



Patient Name: MRS. KANCHAN PATEL / MRN-240901551

Age / Gender: 34 Yr / F

Address: Vill- Kankesra Po- Khaira, Rewa, MADHYA PRADESH

**Req. Doctor: VONE HOSPITAL** 

Regn. Number: WALKIN.24-25-10782

Request Date: 14-09-2024

#### USG WHOLE ABDOMEN

Liver is normal in size (13.9 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis seen.

Rt. Kidney length: 9.4 cm Lt. Kidney length: 9.6 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Uterus is anteverted, normal in size, measuring app 5.6x4.1x4.5 cm. Myometrial echotexture is homogenous.

Endometrial echoes are 6 mm thick & central. Cervix is normal in size and echotexture.

Bilateral ovaries are normal in size and position.

No obvious adnexal lesion seen.

No free fluid in pouch of Douglas.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

## **IMPRESSION:-**

No significant abnormality detected.

DR. RAVINDRA SING Consultant Radiologist

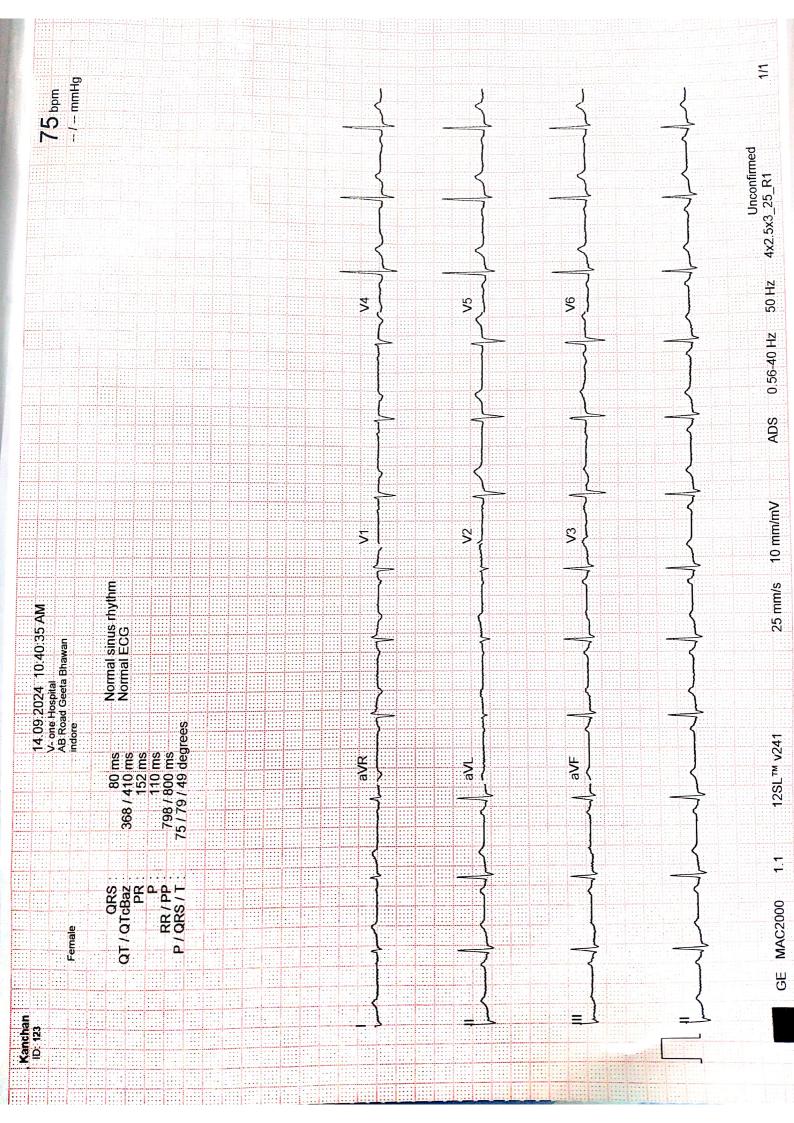
2/1, Residency Area, AB Road, Geeta Bhavan Square, Indore - 452 001, MP, INDIA. E: info@vonehospital.com T: +91 0731 3588888, 4238111 | M: +91 93299 22500

