



Since 1991



CHANDAN DIAGNOSTIC CENTRE

Name of Company: Medinheerl

Name of Executive: Richa Kumari

Date of Birth: ..20.../...09.../...1991....

Sex: Male / Female

Height: ..158.....CMs

Weight: ..58.....KGs

BMI (Body Mass Index) : 23.2

Chest (Expiration / Inspiration) 82...../.....85.....CMs

Abdomen: ..76.....CMs

Blood Pressure: ..117...../.....70.....mm/Hg

Pulse: ..58.....BPM - Regular / Irregular

Ident Mark: Cut Mark below the left eye.

Any Allergies: NO

Vertigo : NO

Any Medications: NO

Any Surgical History: Surgery left breast

Habits of alcoholism/smoking/tobacco: NO

Chief Complaints if any: NO

Lab Investigation Reports: Report attach

Eye Check up vision & Color vision: Power glass Since 10 Year

Left eye: Normal

Right eye: Normal



CHANDAN DIAGNOSTIC CENTRE

Near vision: *N/G*

Far vision : *6/9*

Dental check up : *Normal*

ENT Check up : *Normal*

Eye Checkup: *Normal*

Final impression

Certified that I examined.....*Richa Kumari*..... S/o or D/o
.....*←*.....is presently in good health and free from any
cardio-respiratory/communicable ailment, he/she is *fit* / *Unfit* to join any
organization.

Richa Kumari
Client Signature :-

Ray
.....
Signature of Medical Examiner

Dr. R.C. ROY
MBBS., MD. (Radio Diagnosis)
Reg. No. -26918

Name & Qualification - Dr. R. C. Roy (MBBS,MD)

Date...*26.1.10*.../2024

Place - VARANASI

CHANDAN DIAGNOSTIC CENTRE
455/6, (H G Complex), KANCHANPUR,
CHITAIPUR, VARANASI, UP 221005

I am Richa kumari do not go
for PAPSmeary to my own wish

Richa Kumari



Dr. R.C. ROY
MBBS., MD. (Radio Diagnosis)
Reg. No. -26918

CHANDAN DIAGNOSTIC CENTRE
455/6, (H G Complex), KANCHANPUR,
CHITTAIPUR, VARANASI, UP 221005



भारत सरकार

GOVERNMENT OF INDIA

Download Date: 20/11/2023



ऋचा कुमारी

Richa Kumari

जन्म तिथि/DOB: 20/09/1991

महिला/ FEMALE

Mobile No: 9284717238

2777 0054 4660

VID : 9104 9229 7797 2434

Issue Date: 08/05/2013

मेरा आधार, मेरी पहचान



5, Kanchanpur Rd, Kanchanpur Petrol Pump,
Gokul Nagar, DLW Colony, Chitaipur, Varanasi,
Kanchanpur, Uttar Pradesh 221005, India

Latitude

25.273998°

Longitude

82.967370°

LOCAL 09:25:08

GMT 03:55:08

SATURDAY 10.26.2024

ALTITUDE 36 METER



CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mrs.RICHA KUMARI-22S36082	Registered On	: 26/Oct/2024 08:40:46
Age/Gender	: 33 Y 1 M 5 D /F	Collected	: 26/Oct/2024 09:29:59
UHID/MR NO	: CVA1.0000002766	Received	: 26/Oct/2024 09:32:13
Visit ID	: CVA10028342425	Reported	: 26/Oct/2024 12:53:27
Ref Doctor	: Dr.MEDIWHEEL VNS -	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	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	12.10	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	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	5,900.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	60.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	30.00	%	20-40	FLOW CYTOMETRY
Monocytes	4.00	%	2-10	FLOW CYTOMETRY
Eosinophils	6.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	<1-2	FLOW CYTOMETRY
ESR				
Observed	10.00	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	





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Later gestation - 70 (95 if anaemic)	
Corrected	6.00	Mm for 1st hr.	<20	
PCV (HCT)	38.40	%	40-54	
Platelet count				
Platelet Count	1.75	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	17.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	42.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.18	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.80	fl	80-100	CALCULATED PARAMETER
MCH	28.90	pg	27-32	CALCULATED PARAMETER
MCHC	31.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,540.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	354.00	/cu mm	40-440	

S. N. Sinha
Dr. S. N. Sinha (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
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GLUCOSE FASTING, Plasma

Glucose Fasting	95.00	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.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP Sample:Plasma After Meal	120.00	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.
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.00	%NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	35.00	mmol/ mol/ IFCC		
Estimated Average Glucose (eAG)	108	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.





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- 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 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)	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 1diabetics. 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)

11.00

mg/dL

7.0-23.0

CALCULATED

Sample:Serum





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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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	0.90	mg/dl	0.5-1.20	MODIFIED JAFFES
<i>Sample: Serum</i>				

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

Uric Acid	2.40	mg/dl	2.5-6.0	URICASE
<i>Sample: Serum</i>				

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)	18.00	U/L	<35	IFCC WITHOUT P5P
SGPT/ Alanine Aminotransferase (ALT)	20.50	U/L	<40	IFCC WITHOUT P5P
Gamma GT (GGT)	9.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.40	gm/dl	6.2-8.0	BIURET
Albumin	3.90	gm/dl	3.4-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.56		1.1-2.0	CALCULATED





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Alkaline Phosphatase (Total)	78.00	U/L	42.0-165.0	PNP/ AMP KINETIC
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)	228.00	mg/dl	<200 Desirable 200-239 Borderline High >240 High	GHOD-PAP
HDL Cholesterol (Good Cholesterol)	71.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	111	mg/dl	<100 Optimal 100-129 Nr. Optimal/ Above Optimal 130-159 Borderline High 160-189 High >190 Very High	CALCULATED
VLDL	45.80	mg/dl	10-33	CALCULATED
Triglycerides	229.00	mg/dl	<150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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





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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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URINE EXAMINATION, ROUTINE, *Urine*

Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			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	Serum-0.1-3.0 Urine-0.0-14.0	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	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

STOOL, ROUTINE EXAMINATION, *Stool*

Color	YELLOWISH
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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			

SUGAR, FASTING STAGE, *Urine*

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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

SUGAR, PP STAGE, *Urine*

Sugar, PP Stage	ABSENT
-----------------	--------

Interpretation:

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

S. N. Gupta
Dr. S. N. Gupta (MD Path)





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Visit ID	: CVA10028342425	Reported	: 26/Oct/2024 14:03:30
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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)	106.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	3.98	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.080	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.

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





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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**

Dr Raveesh Chandra Roy (MD-Radio)





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Visit ID	: CVA10028342425	Reported	: 26/Oct/2024 09:41:19
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- Normal in size (**13.3 cm**), shape, & echogenicity. Intra & extra hepatic biliary radicals & vascular structures are normal. Margins are smooth and regular.

GALL BLADDER

- Normally distended with echo free lumen.

PORTAL SYSTEM

- Normal in course and caliber. (**7.0 mm**)

BILIARY SYSTEM

- Visualized part normal in course & caliber. (**2.5 mm**).

PANCREAS

- Normal in size, shape & echogenicity. Margins are smooth & regular. No diffuse/ focal lesion seen. Pancreatic duct not visualized.

KIDNEYS

- Right kidney: **8.9 x 3.6 cm**, Left kidney: **9.2 x 4.8 cm**.
- Both normal in size, shape echogenicity & position. Cortical-medullary differentiation is maintained.
- Pelvicalyceal system normal. No evidence of any calculus/mass lesion seen
- No hydronephrosis/ hydroureter seen. No suprarenal mass lesion.

