

PHYSICIAN CONSULTATION

DATE:- 23-09-2023

NAME:- Pooatima Singh

DOB: AGE:- 42y SEX:- Female


HEIGHT:- 163 cms

WEIGHT:- 84 kgs

BMI:- 31.61

BP READING:- 122 / 80 mmHg

Heart Rate:- 88 /min

  
**Dr. Bhargav Patel**  
M.D. Physician  
Reg. No. G-52845



23-09-23

Preeti Singhvi

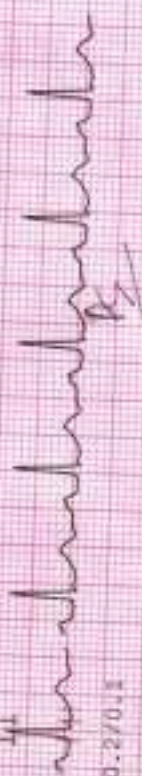
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0.2/0.1

0.1/0.1

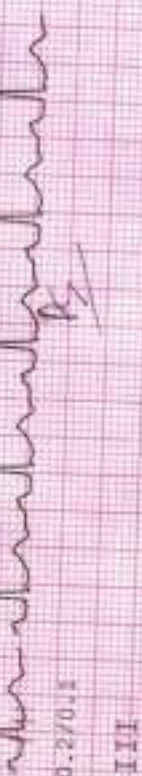


V1



V2

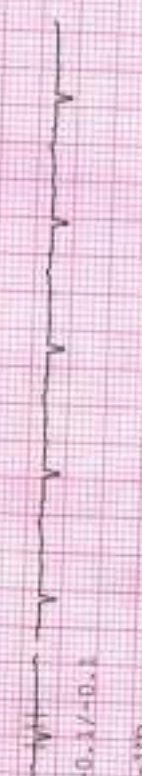
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V3

0.4/0.4

V4



V4

0.0/0.0

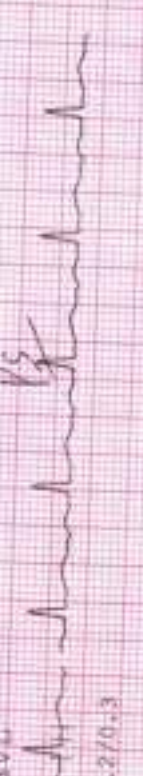
V5



V5

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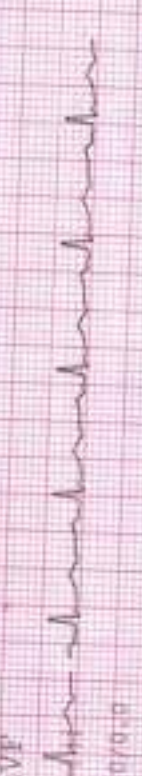
V6



V6

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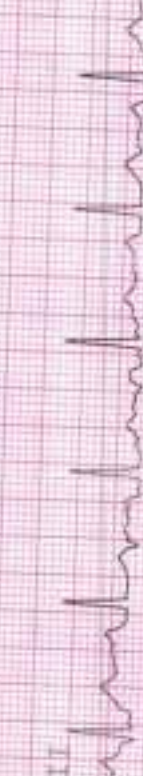
aVR



aVR

0.0/0.0

aVL



aVL

0.2/0.3

aVF



aVF

0.0/0.0

II



II



NSR

Dr. Bhargav Patel  
M.D. Physician  
Reg. No. G-52845



NAME : PRATIMA SINGH AGE : 42 Y/F  
DATE : 23/09/2023

**USG OF ABDOMEN-PELVIS**

Liver appears mildly enlarged in size(19.1 cm) and shows bright echotexture. No focal mass, dilated radicals or ascites is seen. Portal vein and CBD appear normal.

Gall bladder appears normal. No stone or changes of cholecystitis is seen.

Pancreas appears normal in size and echotexture. No focal mass or calcification is seen.  
Spleen appears normal in size and echotexture.

Both kidneys appear normal in size, shape and position. No focal mass, hydronephrosis or nephrolithiasis is seen on either side.

**Suboptimal scan of pelvic organs**

Urinary bladder is partially distended.No evidence of vesical mass or calculus.

Uterus appears normal in size and shows well defined 19x19 mm sized hypoechoic heterogenous lesion in posterior wall of uterus - p/o intramural fibroid.ET: 6 mm.No free fluid in pouch of douglas.Both ovaries are obscured.

No evidence of any dilated bowel loops or bowel wall thickening.  
No evidence of any pathological lymphadenopathy.

No evidence of free fluid.

**IMPRESSION :**

Moderate hepatomegaly with grade I fatty liver.  
Solitary intramural uterine fibroid.  
No other evident USG abnormality detected.

DR. BHUMIKA PANCHAL  
Consultant Radiologist



Pts Name	PRATIMA SINGH
Date	23/09/2023
Age	42YR/FEMALE
Ref Doctor	MEDIWHEEL

### X-Ray Chest Report

Lungs appear normal.

Heart size and mediastinal shadow appears normal.

Both CP angles appear normal.

Domes of diaphragm and bony thorax appears normal.

Dr. JIGNESH PATEL

Radiologist





1D



ABDOMEN S  
CS 2  
MI 0.9  
TIS 0.2  
F2 Gr 71  
232dB/C3  
K/3/4

24Hz 21cm

1D

+ Length 191cm



ABDOMEN S  
CS 2  
MI 0.9  
TIS 0.2  
F2 Gr 71  
232dB/C3  
K/3/4

24Hz 21cm

1D



ABDOMEN S  
CS 2  
MI 1.1  
TIS 0.2  
F2 Gr 71  
232dB/C3  
K/3/4

32Hz 15cm

1D



ABDOMEN S  
CS 2  
MI 1.1  
TIS 0.2  
F2 Gr 71  
232dB/C3  
K/3/4

32Hz 15cm



**Computerized Stress Test Report**

PAT: PRAKASH KUMAR      ID: 775      Summary report      EXERCISE: BRUCE      SEX: M      HEIGHT: 170 cm      WEIGHT: 64 kg      DATE/TIME: 11-09-2021 11:54      INDEX: 800      Doctor

