

S K NURSING HOME AND HOSPITAL
G B PANT MARG TIKONIA HALDWANI
HALDWANI

Station
Telephone: 05946-221040,220263

EXERCISE STRESS TEST REPORT

Patient Name: AMITA RAWAT SONKAR,
Patient ID: 45698732168
Height: 159 cm
Weight: 62 kg

DOB: 09.08.1984
Age: 40yrs
Gender: Female
Race:

Study Date: 20.08.2024
Test Type: --
Protocol: BRUCE

Referring Physician: CHANDAN DIAGNOSTIC
Attending Physician: DR.DEVASHISH GUPTA(MD)
Technician: MR.BHUWAN

Medications:
--

Medical History:
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Reason for Exercise Test:
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Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:25	0.00	0.00	106	110/70	
	STANDING	00:24	0.00	0.00	109	110/70	
	HYPERV.	00:17	0.80	0.00	95	110/70	
EXERCISE	STAGE 1	03:00	2.70	10.00	179	130/80	
	STAGE 2	01:21	4.00	12.00	184	140/90	
RECOVERY		03:06	0.00	0.00	123	120/80	

The patient exercised according to the BRUCE for 4:20 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 110 bpm rose to a maximal heart rate of 187 bpm. This value represents 103 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Max HR.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: Low according to age and sex.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

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Physician-

DR DEVASHISH GUPTA (MD)

Chandan Diagnostic Centre
Plot No.-1051, Near Chaudhary Kothi
Nainital Road, HALDWANI
Cont. No.- 9235400975



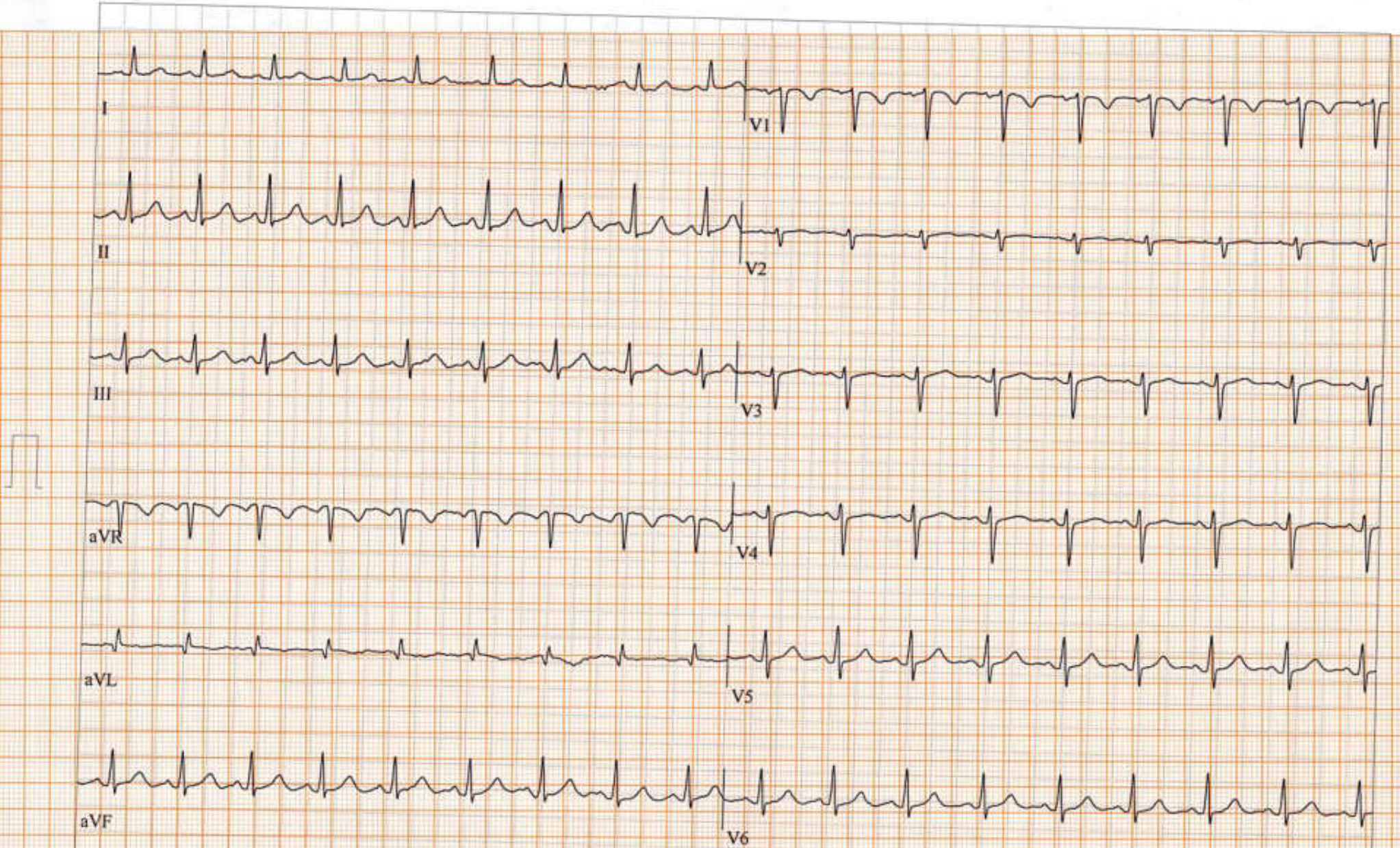
AMITA RAWAT SONKAR,
Patient ID 45698732168
20.08.2024
2:13:42pm

