



PT. NAME	:- MRS. NASEETA BALA BARAL	Sample Collected On	:- 05/11/2024
PT. AGE/SEX	:- 43 Y / F	Report Released On	:- 06/11/2024
MOBILE NO	:- 00	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10560
Company	:- -	TPA	:- MEDIWHEEL

BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	76.3	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	90.8	mg/dl	70 - 140
Uric Acid	4.9	mg/dL	2.5 - 6.2
Blood Urea Nitrogen (BUN)	13.0	mg/dL	7 - 18
Serum Creatinine	0.73	mg/dl	0.52 - 1.04
Cholesterol	168.0	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	120.3	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	45.0	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	98.94	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	24.06	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.73		0 - 5.0
LDL/HDL Ratio	2.1	ratio	0 - 3.5

Clinical Significance :

Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome.

Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

CHECKED BY

DR. MAIKAL KUJUR MBBS, MD

PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

सही जॉब ही सही डॉलाज का आधार है...



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Bilirubin - Total	0.55	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.12	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.43	mg/dl	0 - 1.1
SGOT (AST)	22.3	U/L	14 - 36
SGPT (ALT)	30.7	U/L	9 - 52
Alkaline phosphatase (ALP)	56.3	U/L	38 - 126
Total Proteins	6.3	g/dl	6.3 - 8.2
Albumin	3.7	g/dl	3.5 - 5.0
Globulin	2.60	g/dl	2.3 - 3.6
A/G Ratio	1.42		1.1 - 2.0
Gamma GT	25.0	U/L	<38

Clinical Significance :

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

Bilirubin.

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

T3 (Triiodothyronine)	155.6	ng/dl	126 - 258 1Yr - 5 Yr 96 - 227 : 6 Yr - 15 Yr 91 - 164 : 16 Yr- 18 Yr 60 - 181 : > 18 years Pregnancy : 1st Trimester
T4 (Thyroxine)	6.97	ug/dl	4.6 - 10.9 Pregnancy : 4.6 - 16.5 : 1st Trimester 2nd & 3rd Trimester : 100 - 250
TSH	3.20	uiU/mL	0.46 - 8.10 : 1 Yr - 5 Yrs 0.36 - 5.80 : 6 Yrs - 18 Yrs 0.35 - 5.50 : 18 yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs Pregnancy Ranges

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CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
URINE R/M			
Appearance	Clear		Clear
Specific Gravity	1.015		1.003 - 1.030
Urine Glucose(Sugar)	Nil		Not Detected
<u>Microscopic Examination</u>			
Epithelial cells	02-03	/HPF	0 - 5
PUS CELLS	01-02	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	Absent		Not Detected
Crystals	Absent		Not Detected
Bacteria	Absent		Not Detected
Reaction (pH)	Acidic		
<u>Chemical Examination</u>			
Others	Not detected		
<u>Physical Examination</u>			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	Nil		Not Detected

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HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
BLOOD GROUP			
BLOOD GROUP	" O "		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should Be Further Tested by Tube Method For Confirmation.

W.B.C. Indices

TOTAL WBC COUNT	7100	/cumm	4000 - 11000
NEUTROPHILS	74	%	40 - 70
LYMPHOCYTES	20	%	20 - 52
MONOCYTES	05	%	4 - 12
EOSINOPHILS	01	%	1 - 6
BASOPHILS	00	%	0 - 1

R.B.C. Indices

HAEMOGLOBIN	9.2	gm/dL	12.5 - 16.5
RBC COUNT	4.4	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	30.6	%	37.5 - 49.5
MCV	69.4	fL	80 - 95
MCH	20.8	pg	26 - 32
MCHC	30.07	g/dl	32 - 36
RDW-CV	16.5	%	11.5 - 16.5

Platelet Indices

PLATELET COUNT	522000	/ μ L	150000-400000
MPV	8.3	fl	7.0 - 11.0
PDW	15.8	%	12 - 18
P-LCR	18.7	%	13 - 43
ESR	25	after 1 hr	0 - 20
Advice			Correlate Clinically

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HbA1C-Glycosylated Haemoglobin	5.0	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%
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Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

--- End Of Report ---

CHECKED BY

DR. MAIKAL KUJUR MBBS, MD
PATHOLOGY (AIIMS, NEW DELHI)
REG. NO. : CG MCI-2996/2010

सही जाँच ही सही इलाज का आधार है...