**Test Results:**

Protocol	- Bruce	Max Work Load	- 4.89	HR	- 32
Target HR	- 170 (131) bpm	Exer. Time	- 3:24min	Max RPP (1000)	- 24.544
Maximum HR	- 168 (54 %) bpm	Recover Time	- 6.12min	Max BP	- 158/90 mmHg

Reason for termination :  
Target heart rate achieved  
Indication :  
To assess the exercise tolerance capacity

HR Response to Exercise :  
Normal appropriate response

BP Response to Exercise :  
Resting normal BP - normal response

Overall Impression :  
Normal stress test

Comment :  
TEST NEGATIVE FOR EXERCISE INDUCIBLE BRADYCARDIA

Resting ECG :  
Normal  
Chest Pain :  
None  
ST Changes :  
None  
Arrhythmias :  
None  
History : HYPERTENSION X 5 YRS  
Medication :  
TAB THROMBIN 50 1-0-0



*Msk*  
*Dr. Bhargav Patol*  
M.D. (General)  
Reg. No. G-52845



### Computerised Stress Test Report

NAME: PRATINA SINGH  
AGE/GENDER: 42 yrs/FEMALE

ID: 775  
HEIGHT: 163 cm.

Summary report  
WEIGHT: 94 Kg.

PROTOCOL: Bruce  
DATE/TIME: 23-09-2023 11:34

REF. BY: MEDIRIKEL  
SMOKER: Non Smoker

Stage	Time Min:Sec	HR bpm	BP mmHg	Speed (mph) / G rate (%)	Load METS	RPE	II	V2	V5
Supine	00:18	89	122/80	0.00/0.0	1.0	10.858	0.2/0.1	0.4/0.4	0.2/0.0
Standing	00:18	84	122/80	0.00/0.0	1.0	10.248	0.5/0.4	0.3/0.4	0.1/0.1
HyperV	00:18	86	122/80	0.00/0.0	1.0	10.492	0.2/0.0	0.2/0.3	0.1/0.3
Exer : 1/7	03:00	158	140/90	1.70/10.0	4.5	22.12	0.1/1.3	0.3/0.4	-0.4/0.4
Exer : 2/7	00:24	168	158/92	2.50/12.0	4.9	26.544	0.5/3.2	0.0/0.8	0.5/2.3
Peak	03:24	168	158/92	2.50/12.0	4.9	26.544	-3.5/0.7	0.7/1.3	-1.1/1.9
Recovery	01:00	111	158/92	0.00/0.0	1.0	17.538	1.3/2.7	0.7/1.2	0.7/1.6
Recovery	02:00	106	142/88	0.00/0.0	1.0	15.052	0.4/0.9	0.1/0.1	0.5/0.9
Recovery	03:00	108	142/88	0.00/0.0	1.0	15.336	0.0/0.1	0.0/0.0	-0.3/0.0
Recovery	04:00	101	134/86	0.00/0.0	1.0	13.534	0.1/0.0	0.0/0.1	-0.1/0.0
Recovery	05:00	104	134/86	0.00/0.0	1.0	13.936	0.1/0.0	0.1/0.3	0.0/0.1
Recovery	06:00	100	128/82	0.00/0.0	1.0	12.6	-0.1/-0.1	0.4/0.5	-0.1/-0.3
Recovery	06:42	100	128/82	0.00/0.0	1.0	12.6	-0.2/-0.1	0.2/0.3	-0.3/-0.3

PS

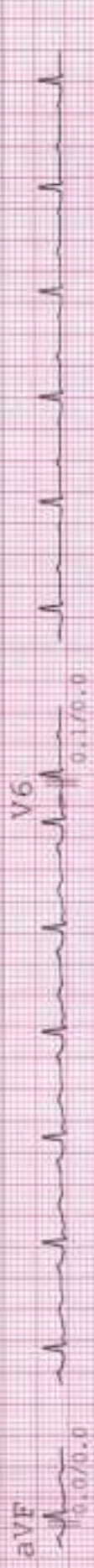
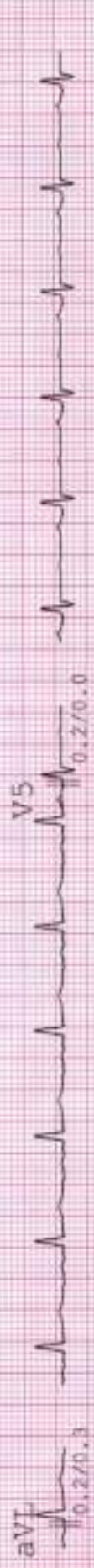
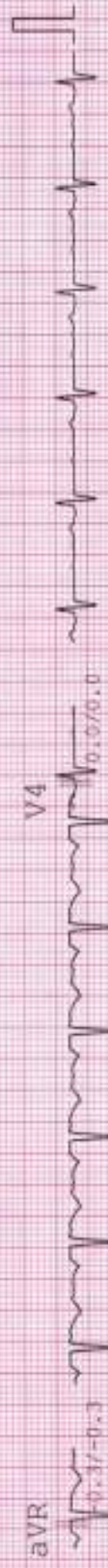
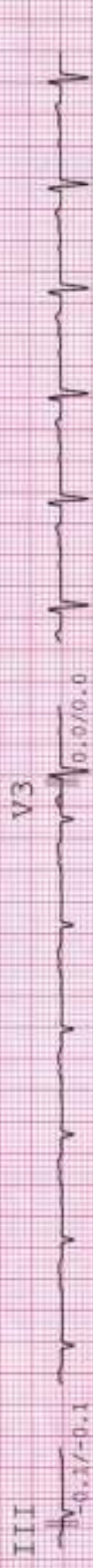
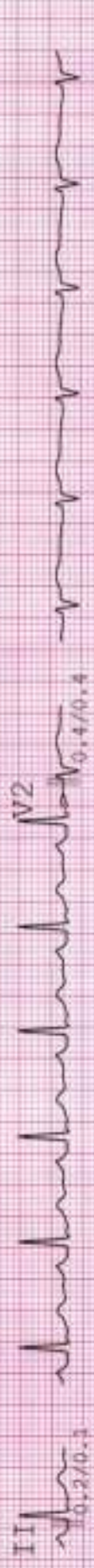


