL PURPOSES



Department of Lab Medicine



TEST REPORT

UHID: IH/312973/23

Patient Name : **Mrs. Sapna** Mobile No : **9463546399**  
 ID No , Age : IH/312973/23 , 32 Yr F Address : Mediweel Derabassi  
 Booking No. : 729595 Doc No. : 24 Sample Receiving Date & Time : 02/12/2023 1:29:00PM  
 Date # SNo : 02-12-2023 # 93  
 Referred by : INDUS  
 Category : Mediwheel (Arcofemi Healthcare Limited )

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
---------------	-------	-------	------------	--------------------	-----------------

Kidney function tests (KFT) are used when a patient has risk factors for kidney dysfunction such as hypertension, diabetes, cardiovascular disease, obesity, elevated cholesterol or a family history of kidney disease. It can also be done when someone has signs and symptoms of kidney disease, though in early stage often no noticeable symptoms are observed. Kidney function test is also useful for general health screening, screening patients at risk of developing kidney disease and management of patients with known kidney disease.

**BIOCHEMISTRY**

Specimen: Fluoride Plasma

**BLOOD GLUCOSE - FASTING** : 91.2 mg/dL 74 - 100 02/12/2023 14:11  
 (GOD-POD)

Interpretation :

**American Diabetes Association Guideline(Criteria for the diagnosis of Diabetes)**

FPG  $\geq$  126mg/dL (7.0 mmol/L). Fasting is defined as no caloric intake for at least 8 hrs.

OR

2-h PG  $\geq$  200 mg/dL (11.1 mmol/L) during OGTT. The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

OR

A1C  $\geq$  6.5% (48 mmol/mol). The test should be performed in a laboratory using a method that is NGSP certified and standardized to the DCCT assay.

OR

In a patient with classic symptoms of hyperglycemia or hyperglycemia crisis, a random plasma glucose  $\geq$  200 mg/dL (11.1 mmol/L).

DCCT, Diabetes Control and Complications Trial; FPG fasting plasma glucose; OGTT, oral glucose tolerance test; WHO, World Health Organization; 2-h PG, 2-h plasma glucose.

In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

**BLOOD GLUCOSE - PP** : 123.5 mg/dL 70 - 140 02/12/2023 15:58  
 (GOD-POD)

**BLOOD UREA** : 16.7 mg/dl 13 - 43 02/12/2023 14:11  
 (UREASE-GLDH)

**BLOOD UREA NITROGEN (BUN)** : 7.8 mg/dl 5.0 - 20.0 02/12/2023 14:11

*A. Nayyar*

*Navjot Kaur*

**INDUS INTERNATIONAL HOSPITAL**

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)

Dr. Ankush Nayyar (PMC No. 31407) Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507  
 Dr. Navjot Kaur (PMC No. 45298)

Consultant Pathologist 24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in

MBBS, MD (Pathology)

NOT VALID FOR MEDICO-LEGAL PURPOSES



Department of Lab Medicine

TEST REPORT

UHID: IH/312973/23

Patient Name : **Mrs. Sapna** Mobile No : **9463546399**  
 ID No , Age : IH/312973/23 , 32 Yr F Address : Mediweel Derabassi  
 Booking No. : 729595 Doc No. : 24 Sample Receiving Date & Time : 02/12/2023 1:29:00PM  
 Date # SNo : 02-12-2023 # 93  
 Referred by : INDUS  
 Category : Mediwheel (Arcofemi Healthcare Limited )

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
ERBA EM-200					

CLINICAL PATHOLOGY

**URINE ANALYSIS**

Specimen: URINE

**VISUAL EXAMINATION**

02/12/2023 15:48

COLOUR/APPEARANCE : PALE  
YELLOW/CLEAR

02/12/2023 15:48

**CHEMICAL EXAMINATION**

02/12/2023 15:48

PROTEIN : NIL NIL  
Error of indicators

02/12/2023 15:48

SUGAR : NIL NIL  
Double sequential enzyme reaction

02/12/2023 15:48

REACTION (PH) : ACIDIC  
Indicator Principle

02/12/2023 15:48

**MICROSCOPIC EXAMINATION**

02/12/2023 15:48

PUS CELLS : 1-2 /HPF 0 - 2

02/12/2023 15:48

EPITHELIAL CELLS : 1-2 /HPF 0 - 5

02/12/2023 15:48

RBC : NIL /HPF 0 - 0

02/12/2023 15:48

CRYSTALS : NIL NIL

02/12/2023 15:48

CASTS : NIL NIL

02/12/2023 15:48

AMORPHOUS DEPOSIT : NIL NIL

02/12/2023 15:48

Specimen: PAP

PAP SMEAR

02/12/2023 16:30

Cytology number: C- 760/23

Specimen: Cervical Pap smear

Adequacy: Adequate

Background: Inflammatory, hemorrhagic.

Cells: Squamous cells, some koilocytes and isolated

*A. Nayyar*

*Navjot Kaur*

INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)  
 Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507  
 Dr. Ankush Nayyar (PMC No. 31407) Consultant Pathologist  
 Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist  
 24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in  
 MBBS, MD (Pathology) MBBS, MD (Pathology)

NOT VALID FOR MEDICO-LEGAL PURPOSES



Department of Lab Medicine



MC-3266

TEST REPORT

UHID: IH/312973/23

Patient Name : **Mrs. Sapna** Mobile No : **9463546399**  
 ID No , Age : IH/312973/23 , 32 Yr F Address : Mediweel Derabassi  
 Booking No. : 729595 Doc No. : 24 Sample Receiving Date & Time : 02/12/2023 1:29:00PM  
 Date # SNo : 02-12-2023 # 93  
 Referred by : INDUS  
 Category : Mediwheel (Arcofemi Healthcare Limited )

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
---------------	-------	-------	------------	--------------------	-----------------

**Cellular arrangement:** Sheets and isolated  
**Cells:** Superficial, intermediate  
**Neutrophils:** Plenty, Mostly obscuring the cell outline.  
**Lymphocytes:** Occasional  
**Metaplastic cells:** Seen  
**Endocervical cells:** Not seen  
**Endometrial cells:** Not seen  
**Organism:** Dorderlein baccili.  
**Impression:** Dense inflammation with reactive cellular changes.  
**Advice:** Repeat after control of inflammation.

