

Health Check up Booking Confirmed Request(bob\$29393),Package Code-PKG10000269,  
Beneficiary Code-11706

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Hi **Manipal Hospitals,**

Diagnostic/Hospital Location :NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft  
**Golf Links Apartment, City:Ghaziabad**

We have received the confirmation for the following booking .

**Beneficiary Name** : PKG10000269  
**Beneficiary Name** : kamlesh sehgal  
**Member Age** : 55  
**Member Gender** : Female  
**Member Relation**: Spouse  
**Package Name** : Metro Full Body Health Checkup Female Above 40 Mammography Not Available  
**Location** : GHAZIABAD,Uttar Pradesh-NULL  
**Contact Details** : 7678461612  
**Booking Date** : 14-02-2023  
**Appointment Date** : 24-02-2023

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems

## RADIOLOGY REPORT

<b>Name</b>	Kamlesh SENGAL	<b>Modality</b>	DX
<b>Patient ID</b>	MH010803098	<b>Accession No</b>	R5204150
<b>Gender/Age</b>	F / 55Y 11M 16D	<b>Scan Date</b>	24-02-2023 10:27:15
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	24-02-2023 13:59:58

## XR- CHEST PA VIEW

**FINDINGS:**

LUNGS: Coarse interstitial markings are seen in bilateral lung fields.

TRACHEA: Normal.

CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Bilateral minimal apical pleural thickening is seen.

HEART: Normal.

RIGHT HEART BORDER: Normal.

LEFT HEART BORDER: Normal.

PULMONARY BAY: Normal.

PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Degenerative changes are seen in the dorsal spine. Slight scoliosis of the lower dorso-lumbar spine is seen showing convexity towards right side.

OTHER VISUALIZED BONES: There is diffuse osteopenia.

VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal.

VISUALIZED NECK: Normal.

**IMPRESSION:**

-Coarse interstitial markings seen in bilateral lung fields.

-Bilateral minimal apical pleural thickening.

-Degenerative changes seen in the dorsal spine along with slight scoliosis of the lower dorso-lumbar spine showing convexity towards right side.

-Diffuse osteopenia.

Recommend clinical correlation.



Dr. Monica Shekhawat, MBBS, DNB,  
Consultant Radiologist, Reg No MCI 11 10887

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## RADIOLOGY REPORT

<b>Name</b>	Kamlesh SENGAL	<b>Modality</b>	DX
<b>Patient ID</b>	MH010803098	<b>Accession No</b>	R5204150
<b>Gender/Age</b>	F / 55Y 11M 16D	<b>Scan Date</b>	24-02-2023 10:27:15
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	24-02-2023 13:59:58

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## RADIOLOGY REPORT

<b>Name</b>	Kamlesh SENGAL	<b>Modality</b>	US
<b>Patient ID</b>	MH010803098	<b>Accession No</b>	R5204236
<b>Gender/Age</b>	F / 55Y 11M 16D	<b>Scan Date</b>	24-02-2023 14:09:18
<b>Ref. Phys</b>	DR. ANUJ KUMAR GOEL	<b>Report Date</b>	24-02-2023 15:16:24

### US- BREASTS BILATERAL

#### FINDINGS

#### RIGHT BREAST

Right breast shows normal fibro-glandular parenchymal echotexture.

No abnormal mass lesion noted.

No dilated ducts seen. Ductal caliber measures 1.6 mm.

Nipple, areola and retro-areolar structures appear normal.

Skin and subcutaneous tissues appear normal.

Few small right axillary lymph nodes are seen with preserved fatty hilum and with the largest one measuring ~ 9 x 4 mm.

#### LEFT BREAST

An irregularly marginated, wider than taller, non mobile, hypoechoic lesion is seen in left breast at 8 O' clock position measuring ~15 x 4 mm with no calcifications or abnormal vascularity seen within; neoplastic etiology needs to be excluded.

Left breast shows normal fibro-glandular parenchymal echotexture.

No dilated ducts seen. Ductal caliber measures 2.1 mm.

Nipple, areola and retroareolar structures appear normal.

Skin and subcutaneous tissues appear normal.

A left axillary lymph node is seen with loss of fatty hilum along with thickened hypoechoic cortex measuring ~ 12 x 6 mm.

