

## LABORATORY REPORT

Name	: MRS DIVYA JYOTI	Age	: 32 Yr(s) Sex :Female
Registration No	: MH010911615	Lab No	: 32230404357
Patient Episode	: R03000050715	Collection Date	: 12 Apr 2023 20:50
Referred By	: MANIPAL HOSPITALS GHAZIABAD	Reporting Date	: 13 Apr 2023 09:52
Receiving Date	: 12 Apr 2023 21:05		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ECLIA)	1.29	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	8.97	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	3.830	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	

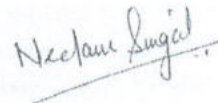
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

\* 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

divya jyoti

ID:

12-Apr-2023 11:00:13

Manipal Hospitals, Ghaziabad

32 years Female Asian

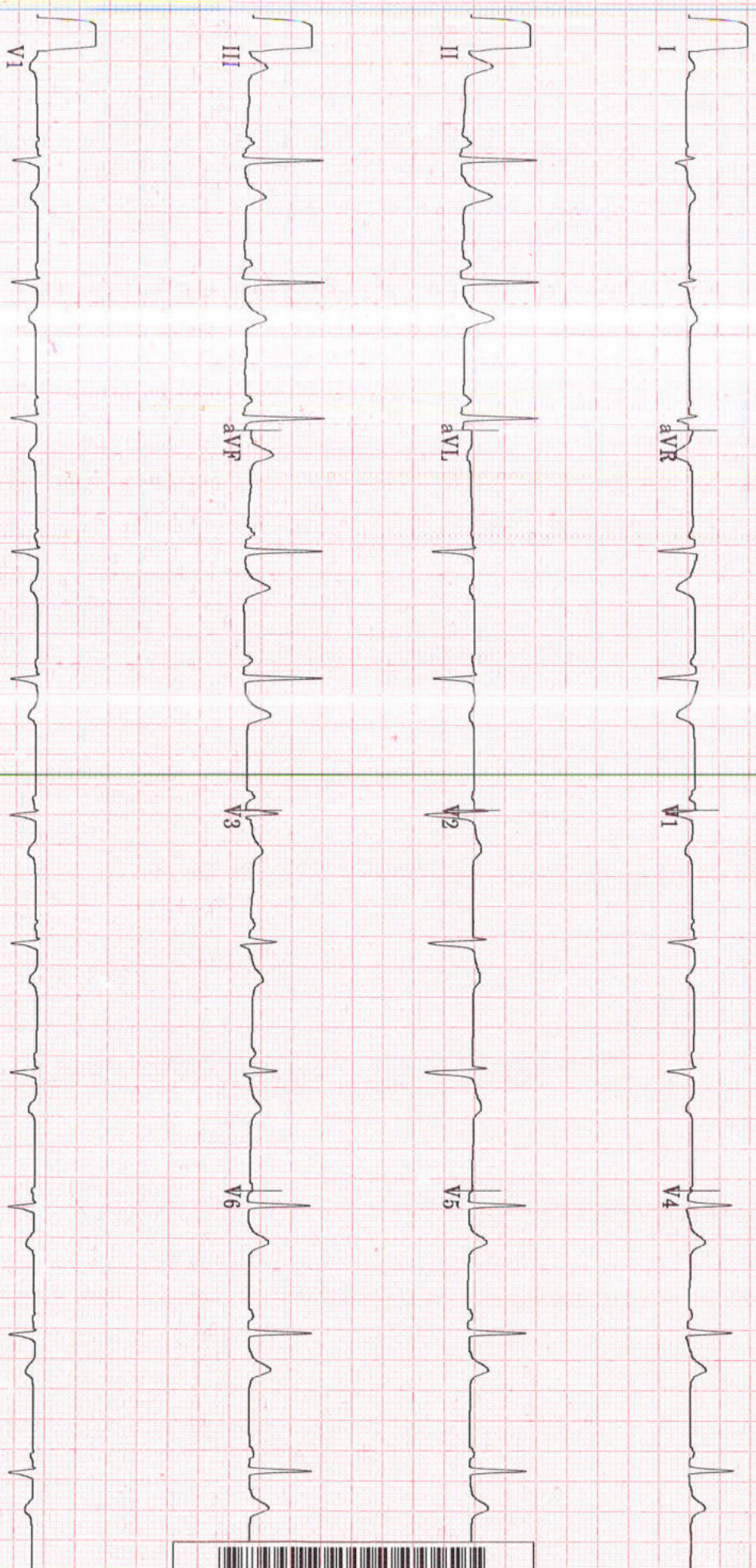
Vent. rate	70 bpm
PR interval	128 ms
QRS duration	72 ms
QT/QTc	362/390 ms
P-R-T axes	74 92 73

