

## RADIOLOGY REPORT

<b>Name</b>	Neha JHA	<b>Modality</b>	DX
<b>Patient ID</b>	MH010871888	<b>Accession No</b>	R5330521
<b>Gender / Age</b>	F / 36Y 9M 9D	<b>Scan Date</b>	25-03-2023 10:58:09
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	25-03-2023 11:17:50

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

## RADIOLOGY REPORT

<b>Name</b>	Neha JHA	<b>Modality</b>	US
<b>Patient ID</b>	MH010871888	<b>Accession No</b>	R5330522
<b>Gender/Age</b>	F / 36Y 9M 9D	<b>Scan Date</b>	25-03-2023 12:22:39
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	25-03-2023 12:44:36

### USG ABDOMEN & PELVIS

#### FINDINGS

**LIVER:** appears enlarged in size (measures 168 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

**SPLEEN:** Spleen is normal in size (measures 92 mm), shape and echotexture. Rest normal.

**PORTAL VEIN:** Appears normal in size and measures 11.5 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 90 x 44 mm.

Left Kidney: measures 93 x 50 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 79 x 41 x 32 mm), shape and echotexture.

Endometrial thickness measures 7.3 mm. Cervix appears normal.

**OVARIES:** Right ovary shows a small well-defined anechoic cystic lesion with no internal septations/reticulations/calcifications/abnormal vascularity within and measuring 27 x 25 x 19 mm with volume ~ 6.7 cc. Findings suggest small simple/physiological right ovarian cyst.

Left ovary is normal in size (measures 23 x 21 x 17 mm with volume 4.3 cc), shape and echotexture. Rest normal.

**BOWEL:** Visualized bowel loops appear normal.

#### IMPRESSION

**-Hepatomegaly with diffuse grade II fatty infiltration in liver.**

**-Small simple/physiological right ovarian cyst.**

Recommend clinical correlation.

## RADIOLOGY REPORT

<b>Name</b>	Neha JHA	<b>Modality</b>	US
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<b>Gender/Age</b>	F / 36Y 9M 9D	<b>Scan Date</b>	25-03-2023 12:22:39
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	25-03-2023 12:44:36



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

## LABORATORY REPORT

<b>Name</b>	: MRS NEHA JHA	<b>Age</b>	: 36 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871888	<b>Lab No</b>	: 32230309963
<b>Patient Episode</b>	: H18000000380	<b>Collection Date</b>	: 25 Mar 2023 20:58
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 26 Mar 2023 16:04
<b>Receiving Date</b>	: 25 Mar 2023 21:11		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.20	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	6.99	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	3.220	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>

Page 1 of 9

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



**Dr. Neelam Singal**  
CONSULTANT BIOCHEMISTRY

## LABORATORY REPORT

**Name** : MRS NEHA JHA **Age** : 36 Yr(s) Sex :Female  
**Registration No** : MH010871888 **Lab No** : 202303002507  
**Patient Episode** : H18000000380 **Collection Date** : 25 Mar 2023 10:43  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 25 Mar 2023 13:13  
**Receiving Date** : 25 Mar 2023 10:43

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.32	millions/cu mm	[3.80-4.80]
HEMOGLOBIN	12.3	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.1	%	[36.0-46.0]
MCV (DERIVED)	88.2	fL	[83.0-101.0]
MCH (CALCULATED)	28.5	pg	[27.0-32.0]
MCHC (CALCULATED)	32.3	g/dl	[31.5-34.5]
<b>RDW CV% (DERIVED)</b>	<b>14.1 #</b>	%	<b>[11.6-14.0]</b>
Platelet count	257	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	12.4		
WBC COUNT (TC) (IMPEDEANCE)	7.75	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	65.0	%	[40.0-80.0]
Lymphocytes	29.0	%	[17.0-45.0]
Monocytes	5.0	%	[2.0-10.0]
<b>Eosinophils</b>	<b>1.0 #</b>	%	<b>[2.0-7.0]</b>
Basophils	0.0	%	[0.0-2.0]
ESR	20.0	/1sthour	[0.0-

## LABORATORY REPORT

<b>Name</b>	: MRS NEHA JHA	<b>Age</b>	: 36 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871888	<b>Lab No</b>	: 202303002507
<b>Patient Episode</b>	: H18000000380	<b>Collection Date</b>	: 25 Mar 2023 10:43
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 17:22
<b>Receiving Date</b>	: 25 Mar 2023 10:43		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
<b>HbA1c (Glycosylated Hemoglobin)</b>	6.1 #	%	[0.0-5.6]
Method: HPLC			
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)	128	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 glycemic control.

