# **Chandan Diagnostic**

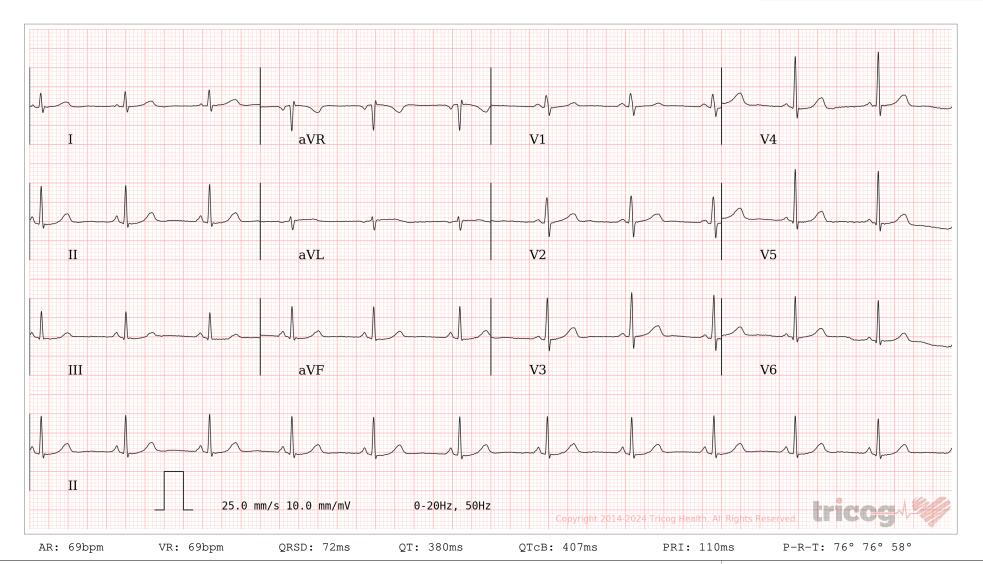


Age / Gender: 28/Female

Date and Time: 10th Aug 24 10:22 AM

Patient ID: CVAR0049622425

Patient Name: Mrs.KUMARI POONAM



Abnormal: Sinus Rhythm, Short PR Interval. Please correlate clinically.

AUTHORIZED BY

Mison Alm

Dr. Charit MD, DM: Cardiology Dr. Nisar Ahammad K

REPORTED BY

63382

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.





Name of Company:	Mediwheel	
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Sex: Male / Female

Weight: .....KGs

BMI (Body Mass Index): 7 \

Abdomen: .....CMs

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

male on Right whist

Any Allergies: NO

Vertigo: NO

Any Medications: taking Medication fon thyroid - Japean (Tab-THYROX) NO

Any Surgical History:

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any:

Lab Investigation Reports:

Eye Check up vision & Color vision: Normal

Noumal Left eye:

Noumal Right eye:



99-SHIVAJI NAGAR MAHMOORGAN I VARANASI DESOZOZOZO

Ms. MRS KUMARI POONAM Age 28/F Ref by MEDIWHEEL Indication T ndication2 Indication3

ID: 49622425 Ht/Wt : 148/47 Recorded 10-08-2024

TREADMILL TEST SUMMARY REPORT Protocol: BRUCE History: THYROID
Medication1 THYROX
Medication2

Medication3

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H,R, (BPM)	B.P. (mmHg)	RPP X100	u	ST LEVEL (mm) V2	V5	MET
SUPINE HYPERVENT VALSALVA STANDING	0:01	0:01			93 93 91 89	102/78 102/78 102/78 102/78	94 94 92 90	-2.2 -2.2 -2.3 -2.3	0.5 0.5 0.6 0.6	-1.3 -1.3 -1.3 -1.3	
STAGE 1 STAGE 2 EVENT	2:59 5:59 7:00	2:59 2:59 1:00	2.70 4.00 5.40	10.00 12.00 14.00	112 134 169	112/82 122/84 128/84	125 163 216	-2.3 -3.0 -3.1	0.7 0.7 0.5	-1.9 -2.1 -2.4	4.80 7.10 8.07
PEAK EXER	7:03	1:03			171	128/84	218	-3.1	0.5	-2.4	8.12
EVENT EVENT EVENT RECOVERY	0:30 1:01 2:00 2:59	0.30 1:01 2:00 2:59	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	141 120 99 97	126/84 124/84 120/82 114/80	177 148 118 110	-2.4 -2.3 -2.5 -2.8	0.8 0.9 0.8 0.8	-1.8 -1.6 -1.8 -1.9	

R	SL	JL.	S
Ēχ	ercis	se i	Dura
			42.3

ation Max Heart Rate Max Blood Pressure Max Work Load Reason of Termination 7:03 Minutes

