



NABH



NABL



No.1



**UNITED HOSPITAL**

Care Par Excellence  
Jayanagar, Bangalore

**Out Patient Record**

**Patient Name** : Mr.SHREENIVASA MURTHY S

**UHID** : UHJA24000954

**Age / Sex** : 48 Years / Male

**OP NO/Reg Dt** : 27-04-2024 09:31 AM

**Spouse / Father Name** : NIRMALA M T

**Department** :

**Address** : CHITHRADURGA , , Bengaluru Urban,  
Karnataka, INDIA,

**Referred By** :

**Consultant** : Dr.Preventive Health Check Up

**KMC No.** :

**Complaints / Findings / Observations :**

HT: 168 cm

WT: 108.5 kg

SpO<sub>2</sub>: 98 %

PR: 90 bpm

Bp: 116 / 94

mmHg

**Investigations:**

HbA<sub>1c</sub> - 7.1

**Treatment / Care of Plan / Provisional Diagnosis :**

After 1 month

HbA<sub>1c</sub>

**Follow Up Advice :** S. U.

Rx  
tab. Glicor 0.5  
1 - 0 - 1.

**Signature of the Doctor**





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HOSPITAL**

Care Par Excellence  
Jayanagar, Bangalore

**DEPARTMENT OF RADIODIAGNOSIS**

<b>Name</b>	Shreenivasa Murthy S	<b>Date</b>	27/04/24
<b>Age</b>	48 years	<b>Hospital ID</b>	UHJA24000958
<b>Sex</b>	Male	<b>Ref.</b>	Health check

