

 भारत सरकार
Government of India

 नीता
Neeta


जन्म तिथि / DOB: 17/10/1965
सहिला / Female

5060 9609 2573



मेरा आधार, मेरी पहचान


नीता


 आधार
Unique Identification Authority of India


पता: अधीनस्थ: गुलाब चन्द, ए-12,
बैंक कॉलोनी, गजसिंहपुरा, अजमेर
रोड, जयपुर, वैशाली नगर, राजस्थान,
302021

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Dr. Goyal's

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 Tele: 0141-2293346, 4049787, 9887049787
 Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 11/09/2021 10:28:16

NAME :- Mrs. NEETA DEVI

Sex / Age :- Female 56 Yrs

Company :- MediWheel

Patient ID :- 12212195

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 11/09/2021 10:35:34

Final Authentication : 11/09/2021 16:13:15

Test Name	HAEMATOLOGY		Biological Ref Interval
	Value	Unit	
HAEMOGARAM			
HAEMOGLOBIN (Hb)	15.0	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	8.74	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	50.0	%	40.0 - 80.0
LYMPHOCYTE	45.0 H	%	20.0 - 40.0
EOSINOPHIL	4.0	%	1.0 - 6.0
MONOCYTE	1.0 L	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
NEUT#	4.16	10 ³ /uL	1.50 - 7.00
LYMPH#	3.84 H	10 ³ /uL	1.00 - 3.70
EO#	0.37	10 ³ /uL	0.00 - 0.40
MONO#	0.34	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.72 H	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	46.80 H	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	81.9 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.1 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.9	g/dL	31.5 - 34.5
PLATELET COUNT	322	x10 ³ /uL	150 - 410
RDW-CV	15.6 H	%	11.6 - 14.0
MENTZER INDEX	14.32		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

Technologist

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 RMC NO. 21021/008037

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Test Name	HAEMATOLOGY		Biological Ref Interval
	Value	Unit	
Erythrocyte Sedimentation Rate (ESR)	16	mm/hr.	00 - 20

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematoerit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "5-figure ESR" > 100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia

(CBC): Methodology: WBC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically Focused Impedance and

or conductive tissue devices. MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-1, Japan

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Test Name	HAEMATOLOGY		Biological Ref Interval
	Value	Unit	

PERIPHERAL BLOOD PICTURE

RBC: Cells are normocytic & normochromic.
No polychromasia or nucleated RBC's seen.

WBC: Total leucocyte count & Differential count within normal limits.
No toxic granules seen.
No immature cells seen.

PLATELETS : Count is adequate in number.

No parasite seen.

ADVISE:- Clinical correlation.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		

BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)

*** End of Report ***

Technologist

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Page No: 5 of 5

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Test Name	HAEMATOLOGY		Biological Ref Interval
	Value	Unit	

BOB PACKAGE FEMALE > 50

GLYCOSYLATED HEMOGLOBIN (HbA1C)
 Method:- HPLC

7.0 H %

Non-diabetic: < 5.7
 Pre-diabetics: 5.7-6.4
 Diabetics: = 6.5 or higher
 ADA Target: 7.0
 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable Schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood-glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE
 Method:- Calculated Parameter

154 H mg/dL

Non Diabetic < 100 mg/dL
 Prediabetic 100- 125 mg/dL
 Diabetic 126 mg/dL or Higher

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Lab/Hosp :-

Company :- Medi/Wheel

Sample Type :- KOX/Na FLUORIDE-F. KOX/Na SBLK99106188704195808/2021 14:35:33

Final Authentication :- 11/09/2021 15:56:14

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	160.0 H	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

Instrument Name: Randox Rv Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma) 259.2 H mg/dl 70.0 - 140.0
 Method:- GOD PAP

Instrument Name: Randox Rv Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

SERUM CREATININE 0.84 mg/dl Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20
 SERUM URIC ACID 4.73 mg/dl Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

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 Lab/Hosp :-

Sample Type :- PLAIN/SERUM

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Final Authentication : 11/09/2021 13:18:13

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE > 50			
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	123.16	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	118.22	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	23.64	mg/dl	0.00 - 80.00

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	41.23	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	62.23	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	2.99		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.51		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	415.24	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid hyperlipoproteinemia and atherosclerosis.</p> <p>TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various metabolic disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</p> <p>DIRECT HDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.</p> <p>DIRECT LDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.99	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP, 2020)
SGOT Method:- IFCC	18.9	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	34.0 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	69.70	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.24	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.76	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.48	gm/dl	2.20 - 3.50
A/G RATIO	1.92		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.33	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.66	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	31.20	U/L	7.00 - 32.00

Total Bilirubin Methodology: Colorimetric method InstrumentName Randco Rx Imola Interpretation An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in chronic myocardial failure. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not adequately treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName Randco Rx Imola Interpretation Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy, and organ damage. Although liver muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName Randco Rx Imola Interpretation The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminase can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMF Buffer InstrumentName Randco Rx Imola Interpretation Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of gastroenteric and intestinal disease.

TOTAL PROTEIN: Methodology: Biuret Reaction InstrumentName Randco Rx Imola Interpretation Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow, as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName Randco Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver & kidney. Globulin & A/G ratio is calculated.

Instrument Name: Randco Rx Imola Interpretation: Elevations in GGT levels are even earlier and more pronounced than those with other liver enzymes in cases of alcoholic (and other) jaundice and metabolic neoplasms. It may reach 2 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

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MC - 2300



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Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 11/09/2021 10:35:34

Final Authentication : 11/09/2021 13:02:54

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	3.950	µIU/mL	0.465 - 4.680

Technologist

ANANDSHARMA

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Page No: 5 of 9

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.160	ug/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.740	ug/dl	5.500 - 11.000

InstrumentName: VITROS ECI **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter T4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

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Sample Type -> PLAIN/SERUM

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

Technologist

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Lab/Hosp :-

Company :- MediWheel

Sample Type :- SWAB

Sample Collected Time 11/09/2021 10:35:34

Final Authentication :- 11/09/2021 12:10:41

PAP SMEAR

PAP SMEAR FOR CYTOLOGY EXAMINATION

Microscopic & diagnosis,

Smears show predominantly superficial and intermediate squamous epithelial cells along with few parabasal cells in the clean background.

No endocervical cells seen.

No atypical or malignant cells seen.

IMPRESSION :-Negative for intraepithelial lesion or malignancy.

Adv: Clinical correlation.

Note: Please note papanicolaou smear study is a screening procedure for cervical cancer with inherent false negative result, hence should be interpreted with caution.

Slides will be kept for one month only.

*** End of Report ***

Technologist

CMKUMAWAT

Page No. 9 of 9



Dr. Chandrika Gupta
MBBS.MD (Path)
RMC NO. 21021/008037

Dr. Goyal's

HEALTHCARE PVT. LTD.

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur
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Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 11/09/2021 10:28:16
NAME :- Mrs. NEETA DEVI
Sex / Age :- Female 56 Yrs
Company :- MediWHEEL

Patient ID :-12212195
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 11/09/2021 13:02:24

BOB PACKAGEFEMALE > 50

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

DR. UMA MATHURIA
MD RADIO DIAGNOSIS
RMC NO. 22541

*** End of Report ***

Page No: 1 of 1

Dr. Piyush Goyal
(D.M.R.D.) BILAL

Dr. Piyush Goyal
MBBS, DMRD

Dr. Poonam Gupta
MD (Radiologist)

Dr. Ankita Gupta
MD, DNB. (Radio Diagnosis)

Dr. Parul Gupta Modi
MD, DNB. (Radiologist)

Dr. Aman Mamodia
MBBS, DMRD, DNB. (Radio Diagnosis)

Dr. Goyal's

Path Lab & Imaging Centre

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Patient ID :-12212195
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 11/09/2021 15:45:08

BOB PACKAGEFEMALE > 50

ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size. **Echo-texture is bright.** No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. Collecting system does not show any dilatation or calculus.

Left kidney showing a cortical cyst of size 13 x 12mm in upper pole .

Urinary Bladder: is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Uterus is senile .
No adnexal mass is seen.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pouch of douglas.

IMPRESSION:

***Early fatty changes liver .**

***Left renal cortical cyst.**

Needs clinical correlation & further evaluation



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Sex / Age :- Female 56 Yrs
Company :- MediWHEEL

Patient ID :- 12212195
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 11/09/2021 15:45:08

ULTRASONOGRAPHY report : Breast and axilla

Right breast:

Skin , subcutaneous tissue and retroareolar region is normal

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable .

No obvious cyst, mass or architectural distortion visulised.

Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

Left breast:

Skin , subcutaneous tissue and retroareolar region is normal

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable .

No obvious cyst, mass or architectural distortion visulised.

Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

IMPRESSION : No abnormality detected.

