



# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-3500227  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.JAYA SINGH - PKG10000237	Registered On	: 11/Feb/2023 09:54:15
Age/Gender	: 46 Y 0 M 0 D /F	Collected	: 11/Feb/2023 11:17:01
UHID/MR NO	: CVAR.0000035460	Received	: 11/Feb/2023 11:26:47
Visit ID	: CVAR0083882223	Reported	: 11/Feb/2023 13:46:15
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	O
Rh ( Anti-D)	POSITIVE



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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Patient Name	: Mrs.JAYA SINGH - PKG10000237	Registered On	: 11/Feb/2023 09:54:16
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## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### X-Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

#### IMPRESSION

**\* NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

Dr Raveesh Chandra Roy (MD-Radio)





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

##### LIVER

- The liver is normal in size **12 cm in longitudinal span** and has a normal homogenous echotexture. No focal lesion is seen.

##### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal ( **10 mm**) at the porta.
- Porta hepatis is normal.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal ( **4 mm**) at the porta.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

##### PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

##### RIGHT KIDNEY

- Right kidney is normal in size ( **10.2 x 3.7 cm**), and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal. The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear. Renal respiratory excursions are normal.

##### LEFT KIDNEY

- Left kidney is normal in size ( **10.4 x 4.2 cm**), and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal. The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear. Renal respiratory excursions are normal.

##### SPLEEN





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

- The spleen is normal in size (**9.9 cm**), and has a homogenous echotexture.

#### ILIAC FOSSA

- Scan over the iliac fossa does not reveal any fluid collection or mass.

#### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.
- **Pre-void urine volume is - 139 cc.**

#### UTERUS

- Uterus is retroflexed, indistinct in outline normal to the extent visualized. Size (**31 x 46 x 30 mm / 75 cc**).
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline (**thickness - 4.2 mm**)
- Cervix is normal.

#### UTERINE ADNEXA

- Adnexa on both sides are normal.
- Both the ovaries are normal in size.

#### CUL-DE-SAC

- Pouch of Douglas is clear.

