remaie Asian		PR interval QRS duration QT/QTc 370 P-R-T axes 44	144 ms on 88 ms 376/381 ms 49 69 61	Normal	Normal ECG				
ĬĬ.	Technician: Test ind:								
				Referre	Referred by: hcp		Unconfirmed		
			a WR		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		AV V		
			aVL		1 A A 5		AS		
			aVF		A3		91		
		1							
20 Hz 25.0	25.0 mm/s 1	10.0 mm/mV			4 by 2.5s	4 by 2.5s + 1 rhythm ld	MAC	MAC55 009C	© 12SL™v239

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TMT INVESTIGATION REPORT

Patient Name MONIKA PANDEY

Location

: Ghaziabad

Age/Sex

Visit No

: V0000000001-GHZB

: 31Year(s)/Female

Order Date

: 23/09/2023

MRN No

MH011329685

Ref. Doctor : HCP

Report Date

: 23/09/2023

Protocol

: Bruce

MPHR

: 189BPM

Duration of exercise

: 6min 06sec

85% of MPHR

: 160BPM

Reason for termination : THR achieved

Peak HR Achieved : 162BPM

: 85%

Blood Pressure (mmHg) : Baseline BP : 110/66mmHg

% Target HR

Peak BP

: 130/70mmHg

METS

: 7.1METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
THE TWO	0:00	67	110/66	Nil	No ST changes seen	Nil
PRE- EXC.				Nil	No ST changes seen	Nil
STAGE 1	3:00	123	120/66	1411		Nil
STAGE 2	3:00	161	130/70	Nil	No ST changes seen	
STAGE 3	0:06	162	130/70	Nil	No ST changes seen	Nil
[4		02	114/70	Nil	No ST changes seen	Nil
RECOVERY	4:15	82	114/70	1844		

COMMENTS:

No ST changes in base line ECG.

No ST changes during test and recovery.

Normal chronotropic response.

Normal blood pressure response.

IMPRESSION:

readmill test is negative for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

MD, DM (CARDIOLOGY), FACC Sr. Consultant Cardiology

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DNB (CARDIOLOGY), MNAMS MD Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

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LABORATORY REPORT

Name

: MRS MONIKA PANDEY

Age

31 Yr(s) Sex :Female

Registration No

: MH011329685

Lab No

202309005109

Patient Episode

H18000001204

Collection Date:

23 Sep 2023 10:48

Referred By

: HEALTH CHECK MGD

Reporting Date:

24 Sep 2023 08:57

Receiving Date

: 23 Sep 2023 10:48

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbAlc (Glycosylated Hemoglobin)

5.3

1/5

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbA1c in %

Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk)5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

105

mg/dl

Comments: HbAlc 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.

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 1 of 1

----END OF REPORT----

Dr. Charu Agarwal Consultant Pathologist

Ghaziabad - 201002 Office: Sector-6, Dwarka, New Delhi 110 075

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LIFE'S ON Department Of Laboratory Medicine LABORATORY REPORT

Name

: MRS MONIKA PANDEY

Age

31 Yr(s) Sex: Female

Registration No

: MH011329685

Lab No

32230910097

Patient Episode

: R03000054617

Collection Date:

23 Sep 2023 20:26

Referred By

: MANIPAL HOSPITALS GHAZIABAD

Reporting Date:

24 Sep 2023 08:10

Receiving Date

: 23 Sep 2023 21:21

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

[0.80-2.04]ng/ml 0.90 T3 - Triiodothyronine (ECLIA) [5.50-11.00] µg/dl 4.71 # T4 - Thyroxine (ECLIA) [0.340 - 4.250]uIU/mL Thyroid Stimulating Hormone (ECLIA) 2.580

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 1

_____END OF REPORT--

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY







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LABORATORY REPORT

Name

: MRS MONIKA PANDEY

: MH011329685

Registration No Patient Episode

: H18000001204

Referred By

: HEALTH CHECK MGD

Receiving Date

: 23 Sep 2023 15:10.

31 Yr(s) Sex :Female Age

202309005109 Lab No

Collection Date: 23 Sep 2023 15:10

25 Sep 2023 11:35 Reporting Date:

CYTOPATHOLOGY

CYTOLOGY No- PP/211/2023

GROSS- Received 2 fixed smears

MICROSCOPIC - BETHESDA SYSTEM TERMINOLOGY -2014

- 1.SPECIMEN TYPE CONVENTIONAL SMEAR (PAP SMEAR)
 - (A) ADEQUACY -SATISFACTORY
 - (B) MICROSCOPIC SMEARS SHOW SUPERFICIAL AND INTERMEDIATE SQUAMOUS EPITHELIAL CELLS. FEW ACUTE INFLAMMATORY CELLS SEEN.
 - (C) ENDOCERVICAL CELLS -PRESENT
 - (D) NON-NEOPLASTIC CELLULAR CHANGES-.ABSENT
 - (E) REACTIVE CELLULAR CHANGES -ABSENT
 - (F) ORGANISMS COCCOBACILLI SEEN
 - (G) DYSPLASIA/MALIGNANCY- ABSENT.

