

HEALTH CHECK UP

Name : Priyanka Arumani

Date : 11-2-2023

Age : 35y

Sex : Male / Female

Marital status : Married / Single

PERSONAL HISTORY

Habits : Smoking / Tobacco & Snuff / Alcohol No

Drug allergy if any : Nil

Medical : Nil

Surgical : Surgery, b.p.c.s 5 years before.

Height 160.5 cm Weight 60 Kg. BP 110/70 mmHg Pulse 80mt

Vision : Rt 6/6 Lt 6/12 With Spectacles Rt. Lt.

Colour Vision : Normal Abnormal Near Vision N/G - Both eyes

FAMILY HISTORY

Father Not alive Mother Hypertensive Siblings Healthy

CVS : Heart Sound Normal Murmurs Absent Thrills Absent

RS : Rate 14 /mt Breath sounds Normal Adventitious Absent

ABDOMEN : Tenderness Absent Rigidity Absent Bowel sound Normal

Liver NAD Kidney NAD Hernia Absent

CNS : Cranial Nerves NAD Sensory System NAD Motor System NAD

ENT NAD

Remarks

Dr. Bharti Jeswani
MBBS

Dr. Seema Kale
MBBS, MD

Dr. S. K. Suri
MBBS

Dr. Meenakshi
MBBS

HOME SAMPLE COLLECTION FACILITY AVAILABLE

11.02.2023 19:39:20
35 Years

Priyanka Kumari
Female

PageWriter 300pi

Rate 80
PR 132
QRSD 78
QT 326
QTc 376

--Axis--
P 24
QRS 89



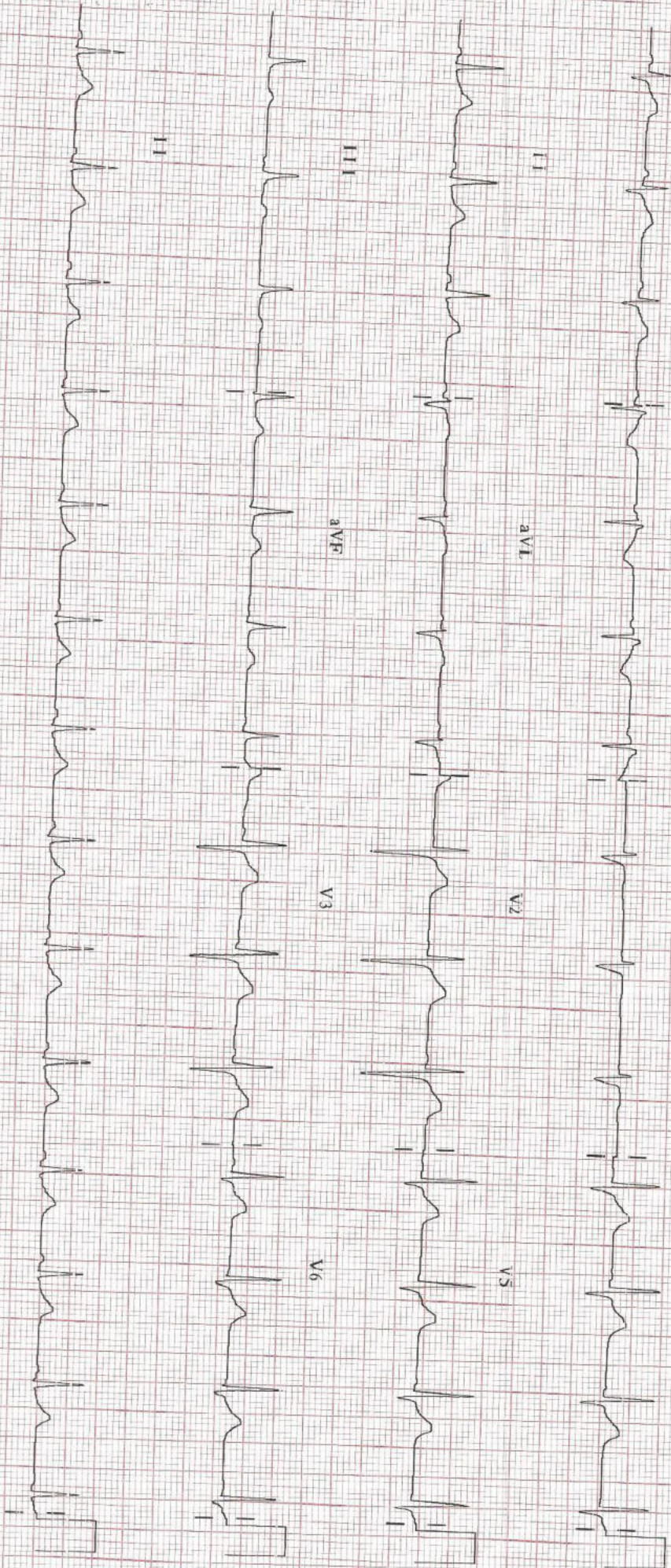
43

NORMAL SINUS RHYTHM RATE 80 normal P axis, PR, rate & rhythm



NORMAL ECG

Unconfirmed diagnosis



NAME: MS PRIYANKA KUMARI
REF

Age: 35/ Sex / F
DATE 11/02/2023

ECHO ADULT (COLOUR DOPPLER)