105 bpm
110/70 mmHg

12-Lead Report
PRETEST
SUPINE
00:23

BRUCE
0.0 km/h
0.0 %

S K NURSING HOME AND HOSPITAL



AMITA RAWAT SONKAR,

Patient ID 45698732168

20.08.2024

2:14:05pm

12-Lead Report

108 bpm

110/70 mmHg

PRETEST

STANDING

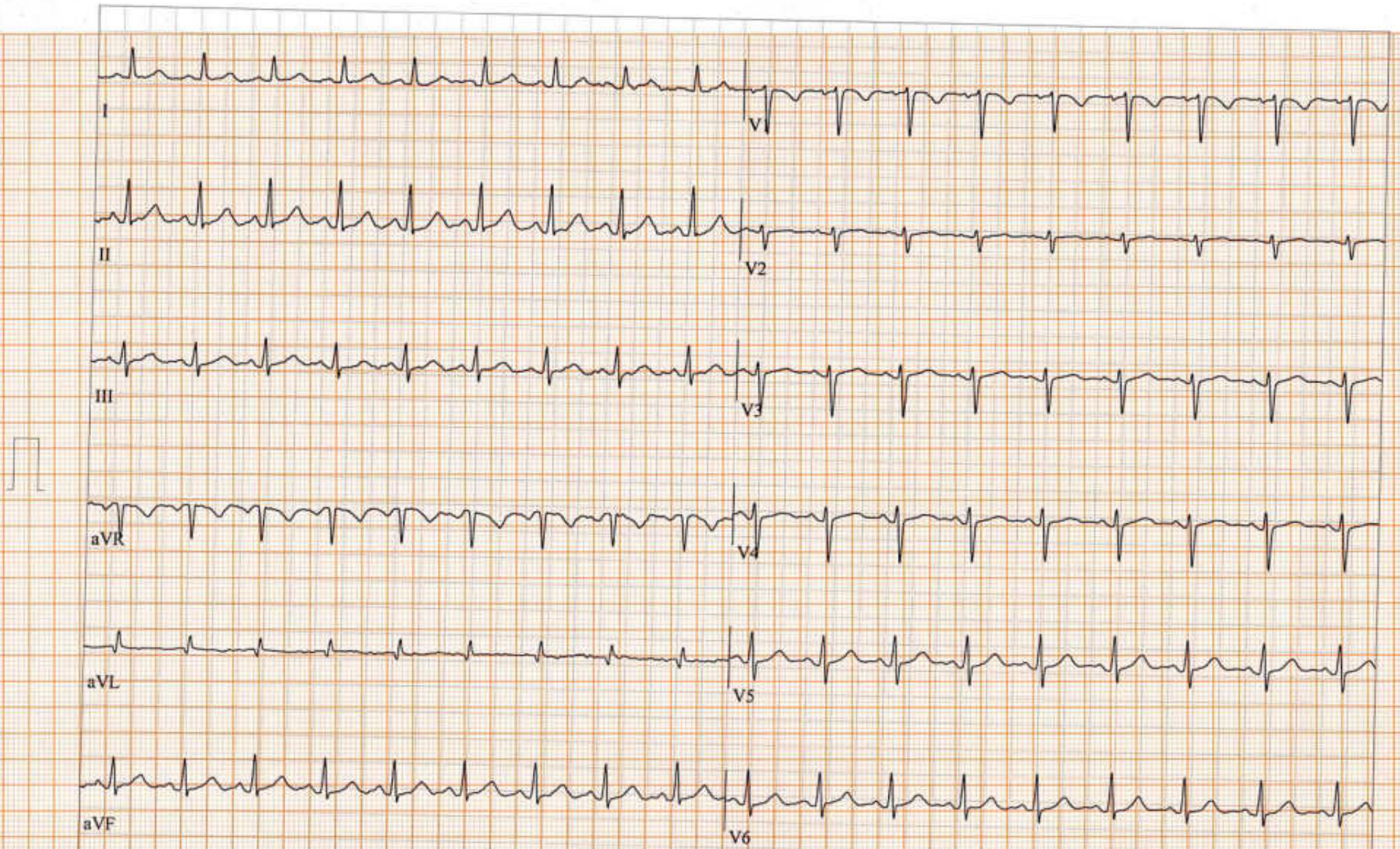
00:46

BRUCE

0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL



AMITA RAWAT SONKAR,
Patient ID 45698732168
20.08.2024
