

32years
Female
Asian

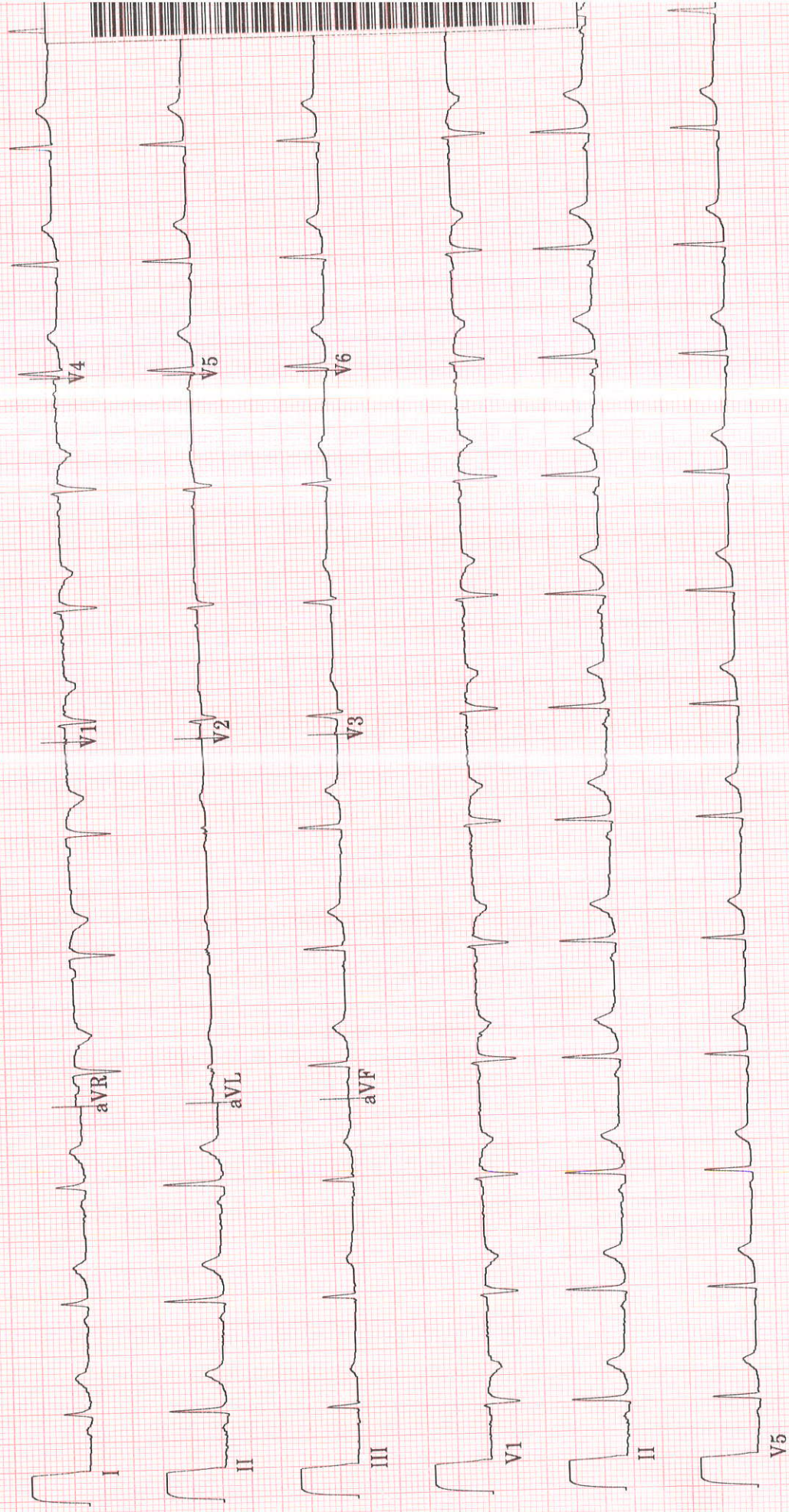
Vent. rate 76 bpm
PR interval 120 ms
QRS duration 70 ms
QT/QTc 368/414 ms
P-R-T axes 32 60 46

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Referred by: hcp

Unconfirmed





TMT INVESTIGATION REPORT

Patient Name : Diksha PATEL	Location : Ghaziabad
Age/Sex : 32Year(s)/Female	Visit No : V000000001-GHZB
MRN No : MH011120317	Order Date : 08/07/2023
Ref. Doctor : HCP	Report Date : 08/07/2023