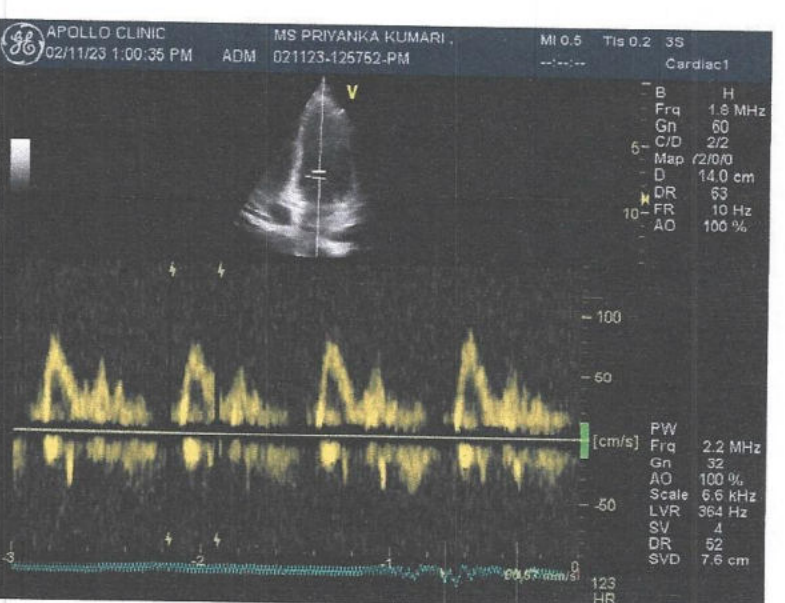
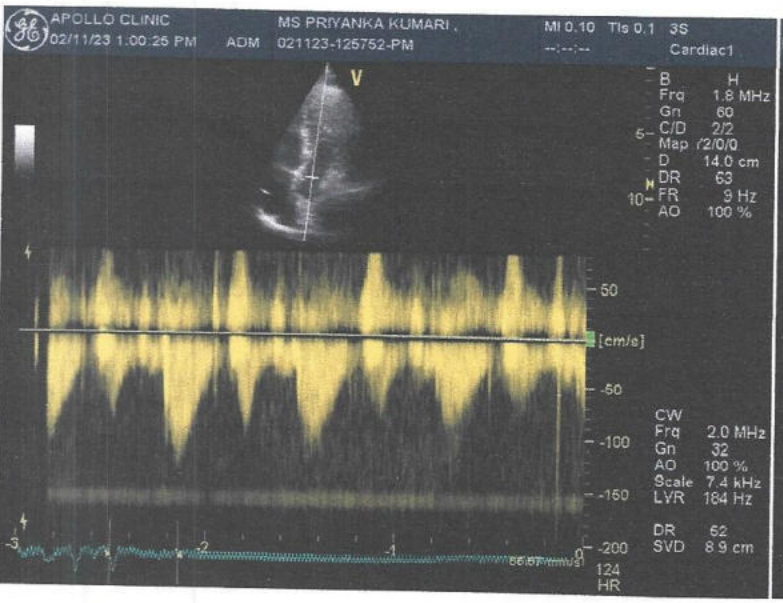
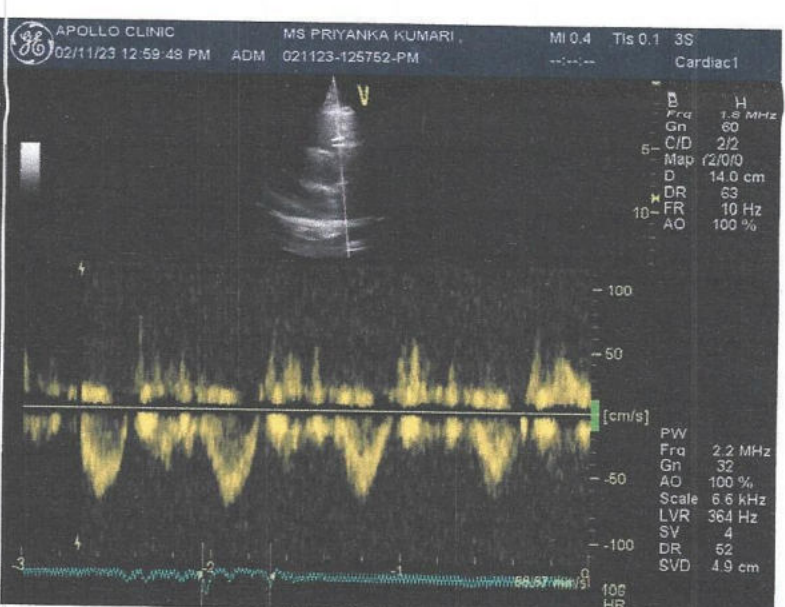
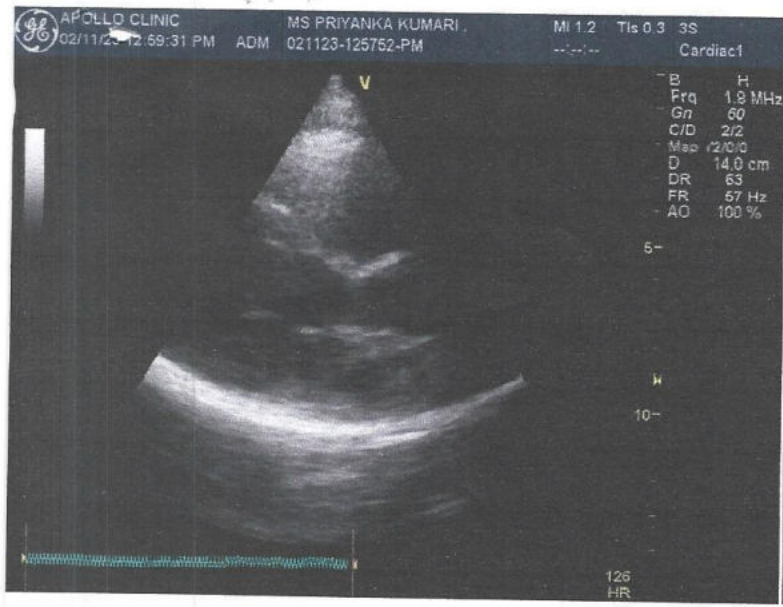
DIMENSIONS			NORMAL			DIMENSIONS			NORMAL		
Ao (ed)	28.0 mm		(1.5 cm/m ²)			IVS (Ed)	8.8 mm		(0.6-1.2cm)		
LA (es)	29.0 mm		(1.5 cm/m ²)			LVPW (Ed)	8.0 mm		(.6-1.1cm)		
RVID (ed)	Normal		(0.9cm/m ²)			EF	65.0 %		(0.62-0.85)		
LVID (ed)	39.0 mm		(2.6-3.4 cm/m ²)			FS	30.0				
LVID (es)	22.0 mm										