NAME : PRATIMA SINGH  
AGE/GENDER : 42 yrs/FEMALE  
DATE/TIME : 23-09-2023 11:34

ID: 775  
BP: 122/80mmHg  
HR: 87bpm

PROTOCOL : Bruce  
STAGE : Supine  
STAGE TIME: 00:18

Linked Median Report  
SPEED/GRADE: 0.00/0.0  
POST J at 80 msec  
GAIN: 1X  
STL in mm  
ST5 in mm/sec



II

PS

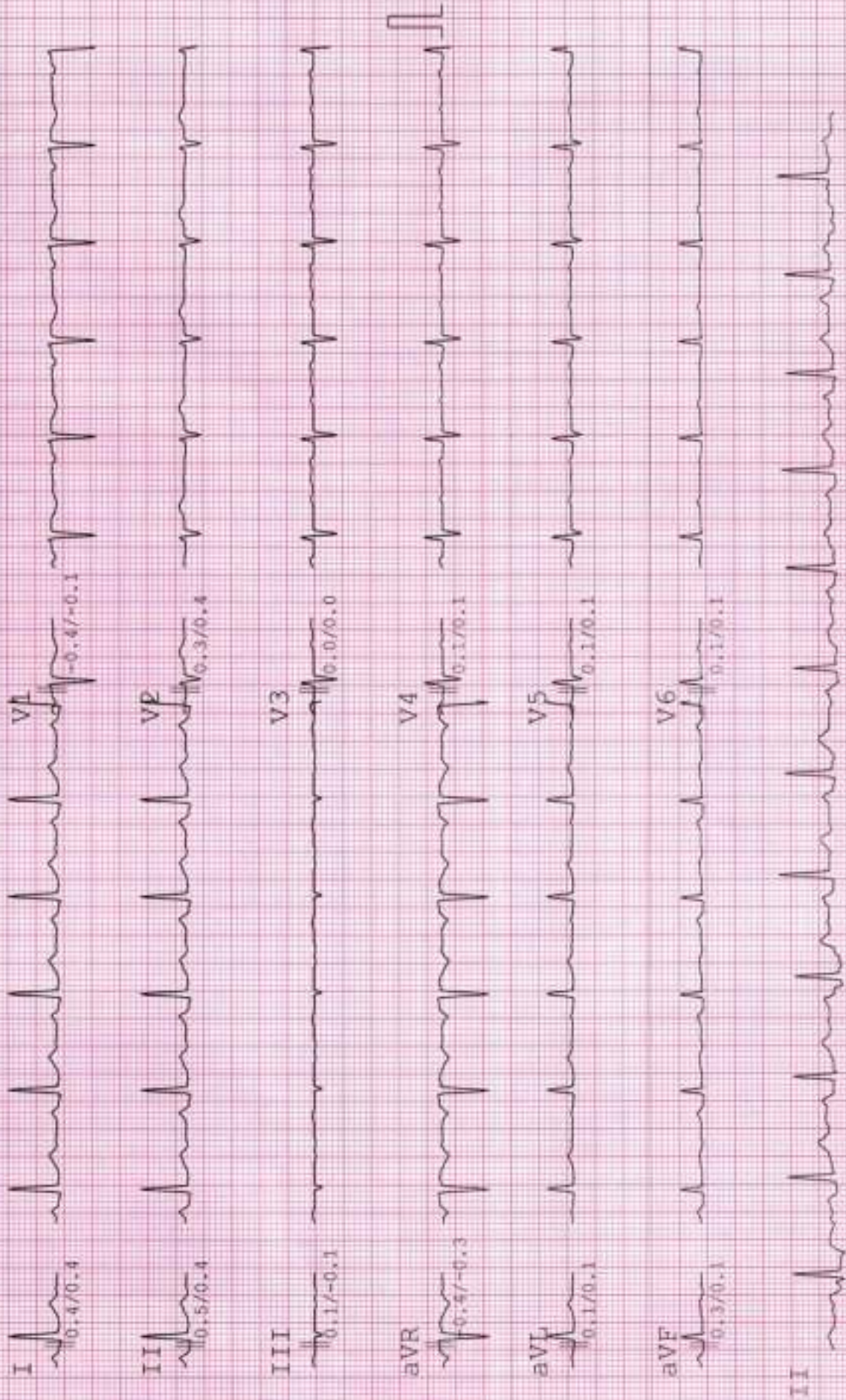


NAME : PRATIMA SINGH  
AGE/GENDER : 42 yrs/FEMALE  
DATE/TIME : 23-09-2023 11:34

ID: 775  
BP: 122/80mmHg  
HR: 84bpm

PROTOCOL : Bruce  
STAGE : Standing  
STAGE TIME: 00:18

Linked Median Report  
GAIN: 1X  
SPEED/GRADE: 0.00/0.0  
POST J at 80 msec  
STL in mm  
STS in mm/sec



