

NAME	MEENU SHEKHAR	STUDY DATE	24-12-2022 14:24:40
AGE / SEX	046Yrs / F	HOSPITAL NO.	MH010665788
REFERRING DEPT	OPD	MODALITY/Procedure Description	US /Echo-Cardiogram
REPORTED ON	27-12-2022 16:35:38	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	2.6
Left Ventricular Posterior Wall thickness (cm)	0.8	1.1
Aortic Root Diameter (cm)	2.4	
Left Atrial Dimension (cm)	3.0	
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	:	Normal
AORTIC VALVE	:	Normal
TRICUSPID VALVE	:	Trace TR (PASP ~ 18 mmHg)
PULMONARY VALVE	:	Normal
MAIN PULMONARY ARTERY & ITS BRANCHES	:	Appears normal.
INTERATRIAL SEPTUM	:	Intact.
INTERVENTRICULAR SEPTUM	:	Intact.

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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= 98 A=60	-	-	Nil	Nil
AORTIC	143	-	-	Nil	Nil
TRICUSPID	-	N	N	Trace	Nil
PULMONARY	89	N	N	Nil	Nil

SUMMARY & INTERPRETATION:

- o No LV regional wall motion abnormality with LVEF = 60%
 - o Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
 - o Trace TR (PASP ~ 18 mmHg)
 - o No MR/AR/PR.
 - o Normal mitral inflow pattern.
 - o IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
 - o No clot/ no vegetation/ no pericardial effusion.
- Please correlate clinically.*



DR. SAMANJOY MUKHERJEE
MD, DM
CONSULTANT CARDIOLOGIST



DR. JYOTIRMAYA SAHOO
MD, DM CARDIOLOGY
ASSOCIATE CONSULTANT

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NAME	MEENU SHEKHAR	STUDY DATE	24-12-2022 12:31:06
AGE / SEX	046Yrs / F	HOSPITAL NO.	MH010665788
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	24-12-2022 14:30:05	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. Divya Jain MBBS, DNB
DMC/R/7955
Associate Consultant Radiologist

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NAME	MEENU SHEKHAR	STUDY DATE	24-12-2022 12:31:06
AGE / SEX	046Yrs / F	HOSPITAL NO.	MH010665788
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	24-12-2022 14:30:05	REFERRED BY	Dr. Health Check MHD

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Name : MRS MEENU SHEKHAR **Age** : 46 Yr(s) Sex :Female
Registration No : MH010665788 **Lab No** : 32221208154
Patient Episode : H03000050922 **Collection Date** : 24 Dec 2022 11:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Dec 2022 13:18
Receiving Date : 24 Dec 2022 11:40

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	222 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	129	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	54	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	26	mg/dl	[10-40]
LDL- CHOLESTEROL	142 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	4.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	2.6		<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 MEENU SHEKHAR Age : 46 Yr(s) Sex :Female
Registration No : MH010665788 Lab No : 32221208154
Patient Episode : H03000050922 Collection Date : 24 Dec 2022 11:09
Referred By : HEALTH CHECK MHD Reporting Date : 24 Dec 2022 13:19
Receiving Date : 24 Dec 2022 11:40

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.27	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.13	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.14 #	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	21.20	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	26.60	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	117 #	IU/L	[39-100]
TOTAL PROTEIN (mod.Biuret)	7.4	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.6	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.8	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.64		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value





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Registration No : MH010665788 **Lab No** : 32221208154
Patient Episode : H03000050922 **Collection Date** : 24 Dec 2022 11:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Dec 2022 13:18
Receiving Date : 24 Dec 2022 11:40

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	8.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.62	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	4.6	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	8.7	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	4.0	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	140.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	3.93	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	104.4	mmol/l	[95.0-105.0]
eGFR	108.5	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.



