

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

Station
Telephone: 05946-221040,220263

EXERCISE STRESS TEST REPORT

Patient Name: MS CHITRA RAUTELA ,
Patient ID: 964996698
Height: 165 cm
Weight: 79 kg

DOB: 05.05.1994
Age: 29yrs
Gender: Female
Race:

Study Date: 29.03.2024
Test Type: --
Protocol: BRUCE

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

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:26	0.00	0.00	88	130/80	
	STANDING	00:20	0.00	0.00	88		
	HYPERV.	00:19	0.00	0.00	87	130/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	126	130/90	
	STAGE 2	03:00	4.00	12.00	117	140/90	
	STAGE 3	01:30	5.40	14.00	166	150/90	
RECOVERY		03:05	0.00	0.00	105	130/90	

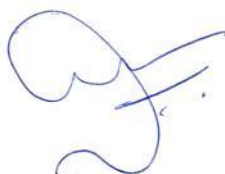
The patient exercised according to the BRUCE for 7:29 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 92 bpm rose to a maximal heart rate of 169 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg , rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to Max HR.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: above average (>20%).
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)

MS CHITRA RAUTELA ,

Patient ID 964996698

29.03.2024

3:10:54pm

12-Lead Report

PRETEST

SUPINE

00:25

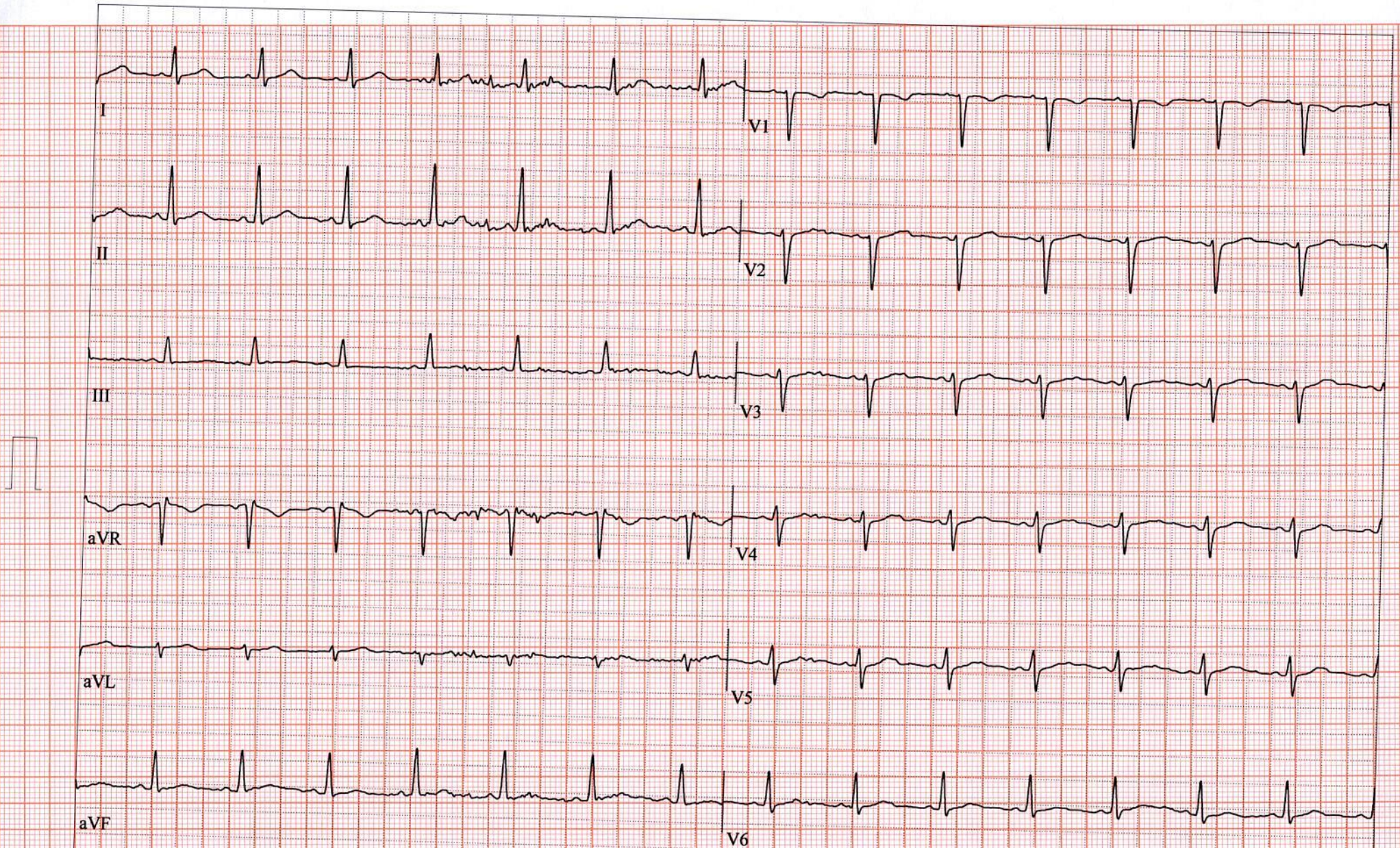
BRUCE

0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

88 bpm
130/80 mmHg



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V1,II)

Start of Test: 3:10:24pm

MICRO MED CHARTS

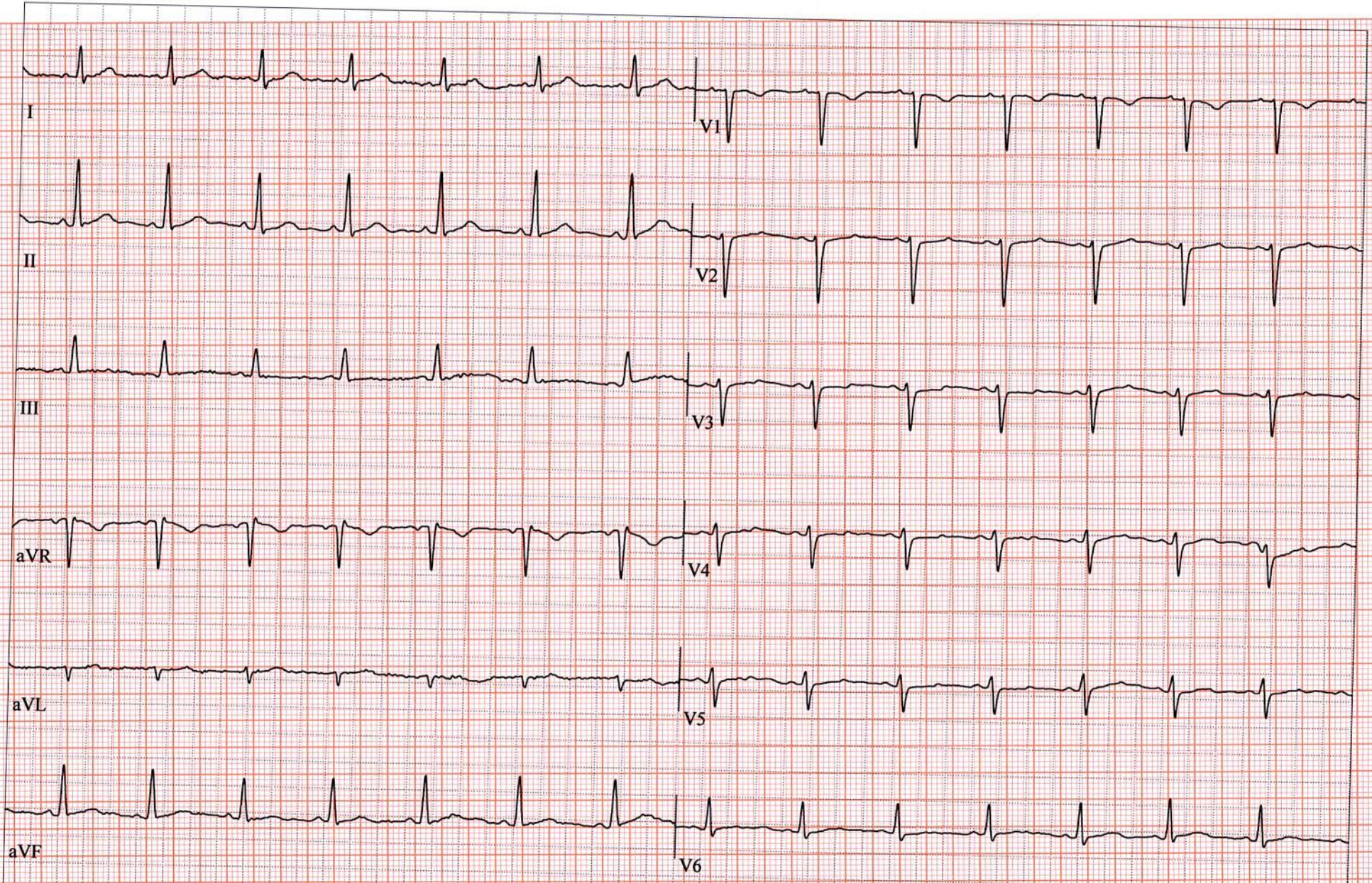
MS CHITRA RAUTELA ,
Patient ID 964996698
29.03.2024
3:11:14pm

89 bpm
130/80 mmHg

12-Lead Report
PRETEST
STANDING
00:44

BRUCE
0.0 km/h
0.0 %

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MS CHITRA RAUTELA,

Patient ID 964996698

29.03.2024

3:11:30pm

12-Lead Report

PRETEST

HYPERV.

01:01

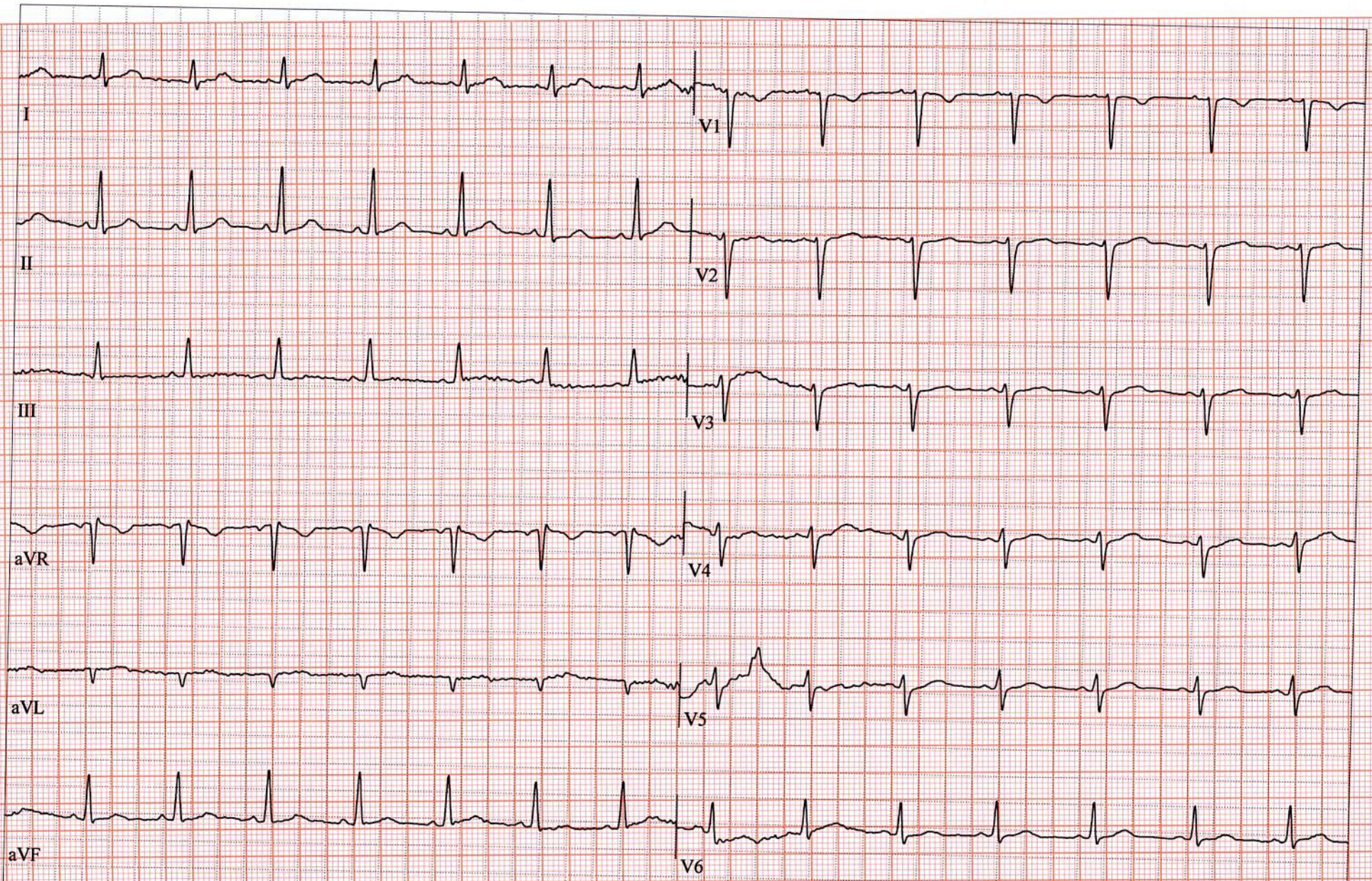
BRUCE

0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

87 bpm
130/80 mmHg



MS CHITRA RAUTELA ,

Patient ID 964996698

29.03.2024

3:14:32pm

126 bpm

130/90 mmHg

12-Lead Report

EXERCISE

STAGE 1

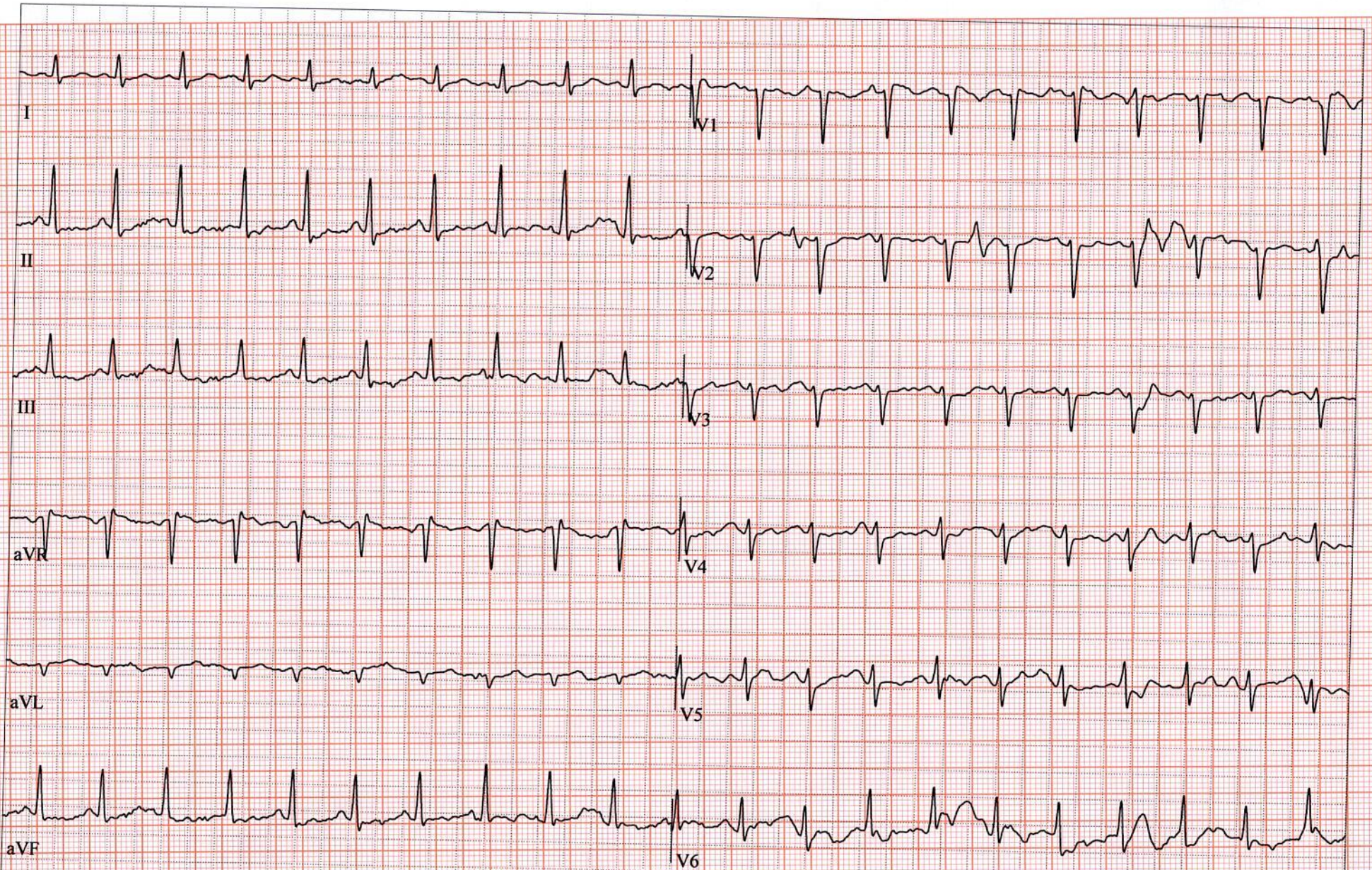
03:00

BRUCE

2.7 km/h

10.0 %

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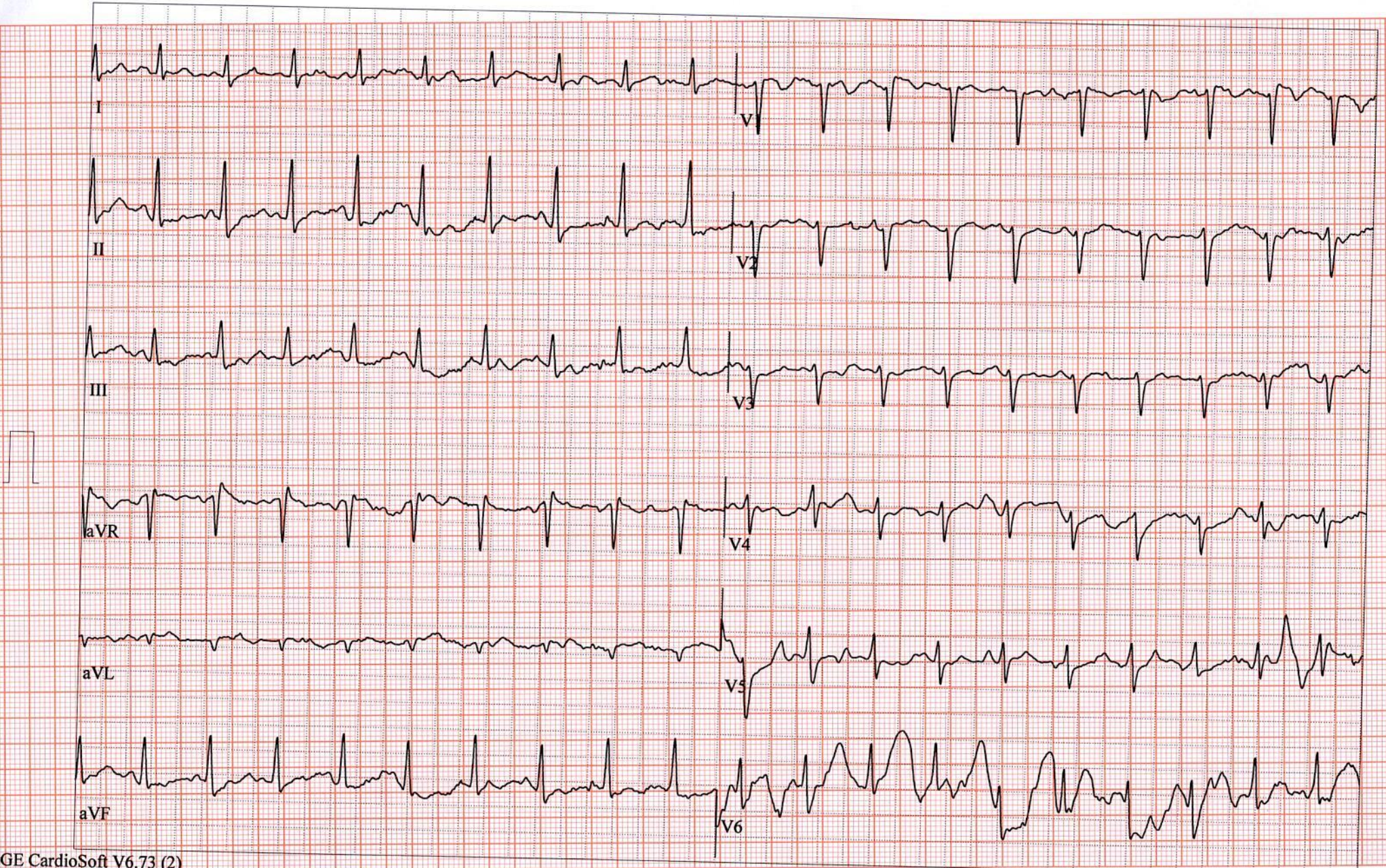
MS CHITRA RAUTELA ,
Patient ID 964996698
29.03.2024
3:17:32pm

117 bpm
140/90 mmHg

12-Lead Report
EXERCISE
STAGE 2
06:00

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(V1,II)

Start of Test: 3:10:24pm

MICRO MED CHARTS

MS CHITRA RAUTELA ,

Patient ID 964996698

29.03.2024

3:19:02pm

166 bpm

150/90 mmHg

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 3

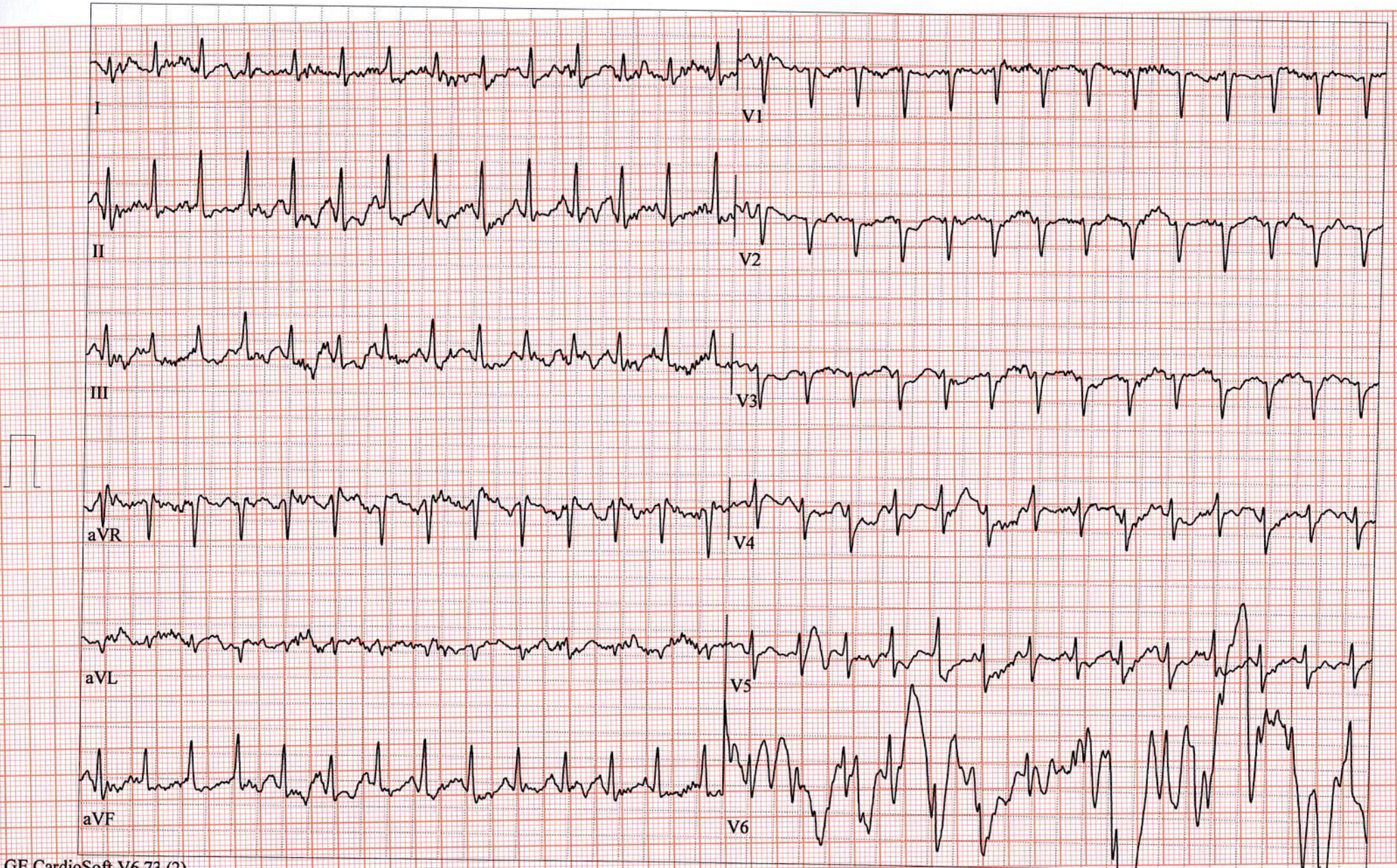
07:30

BRUCE

5.4 km/h

14.0 %

S K NURSING HOME AND HOSPITAL



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V1)

Start of Test: 3:10:24pm

MICRO MED CHARTS

Page 6

MS CHITRA RAUTELA ,

Patient ID 964996698

29.03.2024

3:20:01pm

148 bpm

140/90 mmHg

12-Lead Report

RECOVERY

#1

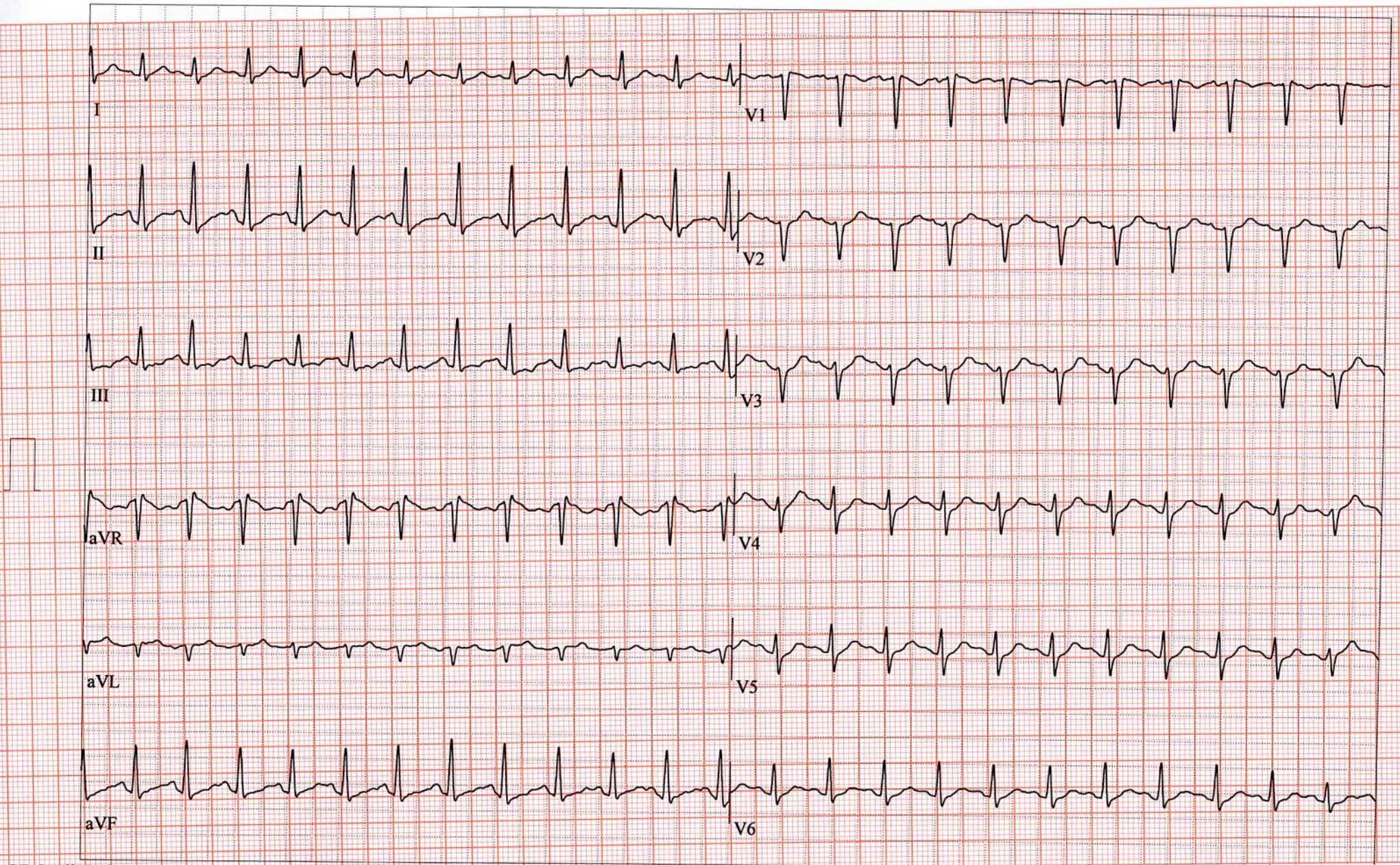
01:00

BRUCE

0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL



MS CHITRA RAUTELA ,

Patient ID 964996698

29.03.2024

3:21:02pm

12-Lead Report

RECOVERY

#1

02:00

BRUCE

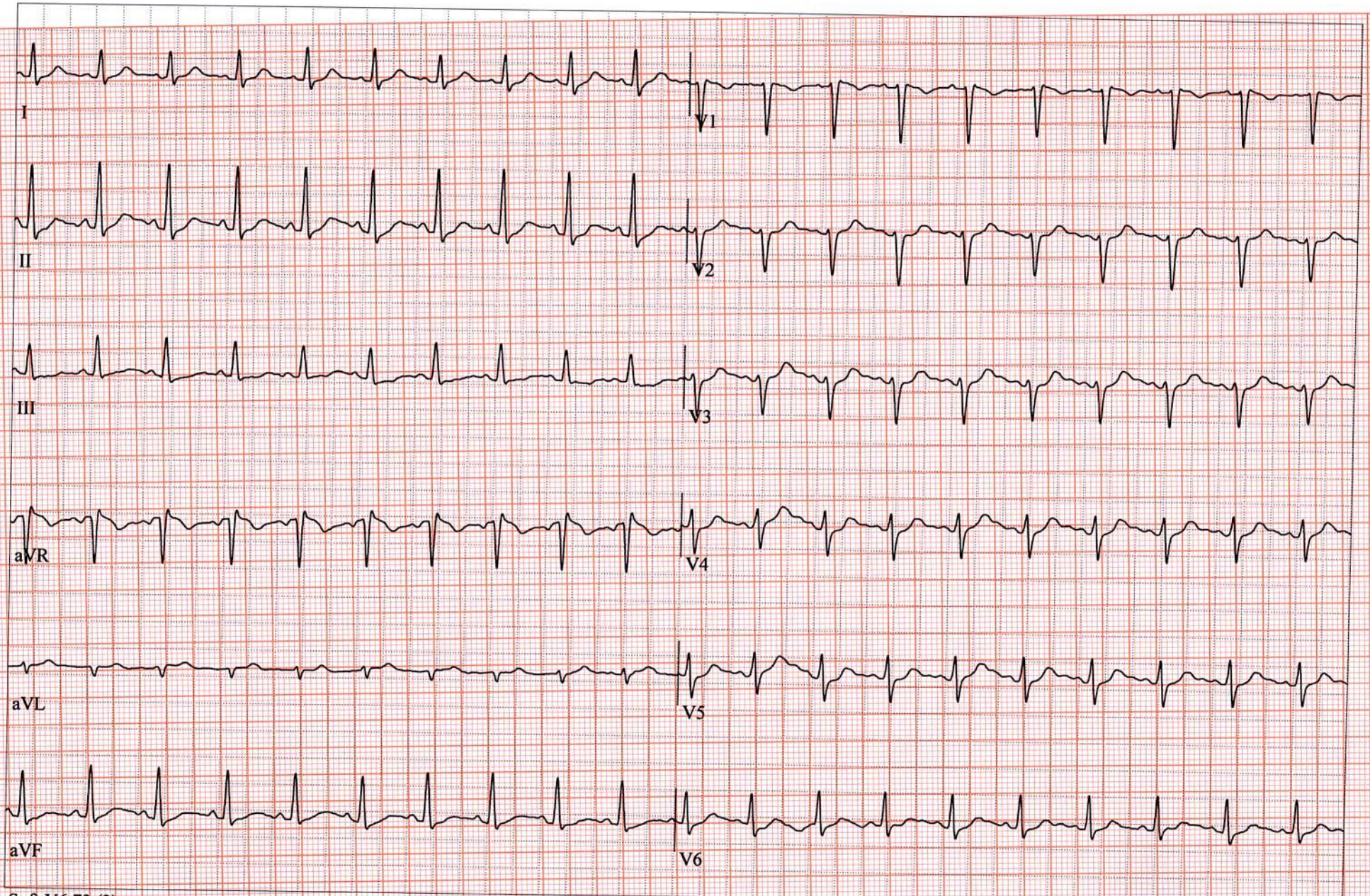
0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

118 bpm

130/90 mmHg



MS CHITRA RAUTELA,

Patient ID 964996698

29.03.2024

3:22:02pm

109 bpm

130/90 mmHg

12-Lead Report

RECOVERY

#1

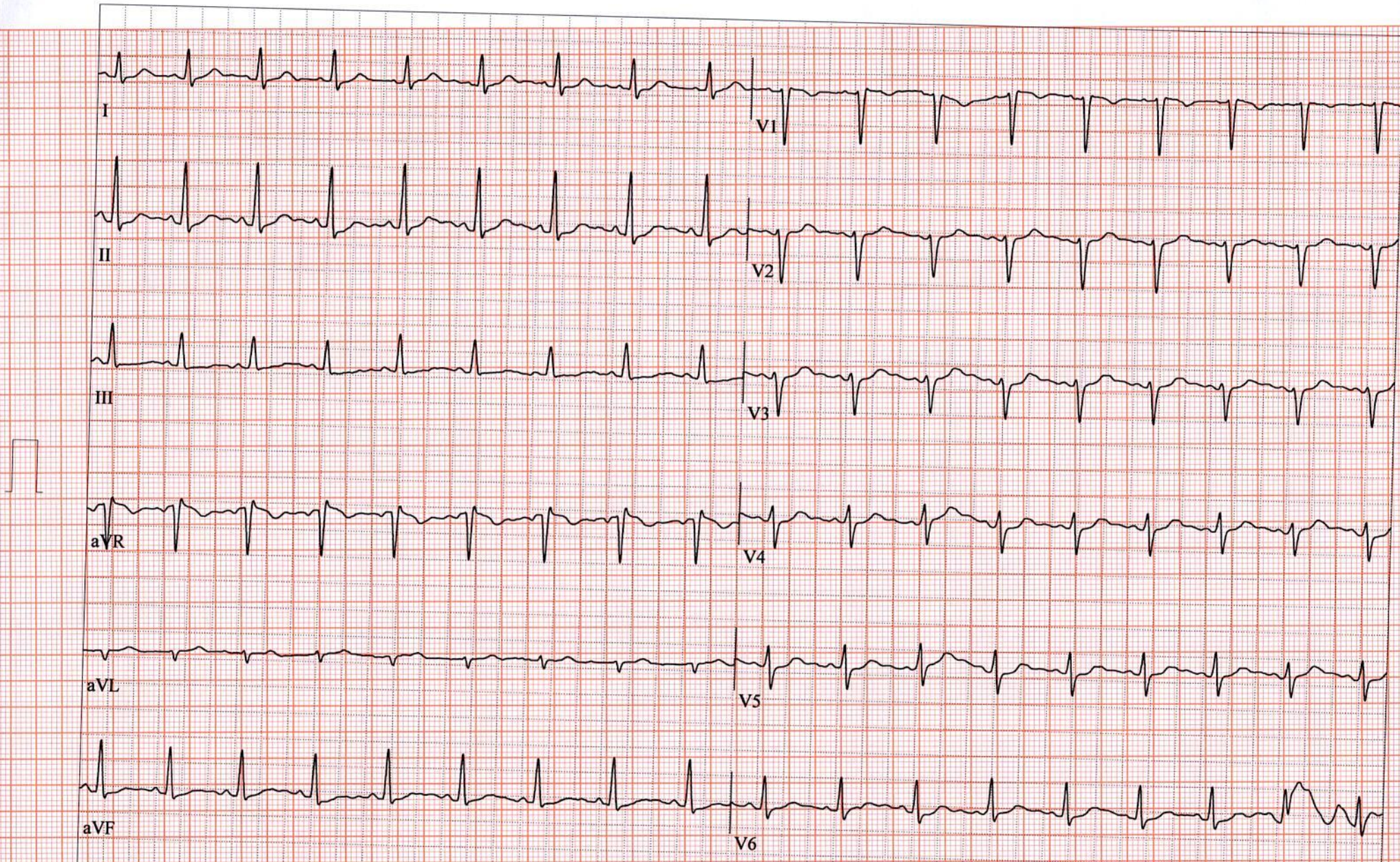
03:00

BRUCE

0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V1)

Start of Test: 3:10:24pm

MICRO MED CHARTS

Page 9



CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani
Ph: 7705023379,-
CIN : U85110DL2003PLC308206



Patient Name	: Miss.CHITRA RAUTELA	Registered On	: 29/Mar/2024 09:46:14
Age/Gender	: 29 Y O M O D /F	Collected	: 29/Mar/2024 10:27:28
UHID/MR NO	: CHL2.0000159197	Received	: 29/Mar/2024 12:12:24
Visit ID	: CHL20377652324	Reported	: 29/Mar/2024 14:42:19
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)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) ** , Whole Blood

Haemoglobin	13.30	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)	5,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	67.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	20.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	<20	
PCV (HCT)	42.00	%	40-54	
Platelet count				
Platelet Count	2.28	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	35.60	%	35-60	ELECTRONIC IMPEDANCE





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.31	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	95.10	fL	80-100	CALCULATED PARAMETER
MCH	31.00	pg	28-35	CALCULATED PARAMETER
MCHC	32.60	%	30-38	CALCULATED PARAMETER
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,953.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	236.00	/cu mm	40-440	


Dr Vinod Ojha
MD Pathologist





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Ph: 7705023379,-
CIN : U85110DL2003PLC308206



Patient Name	: Miss.CHITRA RAUTELA	Registered On	: 29/Mar/2024 09:46:16
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Visit ID	: CHL20377652324	Reported	: 29/Mar/2024 13:17:35
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

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	93.70	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP **

Sample: Plasma After Meal

112.30	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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 diabetics 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)	6.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	42.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	126	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.





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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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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

*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 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	11.69	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample: Serum	0.81	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid ** Sample: Serum	4.20	mg/dl	2.5-6.0	URICASE

LFT (WITH GAMMA GT) **, Serum





CHANDAN DIAGNOSTIC CENTRE

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Ph: 7705023379,-
CIN : U85110DL2003PLC308206



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Age/Gender	: 29 Y O M O D /F	Collected	: 29/Mar/2024 10:27:28
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Visit ID	: CHL20377652324	Reported	: 29/Mar/2024 13:17:35
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	23.89	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	34.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	29.20	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.40	gm/dl	6.2-8.0	BIURET
Albumin	4.10	gm/dl	3.4-5.4	B.C.G.
Globulin	2.30	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.78		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	50.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.30	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.10	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) **, Serum

Cholesterol (Total)	231.16	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	94.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	86	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	49.86	mg/dl	10-33	CALCULATED
Triglycerides	249.30	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr.Pankaj Punetha DNB(Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 7705023379,-
CIN : U85110DL2003PLC308206



Patient Name	: Miss.CHITRA RAUTELA	Registered On	: 29/Mar/2024 09:46:15
Age/Gender	: 29 Y O M O D /F	Collected	: 29/Mar/2024 11:47:18
UHID/MR NO	: CHL2.0000159197	Received	: 29/Mar/2024 14:05:43
Visit ID	: CHL20377652324	Reported	: 30/Mar/2024 09:49:15
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

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	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			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	0.1-3.0	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	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/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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Interpretation:





CHANDAN DIAGNOSTIC CENTRE

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




Dr Vinod Ojha
MD Pathologist





CHANDAN DIAGNOSTIC CENTRE

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Ph: 7705023379,-

CIN : U85110DL2003PLC308206



Patient Name	: Miss.CHITRA RAUTELA	Registered On	: 29/Mar/2024 09:46:15
Age/Gender	: 29 Y O M O D /F	Collected	: 29/Mar/2024 15:52:09
UHID/MR NO	: CHL2.0000159197	Received	: 29/Mar/2024 17:49:48
Visit ID	: CHL20377652324	Reported	: 29/Mar/2024 18:47:20
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, PP STAGE ** , Urine

Sugar, PP Stage ABSENT

Interpretation:

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



Dr.Pankaj Punetha DNB(Pathology)





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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)	64.20	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	4.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.300	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 Vinod Ojha
MD Pathologist





CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani
Ph: 7705023379,-
CIN : U85110DL2003PLC308206



Patient Name	: Miss.CHITRA RAUTELA	Registered On	: 29/Mar/2024 09:46:17
Age/Gender	: 29 Y O M O D /F	Collected	: N/A
UHID/MR NO	: CHL2.0000159197	Received	: N/A
Visit ID	: CHL20377652324	Reported	: 29/Mar/2024 14:06:00
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.

Dr Sushil Pandey(MD Radiodignosis)





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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) *

ULTRASOUND WHOLE ABDOMEN

LIVER: Is normal in size and echotexture. No SOL seen. No dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent.

GALL BLADDER: Lumen anechoic, wall is normal in thickness (~3 mm). No pericholecystic fluid seen.

CBD: Normal in caliber and smoothly tapering towards its lower end.

PANCREAS: Normal in size and echotexture.

SPLEEN: Normal in size and echotexture.

KIDNEYS:-

Right kidney is normal in size, shape and echotexture with maintained CM differentiation. No dilatation of PC system is seen. No calculus seen.

Left kidney is normal in size, shape and echotexture with maintained CM differentiation. No dilatation of PC system is seen. No calculus seen.

URINARY BLADDER: Normal capacity bladder with anechoic lumen and smooth regular walls of normal thickness.

UTERUS & CERVIX:

- Uterus is normal in size, shape and echotexture.
- Endometrial and myometrial echoes are normal. (ET ~9.9 mm). No focal lesion seen.
- Cervix appears normal.

OVARIES & ADNEXA:

- Right ovary is normal in size, shape and echo pattern.





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

- Hemorrhagic cyst of size measuring ~38x37mm is seen in left ovary.
- Free fluid is seen in POD.

No evidence of any free fluid/retroperitoneal lymphadenopathy.

IMPRESSION:- Left ovarian hemorrhagic cyst.

(Adv:- Clinico-pathological correlation and further evaluation).

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



Dr Sushil Pandey(MD Radiodignosis)

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

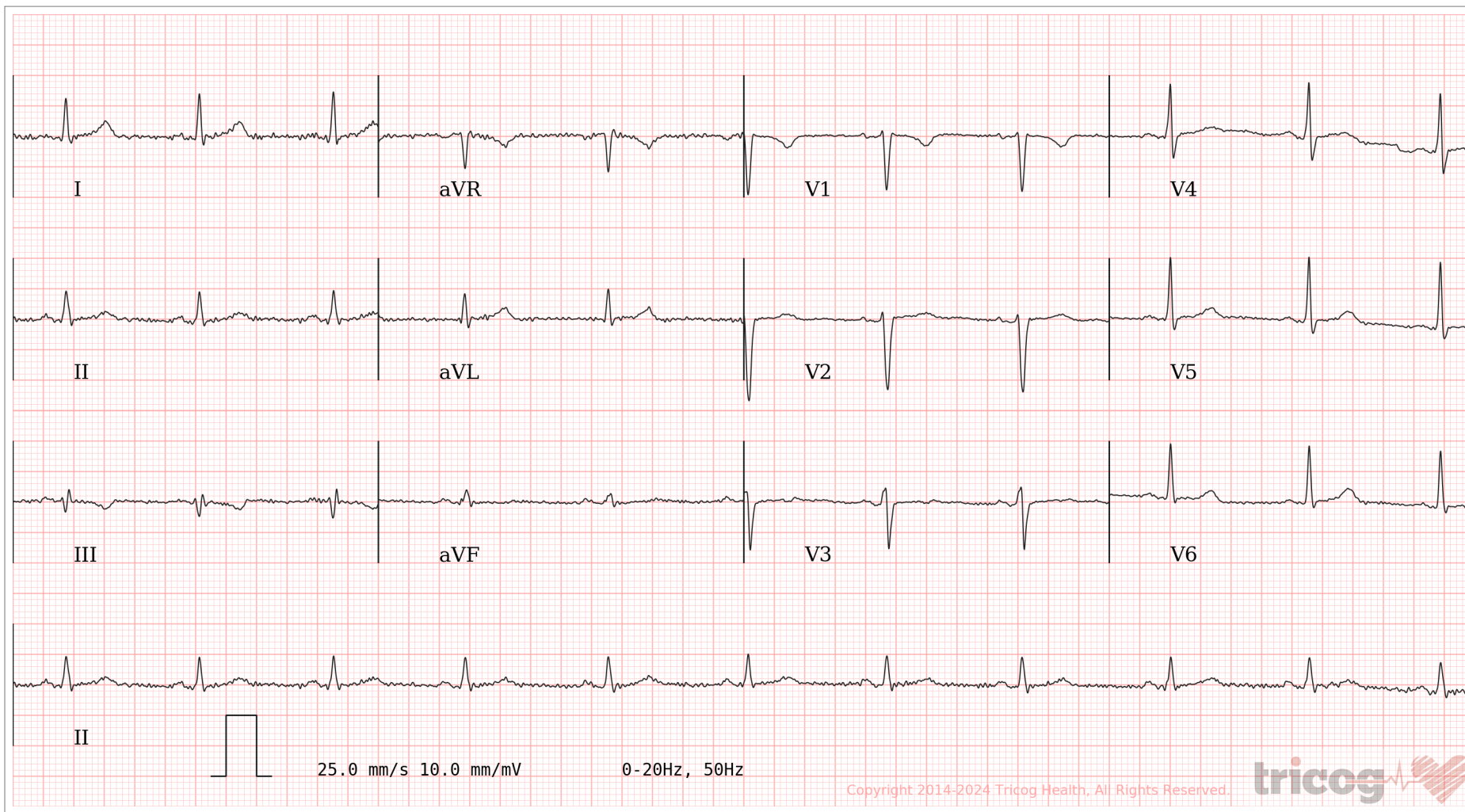


Chandan Diagnostic



Age / Gender: 29/Female
Patient ID: CHL20377652324
Patient Name: Miss.CHITRA RAUTELA

Date and Time: 29th Mar 24 11:03 AM



AR: 66bpm VR: 66bpm QRSD: 86ms QT: 398ms QTcB: 417ms PRI: 130ms P-R-T: 59° 22° 9°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Bhagalaxmi Sunil Bailwad

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