

MRS. ARTI JHA
BANK OF BARODA45 Years /F
12-03-2022

Test Name	Results	Normal Range
<u>BIOCHEMISTRY</u>		
FASTING BLOOD SUGAR	96.0	70 - 110 mg/dl
Corresponding Urine Sugar	NIL	Nil
P.P. BLOOD SUGAR	102.0	upto 140 mg/dl
TOTAL BILIRUBIN	0.66	0 - 1 mg/dl
DIRECT BILIRUBIN	0.21	<0.25 mg/dl
INDIRECT BILIRUBIN	0.45	< 1.0 mg/dl
S.G.O.T	14.0	0 - 45 IU/L
S.G.P.T	25.0	0 - 45 IU/L
ALKALINE PHOSPHATE	105.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
GAMA GT	10.0	5 - 43 Iu/l
TOTAL PROTEIN	7.66	6.0 to 8.0 g/dl
ALBUMIN	4.12	3.2 to 5.0 g/dl
GLOBULIN	3.54	1.9 to 3.5
A:G RATIO	1.16	1.2 TO 2.3
CREATININE	1.22	0.6 - 1.4 mg\dl
URIC ACID	5.22	2.5 - 6.8 mg\dl
BUN	10.0	5 - 21 Mg/dl

Dr. POOJA PRAPANNA

DR. POOJA PRAPANNA
MD
M.D.

MRS. ARTI JHA
BANK OF BARODA45 Years /F
12-03-2022**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	544	400 - 700 mg/dl
CHOLESTROL	177.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	41.0	35- 60 mg/dl
TRIGLYCERIDE	140.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	108	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	28	<40 mg/dl
RISK RATIO	4.32	3 - 6

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12-03-2022**HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	9.9	11 - 16 gm%
R.B.C. Count	4.96	3.8 - 4.8 milli./cu.mm
PCV	27.2	36 - 46 %
MCV	54.84	80 - 98 fl
MCH	19.96	27 - 32 pg
MCHC	36.40	31.5 - 34.5 %
TOTAL WBC COUNT	7,400	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	71	40 - 75 %
Lymphocytes	25	20 - 40 %
Monocytes	02	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	3.25	1.5 - 4 Lacs/cu.mm.
E.S.R	10	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

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12-03-2022**URINE EXAMINATION**

Test Name	Results	Normal Range
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
CHEMICAL EXAMINATION		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
MICROSCOPIC EXAMINATION		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

Dr. POOJA PRAPANNADR. POOJA PRAPANNA
M.D.

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12-03-2022**BLOOD GROUP**

Test Name	Results	Normal Range
BLOOD GROUP	: -	
"ABO " GROUP	"B"	
Rh (D) Factor	Positive	

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

Dr. POOJA PRAPANNA
DR. POOJA PRAPANNA
M.D.

MRS. ARTI JHA
BANK OF BARODA

45 YEARS / FEMALE
12-03-2022

Height: 153 CM.

Weight: 64.3 KG.

BP: - 124/80 mmhg

Pulse: 73/- Regular

BMI: - 27.3

The Medical Examiner should record the findings under one of the following categories:-

- ✓ 1. FIT
2. UNFIT



Dr. D.S. Chhabra
DR. D.S. CHHABRA
MBBS. MD.
REG. No. - 5007

MRS. ARTI JHA

45 Yrs./F.

BOB

12th Mar. 2022

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central.

C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

DR.D.S.CHHABRA.

M.D.

MRS. ARTI JHA

45 Yrs/F

BOB

12th Mar. 2022

ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **early fatty changes**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both kidneys are normal in size [measures about Rt.- 10 cms. & Lt.- 11.5 cms. in length], shape and echostructure. No calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape and has thin walls.

Uterus is mildly enlarged in size, is **bulky** [measures about 11.5 x 6.5 x 5 cms. in diam.]. Two uterine cavities are seen in upper fundal region ? **arcuate uterus**. The uterine outlines are smooth & regular and the myometrial echopattern is normal. **IUCD** is seen in the **upper part of uterine cavity** which is slightly low in situation, no myometrial invasion. No obvious mass lesion.

Both ovaries are normal in size, shape and echostructure.

No adnexal / pelvic mass or cyst. No localised or free pelvic collection.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION :

Early fatty changes in liver.

Mildly enlarged, bulky uterus with IUCD insitu.

**DR.D.S.CHHABRA.**

M.D.



