

# MEDICOVER HOSPITALS

## MEDICAL HEALTH CHECK- UP ASSESMENT FORM

NAME : Mr/ Mrs Dhanashree D Patil

DATE: 31/3/24.

AGE : 29/yr

SEX: Male/ Female  
 Male

NMU: NMU000 49615

DOCTOR'S NAME:

Health Parkate

<b>TEMP :</b>	<u>97.6.</u>	<b>° f</b>	<b>BP :</b>	<u>114/72.</u>	<b>mmHg</b>
<b>PULSE :</b>	<u>86</u>	<b>b/m</b>	<b>HEIGHT :</b>	<u>158.</u>	<b>cm</b>
<b>RR :</b>	<u>20</u>	<b>b/m</b>	<b>WEIGHT :</b>	<u>51.1</u>	<b>kg</b>
<b>SPO2 :</b>	<u>99 % RA</u>		<b>HGT:</b>	<u>-</u>	

REMARK:



**DEPARTMENT OF LABORATORY**

NAVI MUMBAI

<b>Patient Name</b> : Mrs. DHANSHREE D PATIL	<b>Age / Gender</b> : 29 Y(s)/Female
<b>Bill No/ UMR No</b> : NMBC64453/NMU0049615	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 31-Mar-24 09:46 am	<b>Report Date</b> : 01-Apr-24 09:41 am

**FINAL REPORT**

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
<b>CUE(COMPLETE URINE EXAMINATION)</b>				
<b><u>PHYSICAL EXAMINATION</u></b>				
<b>VOLUME</b>	Urine	20 ml		
<b>COLOUR</b>		PALE YELLOW	PALE YELLOW	
<b>APPEARANCE</b>		SLIGHTLY HAZY	CLEAR	
<b>DEPOSIT</b>		ABSENT	ABSENT	
<b><u>CHEMICAL EXAMINATION</u></b>				
<b>SPECIFIC GRAVITY</b>	Urine	1.020	1.000 - 1.030	Dipstick
<b>PH</b>		5.0	5.0 - 8.0	Dipstick
<b>PROTEIN</b>		NEGATIVE	NEGATIVE	Dipstick/Heat coagulation test
<b>GLUCOSE</b>		ABSENT	ABSENT	Dipstick/Benedict's test
<b>UROBILINOGEN</b>		NORMAL	NORMAL	Dipstick
<b>KETONE</b>		NEGATIVE	NEGATIVE	Dipstick/Rothera's Nitroprusside test.
<b>BILIRUBIN</b>		NEGATIVE	NEGATIVE	Dipstick/Fouchet's test
<b>BILE SALT</b>		NEGATIVE	NEGATIVE	Hay's sulphur powder test
<b>BILE PIGMENT</b>		NEGATIVE	NEGATIVE	Fouchet test
<b>NITRITE</b>		NEGATIVE	NEGATIVE	Dipstick
<b>LEUCOCYTE ESTERASE</b>		NEGATIVE	NEGATIVE	
<b><u>MICROSCOPIC EXAMINATION</u></b>				
<b>PUS CELLS</b>	Urine	4-5	0 - 5 /hpf	
<b>RBC</b>		8-10	0 - 5 /hpf	
<b>EPITHELIAL CELLS</b>		1-2	0 - 5 /hpf	
<b>CRYSTALS</b>		NIL	NIL	
<b>CASTS</b>		NIL	NIL	
<b>BACTERIA</b>		ABSENT		MICROSCOPIC EXAMINATION
<b>YEAST</b>		ABSENT		MICROSCOPIC EXAMINATION
<b>AMORPHOUS DEPOSITS</b>		ABSENT		MICROSCOPIC EXAMINATION

**NOTE** Microscopic examination of urine is carried out on centrifuged urinary sediment.

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





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<b>Received Dt</b> : 31-Mar-24 09:46 am	<b>Report Date</b> : 01-Apr-24 09:41 am

