

Radiology No.	: 10450/OPDPB23DL	Date	: 09-Mar-2024
Patient Name	: Mrs. SHEELAM DAHIYA	Age/Sex	: 45Y5M Female
Guardian Name	:	UHID No.	: 9998/UHID23DL
Referred By	: Dr. .	Mobile No.	: 9541425016

X-RAY CHEST

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.



Dr. Harshita Surange
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DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402

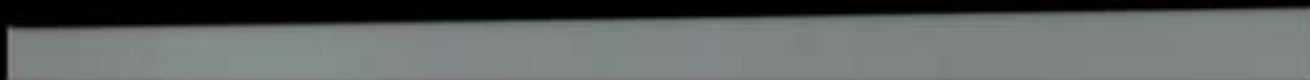


BOOK APPOINTMENT









IPSC PAIN AND SPINE HOSPITAL
 PLOT-453 NEAR SBI BANK SECTOR-19
 DWARKA NEW DELHI-110075, PH: 9555437357

SHEELAM DAHYA

TREADMILL TEST REPORT

ID : 67135
 DATE : 09-03-2024
 AGE/SEX : 45 / F
 HT/WT : 10 / 0
 REF. BY :

PROTOCOL : Bruce
 HISTORY :
 INDICATION : Checkup/Physical fitness,
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPE X100	ST LEVEL (MM)			METS
								V1	V5		
SUPINE					74	120 / 80	88	0.1	0.4	0.1	
STANDING					86	120 / 80	103	0	0.6	0.1	
HYPERVENT					88	120 / 80	105	0.7	0.5	-0.3	
Stage 1	2:55	0:14	2.7	10	126	130 / 90	163	-0.5	0.3	0.1	4.67
Stage 2	5:55	2:55	4	12	150	140 / 90	210	-0.4	1	0.4	7.04
PK-EXERCISE	7:7	1:7	5.4	14	163	150 / 90	244	-1	0.9	0.3	8.18
RECOVERY	8:17	0:55			123	140 / 90	172	0.3	0.8	0.9	
RECOVERY	9:17	1:55			105	130 / 90	136	-0.1	0.8	0.3	
RECOVERY	10:17	2:55			100	120 / 80	120	-0.5	0.7	-0.2	

RESULTS

EXERCISE DURATION : 7:7 MAX WORK LOAD : 8.18 METS
 MAX HEART RATE : 163 bpm 93 % of target heart rate 175 bpm
 MAX BLOOD PRESSURE : 150 / 90 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :
 Negative for Provocable myocardial ischemia,

Dr. ANIL SAHOO
 MD, FRCPC
 10036
 10036

Technician :