*** End of Report ***

Page No: 2 of 2

KOMAL



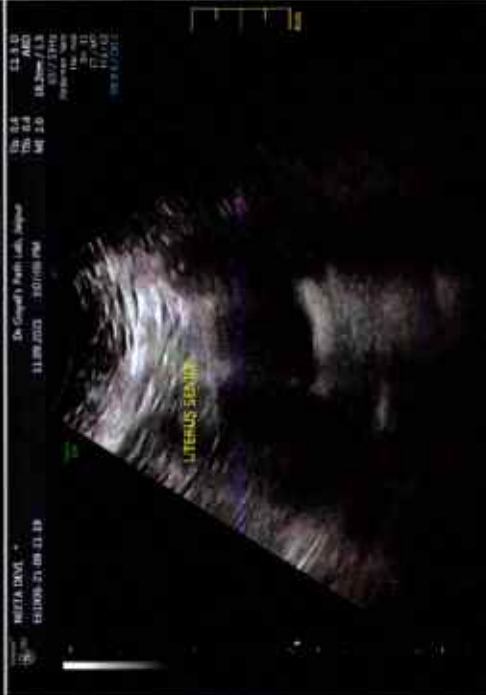
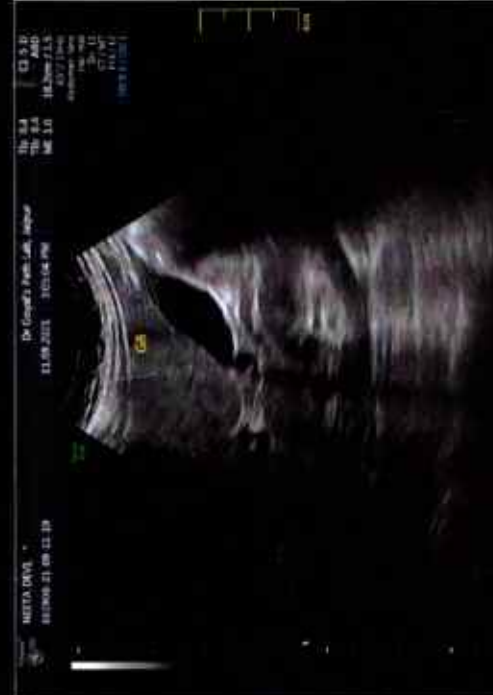
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

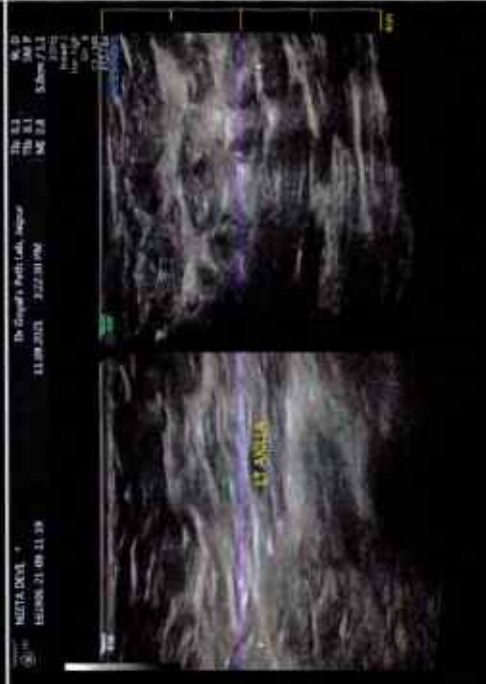
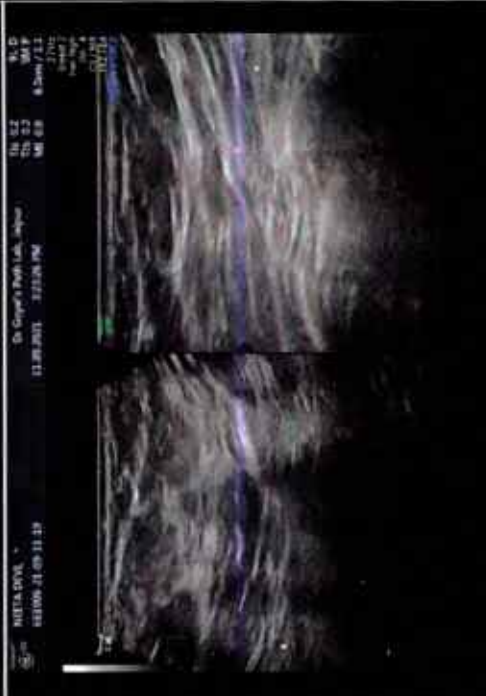
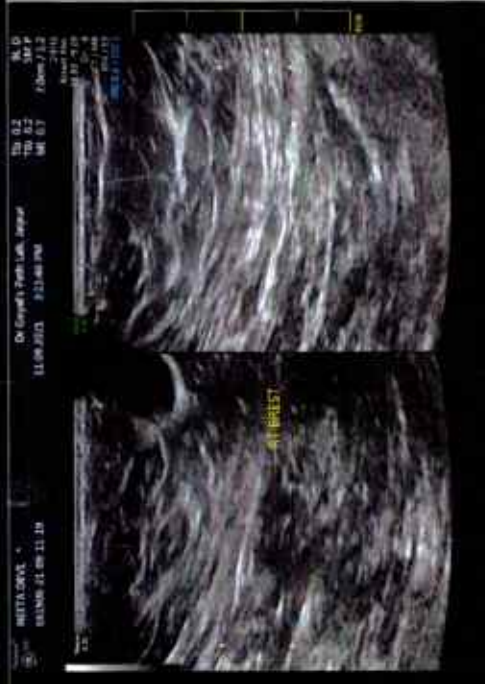
Dr. Poonam Gupta
MBBS/MD (Radio Diagnosis)
RMC No. 32495

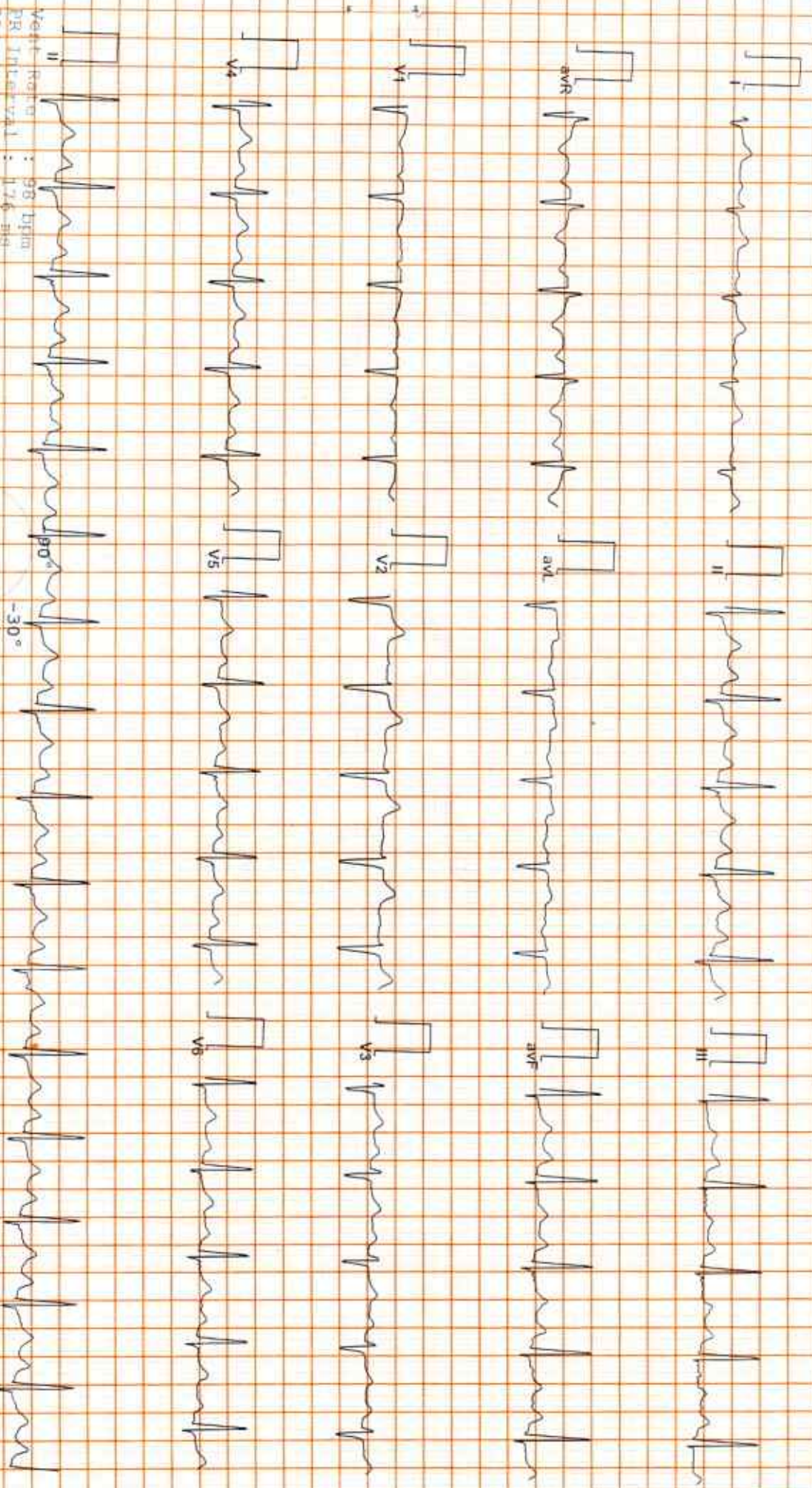
Dr. Uma Mathuria
M.B.B.S. - M.D.
RMC Reg No. 22541

Dr. Hitesh Kumar Sharma
M.B.B.S. - D.M.R.D.
RMC Reg No. 27380

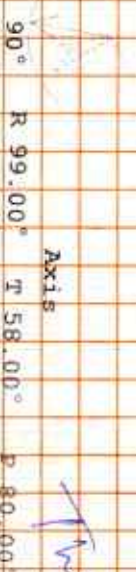
Transcript by.