**Comments:**

This report has been prepared according to 2014 Bethesda system for reporting cervical cytology

**BLOOD GROUP( ABO & RH TYPING)**

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
<b>BLOOD GROUP ABO</b> (Erythrocyte Magnetized Technology)	: O			02/12/2023 18:50	
<b>BLOOD GROUP "RH"</b> (Erythrocyte Magnetized Technology)	: POSITIVE			02/12/2023 18:50	

**ENDOCRINOLOGY**

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
<b>GLYCOSYLATED Hb (HbA1C)</b> HPLC	: 4.9	%		02/12/2023 14:43	

*A. Nayyar*

*Navjot Kaur*

**INDUS INTERNATIONAL HOSPITAL**

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)  
 Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507  
 24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in  
 Dr. Ankush Nayyar (PMC No. 31407) Consultant Pathologist MBBS, MD (Pathology)  
 Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist MBBS, MD (Pathology)

NOT VALID FOR MEDICO-LEGAL PURPOSES



Department of Lab Medicine

TEST REPORT

UHID: IH/312973/23

Patient Name : **Mrs. Sapna** Mobile No : **9463546399**  
 ID No , Age : IH/312973/23 , 32 Yr F Address : Mediweel Derabassi  
 Booking No. : 729595 Doc No. : 24 Sample Receiving Date & Time : 02/12/2023 1:29:00PM  
 Date # SNo : 02-12-2023 # 93  
 Referred by : INDUS  
 Category : Mediwheel (Arcofemi Healthcare Limited )

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
Estimated Average Glucose (eAG)	: 93.93	mg/dL		02/12/2023 14:43	

Comments:-

Haemoglobin A1c (HbA1c) correlates with a time weighted average of plasma glucose values over the previous 3 to 10 weeks. The measurement of HbA1c is therefore a reflection of glucose control over a far longer period than a blood glucose value and it remains unaffected by the short term fluctuation in blood sugar levels.

EXPECTED VALUES:

Non Diabetic	4.5% - 5.9%
Good control	6.0% - 6.8%
Fair control	6.9% - 7.6%
Poor control	7.7% and above

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

For Home Blood Collection Services Call 01762-512600 or 8437721021.

Timings for Home Care Department : 06:00 - 18:00 hours.

The results are released by technical staff under the supervision of authorised person

*A. Nayyar*

*Navjot Kaur*

**INDUS INTERNATIONAL HOSPITAL**

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)

Dr. Ankush Nayyar (PMC No. 31407) Consultant Pathologist  
 Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist  
 Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507  
 24x7 Indus Information Centre +91 1762 512600 | contact@indushospital.in | www.indushospital.in  
 MBBS, MD (Pathology) MBBS, MD (Pathology)  
 NOT VALID FOR MEDICOLEGAL PURPOSES





Name : SAPNA	Pat ID : 23-12-02-114847
Age : 32/F	Sex : F
Modality : US	Date : 02/12/2023
Time : 11:49:53	Radiologist : Dr Bhavneet Singh
Ref. Doctor : INDUS	Imaging Center : INDUS HOSPITAL,DERABASSI

### USG ABDOMEN

**LIVER:** On real time B – mode sonography liver is of normal size, shape and homogenous echotexture. Intrahepatic biliary radicles & hepatic veins are normal. No focal sonographically appreciable lesion of altered echogenicity is detected in the hepatic parenchyma. Portal vein is normal at porta.

**GALL BLADDER:** is not seen - status post op.

**SPLEEN:** is normal in size, shape and echotexture. No sonographically appreciable S.O.L. is seen in its parenchyma. Splenic vein is normal in caliber.

**PANCREAS:** Pancreatic head appears normal. Rest of the pancreas obscured due to bowel gases. (Adv: Serum amylase/lipase correlation if clinically indicated)

**RIGHT KIDNEY:** Right kidney is normal in size, shape and echotexture. Its corticomedullary differentiation is well maintained. Parenchyma and cortical thickness is normal. Renal sinus echoes are normal. No sonographically appreciable calculus/ hydronephrotic changes / mass are seen in relation to the kidney.

**LEFT KIDNEY:** Left kidney is normal in size, shape and echotexture. Its corticomedullary differentiation is well maintained. Parenchyma and cortical thickness is normal. Renal sinus echoes are normal. No sonographically appreciable calculus/ hydronephrotic changes / mass are seen in relation to the kidney.

**URINARY BLADDER:** Urinary bladder is partially distended.

**UTERUS:** Uterus is anteverted, appears normal. Cervix is normal. Endometrium echo measures 6-mm. Both ovaries appear normal.

**Minimal free fluid seen in POD.**

## INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)

Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507

24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in

NOT VALID FOR MEDICO-LEGAL PURPOSES



**IMPRESSION:**

- **Minimal free fluid in POD ? PID.**

**Adv: Clinical correlation & follow up/further evaluation if clinically indicated**



**Dr Bhavneet Singh**  
**MBBS MD & DNB (Radiodiagnosis)**  
**Consultant Radiologist**

**INDUS INTERNATIONAL HOSPITAL**

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)

Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507  
24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in