SPLEEN

- Normal in size measures (**8.8 cm**), shape & echogenicity. Margins are smooth & regular. No diffuse / focal lesion seen

URINARY BLADDER

- Normally distended with normal wall thickness. No echogenic foci lumen or diverticula seen. Both VUJ appears normal.
- No evidence of calculus / mass lesion seen.

UTERUS

- Uterus is reteroflexed, normal in size **9.1 x 4.8 x 3.4 cm**. Margins are smooth & regular. Enlarged cervix





CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mrs.RICHA KUMARI-22S36082	Registered On	: 26/Oct/2024 08:40:47
Age/Gender	: 33 Y 1 M 5 D /F	Collected	: 2024-10-26 09:40:33
UHID/MR NO	: CVA1.0000002766	Received	: 2024-10-26 09:40:33
Visit ID	: CVA10028342425	Reported	: 26/Oct/2024 09:41:19
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

measuring 3.2 mm

- Endometrial thickness measures 11.7 mm.

OVARIES

- Bilateral ovaries show normal size (right ovary 3.5 x 2.1 cm and left ovary 2.5 x 1.8 cm) and morphology.

OTHERS

- No free fluid in peritoneal cavity.
- No free fluid in bilateral pleural cavity.
- No evidence of significantly enlarged retroperitoneal/ mesenteric lymph nodes noted

FINAL IMPRESSION:-

- **BULKY CERVIX (? CERVICITIS).**

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, VARANASI, CHITAI PUR

Result/s to Follow:

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



Dr Priyam Agarwal MBBS MD (Radiology)

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: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups *

365 Days Open

*Facilities Available at Select Location

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455/6 (H G COMPLEX), KANCHANPUR, CHITAI PUR, VARANASI Email:

28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg

Date: 26 - 10 - 2024 01:36:33 PM Refd By : MEDIWHEEL Examined By:

NonCardiacPain Angina /Non-Hypercholestromia/Non-Diabetic/Negative Estrogen/Non-Athlete

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	083	44 %	118/70	097	00	
Supine	00:06	0:02	00.0	00.0	01.0	083	44 %	118/70	097	00	
Standing	00:09	0:03	00.0	00.0	01.0	087	47 %	118/70	102	00	
HV	00:12	0:03	00.0	00.0	01.0	087	47 %	118/70	102	00	
Warm Up	00:15	0:03	01.0	00.0	01.0	089	48 %	118/70	105	00	
ExStart	00:30	0:15	01.0	00.0	01.0	094	50 %	118/70	110	00	
BRUCE Stage 1	03:30	3:00	01.7	10.0	04.7	153	82 %	128/74	195	00	
PeakEx	03:47	0:17	02.5	12.0	04.9	153	82 %	128/74	195	00	
Recovery	04:17	0:30	00.0	00.0	01.7	135	72 %	128/74	172	00	
Recovery	04:47	1:00	00.0	00.0	01.0	108	58 %	126/74	136	00	
Recovery	05:47	2:00	00.0	00.0	01.0	083	44 %	122/72	101	00	
Recovery	06:46	3:00	00.0	00.0	01.0	098	52 %	118/70	115	00	

FINDINGS :

Exercise Time : 03:17
 Initial HR (ExStrt) : 94 bpm 50% of Target 187
 Initial BP (ExStrt) : 118/70 (mm/Hg)
 Max WorkLoad Attained : 4.9 Poor response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -0.7 mm in PeakEx
 Duke Treadmill Score : 00.0
 Test End Reasons : Test Complete

Max HR Attained 153 bpm 82% of Target 187
 Max BP Attained 128/74 (mm/Hg)

→ TMT is inconclusive for exercise myocardial ischemia
 → Poor functional capacity
 → THR not achieved
 → No arrhythmias
 → Correlate clinically

REPORT :

Heart Rate 83.0 bpm
 Systolic BP 128.0 mmHg
 Diastolic BP 74.0 mmHg

Dr. Balaji Lohiya
 MBBS, MD (MED)
 DM-(CARDIO)
 MCI-114859

Balaji

Richa Kumari

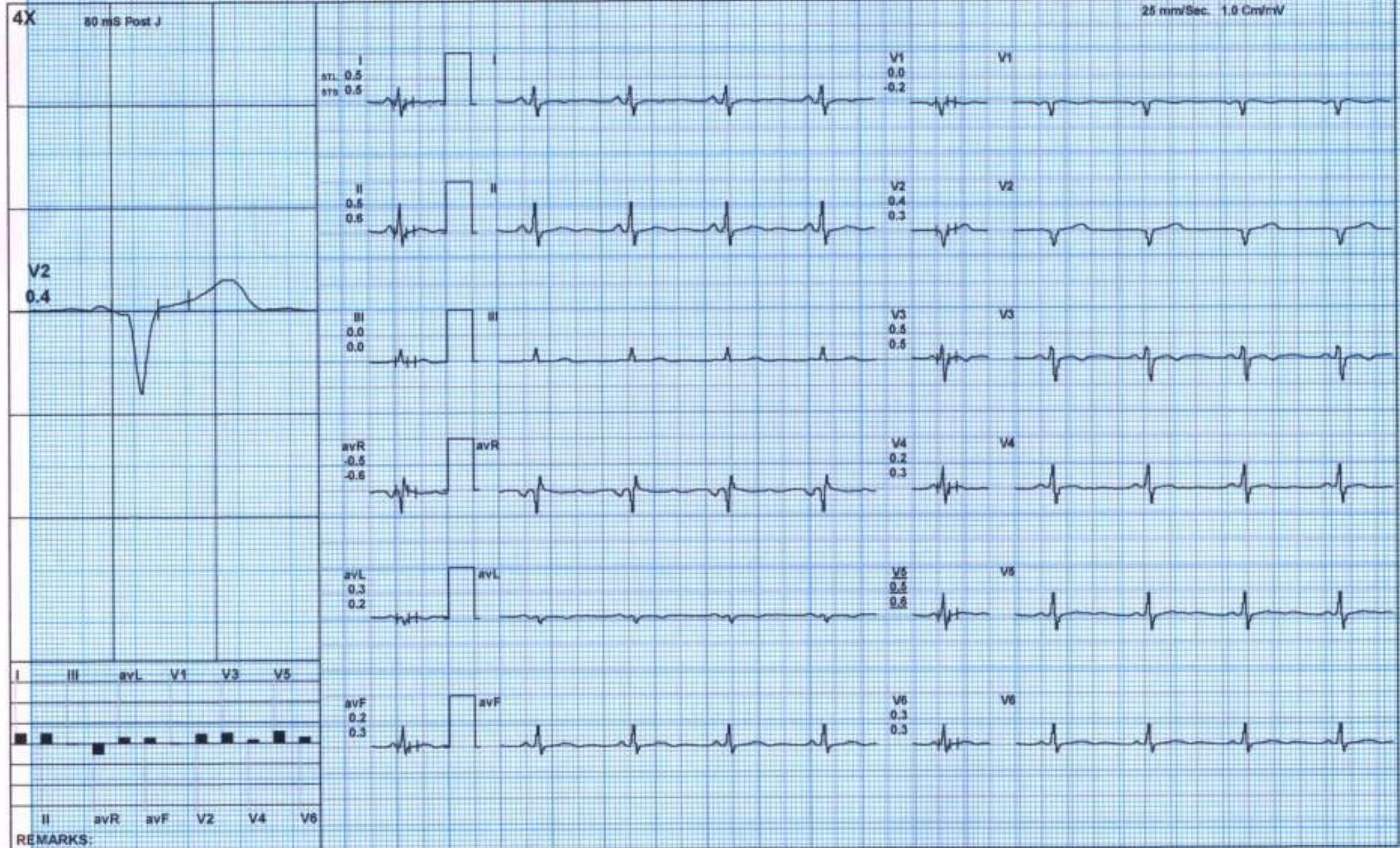
Maximum Depression 0.0
Exercise Time 03:17 Mins.
Ectopic Beats 0.0
METS 4.9
Test End Reason **BREATHLESSNESS & TIREDNESS**
Target Heart Rate 187.0