2:14:19pm

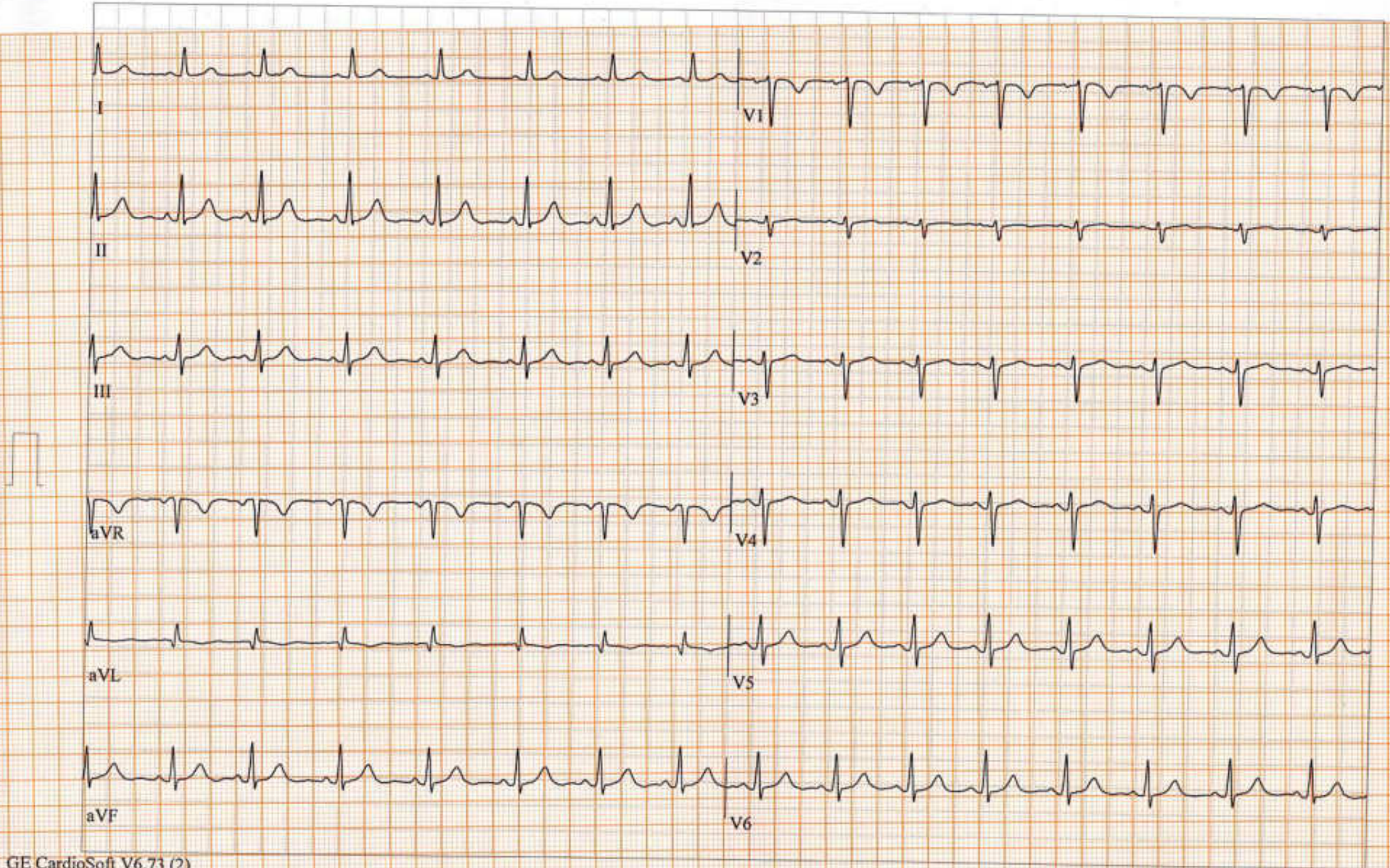
98 bpm
110/70 mmHg

12-Lead Report

PRETEST
HYPERV.
00:59

BRUCE
0.0 km/h
0.0 %

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AMITA RAWAT SONKAR,

Patient ID 45698732168

20.08.2024

2:17:25pm

12-Lead Report

EXERCISE

STAGE 1

03:00

BRUCE

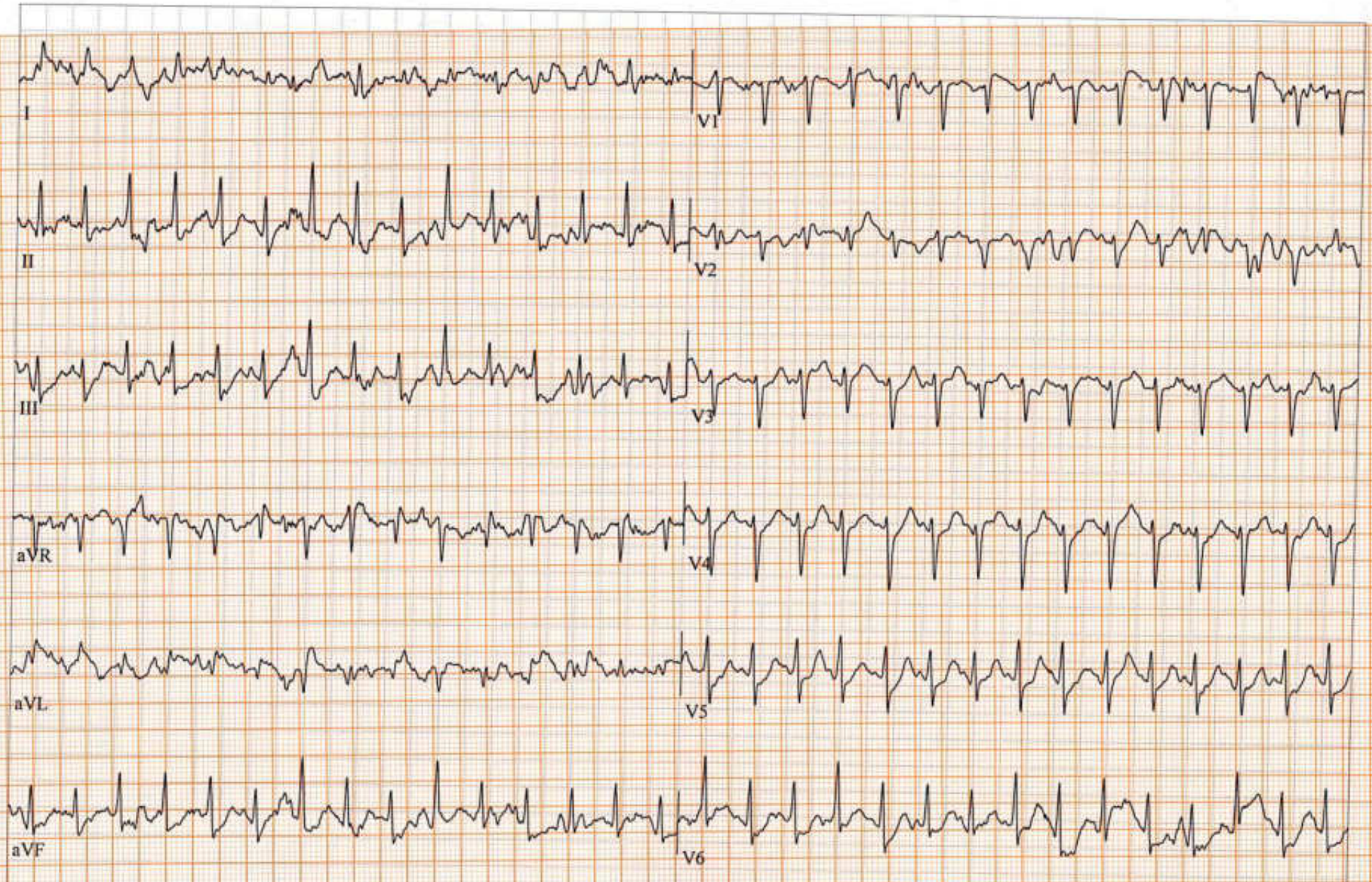
2.7 km/h

10.0 %

S K NURSING HOME AND HOSPITAL

179 bpm

