NAME	**Priya KUMARI**	STUDY DATE	**04-01-2023 11:00:47**
AGE / SEX	**031Yrs / F**	HOSPITAL NO.	**MH010690503**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**CR /Xray chest PA (CXR)**
REPORTED ON	**04-01-2023 16:12:52**	REFERRED BY	**Dr. Health Check MHD**

X-RAY CHEST - PA VIEW

Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically

Dr. Roly Srivastava MBBS ,DNB
DMC No. 45626

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NAME	**Priya KUMARI**	STUDY DATE	**04-01-2023 11:00:47**
AGE / SEX	**031Yrs / F**	HOSPITAL NO.	**MH010690503**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**CR /Xray chest PA (CXR)**
REPORTED ON	**04-01-2023 16:12:52**	REFERRED BY	**Dr. Health Check MHD**

Consultant Radiologist

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10690503 MRS.PRIYA 1/4/2023 10:16:55 AM

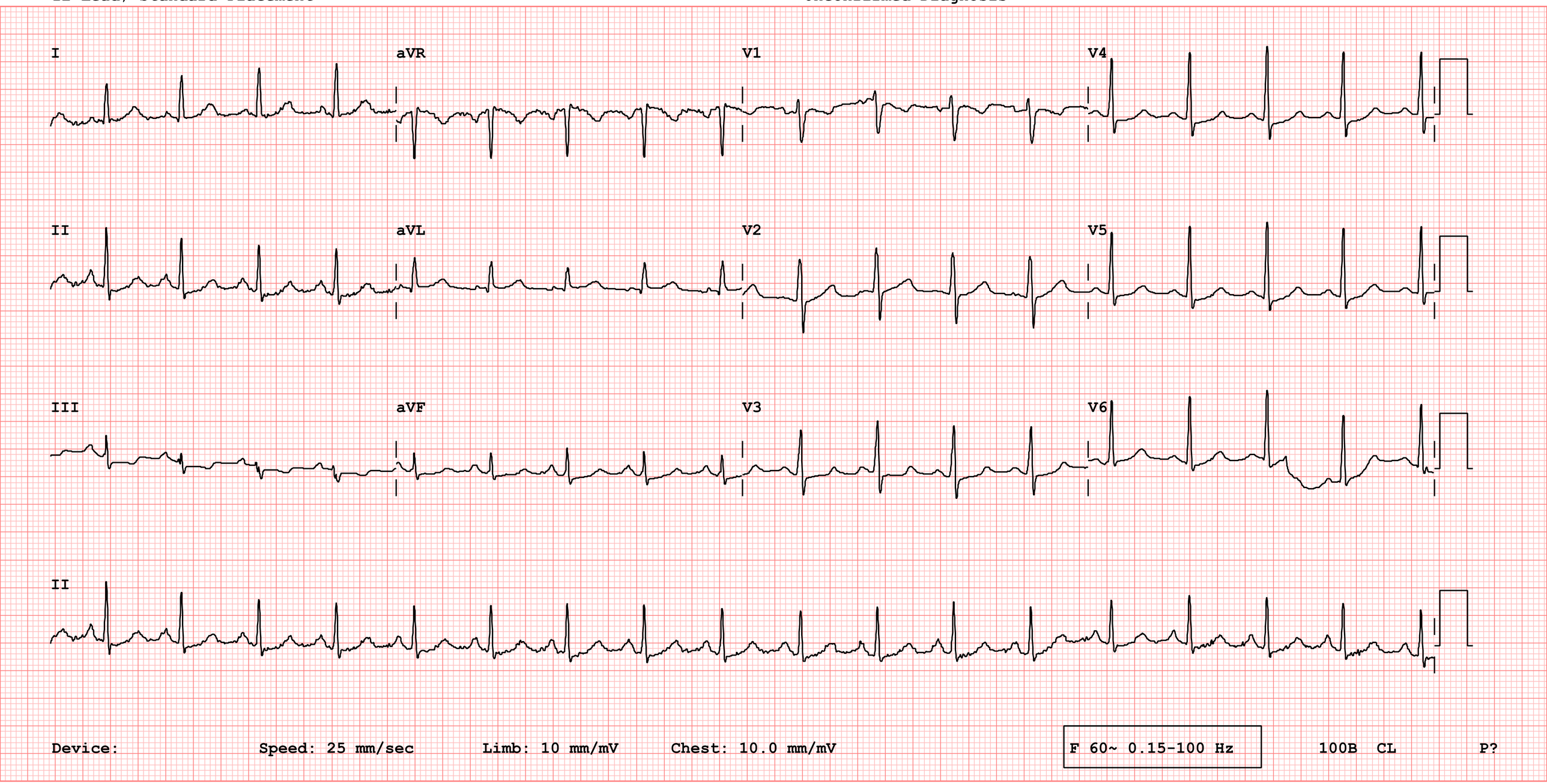
31 Years Female

Rate	107	. Sinus tachycardia.....rate> 99
		. Minimal ST depression, inferior leads.....ST <-0.04mV, II III aVF
PR	130	. Baseline wander in lead(s) V1
QRSD	81	
QT	328	
QTc	438	
--AXIS--		
P	60	
QRS	15	
T	7	

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz 100B CL P?

NAME	**Priya KUMARI**	STUDY DATE	**04-01-2023 14:43:53**
AGE / SEX	**031Yrs / F**	HOSPITAL NO.	**MH010690503**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**US /Echo-Cardiogram**
REPORTED ON	**05-01-2023 10:33:31**	REFERRED BY	**Dr. Health Check MHD**

2D ECHOCARDIOGRAPHY REPORT

Findings:

	End diastole	End systole
IVS thickness (cm)	**0.8**	**1.2**
Left Ventricular Dimension (cm)	**4.0**	**2.7**
Left Ventricular Posterior Wall thickness (cm)	**0.8**	**1.1**

Aortic Root Diameter (cm)	**2.4**
Left Atrial Dimension (cm)	**2.8**
Left Ventricular Ejection Fraction (%)	**60 %**

LEFT VENTRICLE : Normal in size. No RWMA. LVEF=60 %

RIGHT VENTRICLE : Normal in size. Normal RV function.

LEFT ATRIUM : Normal in size

RIGHT ATRIUM : Normal in size

MITRAL VALVE : Trace MR

AORTIC VALVE : Normal

TRICUSPID VALVE : Trace TR, PASP~ normal

PULMONARY VALVE : Normal