GPS Map Camera



Raipur, Chhattisgarh, India
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Mathpurena,
Chhattisgarh 492001, India
Lat 21.211135° Long 81.645598°
05/11/24 10:38 AM GMT +05:30

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

730 / MRS naseeta bala / 43 Yrs / F / 178Cms. / 82Kgs. / Non Smoker

Heart Rate : 86 bpm / Tested On : 05-Nov-24 13:13:13 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

/ Refd By: Mediwheel

ECG



Heart Rate : 86 bpm
PR Interval : 124 ms
QRS Duration : 82 ms
QT/QTc Int : 356/402 ms
P-QRS-T axis: 59.00° 72.00° 63.00°

Allergens ECG (Pices)/(PIS2182*0312)

Reported By:

Rajesh
DR. RAJESH SHARMA
MD, PGDCC (Cardiologist)
CGMC- 686/2007



A Unit of Diagnostic Care with Trust

श्री साईं इमेजिंग एण्ड डायग्नोस्टिक सेंटर PVT. LTD.

हर जीवन अमूल्य है

पुराना घघतरी रोड, सखती बाजार के सामने,
संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4023900

MRI | C.T. Scan | 4-D Colour USG | Digital X-Ray | Advanced Pathology | 2D Echo / E.C.G. / TMT / E.E.G / OPG / SPND

DATE: 05-Nov-24

PATIENT NAME MRS.NASEETA BALA BARAL
AGE/SEX 43 YRS / FEMALE
REF. BY BANK OF BARODA

USG OF BOTH BREASTS

- Both the breasts are normal in echotexture.
- No mass could be identified. No calcification is seen.
- Ductal system appears normal.
- Skin and subcutaneous tissue appears normal.
- Bilateral axillae are clear.

IMPRESSION: No significant abnormality is seen.

Needs clinical correlation & other investigations.



DR. Yatendra Nath Singh
DMRD, DNB, EDIR
Consultant Radiologist

Investigations have their limitation. solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly.

Kindly Note:-

- The report and films are not valid for medico - legal purpose.
- Please Intimate us if any typing mistakes and send the report for correction within 7 days.

नोट:- कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे।

सही जांच ही सही इलाज का आधार है...

DATE- 05-Nov-24

PATIENT NAME MRS. NASEETA BALA BAIRAGI
AGE/SEX 43 YRS / FEMALE
REF. BY BANK OF BARODA

SONOGRAPHY OF THE ABDOMEN + PELVIS*PROCEDURE DONE BY ULTRASOUND MACHINE Canon Aplio a450 (4D COLOR DOPPLER)*

- LIVER** : The liver is normal in size, shape & contour with normal echotexture. No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.
- GALL BLADDER** : well distended & shows normal wall thickness. No obvious intraluminal calculus.
- PANCREAS** : appears normal in size, shape & echo pattern. Pancreatic duct appear normal.
- SPLEEN** : Spleen is normal size, shape and position. No focal lesion seen.
- KIDNEY** : Right kidney measures – 11.5 x 4.0 cm.
Left kidney measures – 13.1 x 4.8 cm.
Both Kidneys are normal size, shape and position.
Renal parenchymal echogenicities are normal .
No evidence of any calculus or pelvicalyceal dilation.
- URINARY BLADDER:** UB is well distended with normal wall thickness. No evidence of mass /calculus.
- UTERUS** : Anteverted bulky uterus & measuring 11.0 x 3.9 x 6.1 cm & vol-141.0 cc
Centrally situated endometrium is normal (6.9 mm). Myometrium is normal.
- OVARY** : Left ovary measures ~3.6 x 1.9 cm with normal in size, shape and echotexture.
Right ovarian simple cyst, size ~ 4.1 x 3.6 x 4.2 cm & vol 33.3 cc.
- RETRO PERITONEUM** No evidence of lymphadenopathy / mass.
- FREE FLUID** : No free fluid seen in abdomen & peritoneal cavity.

IMPRESSION :

- ❖ Bulky uterus.
- ❖ Right ovarian simple cyst.

Needs clinical correlation & other investigations.