**RADIOGRAPH OF THE CHEST (PA – VIEW)**

**FINDINGS:**

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

**IMPRESSION:**

- **No radiographic abnormality.**

**Dr. Elluru Santosh Kumar**  
Consultant Radiologist



Name: MR SHREENIVASA

Sex: M Birth date: / /

Weight: 48 kg Height: 175 mmHg

Heart rate: 80 bpm

RS dur: 80 ms

QTc (E) int: 336 / 371 ms

QT axis: 40 / -6 / -1 °

QRS/T axis: 0.46 / 0.53 mV

SV1 amp: 0.99 mV

SV1 amp: 0.99 mV

Filter: H50 D 35 Hz

10 mm/mV 25 mm/s

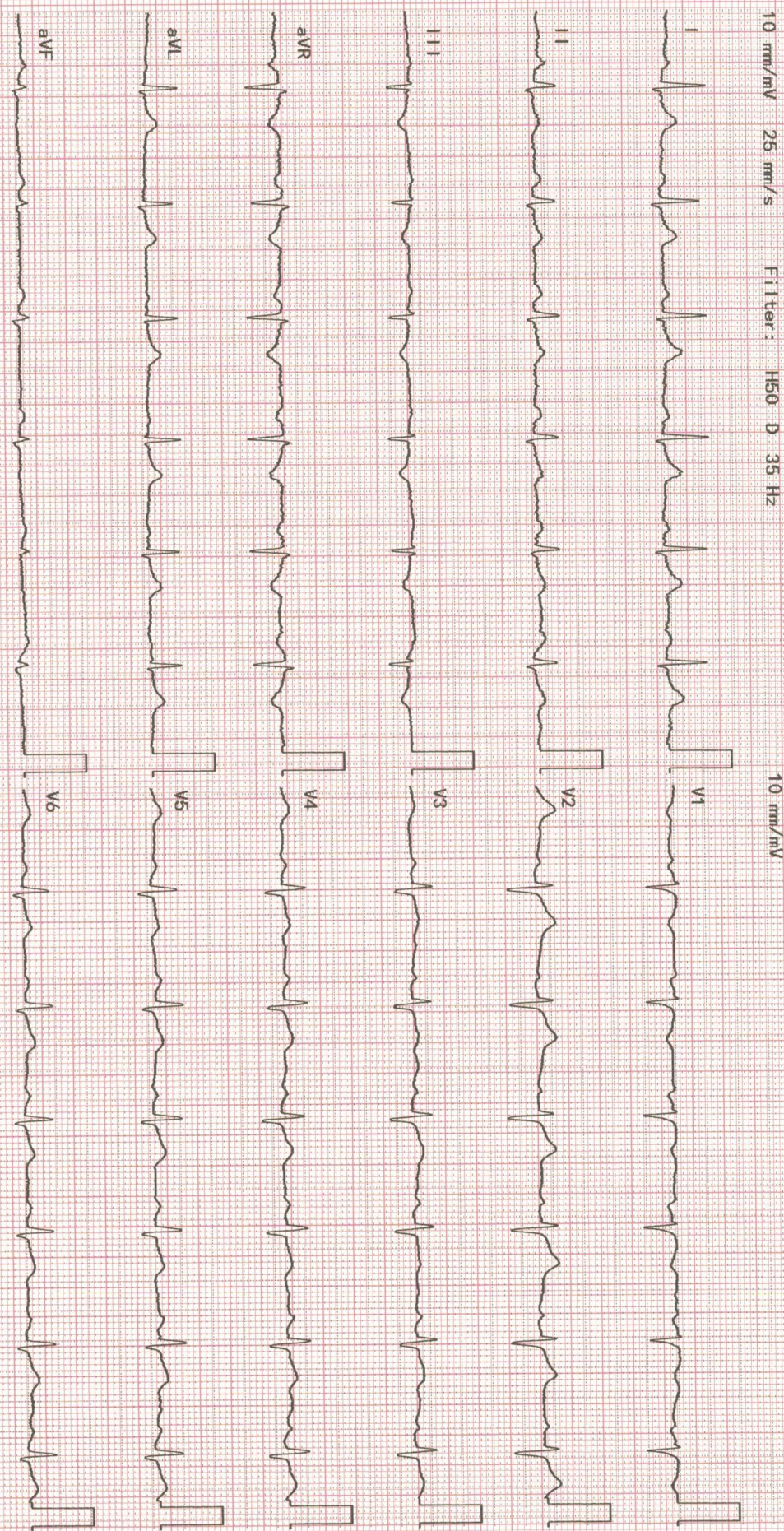
48 years

1100 Sinus rhythm

8102 Low QRS voltage in chest leads [QRS deflection < 1.0 mV in chest leads]

9120 \*\* atypical ECG \*\*

Unconfirmed Report  
Reviewed by:



2350K 03-08 07-01 Dept: .

Exam: UNITED HOSPITAL



**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name	: Mr. SHREENIVASA MURTHY S	Order No	: 1000083979
UHID	: UHJA24000954	Registered On	: 27/04/2024 09:31:52 AM
Age/Sex	: 48/Years Male	Collected On	: 27/04/2024 09:49:51 AM
Ward / Bed No	:	Reported On	: 27/04/2024 12:57:17 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJA240001241
Station	: At Hospital	Mobile No	: 9535625429
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
<b><u>BIOCHEMISTRY</u></b>			
<b>FASTING GLUCOSE</b> (Method: Hexokinase)	<b>110</b>	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
<b>POST PRANDIAL GLUCOSE</b> (Method: Hexokinase)	<b>157</b>	mg/dL	70-140
<b>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</b>			Sample: Whole blood (EDTA)
<b>HBA1C</b> (Method: HPLC)	<b>7.1</b>	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	<b>157.06</b>	mg/dL	
<b>THYROID PROFILE (TOTAL T3, TOTAL T4 &amp; TSH)</b>			Sample: Serum
<b>TOTAL T3</b> (Method: CLIA)	0.93	ng/mL	0.87-1.78
<b>TOTAL T4</b> (Method: CLIA)	7.41	µg/dL	5.1-14.1
<b>THYROID STIMULATING HORMONE (TSH)</b> (Method: CLIA: Ultra-sensitive)	3.41	µIU/mL	0.34-5.60
<b>LIPID PROFILE</b>			Sample: Serum
<b>TOTAL CHOLESTEROL</b> (Method: CHOD-POD)	168	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
<b>TRIGLYCERIDES</b> (Method: Enzymatic GPO-POD)	<b>152</b>	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
<b>HDL CHOLESTEROL</b> (Method: ENZYMATIC METHOD)	<b>27.1</b>	mg/dL	< 40 - Low ≥ 60 - High

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Test Name	Result	Unit	Bio. Ref. Interval
LDL CHOLESTEROL (Method:ENZYMATIC METHOD)	<b>140.9</b>	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	<b>30.39</b>	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	<b>6.1</b>		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	<b>5.1</b>		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	<b>140.9</b>	mg/dL	< 130
<b>LIVER FUNCTION TEST</b>			
Sample: Serum			
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	1.07	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	<b>0.23</b>	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.85	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	7.1	g/dL	6.6-8.3
ALBUMIN (Method:BCG)	4.17	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	2.92	g/dL	2.3-3.5
AG RATIO (Method: Calculated)	1.42		2:1
SERUM SGOT (Method:IFCC without P5P)	46	U/L	< 50
SERUM SGPT (Method:IFCC without P5P)	<b>59</b>	U/L	< 50