171 bpm 89 % of target heart rate 192 bpm

128/84 mmHg 8.12 METS

# **IMPRESSIONS**

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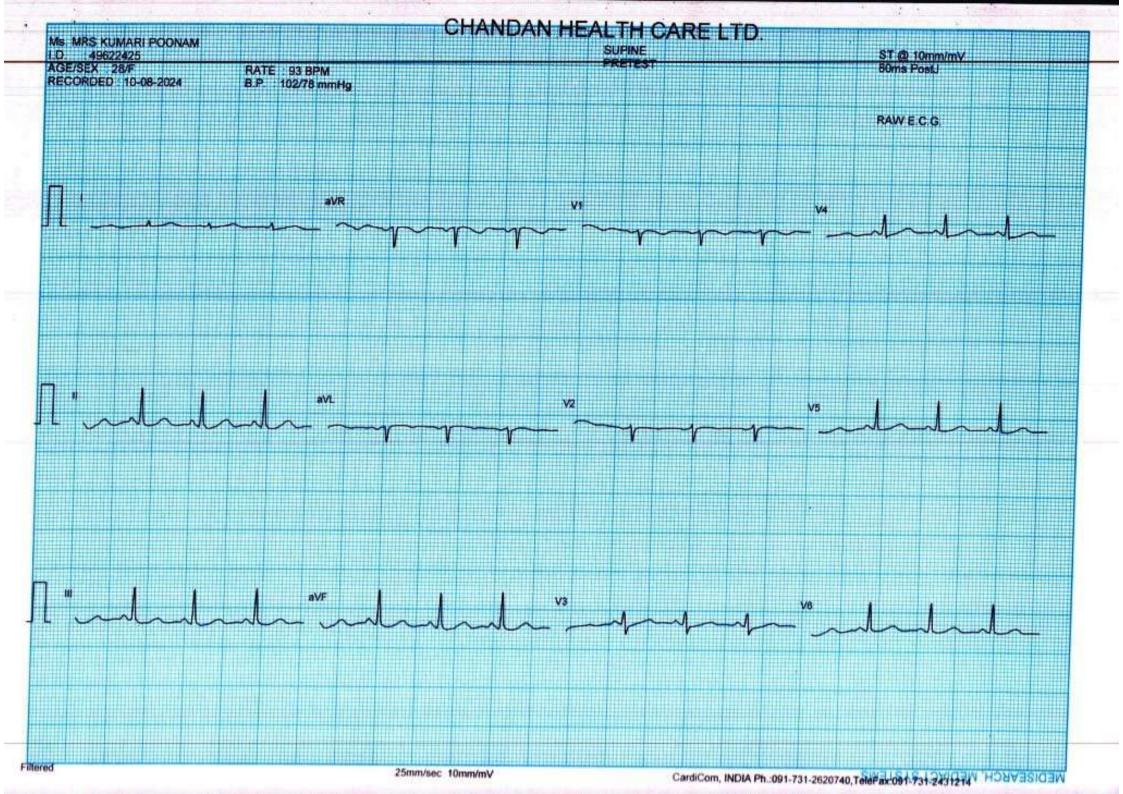
Cardiologist

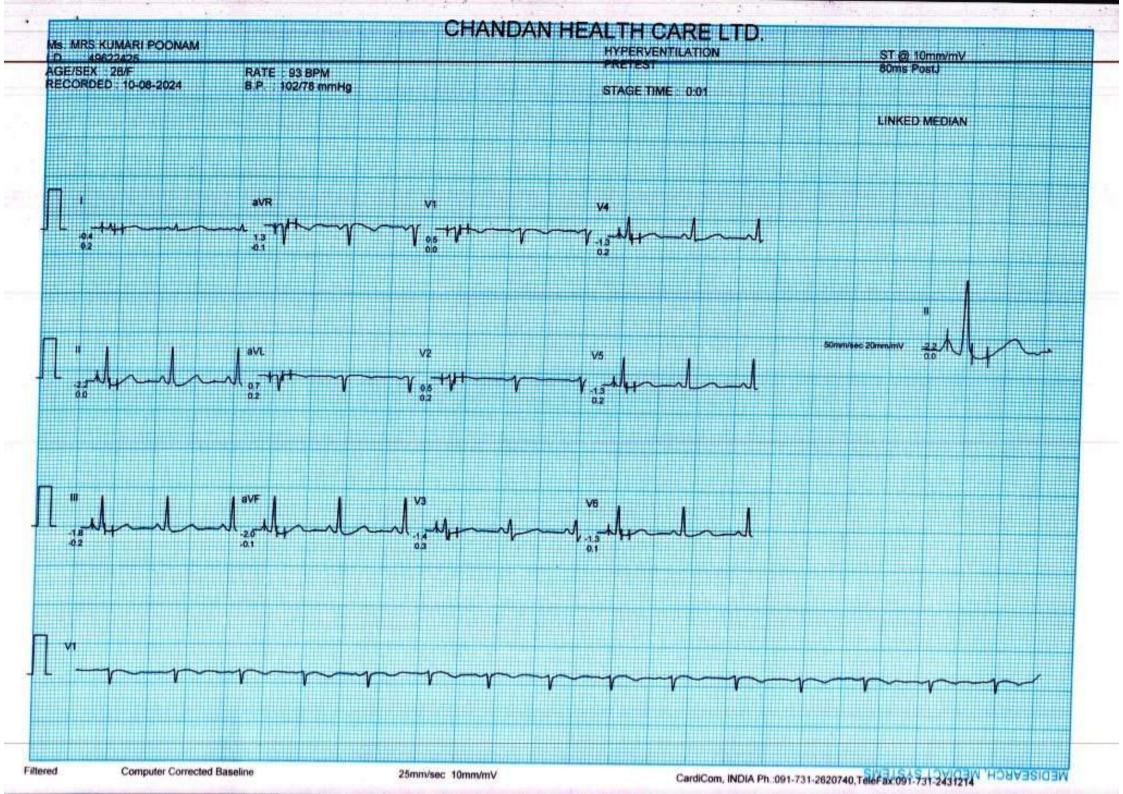
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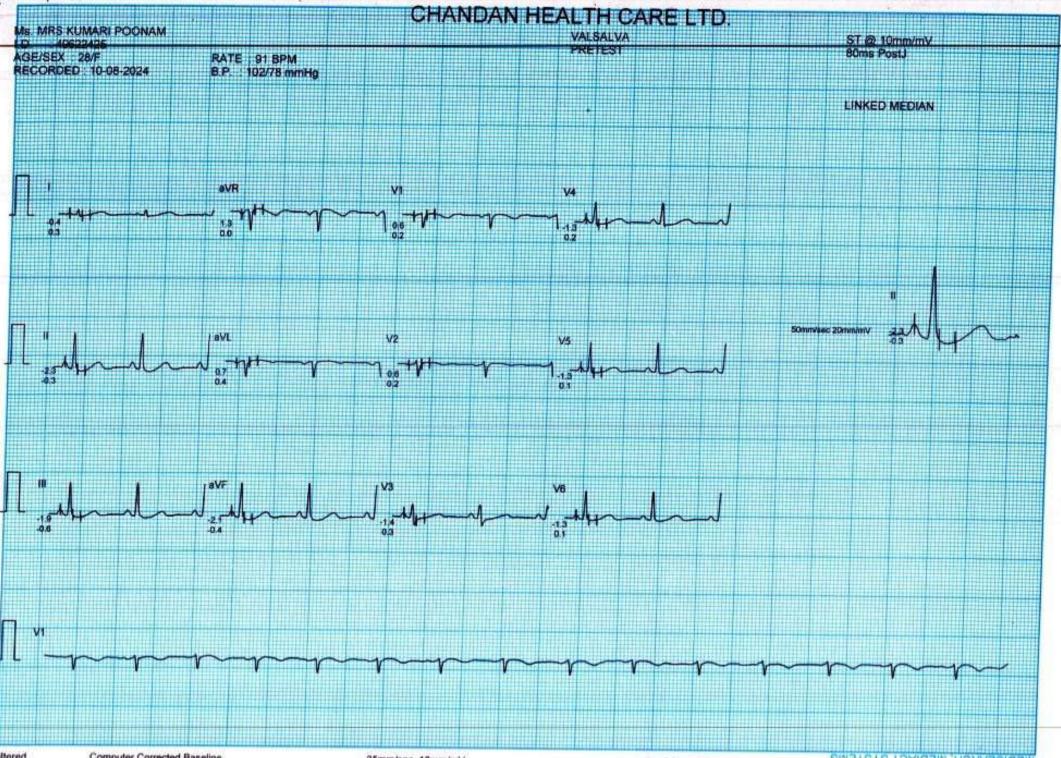
Cardiologist