Dr. Hulesh Mandle, MD
Consultant Radiologist

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सही जांच ही सही इलाज का आधार है...

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

Report



RADHAKRISHNA VIHAR SANTOSHI NAGAR EMAIL:

502 / MRS. NASEETA BALA BARAL / 43 Yrs / F / 162 Cms / 64 Kg / NonSmoker
 Date: 05 - 11 - 2024 Refd By : MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	ME's	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	000	0 %	---/---	000	00	
Standing	00:14	0:10	00.0	00.0	01.0	000	0 %	---/---	000	00	
ExStart	00:40	0:26	00.0	00.0	01.0	098	55 %	---/---	000	00	
BRUCE Stage 1	03:40	3:00	01.7	10.0	04.7	133	75 %	120/80	159	00	
BRUCE Stage 2	06:40	3:00	02.5	12.0	07.1	150	85 %	125/85	187	00	
PeakEx	08:26	1:46	03.4	14.0	08.9	170	96 %	130/95	221	00	
Recovery	09:26	1:00	01.1	00.0	01.2	153	86 %	125/85	191	00	
Recovery	09:48	1:22	01.1	00.0	01.0	129	73 %	120/80	154	00	

FINDINGS :

Exercise Time : 07:46
 Max HR Attained : 170 bpm 96% of Target 177
 Max BP Attained : 130/95 (mm/Hg)
 Max Workload Attained : 8.9 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT : TMT Test is negative.

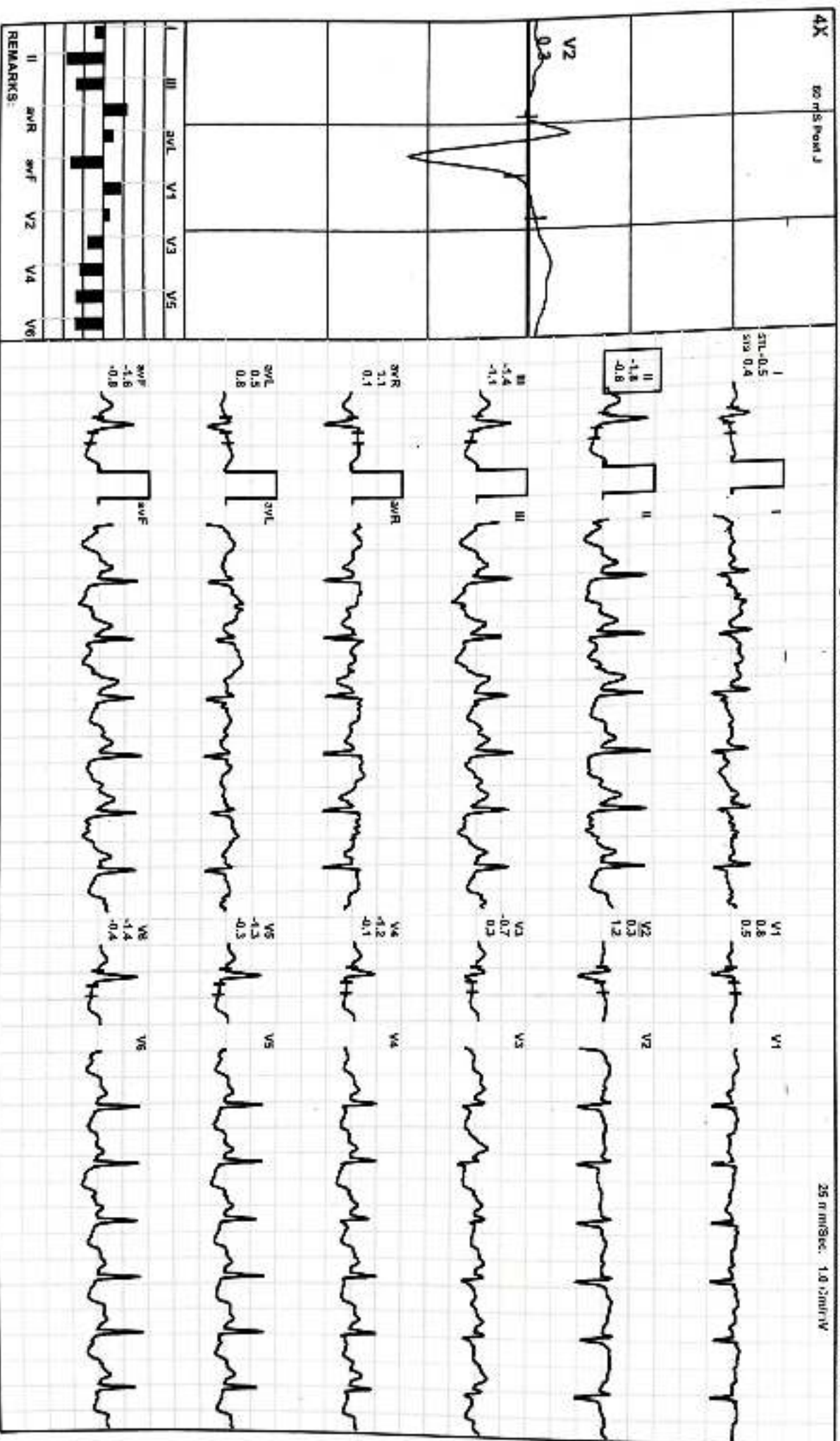
Rajesh
DR. RAJESH SHARMA
 MD. PGDCC (Cardiologist)
 CGMC- 686/2007



