

NAME: Ms. Ridhima Jaiswal
REF.BY: Chandan Healthcare

AGE/SEX: 27 YRS/F
DATE: 28/09/2024

Reg. No. 9114

Thanks for referral

USG REPORT OF WHOLE ABDOMEN

LIVER: Is normal in size 148 mm outline with homogenous parenchymal echotexture .
No focal lesion is seen .Hepatic biliary and portal radicles are normal.

GB: Is distended ,lumen is echofree .No calculus/mass is seen.
CBD is normal. .

SPLEEN: Is normal in size and position.No focal /diffuse lesion is seen.

PANCREAS: Is normal in size and outline with homogenous parenchymal echotexture.
No mass/swelling/calcification or peripancreatic collection seen.

RIGHT KIDNEY: is normal in size and outline with homogenous parenchymal echotexture.
Cortico medullary differentiation is normal. **Multiple small calcific foci are seen largest measure 3.9 mm.** No evidence of hydronephrosis.

LEFT KIDNEY:Is normal in shape ,size & outline with homogenous parenchymal echotexture.
Cortico medullary differentiation is normal .No evidence of calculi/hydronephrosis.

U.BLADDER : Is distended with clear lumen. No focal lesion or wall abnormality seen.

UTERUS: Appear normal in size ,position and echo patterns.Endometrial echotexture is
echogenic and central.No mass / gestation seen.

OVARIES: B/L ovaries are normal.

ADNEXAE:Both appear normal .No evidence of mass /swelling .

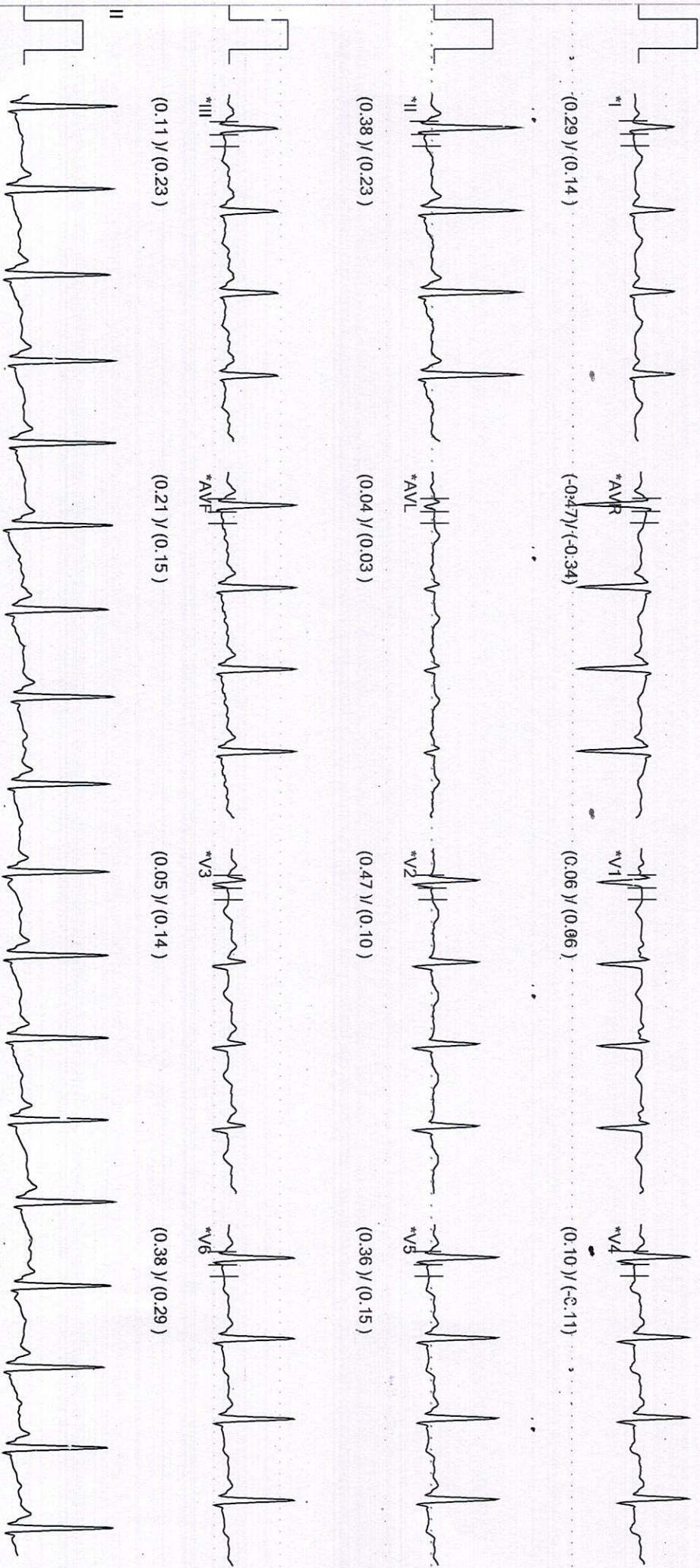
OTHERS:No ascites/Adenopathy or dilated bowel loops are seen.