LABORATORY REPORT



Name : ARTI JHA	Sex/Age : Female / 45 Years	Case ID : 20301603247
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 12-Mar-2022 12:35	Sample Type : Serum	Mobile No. :
Sample Date and Time : 12-Mar-2022 12:35	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 12-Mar-2022 13:46	Acc. Remarks	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Thyroid Function Test				
Triiodothyronine (T3) CMIA	124.58	ng/dL	58 - 159	
Thyroxine (T4) CMIA	7.2	µg/dL	5.5 - 11.0	
TSH CMIA	3.7733	µIU/mL	0.4 - 4.2	

Interpretation Note:

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

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

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Soma

Dr. Soma Yadav
M.D. (Pathology)

Dr. A Mishra
M.D. Microbiology


Dr. Ankita Kothari
MD, DNB (Pathology)

Page 2 of 3

Printed On : 12-Mar-2022 13:58

Bob

भारत सरकार
Government of India



आरती झा
Arti Jha
जन्म तिथि/DOB: 02/03/1977
महिला/ FEMALE

2402 6913 7709
VID: 9193 8101 3237 0357

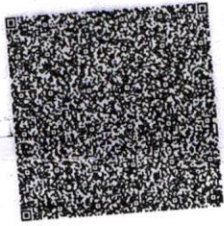
मेरा आधार, मेरी पहचान

Dr. D. S. Chhabra
M.A.B.S., M.D.
Reg. No. - 5007



ARTI JHA

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
C/O ध्रुव नारायण झा धीराज, जी-309 सिलिकॉन सिटी,
नर्मदा नर्मदा टंकी, इंदौर, इंदौर,
मध्य प्रदेश - 452012

Address:
C/O Dhruv Narayan Jha Dhiraj, G-309
Silicon City, Near Narmada Tanki,
Indore, Indore,
Madhya Pradesh - 452012

2402 6913 7709
VID: 9193 8101 3237 0357

www.uidai.gov.in
help@uidai.gov.in

10mm/mV 0.67-25Hz ACS0

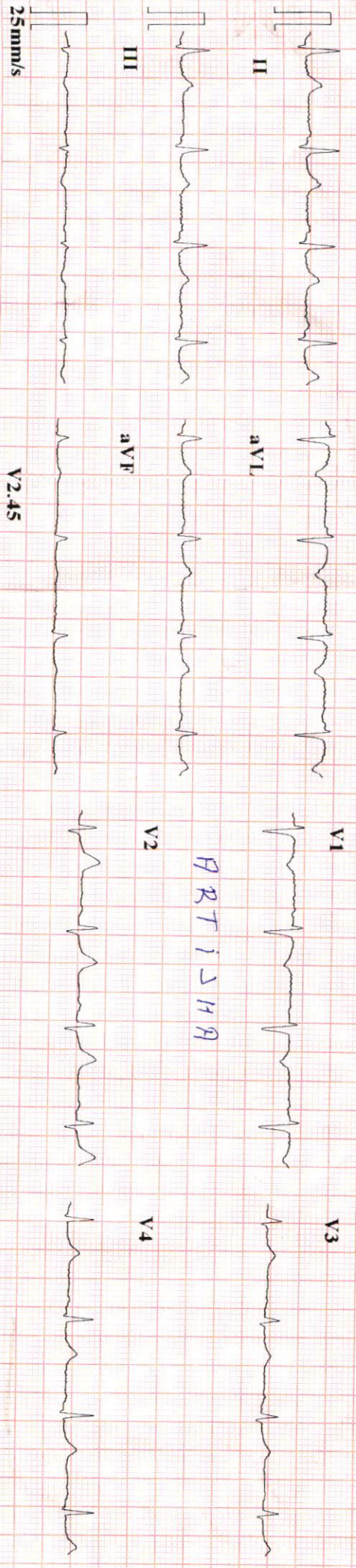
12-03-2022 10:47:37

Miss

Archi Jha

45/F

BPL-02



CARDIART

ID	: 220312-1047
Name	:
Age	: 45 yr
Sex	: Female
BP	:
Height	: cm
Weight	: kg
HR	: 87 bpm
P Dur	: 106 ms
PR int	: 152 ms
QRS Dur	: 94 ms
QT/QTc int	: 339/408 ms
P/QRS/T axis	: 30/27/14 °
RVS/SV1 amp	: 0.632/0.546 mV
RVS+SV1 amp	: 1.178 mV
RV6/SV2 amp	: 0.621/0.212 mV

CARDIART



WPR

Dr. Mahendra Chourasia
 M.D., D.M. (Cardio)



Summary

UNIQUE DIAGNOSTIC CENTER INDORE

Ref. By : BOB
Medication : H/O HTN ON REGULAR MEDICATION
Objective : H/O HTN ON REGULAR MEDICATION

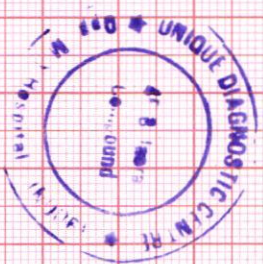
Protocol : BRUCE
History :

