

urmila singh

ID:

27-May-2023 12:48:00

Manipal Hospitals, Ghaziabad

52years Female Caucasian

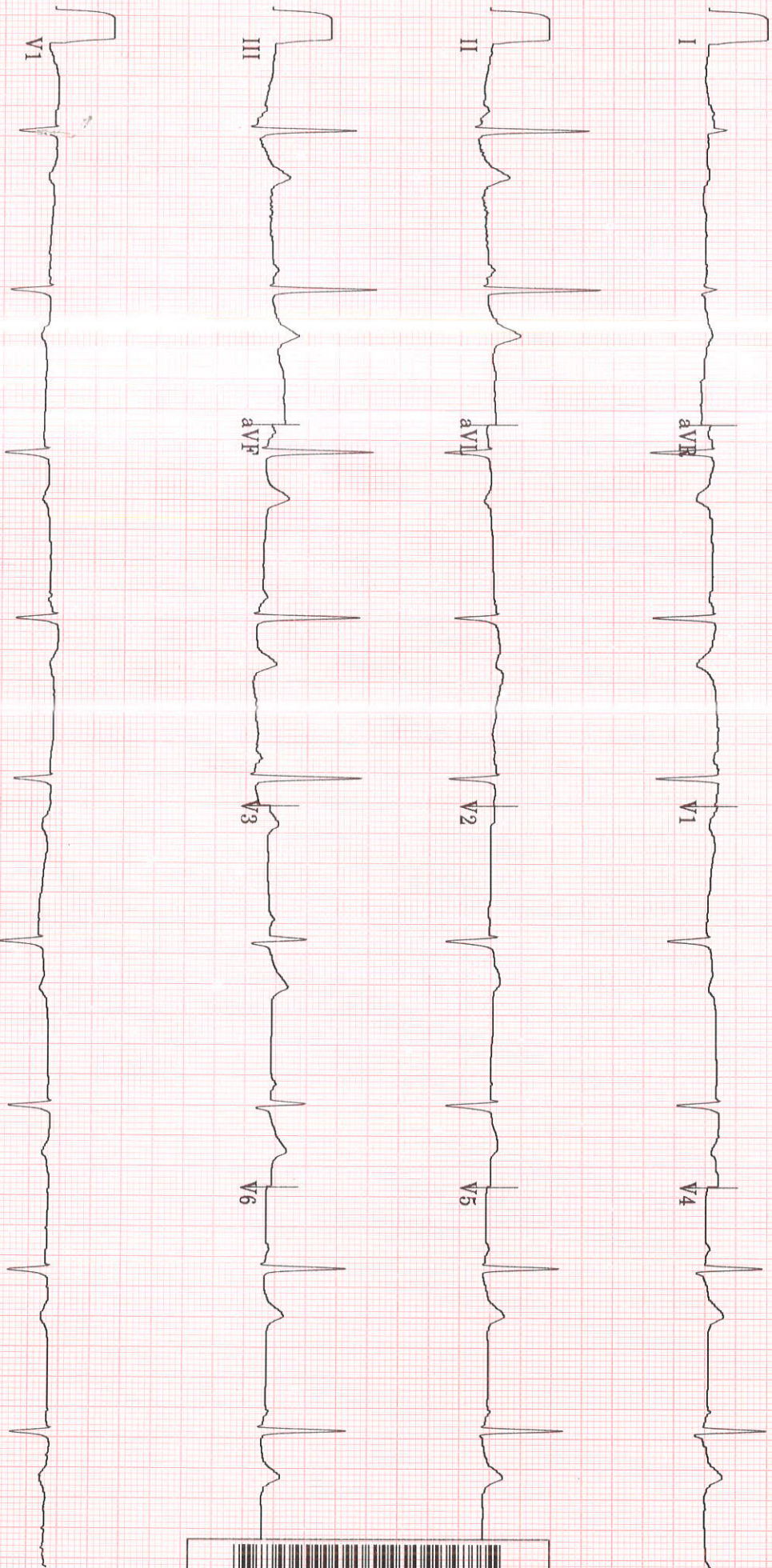
Vent. rate	56 bpm
PR interval	142 ms
QRS duration	80 ms
QT/QTc	426/411 ms
P-R-T axes	72 85 75

Sinus bradycardia  
Otherwise normal ECG

Technician:  
Test ind:

Referred by:

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 pv 2.5s + 1 rhythm id

MAC55 009C

0 1981 76.3790





## TMT INVESTIGATION REPORT

Patient Name : <b>URMILA SINGH</b>	Location : Ghaziabad
Age/Sex : 52Year(s)/Female	Visit No : V0000000001-GHZB
MRN No : MH010204820	Order Date : 27/05/2023
Ref. Doctor : HCP	Report Date : 27/05/2023

**Protocol** : Bruce **MPHR** : 168BPM  
**Duration of exercise** : 3min 13sec **85% of MPHR** : 142BPM  
**Reason for termination** : Patient fatigue **Peak HR Achieved** : 163BPM  
**Blood Pressure (mmHg)** : Baseline BP : 114/70mmHg **% Target HR** : 97%  
Peak BP : 120/70mmHg **METS** : 4.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	76	110/70	Nil	No ST changes seen	Nil
STAGE 1	3:00	144	120/70	Nil	No ST changes seen	Nil
STAGE 2	0:13	163	120/70	Nil	ST depression in inferolateral leads	Nil
RECOVERY	4:02	62	110/70	Nil	-	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- ST depression in inferolateral leads at peak exercise.
- Normal chronotropic response.
- Normal blood pressure response.
- Poor effort tolerance.

**IMPRESSION:**

Treadmill test is **mildly positive** 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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## LABORATORY REPORT

<b>Name</b>	: URMILA SINGH	<b>Age</b>	: 51 Yr(s) Sex :Female
<b>Registration No</b>	: MH010204820	<b>Lab No</b>	: 202305003285
<b>Patient Episode</b>	: H18000000592	<b>Collection Date</b>	: 27 May 2023 11:24
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 27 May 2023 12:44
<b>Receiving Date</b>	: 27 May 2023 11:24		

### CLINICAL PATHOLOGY

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

##### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	
Reaction [pH]	7.0	(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)

##### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	1-2 /hpf	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

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

  
**Dr. Alka Dixit Vats**  
 Consultant Pathologist

## LABORATORY REPORT

Name : URMILA SINGH Age : 51 Yr(s) Sex :Female  
Registration No : MH010204820 Lab No : 202305003285  
Patient Episode : H18000000592 Collection Date : 27 May 2023 09:48  
Referred By : HEALTH CHECK MGD Reporting Date : 29 May 2023 12:30  
Receiving Date : 27 May 2023 09:48

### BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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.

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



**Dr. Alka Dixit Vats**  
Consultant Pathologist

## LABORATORY REPORT

Name : URMILA SINGH Age : 51 Yr(s) Sex :Female  
Registration No : MH010204820 Lab No : 202305003287  
Patient Episode : H18000000592 Collection Date : 27 May 2023 14:58  
Referred By : HEALTH CHECK MGD Reporting Date : 29 May 2023 11:55  
Receiving Date : 27 May 2023 14:58

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	141.0 #	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

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

  
Dr. Alka Dixit Vats  
Consultant Pathologist

## RADIOLOGY REPORT

NAME	, URMILA SINGH	STUDY DATE	27/05/2023 10:13AM
AGE / SEX	51 y / F	HOSPITAL NO.	MH010204820
ACCESSION NO.	R5592893	MODALITY	CR
REPORTED ON	27/05/2023 3:24PM	REFERRED BY	HEALTH CHECK MGD

## X-RAY 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 (FRCR 2A)  
CONSULTANT RADIOLOGIST

## RADIOLOGY REPORT

NAME	, URMILA SINGH	STUDY DATE	27/05/2023 10:13AM
AGE / SEX	51 y / F	HOSPITAL NO.	MH010204820
ACCESSION NO.	R5592893	MODALITY	CR
REPORTED ON	27/05/2023 3:24PM	REFERRED BY	HEALTH CHECK MGD

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

## RADIOLOGY REPORT

NAME	, URMILA SINGH	STUDY DATE	27/05/2023 11:23AM
AGE / SEX	51 y / F	HOSPITAL NO.	MH010204820
ACCESSION NO.	R5592894	MODALITY	US
REPORTED ON	27/05/2023 1:47PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS  
FINDINGS**

LIVER: appears normal in size (measures 134 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 73 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.5 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 86 x 34 mm.

Left Kidney: measures 97 x 40 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 is anteverted and measures 76 x 49 x 29 mm. It shows postmenopausal atrophic changes.

Endometrial thickness measures 4.9 mm.

Cervix appears normal.

Both ovaries are not seen probably atrophied. Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

- Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.