Protocol : Bruce	MPHR : 188BPM
Duration of exercise : 5min 07sec	85% of MPHR : 159BPM
Reason for termination : THR achieved	Peak HR Achieved : 179BPM
Blood Pressure (mmHg) : Baseline BP : 110/62mmHg	% Target HR : 95%
Peak BP : 130/62mmHg	METS : 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	75	110/62	Nil	No ST changes seen	Nil
STAGE 1	3:00	153	120/62	Nil	No ST changes seen	Nil
STAGE 2	2:07	173	130/62	Nil	No ST changes seen	Nil
RECOVERY	3:01	105	114/62	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

IMPRESSION:

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

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

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Page 1 of 2

Manipal Health Enterprises Private Limited

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Mrs. DIKSHA PATEL MH011120317

PID NO: P542300386613
Age: 32.0 Year(s) Sex: Female



Reference: Dr.HBALCHOKHEKUR,a DVID-230054000368210
Sample Collected At:
Manipal Hospital
NH-24, HAPUR ROAD, OPP. BAHMETA,
GHAZIABAD 201002
Sample Processed At: Metropolis
Healthcare Ltd E-21, B1 Mohan Co-op
Ind Estate New Delhi-110044

Registered On:
08/07/2023 02:06 PM
Collected On:
08/07/2023 2:06PM
Reported On:
08/07/2023 03:01 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid panel-1 (Serum,ECLIA)			
T3 (Total)	140	ng/dL	84.6-201.8 Second Trimester : 128.9 - 262.3 First Trimester : 104.8 - 229.8 Third trimesters : 135.4 - 261.7
T4 (Total)	7.13	µg/dL	5.1-14.1 First Trimester : 7.33 - 14.8 Second Trimester : 7.93 - 16.1 Third Trimester : 6.95 - 15.7
TSH(Ulttrasensitive)	1.820	µIU/mL	0.54-5.3 First Trimester : 0.33-4.59 Second Trimester : 0.35-4.10 Third trimester : 0.21-3.15

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

Dr. Geeta Chopra

Dr. Geeta Chopra .
M.D (Pathology)
(DMC Reg. No. - 5204)



INNER HEALTH REVEALED

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor



LABORATORY REPORT

Name : MRS DIKSHA PATEL **Age** : 32 Yr(s) **Sex**:Female
Registration No : MH011120317 **Lab No** : 202307000914
Patient Episode : H18000000692 **Collection Date** : 08 Jul 2023 10:05
Referred By : HEALTH CHECK MGD **Reporting Date** : 08 Jul 2023 18:17
Receiving Date : 08 Jul 2023 10:05

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.2	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults ≥ 18 years < 5.7			
Prediabetes (At Risk) 5.7-6.4			
Diagnosing Diabetes ≥ 6.5			
Estimated Average Glucose (eAG)	103	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 glyceimic control.

Page 1 of 2

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



Dr. Alka Dixit Vats
Consultant Pathologist

LABORATORY REPORT

Name : MRS DIKSHA PATEL Age : 32 Yr(s) Sex :Female
Registration No : MH011120317 Lab No : 202307000915
Patient Episode : H18000000692 Collection Date : 08 Jul 2023 10:04
Referred By : HEALTH CHECK MGD Reporting Date : 08 Jul 2023 12:35
Receiving Date : 08 Jul 2023 10:04

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	86.0	mg/dl	[70.0-110.0]

Page 2 of 2

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



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name : MRS DIKSHA PATEL Age : 32 Yr(s) Sex : Female
 Registration No : MH011120317 Lab No : 202307000914
 Patient Episode : H18000000692 Collection Date : 08 Jul 2023 10:05
 Referred By : HEALTH CHECK MGD Reporting Date : 08 Jul 2023 12:35
 Receiving Date : 08 Jul 2023 10:05

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.44	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.5	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.7	%	[36.0-46.0]
MCV (DERIVED)	87.2	fL	[83.0-101.0]
MCH (CALCULATED)	28.2	pg	[27.0-32.0]
MCHC (CALCULATED)	32.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.7	%	[11.6-14.0]
Platelet count	267	x 10 ³ cells/cumm	[150-400]
MPV (DERIVED)	10.8		
WBC COUNT (TC) (IMPEDENCE)	5.75	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	66.0	%	[40.0-80.0]
Lymphocytes	28.0	%	[17.0-45.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	1.0 #	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	16.0	mm/1sthour	[0.0-

LABORATORY REPORT

Name : MRS DIKSHA PATEL	Age : 32 Yr(s) Sex : Female
Registration No : MH011120317	Lab No : 202307000914
Patient Episode : H18000000692	Collection Date : 08 Jul 2023 10:05
Referred By : HEALTH CHECK MGD	Reporting Date : 08 Jul 2023 18:17
Receiving Date : 08 Jul 2023 10:05	