Parameters

Specimen

Result

Biological Reference In Method





**DEPARTMENT OF LABORATORY**

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<b>Received Dt</b> : 31-Mar-24 09:46 am	<b>Report Date</b> : 01-Apr-24 10:24 am

**FINAL REPORT**

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>TUBE AGGLUTINATI</u>
<b>BLOOD GROUPING AND RH</b>			
<b>BLOOD GROUP</b>	Blood	" A "	TUBE AGGLUTINATION
<b>RH TYPE</b>		POSITIVE	
<b>ESR</b>		12	0 - 20 mm/1st hour WESTERGREN`S METHOD
<b>COMPLETE BLOOD COUNT</b>			
<b>RBC</b>			
R B C COUNT	EDTA Blood	4.21	3.8 - 4.8 10 <sup>6</sup> /μL
HEMOGLOBIN		12.5	12.0 - 15.0 g/dl
PCV/HCT		38.1	40 - 50 %
MCV		90.4	83 - 101 fl
MCH		29.6	27 - 32 pg
MCHC		32.8	31.5 - 34.5 g/dL
RDW(cv)		13.9	11.6 - 14.0 %
<b>PLATELETS</b>			
PLATELET COUNT	EDTA Blood	306	150 - 400 10 <sup>3</sup> /μL
MPV		11.4	7.5 - 11.5 fl
<b>WBC</b>			
TC (TOTAL LEUCOCYTE COUNT)	EDTA Blood	7.18	4.0 - 11.0 10 <sup>3</sup> /μl
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS	EDTA Blood	61	40 - 80 %
LYMPHOCYTES		32	20 - 40 %
MONOCYTES		04	02 - 10 %
EOSINOPHILS		03	00 - 06 %
BASOPHILS		00	00 - 01 %

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





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<b>Bill No/ UMR No</b> : NMBC64453/NMU0049615	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 31-Mar-24 09:46 am	<b>Report Date</b> : 01-Apr-24 08:38 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
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<b>Patient Name</b> : Mrs. DHANSHREE D PATIL	<b>Age /Gender</b> : 29 Y(s)/Female
<b>Bill No/ UMR No</b> : NMBC64453/NMU0049615	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 31-Mar-24 09:47 am	<b>Report Date</b> : 01-Apr-24 08:38 am

**FINAL REPORT**

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
<b>FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE)</b>				
FASTING BLOOD GLUCOSE	PLASMA AND URINE	87	Normal Range : 70 - 99 mg/dL	Hexokinase
<b>HBA1C (GLYCOSYLATED HAEMOGLOBIN)</b>				
HBA1C		5.3	< 5.7 Normal Prediabetic 5.7 - 6.4 & >=6.5 Diabetic %	TINIA
MPG(Mean Plasma Glucose)		105	Excellent Control : 90 - 120 mg/dL Good Control : 121 - 150 mg/dL	
<b>SERUM ELECTROLYTES</b>				
SERUM SODIUM		139	136 - 145 mmol/L	ISE INDIRECT
SERUM POTASSIUM		4.6	3.5 - 5.1 mmol/L	ISE INDIRECT
SERUM CHLORIDES		101	98 - 107 mmol/L	ISE INDIRECT
<b>T3,T4 AND TSH</b>				
T3		107.9	70 - 204 ng/dL	Method : ECLIA
T4		7.49	5.1 - 14.1 ug/dL	Method : ECLIA
TSH(THYROID STIMULATING HORMONE)		3.12	0.270 - 4.20 uIU/mL	Method : ECLIA
<b>SERUM CREATININE</b>				
CREATININE		0.70	0.6 - 1.2 mg/dl	Method : jaffe
<b>BUN / CREATININE RATIO</b>				
BUN (Blood Urea Nitrogen.)		9	7.0 - 21.0 mg/dL	Calculated
SERUM CREATININE		0.70	0.6 - 1.2 mg/dL	
BUN / CREATININE RATIO		12.8	10 - 20	
<b>LFT(LIVER FUNCTION TEST)</b>				
TOTAL BILIRUBIN		0.5	< 1.2 mg/dL	Method : Diazo Method
DIRECT BILIRUBIN		0.2	<= 0.20 mg/dL	Method: Diazo Method
INDIRECT BILIRUBIN		0.3	<= 1.0 mg/dL	
SGPT (ALT)		15	<= 33 U/L	Method : UV without P5P
SGOT (AST)		15	<= 32 U/L	Method : UV without P5P
ALKALINE PHOSPHATASE (ALP)		65	40 - 129 U/L 35 - 105 U/L	Method : PNPP, AMP Buffer - IFCC Ref.
TOTAL PROTEINS		8.2	6.0 - 8.0 g/dL	Method : Biuret method