28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg / HR : 83

Date: 26 - 10 - 2024 01:36:33 PM METS: 1.0/ 83 bpm 44% of THR BP: 118/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph 0.0%

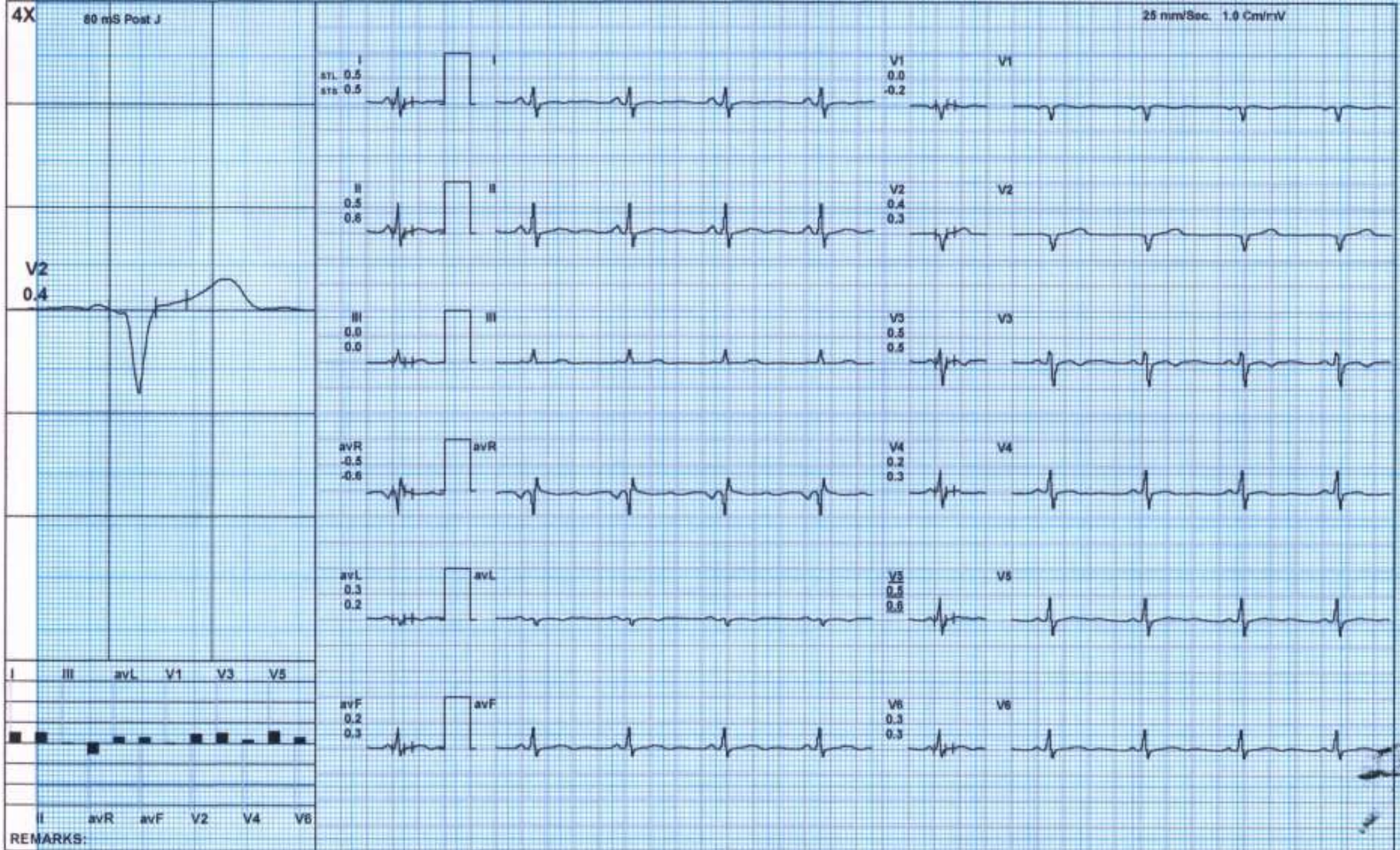




28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg / HR : 83

Date: 26 - 10 - 2024 01:36:33 PM METS: 1.0/ 83 bpm 44% of THR BP: 118/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%



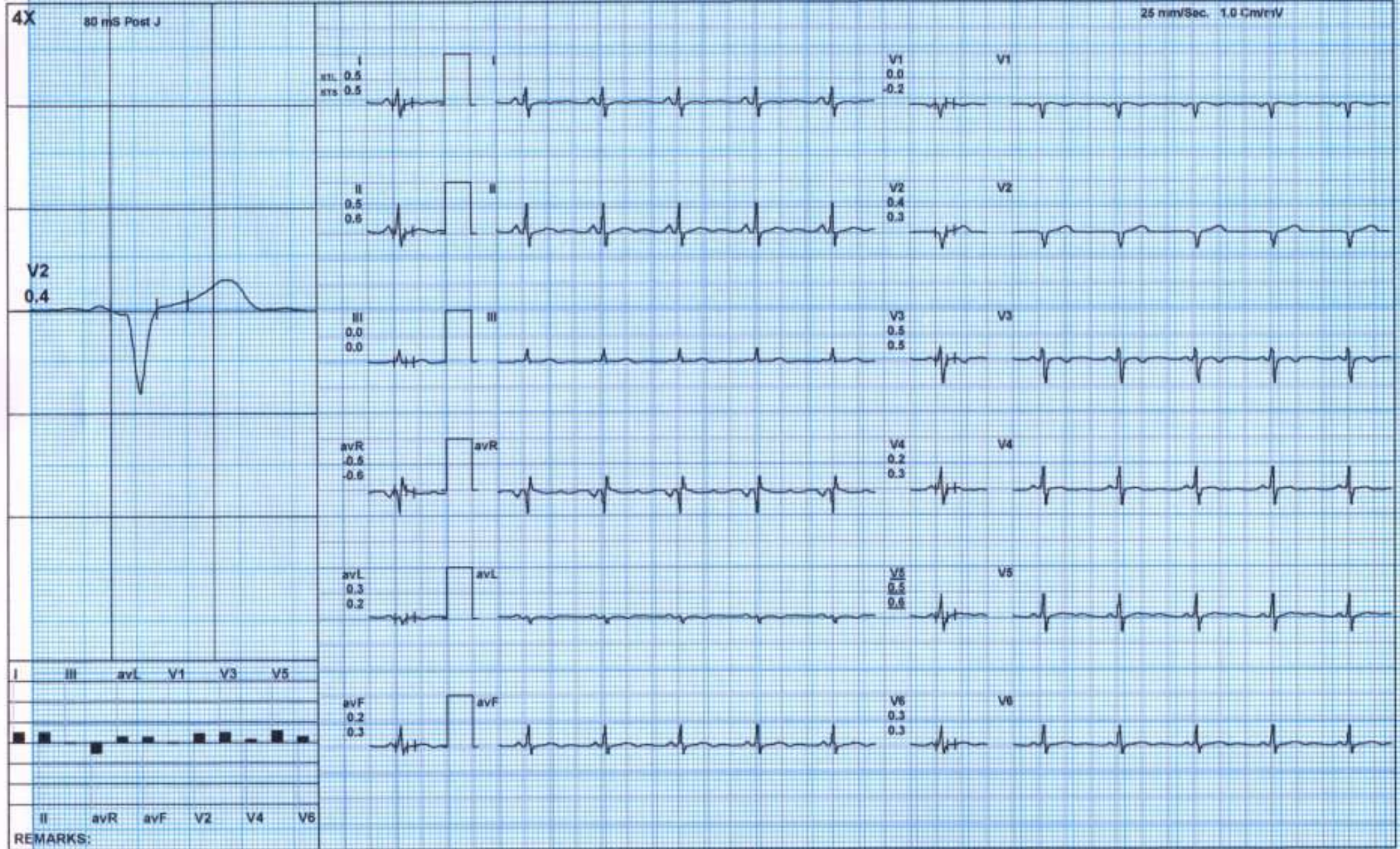


28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg / HR : 87

Date: 26 - 10 - 2024 01:36:33 PM METS: 1.0/ 87 bpm 47% of THR BP: 118/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