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Test Name	Result	Unit	Bio. Ref. Interval
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	59	U/L	50-116
GGT (Method:IFCC)	34	U/L	< 55
<b>RENAL FUNCTION TEST</b>			
UREA (Method:Urease GLDH - Kinetic)	28.4	mg/dL	17-43
CREATININE (Method:Modified Jaffe, Kinetic)	1.08	mg/dL	0.9-1.3
<b>ELECTROLYTES</b>			
SODIUM (Method:ION SELECTIVE ELECTRODE)	138.2	mmol/L	136-145
POTASSIUM (Method:ION SELECTIVE ELECTRODE)	4.43	mmol/L	3.5-5.1
CHLORIDE (Method:ION SELECTIVE ELECTRODE)	106.2	mmol/L	98-107
BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic)	13	mg/dL	7.93-20.07

Sample: Serum



**Dr. Shobha Emmanuel**  
MBBS, M.D(Pathology)  
CONSULTANT PATHOLOGIST  
KMC:66136

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Test Name	Result	Unit	Bio. Ref. Interval
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**HAEMATOLOGY**
**COMPLETE BLOOD COUNT(CBC)**

Sample: Whole blood (EDTA)

HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	15.37	g/dL	13.5-17.5
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	47.0	%	42-52
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	7470	Cells/Cum	4000-11000
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS (Method:Optical/Impedance)	54.50	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	36.53	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	3.84	%	0-6
MONOCYTES (Method:Optical/Impedance)	4.89	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.24	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	5.72	million/cum	4.5-5.9
MCV (Method:Derived from RBC Histogram)	82.2	fL	78-100
MCH (Method: Calculated)	<b>26.9</b>	pg	27-31
MCHC (Method: Calculated)	32.7	g/dL	31-37
RDW - CV (Method: Calculated)	<b>14.9</b>	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	2.13	Lakhs/Cum	1.5-4.5



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Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	<b>8.45</b>	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	18.2	fl	9-19
<b>ERYTHROCYTE SEDIMENTATION RATE(ESR)</b> (Method:Modified Westergren Method)	10	mm/hour	1-15

**BLOOD GROUPING & RH TYPING**

Sample: Whole blood (EDTA)

ABO Group (Method:Agglutination Method)	B
Rh Factor (Method:Agglutination Method)	Positive

Interpretation Notes

Note: Both forward and reverse grouping performed



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**CLINICAL PATHOLOGY**

**URINE EXAMINATION, ROUTINE**

Sample: Urine

**PHYSICAL EXAMINATION**

VOLUME	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	5.5		5.0-8.0
SPECIFIC GRAVITY	1.030		1.005-1.030

**CHEMICAL EXAMINATION**

PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST )	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative

**MICROSCOPIC EXAMINATION**




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Test Name	Result	Unit	Bio. Ref. Interval
EPITHELIAL CELLS	0-2	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		

Verified By  
Rashmita

---End of Report---



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\*NABL renewal under process.

**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name	: Mrs. NIRMALA M T	Order No	: 1000083977
UHID	: UHJA24000953	Registered On	: 27/04/2024 09:29:05 AM
Age/Sex	: 40/Years Female	Collected On	: 27/04/2024 09:48:24 AM
Ward / Bed No	:	Reported On	: 27/04/2024 12:57:10 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJA240001240
Station	: At Hospital	Mobile No	: 9535625429
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
<b><u>BIOCHEMISTRY</u></b>			
<b>FASTING GLUCOSE</b> (Method: Hexokinase)	<b>239</b>	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
<b>POST PRANDIAL GLUCOSE</b> (Method: Hexokinase)	<b>287</b>	mg/dL	70-140
<b>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</b>			Sample: Whole blood (EDTA)
<b>HBA1C</b> (Method: HPLC)	<b>11.1</b>	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	<b>271.87</b>	mg/dL	
<b>THYROID PROFILE (TOTAL T3, TOTAL T4 &amp; TSH)</b>			Sample: Serum
<b>TOTAL T3</b> (Method: CLIA)	0.94	ng/mL	0.87-1.78
<b>TOTAL T4</b> (Method: CLIA)	8.09	µg/dL	5.1-14.1
<b>THYROID STIMULATING HORMONE (TSH)</b> (Method: CLIA: Ultra-sensitive)	2.32	µIU/mL	0.34 - 5.60 µIU/mL (Non Pregnant) 0.3 - 4.5 µIU/mL (I trimester) 0.5 - 5.2 µIU/mL (II & III trimester)
<b>LIPID PROFILE</b>			Sample: Serum
<b>TOTAL CHOLESTEROL</b> (Method: CHOD-POD)	<b>201</b>	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
<b>TRIGLYCERIDES</b> (Method: Enzymatic GPO-POD)	<b>650</b>	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
<b>HDL CHOLESTEROL</b> (Method: ENZYMATIC METHOD)	46.3	mg/dL	< 40 - Low ≥ 60 - High