#### IMPRESSION

- ◊ **No significant sonological abnormality is seen on this study.**

\*\*\* End Of Report \*\*\*



How: NE EXAMINATION, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXA

Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location



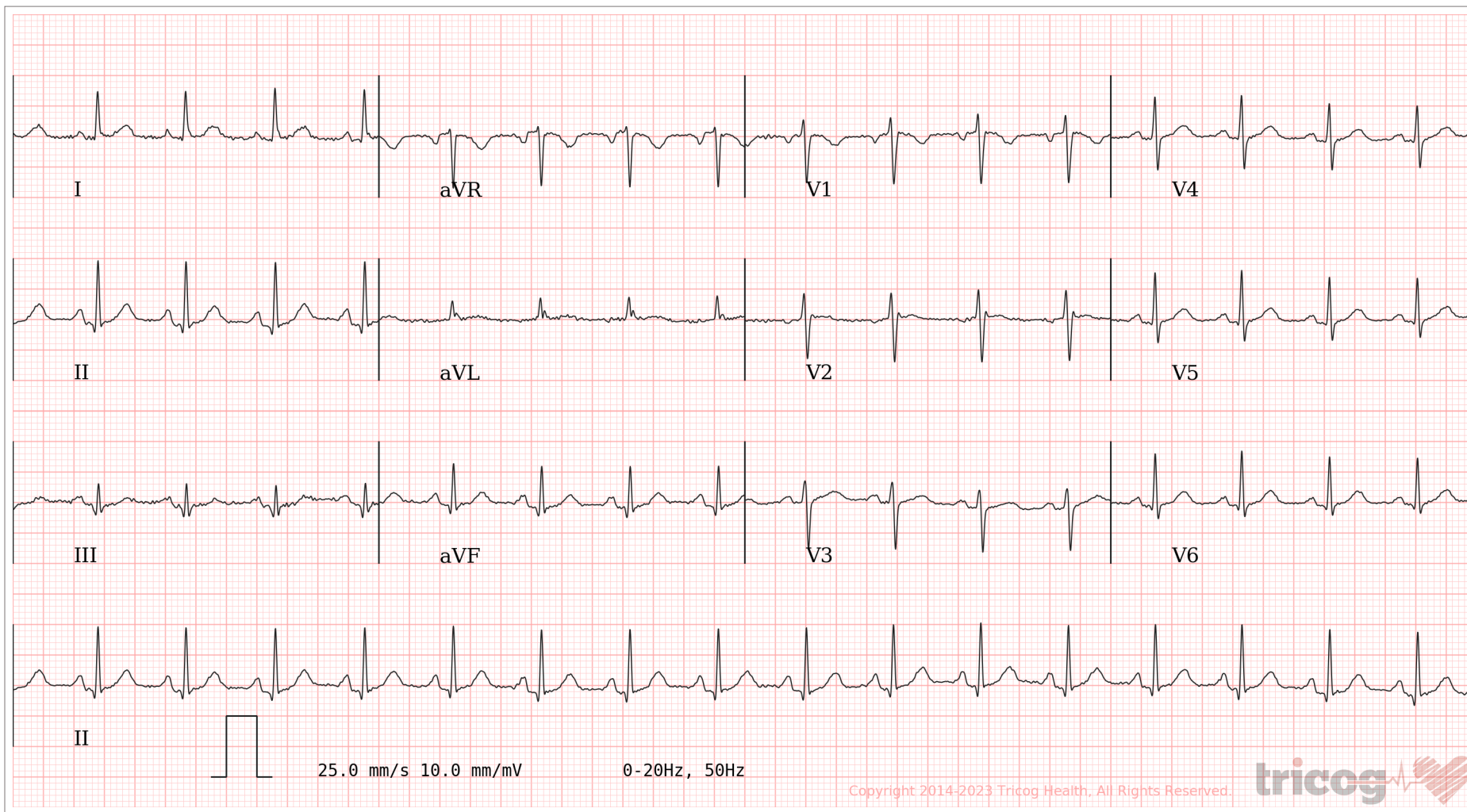
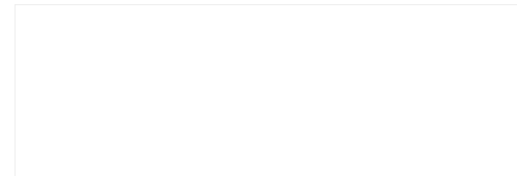


Age / Gender: 46/Female

Date and Time: 11th Feb 23 12:58 PM

Patient ID: CVAR0083882223

Patient Name: Mrs.JAYA SINGH - PKG10000237



AR: 104bpm    VR: 104bpm    QRSD: 72ms    QT: 318ms    QTc: 418ms    PRI: 144ms    P-R-T: 61° 44° 56°

Sinus Tachycardia, Inferior Infarct, probably old. rsr' Pattern in V1, V2. Please correlate clinically.

AUTHORIZED BY

*Charit*

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

*Soumya Rao*

Dr. Soumya Rao





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### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	13.60	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	7,800	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 20	
PCV (HCT)	40.30	%	40-54	
<b>Platelet count</b>				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.68	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	86.20	fl	80-100	CALCULATED PARAMETER
MCH	29.10	pg	28-35	CALCULATED PARAMETER
MCHC	33.80	%	30-38	CALCULATED PARAMETER



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Test Name	Result	Unit	Bio. Ref. Interval	Method
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,680.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	156.00	/cu mm	40-440	



*S.N. Sinha*

Dr.S.N. Sinha (MD Path)



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UHID/MR NO	: CVAR.0000035460	Received	: 11/Feb/2023 14:10:05
Visit ID	: CVAR0083882223	Reported	: 11/Feb/2023 14:44:53
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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	96.40	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

136.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
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### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	108	mg/dl		

#### Interpretation:

##### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

#### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy



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c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



Dr. Anupam Singh (MBBS MD Pathology)



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<b>BUN (Blood Urea Nitrogen)</b> Sample:Serum	9.00	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	0.80	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
<b>Uric Acid</b> Sample:Serum	4.70	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	31.30	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	31.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	36.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.30	gm/dl	6.2-8.0	BIRUET
Albumin	4.00	gm/dl	3.8-5.4	B.C.G.
Globulin	2.30	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.74		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	124.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.90	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.70	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	188.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	45.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	123	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	19.24	mg/dl	10-33	CALCULATED
Triglycerides	96.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP



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>500 Very High



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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.5 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2



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#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



