Chandan Diagnostic



Age / Gender:42/FemaleDate and Time:12th Nov 22 10:49 AMPatient ID:CVAR0062402223Patient Name:Mrs.SANGEETA SINHA -PKG10000237





भारत सरकार GOVERNMENT OF INDIA

संगीता सिन्हा Sangita Sinha जन्म तिथि/ DOB: 10/02/1980 महिला / FEMALE



9746 9204 1905

मेरा आधार, मेरी पहचान



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SANGEETA SINHA -PKG10000237	Registered On	: 12/Nov/2022 09:36:13
Age/Gender	: 42 Y 0 M 0 D /F	Collected	: 12/Nov/2022 10:05:54
UHID/MR NO	: CVAR.0000033474	Received	: 12/Nov/2022 10:34:10
Visit ID	: CVAR0062402223	Reported	: 12/Nov/2022 13:38:51
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

Blood Group (ABO & Rh typing) * , Blood

Blood Group	
Rh (Anti-D)	

AB POSITIVE



S. M. Sinton Dr.S.N. Sinha (MD Path)

ISO 9001:2015

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Patient Name

CHANDAN DIAGNOSTIC CENTRE

Registered On

Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206

: Mrs.SANGEETA SINHA -PKG10000237



: 12/Nov/2022 09:36:13

Age/Gender : UHID/MR NO : Visit ID :	: Mrs.SANGEETA SINF : 42 Y 0 M 0 D /F : CVAR.0000033474 : CVAR0062402223 : Dr.Mediwheel - Arcc	ifemi Health Care Ltd.	Registered (Collected Received Reported Status	Sh : 12/Nov/2022 (: 12/Nov/2022 : : 13/Nov/2022 : : 13/Nov/2022 : : Final Report	10:05:54 11:40:05
		DEPARTMENT (OF HAEMATO	DLOGY	
	MEDIV	HEEL BANK OF BA			
Test Name		Result	Unit	Bio. Ref. Interval	Method
-	ount (CBC) ** , Who		<i>,</i>		
Haemoglobin		12.20	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl	
				6-12 Yr- 11.5-15.5 g/d 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/d	1
TLC (WBC) <u>DLC</u>		4,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Poly <mark>morphs</mark> (Neutro	ophils)	55.00	%	55-70	ELECTRONIC IMPEDANCE
Lymp <mark>hocyt</mark> es		37.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils		0.00	%	<1	ELECTRONIC IMPEDANCE
ESR	4				
Observed		20.00	Mm for 1st hr.		
Corrected		18.00	Mm for 1st hr.	. < 20	
PCV (HCT)		38.00	%	40-54	
Platelet count					
Platelet Count		2.05	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distri	ibution width)	18.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large	e Cell Ratio)	60.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hemat	tocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platele RBC Count	t Volume)	12.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count		4.15	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV	/, МСН, МСНС)				
MCV		86.70	, fl	80-100	CALCULATED PARAMETER
MCH		29.50	pg	28-35	CALCULATED PARAMETER
MCHC		34.00	%	30-38	CALCULATED PARAMETER





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UHID/MR NO	: CVAR.0000033474	Received	: 13/Nov/2022 11:40:05
Visit ID	: CVAR0062402223	Reported	: 13/Nov/2022 14:16:54
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,585.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	141.00	/cu mm	40-440	



Dr. Shoaib Irfan (MBBS, MD, PDCC)

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UHID/MR NO	: CVAR.0000033474	Received	: 12/Nov/2022 10:35:35
Visit ID	: CVAR0062402223	Reported	: 12/Nov/2022 13:10:34
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING, Plasma				
Glucose Fasting	97.80	mg/dl	< 100 Normal 100-125 Pre-diabetes	GOD POD
			≥ 126 Diabetes	

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person

will never get diabetics in future, which is why an Annual Health Check up is essential. c) I.G.T = Impared Glucose Tolerance.



S. N. Sinta Dr.S.N. Sinha (MD Path)

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UHID/MR NO	: CVAR.0000033474	Received	: 13/Nov/2022 14:08:01
Visit ID	: CVAR0062402223	Reported	: 13/Nov/2022 17:09:46
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit E	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP		HPLC (NGSP)
		mmol/mol/IFCC		

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.