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Test Name	Result	Unit	Bio. Ref. Interval
LDL CHOLESTEROL (Method:ENZYMATIC METHOD)	<b>107.8</b>	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	4.3		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	<b>8.8</b>		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	<b>154.7</b>	mg/dL	< 130
<b>LIVER FUNCTION TEST</b>			
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.52	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.09	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.44	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	7.4	g/dL	6.6-8.3
ALBUMIN (Method:BCG)	4.22	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	3.18	g/dL	2.3-3.5
AG RATIO (Method: Calculated)	1.32		2:1
SERUM SGOT (Method:IFCC without P5P)	28	U/L	< 35
SERUM SGPT (Method:IFCC without P5P)	25	U/L	< 35
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	50	U/L	46-122

Sample: Serum

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Test Name	Result	Unit	Bio. Ref. Interval
GGT (Method:IFCC)	<b>74</b>	U/L	< 38
<b>RENAL FUNCTION TEST</b>			
UREA (Method:Urease GLDH - Kinetic)	<b>15.9</b>	mg/dL	17-43
CREATININE (Method:Modified Jaffe, Kinetic)	<b>0.57</b>	mg/dL	0.6-1.1
<b>ELECTROLYTES</b>			
SODIUM (Method:ION SELECTIVE ELECTRODE)	<b>133.8</b>	mmol/L	136-145
POTASSIUM (Method:ION SELECTIVE ELECTRODE)	<b>4.48</b>	mmol/L	3.5-5.1
CHLORIDE (Method:ION SELECTIVE ELECTRODE)	<b>100.8</b>	mmol/L	98-107
BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic)	<b>7</b>	mg/dL	7.93-20.07

Sample: Serum



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**HAEMATOLOGY**
**COMPLETE BLOOD COUNT(CBC)**

Sample: Whole blood (EDTA)

HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	12.19	g/dL	12-16
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	<b>36.9</b>	%	37-47
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	5200	Cells/Cum	4000-11000
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS (Method:Optical/Impedance)	47.13	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	42.72	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	3.79	%	0-6
MONOCYTES (Method:Optical/Impedance)	5.95	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.41	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	4.55	million/cum	4.0-5.2
MCV (Method:Derived from RBC Histogram)	81.2	fL	78-100
MCH (Method: Calculated)	<b>26.8</b>	pg	27-31
MCHC (Method: Calculated)	33.0	g/dL	31-37
RDW - CV (Method: Calculated)	14.2	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	2.11	Lakhs/Cum	1.5-4.5

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MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	9.25	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	18.1	fl	9-19
<b>ERYTHROCYTE SEDIMENTATION RATE(ESR)</b> (Method:Modified Westergren Method)	08	mm/hour	1-20
<b>BLOOD GROUPING &amp; RH TYPING</b>			
Sample: Whole blood (EDTA)			
ABO Group (Method:Agglutination Method)	O		
Rh Factor (Method:Agglutination Method)	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed



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Station	: At Hospital	Mobile No	: 9535625429
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
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**CLINICAL PATHOLOGY**
**URINE EXAMINATION, ROUTINE**

Sample: Urine

**PHYSICAL EXAMINATION**

VOLUME	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	5.0		5.0-8.0
SPECIFIC GRAVITY	1.005		1.005-1.030

**CHEMICAL EXAMINATION**

PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST )	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative

**MICROSCOPIC EXAMINATION**




**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name	: Mrs. NIRMALA M T	Order No	: 1000083977
UHID	: UHJA24000953	Registered On	: 27/04/2024 09:29:05 AM
Age/Sex	: 40/Years Female	Collected On	: 27/04/2024 09:48:24 AM
Ward / Bed No	:	Reported On	: 27/04/2024 12:57:10 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJA240001240
Station	: At Hospital	Mobile No	: 9535625429
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
EPITHELIAL CELLS	0-2	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		

Verified By  
Rashmita

---End of Report---



**Dr. Shobha Emmanuel**  
MBBS, M.D(Pathology)  
CONSULTANT PATHOLOGIST  
KMC:66136

\*NABL renewal under process.