IPSC PAIN AND SPINE HOSPITAL

SHEELAM DAHIYA
I.D. 67135
Age 45/F
Date 09-03-2024

RATE 74bpm
B.P. 120/80

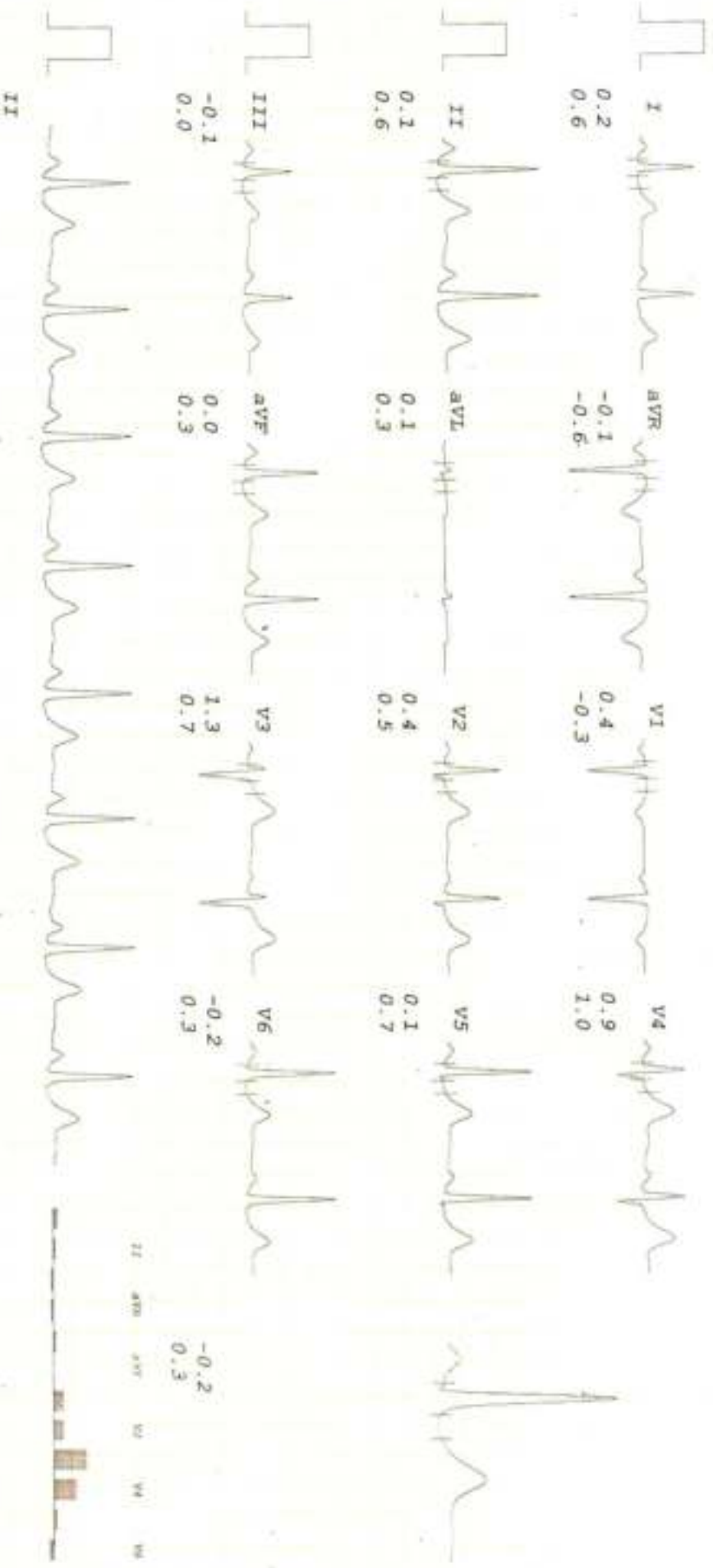
PRETEST
SOPINE

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V6



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SHEJAM KANIYA
I.D. 67135
Age 45/F
Date 09-03-2024