IMPRESSION: Renal microlithiasis right side.

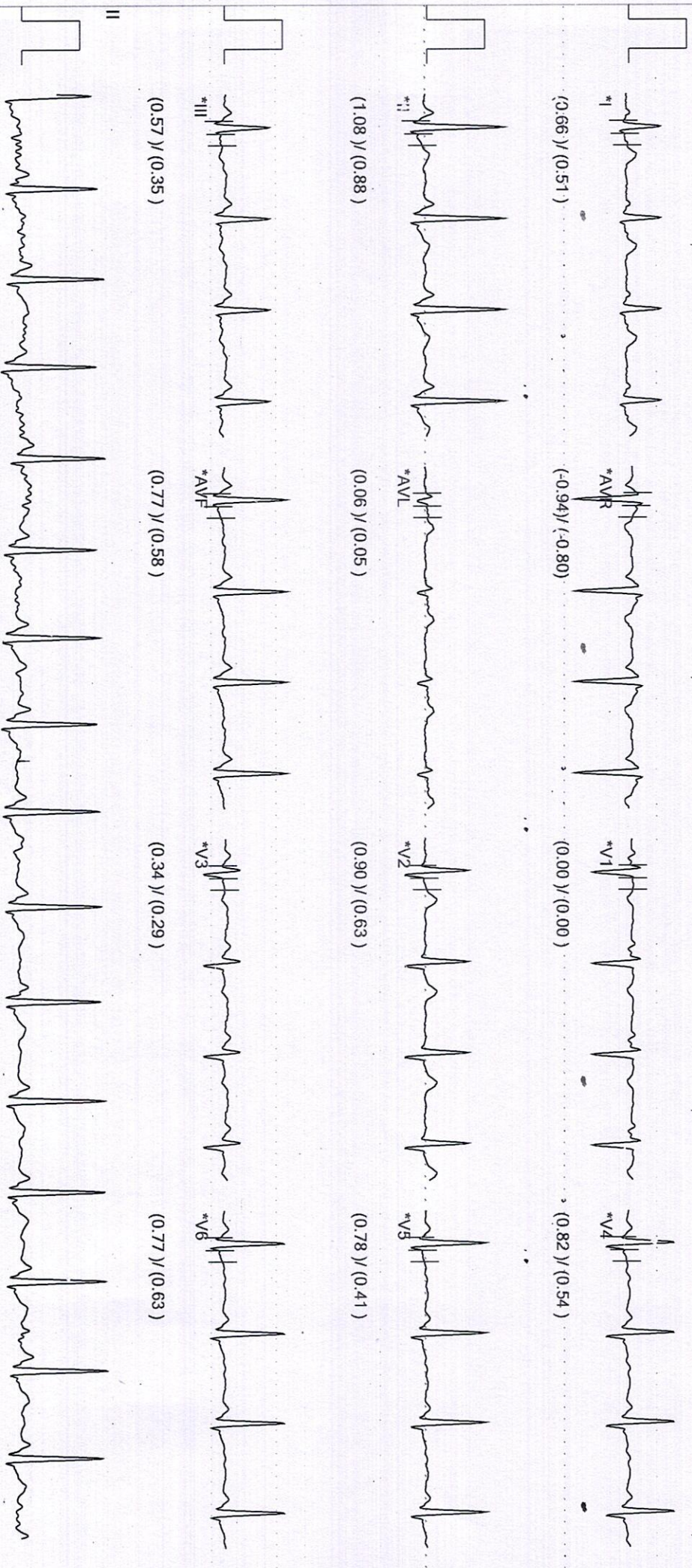
ADV: please correlate with clinical findings and with other necessary investigation.