NABH



NABL



No.1



**UNITED HOSPITAL**

Care Par Excellence  
Jayanagar, Bangalore

**Out Patient Record**

Patient Name : Mrs.NIRMALA M T

UHID : UHJA24000953

Age / Sex : 40 Years / Female

OP NO/Reg Dt : 27-04-2024 09:29 AM

Spouse / Father Name : SHREENIVASA MURTHY S

Department :

Address : CHITHRADURGA , , Bengaluru Urban,  
Karnataka, INDIA,

Referred By :

Consultant : Dr.Preventive Health Check Up

KMC No. :

**Complaints / Findings / Observations :**

*No Gestational diabetes*

*wt: 67kg  
Ht: 154cm  
SpO2: 99%  
PR: 105 bpm  
BP: 117/84 mmHg*

**Investigations:**

*HbA1c - 11.1*

**Treatment / Care of Plan / Provisional Diagnosis :**

*After 1 month*

*HbA1c*

**Follow Up Advice :**

*L. cs.*

*Tab. Istamet 50/100  
1-0-1*

*Tab. Gemer d.  
0-1-0*

Signature of the Doctor



NABH



NABL



No.1



Care Par Excellence  
Jayanagar, Bangalore

Out Patient Record

Patient Name : Mrs.NIRMALA M T UHID : UHJA24000953  
 Age / Sex : 40 Years / Female OP NO/Reg Dt : OP240000001246 / 27-04-2024 12:58 PM  
 Father Name : Department :  
 Spouse Name : SHREENIVASA MURTHYS Referred By :  
 Address : CHITHRADURGA , , Bengaluru Urban, Karnataka, INDIA, Consultant : Dr.Preventive Health Check Up  
 KMC No. :

Dr. Yoga Lakshmi SK  
 MBBS, MS OBG, FRCOG  
 Consultant Obstetrician and  
 Gynecologist, Laparoscopy  
 and IVF Specialist  
 KMC Reg. No. 90384

Complaints / Findings / Observations :

*for health check up*

Investigations:

*No w/ DR, H/W, etc*

*Newly detected DR*

Treatment / Care of Plan / Provisional Diagnosis :

*No w/ any of study  
Cancer*

*ml - log  
 P<sub>2</sub> C  
 well Air use  
 add subcutaneous  
 treatment  
 use - 2/2/24  
 DR - w/*

Follow Up Advice :

*O/A - Dr. checked  
 A/S - G vazi  
 Slight blood  
 trace*

*Good - Dr*

Signature of the Doctor





NABH



NABL



No.1

### DEPARTMENT OF RADIODIAGNOSIS

<b>Name</b>	Nirmala M T	<b>Date</b>	27/04/24
<b>Age</b>	40 years	<b>Hospital ID</b>	UHJA24000953
<b>Sex</b>	Female	<b>Ref.</b>	Health check

### RADIOGRAPH OF THE CHEST (PA - VIEW)

#### FINDINGS:

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

#### IMPRESSION:

- **No radiographic abnormality.**

**Dr. Elluru Santosh Kumar**  
Consultant Radiologist



NABH



NABL



No.1



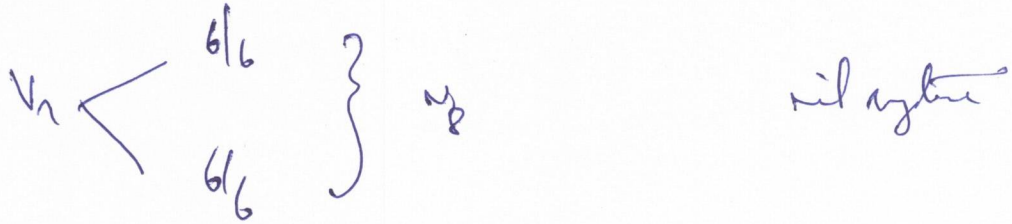
**UNITED HOSPITAL**

Care Par Excellence  
Jayanagar, Bangalore

**Out Patient Record**

**Patient Name** : Mrs.NIRMALA M T **UHID** : UHJA24000953  
**Age / Sex** : 40 Years / Female **OP NO/Reg Dt** : 27-04-2024 09:29 AM  
**Spouse / Father Name** : SHREENIVASA MURTHY S **Department** :  
**Address** : CHITHRADURGA , , Bengaluru Urban, Karnataka, INDIA, **Referred By** :  
**Consultant** : Dr.Preventive Health Check Up  
**KMC No.** :

