199-SHIVAJI NAGAR MAHMOORGANJ VARANASI 19839703068

Ms. MRS ANUPAM KUMARI Age : 29/F Ref. by : MEDIWHEEL Indication 1

Indication2 Indication3

ID: 44222425 Ht/Wt 155/61 Recorded 27-07-2024 TREADMILL TEST SUMMARY REPORT Protocol BRUCE

History:

Medication1 Medication2

Medication3

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	и	ST LEVEL (mm) V2	V5	MET
SUPINE HYPERVENT VALSALVA STANDING	0:04	0.04			95 96 101 99	110/78 110/78 110/78 110/78	104 105 111 108	-0.3 -0.2 -0.2 -0.3	0.2 0.2 0.2 0.2	-0.3 -0.2 -0.2 -0.3	
STAGE 1 STAGE 2 EVENT	2:59 5:59 8:08	2:59 2:59 2:08	2.70 4.00 5.40	10 00 12 00 14 00	121 60 96	120/80 130/80 140/80	145 78 134	-0.7 -4.5 8.2	0.2 -3.5 -3.3	-0.7 -3.7 -5.7	4.80 7.10 9.17
PEAK EXER	8:12	2:12		2	108	140/80	151	8.1	-3.5	6.7	9.24
EVENT EVENT EVENT RECOVERY	0.55 1.06 2.00 2.59	0:55 1:06 2:00 2:59	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	97 113 106 108	138/80 136/80 134/80 134/80	133 153 142 144	4.3 2.6 0.0 -0.9	-0.1 1.2 0.3	-2.9 0:1 -0:4 -0:5	36.56.3

xercise Duration Max Heart Rate Max Blood Pressure Max Work Load Reason of Termination

