UNITED HOSPITAL
Care Par Excellence

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. UMA B	Order No	: 1000120056
UHID	: UHJA24013010	Registered On	: 09/03/2025 08:14:57 AM
Age/Sex	: 32/Years Female	Collected On	: 09/03/2025 08:34:20 AM
Ward / Bed No	:	Reported On	: 09/03/2025 01:07:56 PM
Reference	: Dr. Ashmitha Padma	Bill No	: OPBJA240018330
Station	: At Hospital	Mobile No	: 7676823452
Payer Name	: Mediwheel	Report Status	: Final Report

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval
FASTING GLUCOSE (Method: Hexokinase)	99	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
POST PRANDIAL GLUCOSE (Method: Hexokinase)	117	mg/dL	70-140
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			Sample: Whole blood (EDTA)
HBAIC (Method: HPLC)	5.2	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	103	mg/dL	
THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)			Sample: Serum
TOTAL T3 (Method:CLIA)	1.10	ng/mL	0.87-1.78
TOTAL T4 (Method:CLIA)	10.60	≈g/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) (Method:CLIA: Ultra-sensitive)	0.47	ı IU/mL	0.34 - 5.60 ı IU/mL (Non Pregnant) 0.3 - 4.5 ı IU/mL (I trimester) 0.5 - 5.2 ı IU/mL (II & III trimester)
LIPID PROFILE			Sample: Serum
TOTAL CHOLESTEROL (Method:CHOD-POD)	166	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
TRIGLYCERIDES (Method:Enzymatic GPO-POD)	102	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
HDL CHOLESTEROL (Method:ENZYMATIC METHOD)	16.0	mg/dL	< 40 - Low ≥ 60 - High

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Test Name	Result	Unit	Bio. Ref. Interval
LDL CHOLESTEROL (Method: Calculated)	129.60	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	20.40	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	10.38		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	8.10		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	150.00	mg/dL	< 130
URIC ACID (Method:Uricase - POD(Enzymatic))	6.4	mg/dL	2.6-6.0
BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic)	7	mg/dL	7.93-20.07
CREATININE (Method:Modified Jaffe, Kinetic)	0.74	mg/dL	0.6-1.1

LIVER FUNCTION TEST

Sample: Serum

Test Name	Result	Unit	Bio. Ref. Interval
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.36	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.06	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.30	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	7.3	g/dL	6.6-8.3
ALBUMIN (Method:BCG)	4.07	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	3.23	g/dL	2.3-3.5

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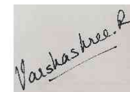
Test Name	Result	Unit	Bio. Ref. Interval
AG RATIO (Method: Calculated)	1.26		2:1
SERUM SGOT (Method:IFCC without P5P)	19	U/L	< 35
SERUM SGPT (Method:IFCC without P5P)	19	U/L	< 35
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	93	U/L	46-122
GGT (Method:IFCC)	53	U/L	< 38



Dr. Varsha Shree R
M.D(Pathology)
CONSULTANT PATHOLOGIST
KMC No : 103567

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HAEMATOLOGY

COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

Test Name	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	10.80	g/dL	12-16
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	32.8	%	37-47
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	8000	Cells/Cum	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Optical/Impedance)	62.60	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	27.13	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	1.80	%	0-6
MONOCYTES (Method:Optical/Impedance)	8.12	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.35	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	4.15	million/cum	4.0-5.2
MCV (Method:Derived from RBC Histogram)	79.0	fL	78-100
MCH (Method: Calculated)	26.0	pg	27-31
MCHC (Method: Calculated)	32.9	g/dL	31-37
RDW - CV (Method: Calculated)	15.7	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	3.26	Lakhs/Cum	1.5-4.5

