



Name : MRS DHOLI DEVI **Age** : 56 Yr(s) Sex :Female
Registration No : MH005054957 **Lab No** : 31230300503
Patient Episode : H03000052834 **Collection Date** : 11 Mar 2023 09:14
Referred By : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 11:55
Receiving Date : 11 Mar 2023 11:29

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

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

Blood Group & Rh typing A Rh(D) Negative
Weak D Negative

Antibody Screening (Microtyping in gel cards using reagent red cells)

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.
Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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

Dr Himanshu Lamba



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Name : MRS DHOLI DEVI **Age** : 56 Yr(s) Sex :Female
Registration No : MH005054957 **Lab No** : 32230303897
Patient Episode : H03000052834 **Collection Date** : 11 Mar 2023 09:14
Referred By : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 11:10
Receiving Date : 11 Mar 2023 09:53

BIOCHEMISTRY

Glycosylated Hemoglobin Specimen: EDTA Whole blood
HbA1c (Glycosylated Hemoglobin) 6.0 As per American Diabetes Association(ADA)
% [4.0-6.5]HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk)5.7-6.4
Diagnosing Diabetes >= 6.5
Estimated Average Glucose (eAG) 126 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.

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.19	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	8.70	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	8.460 #	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



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Referred By : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 11:00
Receiving Date : 11 Mar 2023 09:49

BIOCHEMISTRY

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	191	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	89	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	75 #	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	18	mg/dl	[10-40]
LDL- CHOLESTEROL	98	mg/dl	[<100]
			Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	2.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.3		<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.



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Registration No : MH005054957 **Lab No** : 32230303897
Patient Episode : H03000052834 **Collection Date** : 11 Mar 2023 09:14
Referred By : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 10:58
Receiving Date : 11 Mar 2023 09:49

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.34	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.15	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.19 #	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	16.50	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	13.10	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	82	IU/L	[46-118]
TOTAL PROTEIN (mod.Biuret)	8.2	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.3	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	3.9 #	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.10		[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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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	9.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.68	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	4.6	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.7	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.2	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	136.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.23	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	98.4	mmol/l	[95.0-105.0]
eGFR	98.1	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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Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



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Name : MRS DHOLI DEVI **Age** : 56 Yr(s) Sex :Female
Registration No : MH005054957 **Lab No** : 32230303898
Patient Episode : H03000052834 **Collection Date** : 11 Mar 2023 12:55
Referred By : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 17:15
Receiving Date : 11 Mar 2023 13:15

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 95 mg/dl [70-140]

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

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 89 mg/dl [70-100]

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Name : MRS DHOLI DEVI **Age** : 56 Yr(s) Sex :Female
Registration No : MH005054957 **Lab No** : 33230302339
Patient Episode : H03000052834 **Collection Date** : 11 Mar 2023 09:14
Referred By : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 12:38
Receiving Date : 11 Mar 2023 09:55

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR **49.0 #** /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)	12030 #	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.37	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	12.3	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	38.6	%	[36.0-46.0]
MCV (Calculated)	88.3	fL	[83.0-101.0]
MCH (Calculated)	28.1	pg	[25.0-32.0]
MCHC (Calculated)	31.9	g/dL	[31.5-34.5]
Platelet Count (Impedence)	322000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	14.0	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	77.2	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	11.8 #	%	[20.0-40.0]

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Name : MRS DHOLI DEVI **Age** : 56 Yr(s) Sex :Female
Registration No : MH005054957 **Lab No** : 33230302339
Patient Episode : H03000052834 **Collection Date** : 11 Mar 2023 09:14
Referred By : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 11:56
Receiving Date : 11 Mar 2023 09:55

HAEMATOLOGY

Monocytes (Flowcytometry)	6.1	%	[2.0-10.0]
Eosinophils (Flowcytometry)	4.7	%	[1.0-6.0]
Basophils (Flowcytometry)	0.2 #	%	[1.0-2.0]
IG	0.20	%	
Neutrophil Absolute(Flourescence flow cytometry)	9.3 #	/cu mm	[2.0-7.0]x10³
Lymphocyte Absolute(Flourescence flow cytometry)	1.4	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.7	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.6 #	/cu mm	[0.0-0.5]x10³
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 ³

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 DHOLI DEVI **Age** : 56 Yr(s) Sex :Female
Registration No : MH005054957 **Lab No** : 38230300717
Patient Episode : H03000052834 **Collection Date** : 11 Mar 2023 09:14
Referred By : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 14:00
Receiving Date : 11 Mar 2023 11:58

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	2-4 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	4-6 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:



Name : MRS DHOLI DEVI **Age** : 56 Yr(s) Sex :Female
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Patient Episode : H03000052834 **Collection Date** : 11 Mar 2023 09:14
Referred By : HEALTH CHECK MHD **Reporting Date** : 11 Mar 2023 14:00
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CLINICAL PATHOLOGY

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.

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NAME	DHOLI DEVI	STUDY DATE	11-03-2023 09:57:41
AGE / SEX	056Yrs / F	HOSPITAL NO.	MH005054957
REFERRING DEPT	OPD	MODALITY/Procedure	CR /Xray chest PA (CXR)
REPORTED ON	11-03-2023 12:57:00	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Prominent bronchovascular markings are seen in both lung fields.

Fibrotic changes are seen in bilateral lungs predominantly in bilateral middle zone.

Right hila is pulled laterally.

Haziness is seen in bilateral lower zones.

Both CP angles are blunted.

Cardia is normal.

Domes of diaphragm are obscured.

