

Radiology No.	: 3859/OPDPB22DL	Date	: 04-Sep-2022
Patient Name	: Mrs. VIAJYLAKSHMI MEENA	Age/Sex	: 25Y
Guardian Name	:	UHID No.	: 3446/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 9887699768

ULTRASOUND OF WHOLE ABDOMEN

Convex and linear Probes were 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 adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

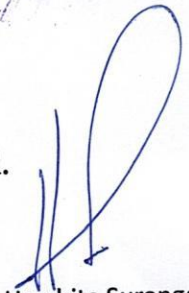
Kidneys are of normal size, shape and echo pattern. No calculus, mass or hydronephrotic changes seen in either kidney. Corticomedullary differentiation is normal bilaterally. Bilateral PCS are normal. Bilateral ureters are not dilated.

Right Kidney measures 104 x 42mm.

Left kidney measures 104 x 42mm

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

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



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



BOOK APPOINTMENT



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

Endometrial is normal measuring 7.1mm and is in mid line.

Both ovaries are visualized and are normal with subcentemetric follicles.

Right ovary measures 32 x 14 x 26mm(vol-6.5cc).

Left ovary measures 31 x 18 x 31mm(vol-9.6cc).

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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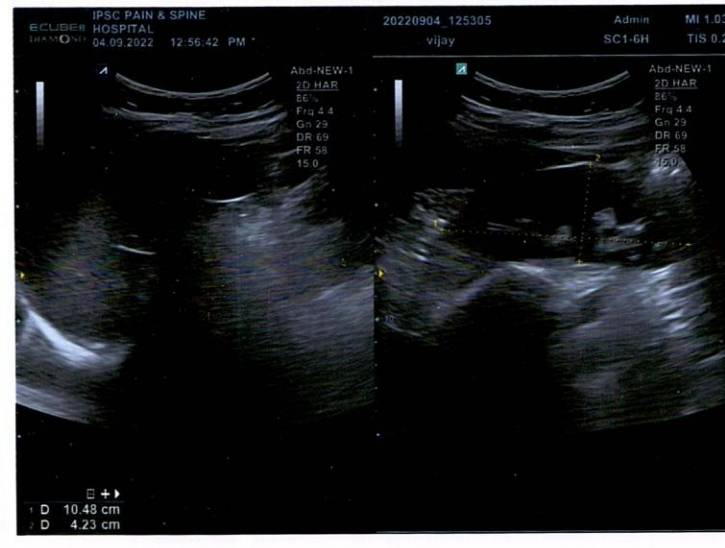
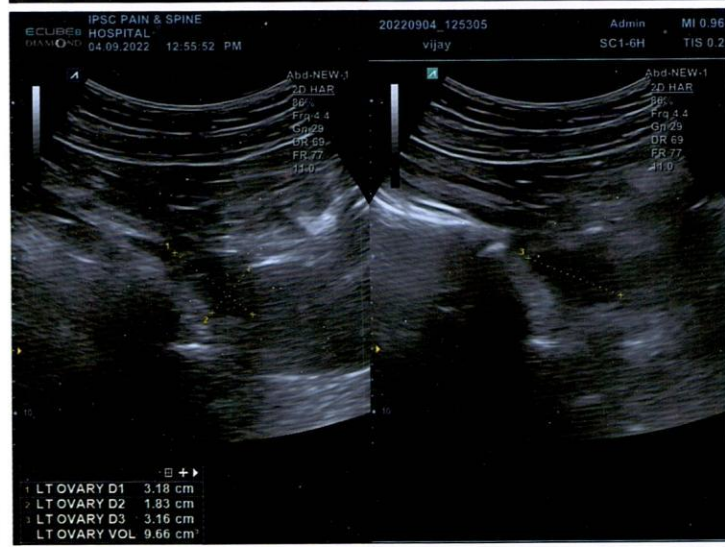
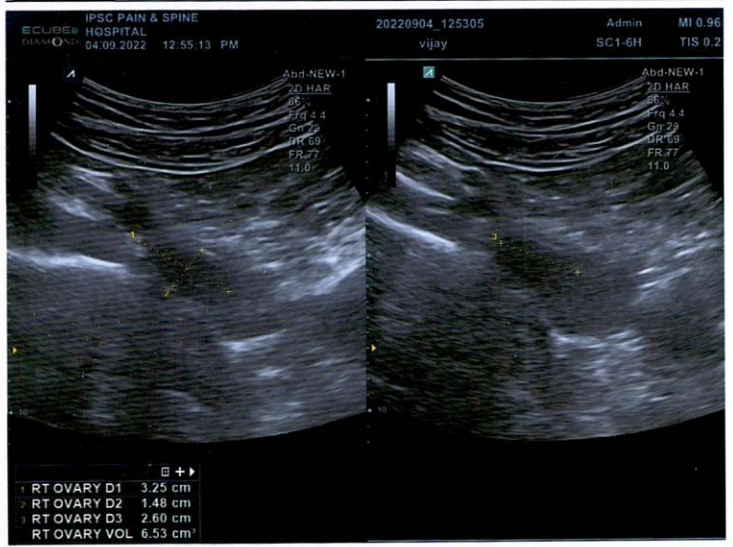
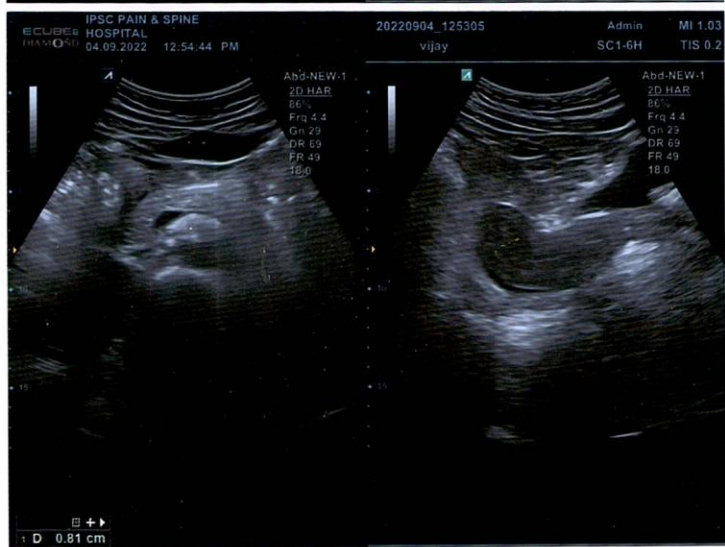
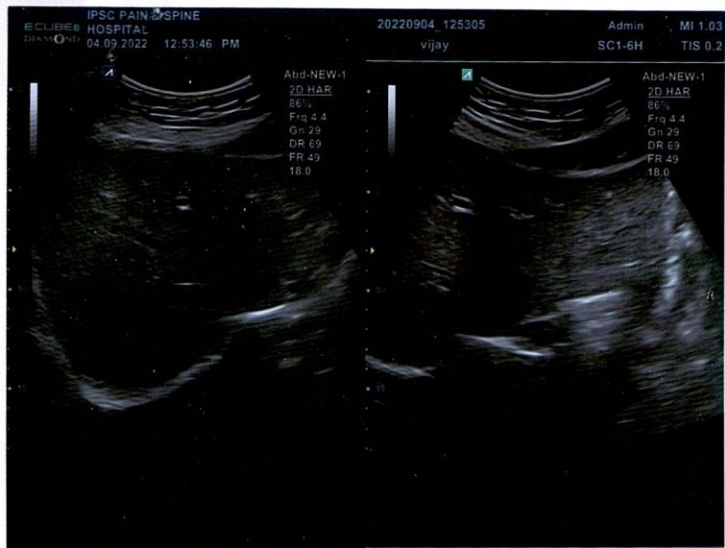


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CELEBRATING  EXCELLENCE





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X-RAY CHEST

Indication: Routine checkup.

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.



