



TMT INVESTIGATION REPORT

Patient Name : Shalini CHAUHAN	Location : Ghaziabad
Age/Sex : 40Year(s)/Female	Visit No : V0000000001-GHZB
MRN No : MH011203568	Order Date : 07/08/2023
Ref. Doctor : HCP	Report Date : 07/08/2023

Protocol : Bruce **MPHR** : 181BPM
Duration of exercise : 9min 06sec **85% of MPHR** : 153BPM
Reason for termination : THR achieved **Peak HR Achieved** : 176BPM
Blood Pressure (mmHg) : Baseline BP : 106/64mmHg **% Target HR** : 97%
Peak BP : 130/64mmHg **METS** : 10.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	63	106/64	Nil	Sinus bradycardia	Nil
STAGE 1	3:00	104	112/64	Nil	No ST changes seen	Nil
STAGE 2	3:00	116	120/64	Nil	No ST changes seen	Nil
STAGE 3	3:00	144	130/64	Nil	No ST changes seen	Nil
STAGE 4	0:06	176	130/64	Nil	No ST changes seen	Nil
RECOVERY	3:01	71	120/64	Nil	No ST changes seen	Nil

COMMENTS:

- Sinus bradycardia in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Good effort tolerance.

IMPRESSION:

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

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Sr. Consultant Cardiology

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shahini chauhan

39years Female Asian

Vent. rate	42 bpm
PR interval	158 ms
QRS duration	84 ms
QT/QTc	452/377 ms
P-R-T axes	74 95 67

Technician:
Test ind.

