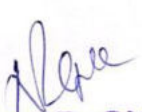


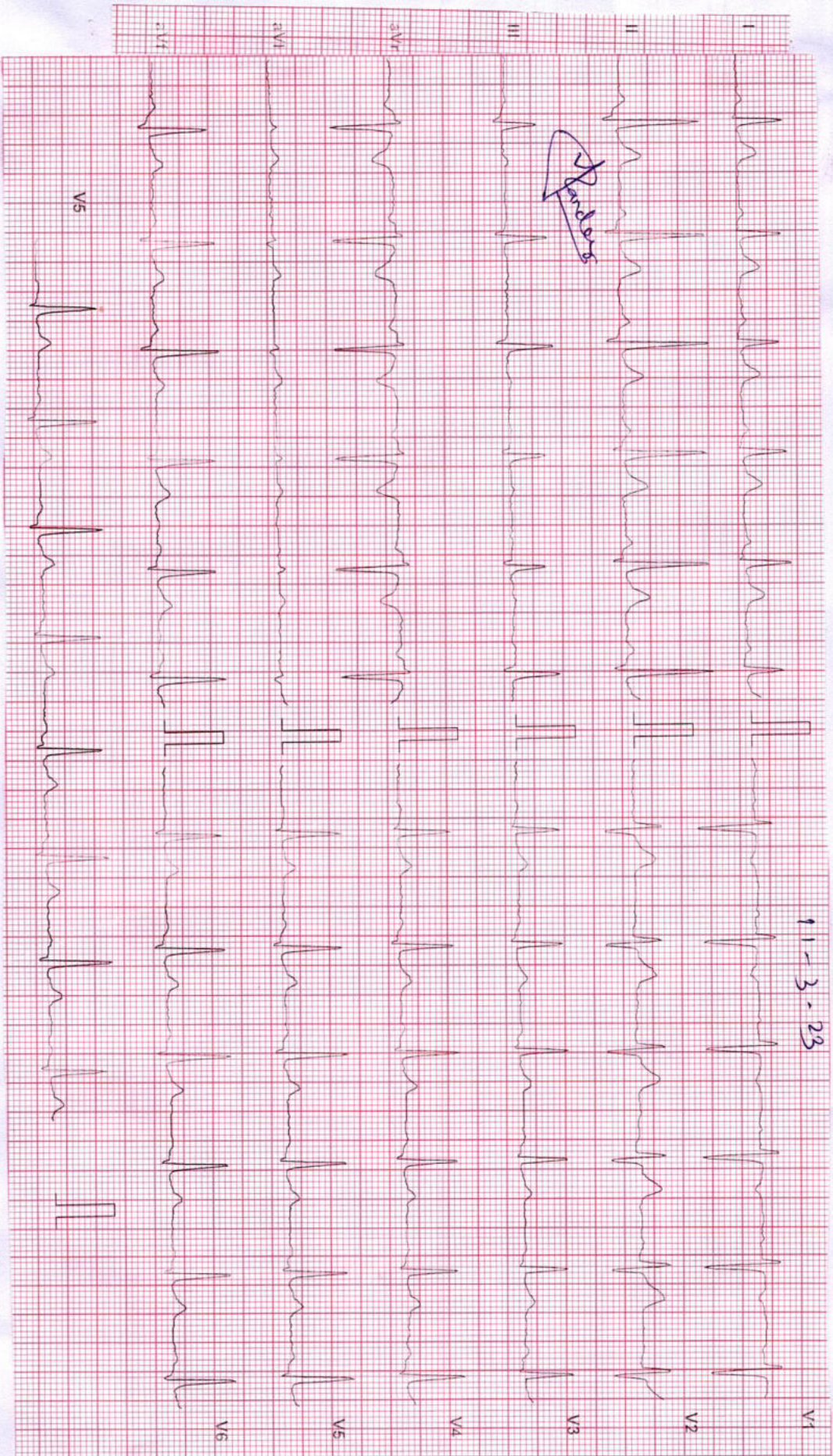
PHYSICIAN CONSULTATION

DATE :- 11-03-2023
NAME :- Vibha Pandey
DOB :- 21-05-1985
AGE :- 37 yrs
SEX :- Female
HEIGHT :- 160 cms
WEIGHT :- 75 kgs
BP READING :- 118 / 80 mmHg
PULSE :- 78 /min
BMI :- 29.29
MEDICATION :- NO


DR. N. R. SHAH
G-4383 M.D



Nemess Vibha Pandey



DR. N. R. SHAH
M.D.
G-4333

11-3-23
P-78

Patient Details Date: 3/11/2023 Time: 9:23:04 AM
 Name: VIBHA PANDEY Age: 37 y Sex: F Height: 160 cms Weight: 75 Kgs
 Clinical History: NONE

Medications: NONE

Test Details

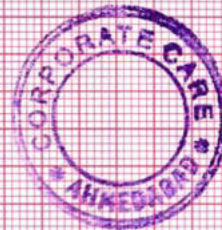
Protocol: Bruce Pr.MHR: 183 bpm THR: 155 (85% of Pr.MHR) bpm
 Total Exec. Time: 6 m 12 s Max. HR: 167 (91% of Pr.MHR) bpm Max. Mets: 10.20
 Max. BP: 154 / 88 mmHg Max. BP x HR: 25718 mmHg/min Min. BP x HR: 5760 mmHg/min
 End Point Criteria: Target Heart Rate Achieved.

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mm/s)
Supine	0 : 36	1.0	0	0	79	118 / 80	-1.06 aVr	0.64 I
Standing	0 : 18	1.0	0	0	72	118 / 80	-0.85 aVr	0.85 V2
Hyperventilation	0 : 12	1.0	0	0	83	118 / 80	-1.27 aVr	0.64 I
1	3 : 0	4.6	1.7	10	144	130 / 82	-2.55 III	2.12 II
2	3 : 0	7.0	2.5	12	165	144 / 86	-1.91 III	2.55 II
Peak Ex	0 : 12	10.2	3.4	14	167	154 / 88	-4.03 II	1.91 V2
Recovery(1)	3 : 0	1.0	0	0	89	142 / 86	-3.61 aVr	2.55 II
Recovery(2)	3 : 0	1.0	0	0	88	130 / 84	-0.64 aVr	0.85 II
Recovery(3)	0 : 18	1.0	0	0	85	122 / 82	-0.21 III	0.42 II

Interpretation

Normal Haemodynamic Response
 Normal Chronotropic Response
 Good Exercise Tolerance
 Normal HR and BP Response
 No Angina, No Arrhythmias
 No ST-T changes present in exercise & Recovery.
 Test Negative For Exercise Inducible Ischemia.