*Prabhat*

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)

CONSULTANT RADIOLOGIST

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



**LABORATORY REPORT**

Name : URMILA SINGH Age : 51 Yr(s) Sex : Female  
 Registration No : MH010204820 Lab No : 32220608951  
 Patient Episode : H18000000592 Collection Date : 25 Jun 2022 14:10  
 Referred By : HEALTH CHECK MGD Reporting Date : 25 Jun 2022 15:19  
 Receiving Date : 25 Jun 2022 14:20

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

**THYROID PROFILE, Serum**

T3 - Triiodothyronine (ECLIA)	1.39	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	8.96	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	3.330	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		

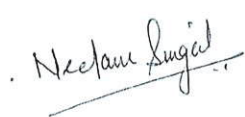
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* 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>

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



Dr. Neelam Singal  
 CONSULTANT BIOCHEMISTRY

**LABORATORY REPORT**

Name : URMILA SINGH Age : 51 Yr(s) Sex : Female  
 Registration No : MH010204820 Lab No : 202305003285  
 Patient Episode : H18000000592 Collection Date : 27 May 2023 09:48  
 Referred By : HEALTH CHECK MGD Reporting Date : 27 May 2023 12:47  
 Receiving Date : 27 May 2023 09:48

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.86 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.5	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.6	%	[36.0-46.0]
MCV (DERIVED)	79.4 #	fL	[83.0-101.0]
MCH (CALCULATED)	25.7 #	pg	[27.0-32.0]
MCHC (CALCULATED)	32.4	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.4 #	%	[11.6-14.0]
Platelet count	150	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	----		
WBC COUNT (TC) (IMPEDENCE)	5.26	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	60.0	%	[40.0-80.0]
Lymphocytes	33.0	%	[17.0-45.0]
Monocytes	4.0	%	[2.0-10.0]
Eosinophils	3.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	25.0 #	mm/1sthour	[0.0-

LABORATORY REPORT			
Name	: URMILA SINGH	Age	: 51 Yr(s) Sex :Female
Registration No	: MH010204820	Lab No	: 202305003285
Patient Episode	: H18000000592	Collection Date	: 27 May 2023 11:24
Referred By	: HEALTH CHECK MGD	Reporting Date	: 27 May 2023 12:44
Receiving Date	: 27 May 2023 11:24		

## CLINICAL PATHOLOGY

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

#### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	
Reaction[pH]	7.0	(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)

#### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	1-2 /hpf	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

**LABORATORY REPORT**

Name : URMILA SINGH Age : 51 Yr(s) Sex : Female  
 Registration No : MH010204820 Lab No : 202305003285  
 Patient Episode : H18000000592 Collection Date : 27 May 2023 09:48  
 Referred By : HEALTH CHECK MGD Reporting Date : 27 May 2023 12:42  
 Receiving Date : 27 May 2023 09:48

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.5	%	[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)	111	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 glyceemic control.

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	168	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	67	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			
VLDL- CHOLESTEROL (Calculated)	13	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	99.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

## LABORATORY REPORT

Name : URMILA SINGH Age : 51 Yr(s) Sex : Female  
 Registration No : MIH010204820 Lab No : 202305003285  
 Patient Episode : H18000000592 Collection Date : 27 May 2023 09:48  
 Referred By : HEALTH CHECK MGD Reporting Date : 27 May 2023 11:37  
 Receiving Date : 27 May 2023 09:48

### 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:  
 Reference ranges based on ATP III Classifications.

### KIDNEY PROFILE

Specimen: Serum

UREA	24.0	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	11.2	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
<b>CREATININE, SERUM</b>	<b>0.66 #</b>	<b>mg/dl</b>	<b>[0.70-1.20]</b>
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	4.4	mg/dl	[4.0-8.5]
<i>Method: uricase PAP</i>			
SODIUM, SERUM	139.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	3.93	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.4	mmol/l	[101.0-111.0]
<i>Method: ISE Indirect</i>			
eGFR (calculated)	102.6	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.

## LABORATORY REPORT

Name	: URMILA SINGH	Age	: 51 Yr(s) Sex :Female
Registration No	: MH010204820	Lab No	: 202305003285
Patient Episode	: H18000000592	Collection Date	: 27 May 2023 09:48
Referred By	: HEALTH CHECK MGD	Reporting Date	: 27 May 2023 11:36
Receiving Date	: 27 May 2023 09:48		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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 <i>Method: D P D</i>	0.69	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.17	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.52	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.00	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.46	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.76		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	28.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	38.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	111.0 #	IU/L	[40.0-98.0]