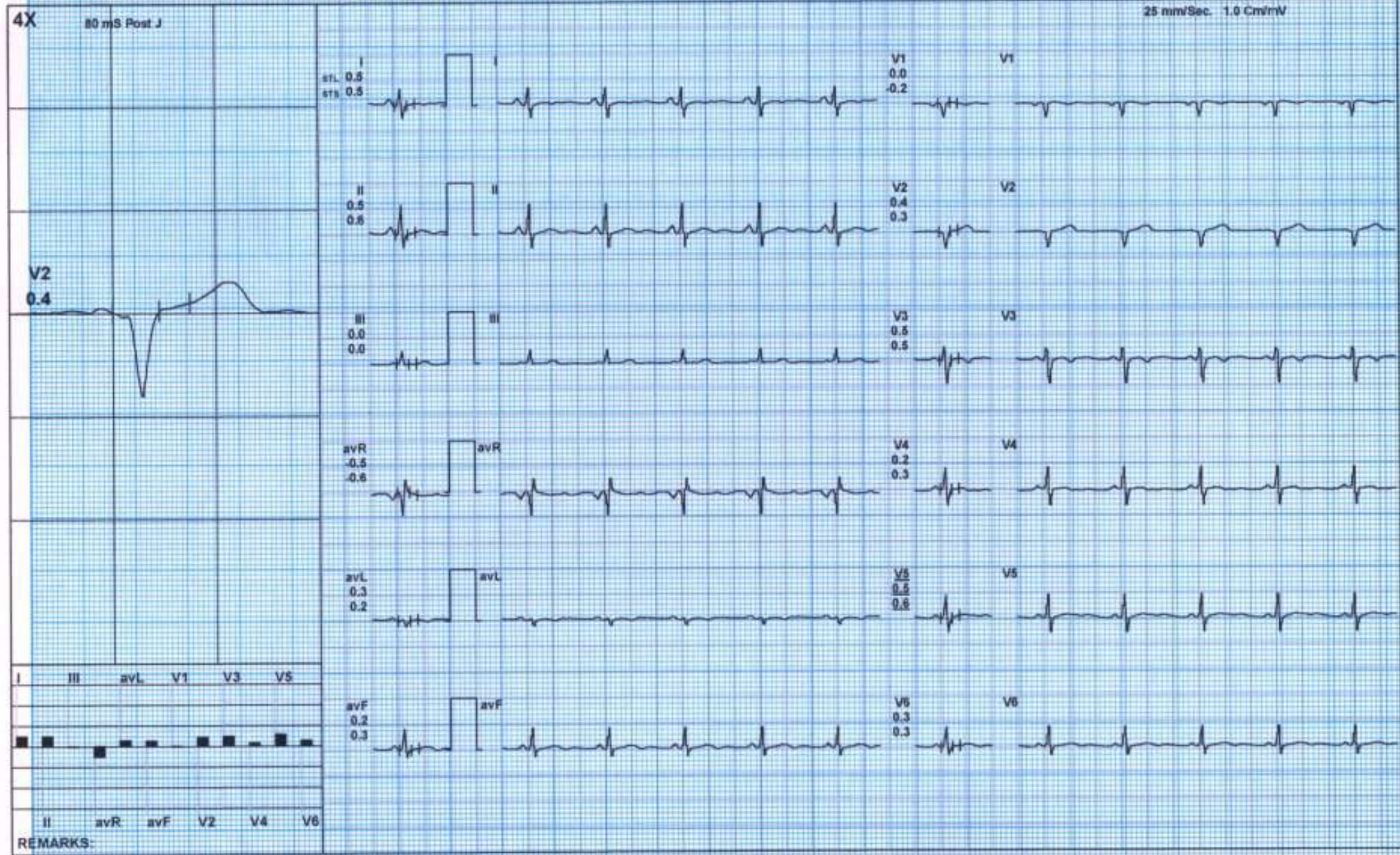




28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg / HR : 87

Date: 26 - 10 - 2024 01:36:33 PM METS: 1.0/ 87 bpm 47% of THR BP: 118/70 mmHg Combined Mediana/ BLC Qn/ Notch Qn/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph 0.0%