Ref. Doctor: BOB **DR. N. R. SHAH**
 (Summary Report edited by user) **G-4383 M.D.**

Test Report

VIBHA PANDEY (37 F)

ID: 4622

Date: 3/11/2023

Exec Time : 0 m 0 s

Stage Time : 0 m 30 s

HR: 79 bpm

Protocol: Bruce

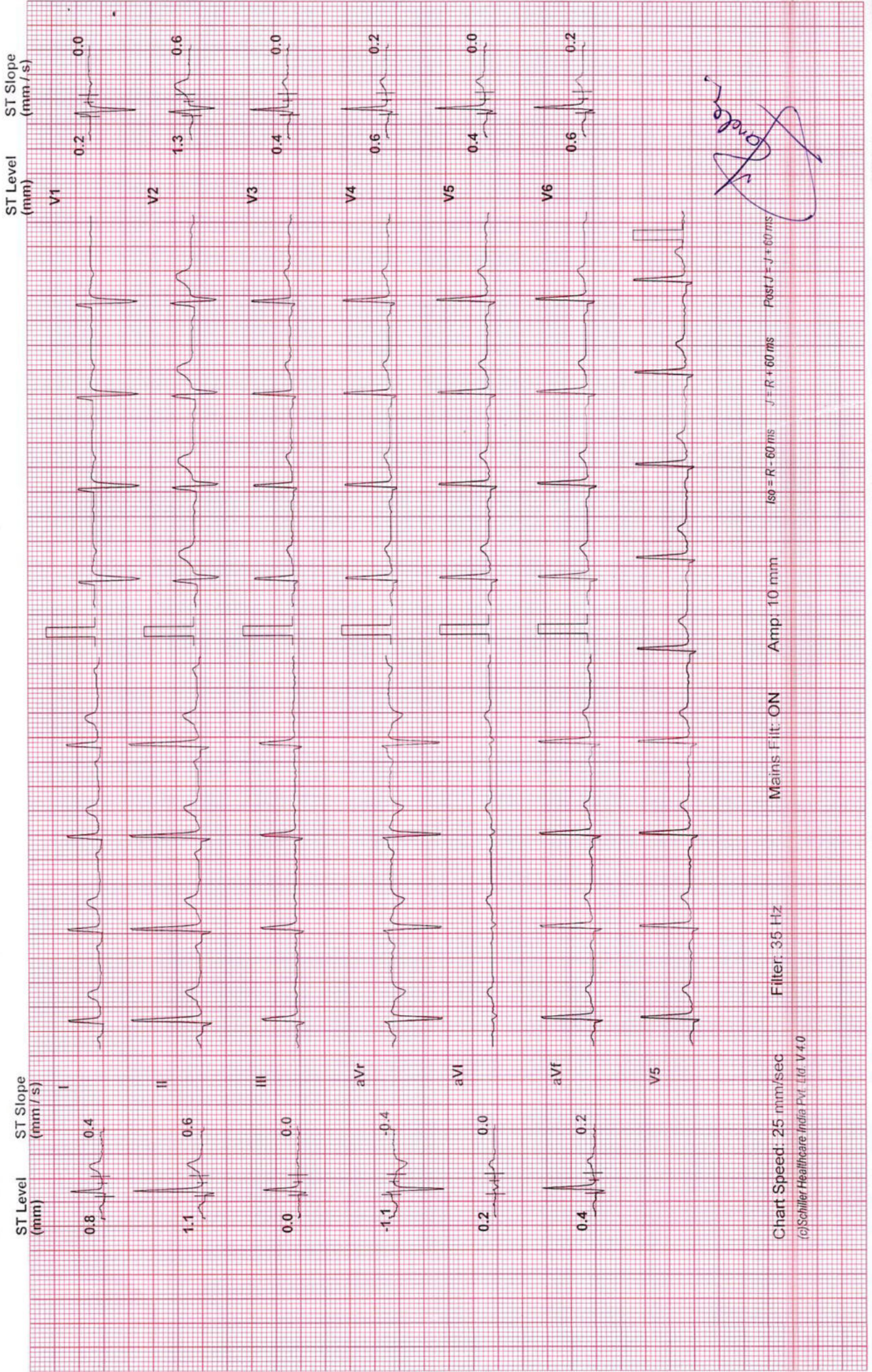
Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 118 / 80



Vibha Pandey

Test Report

VIBHA PANDEY (37 F)

