Reg No

Episode No

Age[year(s)] / Sex Referred By

Specimen Type : Serum

Ghaziabad 201002 : 37 Yr(s) Ph. + 120 353 5353, M. 88609 45566 www.manipalhospitals.com : Dr. Mayank Arora

ai Lanucrait Gominks,

ABORATORY REPORT

TEST RESULT UNITS REFERENCE

Collection Date/ Time: 23/09/2023 20:41

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA) 0.83 ng/ml [0.80 - 2.04]T4 - Thyroxine (ECLIA) µg/dl [5.50-11.00] 7.76 Thyroid Stimulating Hormone (ECLIA) 2.200 μIU/mL [0.340-4.250]

1st Trimester: 0.6 - 3.4 micIU/mL 2nd Trimester: 0.37 - 3.6 micIU/mL 3rd Trimester:0.38 - 4.04 micIU/mL

Note: TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm. Factors such as change of seasons hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness affect TSH results.

- * References ranges recommended by the American Thyroid Association
 - 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
 - 2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

Collection Date/ Time: 23/09/2023 11:12

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

A Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Collection Date/ Time: 23/09/2023 13:35

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

PALE YELLOW (Pale Yellow - Yellow) Colour SLIGHTLY TURBID

Appearance (4.6 - 8.0)Reaction[pH] 5.0 (1.003-1.035)Specific Gravity 1.005

CHEMICAL EXAMINATION

Protein/Albumin (NEGATIVE) NIL (NIL) Glucose Negative (NEGATIVE) Ketone Bodies (NORMAL) Urobilinogen Normal

MICROSCOPIC EXAMINATION (Automated/Manual)

(0-5/hpf)Pus Cells 8-10 /hpf 1-2 /hpf (0-2/hpf)RBC Epithelial Cells 6-8 /hpf

CASTS NIL Crystals NIL Bacteria NIL OTHERS NIL

intanipainosoita **Episode No**

Age[year(s)] / Sex Referred By

יון בין פין זו / כ: real Landerall Guillinks, Ghaziabad - 201002 : Dr. Mayank Arora

Ph. +91 120 353 5353, M. 88609 45566

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TEST

RESUL

REFERENCE

Collection Date/ Time: 23/09/2023 11:12

Glycosylated Hemoglobin

Specimen: EDTA

HbAlc (Glycosylated Hemoglobin)

Method: HPLC

5.3

[0.0-5.6]

As per American Diabetes Association (ADA) HbAlc in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG) 105

Comments: HbAlc provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.





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Name

MRS JYOTI

Age

.37 Yr(s) Sex :Female

Registration No

MH011329958

Lab No

202309005127

Patient Episode

H18000001207

Collection Date:

23 Sep 2023 11:12

Referred By

: HEALTH CHECK MGD

Reporting Date:

23 Sep 2023 15:07

BIOLOGICAL REFERENCE INTERVA

Receiving Date

TEST

: 23 Sep 2023 11:12

HAEMATOLOGY

UNIT

RESULT

COMPLETE BLOOD COUNT (AUTOMATED)	e .	SPECIMEN-EDTA Whole B	Lood	
RBC COUNT (IMPEDENCE)	4.58	millions/cumm	[3.80-4.80]	
HEMOGLOBIN	11.8 #	g/dl	[12.0-15.0]	
Method:cyanide free SLS-colorime	try			
HEMATOCRIT (CALCULATED)	38.3	90	[36.0-46.0]	
MCV (DERIVED)	83.6	fL	[83.0-101.0]	
MCH (CALCULATED)	25.8	pg	[25.0-32.0]	
MCHC (CALCULATED)	30.8 #	g/dl	[31.5-34.5]	
RDW CV% (DERIVED)	14.2 #	8	[11.6-14.0]	
Platelet count	185	x 10³ cells/cumm	[150-410]	
Method: Electrical Impedance				
MPV (DERIVED)	13.3			
WBC COUNT (TC) (IMPEDENCE)	5.57	x 10 ³ cells/cumm	[4.00-10.00]	
DIFFERENTIAL COUNT				
(VCS TECHNOLOGY/MICROSCOPY)				
Neutrophils	56.0	90	[40.0-80.0]	
Lymphocytes	35.0	90	[20.0-40.0]	
Monocytes	5.0·	90	[2.0-10.0]	
Eosinophils	4.0	96	[1.0-6.0]	
Basophils	0.0	96	[0.0-2.0]	
ESR	50.0 #	mm/1sthour	[0.	

Page 1 of 7

Name : MRS JYOTI

MH011329958

Patient Episode H18000001207

Referred By HEALTH CHECK MGD

Receiving Date 23 Sep 2023 11:12 Age

37 Yr(s) Sex: Female.

Lab No 202309005127

Collection Date:

23 Sep 2023 11:12

Reporting Date:

23 Sep 2023 15:45

BIOCHEMISTRY

TEST

Registration No

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

rum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase, esterase, peroxide	204 #	mg/dl	[<200] Moderate risk:200-239
TRIGLYCERIDES (GPO/POD)	102	mg/dl	High risk:>240 [<150] Borderline high:151-199 High: 200 - 499
HDL- CHOLESTEROL Method: Enzymatic Immunoimhibition	42.0	mg/dl	Very high:>500 [35.0-65.0]
VLDL- CHOLESTEROL (Calculated) CHOLESTEROL, LDL, CALCULATED	20 142.0 #	mg/dl mg/dl	[0-35] [<120.0]
Above optimal-100-129			Near/
T.Chol/HDL.Chol ratio(Calculated)	4.9		Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.4		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Α