Kindly correlate clinically



Dr. Abhinav Pratap Singh DNB, DMC
Reg No. 58170
Associate Consultant, Dept. of Radiology
& Imaging

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	DHOLI DEVI	STUDY DATE	11-03-2023 09:57:41
AGE / SEX	056Yrs / F	HOSPITAL NO.	MH005054957
REFERRING DEPT	OPD	MODALITY/Procedure	CR /Xray chest PA (CXR)
REPORTED ON	11-03-2023 12:57:00	REFERRED BY	Dr. Health Check MHD

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Rate 88 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Probable left atrial enlargement.....P >50mS, <-0.10mV V1
 PR 154 . Abnormal R-wave progression, late transition.....QRS area<0 in V5/V6
 QRSD 88 . ST elevation, consider anterolateral injury.....ST >0.15mV, I aVL V2-V6
 QT 332 . Baseline wander in lead(s) I
 QTc 402

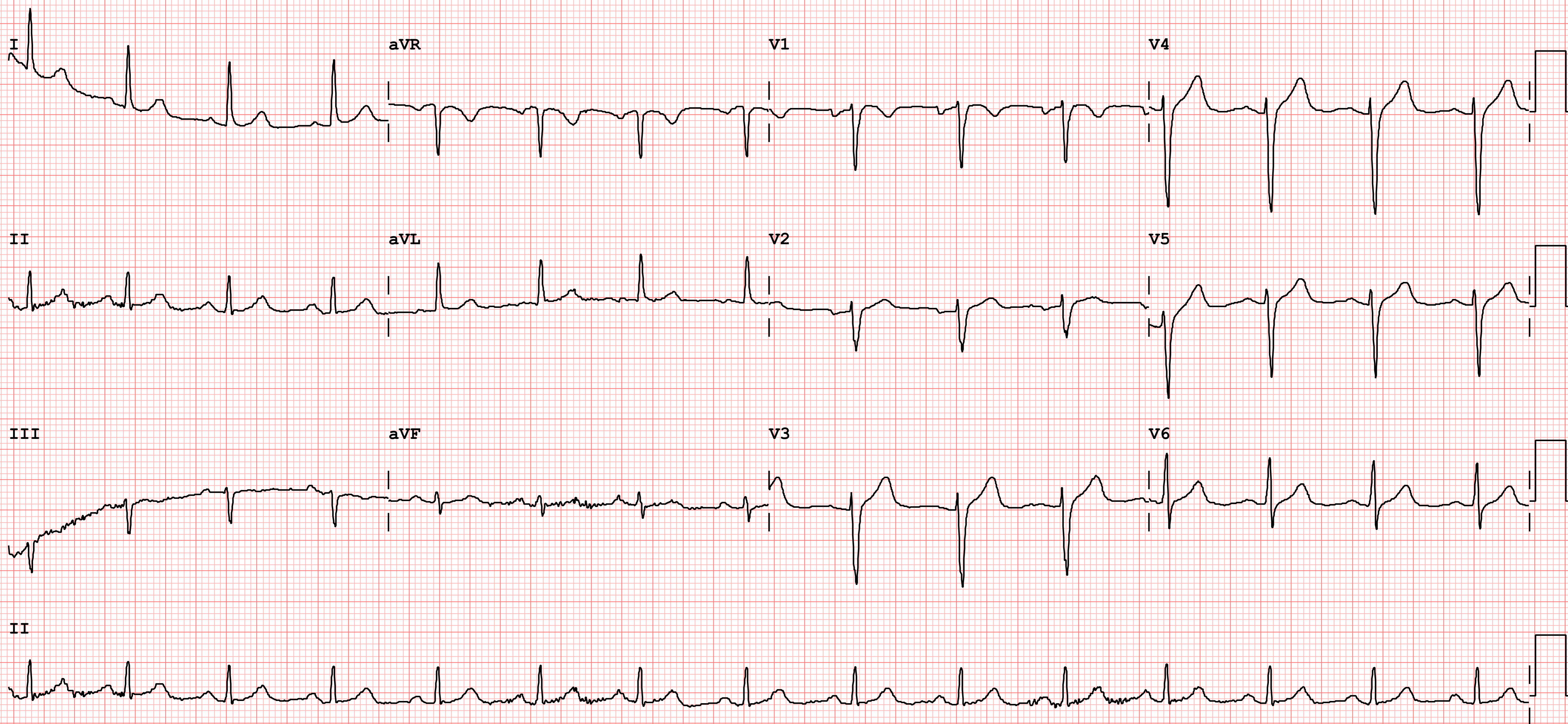
--AXIS--

P 58
 QRS 5
 T 28

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



NAME	DHOLI DEVI	STUDY DATE	11-03-2023 10:44:11
AGE / SEX	056Yrs / F	HOSPITAL NO.	MH005054957
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	11-03-2023 13:32:29	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.

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

Both kidneys are normal in position, size 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 (7.3 x 2.6 cm). Myometrial echogenicity appears uniform.
Endometrium is central (~5.1 mm).

Both ovaries are not seen.

No significant free fluid is detected.

Impression: No significant abnormality is seen in upper abdomen.

TVS correlation is advised if detailed evaluation of pelvis is required

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NAME	DHOLI DEVI	STUDY DATE	11-03-2023 10:44:11
AGE / SEX	056Yrs / F	HOSPITAL NO.	MH005054957
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	11-03-2023 13:32:29	REFERRED BY	Dr. Health Check MHD



Dr. Aarushi MD,DNB, DMC/R/03291
Consultant Radiologist

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