MAIN PULMONARY ARTERY & ITS BRANCHES : Appears normal.

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NAME	**Priya KUMARI**	STUDY DATE	**04-01-2023 14:43:53**
AGE / SEX	**031Yrs / F**	HOSPITAL NO.	**MH010690503**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**US /Echo-Cardiogram**
REPORTED ON	**05-01-2023 10:33:31**	REFERRED BY	**Dr. Health Check MHD**

INTERATRIAL SEPTUM : Intact.

INTERVENTRICULAR SEPTUM : Intact.

PERICARDIUM : No pericardial effusion or thickening

DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E=82 A=60 E' =	-	-	Trace	Nil
AORTIC	-	-	-	Nil	Nil
TRICUSPID	-	N	N	Trace	Nil
PULMONARY	N	N	N	Nil	Nil

SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF = 60 %
- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Trace MR
- Trace TR, PASP~ normal
- Normal mitral inflow pattern.
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

Please correlate clinically.

DR. SAMANJOY MUKHERJEE

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NAME	**Priya KUMARI**	STUDY DATE	**04-01-2023 14:43:53**
AGE / SEX	**031Yrs / F**	HOSPITAL NO.	**MH010690503**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**US /Echo-Cardiogram**
REPORTED ON	**05-01-2023 10:33:31**	REFERRED BY	**Dr. Health Check MHD**

MD, DM
CONSULTANT CARDIOLOGIST

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Name	:	MRS PRIYA KUMARI	**Age**	:	31 Yr(s) Sex :Female
Registration No	:	MH010690503	**Lab No**	:	32230101064
Patient Episode	:	H03000051263	**Collection Date :**		04 Jan 2023 09:56
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		04 Jan 2023 12:30
Receiving Date	:	04 Jan 2023 10:25			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	191	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	125	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	58	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	25	mg/dl	[10-40]
LDL- CHOLESTEROL	**108 #**	**mg/dl**	**[<100]** Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	3.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.9		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

