

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. CHANDA KUMARI	IPD No.	:
Age	: 27 Yrs 1 Mth	UHID	: APH000013347
Gender	: FEMALE	Bill No.	: APHHC230000122
Ref. Doctor	: MEDIWHEEL	Bill Date	: 06-02-2023 09:50:10
Ward	:	Room No.	:
		Procedure Date	: 06-02-2023 16:30:39

ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

M MODE STUDY (MEASUREMENTS)

Left Ventricle:-

EDD:	34	(mm)	Left Atrium	24	(mm)
ESD:	22	(mm)	Aortic Root	27	(mm)
IVS Thickness (D/S)	1.1/1.4	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	1.1/1.3	(mm)	Pericardium	NORMAL	
LVEF	65	(%)			

WALL MOTION STUDY : NO RWMA

MV	: NORMAL	TV	: NORMAL
AV	: NORMAL	PV	: NORMAL
IAS	: NORMAL	IVS	: NORMAL

DOPPLER STUDY (PW/CW AND COLOUR FLOW IMAGING)

VALVES	V max(m/sec)	PG	MG	EDG	Orifice Area (cm ²)	REGURGITATION
		(mm Hg)				
MV E/A	0.89/0.57					MR:-NIL
AV	1.43	8.16				AR:- NIL
TV	1.30	6.72				TR:- NIL
PV	0.90	3.22				PR:- NIL

IMPRESSION: -

No RWMA.
Normal Cardiac Chambers & Valves.
Normal LV/RV Systolic Function, LVEF-65%.
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.

DR.ADITYA KUMAR.
MD, DM (CARDIOLOGY)
CONSULTANT CARDIOLOGIST

FINAL REPORT

Bill No.	: APHHC230000122	Bill Date	: 06-02-2023 09:50
Patient Name	: MRS. CHANDA KUMARI	UHID	: APH000013347
Age / Gender	: 27 Yrs 2 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23002783	Current Ward / Bed	: /
		Receiving Date & Time	: 06-02-2023 10:39
		Reporting Date & Time	: 06-02-2023 15:42

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

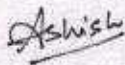
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

Patient Details

Name: Mrs.CHANDA KUMARI ID: APH000013347

Age: 27 y

Sex: F

Clinical History:

Date: 06-Feb-23

Time: 3:53:25 PM

Height: 157 cms.

Weight: 61 Kg.

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 193 bpm

THR: 173 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 1 s

Max. HR: 162 (84% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 140 / 90 mmHg

Max. BP x HR: 22680 mmHg/min

Min. BP x HR: 6000 mmHg/min

Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 49	1.0	0	0	87	120 / 80	-1.01 V5	1.69 II
Standing	0 : 9	1.0	0	0	75	120 / 80	-0.76 aVR	-0.84 aVR
Hyperventilation	0 : 23	1.0	0	0	86	120 / 80	-0.76 aVR	-0.84 III
1	3 : 0	4.6	2.7	10	121	130 / 80	-2.03 V5	-2.53 III
2	3 : 0	7.0	4	12	148	140 / 90	-2.28 aVF	-2.95 III
Peak Ex	1 : 1	10.2	5.4	14	162	140 / 90	-2.78 III	-3.38 III
Recovery(1)	2 : 0	1.8	1.6	0	100	140 / 90	-2.53 aVF	-3.38 III
Recovery(2)	2 : 0	1.0	0	0	96	130 / 80	-1.01 III	0.84 I
Recovery(3)	1 : 0	1.0	0	0	94	130 / 80	-0.76 aVF	0.84 I
Recovery(4)	0 : 25	1.0	0	0	110	130 / 80	-1.77 aVR	-1.69 aVR

Interpretation
COMMENTS

- FAIR EXCERCISE (10.20 METS) TOLERANCE.
- NORMAL BP RESPONSE TARGET HEART RATE ACHIEVED.
- NO SIGNIFICANT ST-T SIGEMENT CHANGES SEEN IN LEADS.
- THE TEST TERMINATED DUE TO -HEART RATE ACHIEVED.

IMPRESSION :- THE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

Ref. Doctor: DR.NITISH KUMAR RANJAN.