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Ph: 9235447795, 0542-3500227  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.JAYA SINGH - PKG10000237	Registered On	: 11/Feb/2023 09:54:16
Age/Gender	: 46 Y 0 M 0 D /F	Collected	: 11/Feb/2023 11:17:01
UHID/MR NO	: CVAR.0000035460	Received	: 12/Feb/2023 10:08:53
Visit ID	: CVAR0083882223	Reported	: 12/Feb/2023 12:41:12
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \*\*, Serum

T3, Total (tri-iodothyronine)	115.61	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.21	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.90	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



\*\*\* End Of Report \*\*\*

(\*\*) Test Performed at Chandan Speciality L

*ASIN*

Dr. Anupam Singh (MBBS MD Pathology)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location



SIN No:53567424

Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002



भारत सरकार

Government of India



जया सिंह

Jaya Singh

जन्म तिथि/DOB: 20/08/1976

महिला/ FEMALE



Download Date: 06/07/2021

Issue Date: 18/12/2020

8936 6714 7269

VID : 9103 4432 2820 7922

मेरा **आधार**, मेरी पहचान



D63/6B-98, Shivaji Nagar Colony,  
Mahmoorganj, Varanasi, Uttar Pradesh  
221010, India

Latitude

25.305468°

Longitude

82.979077°

LOCAL 12:09:02

GMT 06:39:02

SATURDAY 02.11.2023

ALTITUDE 19 METER





Since 1991



# CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediwheel

Name of Executive: Jaya Singh

Date of Birth: 20/08/1976

Sex: Male / Female

Height: 147 CMs

Weight: 59 KGs

BMI (Body Mass Index): 27.3

Chest (Expiration / Inspiration) 89/92 CMs

Abdomen: 81 CMs

Blood Pressure: 112/72 mm/Hg

Pulse: 74 BPM - Regular / Irregular

RR: 16 Resp/Min

Ident Mark: Cut Marked Clin

Any Allergies: No

Vertigo: No

Any Medications: ① Thyrorel - Tab - Thyroxin - 25 PS

Any Surgical History: No

Habits of alcoholism/smoking/tobacco: No

Chief Complaints if any: No

Lab Investigation Reports: No

Eye Check up vision & Color vision: Normal - 5 Power glass - 25 PS

Left eye: -1.0 D

Right eye: -1.0 D

Near vision: Normal

Far vision: Normal

Dental check up: Normal







Since 1991



# CHANDAN DIAGNOSTIC CENTRE

ENT Check up : *normal*

Eye Checkup: *normal*

### Final impression

Certified that I examined *Jaya Singh* S/o or D/o .....  
is presently in good health and free from any cardio-respiratory/communicable  
ailment, he/she is ~~fit~~ *Unfit* to join any organization.

### Client Signature :-

*Jaya Singh*

*[Signature]*

Signature of Medical Examiner

Name & Qualification - Dr. R. C. Roy (MBBS,MD)

Date...*11*.../*07*.../2022, Place - VARANASIS

Chandan Diagnostic Center  
99, Shivaji Nagar, Mahmoorganj  
Varanasi-221010 (U.P.)  
Phone No.:0542-2223232

**Dr. R.C. ROY**  
MBBS, MD. (Radio Diagnosis)  
Reg. No.-26918



Ms. JAYA SINGH

I.D. : 83882223

AGE/SEX : 46/F

RECORDED : 11/02/2023

RATE : 130 BPM

B.P. : 112/70 mmHg

SUPINE

PRETEST

ST @ 10mm/mV

80ms PostJ

RAW E.C.G.