NOT VALID FOR MEDICO-LEGAL PURPOSES

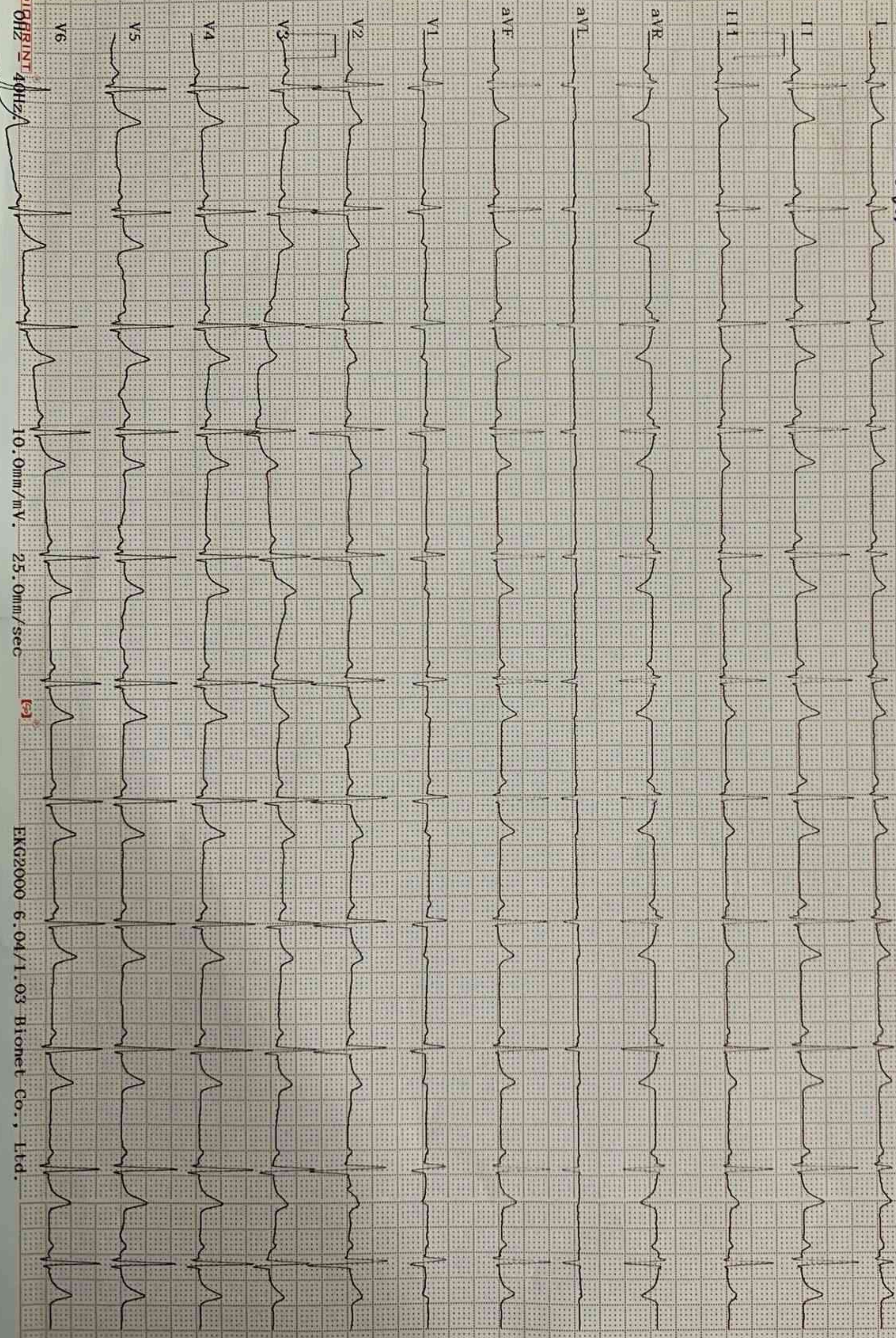
2023-12-02 09:44:39

Heart Rate: 63 bpm

12 Channel Rhythm Report

Hosp: Prescribed by:

ID :  
Name: *Sopha*  
Age: *32/P*  
Sex :  
H : / W : *Medisheed*



CARDIOPRINT 40Hz

10.0mm/mV. 25.0mm/sec

EKG2000 6.04/1.03 Bionet Co., Ltd.



## HIGH RESOLUTION HARMONIC ECHOCARDIOGRAPHY

NAME: SAPNA	AGE/SEX: 32YEAR/FEMALE
UHID NO : IH312973/23	DATE :02/12/23

### M - MODE PARAMETERS

(Based On Guidelines Of American Society Of Echocardiography)

### (NORMAL VALUES)

Left Ventricular ED Dimension	4.0cm (3.7- 5.6cm)
Left Ventricular ES Dimension	3.0cm (2.2 - 4.0cm)
Right Ventricular ED Dimension	1.8cm (0.7 - 2.6cm)
Inter Vent. septum thickness (D)	1.0cm (0.6 - 1.1cm)
LV posterior wall thickness (D)	1.1cm (0.6-1.1cm)
Aortic root diameter	2.8cm (2.0-3.7cm)
Left atrial diameter	3.0cm (1.9-4.0cm)

### INDICES OF LV SYSTOLIC FUNCTIONS

### (NORMAL VALUES)

Ejection Fraction	65% (54-76%)
-------------------	--------------

**MITRAL VALVE:** Thin, Posterior mitral leaflet moves posteriorly during diastole, no sub-valvular pathology, no calcification, no anterior mitral leaflet flutter, no B- bump, no prolapse,

**TRICUSPID VALVE:** Thin, opening well, no prolapse.

**AORTIC VALVE:** Thin, Trileaflet, opens fully, central closure, no systolic flutter. calcification

**PULMONARY VALVE:** Thin, opens well, Normal 'ef slope, Normal 'a' wave, no mid-systolic notch. Pulmonary Artery not dilated.

**LEFT VENTRICLE** -No hypertrophy, **visual LVEF:65%**

## INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)

Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507  
24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in  
NOT VALID FOR MEDICO-LEGAL PURPOSES



## COLOUR FLOW, PULSE & CONTINUOUS WAVE DOPPLER

**Trivial mitral regurgitation.**

No aortic regurgitation.

**Trivial tricuspid regurgitation.**

Mitral diastolic flow shows E wave smaller than A wave

Aortic forward velocity 121 cm/sec.

Pulmonary forward velocity 75 cm/sec.

### COMMENTS

No LA, LAA, LV CLOT seen.

No vegetation on any valve.

No intra cardiac mass.

No pericardial effusion.

IAS IVS intact.

**IMPRESSION: - Findings suggestive of**

**NORMAL SIZE CARDIAC CHAMBERS**

**NO LV RWMA**

**GOOD BIVENTRICULAR SYSTOLIC FUNCTION**

**NORMAL LV FILLING PATTERN**

**TRIVIAL MR**

**TRIVIAL TR**

**DR. SANDHEEP PAREKH**  
MBBS, MD, DNB  
Consultant  
Reg No.: 63611  
REKH  
RADIOLOGIST

**Dr Sandheep Parekh**  
MBBS, MD (Medicine), DNB (Cardiology) MNAMS, FESC, FAPSIC, FSCAI  
Consultant Interventional Cardiologist

*Impression is not the diagnosis but report of the investigation, hence should be correlated clinically. Interpretation of Echocardiography is based on images acquired by the equipment and therefore has technical limitations as well as inaccuracies inherent in the laboratory*

## INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)

Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507  
24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in

NOT VALID FOR MEDICO-LEGAL PURPOSES

392 / SAPNA / 32 Yrs / F / 164 Cms / 58 Kg Date: 02-Dec-2023. Refd By : DR. Sandeep Parekh Examined By:

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
ExStart	00:01	0:01	01.7	10.0	01.1	075	40%	---	000	00	
BRUCE Stage 1	03:01	3:00	01.7	10.0	04.7	127	68%	---	000	00	
PeakEx	05:49	2:48	02.5	12.0	07.0	138	73%	---	000	00	
Recovery	06:19	0:30	01.1	00.0	01.8	123	65%	---	000	00	
Recovery	06:49	1:00	01.1	00.0	01.0	118	63%	---	000	00	
Recovery	07:49	2:00	00.0	00.0	01.0	093	49%	---	000	00	
Recovery	08:49	3:00	00.0	00.0	01.0	078	41%	---	000	00	
Recovery	09:16	3:27	00.0	00.0	01.0	070	37%	---	000	00	

**FINDINGS :**

Exercise Time : 05:48  
 Max HR Attained : 138 bpm 73% of Target 188  
 Max BP Attained : 0/0  
 Max Workload Attained : 7 Fair response to induced stress  
 Test End Reasons : Test Complete

**REPORT :**

*TMT negative for inducible ischemia @ 7 METS.*

**DR. SANDEEP PAREKH**  
 Consultant: CAP, OGIST  
 Director, DNB, NIMHANS, AFSC (CARDIOLOGY)  
 Consultant: CAP, OGIST  
 Address: PMSI  
 Phone: 767676611