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BOOK APPOINTMENT



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"A Unit of Surange Healthcare North India Pvt. Ltd"

Lab ID : 3859/OPDPB22DL



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Reg No. : 3446/UHID22DL

Age / Gender : MEENA
25Y / Female

Date : 04-Sep-2022

Mobile No. : 9887699768

Refd. By : Dr. INSURANCE

Manual No. :

Collected : 04-Sep-2022 10.20

Received : 04-Sep-2022 10.21

Sample Type : EDTA whole blood

Sample ID : 221050

Report : 05-Sep-2022 19.21

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh
FACTOR

BLOOD GROUP ABO

"O"

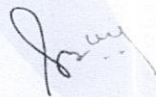
Manual

RH TYPING

"POSITIVE"

Manual

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



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



Delhi Centre:
IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075

Contact Us : +91-7028195111

info@ipscindia.com



BOOK DIAGNOSTICS

Bengaluru Centre:
IPSC Bangalore: 11,12 Sahakara Nagar,
Bellary Road, Bengaluru - 560092

Contact Us : +91-7028207222

bengaluru@ipscindia.com



Patient Name : Mrs. VIAJYLAKSHMI
Age / Gender : MEENA
 25Y / Female
Mobile No. : 9887699768
Sample Type : Plasma(Sodium fluoride)

Reg No. : 3446/UHID22DL
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Sample ID : 221050

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BIOCHEMISTRY

BLOOD SUGAR FASTING	94.8	mg/dl	74-100	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

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

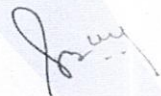
2-hr PG > 200 mg/dl during OGTT (75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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



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Age / Gender : MEENA 25Y / Female	Date : 04-Sep-2022	Collected : 04-Sep-2022 13.34
Mobile No. : 9887699768	Refd. By : Dr. INSURANCE	Received : 04-Sep-2022 13.34
	Manual No. :	Report : 05-Sep-2022 19.21
Sample Type : Plasma(Sodium fluoride)	Sample ID : 221050	

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar PP	105.4	mg/dl	70-150	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

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2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

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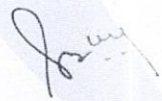
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HEAMOTOLOGY

COMPLETE BLOOD COUNT				
HEMOGLOBIN	11.8	g/dl	11.9-15	Colorimetric
TOTAL LEUCOCYTE COUNT	6.9	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	62	%	40-75	Electrical impedance
Lymphocyte	31	%	20-45	Electrical impedance
Eosinophil	04	%	1-6	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	20	mm/1sthr	0-20	Westergren's
RBC COUNT	4.07	mili/cmm	3.8-5.5	Electrical impedance
PCV	38	%	35-45	Calculated
MCV	92.90	Fl	80-100	Calculated
MCH	29.1	Picogram	27.5-33.2	Calculated
MCHC	31.30	gm/dl	32-36	Calculated
PLATELET COUNT	225	10 ³ /uL	150-450	Electrical impedance

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



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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.2	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

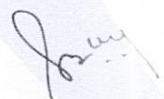
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia 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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Age / Gender : MEENA 25Y / Female	Date : 04-Sep-2022	Lab ID. : 3859/OPDPB22DL
Mobile No. : 9887699768	Refd. By : Dr. INSURANCE	
Sample Type : Serum	Manual No. :	Collected : 04-Sep-2022 10.20
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HbsAg	NEGATIVE			Immunochromatography
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Serology

Interpretation:-

<1 Negative

>5 Positive

1-5 IU is determined and need to be repeated

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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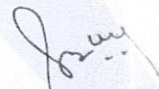
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HIV 1 & II	NEGATIVE	<u>Serology</u>	Immunochromatography
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Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(21 -84 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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Sample Type : Serum

Reg No. : 3446/UHID22DL
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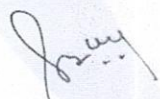
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BIOCHEMISTRY

KIDNEY FUNCTION TEST


Blood Urea	20.0	mg/dl	15.0-45.0	urease
Serum Creatinine	0.8	mg/dl	07-1.3	Jaffes Kinetic
Serum Uric Acid	5.90	mg/dl	2.6-6.0	Uricase
Total Protein				
PROTEN	6.97	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Bcg
GLOBULIN	2.87	g/dl	2.3-3.5	
A/G RATIO	1.43	g/dl		
Calcium	9.4	mg/dl	8.6-10.2	Arsenazo
Sodium	139.8	mmol/L	136.0-149.0	ISE Indirect
Potasium	4.0	mmol/L	3.5-5.5	ISE Indirect
Chloride	102.8	mmol/L	98.0-109.0	ISE Indirect

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



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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	206.00	mg/dl	123-199	CHOD-PAP
Triglycerides	202.1	mg/dl	35-135	Gpo
HDL Cholesterol Direct	31.3	mg/dl	42-88	Direct
Vldl	40	mg/dl	4.7-22.1	
LDL Cholesterol Direct	134.3	mg/dl	63-129	
Total Cholesterol/HDL Ratio	6.6		0.0-4.97	
LDL/HDL Ratio	4.3		0.0-3.55	

INTERPRETATION:-

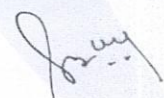
Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the



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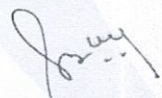
management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

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



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Reg No. : 3446/UHID22DL
Date : 04-Sep-2022
Refd. By : Dr. INSURANCE
Manual No. :
Sample ID : 221050


Collected : 04-Sep-2022 10.20
Received : 04-Sep-2022 10.21
Report : 05-Sep-2022 19.21

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	1.43	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.48	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.95	mg/dl	0-0.8	Calculated

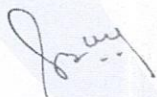
Total Protein

PROTEN	6.97	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Bcg
GLOBULIN	2.86	g/dl	2.3-3.5	
A/G RATIO	1.44	g/dl		

SGOT	18	U/L	0-31	IFCC
SGPT	18	U/L	0.0-34	IFCC

Gamma GT	17.8	U/L	0-38	Glupa-c
Alkaline Phosphatase	88	U/L	42-98	Amp


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



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



 **Delhi Centre:**
 IPSC Delhi : Plot No 453, Sector 19
 Dwarka, New Delhi - 110075


 **Contact Us** : +91-7028195111

 **info@ipscindia.com**



BOOK DIAGNOSTICS

 **Bengaluru Centre:**
 IPSC Bangalore: 11,12 Sahakara Nagar,
 Bellary Road, Bengaluru - 560092

 **Contact Us** : +91-7028207222

 **bengaluru@ipscindia.com**



Patient Name : Mrs. VIAJYLAKSHMI

Reg No. : 3446/UHID22DL

 Age / Gender : MEENA
25Y / Female

Date : 04-Sep-2022

Mobile No. : 9887699768

Refd. By : Dr. INSURANCE

Manual No. :

Collected : 04-Sep-2022 10.20

Received : 04-Sep-2022 10.21

Sample Type : Serum

Sample ID : 221050

Report : 05-Sep-2022 19.21

TEST NAME	RESULT	UNIT	RANGE	METHOD
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TSH

1.29

HORMONES

uIU/ml

CLIA

Adults

21-100 yrs 0.35 - 5.50

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*

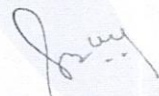
COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are

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 : ramshankar



Delhi Centre:
IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075

Contact Us : +91-7028195111

info@ipscindia.com



BOOK DIAGNOSTICS

Bengaluru Centre:
IPSC Bangalore: 11,12 Sahakara Nagar,
Bellary Road, Bengaluru - 560092

Contact Us : +91-7028207222

bengaluru@ipscindia.com

Patient Name : Mrs. VIAJYLAKSHMI	Reg No. : 3446/UHID22DL	"A Unit of Surange Healthcare North India Pvt. Ltd" Lab ID. : 3859/OPDPB22DL
Age / Gender : MEENA 25Y / Female	Date : 04-Sep-2022	
Mobile No. : 9887699768	Refd. By : Dr. INSURANCE	Collected : 04-Sep-2022 10.20
	Manual No. :	Received : 04-Sep-2022 10.21
Sample Type : URINE	Sample ID : 221050	Report : 05-Sep-2022 19.21

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00

ml

10-30

Automated /Manual

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020

1.015-1.025

PH

6.0

5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

Automated/Manual

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

1-2

/hpf

Automated/Manual

RBC'S

NIL

NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

3-5

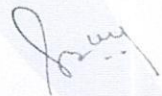
BACTERIA

NIL

OTHERS

NIL

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



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



Delhi Centre:
IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075

Contact Us : +91-7028195111

info@ipscindia.com



BOOK DIAGNOSTICS

Bengaluru Centre:
IPSC Bangalore: 11,12 Sahakara Nagar,
Bellary Road, Bengaluru - 560092

Contact Us : +91-7028207222

bengaluru@ipscindia.com

Patient Name : Mrs. VIAJYLAKSHMI	Reg No. : 3446/UHID22DL	Lab ID. : 3864/OPDPB22DL
Age / Gender : MEENA 25Y / Female	Date : 04-Sep-2022	
Mobile No. : 9887699768	Refd. By : Dr. INSURANCE	Collected : 04-Sep-2022 13.32
	Manual No. :	Received : 04-Sep-2022 13.32
Sample Type : OTHER	Sample ID : 221056	Report : 05-Sep-2022 17.32

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

Pap Smear(LBC)

PAP/33/22

LIQUID BASED CYTOLOGY

SPECIMEN RECEIVED - Liquid Based Preparation of the Cervical Cytology.