54814/MRS ARTI JHA 45 Yrs/Male
Date: 12-Mar-2022 10:48:05 AM
0 Kg/0 Cms

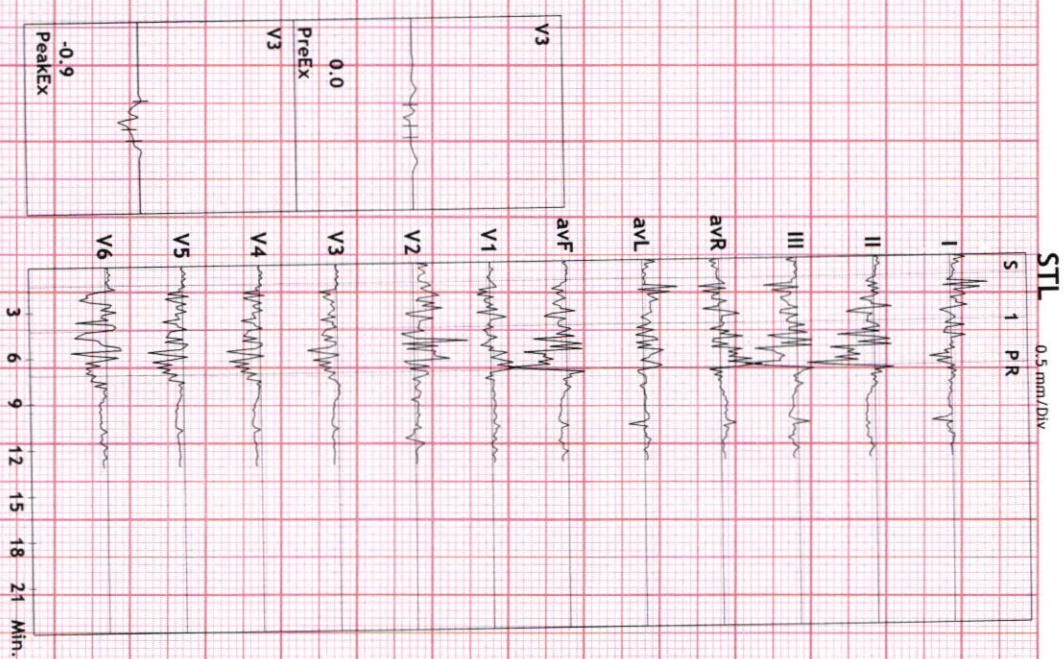
Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	97	126/80	122	-	
Standing					1.0	99	126/80	124	-	
HV					1.0	93	126/80	117	-	
EXStart					1.0	95	126/80	119	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	159	134/88	213	9	
PeakEX	2:55	5:56	2.5	12.0	7.0	168	144/92	241	29	
Recovery	1:00		0.0	0.0	1.0	139	144/92	200	-	
Recovery	3:00		0.0	0.0	1.0	120	140/90	168	-	
Recovery	5:00		0.0	0.0	1.0	108	130/82	140	-	

Findings :

PROTOCOL :BRUCE
 OBJECT OF TEST : INSURANCE
 Max BP : 144/92(mmHg)
 RISK FACTOR: H/O HTN ON REGULAR MEDICATION
 MEDICATION : H/O HTN ON REGULAR MEDICATION
 REASON FOR TERMINATION : THR AGCHIVE
 TAGE ICC EXERCISE TOLERANCE : GOOD
 EXERCISE INDUCED ARRHYTHMIA : NO
 HEMO RESPONSE : NORMAL
 FINAL INPRATION:TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA



ART 1511



Dr. Mahendra Chourasiya

Advice/Comments:



UNIQUE DIAGNOSTIC CENTER INDORE

Summary

54814/MRS ARTI JHA 45 Yrs/Male 0 Kg/0 Cms
 Date: 12-Mar-2022 10:48:05 AM
 Objective : H/O HTN ON REGULAR MEDICATION

Ref.By : BOB Protocol : BRUCE

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	97	126/80	122	-	
Standing					1.0	99	126/80	124	-	
HV					1.0	93	126/80	117	-	
ExStart					1.0	95	126/80	119	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	159	134/88	213	9	
PeakEx	2:55	5:56	2.5	12.0	7.0	168	144/92	241	29	
Recovery	1:00		0.0	0.0	1.0	139	144/92	200	-	
Recovery	3:00		0.0	0.0	1.0	120	140/90	168	-	
Recovery	5:00		0.0	0.0	1.0	108	130/82	140	-	

Medication : H/O HTN ON REGULAR MEDICATION

History :

Test End Reason :

Findings :

The patient exercised according to BRUCE for 5:55, achieving a work level of Max METS:7. Resting heart rate initially 97 bpm, rose to a max. heart rate of 168 bpm which represents 96% of maximum age predicted heart rate. Resting blood pressure 126/80 mmhg, rose to a maximum blood pressure of 144/92 mmhg. The exercise stress test was stopped due to

Parameters :

- PROTOCOL : BRUCE
- OBJECT OF TEST : INSURANCE
- Max BP : 144/92(mmHg)
- RISK FACTOR: H/O HTN ON REGULAR MEDICATION
- MEDICATION : H/O HTN ON REGULAR MEDICATION
- REASON FOR TERMINATION : THR ARCHIVE
- TAGE ICC EXERCISE TOLERANCE : GOOD
- EXERCISE INDUCED ARRHYTHMIA : NO
- HEMO RESPONSE : NORMAL
- FINAL INPRATION: TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Advice/Comments:

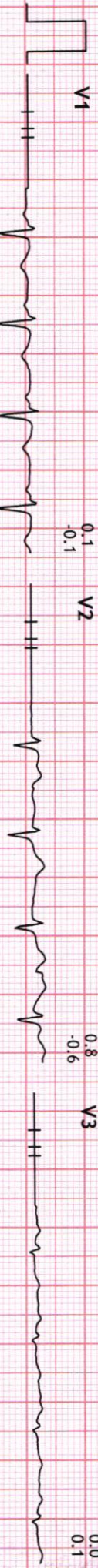
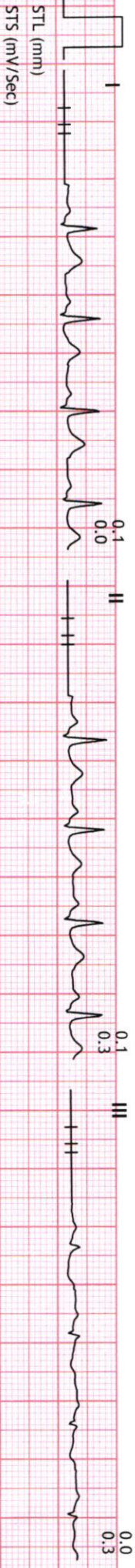


54814/MRS ARTI JHA HR: 97 bpm
45 Yrs/Male METS: 1.0
0 Kg/0 Cms BP: 126/80
Date: 12-Mar-2022 10:48:05 AM

MPHR: 55% of 175
Speed: 0.0 mph
Grade: 0.0%

BRUCE (1.0-100)HZ
Ex Time 00:42
BLC :On
Notch :On

SUPINE
10.0 mm/mV
25 mm/Sec.





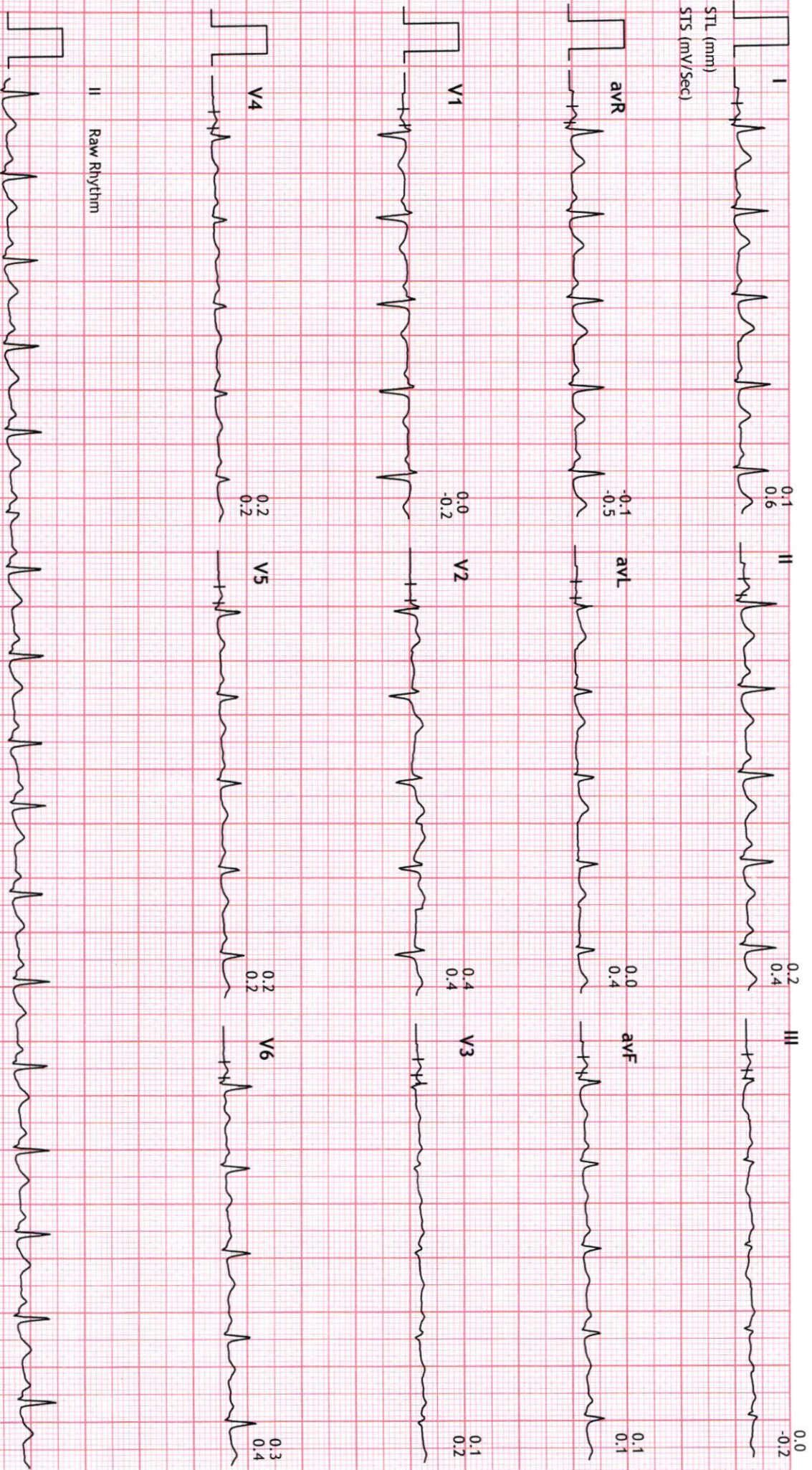
54814/MRS ARTI JHA HR: 99 bpm
45 Yrs/Male METS: 1.0
0 Kg/0 Cms BP: 126/80
Date: 12-Mar-2022 10:48:05 AM