Normal sinus rhythm  
Rightward axis  
Borderline ECG

Technician:  
Test ind:

Referred by: hcp

Unconfirmed



30 Hz  
25.0 mm/s  
10.0 mm/mV  
4 hr 35 1 1  
MAGEE 009C  
1981





## TMT INVESTIGATION REPORT

Patient Name : Ms Divya JYOTI	Location	: Ghaziabad
Age/Sex : 32Year(s)/Female	Visit No	: V0000000001-GHZZB
MRN No MH010911615	Order Date	: 12/04/2023
Ref. Doctor : HCP	Report Date	: 12/04/2023

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 188BPM
<b>Duration of exercise</b>	: 7min 00sec	<b>85% of MPHR</b>	: 159BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 184BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 126/72mmHg	<b>% Target HR</b>	: 97%
	Peak BP : 146/72mmHg	<b>METS</b>	: 8.5METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	99	126/72	Nil	No ST changes seen	Nil
STAGE 1	3:00	147	132/72	Nil	No ST changes seen	Nil
STAGE 2	3:00	172	140/72	Nil	No ST changes seen	Nil
STAGE 3	1:00	184	146/72	Nil	No ST changes seen	Nil
RECOVERY	3:40	124	140/70	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**  
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Sr. Consultant Cardiology

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MD, DNB (CARDIOLOGY), MNAMS  
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## RADIOLOGY REPORT

<b>Name</b>	Divya JYOTI	<b>Modality</b>	DX
<b>Patient ID</b>	MH010911615	<b>Accession No</b>	R5404770
<b>Gender / Age</b>	F / 32Y 6M 25D	<b>Scan Date</b>	12-04-2023 10:40:43
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	12-04-2023 12:00:33

### 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 noted.**

*Recommend clinical correlation.*



Dr. Prabhath Prakash Gupta,  
 MBBS, DNB, MNAMS, FRCCR(I)  
 Consultant Radiologist, Reg no DMC/R/14242

## LABORATORY REPORT

<b>Name</b>	: MRS DIVYA JYOTI	<b>Age</b>	: 32 Yr(s) Sex :Female
<b>Registration No</b>	: MH010911615	<b>Lab No</b>	: 202304001355
<b>Patient Episode</b>	: H18000000439	<b>Collection Date</b>	: 12 Apr 2023 10:32
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 12 Apr 2023 11:54
<b>Receiving Date</b>	: 12 Apr 2023 10:32		

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.35	millions/cu mm	[3.80-4.80]
<b>HEMOGLOBIN</b>	<b>11.8 #</b>	<b>g/dl</b>	<b>[12.0-16.0]</b>
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	37.0	%	[36.0-46.0]
MCV (DERIVED)	85.1	fL	[83.0-101.0]
MCH (CALCULATED)	27.1	pg	[27.0-32.0]
MCHC (CALCULATED)	31.9	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.9	%	[11.6-14.0]
Platelet count	212	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	13.2		
WBC COUNT (TC) (IMPEDENCE)	5.78	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	60.0	%	[40.0-80.0]
Lymphocytes	34.0	%	[17.0-45.0]
Monocytes	5.0	%	[2.0-10.0]
<b>Eosinophils</b>	<b>1.0 #</b>	<b>%</b>	<b>[2.0-7.0]</b>
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>22.0 #</b>	<b>/1sthour</b>	<b>[0.0-</b>

## LABORATORY REPORT

<b>Name</b>	: MRS DIVYA JYOTI	<b>Age</b>	: 32 Yr(s) Sex :Female
<b>Registration No</b>	: MH1010911615	<b>Lab No</b>	: 202304001355
<b>Patient Episode</b>	: H18000000439	<b>Collection Date</b>	: 12 Apr 2023 10:32
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 12 Apr 2023 17:07
<b>Receiving Date</b>	: 12 Apr 2023 10:32		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b> Specimen: EDTA <b>HbA1c (Glycosylated Hemoglobin)</b> Method: HPLC	5.8 #	%	[0.0-5.6]
As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk )5.7-6.4 Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	120	mg/dl	

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 glycemc control.