ID: 4622

Date: 3/11/2023

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s

HR: 72 bpm

Protocol: Bruce

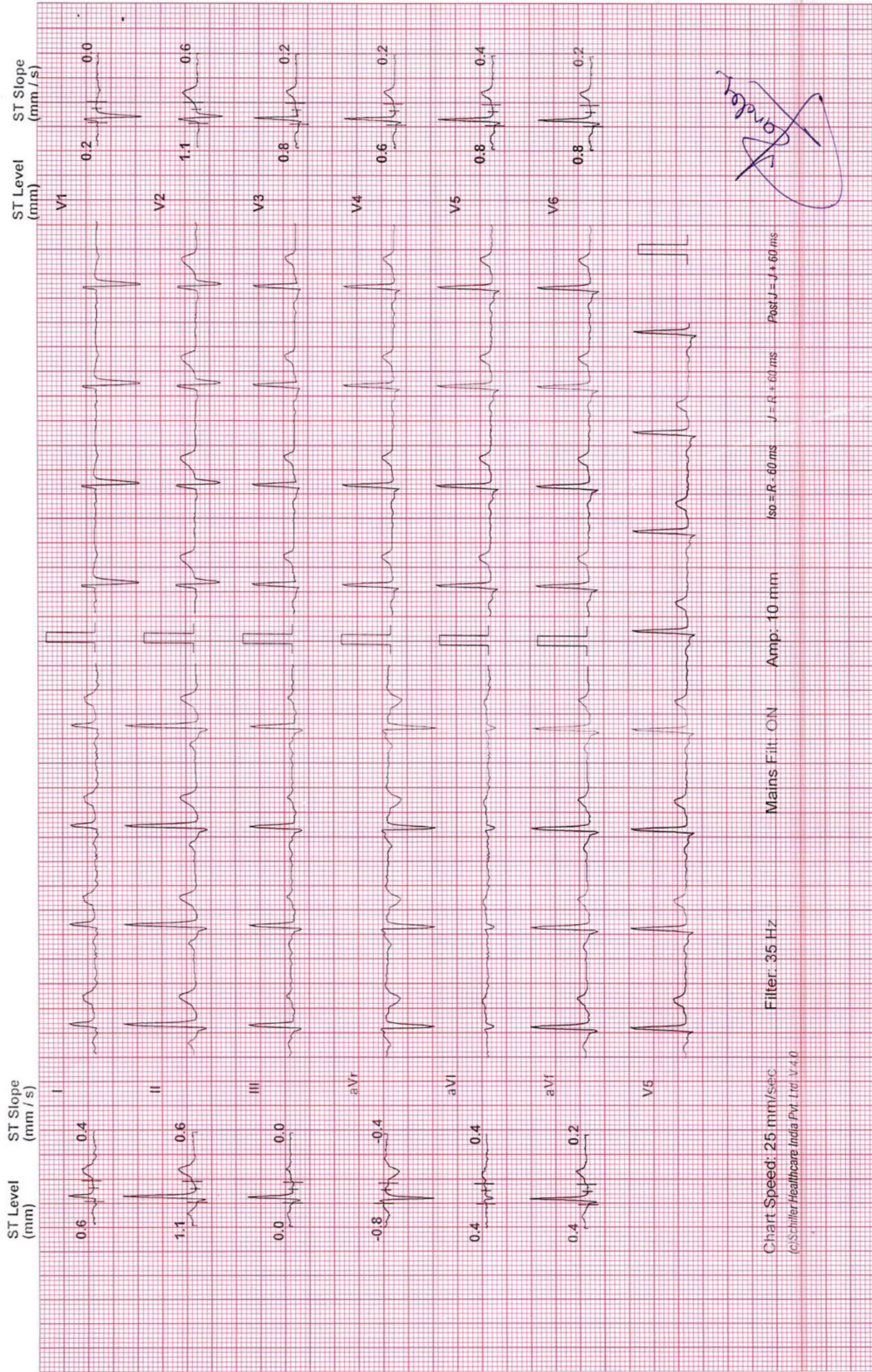
Stage: Standing

Speed: 0 mph

Grade: 0 %

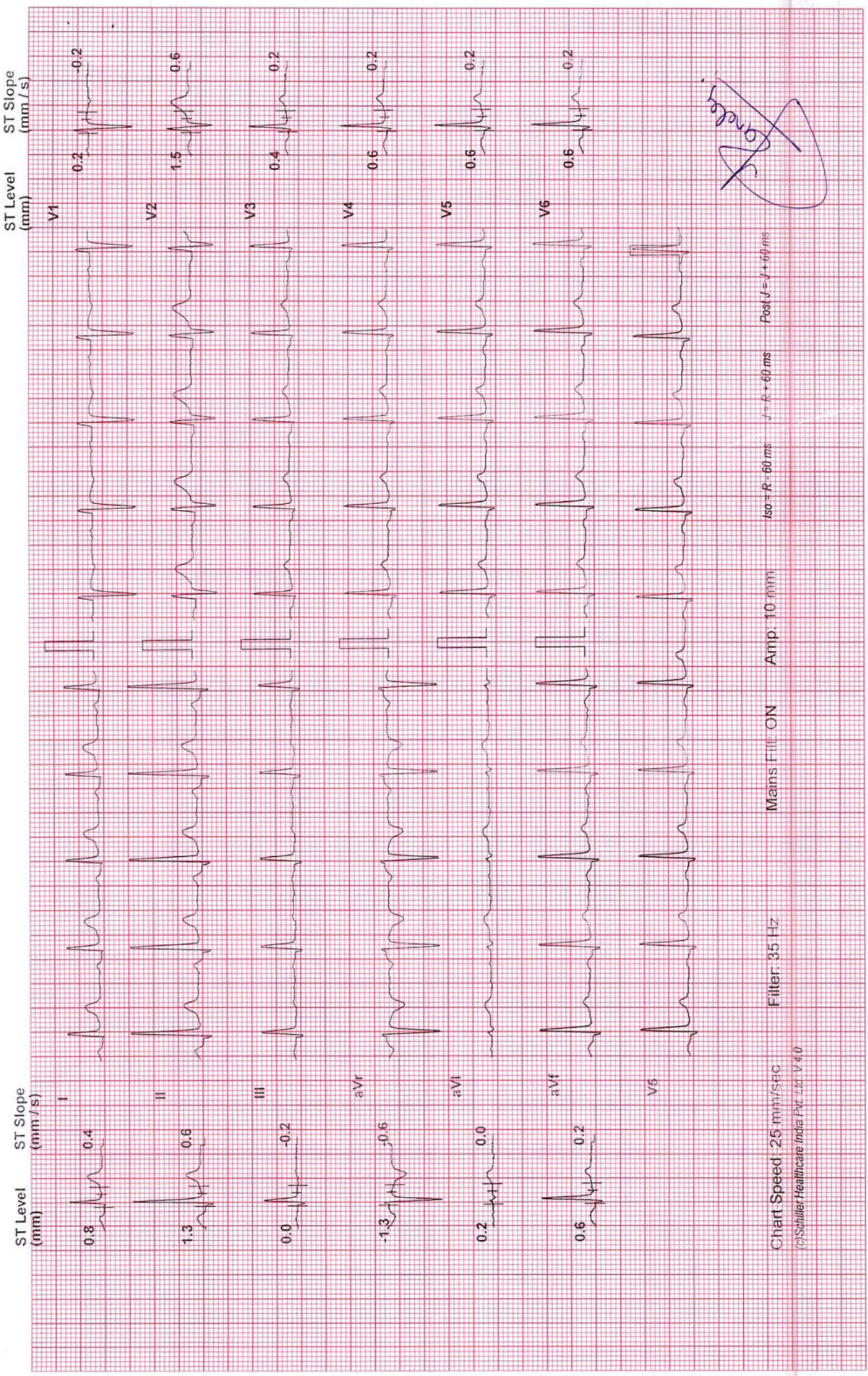
(THR: 155 bpm)

B.P: 118 / 80



Test Report

VIBHA PANDEY (37 F) ID: 4622 Date: 3/11/2023 Exec Time : 0 m 0 s Stage Time : 0 m 6 s HR: 83 bpm
Protocol: Bruce Stage: Hyperventilation Speed: 0 mph Grade: 0 % (THR: 155 bpm) B.P.: 118 / 80



Test Report

VIBHA PANDEY (37 F) ID: 4622 Date: 3/11/2023 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 144 bpm
Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % (THR: 155 bpm) B.P: 130 / 82



[Handwritten Signature]

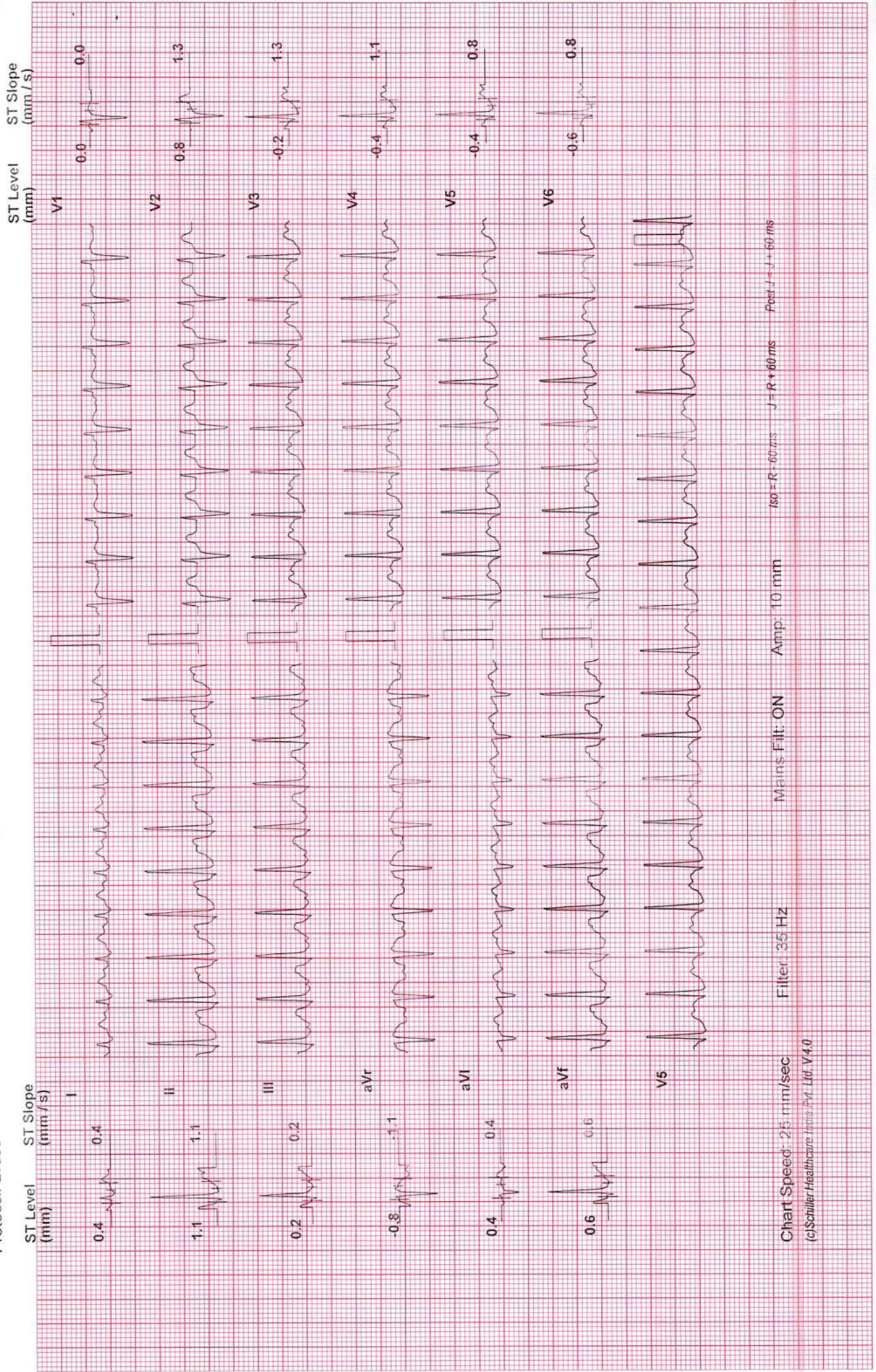
Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Test Report

