

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. ANAMIKA ANAND	Order No	: 1000079046
UHID	: UHJ A23021015	Registered On	: 23/03/2024 09:44:13 AM
Age/Sex	: 43/Years Female	Collected On	: 23/03/2024 10:18:21 AM
Ward / Bed No	:	Reported On	: 23/03/2024 02:33:59 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJ A230026005
Station	: At Hospital	Mobile No	: 9653006160
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
<u>BIOCHEMISTRY</u>			
FASTING GLUCOSE (Method: Hexokinase)	102	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
POST PRANDIAL GLUCOSE (Method: Hexokinase)	116	mg/dL	70-140
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			Sample: Whole blood (EDTA)
HBA1C (Method: HPLC)	4.9	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	93.92	mg/dL	
THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)			Sample: Serum
TOTAL T3 (Method:CLIA)	1.09	ng/mL	0.87-1.78
TOTAL T4 (Method:CLIA)	8.07	ng/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) (Method:CLIA: Ultra-sensitive)	12.39	μIU/mL	0.34 - 5.60 μIU/mL (Non Pregnant) 0.3 - 4.5 μIU/mL (I trimester) 0.5 - 5.2 μIU/mL (II & III trimester)
LIPID PROFILE			Sample: Serum
TOTAL CHOLESTEROL (Method:CHOD-POD)	170	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
TRIGLYCERIDES (Method:Enzymatic GPO-POD)	85	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
HDL CHOLESTEROL (Method:ENZYMATIC METHOD)	48.0	mg/dL	< 40 - Low ≥ 60 - High

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LDL CHOLESTEROL (Method:ENZYMATIC METHOD)	105	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	17.00	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	3.5		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	2.19		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	122	mg/dL	< 130
URIC ACID (Method:Uricase - POD(Enzymatic))	4.4	mg/dL	2.6-6.0
LIVER FUNCTION TEST			Sample: Serum
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.73	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.14	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.59	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	6.9	g/dL	6.6-8.3
ALBUMIN (Method:BCG)	4.25	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	2.65	g/dL	2.3-3.5
AG RATIO (Method: Calculated)	1.60		2:1
SERUM SGOT (Method:IFCC without P5P)	25	U/L	< 35

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SERUM SGPT (Method:IFCC without P5P)	14	U/L	< 35
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	71	U/L	46-122
GGT (Method:IFCC)	17	U/L	< 38
UREA (Method:Urease GLDH - Kinetic)	26.1	mg/dL	17-43
BUN/CREATININE RATIO			
BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic)	12	mg/dL	7.93-20.07
CREATININE (Method:Modified Jaffe, Kinetic)	0.62	mg/dL	0.6-1.1
BUN/CRE-RATIO (Method: Calculated)	19.35		12~20 : 1

Sample: Serum



Dr. Shobha Emmanuel
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CONSULTANT PATHOLOGIST
KMC:66136

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HAEMATOLOGY

COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	11.96	g/dL	12-16
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	37.0	%	37-47
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	4990	Cells/Cum	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Optical/Impedance)	67.76	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	20.56	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	5.70	%	0-6
MONOCYTES (Method:Optical/Impedance)	5.54	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.44	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	4.20	million/cum	4.0-5.2
MCV (Method:Derived from RBC Histogram)	88.0	fL	78-100
MCH (Method: Calculated)	28.5	pg	27-31
MCHC (Method: Calculated)	32.3	g/dL	31-37
RDW - CV (Method: Calculated)	15.1	%	11.5-14.5

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PLATELET COUNT (Method:Electrical Impedance) Remarks: Results are verified on smear. Kindly correlate clinically.	1.12	Lakhs/Cum	1.5-4.5
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	11.76	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	16.3	fl	9-19
ERYTHROCYTE SEDIMENTATION RATE(ESR) (Method:Modified Westergren Method)	15	mm/hour	1-20
BLOOD GROUPING & RH TYPING			Sample: Whole blood (EDTA)
ABO Group (Method:Agglutination Gel Method)	B		
Rh Factor (Method:Agglutination Gel Method)	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed



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CLINICAL PATHOLOGY

URINE EXAMINATION, ROUTINE

Sample: Urine

PHYSICAL EXAMINATION

VOLUME	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	6.0		5.0-8.0
SPECIFIC GRAVITY	1.005		1.005-1.030

CHEMICAL EXAMINATION

PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative

MICROSCOPIC EXAMINATION

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EPITHELIAL CELLS	4-6	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	NA		
URINE SUGAR, FASTING (Method:GOD-POD)	Absent		

Verified By
Parameshwar B

---End of Report---



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*NABL renewal under process.