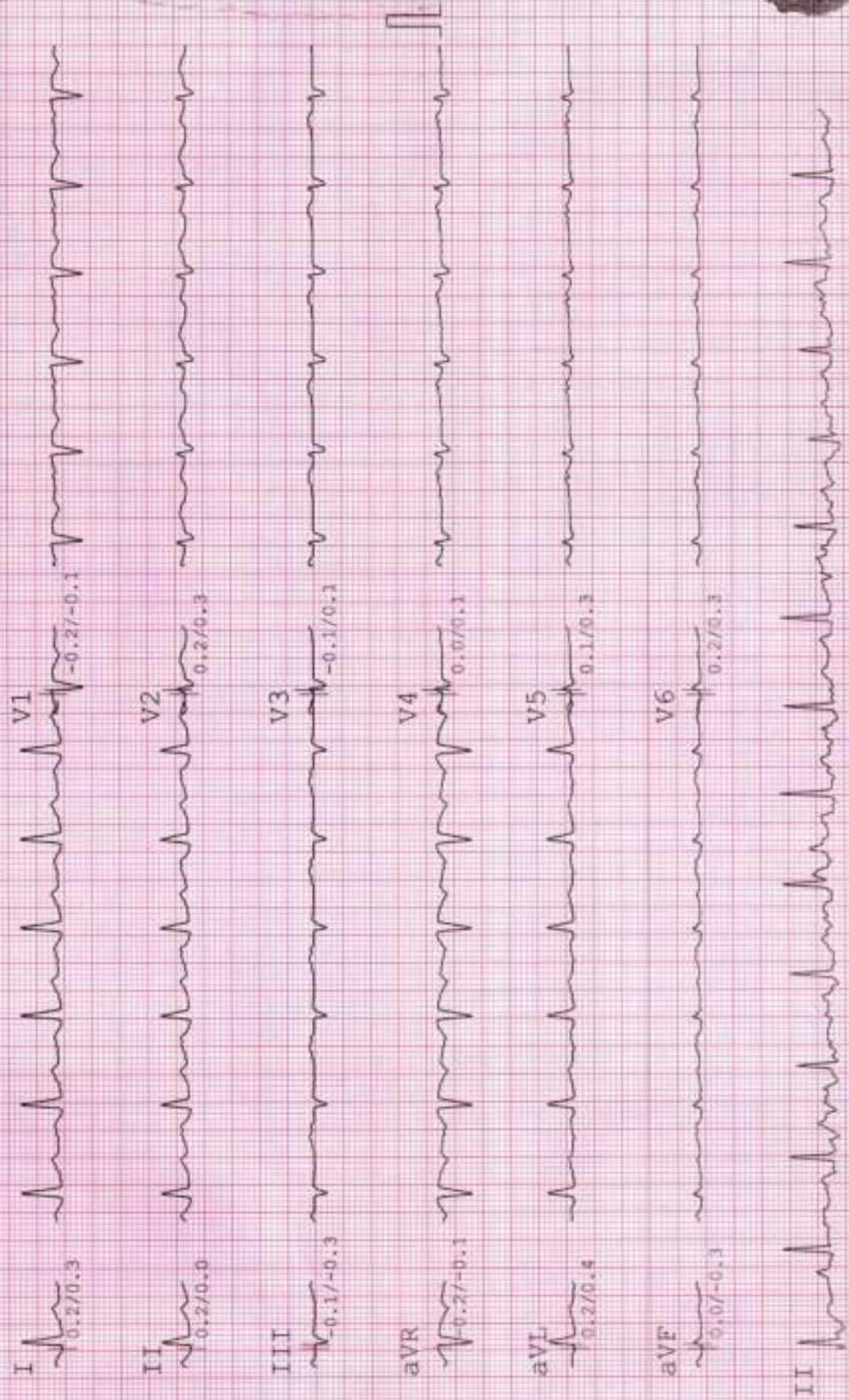


NAME : PRATIMA SINGH  
AGE/GENDER : 42 YRS/FEMALE  
DATE/TIME : 23-09-2023 11:34

ID: 775  
BP: 122/80mmHg  
HR: 92bpm

PROTOCOL : Bruce  
STAGE : HyperV  
STAGE TIME: 00:18

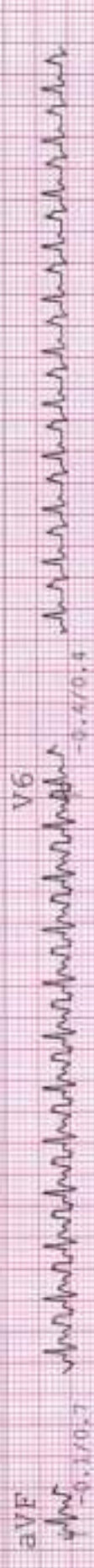
Linked Median Report  
GAIN: 1X  
SPEED/GRADE: 0.00/0.0  
POST J at 80 msec  
STL in mm  
STS in mm/sec



II



NAME : PRATIMA SINGH ID: 775 PROTOCOL : Bruce Linked Median Report GAIN: 1X  
 AGE/GENDER : 42 yrs/FEMALE BP: 140/90mmHg STAGE : Exer : 1/7 SPEED/GRADE: 1.70/10.0 STL in ms  
 DATE/TIME : 23-09-2023 11:34 HR: 177bpm STAGE TIME: 03:00 POST J at 80 msec STS in ms/sec





NAME : PRATIMA SINGH  
AGE/GENDER : 42 Yrs/FEMALE  
DATE/TIME : 23-09-2023 11:34

ID: 775  
BP: 158/92mmHg  
HR: 168bpm

PROTOCOL : Bruce  
STAGE : Exer : 2/7  
STAGE TIME: 00:24  
Linked Median Report  
SPEED/GRADE: 2.50/12.0  
GAIN: 1X  
STL in mm  
STS in mm/sec