Vent Rate : 98 bpm
 PR Interval : 176 ms
 QRS Duration : 72 ms
 QT/QTc : 342/409 ms
 P-QRS-T Axis : 80.00° - 99.00° - 58.00°



Allergens-ECG (Process)(PIS216200529)

Reported By: *[Signature]*

85 / MRS NEETA DEVI / 56 Yrs / M / 0 Cms / 0 Kg Date: 11-Sep-2021 Refd By : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:26	0:26	01.1	00.0	01.0	097	59%	110/70	106	00	
Standing	00:40	0:14	01.1	00.0	01.0	095	58%	110/70	104	00	
HV	00:51	0:11	01.1	00.0	01.0	096	59%	110/70	105	00	
ExStart	02:59	2:08	01.1	00.0	01.0	117	71%	110/70	128	00	
BRUCE Stage 1	05:59	3:00	01.7	10.0	04.7	146	89%	120/74	175	00	
BRUCE Stage 2	08:59	3:00	02.5	12.0	07.1	166	101%	130/75	215	00	
PeakEx	09:15	0:17	03.4	14.0	07.4	169	103%	130/75	219	00	
Recovery	10:16	1:00	00.0	00.0	01.2	143	87%	140/80	200	00	
Recovery	11:16	2:00	00.0	00.0	01.0	128	78%	130/74	166	00	
Recovery	12:16	3:00	00.0	00.0	01.0	122	74%	120/70	146	00	
Recovery	13:16	4:00	00.0	00.0	01.0	117	71%	110/70	128	00	
Recovery	14:03	4:47	00.0	00.0	01.0	115	70%	110/70	126	00	

FINDINGS :

Exercise Time 06:17
 Max HR Attained 169 bpm 103% of Target 164
 Max BP Attained 140/80
 Max Workload Attained 7.4 Fair response to induced stress
 Test End Reasons Test Complete; Heart Rate Achieved

REPORT :

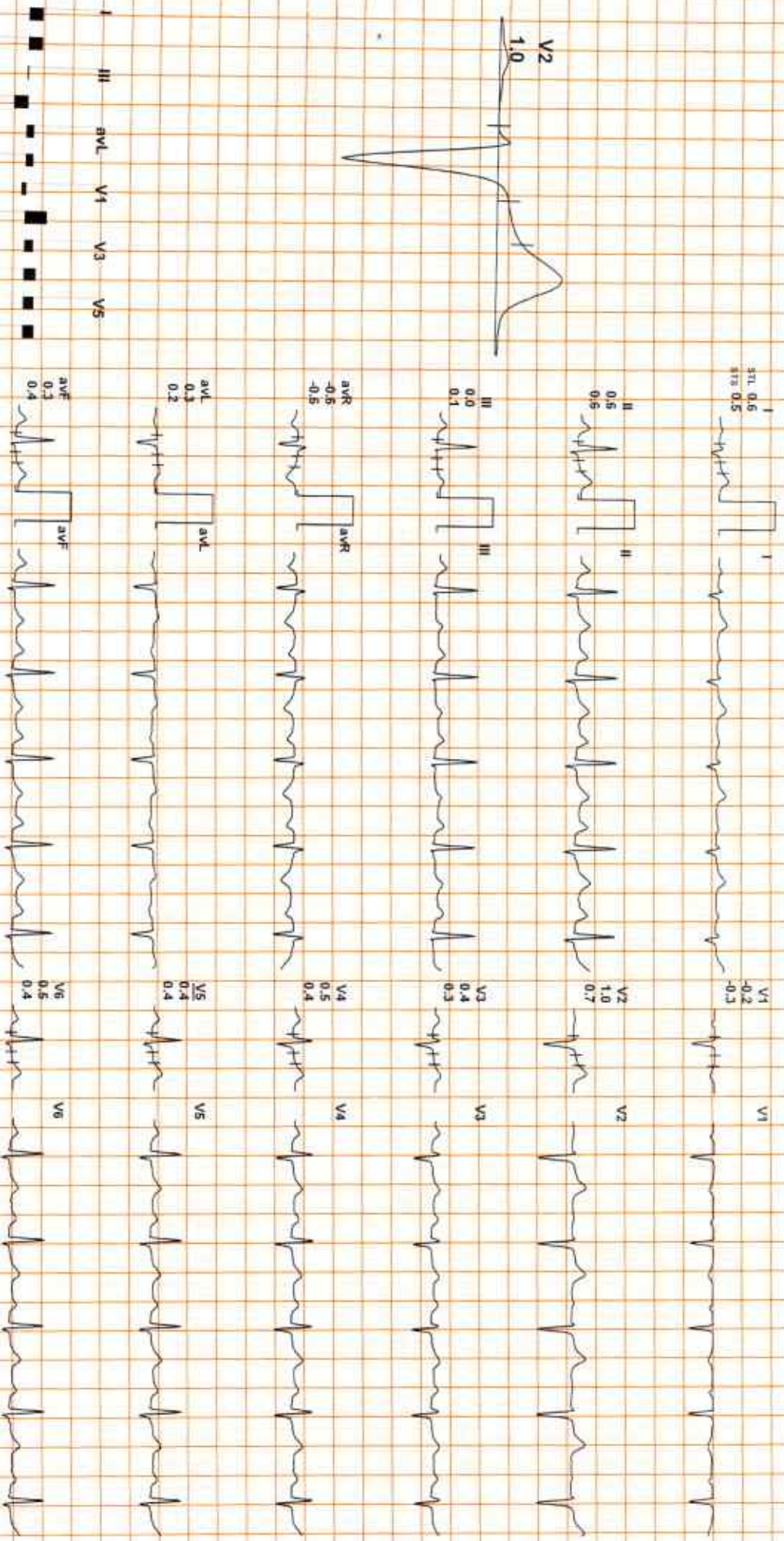
Test Negative for MI of Peak Exercise





Date: 11-Sep-2021 11:01:02 AM METS: 1.0/ 97 bpm 59% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz 4X 80 mS Post J

