

Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.MAYA DEVI-PKG10000237	Registered On	: 17/Jan/2022 12:55:42
Age/Gender	: 56 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000025738	Received	: N/A
Visit ID	: CVAR0100022122	Reported	: 17/Jan/2022 14:23:18
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

# DEPARTMENT OF CARDIOLOGY

#### 2D ECHO \*

2D ECHO & COLOUR DOPPLER REPORT						
AORTIC VALVES STUDY						
Ao DIAMETER	2.6	Cms.				
LA DIAMETER	3.1	Cms.				

CUSP OPENING	1.3	Cms.

#### LEFT VENTRICLE

IVSd 1.0cms		
LVIDd 3.8cms		
LVPWd0.8cms		
IVSs 1.3cms		
LVIDs 2.5cms		
LVPWs 1.1 cms		
EDV 65 ml		
ESV 22 ml		
	A.	
EJECTION FRACTION	64%	$(60 \pm 7 \%)$ .
SHORTENING FRACTION	 35%	$(30 \pm 5\%)$

# **RIGHT VENTRICLE**

RVIDd : 2.9 cm.

#### DIMENSIONAL IMAGING

MITRAL VALVE	:	NORMAL
AORTIC VALVE	:	NORMAL
PULMONARY VALVE	:	NORMAL
TRICUSPID VALVE	:	NORMAL
INTER VENTRICULAR SE	EPTUM:	NORMAL
INTERATRIAL SEPTUM		NORMAL
INTRACARDIAC CLOT / V	VEGETATION / MYXOM	A: ABSENT
INTRACARDIAC CLOT / V LEFT ATRIUM	VEGETATION / MYXOM :	A : ABSENT NORMAL
	VEGETATION / MYXOM	
LEFT ATRIUM	VEGETATION / MYXOM : :	NORMAL
LEFT ATRIUM LEFT VENTRICLE	VEGETATION / MYXOM	NORMAL NORMAL
LEFT ATRIUM LEFT VENTRICLE RIGHT VENTRICLE	VEGETATION / MYXOM	NORMAL NORMAL NORMAL



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## DEPARTMENT OF CARDIOLOGY

OTHER

NORMAL

# COLOUR FLOW MAPPING

	VELO	VELOCITY m/sPRESSURE GRADIENT mm/HgREGURGITATION				
MITRAL FLOW	E: A:	NORMAL	MILD			
AORTIC FLOW		NORMAL	ABSENT			
PULMONARY FLO	SW	NORMAL	ABSENT			
TRICUSPID FLOW	7	NORMAL	MILD			

# SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSI

- LV IS NORMAL IN SIZE AND EJECTION FRACTION. NO LVH. NO RWMA
- OTHER PARAMETERS WITHIN NORMAL RANGE
- IAS AND IVS ARE INTACT, NO SHUNT AT GREAT VESSEL
- NO THRUMBUS /CLOT/ EFFUSION

#### FINAL IMPRESSION

- NO RESTING RWMA
- GOOD BIVENTRICULAR SYSTOLIC FUNCTION WITH LVEF 64%
- NO LVH WITH GRADE I DIASTOLIC DYSFUNCTION
- NO CHAMBER DILATATION WITH MILD MR AND TR
- NO CLOT/ VEGETATION/ PAH/ EFFUSION

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



". Shanke

Dr. Ganesh Shankar (MBBS PGDCC

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 \* 365 Days Open \*Facilities Available at Select Location

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#### Chandan Diagnostics Centre Varanasi

Date and Time: 17th Jan 22 12:16 PM



Age / Gender:56/FemalePatient ID:CVAR0099862122Patient Name:Mrs.MAYA DEVI-PKG10000237

aVR V4V V2 Π aVL **V**5 aVF V3 III V6 Π 25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz VR: 89 bpm AR: 89 bpm QRSD: 78 ms QT: 366 ms QTc: 445 ms PRI: 108 ms P-R-T: 49° 48° -43°

Sinus Rhythm, Normal Axis, Abnormal T waves suggestive of Inferolateral Ischemia. Baseline wandering. Baseline artefacts.Please correlate clinically.