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Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	8.42	fl	7-11
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	22.5	fl	9-19
ABSOLUTE NEUTROPHIL COUNT (ANC) (Method: Calculated)	5010	Cells/Cum	1500-7500
ABSOLUTE EOSINOPHIL COUNT (AEC) (Method: Calculated)	140	Cells/Cum	40-440
ABSOLUTE LYMPHOCYTE COUNT (ALC) (Method: Calculated)	2170	Cells/Cum	1000-4000
ABSOLUTE MONOCYTE COUNT (AMC) (Method: Calculated)	650	Cells/Cum	200-1000
ABSOLUTE BASOPHIL COUNT (ABC) (Method: Calculated)	30	Cells/Cum	20-100
ERYTHROCYTE SEDIMENTATION RATE(ESR) (Method:Modified Westergren Method)	70	mm/hour	1-20

BLOOD GROUPING & RH TYPING

Sample: Whole blood (EDTA)

Test Name	Result
ABO Group (Method:Agglutination Method)	O
Rh Factor (Method:Agglutination Method)	Positive

Interpretation Notes

Note: Both forward and reverse grouping performed

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CLINICAL PATHOLOGY

URINE EXAMINATION, ROUTINE — Sample: Urine

Test Name	Result	Unit	Bio. Ref. Interval
PHYSICAL EXAMINATION			
VOLUME	25	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	5.0		5.0-8.0
SPECIFIC GRAVITY	1.005		1.005-1.030
CHEMICAL EXAMINATION			
PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative
MICROSCOPIC EXAMINATION			

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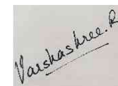
Test Name	Result	Unit	Bio. Ref. Interval
EPITHELIAL CELLS	2-4	/HPF	0-5
PUS CELLS	0-2	/HPF	0-5
RBCs	0-2	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		
URINE SUGAR, FASTING (Method:GOD-POD)	Absent		
URINE SUGAR (POST PRANDIAL)	Absent		

Verified By
Sridhar Kandukuri

---End of Report---



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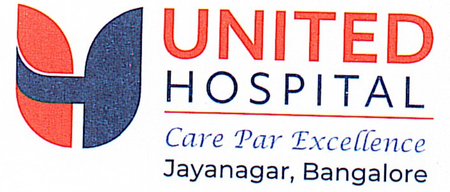

Jayanagar, Bangalore

NABH No.1

Out Patient Record

Patient Name	**: Mrs.UMA B**	**UHID**	**: UHJA24013010**
Age / Sex	: 32 Years / Female	OP NO/Reg Dt	: 09-03-2025 08:14 AM
Spouse / Father Name	: AJAY S R	Department	:
Address	: ., , Bengaluru Urban, Karnataka, INDIA,	Refered By	:
		Consultant	: Dr.Ashmitha Padma MBBS, MD (GENERAL MEDICINE), PGDCC,FEM
		KMC No.	: 02M1087

Complaints / Findings / Observations :

HT - 157 cm
Wt - 66.4 kg
SpO2 - 98 %
PR - 84 / b/m
BP - 100/80 mmHg

Investigations:

Treatment / Care of Plan / Provisional Diagnosis :

Follow Up Advice :

Signature of the Doctor

NABH

No.1

UNITED HOSPITAL
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Jayanagar, Bangalore

PATIENT NAME:	**Mrs. UMA B**	**DATE:**	**09/03/25**
AGE :	**32 Years Sex: FEMALE**	**UHID :**	**24013010**
REF BY :	**CMO**	**OP/IP :**	**HEALTH CHECK**

2D- ECHOCARDIOGRAPHY

M – MODE AND DOPPLER MEASUREMENTS

(c.m)	(c.m)	(cm/sec)		
AO : 2.7 (2.5-3.7)	LVIDD : 4.0 (3.5-5.5)	MV EV : 104	AV : 67.9	MR : NORMAL
LA : 3.2 (1.9-4.0)	LVIDS : 2.5 (2.4-4.2)	AV : 117		AR : NORMAL
RA : 2.5 (<4.4)	IVSD : 1.0 (0.6-1.1)	PV : 65.5		PR : NORMAL
RV : 1.5 (<3.5)	IVSS : 1.1 (0.9-1.2)	TV EV : ---	AV : ---	TR : TRIVIAL TR, PASP-30mmHg
TAPSE: 2.0 (>1.6)	LVPWD : 0.9 (0.6-1.1)	Diastolic Function : NO LVDD		
	LVPWS : 1.1 (0.9-1.2)			
	EF : 60%			