EXTime: 00:00 1.1 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

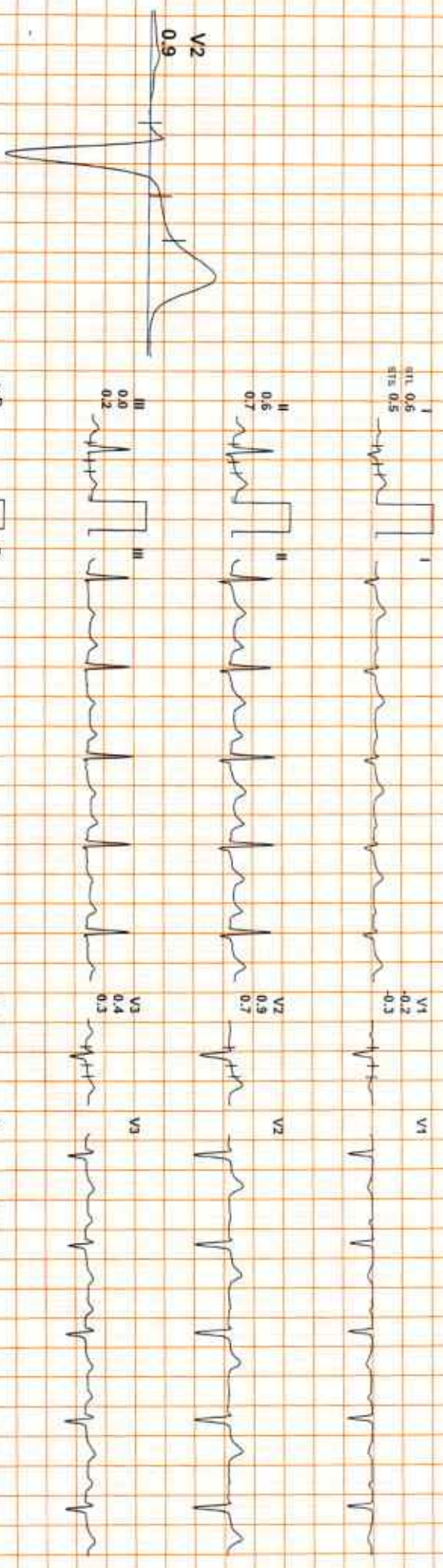
(ADX_GEN216201125)RJA/Allengers



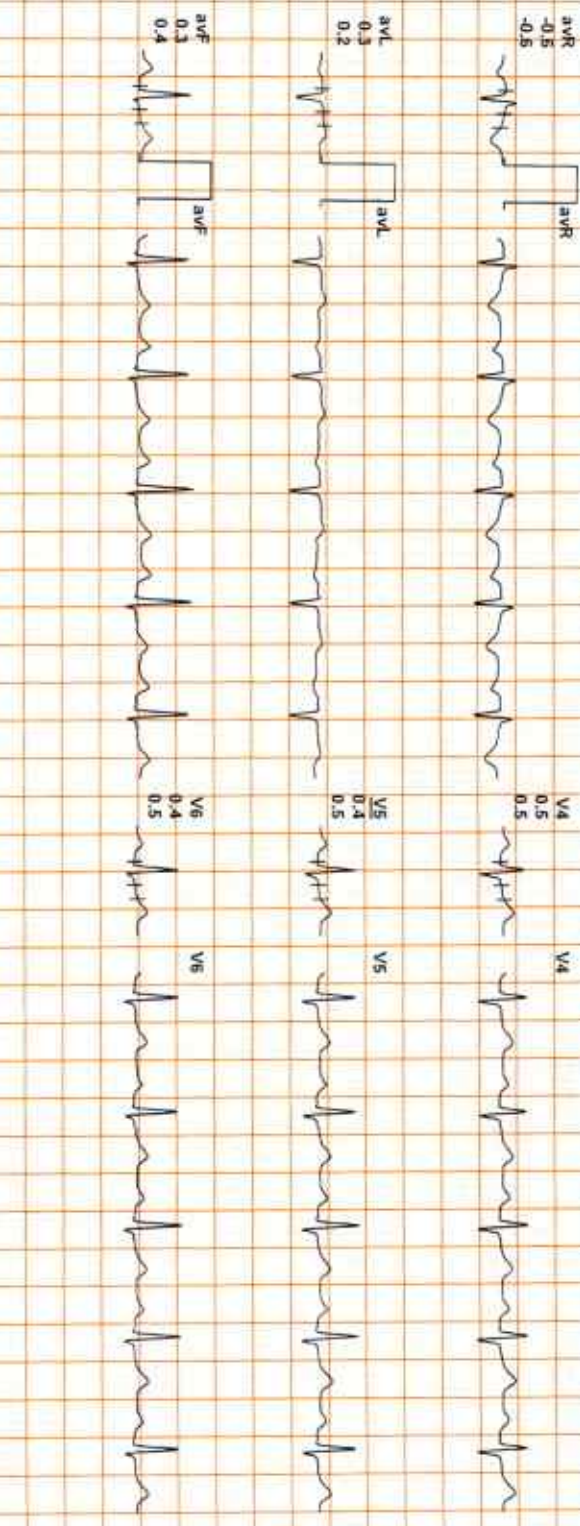
Date: 11-Sep-2021 11:01:02 AM METS: 1.0/ 95 bpm 58% of THR BP: 110/70 mmHg Raw ECG/ BLC Grv Notch On/ HF 0.05 HZLF 35 Hz

EXTime: 00:00 1.1 mph, 0.0% 25 mm/Sec: 1.0 Cm/mV

4X 80 ms Post J

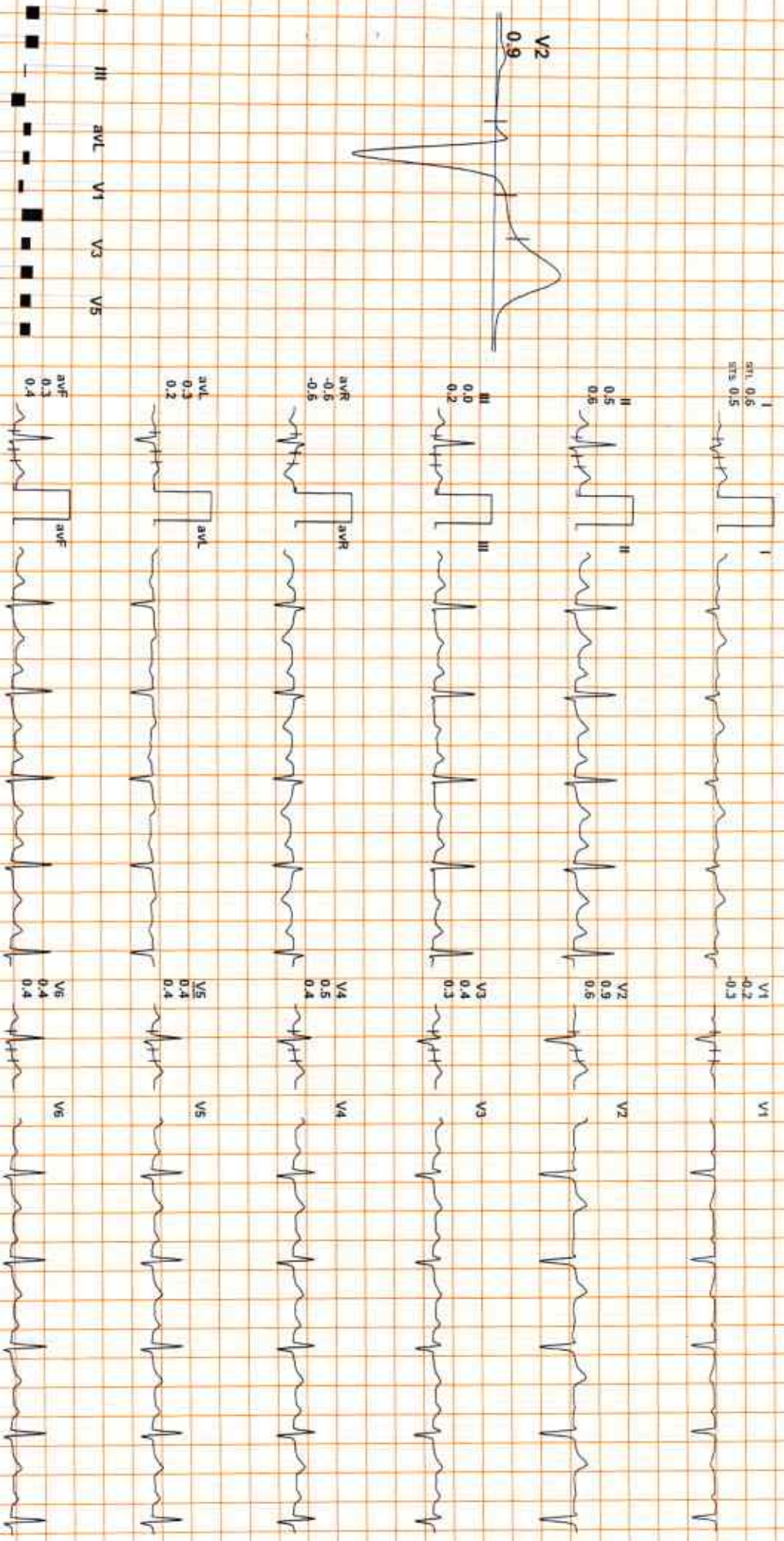


I III aVL V1 V3 V5
 II aVR aVF V2 V4 V6



REMARKS:

(ADX_GEM216201125)(R)/Allengers



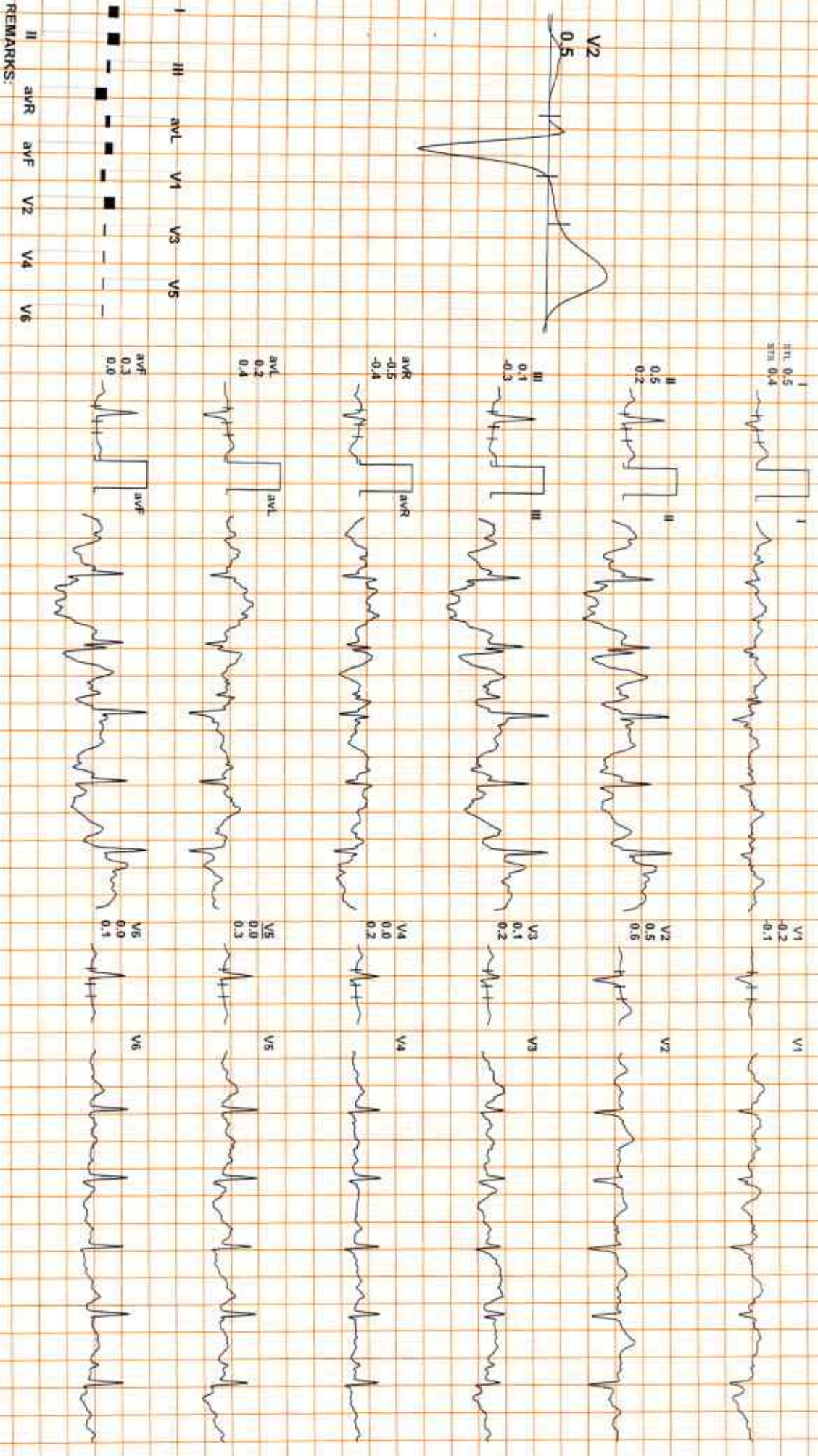
REMARKS:

(ADX_GEM216201125)(R)Allergens

Date: 11-Sep-2021 11:01:02 AM METS: 140/117 bpm 71% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

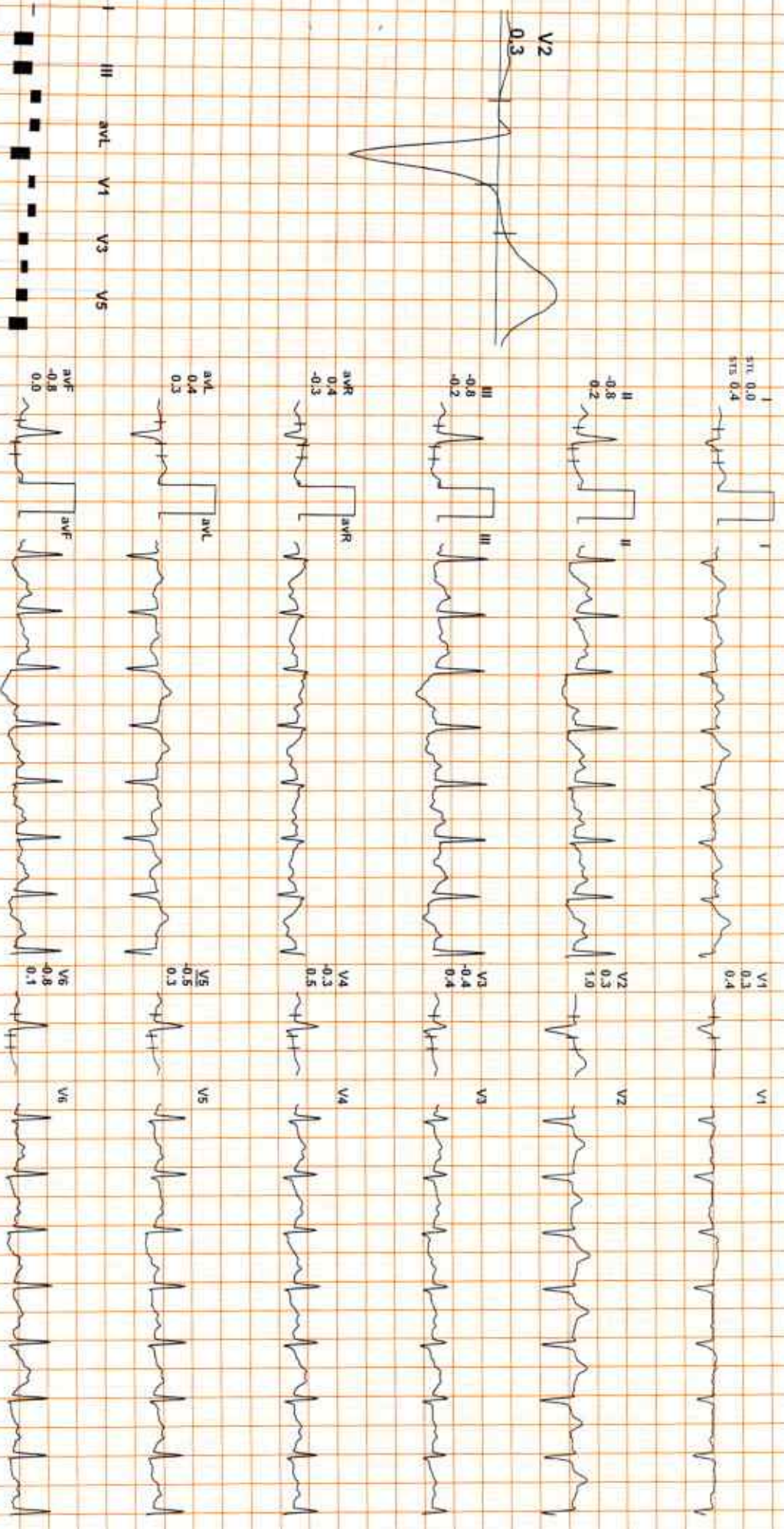
ADX_GEM216201125(R)Allengers



85 / MRS NEETA DEVI / 56 Yrs / M / 0 Cms / 0 Kg / HR : 146

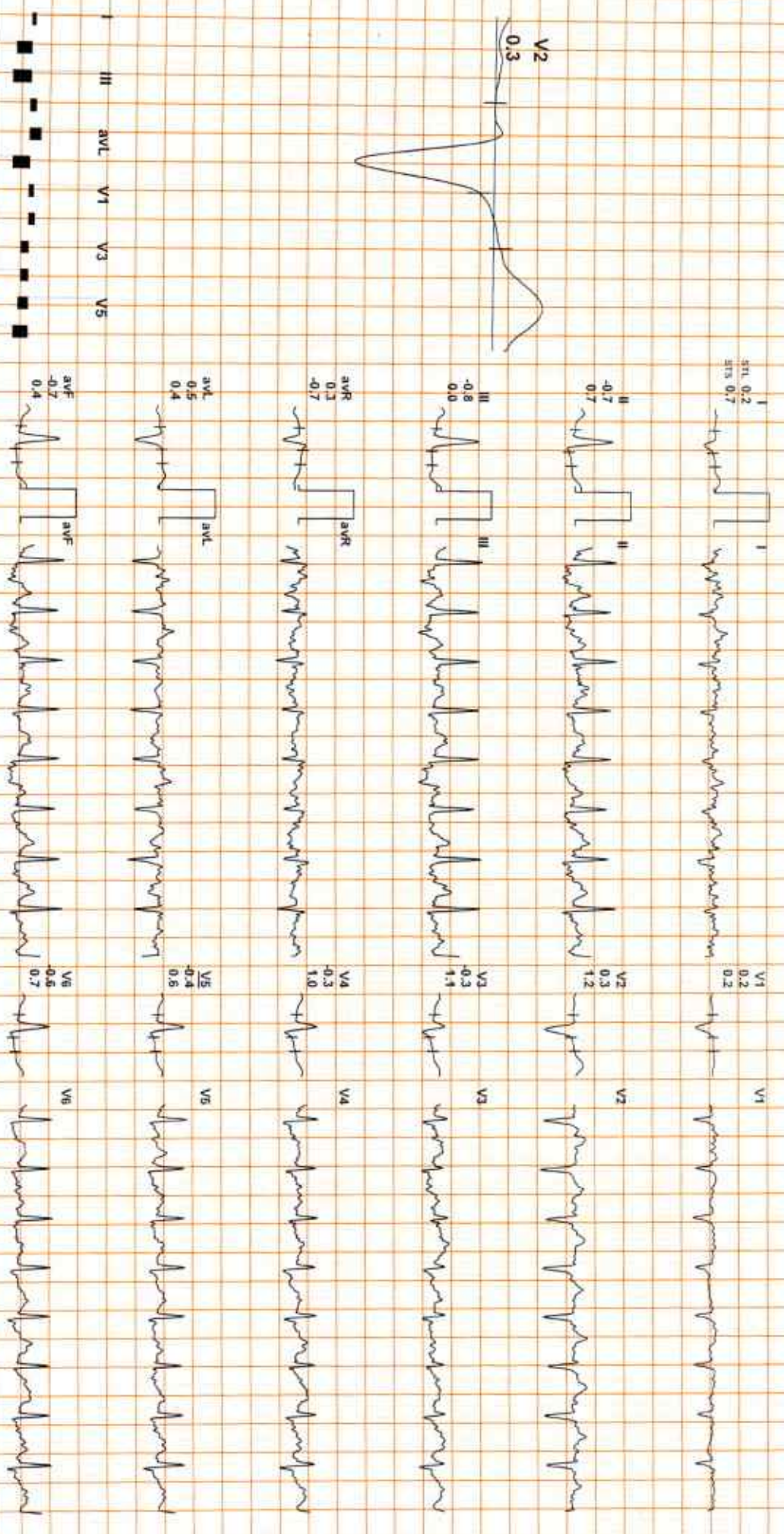
Date: 11-Sep-2021 11:01:02 AM METS: 4.71 146 bpm 89% of THR BP: 120/74 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz 4X 60 ms Post J