MPHR: 56% of 175
Speed: 0.0 mph
Grade: 0.0%

BRUCE
(1.0-100)Hz

Ex Time 00:53
BLC :On
Notch :On

STANDING
10.0 mm/mV
25 mm/Sec.





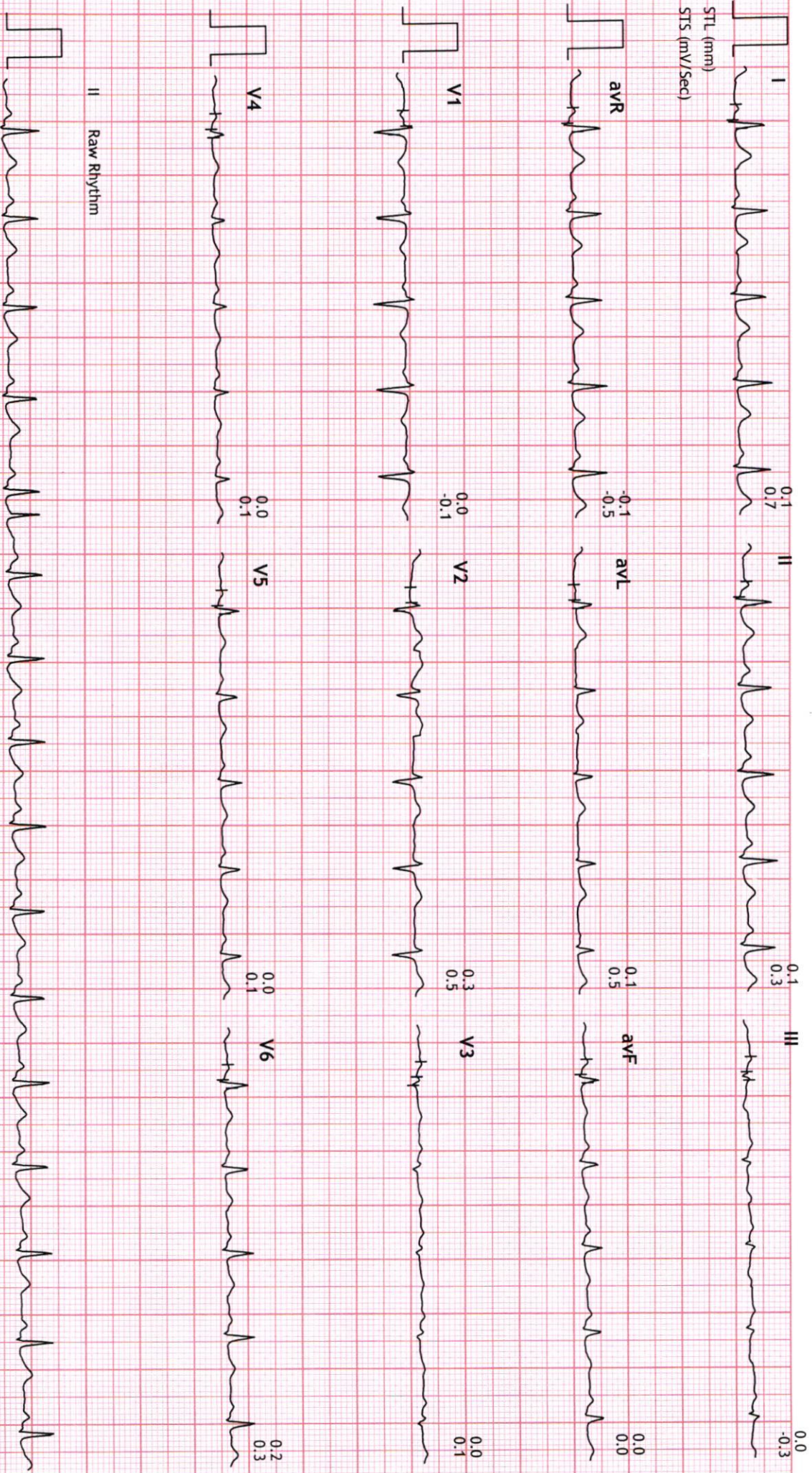
54814/MRS ARTI JHA HR: 93 bpm
45 Yrs/Male METS: 1.0
0 Kg/0 Cms BP: 126/80
Date: 12-Mar-2022 10:48:05 AM

MPHR: 53% of 175
Speed: 0.0 mph
Grade: 0.0%

BRUCE
(1.0-100)Hz

Ex Time 01:06
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.