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

#### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction [pH]	5.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

#### CHEMICAL EXAMINATION

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

## LABORATORY REPORT

<b>Name</b>	: MRS NEHA JHA	<b>Age</b>	: 36 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871888	<b>Lab No</b>	: 202303002507
<b>Patient Episode</b>	: H18000000380	<b>Collection Date</b>	: 25 Mar 2023 12:41
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 15:39
<b>Receiving Date</b>	: 25 Mar 2023 12:41		

### CLINICAL PATHOLOGY

#### 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	

#### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	173	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	112	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	41.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	22	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	110.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	4.2		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:

## LABORATORY REPORT

<b>Name</b>	: MRS NEHA JHA	<b>Age</b>	: 36 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871888	<b>Lab No</b>	: 202303002507
<b>Patient Episode</b>	: H18000000380	<b>Collection Date</b>	: 25 Mar 2023 10:43
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 12:49
<b>Receiving Date</b>	: 25 Mar 2023 10:43		

### BIOCHEMISTRY

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

#### KIDNEY PROFILE

Specimen: Serum

UREA	17.1	mg/dl	[15.0-40.0]
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Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN	8.0	mg/dl	[8.0-20.0]
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Method: Calculated

CREATININE, SERUM	0.82	mg/dl	[0.70-1.20]
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Method: Jaffe rate-IDMS Standardization

URIC ACID	6.9	mg/dl	[4.0-8.5]
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Method:uricase PAP

<b>SODIUM, SERUM</b>	<b>135.60 #</b>	<b>mmol/L</b>	<b>[136.00-144.00]</b>
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POTASSIUM, SERUM	4.67	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	103.9	mmol/l	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	92.4	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

**Name** : MRS NEHA JHA **Age** : 36 Yr(s) Sex :Female  
**Registration No** : MH010871888 **Lab No** : 202303002507  
**Patient Episode** : H18000000380 **Collection Date** : 25 Mar 2023 10:43  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 25 Mar 2023 12:49  
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### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.48	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.08	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.40	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.15	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.41		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	22.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	27.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	86.0	IU/L	[40.0-98.0]
GGT	13.0		[7.0-50.0]

## LABORATORY REPORT

Name : MRS NEHA JHA Age : 36 Yr(s) Sex :Female  
Registration No : MH010871888 Lab No : 202303002507  
Patient Episode : H18000000380 Collection Date : 25 Mar 2023 10:43  
Referred By : HEALTH CHECK MGD Reporting Date : 25 Mar 2023 17:17  
Receiving Date : 25 Mar 2023 10:43

### BLOOD BANK

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

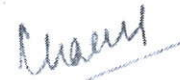
Blood Group & Rh typing O Rh(D) Positive

**Technical note:**

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

Page 7 of 9

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



Dr. Charu Agarwal  
Consultant Pathologist

## LABORATORY REPORT

<b>Name</b>	: MRS NEHA JHA	<b>Age</b>	: 36 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871888	<b>Lab No</b>	: 202303002508
<b>Patient Episode</b>	: H1800000380	<b>Collection Date</b>	: 25 Mar 2023 10:42
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 12:48
<b>Receiving Date</b>	: 25 Mar 2023 10:42		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	96.0	mg/dl	[70.0-110.0]

Page 8 of 9

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



Dr. Charu Agarwal  
Consultant Pathologist

LABORATORY REPORT

Name : MRS NEHA JHA Age : 36 Yr(s) Sex :Female  
Registration No : MH010871888 Lab No : 202303002509  
Patient Episode : H18000000380 Collection Date : 25 Mar 2023 15:38  
Referred By : HEALTH CHECK MGD Reporting Date : 25 Mar 2023 16:47  
Receiving Date : 25 Mar 2023 15:38

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	128.0	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