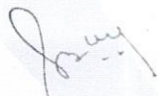
ADEQUACY OF SPECIMEN - Satisfactory for evaluation.
Transformation Zone component seen.

GENERAL CATEGORIZATION - Smears studied show dispersed population of superficial, intermediate and parabasal squamous cells with normal N:C ratio, some show benign reactive changes. Mild neutrophilic infiltrate and doderlein bacilli seen.

No atypical cells/ features of malignancy noted.

INTERPRETATION - Negative for intra-epithelial lesion

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



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



Delhi Centre:
IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075

Contact Us : +91-7028195111

info@ipscindia.com



BOOK DIAGNOSTICS

Bengaluru Centre:
IPSC Bangalore: 11,12 Sahakara Nagar,
Bellary Road, Bengaluru - 560092

Contact Us : +91-7028207222

bengaluru@ipscindia.com

THE DIAGNOSTIC & IMAGING CENTRE

Plot No. 147, 2nd Floor, Main Road, Sec. 7,
Dwarka, New Delhi-110078 Ph. 011-49078567

TREADMILL TEST REPORT

VIJAYLAXMI MEENA
 ID : 3435
 DATE : 04-09-2022
 AGE/SEX : 25 / F
 HT/WT : 0 / 0
 REF. BY :

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

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					75	120 / 80	90	0.3	0	0.3	
STANDING					75	120 / 80	90	0	0.2	0.3	
HYPERVENT					79	120 / 80	94	0.1	0.2	0.1	
Stage 1	2:55	0:20	2.7	10	111	130 / 80	144	0.1	-0.2	-0.1	4.67
Stage 2	5:55	2:55	4	12	124	140 / 80	173	-0.2	0.1	-0.3	7.04
Stage 3	8:55	2:55	5.4	14	138	150 / 80	207	0.4	0.1	0.1	9.92
Stage 4	11:55	2:55	6.7	16	160	160 / 80	256	0.7	0.4	0.7	13.89
Stage 5	12:50	0:50	8	18	166	160 / 80	265	0.8	0.3	0.5	15.67
PK-EXERCISE	12:59	0:59	8	18	169	160 / 80	270	0.4	0.5	0.6	15.97
RECOVERY	14:18	0:55			123	150 / 80	184	0.7	0	1.5	
RECOVERY	15:18	1:55			97	140 / 80	135	0.1	0.2	0.1	
RECOVERY	16:18	2:55			98	130 / 80	127	0	0.1	-0.1	
RECOVERY	16:57	3:34			95	120 / 80	114	0.1	0.2	-0.3	

RESULTS

EXERCISE DURATION : 12:59
 MAX HEART RATE : 169 bpm
 MAX BLOOD PRESSURE : 160 / 80 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :
POSITIVE for Provocable myocardial ischemia,

MAX WORK LOAD : 15.97 METS


DR. V.K. SINGH
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DMCH/2011/1111

Technician :

THE DIAGNOSTIC & IMAGING CENTRE

VIJAYLAXMI MEENA
 I.D. 3435
 Age 25/F
 Date 04-09-2022

RATE 75bpm
 B.P. 120/80

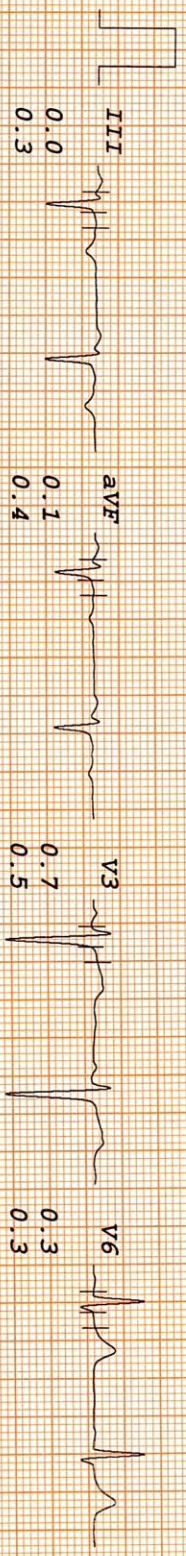
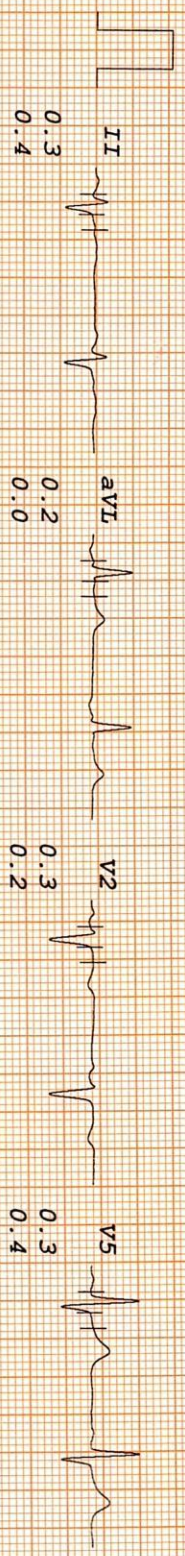
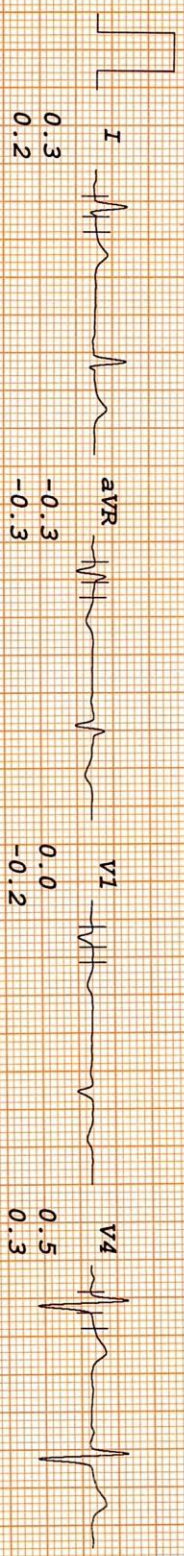
PRETEST
 SUPINE

ST @ 10mm/mV
 80ms PostTJ

LINKED MEDIAN

Mag. X 2

III



Dr. Karan Singh
 MBBS, MD, DM (Cardiology)
 Cardiology
 DMC Regn. No. DMC/11/2011

