

11601427

pramilla devi

1/3/2024 9:45:15 AM

55 Years

Female

Rate 109 . Sinus tachycardia.....rate> 99
 . LAE, consider biatrial enlargement.....P>80mS <-.15mV V1&>.25mV limb lds
 PR 163 . Probable left ventricular hypertrophy.....multiple LVH criteria
 QRSD 85
 QT 338
 QTc 456

--AXIS--

P 73

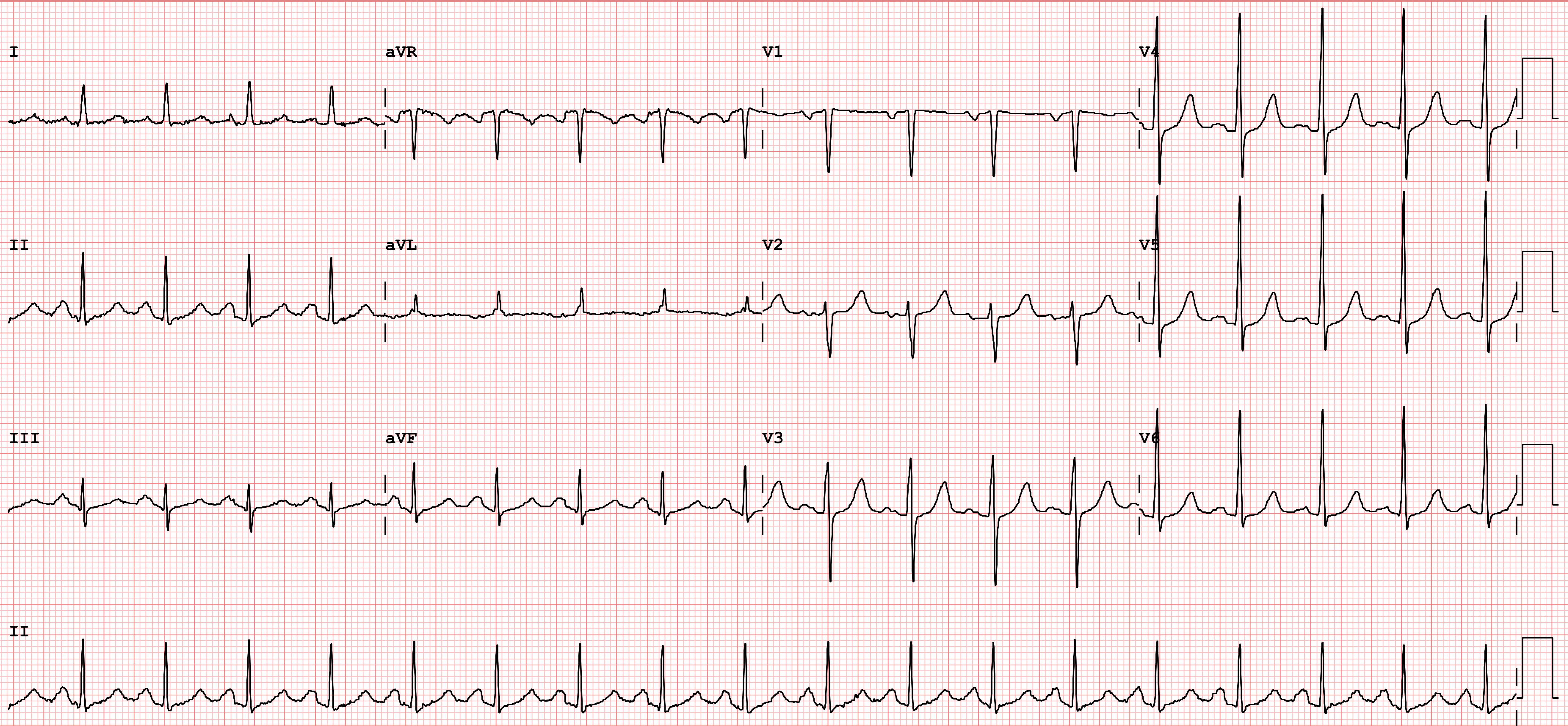
QRS 25

T 57

12 Lead; Standard Placement

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?

Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

Name : MRS PRAMILLA DEVI **Age** : 55 Yr(s) Sex :Female
Registration No : MH011601427 **Lab No** : 31240100071
Patient Episode : H03000059071 **Collection Date** : 03 Jan 2024 09:45
Referred By : HEALTH CHECK MHD **Reporting Date** : 03 Jan 2024 11:38
Receiving Date : 03 Jan 2024 10:05

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

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

Blood Group & Rh typing O Rh(D) Negative
Weak D Negative

Antibody Screening (Microtyping in gel cards using reagent red cells)

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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



Dr Himanshu Lamba

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Department Of Laboratory Medicine

Name : MRS PRAMILLA DEVI **Age** : 55 Yr(s) Sex :Female
Registration No : MH011601427 **Lab No** : 32240100791
Patient Episode : H03000059071 **Collection Date** : 03 Jan 2024 09:44
Referred By : HEALTH CHECK MHD **Reporting Date** : 03 Jan 2024 10:32
Receiving Date : 03 Jan 2024 09:50

BIOCHEMISTRY

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) **10.9 # %**

As per American Diabetes Association (ADA) 2010

[4.0-6.5]

HbA1c in %

Non diabetic adults : < 5.7 %

Prediabetes (At Risk) : 5.7 % - 6.4 %

Diabetic Range : > 6.5 %

Estimated Average Glucose (eAG) 266 mg/dl

Use :

1. Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2. Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

Limitations :

1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2. False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

References : Rao.L.V.,Michael snyder.L.(2021).Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. NaderRifai,Andrea Rita Horvath,Carl T.wittwer.