8 12 Minutes 121 bpm 63 % of target heart rate 191 bpm 140/80 mmHg 9.24 METS

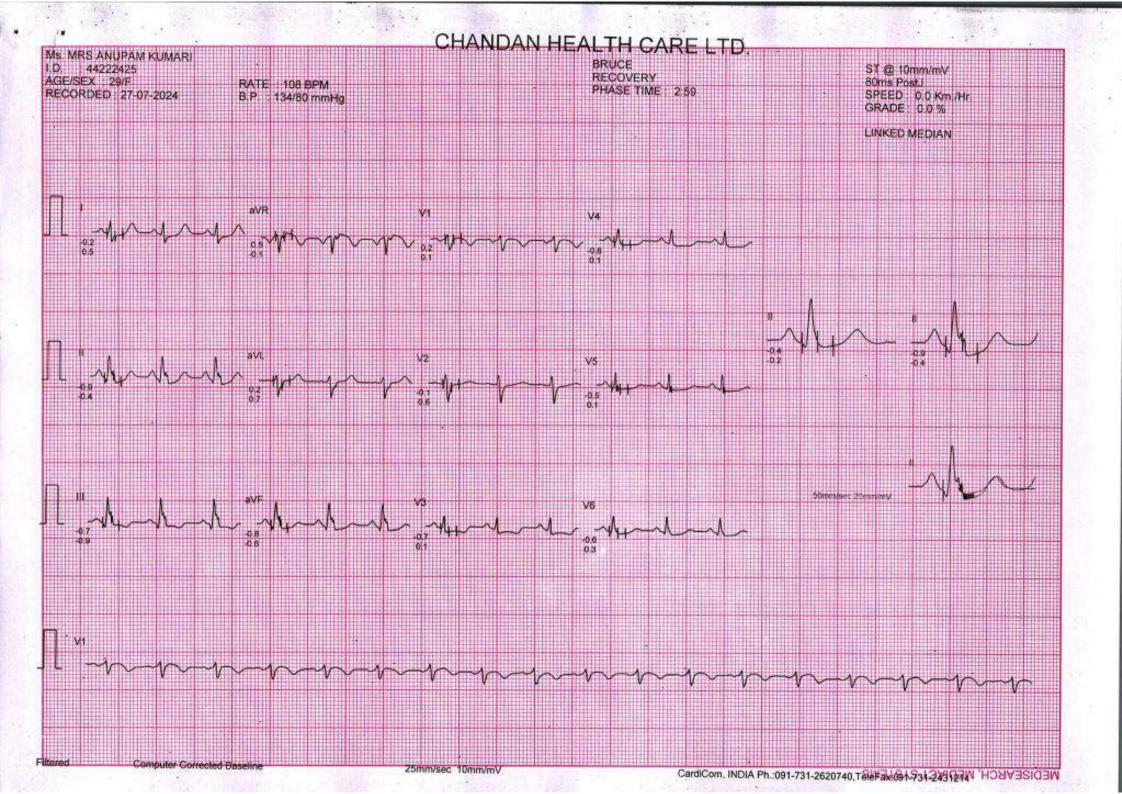
IMPRESSIONS

ischaeme

M.B.B.S., MD, DMC Cardiologist

