



चण्डा

ONEPLUS ULTRASOUND LAB  
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Dr. NITIN AGARWAL  
MBBS, MD  
Regn. No. DMC-R-1436







  
**Dr. NITIN AGARWAL**  
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4591

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NAME	:Mrs. CHANDA	Barcode No	:10167922
AGE/GENDER	:41 YRS/Female	SPECIMEN DATE	:26/Mar/2024 08:19AM
PATIENT ID	:132588	SPECIMEN RECEIVED	:26/Mar/2024 08:29AM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:26/Mar/2024 03:40PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012403260001

Test Name	Result	Unit	Ref. Range
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### HAEMATOLOGY

#### MediWheel Health Checkup >40 Female

Sample Type:EDTA Blood

#### ESR

Modified Westergrens Method

05 mm in 1st hr upto 13.6

#### Comments:

##### Increased

- In most infections, anaemias, injection of foreign proteins, auto-immune disorders, conditions accompanied by hyperglobunemia and hypercholesterolaemia.
- A rising ESR suggests a progressive disease.

##### Decreased

- In polycythemia, congestive heart failure.

#### Glycosylated Hemoglobin (HbA1c)

HPLC

5.6 % Non Diabetic adults <5.7  
Prediabetic (at risk) 5.7-6.4  
Diabetes >6.4

#### Estimated average blood glucose (eag)

CALCULATED

114

#### Reference range (mg/dl):

90 - 120:Excellent control, 121 - 150:Good Control, 151 - 180:Average Control, 181 - 210:Action Suggested

>211:Panic value

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Ex. Chief of Lab  
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**HAEMATOLOGY**

**BLOOD GROUP (ABO)**

Forward and Reverse grouping (Slide & Tube)

**Rh typing**

**NOTE :**

- \* Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- \* So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- \* Presence of maternal antibodies in newborns, may interfere with blood grouping.
- \* Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

O

POSITIVE

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**HAEMATOLOGY**

**CBC**

Haemoglobin Non cyanide Hb analysis	11.4	g/dl	12.0-15.0
Total Leucocyte Count Electrical Impedance	8300	/cumm	4000-10000
<b>Differential leucocyte count</b>			
Neutrophils Electrical Impedance & Microscopic	67.2	%	40-80
Lymphocyte Electrical Impedance & Microscopic	28.00	%	20-40
Monocytes Electrical Impedance & Microscopic	2.80	%	2-10
Eosinophils Electrical Impedance & Microscopic	1.6	%	1-6
Basophils Electrical Impedance & Microscopic	0.4	%	0-2
RBC Count Electrical Impedance	4.50	million/cumm	4.5 - 5.5
Hematocrit(PCV) Flow Cytometry	35.7	%	36-46
MCV Calculated	79.8	fl	83-101
MCH Calculated	25.4	pg	27-32
MCHC Calculated	31.8	g/dL	31.5-34.5
RDW-CV Calculated	14.5	%	11.4-14.0
Platelet count Electrical Impedance	254000	/cumm	150000-410000

**BIOCHEMISTRY**

Sample Type:Fluoride F			
<b>Blood sugar fasting</b> GOD-POD	97	mg/dl	70-100 mg/dl

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Test Name	Result	Unit	Ref. Range
<b>Sample Type:Fluoride PP</b>			
<b>Blood sugar pp</b> GOD-POD	125	mg/dL	70.0-140.0
<b>Sample Type:Serum</b>			
<b>Bun (blood urea nitrogen )</b> Calculated	10.20	mg/dl	8.9-21.6
<b>Uric Acid, serum</b> Uricase- PAP	4.6	mg/dl	3.5-7.2
<b>Creatinine, serum</b> Enzymatic	0.80	mg/dl	0.71-1.16

**LFT(LIVER FUNCTION TEST)**

Bilirubin Total Modified lab	0.66	mg/dl	0.1-0.9
Bilirubin Conjugated Diazotized sulfanilic acid	0.26	mg/dl	0-0.4
Bilirubin Unconjugated Calculated	0.40	mg/dl	up to 0.7
SGOT (AST) Tris buffer	29	U/L	0-46
SGPT (ALT) Tris buffer	22	U/L	0-49
Alkaline phosphatase Amp buffer	102	U/L	40-129
GAMMA GT Szasz Method	26	U/L	10-45
Total Protein Biuret	7.6	gm/dl	6.60 - 8.70
Albumin serum BCG	4.4	g/dL	3.0-5.2
Globulin Calculated	3.20	gm/dl	1.8-3.4
Albumin/Globulin Ratio Calculated	1.38		1.10 - 2.50

**LIPID PROFILE**

Cholesterol CHOD-PAP	194	mg/dl	50-200
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Test Name	Result	Unit	Ref. Range
Triglycerides GPO-PAP	139	mg/dL	25-150
HDL Cholesterol Selective Inhibition	44	mg/dL	40 - 60
LDL cholesterol Calculated	122	mg/dL	<130
VLDL cholesterol Calculated	27.8	mg/dL	5-40
Cholesterol/HDL Ratio Calculated	4.4		Low Risk 3.3-4.97 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
LDL/HDL Ratio Calculated	2.8		0 - 3.55

LDL Cholesterol	Total Cholesterol	HDL Cholesterol
<100 Optimal	<200 Desirable	<40 Low
100-129 Near optimal	200-239 Borderline high	>60 High
130-159 Borderline high	>240 High	
160-189 High		
>190 Very high		

**According to NCEP, ATP-III Guidelines**

	BUN/Creatinine ratio		
UREA UREASE-GLDH	22.00	mg/dl	15-45
Bun (blood urea nitrogen ) Calculated	10.28	mg/dl	8.9-21.6
CREATININE ENZYMATIC	0.80	mg/dl	0.30-1.10
Bun/Creatinine Ratio Calculated	12.85		10.0 - 20.0

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**ENDOCRINOLOGY**

**THYROID PROFILE(T3,T4,TSH)**

Triiodothyronine total [t3] ECLIA	0.68	ng/dl	0.52-1.9
Thyroxine total [t4] ECLIA	5.60	µg/dl	4.8-11.6
TSH (Thyroid Stimulating Hormone) Enzyme linked fluorescent assay	1.94	µIU/ml	0.25-5.0


**AGE WISE VARIATION IN TSH**

AGE	TSH(µIU/ml)	AGE	TSH(µIU/ml)
1-4 weeks	1.00 - 19.0	16-20 yrs	0.25 - 5.0
1-12 mths	1.70 - 9.1	21 - 80 yrs	0.25 - 5.0
1-5 yrs	0.80 - 8.2	I <sup>st</sup> trimester	0.25 - 5.0
6-10 yrs	0.25 - 5.0	II <sup>nd</sup> trimester	0.50 - 5.0
11-15 yrs	0.25 - 5.0	II <sup>rd</sup> trimester	0.4 - 6.0

**Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)**

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis

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**CLINICAL PATHOLOGY**

**URINE ROUTINE (Strip/microscopy)**

Sample Type:Urine

**Physical examination**

Colour	PALE YELLOW	PALE YELLOW
Transparency	CLEAR	CLEAR
Sp.gravity	1.015	1.005-1.030
BROMOTHYMOL BLUE		
pH	6.00	5.0-8.0
Double Indicators Test		
Reaction	ACIDIC	ACIDIC

**Chemical examination**

Urine protein	NIL	NIL
Protein Ionization		
Urine sugar	NIL	NIL
Oxidation Reaction		
Bilirubin, urine	NEGATIVE	NEGATIVE
Urobilinogen	NORMAL	NORMAL
P-Aminobenzoic Acid and Phenazopyridine Reaction		
Ketones	NEGATIVE	NEGATIVE
Acetoacetate and Dichlorobenzene Reaction		