A unit of Mediheal Healthcare Private Limited

Reg No.: NH/4126/Sep-2021

CIN: U85300MP2021PTC056037

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Name : M	IRS KANCHA	N PATEI	01234567 Tes	sted on : :	L4/09/2	024,12	2:21 PM	
	40901551	NICH		ctor	one ho	spital		
Age,Wt,Ht : 3	4years(Fem	ale), 62Kg					BPL DYN	ATRAC ULTR
<b>Test Summary</b>	Report							
Target HR = 186		Total time	= 13:52		Protoco	= BR	RUCE	
HR achieved = 17	'9 (96%)	Excercise t	ime = 06:5	4	Max ST	(mm):	=4.48(L	ead V1)
Peak Ex = Exercis			ime = 06:0		Min ST	(mm)=	=-6.18(L	ead V3)
Stagewise Sur	nmary							
Stage Name	Duration	Max HR	Max ST	Min ST	Speed	Slope (%)	METS	sγs/dia (map)
Cunine	(mm:ss)	(bpm)	(mm)	(mm)	km/hr 0.0	0.0	0.00	120/80(93
Supine Waiting for Exercise	00:25	86	4.48(V1)	-6.18(V3)	0.0	0.0	0.00	120/80(93
Exercise 1	00:24	90	0.40(V5)	-0.38(V1)	2.7	10.0	5.10	/()
Exercise 2	03:00	139	3.33(V1)	-6.18(V3)	4.0	12.0	7.10	130/90(10
Peak Exercise 3	03:00	169	4.48(V1)	-3.86(V6) -3.55(AVF)	5.5	14.0	8.00	/()
Recovery 1	00:54	179	3.32(AVL)	-3.55(AVF) -1.46(V5)	5.5	14.0	0.00	140/90(10
Recovery 2	A STATE OF THE PARTY OF THE PAR	173	0.97(V2)	-0.70(AVR)	5.5	14.0	0.00	/()
	01:00	131	0.83(I)	-0.60(III)	5.5	14.0	0.00	130/90(10
Recovery 3	01:00	117	0.52(V2)	-0.65(V4)	5.5	14.0	0.00	130/80(96
Recovery 4	01:00	107	0.47(V2) 0.42(AVL)	-0.63(II)	5.5	14.0	0.00	/()
Recovery 5		107	0.42(AVL) 0.38(AVR)	-0.52(III)	5.5	14.0	0.00	120/80(93
Recovery 6  Recovery 7	01:00	97	0.38(AVK)	-0.03(AVR)		14.0	0.00	/()
Recovery 7 Rpp: 10320(Supine) ,14560(Recovery 4) ,3 Stage comments: nor	12840(Recove	ng for Exerci	se) ,21970(Ex	ercise 2) ,242	220(Recov	rery 1),		
,14560(Recovery 4) , Stage comments: nor Object of test Risk factor Activity	12840(Recove	ig_for_Exerci	se) ,21970(Ex	ercise_2)_,243	220(Recov	ery 1)		
,14560(Recovery 4) ,: Stage comments: nor Object of test Risk factor	12840(Recove	ng_for_Exerci	se) ,21970(Ex	ercise_2)_,241	220(Recov	ery 1)		
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Vill- Kankesra Po- Khaira, Rewa, MADHYA PRADESH

Req. Doctor: VONE HOSPITAL
Regn. Number: WALKIN.24-25-10782

Request Date: 14-09-2024 10:17 AM

Reporting Date: 14-09-2024 11:33 AM

Report Status : Finalized

## X-RAY CHEST AP

Size and shape of heart are normal.

C.P. angles are clear.

Lung fields are clear.

Soft tissues and rib cage are normal.