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening too for abnormalities in lipids, the results of this tests can identify certain genetic diseas and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

: MRS JYOTI

Age

37 Yr(s) Sex: Female

Registration No

MH011329958

Lab No

202309005127

Patient Episode

H18000001207

Collection Date:

23 Sep 2023 11:12

Referred By

Receiving Date

HEALTH CHECK MGD 23 Sep 2023 11:12

Reporting Date:

23 Sep 2023 15:44

BIOCHEMISTRY

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RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

KIDNEY PROFILE			
Specimen: Serum			
UREA	18.8	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			•
BUN, BLOOD UREA NITROGEN	8.8	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.49 #	mg/dl	[0.70-1.20]
URIC ACID	3.5 #	mq/dl	th a a ra
Method:uricase PAP	W	mg/crr	[4.0-8.5]
SODIUM, SERUM	136.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.60	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.6	mmol/L	[101.0-111.0]
'ethod: ISE Indirect			[101.0 111.0]
eGFR (calculated)	124.9	ml/min/1.73sq.m	[>60.0]
Technical Note			

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolys Icterus / Lipemia.

Name : MRS JYOTI Age : 37 Yr(s) Sex :Female

Referred By : HEALTH CHECK MGD Reporting Date : 23 Sep 2023 15:45

Receiving Date : 23 Sep 2023 11:12

BIOCHEMISTRY

TEST	RESULT	UNIT BIOLO	OGICAL REFERENCE INTERVA
IVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.59	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.48	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.00	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.50	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.80		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	14.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	12.60 #	υ/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	154.0 #	IU/L	[40.0-98.0]
GGT	48.0	U/L	[7.0-50.0]

Page 4 of 7

: MRS JYOTI

Age

37 Yr(s) Sex :Female

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23 Sep 2023 11:12

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23 Sep 2023 15:45

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: 23 Sep 2023 11:12

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic auses of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Page 5 of 7

Dr. Alka Dixit Vats Consultant Pathologist

: MRS JYOTI

Age

: 37 Yr(s) Sex :Female

Registration No

: MH011329958

Lab No

202309005128

Patient Episode

: H18000001207

Collection Date:

23 Sep 2023 11:12

Referred By

: HEALTH CHECK MGD

Reporting Date:

23 Sep 2023 15:45

Receiving Date

23 Sep 2023 11:12

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

72.0

mg/dl

[70.0-110.0]

Method: Hexokinase

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).

Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocorti insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.ġ.galactosemia), orugs-

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 6 of 7

-----END OF REPORT------

Dr. Alka Dixit Vats Consultant Pathologist

: MRS JYOTI

Age

: 37 Yr(s) Sex :Female

Registration No

: MH011329958

Lab No

202309005129

Patient Episode

: H18000001207

Collection Date:

23 Sep 2023 15:17

Referred By

: HEALTH CHECK MGD

Reporting Date:

23 Sep 2023 17:14

Receiving Date

: 23 Sep 2023 15:17

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

157.0 #

mg/dl

[80.0-140.0]

Page 7 of 7

Method: Hexokinase

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

----END OF REPORT----

Dr. Alka Dixit Vats Consultant Pathologist



RADIOLOGY REPORT

NAME	MRS JYOTI	STUDY DATE	23/09/2023 1:24PM
AGE / SEX	37 y / F	HOSPITAL NO.	MH011329958
ACCESSION NO.	R6146407	MODALITY	CR
REPORTED ON	23/09/2023 3:43PM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS: LUNGS: Normal. TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER: Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK: Normal.

IMPRESSION:

-No significant abnormality seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

NAME	MRS JYOTI	STUDY DATE	23/09/2023 12:29PM
AGE / SEX	37 y / F	HOSPITAL NO.	MH011329958
ACCESSION NO.	R6146408	MODALITY	US
REPORTED ON	23/09/2023 1:00PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 141 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 116 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.4 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.4 mm.

IVC, HEPATIC VEINS: Normal. BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is

maintained. Rest normal.

Right Kidney: measures 98 x 36 mm. Left Kidney: measures 100 x 37 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged. FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest

normal.

UTERUS: Uterus is anteverted, normal in size (measures $62 \times 17 \times 34$ mm), shape and echotexture. Endometrial thickness measures 4 mm. A 2.6×3.8 mm nabothian cyst is seen cervix, rest normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 33 x 28 x 16 mm with volume 7.9 cc. Left ovary measures 35 x 33 x 17 mm with volume 10.2 cc.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

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MAC55 009C		s + 1 rhythm ld	4 by 2.5s		10.0 mm/mV	25.0 mm/s 10.0	VI' 20 Hz
	V6		V 3		aVF		
	VI5		V2				
	V4				AVK.		
	Unconfirmed		Referred by: hcp	Refer		Technician: Test ind:	
			Normal sinus rhythm Normal ECG		Vent. rate 79 bpm PR interval 142 ms QRS duration 78 ms QT/QTc 350/401 ms P-R-T axes 49 80 34	Ven Asian PR QRS QT/ P-R	37years Female