Dr. Umesh Chandra Gupta
MBBS,DMRD

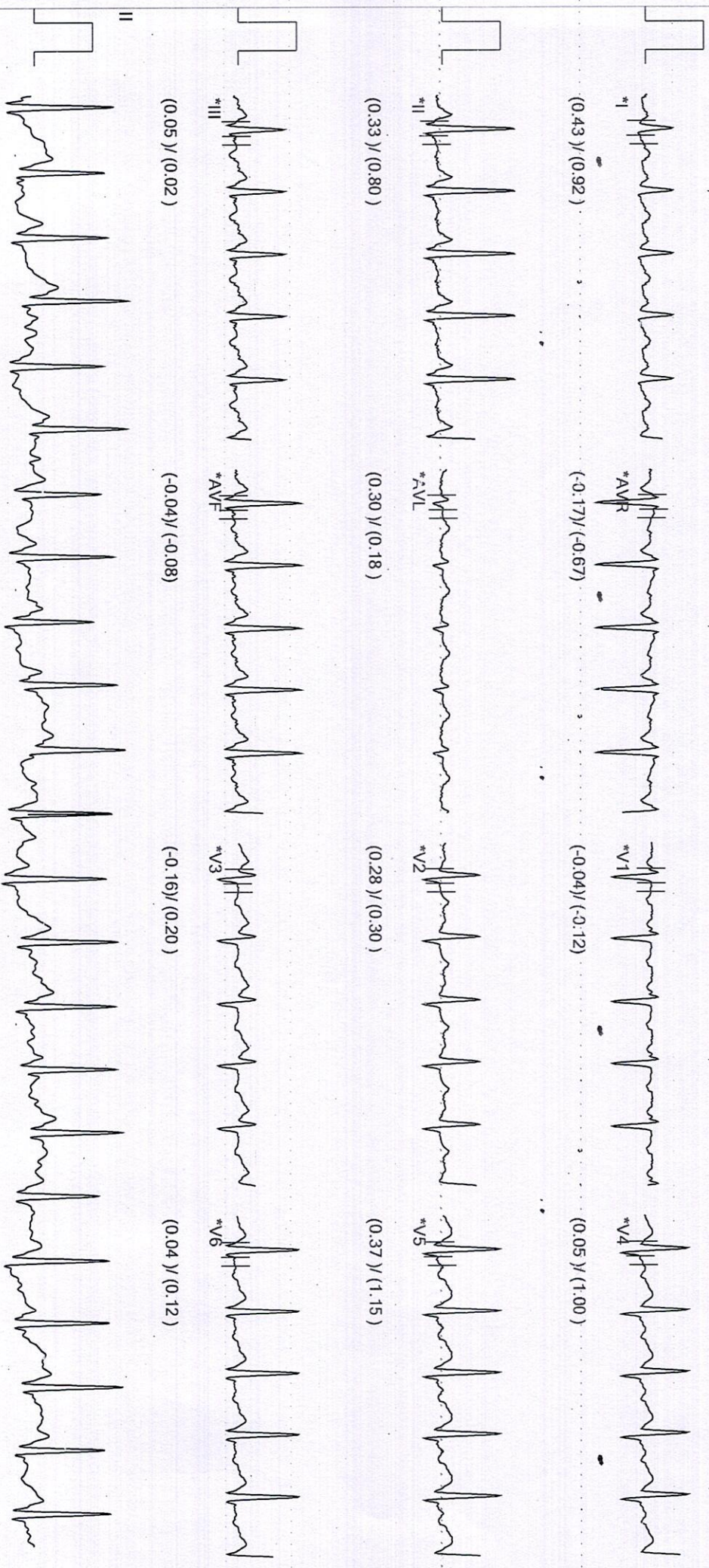
ID : 2010 **Stage : Recovery %** **Protocol : BRUCE**
NAME : Ridhima Jaiswal **Recovery Time : 02:00** **Speed(km/h) : 0.0** **Test on : 28-09-2024,01:43 PM**
AGE : 27 **Stage Time : 01:00** **Grade(%) : 0.00** **Doctor : Dr. Deepak Tiwari**
NIBP : ---/---(---) **HR : 107 (55%)** **METS : 0.00**
ST Level(mm), ST Slope (mV/sec) at 80ms P] **BPL DYNATRAC NEO**