MORPHOLOGICAL DATA

Mitral Valve	Normal	Interatrial Septum	Normal
Aortic Valve	Normal	Interventricular Septum	Normal
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal
Pericardium	Normal		
Colour Doppler	TRACE TR, NO PAH, IVC NORMAL, LV DIASTOLIC FUNCTION NORMAL		
Wall motion	Normal		

IMPRESSION : NORMAL STUDY

DR SEEMA KALE MD
SENIOR CONSULTANT.



Patient Name : Mrs. Priyanka Kumari
Age/Sex : 35 Y/F
Pres Doctor :
Ref.by : SELF

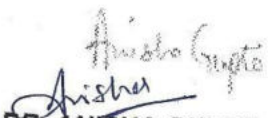
MR No : FRAJ.0000224639
Visit No : FRAJOPV100107
Bill Date : 11-02-2023 09:33
Report Date : 11-02-2023 11:53

X-RAY CHEST P A VIEW

- Both lung fields do not show any active parenchymal lesion.
- Both costophrenic angles are normal.
- B/L hila appear normal in size & density.
- Both domes of diaphragm are normal.
- Cardiac silhouette appears normal.
- Visualised soft tissues and bony cage appear normal.

IMPRESSION:- NORMAL STUDY,

To be correlated clinically.


DR. ANISHA GUPTA
MBBS, DNB RADIOLOGIST
RADIOLOGIST

Patient Name	: Mrs. Priyanka Kumari	MR No	: FRAJ.0000224639
Age/Sex	: 35 Y/F	Visit No	: FRAJOPV100107
Pres Doctor	:	Bill Date	: 11-02-2023 09:33
Ref.by	: SELF	Report Date	: 11-02-2023 11:37

ULTRASOUND WHOLE ABDOMEN

LIVER: Liver is normal in shape, size and echotexture. No focal intra-hepatic lesion detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

GALL BLADDER: Gall bladder is well visualised. Its wall thickness is normal. No calculus or mass lesion is seen in gall bladder.

PANCREAS: Pancreas appears normal in size and echopattern.

SPLEEN: Spleen appears normal in size and echopattern.

KIDNEYS: Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No calculus / hydronephrosis is noted. Visualised parts of retroperitoneum do not show any lymphadenopathy.

URINARY BLADDER: Urinary bladder is well distended and shows clear contents.


UTERUS: Uterus is retroverted and normal in size (10 x 4.6 x 4 cm). Endometrium is central and appears normal in thickness(9.6mm). Myometrial echogenicity appears normal.

OVARY: B/L ovaries are normal in size, shape & echopattern. Right ovary measures ~ 2.4 x 1.8 cm. Left ovary measures ~ 2.9 x 2.4 cm. Both adnexal regions are normal.

No free fluid is seen in cul-de-sac.

IMPRESSION: - NORMAL STUDY.

To be correlate clinically.


Dr. Anisha Gupta
Consultant Radiologist.

Disclaimer: Renal calculi less than 5mm could be missed on an Ultrasound. NCCT KUB is the modality of choice for the same.