Reg. No.-39794

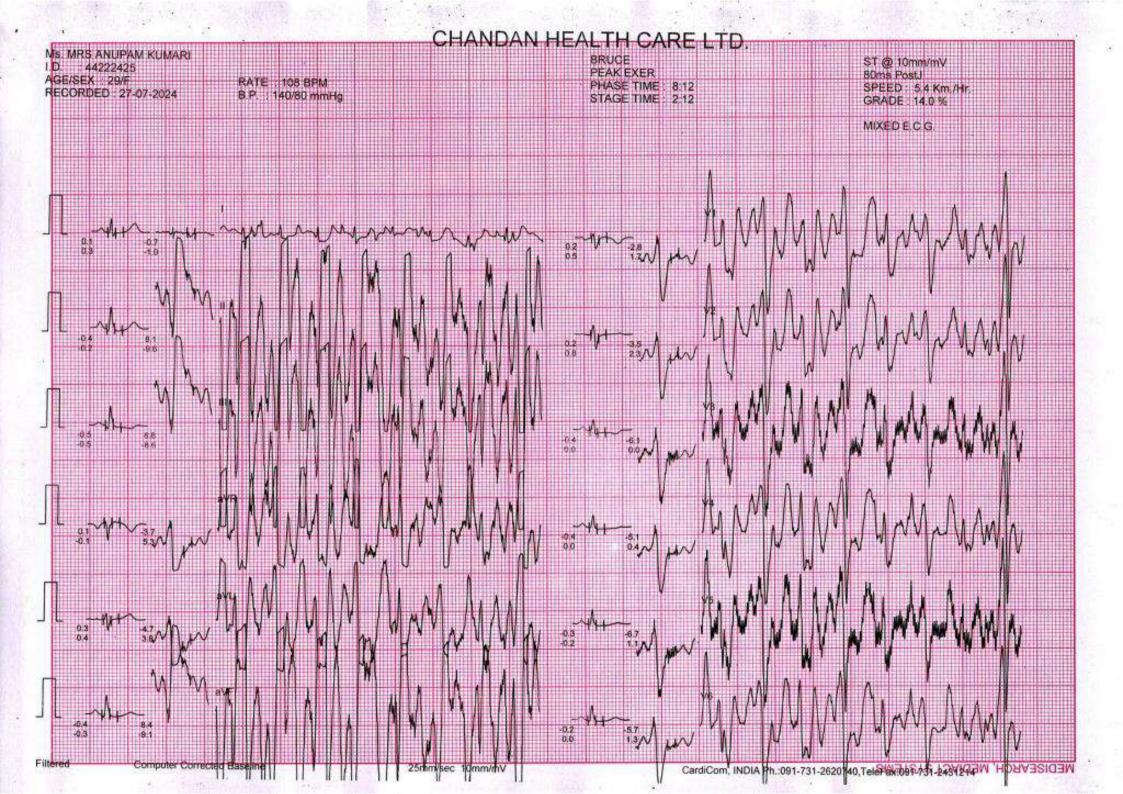
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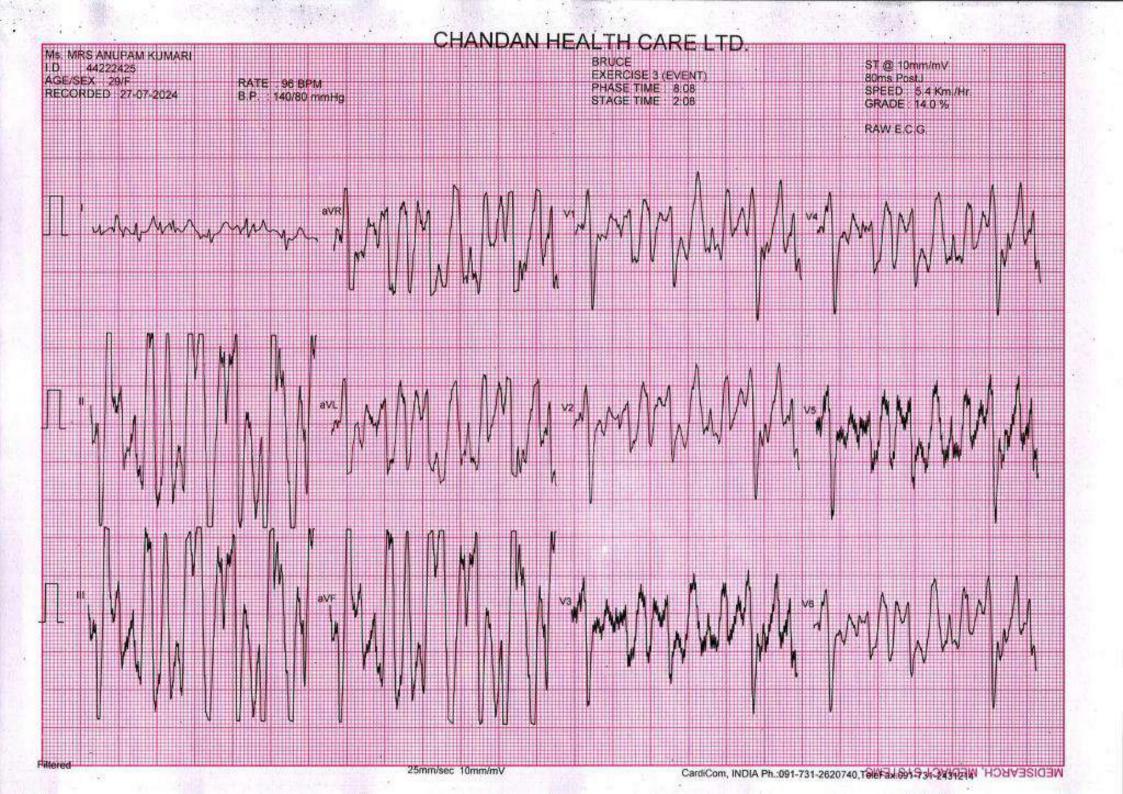


