

2/1, Residency Area, AB Road, Geeta Bhavan Square,
Indore - 452 001, MP, INDIA. E: info@vonehospital.com
T: +91 0731 3588888, 4238111 | M: +91 93299 22500

A unit of Mediheal Healthcare Private Limited



Patient Name : MRS. RACHNA [MRN-240800609]
Age / Gender : 42 Yr / F
Address : Vill Siroliya Dewas, Kalma, Dewas, MADHYA PRADESH
Req. Doctor: VONE HOSPITAL
Regn. ID: WALKIN.24-25-7914

HAEMATOLOGY

Request Date : 10-08-2024 08:50 AM
Collection Date : 10-08-2024 08:50 AM | H-5800
Acceptance Date : 10-08-2024 08:51 AM | TAT: 06:45 [HH:MM]

Reporting Date : 10-08-2024 03:36 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	14.0 gm%	F 12 - 15 gm% (Age 1 - 100)
RBC Count	4.93 mill./cu.mm	F 4.6 - 6 mill./cu.mm (Age 1 - 100)
Packed Cell Volume (PCV)	40.5 %	F 38 - 45 % (Age 1 - 100)
MCV	82.1 Cu.m.	76 - 96 Cu.m. (Age 1 - 100)
MCH	28.3 pg	27 - 32 pg (Age 1 - 100)
MCHC	34.5 %	30.5 - 34.5 % (Age 1 - 100)
Platelet Count	275 $10^3/uL$	150 - 450 $10^3/uL$ (Age 1 - 100)
Total Leukocyte Count (TLC)	7.80 $10^3/uL$	4.5 - 11 $10^3/uL$ (Age 1 - 100)
Differential Leukocyte Count (DLC)		
Neutrophils	63 %	40 - 70 % (Age 1 - 100)
Lymphocytes	33 %	20 - 40 % (Age 1 - 100)
Monocytes	02 %	2 - 10 % (Age 1 - 100)
Eosinophils	02 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %
ESR (WINTROBE METHOD)	18 mm/hr	F 0 - 19 mm/hr

END OF REPORT.

DR. QUTBUDDIN CHAHWALA
M.D. PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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Request Date : 10-08-2024 08:50 AM
Collection Date : 10-08-2024 08:50 AM | H-5800
Acceptance Date : 10-08-2024 08:51 AM | **TAT:** 06:47 [HH:MM]
Reporting Date : 10-08-2024 03:38 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
BLOOD GROUP		
ABO GROUP	A	
RH FACTOR	Positive	

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Investigations	Result	Biological Reference Range
HBA1C		
Glyco Hb (HbA1C)	5.0 %	4 - 6 %
Estimated Average Glucose	96.8 mg/dL	mg/dL

Interpretation: 1.HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %

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BIOCHEMISTRY

Request Date : 10-08-2024 08:50 AM
Collection Date : 10-08-2024 08:50 AM | BIO6974
Acceptance Date : 10-08-2024 08:51 AM | TAT: 06:59
[HH:MM]

Reporting Date : 10-08-2024 03:50 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
FBS & PPBS *[Ser/Plas]		
FBS	98.9 mg/dL	70 - 110 mg/dL
PPBS	116.6 mg/dL	100 - 140 mg/dL

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BIOCHEMISTRY

Request Date : 10-08-2024 08:50 AM
Collection Date : 10-08-2024 08:50 AM | BIO6974
Acceptance Date : 10-08-2024 08:51 AM | TAT: 06:54 [HH:MM]
Reporting Date : 10-08-2024 03:45 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
URIC ACID	3.9 mg/dL	Males 3.4 - 7.2 mg/dL Females 2.5 - 6 mg/dL
BUN	14.37 mg/dL	5 - 20 mg/dL
CREATININE	0.69 mg/dL *	0.7 - 1.4 mg/dL
BUN / CREATINE RATIO	20.82 *	10 - 20
GGT(GAMMA GLUTAMYL TRANSFERASE)	16.3 U/L	F 9 - 39 U/L

END OF REPORT.

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BIOCHEMISTRY

Request Date : 10-08-2024 08:50 AM
Collection Date : 10-08-2024 08:50 AM | BIO6974
Acceptance Date : 10-08-2024 08:51 AM | TAT: 06:48 [HH:MM]

Reporting Date : 10-08-2024 03:39 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
Lipid Profile		
Total Cholesterol	169.0 mg/dL	0 - 200 mg/dL
Tryglyceride	113.7 mg/dL *	150 - 200 mg/dL
HDL Cholesterol	50.7 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	22.74 mg/dL	5 - 40 mg/dL
LDL	95.56 mg/dL	0 - 130 mg/dL
Total Cholesterol /HDL	3.33	0 - 5
LDL/HDL	1.88	0.3 - 5

END OF REPORT.