Page 9 of 9

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



Dr. Alka Dixit Vats  
Consultant Pathologist

36 years  
Female

Asian

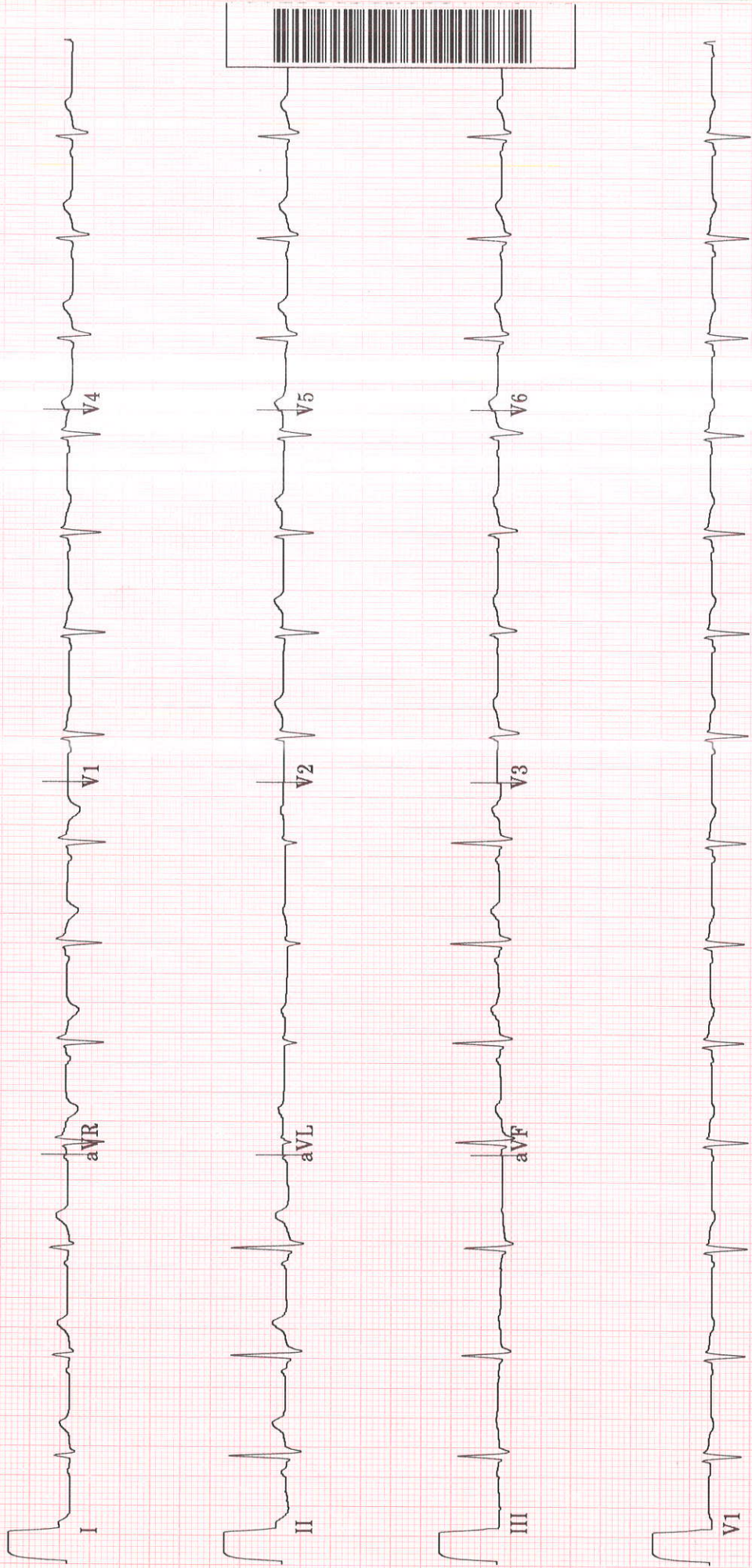
Vent. rate 88 bpm  
PR interval 108 ms  
QRS duration 94 ms  
QT/QTc 344/416 ms  
P-R-T axes 50 74 35

Technician:  
Test ind:

Sinus rhythm with short PR  
Incomplete right bundle branch block  
Borderline ECG

Referred by: , hcp

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

MAC55 009C

12SL™ v239



## TMT INVESTIGATION REPORT

Patient Name : Mrs Neha JHA	Location : Ghaziabad
Age/Sex : 36Year(s)/Female	Visit No : V000000001-GHZB
MRN No : MH010871888	Order Date : 25/03/2023
Ref. Doctor : HCP	Report Date : 25/03/2023

<b>Protocol</b> : Bruce	<b>MPHR</b> : 184BPM
<b>Duration of exercise</b> : 6min 10sec	<b>85% of MPHR</b> : 156BPM
<b>Reason for termination</b> : THR achieved	<b>Peak HR Achieved</b> : 184BPM
<b>Blood Pressure (mmHg)</b> : Baseline BP : 140/80mmHg	<b>% Target HR</b> : 100%
Peak BP : 156/84mmHg	<b>METS</b> : 7.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	115	140/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	159	150/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	182	156/84	Nil	No ST changes seen	Nil
STAGE 3	0:10	184	156/84	Nil	No ST changes seen	Nil
RECOVERY	3:33	121	150/80	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

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