99

• eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. **Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

<u>Clinical Implications:</u>

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

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: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



Dr. Anupam Singh M.B.B.S,M.D.(Pathology)

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Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mrs.SANGEETA SINHA -Pł : 42 Y 0 M 0 D /F : CVAR.0000033474 : CVAR0062402223 : Dr.Mediwheel - Arcofemi		Registered On Collected Received Reported Status	: 12/Nov/2022 09 : 12/Nov/2022 10 : 12/Nov/2022 10 : 12/Nov/2022 13 : 12/Nov/2022 13 : Final Report	05:54 34:10						
	DEPARTMENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS										
Test Name	MEDIWHEE	Result	Unit	Bio. Ref. Interval	Method						
BUN (Blood Urea N Sample:Serum	litrogen)	9.60	mg/dL	7.0-23.0	CALCULATED						
Creatinine Sample:Serum		0.50	mg/dl	0.5-1.2	MODIFIED JAFFES						
Uric Acid Sample:Serum		5.60	∽ mg/dl	2.5-6.0	URICASE						
LFT (WITH GAMI	MA GT) * , Serum										
· ·		23.00 13.10 27.90 7.30 4.50 2.80 1.61 45.60 0.60	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF						
Bilirubin (Direct) Bilirubin (Indirect)		0.30 0.30	mg/dl mg/dl	< 0.30 < 0.8	JENDRASSIK & GROF JENDRASSIK & GROF						
LIPID PROFILE (MINI), Serum										
Cholesterol (Tota		192.00	mg/dl	<200 Desirable 200-239 Borderline H > 240 High	CHOD-PAP igh						
HDL Cholesterol (LDL Cholesterol (E	Good Cholesterol) 3ad Cholesterol)	42.50 127	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optin 130-159 Borderline H 160-189 High							
		22.16 110.80	mg/dl mg/dl	 > 190 Very High 10-33 < 150 Normal 150-199 Borderline H 200-499 High >500 Very High 	CALCU' ATTO GPO-P S. N. Sinded Dr.S.N. Sinha (MD Pat						





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: Mrs.SANGEETA SINHA -PKG10000237	Registered On	: 12/Nov/2022 09:36:13
: 42 Y 0 M 0 D /F	Collected	: 12/Nov/2022 12:23:06
: CVAR.0000033474	Received	: 12/Nov/2022 12:24:45
: CVAR0062402223	Reported	: 12/Nov/2022 13:35:35
: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report
	: 42 Y 0 M 0 D /F : CVAR.0000033474 : CVAR0062402223	: 42 Y 0 M 0 D /F Collected : CVAR.0000033474 Received : CVAR0062402223 Reported

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ne LIGHT YELLOW 1.030 Acidic (5.5) ABSENT ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++)	DIPSTICK DIPSTICK
LIGHT YELLOW 1.030 Acidic (5.5) ABSENT	mg %	10-40 (+)	
LIGHT YELLOW 1.030 Acidic (5.5) ABSENT	mg %	10-40 (+)	
1.030 Acidic (5.5) ABSENT	mg %	10-40 (+)	
Acidic (5.5) ABSENT	mg %	10-40 (+)	
ABSENT	mg %	10-40 (+)	
	mg %	10-40 (+)	DIPSTICK
ABSENT			
ABSENT		40-200 (++)	
ABSENT			
ABSENT		200-500 (+++)	
ABSENT		> 500 (++++)	
	gms%	< 0.5 (+)	DIPSTICK
		0.5-1.0 (++)	
		1-2 (+++)	
ADCENT	m a / dl	> 2 (++++)	
ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
ABSENT		and the state of the	
2-3/h.p.f			MICROSCOPIC
			EXAMINATION
1-2/h.p.f			
ABSENT			MICROSCOPIC
			EXAMINATION
ABSENT			
ABSENT			MICROSCOPIC
			EXAMINATION
ABSENT			
ABSENT	gms%		
	1-2/h.p.f ABSENT ABSENT ABSENT	ABSENT ABSENT 2-3/h.p.f 1-2/h.p.f ABSENT ABSENT ABSENT ABSENT	ABSENT ABSENT 2-3/h.p.f 1-2/h.p.f ABSENT ABSENT ABSENT ABSENT

S.N. Sinter Dr.S.N. Sinha (MD Path)







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Patient Name	: Mrs.SANGEETA SINHA -PKG10000237	Registered On	: 12/Nov/2022 09:36:14
Age/Gender	: 42 Y 0 M 0 D /F	Collected	: 12/Nov/2022 10:05:54
UHID/MR NO	: CVAR.0000033474	Received	: 13/Nov/2022 11:32:22
Visit ID	: CVAR0062402223	Reported	: 13/Nov/2022 12:52:34
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	136.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.87	µIU/mL	0.27 - 5.5	CLIA
Interpretation:				
interpretation.	0.3	3-4.5 μIU/r	nL First Trimester	