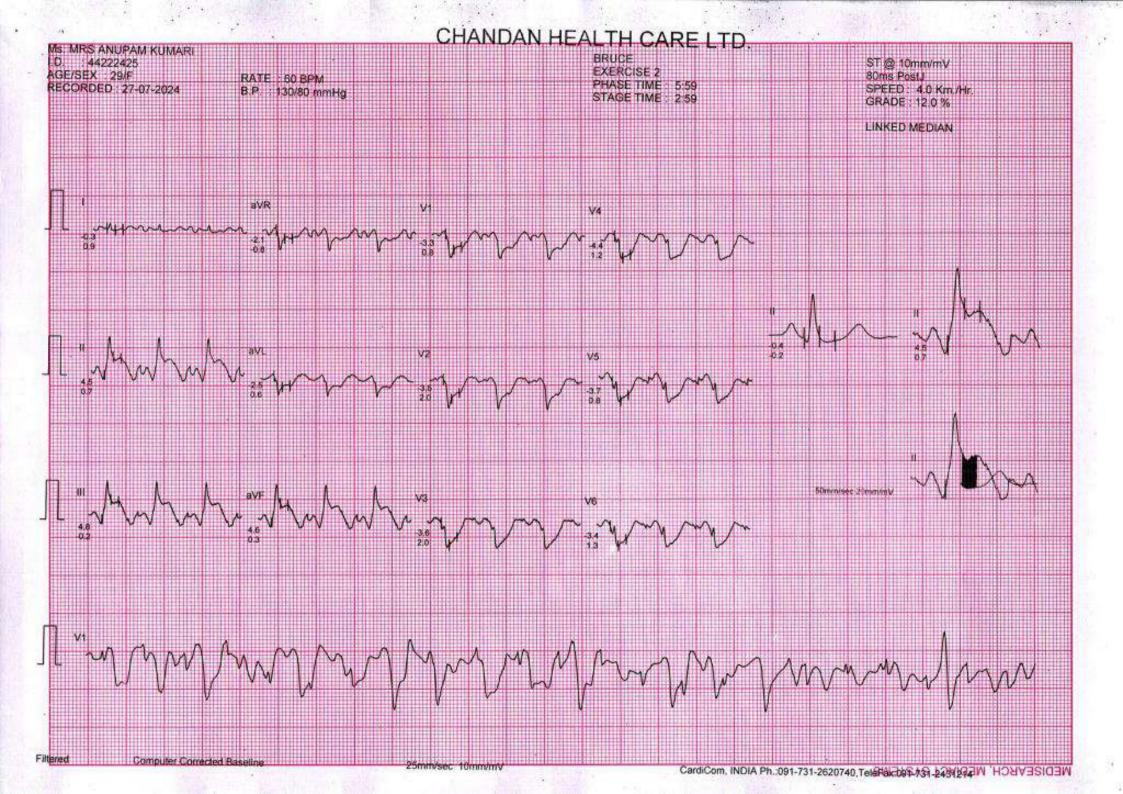
CHANDAN HEALTH CARE LTD. Ms. MRS ANUPAM KUMARI I.D. 44222425 BRUCE ST @ 10mm/mV 80ms PostJ SPEED: 0.0 Km/Hr. GRADE: 0.0 % RECOVERY (EVENT) PHASE TIME: 1:08 AGE/SEX 29/F RATE: 113 BPM RECORDED: 27-07-2024 B.P. 136/80 mmHg RAW E.C.G. CardiCom, INDIA Ph.:091-731-2620740, Tella Phr.: 0814731 274 1071 W HON YOUR CARD