EXTime: 03:00 1.7 mph, 10.0% 25 mm/Sec. 1.0 cm/mV



REMARKS: II aVR aVF V2 V4 V6

ADX_GEM216201125(R)Allenjers



REMARKS:

(ADX_GEM216201125)(R)Allengers

85 / MRS NEETA DEVI / 56 Yrs / M / 0 Cms / 0 Kg / HR : 169

Date: 11-Sep-2021 11:01:02 AM

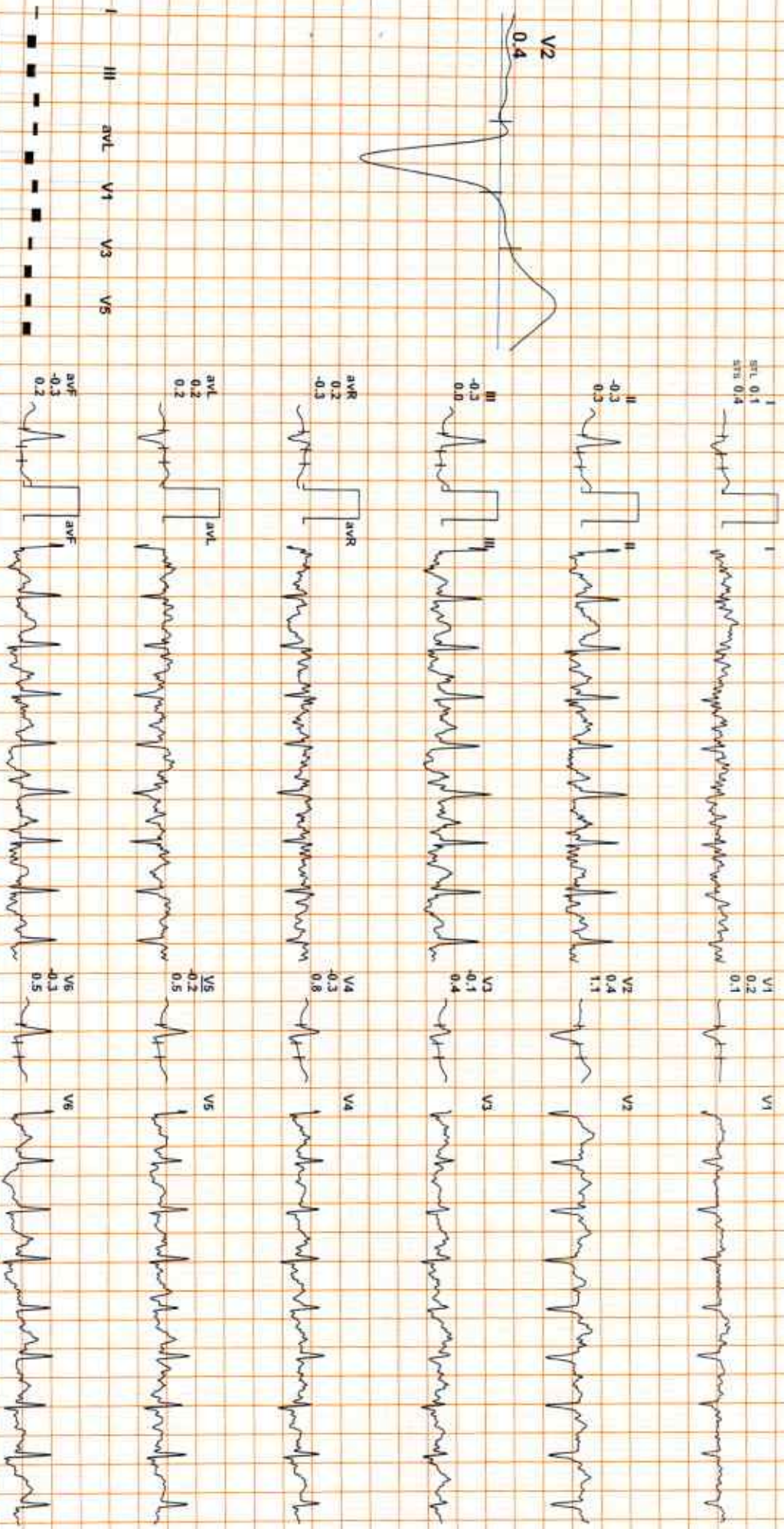
METS: 7.4 / 169 bpm 103% of THR

BP: 130/75 mmHg Raw ECG/ BLC ON/ Natch ON/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:17 3.4 mph, 14.0%

4X 50 mS Post J

25 mm/Sec, 1.0 Cm/mV



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

(ADX_GEM216201125)(R)Allergis

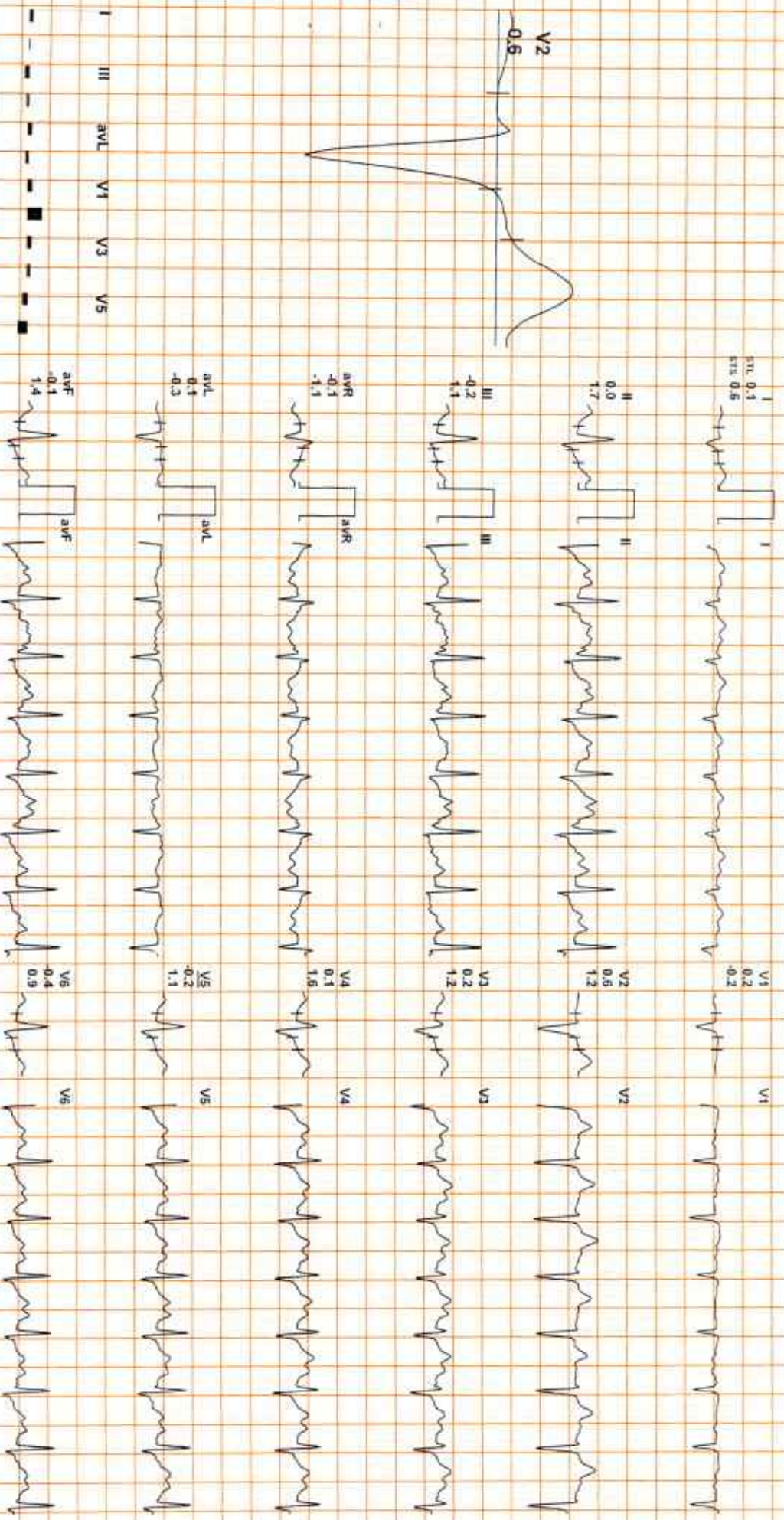
85 / MRS NEETA DEVI / 56 Yrs / M / 0 Cms / 0 Kg / HR : 143