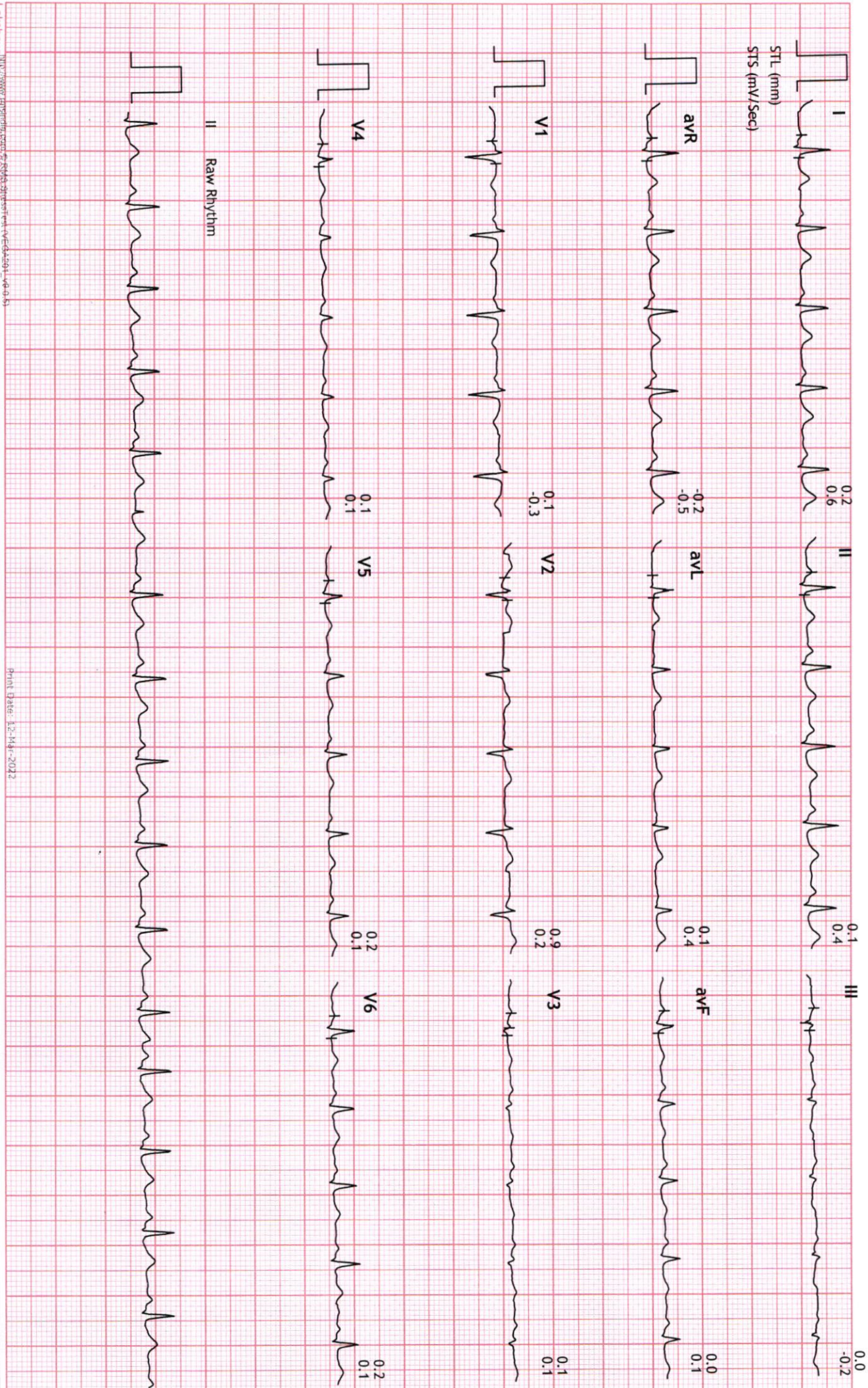


54814/MRS ARTI JHA HR: 95 bpm
45 Yrs/Male METS: 1.0
0 Kg/0 Cms BP: 126/80
Date: 12-Mar-2022 10:48:05 AM

MPPH: 54% of 175
Speed: 0.0 mph
Grade: 0.0%

BRUCE (1.0-100)Hz
Ex Time 00:00
BLC : On
Notch : On

ExStart
10.0 mm/mV
25 mm/Sec.