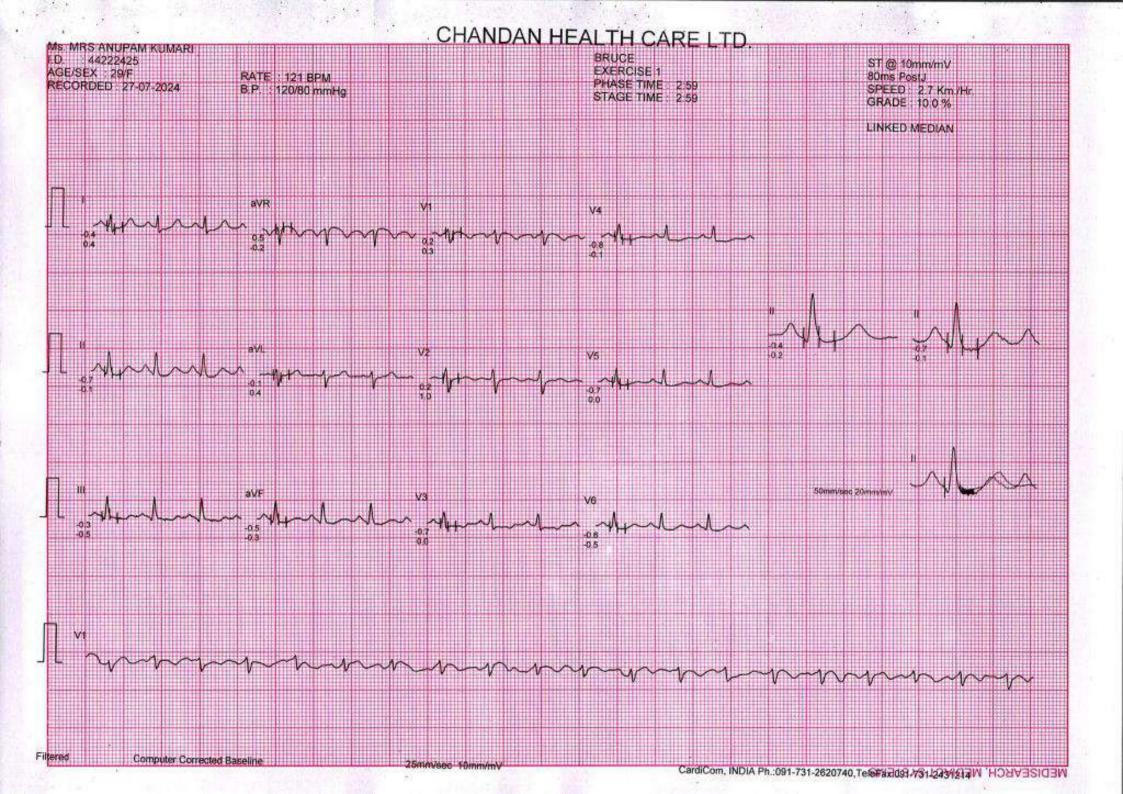
CHANDAN HEALTH CARE LTD. MS: MRS ANUPAM KUMARI BRUCE RECOVERY (EVENT) PHASE TIME: 2:00 I.D. 44222425 AGE/SEX : 29/F RECORDED : 27-07-2024 ST @ 10mm/mV 80ms PostJ RATE : 106 BPM B.P. : 134/80 mmHg SPEED: 0.0 Km./Hr. GRADE: 0.0 % RAWECG aVR CardiCom, INDIA Ph.:091-731-2620740, Te@Fax:091473112491074W HONVESIGEW

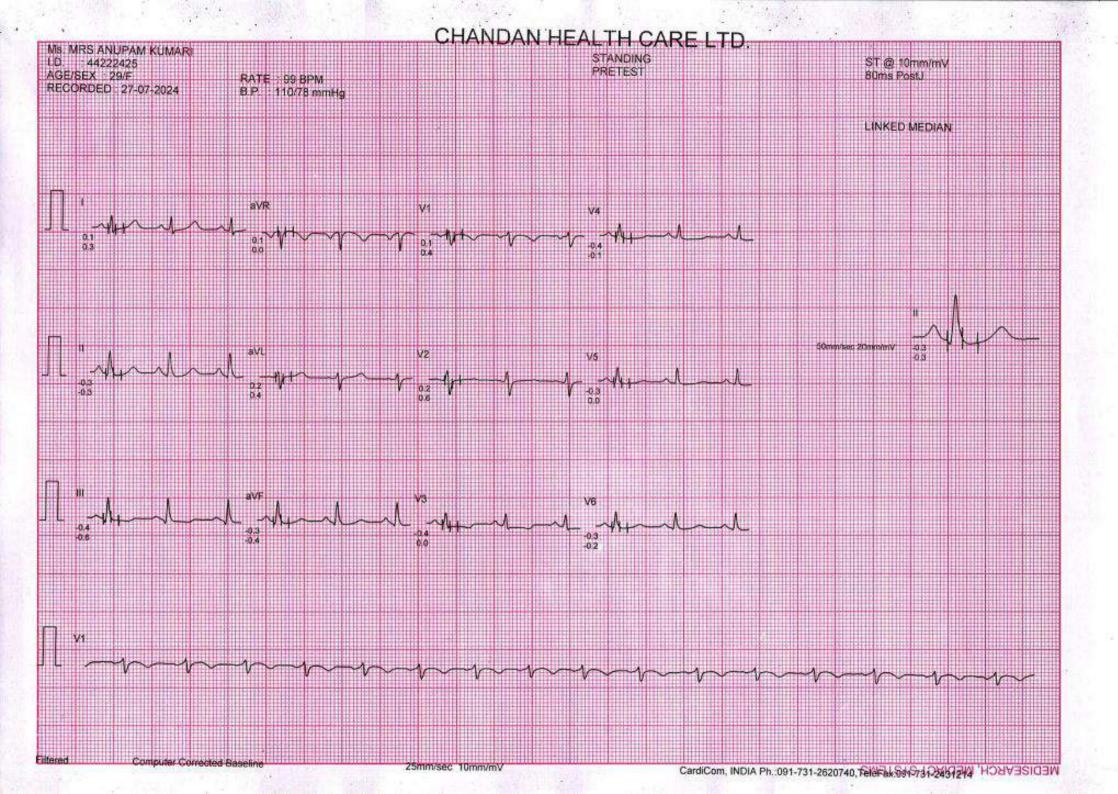
CHANDAN HEALTH CARE LTD. Ms. MRS ANUPAM KUMARI LD. 44222425 AGE/SEX: 29/F RECORDED 27-07-2024 BRUCE RECOVERY (EVENT) PHASE TIME: 0:55 ST @ 10mm/mV 80ms PostJ SPEED: 0.0 Km /Hr GRADE: 0.0 % RATE 97 BPM B.P. 138/80 mmHg RAWECG CardiCom, INDIA Ph.:091-731-2620740, Telephone 1951-281-245127 HOUVESIGEN