**Microscopic examination**

Pus cells.	2-3	/HPF	1-2
Microscopy			
Epithelial cells	3-5	/HPF	0-5
Microscopy			
R.B.C.	NIL	/HPF	NIL
Microscopy			
Casts	NIL	/HPF	NIL
Microscopy			
Crystals	NIL	/HPF	NIL
Microscopy			
Bacteria	NIL	/HPF	NIL
Microscopy			

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Others.	NIL		NIL

**STOOL ROUTINE(MANUAL METHOD/MICROSCOPY)**

Sample Type:Stool

Physical examination

Colour	BROWNISH		Brownish
Consistency	SEMI LOOSE		Semi Formed
Blood	ABSENT		Absent
Mucus	ABSENT		Absent


Chemical examination, stool

pH	6.00		5.0-8.0
Double Indicators Test			

Microscopic examination

Pus cells	0 - 1	/HPF	10-11
Microscopy			
R.B.C.	NIL	/HPF	NIL
Microscopy			
Ova	ABSENT		NIL
Microscopy			
Cysts	NIL		NIL
Microscopy			
Bacteria	PRESENT	/HPF	NIL
Microscopy			
Others	NIL		

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**CYTOLOGY**  
**PAP SMEAR**

Sample Type:Fluid Smear

**STATEMENT OF ADEQUACY :** Satisfactory for evaluation.

**GENERAL CATEGORISATION :** Benign cellular changes.

**DESCRIPTIVE DIAGNOSIS**

1. Superficial squamous cells with intermediate and occasional metaplastic squamous cells.
2. Scanty polymorphonuclear leucocytes.
3. No epithelial cell abnormality.

**COMMENTS :**

**NEGATIVE FOR INTRAEPITHELIAL LESION/MALIGNANCY.**

P/OP/52/24

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

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Ref. By	: Dr. MEDIWHEEL	Lab No	: 012403260001
Date	: 26-Mar-2024	Patient ID	: LSHHI132588

### X-ray-Chest PA view

Bony cage and soft tissues are normal.  
Cardiothoracic ratio is normal.  
Mediastinum is normal.  
Both hila are normal.  
Both costophrenic angles are clear.  
Both domes of diaphragm are normal.  
Lung fields are clear. No parenchymal lesion seen.

**IMPRESSION: Normal Study.**

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### ULTRASOUND EXAMINATION----WHOLE ABDOMEN

**Liver** is mildly enlarged in size (15.6 cm) and normal in outline with altered echopattern. Diffuse increase in echogenicity of liver parenchyma is noted, suggestive of fatty infiltration (grade I). No abscess or mass lesion seen. Hepatic veins, portal vein, IVC and aorta are normal. Intrahepatic biliary radicles are not dilated. CBD is normal in caliber.

**Gall bladder** is well distended with anechoic lumen. Wall thickness is normal.

**Both kidneys** are normal in size, shape, position, outline and echopattern. Corticomedullary differentiation is maintained. No pelvicalyceal dilation or calculus or mass lesion is seen.

**Spleen** is normal in size and echotexture. No mass lesion seen.

**Pancreas** is normal in size, outline and echotexture.

**Urinary bladder** is normal in shape and position. No evidence of intravesical stone or mass seen.

**Uterus** is normal in size (measures 8.7 x 4.5 x 3.8 cm), shape, position and echopattern. No mass seen.

**Uterine cavity** is empty. **Endometrial thickness** is 6.7 mm.

**Both ovaries** appear normal in size, shape and echopattern. No tubo-ovarian mass seen.

No abnormal bowel wall thickening seen in right iliac fossa.  
No free fluid seen anywhere in abdomen.

**IMPRESSION:** Fatty infiltration of liver (grade I) with mild hepatomegaly.

  
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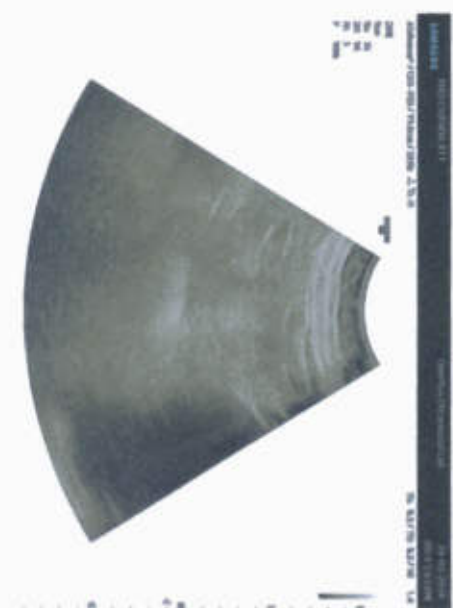
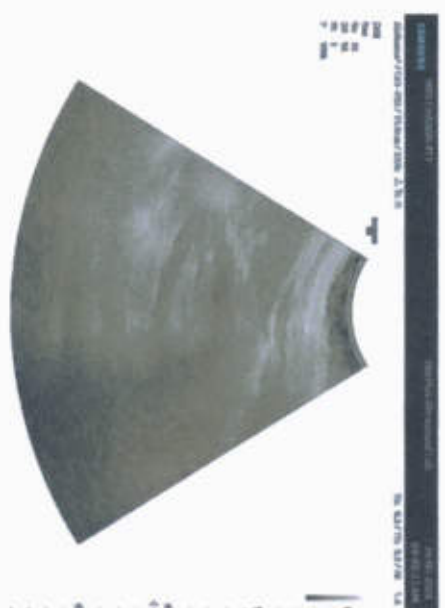
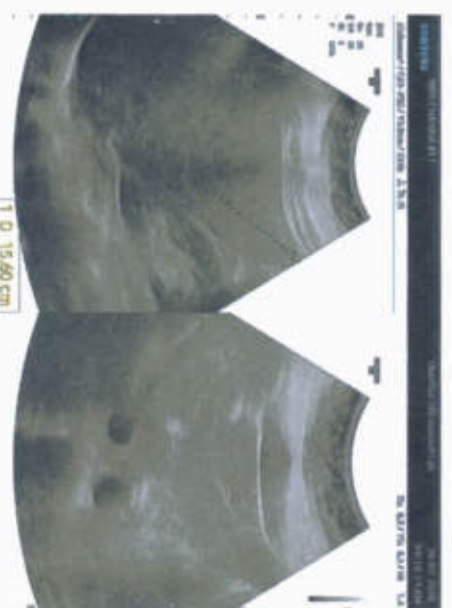
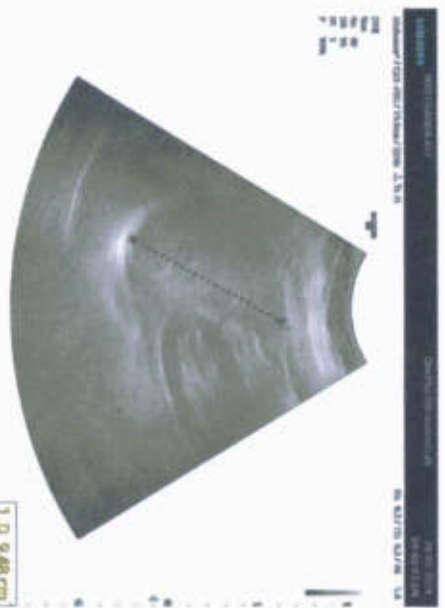
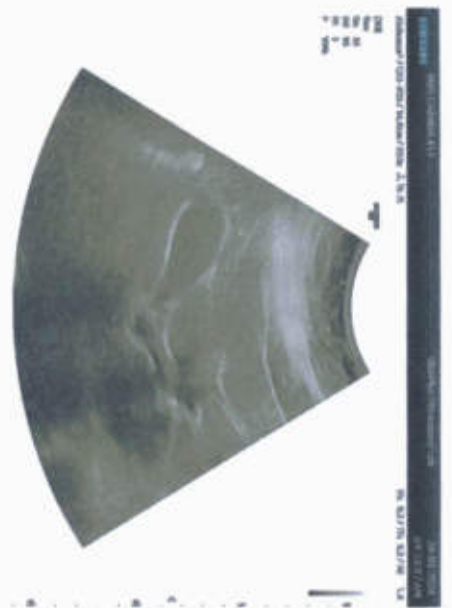
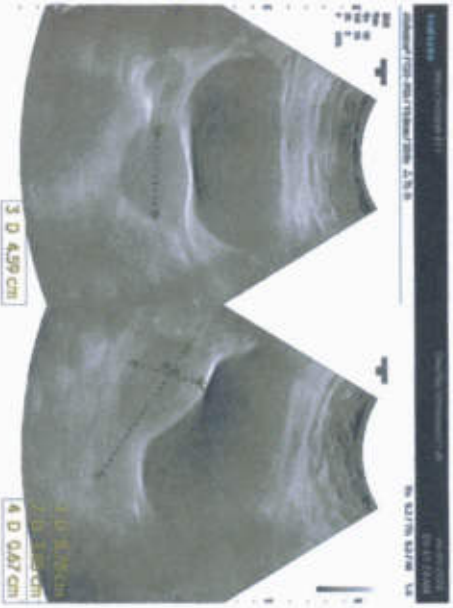
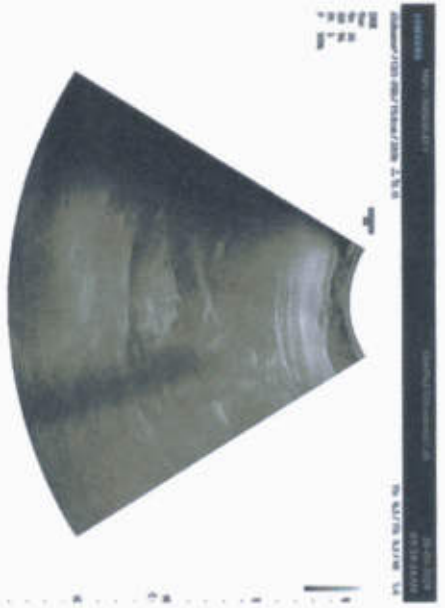
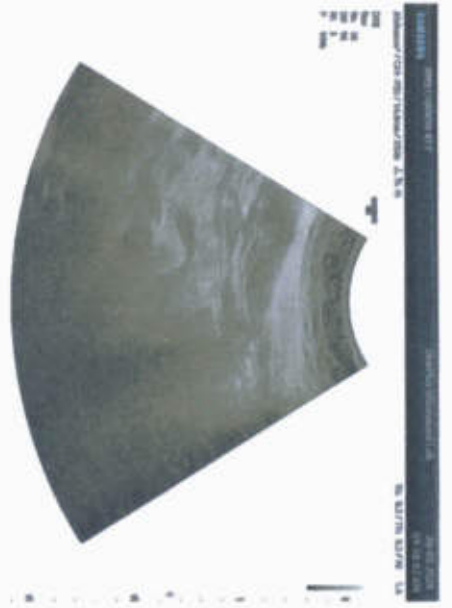
Type By : anubha