ACHPD

Date: 11-Sep-2021 11:01:02 AM METS: 1.2/ 143 bpm 87% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 06:17 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



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

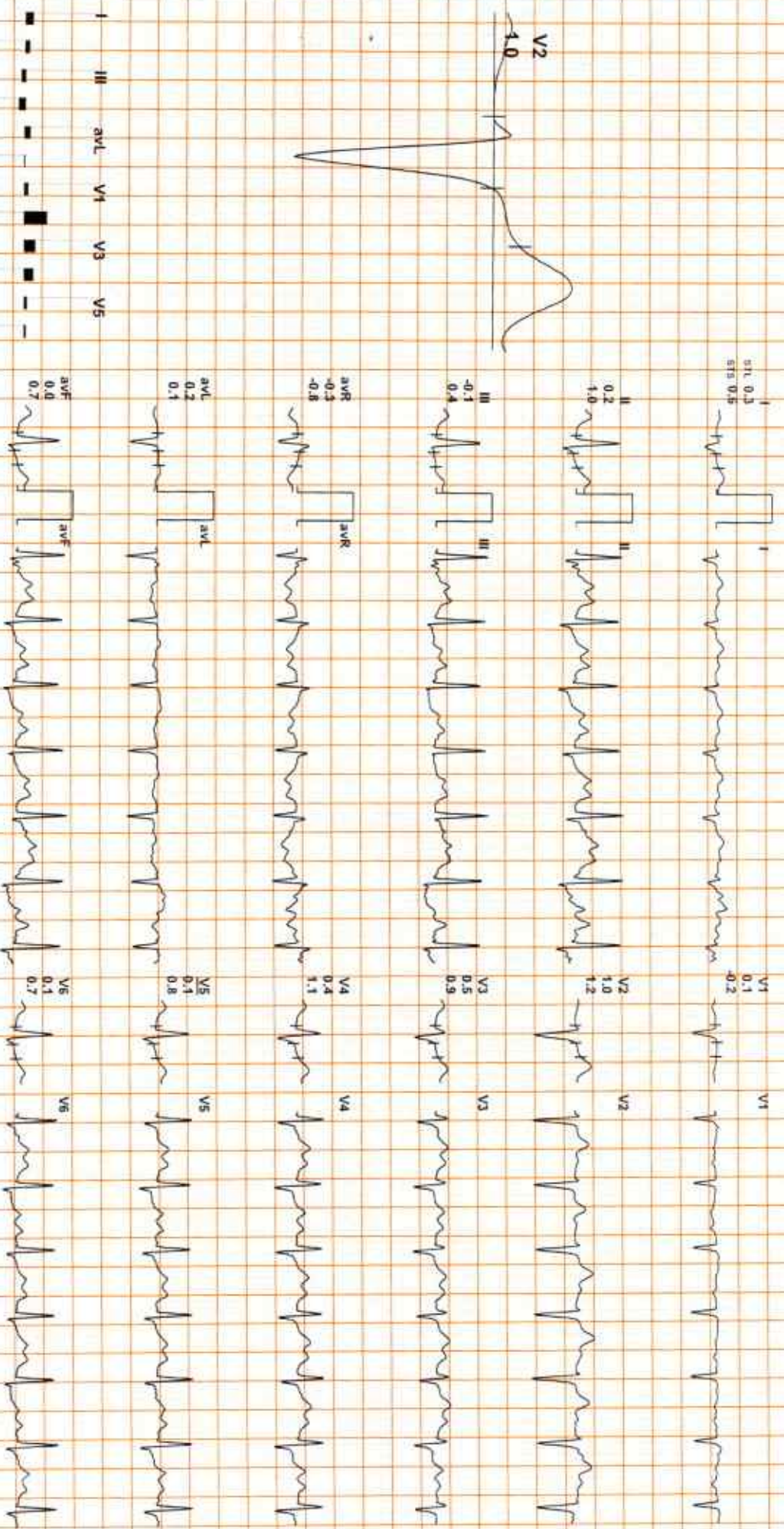
ADX_GEM216201125(R)Allengers

85 / MRS NEETA DEVI / 56 Yrs / M / 0 Cms / 0 Kg / HR : 128

Date: 11-Sep-2021 11:01:02 AM METS: 1.0/ 128 bpm 78% of THR BP: 130/74 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 06:17 0.0 mph, 0.0% 25 mm/Sec. 1.8 Cm/mV



REMARKS:

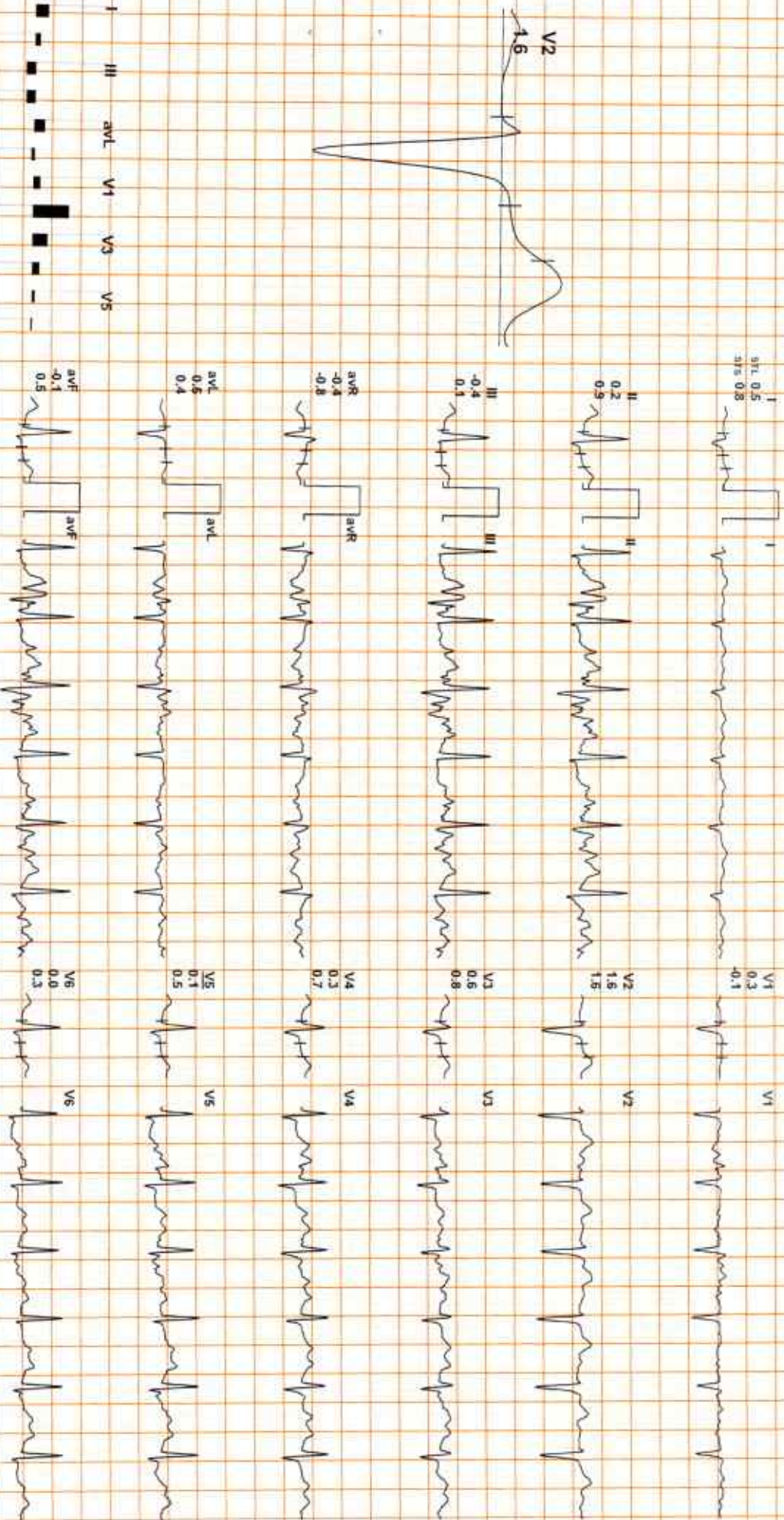
(ADX_GEM216201125)(R)/Allengers

85 / MRS NEETA DEVI / 56 Yrs / M / 0 Cms / 0 Kg / HR : 122

Date: 11-Sep-2021 11:01:02 AM METS: 1.0 / 122 bpm 74% of THR BP: 120/70 mmHg Raw ECG: BLC ON/ Naich ON/ HF 0.05 HZ/LF 35 Hz