RATE 88bpm
B.P. 120/80

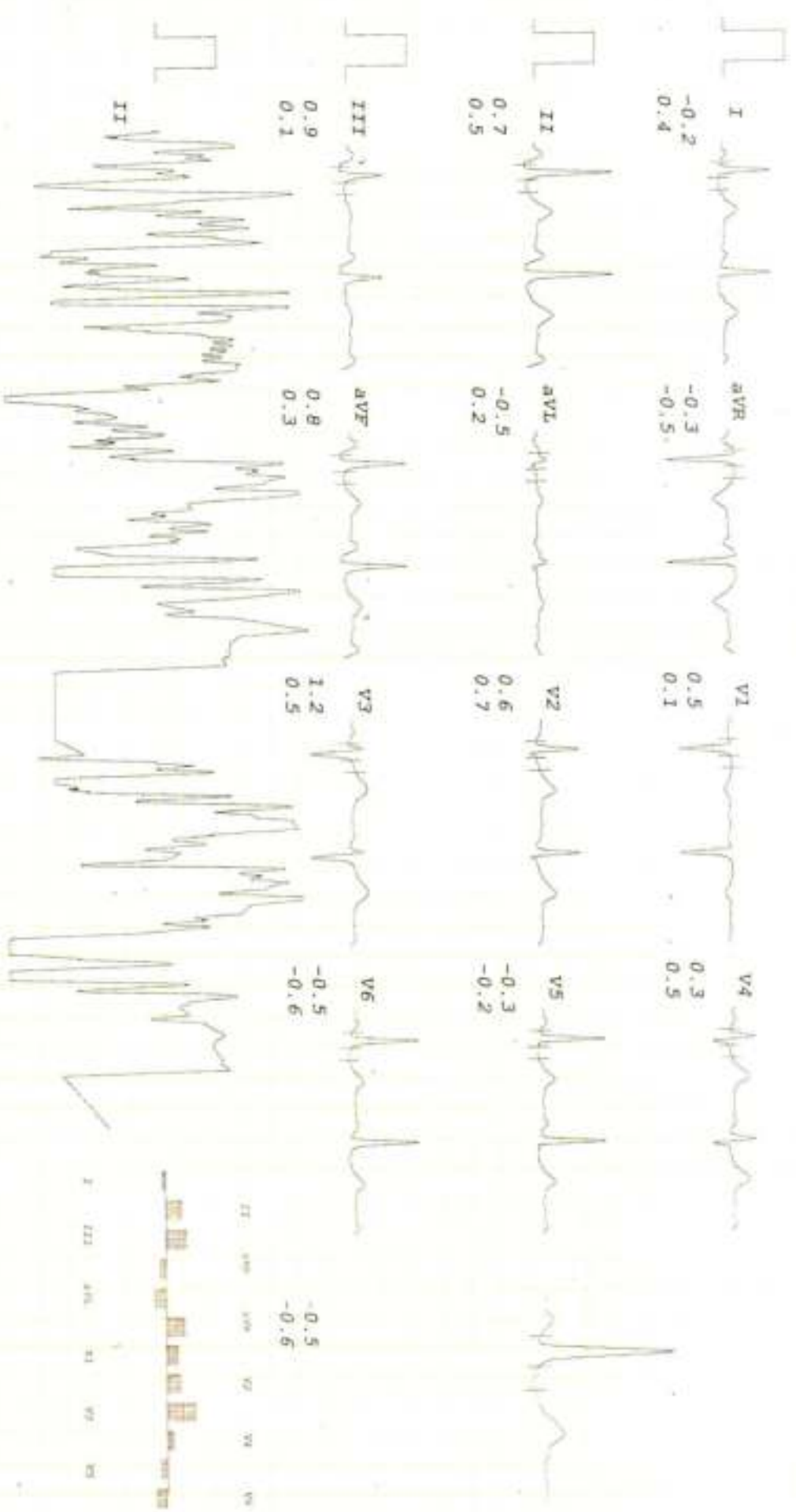
PRETEST
HYPERVENT
PHASE TIME 0:14

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN

MAG. X 2

V6



IPSC PAIN AND SPINE HOSPITAL

SHEETAN DARIYA
 I.D. 67135
 Age 45/F
 Date 09-03-2024

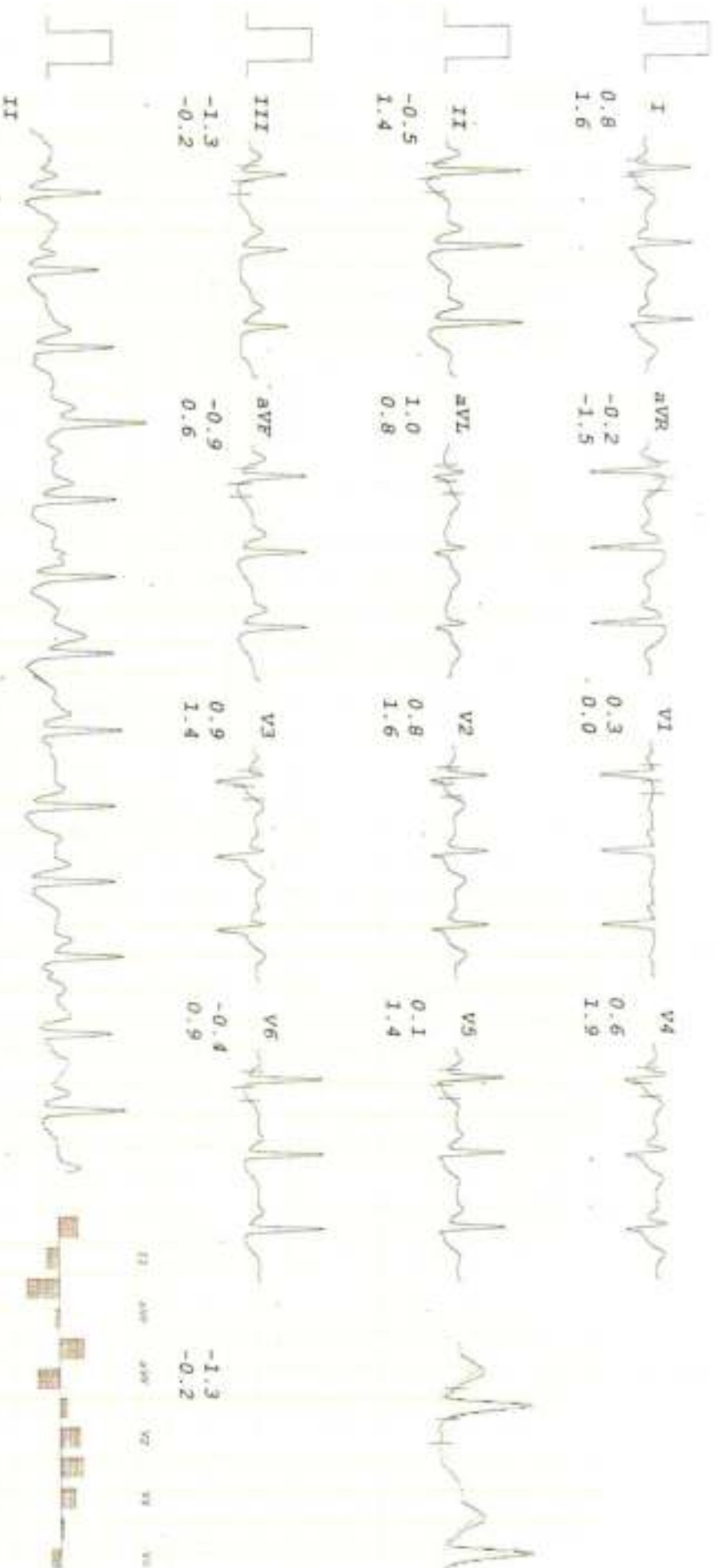
Rate 126bpm
 B.P. 130/90