**END OF REPORT** 

Dr. RADIOLOGIST

A unit of Mediheal Healthcare Private Limited





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MRS. KANCHAN PATEL [MRN-240901551]

Age / Gender:

34 Yr / F

Address:

Vill- Kankesra Po- Khaira , Rewa, MADHYA PRADESH

HAEMATOLOGY

Req. Doctor:

**VONE HOSPITAL** 

Regn. ID:

WALKIN.24-25-10782

Request Date : Collection Date:

14-09-2024 10:17 AM

14-09-2024 10:23 AM | H-7597

Reporting Date: 14-09-2024 05:04 PM Reporting Status: Finalized

Acceptance Date:

14-09-2024 10:24 AM | **TAT:** 06:40

[HH:MM]

nvestigations	Result		
CBC		Biological Reference Range	
Haemoglobin RBC Count  Packed Cell Volume (PCV) MCV MCH MCHC	12.5 gm% 4.28 mill./cu.mm * 36.4 % * 85 Cu.m. 29.1 pg 34.3 % 296 10^3/uL	F 12 - 15 gm% (Age 1 - 100) F 4.6 - 6 mill./cu.mm (Age 1 - 100) F 38 - 45 % (Age 1 - 100) 76 - 96 Cu.m. (Age 1 - 100) 27 - 32 pg (Age 1 - 100) 30.5 - 34.5 % (Age 1 - 100)	
Total Leukocyte Count (TLC) Differential Leukocyte Count (DLC) Neutophils	8.07 10^3/uL	150 - 450 10^3/uL (Age 1 - 100 ) 4.5 - 11 10^3/uL (Age 1 - 100 )	
Lymphocytes	61 %	40 - 70 % (Age 1 - 100 )	
Monocytes	33 %	20 - 40 % (Age 1 - 100 )	
osinophils	04 %	2-10% (Age 1-100)	
Basophils	02 %	2 - 10 % (Age 1 - 100 ) 1 - 6 % (Age 1 - 100 )	
	00 %	< 1 %	

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

# y Area, AB Road, Geeta Bhavan Square, 2001, MP, INDIA. E:info@vonehospital.com. 3588888, 4238111 | M: +91 93299 22500

#### Mediheal Healthcare Private Limited





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Req. Doctor: Regn. ID: VONE HOSPITAL WALKIN.24-25-10782

**HAEMATOLOGY** 

Request Date :

14-09-2024 10:17 AM

Reporting Date: 14-09-2024 05:08 PM

**Collection Date:** 

14-09-2024 10:23 AM | H-7597

Reporting Status: Finalized

**Acceptance Date:** 

14-09-2024 10:24 AM | **TAT:** 06:44

[HH:MM]

18 mm/hr	F 0 - 19 mm/hr	
0		
Positive		
5.4 %	4 - 6 %	
108.28 mg/dL	mg/dL	
	Positive 5.4 % 108.28 mg/dL	Positive 5.4 % 4 - 6 %

Interpretation: 1HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes

diabetes

using a cut off point of 6.5%

2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %

END OF REPORT.

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#### Mediheal Healthcare Private Limited





Reporting Date: 14-09-2024 05:05 PM

Reporting Status: Finalized

**Patient Name:** 

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Age / Gender:

34 Yr / F

Address:

Vill- Kankesra Po- Khaira , Rewa, MADHYA PRADESH

Req. Doctor:

**VONE HOSPITAL** 

Regn. ID:

WALKIN.24-25-10782

Request Date : Collection Date: 14-09-2024 10:17 AM

14-09-2024 10:23 AM | BIO8359

Acceptance Date:

14-09-2024 10:24 AM | TAT: 06:41

[HH:MM]

investigations	Result	Biological Reference Range		
Lipid Profile				
Total Cholesterol	180.0 mg/dL	0 - 200 mg/dL		
Tryglyceride	113.4 mg/dL *	150 - 200 mg/dL		
HDL Cholesterol	55.0 mg/dL	35 - 79 mg/dL		
VLDL (Calculated)	22.68 mg/dL	5 - 40 mg/dL		
LDL	102.32 mg/dL	0 - 130 mg/dL		
Total Cholesterol /HDL	3.27	0 - 5		
LDL/HDL	1.86	0.3 - 5		

**BIOCHEMISTRY** 

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

Result relate to the sample as received.