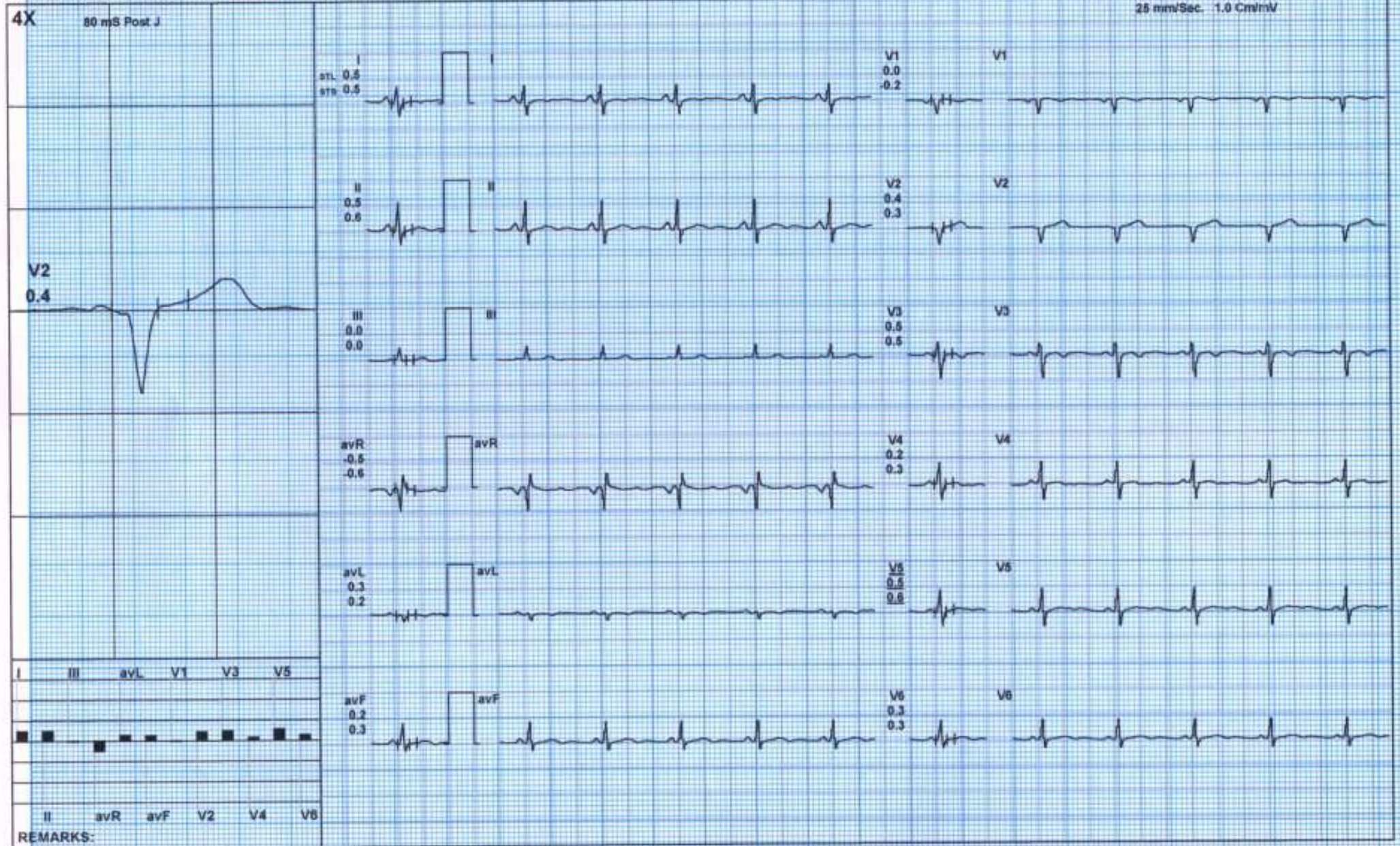




28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg / HR : 89

Date: 26-10-2024 01:38:33 PM METS: 1.0/ 89 bpm 48% of THR BP: 118/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%

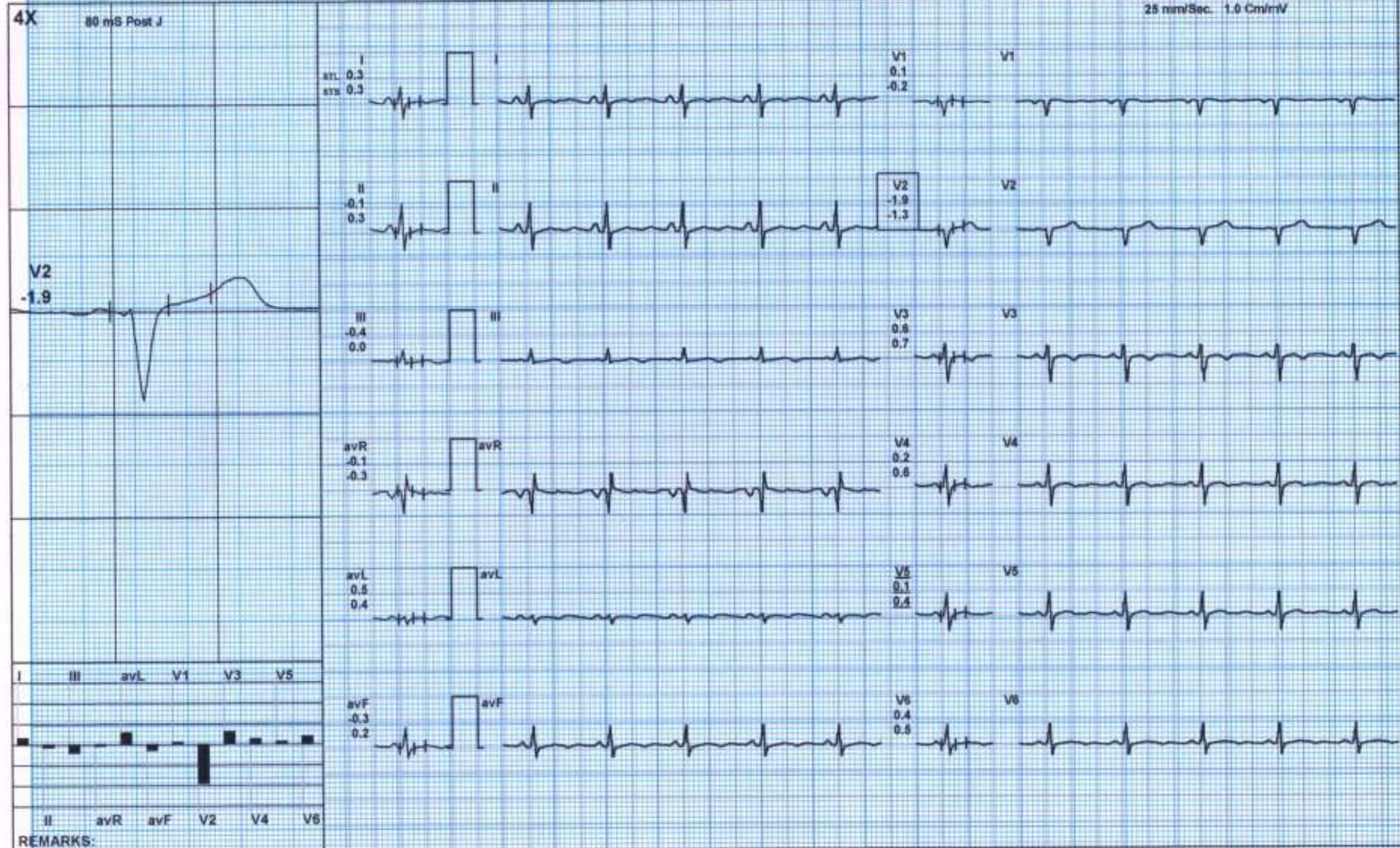




28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg / HR : 94

Date: 26 - 10 - 2024 01:36:33 PM METS: 1.0/ 94 bpm 50% of THR BP: 118/70 mmHg Combined Medians/ BLC Orv/ Notch Orv/ HF 0.05 Hz/ LF 35 Hz