AUTHORIZED BY

Dr. Charit MD, DM: Cardiology REPORTED BY

Dr Nethra

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

63382

Registered On

Collected

Received



Patient Name

Age/Gender

UHID/MR NO

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: Mrs.MAYA DEVI-PKG10000237

: 56 Y 0 M 0 D /F

: CVAR.0000025774



: 17/Jan/2022 09:26:27

: 17/Jan/2022 10:23:55

: 17/Jan/2022 10:26:58

Visit ID Ref Doctor	: CVAR0099862122 : Dr.Mediwheel - Arcofem	ii Health Care Ltd.	Reported Status	: 17/Jan/2022 1 : Final Report	3:34:13
		DEPARTMENT C			
	MEDIWHE	EL BANK OF BAR	RODA FEMAL	E ABOVE 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (A	BO & Rh typing) * , Blood				
Blood Group		0			
Rh ( Anti-D)		POSITIVE			
COMPLETE BLO	DD COUNT (CBC) * , Blood				
Haemoglobin		12.50	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)		7,000	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>					
Polymorphs (Neu	utr <mark>ophils</mark> )	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes		45.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils		0.00	%	<1	ELECTRONIC IMPEDANCE
ESR					
Observed		20.00	Mm for 1st hr.		
Corrected		10.00	Mm for 1st hr.	< 20	
PCV (HCT)		40.50	cc %	40-54	
Platelet count					
Platelet Count	4	1.83	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOF
PDW (Platelet Di	stribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet La	arge Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Her	natocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Plate	elet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count					
RBC Count		5.03	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (N	ICV, MCH, MCHC)				
MCV		80.50	fl	80-100	CALCULATED PARAMETER
MCH		24.80	pg	28-35	CALCULATED PARAMETER
		30.80	%	30-38	
		13.70	%	11-16	
		41.70	fL	35-60	ELECTRONIC S. N. Sinta
utro	phils Count	3,500.00	/cu mm	3000-7000	Dr.S.N. Sinha (MD P
A lister of the set	, phils Count (AEC)	210.00	, /cu mm	40-440	





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Age/Gender	: 56 Y 0 M 0 D /F	Collected	: 17/Jan/2022 13:59:04
UHID/MR NO	: CVAR.0000025774	Received	: 17/Jan/2022 14:00:54
Visit ID	: CVAR0099862122	Reported	: 17/Jan/2022 14:47:51
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
GLUCOSE FASTING , Plasma				
Glucose Fasting	91.30	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.

<b>Glucose PP</b> Sample:Plasma After Meal	120.00	mg/dl	<140 Normal 140-199 Pre-diabetes	GOD POD
			>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.
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S. N. Sinter Dr.S.N. Sinha (MD Path)

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Age/Gender	: 56 Y 0 M 0 D /F	Collected	: 17/Jan/2022 10:23:55
UHID/MR NO	: CVAR.0000025774	Received	: 18/Jan/2022 11:35:12
Visit ID	: CVAR0099862122	Reported	: 18/Jan/2022 12:30:11
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
GLYCOSYLATED HAEMOGLOBIN (HBA1C	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)

mmol/mol/IFCC

mg/dl

#### Interpretation:

#### NOTE:-

Glycosylated Haemoglobin (Hb-A1c)

Estimated Average Glucose (eAG)

- 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.

34.00

105

• 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

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. \*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.



Home Sample Collection 1800-419-0002



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#### DEPARTMENT OF BIOCHEMISTRY

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

**Test Name** 

Result

Unit

Method

**Bio. Ref. Interval** 

**<u>Clinical Implications:</u>** 

\*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

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.