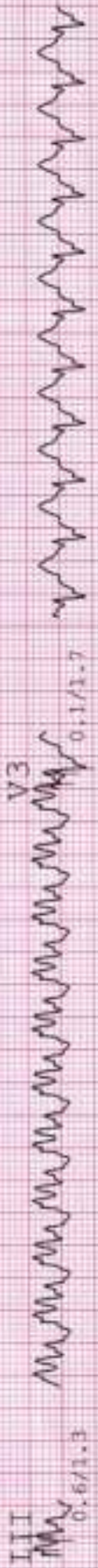
V1



V2



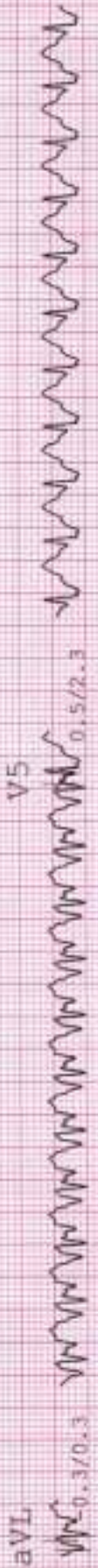
V3



V4



V5



V6

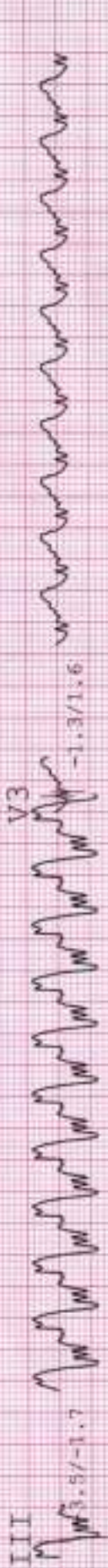
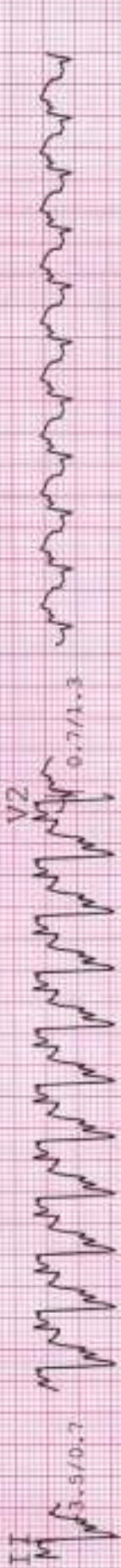


II





NAME: PRATIMA SINGH ID: 775  
 AGE/GENDER: 42 yrs/FEMALE BP: 158/92mmHg  
 DATE/TIME: 23-09-2023 11:34 HR: 164bpm  
 PROTOCOL: Bruce  
 STAGE: Peak  
 STAGE TIME: 00:06  
 Linked Median Report  
 SPEED/GRADE: 2.50/12.0  
 STL in mm  
 POST J at 80 msec  
 STS in mm/sec



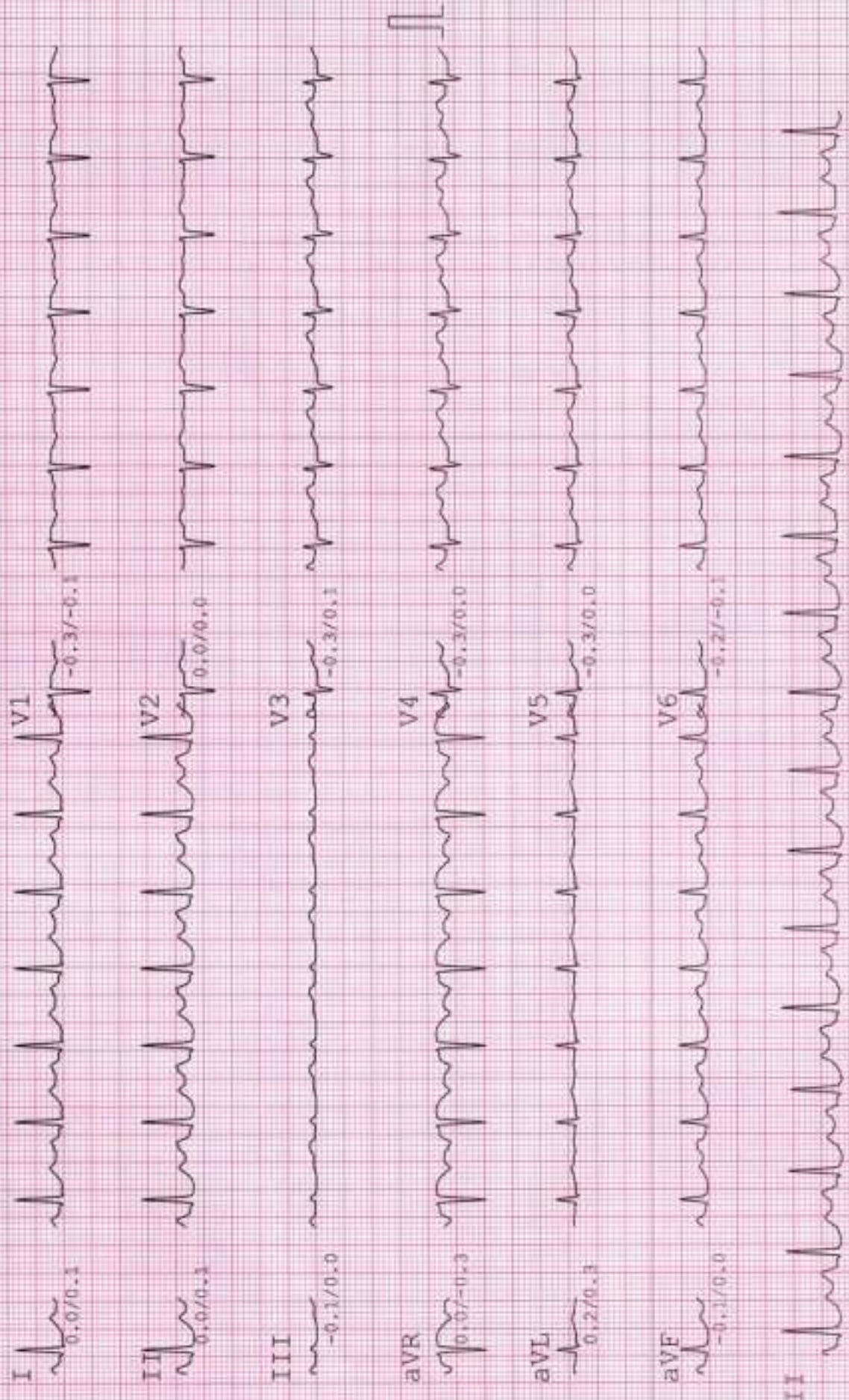


NAME : PRATIMA SINGH  
AGE/GENDER : 42 yrs/FEMALE  
DATE/TIME : 23-09-2023 11:34

ID: 775  
BP: 142/88mmHg  
HR: 106bpm

PROTOCOL : Bruce  
STAGE : Recovery  
STAGE TIME: 03:00

Linked Median Report  
GAIN: 1X  
SPEED/GRADE: 0.00/0.0  
STL in mm  
STS in mm/sec