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55
 ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10

LINKED MEDIAN

Mag. X 2

III



IPSC PAIN AND SPINE HOSPITAL

SHEELAM DAHIYA
 I.D. 67135
 Age 45/F
 Date 09-03-2024

RATE 163bpm
 B.P. 150/90

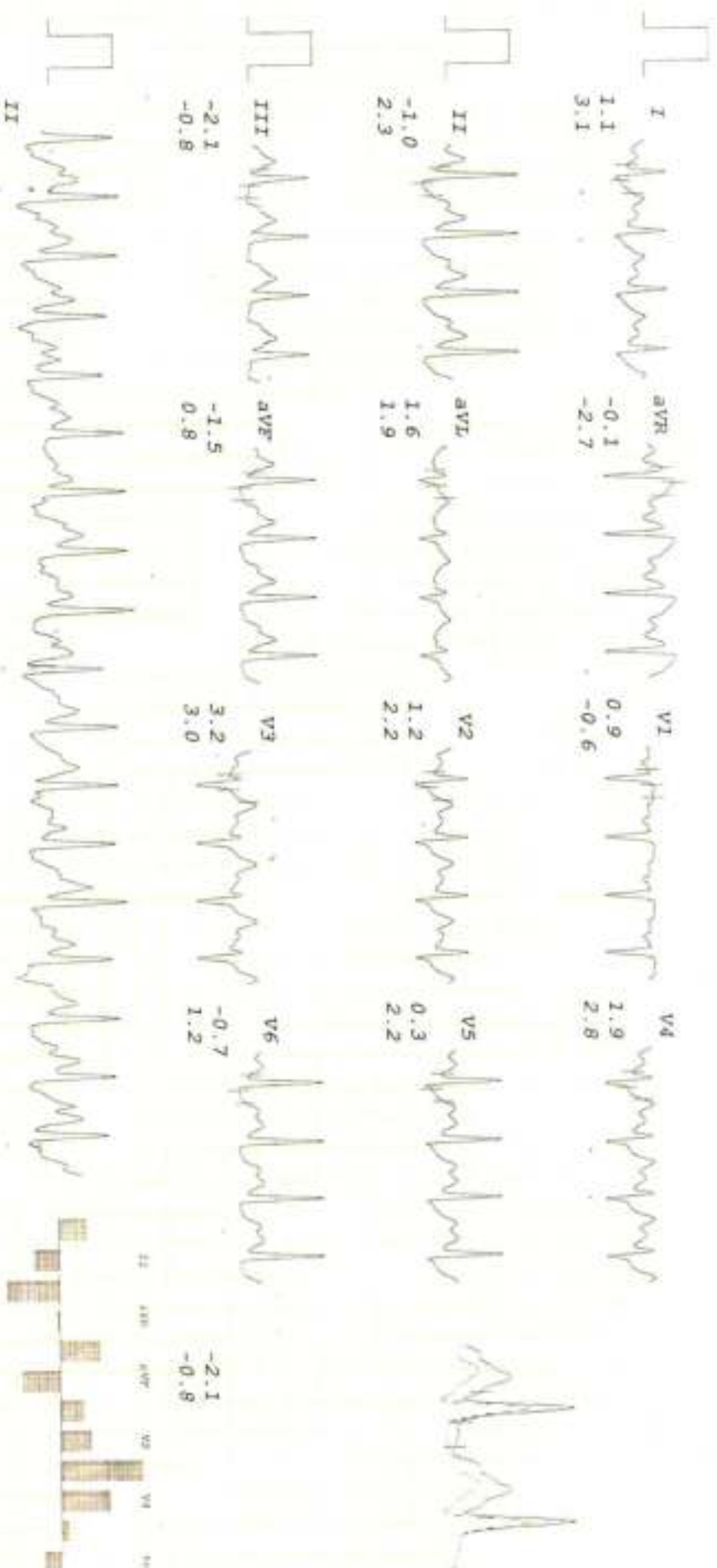
Bruce
 PR-EXERCISE
 TOTAL TIME 7:07
 PHASE TIME 1:07