Vijayalakshmi

II III aVR aVF V1 V2 V3 V4 V5 V6

THE DIAGNOSTIC & IMAGING CENTRE

VIJAYLAXMI MEENA
 I.D. 3435
 Age 25/F
 Date 04-09-2022

RATE 111bpm
 B.P. 130/80

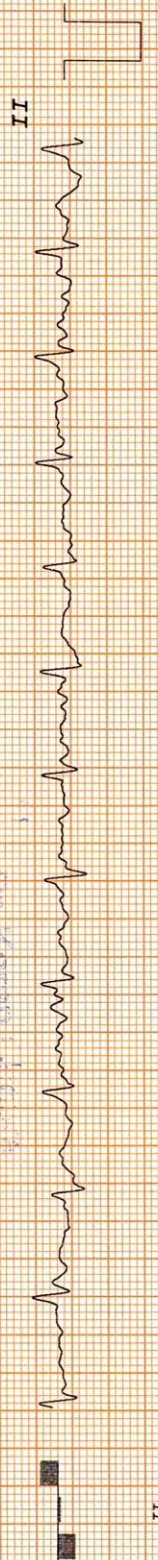
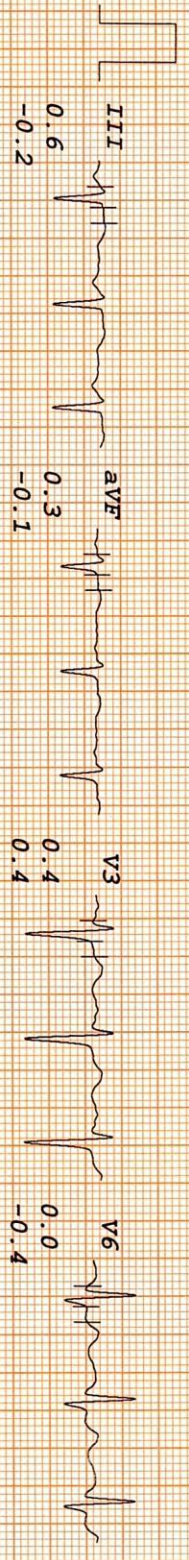
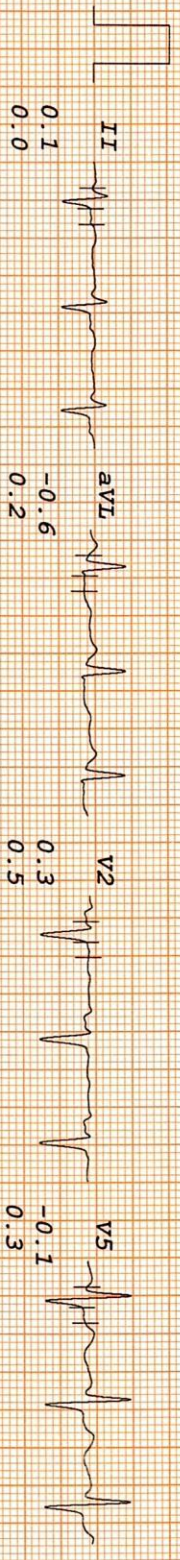
Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2

III



I III aVR aVL V1 V3 V5

II aVR aVF V2 V4 V6

DR KARAN V. G. S.
 MBBS, MD, DM (Cardiology)
 Cardiologist
 JMC Hogn. No. DMCR/2011/1111

THE DIAGNOSTIC & IMAGING CENTRE

VIJAYLAXMI MEENA
 I.D. 3435
 Age 25/F
 Date 04-09-2022

RATE 124bpm
 B.P. 140/80

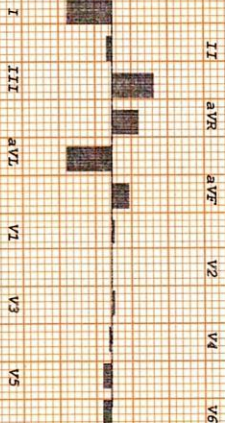
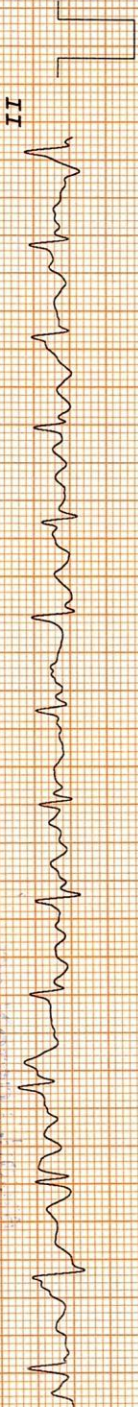
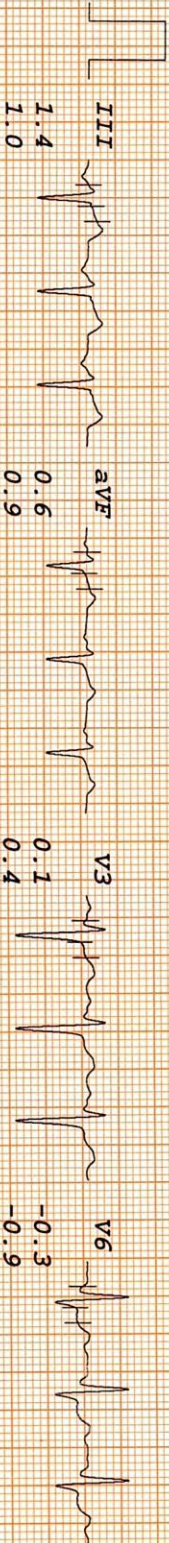
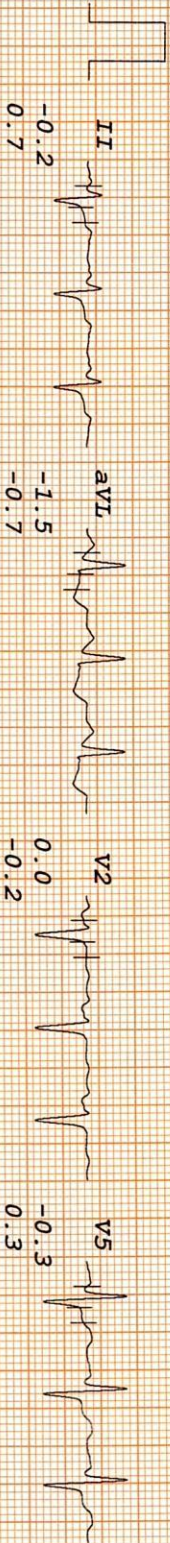
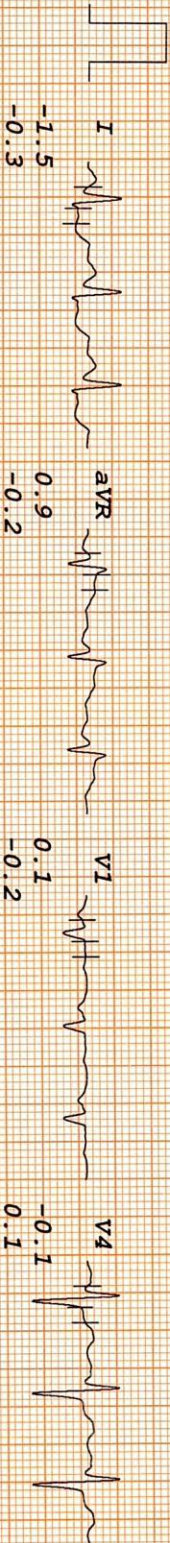
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

III



Dr. Karanvir Singh
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DMC/2020/111