0.5-4.6

0.8-5.2

0.5-8.9

0.7-27

0.7-64

1-39

1.7-9.1

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

2.3-13.2 µIU/mL

1) Patients having low T3 and T4 levels but high TSH levels suffer fi	om primary hypothyroidism, cretinism, juvenile myxedema or
autoimmune disorders.	and the second
2) Patients having high T3 and T4 levels but low TSH levels suffer fro	n Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



Dr. Anupam Singh M.B.B.S,M.D.(Pathology)

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Home Sample Collectio

Second Trimester

Child(21 wk - 20 Yrs.)

55-87 Years

0-4 Days

2-20 Week

28-36 Week

> 37Week

Third Trimester

Adults

Child

Child

Premature

Cord Blood



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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**



Dr Raveesh Chandra Roy (MD-Radio)

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

• The liver is normal in size **13.3 cm** in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein measures **9.4 mm** in caliber.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- CBD measures 4.3 mm in caliber.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Right kidney is normal in size 10.5 x 3.6 cm position and cortical echotexture.
- Left kidney is normal in size 10.7 x 4.3 cm position and cortical echotexture.
- The collecting system of both the kidneys are not dilated.

SPLEEN

• The spleen is normal in size **8.4 cm** and has a normal homogenous echo-texture.

URINARY BLADDER

• Urinary bladder is normal. Bladder wall is normal in thickness and is regular.No calculus seen.Prevoid urine **volume 317 cc.**

<u>UTERUS</u>





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

- Uterus is anteverted and normal in size 79 x 60 x 41 mm /104 cc.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. ET measures ~ 5 mm.
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both the ovaries are normal in size and echotexture.

FINAL IMPRESSION:-

 NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing * 365 Days Open *Facilities Available at Select Location

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D63/6B-98, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.305491° LOCAL 10:09:31 GMT 04:39:31 Longitude 82.979073°

SATURDAY 11.12.2022 ALTITUDE 18 METER

Name of Company: Mechiceeneel Name of Executive: Sange et a Sinha Date of Birth: 10 / 92 / 1980 Sex: Male / Female Weight: .2.2.KGs BMI (Body Mass Index) : 27.4 Abdomen: 89......CM RR:Resp/Min Ident Mark: Mole on (& cheecles Any Allergies: Me Vertigo: FLO Any Medications: Any Surgical History: Habits of alcoholism/smoking/tobacco: Chief Complaints if any: Lab Investigation Reports: No Eye Check up vision & Color vision: Wormel 2 focuer glay 6705 Left eye: -1.0D Right eye: - 1.00 Near vision: Normal Farvision: Morrel i glan Dental check up : Non



Normal ENT Check up : Eye Checkup:

Final impression

nce 1991

Client Signature :-

. Gord

Dr. R.C. R. (MBBS., MD. (Radio Diagn) Reg. No.-26918

Signature of Medical Examiner

Name & Qualification - Dr. R. C. Roy (MBBS, MD)

andan Diagnostic Cen 19, Shivaji Nagar, Mahmoorgan Varanasi-221010 (U.P.) Phone No.:0542-2223232

L2

MEDISEARCH, MEDIACT SYSTEMS

CHANDAN HEALTH CARE LTD.