Date: 3/11/2023 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 165 bpm
Speed: 2.5 mph Grade: 12 % (THR: 155 bpm) B.P: 144 / 86

ID: 4622 Stage: 2

VIBHA PANDEY (37 F)
Protocol: Bruce



Test Report

Date: 3/11/2023 Exec Time : 6 m 6 s Stage Time : 0 m 6 s HR: 167 bpm
Speed: 3.4 mph Grade: 14 % (THR: 155 bpm) B.P: 154 / 88

ID: 4622
Stage: Peak Ex

VIBHA PANDEY (37 F)
Protocol: Bruce

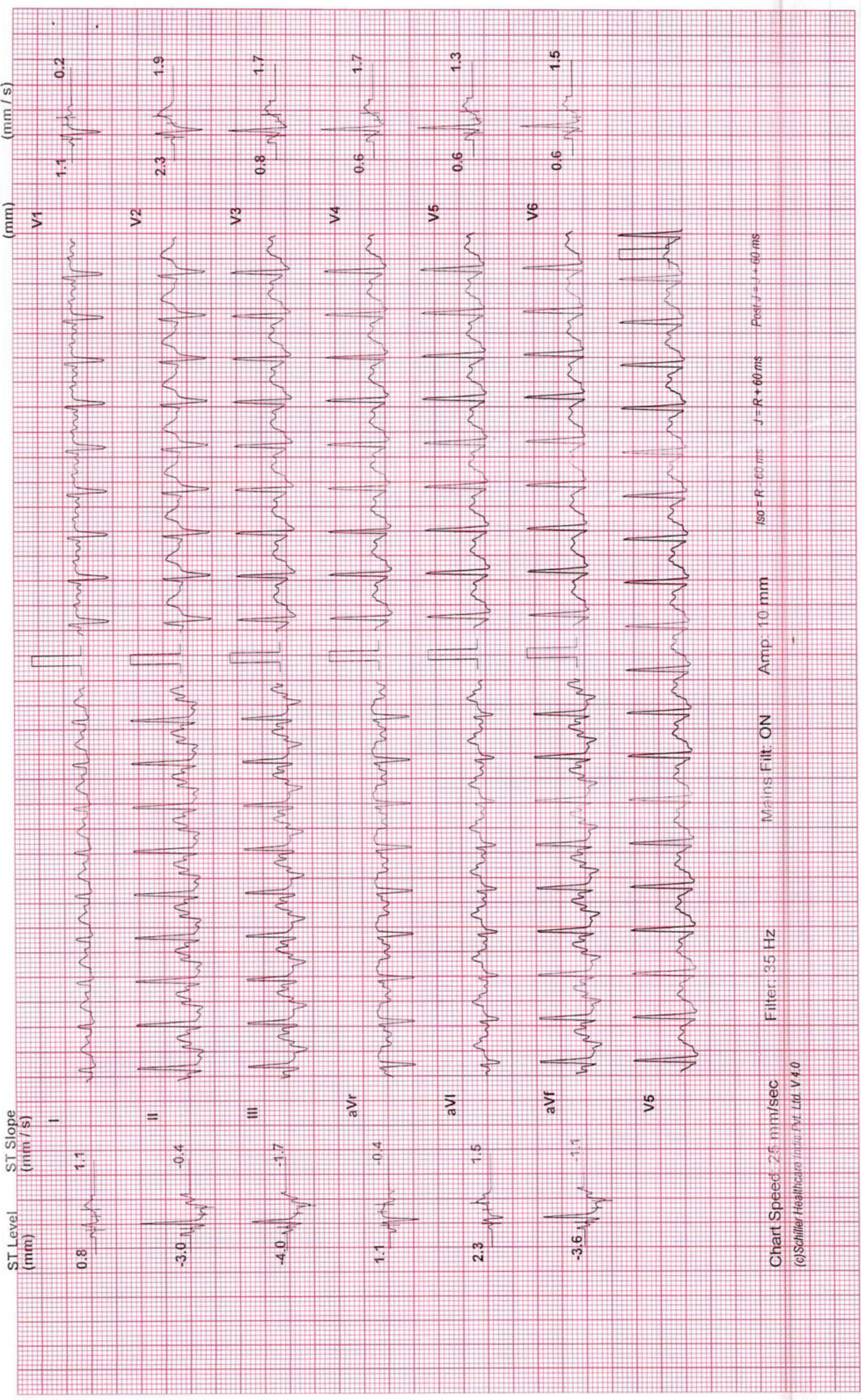


Chart Speed: 25 mm/sec Filter: 35 Hz Amp: 10 mm J = R + 60 ms J = R - 60 ms Post-J = J + 60 ms
(c) Schiller Healthcare India Pvt. Ltd. V 4.0

Test Report

VIBHA PANDEY (37 F) ID: 4622 Date: 3/11/2023 Exec Time : 6 m 12 s Stage Time : 2 m 54 s HR: 89 bpm
Protocol: Bruce Stage: Recovery(1) Speed: 0 mph Grade: 0 % (THR: 155 bpm) B.P: 142 / 86