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<b>Received Dt</b> : 31-Mar-24 09:46 am	<b>Report Date</b> : 01-Apr-24 08:38 am

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In</u>	<u>Method</u>
SERUM ALBUMIN		4.9	3.5 - 5.2 g/dL	Method : Bromocresol Green (BCG)
GLOBULINS		3.3	2.5 - 3.5 g/dL	
A/G RATIO		1.48	1.2 - 2.5	
GAMMA GLUTAMYL TRANSFERASE(GGT)		15	6 - 42 U/L	Method : G-glutamyl-carboxy-nitroanilide - IFCC Ref.
<b>BUN(BLOOD UREA NITROGEN)</b>				
BUN (Blood Urea Nitrogen.)		9	7.0 - 21.0 mg/dL	Calculated
<b>TOTAL PROTEIN</b>				
TOTAL PROTEINS		8.2	6.0 - 8.0 g/dL	Method : Biuret method
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL		161	Desirable : : < 200 mg/dL Borderline High : : 200 - 239 mg/dL High risk : > 240 mg/dL	METHOD : Enzymatic colorimetric
HDL CHOLESTEROL		46	Low : : < 40 mg/dL High : : > 60 mg/dL	Homogeneous enzymatic colorimetric
LDL CHOLESTEROL		107	Optimal : - < 100 mg/dL Near Optimal : 100 - 129 mg/dL Borderline High : 130 - 159 mg/dL High : 160 - 189 mg/dL Very High : - > 190 mg/dL	Direct-Enzymatic colorimetric
VLDL		10		
SERUM TRYGLYCERIDES		50	< 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL	METHOD: Enzymatic colorimetric
CHO/HDL RATIO		3.5	Normal : - < 3.5 High Risk : - > 5.0	
LDL/HDL RATIO		2.33		
SERUM URIC ACID		3.4	2.4 - 5.7 mg/dL	uricase
<b>PLBS (POST LUNCH BLOOD SUGAR WITH URINE SUGAR)</b>				
PLBS (POST LUNCH BLOOD GLUCOSE)		83	110 - 180 mg/dL	Hexokinase
URINE SUGAR		Nil		Dipstick

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





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<b>Bill No/ UMR No</b> : NMBC64453/NMU0049615	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 31-Mar-24 01:34 pm	<b>Report Date</b> : 01-Apr-24 08:38 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
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Lab Incharge

Dr. VISHAL MEHROTRA, MD Pathology  
Head, Laboratory Services

Verified By : : 026979

Test results related only to the item tested.

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**MEDICOVER**  
HOSPITALS

NAVI MUMBAI

## 2 D Transthoracic Echocardiography and Color Doppler

NAME	UMR No	REF. BY
MRS. DHANASHREE PATIL	49615	HEALTH CHECK UP

DATE	AGE	SEX
31/03/2024	29 YRS.	FEMALE

### ECHO FINDINGS :

No RWMA.

LVEF is 60%.

No LV Diastolic Dysfunction.

No mitral regurgitation.

No aortic regurgitation. No aortic stenosis.

Trivial tricuspid regurgitation. No pulmonary hypertension.  
PASP = 30 mm Hg.

IAS & IVS Are Intact.

No Thrombus/ Vegetation/ Pericardial Effusion.

Normal RV systolic function. No hepatic congestion.