ID : 2010 **Stage : Recovery 1** **Protoccl: : BRUCE**
NAME : Ridhima Jaiswal **Recovery Time : 01:00** **Speed(Km/h) : 0.0** **Test on : 28-09-2024,01:43 PM**
AGE : 27 **Stage Time : 01:00** **Grade(%) : 0.00** **Doctor : Dr. Deepak Tiwari**
NIBP : ---/---(---) **HR : 95 (49%)** **METS : 0.00**
ST Level(mn), ST Slope (mV/sec) at 80ms Pj

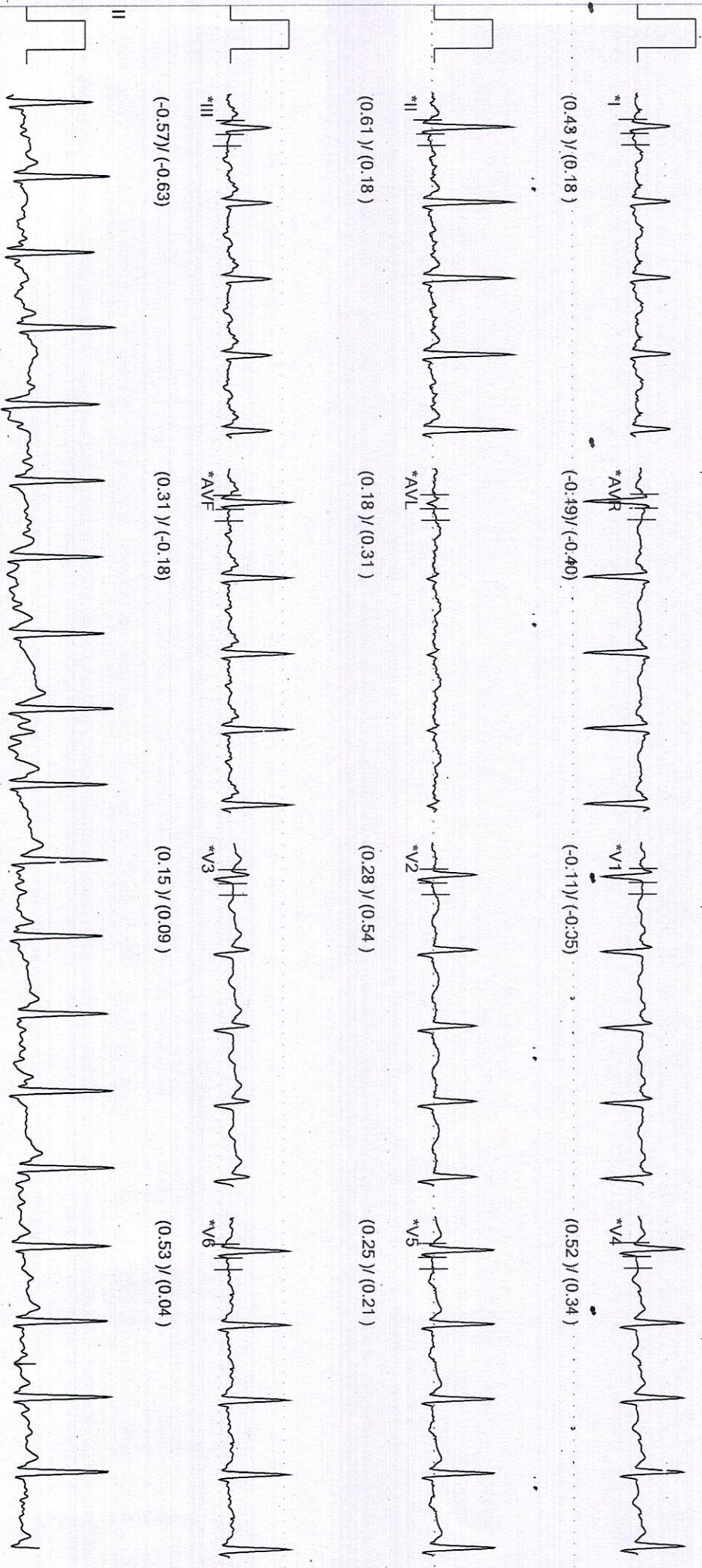


ID : 2010 Stage : Peak Exercise 2 Protocol : BRUCE
 NAME : Richhima Jaiswal Exercise Time : 04:32 Speed(Km/h) : 4.0 Test on : 28-09-2024,01:43 PM
 AGE : 27 Stage Time : 01:32 Grade(%) : 12.00 Doctor : Dr. Deepak Tiwari
 NIBP : ---/---(---) HR : 139 (72%) METS : 6.60
 ST Lev-(mm), ST Slope (mV/sec) at 60ms P] BPL DYNATRAC NEO