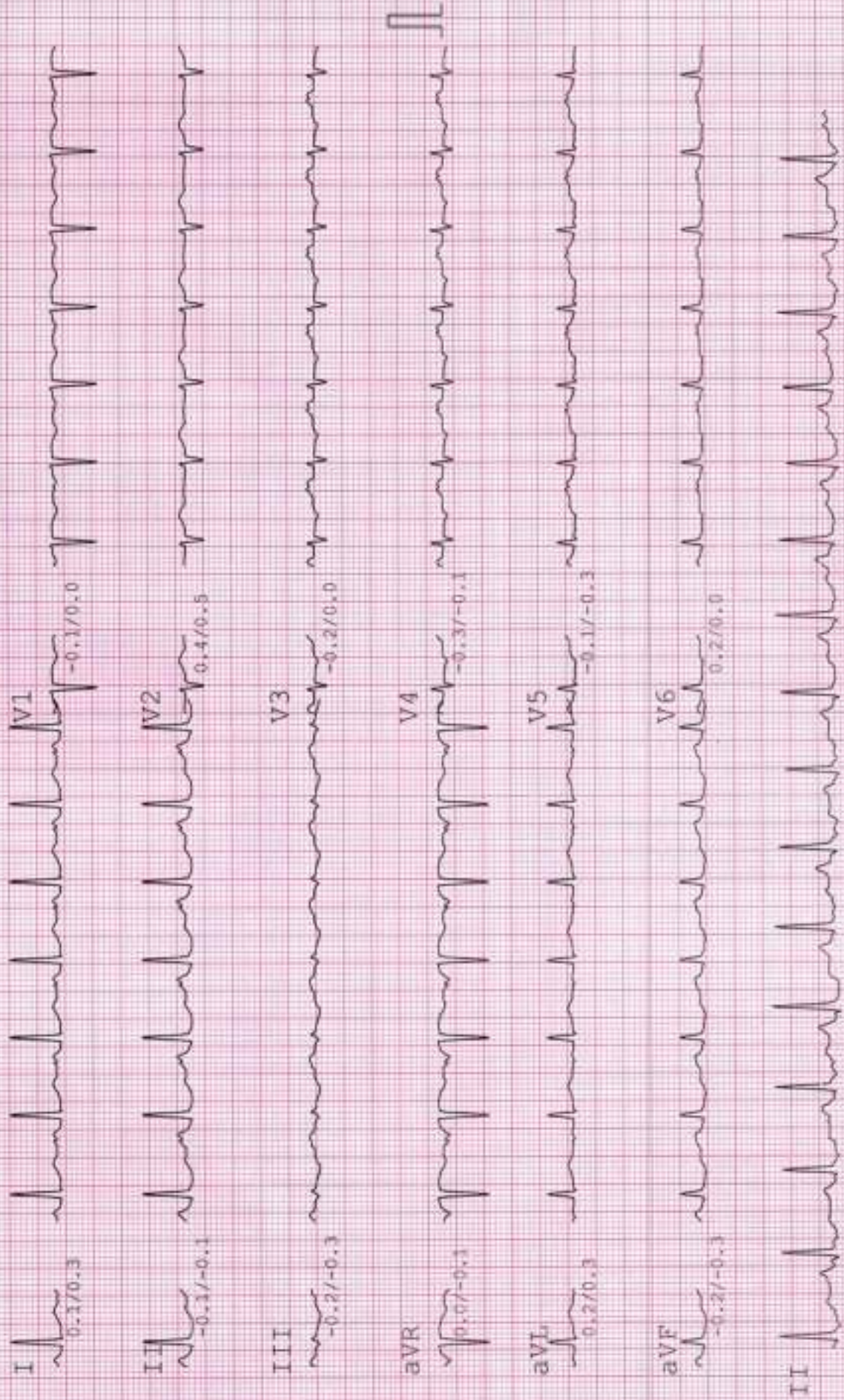


NAME : PRATIMA SINGH  
AGE/GENDER : 42 yrs/FEMALE  
DATE/TIME : 23-09-2023 11:34

ID: 775  
BP: 128/82mmHg  
HR: 105bpm

PROTOCOL : Bruce  
STAGE : Recovery  
STAGE TIME: 06:00

Linked Median Report  
GAIN: 1X  
SPEED/GRADE: 0.00/0.0  
POST J at 80 msec  
STL in mm  
STS in mm/sec







भारत सरकार  
GOVERNMENT OF INDIA



प्रतिमा सिंह  
Pratima Singh

जन्म वर्ष / Year of Birth : 1981  
महिला / Female



3896 3022 0624

**आधार** – आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: W/O कैप्टन अजय प्रताप सिंह,  
निकट तालाब, सैरापुर, मूसापुर, मूसापुर,  
राय बरेली, उत्तर प्रदेश, 229216

Address: W/O Capt Ajay Pratap  
Singh, nikat talab, sairapur,  
Musapur, Musapur, Rae Bareli,  
Uttar Pradesh, 229216



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1800 180 1947



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





 GPS Map Camera

**Ahmedabad, Gujarat, India**

Nr. Sola Overbridge, Science City Rd, Sola, Ahmedabad, Gujarat 380060, India

Lat 23.070679°

Long 72.521413°

23/09/23 11:11 AM GMT +05:30





Patient Name : Pratima Singh  
Sample No.. : 7270  
Referred : Mediwheel

Age/Sex : 42 Years/Female  
Registration On:23/09/2023/12:36  
Approved On : 23/09/2023 15:29

### THYROID FUNCTIONS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
Serum T3 :	<b>1.38</b>	ng/dl	0.69 - 2.15 ng/dl
Serum T4 :	<b>6.43</b>	ng/ml	5.2 - 12.7 ng/ml
Serum T.S.H :	<b>17.4</b>	microU/ml	0.3 - 4.5 microU/ml

#### **COMMENTS :**

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave~s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy clinically T3 T4 can be high and TSH can be slightly low