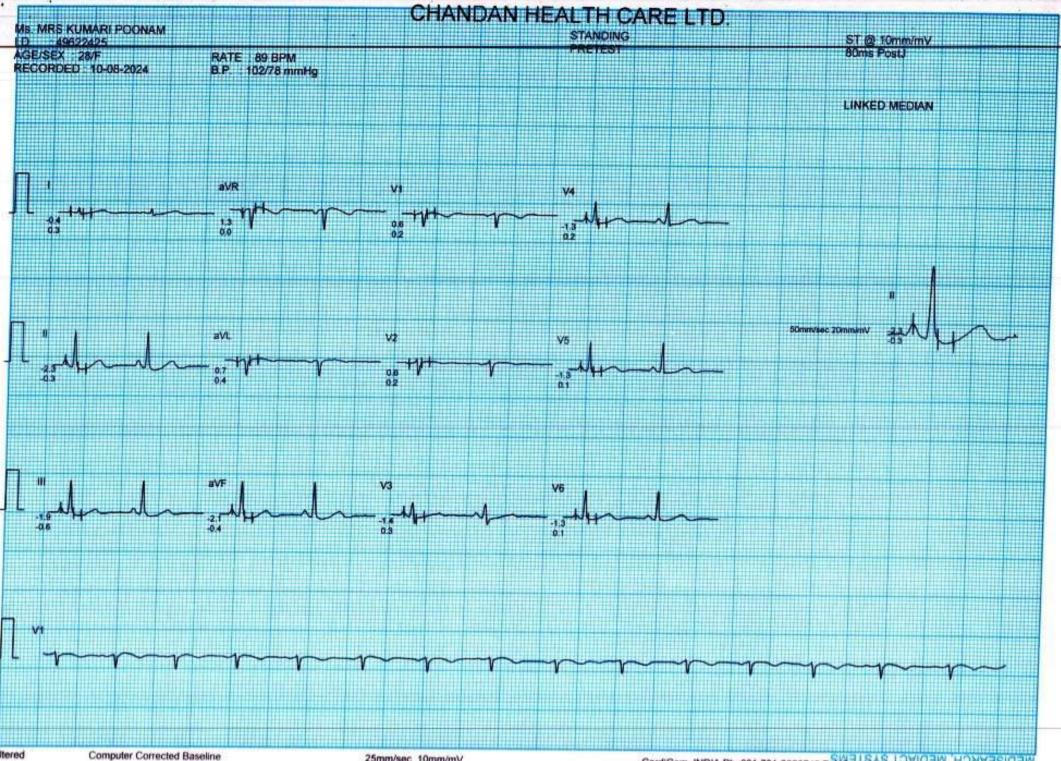
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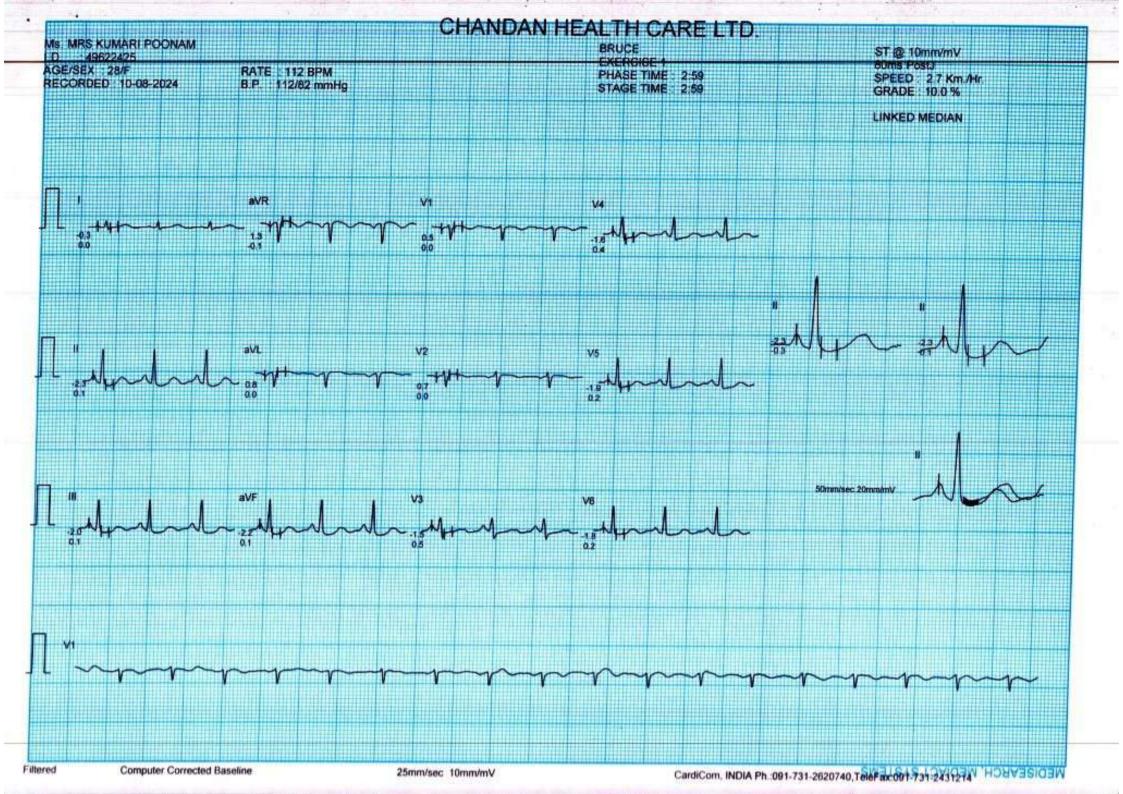
Reg. No.-39794