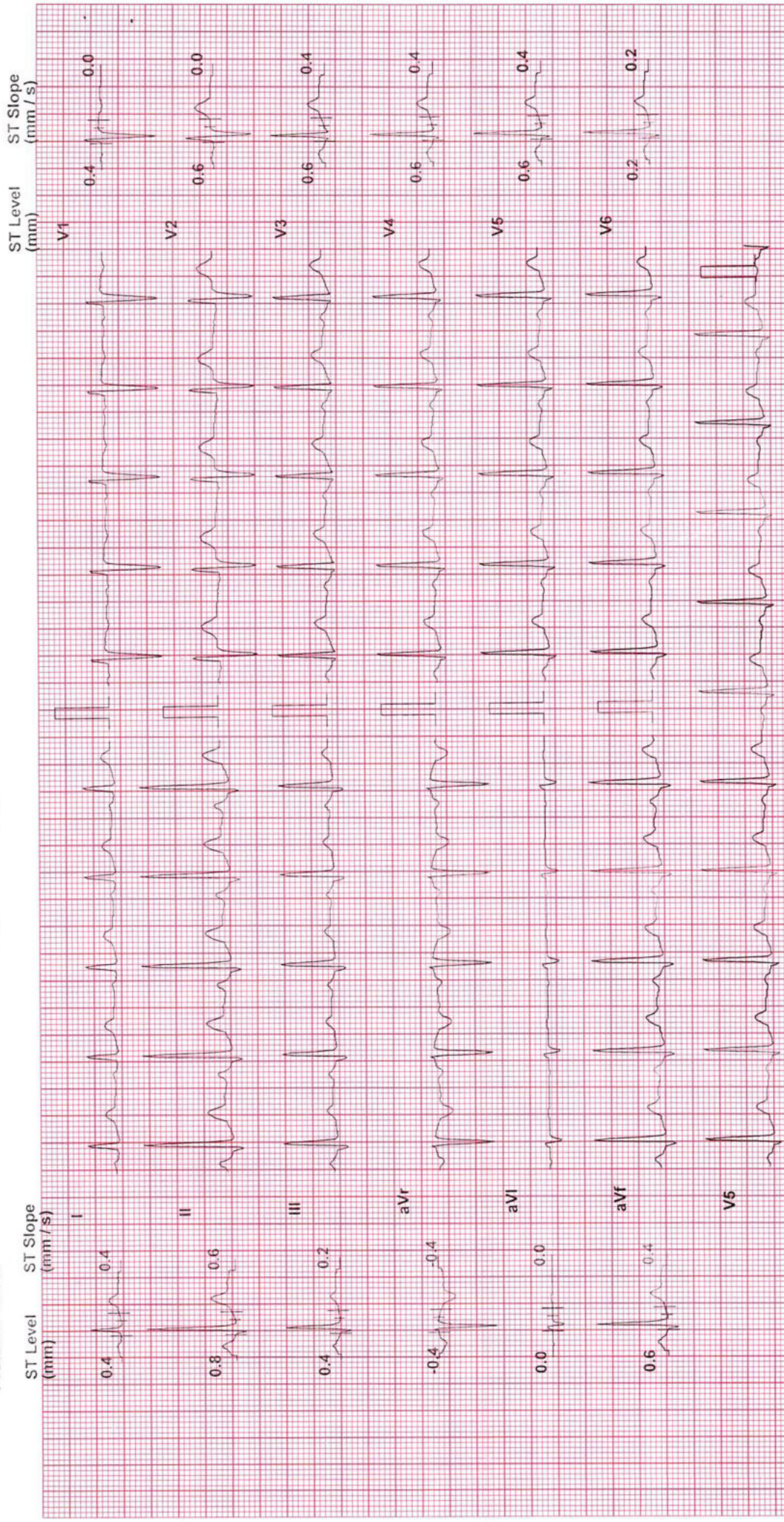


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm 150 = R-60ms J = R+60ms Post J = J+60ms
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Test Report

VIBHA PANDEY (37 F)

ID: 4622

Date: 3/11/2023

Exec Time : 6 m 12 s Stage Time : 2 m 54 s

HR: 88 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

B.P: 130 / 84

ST Level (mm) ST Slope (mm/s) ST Level (mm) ST Slope (mm/s)

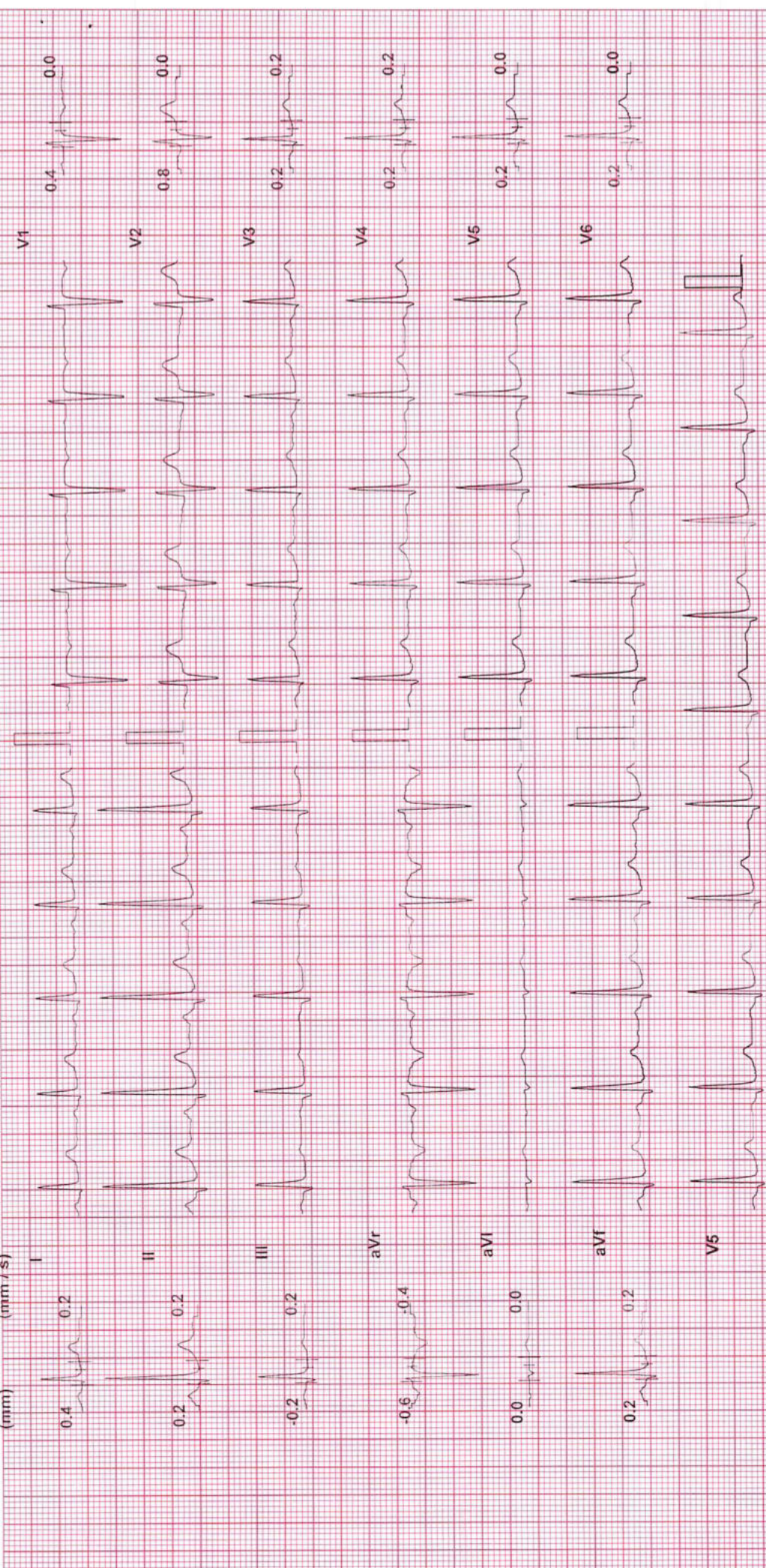


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm ISO = R - 60 ms J = R + 60 ms P-QRS-T = J + 60 ms

