


Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Wed 3/20/2024 9:35 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>



 011-41195959

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

**Hospital Package Name** : Mediwheel Full Body Health Checkup Female Above 40  
**Patient Package Name** : Mediwheel Full Body Health Checkup Female Above 40  
**Hospital Address** : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links  
Apartment  
**Contact Details** : 8800663811  
**Appointment Date** : 21-03-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 8:30am

#### Member Information

Booked Member Name	Age	Gender
Hiran Gupta	58 year	Female

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team

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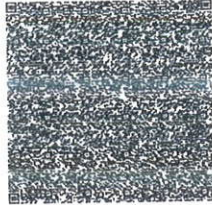
नामांकन क्रम/ Enrolment No.: 2189/47320/20653

To  
हिरन गुप्ता  
Hiran Gupta  
W/O Rajan Gupta  
House No-81  
Ward No 20, Ganga Hari lane  
Deoghar  
deoghar  
Deoghar Jharkhand - 814112  
9931099712

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आपका आधार क्रमांक / Your Aadhaar No. :

**7785 6097 1163**

VID : 9103 3637 5972 5174

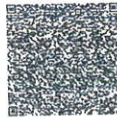
मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



हिरन गुप्ता  
Hiran Gupta  
जन्म तिथि/DOB: 01/01/1966  
महिला/ FEMALE



**7785 6097 1163**

VID : 9103 3637 5972 5174

मेरा आधार, मेरी पहचान

- सूचना
- आधार पहचान का प्रमाण है, नागरिकता का नहीं |
  - पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें |
  - यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है |

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

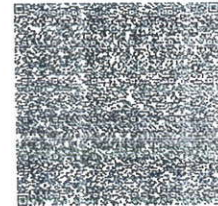
- आधार देश भर में मान्य है ।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा ।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
W/O राजन गुप्ता, मकान संख्या-८१, वार्ड संख्या २०,  
गंगा हरी लेन, देवघर, देवघर, देवघर,  
झारखण्ड - 814112

Address:  
W/O Rajan Gupta, House No-81, Ward  
No 20, Ganga Hari lane, Deoghar,  
deoghar, Deoghar,  
Jharkhand - 814112



QR Code with Photograph

**7785 6097 1163**

VID : 9103 3637 5972 5174

हिरण गुप्ता



## INVESTIGATION REPORT

Patient Name	<b>MRS HIRAN GUPTA</b>	Location	Ghaziabad
Age/Sex	58Year(s)/Female	Visit No	: V00000000001-GHZZ
MRN No	<b>MH011790219</b>	Order Date	:21/03/2024
Ref. Doctor	Dr. ABHISHEK SINGH	Report Date	:21/03/2024

EchocardiographyFinal Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. Grade I LV diastolic dysfunction.
4. No MR, No AR.
5. Trace TR, Normal PASP.
6. No intracardiac clot/mass/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** Trace TR, Normal PASP.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

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

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com





## INVESTIGATION REPORT

Patient Name	MRS HIRAN GUPTA	Location	Ghaziabad
Age/Sex	58 Year(s)/Female	Visit No	: V0000000001-GHZB
	<b>MH011790219</b>	Order Date	21/03/2024
Ref. Doctor	: Dr.ABHISHEK SINGH	Report Date	21/03/2024

### Echocardiography

#### Measurements (mm):

	Observed values	Normal values
Aortic root diameter	24	20-36 (22mm/M <sup>2</sup> )
Aortic valve opening	20	15-26
Left atrium size	29	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	39	22	(ED=37-50:Es=22-40)
Interventricular septum	11	14	(ED=6-12)
Posterior wall thickness	11	14	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

#### Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-69/83 DT-	Nil
Aortic	118	Nil
Tricuspid	28	Trace
Pulmonary	66	Nil

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

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

**Dr. Sudhanshu Mishra**  
Cardiology Registrar

Manipal Hospital, Ghaziabad

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

P : 0120-3535353

Page 2 of 2

Manipal Health Enterprises Private Limited

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**LABORATORY REPORT**

Name : MRS HIRAN GUPTA  
Registration No : MH011790219  
Patient Episode : H18000001962  
Referred By : HEALTH CHECK MGD  
Receiving Date : 21 Mar 2024 09:05

Age *Chauhan* 58 Yr(s) Sex :Female  
Lab No *Dr. Charu Agarwal* 202403003130  
Consultant Pathologist  
Collection Date : 21 Mar 2024 09:05  
Reporting Date : 21 Mar 2024 14:42