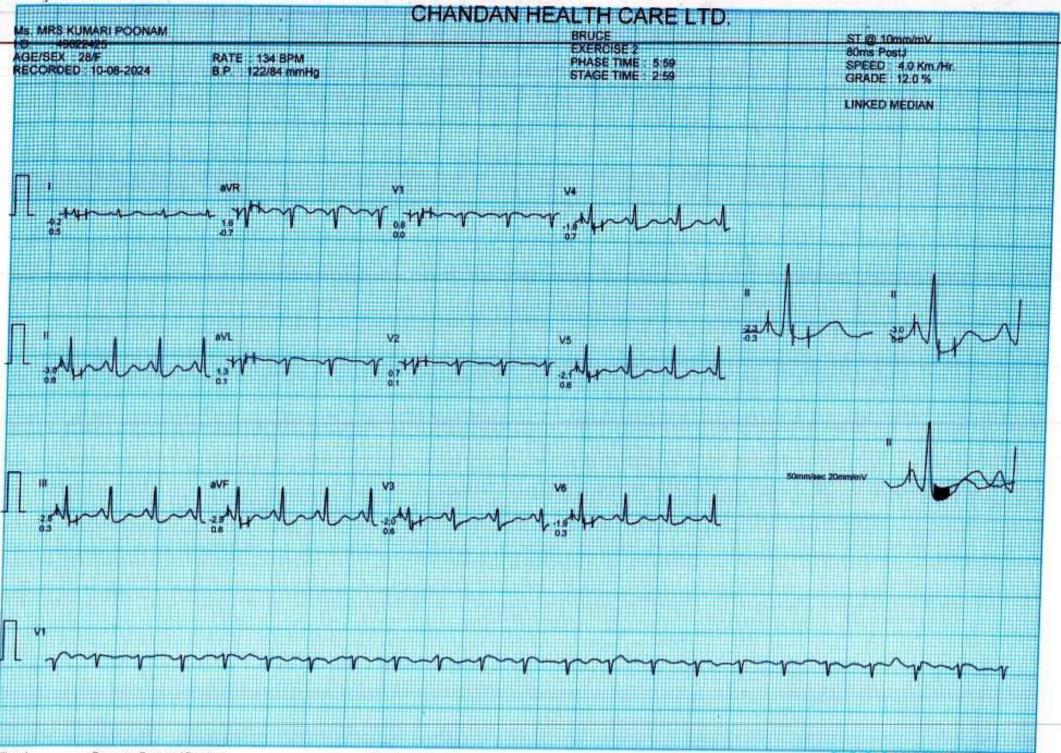


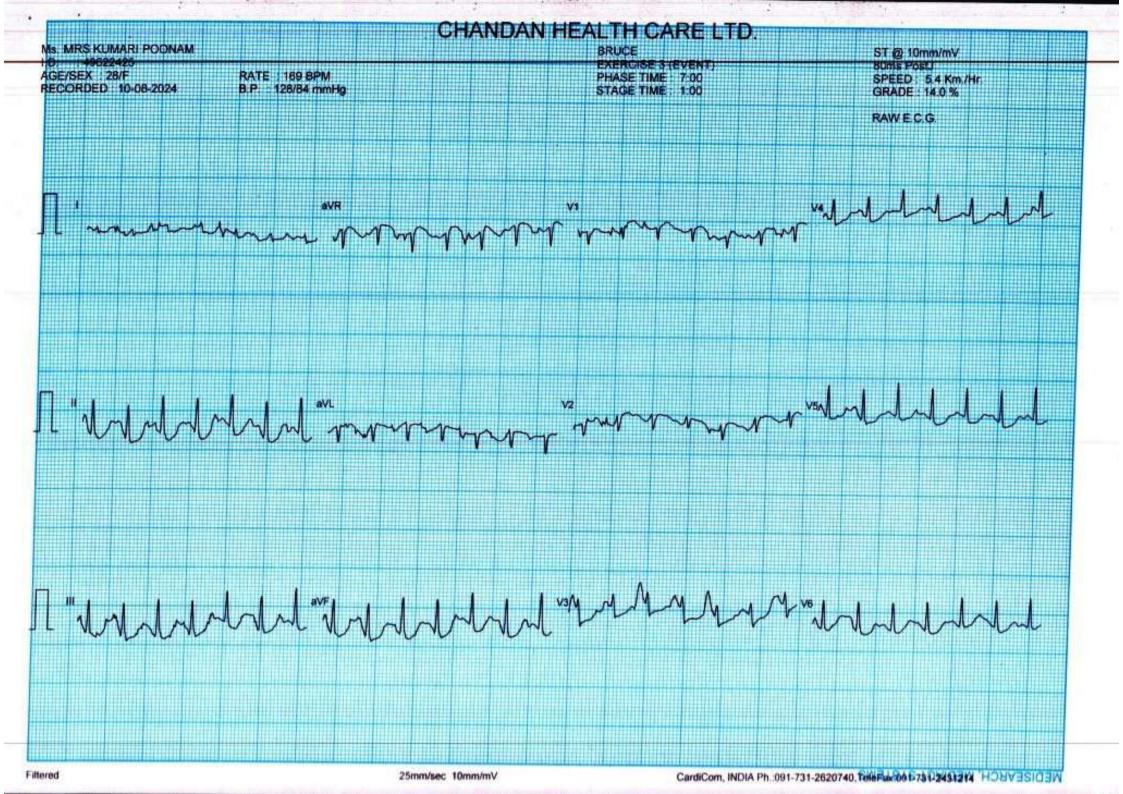


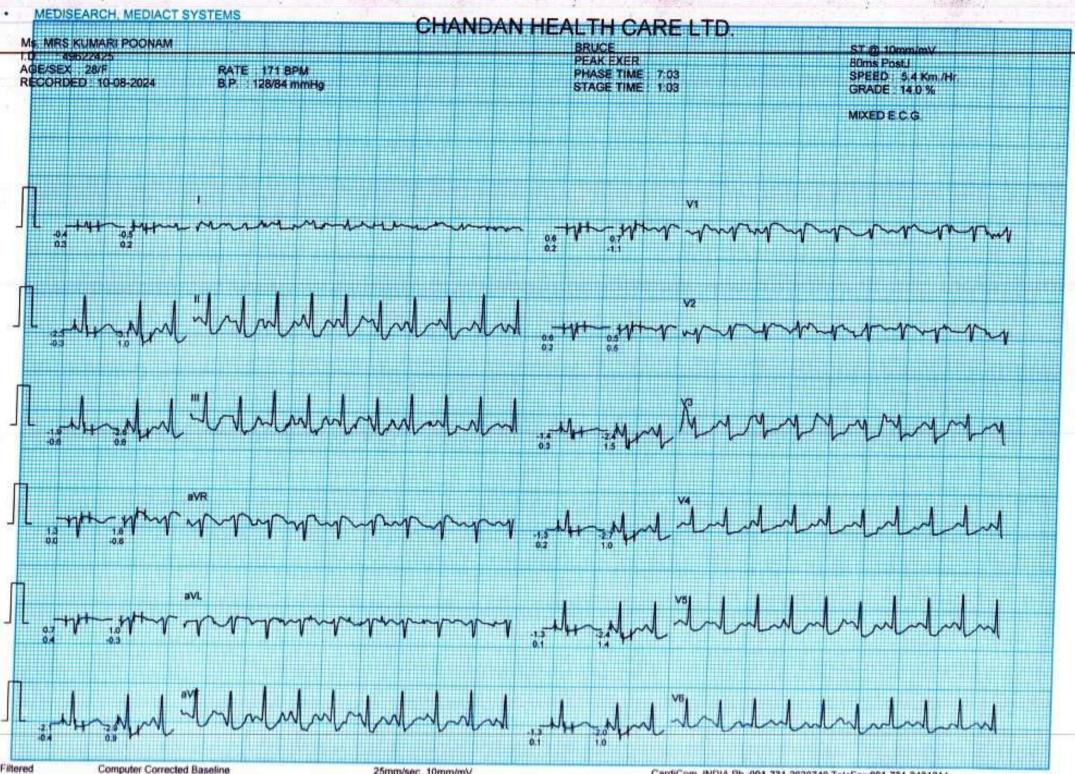


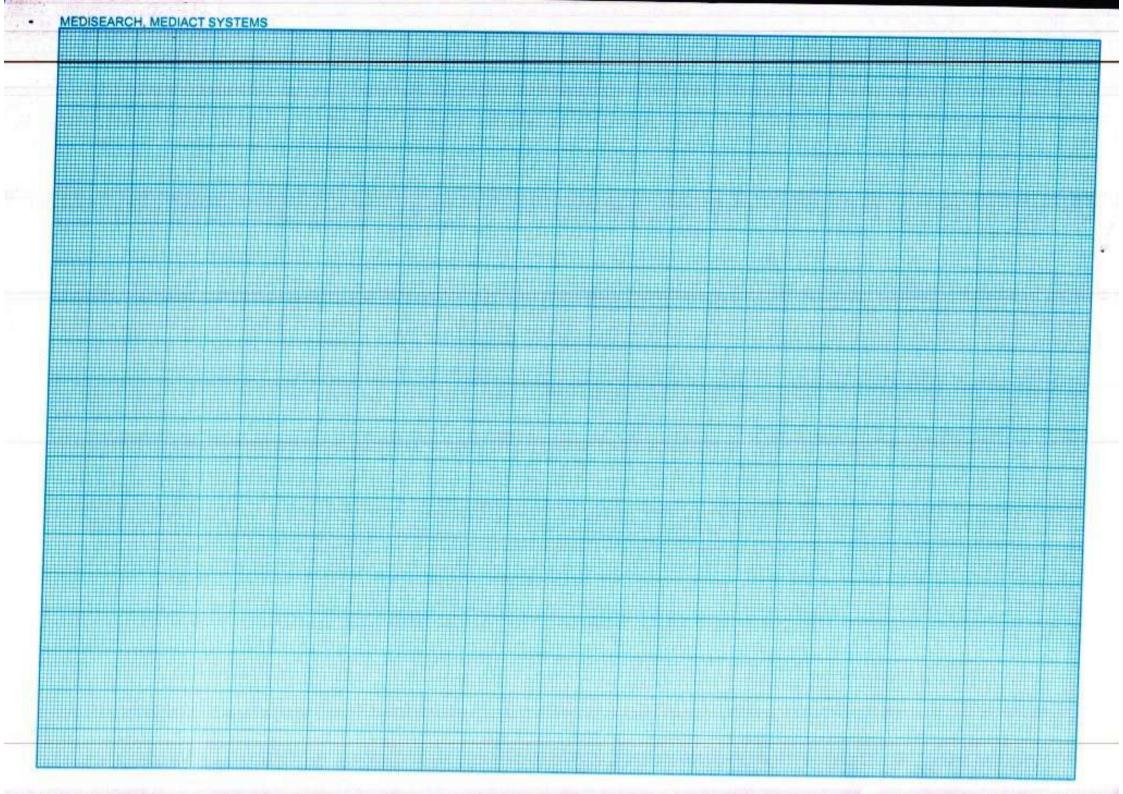


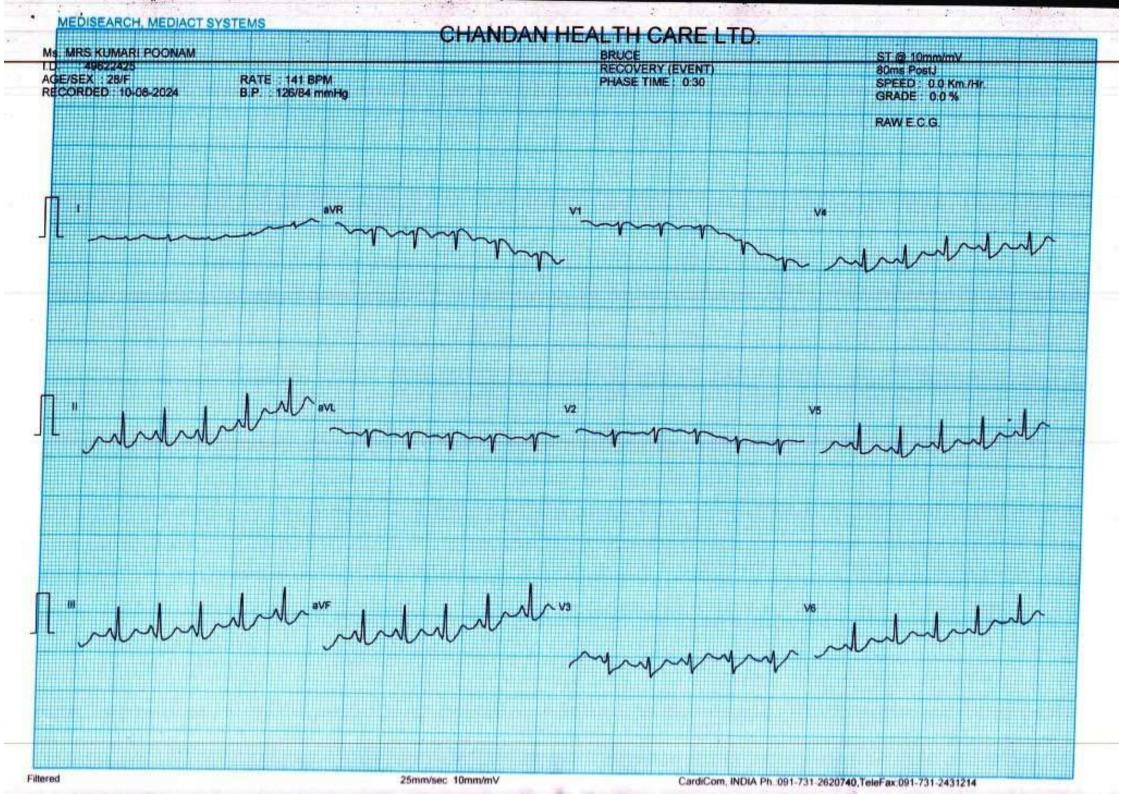






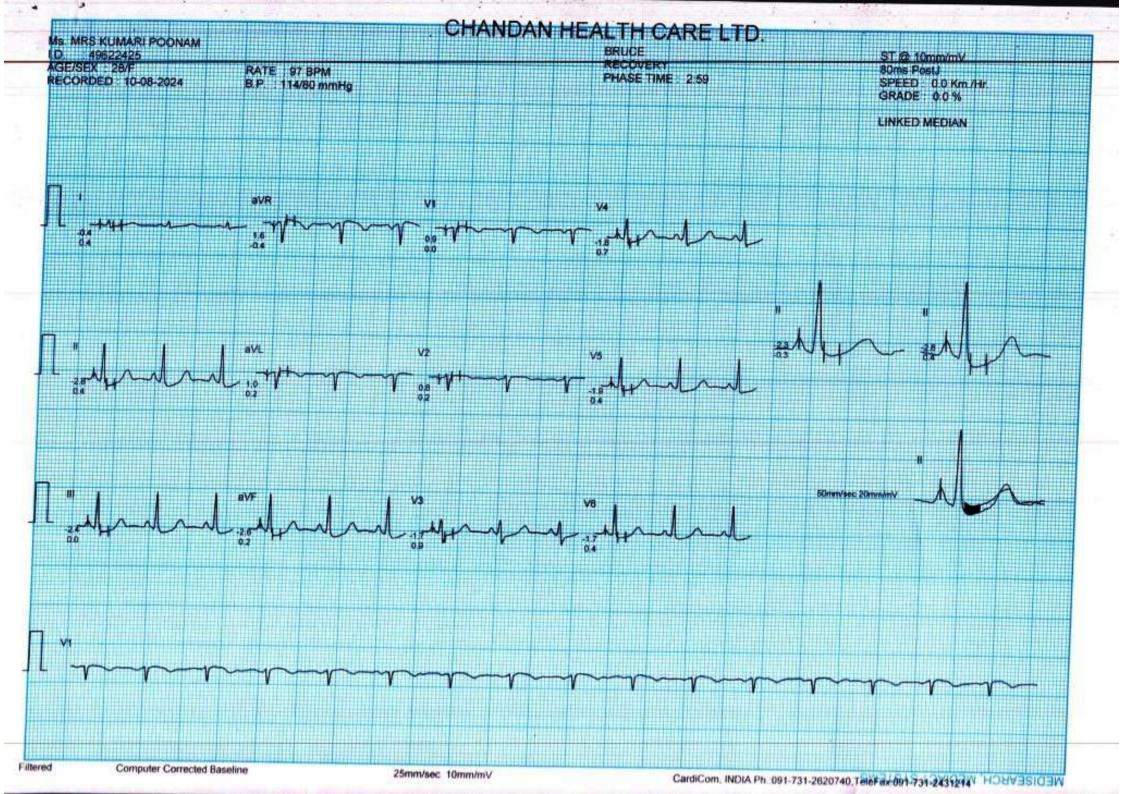






CHANDAN HEALTH CARE LTD. BRUCE RECOVERY (EVENT) ST @ 10mm/mV 80ms Post SPEED 0.0 Km /Hr GRADE : 0.0 % PHASE TIME 1 01 RECORDED 10-08-2024 B.P. 124/84 mmHg RAWECG aVR CardiCom, INDIA Ph.:001.731.2620740, TeleFax 091.731.2431214 SWELLSAS LOVIGEW HORVESIGEW

CHANDAN HEALTH CARE LTD Ms. MRS KUMARI POONAM ST @ 10mm/mV (D. 49622425 RECOVERY (EVENT PHASE TIME 2:00 AGE/SEX : 28/F RECORDED : 10-08-2024 RATE : 99 BPM B.P. : 120/82 mmHg SUMS PostJ SPEED: 0.0 Km./Hr. GRADE: 0.0 % RAW E.C.G. aVR 25mm/sec 10mm/mV CardiCom, INDIA Ph::091-731-2620740, TeleFast 094-731-243(214) HONVESION







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Mb

Far vision:

616

Dental check up:

ENT Check up:

Eye Checkup:

# Final impression

Certified that I examined Kumari Poenam 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.