Doctor: Dr. Sandeep Parekh

SAPNA / 32 YRS / F / 164 Cms / 58 Kg / HR : 75

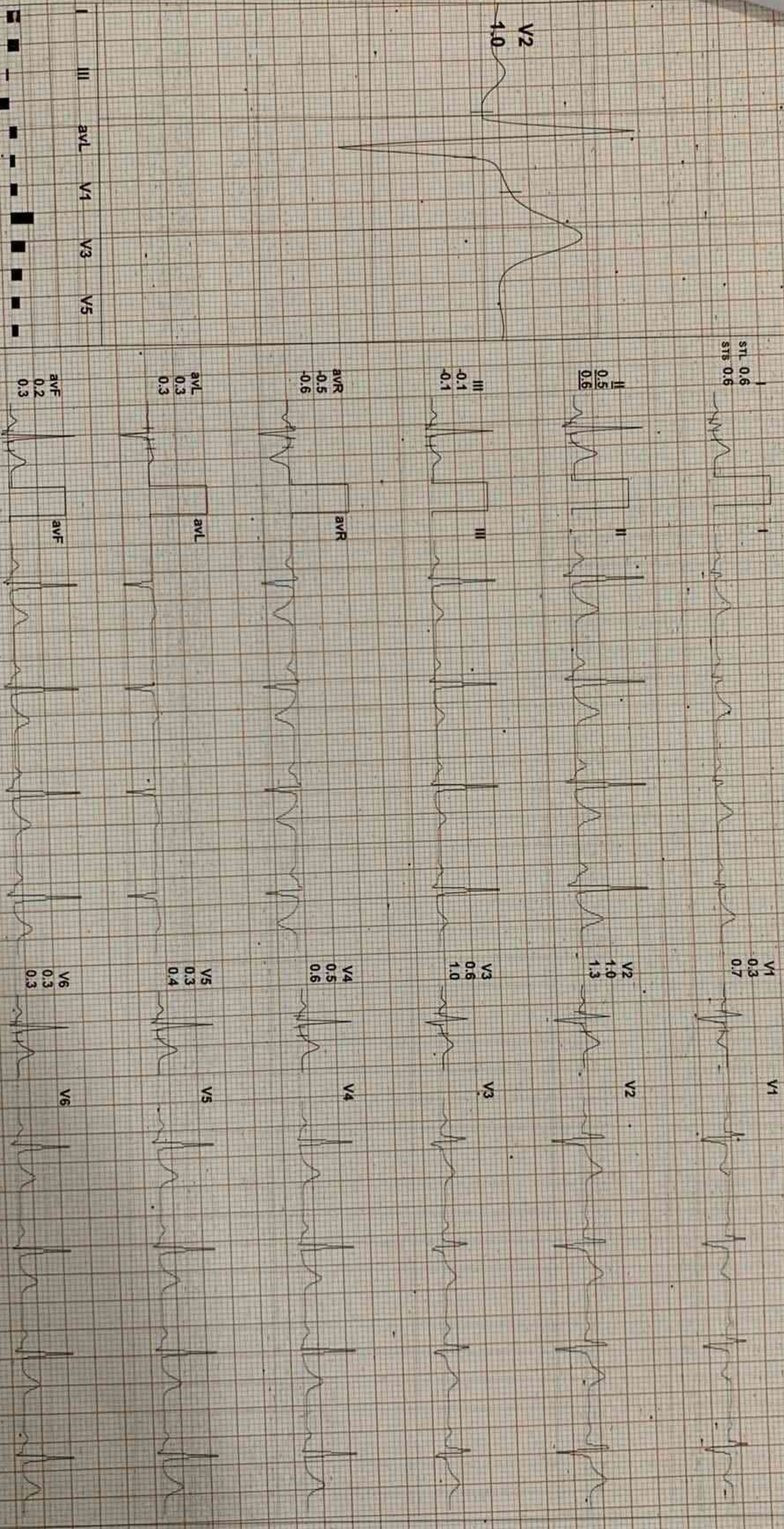
02-Dec-2023 10:52:04 AM METS: 1.0 / 75 bpm 40% of THR BP: 110/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXStit



80 ms Post J

ExTime: 00:00 0.0 mph 0.0%  
25 mm/Sec - 1.0 Cm/mV



REMARKS:  
I avR avF V2 V4 V6  
II avR avF V2 V4 V6  
III avL V1 V3 V5  
aVL V1 V3 V5  
aVF V2 V4 V6  
V1 V3 V5  
V2 V4 V6  
V3 V5  
V4 V6

BRUCE : Stage 1 ( 03:00 )



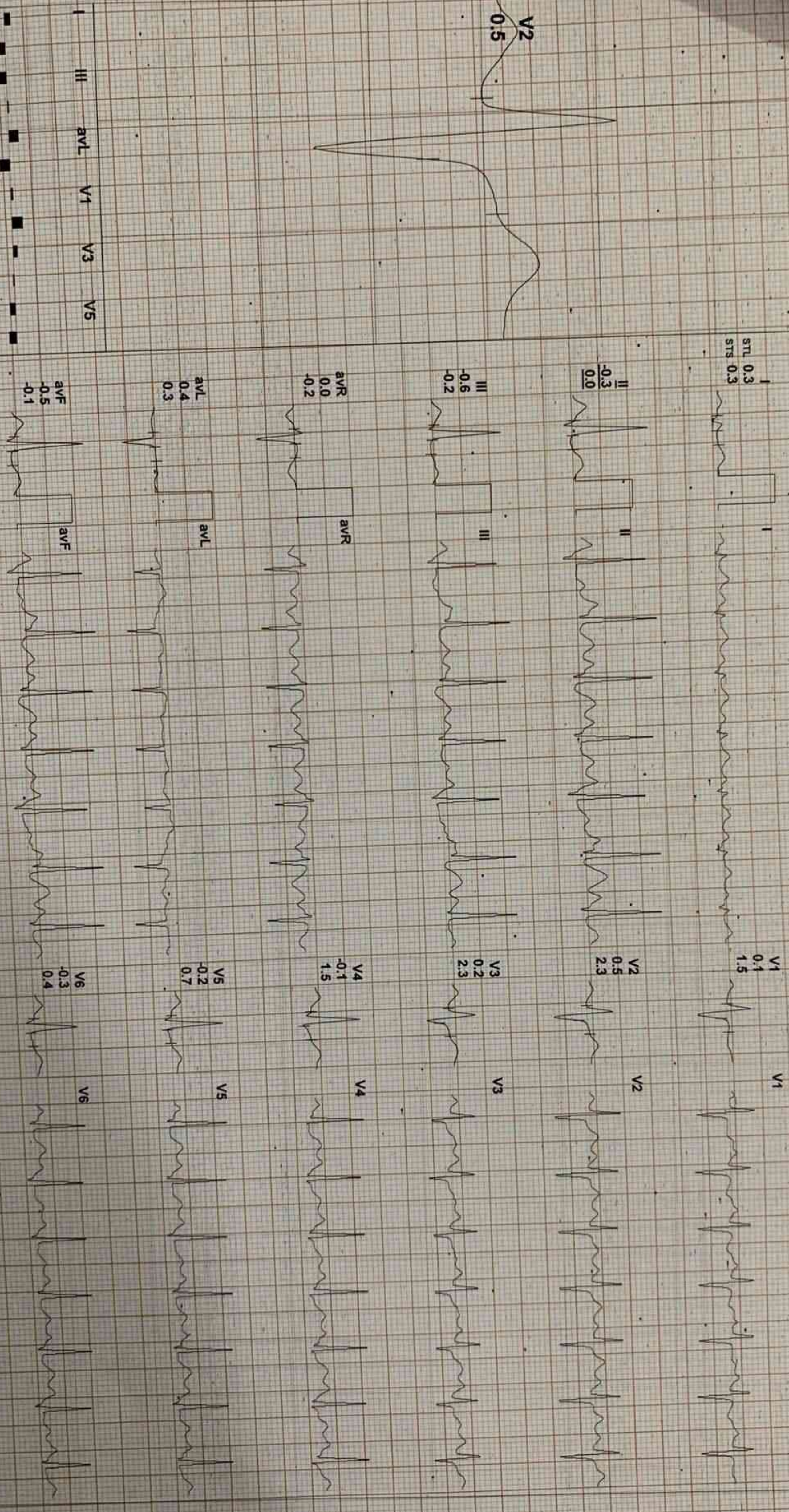
SAPNA / 32 Yrs / F / 164 Cms / 58 Kg / HR : 127