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Registration No : MH010665788 **Lab No** : 32221208154
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Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Dec 2022 12:38
Receiving Date : 24 Dec 2022 11:40

BIOCHEMISTRY

Plasma GLUCOSE-Fasting (Hexokinase) 88 mg/dl [70-100]

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

Dr. Lona Mohapatra
CONSULTANT PATHOLOGY



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Name : MRS MEENU SHEKHAR **Age** : 46 Yr(s) Sex :Female
Registration No : MH010665788 **Lab No** : 33221206182
Patient Episode : H03000050922 **Collection Date** : 24 Dec 2022 11:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Dec 2022 14:32
Receiving Date : 24 Dec 2022 11:57

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)	6700	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.11	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	12.2	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	38.0	%	[36.0-46.0]
MCV (Calculated)	92.5	fL	[83.0-101.0]
MCH (Calculated)	29.7	pg	[25.0-32.0]
MCHC (Calculated)	32.1	g/dL	[31.5-34.5]
Platelet Count (Impedence)	120000 #	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.2	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	59.1	%	[40.0-80.0]

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Name : MRS MEENU SHEKHAR **Age** : 46 Yr(s) Sex :Female
Registration No : MH010665788 **Lab No** : 33221206182
Patient Episode : H03000050922 **Collection Date** : 24 Dec 2022 11:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Dec 2022 12:52
Receiving Date : 24 Dec 2022 11:57

HAEMATOLOGY

Lymphocytes (Flowcytometry)	29.6	%	[20.0-40.0]
Monocytes (Flowcytometry)	6.7	%	[2.0-10.0]
Eosinophils (Flowcytometry)	4.2	%	[1.0-6.0]
Basophils (Flowcytometry)	0.4 #	%	[1.0-2.0]
IG	0.30	%	

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.Lakshita singh



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Name : MRS MEENU SHEKHAR **Age** : 46 Yr(s) Sex :Female
Registration No : MH010665788 **Lab No** : 35221202886
Patient Episode : H03000050922 **Collection Date** : 24 Dec 2022 11:42
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Dec 2022 14:21
Receiving Date : 24 Dec 2022 12:53

MICROBIOLOGY

VDRL TEST/RPR

Specimen-Serum

Result

Non-reactive

Method :

Slide Flocculation

Technical Note:

This is a screening test for syphilis and is also used to monitor the course of disease after therapy. This test detects the presence 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.

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

Dr. Navin Kumar
CONSULTANT MICROBIOLOGY



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Name : MRS MEENU SHEKHAR **Age** : 46 Yr(s) Sex :Female
Registration No : MH010665788 **Lab No** : 38221201989
Patient Episode : H03000050922 **Collection Date** : 24 Dec 2022 11:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Dec 2022 15:56
Receiving Date : 24 Dec 2022 15:34

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	5.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.010	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(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 Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine		
WBC/Pus Cells	2-3/hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	



Name : MRS MEENU SHEKHAR **Age** : 46 Yr(s) Sex :Female
Registration No : MH010665788 **Lab No** : 38221201989
Patient Episode : H03000050922 **Collection Date** : 24 Dec 2022 11:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Dec 2022 15:56
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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, urinary 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 during 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 decreased 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.