Patient Name : Mrs. Priyanka Kumari
 UHID/MR No. : FRAJ.0000224639
 Visit Date : 11-02-2023 09:33
 Sample Collected on : 11-02-2023 09:44
 Ref Doctor : SELF
 Emp/Auth/TPA ID : 46456
 Sponsor Name : MEDIWHEELS HEALTH CARE

Age / Gender : 35Y/Female
 OP Visit No : FRAJOPV100107
 Reported on : 11-02-2023 13:15
 Specimen : EDTA Blood
 Pres Doctor :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD GROUP AND RH TYPE			
ABO Group	B		
RH	Positive		
HAEMOGRAM			
Hb(Haemoglobin)	12.9	12 - 15	gm/dl
Method: Non Cyanide			
PCV / Haematocrit	40.6	36 - 46	%
Method: Pulse Height Detection			
ESR.	15	0 - 20	mms at the end of 1 hr
Method: Westergren's Method.			
Total Leukocyte Count	7800	4000 - 10000	/Cumm
Method: DC Detection Method			
Platelet Count	1.62	1.5 - 4.1	lakhs/cumm
Method: DC Detection Method			
RBC Count	4.3	3.8 - 4.8	Million/Cumm
Method: DC Detection Method			
MCV	93.5	77 - 98	fl
Method: Calculated.			
MCH.	29.7	27 - 32	pg
Method: Calculated			
MCHC.	31.8	31.5 - 34.5	gm/dl
Method: Calculated.			
Neutrophil	73*	40 - 70	%
Method: Slide Test			
Lymphocyte	24	20 - 40	%
Method: Slide Test			
Eosinophil	01	1 - 6	%
Method: Slide Test			
Monocyte	02	2 - 10	%
Method: Slide Test			

Note: PERIPHERAL SMEAR - RBC's are normocytic normochromic. Leucocytes show dominance of neutrophils.No toxic granules seen. Platelet are normal in number & morphology.No immature cells or haemoparasite detected.
 IMPRESSION: NORMOCYTIC BLOOD PICTURE WITH DOMINANCE OF NEUTROPHILS.

End of the report


Results are to be correlated clinically

• CLINICAL CORRELATION IS ESSENTIAL FOR FINAL DIAGNOSIS. • IF THE TESTS RESULTS ARE UNEXPECTED PLEASE CONTACT THE LABORATORY.
 • ALL THE CONGENITAL ANOMOLIES IN THE FETUS MAY NOT BE DIAGNOSED IN ULTRASONOGRAPHY. • THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSE.

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Age / Gender : 35Y/Female
OP Visit No : FRAJOPV100107
Reported on : 11-02-2023 13:15
Specimen : EDTA Blood
Pres Doctor: :

Lab Technician / Technologist
Yogita


Dr. Prashant Purwar
MBBS, DCP
Consultant Pathologist

Patient Name : Mrs. Priyanka Kumari
 UHID/MR No. : FRAJ.0000224639
 Visit Date : 11-02-2023 09:33
 Sample Collected on : 11-02-2023 09:45
 Ref Doctor : SELF
 Emp/Auth/TPA ID : 46456
 Sponsor Name : MEDIWHEELS HEALTH CARE

Age / Gender : 35Y/Female
 OP Visit No : FRAJOPV100107
 Reported on : 11-02-2023 15:11
 Specimen : Plasma(Fluoride)
 Pres Doctor: :


DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING) Method: (GOD-POD).	86	70 - 110	mg/dL
GLYCOSYLATED HEMOGLOBIN (HBA1C)			
GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD Method: BORONATE AFFINITY	5.3	4.2 - 6.0	%
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL) Method: (GOD-POD)	120	70-140	mg/dl
Thyroid Profile 2(Free T4, Free T3 And TSH)			
Serum FT3	4.0	3.2 - 5.9	pmol/l
Serum FT4	12.9	10.6 - 21.0	pmol/l
Serum TSH	3.4	0.38 - 5.0	uIU/ml
LIPID PROFILE TEST (PACKAGE)			
CHOLESTEROL Method: CHOD - PAP	165	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Triglyceride Method: GPO-PAP	111	50-200	mg/dl
HDL Method: DIRECT	44.3	30 - 70	mg/dl
LDL Method: DIRECT	98.5	60 - 100	mg/dl
VLDL Method: Calculated	22.2	<40	mg/dl
CHOLESTEROL / HDL RATIO Method: Calculated.	3.7	0 - 4.5	