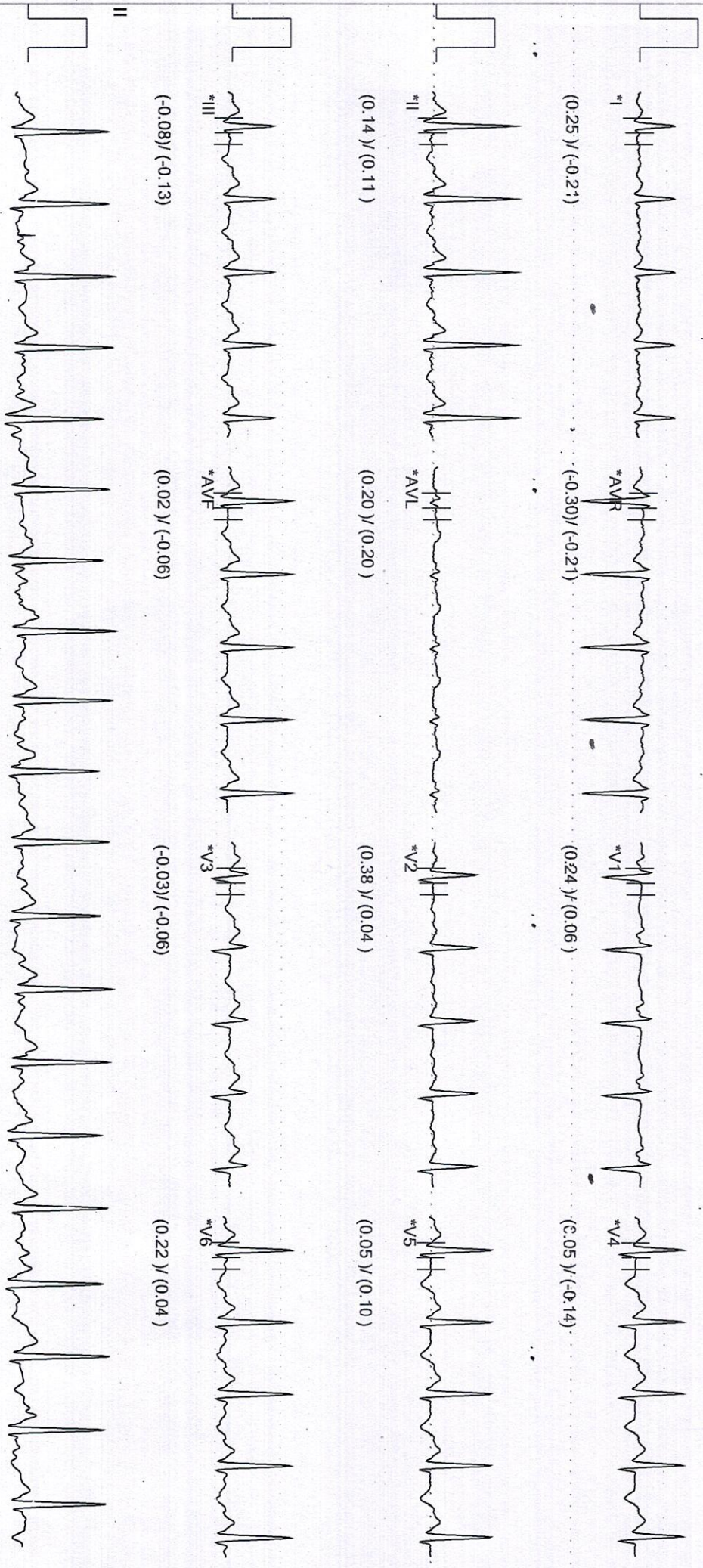


ANUDEEP HEART CARE CENTRE

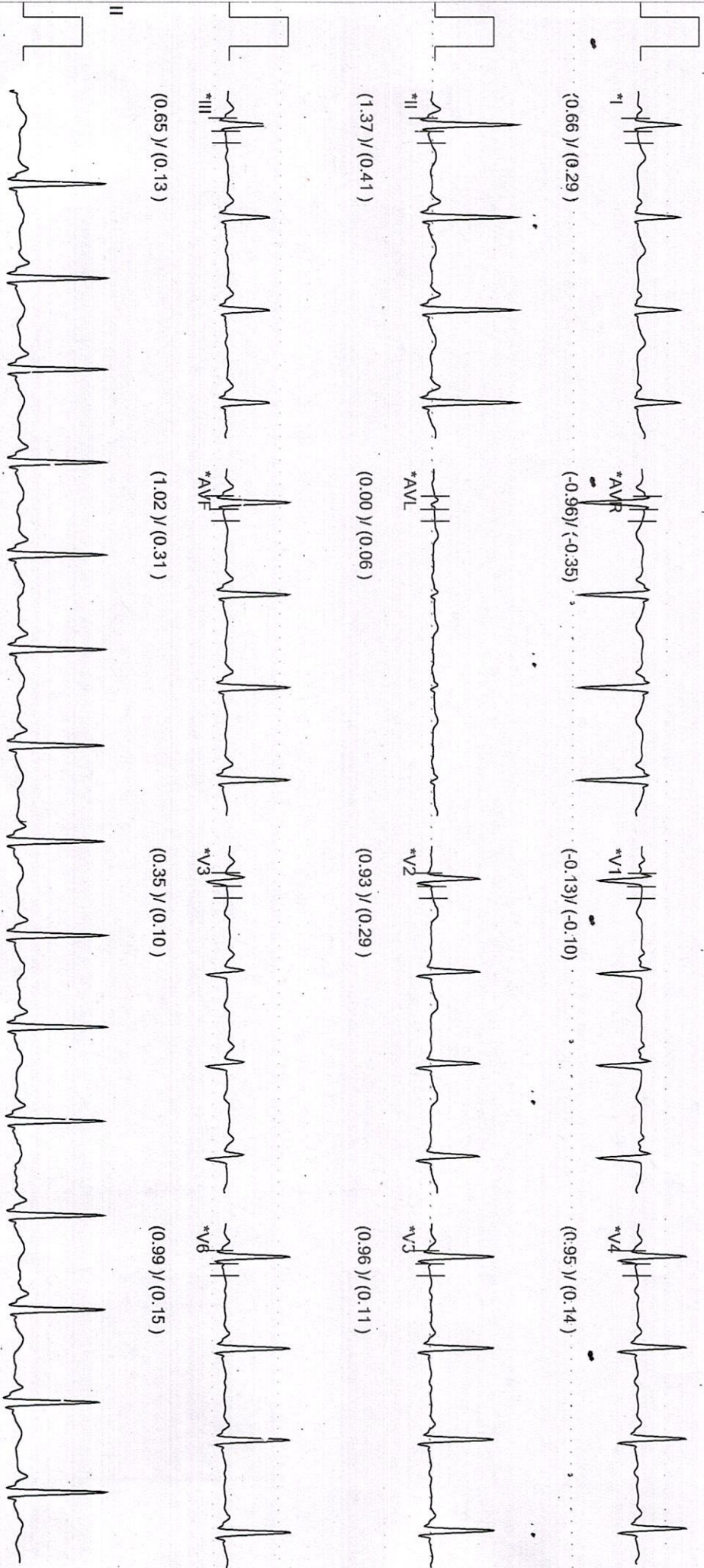
ID : 2010 Stage : **Exercise 1** Protocol : **BRUCE**
NAME : Ridhima Jaiswal Exercise Time : **03:00** Speed(Km/h) : **2.7** Test on : **28-09-2024,01:43 PM**
AGE : 27 Stage Time : **03:00** Grade(%) : **10.00** Doctor : **Dr. Deepak Tiwari**
NIBP : ---/---(---) HR : **115 (59%)** METS : **5.10**
 ST Level(mm), ST Slope (mV/sec) at 80ms P] **BPL DYNATRAC NEO**