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Department Of Laboratory Medicine

Name : MRS PRAMILLA DEVI **Age** : 55 Yr(s) Sex :Female
Registration No : MH011601427 **Lab No** : 32240100791
Patient Episode : H03000059071 **Collection Date** : 03 Jan 2024 09:44
Referred By : HEALTH CHECK MHD **Reporting Date** : 03 Jan 2024 12:14
Receiving Date : 03 Jan 2024 09:58

BIOCHEMISTRY

Lipid Profile (Serum)

TOTAL CHOLESTEROL (CHOD/POD)	168	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	197 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	27 #	mg/dl	[30-60]
Methodology: Homogenous Enzymatic			
VLDL - Cholesterol (Calculated)	39	mg/dl	[10-40]
LDL- CHOLESTEROL	102 #	mg/dl	[<100] Near/Above optimal:100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	6.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	3.8		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

Technical Notes:
Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of these tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of

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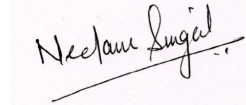
Name	: MRS PRAMILLA DEVI	Age	: 55 Yr(s) Sex :Female
Registration No	: MH011601427	Lab No	: 32240100791
Patient Episode	: H03000059071	Collection Date	: 03 Jan 2024 09:44
Referred By	: HEALTH CHECK MHD	Reporting Date	: 03 Jan 2024 12:14
Receiving Date	: 03 Jan 2024 09:58		

BIOCHEMISTRY

pancreatitis and other diseases.

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



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

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Registration No : MH011601427 **Lab No** : 32240100791
Patient Episode : H03000059071 **Collection Date** : 03 Jan 2024 09:44
Referred By : HEALTH CHECK MHD **Reporting Date** : 03 Jan 2024 13:44
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BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.240	ng/ml	[0.400-1.810]
T4 - Thyroxine (ECLIA)	10.660	µg/dl	[4.600-12.000]
Thyroid Stimulating Hormone (ECLIA)	2.210	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>

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Name : MRS PRAMILLA DEVI **Age** : 55 Yr(s) Sex :Female
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Patient Episode : H03000059071 **Collection Date** : 03 Jan 2024 09:44
Referred By : HEALTH CHECK MHD **Reporting Date** : 03 Jan 2024 13:35
Receiving Date : 03 Jan 2024 09:58

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (Diazonium Ion)	0.66	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (Diazotization)	0.34 #	mg/dl	[0.00-0.30]
BILIRUBIN - INDIRECT (Calculated)	0.32	mg/dl	[0.20-1.00]
SGOT/ AST (UV without P5P)	25	U/L	[10-35]
SGPT/ ALT (UV without P5P)	51 #	U/L	[0-33]
ALP (p-NPP,kinetic)*	265 #	U/L	[41-108]
TOTAL PROTEIN (Biuret)	7.4	g/dl	[7.0-9.0]
SERUM ALBUMIN (BCG-dye)	4.2	g/dl	[3.5-5.2]
SERUM GLOBULIN (Calculated)	3.2	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio (Calculated)	1.31		[1.10-1.80]

Technical Notes:

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.

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Registration No : MH011601427 **Lab No** : 32240100791
Patient Episode : H03000059071 **Collection Date** : 03 Jan 2024 09:44
Referred By : HEALTH CHECK MHD **Reporting Date** : 03 Jan 2024 12:08
Receiving Date : 03 Jan 2024 09:58

BIOCHEMISTRY

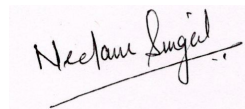
Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	16.00	mg/dl	[6.00-20.00]
SERUM CREATININE (Jaffe's method)	0.67	mg/dl	[0.60-1.40]
SERUM URIC ACID (Uricase)	6.1 #	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	11.06 #	mg/dl	[8.00-10.50]
SERUM PHOSPHORUS (Molybdate, UV)	3.2	mg/dl	[2.5-4.5]
SERUM SODIUM (ISE)	135.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.36	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE Indirect)	96.7	mmol/L	[95.0-105.0]
eGFR	99.3	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. 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.

