



LABORATORY REPORT

Name : PRIYANKA DEVI Age : 32 Yr(s) Sex :Female
 Registration No : MH010617803 Lab No : 32230912078
 Patient Episode : O03001180186 Collection Date : 28 Sep 2023 18:47
 Referred By : REFERRAL DOCTOR Reporting Date : 29 Sep 2023 09:24
 Receiving Date : 28 Sep 2023 19:02

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

3 - Triiodothyronine (ECLIA)	0.79 #	ng/ml	[0.80-2.04]
4 - Thyroxine (ECLIA)	6.62	µg/dl	[5.50-11.00]
Thyroid Stimulating Hormone (ECLIA)	10.500 #	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>

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

Dr.Himansha Pandey





LABORATORY REPORT

Name : PRIYANKA DEVI
Registration No : MH010617803
Patient Episode : H18000001232
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 10:16

Age : 32 Yr(s) Sex :Female
Lab No : 202309006076
Collection Date : 28 Sep 2023 10:16
Reporting Date : 28 Sep 2023 18:06

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.12	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.1	g/dl	[12.0-15.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.5	%	[36.0-46.0]
MCV (DERIVED)	93.4	fL	[83.0-101.0]
MCH (CALCULATED)	29.4	pg	[25.0-32.0]
MCHC (CALCULATED)	31.4 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.7	%	[11.6-14.0]
Platelet count	150	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	14.2		
WBC COUNT (TC) (IMPEDENCE)	5.25	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	47.0	%	[40.0-80.0]
Lymphocytes	42.0 #	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	43.0 #	mm/1sthour	[0.



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Name : PRIYANKA DEVI
Registration No : MH010617803
Patient Episode : H18000001232
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 10:16

Age : 32 Yr(s) Sex :Female
Lab No : 202309006076
Collection Date : 28 Sep 2023 10:16
Reporting Date : 28 Sep 2023 16:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	181	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	222 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	42.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	44 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	95.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	4.3		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.3		<3 Optimal 3-4 Borderline >6 High Risk

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 diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases



LABORATORY REPORT

Name	: PRIYANKA DEVI	Age	: 32 Yr(s) Sex :Female
Registration No	: MH010617803	Lab No	: 202309006076
Patient Episode	: H18000001232	Collection Date	: 28 Sep 2023 10:16
Referred By	: HEALTH CHECK MGD	Reporting Date	: 28 Sep 2023 16:21
Receiving Date	: 28 Sep 2023 10:16		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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KIDNEY PROFILE

Specimen: Serum			
EA	18.0	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.4	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.76	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.7	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	135.80 #	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.48	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.5	mmol/L	[101.0-111.0]

Method: ISE Indirect

eGFR (calculated)	104.1	ml/min/1.73sq.m	[>60.0]
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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

Name : PRIYANKA DEVI
Registration No : MH010617803
Patient Episode : H18000001232
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 10:16

Age : 32 Yr(s) Sex :Female
Lab No : 202309006076
Collection Date : 28 Sep 2023 10:16
Reporting Date : 28 Sep 2023 16:24

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.97	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.16	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.81	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.06	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.48		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	29.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	30.20	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	70.0	IU/L	[40.0-98.0]
GGT	23.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : PRIYANKA DEVI Age : 32 Yr(s) Sex :Female
Registration No : MH010617803 Lab No : 202309006076
Patient Episode : H18000001232 Collection Date : 28 Sep 2023 10:16
Referred By : HEALTH CHECK MGD Reporting Date : 28 Sep 2023 16:24
Receiving Date : 28 Sep 2023 10:16

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

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 damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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

Blood Group & Rh typing AB 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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : PRIYANKA DEVI Age : 32 Yr(s) Sex :Female
Registration No : MH010617803 Lab No : 202309006077
Patient Episode : H18000001232 Collection Date : 28 Sep 2023 10:16
Referred By : HEALTH CHECK MGD Reporting Date : 28 Sep 2023 16:25
Receiving Date : 28 Sep 2023 10:16

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F) 88.0 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, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),

Drugs-
insulin, ethanol, propranolol, sulfonyleureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : PRIYANKA DEVI
Registration No : MH010617803
Patient Episode : H18000001232
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 16:02