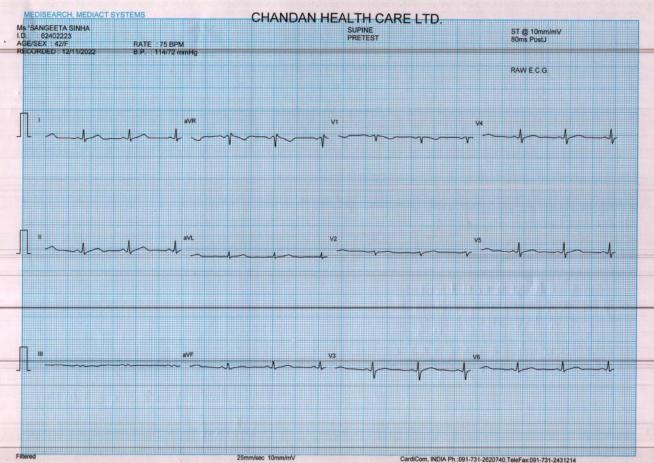
99-SHIVAJI NAGAR MAHMOORGANJ VARANASI-9839703068

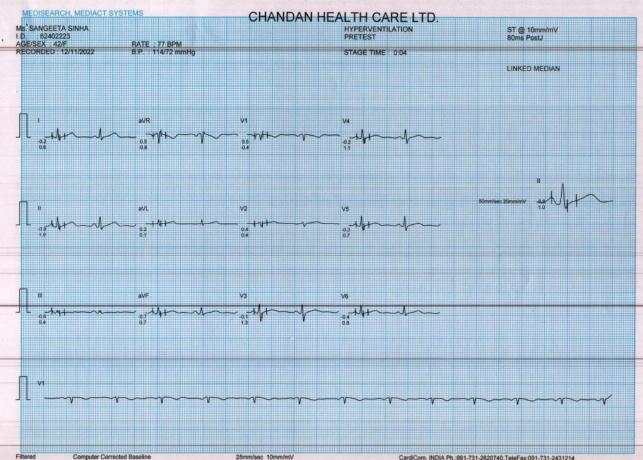
Ms SANGEETA SINH Age : 42/F Ref. by : Indication 1 : Indication 2 : Indication3 :	LA		ID : 62402223 Ht/Wt : 162/72 Recorded : 12/11	/2022		TREADMILL T Protocol: BRU History: Medication1 : Medication2 : Medication3 :	EST SUMMARY CE	REPORT	iandan Diagi 99,Shivaji Naga Varanasi-22 Phone No.:01	Manmoore	
PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	n	ST LEVEL (mm) V2	V5	METS
SUPINE HYPERVENT VALSALVA STANDING	0:04	0:04			75 77 78 79	114/72 114/72 114/72 114/72 114/72	85 87 88 90	-1.0 -0.8 -0.8 -0.7	0.5 0.4 0.4 0.4	-0.4 -0.3 -0.3 -0.2	
STAGE 1 STAGE 2 EVENT	2:59 5:59 6:40	2:59 2:59 0:40	2.70 4.00 5.40	10.00 12.00 14.00	137 144 164	124/72 134/74 134/74	169 192 219	-1.6 -1.8 -1.5	0.7 0.7 0.4	-0.7 -1.0 -1.2	4.80 7.10 7.75
PEAK EXER	6:42	0:42			166	134/74	222	-1.4	0.4	-0.9	7.78
EVENT EVENT EVENT	0:31 1:01 2:03	0:31 1:01 2:03	0.00 0.00 0.00	0.00 0.00 0.00	137 115 100	134/74 134/74 134/74	183 154 134	-1.4 -1.3 -1.8	1.0 0.9 0.7	-0.4 -0.4 -1.0	
RESULTS Exercise Duration Max Heart Rate Max Blood Pressure Max Work Load Reason of Termination	: 166 134 : 7.7	42 Minutes 3 bpm 93 % of ti 4/74 mmHg 8 METS REDNESS	arget heart rate 17	8 bpm			- Toy	get hear	t Rate. Act of ST-T ch ise and r	mel.	
IMPRESSIONS	:	CUNCOO					Pear	(.exor	ise and r	ecowy	~
							mj	oconerty	the for re Isolennic	congi	b

TMT 10 negative for RML

Cardiologist Dr. Ankit Krishna Agarwal M.B.B.S., MD, DM Cardiologist Reg. No.-39794

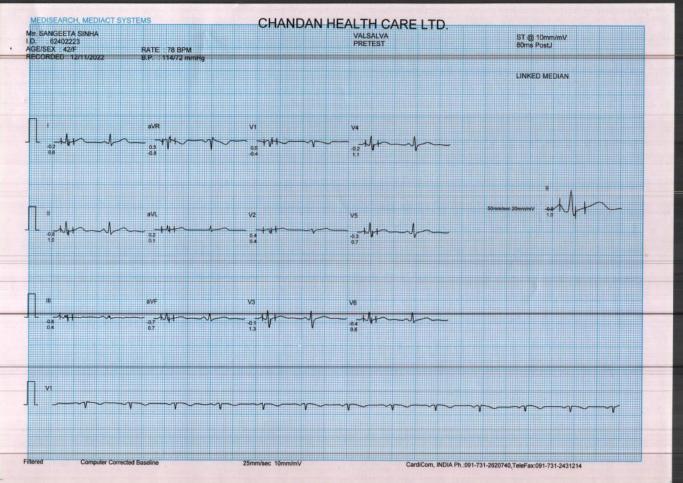
CardiCom, INDIA Ph::091-731-2620740, TeleFax:091-731-2431214