ST # 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 °

LINKED MEDIAN

MAG. X 2

III



IPSC PAIN AND SPINE HOSPITAL

SHEELAM DAHIYA
 I.D. 67135
 Age 45/F
 Date 09-03-2024

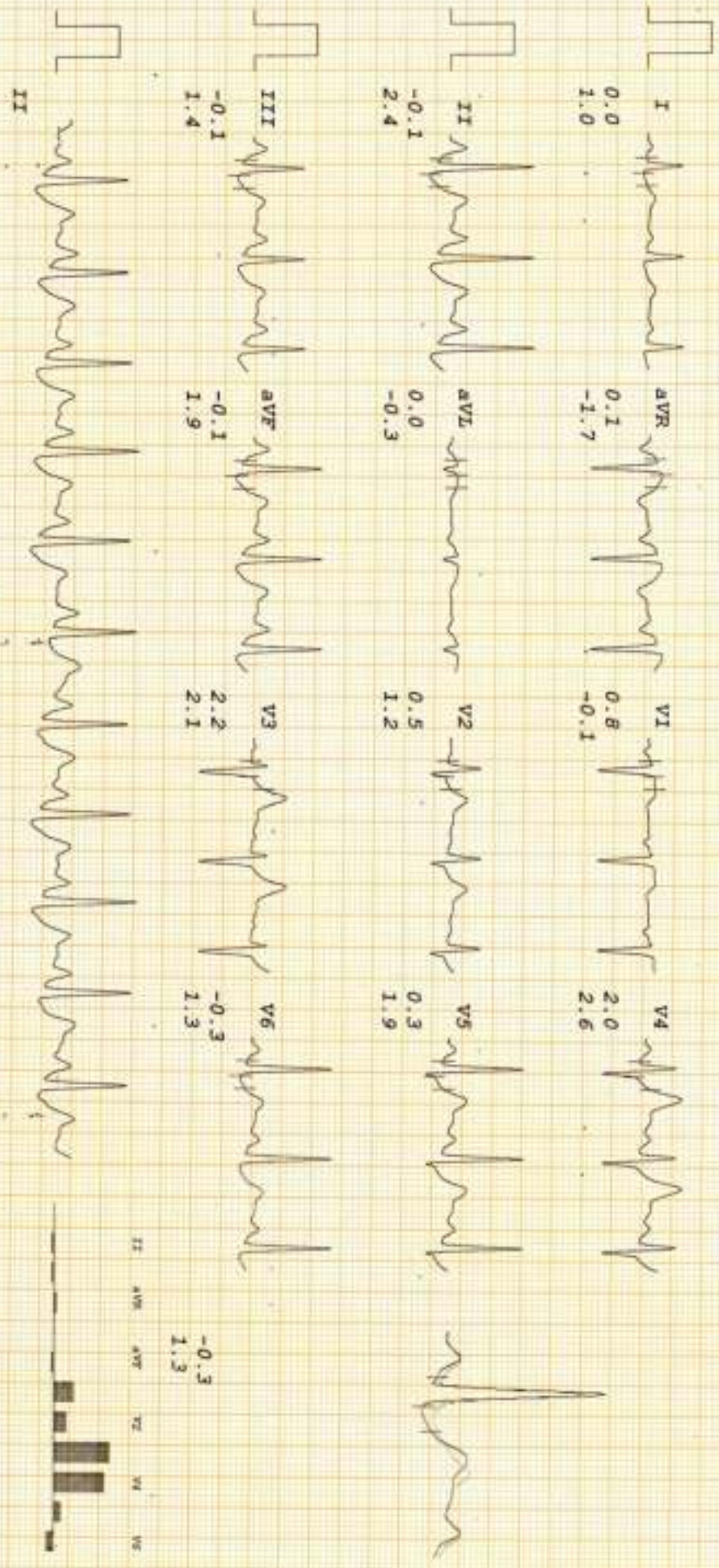
RATE 105bpm
B.P. 130/90

Bruce
RECOVERY
TOTAL TIME 9:17
PHASE TIME 1:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



Radiology No.	: 10450/OPDPB23DL	Date	: 09-Mar-2024
Patient Name	: Mrs. SHEELAM DAHIYA	Age/Sex	: 45Y5M Female
Guardian Name	:	UHID No.	: 9998/UHID23DL
Referred By	: Dr. .	Mobile No.	: 9541425016

ULTRASOUND OF WHOLE ABDOMEN

Convex and linear Probe was used.

