

NAME	Dolli KUMARI	STUDY DATE	22-05-2023 09:28:24
AGE / SEX	031Yrs / F	HOSPITAL NO.	MH011010462
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	23-05-2023 09:53:05	REFERRED BY	Dr. Health Check MHD

## X-RAY CHEST - PA VIEW

### Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically



**Dr. Abhinav Pratap Singh DNB**  
**DMC Reg No. 58170**  
**Associate Consultant, Dept. of Radiology**  
**& Imaging**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	<b>Dolli KUMARI</b>	STUDY DATE	<b>22-05-2023 09:28:24</b>
AGE / SEX	<b>031Yrs / F</b>	HOSPITAL NO.	<b>MH011010462</b>
REFERRING DEPT	<b>OPD</b>	MODALITY/Procedure Description	<b>CR /Xray chest PA (CXR)</b>
REPORTED ON	<b>23-05-2023 09:53:05</b>	REFERRED BY	<b>Dr. Health Check MHD</b>

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11010462

MRS DOLLI KUMARI

5/22/2023 9:12:28 AM

31 Years

Female

Rate 70 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 147

QRSD 85

QT 366

QTc 395

--AXIS--

P 54

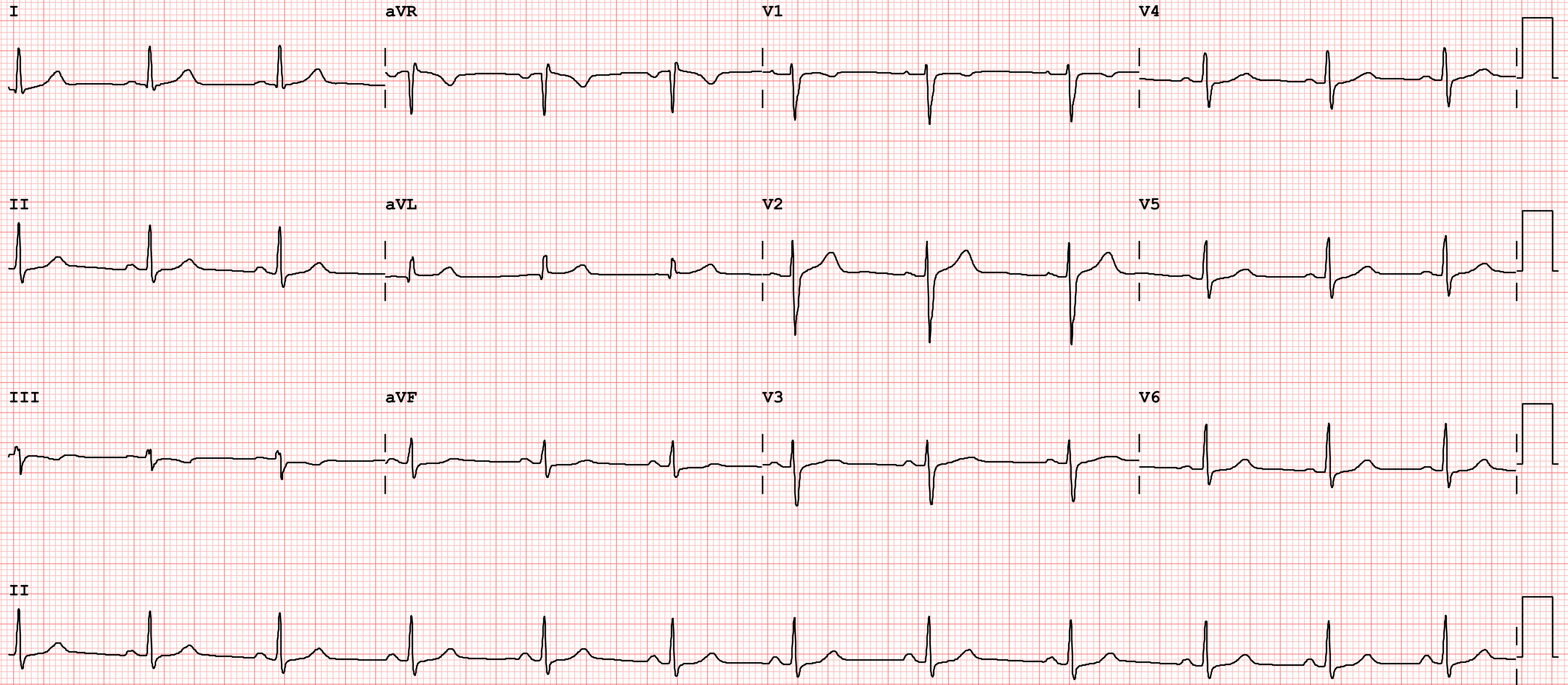
QRS 23

T 12

- NORMAL ECG -

12 Lead; Standard Placement

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?