130/80 mmHg



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V6,II)

Start of Test: 2:13:14pm

AMITA RAWAT SONKAR,

Patient ID 45698732168

20.08.2024

2:18:46pm

184 bpm

140/90 mmHg

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 2

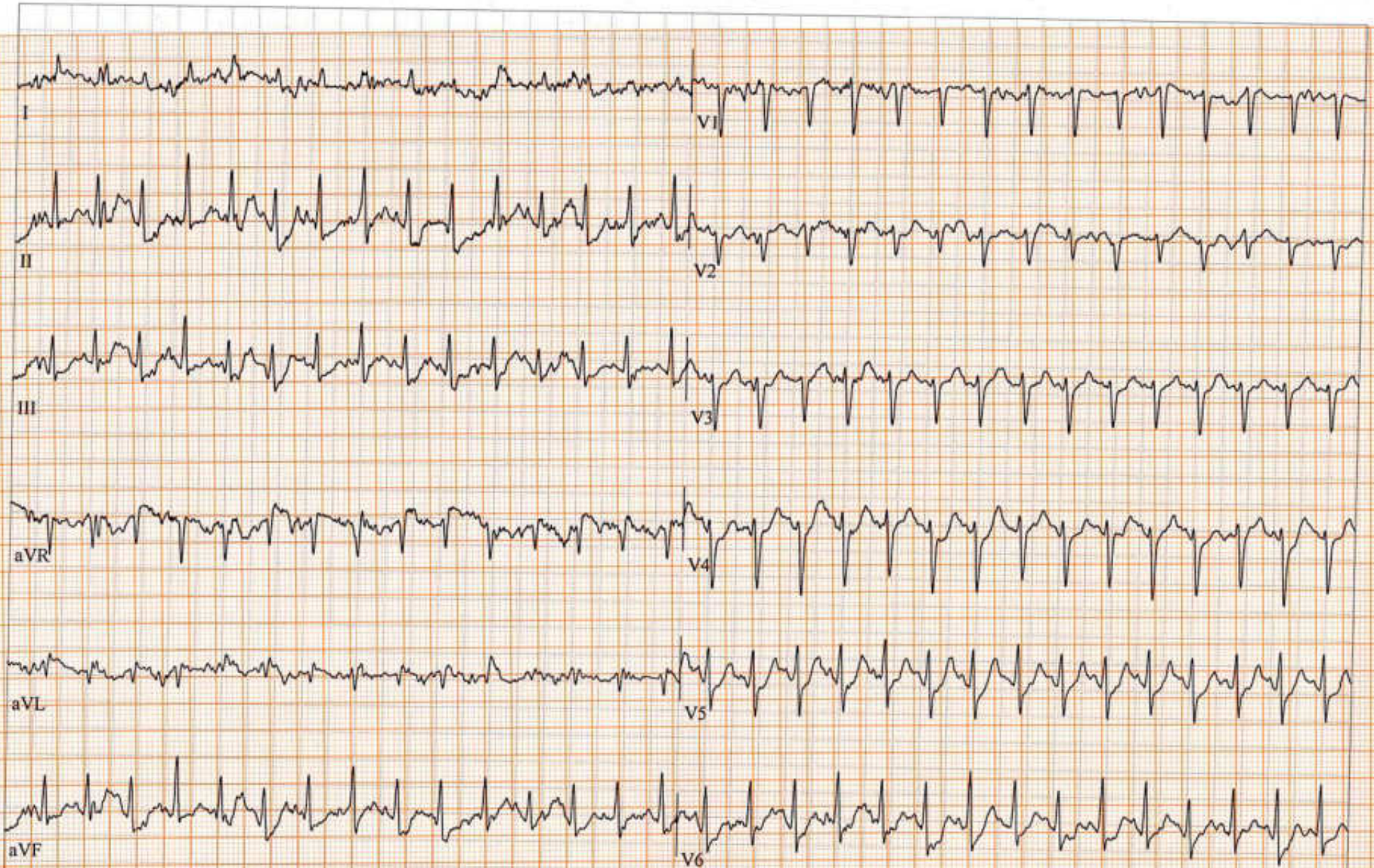
04:21

BRUCE

4.0 km/h

12.0 %

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GE CardioSoft V6.73 (2)

25 mm/s - 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V6)

Start of Test: 2:13:14pm

MICRO MED CHARTS
Page 5

AMITA RAWAT SONKAR,

Patient ID 45698732168

20.08.2024

2:19:46pm

12-Lead Report

RECOVERY

#1

01:00

BRUCE

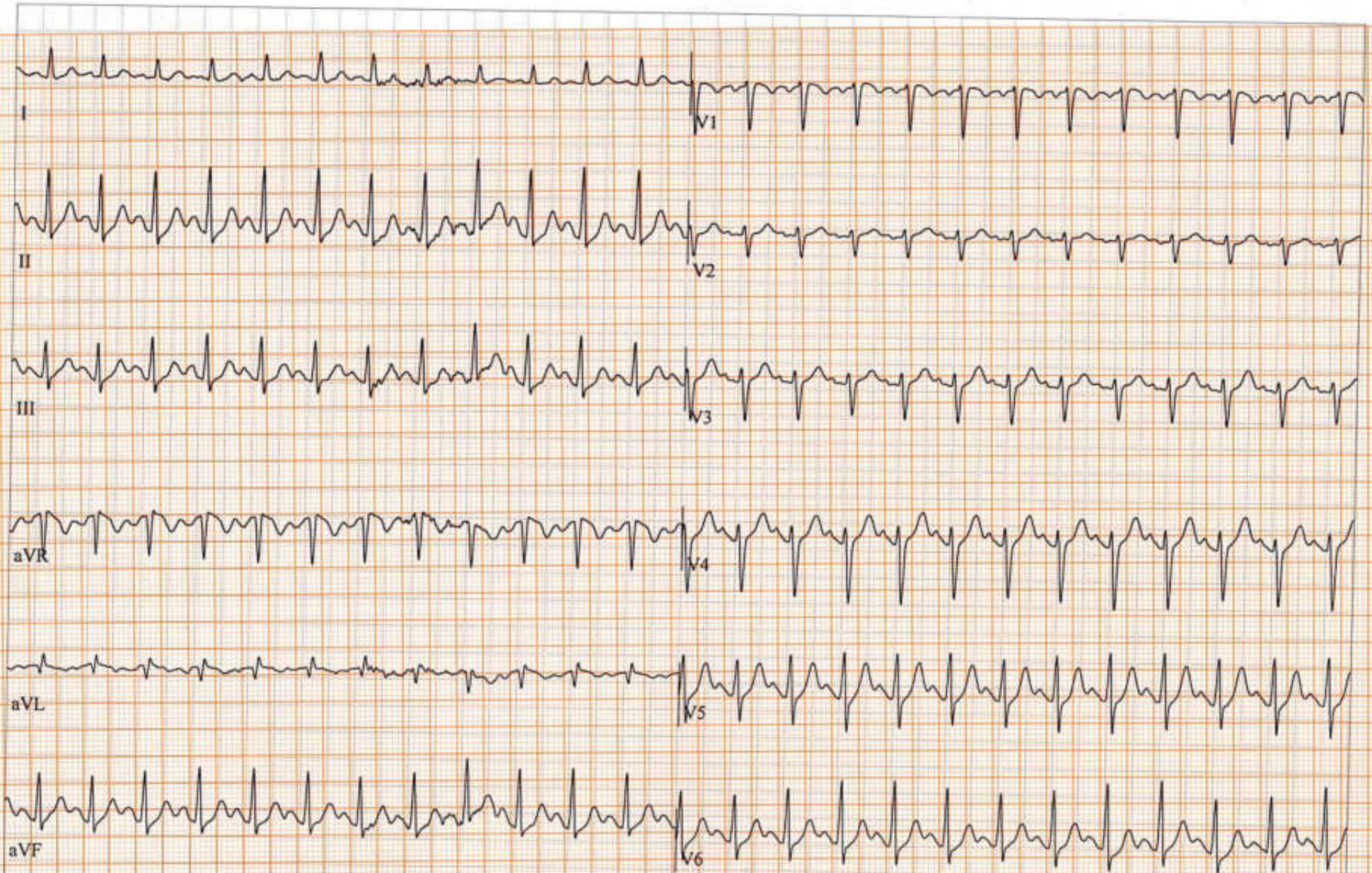
0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

151 bpm

140/90 mmHg



GE CardioSoft V6.73 (2)

25 mm/s - 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V6)