Dr. R.C. ROY

MBBS., MD. (Radio Diagnosis)

Reg. No.-26918

.handan Diagnostic Center 99, Shivaji Nagar, Mahmoorganj Varanasi-221010 (U.P.)

Phone No.:0542-2223232

Client Signature :-

Kumari Poonam

Signature of Medical Examiner

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

Date. | 0. /.08 /2024

Place - VARANASI







Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110UP2003PLC193493



Patient Name : Mrs.KUMARI POONAM Registered On : 10/Aug/2024 09:27:07 Age/Gender Collected : 10/Aug/2024 10:52:24 : 28 Y 1 M 3 D /F UHID/MR NO : CVAR.0000054196 Received : 10/Aug/2024 11:26:03 Visit ID : CVAR0049622425 Reported : 10/Aug/2024 13:29:06

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
Blood Group (ABO & Rh typing) **,	, Blood			
Blood Group	В			ERYTHROCYTE
				MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	NEGATIVE	¥		ERYTHROCYTE
				MAGNETIZED
				TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) ** , w	hole Blood			
Haemoglobin	11.00	g/dl	1 Day- 14.5-22.5 g/dl	
			1 Wk- 13.5-19.5 g/dl	
		M. M.A.	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) <u>DLC</u>	6,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	63.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
Observed	16.00	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	







Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227

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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	8.00	Mm for 1st hr.	< 20	
PCV (HCT)	34.70	%	40-54	
Platelet count		,		
Platelet Count	1.99	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	50.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.30	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	3.80	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.30	fl	80-100	CALCULATED PARAMETER
MCH	29.00	pg	27-32	CALCULATED PARAMETER
MCHC	31.70	%	30-38	CALCULATED PARAMETER
RDW-CV	14.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,843.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	244.00	/cu mm	40-440	

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CIN: U85110UP2003PLC193493



Patient Name : Mrs.KUMARI POONAM : 10/Aug/2024 09:27:09 Registered On Age/Gender : 28 Y 1 M 3 D /F Collected : 10/Aug/2024 10:52:23 UHID/MR NO : CVAR.0000054196 Received : 10/Aug/2024 11:26:04 Visit ID : CVAR0049622425 Reported : 10/Aug/2024 13:40:23 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	

GLUCOSE FASTING \*\*, Plasma

Glucose Fasting 86.80 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 Diabetes

#### **Interpretation:**

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) 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.
- c) I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEM OGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	108	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 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)	<b>Degree of Glucose Control Unit</b>
> 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









CIN: U85110UP2003PLC193493



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# DEPARTMENT OF BIOCHEMISTRY

# MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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

8.50

mg/dL

7.0-23.0

CALCULATED

#### **Interpretation:**

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestimal (GI) bleeding.

#### Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine \* \*
Sample:Serum

0.90

mg/dl

0.5-1.20

**MODIFIED JAFFES** 

#### **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

Page 4 of 12





<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.





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# DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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

Uric Acid \*\* Sample:Serum 4.10

mg/dl

2.5-6.0

150-199 Borderline High

200-499 High

URICASE

**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	HGAMMA GT	Γ) * * , <i>Serum</i>
-----	-------	-----------	-----------------------

	SGOT / Aspartate Aminotransferase (AST)	31.10	U/L	<35	IFCC WITHOUT P5P
	SGPT / Alanine Aminotransferase (ALT)	42.50	U/L	<40	IFCC WITHOUT P5P
	Gamma GT (GGT)	14.50	IU/L	11-50	OPTIMIZED SZAZING
	Protein	6.50	gm/dl	6.2-8.0	BIURET
	Albumin	4.30	gm/dl	3.4-5.4	B.C.G.
	Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
	A:G Ratio	1.95		1.1-2.0	CALCULATED
	Alkaline Phosphatase (Total)	77.60	U/L	42.0-165.0	PNP/AMP KINETIC
	Bilirubin (Total)	0.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
	Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
	Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
l	LIPID PROFILE (MINI)**, Serum				
	Cholesterol (Total)	197.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
	HDL Cholesterol (Good Cholesterol)	49.00	mg/dl	30-70	DIRECT ENZYMATIC
	LDL Cholesterol (Bad Cholesterol)	130	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
				Optimal/Above Optima	
				130-159 Borderline High 160-189 High	l
				> 190 Very High	
	VLDL	18.00	mg/dl	10-33	CALCULATED
	Triglycerides	90.00	mg/dl	< 150 Normal	GPO-PAP











UHID/MR NO

Ref Doctor

Visit ID

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227

CIN: U85110UP2003PLC193493



Patient Name : Mrs.KUMARI POONAM Age/Gender : 28 Y 1 M 3 D /F

> : CVAR.0000054196 : CVAR0049622425 : Dr.MEDIWHEEL VNS -

Registered On Collected

: 10/Aug/2024 09:27:09 : 10/Aug/2024 10:52:23

Received : 10/Aug/2024 11:26:04 Reported

: 10/Aug/2024 13:40:23

Status : Final Report

# DEPARTMENT OF BIOCHEMISTRY

# MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Unit Method Result Bio. Ref. Interval

>500 Very High



S.N. Sinta







Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110UP2003PLC193493



Patient Name : Mrs.KUMARI POONAM Registered On : 10/Aug/2024 09:27:08 Age/Gender : 28 Y 1 M 3 D /F Collected : 10/Aug/2024 10:52:24 UHID/MR NO : CVAR.0000054196 Received : 10/Aug/2024 11:26:03 Visit ID : CVAR0049622425 Reported : 10/Aug/2024 14:37:23

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

# DEPARTM ENT OF CLINICAL PATHOLOGY

# MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE**, L	<i>Irine</i>			
Color	PALE YELLOW			
Specific Gravity	1.025			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
,			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
		1 W 1. A	>2 (++++)	
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%		