Name	:	MRS PRIYA KUMARI	**Age**	:	31 Yr(s) Sex :Female
Registration No	:	MH010690503	**Lab No**	:	32230101064
Patient Episode	:	H03000051263	**Collection Date :**		04 Jan 2023 09:56
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		04 Jan 2023 12:30
Receiving Date	:	04 Jan 2023 10:25			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.58	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.16	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.42	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	26.60	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	26.20	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	**174 #**	**IU/L**	**[37-98]**
TOTAL PROTEIN (mod.Biuret)	**8.6 #**	**g/dl**	**[6.0-8.2]**
SERUM ALBUMIN (BCG-dye)	5.0	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	**3.6 #**	**g/dl**	**[1.8-3.4]**
ALB/GLOB (A/G) Ratio	1.39		[1.10-1.80]

Note:
**NEW BORN:Vary according to age (days), body wt & gestation of baby
*New born: 4 times the adult value

Name	:	MRS PRIYA KUMARI	**Age**	:	31 Yr(s) Sex :Female
Registration No	:	MH010690503	**Lab No**	:	32230101064
Patient Episode	:	H03000051263	**Collection Date :**		04 Jan 2023 09:56
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		04 Jan 2023 12:29
Receiving Date	:	04 Jan 2023 10:25			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	10.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.82	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	5.8	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.0	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	2.7	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	137.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.56	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	98.9	mmol/l	[95.0-105.0]
eGFR	95.7	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 to1.73 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 Hemolysis / Icterus / Lipemia.

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	:	MRS PRIYA KUMARI	**Age**	:	31 Yr(s) Sex :Female
Registration No	:	MH010690503	**Lab No**	:	32230101065
Patient Episode	:	H03000051263	**Collection Date :**		04 Jan 2023 13:58
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		04 Jan 2023 15:27
Receiving Date	:	04 Jan 2023 14:49			

BIOCHEMISTRY

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase)	116	mg/dl	[70-140]

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

Plasma GLUCOSE-Fasting (Hexokinase)	**102 #**	**mg/dl**	**[70-100]**

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	:	MRS PRIYA KUMARI	**Age**	:	31 Yr(s) Sex :Female
Registration No	:	MH010690503	**Lab No**	:	33230100751
Patient Episode	:	H03000051263	**Collection Date :**		04 Jan 2023 09:57
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		04 Jan 2023 12:00
Receiving Date	:	04 Jan 2023 10:19			

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR **27.0 #** **/1sthour** **[0.0-20.0]**

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	**16010 #**	**/cu.mm**	**[4000-10000]**
RBC Count (Impedence)	4.40	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	12.0	g/dL	[12.0-15.0]
Haematocrit (PCV)	40.3	%	[36.0-46.0]
(RBC Pulse Height Detector Method)			
MCV (Calculated)	91.6	fL	[83.0-101.0]
MCH (Calculated)	27.3	pg	[25.0-32.0]
MCHC (Calculated)	**29.8 #**	**g/dL**	**[31.5-34.5]**
Platelet Count (Impedence)	266000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	**14.4 #**	**%**	**[11.6-14.0]**
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	75.2	%	[40.0-80.0]

Name	:	MRS PRIYA KUMARI	**Age**	:	31 Yr(s) Sex :Female
Registration No	:	MH010690503	**Lab No**	:	33230100751
Patient Episode	:	H03000051263	**Collection Date :**		04 Jan 2023 09:57
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		04 Jan 2023 10:51
Receiving Date	:	04 Jan 2023 10:19			

HAEMATOLOGY

Lymphocytes (Flowcytometry)	**15.3 #**	**%**	**[20.0-40.0]**
Monocytes (Flowcytometry)	9.1	%	[2.0-10.0]
Eosinophils (Flowcytometry)	**0.2 #**	**%**	**[1.0-6.0]**
Basophils (Flowcytometry)	**0.2 #**	**%**	**[1.0-2.0]**
IG	0.10	%	