**DR ANUP V MAHAJANI**

MBBS, MD (MED), DNB (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

REG NO 2013/05/1759





**MEDICOVER**  
HOSPITALS

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**M-MODE MEASUREMENTS (in Cm)**

LA	3.5
AORTA	2.8
LVID (d)	4.3
LVID (s)	3.1
IVS (d)	1.0
PW (d)	1.0
LVEF %	60

**COLOUR DOPPLER**

Mitral Velocity	AJV	PJV	MS	MR	AS	AR	TR
E < A	1.5	0.4	Nil	Nil	Nil	Nil	Trivial

-----**END OF THE REPORT**-----

**DR ANUP V MAHAJANI**

MBBS, MD (MED), DNB (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

REG NO 2013/05/1759



HC 49615  
29 Years

DEANASHREE PATIL  
Male

3/31/2024 11:43:56 AM

Rate 86 . Sinus rhythm.....normal P axis, V-rate 50- 99  
. Baseline wander in lead(s) V2, V4

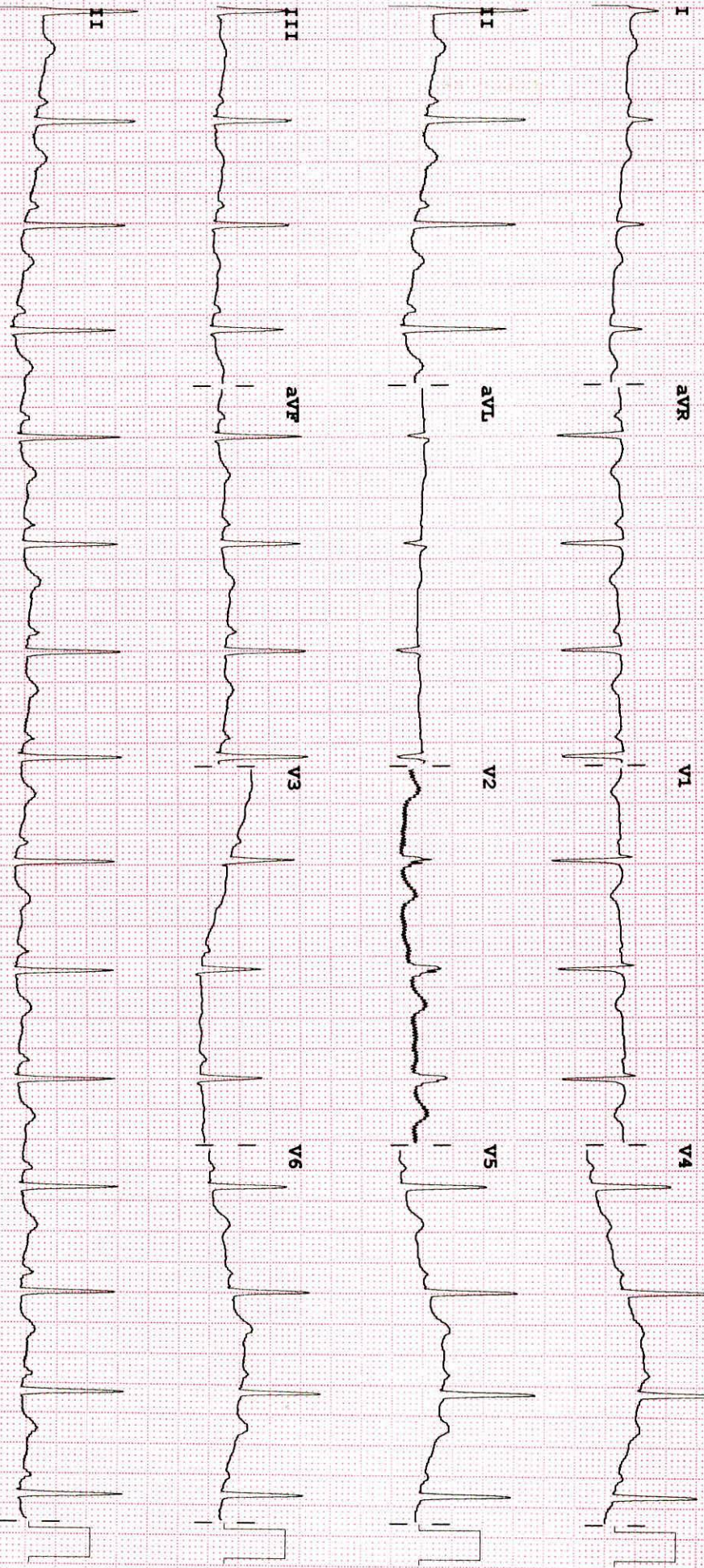
PR 138  
QRSD 74  
QT 358  
QTc 429

--AXIS--  
P 70  
QRS 69  
T 57

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60 ~ 0.15-100 Hz

100H CL

P?

<b>Patient ID:</b>	<b>NMU0049615</b>	<b>Patient Name:</b>	<b>DHANSHREE D PATIL</b>
<b>Age:</b>	<b>29 Years</b>	<b>Sex:</b>	<b>F</b>
<b>Accession Number:</b>	<b>NMBC64453</b>	<b>Modality:</b>	<b>US</b>
<b>Referring Physician:</b>	<b>DR.DMO</b>	<b>Study:</b>	<b>USG ABDOMEN WHOLE</b>
<b>Study Date:</b>	<b>31-Mar-2024</b>		

### USG ABDOMEN & PELVIS

**The Liver** is normal in size (14.5 cm) and shows normal echotexture. No focal lesion is seen. The Hepatic veins appear normal. There is no IHBR dilatation. The portal vein appears normal.

**The gall bladder** is physiologically distended with normal wall thickness. There is no evidence of gallstones. C.B.D. is of normal caliber.

**The Pancreas** is normal in size and echotexture.

**The spleen** is normal size ( 7.8 cm). No focal lesion is seen.

**Both kidneys** are normal in size, shape and echotexture. They shows normal cortical echogenicity with maintained cortico-medullary distinction.

The Right Kidney measures 9.8 x 4.0 cm.