Start of Test: 2:13:14pm

MICRO MED CHARTS
Page 6

AMITA RAWAT SONKAR,
Patient ID 45698732168
20.08.2024
2:20:46pm

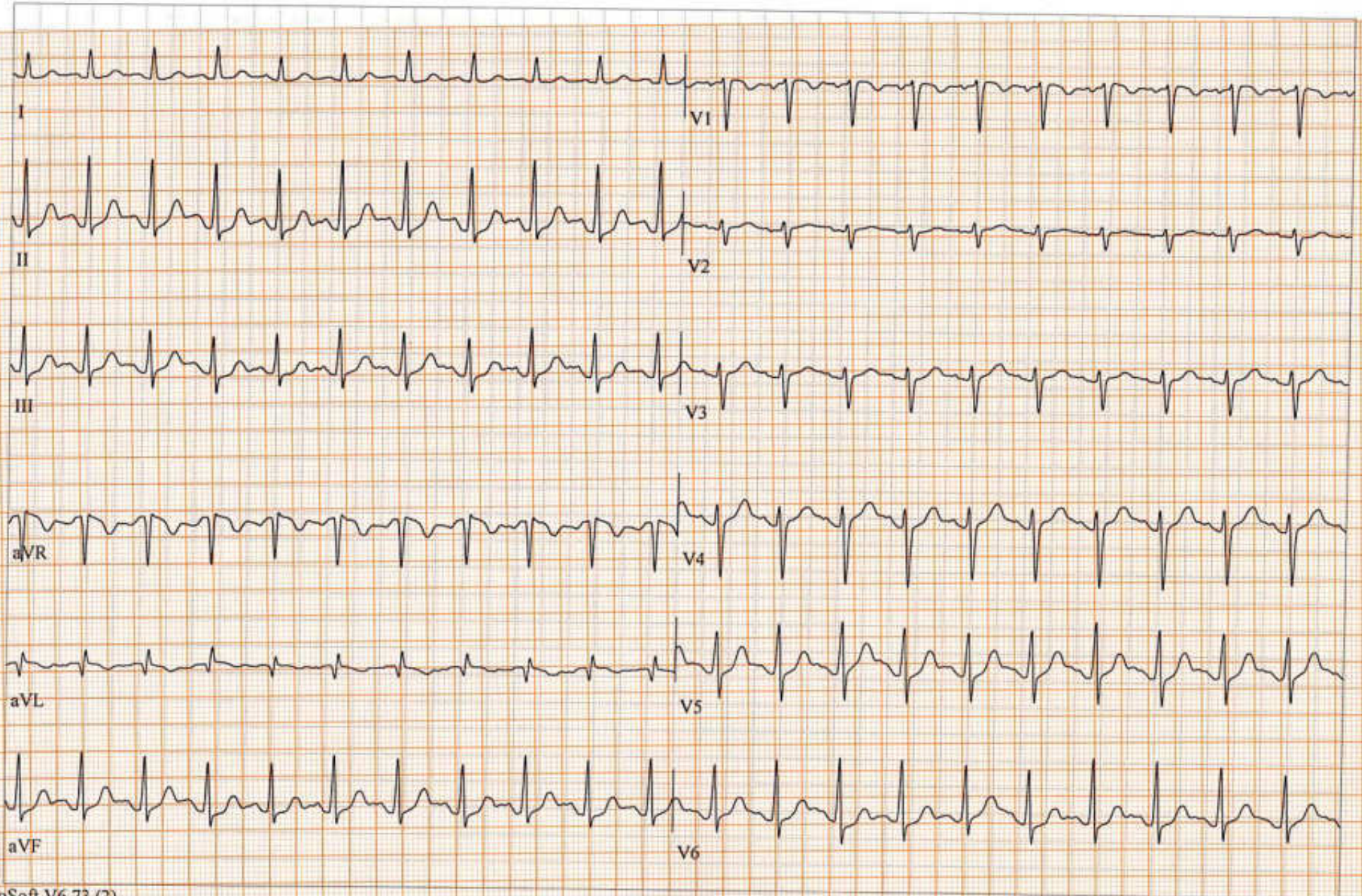
127 bpm
130/80 mmHg

12-Lead Report

RECOVERY
#1
02:00

BRUCE
0.0 km/h
0.0 %

S K NURSING HOME AND HOSPITAL



AMITA RAWAT SONKAR,

Patient ID 45698732168

20.08.2024

2:21:47pm

12-Lead Report

RECOVERY

#1

03:00

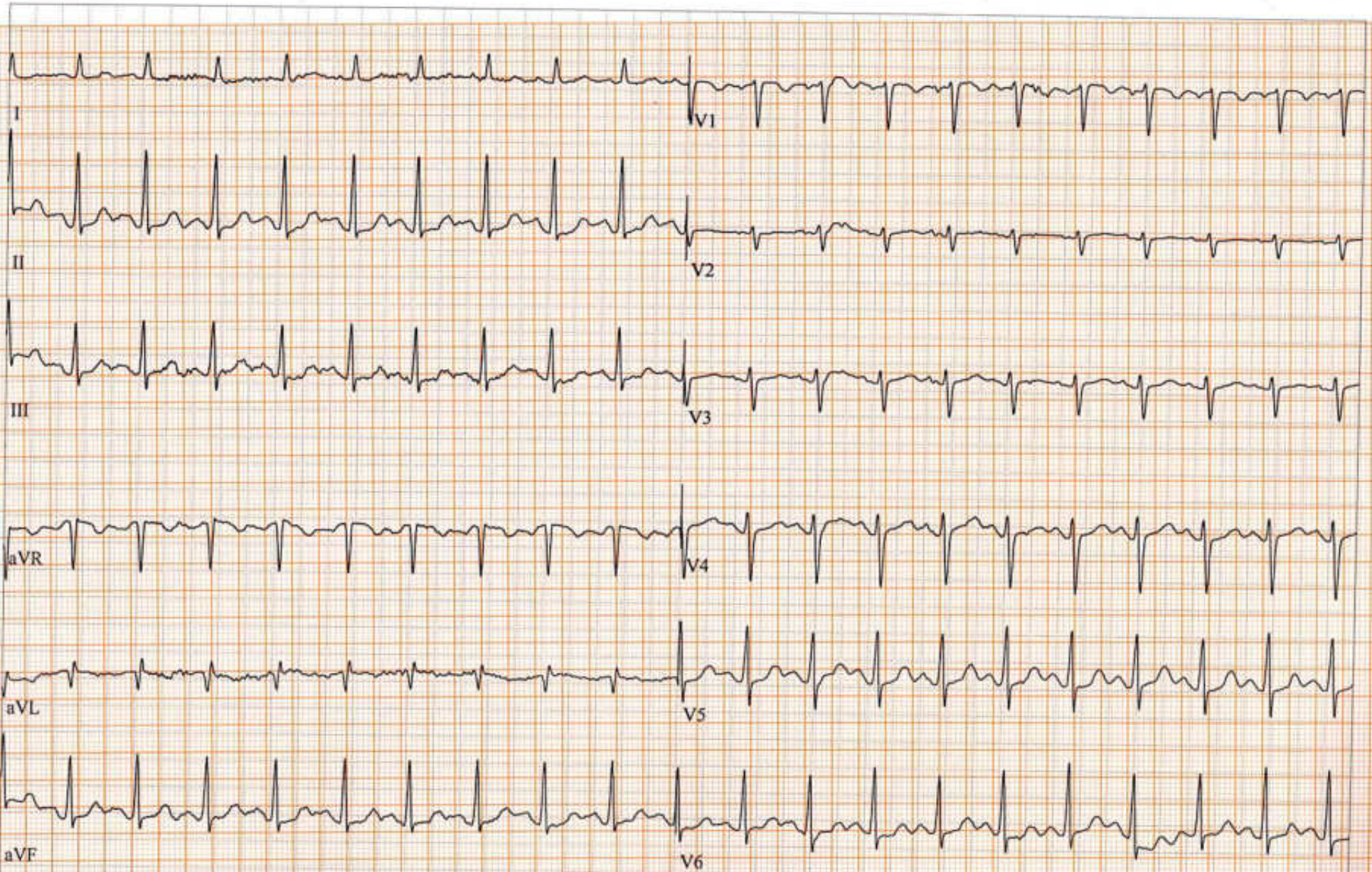
BRUCE

0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

120 bpm
120/80 mmHg



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V6)

Start of Test: 2:13:14pm

MICRO MED CHARTS
Page 8



CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.AMITA RAWAT SONKAR	Registered On	: 20/Aug/2024 11:16:58
Age/Gender	: 40 Y 0 M 11 D /F	Collected	: 20/Aug/2024 11:19:59
UHID/MR NO	: CHLD.0000113501	Received	: 20/Aug/2024 11:31:08
Visit ID	: CHLD0097522425	Reported	: 20/Aug/2024 14:46:08
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	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	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	NEGATIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	11.80	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	7,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	62.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	28.00	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 Pregnancy	





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	18.00	Mm for 1st hr.	<20	
PCV (HCT)	37.00	%	40-54	
Platelet count				
Platelet Count	1.98	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	31.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	3.77	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	93.30	fl	80-100	CALCULATED PARAMETER
MCH	31.20	pg	27-32	CALCULATED PARAMETER
MCHC	33.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,588.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	148.00	/cu mm	40-440	


Dr Vinod Ojha
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	105.60	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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	40.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	120	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 management.

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*
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





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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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*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) Sample: Serum	12.60	mg/dL	7.0-23.0	CALCULATED
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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.

Creatinine Sample: Serum	0.87	mg/dl	0.5-1.20	MODIFIED JAFFES
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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





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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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could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid <i>Sample: Serum</i>	3.19	mg/dl	2.5-6.0	URICASE
