



Dear **Manipal Hospital**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : MR. JINDAL PRABHAT
Contact Details : 9897902123
Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 13-04-2024

Member Information		
Booked Member Name	Age	Gender
Lavika Agarwal	38 year	Female

Tests included in this Package -

- Pap Smear
- Stool Test
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,
Mediwheel Team
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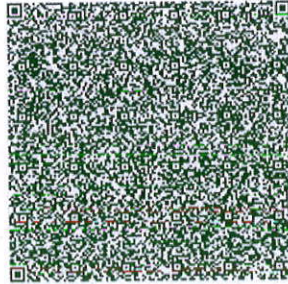


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00458/62113

To
लाविका अग्रवाल
Lavika Agarwal
Prabhat Jindal,
1633,
Basant Lane-2,
New Shivpuri,
VTC: Hapur,
PO: Hapur,
District: Hapur,
State: Uttar Pradesh,
PIN Code: 245101,
Mobile: 9897902123



Signature Not Verified
Digitally signed by Lavika Agarwal
DN: cn=LAVIKA AGARWAL, o=UNIQUE IDENTIFICATION AUTHORITY OF INDIA, ou=UIDAI, email=uidai@uidai.gov.in, c=IN

आपका आधार क्रमांक / Your Aadhaar No. :
4277 1585 6142
मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no issued: 30/01/2016



लाविका अग्रवाल
Lavika Agarwal
जन्म तिथि/ DOB: 24/07/1985
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

4277 1585 6142

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मति आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मति के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
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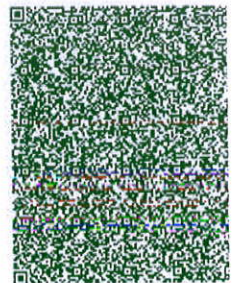
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 07/12/2023

पता:
प्रभात जिंदल, १६३३, बसंत लेन-२, नई शिवपुरी, हापुड़,
हापुड़, हापुड़,
उत्तर प्रदेश - 245101

Address:
Prabhat Jindal, 1633, Basant Lane-2, New
Shivpuri, Hapur, PO: Hapur, DIST: Hapur,
Uttar Pradesh - 245101



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1947

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Lavika Agarwal



OUTPATIENT RECORD

Hospital No: MH013287346	Visit No: H18000002107	
Name: MRS LAVIKA AGARWAL	Age/Sex: 38 Yrs/Female	
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD	
Date: 13/04/2024 09:47AM		
BP Systolic: 112 mmHg	BP Diastolic: 79 mmHg	Pulse Rate: 63beats per minute
Saturation(Oxygen): 100%	Height: 158cm	Weight : 68.4kg
BMI: 27.40	Pain Score: 00	Fall Risk: 01
Vulnerable: 01		

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECKUP

SYSTEMIC/ OPHTHALMIC HISTORY - N/C

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	17	20

FUNDUS EXAMINATION

A) VITREOUS

B) OPTIC DISC

C) MACULAR AREA

D) VESSELS/ PERIPHERY

C:D 0.2 C:D 0.2
FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT

E/D NST 4 TIMES DAILY

HEALTH CHECK MGD

**LABORATORY REPORT**

Name : MRS LAVIKA AGARWAL **Age** : 38 Yr(s) Sex :Female
Registration No : MH013287346 **Lab No** : 202404002059
Patient Episode : H18000002107 **Collection Date** : 13 Apr 2024 09:59
Referred By : HEALTH CHECK MGD **Reporting Date** : 13 Apr 2024 12:01
Receiving Date : 13 Apr 2024 09:59

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	87.0	mg/dl	[70.0-110.0]

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, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 1 of 1

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MRS LAVIKA AGARWAL	Age	: 38 Yr(s) Sex :Female
Registration No	: MH013287346	Lab No	: 202404002058
Patient Episode	: H18000002107	Collection Date	: 13 Apr 2024 09:59
Referred By	: HEALTH CHECK MGD	Reporting Date	: 13 Apr 2024 13:11
Receiving Date	: 13 Apr 2024 09:59		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.890	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	9.970	# ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	0.660	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

Name	: MRS LAVIKA AGARWAL	Age	: 38 Yr(s) Sex :Female
Registration No	: MH013287346	Lab No	: 202404002058
Patient Episode	: H18000002107	Collection Date	: 13 Apr 2024 09:59
Referred By	: HEALTH CHECK MGD	Reporting Date	: 13 Apr 2024 13:09
Receiving Date	: 13 Apr 2024 09:59		

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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.