1.010

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

Dr. Lona Mohapatra
CONSULTANT PATHOLOGY



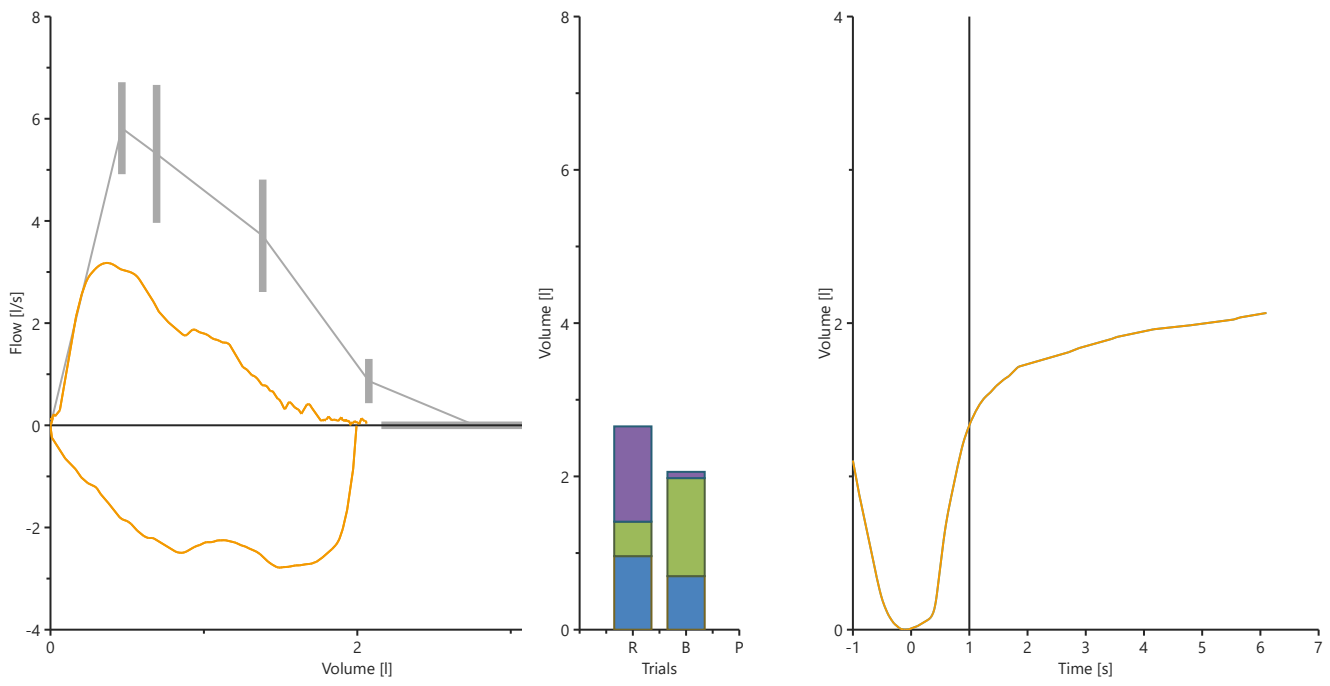
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DEPARTMENT OF RESPIRATORY MEDICINE

Last name	SHEKHAR	Age	46 years	BMI	27.6
First name	MEENU	Height	151.0 cm	Smoker	NO
Patient Id	MH010665788	Weight	63.0 kg	Technician	ASHRAF ALI
History		Gender	female	Physician	HEALTH CHECK

Measured: 12/24/2022 11:58 AM LFX 1.9.0 Ambient: 26.5 °C 1013 hPa 50 % 12/24/2022 2:40 PM LFX 1.9.0
 Ref. module: GLI2017 & ECCS93



		Pred	LLN	Pre	% Pred	Z-Score
FVC	[L]	2.77	2.21	2.06	74 %	-2.1
FEV 1	[L]	2.28	1.79	1.70	74 %	-2.0
FEV1%FVC	[%]	82.66	72.48	82.45	100 %	-1.3
MEF 75	[L/s]	5.31	3.10	3.01	57 %	-1.7
MEF 50	[L/s]	3.71	1.90	1.76	48 %	-1.8
MEF 25	[L/s]	0.87	0.40	0.40	46 %	-1.7
MMEF	[L/s]	2.49	1.44	1.24	50 %	-2.0
PEF	[L/s]	5.81	4.34	3.18	55 %	-2.9
T EX	[sec]	-	-	0.00	-	

NAME	MEENU SHEKHAR	STUDY DATE	24-12-2022 12:54:10
AGE / SEX	046Yrs / F	HOSPITAL NO.	MH010665788
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	24-12-2022 16:39:35	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN

Findings:

Liver is normal in size and echopattern. 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.

Visualized Pancreas is normal in size and echopattern.
Spleen is normal in size and echopattern.

Both kidneys are normal in position, size (RK ~ 9.7 x 3.5 cm and LK ~8.3 x 2.3 mm) 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 normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Uterus is anteverted. It is normal in size (~ 8.3 x 2.3 cm). Myometrial echogenicity appears uniform. Endometrium is central (4mm)

Both ovaries are normal in size and echopattern.

No significant free fluid is detected.

Impression: No significant abnormality detected.

Kindly correlate clinically.



Dr. Anuja MBBS,DMRD,DNB, DMC No. 76738
Associate Consultant, Radiology

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NAME	MEENU SHEKHAR	STUDY DATE	24-12-2022 12:54:10
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REPORTED ON	24-12-2022 16:39:35	REFERRED BY	Dr. Health Check MHD

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