Ms. JAYA SINGH

I.D : 83882223

AGE/SEX : 46/F

RECORDED : 11/02/2023

RATE : 122 BPM

B.P. : 112/70 mmHg

HYPERVENTILATION

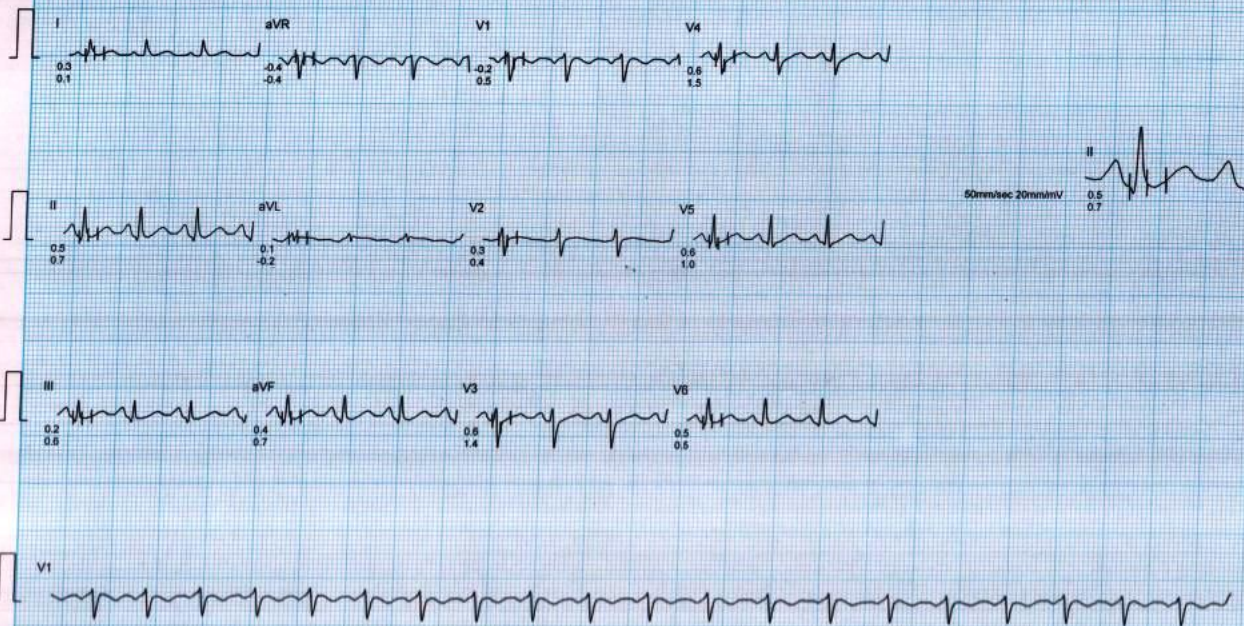
PRETEST

ST @ 10mm/mV

80ms PostJ

STAGE TIME : 0.04

LINKED MEDIAN





Ms. JAYA SINGH

I.D. : 83882223

AGE/SEX : 46/F

RECORDED : 11/02/2023

RATE : 125 BPM

B.P. : 112/70 mmHg

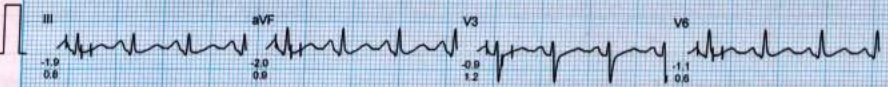
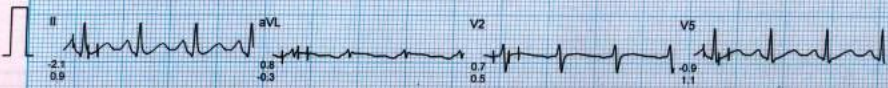
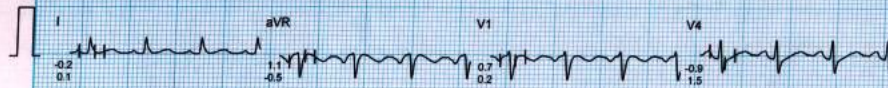
VALSALVA

PRETEST

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN





Ms. JAYA SINGH

I.D. : 83882223

AGE/SEX : 46/F

RECORDED : 11/02/2023

RATE : 128 BPM

B.P. : 112/70 mmHg

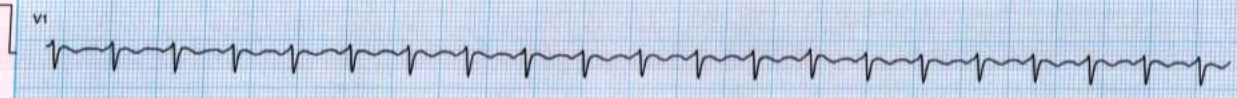
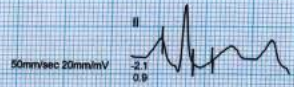
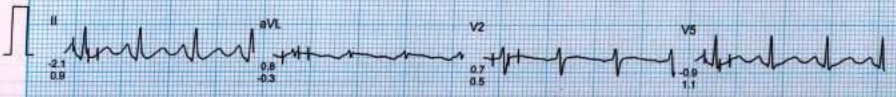
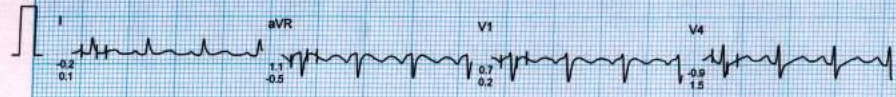
STANDING