Linked Medians Report

UNIQUE DIAGNOSTIC CENTER INDORE

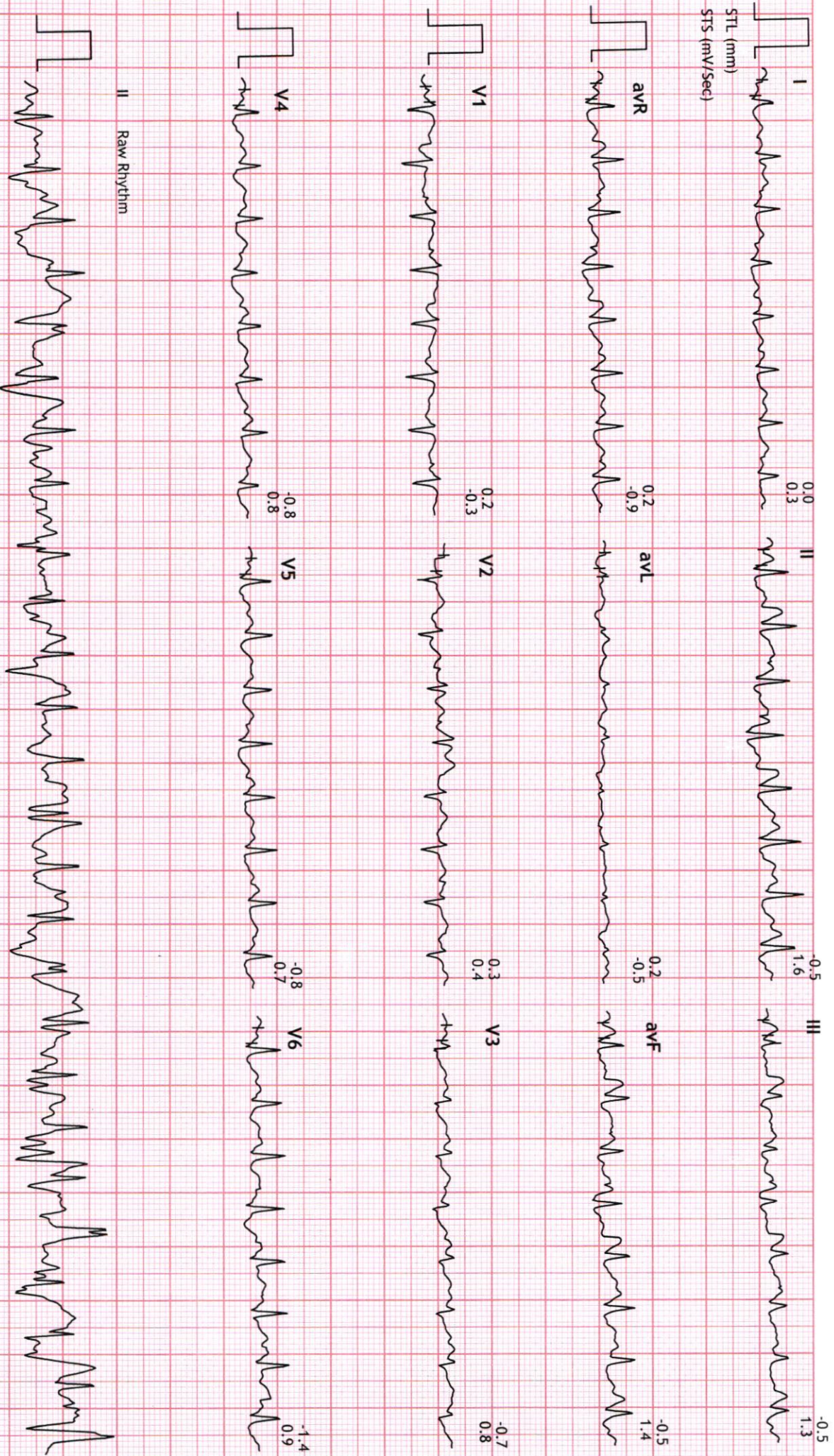
54814/MRS ARTI JHA HR: 159 bpm
45 Yrs/Male METS: 4.7
0 Kg/0 Cms BP: 134/88
Date: 12-Mar-2022 10:48:05 AM

MPHR: 90% of 175
Speed: 1.7 mph
Grade: 10.0%

BRUCE
(1.0-100)Hz

Ex Time 03:00
BLC : On
Notch : On

Stage 1 (03:00)
10.0 mm/mV
25 mm/Sec.





54814/MRS ARTI JHA HR: 168 bpm
45 Yrs/Male METS: 7.0
0 Kg/0 Cms BP: 144/92
Date: 12-Mar-2022 10:48:05 AM

MPHR:96% of 175
Speed: 2.5 mph
Grade: 12.0%

Ex Time 05:54
BLC :0h
Notch :On

PeakEx
10.0 mm/mv
25 mm/Sec.





54814/MRS ARTI JHA HR: 125 bpm
45 Yrs/Male METS: 1.0
0 Kg/0 Cms BP: 144/92
Date: 12-Mar-2022 10:48:05 AM

MPHR: 71% of 175
Speed: 0.0 mph
Grade: 0.0%

BRUCE (1.0-100)Hz
Ex Time 05:54
BLC : On
Notch : On

Recovery : (01:59)
10.0 mm/mV
25 mm/Sec.