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
Yogita


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 Emp/Auth/TPA ID : 46456
 Sponsor Name : MEDIWHEELS HEALTH CARE

Age / Gender : 35Y/Female
 OP Visit No : FRAJOPV100107
 Reported on : 11-02-2023 15:12
 Specimen : Serum
 Pres Doctor :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL. Method: Jendrassik	0.87	0.1 - 1.3	mg/dl
Bilirubin (Direct)-Serum Method: Diazo.	0.23	0 - 0.3	mg/dl
A/G Method: Calculated	1.3	1.0 - 2.0	
BILIRUBIN - INDIRECT. Method: Calculated.	0.64	<1.1	mg/dl
SGOT /AST Method: IFCC (With P5P)	23.0	0 - 35	U/L
SGPT/ALT Method: IFCC (With P5P)	33.4	0 - 45	U/L
ALKALINE PHOSPHATE Method: AMP BUFFER	81.2	30 - 117	U/L
GGT. Method: SZA Z	20.8	10 - 50	U/L
TOTAL PROTEIN Method: Biuret	6.9	5.8-8.0	g/dl
ALBUMIN Method: BCG	4.0	3.7-5.2	g/dl
GLOBULIN Method: Calculated	2.9	2.5 - 3.5	mg/dL

End of the report

Results are to be correlated clinically

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Age / Gender : 35Y/Female
 OP Visit No : FRAJOPV100107
 Reported on : 11-02-2023 15:13
 Specimen : Serum
 Pres Doctor: :


DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
KFT - RENAL PROFILE-SERUM			
UREA Method: Urease	16.0	10-50	mg/dl
Creatinine Method: Jaffe	0.83	0.5 - 1.3	mg/dl
Uric Acid Method: Uricase	4.7	2.6 - 6	mg/dl
Sodium(Na) Method: ISE	136.9	136 - 142	mmol/L
Potassium(K) Method: ISE	4.0	3.8 - 5.0	mmol/L
Chloride(Cl) Method: ISE	101.8	95 - 103	mmol/L
Calcium Method: OCPC	9.2	9.2 - 11.0	mg/dl
Phosphorus Method: Molybdate UV	2.4	2.3 - 4.7	mg/dl

End of the report

Results are to be correlated clinically

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 Visit Date : 11-02-2023 09:33
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 Ref Doctor : SELF
 Emp/Auth/TPA ID : 46456
 Sponsor Name : MEDIWHEELS HEALTH CARE

Age / Gender : 35Y/Female
 OP Visit No : FRAJOPV100107
 Reported on : 11-02-2023 13:55
 Specimen : Urine
 Pres Doctor :

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

URINE EXAMINATION TEST REPORT

Test Name	Observed Value	Unit	Reference Range
Urine R/M Examination			
Quantity	40		
Colour	Pale Yellow	ml.	
Transparency	Clear		Pale Yellow
Urine Specific Gravity	1.015		Clear
Dipstick			1.005 - 1.030
pH	6.0		
Dipstick / pH paper			5.5 - 7.5
Chemical Examination			
Protein	Nil		
Dipstick/Heat & acetic acid			Nil
Sugar	Nil		
Dipstick/Benedicts reagent			Nil


Microscopic Examination

Pus Cells	1-2		
RBC'S	Nil	/HPF	1-2
Casts	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil
Epithelial Cells	2-3		Nil
Bacteria	Nil	/HPF	1-2
		/HPF	Nil

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
 Dr. Prashant


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