PRETEST

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN





Ms. JAYA SINGH

I.D. : 83882223

AGE/SEX : 46/F

RECORDED : 11/02/2023

RATE : 137 BPM

B.P. : 122/70 mmHg

BRUCE

EXERCISE 1

PHASE TIME : 2:59

STAGE TIME : 2:59

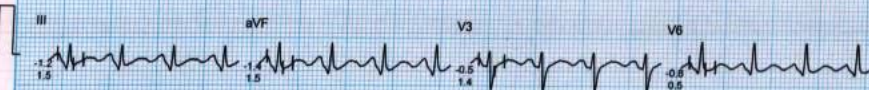
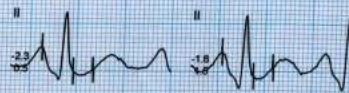
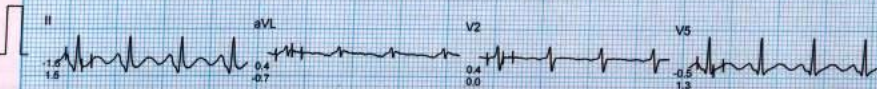
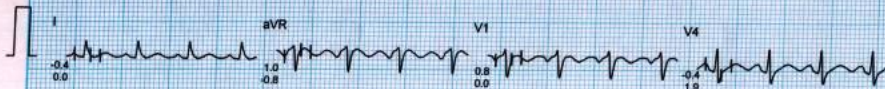
ST @ 10mm/mV

80ms PostJ

SPEED : 2.7 Km./Hr.

GRADE : 10.0 %

LINKED MEDIAN





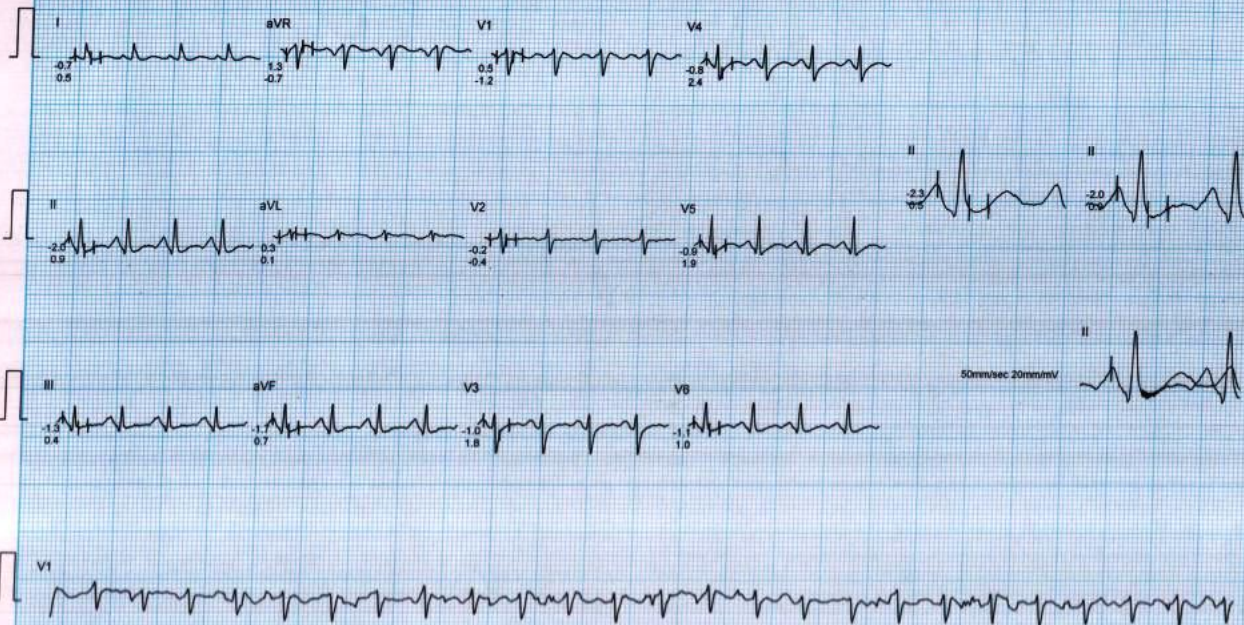
Ms. JAYA SINGH  
 I.D. : 83682223  
 AGE/SEX : 46/F  
 RECORDED : 11/02/2023