Age : 32 Yr(s) Sex :Female
Lab No : 202309006078
Collection Date : 28 Sep 2023 16:02
Reporting Date : 28 Sep 2023 17:53

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	110.0	mg/dl	[80.0-140.0]
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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

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



Dr. Alka Dixit Vats
Consultant Pathologist

RADIOLOGY REPORT

NAME	PRIYANKA DEVI	STUDY DATE	28/09/2023 12:05PM
AGE / SEX	32 y / F	HOSPITAL NO.	MH010617803
ACCESSION NO.	R6170174	MODALITY	US
REPORTED ON	28/09/2023 1:01PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 146 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 89 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 9.4 mm.
COMMON BILE DUCT: Appears normal in size and measures 4.7 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 91 x 42 mm. Small cortical calcification seen in mid pole measuring 2.7 mm.
Left Kidney: measures 91 x 32 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: Uterus is anteverted, normal in size (measures 74 x 61 x 41 mm), shape and echotexture. Endometrial thickness measures 8.5 mm. Cervix appears normal.
OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.
Right ovary measures 36 x 33 x 27 mm with volume 16.6 cc.
Left ovary measures 34 x 33 x 19 mm with volume 11.3 cc.
Bilateral adnexa is clear.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



**Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST**

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

RADIOLOGY REPORT

NAME	PRIYANKA DEVI	STUDY DATE	28/09/2023 10:43AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH010617803
ACCESSION NO.	R6170173	MODALITY	CR
REPORTED ON	28/09/2023 10:50AM	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.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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



HEALTH CHECK RECORD

Hospital No: MH010617803	Visit No: H18000001232
Name: PRIYANKA DEVI	Age/Sex: 32 Yrs/Female
Doctor Name: DR. ANANT VIR JAIN	Specialty: HC SERVICE MGD
Date: 28/09/2023 03:24PM	

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS -HEALTH CHECK UP
SYSTEMIC/ OPHTHALMIC HISTORY - NIL

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	18	18

FUNDUS EXAMINATION

A) VITREOUS
B) OPTIC DISC
C) MACULAR AREA
D) VESSELS/ PERIPHERY

C:D 0.3HNRR C:D 0.3HNRR

FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

DILATED REFRACTION: THIS IS NOT POWER OF GLASS
Right eye: -2.00 Dsp /-0.75Dcyl x 70 degree
Left eye: -2.00Dsp / -1.00 Dcyl x 50 degree

DIAGNOSIS:

ADVISE / TREATMENT
E/D NST 4 TIMES DAILY
REVIEW AFTER 6 MONTH

Anant Vir Jain

DR. ANANT VIR JAIN
"MBBS,MS (Ophthalmogy)"
Reg. No.: 18126

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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Dr. Anant Vir Jain, MS, Fellow Aravind Eye Care Systems, Madurai. Cataract, Cornea & Glaucoma

Dr. Shishir Narain, MS, FRCSEd FRCOphth, Fellow Sankara Nethralaya, Retina & Uveitis