THE DIAGNOSTIC & IMAGING CENTRE

VIJAYLAXMI MEENA
I.D. 3435
Age 25/F
Date 04-09-2022

Rate 138bpm
B.P. 150/80

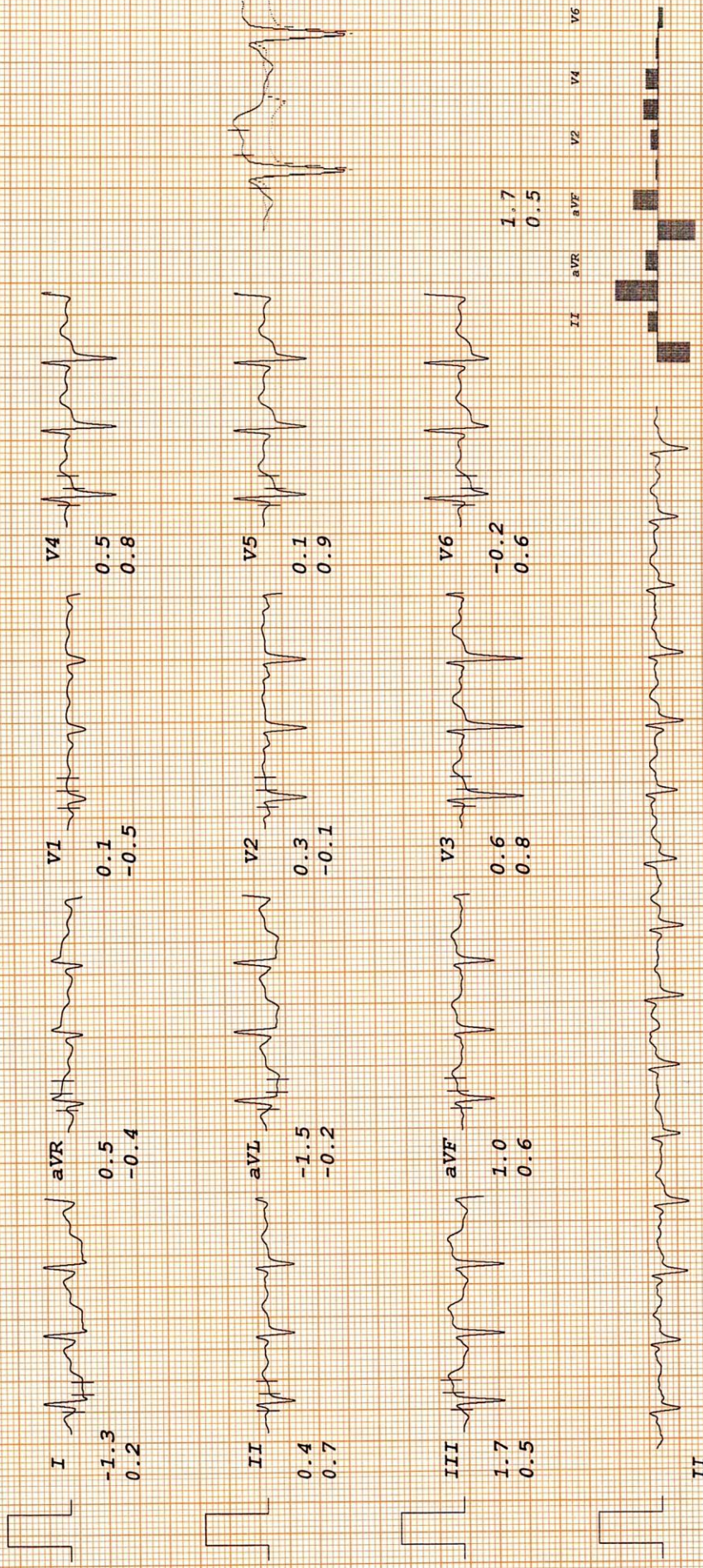
Bruce
Stage 3
TOTAL TIME 8:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



Dr. Karan
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMCA/131/11

THE DIAGNOSTIC & IMAGING CENTRE

VIJAYAKUMI MENNA
 I.D. 3435
 Age 25/F
 Date 04-09-2022

Rate 160bpm
 B.P. 160/80

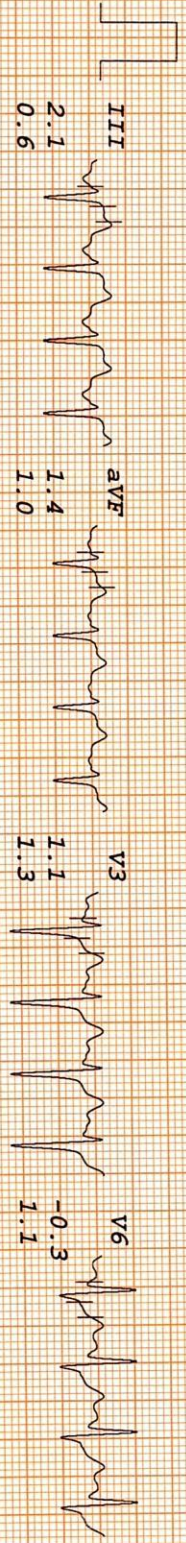
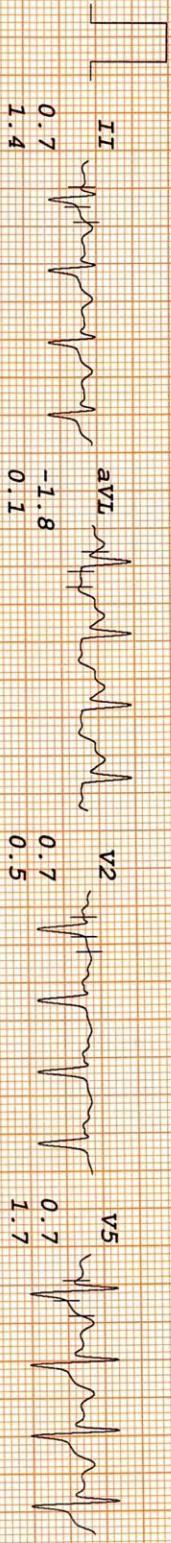
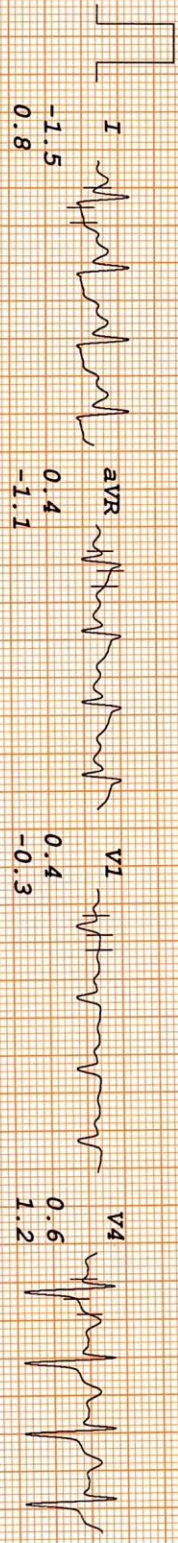
Brice
 Stage 4
 TOTAL TIME 11:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 6.7 km/hr
 SLOPE 16 8

LINKED MEDIAN

Mag. X 2

III



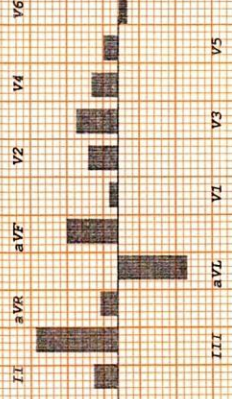
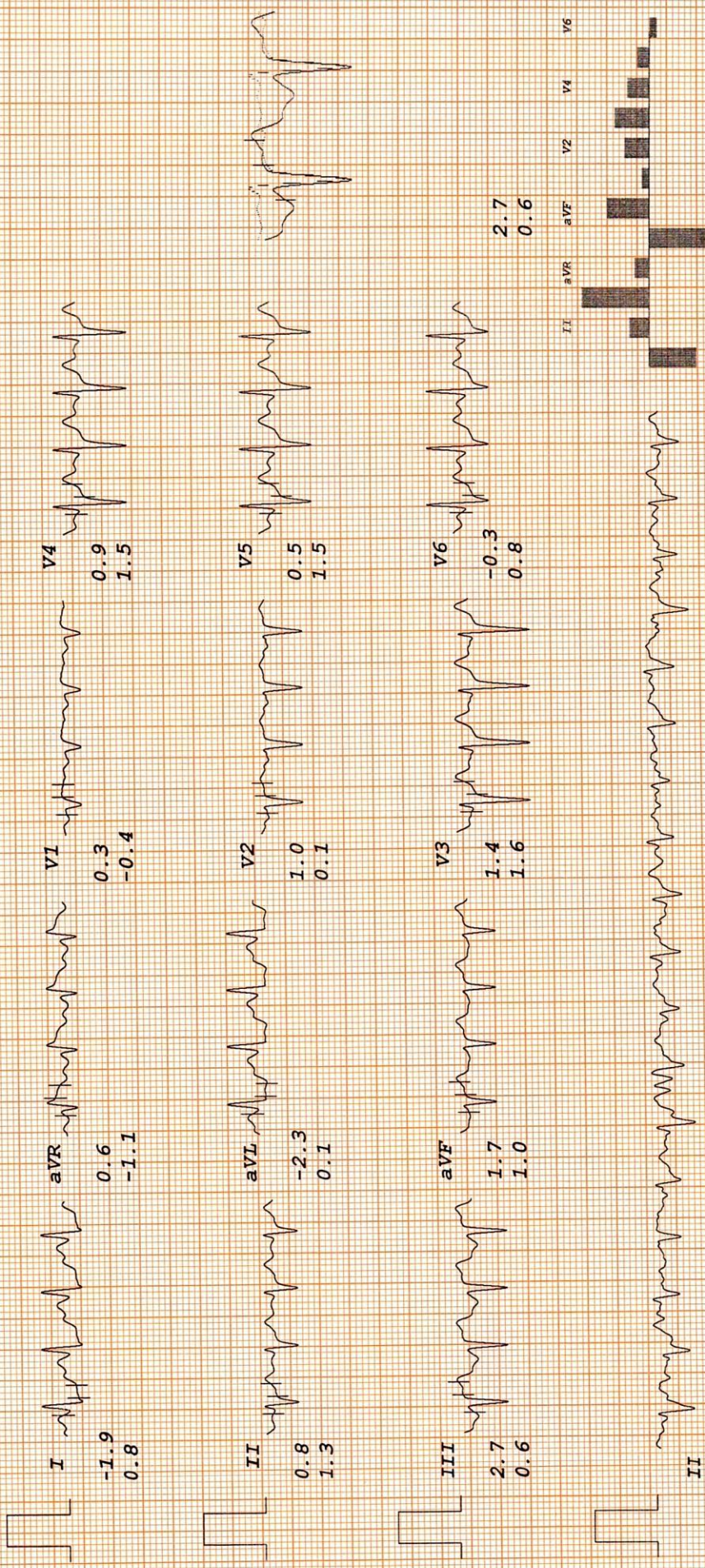
Dr. Jayashree S. S. Srinivasan
 M.D., M.C., M.A. (Cardiology)
 Cardiology
 LIC Hospital No. DM/2017/123