**IMPRESSION:** 55 Years old lady with present US- BREASTS BILATERAL study demonstrates:-

**- An irregularly marginated, wider than taller, non mobile, hypoechoic lesion seen in left breast at 8 O' clock position with no calcifications or abnormal vascularity seen within; neoplastic etiology needs to be excluded.**

**-Left axillary lymph node with loss of fatty hilum along with thickened hypoechoic cortex.**

**ACR BIRADS assessment category: CATEGORY IV**

**ASSESSMENT:** Neoplastic etiology needs exclusion.

**ADV:** Mammography and Histo-pathological (FNAC) correlation for further evaluation.

*Recommend clinical correlation and close follow up.*

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RADIOLOGY REPORT

<b>Name</b>	Kamlesh SENGAL	<b>Modality</b>	US
<b>Patient ID</b>	MH010803098	<b>Accession No</b>	R5204236
<b>Gender/Age</b>	F / 55Y 11M 16D	<b>Scan Date</b>	24-02-2023 14:09:18
<b>Ref. Phys</b>	DR. ANUJ KUMAR GOEL	<b>Report Date</b>	24-02-2023 15:16:24



Dr. Monica Shekhawat, MBBS,DNB,  
Consultant Radiologist,Reg No MCI 11 10887

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## RADIOLOGY REPORT

<b>Name</b>	Kamlesh SENGAL	<b>Modality</b>	US
<b>Patient ID</b>	MH010803098	<b>Accession No</b>	R5204151
<b>Gender/Age</b>	F / 55Y 11M 16D	<b>Scan Date</b>	24-02-2023 10:33:49
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	24-02-2023 11:03:04

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## LABORATORY REPORT

<b>Name</b>	: MRS KAMLESH SENGAL	<b>Age</b>	: 55 Yr(s) Sex :Female
<b>Registration No</b>	: MH010803098	<b>Lab No</b>	: 32230209375
<b>Patient Episode</b>	: H18000000267	<b>Collection Date</b>	: 24 Feb 2023 19:12
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 23:00
<b>Receiving Date</b>	: 24 Feb 2023 19:34		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.17	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.98	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.420	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.

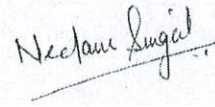
\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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



Dr. Neelam Singal  
CONSULTANT BIOCHEMISTRY

## LABORATORY REPORT

<b>Name</b>	: MRS KAMLESH SENGA	<b>Age</b>	: 55 Yr(s) Sex :Female
<b>Registration No</b>	: MH010803098	<b>Lab No</b>	: 202302002609
<b>Patient Episode</b>	: H1800000267	<b>Collection Date</b>	: 24 Feb 2023 10:08
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 16:04
<b>Receiving Date</b>	: 24 Feb 2023 10:08		

### HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.44	millions/cu mm	[3.80-4.80]
HEMOGLOBIN	12.3	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.6	%	[36.0-46.0]
MCV (DERIVED)	86.9	fL	[83.0-101.0]
MCH (CALCULATED)	27.7	pg	[27.0-32.0]
MCHC (CALCULATED)	31.9	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.2	%	[11.6-14.0]
Platelet count	296	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV(DERIVED)	9.9		
WBC COUNT(TC) (IMPEDEANCE)	5.74	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	54.0	%	[40.0-80.0]
Lymphocytes	39.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
<b>Eosinophils</b>	<b>1.0 #</b>	%	<b>[2.0-7.0]</b>
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>27.0 #</b>	<b>/1sthour</b>	<b>[0.0-</b>



## LABORATORY REPORT

<b>Name</b>	: MRS KAMLESH SENGAL	<b>Age</b>	: 55 Yr(s) Sex :Female
<b>Registration No</b>	: MH010803098	<b>Lab No</b>	: 202302002609
<b>Patient Episode</b>	: H18000000267	<b>Collection Date</b>	: 24 Feb 2023 10:51
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 16:42
<b>Receiving Date</b>	: 24 Feb 2023 10:51		

### CLINICAL PATHOLOGY

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

##### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction [pH]	7.0	(4.6-8.0)
Specific Gravity	1.000	(1.003-1.035)

##### CHEMICAL EXAMINATION

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

##### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	nil	
Crystals	nil	
OTHERS	nil	

## LABORATORY REPORT

<b>Name</b>	: MRS KAMLESH SENGAL	<b>Age</b>	: 55 Yr(s) Sex :Female
<b>Registration No</b>	: MH010803098	<b>Lab No</b>	: 202302002609
<b>Patient Episode</b>	: H18000000267	<b>Collection Date</b>	: 24 Feb 2023 10:08
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 17:21
<b>Receiving Date</b>	: 24 Feb 2023 10:08		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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#### Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)	5.8 #	%	[0.0-5.6]
Method: HPLC			

As per American Diabetes Association (ADA)  
 HbA1c in %  
 Non diabetic adults  $\geq$  18years  $<$  5.7  
 Prediabetes (At Risk ) 5.7-6.4  
 Diagnosing Diabetes  $\geq$  6.5

Estimated Average Glucose (eAG)	120	mg/dl
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Comments : HbA1c 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.

#### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	210 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	88	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	71.0 #	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	18	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	121.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

## LABORATORY REPORT

<b>Name</b>	: MRS KAMLESH SENGAL	<b>Age</b>	: 55 Yr(s) Sex :Female
<b>Registration No</b>	: MH010803098	<b>Lab No</b>	: 202302002609
<b>Patient Episode</b>	: H18000000267	<b>Collection Date</b>	: 24 Feb 2023 10:08
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 16:36
<b>Receiving Date</b>	: 24 Feb 2023 10:08		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.0		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.7		<3 Optimal 3-4 Borderline >6 High Risk

**Note:**

Reference ranges based on ATP III Classifications.

### KIDNEY PROFILE

Specimen: Serum

UREA	19.3	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	9.0	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
<b>CREATININE, SERUM</b>	0.64 #	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	4.2	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			

SODIUM, SERUM	140.2	mmol/L	[136.0-144.0]
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POTASSIUM, SERUM	4.09	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.7	mmol/l	[101.0-111.0]

*Method: ISE Indirect*

eGFR (calculated)	100.8	ml/min/1.73sq.m	[>60.0]
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**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.

## LABORATORY REPORT

<b>Name</b>	: MRS KAMLESH SENGAL	<b>Age</b>	: 55 Yr(s) Sex :Female
<b>Registration No</b>	: MH010803098	<b>Lab No</b>	: 202302002609
<b>Patient Episode</b>	: H18000000267	<b>Collection Date</b>	: 24 Feb 2023 10:08
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 16:36
<b>Receiving Date</b>	: 24 Feb 2023 10:08		

### BIOCHEMISTRY

#### TEST

#### RESULT

#### UNIT

#### BIOLOGICAL REFERENCE INTERVAL

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.

#### LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.44	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.09	mg/dl	[0.00-0.30]
<b>INDIRECT BILIRUBIN (SERUM)</b> Method: Calculation	0.35 #	mg/dl	[0.10-0.30]
TOTAL PROTEINS (SERUM) Method: BIURET	6.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.01	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.39		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	16.00	U/L	[0.00-40.00]
<b>ALT (SGPT) (SERUM)</b> Method: IFCC W/O P5P	11.00 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	78.0	IU/L	[40.0-98.0]

## LABORATORY REPORT

Name : MRS KAMLESH SENGAL Age : 55 Yr(s) Sex :Female  
Registration No : MH010803098 Lab No : 202302002609  
Patient Episode : H18000000267 Collection Date : 24 Feb 2023 10:08  
Referred By : HEALTH CHECK MGD Reporting Date : 24 Feb 2023 16:37  
Receiving Date : 24 Feb 2023 10:08

## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	12.0		[7.0-50.0]

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

Blood Group & Rh typing B Rh(D) Positive

**Technical note:**

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

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



Dr. Alka Dixit Vats  
Consultant Pathologist

## LABORATORY REPORT

Name : MRS KAMLESH SENGAL Age : 55 Yr(s) Sex :Female  
Registration No : MH010803098 Lab No : 202302002610  
Patient Episode : H18000000267 Collection Date : 24 Feb 2023 10:08  
Referred By : HEALTH CHECK MGD Reporting Date : 24 Feb 2023 16:37  
Receiving Date : 24 Feb 2023 10:08

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	90.0	mg/dl	[70.0-110.0]

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

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*Alka*

Dr. Alka Dixit Vats  
Consultant Pathologist

## LABORATORY REPORT

Name : MRS KAMLESH SENGAL Age : 55 Yr(s) Sex :Female  
Registration No : MH010803098 Lab No : 202302002611  
Patient Episode : H18000000267 Collection Date : 24 Feb 2023 14:33  
Referred By : HEALTH CHECK MGD Reporting Date : 24 Feb 2023 16:48  
Receiving Date : 24 Feb 2023 14:33

## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	106.0	mg/dl	[80.0-140.0]

## 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-----

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Dr. Alka Dixit Vats  
Consultant Pathologist

56years  
Female  
Asian

Vent. rate	83 bpm
PR interval	146 ms
QRS duration	76 ms
QT/QTc	364/427 ms
P-R-T axes	78 79 76