47, Harsh Vihar, Pitampura, Delhi-34 ☎ 011-4248 0101, 9599913051

✉ Email: oneplusul@gmail.com 🌐 www.oneplusul.in

- Clinical correlation is essential for final diagnosis. • If test results are unsatisfactory please contact personally or on phone.
- This report is for perusal of doctors only. • All disputes are subject to Delhi jurisdiction only. • Not for medico legal case.
- All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.











# ONEPLUS ULTRASOUND LAB

47, HARSH VIHAR, PITAMPURA, DELHI- 110034

Ms. CHANDA  
Age : 41/F  
Ref. by : MEDIWHEEL  
Indication1 :  
Indication2 :  
Indication3 :  
COMMENTS : Normal ECG

ID : 2512  
H/WI : 165/102  
Recorded : 26-3-2024 9:12  
Medication1 :  
Medication2 :  
Medication3 :

BP : 85  
P Axis : 138/88 deg  
QRS Axis : 23 deg  
T Axis : 48 deg

P duration : 80 msec  
PR duration : 133 msec  
QRS duration : 93 msec  
QT interval : 326 msec  
QTc interval : 369 msec

Raw E.C.G.(Seq)

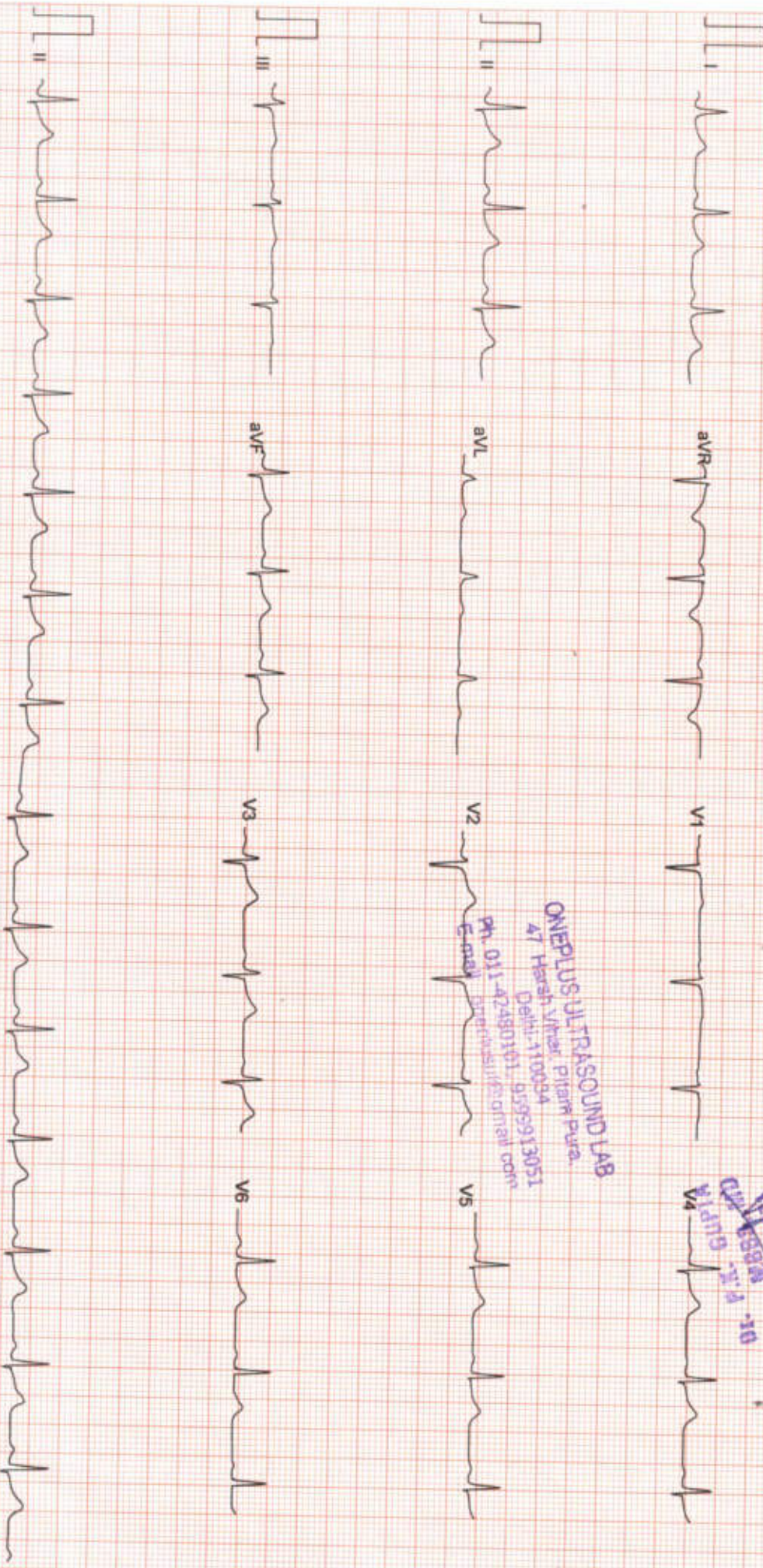
Unconfirmed Report Reviewed By

Cardiologist

*Dr. N. K. Singh*  
Dr. N. K. Singh  
F. R. C. P. (C)  
F. R. C. P. (C)