GENERAL CATAGORY : BENIGN CELLULAR CHANGES

IMPRESSION -

SMEARS ARE NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY .

Page 1 of 1

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

Dr. Charu Agarwal **Consultant Pathologist**





Name : MRS MONIKA PANDEY

: MH011329685

Patient Episode : H18000001204

Registration No

Referred By : HEALTH CHECK MGD

Receiving Date : 23 Sep 2023 10:48

Age

31 Yr(s) Sex :Female

Lab No

202309005109

Collection Date:

23 Sep 2023 10:48

Reporting Date:

23 Sep 2023 15:06

HAEMATOLOGY

TEST	RESULT	UNIT BIOLOGICA	AL REFERENCE INTERVA
COMPLETE BLOOD COUNT (AUTOMAT	ED)	SPECIMEN-EDTA Whole	Blood
RBC COUNT (IMPEDENCE) HEMOGLOBIN Method:cyanide free SLS-color HEMATOCRIT (CALCULATED)	4.55 12.3 imetry 38.7	millions/cumm g/dl %	[3.80-4.80] [12.0-15.0] [36.0-46.0]
MCV (DERIVED) MCH (CALCULATED) MCHC (CALCULATED) RDW CV% (DERIVED) Platelet count Method: Electrical Impedance	85.1 27.0 31.8 12.9 182	fL pg g/dl % x 10 ³ cells/cumm	[83.0-101.0] [25.0-32.0] [31.5-34.5] [11.6-14.0] [150-410]
MPV (DERIVED) WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT	7.59	\times 10 3 cells/cumm	[4.00-10.00]
(VCS TECHNOLOGY/MICROSCOPY) Neutrophils Lymphocytes Monocytes Eosinophils Basophils	50.0 42.0 # 6.0 2.0 0.0	00 % 00 00 00	[40.0-80.0] [20.0-40.0] [2.0-10.0] [1.0-6.0] [0.0-2.0]
ESR	50.0 #	mm/1sthour	[0.

Page 1 of 8





Name

MRS MONIKA PANDEY

Age

31 Yr(s) Sex :Female

Registration No

MH011329685

Lab No

202309005109

Patient Episode

H18000001204

Collection Date:

23 Sep 2023 12:22

Referred By

HEALTH CHECK MGD

Reporting Date:

23 Sep 2023 17:18

Receiving Date

: 23 Sep 2023 12:22

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour

PALE YELLOW

(Pale Yellow - Yellow)

Appearance

SLIGHTLY TURBID 5.0

(4.6 - 8.0)

Reaction[pH]
Specific Gravity

1.015

(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

2-4 /hpf

(0-5/hpf)

RBC

0-1/hpf

/hpf

(0-2/hpf)

Epithelial Cells

8-10

CASTS

NIL

Crystals

NIL

Bacteria

NIL

THERS

Page 2 of 8





Name

MRS MONIKA PANDEY

Age

31 Yr(s) Sex :Female

Registration No

MH011329685

Lab No

202309005109

Patient Episode

H18000001204

Collection Date:

23 Sep 2023 10:49

Referred By

: HEALTH CHECK MGD

Reporting Date:

23 Sep 2023 15:43

Receiving Date

: 23 Sep 2023 10:49

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	234	#	mg/dl	[<200]
Method:Oxidase, esterase, peroxide				Moderate risk:200-239
				High risk:>240
TRIGLYCERIDES (GPO/POD)	201	#	mg/dl	[<150]
				Borderline high: 151-199
				High: 200 - 499
				Very high:>500
HDL- CHOLESTEROL	56.0		mg/dl	[35.0-65.0]
Method: Enzymatic Immunoimhibition				W. W.
VLDL- CHOLESTEROL (Calculated)	40	#	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	138.0		mg/dl	[<120.0]
CHOILESTEROI, IDI, CIIICOIIII			K	Near/
Above optimal-100-129				
Above optimal 100 123				Borderline High: 130-159
				High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	4.2			<4.0 Optimal
1.Choi/ NDE.choi lacio (carcaracea)				4.0-5.0 Borderline
				>6 High Risk
				* ** * * * * * * * * * * * * * * * * *
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.5			<3 Optimal
LDL.CHOL/ HDL.CHOL Katlo (Calculated)	2.0			3-4 Borderline
				>6 High Risk
			X0	

Note:

Reference ranges based on ATP III Classifications.