**Pathologist**  
**DR. MANOJ SHAH**  
**M.D.,PATHO**



Patient Name : Pratima Singh  
Sample No.. : 7270  
Referred : MediwheelAge/Sex : 42 Years/Female  
Registration On:23/09/2023/12:36  
Approved On : 23/09/2023 15:40**COMPLETE BLOOD COUNT**

<u>Test</u>		<u>Sample :</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
<b><u>BLOOD COUNT</u></b>					
Hemoglobin	colorimetric		<u>11.56</u>	g/dL	12.5 - 15.0 g/dL
R.B.C Count	Electrical impedance		4.45	mill/cmm	3.8 - 4.5 mill/cmm
W.B.C Count	Electrical impedance		8.00	10 <sup>3</sup> /uL	4.0 - 10.0 10 <sup>3</sup> /uL
Platelet Count	Electrical impedance		235.7	10 <sup>3</sup> /uL	150 - 450 10 <sup>3</sup> /uL
<b><u>DIFFERENTIAL COUNT</u></b>					
Polymorphs	Microscopic		60	%	60 - 70 %
Lymphocytes	Microscopic		37	%	20 - 40 %
Eosinophils	Microscopic		01	%	1 - 4 %
Monocytes	Microscopic		02	%	2 - 6 %
Basophils	Microscopic		00	%	0 - 1 %
<b><u>BLOOD INDISES</u></b>					
HCT	Rbc Histogram		37.2	%	36 - 46 %
MCV	Calculated		83.6	fl	78 - 100 fl
MCH	Calculated		<u>26.0</u>	pg	27 - 31 pg
MCHC	Calculated		<u>31.1</u>	g/dl	32 - 36 g/dl
RDW-CV	Calculated		13.1	%	11.5 - 14.0 %

**PERIPHERAL SMEAR EXAMINATION**

SMEAR RBC Line 1: Mildly hypochromic, normocytic.

SMEAR WBC LINE 1: Are within normal limits.

SMEAR Platelets: Adequate

**Erythrocyte sedimentation rate**

ESR AT 1 hour westergren 07 mm/Hour 00 - 20

  
**Pathologist**  
**DR. MANOJ SHAH**  
**M.D.,PATHO**



Patient Name : Pratima Singh  
Sample No.. : 7270  
Reffered : Mediwheel

Age/Sex : 42 Years/Female  
Registration On:23/09/2023/12:36  
Approved On : 23/09/2023 14:41

## BLOOD GROUP

<u>Test</u>	<u>Result</u>
BLOOD GROUP	: " B "
RH GROUP	: POSITIVE.



**Pathologist**  
**DR. MANOJ SHAH**  
**M.D.,PATHO**



Patient Name : Pratima Singh  
Sample No.. : 7270  
Reffered : Mediwheel

Age/Sex : 42 Years/Female  
Registration On:23/09/2023/12:36  
Approved On : 23/09/2023 16:03

## RENAL FUNCTION

Specimen :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
<b>Sr. Creatinine:</b> (mod-jaffes)	0.74	mg/dl	0.5 - 1.1 mg/dl
<b>Urea:</b> (GLDH)	23.50	mg/dl	10 - 50 mg/dl
<b>S. Uric Acid:</b> (Uricase-pod)	3.88	mg/dl	2.4 - 6.2 mg/dl
<b>Blood Urea Nitrogen:</b> (Calculated)	10.98	mg/dl	08 - 23 mg/dl
<b>Bun/Creat Ratio:</b> (Calculated)	14.84		



**Pathologist**  
**DR. MANOJ SHAH**  
**M.D.,PATHO**



Patient Name : Pratima Singh  
Sample No.. : 7270  
Reffered : MediwheelAge/Sex : 42 Years/Female  
Registration On:23/09/2023/12:36  
Approved On : 23/09/2023 16:02**COMPLETE BLOOD CHEMISTRY**

<b><u>Test</u></b>	<b><u>Result</u></b>	<b><u>Unit</u></b>	<b><u>Normal Range</u></b>
S. Cholesterol	: 172.81	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Serum Triglycerides	: 120.11	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol	: 50.67	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol (Calculated)	: 98.118	mg/dl	Up to 150
Cholesterol/HDLC Ratio (Calculated)	: 3.41	mg/dl	Up to 5.0
Serum VLDL Cholesterol (Calculated)	: 24.022	mg/dl	Up to 35
LDLC/HDLC Ratio (Calculated)	: 1.94	mg/dl	Up to 3.4
Total Lipid (Calculated)	: 591.708	mg/dl	400 - 1000 mg/dl
S. Bilirubin (Total)	: 0.68	mg/dl	0.1 - 1.2 mg/dl
S. Bilirubin (Direct)	: 0.20	mg/dl	up to 0.2
S. Bilirubin (Indirect)	: 0.48	mg/dl	up to 1.0
SGOT	: 31.58	U/L	up to 40
SGPT	: <b>45.71</b>	U/L	up to 42
GGT	: 30.15	U/L	09 - 36
S. Alkaline Phosphatase	: 114.0	U/L	40 - 129
Total Proteins	: 6.76	g/dl	6.0 - 8.3
Albumin	: 4.00	g/dl	3.5 - 5.2
Globulins	: 2.76	g/dl	2.4 - 3.7
AGRATIO	: 1.449		

**Pathologist**  
**DR. MANOJ SHAH**  
**M.D., PATHO**



Patient Name : Pratima Singh  
Sample No.. : 7270  
Referred : MediwheelAge/Sex : 42 Years/Female  
Registration On:23/09/2023/12:36  
Approved On : 23/09/2023 16:03**Glycosylated HB - (HBA1C)**

<b><u>Test</u></b>	<b><u>Result</u></b>	<b><u>Unit</u></b>	<b><u>Biological Ref Interval</u></b>
<b>HBA1C:</b> (Immunoturbidimetric)	5.20	%	Normal : <= 5.6 Prediabetes : 5.7 - 6.4 Diabetes : > = 6.5 <b><u>DIABETES CONTROL CRITERIA</u></b> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
<b>Mean Blood Glucose:</b>	<b>102.54</b>	<b>mg/dl</b>	

**Criteria for the diagnosis of diabetes**

1. HbA1c  $\geq$  6.5 \*  
Or
2. Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.  
Or
3. Two hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.  
Or.
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

**Limitation of HbA1c**

- 1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ( $>10\%$ ) may result in lower HbA1c values than expected.