THE DIAGNOSTIC & IMAGING CENTRE

VIJAYAXMI MEENA Bruce ST @ 10mm/mV
I.D. 3455 Stage 5 80ms PostJ
Age 25/F TOTAL TIME 12:50 Speed 8 km/hr
Date 04-09-2022 PHASE TIME 0:50 SLOPE 18 %

LINKED MEDIAN

Mag. X 2
III



DR. KANAK KUMAR
 MBBS, MD, DNB (Cardiology)
 Cardiologist
 DMC Regn. No. DMCR/11/18

THE DIAGNOSTIC & IMAGING CENTRE

VIJAYLAXMI MEENA
 I.D. 3435
 Age 25/F
 Date 04-09-2022

Rate 169bpm
 B.P. 160/80

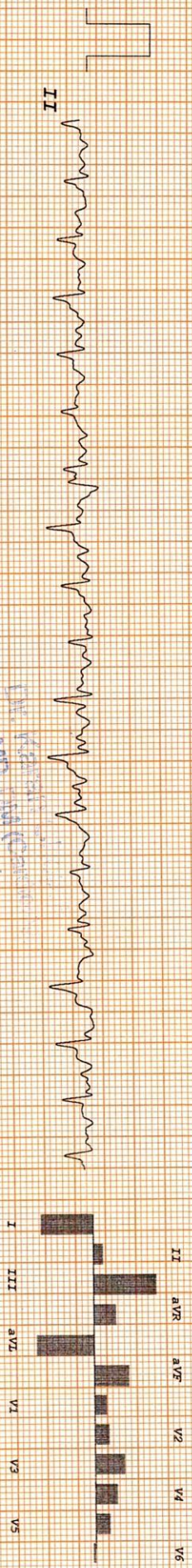
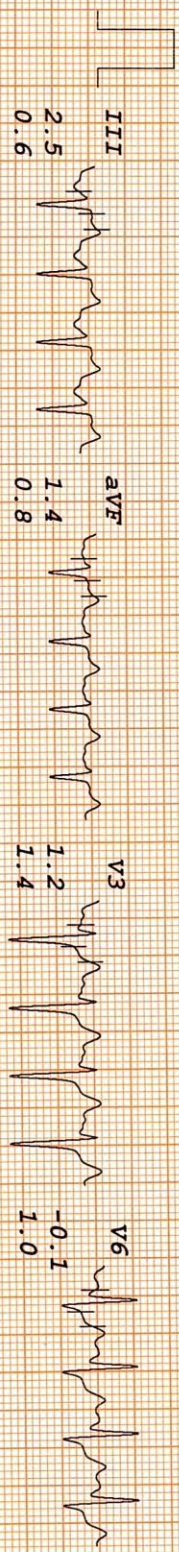
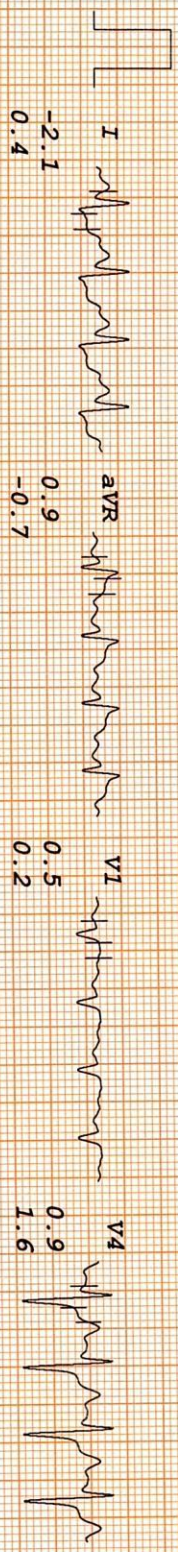
Bruce
 PR-EXERCISE
 TOTAL TIME 12:59
 PHASE TIME 0:59

ST @ 10mm/mv
 80ms PostJ
 Speed 8 km/hr
 SLOPE 18 %

LINKED MEDIAN

Mag. X 2

III



Dr. K. Srinivas Reddy
 M.D., D.A. (Gen. Med.)
 M.D., D.I.C. (Cardiology)
 DMC Regit. No. DMC/111/19/AS

THE DIAGNOSTIC & IMAGING CENTRE

VIJAYLAKSHI MEENA
I. D. 3435
Age 25/F
Date 04-09-2022

RATE 123bpm
B.P. 150/80

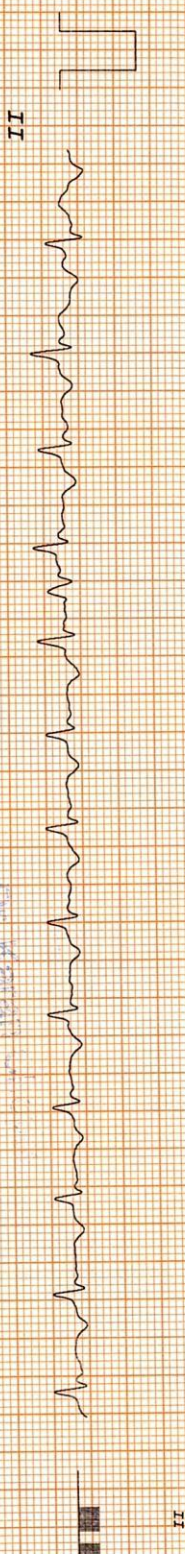
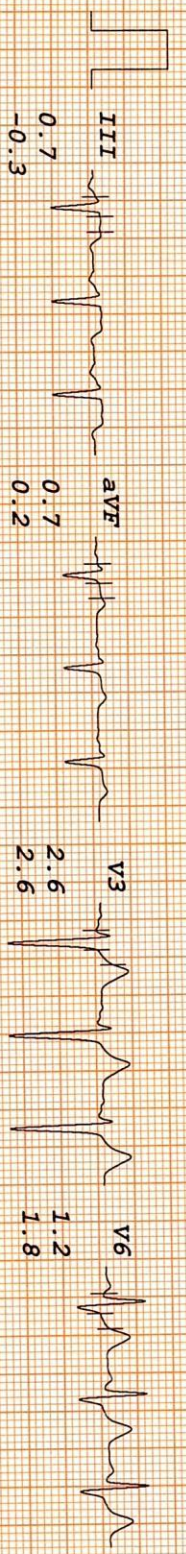
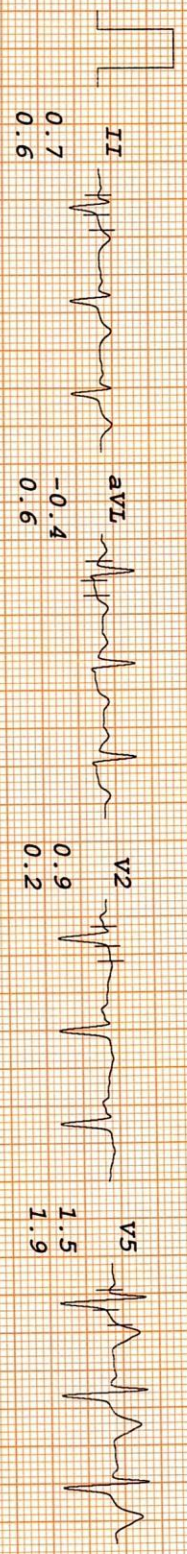
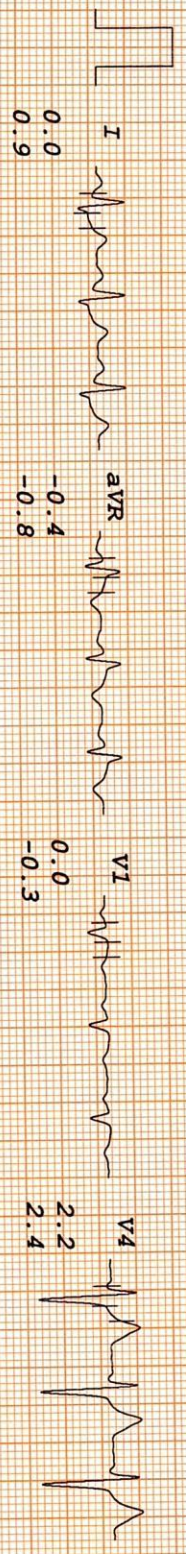
Bruce
RECOVERY
TOTAL TIME 14:18
PHASE TIME 0:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