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.2	%	[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) : 103 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 glyceimic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

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

CHEMICAL EXAMINATION

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

LABORATORY REPORT

Name	: MRS DIKSHA PATEL	Age	: 32 Yr(s) Sex :Female
Registration No	: MH011120317	Lab No	: 202307000914
Patient Episode	: H1800000692	Collection Date	: 08 Jul 2023 11:45
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Jul 2023 16:55
Receiving Date	: 08 Jul 2023 11:45		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	10-15 /hpf	(0-5/hpf)
RBC	2-4 /hpf	(0-2/hpf)
Epithelial Cells	15-20 /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	197	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	156 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	52.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	31	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	114.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	3.8		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.2		<3 Optimal 3-4 Borderline >6 High Risk

Note:

LABORATORY REPORT

Name	: MRS DIKSHA PATEL	Age	: 32 Yr(s) Sex :Female
Registration No	: MH011120317	Lab No	: 202307000914
Patient Episode	: H18000000692	Collection Date	: 08 Jul 2023 10:05
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Jul 2023 12:34
Receiving Date	: 08 Jul 2023 10:05		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum			
UREA	13.5 #	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	6.3 #	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.51 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.0	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.13	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.0	mmol/l	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	123.2	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.

LABORATORY REPORT

Name	: MRS DIKSHA PATEL	Age	: 32 Yr(s) Sex :Female
Registration No	: MH011120317	Lab No	: 202307000914
Patient Episode	: H18000000692	Collection Date	: 08 Jul 2023 10:05
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Jul 2023 12:35
Receiving Date	: 08 Jul 2023 10:05		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.42	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.09	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.33	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>	4.25	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.60	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.67		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	23.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	16.80	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	72.0	IU/L	[40.0-98.0]
GGT	15.0		[7.0-50.0]

LABORATORY REPORT

Name : MRS DIKSHA PATEL Age : 32 Yr(s) Sex :Female
Registration No : MH011120317 Lab No : 202307000914
Patient Episode : H18000000692 Collection Date : 08 Jul 2023 10:05
Referred By : HEALTH CHECK MGD Reporting Date : 08 Jul 2023 18:24
Receiving Date : 08 Jul 2023 10:05

BLOOD BANK

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

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

Blood Group & Rh typing A Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name : MRS DIKSHA PATEL Age : 32 Yr(s) Sex :Female
Registration No : MH011120317 Lab No : 202307000915
Patient Episode : H18000000692 Collection Date : 08 Jul 2023 10:04
Referred By : HEALTH CHECK MGD Reporting Date : 08 Jul 2023 12:35
Receiving Date : 08 Jul 2023 10:04

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	86.0	mg/dl	[70.0-110.0]

Page 7 of 8

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



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name	: MRS DIKSHA PATEL	Age	: 32 Yr(s) Sex :Female
Registration No	: MH011120317	Lab No	: 202307000916
Patient Episode	: H18000000692	Collection Date	: 08 Jul 2023 14:31
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Jul 2023 16:41
Receiving Date	: 08 Jul 2023 14:31		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	104.0	mg/dl	[80.0-140.0]
Method: Hexokinase			

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

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

Alka

Dr. Alka Dixit Vats
 Consultant Pathologist

RADIOLOGY REPORT

NAME	MRS Diksha PATEL	STUDY DATE	08/07/2023 11:34AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH011120317
ACCESSION NO.	R5779016	MODALITY	US
REPORTED ON	08/07/2023 12:05PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears enlarged in size (measures 170 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 76 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8.3 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.2 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 93 x 37 mm.

Left Kidney: measures 95 x 46 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, normal in size (measures 81 x 57 x 45 mm), shape and echotexture. Evidence of previous operation scar is seen.

Endometrial thickness measures 4.1 mm. Cervix appears normal.

OVARIES: Right ovary is normal in size (measures 25 x 25 x 20 mm with volume 6.4 cc), shape and echotexture. Rest normal.

Left ovary is obscured.

Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.

Prabhat

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)

CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com

This report is subject to the terms and conditions mentioned overleaf

RADIOLOGY REPORT

NAME	MRS Diksha PATEL	STUDY DATE	08/07/2023 1:39PM
AGE / SEX	32 y / F	HOSPITAL NO.	MH011120317
ACCESSION NO.	R5779015	MODALITY	CR
REPORTED ON	08/07/2023 1:53PM	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 seen.

Please correlate clinically

Prabhat

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)
CONSULTANT RADIOLOGIST

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