

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.AMBHU DEVI WO VIJAY KUMAR RAI 8 Registered On : 10/Feb/2024 08:04:58 Collected Age/Gender : 51 Y O M O D /F : 10/Feb/2024 08:13:12 UHID/MR NO : CDCA.0000053372 Received : 10/Feb/2024 10:00:50 Visit ID : CDCA0344632324 Reported : 10/Feb/2024 13:39:15

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) *, BI	ood			
Blood Group	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	e Blood			
Haemoglobin	11.70	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/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC) DLC	5,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	57.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	38.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	22.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr.		
PCV (HCT)	36.00	%	40-54	
Platelet count				
Platelet Count	1.6	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	67.00	%	35-60	ELECTRONIC IMPEDANCE









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#### **DEPARTMENT OF HAEMATOLOGY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	16.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.30	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	83.72	fΙ	80-100	CALCULATED PARAMETER
MCH	27.20	pg	28-35	CALCULATED PARAMETER
MCHC	32.50	%	30-38	CALCULATED PARAMETER
RDW-CV	12.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	37.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,135.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	165.00	/cu mm	40-440	

Dr. R.K. Khanna (MBBS,DCP)









Ref Doctor

### CHANDAN DIAGNOSTIC CENTRE

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Patient Name : Mrs.AMBHU DEVI WO VIJAY KUMAR RAI 8 : 10/Feb/2024 08:05:00 Registered On Age/Gender : 51 Y O M O D /F Collected : 10/Feb/2024 14:21:51 UHID/MR NO : CDCA.0000053372 Received : 10/Feb/2024 15:32:14 Visit ID : CDCA0344632324 Reported : 10/Feb/2024 17:00:49

: 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	176.47	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

#### **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.

Glucose PP *	274.72	mg/dl	<140 Normal	<b>GOD POD</b>
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 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.

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Patient Name : Mrs.AMBHU DEVI WO VIJAY KUMAR RAI 8 Registered On : 10/Feb/2024 08:05:01 Age/Gender : 51 Y O M O D /F Collected : 10/Feb/2024 08:13:11 UHID/MR NO : CDCA.0000053372 Received : 10/Feb/2024 16:08:08 Visit ID : CDCA0344632324 Reported : 10/Feb/2024 17:58:48 Ref Doctor : Final Report : Dr.Mediwheel - Arcofemi Health Care Ltd. - Status

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	7.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	56.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	163	mg/dl	

#### **Interpretation:**

#### NOTE:-

- 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.
- · 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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### **Clinical Implications:**

- \*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 nondiabetic conditions: a. Iron-deficiency anemia b. Splenectomy







<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



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: 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

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)

Page 5 of 14





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

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>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.



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Patient Name : Mrs.AMBHU DEVI WO VIJAY KUMAR RAI 8 Registered On : 10/Feb/2024 08:05:02 Collected Age/Gender : 51 Y O M O D /F : 10/Feb/2024 08:13:11 UHID/MR NO : CDCA.0000053372 Received : 10/Feb/2024 10:00:50 Visit ID : CDCA0344632324 Reported : 10/Feb/2024 13:17:47 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
BUN (Blood Urea Nitrogen) * Sample:Serum	14.23	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.18	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid * Sample:Serum	5.10	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	27.03	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	5.31	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	16.75	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.94	gm/dl	6.2-8.0	BIURET
Albumin	4.27	gm/dl	3.4-5.4	B.C.G.
Globulin	3.67	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.16		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	76.46	U/L	42.0-165.0.	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.08	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.32	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	237.60	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	46.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	. 154	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	37.74	mg/dl	10-33	CALC' " ATT
Triglycerides	188.70	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-









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# DEPARTMENT OF CLINICAL PATHOLOGY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE * ,	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	′ mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
	ADOSAIT		> 500 (++++)	DIROTION
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	Trig/ ai	0.1 3.0	DIOONEIVIIOTICI
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			Birottok
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:	ABOLITA			Biromon
Epithelial cells	FEW			MICROSCOPIC
Lpitilellal tells	ILVV			EXAMINATION
Pus cells	OCCASIONAL			E/O IIVIII W (1101)
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION *	, Stool			
Color	YELLOWISH			
Consistency	LOOSE			
Reaction (PH)	Neutral (7.0)			
/				







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: Dr.Mediwheel - Arcofemi Health Care Ltd. - Status : Final Report

# **DEPARTMENT OF CLINICAL PATHOLOGY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

#### **Interpretation:**

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2

# **SUGAR, PP STAGE** \* , Urine

Sugar, PP Stage **ABSENT** 

#### **Interpretation:**

< 0.5 gms% (+)

(++)0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. R.K. Khanna (MBBS,DCP)

Page 8 of 14







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#### 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)	135.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.830	μIŪ/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/r	nL First Trimes	ter
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/r	nL Third Trimes	ster
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r		- 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/r		2-20 Week
	A A			

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from 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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)









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Visit ID : CDCA0344632324 Reported : 10/Feb/2024 14:51:42

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. - Status : Final Report

#### **DEPARTMENT OF X-RAY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### (300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### **CHEST P-A VIEW**

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

#### **IMPRESSION**

• NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.











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# DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

### **ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \***

#### **LIVER**

• Liver is normal in size measuring 10.5 cm in longitudinal span & shows mild diffuse increase in parenchymal echogenicity.