*21531*

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Delhi-110034  
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E-mail: [oneplusultrasound@gmail.com](mailto:oneplusultrasound@gmail.com)



Filtered

25mm/sec 10mm/mV

CardiCom, INDIA



# ONEPLUS ULTRASOUND LAB

47, HARSH VIHAR PITAMPURA DELHI 110034

ID : 999

HWWT : 165/102

Recorded : 26-3-2024 8:54

## TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE

History:

Medication1:

Medication2:

Medication3:

Ms. CHANDA

Age : 41/F

Ref by : MEDIMHEEL

Indication1:

Indication2:

Indication3:

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					78	138/88	107	-0.3	0.6	0.0	
STANDING					80	138/88	110	0.5	0.8	0.4	
STAGE 1	2:59	2:59	2.70	10.00	148	138/88	204	0.7	0.3	0.0	4.80
STAGE 2	5:59	2:59	4.00	12.00	155	150/90	232	0.1	0.5	-0.3	7.10
STAGE 3	6:29	0:29	5.40	14.00	166	160/94	265	-0.1	0.5	-0.2	7.57
PEAK EXER	6:30	0:30			168	160/94	268	-0.1	0.5	-0.2	
RECOVERY	2:59	2:59	0.00	0.00	92	138/88	126	0.0	0.4	0.0	7.59

### RESULTS

Exercise Duration

Max Heart Rate

Max Blood Pressure

Max Work Load

Reason of Termination

8:30 Minutes

168 bpm 93% of target heart rate 179 bpm

160/94 mmHg

7.59 METS

*Negative for ischaemic change*

Cardiologist

**Dr. A.K. GUPTA**  
M.D., M.B.B.S., M.D.  
Reg. No. 1877

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*1641*



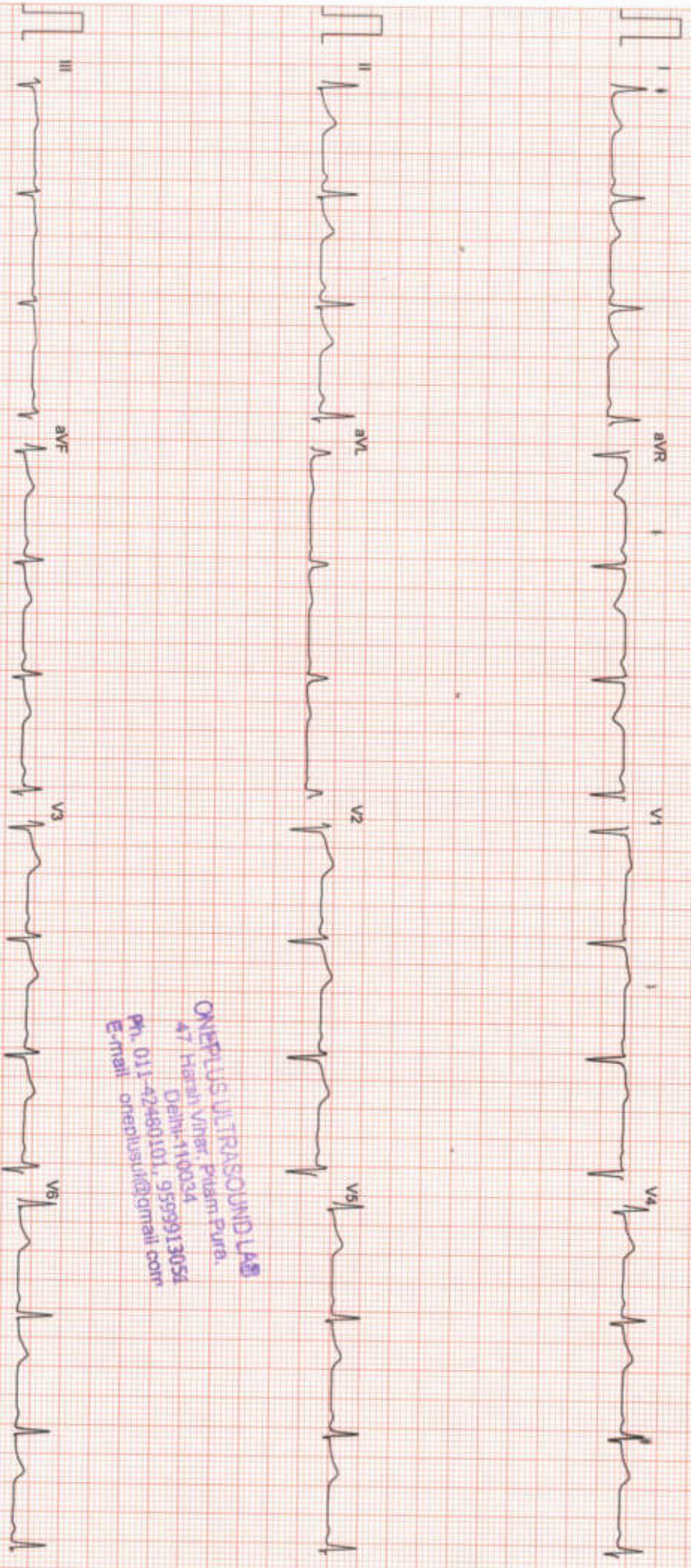
# ONEPLUS ULTRASOUND LAB

SUPINE  
PRETEST

ST @ 10mm/mv  
80ms PostJ

Ms CHANDA  
ID : 999  
AGE/SEX : 41/F  
RECORDED : 26-3-2024 8:54  
RATE : 78 BPM  
B.P : 138/88 mmHg

RAW E.C.G.