Doctor: Dr.ADITYA KUMAR

(Summary Report edited by user)

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674

FINAL REPORT

Bill No.	: APHHC230000122	Bill Date	: 06-02-2023 09:50
Patient Name	: MRS. CHANDA KUMARI	UHID	: APH000013347
Age / Gender	: 27 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23002786	Current Ward / Bed	: /
		Receiving Date & Time	: 06-02-2023 10:39
		Reporting Date & Time	: 06-02-2023 16:23

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

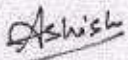
BLOOD UREA <small>Urease-GLDH/Kinetic</small>		15	mg/dL	15 - 45
BUN (CALCULATED)		7.0	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.5	mg/dL	0.6 - 1.1

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL <small>(DPO)</small>		0.60	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPO)</small>		0.11	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.49	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Buret)</small>		7.3	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.5	g/dL	
S.GLOBULIN		2.8	g/dL	
A/G RATIO		1.61		2.8-3.8
ALKALINE PHOSPHATASE <small>(IFCC AMP BUFFER)</small>		72.7	IU/L	1.5 - 2.5
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		22.3	IU/L	42 - 98
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>		15.0	IU/L	10 - 42
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		15.5	IU/L	10 - 40
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		180.4	IU/L	7 - 35
S.PROTEIN-TOTAL <small>(Buret)</small>		7.3	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		3.8	mg/dL	2.6 - 7.2

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. ASHISH RANJAN SINGH
 MBBS,MD
 CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000122	Bill Date	: 06-02-2023 09:50
Patient Name	: MRS. CHANDA KUMARI	UHID	: APH000013347
Age / Gender	: 27 Yrs 2 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23002786	Current Ward / Bed	: /
		Receiving Date & Time	: 06-02-2023 10:39
		Reporting Date & Time	: 06-02-2023 16:23

Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

HbA1c (Turbidimetric Immuno-inhibition)

5.1

%

4.0 - 6.2

INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

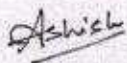
Note:

1. A three monthly monitoring is recommended in diabetics.
2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

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FINAL REPORT

Bill No. : APHHC230000122	Bill Date : 06-02-2023 09:50
Patient Name : MRS. CHANDA KUMARI	UHID : APH000013347
Age / Gender : 27 Yrs 2 Mth / FEMALE	Patient Type : OPD
Ref. Consultant : MEDIWHEEL	Ward / Bed : /
Sample ID : APH23002785	Current Ward / Bed : /
	Receiving Date & Time : 06-02-2023 10:39
	Reporting Date & Time : 06-02-2023 14:23

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

T3 TOTAL (ELFA)	1.52	nmol/l	0.95-2.5
T4 TOTAL (ELFA)	66.21	nmol/l	60-120
THYROID STIMULATING HORMONE (ELFA)	>60.0	µIU/mL	0.25-5

TESTS	RESULTS	EXPECTED VALUES
THYROID PROFILE TOTAL (T3,T4,TSH TOTAL)		
Thyroid-Stimulating Hormone (TSH)		0.25-5µIU/ml
Serum Triiodothyronine (T3 TOTAL)		0.95-2.5nmol/l
Serum Thyroxine (T4 TOTAL)		60-120nmol/l

Wallach's reference range for Thyroid for neonates and children

Age	TSH (µIU/ml)	TT4(nmol/l)	TT3(nmol/l)
1-4 days	1-39	142-277	1.5-11.4
1-4 wks	1.7-9.1	106-221	1.6-5.3
1-12 mon	0.8-8.2	76-210	1.6-3.8
1-5 yrs	0.7-5.7	94-193	1.6-4.1
6-10 yrs	0.7-5.7	82-171	1.4-3.7
11-15 yrs	0.7-5.7	71-151	1.3-3.3
15-18 yrs	0.7-5.7	54-152	1.2-3.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Ashish

DR. ASHISH RANJAN SINGH

FINAL REPORT

Bill No.	: APHHC230000122	Bill Date	: 06-02-2023 09:50
Patient Name	: MRS. CHANDA KUMARI	UHID	: APH000013347
Age / Gender	: 27 Yrs 2 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23002785	Current Ward / Bed	: /
		Receiving Date & Time	: 06-02-2023 10:39
		Reporting Date & Time	: 06-02-2023 14:23

MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000122	Bill Date	: 06-02-2023 09:50
Patient Name	: MRS. CHANDA KUMARI	UHID	: APH000013347
Age / Gender	: 27 Yrs 2 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23002782	Current Ward / Bed	: /
		Receiving Date & Time	: 06-02-2023 10:39
		Reporting Date & Time	: 06-02-2023 15:40

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550
CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		7.8	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.5	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		13.2	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		39.8	%	36 - 46
MEAN CORPUSCULAR VOLUME		87.6	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		29.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.3	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		194	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		44.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.2	%	11.6 - 14

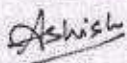
DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		50	%	40 - 80
LYMPHOCYTES	H	41	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		4	%	1 - 5
BASOPHILS		0	%	0 - 1

ESR (Westergren)	H	43	mm 1st hr	0 - 20
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**** End of Report ****
IMPORTANT INSTRUCTIONS

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DR. ASHISH RANJAN SINGH

 MBBS, MD
 CONSULTANT

FINAL REPORT

Bill No. : APHHC230000122	Bill Date : 06-02-2023 09:50
Patient Name : MRS. CHANDA KUMARI	UHID : APH000013347
Age / Gender : 27 Yrs 2 Mth / FEMALE	Patient Type : OPD
Ref. Consultant : MEDIWHEEL	Ward / Bed : /
Sample ID : APH23002820	Current Ward / Bed : /
	Receiving Date & Time : 06-02-2023 14:34
	Reporting Date & Time : 06-02-2023 15:41

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: Urine				
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550				

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	30 mL
COLOUR	Pale Straw
TURBIDITY	Clear
	Pale Yellow

CHEMICAL EXAMINATION

PH (Double pH indicator method)	7.5	
PROTEINS (Protein-error-of-indicators)	Negative	5.0 - 8.5
SUGAR (GOD POD Method)	Negative	Negative
SPECIFIC GRAVITY, URINE (Apparent pfa change)	1.010	Negative
		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES	1-2	/HPF	0 - 5
RBC's	Nil		
EPITHELIAL CELLS	1-2		
CASTS	Nil		
CRYSTALS	Nil		
URINE-SUGAR	NEGATIVE		

**** End of Report ****

IMPORTANT INSTRUCTIONS

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Ashish

DR. ASHISH RANJAN SINGH
MBBS, MD
CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. CHANDA KUMARI	IPD No.	:
Age	: 27 Yrs 1 Mth	UHID	: APH000013347
Gender	: FEMALE	Bill No.	: APHHC230000122
Ref. Doctor	: MEDIWHEEL	Bill Date	: 06-02-2023 09:50:10
Ward	:	Room No.	:
		Print Date	: 06-02-2023 13:00:26

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 13.4cm)
 No focal lesion seen. Intrahepatic biliary radicals are not dilated.
 Portal vein is normal in calibre.
 Gall bladder is well distended. Wall thickness is normal. No calculus seen.
 CBD is normal in calibre.
 Pancreas is normal in size and echotexture.
 Spleen is normal in size (9.8 cm) and echotexture.
 Both kidneys are normal in size and echotexture (Right kidney (8.9 x 3.8 cm), Left kidney (9.5 x 4.3cm).
 Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.
 Uterus is anteverted (measures 6.6 x 5.4cm) and appears normal in size and echotexture. No focal lesion seen.
 Endometrial echo is central and normal in thickness (8.2 mm).
 Cervix and vagina are unremarkable.
 Both ovaries are normal in size and echotexture. Right ovary measures 3.1 x 1.9 cm, left ovary measures 3.1 x 1.6 cm.
 No free fluid or collection seen. No pleural effusion seen.
 No significant lymphadenopathy seen.
 No dilated bowel loop seen.

IMPRESSION: USG Abdomen study reveals no obvious significant sonographic abnormality.
 Please correlate clinically.

.....End of Report.....

Prepare By.
SHASHANK.S



DR. SHASHANK SHEKHAR, M.D.
 CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.