02-Dec-2023 10:52:04 AM METS: 4.7/ 127 bpm 68% of THR BP: 110/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph 10.0%

25 mm/Sec 1.0 Cm/mV

80 mS Post J



REMARKS:

(ADX\_GEM216201125)(A)Allengers



SAPNA / 32 Yrs / F / 164 Cms / 58 Kg / HR : 138

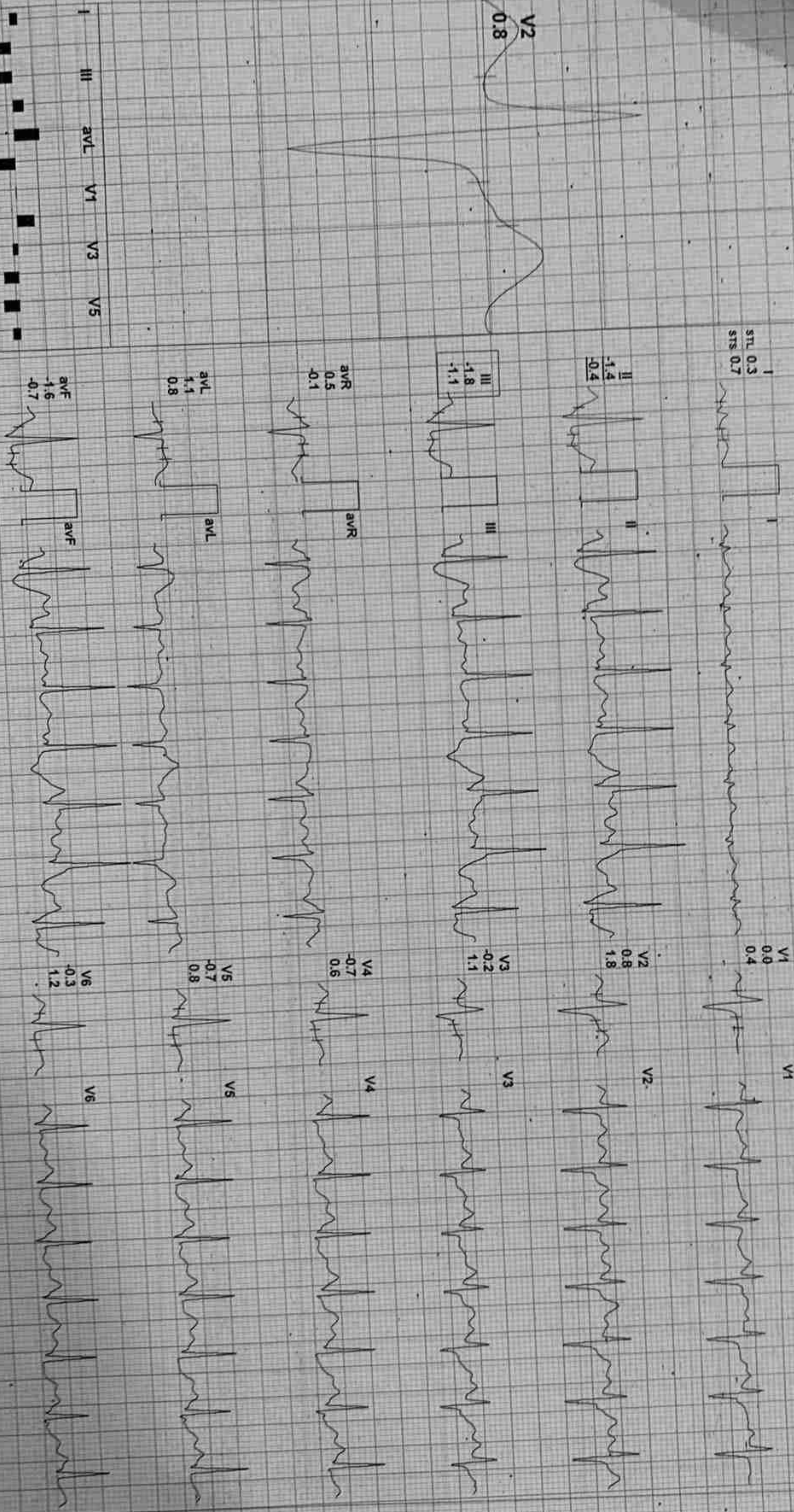
02-Dec-2023 10:52:04 AM : METS: 7.0/ 138 bpm 73% of THR BP: 110/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

X 60 mS Post J

PeakEx



ExTime: 05:48 2.5 mph 12.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:

(ADX\_GEM216201125)(A)Allengers

SAPNA / 32 Yrs / F / 164 Cms / 58 Kg / HR : 123

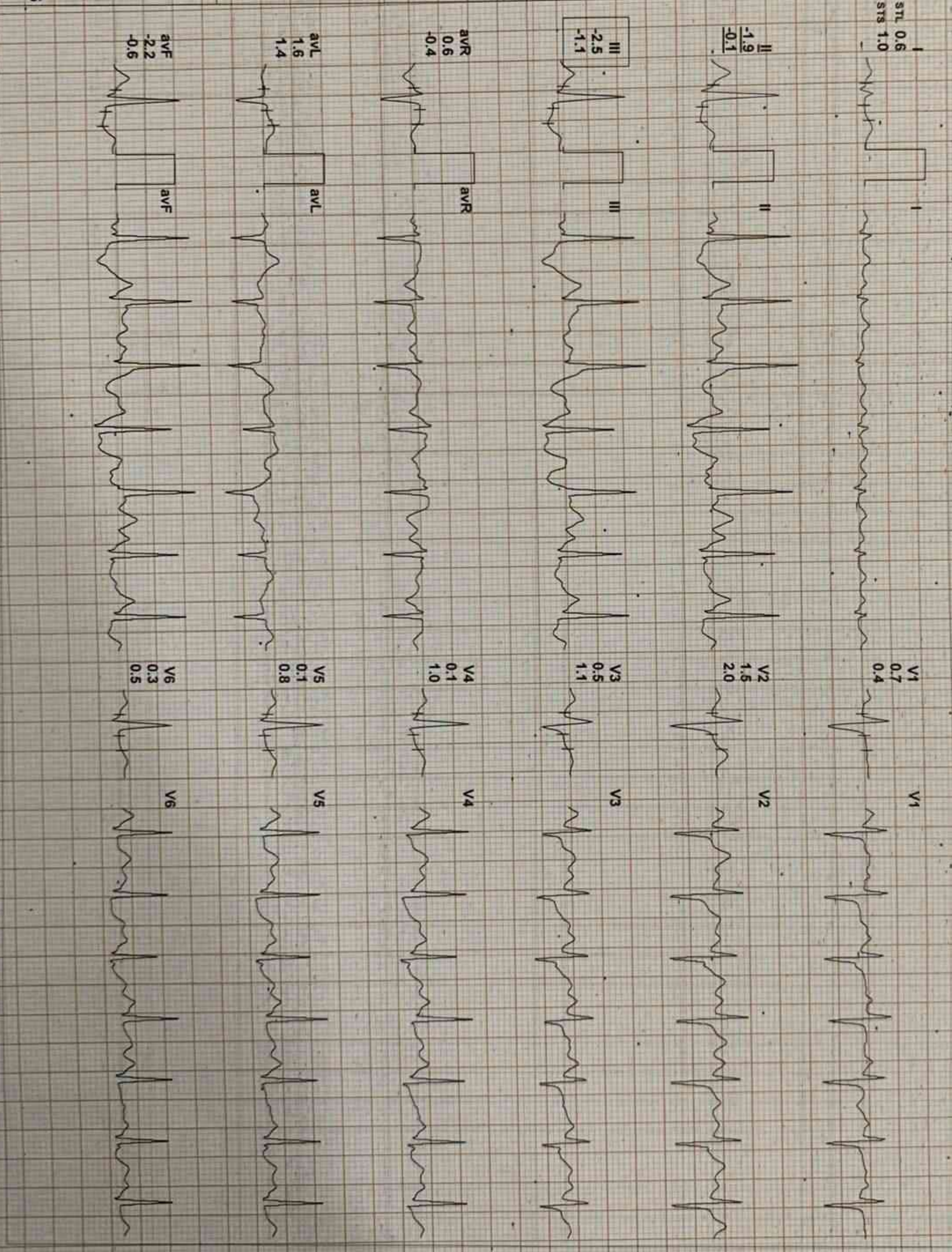
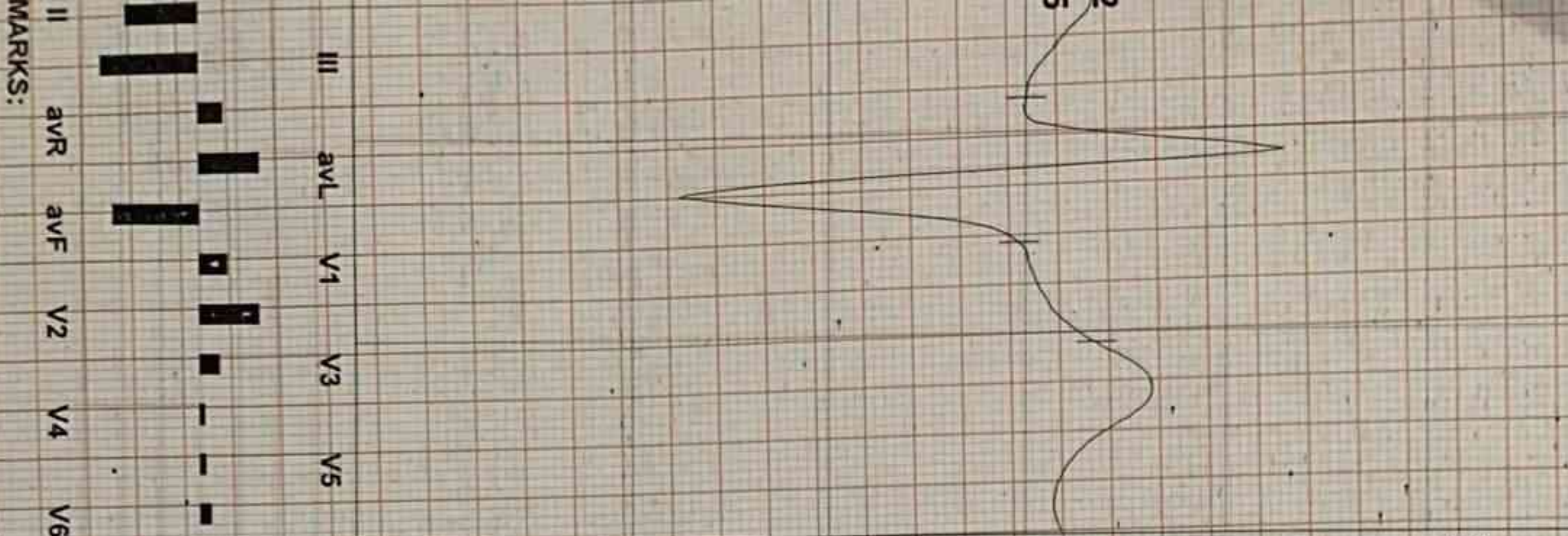
2-Dec-2023 10:52:04 AM METS: 1.7/ 123 bpm 65% of THR BP: 110/70 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF 35 Hz

Recovery : ( 00:30 )



80 mS Post J

ExTime: 05:48 1.1 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



SAPNA / 32 YRS / F / 164 Cms / 58 Kg / HR : 118

Recovery : ( 01:00 )



02-Dec-2023 10:52:04 AM

METS: 1.0 / 118 bpm 63% of THR

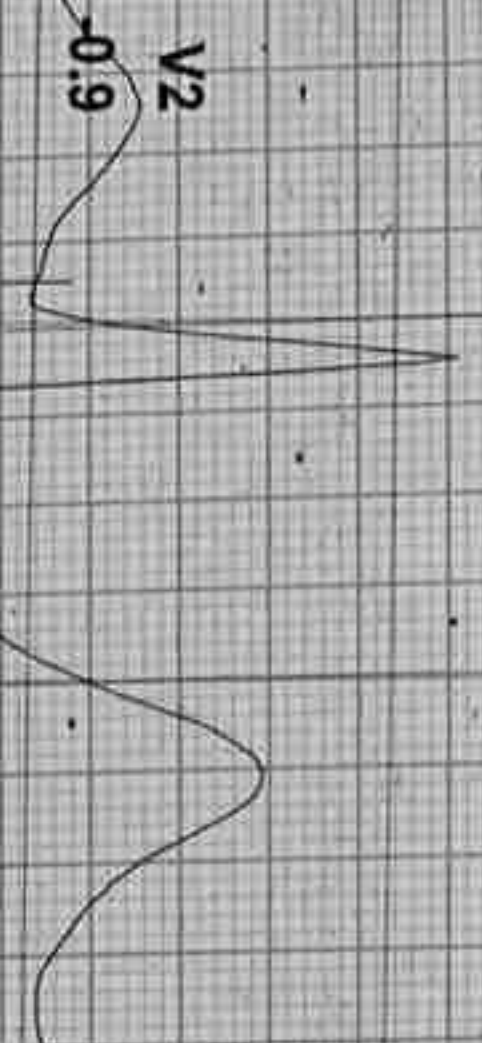
BP: 110/70 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 05:48 1.1 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