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Regn. ID: WALKIN.24-25-7914



Request Date : 10-08-2024 08:50 AM
Collection Date : 10-08-2024 08:50 AM | BIO6974
Acceptance Date : 10-08-2024 08:51 AM | **TAT:** 06:49 [HH:MM]
BIOCHEMISTRY
Reporting Date : 10-08-2024 03:40 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
LFT		
SGOT	18.2 U/L	0 - 40 U/L
SGPT	17.5 U/L	0 - 31 U/L
TOTAL BILIRUBIN	1.69 mg/dL *	0 - 1.1 mg/dL
DIRECT BILIRUBIN	0.47 mg/dL *	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	1.22 mg/dL *	0.2 - 0.8 mg/dL
TOTAL PROTEIN	7.10 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.39 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.71 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.62 *	1.1 - 1.5
ALKALINE PHOSPHATASE	90.0 U/L	F 35 - 104 U/L CHILD 54 - 369 U/L
PT INR		
PT	14.1 sec	13 - 15 sec
CONTROL	12.8 sec	
INR	1.10	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	0.96	< 1.5
AST / ALT RATIO	1.04 *	< 1

END OF REPORT.

Qutbuddin
DR. QUTBUDDIN CHAHWALA
M.D. PATHOLOGIST

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Regn. ID: WALKIN.24-25-7914

IMMUNOLOGY

Request Date : 10-08-2024 08:50 AM
Collection Date : 10-08-2024 08:50 AM | PATH5090
Acceptance Date : 10-08-2024 08:51 AM | **TAT:** 06:56 [HH:MM]
Reporting Date : 10-08-2024 03:47 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
Thyroid Profile		
T3	0.97 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	10.02 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	3.05 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100)

Interpretation: Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml)

First trimester 0.24 - 2.00
Second trimester 0.43-2.2

END OF REPORT.

DR. QUTBUDDIN CHAHWALA
M.D. PATHOLOGIST

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Restoring Quality of Life

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pital
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Referring Doctor: VONE HOSPITAL
Ref ID: WALKIN.24-25-7914



SPECIAL TEST

Request Date : 10-08-2024 08:50 AM
Collection Date : 10-08-2024 12:45 PM | ST-2557
Acceptance Date : 10-08-2024 12:45 PM | **TAT:** 02:46 [HH:MM]
Reporting Date : 10-08-2024 03:31 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
PAP SMEAR (CONVENTIONAL METHOD)		
MATERIAL	Reff No. V/C-084/24 Cervical pap smear	
CLINICAL INFORMATION		
CELLULARITY	Adequate	
SUPERFICIAL KERATINISED SQUAMOUS CELLS	Present	
INTERMEDIATE SQUAMOUS CELLS	Present	
ENDOCERVICAL COLUMNAR CELLS	Present	
BASAL & PARABASAL CELLS	Present	
NILM	Negative for intraepithelial lesion or malignancy	
CONCLUSION	Moderate inflammation with NILM	

END OF REPORT.

A Kumar
A Kumar

DR. AMIT KUMAR
MBBS, MD
REG. NO. MP. 7125

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V-ONE HOSPITAL Department of Laboratory Medicine.

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CLINICAL PATHOLOGY

quest Date : 10-08-2024 08:50 AM
llection Date : 10-08-2024 08:50 AM | CP-2507
eceptance Date : 10-08-2024 08:51 AM | TAT: 06:48
[HH:MM]

Reporting Date : 10-08-2024 03:39 PM
Reporting Status : Finalized

Investigations	Result	Biological Reference Range
Urine Routine		
PHYSICAL EXAMINATION		
Quantity	20 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clarity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
MICROSCOPY EXAMINATION		
Red Blood Cells	Nil /hpf	Nil/hpf
Pus Cells	2-3 /hpf	2-3/hpf
Epithelial Cells	4-6 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

END OF REPORT.

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Req. Doctor: VONE HOSPITAL

Regn. Number: WALKIN.24-25-7914

Request Date : 10-08-2024

USG WHOLE ABDOMEN

Liver is normal in size (13.8 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis seen.

Rt. Kidney length: 9.2 cm

Lt. Kidney length: 9.6 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Uterus is anteverted, normal in size, measuring app 5.6x4.3x3.6 cm. Myometrial echotexture is homogenous.

Endometrial echoes are 6 mm thick & central. Cervix is normal in size and echotexture.

Bilateral ovaries are normal in size and position.

No obvious adnexal lesion seen.

No free fluid in pouch of Douglas.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

IMPRESSION :-

No significant abnormality detected.