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

#### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	
Reaction [pH]	5.0	(4.6-8.0)
Specific Gravity	1.025	(1.003-1.035)

#### CHEMICAL EXAMINATION

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

## LABORATORY REPORT

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<b>Registration No</b>	: MH010911615	<b>Lab No</b>	: 202304001355
<b>Patient Episode</b>	: H18000000439	<b>Collection Date</b>	: 12 Apr 2023 13:06
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 12 Apr 2023 17:18
<b>Receiving Date</b>	: 12 Apr 2023 13:06		

### CLINICAL PATHOLOGY

#### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	6-8 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	2-4 /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

#### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	185	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	82	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	51.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	16	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	118.0	mg/dl	[<120.0]
Near/ Above optimal-100-129			
Borderline High:130-159			
T.Chol/HDL.Chol ratio(Calculated)	3.6		High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.3		<3 Optimal 3-4 Borderline >6 High Risk

Note:

## LABORATORY REPORT

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<b>Patient Episode</b>	: H18000000439	<b>Collection Date</b>	: 12 Apr 2023 10:32
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 12 Apr 2023 11:53
<b>Receiving Date</b>	: 12 Apr 2023 10:32		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Reference ranges based on ATP III Classifications.

#### KIDNEY PROFILE

Specimen: Serum			
UREA	25.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	12.0	mg/dl	[8.0-20.0]
Method: Calculated			
<b>CREATININE, SERUM</b>	0.62 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.0	mg/dl	[4.0-8.5]
Method: uricase PAP			

SODIUM, SERUM	137.80	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.69	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.6	mmol/l	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	119.7	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. 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.



## LABORATORY REPORT

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**Patient Episode** : H18000000439 **Collection Date** : 12 Apr 2023 10:32  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 12 Apr 2023 11:53  
**Receiving Date** : 12 Apr 2023 10:32

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.60	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.49	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.43	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.40		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	26.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	25.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	56.0	IU/L	[40.0-98.0]
GGT	20.0		[7.0-50.0]

## LABORATORY REPORT

Name : MRS DIVYA JYOTI Age : 32 Yr(s) Sex :Female  
Registration No : MH010911615 Lab No : 202304001355  
Patient Episode : H18000000439 Collection Date : 12 Apr 2023 10:32  
Referred By : HEALTH CHECK MGD Reporting Date : 12 Apr 2023 17:09  
Receiving Date : 12 Apr 2023 10:32

### BLOOD BANK

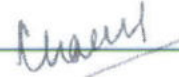
TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

**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. Charu Agarwal  
Consultant Pathologist

## LABORATORY REPORT


Name : MRS DIVYA JYOTI Age : 32 Yr(s) Sex :Female  
Registration No : MH010911615 Lab No : 202304001356  
Patient Episode : H1800000439 Collection Date : 12 Apr 2023 10:32  
Referred By : HEALTH CHECK MGD Reporting Date : 12 Apr 2023 11:54  
Receiving Date : 12 Apr 2023 10:32

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	87.0	mg/dl	[70.0-110.0]

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

  
Dr. Charu Agarwal  
Consultant Pathologist

## LABORATORY REPORT

Name : MRS DIVYA JYOTI Age : 32 Yr(s) Sex :Female  
Registration No : MH010911615 Lab No : 202304001357  
Patient Episode : H18000000439 Collection Date : 12 Apr 2023 13:52  
Referred By : HEALTH CHECK MGD Reporting Date : 12 Apr 2023 15:01  
Receiving Date : 12 Apr 2023 13:52

## BIOCHEMISTRY

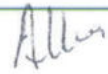
TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	87.0	mg/dl	[80.0-140.0]

## 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

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

  
Dr. Alka Dixit Vats  
Consultant Pathologist