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



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

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Name : MRS PRAMILLA DEVI **Age** : 55 Yr(s) Sex :Female
Registration No : MH011601427 **Lab No** : 32240100793
Patient Episode : H03000059071 **Collection Date** : 03 Jan 2024 13:57
Referred By : HEALTH CHECK MHD **Reporting Date** : 03 Jan 2024 15:35
Receiving Date : 03 Jan 2024 14:21

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 537 # mg/dl [70-140]

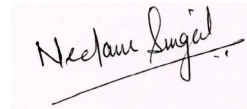
Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Plasma

GLUCOSE-Fasting (Hexokinase) 395 # mg/dl [74-106]

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



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

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Department Of Laboratory Medicine

Name : MRS PRAMILLA DEVI **Age** : 55 Yr(s) Sex :Female
Registration No : MH011601427 **Lab No** : 33240100554
Patient Episode : H03000059071 **Collection Date** : 03 Jan 2024 09:45
Referred By : HEALTH CHECK MHD **Reporting Date** : 03 Jan 2024 11:17
Receiving Date : 03 Jan 2024 09:50

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 5.0 mm/1sthour [0.0-20.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	6130	/cu.mm	[4000-10000]
RBC Count (Impedence)	5.15 #	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	15.7 #	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	45.1	%	[36.0-46.0]
MCV (Calculated)	87.6	fL	[83.0-101.0]
MCH (Calculated)	30.5	pg	[25.0-32.0]
MCHC (Calculated)	34.8 #	g/dL	[31.5-34.5]
Platelet Count (Impedence)	242000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	14.4 #	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	67.1	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	25.0	%	[20.0-40.0]

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HAEMATOLOGY

Monocytes (Flowcytometry)	5.7	%	[2.0-10.0]
Eosinophils (Flowcytometry)	2.0	%	[1.0-6.0]
Basophils (Flowcytometry)	0.2 #	%	[1.0-2.0]
IG	0.20	%	
Neutrophil Absolute(Flourescence flow cytometry)	4.1	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flourescence flow cytometry)	1.5	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.4	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.1	/cu mm	[0.0-0.5]x10 ³
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 ³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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



Dr.Himansha Pandey



Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

Name : MRS PRAMILLA DEVI **Age** : 55 Yr(s) Sex :Female
Registration No : MH011601427 **Lab No** : 38240100115
Patient Episode : H03000059071 **Collection Date** : 03 Jan 2024 09:45
Referred By : HEALTH CHECK MHD **Reporting Date** : 03 Jan 2024 14:46
Receiving Date : 03 Jan 2024 12:07

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH]	5.0	(5.0-9.0)
(Reflectancephotometry(Indicator Method))		
Specific Gravity	1.020	(1.003-1.035)
(Reflectancephotometry(Indicator Method))		
Bilirubin	Negative	NEGATIVE
Protein/Albumin	PRESENT TRACE	(NEGATIVE-TRACE)
(Reflectance photometry(Indicator Method)/Manual SSA)		
Glucose	DETECTED +++	(NEGATIVE)
(Reflectance photometry (GOD-POD/Benedict Method))		
Ketone Bodies	NOT DETECTED	(NEGATIVE)
(Reflectance photometry(Legal's Test)/Manual Rotheras)		
Urobilinogen	NORMAL	(NORMAL)
Reflectance photometry/Diazonium salt reaction		
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD	NIL	NEGATIVE
(Reflectance photometry(peroxidase))		
MICROSCOPIC EXAMINATION (Manual)	Method: Light microscopy on centrifuged urine	
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:

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CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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



Dr. Himansha Pandey



NAME	MRS Pramilla DEVI	STUDY DATE	03/01/2024 10:13AM
AGE / SEX	55 y / F	HOSPITAL NO.	MH011601427
ACCESSION NO.	R6656748	MODALITY	US
REPORTED ON	03/01/2024 11:31AM	REFERRED BY	Health Check MHD

USG WHOLE ABDOMEN

Results:

Liver is normal in size and echopattern. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder not seen - post operative status.
Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size (11.7 cm) and echopattern.

Right kidney is normal in position and size (9.8 x 2.8 cm). **Mild irregular outline is seen.**
Left kidney is normal in position, size (12.1 x 4.1 cm) and outline.
Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Uterus is anteverted. It is normal in size (6.8 x 2.4 cm). Myometrial echogenicity appears uniform. Endometrium is not distinct. Bilateral ovaries not seen.

No significant free fluid is detected.

**IMPRESSION: Mild irregular outline of right kidney.
TVS correlation is advised if detailed evaluation of pelvis is required.
Kindly correlate clinically.**

Aarushi

Dr. Aarushi MBBS, MD, DNB DMC N0.03291

CONSULTANT RADIOLOGIST

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



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NAME	MRS Pramilla DEVI	STUDY DATE	03/01/2024 9:58AM
AGE / SEX	55 y / F	HOSPITAL NO.	MH011601427
ACCESSION NO.	R6656749	MODALITY	CR
REPORTED ON	03/01/2024 12:36PM	REFERRED BY	Health Check MHD

X-RAY CHEST – PA VIEW

Positional rotation seen.

Cardia appears normal.

Lung fields appear normal on both sides.

Both costophrenic angles appear normal.

Both domes of the diaphragm appear normal.

Bony cage appear normal.

IMPRESSION: No significant abnormality noted.

Kindly correlate clinically.

Dr. Simran Singh DNB, FRCR(UK) DMC N0.36404

CONSULTANT RADIOLOGIST

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



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