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#### Area, AB Road, Geeta Bhavan Square, 001, MP, INDIA. E:info@vonehospital.com 3588888, 4238111 | M: +91 93299 22500

#### Mediheal Healthcare Private Limited





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Req. Doctor:

VONE HOSPITAL

Regn. ID:

WALKIN.24-25-10782

**BIOCHEMISTRY** 

Request Date: 14

14-09-2024 10:17 AM

Reporting Date: 14-09-2024 06:13 PM
Reporting Status: Finalized

**Collection Date:** 

14-09-2024 10:23 AM | BIO8359

**Acceptance Date:** 

14-09-2024 10:24 AM | **TAT:** 07:49

[HH:MM]

Investigations	Result	Biological Reference Range
FBS & PPBS *[ Ser/Plas ]		
FBS	88.5 mg/dL	70 - 110 mg/dL
PPBS	102.2 mg/dL	100 - 140 mg/dL
URIC ACID	4.0 mg/dL	Males 3.4 - 7.2 mg/dL Females 2.5 - 6 mg/dL
BUN		
BUN	6.77 mg/dL	5 - 20 mg/dL
CREATININE	0.72 mg/dL	0.7 - 1.4 mg/dL
BUN / CREATINE RATIO	9.40 *	10 - 20
GGT(GAMMA GLUTAMYL TRANSFERASE)	21.5 U/L	F 9 - 39 U/L

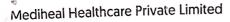
END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

## Area, AB Road, Geeta Bhavan Square, J01, MP, INDIA. E:info@vonehospital.com 3588888, 4238111 | M: +91 93299 22500







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Address:

Vill- Kankesra Po- Khaira , Rewa, MADHYA PRADESH

Req. Doctor:

**VONE HOSPITAL** 

Regn. ID:

WALKIN.24-25-10782

IMMUNOLOGY

Request Date :

14-09-2024 10:17 AM

Reporting Date: 14-09-2024 05:09 PM
Reporting Status: Finalized

Collection Date :

14-09-2024 10:23 AM | PATH5450

Acceptance Date :

14-09-2024 10:24 AM | **TAT:** 06:45

[HH:MM]

Street .	The second secon	Biological Reference Range	
Investigations	Result	Biological Note:	
Thyroid Profile		0.58 - 1.62 ng/dL (Age 1 -	
T3	1.04 ng/dL	100 )	
T4	9.54 ug/dl	5 - 14.5 ug/dl (Age 1 - 100 )	
T4	3.48 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100	
TSH	•	) ping assay for thyroid disorders. In patients	

Interpretation: Ultra sensitive-thyroid±stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal

setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening setting to assess thyroid function.)

then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level then it is considered as subclinical hypothyroidism.

are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of production of reverse T3. Therefore, T3 generally is not a reliable predictor of T3 (T3 toxicosis). To help diagnose and monitor this hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy. TSH ref range in Pregnacy Reference range (microIU/ml)

First triemester 0.24 - 2.00

Second triemester 0.43-2.2

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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# jgl, MP, INDIA. E:info@vonehospital.com (588888, 4238111 | M: +91 93299 22500

# " Mediheal Healthcare Private Limited





Reporting Date: 14-09-2024 05:07 PM

Reporting Status: Revised And

patient Name :

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Req. Doctors

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Regn. ID:

WALKIN.24-25-10782



Finalized

CLINICAL PATHOLOGY

Request Date :

14-09-2024 10:17 AM

Collection Date:

Acceptance Date:

14-09-2024 10:23 AM | CP-2961

14-09-2024 10:51 AM | TAT: 06:16 [HH:MM]

Investigations Result **Biological Reference Range** Urine Routine PHYSICAL EXAMINATION Quantity 30 ml Colour Pale yellow Pale Yellow Deposit Absent Absent Clearity Clear Clear Reaction Acidic Acidic Specific Gravity 1.015 1.001 - 1.035 CHEMICAL EXAMINATION Albumin Absent Absent Sugar Absent Absent Bile Salt Absent Absent Bile Pigment Absent Absent Keton Absent Absent Blood Present + Absent MICROSCOPY EXAMINATION 8-10 /hpf Red Blood Cells Nil/hpf 2-3 /hpf Pus Cells 2-3/hpf 1-2 /hpf 3-4/hpf **Epithelial Cells** Absent Absent Casts Absent Absent Crystals Absent Absent Bacteria

END OF REPORT.

(Julon IX DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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V-ONE HOSPITAL Department of Laboratory Medicine.