RATE : 163 BPM  
 B.P. : 122/70 mmHg

BRUCE  
 EXERCISE 2  
 PHASE TIME : 5:59  
 STAGE TIME : 2:59

ST @ 10mm/mV  
 80ms PostJ  
 SPEED : 4.0 Km./Hr.  
 GRADE : 12.0 %

LINKED MEDIAN





Ms. JAYA SINGH

I.D. : 83882223

AGE/SEX : 46/F

RECORDED : 11/02/2023

RATE : 157 BPM

B.P. : 122/70 mmHg

BRUCE

EXERCISE 3 (EVENT)

PHASE TIME : 6.12

STAGE TIME : 0.12

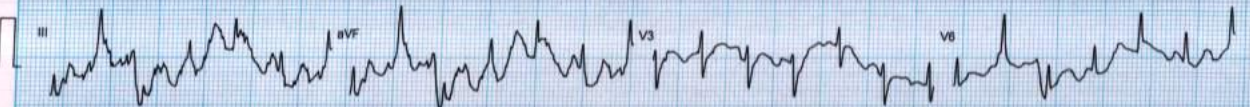
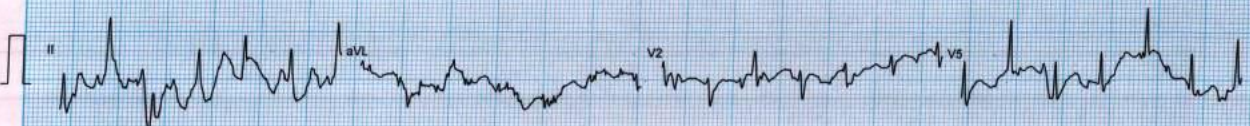
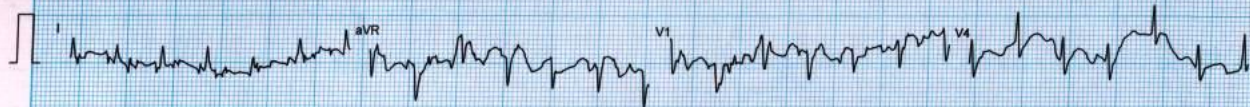
ST @ 10mm/mV

50ms Post.J

SPEED : 5.4 Km./Hr.

GRADE : 14.0 %

RAW E.C.G.





# CHANDAN HEALTH CARE LTD.

MEDISEARCH MEDIAC SYSTEMS

Ms. JAYA SINGH

I.D. : 83882223

AGE/SEX : 46/F

RECORDED : 11/02/2023

RATE : 157 BPM

B.P. : 122/70 mmHg

BRUCE

PEAK EXER

PHASE TIME : 6.16

STAGE TIME : 0.16

ST @ 10mm/mV

80ms PostJ

SPEED : 5.4 Km./Hr.

GRADE : 14.0 %

MIXED E.C.G.





Ms. JAYA SINGH

I.D. : 83882223

AGE/SEX : 46/F

RECORDED : 11/02/2023

RATE : 150 BPM

B.P. : 122/70 mmHg

BRUCE

RECOVERY (EVENT)