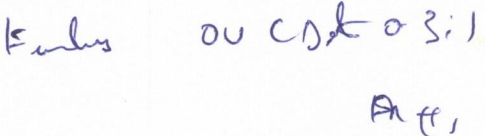
**Complaints / Findings / Observations :**



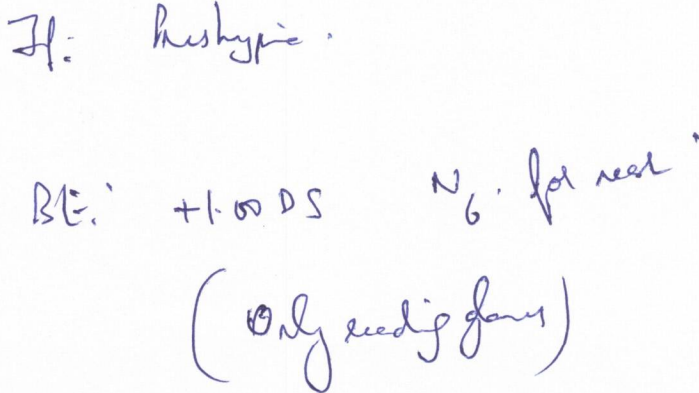
**Investigations:**

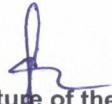



**Treatment / Care of Plan / Provisional Diagnosis :**



**Follow Up Advice :**



  
 Signature of the Doctor  




Sex: F  
cm kg Birth date: / mmHg

40 years

1120 Sinus tachycardia [vent. rate  $\geq$  100 bpm]

4068 Nonspecific T wave abnormality [flat T or negative T (I, aVF, V6)]

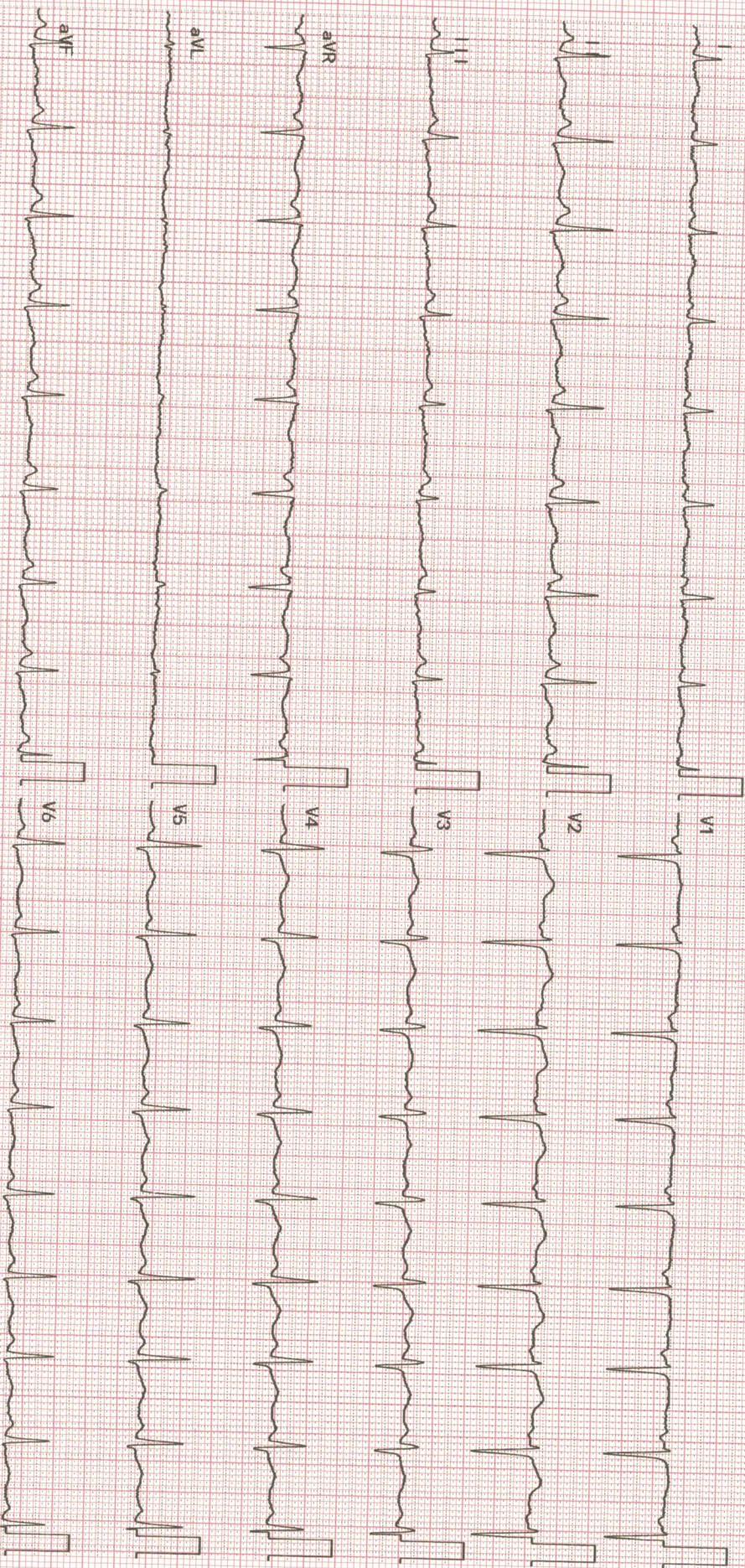
9140 \*\* abnormal rhythm ECG \*\*

Indications:	
Symptoms:	
History:	
Int. rate	106 bpm
R int	134 ms
RS dur	78 ms
IT/QTc(E) int	318/380 ms
VQRS/T axis	69/58/41 °
M5/SV1 amp	0.91/1.01 mV
M5+SV1 amp	1.92 mV

Unconfirmed Report  
Reviewed by:

10 mm/mV 25 mm/s Filter: H50 D 35 Hz

10 mm/mV



2350K 03-08 07-01 Dept.:

Exam: UNITED HOSPITAL



## DEPARTMENT OF RADIODIAGNOSIS

Name	Nirmala M T	Date	27/04/24
Age	40 years	Hospital ID	UHJA24000953
Sex	Female	Ref.	Health check

### SONOMAMMOGRAPHY OF BILATERAL BREASTS

#### FINDINGS:

- Skin and subcutaneous fat of bilateral breasts appear normal.
- Heterogeneous background echotexture is seen in both breasts.
- No focal solid / cystic lesions seen.
- Ducts appear normal.
- No significant lymphnodes noted in bilateral axilla.

#### IMPRESSION:

- No significant abnormality detected in this study.



Dr. Elluru Santosh Kumar  
Consultant Radiologist

## DEPARTMENT OF RADIODIAGNOSIS

Name	Nirmala M T	Date	27/04/24