Dr. K. Ravi Varan
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMC/2011/1148

THE DIAGNOSTIC & IMAGING CENTRE

ST @ 10mm/mV
80ms PostJ

Bruce
RECOVERY

RATE 97bpm
B.P. 140/80

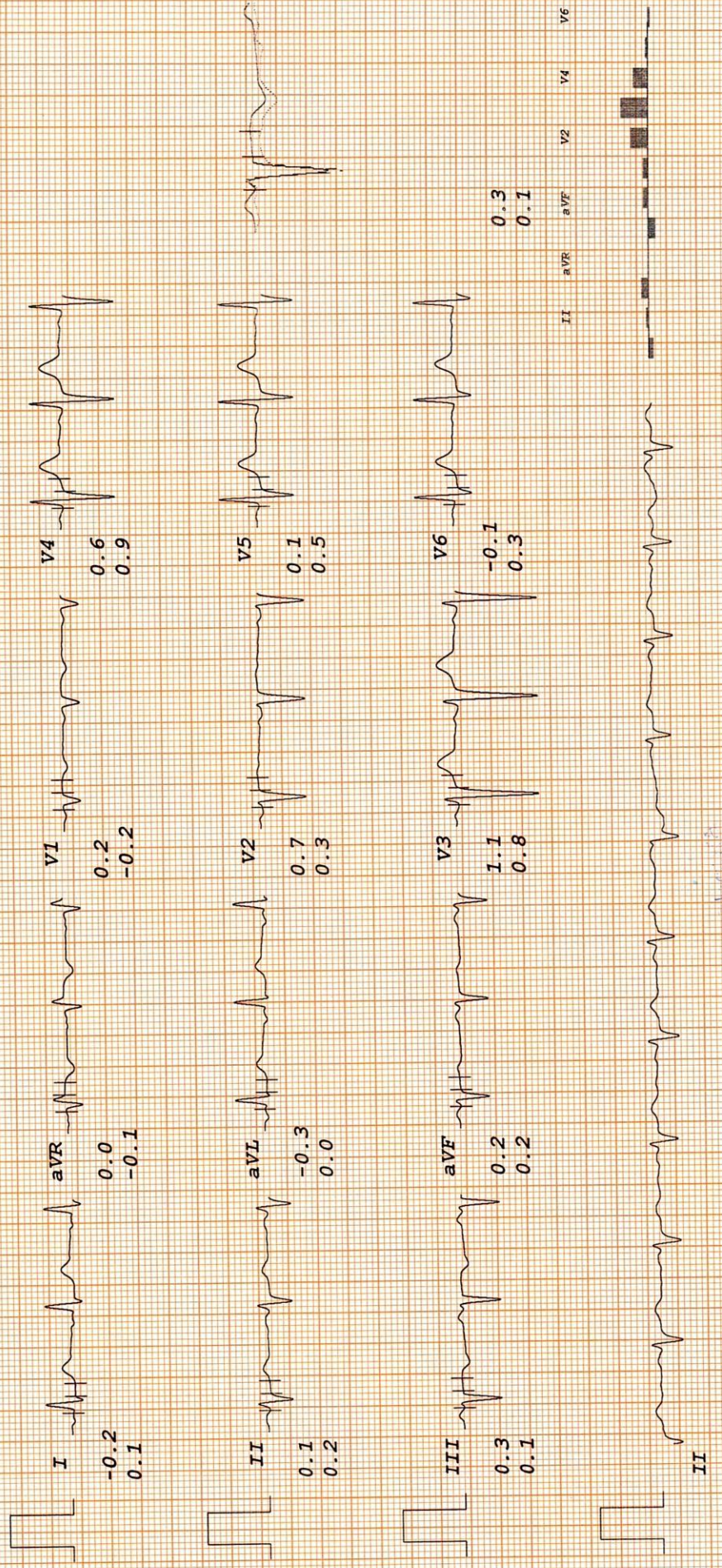
TOTAL TIME 15:18
PHASE TIME 1:55

VIJAYLAXMI MEENA
I.D. 3435
Age 25/F
Date 04-09-2022

LINKED MEDIAN

Mag. X 2

III



Dr. Karan Singh
MBBS, MD, MCh
Cardiology
Liaison Physician

THE DIAGNOSTIC & IMAGING CENTRE

VIJAYLAXMI MEENA
 I.D. 3435
 Age 25/F
 Date 04-09-2022

Rate 95bpm
 B.P. 120/80

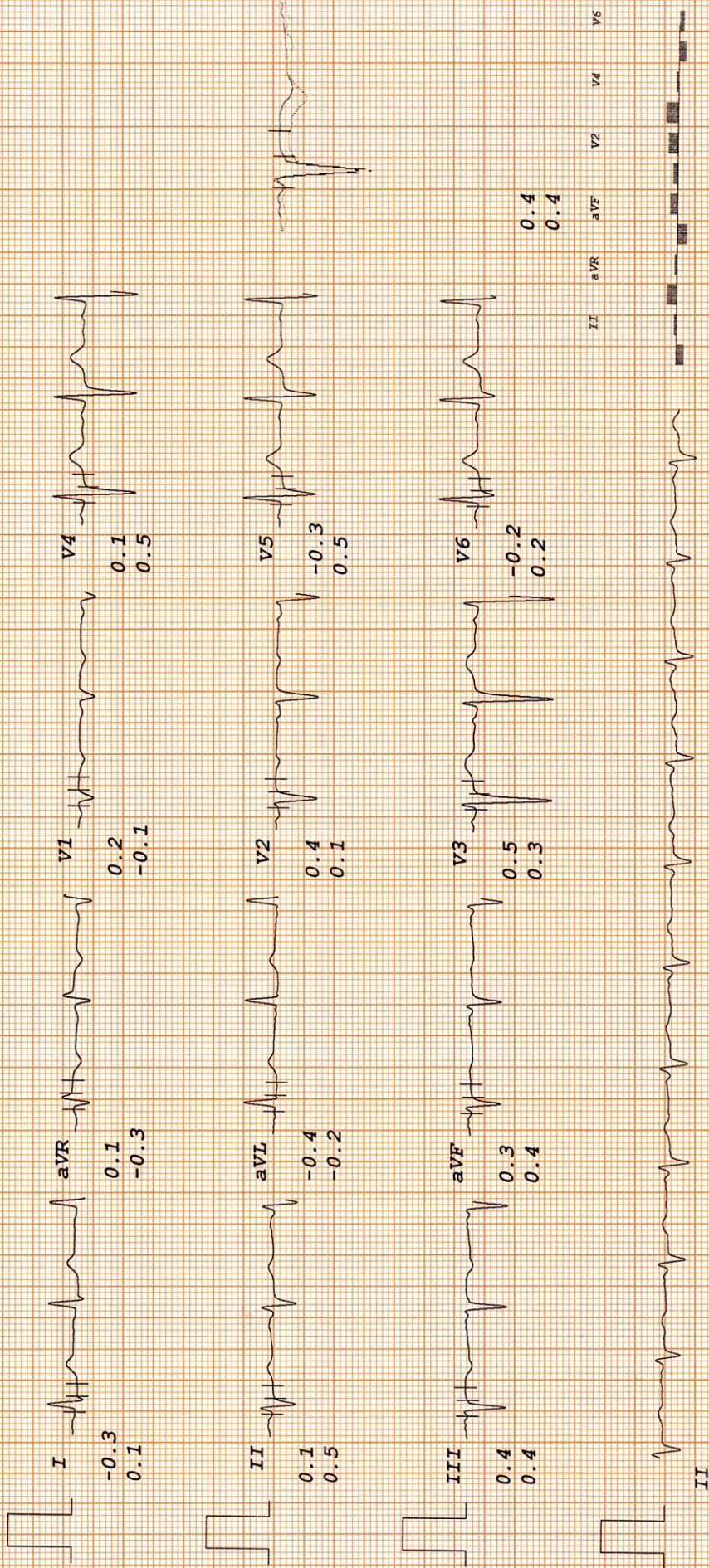
Bruce
 RECOVERY
 TOTAL TIME 16:57
 PHASE TIME 3:34