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

Page 3 of 8





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Name

MRS MONIKA PANDEY

Age

31 Yr(s) Sex :Female

Registration No

MH011329685

Lab No

202309005109

Patient Episode

H18000001204

Collection Date:

Referred By

23 Sep 2023 10:49

Receiving Date

HEALTH CHECK MGD

Reporting Date:

23 Sep 2023 15:43

23 Sep 2023 10:49

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVA UNIT RESULT TEST

KIDNEY PROFILE

Specimen: Serum UREA	23.2	mg/dl	[15.0-40.0]	
Method: GLDH, Kinatic assay BUN, BLOOD UREA NITROGEN	10.8	mg/dl	[8.0-20.0]	
Method: Calculated CREATININE, SERUM	0.57 #	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	136.80	mmol/L	[136.00-144.00]	
POTASSIUM, SERUM SERUM CHLORIDE	4.22	mmol/L mmol/L	[3.60-5.10] [101.0-111.0]	
Method: ISE Indirect eGFR (calculated)	123.9	ml/min/1.73sq.m	[>60.0]	
Technical Note				

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 quation normalized to1.73 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 Hemolys Icterus / Lipemia.

Page 4 of 8





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Name

MRS MONIKA PANDEY

Age

31 Yr(s) Sex :Female

Registration No

MH011329685

Lab No

202309005109

Patient Episode

H18000001204

Collection Date:

23 Sep 2023 10:49

Referred By

: HEALTH CHECK MGD

Reporting Date:

23 Sep 2023 15:43

Receiving Date

: 23 Sep 2023 10:49

BIOCHEMISTRY

TEST	RESULT	UNIT BIOLO	OGICAL REFERENCE INTERVA
LIVER FUNCTION TEST	s .		
BILIRUBIN - TOTAL Method: D P D	0.69	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.58	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.60	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	2.19		[1.00-2.50]
ST(SGOT) (SERUM) Method: IFCC W/O P5P	21.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	16.40	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	63.0	IU/L	[40.0-98.0]
GGT	18.0	U/L	[7.0-50.0]

Page 5 of 8





Name

MRS MONIKA PANDEY

Age

31 Yr(s) Sex :Female

Registration No

MH011329685

Lab No

202309005109

Patient Episode

H18000001204

Collection Date:

23 Sep 2023 10:49

Referred By

HEALTH CHECK MGD

Reporting Date:

23 Sep 2023 15:43

Receiving Date

: 23 Sep 2023 10:49

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

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.

Page 6 of 8

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

Dr. Alka Dixit Vats Consultant Pathologist





Name

MRS MONIKA PANDEY

Age

31 Yr(s) Sex :Female

Registration No

MH011329685

Lab No

202309005110

Patient Episode

H18000001204

Collection Date:

23 Sep 2023 10:48

Referred By

HEALTH CHECK MGD

Reporting Date :

23 Sep 2023 15:41

Receiving Date

: 23 Sep 2023 10:48

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

84.0

mg/dl

[70.0-110.0]

Method: Hexokinase

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, adrenocorti insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

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

Dr. Alka Dixit Vats Consultant Pathologist





LABORATORY REPORT

Name

MRS MONIKA PANDEY

Age

31 Yr(s) Sex :Female

Registration No

MH011329685

Lab No

202309005111

Patient Episode

H18000001204

Collection Date:

23 Sep 2023 15:19

Referred By

HEALTH CHECK MGD

Reporting Date:

23 Sep 2023 17:14

Receiving Date

23 Sep 2023 15:19

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS 94.0 mg/dl

[80.0-140.0]

Method: Hexokinase

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 8 of 8

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

Dr. Alka Dixit Vats **Consultant Pathologist**



RADIOLOGY REPORT

NAME	MRS Monika PANDEY	STUDY DATE	23/09/2023 12:07PM
AGE / SEX	31 y / F	HOSPITAL NO.	MH011329685
ACCESSION NO.	R6146000	MODALITY	US
REPORTED ON	23/09/2023 12:31PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 144 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 95 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.8 mm. COMMON BILE DUCT: Appears normal in size and measures 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 97 x 37 mm. Left Kidney: measures 88 x 49 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: Anteverted, but is positioned lower down suggesting possibility of prolapse. It is normal in size (measures $80 \times 49 \times 27 \text{ mm}$), shape and echotexture.

Endometrial thickness measures 4.3 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 31 x 31 x 16 mm with volume 8.1 cc.

Left ovary measures 23 x 21 x 12 mm with volume 3.1 cc.

Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Uterus positioned lower down suggesting possibility of prolapse.

Recommend clinical correlation and follow up.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

Marica.

******End Of Report*****

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com



RADIOLOGY REPORT

NAME	MRS Monika PANDEY	STUDY DATE	23/09/2023 11:47AM
AGE / SEX	31 y / F	HOSPITAL NO.	MH011329685
ACCESSION NO.	R6145999	MODALITY	CR
REPORTED ON	23/09/2023 11:54AM	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 noted.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

Marica.

*****End Of Report****

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

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