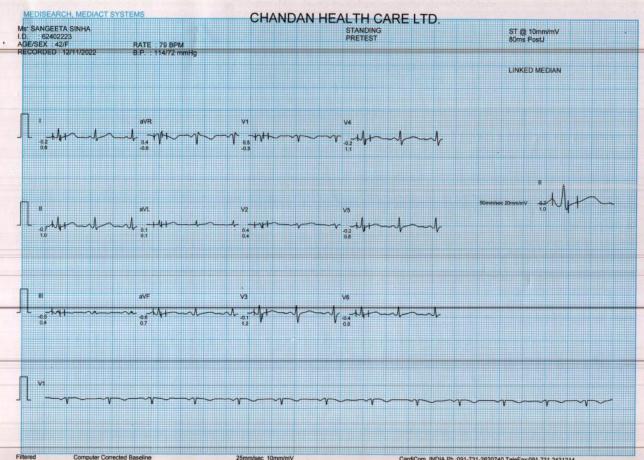


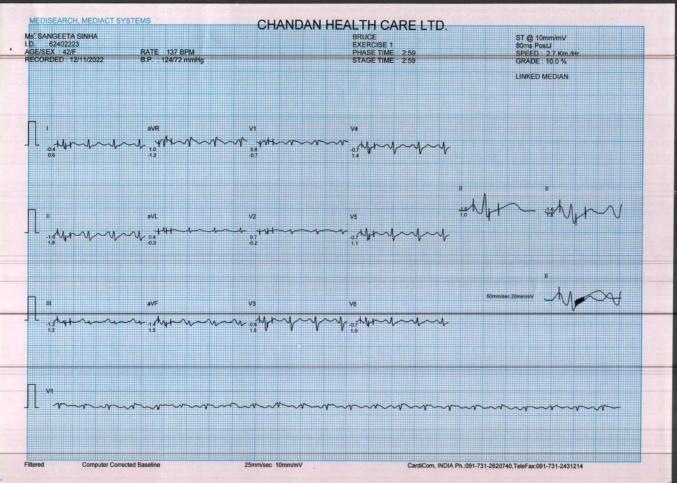


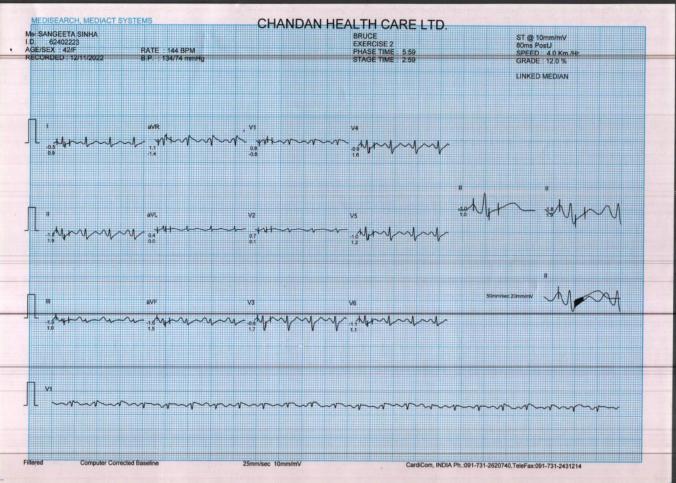
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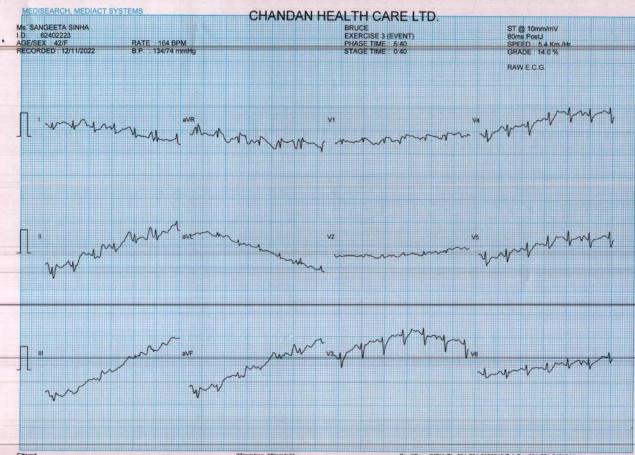
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25mm/sec 10mm/mV

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