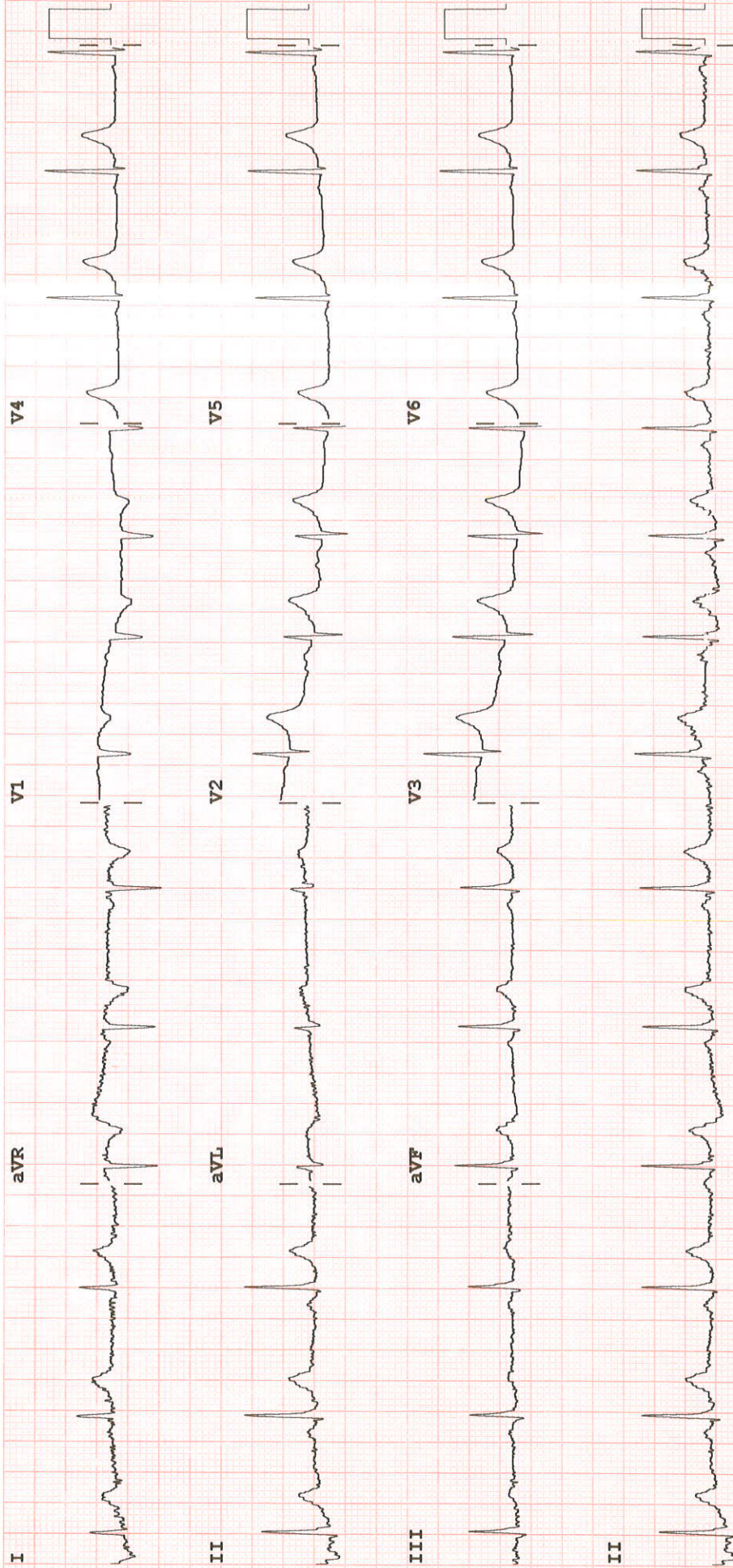


Medvika

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



F 60~ 0.15-100 Hz PH100B CL P?

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Dev:

RADIOLOGY REPORT

Name	MALVIKA	Modality	US
Patient ID	MH010839547	Accession No	R5270889
Gender/Age	F / 33Y 10M 3D	Scan Date	11-03-2023 12:23:45
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	11-03-2023 13:12:05

USG ABDOMEN & PELVIS

FINDINGS

LIVER: appears enlarged in size (measures 159 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 85 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.7 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 93 x 41 mm.

Left Kidney: measures 100 x 40 mm. It shows a concretion measuring 2.4 mm at lower calyx.

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 95 x 41 x 38 mm) but normal in shape and echotexture. Evidence of previous operation scar is seen. Endometrial thickness measures 5.7 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 26 x 26 x 10 mm with volume 3.5 cc.