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist

**LABORATORY REPORT**

Name : MRS LAVIKA AGARWAL
Registration No : MH013287346
Patient Episode : H18000002107
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Apr 2024 09:59

Age : 38 Yr(s) Sex :Female
Lab No : 202404002058
Collection Date : 13 Apr 2024 09:59
Reporting Date : 13 Apr 2024 12:27

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	3.96	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.5 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	36.0	%	[36.0-46.0]
MCV (DERIVED)	90.9	fL	[83.0-101.0]
MCH (CALCULATED)	29.0	pg	[25.0-32.0]
MCHC (CALCULATED)	31.9	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.7	%	[11.6-14.0]
Platelet count	296	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.30	fL	
WBC COUNT (TC) (IMPEDENCE)	6.45	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	57.0	%	[40.0-80.0]
Lymphocytes	33.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	46.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MRS LAVIKA AGARWAL	Age	: 38 Yr(s) Sex :Female
Registration No	: MH013287346	Lab No	: 202404002058
Patient Episode	: H18000002107	Collection Date	: 13 Apr 2024 09:59
Referred By	: HEALTH CHECK MGD	Reporting Date	: 13 Apr 2024 13:12
Receiving Date	: 13 Apr 2024 09:59		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.4	%	[0.0-5.6]
Method: HPLC			
			As per American Diabetes Association(ADA)
			HbA1c in %
			Non diabetic adults >= 18years <5.7
			Prediabetes (At Risk)5.7-6.4
			Diagnosing Diabetes >= 6.5
Estimated Average Glucose (eAG)	108	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.5	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

**LABORATORY REPORT**

Name : MRS LAVIKA AGARWAL
Registration No : MH013287346
Patient Episode : H18000002107
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Apr 2024 10:57

Age : 38 Yr(s) Sex :Female
Lab No : 202404002058
Collection Date : 13 Apr 2024 10:57
Reporting Date : 13 Apr 2024 12:24

CLINICAL PATHOLOGY**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	1-2 /hpf	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	156	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	75	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	52	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	15	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	89.0	mg/dl	[<120.0]
			Near/
Above optimal-100-129			
			Borderline High:130-159
			High Risk:160-189
T.Chol/HDL.Chol ratio (Calculated)	3.0		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.7		<3 Optimal
			3-4 Borderline
			>6 High Risk



LABORATORY REPORT

Name	: MRS LAVIKA AGARWAL	Age	: 38 Yr(s) Sex :Female
Registration No	: MH013287346	Lab No	: 202404002058
Patient Episode	: H18000002107	Collection Date	: 13 Apr 2024 09:59
Referred By	: HEALTH CHECK MGD	Reporting Date	: 13 Apr 2024 12:00
Receiving Date	: 13 Apr 2024 09:59		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool 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

KIDNEY PROFILE

Specimen: Serum			
UREA	23.9	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.2	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.61 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	3.5 #	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.10	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.48	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	115.4	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 : MRS LAVIKA AGARWAL
Registration No : MH013287346
Patient Episode : H18000002107
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Apr 2024 09:59

Age : 38 Yr(s) Sex :Female
Lab No : 202404002058
Collection Date : 13 Apr 2024 09:59
Reporting Date : 13 Apr 2024 12:01

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.41	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.07	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.34	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	6.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.00	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.43		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	17.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	12.20 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	54.0	IU/L	[32.0-91.0]
GGT	10.0	U/L	[7.0-50.0]

**LABORATORY REPORT**

Name : MRS LAVIKA AGARWAL
Registration No : MH013287346
Patient Episode : H18000002107
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Apr 2024 09:59

Age : 38 Yr(s) Sex :Female
Lab No : 202404002059
Collection Date : 13 Apr 2024 09:59
Reporting Date : 13 Apr 2024 12:01

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	87.0	mg/dl	[70.0-110.0]

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, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 7

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

Dr. Alka Dixit Vats
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MRS Lavika AGARWAL	STUDY DATE	13/04/2024 10:26AM
AGE / SEX	38 y / F	HOSPITAL NO.	MH013287346
ACCESSION NO.	R7230589	MODALITY	CR
REPORTED ON	13/04/2024 10:38AM	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.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

NAME	MRS Lavika AGARWAL	STUDY DATE	13/04/2024 10:43AM
AGE / SEX	38 y / F	HOSPITAL NO.	MH013287346
ACCESSION NO.	R7230590	MODALITY	US
REPORTED ON	13/04/2024 11:14AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: Liver is normal in size (measures 134 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 94 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 12 mm.
 COMMON BILE DUCT: Appears normal in size and measures 3 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 106 x 45 mm.
 Left Kidney: measures 106 x 51 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, bulky in size (measures 99 x 57 x 47 mm) but normal in shape and shows coarse myometrial echotexture. Evidence of previous operation scar is seen.
 Endometrial thickness measures 8.8 mm. Cervix appears bulky.
 OVARIES: Both ovaries are normal in shape and echotexture. Rest normal.
 Right ovary measures 43 x 40 x 26 mm with volume 23.1 cc. It is bulky in size.
 Left ovary measures 35 x 35 x 22 mm with volume 14 cc. It is normal in size.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Bulky uterus with coarse myometrial echotexture and bulky cervix (ADV: Pap Smear to rule out possibility of cervicitis).
- Bulky right ovary.