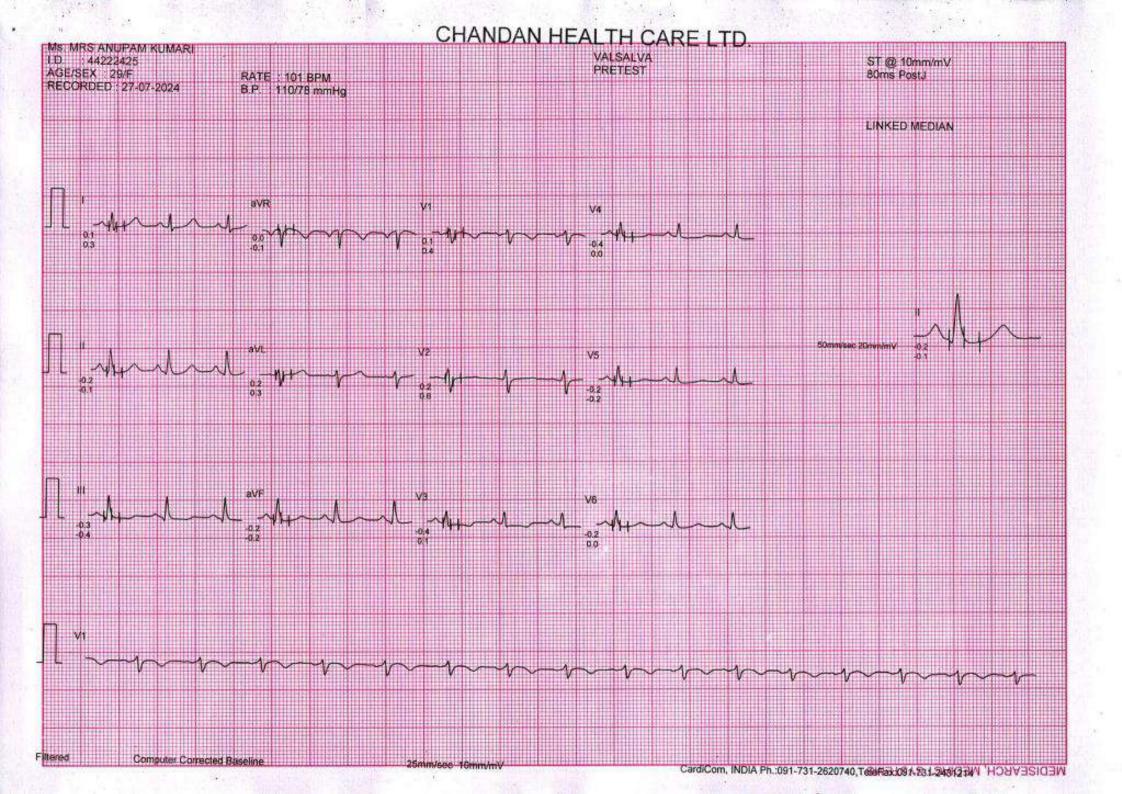


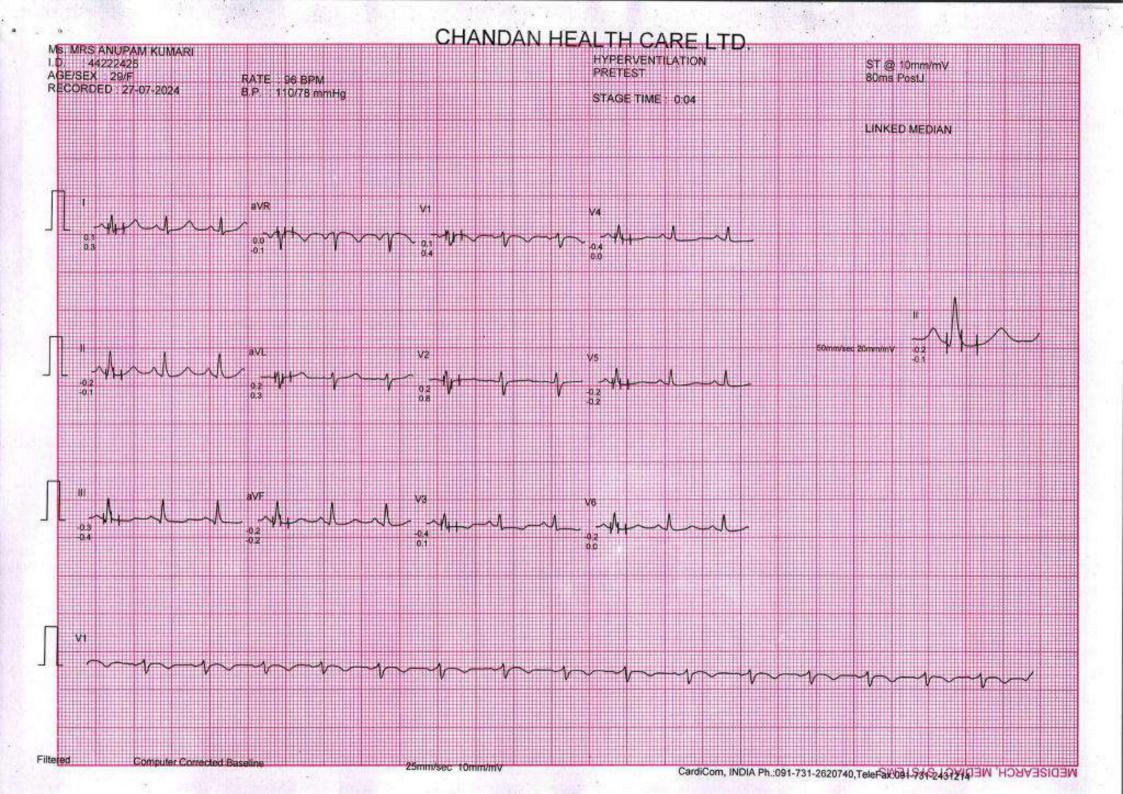












CHANDAN HEALTH CARE LTD. Ms MRS ANUPAM KUMARI I.D. 44222425 AGE/SEX 29/F RECORDED 27-07-2024 SUPINE ST @ 10mm/mV 80ms PostJ PRETEST RATE: 95 BPM B.P. : 110/78 mmHg RAWECG aVR 25mm/sec 10mm/mV CardiCom, INDIA Ph.:091-731-2620740,TaleFaleBy 53424424W 'HO出VESIGEW



भारत सरकार Government of India





अनुपम कुमारी Anupam Kumari जन्म तिथि/DOB: 07/07/1995 महिला/ FEMALE

6829 1924 7038

VID: 9110 7441 8404 6591

मेरा आधार, मेरी पहचान

Issue Date: 20/01/2016

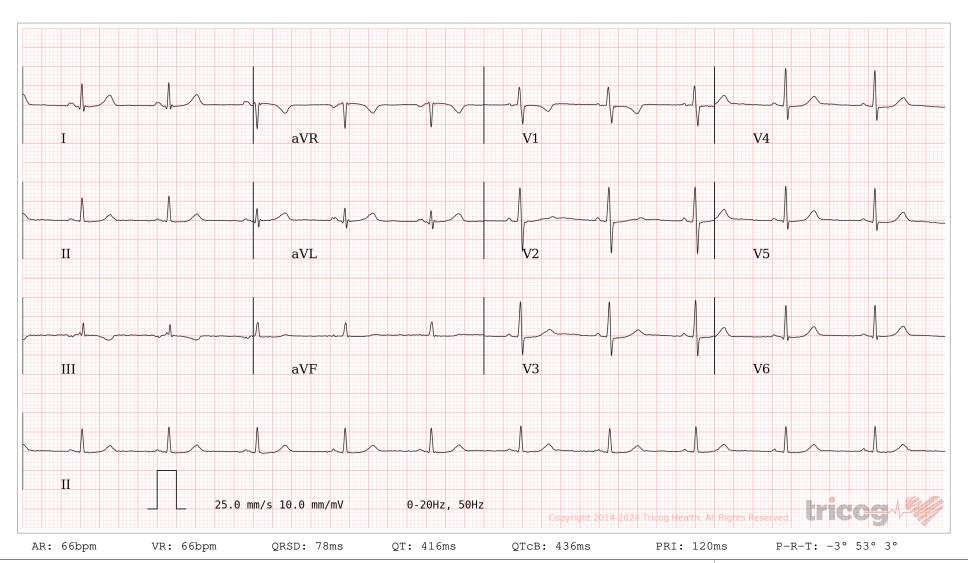
Chandan Diagnostic



Age / Gender: 29/Female Date and Time: 27th Jul 24 9:17 AM

Patient ID: CVAR0044222425

Patient Name: Mrs.ANUPAM KUMARI - 22S30097



ECG Within Normal Limits: Limb Lead Reversal Suspected, Sinus Rhythm.Repeat ECG with the same ID with proper limb leads placement.LA-LL lead reersal. Please correlate clinically.

