

neha kadam

ID:

25-Mar-2023 12:08:21

Manipal Hospitals, Ghaziabad

31 years Asian

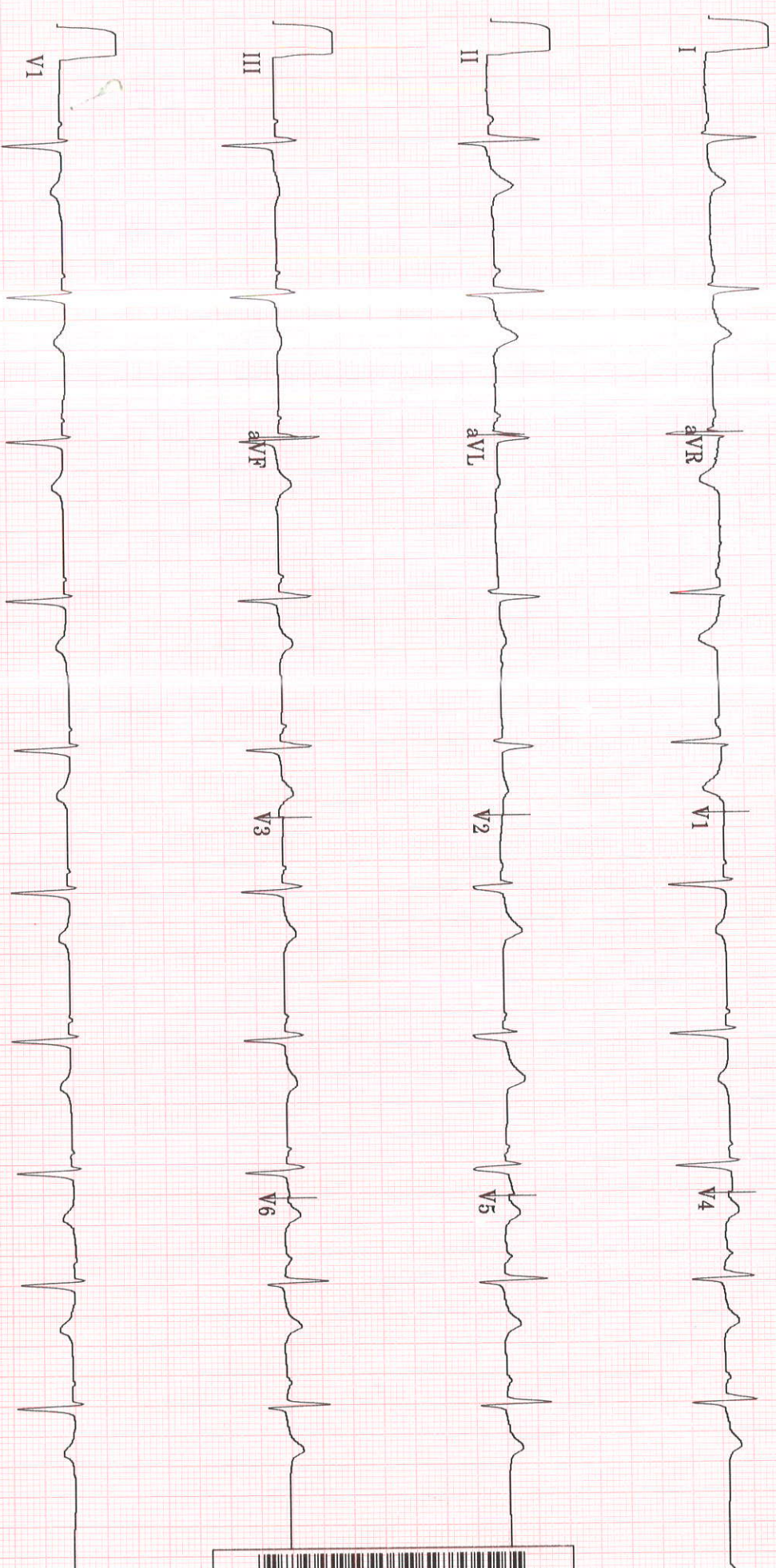
Vent. rate	65 bpm
PR interval	130 ms
QRS duration	84 ms
QT/QTc	440/457 ms
P-R-T axes	58 -13 44

Technician:  
Test ind:

Normal sinus rhythm with sinus arrhythmia  
Normal ECG

Referred by: hep

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 KADAM	Location : Ghaziabad
Age/Sex : 31Year(s)/Female	Visit No : V000000001-GHZB
MRN No : MH010871526	Order Date : 25/03/2023
Ref. Doctor : HCP	Report Date : 25/03/2023