ID : 2020 Stage : Waiting for Exe Protocol : BRUCE
 NAME : Ridhima Jaiswal Pre Test Time : 00:48 Speed(Km/h) : 0.0 Test on : 28-09-2024,01:43 PM
 AGE : 27 Stage Time : 00:24 Grade(%) : 0.00 Doctor : Dr. Deepak Tiwari
 NIBP : ---/---(---) HR : 120 (62%) METS : 0.00
 ST Level(mm), ST Slope (mV/sec) at 80ms Pj



ID : 2010 **Stage : Supine** **Protocol : BRUCE**
NAME : Ridhima Jaiswal **Pre Test Time : 00:24** **Speed(Km/h) : 0.0** **Test on : 28-09-2024,01:43 PM**
AGE : 27 **Stage Time : 00:24** **Grade(%) : 0.00** **Doctor : Dr. Deepak Tiwari**
NIBP : ---/---(---) **HR : 95 (49%)** **METS : 0.00**
ST Level(mm), ST Slope (mV/sec) at S0ms P1 **BPL DYNATRAC NEO**





CHANDAN DIAGNOSTIC CENTRE

Add: Near Pulse Hospital, Chatra Sangh Chauraha, Gorakhpur (U.P)

Ph: 7232903044,9161222228

CIN: U85110UP2003PLC193493

Patient Name	: Mrs.RIDHIMA JAISWAL	Registered On	: 28/Sep/2024 10:59:07
Age/Gender	: 27 Y 0 M 0 D /F	Collected	: 28/Sep/2024 11:16:28
UHID/MR NO	: CGKP.0000037593	Received	: 28/Sep/2024 11:58:25
Visit ID	: CGKP0127302425	Reported	: 28/Sep/2024 13:12:28
Ref Doctor	: Dr.Mediwheel gkp -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) , Blood

Blood Group	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	13.10	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	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	6,700.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	61.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	32.00	%	20-40	FLOW CYTOMETRY
Monocytes	6.00	%	2-10	FLOW CYTOMETRY
Eosinophils	1.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	< 1-2	FLOW CYTOMETRY
ESR				
Observed	22.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	





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Test Name	Result	Unit	Bio. Ref. Interval	Method
				Pregnancy Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)
Corrected	6.00	Mm for 1st hr.	<20	
PCV (HCT)	38.90	%	40-54	
Platelet count				
Platelet Count	2.16	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	53.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.31	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.65	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	106.80	fl	80-100	CALCULATED PARAMETER
MCH	35.90	pg	27-32	CALCULATED PARAMETER
MCHC	33.60	%	30-38	CALCULATED PARAMETER
RDW-CV	19.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	76.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,087.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	67.00	/cu mm	40-440	

Vasundhara

DR VASUNDHARA MD PATHOLOGIST





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	91.00	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.20	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	102	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)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*





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Test Name	Result	Unit	Bio. Ref. Interval	Method
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 I diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

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 non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy
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.