PHASE TIME : 0:31

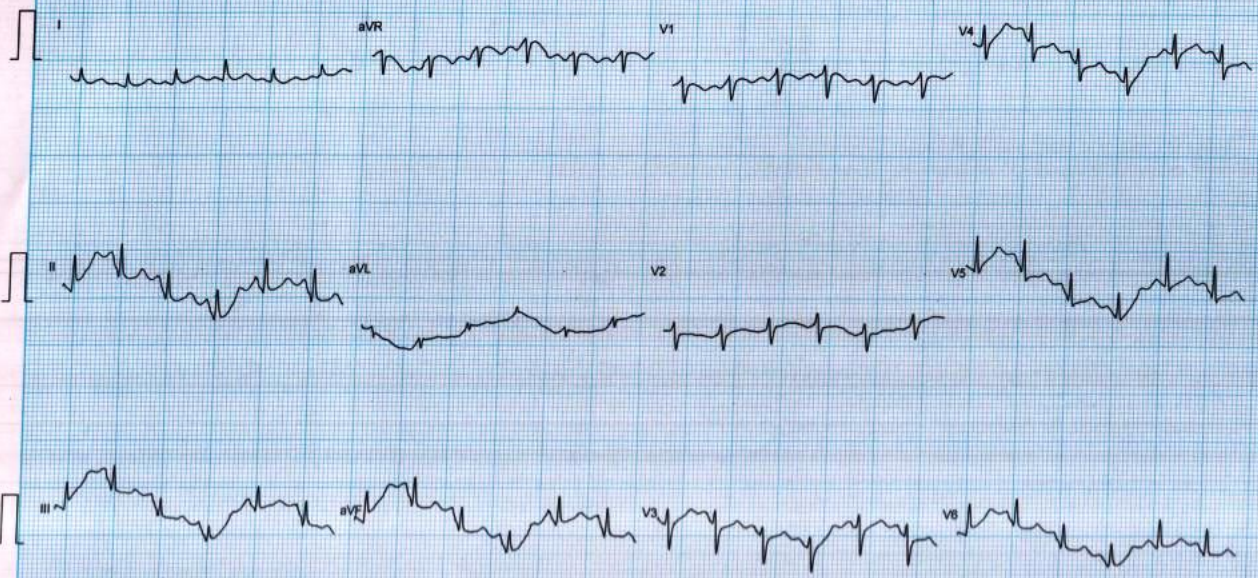
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

RAW E.C.G.





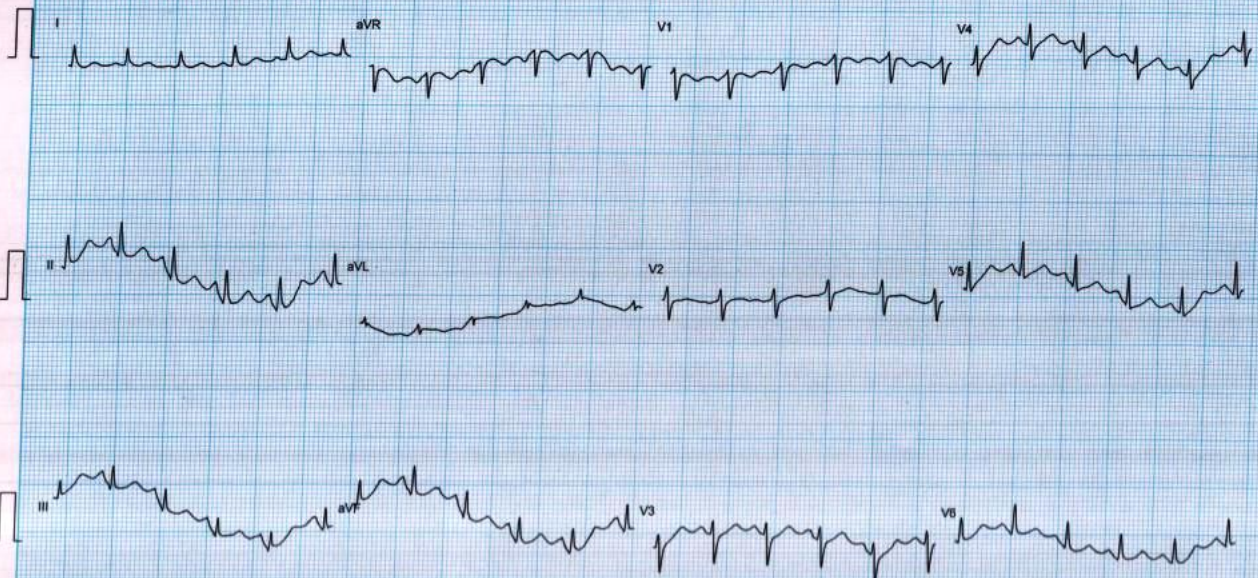
Ms. JAYA SINGH  
 I.D. : 83882223  
 AGE/SEX : 40/F  
 RECORDED : 11/02/2023

RATE : 135 BPM  
 B.P. : 122/70 mmHg

BRUCE  
 RECOVERY (EVENT)  
 PHASE TIME : 1:00

ST @ 10mm/mV  
 80ms PostJ  
 SPEED : 0.0 Km./Hr.  
 GRADE : 0.0 %

RAW E.C.G.