4X 80 ms Post J

ExTime: 06:17 0.0 mIpH 0.0% 25 mm/Sec. 1.0 Cm/mV



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

(ADX_GEM216201125)(R)Allengers

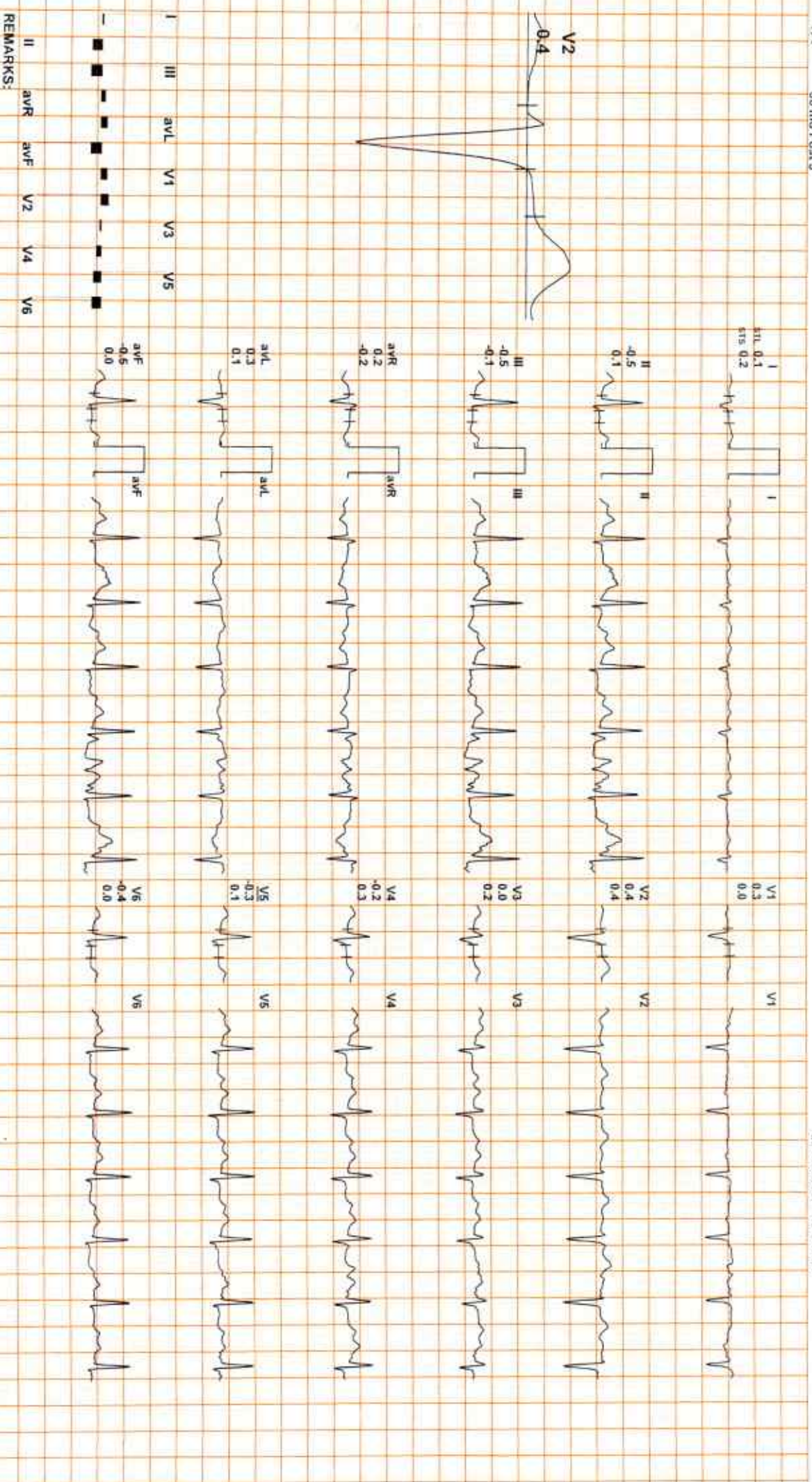


85 / MRS NEETA DEVI / 56 Yrs / M / 0 Cms / 0 Kg / HR : 117

Date: 11-Sep-2021 11:01:02 AM METS: 1.0/ 117 bpm 71% of THR BP: 110/70 mmHg Raw ECG/ BLC: On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

4X 80 ms Post J

ExTime: 06:17 0.0 mph, 0.0% 25 mm/Sec, 1.0 Cm/mV



REMARKS:

ADX_GEM216201125\R\Allengrns

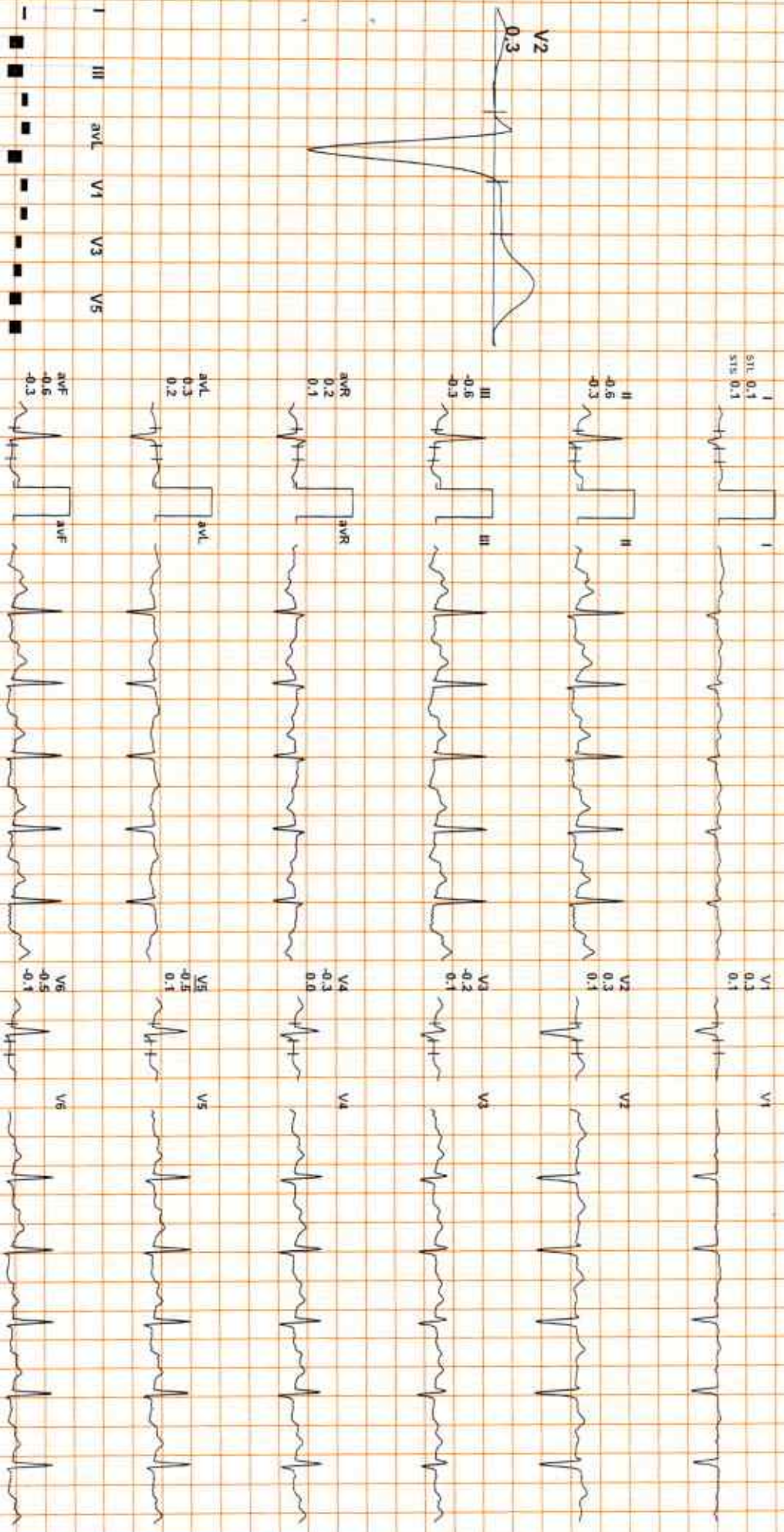


85 / MRS NEETA DEVI / 56 Yrs / M / 0 Cms / 0 Kg / HR : 115

Date: 11-Sep-2021 11:01:02 AM METS: 1.0/ 115 bpm 70% of THR BP: 110/70 mmHg Raw ECG/ BLC Onv Notch Onv HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 06:17 0.0 mph, 0.0% 25 mm/Sec, 1.0 Cm/mV



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

(ADX_GEM216201125)(R)Allengers



Date: 11-Sep-2021 11:01:02 AM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