**Name** : MRS DOLLI KUMARI **Age** : 31 Yr(s) Sex :Female  
**Registration No** : MH011010462 **Lab No** : 31230500833  
**Patient Episode** : H03000054368 **Collection Date** : 22 May 2023 08:45  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 22 May 2023 10:37  
**Receiving Date** : 22 May 2023 09:53

## 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) Positive

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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**Name** : MRS DOLLI KUMARI **Age** : 31 Yr(s) Sex :Female  
**Registration No** : MH011010462 **Lab No** : 32230507521  
**Patient Episode** : H03000054368 **Collection Date** : 22 May 2023 08:45  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 22 May 2023 10:43  
**Receiving Date** : 22 May 2023 09:03

## BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.0

As per American Diabetes Association (ADA)  
% [4.0-6.5] HbA1c in %  
Non diabetic adults  $\geq$  18years  $<$  5.7  
Prediabetes (At Risk ) 5.7-6.4  
Diagnosing Diabetes  $\geq$  6.5

Methodology High-Performance Liquid Chromatography (HPLC)

Estimated Average Glucose (eAG) 97 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.

Specimen Type : Serum

### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.30	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.61	$\mu$ g/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	3.070	$\mu$ IU/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



**Name** : MRS DOLLI KUMARI **Age** : 31 Yr(s) Sex :Female  
**Registration No** : MH011010462 **Lab No** : 32230507521  
**Patient Episode** : H03000054368 **Collection Date** : 22 May 2023 08:45  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 22 May 2023 10:15  
**Receiving Date** : 22 May 2023 09:02

## BIOCHEMISTRY

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>

### Lipid Profile (Serum)

TOTAL CHOLESTEROL (CHOD/POD)	116	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	66	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	50	mg/dl	[30-60]
Methodology: Homogenous Enzymatic			
VLDL - Cholesterol (Calculated)	13	mg/dl	[10-40]
(CALCULATED) LDL- CHOLESTEROL	53	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	2.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.1		<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.



**Name** : MRS DOLLI KUMARI **Age** : 31 Yr(s) Sex :Female  
**Registration No** : MH011010462 **Lab No** : 32230507521  
**Patient Episode** : H03000054368 **Collection Date** : 22 May 2023 08:45  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 22 May 2023 10:08  
**Receiving Date** : 22 May 2023 09:02

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
<b>LIVER FUNCTION TEST (Serum)</b>			
BILIRUBIN-TOTAL (mod.J Groff)**	0.51	mg/dl	[0.10-1.20]
<b>BILIRUBIN - DIRECT (mod.J Groff)</b>	<b>0.22 #</b>	<b>mg/dl</b>	<b>[&lt;0.2]</b>
BILIRUBIN - INDIRECT (mod.J Groff)	0.29	mg/dl	[0.20-1.00]
<b>SGOT/ AST (P5P, IFCC)</b>	<b>44.10 #</b>	<b>IU/L</b>	<b>[5.00-37.00]</b>
<b>SGPT/ ALT (P5P, IFCC)</b>	<b>55.30 #</b>	<b>IU/L</b>	<b>[10.00-50.00]</b>
ALP (p-NPP,kinetic)*	62	IU/L	[37-98]
TOTAL PROTEIN (mod.Biuret)	7.5	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.5	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	3.0	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.50		[1.10-1.80]

### Note:

\*\*NEW BORN:Vary according to age (days), body wt & gestation of baby

\*New born: 4 times the adult value





Name : MRS DOLLI KUMARI Age : 31 Yr(s) Sex :Female  
Registration No : MH011010462 Lab No : 32230507521  
Patient Episode : H03000054368 Collection Date : 22 May 2023 08:45  
Referred By : HEALTH CHECK MHD Reporting Date : 22 May 2023 10:14  
Receiving Date : 22 May 2023 09:02

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
<b>KIDNEY PROFILE (Serum)</b>			
<b>BUN (Urease/GLDH)</b>	<b>7.00 #</b>	<b>mg/dl</b>	<b>[8.00-23.00]</b>
SERUM CREATININE (mod.Jaffe)	0.62	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	4.5	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.5	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.1	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	140.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.48	mmol/l	[3.50-5.20]
<b>SERUM CHLORIDE (ISE / IMT)</b>	<b>107.0 #</b>	<b>mmol/l</b>	<b>[95.0-105.0]</b>
eGFR	120.5	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.