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Filtered

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214



# ONEPLUS ULTRASOUND LAB

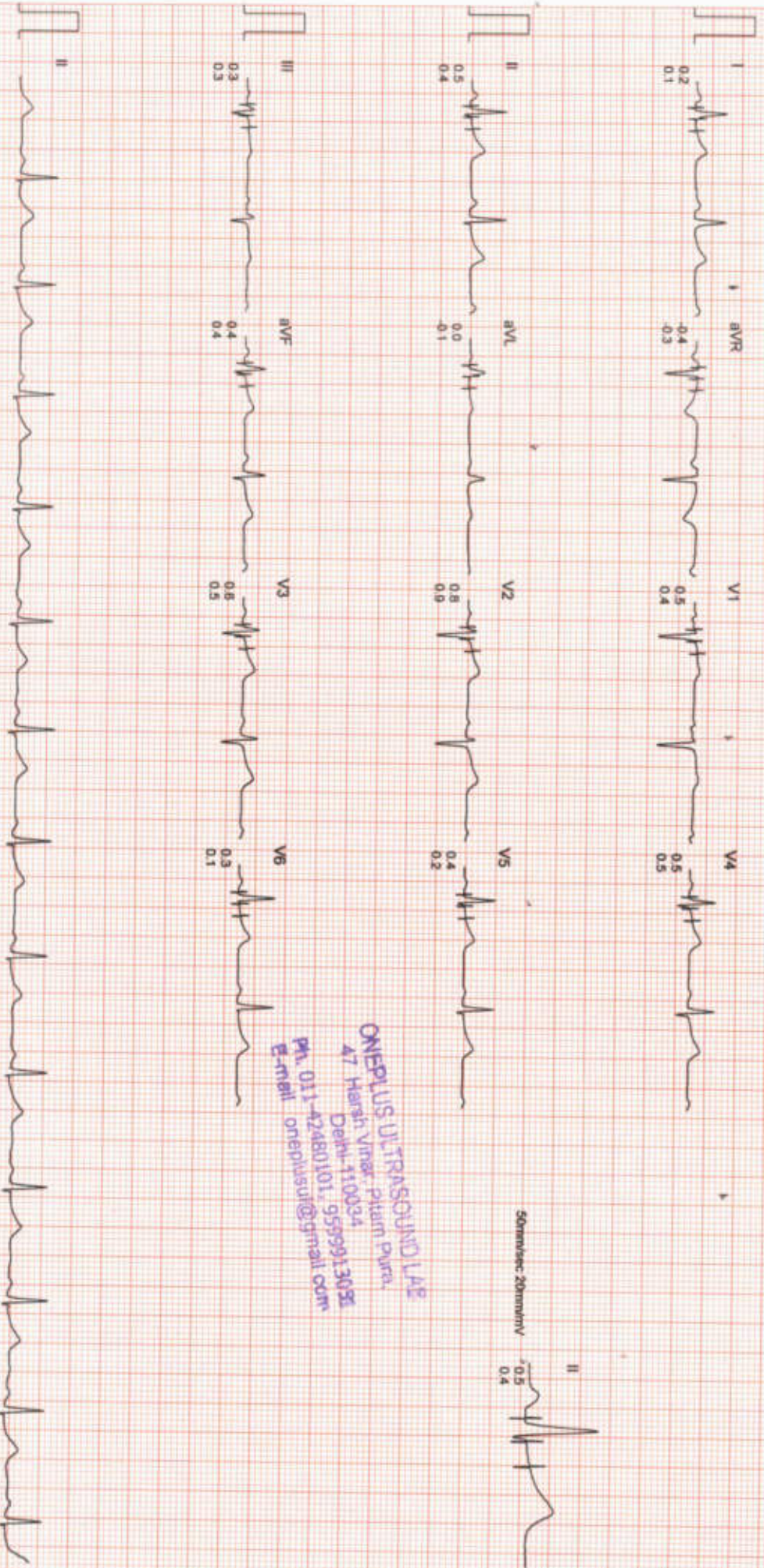
STANDING  
PRETEST

ST @ 10mm/mV  
80ms PostJ

Ms. CHANDA  
I.D. : 999  
AGE/SEX : 41/F  
RECORDED : 26-3-2024 8:54

RATE : 80 BPM  
B.P. : 136/68 mmHg

LINKED MEDIAN



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Ms. CHANDA

ID : 999

AGE/SEX : 41/F

RECORDED : 26-3-2024 8:54

RATE : 148 BPM

B.P. : 138/88 mmHg

Manual Protocol2

EXERCISE 1

PHASE TIME : 2:59

STAGE TIME : 2:59

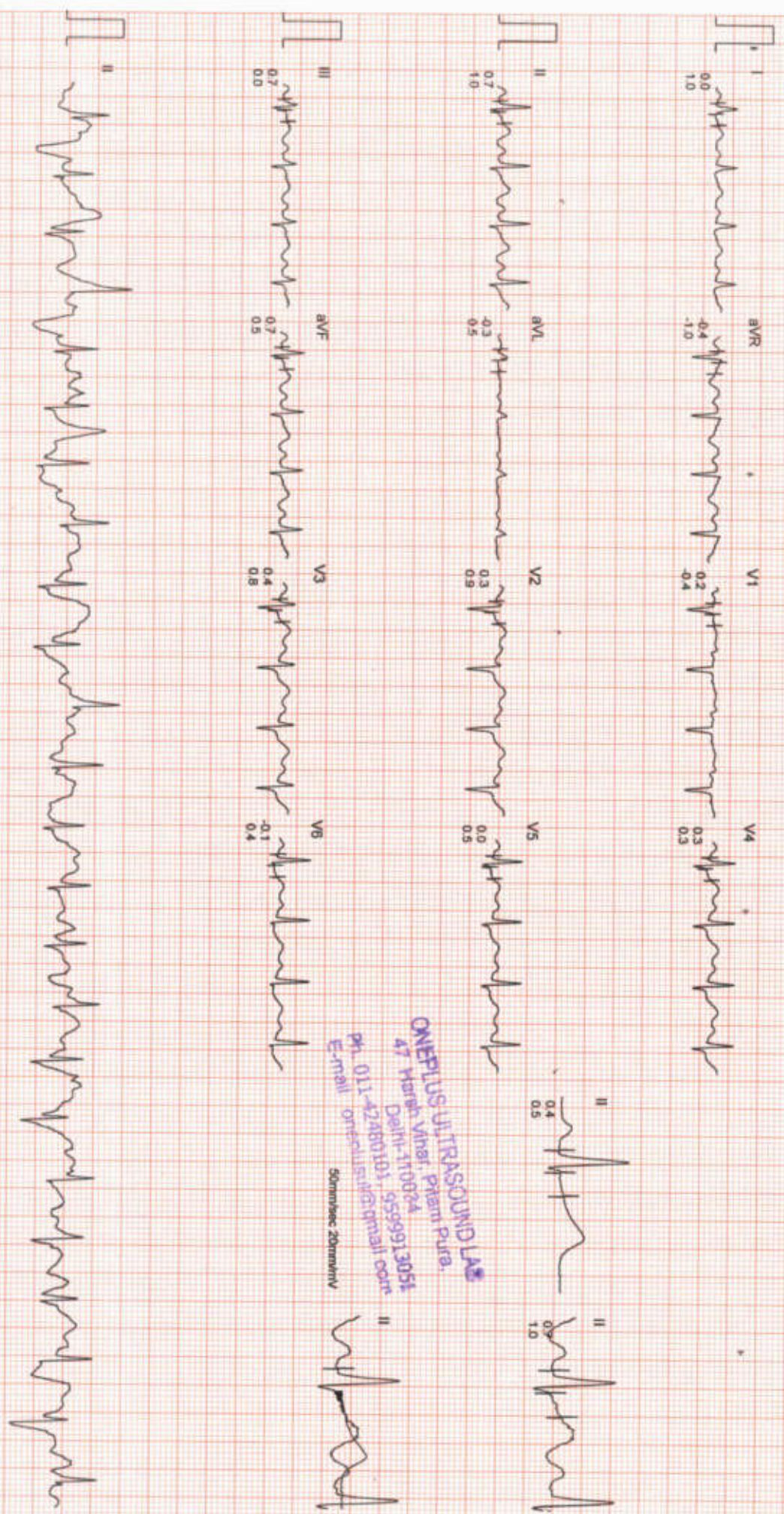
ST @ 10mm/mV

80ms PostJ

SPEED : 2.7 Km./Hr.