The liver is normal in size, contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is post op. CBD measures 4.2mm and lumen is echo free.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration.

Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Right kidney measures- 106 x 38mm.

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration.

Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures- 85 x 50mm.

Renal artery pulsation appear normal.

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



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Referred By	: Dr. .	Mobile No.	: 9541425016

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Uterus is anteverted and is normal in size. Myometrium shows normal echo-pattern.
No mass or lesion is noted.

Endometrial is normal measuring 11mm and is in mid line.

Both ovaries are visualized and are normal with subcentemetric follicles.

Right ovary measures 26 x 17 x 29mm(vol-7.1cc).

Left ovary measures 34 x 16 x 35mm(vol-10cc).

No free fluid is seen in the pouch of douglas.

Urinary bladder does not show any calculus or mass lesion.

Impression: Normal scan.



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BOOK APPOINTMENT





Radiology No.	: 10502/OPDPB23DL	Date	: 09-Mar-2024
Patient Name	: Mrs. SHEELAM DAHIYA	Age/Sex	: 45Y5M Female
Guardian Name	:	UHID No.	: 9998/UHID23DL
Referred By	: Dr. .	Mobile No.	: 9541425016

ULTRASOUND SCAN OF BREAST

Scan done with high frequency probe reveals

Right breast

Normal skin and subcutaneous fat.

Normal echo-texture of breast parenchyma is seen with mixed fatty and glandular tissue.

Two simple cyst of 11 mm and 3mm is seen at 9 o clock and 12 o clock position

No other abnormal hypo or hyper-echoic lesion is seen within the breast.

No evidence of ductal ectasia or other pathology is identified.

A hypoechoic nodes of 27 x 8mm is seen in the medial wall of the right axilla.

Few smaller hypoechoic nodes also seen measuring 14 x 8 and 13x7mm .

Left breast

Normal skin and subcutaneous fat.

Normal echo-texture of breast parenchyma is seen with mixed fatty and glandular tissue.

Three simple cyst of 3mm , 5.8mm and 5 are seen at 3 o clock , 5 o clock and 7 o clock position.

No other abnormal hypo or hyper-echoic lesion is seen within the breast.

No evidence of ductal ectasia or other pathology is identified.

A hypoechoic nodes of 14mm is seen in the medial wall of the left axilla.

Impression: Bilateral simple cysts breasts.

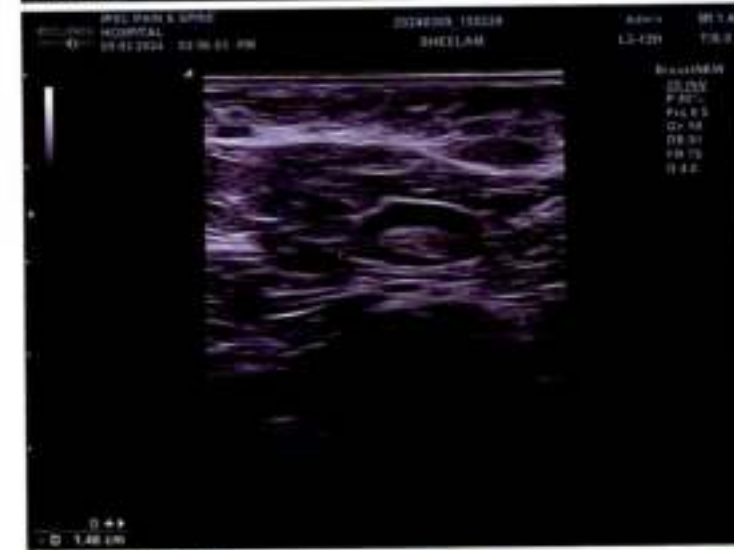



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BOOK APPOINTMENT





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Age / Gender : 45Y5M / Female	Date : 09-Mar-2024	
Mobile No. : 9541425016	Manual No.	Collected : 09-Mar-2024 12.35
Refd. By : Dr. .	Sample ID : 243605	Received : 09-Mar-2024 12.35
Sample Type : EDTA whole blood		Report : 09-Mar-2024 20.37

TEST NAME	RESULT	UNIT	RANGE	METHOD
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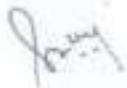
HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh
FACTOR
BLOOD GROUP ABO
RH TYPING

"O"
"POSITIVE"

Manual
Manual

-----End of Report-----




Dr. Sangeeta B
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DMC/25252
Lab Technician : chand

Dr. Meenakshi Grag
Consultant Pathologist.