ExTime 00:00 1.0 mph 0.0%



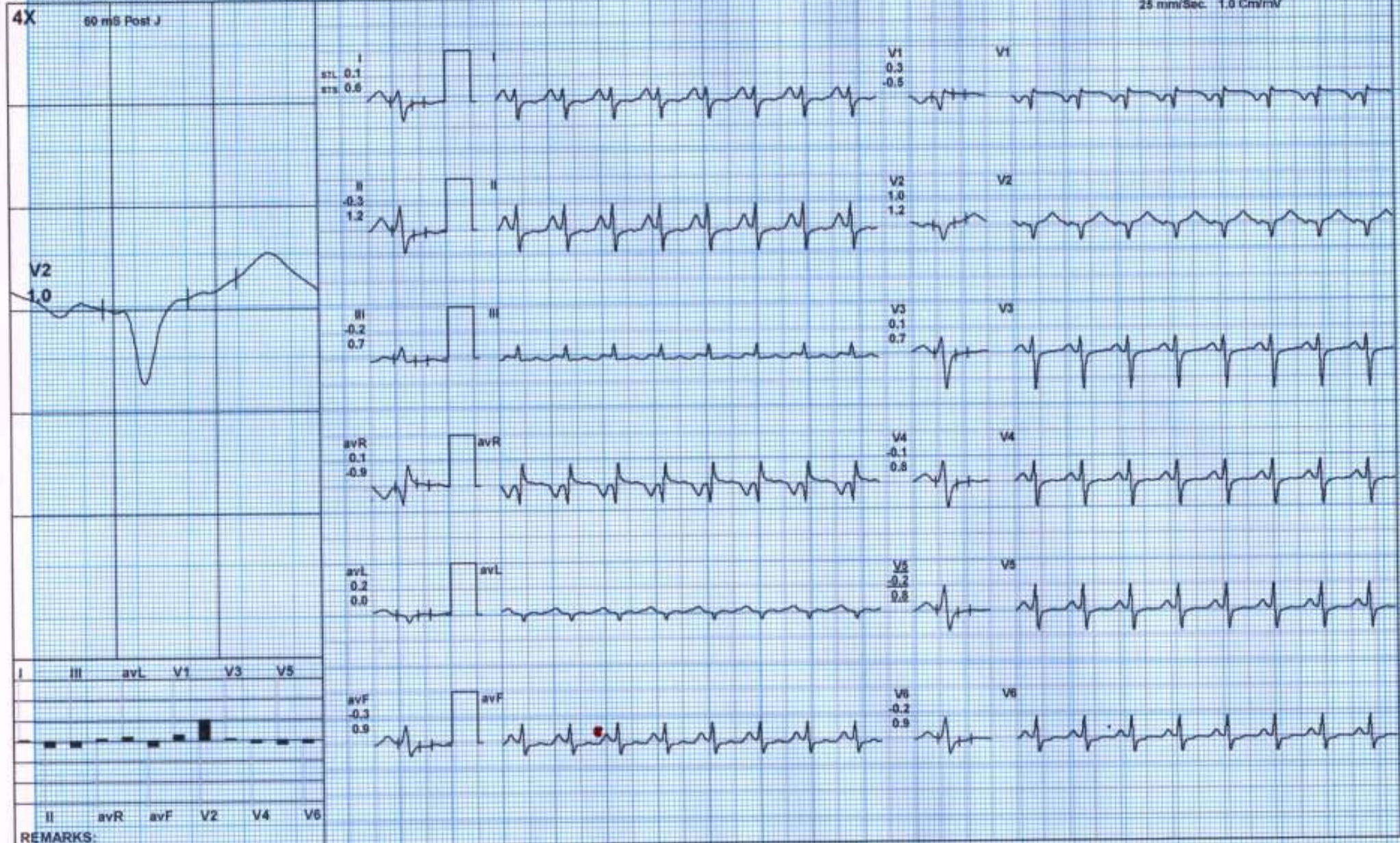


28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg / HR : 153

Date: 26 - 10 - 2024 01:36:33 PM METS: 4.7/ 153 bpm 82% of THR BP: 128/74 mmHg Combined Meds/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph 10.0%

25 mm/Sec. 1.0 Cm/mV



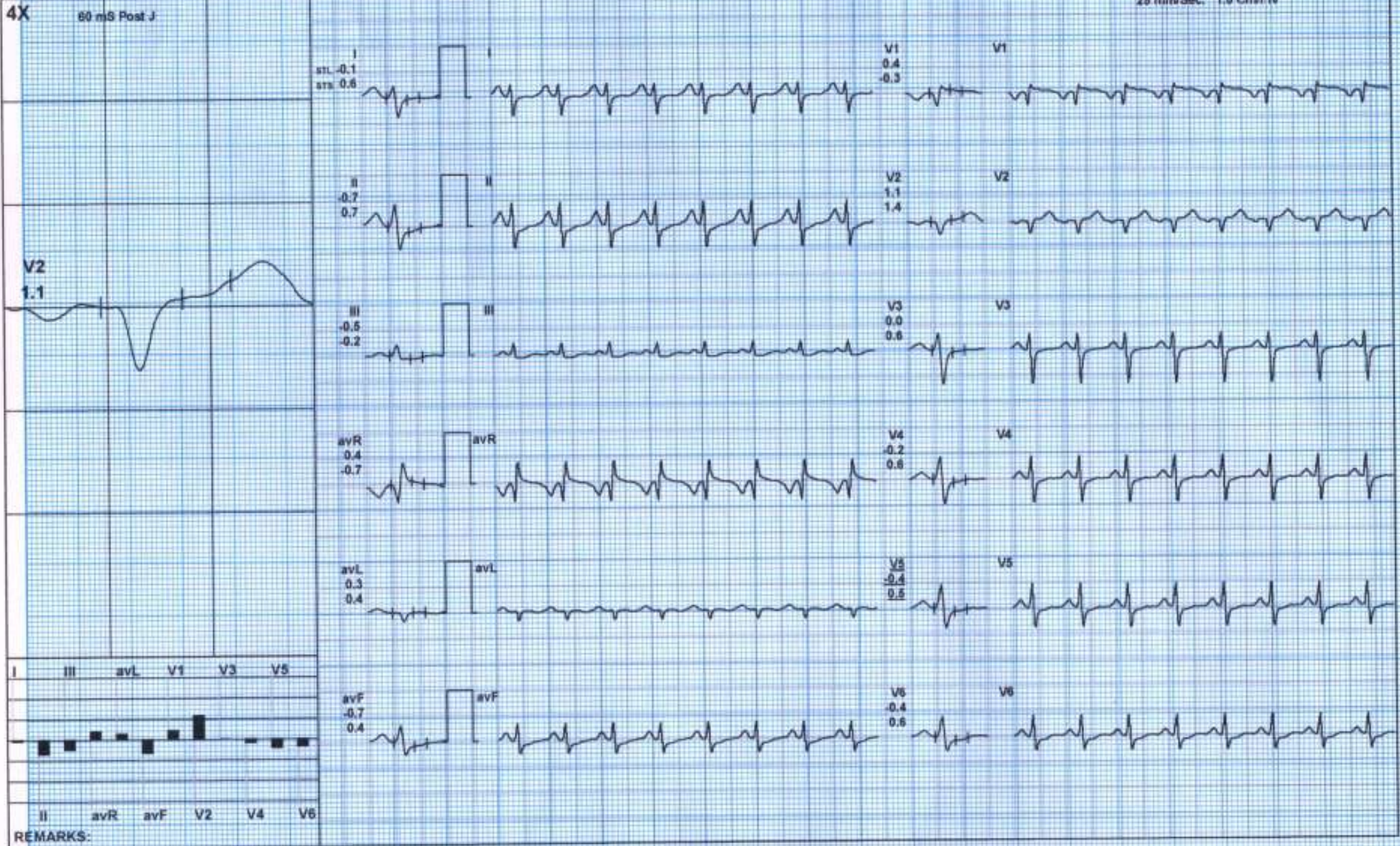


28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg / HR : 153

Date: 26 - 10 - 2024 01:36:33 PM METS: 4.9/ 153 bpm 82% of THR BP: 120/74 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:18 2.5 mph 12.0%