AX 30 mS Post J



STL -0.4  
STS -0.3

II 2.1  
0.7

III 2.5  
1.0

aVR -0.8  
-0.2

aVL -1.5  
-0.7

aVF 2.3  
0.9

V1 -0.9  
1.9

V2 -0.9  
2.3

V3 -1.3  
2.1

V4 -1.7  
0.6

V5 -1.7  
0.3

V6 -1.6  
0.0



REMARKS:

SAPNA / 32 Yrs / F / 164 Cms / 58 Kg / HR : 93

Recovery : ( 02:00 )



02-Dec-2023 10:52:04 AM METS: 1.0/ 93 bpm 49% of THR BP: 110/70 mmHg Combined Medians/ BLC: On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 05:48 0.0 mph. 0.0%  
25 mm/Sec. 1.0 Cm/mV

STL -0.2  
STS 0.2

V1 0.1  
0.1  
1.3

II -0.9  
0.2

V2 0.1  
0.1  
1.6

III -0.7  
0.0

V3 -0.2  
-0.2  
1.1

aVR 0.5  
-0.2

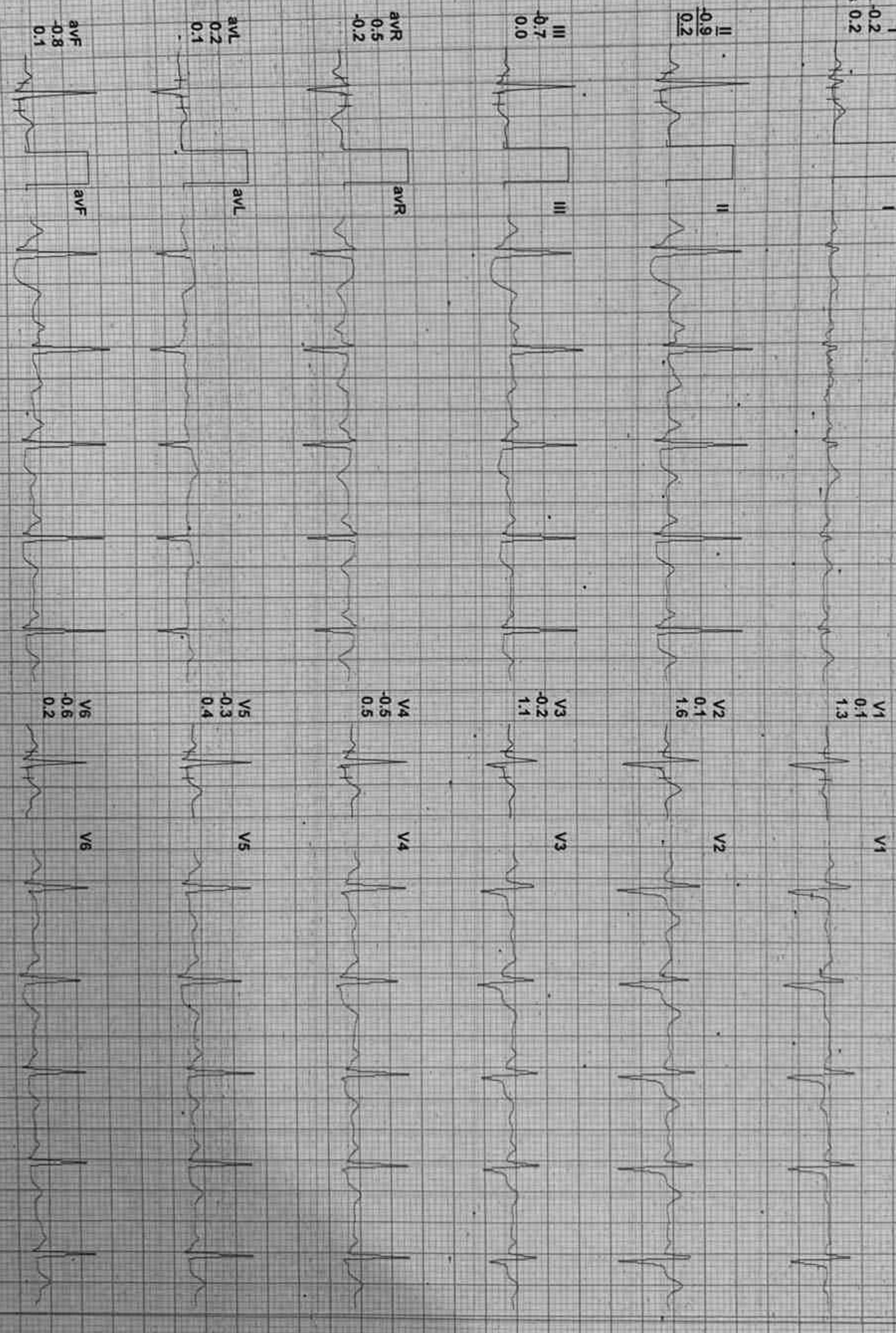
V4 -0.5  
-0.5  
0.5

aVL 0.2  
0.1

V5 -0.3  
-0.3  
0.4

aVF -0.8  
0.1

V6 -0.6  
-0.6  
0.2



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

SAPNA / 32 Yrs / F / 164 Cms / 58 Kg / HR : 78

Recovery : ( 03:00 )



02-Dec-2023 10:52:04 AM

METS: 1.0/ 78 bpm 41% of THR

BP: 110/70 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExtTime: 05:48 0.0 mph, 0.0%