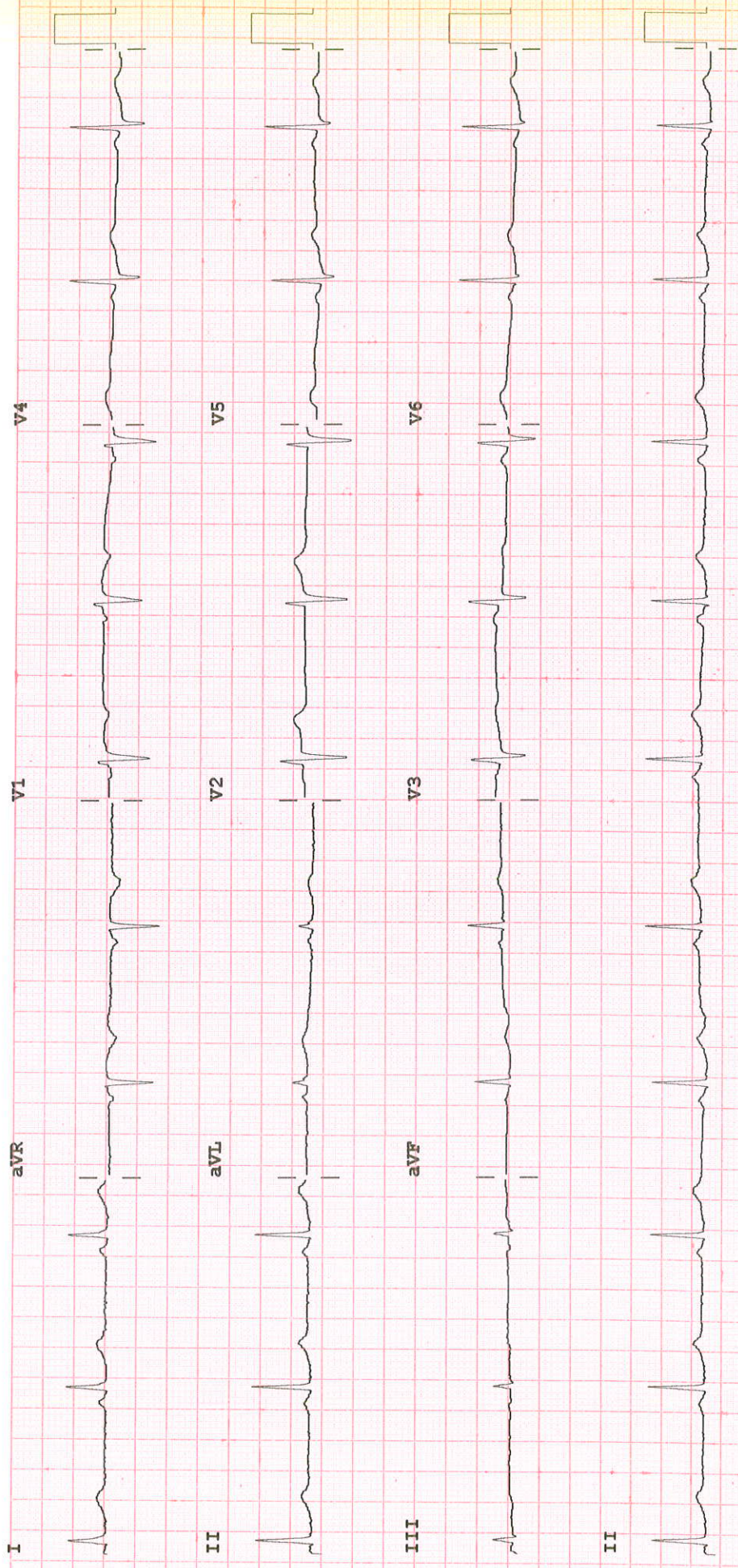
Recommend clinical correlation.

Monica

**Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST**

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

- NORMAL ECG -
Unconfirmed Diagnosis



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz PH100B CL P?



TMT INVESTIGATION REPORT

Patient Name	MRS LAVIKA AGARWAL	Location	: Ghaziabad
Age/Sex	: 38Year(s)/Female	Visit No	: V000000001-GHZB
MRN No	MH013287346	Order Date	: 13/04/2024
Ref. Doctor	: HCP	Report Date	: 13/04/2024

Protocol	: Bruce	MPHR	: 182BPM
Duration of exercise	: 8min 19sec	85% of MPHR	: 155BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 157BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg	% Target HR	: 86%
	Peak BP : 140/90mmHg	METS	: 10.1METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	67	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	108	120/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	131	130/90	Nil	No ST changes seen	Nil
STAGE 3	2:19	157	140/90	Nil	No ST changes seen	Nil
RECOVERY	5:25	78	130/80	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

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