502 / MRS. NASEETA BALA BARAL / 43 Yrs / F / 162 Cms / 64 Kg / HR : 133

Date: 05-11-2024 METS: 4.7/133 bpm 75% of THR DP: 120/80 mmHg Raw ECG/BLG Cav Notch Cav HF 0.05 HzL F 100 Hz

EXTime: 03:00 1.7 mph, 10.0%
25 r mSec. 1.0 cm/rV



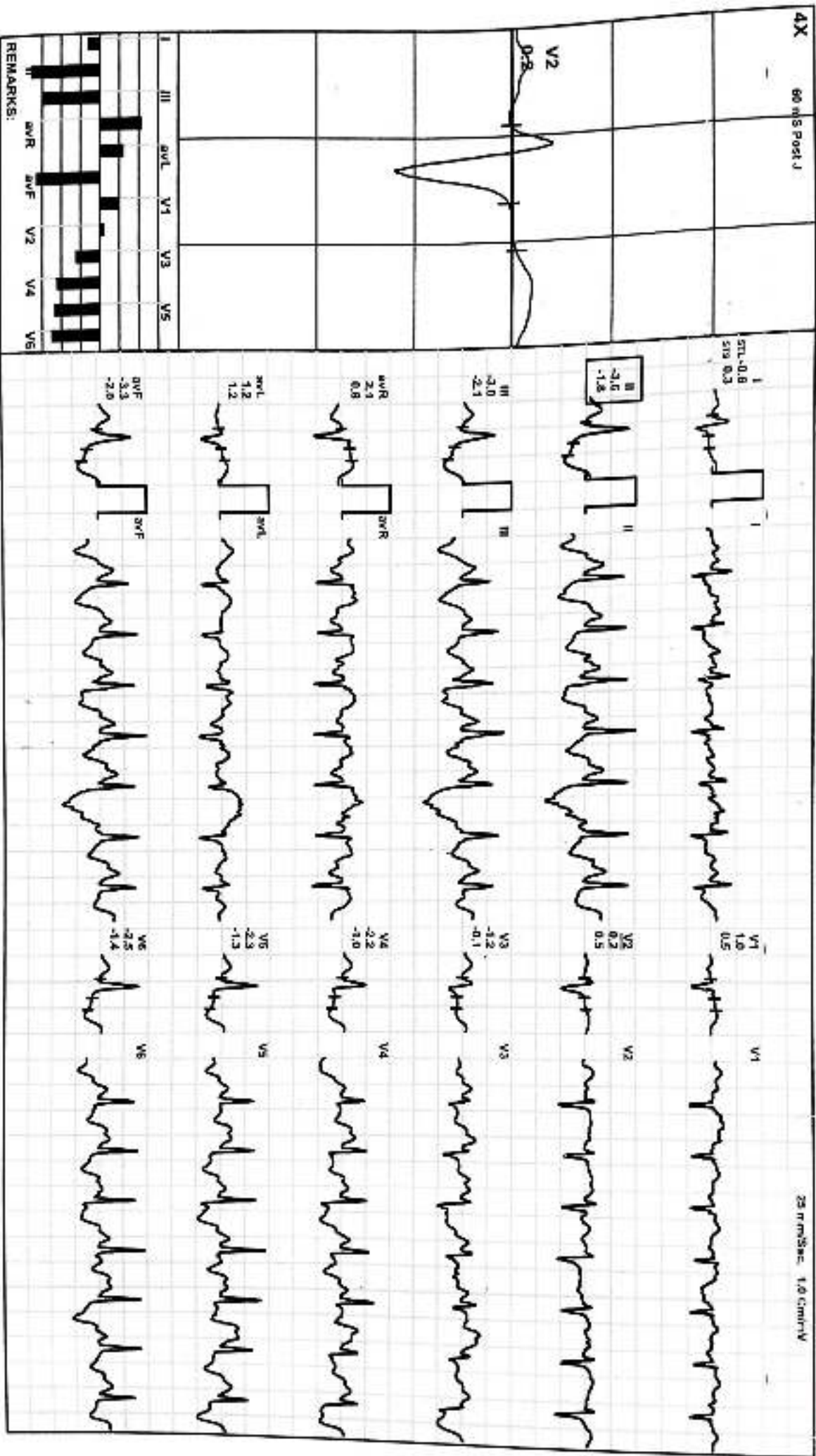
REMARKS:

502 / MRS. NASEETA BALA BARAL / 43 Yrs / F / 162 Cms / 64 Kg / HR : 150

Date: 06 - 11 - 2024

METS: 7.41 150 bpm 88% of THR BP: 129/95 mmHg Raw ECG: BLC On/ Naich On/ HF 0.05 Hz/ LF 100 Hz

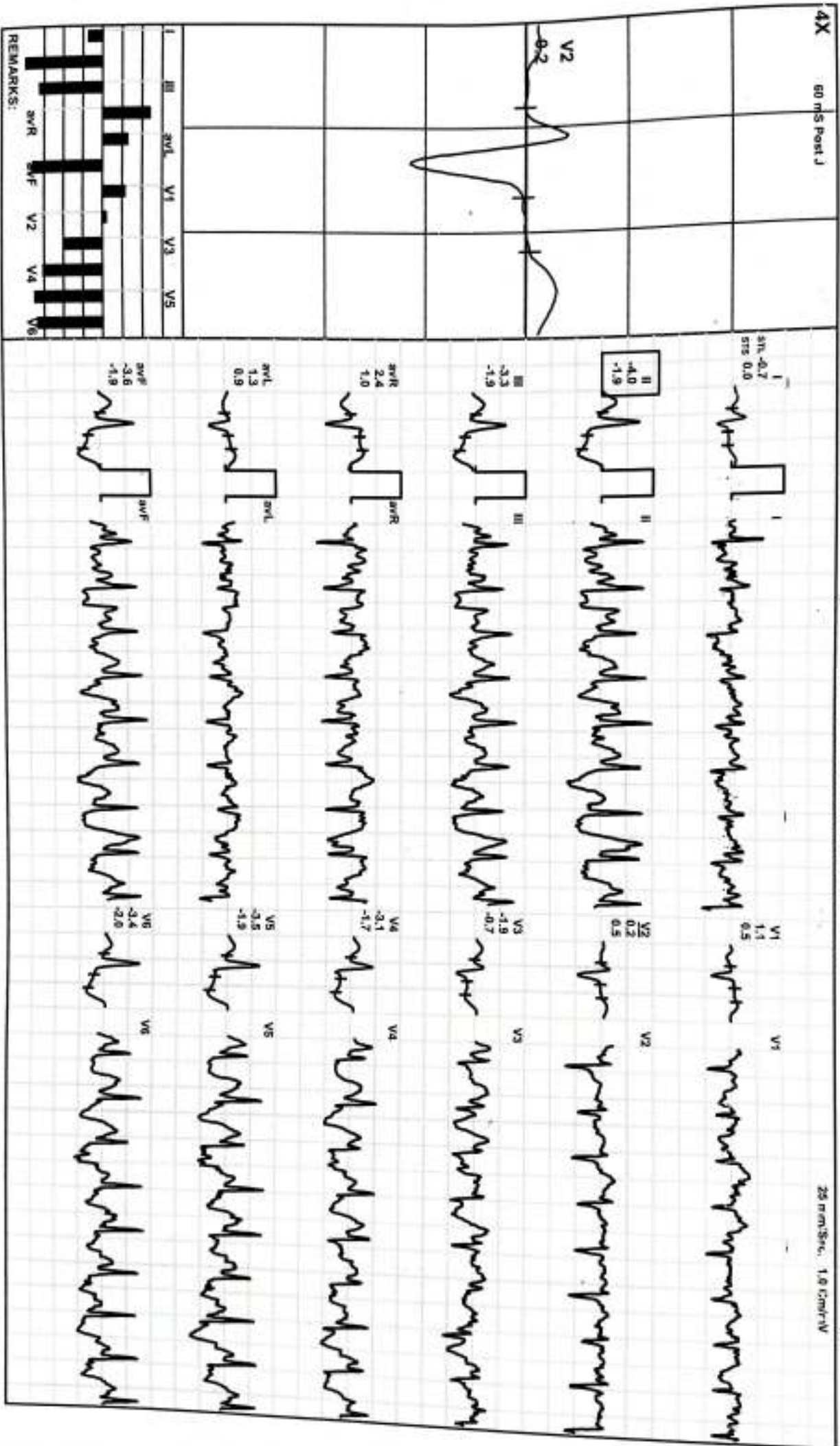
EXTIME: 06:00 2.5 mph 12.0%



Date: 05 - 11 - 2024

METS: 8.91 170 bpm 96% of THR BP: 130/95 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/L F 100 Hz

ExTime: 07:46 3.4 mph, 14.0%
25 mm/Sec, 1.0 Cm/IV



REMARKS:

502 / MRS. NASEETA BALA BARAL / 43 Yrs / F / 162 Cms / 64 Kg / HR : 152

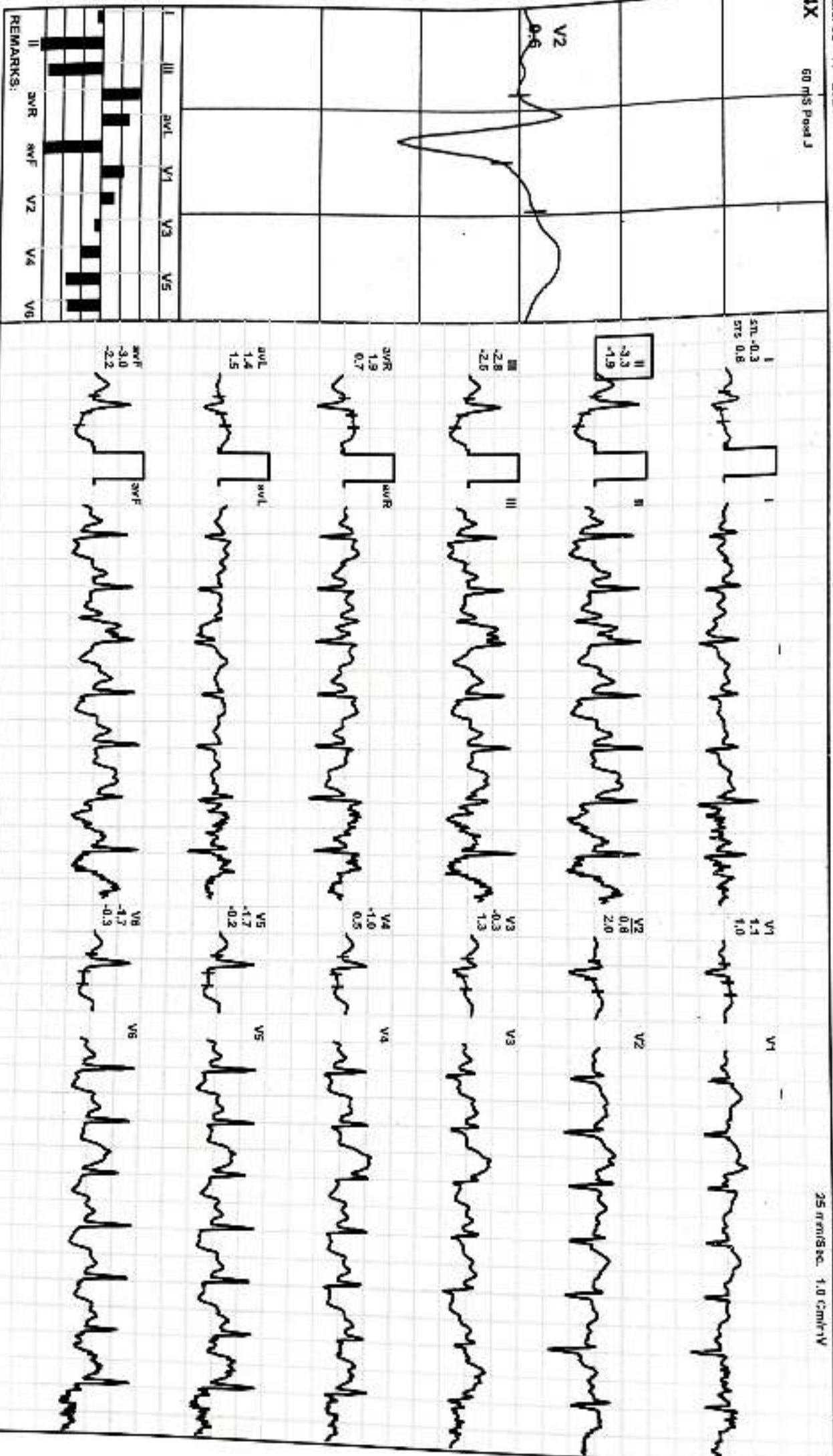
Date: 05 - 11 - 2024

METS: 1.2/ 153 bpm 86% of THR SP: 125/65 