AUTHORIZED BY

REPORTED BY



Dr. Charit MD, DM: Cardiology



63382

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.





Dear sir,

I am anulam kumaw (wife of M Shankankan Ma) unable to
lavide stool sample as the time for stool Bass in our kindly consider my requestrat to havide stool sample

27.07.2124

Dr. R.C. ROY

MBBS.,MD. (Radio Diagnosis)

Reg. No.-26918

99, Shivaji Nagar, Mahmoorgani Varanasi-221010 (U.P.)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110UP2003PLC193493



Patient Name : Mrs.ANUPAM KUMARI - 22S30097 Registered On : 27/Jul/2024 09:15:30 Age/Gender : 29 Y 0 M 20 D /F Collected : 27/Jul/2024 09:26:58 UHID/MR NO : CVAR.0000053685 Received : 27/Jul/2024 12:03:55 Visit ID : CVAR0044222425 Reported : 27/Jul/2024 13:21:21

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

DEPARTMENT OF HABMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) **, Blood	od			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) ** , Whole B	Blood			
TLC (WBC) DLC Polymorphs (Neutrophils) Lymphocytes Monocytes	6,100.00 51.00 41.00 5.00	g/dl /Cu mm % %	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 4000-10000 40-80 20-40 2-10	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
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 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	4.00	Mm for 1st hr.	< 20	
PCV (HCT)	37.80	%	40-54	
Platelet count		•		
Platelet Count	123	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)	56.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBC Count	14.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.03	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
MCV	93.90	fl	80-100	CALCULATED PARAMETER
MCH	30.30	pg	27-32	CALCULATED PARAMETER
MCHC	32.30	%	30-38	CALCULATED PARAMETER
RDW-CV	15.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,111.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	183.00	/cu mm	40-440	

S.N. Sinla

Dr.S.N. Sinha (MD Path)







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

CIN: U85110UP2003PLC193493



Patient Name : Mrs.ANUPAM KUMARI - 22S30097 : 27/Jul/2024 09:15:31 Registered On Age/Gender : 29 Y 0 M 20 D /F Collected : 27/Jul/2024 09:26:58 UHID/MR NO : CVAR.0000053685 Received : 27/Jul/2024 12:03:55 Visit ID : CVAR0044222425 Reported : 27/Jul/2024 14:02:02 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 82.80 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.

Glucose PP ** 122.00 mg/dl <140 Normal GOD POD Sample:Plasma After Meal 140-199 Pre-diabetes

140-199 Pre-diabetes >200 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









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

CIN: U85110UP2003PLC193493



Patient Name	: Mrs.ANUPAM KUMARI - 22S30097	Registered On	: 27/Jul/2024 09:15:31
Age/Gender	: 29 Y 0 M 20 D /F	Collected	: 27/Jul/2024 09:26:58
UHID/MR NO	: CVAR.0000053685	Received	: 27/Jul/2024 12:03:55
Visit ID	: CVAR0044222425	Reported	: 27/Jul/2024 14:02:02
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	
100t Harrio	1 100011	0	Dioi i ion inicol vai	ivi oti i ou	

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.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

BUN (Blood Urea Nitrogen) **
Sample:Serum

10.20

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:

Page 4 of 12





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

^{*}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.





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Low-protein diet, overhydration, Liver disease.

Oreatinine * *
Sample:Serum

1.00

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

Uric Acid **
Sample:Serum

5.00

mg/dl

2.5-6.0

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 GAMMA GT) **, Serum

SGOT / Aspartate Aminotransferase (AST)	20.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	20.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	21.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.00	gm/dl	6.2-8.0	BIURET
Albumin	4.30	gm/dl	3.4-5.4	B.C.G.
Globulin	2.70	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.59		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	76.70	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) 155.00 mg/dl <200 Desirable CHOD-PAP

200-239 Borderline High

> 240 High









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110UP2003PLC193493



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Uı	nit Bio. Ref. Inter	val Method
HDL Cholesterol (Good Cholesterol)	47.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	76	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optim 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL	31.20	mg/dl	10-33	CALCULATED
Triglycerides	156.00	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-PAP gh

S.N. Sinla

Dr.S.N. Sinha (MD Path)







Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110UP2003PLC193493



Patient Name : Mrs.ANUPAM KUMARI - 22S30097 Registered On : 27/Jul/2024 09:15:31 Age/Gender : 29 Y 0 M 20 D /F Collected : 27/Jul/2024 12:59:37 UHID/MR NO : CVAR.0000053685 Received : 27/Jul/2024 14:03:08 Visit ID : CVAR0044222425 Reported : 27/Jul/2024 15:19:48