ID: 011203568

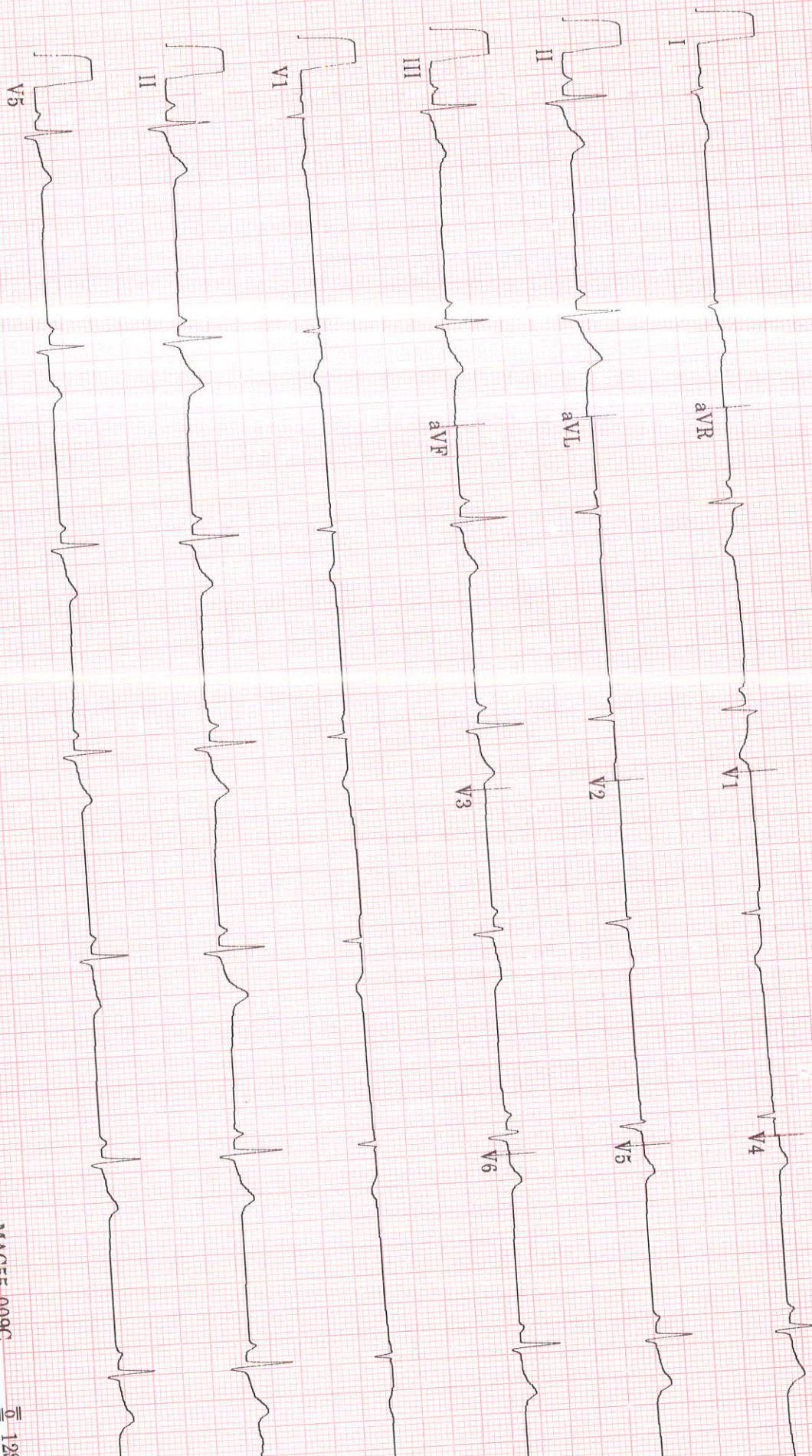
7-Aug-2023 10:06:17

Marked sinus bradycardia
Rightward axis
Abnormal ECG

Manipal Hospitals, Unazhavan

Referred by: hep

Unconfirmed



4 by 2.5s + 3 rhythm lds

MAC55 009C

12SL™ V239



LABORATORY REPORT

Name	: MRS SHALINI CHAUHAN	Age	: 40 Yr(s) Sex :Female
Registration No	: MH011203568	Lab No	: 202308000864
Patient Episode	: H1800000805	Collection Date	: 07 Aug 2023 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Aug 2023 13:12
Receiving Date	: 07 Aug 2023 08:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	206	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
T.GLYCERIDES (GPO/POD)	73	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	68.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	15	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	123.0	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)	3.0		<3 Optimal 3-4 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.8		


Note:

Reference ranges based on ATP III Classifications.

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

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


Dr. Charu Agarwal
 Consultant Pathologist

LABORATORY REPORT

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Registration No	: MH011203568	Lab No	: 202308000864
Patient Episode	: H1800000805	Collection Date	: 07 Aug 2023 08:58
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Receiving Date	: 07 Aug 2023 08:58		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	3.84	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.6	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	35.5	%	[36.0-46.0]
MCV (DERIVED)	92.4	fL	[83.0-101.0]
MCH (CALCULATED)	30.2	pg	[27.0-32.0]
MCHC (CALCULATED)	32.7	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.4	%	[11.6-14.0]
Platelet count	200	x 10 ³ cells/cumm	[150-400]
Method: Electrical Impedance			
MPV (DERIVED)	11.7		
WBC COUNT (TC) (IMPEDEANCE)	4.74	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	62.0	%	[40.0-80.0]
Lymphocytes	30.0	%	[17.0-45.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	1.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	30.0	mm/1sthour	[0.0-2

LABORATORY REPORT

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Registration No	: MH011203568	Lab No	: 202308000864
Patient Episode	: H1800000805	Collection Date	: 07 Aug 2023 09:53
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Aug 2023 13:44
Receiving Date	: 07 Aug 2023 09:53		

CLINICAL PATHOLOGY

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	1.010	(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	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	3-5 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

LABORATORY REPORT

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Registration No	: MH011203568	Lab No	: 202308000864
Patient Episode	: H1800000805	Collection Date	: 07 Aug 2023 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Aug 2023 14:29
Receiving Date	: 07 Aug 2023 08:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)	5.5	%	[0.0-5.6]
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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)	111	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	206	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
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Above optimal-100-129

Near/

Borderline High:130-159
High Risk:160-189

LABORATORY REPORT

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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)	1.8		<3 Optimal 3-4 Borderline >6 High Risk

Note:

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KIDNEY PROFILE

Specimen: Serum			
UREA	20.2	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.4	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.84	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	3.4	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	135.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	5.04	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.5	mmol/L	[101.0-111.0]
Method: ISE Indirect			

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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	87.2	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 Hemolysis Icterus / Lipemia.			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.79	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.15	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.64	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	3.86	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.41		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	20.00	U/L	[0.00-40.00]

LABORATORY REPORT

Name : MRS SHALINI CHAUHAN Age : 40 Yr(s) Sex :Female
 Registration No : MH011203568 Lab No : 202308000864
 Patient Episode : H18000000805 Collection Date : 07 Aug 2023 08:58
 Referred By : HEALTH CHECK MGD Reporting Date : 07 Aug 2023 13:12
 Receiving Date : 07 Aug 2023 08:58

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	12.20	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	47.0	IU/L	[40.0-98.0]
GGT	12.0	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes 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.

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

Blood Group & Rh typing B Rh(D) Negative

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 SHALINI CHAUHAN	Age	: 40 Yr(s) Sex :Female
Registration No	: MH011203568	Lab No	: 202308000865
Patient Episode	: H1800000805	Collection Date	: 07 Aug 2023 08:57
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Aug 2023 11:48
Receiving Date	: 07 Aug 2023 08:57		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	88.0	mg/dl	[70.0-110.0]

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, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name : MRS SHALINI CHAUHAN
Registration No : MH011203568
Patient Episode : H1800000805
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Aug 2023 12:13

Age : 40 Yr(s) Sex :Female
Lab No : 202308000866
Collection Date : 07 Aug 2023 12:13
Reporting Date : 07 Aug 2023 14:21

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	82.0	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-----

Charu
Dr. Charu Agarwal
Consultant Pathologist

RADIOLOGY REPORT

NAME	MRS Shalini CHAUHAN	STUDY DATE	07/08/2023 9:11AM
AGE / SEX	40 y / F	HOSPITAL NO.	MH011203568
ACCESSION NO.	R5915639	MODALITY	CR
REPORTED ON	07/08/2023 9:25AM	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*****

LABORATORY REPORT

Name : MRS SHALINI CHAUHAN Age : 40 Yr(s) Sex : Female
 Registration No : MH011203568 Lab No : 32230802605
 Patient Episode : R03000053588 Collection Date : 07 Aug 2023 20:16
 Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 08 Aug 2023 09:06
 Receiving Date : 07 Aug 2023 20:41

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ECLIA)	1.15	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.08	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	5.770	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		

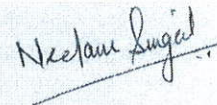
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

* 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