BOOK APPOINTMENT



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Age / Gender : 45Y5M / Female	Date : 09-Mar-2024	
Mobile No. : 9541425016	Manual No.	Collected : 09-Mar-2024 12.35
Refd. By : Dr. .		Received : 09-Mar-2024 12.35
Sample Type : Plasma(Sodium fluoride)	Sample ID : 243605	Report : 09-Mar-2024 20.37

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
BLOOD SUGAR FASTING	107.3	mg/dl	74-100	GOD-POD

INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

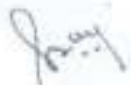
HbA1c >= 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose >=100mg/dl but <126 mg/dl

-----End of Report-----




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BOOK APPOINTMENT



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Age / Gender : 45Y5M / Female	Date : 09-Mar-2024	
Mobile No. : 9541425016	Manual No.	Collected : 09-Mar-2024 18.31
Refd. By : Dr. .		Received : 09-Mar-2024 18.31
Sample Type : Plasma(Sodium fluoride)	Sample ID : 243605	Report : 09-Mar-2024 20.37

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
Blood Sugar PP	117.5	mg/dl	70-150	GOD-POD

INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c \geq 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose \geq 100mg/dl but <126 mg/dl

-----End of Report-----

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BOOK APPOINTMENT



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Age / Gender : 45Y5M / Female	Date : 09-Mar-2024	
Mobile No. : 9541425016	Manual No.	Collected : 09-Mar-2024 12.35
Refd. By : Dr. .		Received : 09-Mar-2024 12.35
Sample Type : EDTA whole blood	Sample ID : 243805	Report : 09-Mar-2024 20.37

TEST NAME	RESULT	UNIT	RANGE	METHOD
HEAMOTOLOGY				
COMPLETE BLOOD COUNT				
HEMOGLOBIN	13.9	g/dl	12.0 - 15.0	Colorimetric
TOTAL LEUCOCYTE COUNT	6.1	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	61	%	40-75	Electrical impedance
Lymphocyte	30	%	20-45	Electrical impedance
Eosinophil	04	%	1-6	Microscopy
Monocyte	05	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	4.84	mili/mm	3.80 - 4.80	Electrical impedance
PCV	41	%	36 - 40	Calculated
MCV	84.90	Fl	83.00 - 101.00	Calculated
MCH	28.7	Picogram	27.0 - 32.0	Calculated
MCHC	33.80	gm/dl	31.50 - 34.50	Calculated
PLATELET COUNT	255	10 ³ /uL	150 - 410	Electrical impedance
-----End of Report-----				



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BOOK APPPOINTMENT



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Age / Gender : 45Y5M / Female	Date : 09-Mar-2024	
Mobile No. : 9541425016	Manual No.	Collected : 09-Mar-2024 12.35
Refd. By : Dr. .		Received : 09-Mar-2024 12.35
Sample Type : EDTA whole blood	Sample ID : 243605	Report : 10-Mar-2024 11.16

TEST NAME	RESULT	UNIT	RANGE	METHOD
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TEST NAME	RESULT	UNIT	RANGE	METHOD
HBA1C (GLYCOSYLATED HB)	4.6	%	4-6	PEIT

HEAMOTOLOGY

Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycaemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days.Recent glycaemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3 Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----

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Consultant Pathologist.

Lab Technician : chand



BOOK APPOINTMENT



Patient Name : Mrs. SHEELAM DAHIYA	Reg No. : 9998/UHID23DL	Lab ID. : 10450/OPDPB23DL
Age / Gender : 45Y5M / Female	Date : 09-Mar-2024	
Mobile No. : 9541425018	Manual No.	Collected : 09-Mar-2024 12.35
Refd. By : Dr. .		Received : 09-Mar-2024 12.35
Sample Type : Serum	Sample ID : 243605	Report : 09-Mar-2024 20.37

TEST NAME	RESULT	UNIT	RANGE	METHOD
HbsAg	NEGATIVE	Serology		Immunochromatography

Interpretation:-

Clinical Significance:-Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A* Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

-----End of Report-----

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BOOK APPOINTMENT



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Refd. By : Dr. .		Received : 09-Mar-2024 12:35
Sample Type : Serum	Sample ID : 243605	Report : 09-Mar-2024 20:37

TEST NAME	RESULT	UNIT	RANGE	METHOD
HIV 1 & II	NEGATIVE			Immunochromatography

Serology

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(92-184 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test.Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----