Helpline: 99996 51125

32 years
Female
Asian

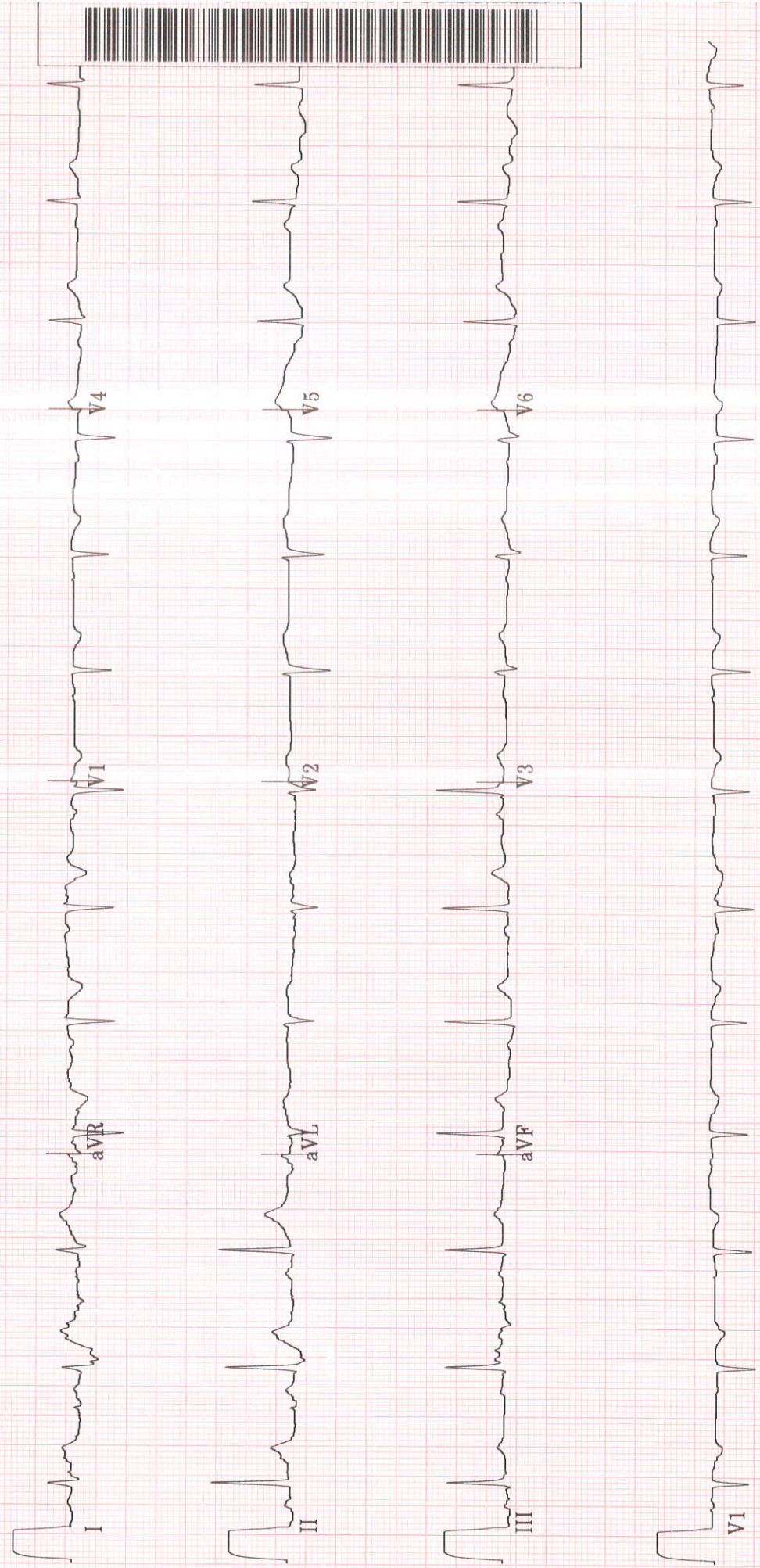
Vent. rate 77 bpm
PR interval 165 ms
QRS duration 76 ms
QT/QTc 352/398 ms
P-R-T axes 58 81 43

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Referred by: hcp

Unconfirmed





TMT INVESTIGATION REPORT

Patient Name	PRTVANKA DFVT	Location	: Ghaziabad
Age/Sex	: 32Year(s)/Female	Visit No	: V000000001-GHZB
MRN No	MH010617803	Order Date	: 28/09/2023
Ref. Doctor	: HCP	Report Date	: 28/09/2023

Protocol	: Bruce	MPHR	: 188BPM
Duration of exercise	: 4min 11sec	85% of MPHR	: 159BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 162BPM
Blood Pressure (mmHg)	: Baseline BP : 134/80mmHg Peak BP : 146/80mmHg	% Target HR	: 86%
		METS	: 6.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	77	134/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	137	140/80	Nil	No ST changes seen	Nil
STAGE 2	1:11	162	146/80	Nil	No ST changes seen	Nil
RECOVERY	3:11	88	140/80	Nil	No ST changes seen	Nil

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 SinghMD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology**Dr. Sudhanshu Mishra**MD
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Page 1 of 2

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