**Protocol** : Bruce **MPHR** : 189BPM  
**Duration of exercise** : 6min 42sec **85% of MPHR** : 160BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 185BPM  
**Blood Pressure (mmHg)** : Baseline BP : 120/60mmHg **% Target HR** : 97%  
Peak BP : 134/66mmHg **METS** : 8.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	75	120/60	Nil	No ST changes seen	Nil
STAGE 1	3:00	143	126/60	Nil	No ST changes seen	Nil
STAGE 2	3:00	171	134/66	Nil	No ST changes seen	Nil
STAGE 3	0:42	180	134/66	Nil	No ST changes seen	Nil
RECOVERY	3:02	104	130/60	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**Dr. Sudhanshu Mishra**MD  
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RADIOLOGY REPORT

Name	Neha KADAM	Modality	DX
Patient ID	MH010871526	Accession No	R5329868
Gender/Age	F / 32Y 1M 29D	Scan Date	25-03-2023 10:22:59
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	25-03-2023 10:43:33

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. Prabhat Prakash Gupta,  
MBBS, DNB, MNAMS, FRCR(I)  
Consultant Radiologist, Reg no DMC/R/14242

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**RADIOLOGY REPORT**

<b>Name</b>	Neha KADAM	<b>Modality</b>	US
<b>Patient ID</b>	MH010871526	<b>Accession No</b>	R5329869
<b>Gender / Age</b>	F / 32Y 1M 29D	<b>Scan Date</b>	25-03-2023 11:42:48
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	25-03-2023 12:00:48

**USG ABDOMEN & PELVIS**

**FINDINGS**

LIVER: appears enlarged in size (measures 157 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.  
 SPLEEN: Spleen is normal in size (measures 79 mm), shape and echotexture. Rest normal.  
 PORTAL VEIN: Appears normal in size and measures 9.5 mm.  
 COMMON BILE DUCT: Appears normal in size and measures 3.9 mm.  
 IVC, HEPATIC VEINS: Normal.  
 BILIARY SYSTEM: Normal.  
 GALL BLADDER: Well distended with normal walls (~ 2.7 mm). Its lumen demonstrates multiple mobile calculi within with the largest one measuring ~ 14 mm. 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 105 x 49 mm.  
 Left Kidney: measures 91 x 51 mm. It shows a concretion measuring 2.5 mm at lower calyx.  
 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 76 x 49 x 43 mm), shape but shows coarse myometrial echotexture. Endometrial thickness measures 8.6 mm. Cervix appears normal.  
 OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.  
 Right ovary measures 30 x 29 x 18 mm with volume 8.1 cc.  
 Left ovary measures 26 x 25 x 13 mm with volume 4.4 cc.  
 Bilateral adnexa is clear.  
 No free fluid seen in cul-de-sac.  
 BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

- Cholelithiasis.
- Hepatomegaly with diffuse grade I fatty infiltration in liver.
- Left renal concretion.
- Coarse myometrial echotexture of uterus.

Recommend clinical correlation.

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**RADIOLOGY REPORT**

<b>Name</b>	Neha KADAM	<b>Modality</b>	US
<b>Patient ID</b>	MH010871526	<b>Accession No</b>	R5329869
<b>Gender/Age</b>	F / 32Y 1M 29D	<b>Scan Date</b>	25-03-2023 11:42:48
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	25-03-2023 12:00:48

*Monica*

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

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## LABORATORY REPORT

Name	: MRS NEHA KADAM	Age	: 32 Yr(s) Sex :Female
Registration No	: MH010871526	Lab No	: 32230309957
Patient Episode	: H1800000373	Collection Date	: 25 Mar 2023 20:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 26 Mar 2023 08:10
Receiving Date	: 25 Mar 2023 21:12		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.35	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	11.07	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	3.500	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



## LABORATORY REPORT

<b>Name</b>	: MRS NEHA KADAM	<b>Age</b>	: 32 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871526	<b>Lab No</b>	: 202303002480
<b>Patient Episode</b>	: H18000000373	<b>Collection Date</b>	: 25 Mar 2023 09:41
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 13:11
<b>Receiving Date</b>	: 25 Mar 2023 09:41		

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.44	millions/cu mm	[3.80-4.80]
HEMOGLOBIN	12.8	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	40.1	%	[36.0-46.0]
MCV (DERIVED)	90.3	fL	[83.0-101.0]
MCH (CALCULATED)	28.8	pg	[27.0-32.0]
MCHC (CALCULATED)	31.9	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.4	%	[11.6-14.0]
Platelet count	287	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	12.8		
WBC COUNT (TC) (IMPEDENCE)	8.96	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	77.0	%	[40.0-80.0]
Lymphocytes	18.0	%	[17.0-45.0]
Monocytes	4.0	%	[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	47.0 #	/1sthour	[0.0-

## LABORATORY REPORT

<b>Name</b>	: MRS NEHA KADAM	<b>Age</b>	: 32 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871526	<b>Lab No</b>	: 202303002480
<b>Patient Episode</b>	: H18000000373	<b>Collection Date</b>	: 25 Mar 2023 09:41
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 17:23
<b>Receiving Date</b>	: 25 Mar 2023 09:41		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
<b>HbA1c (Glycosylated Hemoglobin)</b>	6.0 #	%	[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)	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.