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



Dr. Karthikeyan
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DMC/1725/18

Rhythm: Filtered (20 Cycle/Sec) Avg. Complex: Filtered

UNI-EM, Indore. Tel.: +91-731-4030335, Fax: +91-731-4031199, E-Mail: em@electromedicalis.net, Web: www.uni-em.com

KARDIO SURGICARE 9811008518

THE DIAGNOSTIC & IMAGING CENTRE

VIJAYLAXMI MEENA
I.D. 3435

Age 25/F
Date 04-09-2022

RATE 98bpm
B.P. 130/80

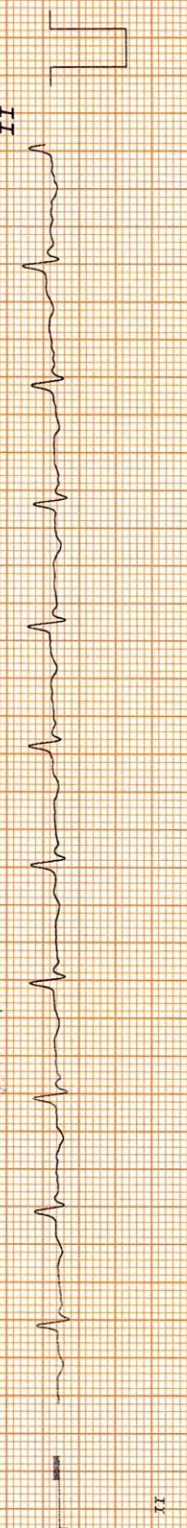
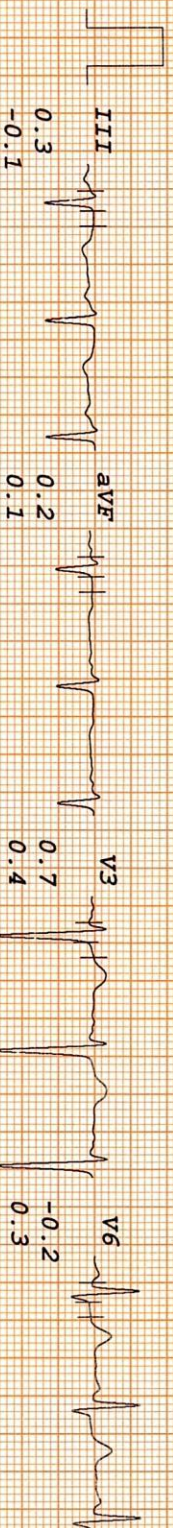
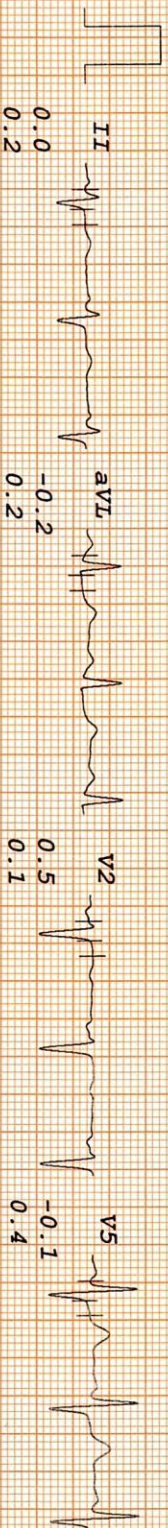
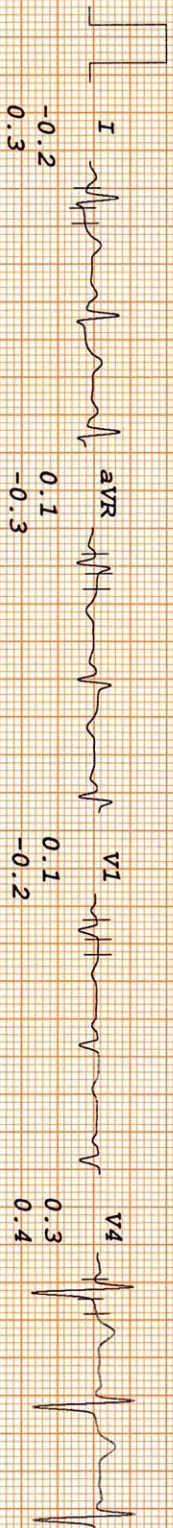
Bruce
RECOVERY
TOTAL TIME 16:18
PHASE TIME 2:55

ST @ 10mm/mV
80ms Post J

LINKED MEDIAN

Mag. X 2

III



II aVR aVF V2 V4 V6
I III aVL V1 V3 V5

Dr. KARAN U GAHA
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMCR22248

होगी.

भारत सरकार
GOVERNMENT OF INDIA

विजयलक्ष्मी मीणा
Vijaylakshmi Meena
जन्म तिथि/ DOB: 15/03/1997
महिला / FEMALE

पता
D/O: महेंद्र सिंह
आरजेडएफ-38
न0-38, साध न
पालम गाँव, द
दिल्ली,
दिल्ली - 1100

8048 1415 7274

आधार-आम आदमी का अधिकार Aadhaar

आधार
आरक्षित विशिष्ट पहचान प्रतिकरण
Unique Identification Authority of India

पता:
D/O: महेंद्र सिंह मीणा, आरजेडएफ-38/29ए गली न0-38,
साध नगर पार्ट-2, पालम गाँव, दक्षिण पश्चिमी दिल्ली,
दिल्ली - 110045

Address:
D/O: Mahendra Singh Meena, RZF-38/29A,
STREET NO-38, SADH NAGAR PART-2,
Palam Village, South West Delhi,
Delhi - 110045

8048 1415 7274
VID: 9134 0859 9047 4459

QR Code with Photograph

Vijay Lakshmi

IPSC PAIN AND SPINE HOSPITAL
Plot No 453 Dwarka Sector-19,
New Delhi-110075

Patient Name : Mrs. VIAJYLAKSHMI	Reg No. : 3446/UHID22DL	Lab ID. : 3864/OPDPB22DL
Age / Gender : MEENA : 25Y / Female	Date : 04-Sep-2022	
Mobile No. : 9887699768	Refd. By : Dr. INSURANCE	Collected : 04-Sep-2022 13.32
Sample Type : OTHER	Manual No. :	Received : 04-Sep-2022 13.32
	Sample ID : 221056	Report : 05-Sep-2022 17.32

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

Pap Smear(LBC)

PAP/33/22

LIQUID BASED CYTOLOGY

SPECIMEN RECEIVED

- Liquid Bsed Preparation of the Cervical Cytology.

ADEQUACY OF SPECIMEN

- Satisfactory for evaluation.
Transformation Zone component seen.

GENERAL CATEGORIZATION

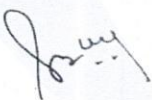
- Smears studied show dispersed population of superficial, intermediate and parabasal squamous cells with normal N:C ratio , some show benign reactive changes. Mild neutrophilic infiltrate and doederlein bacilli seen.

No atypical cells/ features of malignancy noted.

INTERPRETATION

- Negative for intra-epithelial lesion

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



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



Delhi Centre:
IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075

Contact Us : +91-7028195111

info@ipscindia.com



BOOK DIAGNOSTICS

Bengaluru Centre:
IPSC Bangalore: 11,12 Sahakara Nagar,
Bellary Road, Bengaluru - 560092

Contact Us : +91-7028207222

bengaluru@ipscindia.com