GRADE : 10.0 %

LINKED MEDIAN



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50mm/Sec 20mm/mV



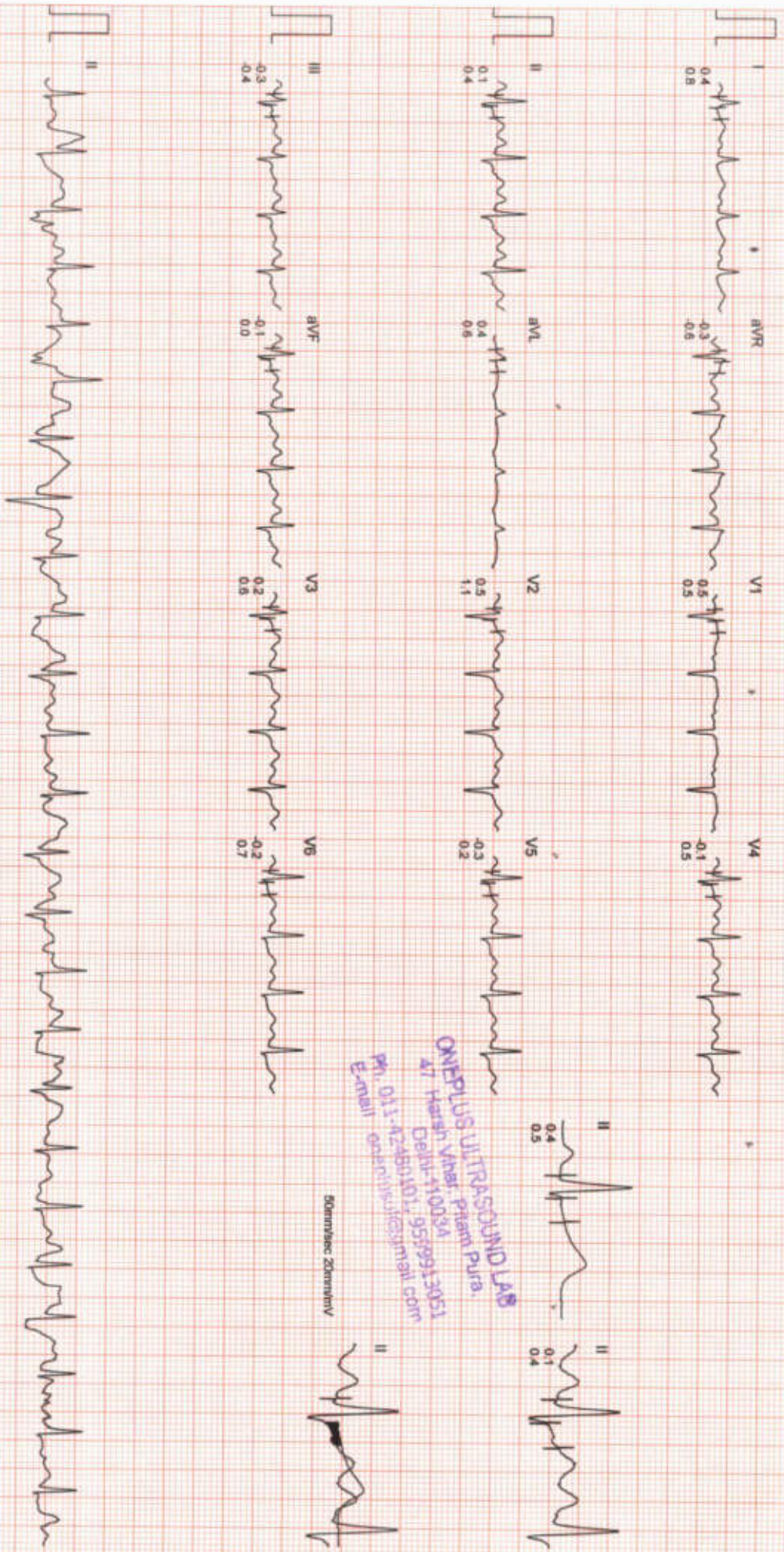
# ONEPLUS ULTRASOUND LAB

Ms. CHANDA  
ID : 999  
AGE/SEX : 41/F  
RECORDED : 26-3-2024 8:54

RATE : 155 BPM  
B.P : 150/90 mmHg

Manual Protocol2  
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



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80mm/sec 20mm/mV



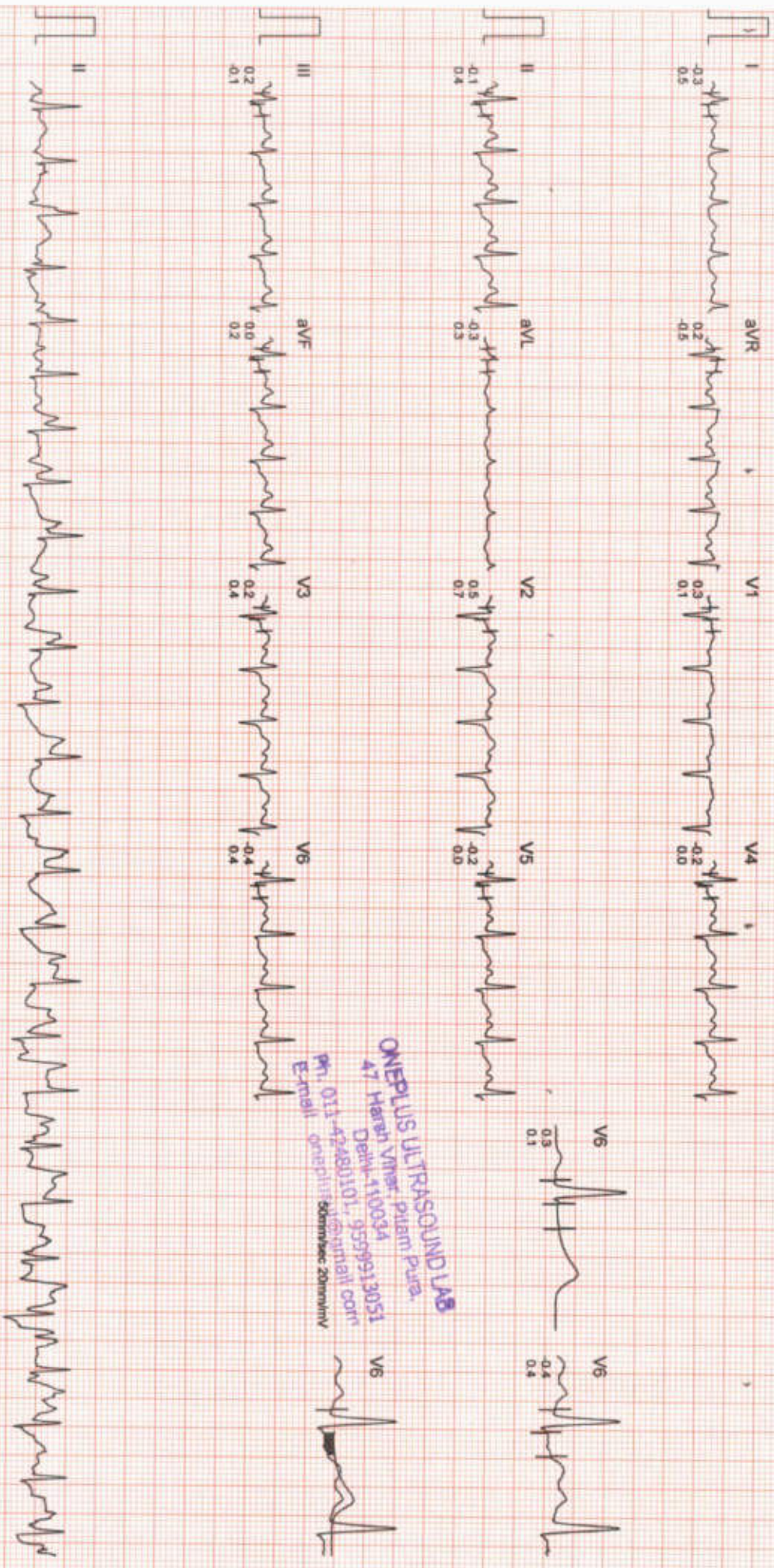
# ONEPLUS ULTRASOUND LAB

Ms. CHANDA  
ID : 999  
AGE/SEX : 41/F  
RECORDED : 26-3-2024 8:54

BRUCE  
EXERCISE 3  