25 mm/Sec. 1.0 Cm/rV



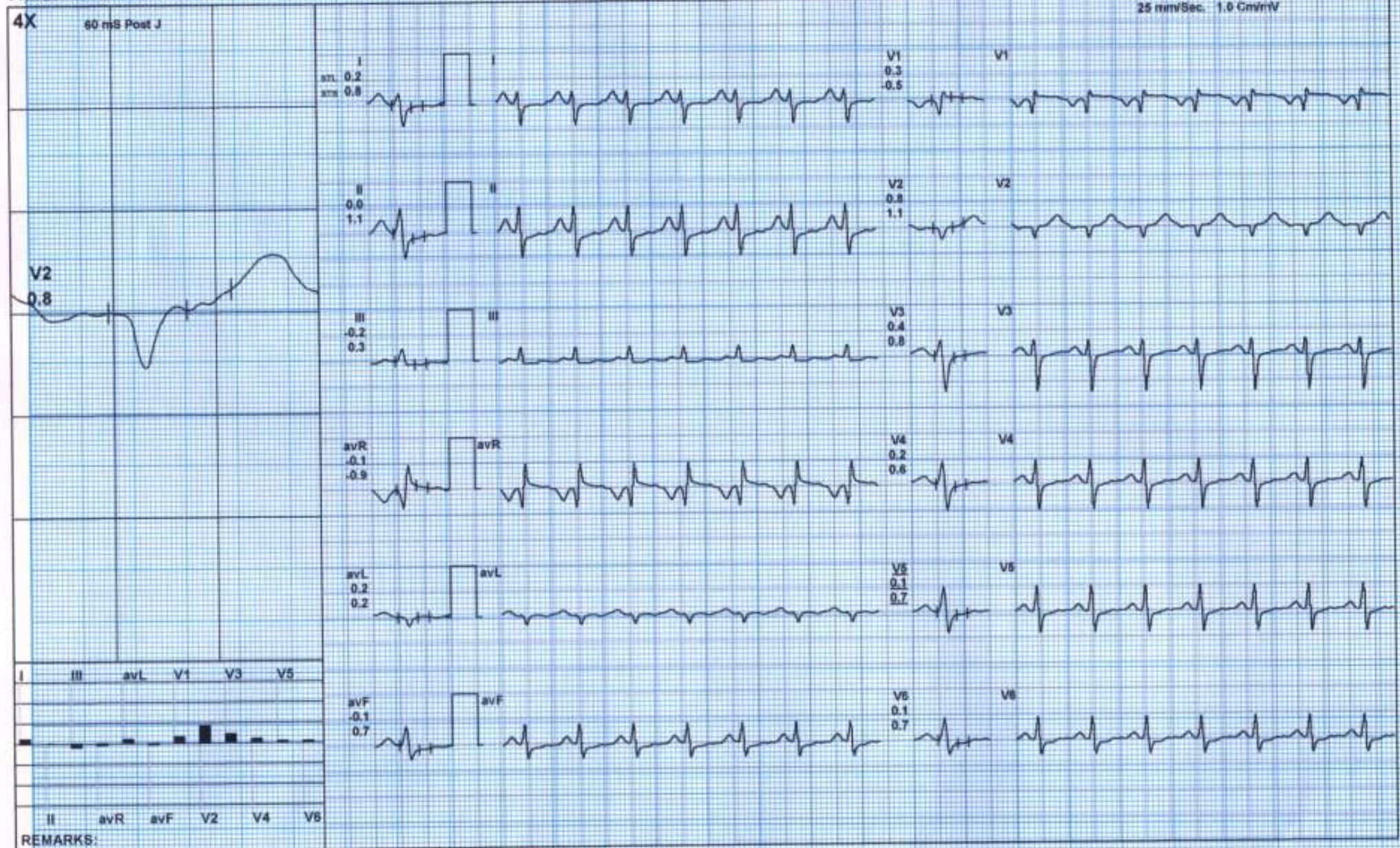


28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg / HR : 135

Date: 26 - 10 - 2024 01:36:33 PM METS: 1.7/135 bpm 72% of THR BP: 128/74 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF 95 Hz

ExTime 03:17 0.0 mph. 0.0%

25 mm/Sec. 1.0 Cm/mV



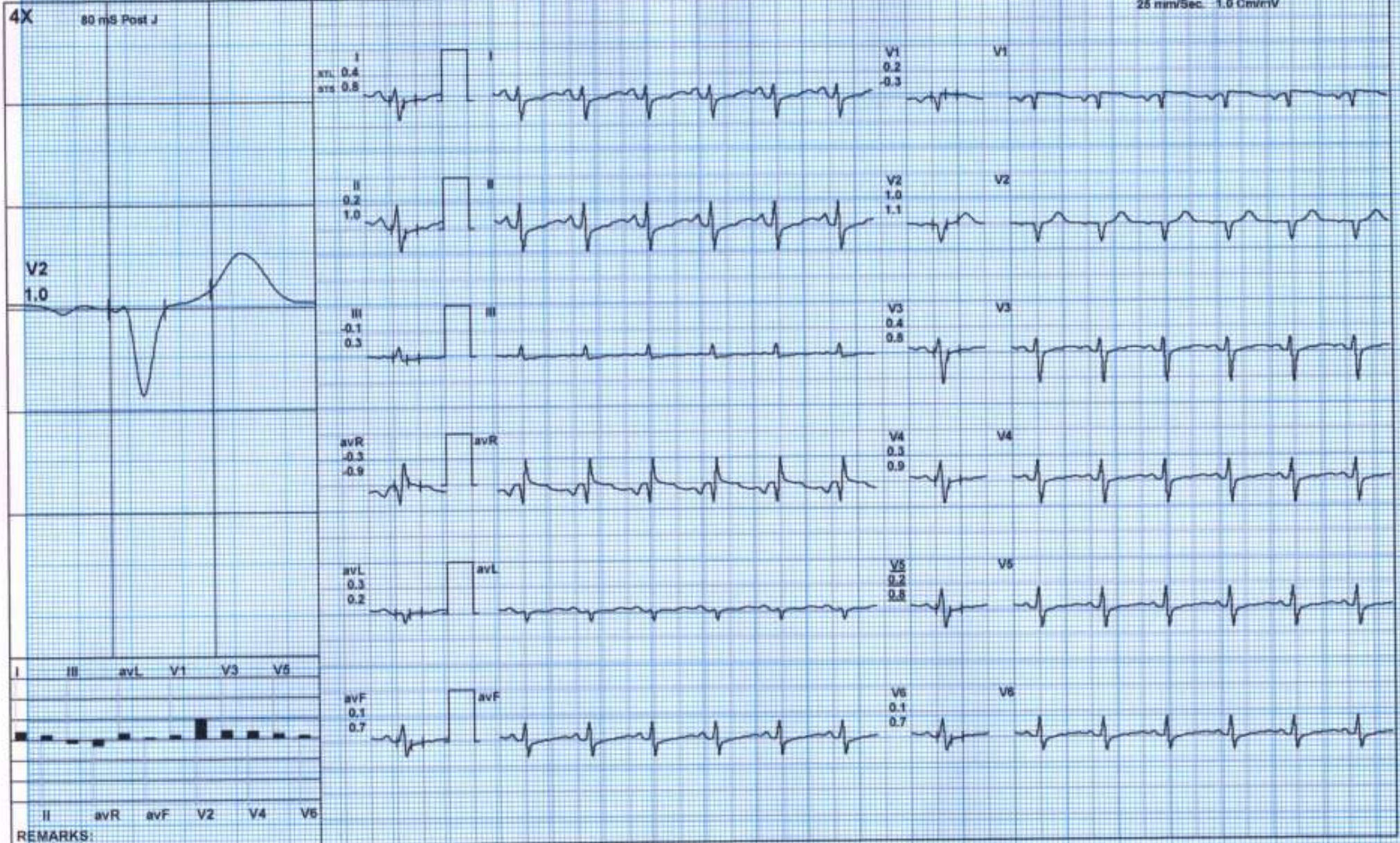


28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg / HR : 108

Date: 28 - 10 - 2024 01:36 33 PM METS: 1.0/ 108 bpm 58% of THR BP: 126/74 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:17 0.0 mph. 0.0%