Age	40 years	Hospital ID	UHJA24000953
Sex	Female	Ref.	Health check

### ULTRASOUND ABDOMEN AND PELVIS (TAS & TVS)

#### FINDINGS:

**Liver is enlarged in size (20.3 cms) and shows moderately increased echopattern.** No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in size, course and caliber. **CBD** is not dilated.

**Gall bladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid.

**Pancreas** - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

**Spleen** is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

**Right Kidney** is normal in size (11.1 x 3.0 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left Kidney** is normal in size (12.4 x 3.8 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Retroperitoneum**- Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

**Urinary Bladder** is minimally distended.

**Uterus** is anteverted and normal in size, measures 8.8 x 3.6 x 4.6 cms. Myometrial and endometrial echoes are normal. Endometrium measures 4.6 mm.

**Right ovary** is normal in size and echopattern, measures 6.3 cc.

**Left ovary** is normal in size and echopattern, measures 3.4 cc.

**Both adnexa:** Normal. No mass is seen.

There is no ascites or pleural effusion. Appendix could not be localized. No RIF probe tenderness.

#### IMPRESSION:

- **Moderate hepatomegaly with moderate fatty infiltration (Grade II).**
- **No definite sonological abnormality detected.**

Dr. Elluru Santosh Kumar

Please bring this report during your visit to the Hospital/Consultant Radiologist