BUN (Blood Urea Nitrogen) 7.86 mg/dL 7.0-23.0 CALCULATED
Sample:Serum

Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.





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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Creatinine 0.77 mg/dl 0.5-1.20 MODIFIED JAFFES
Sample:Serum

Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid 4.10 mg/dl 2.5-6.0 URICASE
Sample:Serum

Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	26.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	13.60	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	21.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.40	gm/dl	6.2-8.0	BIURET
Albumin	4.92	gm/dl	3.4-5.4	B.C.G.
Globulin	2.48	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.98		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	69.10	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.74	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.41	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.33	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	143.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	61.40	mg/dl	30-70	DIRECT ENZYMATIC





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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
LDL Cholesterol (Bad Cholesterol)	62	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	19.22	mg/dl	10-33	CALCULATED
Triglycerides	96.10	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Vasundhara

DR VASUNDHARA MD PATHOLOGIST



Home Sample Collection
08069366666

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE , Urine

Color	YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.5)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	2-3/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE , Urine

Sugar, Fasting stage	ABSENT	gms%		
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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

Vasundhara

DR VASUNDHARA MD PATHOLOGIST



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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	148.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.23	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.710	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

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.

Vasundhara

DR VASUNDHARA MD PATHOLOGIST





CHANDAN DIAGNOSTIC CENTRE

Add: Near Pulse Hospital, Chatra Sangh Chauraha, Gorakhpur (U.P)
Ph: 7232903044,9161222228
CIN: U85110UP2003PLC193493

Patient Name	: Mrs.RIDHIMA JAISWAL	Registered On	: 28/Sep/2024 10:59:08
Age/Gender	: 27 Y 0 M 0 D /F	Collected	: 2024-09-28 14:19:37
UHID/MR NO	: CGKP.0000037593	Received	: 2024-09-28 14:19:37
Visit ID	: CGKP0127302425	Reported	: 28/Sep/2024 14:22:57
Ref Doctor	: Dr.Mediwheel gkp -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

X-RAY REPORT

(500 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.

Adv: clinico-pathological correlation and further evaluation.

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), Tread Mill Test (TMT)



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: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups *

365 Days Open

*Facilities Available at Select Location





CHANDAN DIAGNOSTIC CENTRE

Add: Near Pulse Hospital, Chatra Sangh Chauraha, Gorakhpur (U.P)
Ph: 7232903044,9161222228
CIN : U85110DL2003PLC308206

Patient Name	: Mrs.RIDHIMA JAISWAL	Registered On	: 28/Sep/2024 10:59AM
Age/Gender	: 27 Y 0 M 0 D /F	Collected	: 28/Sep/2024 11:37AM
UHID/MR NO	: CGKP.0000037593	Received	: 28/Sep/2024 11:58AM
Visit ID	: CGKP0127302425	Reported	: 28/Sep/2024 03:31PM
Ref Doctor	: Dr.Mediwheel gkp -	Status	: Final Report
		Contract By	: MEDIWHEEL - ARCOFEMI HEALTH CARE LTD.[52610]CREDIT

DEPARTMENT OF CYTOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

SPECIMEN:	PAPS
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CYTOLOGY NO:	161/24-25
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GROSS:	SLIDES (PAPS SMEAR)
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MICROSCOPIC:	Smears show fair number of intermediate squamous epithelial cells along with few parabasal cells and squamous metaplastic cells. Background shows few polymorphs. No fungal elements/ parasite/ atypia seen.
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IMPRESSION:	1 :- SMEARS ARE NEGATIVE FOR INTRAEPITHELIAL LESION / MALIGNANCY. 2:- INFLAMMATORY SMEARS.
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*** End Of Report ***

Result/s to Follow:

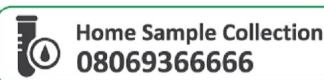
STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), Tread Mill Test (TMT)

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