Name: anam k s and

Sex: F Birth date: / mthg

cm kg

Medications:

Symptoms:

History:

vent. rate

PR int

QRS dur

QT/QTc(E) int

QT/QTc axis

V5/SV1 amp

V5+SV1 amp

43 years

1100 Sinus rhythm

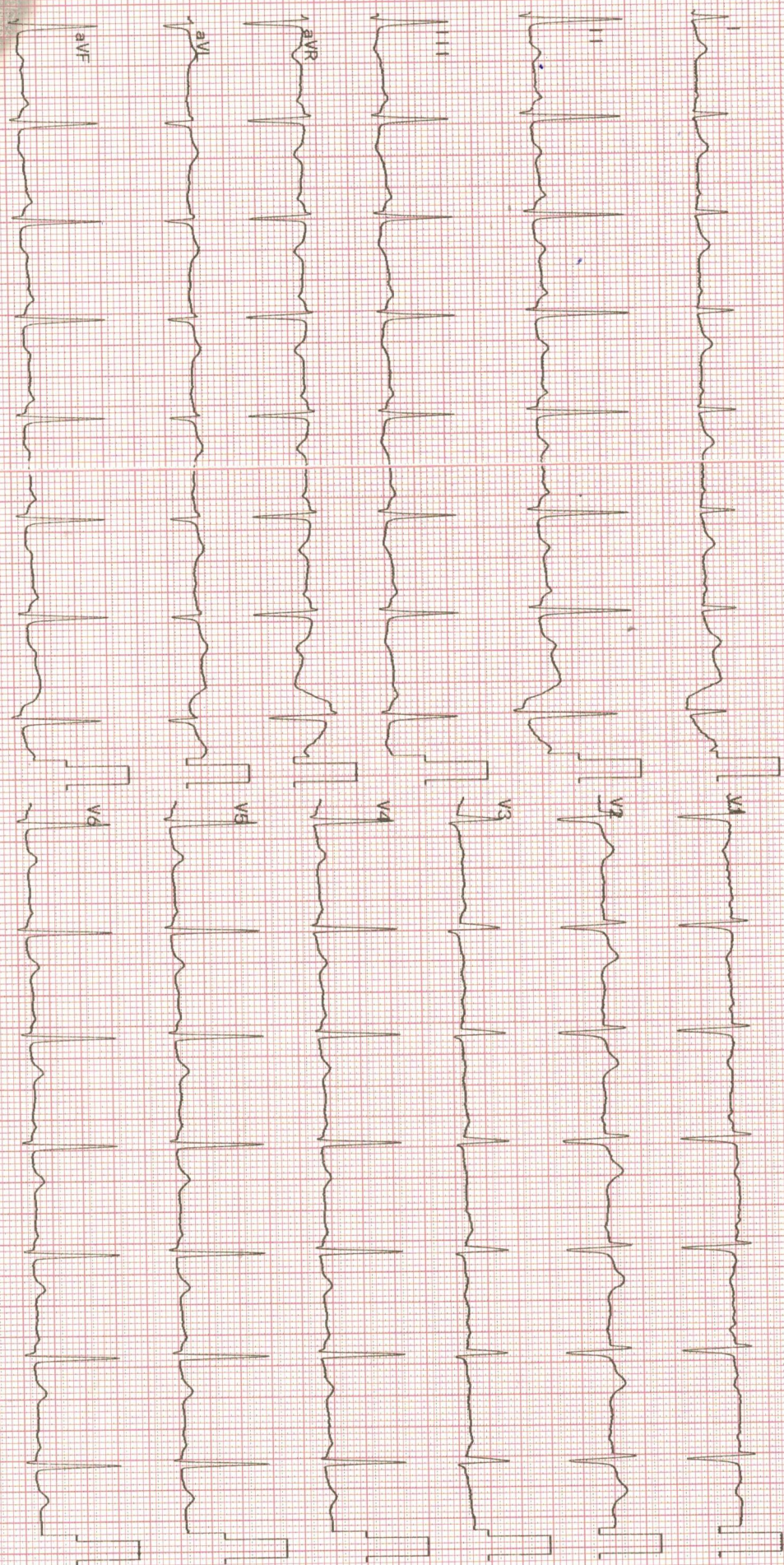
4068 Nonspecific T wave abnormality

9130 ** borderline ECG **

Unconfirmed Report
Reviewed by:

10 mm/mV 25 mm/s Filter: H50 D 35 Hz

10 mm/mV

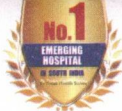




NABH



NABL



No.1



UNITED HOSPITAL

Care Par Excellence
Jayanagar, Bangalore

Mrs Amaninder Arora

23/7/24

93y.

for health check

Dr. Yoga Lakshmi SK
MBBS, MS OBG, FMAS
Consultant Obstetrician and
Gynecologist, Laparoscopist
and IVF Specialist
KMC Reg. No. 90384

Ht - 62

Ht - 161

BP - 118/73

PR - 92

SpO2 - 99%

epilepsy but not
on any

no y/o abortion

no y/o any other
H/O Obstetrical

P/A - Gt

M-20y

P/20

All OK

P/S - Severe
Cardiac

Net stable

CRP - 12/8/24

Protein - 0.2

SpO2 - 99%

At

Surgeon opinion -
P/A that's fine

T. Huan boy — (a)

(SAP) (SAP) (SAP) (SAP)

Candida V6 vaginal pruritus
60y

MA lady

No wheezing
a pruritus



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No.1

DEPARTMENT OF RADIODIAGNOSIS

Name	Anamika Anand	Date	23/03/24
Age	43 years	Hospital ID	UHJA23021015
Sex	Female	Ref.	Health check

SONOMAMMOGRAPHY OF BILATERAL BREASTS

FINDINGS:

Skin and subcutaneous fat of bilateral breasts appear normal.

Heterogeneous background echotexture is seen in both breasts.

Multiple hypoechoic areas with ill-defined margins are seen scattered in both breasts, largest measures 8 x 6 mm in right breast and 8 x 7 mm in left breast. No obvious internal calcifications / posterior acoustic shadowing.

No other focal solid / cystic lesions seen.

Ducts appear normal.

No significant lymphnodes noted in bilateral axilla.

IMPRESSION:

- **Multiple hypoechoic areas with ill-defined margins scattered in both breasts – likely features of fibroadenosis. BIRADS 3 – Probably benign. Suggested followup scan in 3-6 months.**



Dr. Elluru Santosh Kumar
Consultant Radiologist



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No.1

UNITED
HOSPITALCare Par Excellence
Jayanagar, Bangalore

DEPARTMENT OF RADIODIAGNOSIS

Name	Anamika Anand	Date	23/03/24
Age	43 years	Hospital ID	UHJA23021015
Sex	Female	Ref.	Health check

ULTRASOUND ABDOMEN AND PELVISFINDINGS:

Liver is normal in size and *shows mildly increased echopattern*. No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in size, course and caliber. **CBD** is not dilated.

Gall bladder is surgically absent.

Pancreas - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (9.9 x 2.9 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (9.8 x 3.8 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum- Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Uterus is anteverted and normal in size, measures 8.8 x 3.6 x 4.0 cms. Myometrial and endometrial echoes are normal. Endometrium measures 6.5 mm.

Right ovary is normal in size and echopattern, measures 2.2 cc.

Left ovary is normal in size and echopattern, measures 3.8 cc.

Both adnexa: Normal. No mass is seen.

There is no ascites or pleural effusion. Appendix could not be localized. No RIF probe tenderness.

IMPRESSION:

- Mild fatty infiltration of liver (Grade I).
- Postcholecystectomy status.

Dr. Elluru Santosh Kumar
Consultant Radiologist



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No.1

DEPARTMENT OF RADIODIAGNOSIS

Name	Anamika Anand	Date	23/03/24
Age	43 years	Hospital ID	UHJA23021015
Sex	Female	Ref.	Health check

RADIOGRAPH OF THE CHEST (PA – VIEW)

FINDINGS:

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

IMPRESSION:

- No radiographic abnormality.

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