PHASE TIME : 6:29  
STAGE TIME : 0:29

ST @ 10mm/mV  
80ms PostJ  
SPEED : 5.4 Km./Hr.  
GRADE : 14.0 %

LINKED MEDIAN



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500mm/sec 20mm/mV



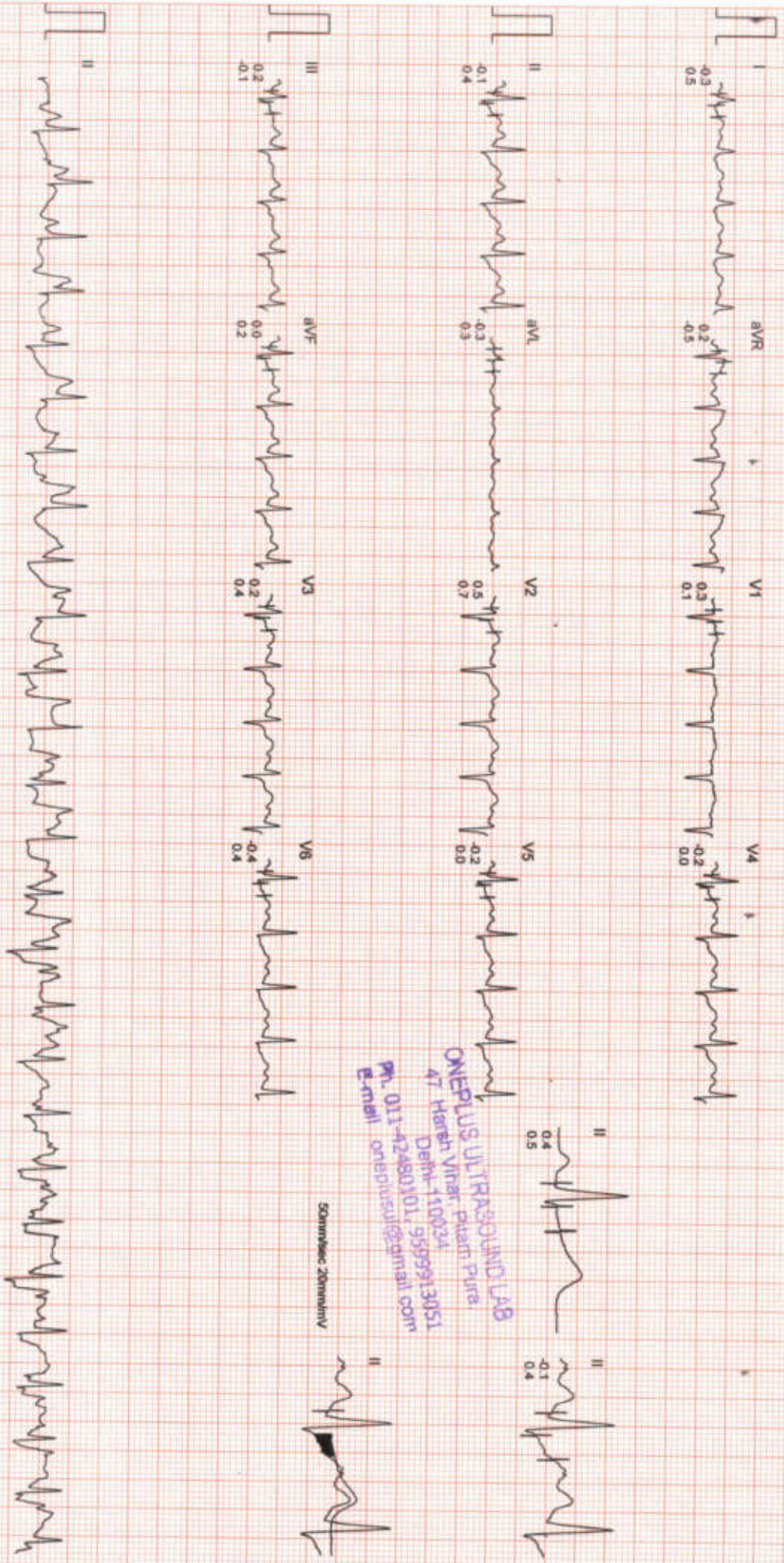
# ONEPLUS ULTRASOUND LAB

Ms. CHANDA  
I.D. : 999  
AGE/SEX : 41/F  
RECORDED 26-3-2024 8:54

Manual Protocol2  
PEAK EXER  
PHASE TIME : 6:30  
STAGE TIME : 0:30

ST @ 10mm/mV  
80ms PostJ  
SPEED : 5.4 Km./Hr.  
GRADE : 14.0 %

LINKED MEDIAN



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E-mail oneplusul@gmail.com

50mm/sec 20mm/mV