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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

Dr. Lona Mohapatra
CONSULTANT PATHOLOGY

Name	:	MRS PRIYA KUMARI	**Age**	:	31 Yr(s) Sex :Female
Registration No	:	MH010690503	**Lab No**	:	35230100407
Patient Episode	:	H03000051263	**Collection Date :**		04 Jan 2023 10:13
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		04 Jan 2023 12:25
Receiving Date	:	04 Jan 2023 10:47			

MICROBIOLOGY

VDRL TEST/RPR	Specimen-Serum
Result	Non-reactive
Method :	Slide Flocculation

Technical Note:

This is a screening test for syphillis and is also used to monitor the course of disease after therapy.This test detects the prescence of antibodies to lipoprotein material from damaged cells and cardiolipin from Treponemes. False positive reactions(titre<1:8) may occur in viral infections,connective tissue disorders and pregnancy.

Reference:Clinical diagnosis and management by laboratory methods.Henry J.B.20Edn.2001 pg1133.

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

DR SANGEETA JOSHI
Consultant Microbiologist

Name	:	MRS PRIYA KUMARI	**Age**	:	31 Yr(s) Sex :Female
Registration No	:	MH010690503	**Lab No**	:	38230100198
Patient Episode	:	H03000051263	**Collection Date :**		04 Jan 2023 09:56
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		04 Jan 2023 15:09
Receiving Date	:	04 Jan 2023 12:43			

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	**TURBID**	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	5.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.025	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	**PRESENT TRACE**	**(NEGATIVE-TRACE)**
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflactance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite Reflactance photometry/Griess test	NEGATIVE	NEGATIVE
Leukocytes Reflactance photometry/Action of Esterase	**++**	**NEGATIVE**
BLOOD (Reflectance photometry(peroxidase))	**PRESENT TRACE**	**NEGATIVE**
MICROSCOPIC EXAMINATION (Manual)	**Method: Light microscopy on centrifuged urine**	
WBC/Pus Cells	**10-15 /hpf**	**(4-6)**
Red Blood Cells	**2-4 /hpf**	**(1-2)**
Epithelial Cells	**20-30 /hpf**	**(2-4)**
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Name	:	MRS PRIYA KUMARI	**Age**	:	31 Yr(s) Sex :Female
Registration No	:	MH010690503	**Lab No**	:	38230100198
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Receiving Date	:	04 Jan 2023 12:43			

CLINICAL PATHOLOGY

Interpretation:

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria,dehydration, urina tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.
Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.
Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys
Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration duri infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decrease Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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

Dr. Lona Mohapatra
CONSULTANT PATHOLOGY

NAME	**Priya KUMARI**	STUDY DATE	**04-01-2023 11:40:42**
AGE / SEX	**031Yrs / F**	HOSPITAL NO.	**MH010690503**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**US /Ultrasound abdomen n pelvis**
REPORTED ON	**04-01-2023 12:26:55**	REFERRED BY	**Dr. Health Check MHD**

USG WHOLE ABDOMEN

Findings:

Liver is normal in size (~ 13.9 cm) and **shows grade I fatty changes.** No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness.
Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.
Spleen is normal in size (~ 10 cm) and echopattern.

Both kidneys are normal in position, size (RK ~ 9.9 cm and LK ~ 9.9 cm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is partially distended.

Uterus is anteverted. It is normal in size (~ 8.0 x 3.5 x 4.9 cm). Myometrial echogenicity appears uniform. Endometrium is central (~ 3.8 mm).

Both ovaries are normal in size and echopattern.

No significant free fluid is detected.

Impression: Grade I fatty liver.

Kindly correlate clinically.

Dr. Divya Jain MBBS, DNB,
DMC/R/7955
Associate Consultant Radiologist

NAME	**Priya KUMARI**	STUDY DATE	**04-01-2023 11:40:42**
AGE / SEX	**031Yrs / F**	HOSPITAL NO.	**MH010690503**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**US /Ultrasound abdomen n pelvis**
REPORTED ON	**04-01-2023 12:26:55**	REFERRED BY	**Dr. Health Check MHD**

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