#### **PORTAL SYSTEM**

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

#### **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct is normal at the porta. (4.4 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

#### **PANCREAS**

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

#### **RIGHT KIDNEY (10.5 x 3.9 cm)**

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

#### **LEFT KIDNEY (11.9 x 5.3 cm)**

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.



Home Sample Collection 1800-419-0002



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# DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### **SPLEEN**

• The spleen is normal in size (9.5 cm) and has a homogenous echotexture.

### **ILIAC FOSSA**

• Scan over the iliac fossae does not reveal any fluid collection or mass.

#### **URINARY BLADDER**

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

#### **UTERUS & OVARIES**

- The uterus is retroverted and senile atrophic size measures 5.8 x 4.1 x 2.7 cm.
- Ovaries could not visualized, likely to be senile atrophic.

#### **IMPRESSION**

Grade - I fatty infiltration of liver.











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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. - Status : Final Report

#### **DEPARTMENT OF TMT**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

### Tread Mill Test (TMT) \*

# **2D ECHO & COLOUR DOPPLER REPORT** 2D ECHO & M-MODE EXAMINATION VALUES MITRAL VALVE STUDY

DE Excursion :	1.86	cm/sec
E F Slope:	10.89	cm/s
EPSS:	1.45	cm
VALVE AREA (MVOA)		2 ,
PERIMETRY	3.61	cm <sup>2</sup>
PHT:	3.63	Cm <sup>2</sup>

#### **AORTIC VALVES STUDY**

Aortic Diam :	2.92	cm
LA Diam.	2.97	cm
AV Cusp.	1.32	cm

#### **LEFT VENTRICLE**

IVSD	0.90	Cm
LVIDD	4.45	Cm
LV PWD	0.88	Cm
IV Ss	0.98	Cm
LVIDs	3.08	Cm
LV PWS	1.14	Cm
EDV	89	MI
ESV	37	MI

**EJECTION FRACTION:**  $(60 \pm 7\%)$ SV (Teich) **52**ml

**SHÒRTEŃING FRACTION:** 30%  $(30 \pm 5\%)$ 

**RIGHT VENTRICLE** 

2.06 cm. **RVID**:







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.AMBHU DEVI WO VIJAY KUMAR RAI 8 Registered On : 10/Feb/2024 08:05:04

 Age/Gender
 : 51 Y 0 M 0 D /F
 Collected
 : N/A

 UHID/MR NO
 : CDCA.0000053372
 Received
 : N/A

Visit ID : CDCA0344632324 Reported : 10/Feb/2024 19:01:44

Ref Doctor : Dr. Mediwheel - Arcofemi Health Care Ltd. - Status : Final Report

#### DEPARTMENT OF TMT

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

**DIMENSIONAL IMAGING** 

**MITRAL VALVE:** Normal AORTIC VALVE : PULMONARY VALVE : Normal Normal TRICUSPID VALVE: Normal **INTER VENTRICULAR SEPTA:** Normal **INTERATRIAL SEPTUM:** Normal INTRACARDIAC CLOT / VEGETATION / MYXOMA: Absent LEFT ATRIUM: Normal **LEFT VENTRICLE:** Normal **RIGHT VENTRICLE:** Normal **RIGHT ATRIUM:** Normal **PERICARDIUM:** Normal OTHER: Normal

#### COLOUR FLOW MAPPING

DOPPLER STUDY

**VELOCITY** cm/s PRESSURE GRADIENT REGURGITATION **E**: 64cm/s MITRAL FLOW Normal A: 88 cm/s **AORTIC FLOW** 102 cm/s Normal TRICUSPID FLOW 46 cm/s Normal PULMONARY FLOW 75 cm/s Normal

#### **SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS**

- LVEF 60 %
- RWMA not seen.
- Grade I Diastolic dysfunction.
- No MS/TS/AS/PS.
- No MR/TR/PR/AR.
- No pericardial effusion.
- · No vegetation.

#### \*\*\* End Of Report \*\*\*

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG



DR\_SUDHANSHU\_VERMA

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 \*

\*Facilities Available at Select Location









Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.AMBHU DEVI WO VIJAY KUMAR RAI 84515 Registered On

: 10/Feb/2024 08:05AM

Age/Gender

: 51 Y O M O D /F

Collected : 10/Feb/2024 12:49PM

UHID/MR NO

: CDCA.0000053372

Received : 11/Feb/2024 10:36AM

Visit ID

: CDCA0344632324

Reported : 11/Feb/2024 07:34PM Status

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd. -

: Final Report MEDIWHEEL - ARCOFEMI HEALTH

CARE LTD.[52610]CREDIT

#### DEPARTMENT OF CYTOLOGY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

**SPECIMEN: PAP SMEAR** 

CYTOLOGY NO:

324/24-25

**GROSS:** 

Four unstained smears received & stained by papanicolau's technique.

MICROSCOPIC: Smears show fair number of superficial & intermediate squamous epithelial cells all showing unremarkable cytology on a background of few neutrophils. No endocervical cells seen. No atypical cells seen.

Contract By

**IMPRESSION:** 

SMEARS ARE NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

#### \*\*\* End Of Report \*\*\*

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG

Dr. Surbhi Lahoti (M.D. Pathology)

Dr. Nirupma Lal MD(Pathology)

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Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Online Booking Facilities for Diagnostics Test And Health Check-ups, Online Report Viewing, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2S 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 Servi 65 Days Open