DR. RAVINDRA SINGH
Consultant Radiologist



Department of Facial Surgery & Dentistry
(For Appointment- +91-9754523000)

General Examination Report

Name: Mrs. Rachna Age : 42y/F Date: 10/08/2024

Medical History: Hypertension & under medication for the same

Dental History: NO Relevant History.

Habit History: NO Relevant History.

Any other: -

Oral examination

- | | | |
|--|---|---|
| 1. Calculus/Stain/Plaque <input checked="" type="checkbox"/> | 2. Carious Teeth <input type="checkbox"/> | 3. Gum Disease <input type="checkbox"/> |
| 4. Fractured Teeth <input type="checkbox"/> | 5. Missing Teeth <input type="checkbox"/> | 6. Mobile Teeth <input type="checkbox"/> |
| 7. Occlusal Abnormalities <input type="checkbox"/> | 8. Precancerous lesion/condition <input type="checkbox"/> | 9. Any Other Finding <input type="checkbox"/> |

Treatment Advised

- | | | |
|--|--|---|
| 1. Cleaning of Teeth <input checked="" type="checkbox"/> | 2. Filling/Preventive treatment <input type="checkbox"/> | 3. Removal of teeth <input type="checkbox"/> |
| 4. Replacement of Teeth <input type="checkbox"/> | 5. Orthodontic treatment <input type="checkbox"/> | 6. Oral health counselling <input type="checkbox"/> |

Primary Tooth Structure

Permanent Tooth Structure

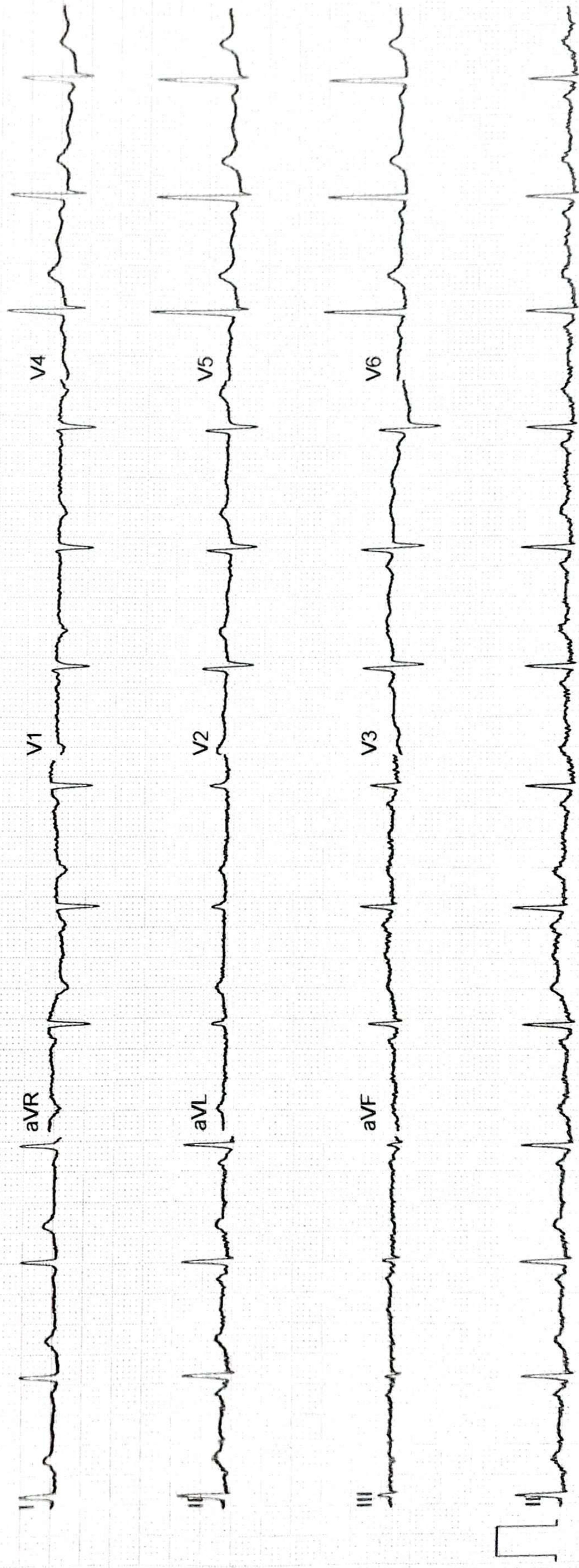


Female

76 bpm
--/-- mmHg

QRS : 68 ms
QT / QTcBaz : 384 / 432 ms
PR : 108 ms
P : 66 ms
RR / PP : 784 / 789 ms
P / QRS / T : 51 / 35 / 28 degrees