The Left Kidney measures 9.9 x 4.0 cm.

There is no evidence of a calculus, hydronephrosis, or hydroureter.

**The Urinary bladder** is adequately distended and shows normal wall thickness. No evidence of any intraluminal mass or calculi.

**The uterus** is normal in size and echotexture. It measures 8.3 x 4.9 x 4.2 cm.

No focal lesion is seen. The Endometrial thickness is 11.3 mm.

**Both ovaries** are well visualized and appear normal in size and echotexture.

The Right ovary measures 3.3 x 2.2 cm

The Left ovary measures 3.4 x 1.3 cm

There is no evidence of any ovarian or adnexal mass lesion.


Visualised bowel loops are unremarkable.

There is no evidence of significant lymphadenopathy.

No ascitis is seen.

### IMPRESSION:

- No significant abnormality is seen.



DR. ANUPKUMAR AGRAWAL  
Consultant & HOD Radiology  
MBBS, MD

Date: 31-Mar-2024 10:50:43

<b>Patient ID:</b>	<b>NMU0049615</b>	<b>Patient Name:</b>	<b>DHANSHREE D PATIL</b>
<b>Age:</b>	<b>29 Years</b>	<b>Sex:</b>	<b>F</b>
<b>Accession Number:</b>	<b>NMBC64453</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>	<b>DR.DMO</b>	<b>Study:</b>	<b>CHEST</b>
<b>Study Date:</b>	<b>31-Mar-2024</b>	<b>Study Time:</b>	<b>09:56:46</b>

**X RAY CHEST PA VIEW**

Both lungs are clear.

The frontal cardiac dimensions are normal.

The pleural spaces are clear.

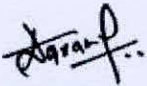
Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

**Impression:**

- **No significant abnormality is seen.**



DR. ANUPKUMAR AGRAWAL  
Consultant & HOD Radiology  
MBBS, MD

Date: 31-Mar-2024 11:30:47