DESCRIPTIVE FINDINGS

Left Ventricle	: NORMAL
Right Ventricle	: NORMAL
Left Atrium	: NORMAL
Right Atrium	: NORMAL
Wall motion analysis:	NO RWMA
Mitral Valve	: NORMAL
Aortic Valve	:NORMAL
Tricuspid Valve	: NORMAL
Pulmonary Valve	: NORMAL
IAS	: INTACT
IVS	: INTACT
Pericardium	: NORMAL
Other Findings	: IVC NORMAL

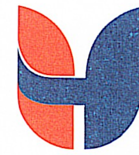
IMPRESSION :

NORMAL CHAMBER DIMENSIONS
NORMAL LV SYSTOLIC FUNCTION EF : 60%
NORMAL LV DIASTOLIC FUNCTION
NO PULMONARY ARTERY HYPERTENSION
NO REGIONAL WALL MOTION ABNORMALITIES
NO CLOTS/ PERICARDIAL EFFUSION /VEGETATION

DR.RAHUL PATIL
CONSULTANT CARDIOLOGIST

NABH

No.1



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Jayanagar, Bangalore

DEPARTMENT OF RADIODIAGNOSIS

Name	Uma B	**Date**	09/03/25
Age	32 years	**Hospital ID**	UHJA24013010
Sex	Female	**Ref.**	Health check

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in caliber. **CBD** is not dilated.

Gall bladder is minimally distended. No obvious normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (10.0 x 3.6 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.
Left Kidney is normal in size (10.7 x 4.1 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum- Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

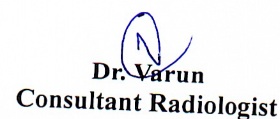
Urinary Bladder is normal in contour and wall thickness. No evidence of calculi.

Uterus is anteverted and normal in size. Endometrium measures 5 mm. ***There is a posterior wall small fibroid measuring 7 mm.***
Right ovary is normal in size and echopattern.
Left ovary is normal in size and echopattern.
Both adnexa: Normal. No mass is seen.

There is no ascites.

IMPRESSION:

- **Small uterine fibroid.**
- **No other definite sonological abnormality detected.**



Dr. Varun
Consultant Radiologist

NABH

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DEPARTMENT OF RADIODIAGNOSIS

Name	Uma B	Date	09/03/25
Age	32 years	Hospital ID	UHJA24013010
Sex	Female	Ref.	Health check

RADIOGRAPH OF THE CHEST (PA – VIEW)

FINDINGS:

Bilateral lung fields are normal.

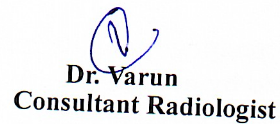
Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

IMPRESSION:

- **No radiographic abnormality.**



Dr. Varun
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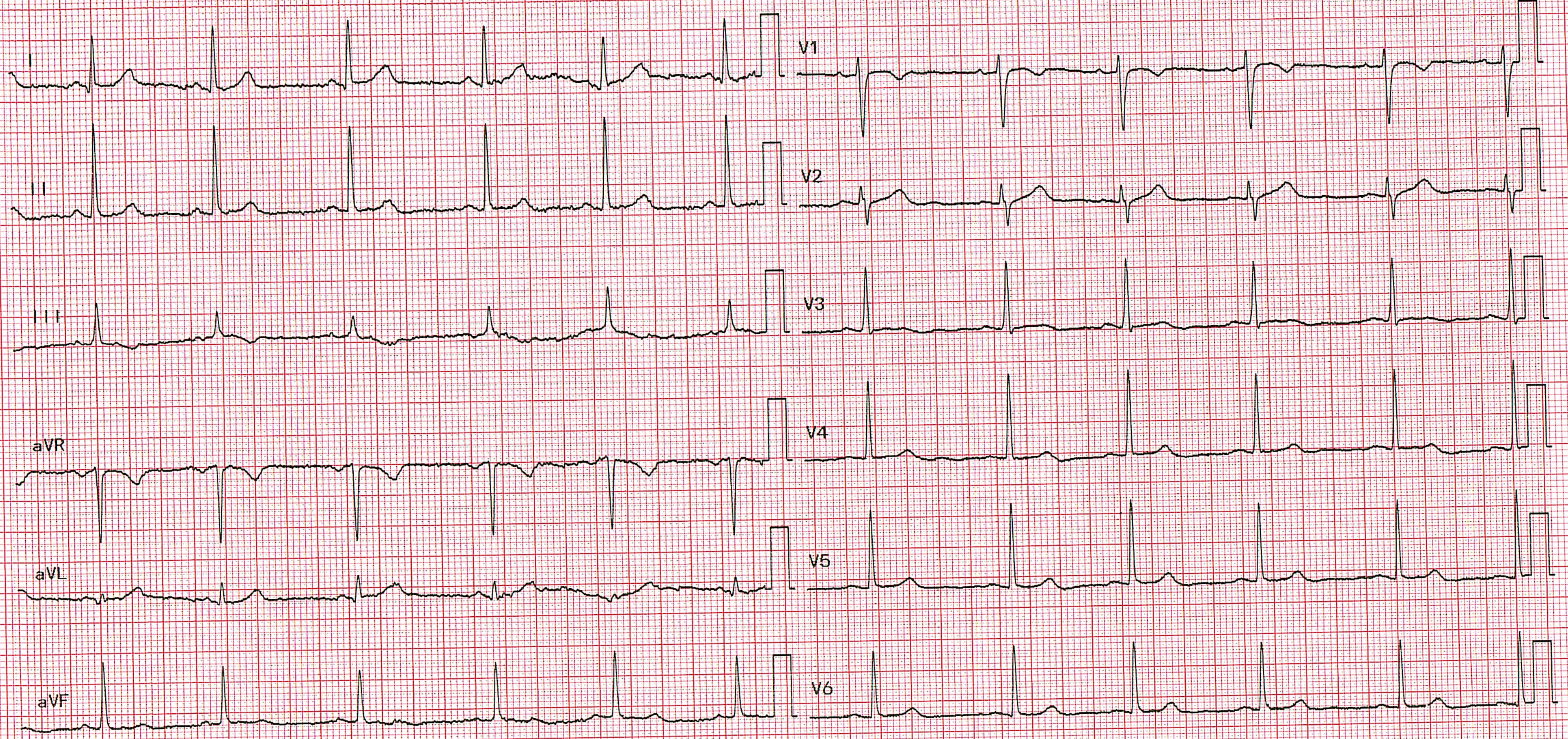

ID:24013010
Part No.2.157017M
9-Mar-2025 AM9:27:45
Name:mrs uma
lex:F
Birth date:
32 years
cm
kg
/
mmHg
ledication:
lymptoms:
listory:
lent. rate 71 bpm
IR int 132 ms
IRS dur 78 ms
IT/QTc(E) int 340/ 363 ms
I/QRS/T axis 30/ 53/ 10 °
IV5/SV1 amp 1.47/ 1.03 mV
IV5+SV1 amp 2.50 mV
1100 Sinus rhythm
4068 Nonspecific Twave abnormality [flat T or negative T (aVF, V3, V4)]
9130 ** borderline ECG **
Unconfirmed Report
Reviewed by:
10 mm/mV 25 mm/s Filter: H50 D 35 Hz
10 mm/mV
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
2350K 03-08 07-01 Dept.:
Exam:UNITED HOSPITAL