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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)	16.42	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	4.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	25.80	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.87	gm/dl	6.2-8.0	BIURET
Albumin	4.25	gm/dl	3.4-5.4	B.C.G.
Globulin	2.62	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.62		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	80.00	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.39	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.15	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.24	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	163.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	50.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	100	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	12.27	mg/dl	10-33	CALCULATED
Triglycerides	61.35	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP





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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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>500 Very High




Dr Vinod Ojha
MD Pathologist





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UHID/MR NO	: CHLD.0000113501	Received	: 20/Aug/2024 11:31:08
Visit ID	: CHLD0097522425	Reported	: 20/Aug/2024 15:34:42
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

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)	96.70	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.90	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.300	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.

Dr.Pankaj Punetha DNB(Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.AMITA RAWAT SONKAR	Registered On	: 20/Aug/2024 11:17:06
Age/Gender	: 40 Y 0 M 11 D /F	Collected	: 2024-08-20 19:55:02
UHID/MR NO	: CHLD.0000113501	Received	: 2024-08-20 19:55:02
Visit ID	: CHLD0097522425	Reported	: 20/Aug/2024 20:00:01
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA **

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW:-

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.

IMPRESSION:-

No significant abnormality is seen.

Adv:-Clinico-pathological correlation.

Note:-

- **This report is not for any legal purpose as the patient identity is not confirmed.**
- **In case of any typing error, patient is requested to immediately inform to the doctor (radiologist), as the report is digitally signed.**
- **Discrepancy of laterality/side can be seen in 0.08% cases therefore review is advised before any operative procedure.**



DR AZIM ILYAS
(MD. RADIO DIAGNOSIS)





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Ph: ,9235400975
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.AMITA RAWAT SONKAR	Registered On	: 20/Aug/2024 11:17:07
Age/Gender	: 40 Y 0 M 11 D /F	Collected	: 2024-08-20 14:58:07
UHID/MR NO	: CHLD.0000113501	Received	: 2024-08-20 14:58:07
Visit ID	: CHLD0097522425	Reported	: 20/Aug/2024 15:01:16
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) **

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size and has a normal homogenous echo texture. No focal lesion is seen. (Note: - Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS (Note- CT is more sensitive to detect renal calculi).

- **Right kidney:-**
 - Right kidney is measuring ~9.7x3.7 cms.
 - Cortical echogenicity is normal.
 - Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained.
 - Parenchymal thickness appear normal.
- **Left kidney:-**
 - Left kidney is measuring ~10.0x4.2cms.
 - Cortical echogenicity is normal.
 - Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained.
 - Parenchymal thickness appear normal.

SPLEEN

- The spleen is normal in size (~7.7 cms) and has a normal homogenous echo-texture.





CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110UP2003PLC193493



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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.

URINARY BLADDER

- The urinary bladder is partially distended. Patient is complaining of urgency of urine.

FINAL IMPRESSION:-

- ***No significant abnormality noted.***

Adv : Clinico-pathological & CT Abdomen correlation for further evaluation

Note:-

- **This report is not for any legal purpose as the patient identity is not confirmed.**
- **In case of any typing error, patient is requested to immediately inform to the doctor (radiologist), as the report is digitally signed.**
- **Discrepancy of laterality/side can be seen in 0.08% cases therefore review is advised before any operative procedure.**

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, Haldwani, Heera Nagar

Result/s to Follow:

URINE EXAMINATION, ROUTINE, STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, FASTING STAGE, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



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

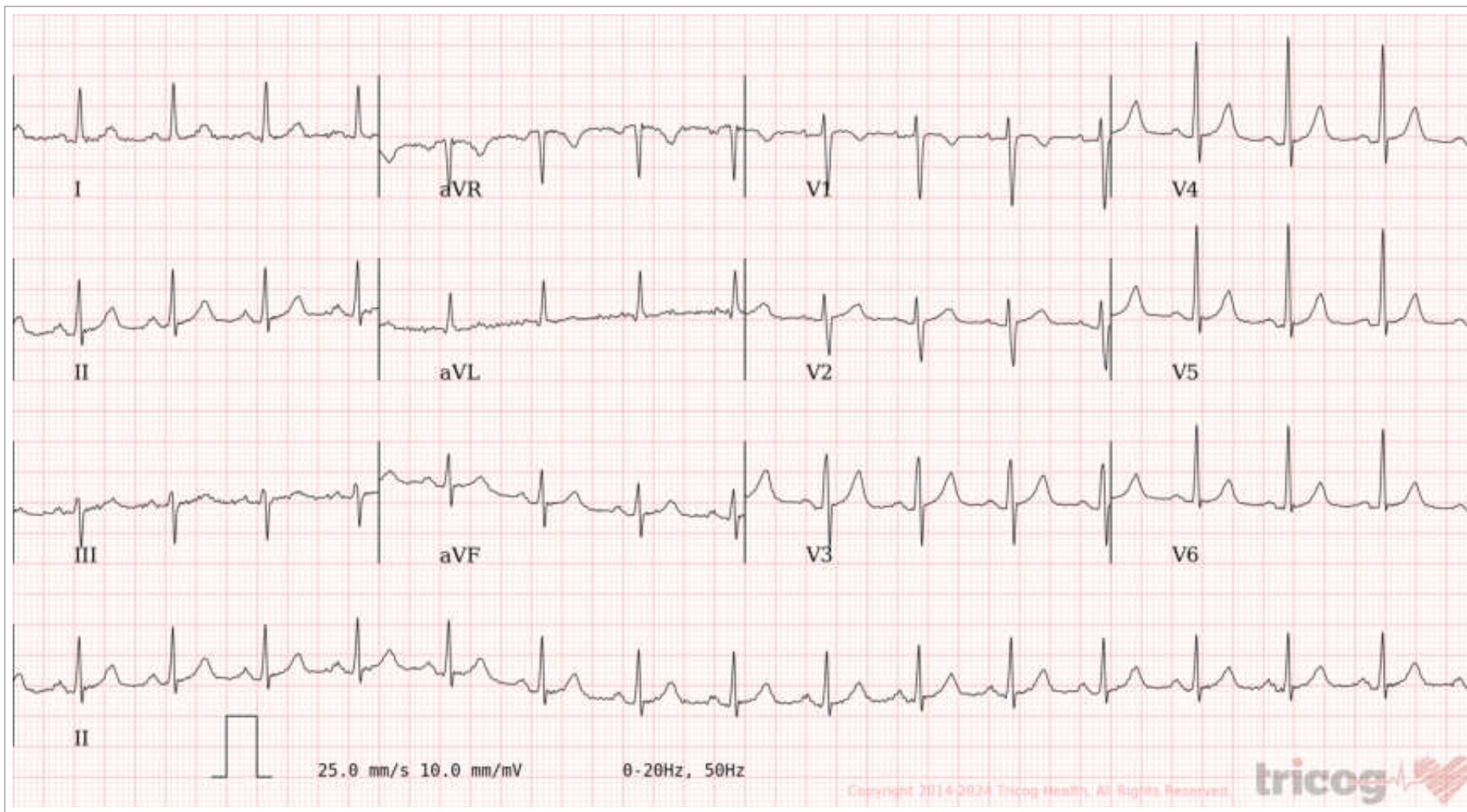


Chandan Diagnostic



Age / Gender: 40/Female
Patient ID: CHLD0097522425
Patient Name: Mrs.AMITA RAWAT SONKAR

Date and Time: 20th Aug 24 3:56 PM



AR: 98bpm VR: 98bpm QRSD: 70ms QT: 330ms QTcB: 421ms PRI: 134ms P-R-T: 56° 8° 54°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Nisar Ahammad K

KMC 122453

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.