(c) Schiller HealthCare/Infiniti Pvt. Ltd. V 4.0

Test Report

Exec Time : 6 m 12 s Stage Time : 0 m 12 s HR: 85 bpm
B.P: 122 / 82
(THR: 155 bpm)

Date: 3/11/2023
Speed: 0 mph
Grade: 0 %

ID: 4622
Stage: Recovery(3)
Protocol: Bruce

ST Level (mm)

ST Slope (mm / s)

ST Level (mm)

ST Slope (mm / s)

ST Level (mm)

ST Slope (mm / s)

ST Level (mm)

ST Slope (mm / s)

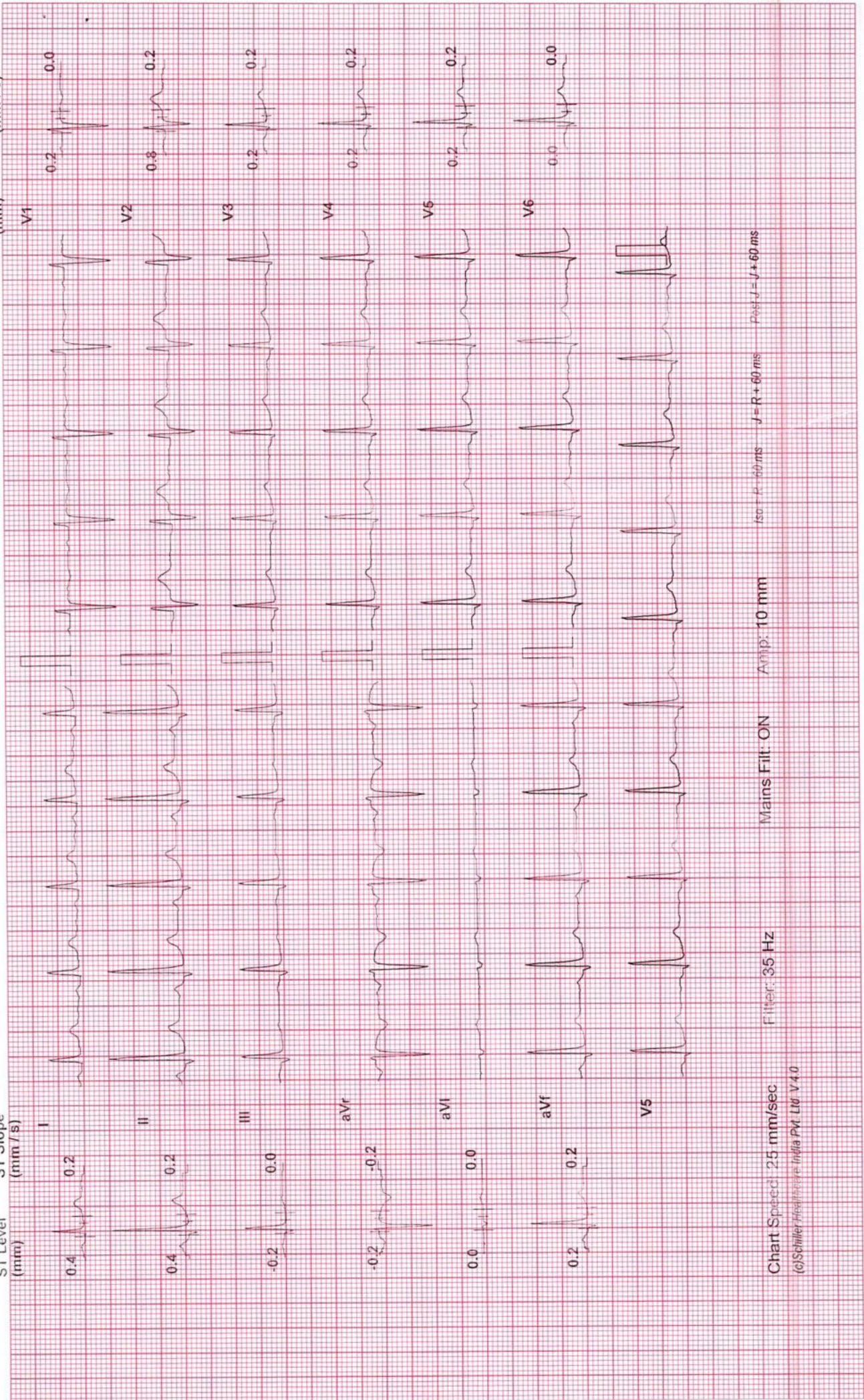


Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Filtr: ON
Amp: 10 mm
Iso: R + 60 ms
J = R + 60 ms
Post J = J + 60 ms

Eye Test Report

NAME		Vibha Pandey				DATE		11/03/23	
S.R.	01	EMP.ID		AGE	37	GENDE R	FEMALE		
HISTOR Y									
VISION			DIST.			NEAR			
			OD	OS	OD	OS			
WITHOUT CORRECTION			6/6	6/6	N6	N6			
WITH CORRECTION			-	-	-	-			
COLOR VISION			NORMAL						

Rx DETAILS:

DIST.	SPH	CYL	AXIS
RIGHT	-	-	-
LEFT	-	-	-
COMMENTS			

NEAR ADD : _____ - _____ N₆ @ 40CM

Dr. L. A. Shukla (M. S. Opthal)

Stamp and Sign

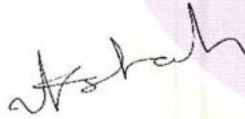
Name :- Vibha Pandey
Age:- 37

Date:11/03/2023

X-RAY : CHEST PA


Both lung fields appears normal
There is no evidence of pulmonary tuberculosis
No evidence of pleural Effusion on either side.
Heart size appears normal.
Bony thorax and diaphragms appear normal.