II Raw Rhythm





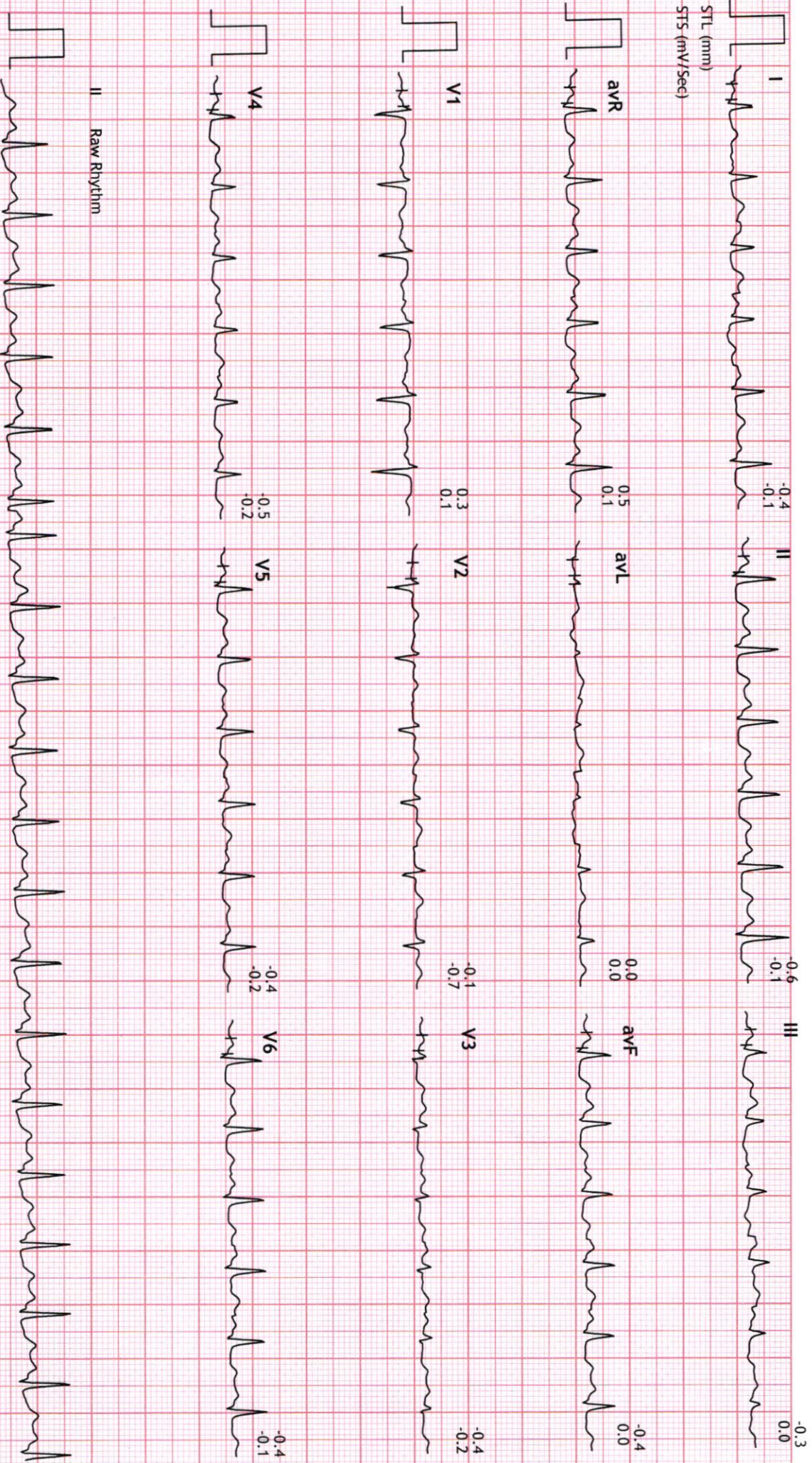
54814/MRS ARTI JHA HR: 116 bpm
45 Yrs/Male METS: 1.0
0 Kg/0 Cms BP: 140/90
Date: 12-Mar-2022 10:48:05 AM

MPPR:66% of 175
Speed: 0.0 mph
Grade: 0.0%

BRUCE
(1.0-100)Hz

Ex Time 05:54
BLC : On
Notch : On

Recovery : (03:59)
10.0 mm/mV
25 mm/Sec.





54814/MRS ARTI JHA HR: 109 bpm
45 Yrs/Male METS: 1.0
0 Kg/0 Cms BP: 130/82
Date: 12-Mar-2022 10:48:05 AM

MPHR: 62% of 175 BRUCE
Speed: 0.0 mph (1.0-100)Hz
Grade: 0.0%

Ex Time 05:54
BLC : On
Notch : On

Recovery : (05:59)
10.0 mm/mV
25 mm/Sec.