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

#### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
<b>Appearance</b>	SLIGHTLY TURBID	
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 KADAM	<b>Age</b>	: 32 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871526	<b>Lab No</b>	: 202303002480
<b>Patient Episode</b>	: H18000000373	<b>Collection Date</b>	: 25 Mar 2023 12:30
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 15:39
<b>Receiving Date</b>	: 25 Mar 2023 12:30		

### CLINICAL PATHOLOGY

#### MICROSCOPIC EXAMINATION (Automated/Manual)

<b>Pus Cells</b>	10-15 /hpf	(0-5/hpf)
<b>RBC</b>	0-1/hpf	(0-2/hpf)
<b>Epithelial Cells</b>	1-2 /hpf	
<b>CASTS</b>	NIL	
<b>Crystals</b>	NIL	
<b>OTHERS</b>	NIL	

#### Serum LIPID PROFILE

<b>Serum TOTAL CHOLESTEROL</b>	236 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
<b>TRIGLYCERIDES (GPO/POD)</b>	85	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
<b>HDL- CHOLESTEROL</b>	39.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
<b>VLDL- CHOLESTEROL (Calculated)</b>	17	mg/dl	[0-35]
<b>CHOLESTEROL, LDL, CALCULATED</b>	180.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
<b>T.Chol/HDL.Chol ratio(Calculated)</b>	6.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
<b>LDL.CHOL/HDL.CHOL Ratio(Calculated)</b>	4.6		<3 Optimal 3-4 Borderline >6 High Risk

Note:

## LABORATORY REPORT

<b>Name</b>	: MRS NEHA KADAM	<b>Age</b>	: 32 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871526	<b>Lab No</b>	: 202303002480
<b>Patient Episode</b>	: H18000000373	<b>Collection Date</b>	: 25 Mar 2023 09:41
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 12:57
<b>Receiving Date</b>	: 25 Mar 2023 09:41		

### BIOCHEMISTRY

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

#### KIDNEY PROFILE

Specimen: Serum

UREA 27.7 mg/dl [15.0-40.0]

Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN 12.9 mg/dl [8.0-20.0]

Method: Calculated

CREATININE, SERUM 0.66 # mg/dl [0.70-1.20]

Method: Jaffe rate-IDMS Standardization

URIC ACID 5.6 mg/dl [4.0-8.5]

Method:uricase PAP

SODIUM, SERUM 134.90 # mmol/L [136.00-144.00]

POTASSIUM, SERUM 4.21 mmol/L [3.60-5.10]

SERUM CHLORIDE 101.2 mmol/l [101.0-111.0]

Method: ISE Indirect

eGFR (calculated) 117.3 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.



## LABORATORY REPORT

<b>Name</b>	: MRS NEHA KADAM	<b>Age</b>	: 32 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871526	<b>Lab No</b>	: 202303002480
<b>Patient Episode</b>	: H18000000373	<b>Collection Date</b>	: 25 Mar 2023 09:41
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 12:58
<b>Receiving Date</b>	: 25 Mar 2023 09:41		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.68	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.12	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.56	mg/dl	[0.10-0.90]
<b>TOTAL PROTEINS (SERUM)</b> <i>Method: BIURET</i>	8.90 #	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.49	g/dl	[3.50-5.20]
<b>GLOBULINS (SERUM)</b> <i>Method: Calculation</i>	4.40 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.02		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	20.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	20.00	U/L	[14.00-54.00]
<b>Serum Alkaline Phosphatase</b> <i>Method: AMP BUFFER IFCC)</i>	118.0 #	IU/L	[40.0-98.0]
GGT	21.0		[7.0-50.0]

## LABORATORY REPORT

Name : MRS NEHA KADAM Age : 32 Yr(s) Sex :Female  
Registration No : MH010871526 Lab No : 202303002480  
Patient Episode : H18000000373 Collection Date : 25 Mar 2023 09:41  
Referred By : HEALTH CHECK MGD Reporting Date : 25 Mar 2023 17:18  
Receiving Date : 25 Mar 2023 09:41

### BLOOD BANK

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

**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 NEHA KADAM Age : 32 Yr(s) Sex :Female  
Registration No : MH010871526 Lab No : 202303002481  
Patient Episode : H1800000373 Collection Date : 25 Mar 2023 09:41  
Referred By : HEALTH CHECK MGD Reporting Date : 25 Mar 2023 12:58  
Receiving Date : 25 Mar 2023 09:41

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	103.0	mg/dl	[70.0-110.0]

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



Dr. Charu Agarwal  
Consultant Pathologist