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BOOK APPOINTMENT



Patient Name : Mrs. SHEELAM DAHIYA	Reg No. : 9999/UHID23DL	Lab ID. : 10450/OPDPB23DL
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	23.4	mg/dl	15.0-45.0	urease-GLDH
Serum Creatinine	0.8	mg/dl	0.6 - 1.1	Jaffes Kinetic
Serum Uric Acid	5.70	mg/dl	2.6-6.0	Uricase
Total Protein				
PROTEN	6.09	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	2.49	g/dl	2.3-3.5	
A/G RATIO	1.69			
Calcium	10.2	mg/dl	8.6-10.2	Arsenazo
Sodium	138.1	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.2	mmol/L	3.5-5.5	ISE Indirect
Chloride	103.5	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----

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BOOK APPROPRIATE



Patient Name : Mrs. SHEELAM DAHIYA	Reg No. : 9998/UHID23DL	Lab ID. : 10450/OPDPB23DL
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Refd. By : Dr. .		Received : 09-Mar-2024 12.35
Sample Type : Serum	Sample ID : 243605	Report : 09-Mar-2024 20.37

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
LIPID PROFILE				
Total Cholesterol	143.00	mg/dl	123-199	CHOD-PAP
Triglycerides	91.0	mg/dl	35-135	Gpo
HDL Cholesterol Direct	56.1	mg/dl	42-88	Direct
Vldl	18	mg/dl	4.7-22.1	
LDL Cholesterol Direct	68.7	mg/dl	63-129	
Total Cholesterol/HDL Ratio	2.5		0.0-4.97	
LDL/HDL Ratio	1.2		0.0-3.55	

INTERPRETATION:-

	Total cholesterol	LDL cholesterol	Triglycerides
Acceptable/Low Risk	< 200 mg/dl	<130 mg/dl	<150 mg/dl
Borderline High Risk	200-239 mg/dl	130-159 mg/dl	150-199 mg/dl
High Risk	> 240 mg /dl	> 160 mg/dl	200-499 mg/dl
Very High			>500 mg/dl

-----End of Report-----




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BOOK APPOINTMENT



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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	0.33	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.17	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.16	mg/dl	0-0.8	Calculated

Total Protein

PROTEN	6.69	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	2.49	g/dl	2.3-3.5	
A/G RATIO	1.69			

SGOT	23	U/L	0-31	IFCC
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SGPT	20	U/L	0.0-34	IFCC
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Gansma GT	16.0	U/L	0-38	Glupa-c
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Alkaline Phosphatase	72	U/L	42-98	Amp
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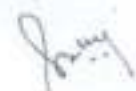
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HORMONES				
TSH	1.99	µIU/ml		CLIA
Adults				
21-100 yrs	0.42 - 5.45			
Pediatric				
0-12 Months	0.98-5.63			
1-5 years	0.64-5.76			
6-10 Years	0.51-4.82			
11-14 Years	0.53-5.27			
15-20 years	0.43-4.20			
Pregnancy				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

-----End of Report-----



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : chand

Dr. Meenakshi Grag
Consultant Pathologist.



BOOK APPROPRIATE



Patient Name : Mrs. SHEELAM DAHIYA	Reg No. : 9998/UHID23DL	Lab ID. : 10450/OPDPB23DL
Age / Gender : 45Y5M / Female	Date : 09-Mar-2024	
Mobile No. : 9541425016	Manual No.	Collected : 09-Mar-2024 18.31
Refd. By : Dr. .		Received : 09-Mar-2024 18.31
Sample Type : URINE	Sample ID : 243605	Report : 09-Mar-2024 20.37

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

20.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

1-2 /hpf MICROSCOPIC

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

2-3

BACTERIA

NIL

OTHERS

NIL

-----End of Report-----



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DMC/25252

Lab Technician : chand

Dr. Meenakshi Grag
Consultant Pathologist.



BOOK APPOINTMENT



ID: 22

Snehal Dabhiya

Female 45 Years

Req. No. :

09-03-2024 12:23:42 PM

HR : 73 bpm

P : 100 ms

PR : 132 ms

QRS : 86 ms

QT/QTcBz : 398/439 ms

P/QRST : 56/36/42 °

RV5/SV1 : 1.420/0.740 mV

Diagnosis Information:

Sinus rhythm

Inferior/lateral T wave abnormality is borderline for age and gender

Borderline ECG

Snehal Dabhiya

A

DR. ANIL P. GOCC
Regd. No. 33324

Report Confirmed by:

