



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address

Date: 08/06/2017

पता:

W/O श्यामल कुमार, 137/एबी,
जमुनिया बाग रेलवे कालोनी, कानपुर
कैंट, कानपुर नगर,
उत्तर प्रदेश - 208004

W/O Shyamal Kumar
137/AB Jamuniya Bag
Railway Colony Kanpur
Cantt. Kanpur Nagar
Kanpur Cantt. Uttar
Pradesh - 208004



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P.O. Box No. 1947,
Bengaluru-560 001

K. Sharda

Dr. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

Sandan Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur



भारत सरकार
GOVERNMENT OF INDIA



पूजा

Pooja

जन्म तिथि / DOB : 01/11/1992

महिला / FEMALE

3237 0151 4855



मेरा आधार, मेरी पहचान

PLEASE
KEEP PASSAGE

Bharadwaj

Dr. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

WELCOME

Shandan Diagnostic Centre
24/22, Karachi Khane
Mall Road, Kanpur

GPS Map Camera

Kanpur, Uttar Pradesh, India
24/22, Mall Rd, Mall Rd Chauraha, General Ganj, Kanpur, Uttar Pradesh 208001,
India
Lat 26.464702°
Long 80.35884°
23/03/24 01:04 PM GMT +05:30



Google

Patient Name	: Mrs.POOJA	Registered On	: 23/Mar/2024 14:19:27
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 23/Mar/2024 14:32:20
UHD/MR NO	: IKNP.0000032927	Received	: 23/Mar/2024 14:34:25
Visit ID	: IKNP0092922324	Reported	: 23/Mar/2024 19:47:08
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) ** , Blood				
Blood Group	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) ** , Whole Blood				
Haemoglobin	9.20	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)	4,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	58.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	7.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	38.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr.	< 20	
PCV (HCT)	30.00	%	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	49.40	%	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)	0.16	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.43	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	86.20	fL	80-100	CALCULATED PARAMETER
MCH	26.80	pg	28-35	CALCULATED PARAMETER
MCHC	31.10	%	30-38	CALCULATED PARAMETER
RDW-CV	15.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,668.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	46.00	/cu mm	40-440	



Dr. Seema Nagar (MD Path)

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UHID/MR NO	: IKNP.0000032927	Received	: 23/Mar/2024 14:34:26
Visit ID	: IKNP0092922324	Reported	: 23/Mar/2024 15:49:35
Ref Doctor	: Dr.MediWheel Knp -	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	76.30	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.



Dr. Seema Nagar(MD Path)

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UHID/MR NO	: IKNP.0000032927	Received	: 24/Mar/2024 10:39:49
Visit ID	: IKNP0092922324	Reported	: 24/Mar/2024 11:39:58
Ref Doctor	: Dr. MediWheel Knp -	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)	4.60	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	27.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	85	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

*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 HbA1c 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



CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindavan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110DL2003LC308206



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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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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 (MBBS MD Pathology)



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) ** Sample:Serum	17.30	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.91	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid ** Sample:Serum	3.36	mg/dl	2.5-6.0	URICASE



Dr. Seema Nagar(MD Path)

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	23.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	19.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	14.60	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.45	gm/dl	6.2-8.0	BIURET
Albumin	3.50	gm/dl	3.4-5.4	B.C.G.
Globulin	2.95	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.19		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	110.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.56	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.28	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.28	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	121.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	49.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	59	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	12.72	mg/dl	10-33	CALCULATED
Triglycerides	63.60	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



Dr. Seema Nagar(MD Path)

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Visit ID	: IKNP0092922324	Reported	: 23/Mar/2024 16:19:39
Ref Doctor	: Dr.MediWheel Knp -	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	1.025			
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	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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Interpretation:



CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110DL2003LC308206



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UHID/MR NO	: IKNP.0000032927	Received	: 23/Mar/2024 14:34:25
Visit ID	: IKNP0092922324	Reported	: 23/Mar/2024 16:19:39
Ref Doctor	: Dr.MediWheel Knp -	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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- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2



Dr. Seema Nagar(MD Path)



Patient Name	: Mrs.POOJA	Registered On	: 23/Mar/2024 14:19:29
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 23/Mar/2024 14:32:20
UHID/MR NO	: IKNP.0000032927	Received	: 24/Mar/2024 09:59:07
Visit ID	: IKNP0092922324	Reported	: 24/Mar/2024 12:23:37
Ref Doctor	: Dr.MediWheel Knp -	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)	110.32	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.600	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 asymptomatic 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. Anupam Singh (MBBS MD Pathology)



CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110DL2003LC308206



Patient Name	: Mrs.POOJA	Registered On	: 23/Mar/2024 14:19:30
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: IKNP.0000032927	Received	: N/A
Vsist ID	: IKNP0092922324	Reported	: 23/Mar/2024 14:33:10
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

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

() Test Performed at Chandan Speciality Lab.**

Result/s to Follow:

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



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: 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), Duppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

365 Days Open

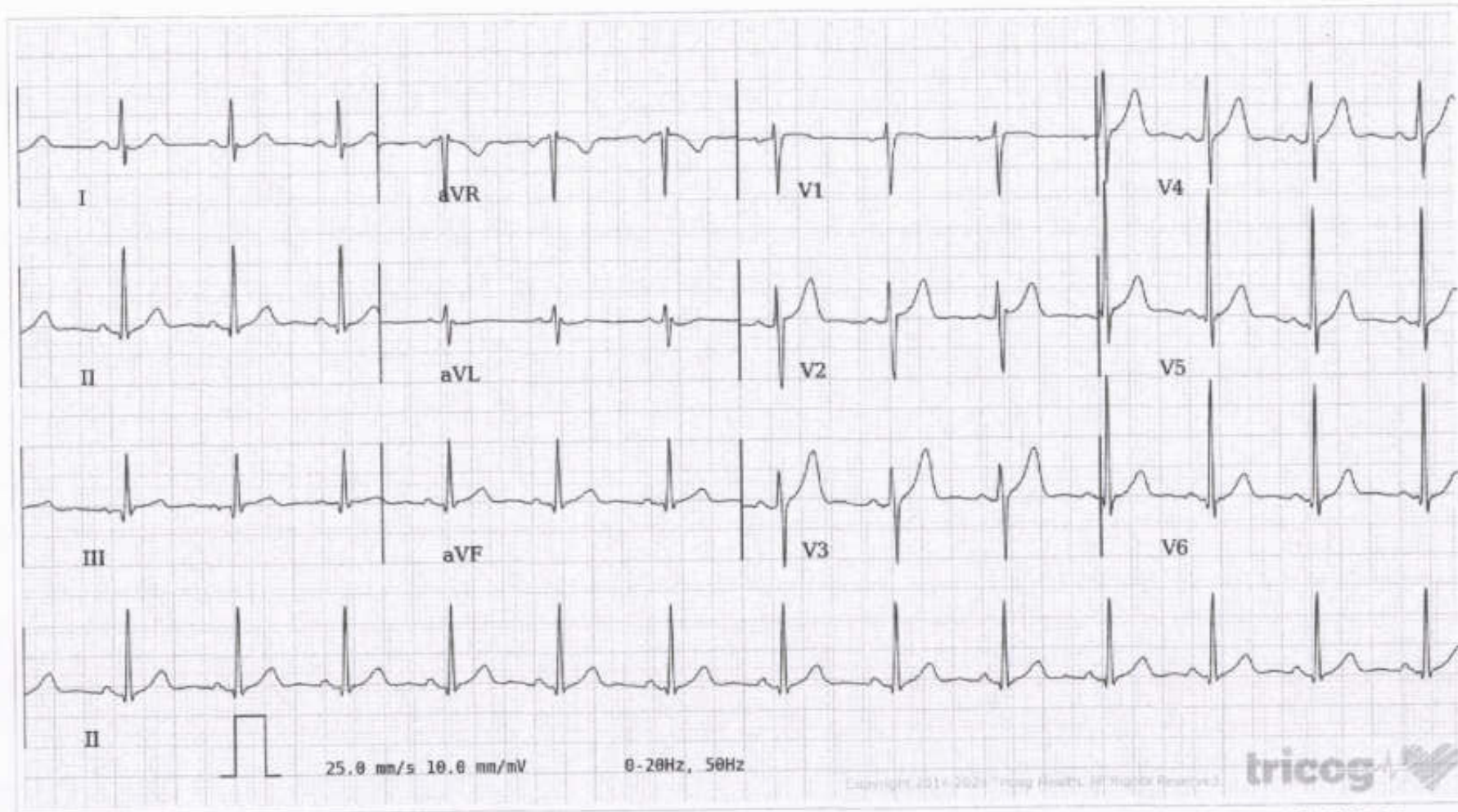
*Facilities Available at Select Location





Age / Gender: 31/Female
 Patient ID: IKNP0092922324
 Patient Name: Mrs.POOJA

Date and Time: 23rd Mar 24 11:48 AM



AR: 83bpm VR: 83bpm QRSD: 86ms QT: 348ms QTcB: 408ms PRI: 134ms E-R-T: 43° 67° 53°

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

AUTHORIZED BY

Dr. Charit
 MD, DM: Cardiology

633E2

REPORTED BY

Dr. Amit Jainwal

MCI 12/44846

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.

BUDHWAR HEART CENTRE

8/227 ARYA NAGAR KANPUR 208002

0512 2525287 , 2531457

POOJA

ID : 2434
 DATE : 23/03/2024
 AGE/SEX : 31 / F
 HT/WT : 0 / 0
 REF.BY : BANK OF BARODA

TREADMILL TEST REPORT

PROTOCOL : Bruce
 HISTORY : Checkup/Physical fitness,
 INDICATION :
 MEDICATION : NIL

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL(MM)			METS
								II	V1	V5	
SUPINE					102	90 / 60	91	-0.5	0.8	-0.1	
STANDING					119	90 / 60	107	-0.4	0.2	0.2	
HYPERVENT		0:8			118	90 / 60	106	-0.4	0.3	0.1	
Stage 1	2:55	2:55	2.7	10	148	100 / 70	148	-0.4	0.4	0	4.67
Stage 2	5:55	2:55	4	12	173	110 / 80	190	-0.9	0.6	-0.5	7.04
PK-EXERCISE	6:43	0:43	5.4	14	181	120 / 80	217	-1.5	0.9	-0.7	7.79
RECOVERY	7:50	0:59			137	120 / 80	164	-0.5	1.4	-0.1	
RECOVERY	9:46	2:55			116	100 / 80	116	-1.1	0.9	-0.7	
RECOVERY	10:6	3:15			117	100 / 80	117	-1.2	0.7	-0.6	
RECOVERY	10:25	3:34			113	100 / 80	113	-1.2	0.8	-0.5	

RESULTS

EXERCISE DURATION : 6:43 MAX WORK LOAD : 7.79 METS
 MAX HEART RATE : 183 bpm 96 % of target heart rate 189 bpm
 MAX BLOOD PRESSURE : 120 / 80 mm Hg

REASON OF TERMINATION : Fatigue,
 BP RESPONSE : Normal,
 ARRYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,

IMPRESSIONS :

FUNCTIONAL CAPACITY O K. NORMAL HR AND BP RESPONSE . NO ANGINA OR SIGNIFICANT ST DEPRESSION OCCURRED DURING TEST.
 TMT IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA

Dr. L. K. BUDHWAR
 M.B.B., M.D. (Medicine)
 D.M. (Cardiology)
 CARDIAC JG/ST
 Reg No.: 20483

Technician : S K SHARMA

DR L K BUDHWAR

BUDHWAR HEART CENTRE

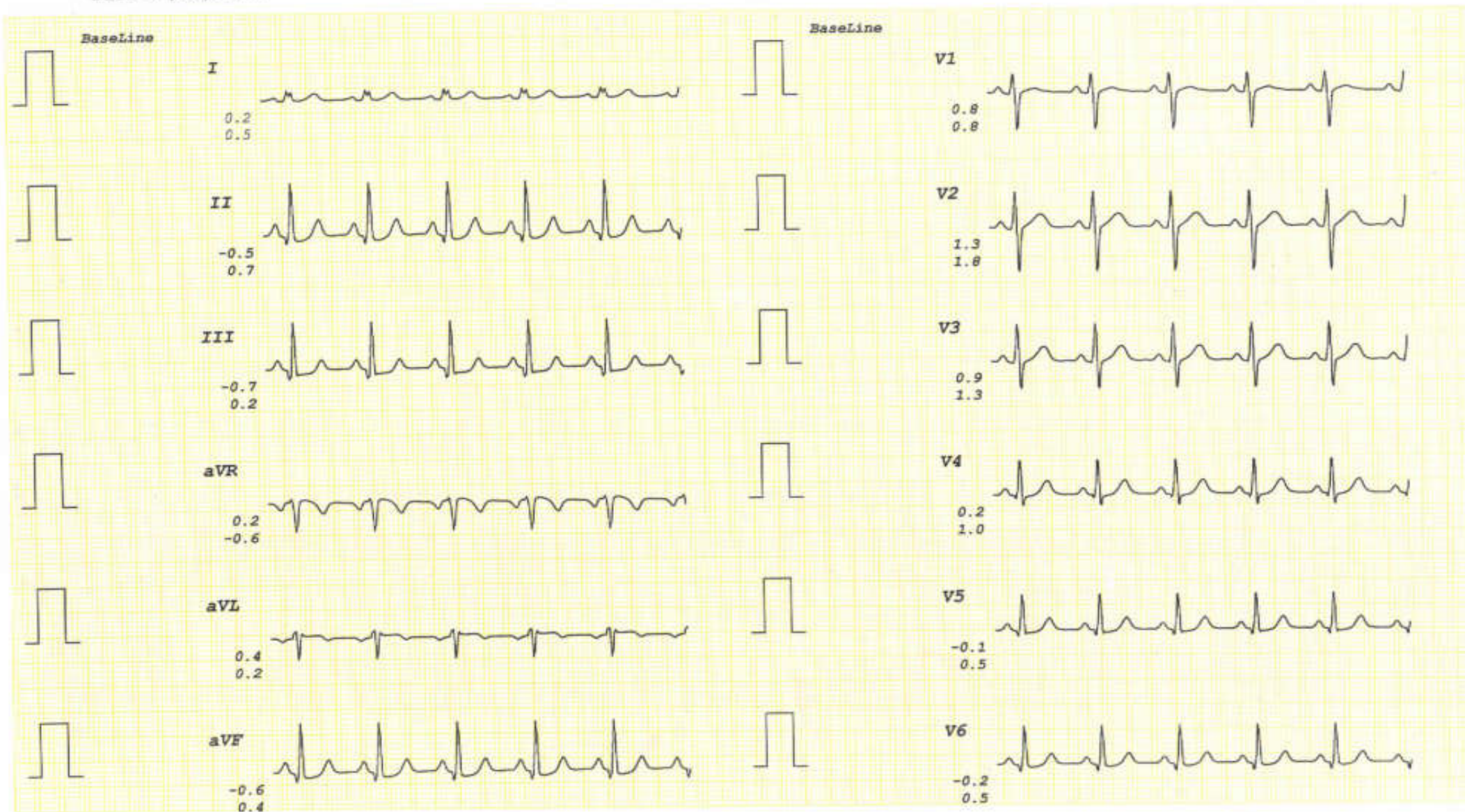
POOJA
I.D. 2434
Age 31/F
Date 23/03/2024

RATE 102bpm
B.P. 90/60

PRETEST
SUPINE

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

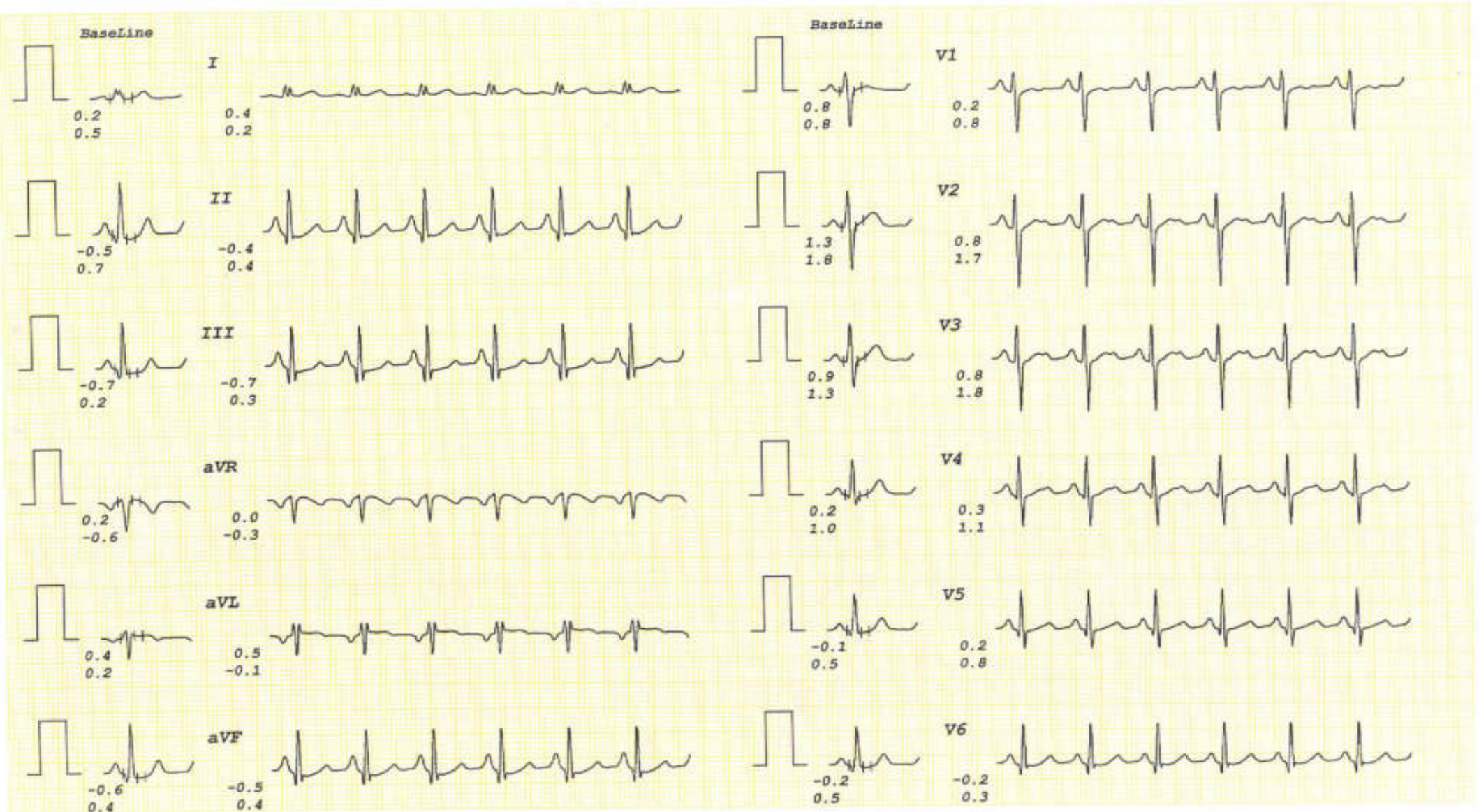
POOJA
I.D. 2434
Age 31/F
Date 23/03/2024

RATE 119bpm
B.P. 90/60

PRETEST
STANDING

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

POOJA
I.D. 2434
Age 31/F
Date 23/03/2024

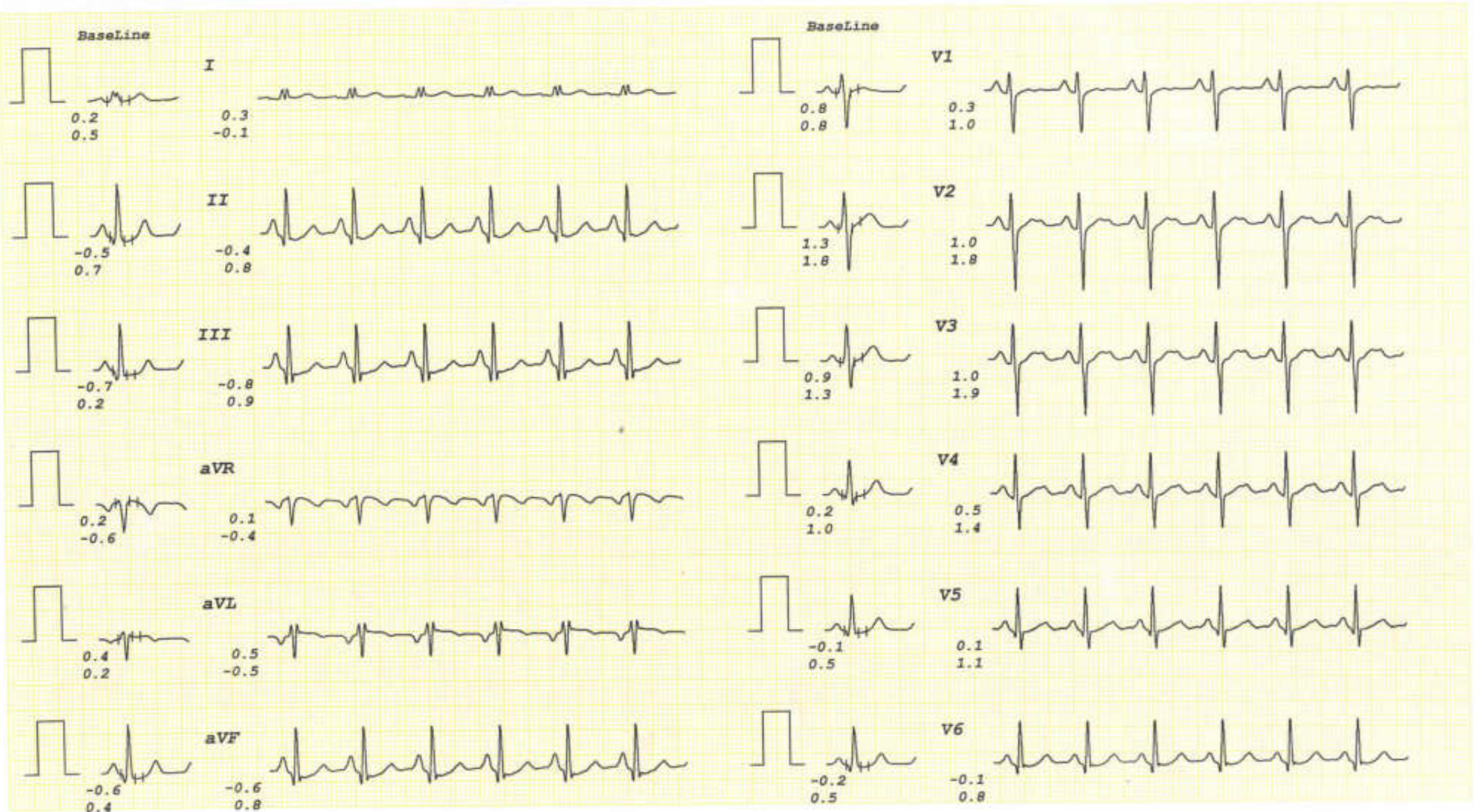
RATE 118bpm
B.P. 90/60

PRETEST
HYPERVENT

ST @ 10mm/mV
60ms PostJ

PHASE TIME 0:08

LINKED MEDIAN



BUDHWAR HEART CENTRE

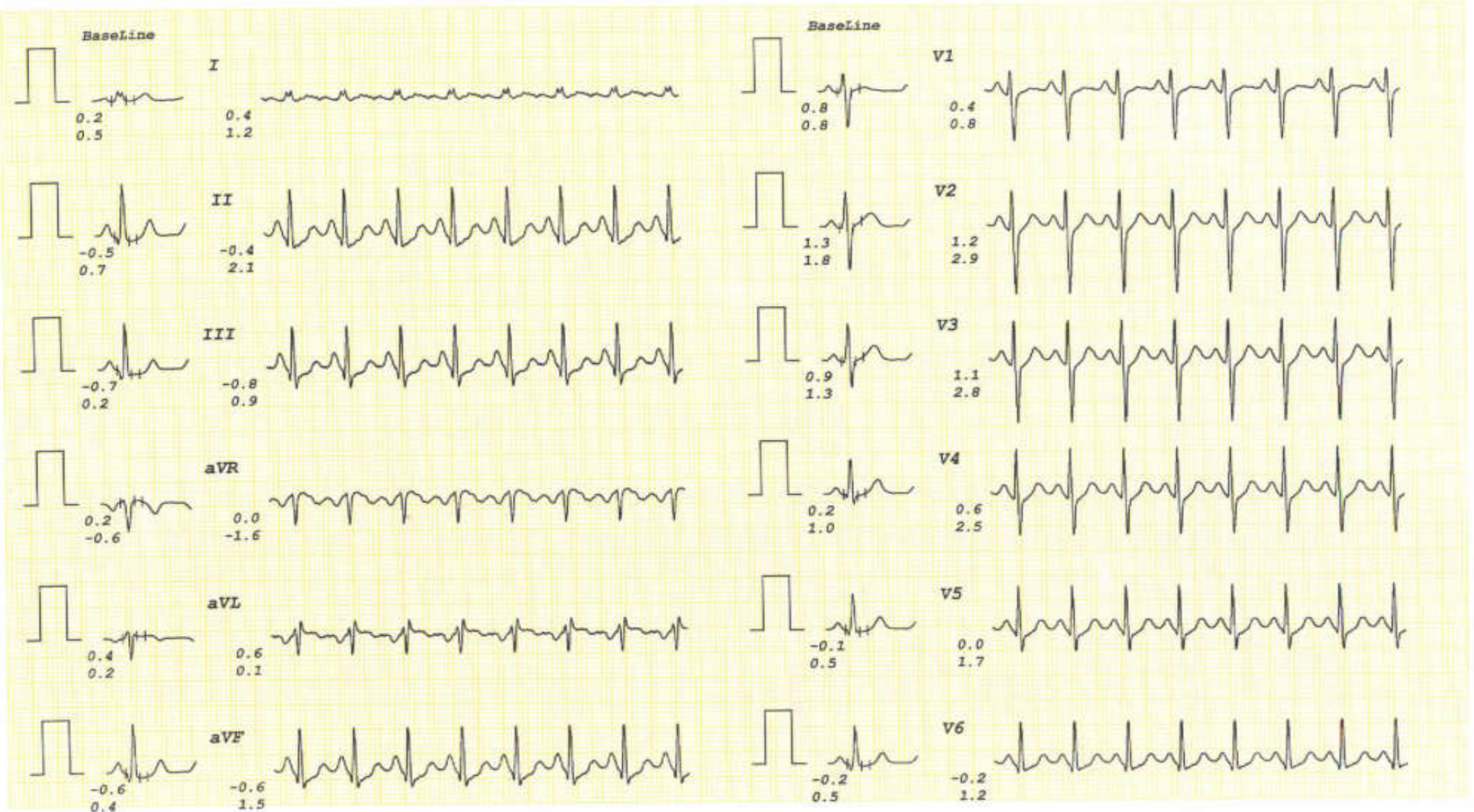
POOJA
I.D. 2434
Age 31/F
Date 23/03/2024

RATE 148bpm
B.P. 100/70

Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
60ms PostJ
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN



BUDHWAR HEART CENTRE

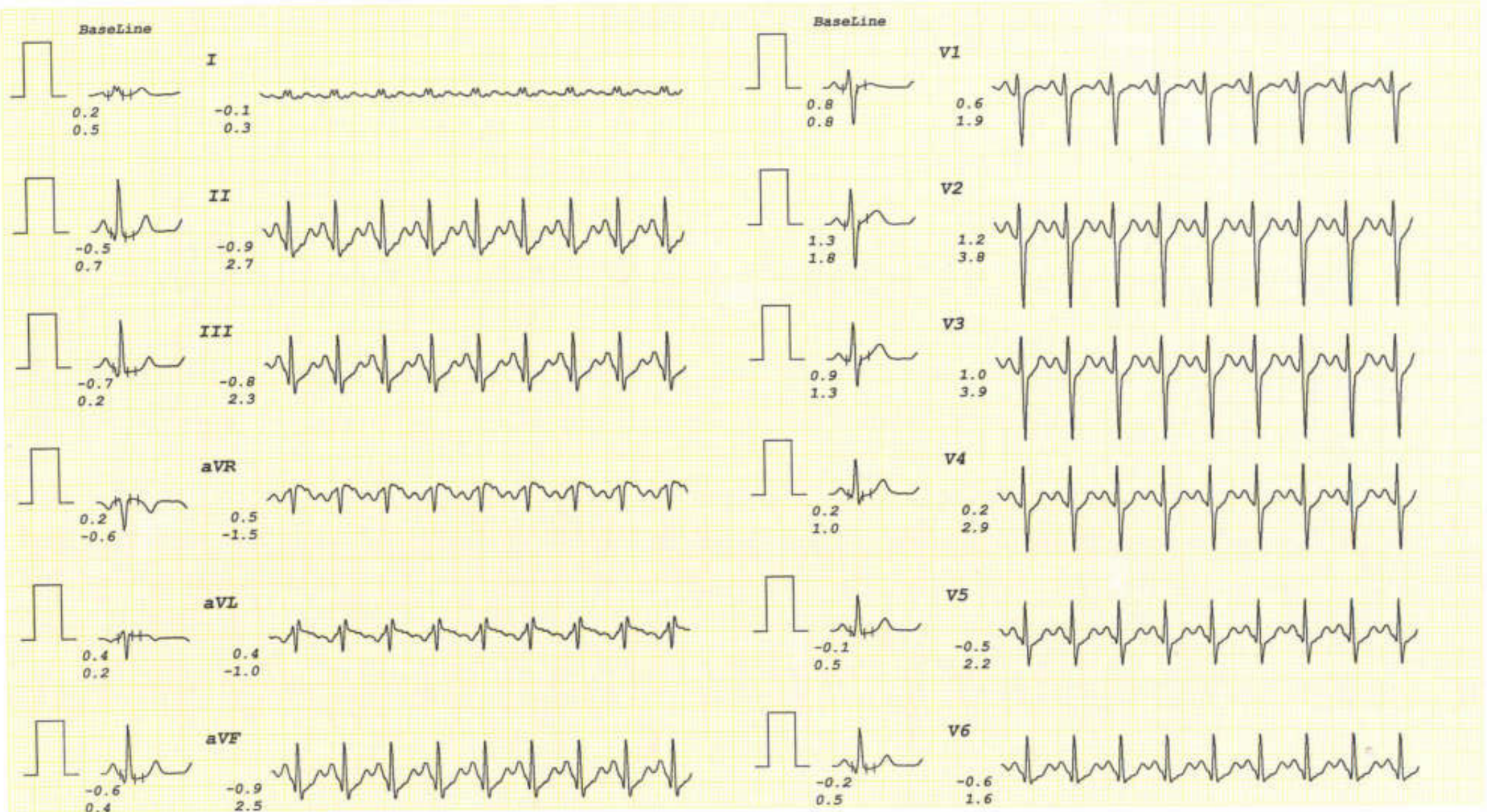
POOJA
I.D. 2434
Age 31/F
Date 23/03/2024

RATE 173bpm
B.P. 110/80

Bruce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST @ 10mm/mV
60ms PostJ
Speed 4 km/hr
SLOPE 12 %

LINKED MEDIAN



BUDHWAR HEART CENTRE

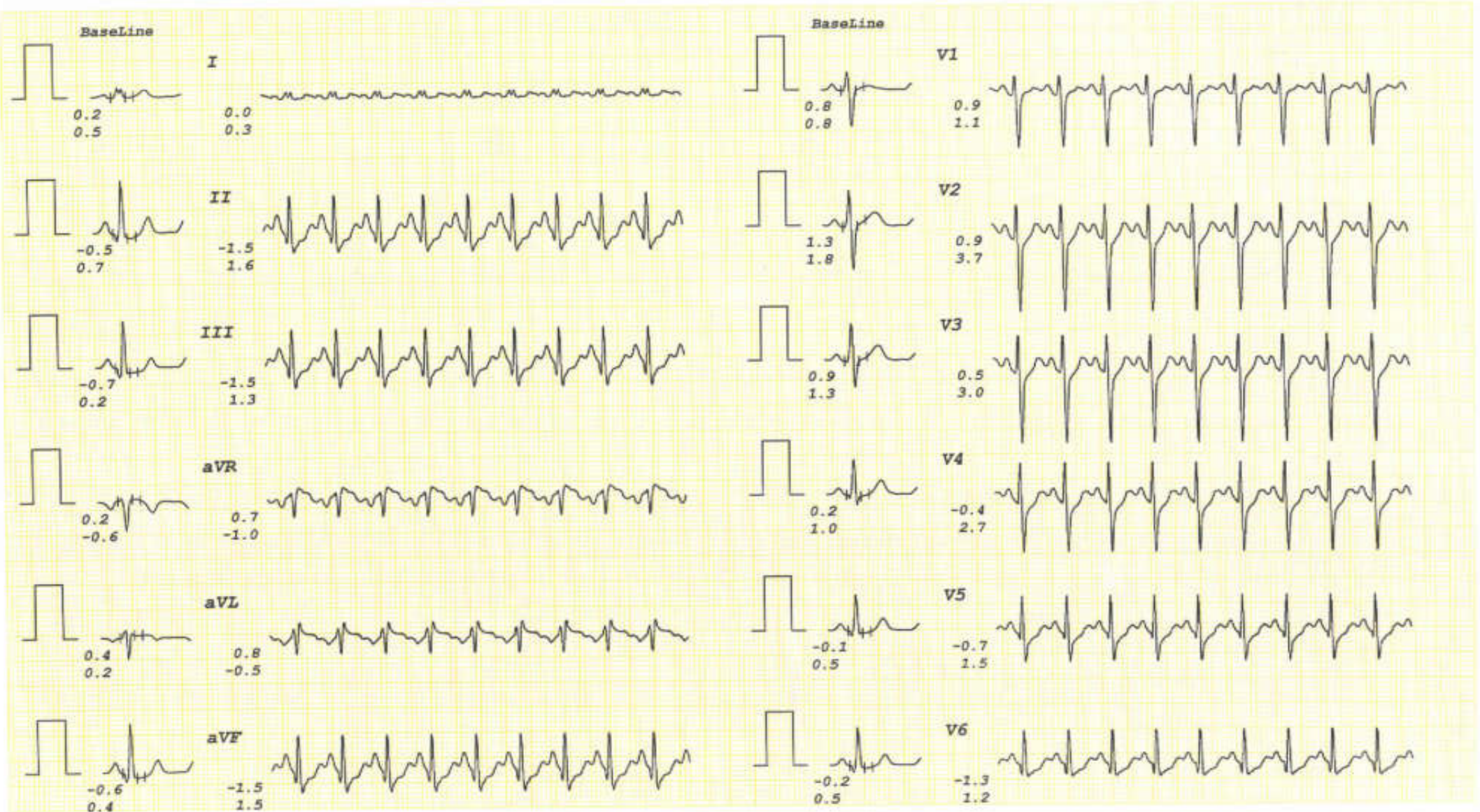
POOJA
I.D. 2434
Age 31/F
Date 23/03/2024

RATE 181bpm
B.P. 120/80

Bruce
PK-EXERCISE
TOTAL TIME 6:43
PHASE TIME 0:43

ST @ 10mm/mV
60ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN



BUDHWAR HEART CENTRE

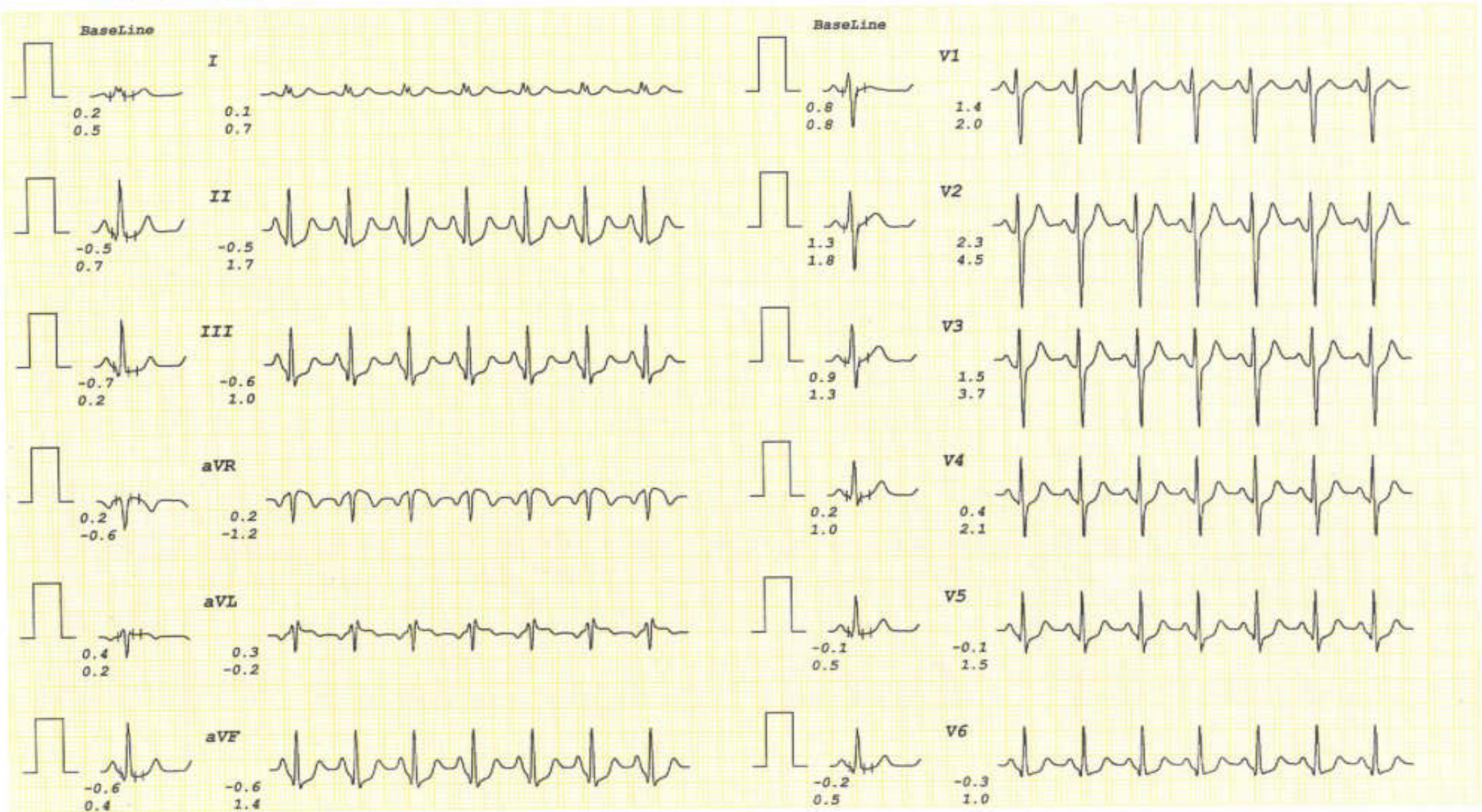
POOJA
I.D. 2434
Age 31/F
Date 23/03/2024

RATE 137bpm
B.P. 120/80

Bruce
RECOVERY
TOTAL TIME 7:50
PHASE TIME 0:59

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

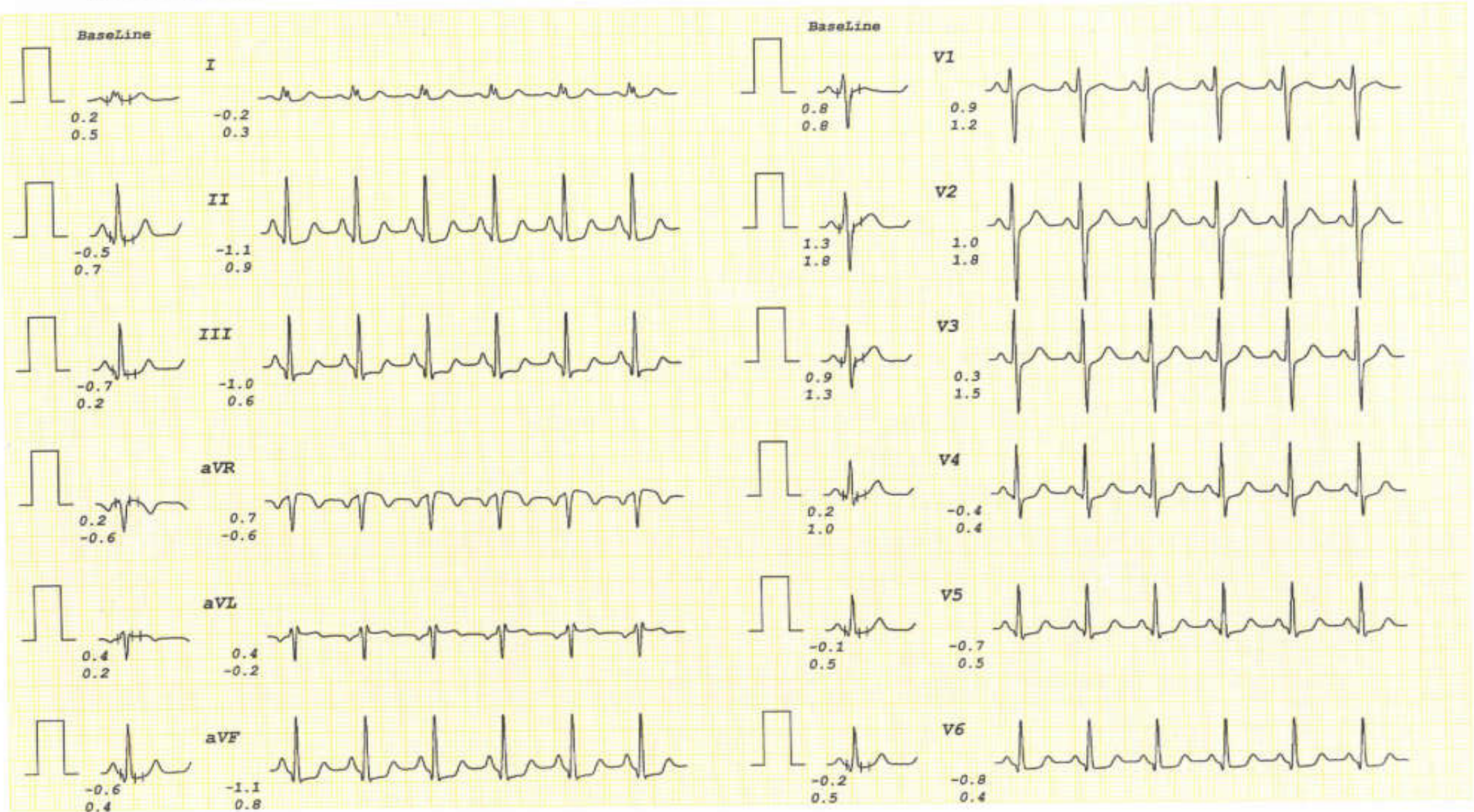
POOJA
I.D. 2434
Age 31/F
Date 23/03/2024

RATE 116bpm
B.P. 100/80

Bruce
RECOVERY
TOTAL TIME 9:46
PHASE TIME 2:55

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

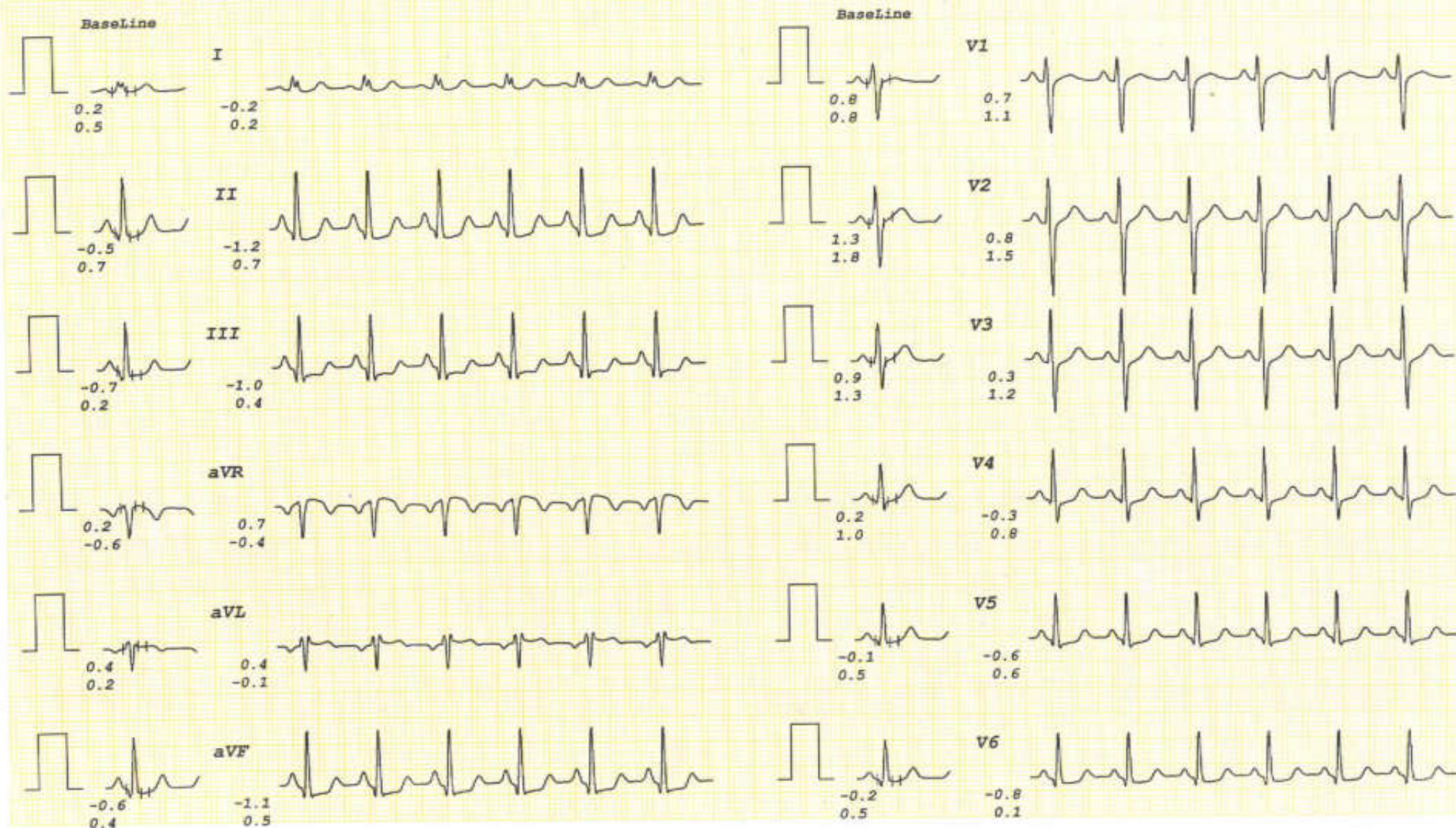
POOJA
I.D. 2434
Age 31/F
Date 23/03/2024

RATE 117bpm
B.P. 100/80

Bruce
RECOVERY
TOTAL TIME 10:06
PHASE TIME 3:15

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

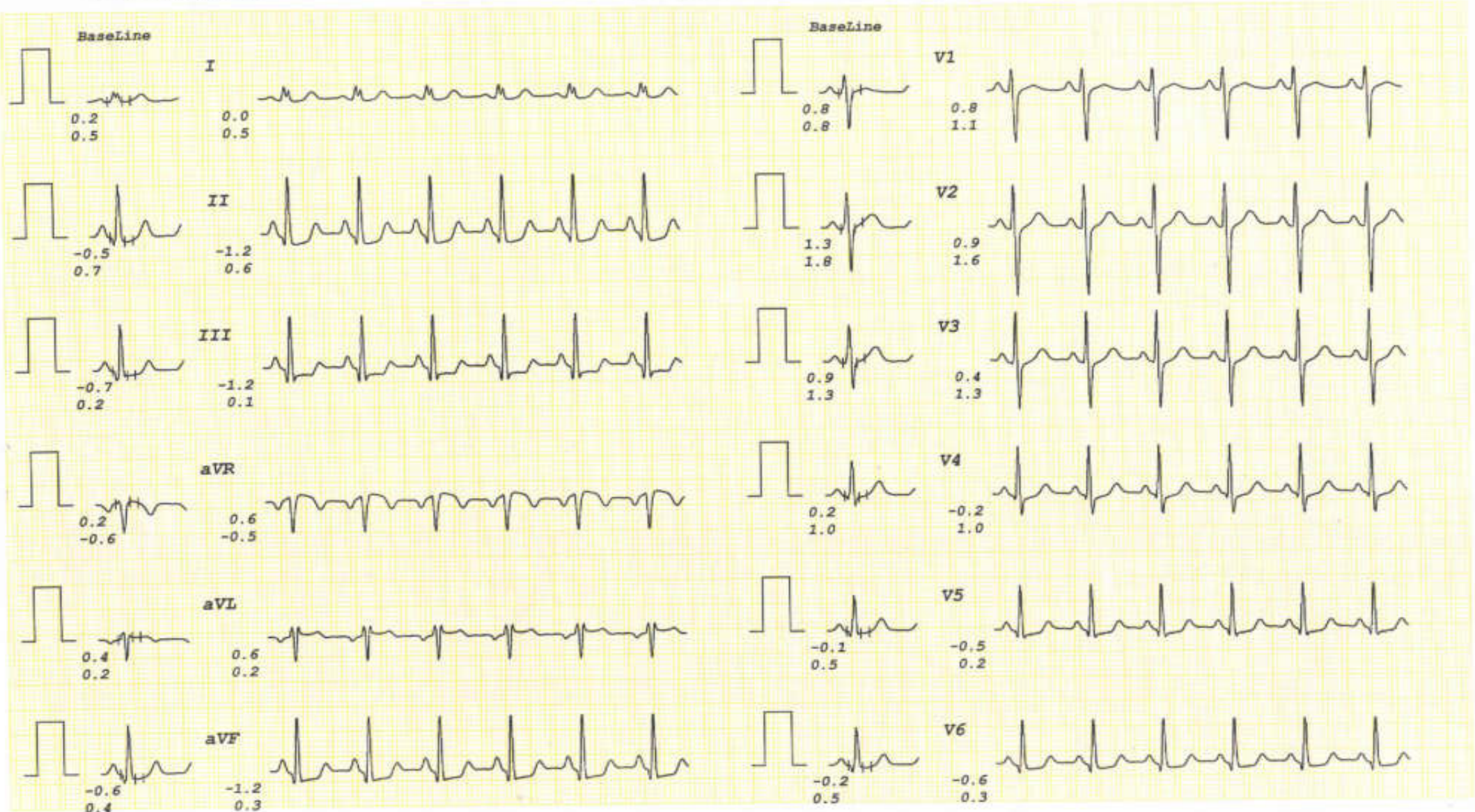
POOJA
I.D. 2434
Age 31/F
Date 23/03/2024

RATE 113bpm
B.P. 100/80

Bruce
RECOVERY
TOTAL TIME 10:25
PHASE TIME 3:34

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN





DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.
Ex Chief Medical Superintendent
Senior Consultant

ASHMEE CARE

ULTRASOUND
&
CARDIO CENTRE

2D ECHO ★ COLOUR DOPPLER ★ ULTRASOUND ★ TMT ★ ECG

NAME OF PATIENT: MRS.POOJA

AGE: 31 SEX: ♀

REF.BY: DR. C.D.C

DATE: 23-03-2024

WHOLE ABDOMINAL SCAN

LIVER : LIVER IS MILDLY ENLARGED IN SIZE(142.4MM). PARENCHYMAL ECHOTEXTURE IS HOMOGENOUS.PORTAL AND HEPATIC VEINS ARE NORMAL. INTRA HEPATIC BILIARY CHANNELS ARE NORMAL.

GALL BLADDER: IS NORMAL IN SIZE & ECHOTEXTURE . NO CALCULI / MASS SEEN **C.B.D.:** NORMAL IN CALIBER.

PANCREAS: NORMAL IN SIZE & ECHOTEXTURE. PANCREATIC DUCT IS NOT DILATED.

SPLEEN : NORMAL IN SIZE (83MM) & ECHOTEXTURE. SPLENIC VEIN IS NOT DILATED.

RIGHT KIDNEY: NORMAL IN SIZE (91MM X 45MM), OUTLINE AND CORTICAL ECHOTEXTURE .RENAL PARENCHYMAL WIDTH IS NORMAL. CORTICO-MEDULLARY DEFINITION IS NORMAL. NO BACK PRESSURE CHANGES ARE SEEN. PERINEPHRIC SPACES ARE NORMAL.

LEFT KIDNEY : NORMAL IN SIZE (98MM X 47MM), OUTLINE AND CORTICAL ECHOTEXTURE .RENAL PARENCHYMAL WIDTH IS NORMAL. CORTICO-MEDULLARY DEFINITION IS NORMAL. NO BACK PRESSURE CHANGES ARE SEEN. PERINEPHRIC SPACES ARE NORMAL.

URINARY BLADDER: NORMAL IN SIZE AND CONTOUR. WALL IS SMOOTH AND REGULAR. NO MASS OR LESION IS SEEN IN LUMEN .

UTERUS : UTERUS IS NORMAL IN SIZE & SHAPE .MYOMETRIUM IS NORMAL. ENDOMETRIAL THICKNESS IS 5.4MM.

OVARIES : BOTH OVARY ARE NORMAL IN SHAPE AND SIZE.

RETRO PERITONEAL VESSELS ARE NORMAL .NO RETROPERITONEAL LYMPH NODES ARE SEEN.PSOAS MUSCLES ARE NORMAL.

IMPRESSION : MILD HEPATOMEGALY

FILM & REPORT NOT VALID FOR MEDICO-LEGAL PURPOSE

SONOLOGIST

DR. RACHIT GUPTA

PNDT Registration No- PNDT/REG/94/2012

Attending Cardiologist, MD (Physician)
PG Diploma in Clinical Cardiology

SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 ★ M.: 9307775184

Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.