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

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

URINE EXAMINATION, ROUTINE	E** , Urine			
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 (+++)	
		J 19 7 2	> 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile P <mark>igments</mark>	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	0-2/h.p.f			MICROSCOPIC
	5 – ,p			EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
, , , , , , , , , , , , , , , , , , , ,	,45			EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE**, Urin	e			
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:







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

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Ref Doctor : Dr.MEDIWHEEL VNS - Status : 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

(++++) > 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. Sinla

Dr.S.N. Sinha (MD Path)







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

CIN: U85110UP2003PLC193493



Patient Name : Mrs.ANUPAM KUMARI - 22S30097 : 27/Jul/2024 09:15:31 Registered On Age/Gender Collected : 29 Y 0 M 20 D /F : 27/Jul/2024 09:26:58 UHID/MR NO : CVAR.0000053685 Received : 27/Jul/2024 12:03:55 Visit ID : CVAR0044222425 Reported : 27/Jul/2024 16:52:10 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	152.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.27	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.600	μIU/mL	0.27 - 5.5	CLIA
		į.		
Interpretation:				
		0.3-4.5 $\mu IU/r$	nL First Trimest	er
		0.5-4.6 μIU/r	nL Second Trim	ester
		0.8-5.2 μIU/r	nL Third Trimes	ster
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/r		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. Sinta

Dr.S.N. Sinha (MD Path)









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

CIN: U85110UP2003PLC193493



Patient Name : Mrs.ANUPAM KUMARI - 22S30097 Registered On : 27/Jul/2024 09:15:32 : 2024-07-27 11:03:35 Age/Gender Collected : 29 Y 0 M 20 D /F UHID/MR NO : CVAR.0000053685 Received : 2024-07-27 11:03:35 Visit ID : CVAR0044222425 Reported : 27/Jul/2024 11:05:41

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)

Page 10 of 12







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

CIN: U85110UP2003PLC193493



Patient Name : Mrs.ANUPAM KUMARI - 22S30097 : 27/Jul/2024 09:15:32 Registered On Age/Gender : 29 Y 0 M 20 D /F Collected : 2024-07-27 09:36:34 UHID/MR NO : CVAR.0000053685 Received : 2024-07-27 09:36:34 Visit ID : CVAR0044222425 Reported : 27/Jul/2024 09:40:29 Ref Doctor : Dr.MEDIWHEEL VNS -

: Final Report Status

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size (14.6 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 (11.1 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (4.0 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 ~ 10.0 x 4.7 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 ~ 10.1 x 4.1 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 (~ 9.0 cm in its long axis) and has a normal homogenous echo-



Home Sample Collection 1800-419-0002



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

CIN: U85110UP2003PLC193493



: 27/Jul/2024 09:15:32 Patient Name : Mrs.ANUPAM KUMARI - 22S30097 Registered On Age/Gender : 29 Y 0 M 20 D /F Collected : 2024-07-27 09:36:34 UHID/MR NO : CVAR.0000053685 Received : 2024-07-27 09:36:34 Visit ID : CVAR0044222425 Reported : 27/Jul/2024 09:40:29 Ref Doctor : Dr.MEDIWHEEL VNS -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 ~ 56 cc.

UTERUS & CERVIX

- The uterus is anteverted and normal in size (~ 66 x 34 x 31 mm / 37 cc) & shape and homogenous myometrial echotexture.
- The endometrial echo is seen in mid line (endometrial thickness ~ 6.2 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, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



Bank

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 *

*Facilities Available at Select Location











Near vision:

MIL

Far vision:

616

Dental check up:

Houmsel

ENT Check up:

Normal

Eye Checkup:

Nonmal

Final impression

Certified that I examined My Anylam Mymary 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.

Client Signature :-

Dr. R.C. ROY

MBBS.,MD. (Radio Diagnosis)

Reg. No.-26918

Signature of Medical Examiner

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

Date .. 2.7.../01... /2024

Place - VARANASI

Chandan Diagnostic Center 99, Shivaji Nagar, Mahmoorganj Varanasi-221010 (U.P.) Phone No.:0542-2223232









Name of Company: Modi w	heil	CB	SUB)
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Name of Executive: Mrs. Anubam Kumwi

Date of Birth: 07 / 07 / 1995

Sex: Mate / Female

Height: ...1.5.8......CMs

Weight: ...6.2...KGs

BMI (Body Mass Index): 24.8

Chest (Expiration / Inspiration) .9.5..../...9.7....CMs

Abdomen: ...OO.......CMs

Blood Pressure: 100 / 60 mm/Hg

Pulse:90......BPM - Regular / Irregular

Mole on Conchead

Any Allergies: No

Vertigo: No

Any Medications: Taking medication for thyroid - I year CTab - THYRONORY

Any Surgical History: Afterdix Post oferated in year 2014

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any:

Lab Investigation Reports:

NO

Eye Check up vision & Color vision: Mormal & Power Colops - year 2012

Left eye: Normal Power Not Confirm by client