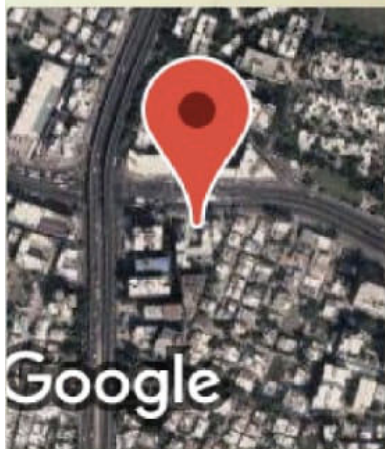
Comment: Normal X-ray chest (PA) view



DR .VIKRAM SHAH.
M.D



 GPS Map Camera



Ahmedabad, Gujarat, India

1, Surendra Mangaldas Rd, Shivranjani,
Bimanagar, Ambawadi, Ahmedabad, Gujarat
380015, India

Lat 23.023994°

Long 72.531255°

11/03/23 08:13 AM GMT +05:30

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BDVPP9383A



नाम / Name
VIBHA PANDEY

पिता का नाम / Father's Name
MEGHRAJ PATHAK

जन्म की तारीख / Date of Birth
21/05/1985

हस्ताक्षर / Signature



Patient Name : Vibha Pandey
Sample No.. : 4510
Referred : Mediwheel


Age/Sex : 37 Years/Female
Registration On:11/03/2023/08:47
Approved On : 11/03/2023 16:44

THYROID FUNCTIONS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
Serum T3 :	1.24	ng/dl	0.6 - 1.80 ng/dl
Serum T4 :	8.8	microgm/dl	4.5 - 10.9 microgm/dl
Serum T.S.H :	1.300	microU/ml	0.35 - 5.55 microU/ml

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.
Low or undetectable TSH is suggestive of Grave~s disease
TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.
TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.
FreeT3 is first hormone to increase in early Hyperthyroidism.
Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.
During pregnancy clinically T3 T4 can be high and TSH can be slightly low



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



Patient Name : Vibha Pandey
Sample No.. : 4510
Referred : Mediwheel

Age/Sex : 37 Years/Female
Registration On:11/03/2023/08:47
Approved On : 11/03/2023 17:21

COMPLETE BLOOD COUNT

<u>Test</u>		<u>Sample :</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
<u>BLOOD COUNT</u>					
Hemoglobin	colorimetric		<u>12.04</u>	g/dL	12.5 - 15.0 g/dL
R.B.C Count	Electrical impedance		4.39	mill/cmm	3.8 - 4.5 mill/cmm
W.B.C Count	Electrical impedance		6.40	10 ³ /uL	4.0 - 10.0 10 ³ /uL
Platelet Count	Electrical impedance		345.4	10 ³ /uL	150 - 450 10 ³ /uL
<u>DIFFERENTIAL COUNT</u>					
Polymorphs	Microscopic		70	%	60 - 70 %
Lymphocytes	Microscopic		27	%	20 - 40 %
Eosinophils	Microscopic		01	%	1 - 4 %
Monocytes	Microscopic		02	%	2 - 6 %
Basophils	Microscopic		00	%	0 - 1 %
<u>BLOOD INDISES</u>					
HCT	Rbc Histogram		39.3	%	36 - 46 %
MCV	Calculated		89.5	fl	78 - 100 fl
MCH	Calculated		27.4	pg	27 - 31 pg
MCHC	Calculated		<u>30.6</u>	g/dl	32 - 36 g/dl
RDW-CV	Calculated		12.6	%	11.5 - 14.0 %

PERIPHERAL SMEAR EXAMINATION


SMEAR WBC LINE 1: Are within normal limits.

SMEAR Platelets: Adequate

Page 2 of 10

Erythrocyte sedimentation rate

ESR AT 1 hour westergren **09** mm/Hour 00 - 20



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



Patient Name : Vibha Pandey
Sample No.. : 4510
Referred : Mediwheel

Age/Sex : 37 Years/Female
Registration On:11/03/2023/08:47
Approved On : 11/03/2023 17:21

BLOOD GROUP

<u>Test</u>	<u>Result</u>
BLOOD GROUP	: "O"
RH GROUP	: POSITIVE.



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



Patient Name : Vibha Pandey
Sample No.. : 4510
Referred : Mediwheel

Age/Sex : 37 Years/Female
Registration On:11/03/2023/08:47
Approved On : 11/03/2023 17:21

RENAL FUNCTION

Specimen :

Test

Sr. Creatinine:

(mod-jaffes)

Urea:

(GLDH)

S. Uric Acid:

(Uricase-pod)

Blood Urea Nitrogen:

(Calculated)

Bun/Creat Ratio:

(Calculated)

Result

0.80

18.2

3.75

8.5

10.62

Unit

mg/dl

mg/dl

mg/dl

mg/dl

mg/dl


Normal Range

0.5 - 1.1 mg/dl

10 - 50 mg/dl

2.4 - 6.2 mg/dl

08 - 23 mg/dl



Pathologist

Dr. Pravin Shah

(M.D.Path) G-15478



Patient Name : Vibha Pandey
Sample No.. : 4510
Referred : Mediwheel

Age/Sex : 37 Years/Female
Registration On:11/03/2023/08:47
Approved On : 11/03/2023 18:19

COMPLETE BLOOD CHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Cholesterol	: 160.10	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Serum Triglycerides	: 60.82	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol	: 54.98	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol (Calculated)	: 92.956	mg/dl	Up to 150
Cholesterol/HDLC Ratio (Calculated)	: 2.91	mg/dl	Up to 5.0
Serum VLDL Cholesterol (Calculated)	: 12.164	mg/dl	Up to 35
LDLC/HDLC Ratio (Calculated)	: 1.69	mg/dl	Up to 3.4
Total Lipid (Calculated)	: 518.856	mg/dl	400 - 1000 mg/dl
S. Bilirubin (Total)	: 0.63	mg/dl	0.1 - 1.2 mg/dl
S. Bilirubin (Direct)	: 0.20	mg/dl	up to 0.2
S. Bilirubin (Indirect)	: 0.43	mg/dl	up to 1.0
SGOT	: 15.22	U/L	up to 40
SGPT	: 12.83	U/L	up to 42
GGT	: 14.98	U/L	09 - 36
S. Alkaline Phosphatase	: 62.1	U/L	40 - 129
Total Proteins	: 7.23	g/dl	6.0 - 8.3
Albumin	: 4.24	g/dl	3.5 - 5.2
Globulins	: 2.99	g/dl	2.4 - 3.7
AGRATIO	: 1.418		

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Page



EQAS
External Quality Assurance Services

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Satellite, Ahmedabad.

Ph : 079 4800 7051 M. : 98986 76445

E-mail : corporatecare0120@gmail.com



* 4 5 1 0 *

Patient Name : Vibha Pandey
Sample No.. : 4510
Referred : Mediwheel

Age/Sex : 37 Years/Female
Registration On:11/03/2023/08:47
Approved On : 11/03/2023 18:19

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



Patient Name : Vibha Pandey
Sample No.. : 4510
Referred : Mediwheel

Age/Sex : 37 Years/Female
Registration On:11/03/2023/08:47
Approved On : 11/03/2023 18:19

Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
HBA1C: (Immunoturbidimetric)	4.86	%	Normal : ≤ 5.6 Prediabetes : 5.7 - 6.4 Diabetes : ≥ 6.5 <u>DIABETES CONTROL CRITERIA</u> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
Mean Blood Glucose:	92.78	mg/dl	

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 *
Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or.
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

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Pathologist
Dr. Pravin Shah
(M.D.Path) G-15478



Patient Name : Vibha Pandey
Sample No.. : 4510
Referred : Mediwheel

Age/Sex : 37 Years/Female
Registration On:11/03/2023/08:47
Approved On : 11/03/2023 18:19

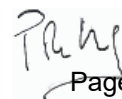
BLOOD SUGAR LEVEL

Specimen :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	89.97	mg/dl	70-110
Post Prandial Blood Glucose: 107.80 (GOD-POD)		mg/dl	100 - 150

American Diabetes Association Reference Range :
Normal : < 100 mg/dl
Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl
Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