# **Interpretation:**









Pn: 9235447795,0542-3500227 CIN: U85110UP2003PLC193493



Patient Name : Mrs.KUMARI POONAM Age/Gender : 28 Y 1 M 3 D /F

: CVAR.000054196 : CVAR0049622425

: Dr.MEDIWHEEL VNS -

Collected Received

Registered On

: 10/Aug/2024 10:52:24 : 10/Aug/2024 11:26:03

: 10/Aug/2024 09:27:08

Reported

: 10/Aug/2024 14:37:23

Status

tus : Final Report

# DEPARTMENT OF CLINICAL PATHOLOGY

# MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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

UHID/MR NO

Ref Doctor

Visit ID

(++++) > 2



S.N. Sinta







Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227

CIN: U85110UP2003PLC193493



Patient Name : Mrs.KUMARI POONAM Registered On : 10/Aug/2024 09:27:08 Age/Gender : 28 Y 1 M 3 D /F Collected : 10/Aug/2024 10:52:23 UHID/MR NO : CVAR.0000054196 Received : 10/Aug/2024 11:26:04 Visit ID : CVAR0049622425 Reported : 10/Aug/2024 14:33:27 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

#### DEPARTMENT OF IMMUNOLOGY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Result	Unit	Bio. Ref. Interva	l Method
151.00	ng/dl	84.61–201.7	CLIA
7.81	ug/dl	3.2-12.6	CLIA
3.760	μIU/mL	0.27 - 5.5	CLIA
	0.3-4.5 μIU/m	L First Trimes	ster
	0.5-4.6 μIU/m	L Second Trir	mester
	0.8-5.2 μIU/m	L Third Trime	ester
	0.5-8.9 μIU/m	nL Adults	55-87 Years
	0.7-27 μIU/m	nL Premature	28-36 Week
	2.3-13.2 μIU/m	L Cord Blood	> 37Week
	0.7-64 μIU/m	L Child(21 wk	x - 20 Yrs.)
	1-39 μIU/	mL Child	0-4 Days
	1.7-9.1 μIU/m	nL Child	2-20 Week
	151.00 7.81	151.00 ng/dl 7.81 ug/dl 3.760 μIU/mL  0.3-4.5 μIU/m 0.5-4.6 μIU/m 0.8-5.2 μIU/m 0.5-8.9 μIU/m 0.7-27 μIU/m 2.3-13.2 μIU/m 0.7-64 μIU/m 1-39 μIU/m	151.00 ng/dl 84.61–201.7 7.81 ug/dl 3.2-12.6 3.760 μIU/mL 0.27 - 5.5  0.3-4.5 μIU/mL First Trimes 0.5-4.6 μIU/mL Second Trin 0.8-5.2 μIU/mL Third Trimes 0.5-8.9 μIU/mL Adults 0.7-27 μIU/mL Premature 2.3-13.2 μIU/mL Cord Blood 0.7-64 μIU/mL Child(21 wk) 1-39 μIU/mL Child

- 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. Sinta









CIN: U85110UP2003PLC193493



Patient Name : Mrs.KUMARI POONAM Registered On : 10/Aug/2024 09:27:10 Age/Gender Collected : 2024-08-10 11:01:15 : 28 Y 1 M 3 D /F UHID/MR NO : CVAR.0000054196 Received : 2024-08-10 11:01:15 Visit ID : CVAR0049622425 Reported : 10/Aug/2024 11:07:53

Ref Doctor : Dr.MEDIWHEEL VNS - 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

Dr Raveesh Chandra Roy (MD-Radio)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227

CIN: U85110UP2003PLC193493



Patient Name : Mrs.KUMARI POONAM : 10/Aug/2024 09:27:10 Registered On Age/Gender : 28 Y 1 M 3 D /F Collected : 2024-08-10 11:16:39 UHID/MR NO : CVAR.0000054196 Received : 2024-08-10 11:16:39 Visit ID : CVAR0049622425 Reported : 10/Aug/2024 11:21:22 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER)

# WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

# LIVER

• The liver is normal in size (11.1 cm in midclavicular line) and has a normal homogenous echo texture. No focal lesion is seen.

# PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (9.1 mm in caliber) not dilated.
- Porta hepatis is normal.

# **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (3.4 mm in caliber) 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**

# • Right kidney:-

- Right kidney is normal in size, measuring ~ 9.4 x 3.1 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

# • Left kidney:-

- Left kidney is normal in size, measuring ~ 10.3 x 3.3 cms.
- 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 (~ 9.1 cm in its long axis) and has a normal homogenous echo-





Page 11 of 12



Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110UP2003PLC193493



Patient Name : Mrs.KUMARI POONAM Age/Gender : 28 Y 1 M 3 D /F UHID/MR NO : CVAR.0000054196 Visit ID : CVAR0049622425 Ref Doctor : Dr.MEDIWHEEL VNS -

: 10/Aug/2024 09:27:10 Registered On Collected : 2024-08-10 11:16:39 Received : 2024-08-10 11:16:39 Reported : 10/Aug/2024 11:21:22

Status : Final Report

#### DEPARTMENT OF ULTRASOUND

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

texture.

#### ILIAC FOSSAE & PERITONEUM

• Scan over the iliac fossae does not reveal any fluid collection or large mass.

#### URINARY BLADDER

- The urinary bladder is **partially filled**. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is ~ 16 cc.

# **UTERUS & CERVIX**

- The uterus is anteverted and normal in size (~ 74 x 38 x 30 mm / 45 cc) & shape and homogenous myometrial echotexture.
- The endometrial echo is seen in mid line (endometrial thickness ~ 5.6 mm).
- Cervix is normal.

#### **ADNEXA & OVARIES**

- Adnexa are normal.
- Both ovaries are visualized and normal.

# FINAL IMPRESSION:-

• No significant sonological abnormality noted.

Adv: Clinico-pathological-correlation /further evaluation & Follow up

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

(\*\*) Test Performed at CHANDAN DIAGNOSTIC CENTRE, Varanasi, Mahmoorgani

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, 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), 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





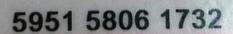




# भारत सरकार GOVERNMENT OF INDIA



कुमारी पूनम
Kumari Poonam
जन्म तिथि/ DOB: 07/07/1996
महिला / FEMALE



मेरा आधार, मेरी पहचान