Dr. Anupam Singh M.B.B.S,M.D.(Pathology)



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Patient Name

CHANDAN DIAGNOSTIC CENTRE

Registered On

Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206

: Mrs.MAYA DEVI-PKG10000237



: 17/Jan/2022 09:26:28

Age/Gender: 56 Y 0 M 0 D /FUHID/MR NO: CVAR.0000025Visit ID: CVAR00998622Ref Doctor: Dr.Mediwheel -	5774	Collected Received Reported Status	: 17/Jan/2022 10:23: : 17/Jan/2022 10:26: : 17/Jan/2022 13:48: : Final Report	55 58
	DEPARTMENT O			
MI	EDIWHEEL BANK OF BAR			
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	7.30	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	0.90	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	on 103.00	ml/min/1.73m	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	3.80	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serun	n			
SGOT / Aspartate Aminotransferase	(AST) 32.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (A	LT) 16.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	15.80	🥖 🖉 IU/L 🥖	11-50	OPTIMIZED SZAZING
Prote <mark>in</mark>	7.30	gm/dl	6.2-8.0	BIRUET
Albumin	4.40	gm/dl	3.8-5.4	B.C.G.
Globulin	2.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.52		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	133.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	218.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	50.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	138	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	29.42	mg/dl	10-33	CALCULATED
Triglycerides	147.10	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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Age/Gender	: 56 Y 0 M 0 D /F	Collected	: 17/Jan/2022 10:23:55
UHID/MR NO	: CVAR.0000025774	Received	: 17/Jan/2022 10:26:58
Visit ID	: CVAR0099862122	Reported	: 17/Jan/2022 13:48:26
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

200-499 High >500 Very High



S. N. Sinta Dr.S.N. Sinha (MD Path)

ISO 9001:2015

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UHID/MR NO	: CVAR.0000025774	Received	: 17/Jan/2022 10:26:58
Visit ID	: CVAR0099862122	Reported	: 17/Jan/2022 13:42:08
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

#### DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

est Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE *	. Urine			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 5.5 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
loten	ADJENT	, ing /u	10-40 (+)	DI STICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
		Charles Prov	> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			



S.n. Sinta

Dr.S.N. Sinha (MD Path)



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Patient Name	: Mrs.MAYA DEVI-PKG10000237	Registered On	: 17/Jan/2022 09:26:27
Age/Gender	: 56 Y 0 M 0 D /F	Collected	: 18/Jan/2022 10:53:25
UHID/MR NO	: CVAR.0000025774	Received	: 18/Jan/2022 11:05:06
Visit ID	: CVAR0099862122	Reported	: 18/Jan/2022 11:06:14
Ref Doctor	: 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
---

# STOOL, ROUTINE EXAMINATION \* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Basic ( 8.0 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	1-2/h.p.f
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT



S. M. Sinton Dr.S.N. Sinha (MD Path)

ISO 8001:2018

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Home Sample Collection 1800-419-0002





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#### DEPARTMENT OF CLINICAL PATHOLOGY

# MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

MEDIWITELE DANK OF DANODA FEMALE ADOVE 40 TKS				
Test Name	Result	Unit	Bio. Ref. Interval	Method
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				
(+) < 0.5		5		
(++) 0.5-1.0				
(+++) 1-2				
(++++) > 2				
SUGAR, PP STAGE * , Urine				
Sugar, PP Stage	ABSENT			
		A Start		
Interpretation:				
(+) < <u>0.5 gms</u> %				
(++) 0.5-1.0 gms%			and the second	
(+++) 1-2 gms%				
(++++) > 2  gms%				



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UHID/MR NO	: CVAR.0000025774	Received	: 18/Jan/2022 10:05:06
Visit ID	: CVAR0099862122	Reported	: 18/Jan/2022 11:57:36
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

#### 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)	98.57	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.25	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	6.44	μIU/mL	0.27 - 5.5	CLIA
Interpretation:	0.3-	4.5 μIU/n	nL First Trimester	

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.