Sinus rhythm with short PR
Nonspecific ST abnormality
Abnormal ECG



STS Summary Report

V ONE HOSPITAL INDORE

01234567890

Name : MRS RACHNA
 ID : 240800609
 Age,Wt,Ht : 42years(Female), 75Kg,cm

Tested on : 10/08/2024,11:33 AM
 Doctor : V one hospital

BPL DYNATRAC ULTRA

Test Summary Report

Target HR = 178 Total time = 12:22 Protocol = BRUCE
 HR achieved = 173 (97%) Excercise time = 05:00 Max ST(mm)=9.45(Lead V1)
 Peak Ex = Exercise 3 Recovery time = 06:09 Min ST(mm)=-3.64(Lead AVF)

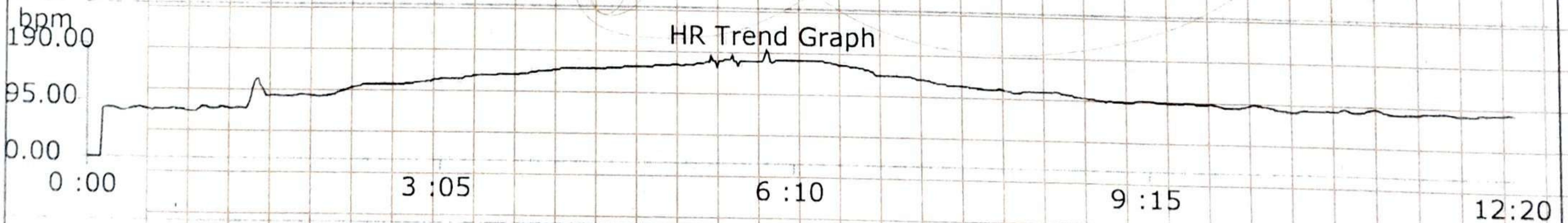
Stagewise Summary

Stage Name	Duration (mm:ss)	Max HR (bpm)	Max ST (mm)	Min ST (mm)	Speed km/hr	Slope (%)	METS	sys/dia (map)
Supine	00:43	85	9.45(V1)	-3.64(AVF)	0.0	0.0	0.00	140/90(106)
Waiting for Exercise	00:30	86	0.37(V2)	-0.27(V4)	0.0	0.0	0.00	140/90(106)
Exercise 1	00:51	109	1.32(AVF)	-2.41(V5)	2.7	10.0	3.40	140/90(106)
Exercise 2	03:00	162	9.45(V1)	-3.64(AVF)	4.0	12.0	7.10	150/90(110)
Peak Exercise 3	01:09	173	2.33(V1)	-3.32(II)	5.5	14.0	9.10	---/---(---)
Recovery 1	01:00	173	1.69(AVR)	-2.41(V5)	5.5	14.0	0.00	---/---(---)
Recovery 2	01:00	148	1.12(II)	-1.36(V2)	5.5	14.0	0.00	140/90(106)
Recovery 3	01:00	130	1.52(III)	-0.95(V6)	5.5	14.0	0.00	---/---(---)
Recovery 4	01:00	118	0.82(III)	-1.41(V4)	5.5	14.0	0.00	140/90(106)
Recovery 5	01:00	113	0.79(V4)	-1.42(V5)	5.5	14.0	0.00	---/---(---)
Recovery 6	01:00	112	0.69(AVR)	-0.82(V6)	5.5	14.0	0.00	140/90(106)
Recovery 7	00:09	110	0.49(III)	-0.60(V6)	5.5	14.0	0.00	---/---(---)

Rpp: 11900(Supine) ,12040(Waiting for Exercise) ,15260(Exercise 1) ,24300(Exercise 2) ,20720(Recovery 2) ,16520(Recovery 4) ,15680(Recovery 6)

Stage comments: none

- Object of test :
- Risk factor :
- Activity :
- Other Investigation :
- Ex tolerance :
- Ex Arrhythmia :
- Hemo Response :
- Chrono response :
- Reason for Termination :



Medication: ANTIHYPERTENSIVE

History: HYPERTENSIVE

Observations: NO SYMPTOMS NOTED DURING PEAK EXERCISE AND RECOVERY
 NO ARRHYTHMIA NOTED
 NORMAL INOTROPIC ANDCHRONOTROPIC RESPONSE
 SUBTTLE ST-T CHANGES NOTED DURING PEAK EXERCISE AND RECOVERY

Final Impression: TEST IS POSITIVE FOR INDUCIBLE ISCHEMIA

misled
? false +ve

Technician:

Done By: Dr. Deepesh kothari

Confirmed by -