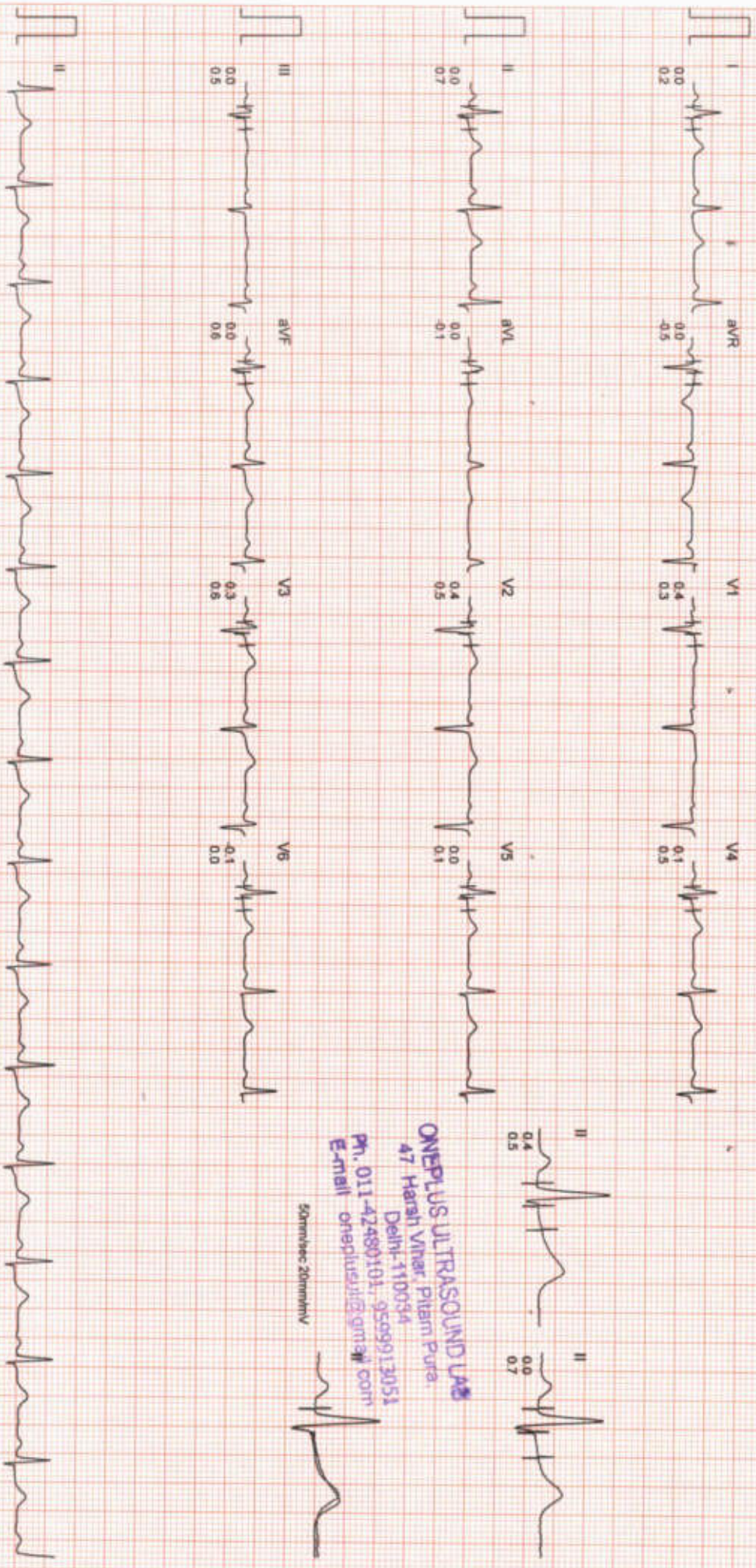
# ONEPLUS ULTRASOUND LAB

Ms CHANDA  
ID : 999  
AGE/SEX : 41/F  
RECORDED : 26-3-2024 8:54  
RATE : 92 BPM  
B.P : 138/88 mmHg

Manual Protocol2  
RECOVERY  
PHASE TIME : 2:59

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

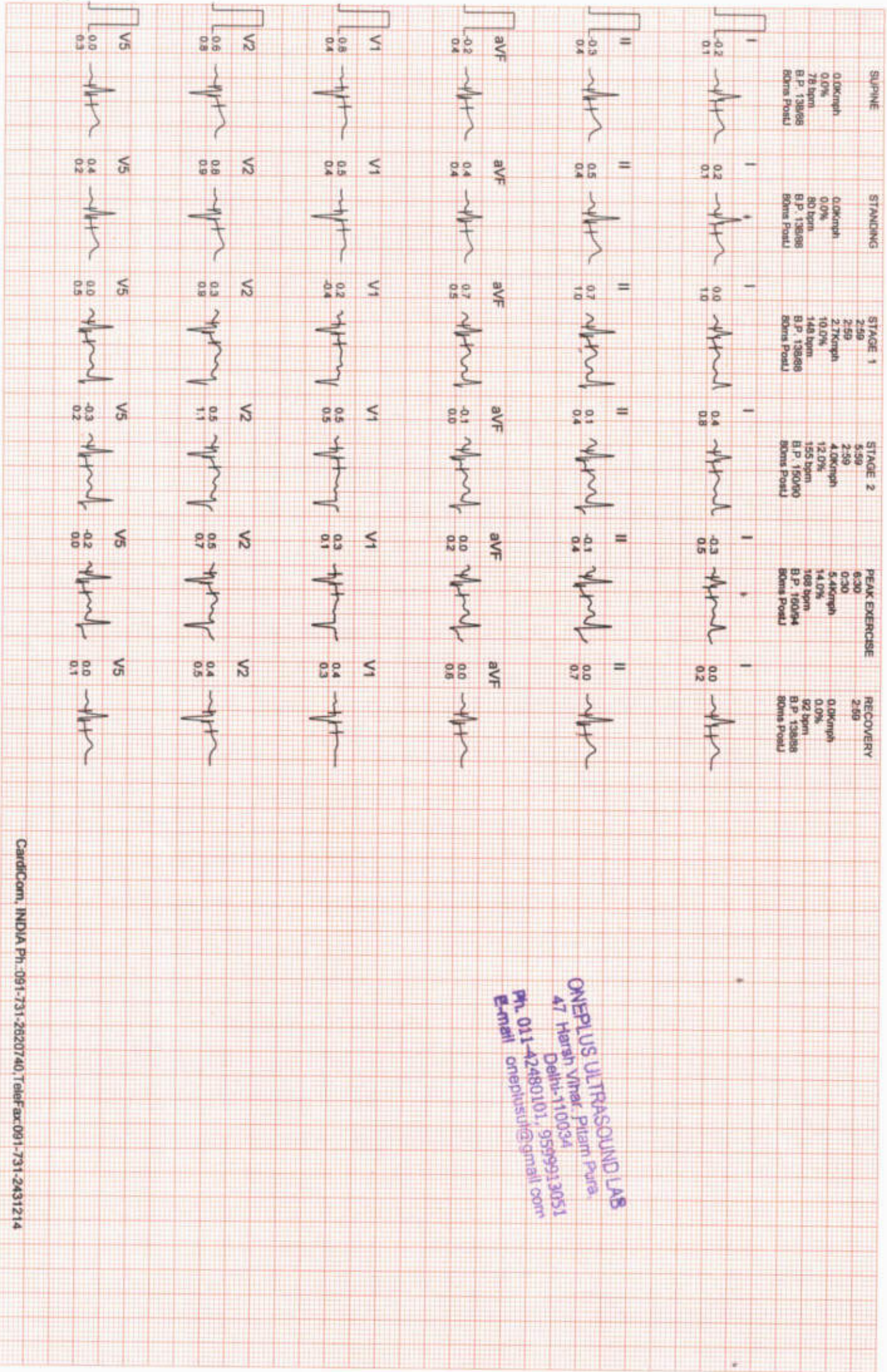
LINKED MEDIAN



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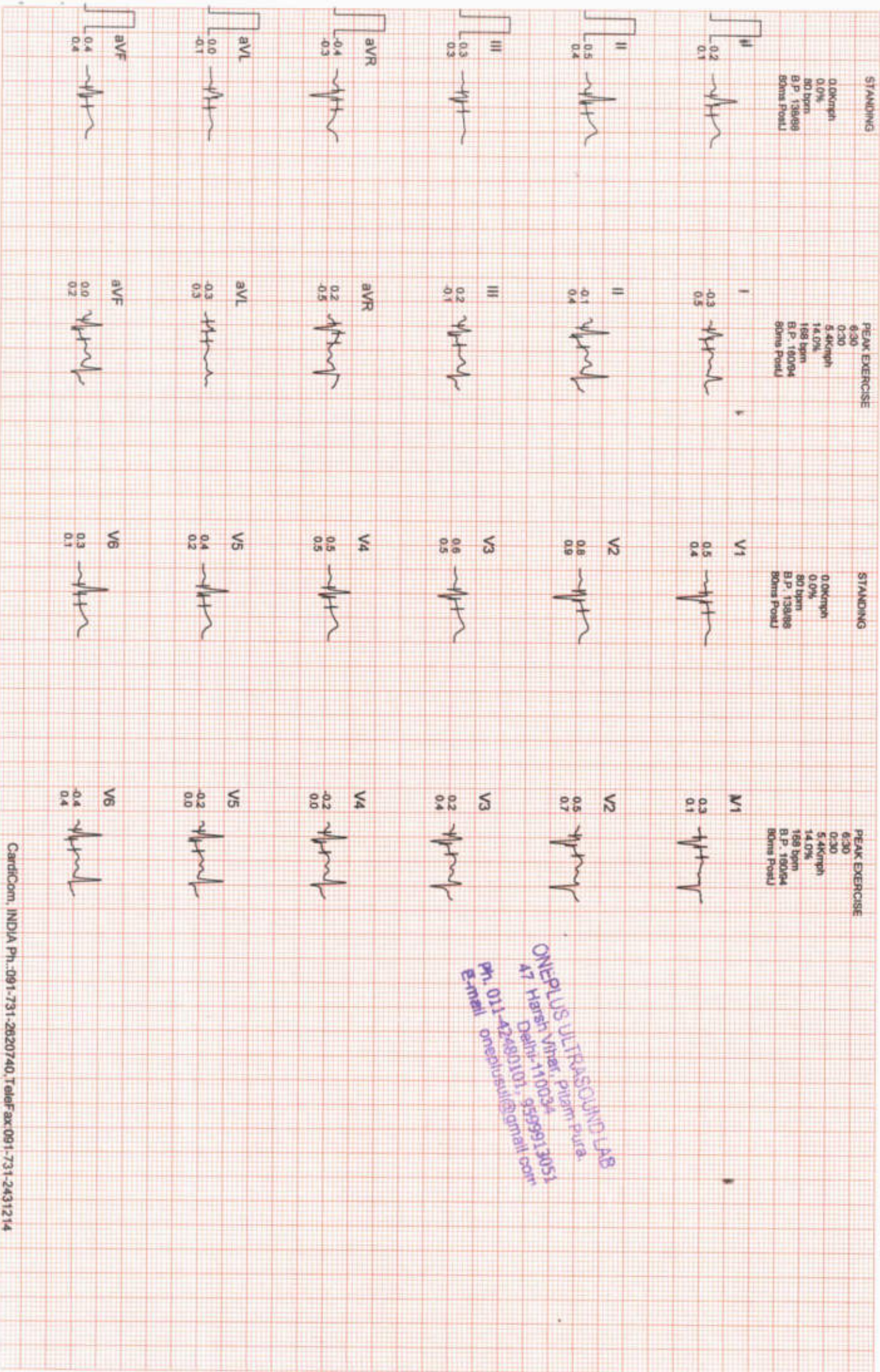
50mm/sec 20mm/mV





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MRS CHANDA 41YRS 26-3-2024 CHEST PA VIEW 3/26/2024  
ONEPLUS ULTRASOUND LAB, 47-HARSH VIHAR, PITAMPURA