Left ovary measures 29 x 25 x 10 mm with volume 3.8 cc.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Hepatomegaly with diffuse grade I fatty infiltration in liver.
- Left renal concretion.
- Bulky uterus.

Recommend clinical correlation.

Name		RADIOLOGY REPORT	
Patient ID	MALVIKA MH010839547	Modality	US
Gender/Age	F / 33Y 10M 3D	Accession No	R5270889
Ref. Phys	Dr. HEALTH CHECK MGD	Scan Date	11-03-2023 12:23:45
		Report Date	11-03-2023 13:12:05



Dr. Monica Shekhawat, MBBS, DNB,
Consultant Radiologist, Reg No MCI 11 10887

**This document is digitally signed and hence no manual signature is required
Teleradiology services provided by Manipal Hospitals Radiology Group**

RADIOLOGY REPORT

Name	MALVIKA	Modality	DX
Patient ID	MH010839547	Accession No	R5270888
Gender / Age	F / 33Y 10M 3D	Scan Date	11-03-2023 11:14:12
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	11-03-2023 11:57:40

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, Reg No MCI 11 10887

LABORATORY REPORT

Name	: MRS MALVIKA	Age	: 33 Yr(s) Sex :Female
Registration No	: MH010839547	Lab No	: 202303000958
Patient Episode	: H18000000324	Collection Date	: 11 Mar 2023 10:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 11 Mar 2023 12:46
Receiving Date	: 11 Mar 2023 10:58		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.68	millions/cu mm	[3.80-4.80]
HEMOGLOBIN	11.7 #	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	35.8 #	%	[36.0-46.0]
MCV (DERIVED)	76.5 #	fL	[83.0-101.0]
MCH (CALCULATED)	25.0 #	pg	[27.0-32.0]
MCHC (CALCULATED)	32.7	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.8 #	%	[11.6-14.0]
Platelet count	272	x 10 ³ cells/cumm	[150-400]
MPV (DERIVED)	11.2		
WBC COUNT (TC) (IMPEDENCE)	7.16	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	62.0	%	[40.0-80.0]
Lymphocytes	29.0	%	[17.0-45.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	1.0 #	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	30.0 #	/1sthour	[0.0-

LABORATORY REPORT

Name	: MRS MALVIKA	Age	: 33 Yr(s) Sex :Female
Registration No	: MH010839547	Lab No	: 202303000958
Patient Episode	: H18000000324	Collection Date	: 11 Mar 2023 10:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 11 Mar 2023 17:41
Receiving Date	: 11 Mar 2023 10:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.3	%	[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) 105 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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	180	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	74	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	45.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	15	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	120.0 #	mg/dl	[<120.0]

Above optimal-100-129

Near/
Borderline High:130-159
High Risk:160-189

LABORATORY REPORT

Name	: MRS MALVIKA	Age	: 33 Yr(s) Sex :Female
Registration No	: MH010839547	Lab No	: 202303000958
Patient Episode	: H1800000324	Collection Date	: 11 Mar 2023 10:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 11 Mar 2023 12:46
Receiving Date	: 11 Mar 2023 10:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.0		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum			
UREA	23.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	10.8	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.65 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.0	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	137.80	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.36	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.3	mmol/l	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	117.0	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.

LABORATORY REPORT

Name	: MRS MALVIKA	Age	: 33 Yr(s) Sex :Female
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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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.

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.56	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.45 #	mg/dl	[0.10-0.30]
TOTAL PROTEINS (SERUM) Method: BIURET	7.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.27	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.36		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	22.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	17.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	77.0	IU/L	[40.0-98.0]

LABORATORY REPORT

Name	: MRS MALVIKA	Age	: 33 Yr(s) Sex :Female
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Receiving Date	: 11 Mar 2023 10:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	11.0		[7.0-50.0]

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.

Page 5 of 7

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



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name : MRS MALVIKA Age : 33 Yr(s) Sex :Female
Registration No : MH010839547 Lab No : 202303000959
Patient Episode : H18000000324 Collection Date : 11 Mar 2023 10:58
Referred By : HEALTH CHECK MGD Reporting Date : 11 Mar 2023 17:13
Receiving Date : 11 Mar 2023 10:58

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	105.0	mg/dl	[70.0-110.0]

Page 6 of 7

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



Dr. Alka Dixit Vats
Consultant Pathologist

LABORATORY REPORT

Name	: MRS MALVIKA	Age	: 33 Yr(s) Sex :Female
Registration No	: MH010839547	Lab No	: 202303000960
Patient Episode	: H18000000324	Collection Date	: 11 Mar 2023 16:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 11 Mar 2023 17:04
Receiving Date	: 11 Mar 2023 16:03		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	106.0	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

Page 7 of 7

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



Dr. Alka Dixit Vats
Consultant Pathologist