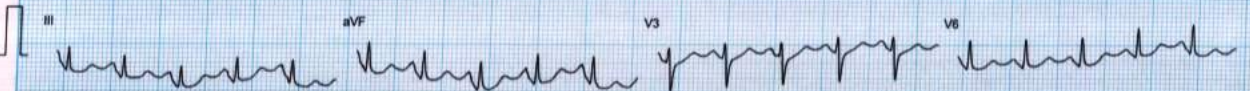
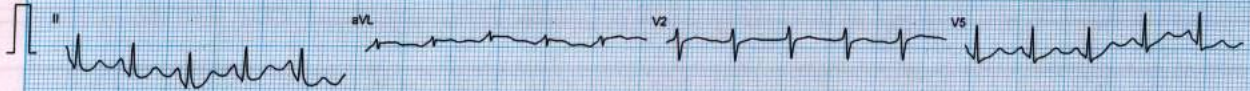
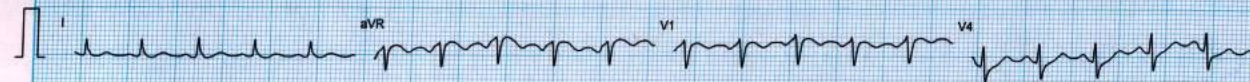
Ms. JAYA SINGH  
I.D : 83882223  
AGE/SEX : 46/F  
RECORDED : 11/02/2023

RATE : 128 BPM  
B.P. : 122/70 mmHg

BRUCE  
RECOVERY (EVENT)  
PHASE TIME - 2:00

ST @ 10mm/mV  
80ms PostJ  
SPEED : 0.0 Km./Hr.  
GRADE : 0.0 %

RAW E.C.G.





Ms. JAYA SINGH  
Age : 46/F  
Ref. by :  
Indication1 :  
Indication2 :  
Indication3 :

ID : 83882223  
Ht/Wt : 147/59  
Recorded : 11/02/2023

TREADMILL TEST SUMMARY REPORT  
Protocol: BRUCE  
History: Hyperthyroidis  
Medication1 : tab thyronorm  
Medication2 :  
Medication3 :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE					130	112/70	145	0.3	0.4	0.6	
HYPERVENT	0:04	0:04			122	112/70	136	0.5	0.3	0.6	
VALSALVA					125	112/70	140	-2.1	0.7	-0.9	
STANDING					128	112/70	143	-2.1	0.7	-0.9	
STAGE 1	2:59	2:59	2.70	10.00	137	122/70	167	-1.6	0.4	-0.5	4.80
STAGE 2	5:59	2:59	4.00	12.00	153	122/70	186	-2.0	-0.2	-0.9	7.10
EVENT	6:12	0:12	5.40	14.00	157	122/70	191	-2.3	-0.2	-1.0	7.29
STAGE 3	6:14	0:14	5.40	14.00	156	122/70	190	-2.3	-0.2	-1.0	7.33
PEAK EXER	6:16	0:16			157	122/70	191	-2.0	-0.1	-0.9	7.36
EVENT	0:31	0:31	0.00	0.00	150	122/70	183	-2.5	0.6	-1.4	
EVENT	1:00	1:00	0.00	0.00	135	122/70	164	-2.5	0.6	-1.3	
EVENT	2:00	2:00	0.00	0.00	128	122/70	156	-3.2	0.7	-1.8	

## RESULTS

Exercise Duration : 6:16 Minutes  
Max Heart Rate : 157 bpm - 90 % of target heart rate 174 bpm  
Max Blood Pressure : 122/70 mmHg  
Max Work Load : 7.36 METS  
Reason of Termination :

## IMPRESSIONS

Baseline ECG Normal  
No ST/T changes during Peak Exercise  
Normal HR & BP Response.  
Test is Negative For inducible Ischemia

Cardiologist

Jaya Singh

Dr. Ankit Krishna Agarwal  
M.B.B.S., MD, DM  
Cardiologist  
Reg. No.-39794