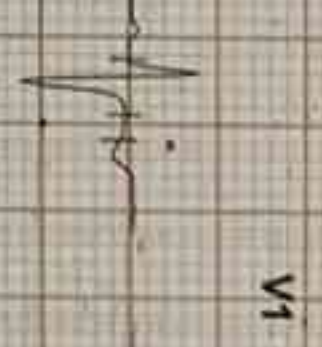
25 mm/Sec, 1.0 Cm/mV

80 mS Post J

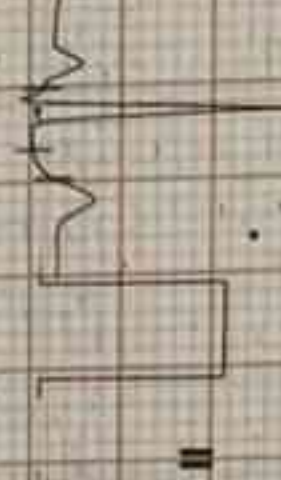
I  
STL 1.0  
STS 1.1



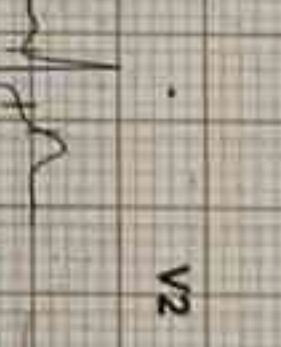
V1  
-0.4  
-0.3



II  
0.7  
1.4



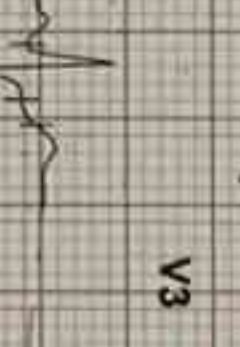
V2  
1.1  
1.7



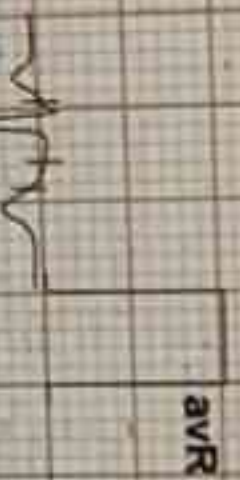
III  
-0.3  
0.3



V3  
0.5  
1.1



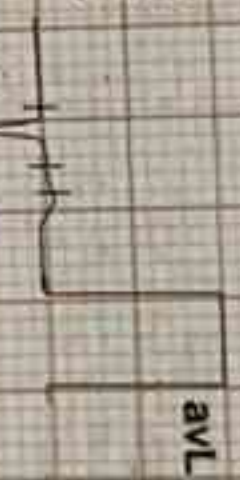
avR  
-0.8  
-1.2



V4  
0.6  
1.2



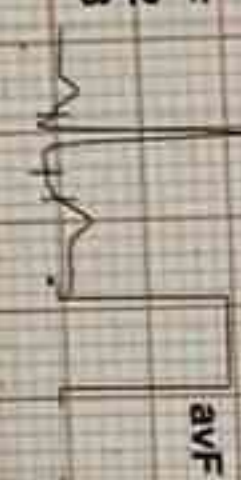
avL  
0.6  
0.4



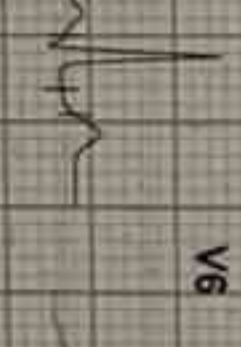
V5  
0.6  
1.1



avF  
0.2  
0.8



V6  
0.6  
1.0



REMARKS:

PMA / 32 Yrs / F / 164 Cms / 58 Kg / HR 70

Recovery : ( 03:27 )



Dec-2023 10:52:04 AM

METS: 1.0/ 70 bpm 37% of THR

BP: 110/70 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 05:48 0.0 mph, 0.0%

80 mS Post J

25 mm/Sec. - 1.0 Cm/mV

STL 0.2  
STS 0.3

V1 -0.2  
V2 0.6

V1

II -0.4  
III -0.1

V2 -0.1  
V3 1.1

V2

III -0.6  
aVR -0.1

V3 -0.2  
V4 0.9

V3

aVR 0.1  
aVL -0.3

V4 -0.3  
V5 0.4

V4

aVL 0.4  
aVF 0.2

V5 -0.3  
V6 0.2

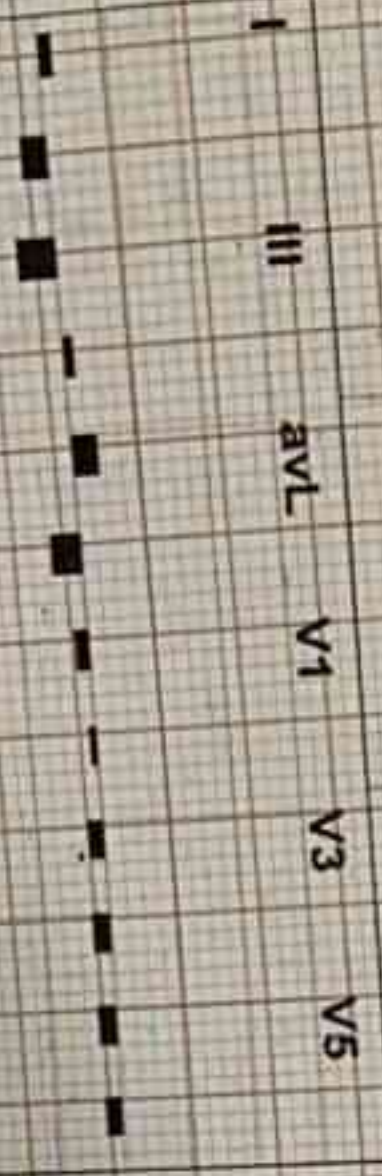
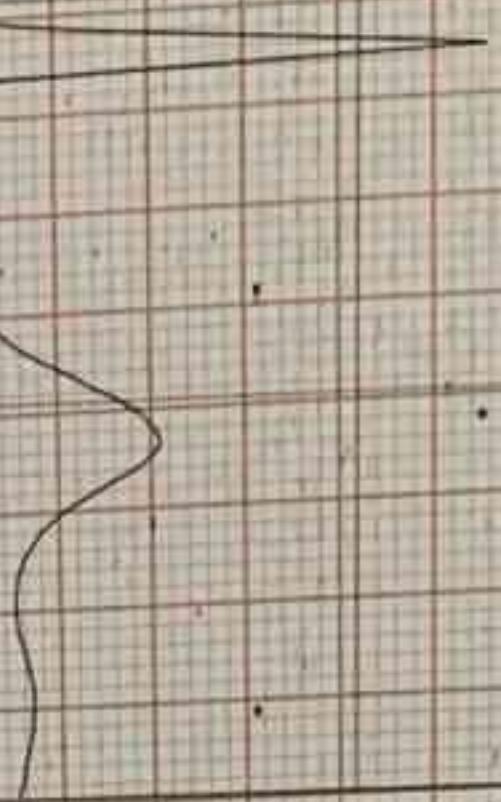
V5

aVF -0.5  
V1 0.1

V6 -0.2  
V6 0.1

V6

V2 -0.1



REMARKS:

(ADX\_GEM216201125)(A)Allengers



## INDUS HEALTHCARE



Name : SAPNA

Pat ID : IH/312973/23

Age : 032Y

Sex : F

Modality : DX

Date : 02/12/2023

Time : 15:22:16

Radiologist : Dr Bhavneet Singh

Ref. Doctor : MEDICAL OPD/AHL

Imaging Center : INDUS INTERNATIONAL  
HOSPITAL, DERABASSI (PUNJAB)

### X-RAY CHEST (PA)

Inspiratory radiograph.

Rotation-nil

Trachea- central

Both lungs fields are clear.

Mediastinum and both hila appear normal.

Cardia is normal.

Both domes of diaphragm and CP angles appear normal.

Soft tissue and bony cage appear normal.

**Suggest clinical correlation and follow up.**

Dr Bhavneet Singh  
MBBS MD & DNB (Radiodiagnosis)  
Consultant Radiologist

### INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)

Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507

24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in

NOT VALID FOR MEDICO-LEGAL PURPOSES