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

**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



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**Name** : MRS DOLLI KUMARI **Age** : 31 Yr(s) Sex :Female  
**Registration No** : MH011010462 **Lab No** : 32230507522  
**Patient Episode** : H03000054368 **Collection Date** : 22 May 2023 13:00  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 22 May 2023 15:10  
**Receiving Date** : 22 May 2023 13:43

## BIOCHEMISTRY

Specimen Type : Plasma

### PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 107 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 : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 97 mg/dl [70-100]

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

**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



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**Name** : MRS DOLLI KUMARI **Age** : 31 Yr(s) Sex :Female  
**Registration No** : MH011010462 **Lab No** : 33230504526  
**Patient Episode** : H03000054368 **Collection Date** : 22 May 2023 08:45  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 22 May 2023 11:31  
**Receiving Date** : 22 May 2023 09:03

## HAEMATOLOGY

### ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 8.0 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
<b>COMPLETE BLOOD COUNT (EDTA Blood)</b>			
WBC Count (Flow cytometry)	7580	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.46	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	12.4	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	38.4	%	[36.0-46.0]
MCV (Calculated)	86.1	fL	[83.0-101.0]
MCH (Calculated)	27.8	pg	[25.0-32.0]
MCHC (Calculated)	32.3	g/dL	[31.5-34.5]
<b>Platelet Count (Impedence)</b>	<b>135000 #</b>	<b>/cu.mm</b>	<b>[150000-410000]</b>
<b>RDW-CV (Calculated)</b>	<b>15.9 #</b>	<b>%</b>	<b>[11.6-14.0]</b>
<b>DIFFERENTIAL COUNT</b>			
Neutrophils (Flowcytometry)	64.6	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	26.8	%	[20.0-40.0]



**Name** : MRS DOLLI KUMARI **Age** : 31 Yr(s) Sex :Female  
**Registration No** : MH011010462 **Lab No** : 33230504526  
**Patient Episode** : H03000054368 **Collection Date** : 22 May 2023 08:45  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 22 May 2023 10:17  
**Receiving Date** : 22 May 2023 09:03

## HAEMATOLOGY

Monocytes (Flowcytometry)	3.8	%	[2.0-10.0]
Eosinophils (Flowcytometry)	4.5	%	[1.0-6.0]
<b>Basophils (Flowcytometry)</b>	<b>0.3 #</b>	<b>%</b>	<b>[1.0-2.0]</b>
IG	0.00	%	
Neutrophil Absolute(Flourescence flow cytometry)	4.9	/cu mm	[2.0-7.0]x10 <sup>3</sup>
Lymphocyte Absolute(Flourescence flow cytometry)	2.0	/cu mm	[1.0-3.0]x10 <sup>3</sup>
Monocyte Absolute(Flourescence flow cytometry)	0.3	/cu mm	[0.2-1.2]x10 <sup>3</sup>
Eosinophil Absolute(Flourescence flow cytometry)	0.3	/cu mm	[0.0-0.5]x10 <sup>3</sup>
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 <sup>3</sup>

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.

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

Dr.Lakshita singh



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<b>Name</b>	: MRS DOLLI KUMARI	<b>Age</b>	: 31 Yr(s) Sex :Female
<b>Registration No</b>	: MH011010462	<b>Lab No</b>	: 38230501398
<b>Patient Episode</b>	: H03000054368	<b>Collection Date</b>	: 22 May 2023 08:45
<b>Referred By</b>	: HEALTH CHECK MHD	<b>Reporting Date</b>	: 22 May 2023 16:25
<b>Receiving Date</b>	: 22 May 2023 13:18		

## CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
<b>ROUTINE URINE ANALYSIS</b>		
<b>MACROSCOPIC DESCRIPTION</b>		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
<b>Appearance (Visual)</b>	<b>SLIGHTLY TURBID</b>	
<b>CHEMICAL EXAMINATION</b>		
Reaction[pH]	5.0	(5.0-9.0)
(Reflectancephotometry(Indicator Method))		
Specific Gravity	1.015	(1.003-1.035)
(Reflectancephotometry(Indicator Method))		
Bilirubin	Negative	NEGATIVE
Protein/Albumin	Negative	(NEGATIVE-TRACE)
(Reflectance photometry(Indicator Method)/Manual SSA)		
Glucose	NOT 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		
<b>BLOOD</b>	<b>PRESENT TRACE</b>	<b>NEGATIVE</b>
(Reflectance photometry(peroxidase))		
<b>MICROSCOPIC EXAMINATION (Manual)</b>	<b>Method: Light microscopy on centrifuged urine</b>	
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	OCCASIONAL /hpf	(1-2)
<b>Epithelial Cells</b>	<b>10-15 /hpf</b>	<b>(2-4)</b>
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

**Interpretation:**



**Name** : MRS DOLLI KUMARI **Age** : 31 Yr(s) Sex :Female  
**Registration No** : MH011010462 **Lab No** : 38230501398  
**Patient Episode** : H03000054368 **Collection Date** : 22 May 2023 08:45  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 22 May 2023 16:25  
**Receiving Date** : 22 May 2023 13:18

## 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.Lakshita singh



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Name: **DOLLI KUMARI**

Hospital No: MH011010462

Age: 31 Sex: F

Episode No: H03000054368

Doctor: Health Check MHD

Result Date: 23 May 2023 11:21

Order: Tread Mill Test

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### **EXERCISE STRESS TEST REPORT (TMT)**

#### **Findings:**

Baseline ECG NSR  
Premedications Nil

Protocol	Bruce	MPHR	189
Duration of exercise	9 Minutes 43 sec	85% OF MPHR	160
Reason for termination	THR achieved	METS	12.40
Peak achieved	162	%of MPHR achieved	85 %

<b>Stage</b>	<b>Time</b>	<b>Heart rate (bpm)</b>	<b>BP (mmHg)</b>	<b>ECG(ST/T changes/arrhythmia)</b>	<b>Symptoms</b>
<b>Control</b>	0.00	78	120/80	No ST-T changes seen	Nil
Stage 1	3.00	95	130/80	No ST-T changes seen	Nil
Stage II	3.00	102	140/80	No ST-T changes seen	Nil
Stage III	3.00	131	140/80	No ST-T changes seen	Nil
Stage IV	0.43	162	140/80	No ST-T changes seen	Nil
Recovery	3.00	80	130/80	No ST-T changes seen	Nil

#### **Result:**

- Normal heart rate and BP response
- No significant ST-T changes were seen during exercise or recovery period.
- No symptomatic of angina/ chest pain during the test
- No significant arrhythmia during the test

#### **FINAL IMPRESSION.**

- Exercise stress test is **Negative** for reversible myocardial Ischemia.
- Good effort tolerance.

---

Name: **DOLLI KUMARI**

Hospital No: MH011010462

Age: 31 Sex: F

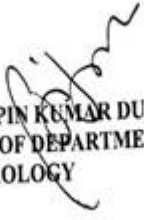
Episode No: H03000054368

Doctor: Health Check MHD

Result Date: 23 May 2023 11:21

Order: Tread Mill Test

---

  
DR. BIPIN KUMAR DUBEY  
HEAD OF DEPARTMENT  
CARDIOLOGY

**Dr. Bipin Dubey**  
CONSULTANT

NAME	Dolli KUMARI	STUDY DATE	22-05-2023 10:48:05
AGE / SEX	031Yrs / F	HOSPITAL NO.	MH011010462
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	22-05-2023 13:38:34	REFERRED BY	Dr. Health Check MHD

## USG WHOLE ABDOMEN

### **Findings:**

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 appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size and echopattern.

Both kidneys are normal in position, size (RK = 91x35mm and LK =95x41mm) and outline. Cortico-medullary differentiation of both kidneys is maintained. 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 and measures 65x37mm. Myometrial echogenicity appears uniform. Endometrium is central (3.7mm).

A 39x33mm sized cystic lesion with low level internal echoes seen in right ovary likely s/o endometriotic cyst.

Left ovary is normal and measures 26x19mm.

No significant free fluid is detected.

**Impression :** Cystic lesion in right ovary likely endometriotic

Kindly correlate clinically



**Dr. Aarushi MD,DNB**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.



NAME	Dolli KUMARI	STUDY DATE	22-05-2023 10:48:05
AGE / SEX	031Yrs / F	HOSPITAL NO.	MH011010462
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	22-05-2023 13:38:34	REFERRED BY	Dr. Health Check MHD

**DMC/R/03291**  
**Consultant Radiologist**

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