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**Pathologist**  
**DR. MANOJ SHAH**  
**M.D.,PATHO**



Patient Name : Pratima Singh  
Sample No.. : 7270  
Referred : Mediwheel

Age/Sex : 42 Years/Female  
Registration On:23/09/2023/12:36  
Approved On : 23/09/2023 16:03

**BLOOD SUGAR LEVEL**

Specimen :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
<b>Fasting Blood Sugar:</b> (GOD-POD)	<b>102.28</b>	<b>mg/dl</b>	<b>70-110</b>
<b>Post Prandial Blood Glucose:</b> (GOD-POD)	<b>134.92</b>	<b>mg/dl</b>	<b>100 - 150</b>

American Diabetes Association Reference Range :

Normal : &lt; 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : &gt;= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis. A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive

alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



**Pathologist**  
**DR. MANOJ SHAH**  
Page 7 of 8  
**M.B., PATHO**



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**URINE EXAMINATION****PHYSICAL** :


Colour - **Pale Yellow**  
Deposits - **Absent**  
Transparency - **Clear**  
Reaction - **Acidic**  
Sp. Gravity - **1.010**

**CHEMICAL** :

Albumin - **Absent**  
Sugar - **Absent**  
Bile Salts - **Absent**  
Bile Pigments - **Absent**

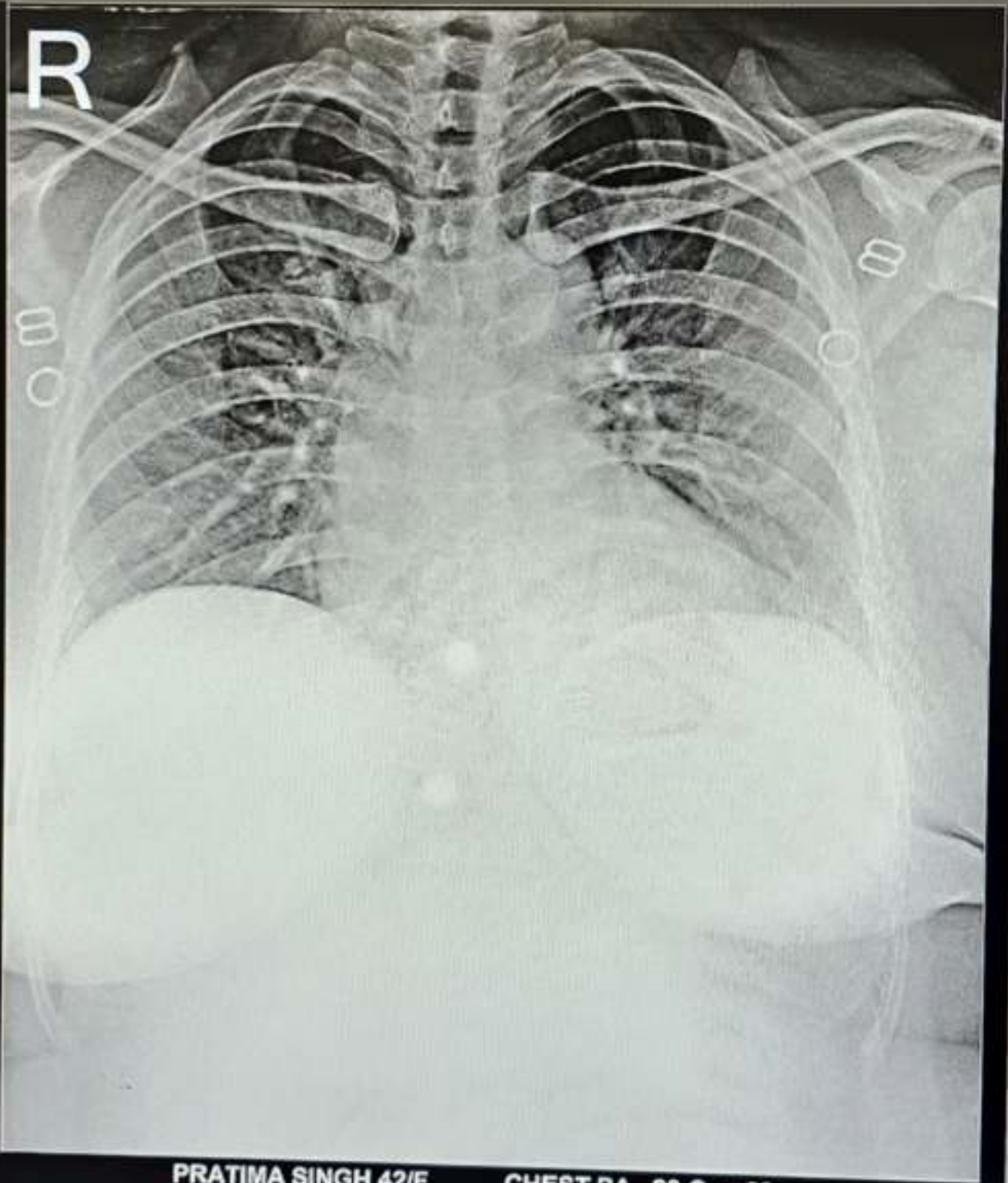
**MICROSCOPIC**: ( After centrifugation at 2000 r.p.m. for 5 minutes )

Pus Cells - **Ocassional** /h.p.f.  
Red Cells - **Not seen** /h.p.f.  
Epithelial Cells - **Occasional** /h.p.f.  
Casts - **Not seen**/l.p.f.  
Crystals - **Not seen**  
Amorphous - **Not seen**

  
**Pathologist**  
**DR. MANOJ SHAH**  
**M.D. PATHO**

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**PRATIMA SINGH 42/F      CHEST PA 23-Sep-23**  
**CITY PLUS HOSPITAL, AHMEDABAD.**