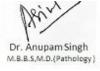
**5**) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

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.





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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.MAYA DEVI-PKG10000237	Registered On	: 17/Jan/2022 09:26:29
Age/Gender	: 56 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000025774	Received	: N/A
Visit ID	: CVAR0099862122	Reported	: 17/Jan/2022 11:37:07
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 \*

# <u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.



Dr Raveesh Chandra Roy (MD-Radio)

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

# DEPARTMENT OF ULTRASOUND

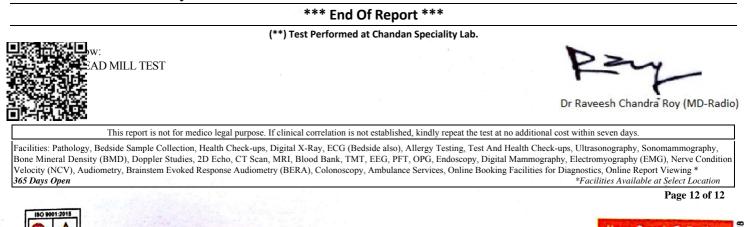
#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

# ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

- LIVER: Normal in size (11.9 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- GALL BLADDER :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.
- **CBD** :- It measures 3.0 mm in caliber.
- PORTAL VEIN: It measures 9.2 mm in caliber.
- **PANCREAS:** Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.
- SPLEEN: Normal in size (7.3 cm), shape and echogenicity.
- **RIGHT KIDNEY**: Normal in size (8.0 x 3.0 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.
- LEFT KIDNEY: Normal in size (8.9 x 3.8 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.
- URINARY BLADDER :- Normal in shape, outline and distension. No e/o wall thickening / calculus.Prevoid urine volume 35 cc.
- UTERUS :- Retroflexed, indistinct in outline, normal to the extent visualized. Size ( 46 x 29 x 22 mm/16 cc).
- OVARIES :- Bilateral ovaries obscured.
- However no adnexal mass.
- Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy
- No free fluid is seen in the abdomen/pelvis.

# **IMPRESSION** : No significant abnormality seen.

#### Please correlate clinically.







Name of Company: Medi wheel Name of Executive: May a Deri Date of Birth: 12-09-1965 Female Sex: Height: 15:0Cm Weight: 54kg. BMI (Body Mass Index) : ~ 4. 0 Chest (Expiration / Inspiration) 80184 Con Abdomen: 73 Cm. Blood Pressure: (i) 200/106 (ii) 196/106 (iii) 196/106 Pulse: 110 BPM, Regaler RR: 18 Resp 1 Min. Ident Mark: Male on Rt cheeck Any Allergies: Vertigo: Any Medications: Any Surgical History: (1) LI ear tempanichembrane Plo- 848. Hop- Nota-Habits of alcoholism/smoking/tobacco: NG Chief Complaints if any: Meardche - 7 YRs Lab Investigation Reports: Eye Check up vision & Color vision: Normal è Power glass - 878-Left eye: Normal Power - Note-f-Right eye: Nort Near vision: Normal E Rower glass - 37B







Far vision :

Dental check up: Prochear - 1 4ft.

Nonal

Nonaf

ENT Check up: Nomp ¿ (ET. Tempanie Membrane 1074B)

Eye Checkup:

# **Final impression**

MayaDeri

Certified that I examined . is presently in good health and free from any cardio-respiratory/communicable ailment, he/she is fit / Unfit to join any organization. Dr. R.C. ROY MBBS. MD. (Radie Diagnosis) Rog. No. -26918

Client Signature :-

माधारेने

Signature of Medical Examiner

Name & Qualification ... Dr R ( Ray, MBDS 1 MD

Date ? 7/01/22 Place. Varanas;







# भारत सरकार Government of India माया देवी Maya Devi जन्म तिथि / DOB : 12/09/1965 महिला / Female