25 mm/Sec. 1.0 Cm/rV

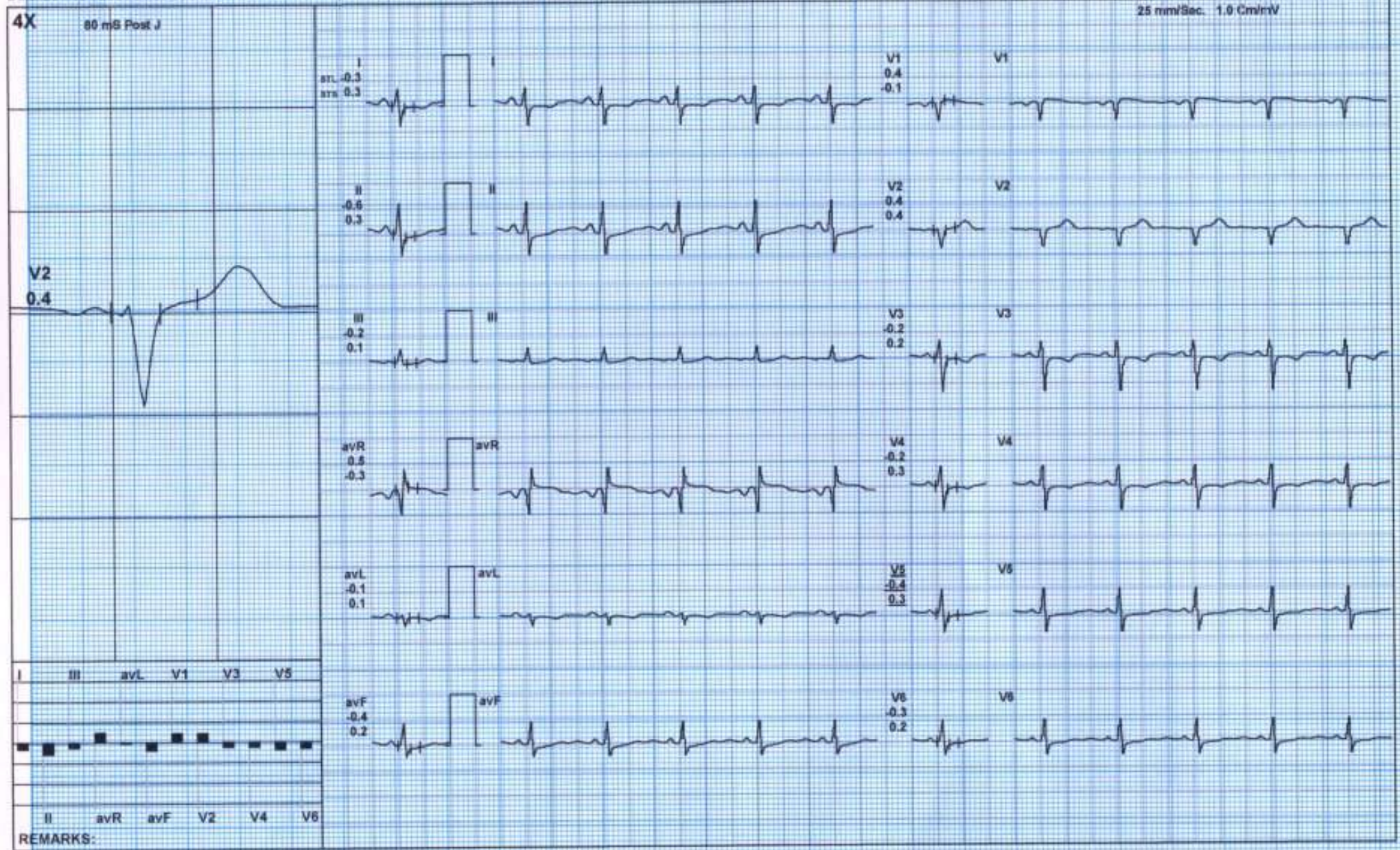




28342425 / MRS RICHA KUMARI / 33 Yrs / F / 158 Cms / 58 Kg / HR : 98

Date: 26 - 10 - 2024 01:36:33 PM METS: 1.0/98 bpm 52% of THR BP: 118/70 mmHg Combined Median/ BLC Qr/Notch Qr/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:17 0.0 mph, 0.0%



CHANDAN DIAGNOSTIC CENTRE-1, CHITAIPUR, VARANASI

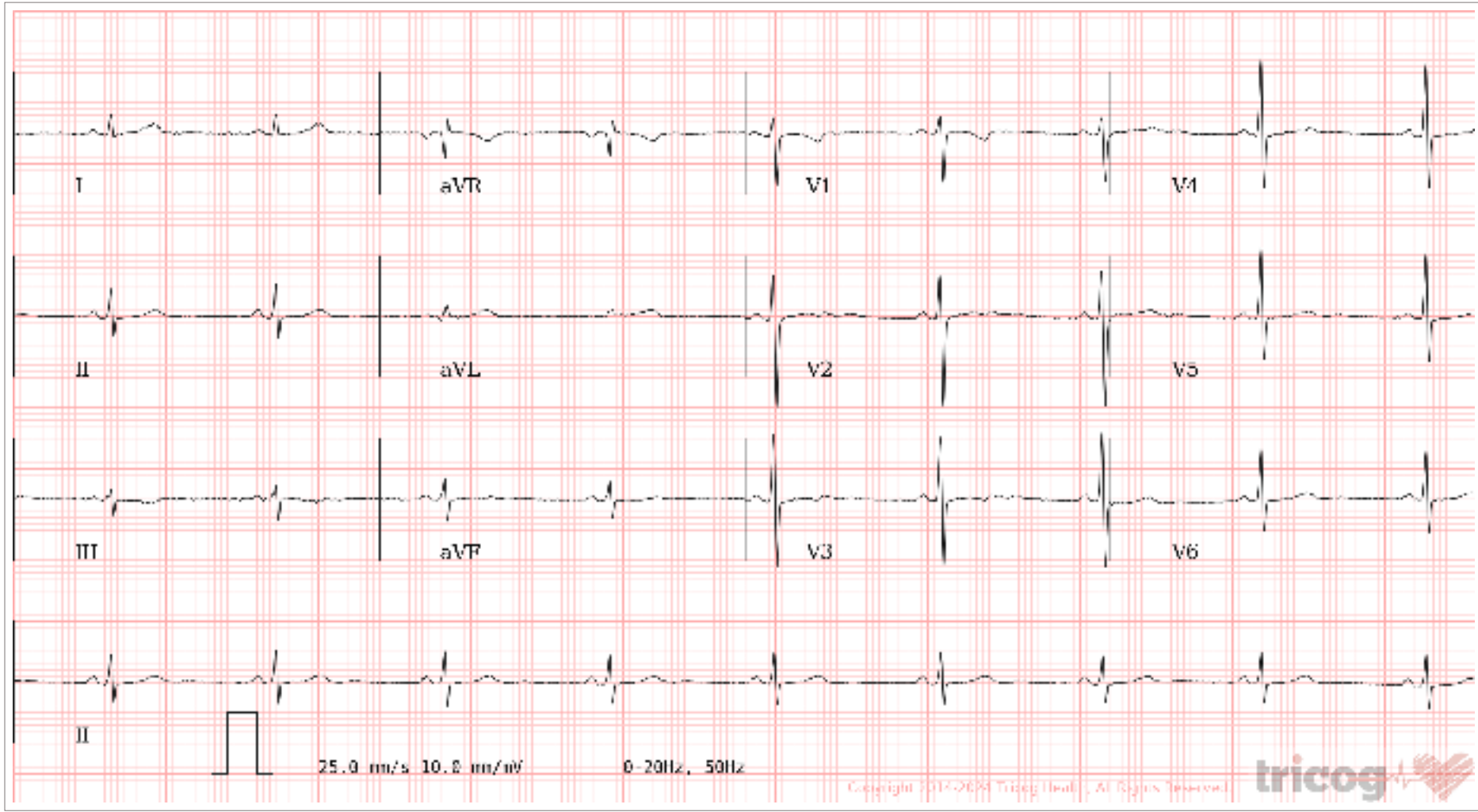


Age / Gender: 33/Female

Date and Time: 26th Oct 24 9:18 AM

Patient ID: CVA10028342425

Patient Name: Mrs.RICHA KUMARI-22S36082



AR: 56bpm VR: 56bpm QRSD: 74ms QT: 436ms QTcB: 420ms PRI: 124ms P-R-T: 52° 14° 16°

Sinus Bradycardia. Please correlate clinically.

AUTHORIZED BY	REPORTED BY
Dr. Charit MD, DM: Cardiology	Dr. Sudha Parimala

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.