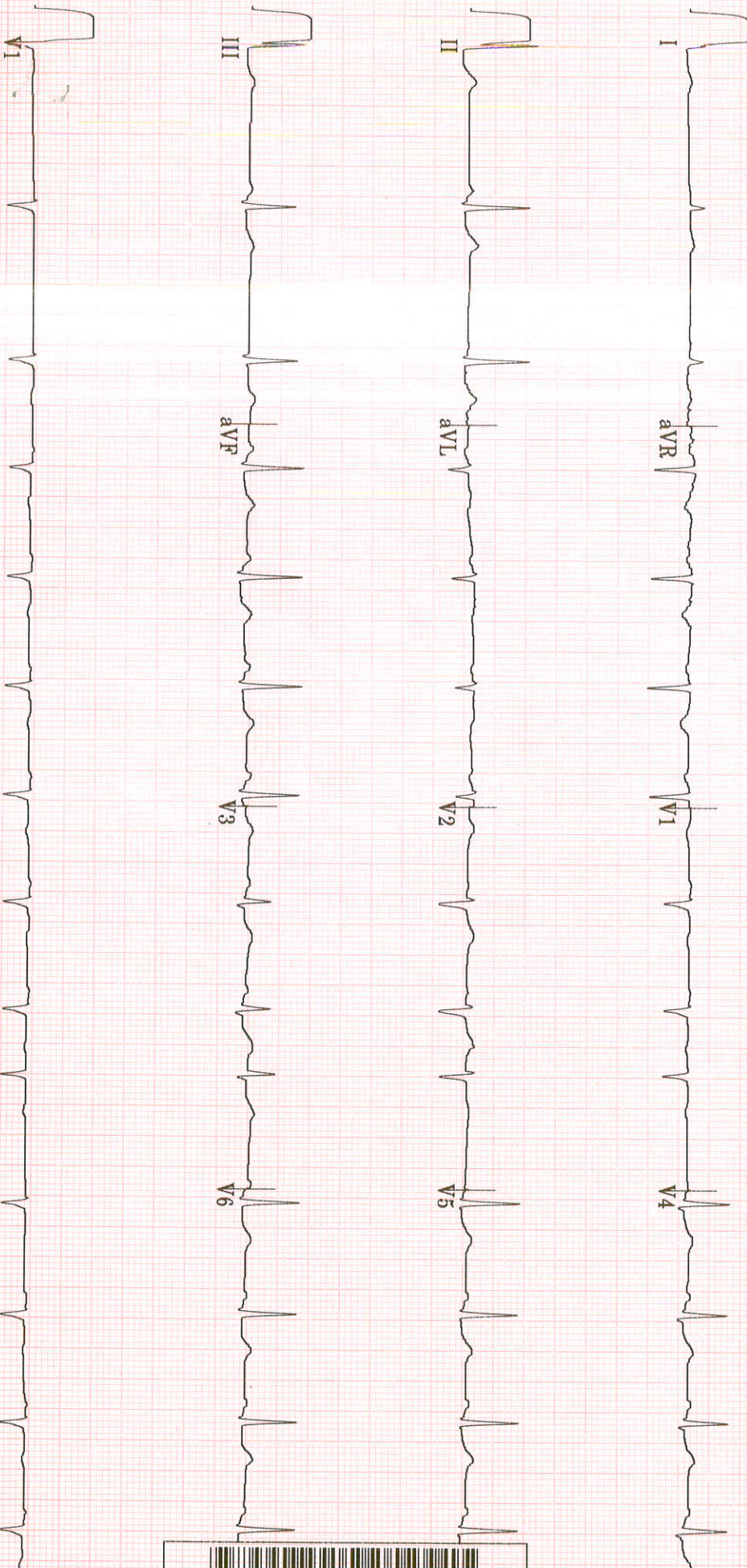
2

Technician:  
Test ind:

Sinus rhythm with premature atrial complexes  
Otherwise normal ECG

Referred by: hcp

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm 1d

MAC55 009C

12SL™ V239







## TMT INVESTIGATION REPORT

Patient Name : Mrs. Kamlesh SENGAL	Location : Ghaziabad
Age/Sex : 56Year(s)/Female	Visit No : V0000000001-GHZB
MRN No : MH010803098	Order Date : 24/02/2023
Ref. Doctor : HCP	Report Date : 24/02/2023

**Protocol** : Bruce **MPHR** : 164BPM  
**Duration of exercise** : 4min 31sec **85% of MPHR** : 139BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 150BPM  
**Blood Pressure (mmHg)** : Baseline BP : 120/72mmHg **% Target HR** : 91%  
Peak BP : 136/72mmHg **METS** : 6.4METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	100	120/72	Nil	No ST changes seen	Nil
STAGE 1	3:00	128	130/72	Nil	No ST changes seen	Nil
STAGE 2	1:31	150	136/72	Nil	No ST changes seen	Nil
RECOVERY	3:34	119	124/72	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during exercise and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
MD  
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-616 5666

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Manipal Health Enterprises Private Limited

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