Page 8 of 10

Pathologist
Dr. Pravin Shah
(M.D.Path) G-15478



Patient Name : Vibha Pandey
Sample No.. : 4510
Referred : Mediwheel

Age/Sex : 37 Years/Female
Registration On:11/03/2023/08:47
Approved On : 11/03/2023 18:19

URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.005**

CHEMICAL :

Albumin - **Absent**
Sugar - **Absent**
Bile Salts - **Absent**
Bile Pigments - **Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells - **Not seen** /h.p.f.
Red Cells - **Not seen** /h.p.f.
Epithelial Cells - **Not seen** /h.p.f.
Casts - **Not seen** /l.p.f.
Crystals - **Not seen**
Amorphous - **Not seen**


Page 9 of 10

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



Patient Name : Vibha Pandey
Sample No.. : 4510
Referred : Mediwheel

Age/Sex : 37 Years/Female
Registration On:11/03/2023/08:47
Approved On : 11/03/2023 18:21

kidney function test

Specimen:

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Uric Acid: (Uricase-pod)	3.75	mg/dl	2.4 - 6.2 mg/dl
Sr. Creatinine: (mod-jaffes)	0.80	mg/dl	0.5 - 1.1 mg/dl
Urea: (GLDH)	18.3	mg/dl	10 - 50 mg/dl
Bun/Creatinine Ratio:	10.68		Intrinsic renal damage (< 40: 1)



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478

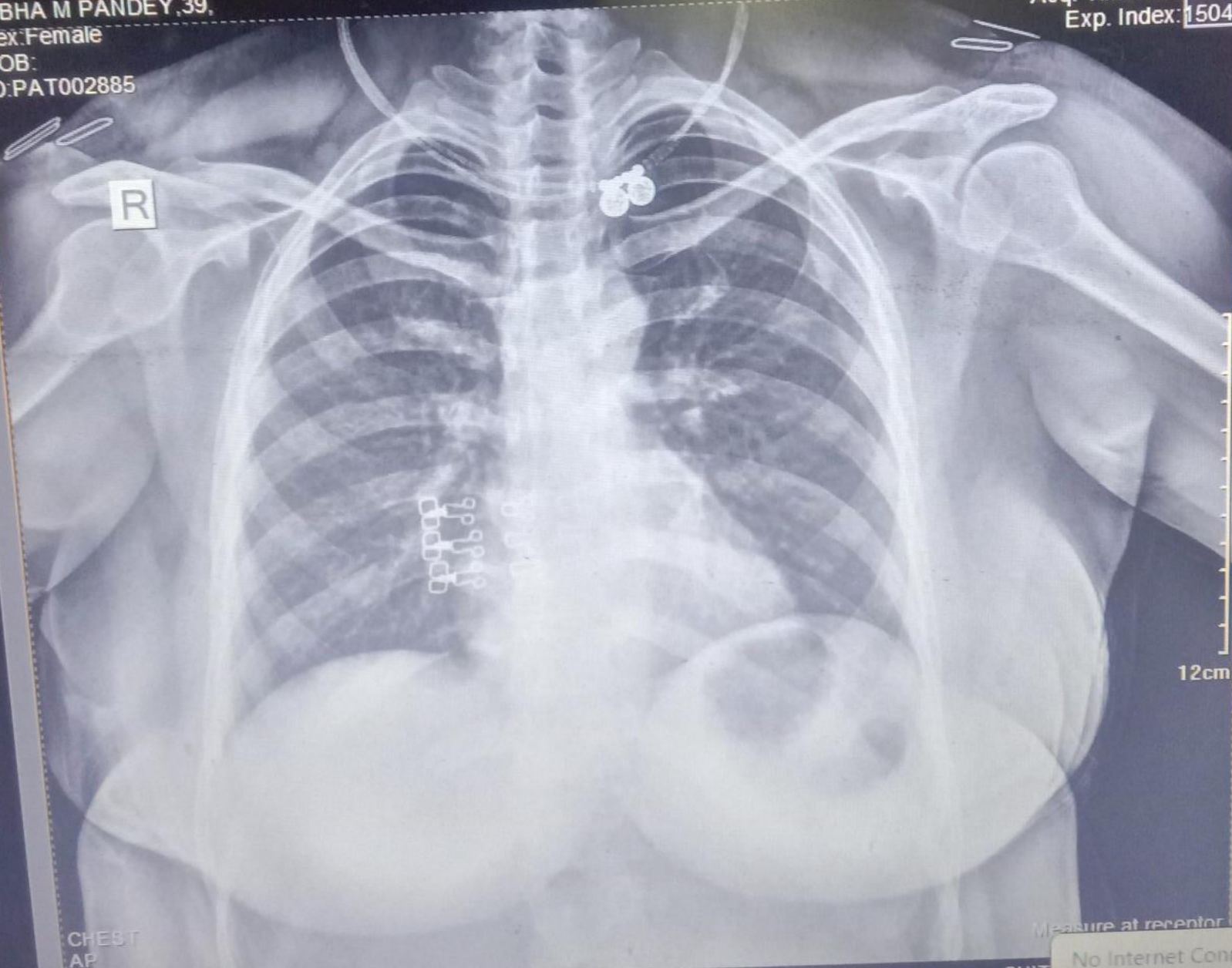
Acq. Date: 11/03/2023

Acq. Time: 08:56:56

Exp. Index: 1504

VIBHA M PANDEY, 39,
Sex: Female
DOB:
ID: PAT002885

R



12cm

CHEST
AP
W: 4096, L: 2048
Tech ID: admin

14cm

CHIT

Measure at receptor

No Internet Connect
No internet connection co

4510

Patient Name : Vibha Pandey
Sample No.. : 4510
Referred : Mediwheel

Age/Sex : 37 Years/Female
Registration On: 11/03/2023/08:47
Approved On : 11/03/2023 09:14

USG WHOLE ABDOMEN :

Liver is normal in size, shows homogenous parenchymal echoes and normal intrahepatic radicles. No focal lesion seen. Portal vein is normal in calibre and shows normal colour flow.

Gallbladder is physiologically distended. No calculus or wall thickening seen. CBD appears normal in calibre.

Pancreas is normal in size and echo texture. No diffuse or focal lesion seen.

Spleen is normal in size and homogenous in echo texture.

Kidneys are normally placed, normal in size, show normal thickness cortical tissue and normal sinus echoes. Corticomedullary differentiation is well seen. No calculus, hydronephrosis or renal mass seen.

Rt. Kidney is 10.6 X 4 cm. Lt. Kidney is 10.9 X 4.3 cm.

Aorta is normal in calibre. No para-aortic or mesenteric lymph nodes seen.

Urinary bladder is adequately distended. No evident calculus, wall thickening or mass seen.

Uterus is normal in size. Myometrial echoes are homogenous. Endometrial thickness is mm. No fibroid or adenomyotic changes are seen.

Ovaries are normal in size and echotexture. No adnexal mass seen.

Bowel loops are unremarkable.

No ascites is seen.

Impression:

No significant abnormality is seen.

Dr. Parag Sheth. (M.D.)
Consultant Radiologist.



Review

Patient ID 20230311-090349-8390

Name vibha, pandey

Info

Exam History ABD 11/03/2023 09:04:22AM

Thumbnail Size Small Middle Full

Report