mmHg RAW ECG/ BLO Om/ Notch On/ HF 0.05 Hx/LF 100 Hz

ExTime: 07:46 1.1 mph, 0.0%

25 mm/5 sec 1.0 Cm/mV

4X 60 mS Post J



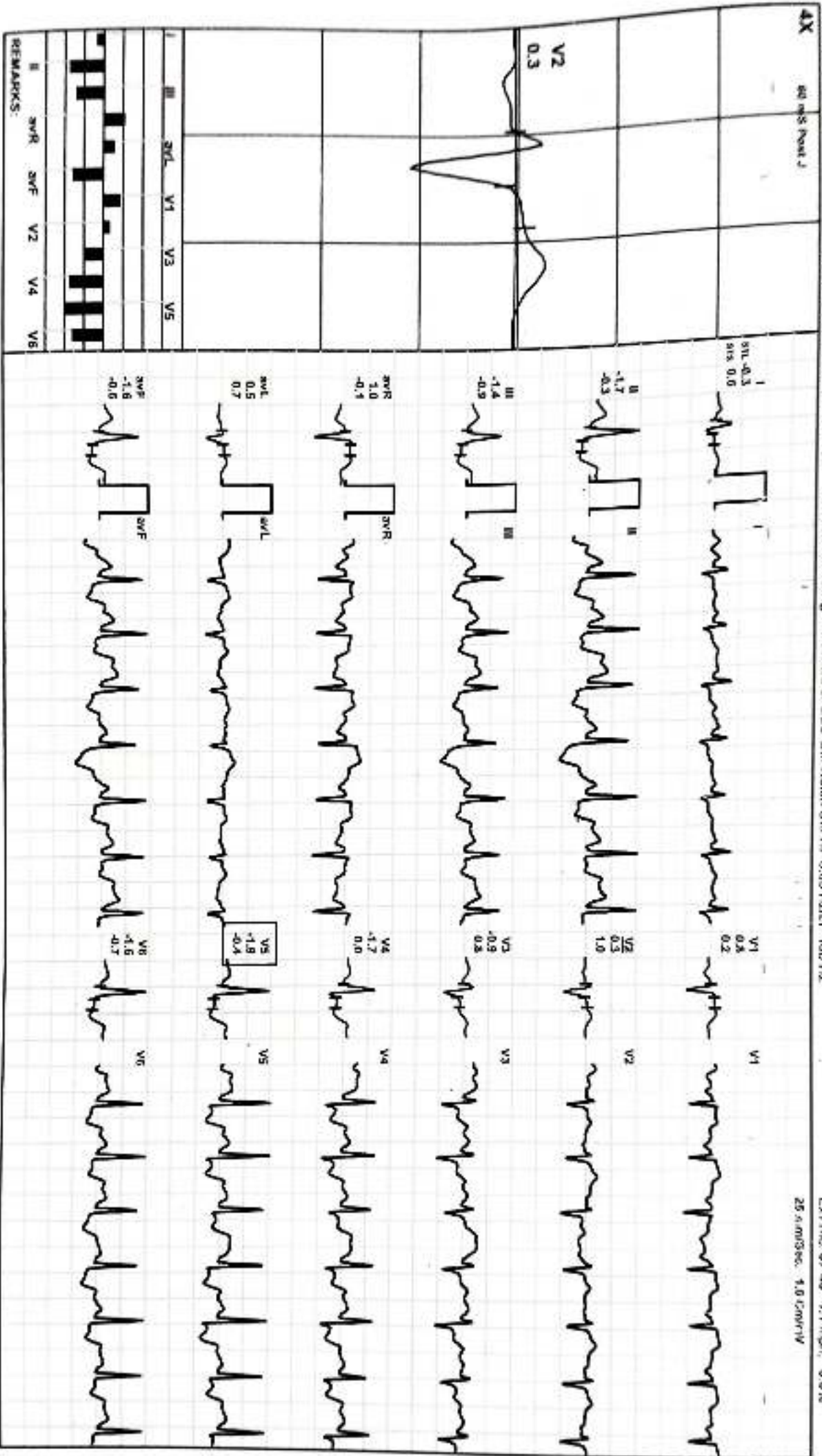
REMARKS:

Date: 05 - 11 - 2024

NETS: 1.0/ 129 bpm 73% of THR BP: 120/80 mmHg Raw ECG BLC Off Naleh Off HF 0.05 Hz LF 100 Hz

EXTIME: 07:46 1.1 mV, 0.0%

25.5 mmSec. 1.0 CM/1V



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

KALYANDURGAL VILNAR SANTOSH NAGAR

SCT. Mrs. NAREETA BALA BARAL / 43 Yrs / Female / 162 Cm / 64 Kg / Non Smoker

Time	HR	PR Int	QRS Wd	QRS Axis	QTC	P (uV)	Q (uV)	S (uV)	T (uV)	Min. J	Leads for	Min. Post JRR	VEB	Messed Beats
(Min.)	(Bpm)	(ms)	(ms)	(Deg.)	(ms)	(Max)	(Max)	(Min)	(Max)	(uV)	(J & PJ)	(uV)	(Counts)	(Counts)
01:30	115	158	86	81	446	307	908	-308	320	-72	III	-204	0	0
01:36	129	148	60	83	413	309	894	-494	-218	4	II	-132	0	0
02:00	132	144	62	85	411	320	894	-482	-205	140	III	-166	0	0
02:30	134	138	60	84	433	331	886	-484	-222	33	II	-158	0	0
03:00	129	144	58	85	316	317	846	-485	-233	63	II	-157	0	0
03:30	133	132	60	84	418	319	878	-479	-283	60	III	-203	0	0
04:00	142	124	62	87	416	338	878	-504	-336	-75	II	-198	0	0
04:30	146	126	62	79	424	350	877	-645	-318	-179	II	-258	0	0
05:00	146	120	58	84	385	312	826	-500	-378	-57	II	-236	0	0
05:30	151	114	60	83	387	330	828	-501	-396	-132	II	-276	0	0
06:00	152	118	60	90	405	337	857	-502	-351	-115	II	-231	0	0
06:30	152	114	60	90	389	327	836	-492	-430	-111	II	-292	0	0
07:00	150	110	60	104	369	344	781	-528	-485	-205	II	-316	0	0
07:30	148	104	72	90	382	361	815	-479	-474	-249	II	-380	0	0
08:00	179	104	58	90	374	491	807	-622	-434	-109	II	-336	0	0
08:30	155	100	58	90	376	536	810	-510	-397	-178	II	-279	0	0
09:00	153	116	74	90	344	347	848	-508	-376	-212	II	-322	0	0

AGD