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	3.93	millions/cumm	[3.80-4.80]
<b>HEMOGLOBIN</b>	<b>11.5 #</b>	<b>g/dl</b>	<b>[12.0-15.0]</b>
Method: cyanide free SLS-colorimetry			
<b>HEMATOCRIT (CALCULATED)</b>	<b>35.7 #</b>	<b>%</b>	<b>[36.0-46.0]</b>
MCV (DERIVED)	90.8	fL	[83.0-101.0]
MCH (CALCULATED)	29.3	pg	[25.0-32.0]
MCHC (CALCULATED)	32.2	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.9	%	[11.6-14.0]
Platelet count	152	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.90	fL	
WBC COUNT (TC) (IMPEDENCE)	5.17	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
<b>DIFFERENTIAL COUNT</b> (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	52.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[20.0-40.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>35.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-</b>



**LABORATORY REPORT**

Name : MRS HIRAN GUPTA  
Registration No : MH011790219  
Patient Episode : H18000001962  
Referred By : HEALTH CHECK MGD  
Receiving Date : 21 Mar 2024 09:05

Age : 58 Yr(s) Sex :Female  
Lab No : 202403003130  
Collection Date : 21 Mar 2024 09:05  
Reporting Date : 22 Mar 2024 09:20

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Serum LIPID PROFILE</b>			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	247 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	175 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	41	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	35	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	171.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	6.0		<3 Optimal 3-4 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	4.2		

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





**LABORATORY REPORT**

Name : MRS HIRAN GUPTA  
Registration No : MH011790219  
Patient Episode : H18000001962  
Referred By : HEALTH CHECK MGD  
Receiving Date : 21 Mar 2024 09:05

Age : 58 Yr(s) Sex :Female  
Lab No : 202403003130  
Collection Date : 21 Mar 2024 09:05  
Reporting Date : 22 Mar 2024 09:19

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>KIDNEY PROFILE</b>			
Specimen: Serum			
UREA Method: GLDH, Kinatic assay	24.1	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	11.3	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	1.06	mg/dl	[0.70-1.20]
URIC ACID Method:uricase PAP	4.7	mg/dl	[4.0-8.5]
SODIUM, SERUM	142.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.60	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	109.0	mmol/L	[101.0-111.0]
<b>eGFR (calculated)</b>	<b>58.0 #</b>	<b>ml/min/1.73sq.m</b>	<b>[&gt;60.0]</b>

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 HIRAN GUPTA  
Registration No : MH011790219  
Patient Episode : H18000001962  
Referred By : HEALTH CHECK MGD  
Receiving Date : 21 Mar 2024 09:05

Age : 58 Yr(s) Sex :Female  
Lab No : 202403003130  
Collection Date : 21 Mar 2024 09:05  
Reporting Date : 22 Mar 2024 09:21

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	1.06	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.37 #	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.69	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.13	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.76	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.40	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	2.00		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	69.00 #	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	72.00 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	269.0 #	IU/L	[32.0-91.0]
GGT	99.0 #	U/L	[7.0-50.0]





**LABORATORY REPORT**

Name : MRS HIRAN GUPTA  
Registration No : MH011790219  
Patient Episode : H18000001962  
Referred By : HEALTH CHECK MGD  
Receiving Date : 21 Mar 2024 09:05

Age : 58 Yr(s) Sex :Female  
Lab No : 202403003130  
Collection Date : 21 Mar 2024 09:05  
Reporting Date : 22 Mar 2024 09:21

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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

Dr. Alka Dixit Vats  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS HIRAN GUPTA  
Registration No : MH011790219  
Patient Episode : H18000001962  
Referred By : HEALTH CHECK MGD  
Receiving Date : 21 Mar 2024 13:42

Age : 58 Yr(s) Sex :Female  
Lab No : 202403003132  
Collection Date : 21 Mar 2024 13:42  
Reporting Date : 22 Mar 2024 09:21

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS 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	343.0 #	mg/dl	[80.0-140.0]

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

Dr. Charu Agarwal  
Consultant Pathologist



**LABORATORY REPORT**

<b>Name</b>	: MRS HIRAN GUPTA	<b>Age</b>	: 58 Yr(s) Sex :Female
<b>Registration No</b>	: MH011790219	<b>Lab No</b>	: 202403003130
<b>Patient Episode</b>	: H18000001962	<b>Collection Date</b>	: 21 Mar 2024 09:05
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 21 Mar 2024 15:41
<b>Receiving Date</b>	: 21 Mar 2024 09:05		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			<b>Specimen Type : Serum</b>
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.040	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.120	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	5.450 #	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 HIRAN GUPTA  
Registration No : MH011790219  
Patient Episode : H18000001962  
Referred By : HEALTH CHECK MGD  
Receiving Date : 21 Mar 2024 09:05

Age : 58 Yr(s) Sex :Female  
Lab No : 202403003130  
Collection Date : 21 Mar 2024 09:05  
Reporting Date : 21 Mar 2024 17:00

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

Technical note:

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

NOTE:

# - Abnormal Values

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

Dr. Alka Dixit Vats  
Consultant Pathologist





**LABORATORY REPORT**

Name : MRS HIRAN GUPTA  
Registration No : MH011790219  
Patient Episode : H18000001962  
Referred By : HEALTH CHECK MGD  
Receiving Date : 21 Mar 2024 09:05

Age : 58 Yr(s) Sex :Female  
Lab No : 202403003130  
Collection Date : 21 Mar 2024 09:05  
Reporting Date : 21 Mar 2024 14:42

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	3.93	millions/cumm	[3.80-4.80]
<b>HEMOGLOBIN</b>	<b>11.5 #</b>	<b>g/dl</b>	<b>[12.0-15.0]</b>
Method:cyanide free SLS-colorimetry			
<b>HEMATOCRIT (CALCULATED)</b>	<b>35.7 #</b>	<b>%</b>	<b>[36.0-46.0]</b>
MCV (DERIVED)	90.8	fL	[83.0-101.0]
MCH (CALCULATED)	29.3	pg	[25.0-32.0]
MCHC (CALCULATED)	32.2	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.9	%	[11.6-14.0]
Platelet count	152	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.90	fL	
WBC COUNT (TC) (IMPEDEANCE)	5.17	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
<b>DIFFERENTIAL COUNT</b>			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	52.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[20.0-40.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>35.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-</b>



LABORATORY REPORT

Name : MRS HIRAN GUPTA  
Registration No : MH011790219  
Patient Episode : H18000001962  
Referred By : HEALTH CHECK MGD  
Receiving Date : 21 Mar 2024 10:12

Age : 58 Yr(s) Sex :Female  
Lab No : 202403003130  
Collection Date : 21 Mar 2024 10:12  
Reporting Date : 21 Mar 2024 18:03

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour PALE YELLOW (Pale Yellow - Yellow)  
Appearance CLEAR  
Reaction[pH] 5.0 (4.6-8.0)  
Specific Gravity 1.005 (1.003-1.035)

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION (Automated/Manual)

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



**LABORATORY REPORT**

Name : MRS HIRAN GUPTA  
Registration No : MH011790219  
Patient Episode : H18000001962  
Referred By : HEALTH CHECK MGD  
Receiving Date : 21 Mar 2024 09:05

Age : 58 Yr(s) Sex :Female  
Lab No : 202403003130  
Collection Date : 21 Mar 2024 09:05  
Reporting Date : 21 Mar 2024 18:00

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b> Specimen: EDTA <b>HbA1c (Glycosylated Hemoglobin)</b> Method: HPLC	7.6 #	%	[0.0-5.6]
Estimated Average Glucose (eAG)	171	mg/dl	

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

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.

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

**Dr. Alka Dixit Vats**  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS HIRAN GUPTA  
Registration No : MH011790219  
Patient Episode : H18000001962  
Referred By : HEALTH CHECK MGD  
Receiving Date : 21 Mar 2024 09:04

Age : 58 Yr(s) Sex :Female  
Lab No : 202403003131  
Collection Date : 21 Mar 2024 09:04  
Reporting Date : 21 Mar 2024 15:42

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma <b>GLUCOSE, FASTING (F)</b> Method: Hexokinase	151.0 #	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.

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

**Dr. Alka Dixit Vats**  
Consultant Pathologist



**RADIOLOGY REPORT**

NAME	MRS Hiran GUPTA	STUDY DATE	21/03/2024 9:20AM
AGE / SEX	58 y / F	HOSPITAL NO.	MH011790219
ACCESSION NO.	R7094254	MODALITY	CR
REPORTED ON	21/03/2024 4:53PM	REFERRED BY	HEALTH CHECK MGD

**XR- CHEST PA VIEW****FINDINGS:**

LUNGS: Prominent bronchovascular markings are seen in both lung fields.

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: Right cervical rib is seen.

VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal.

VISUALIZED NECK: Normal.

**IMPRESSION:**

**Prominent bronchovascular markings are seen in both lung fields.**

*Please correlate clinically*



**Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS**

**CONSULTANT RADIOLOGIST**

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



**RADIOLOGY REPORT**

NAME	MRS Hiran GUPTA	STUDY DATE	21/03/2024 9:46AM
AGE / SEX	58 y / F	HOSPITAL NO.	MH011790219
ACCESSION NO.	R7094255	MODALITY	US
REPORTED ON	21/03/2024 10:31AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS**

**FINDINGS**

LIVER: appears normal in size (measures 149 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 93 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8 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. Two non-mobile echogenic shadows without posterior acoustic shadowing are seen embedded in anterior wall of gallbladder with the largest one measuring ~ 5.6 mm suggesting cholesterol granules/small polyps. 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 91 x 30 mm.

Left Kidney: measures 89 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 is anteverted and measures 46 x 31 x 17 mm. It shows postmenopausal atrophic changes.

Endometrial thickness measures 3.5 mm. Cervix appears normal.

Both ovaries are not seen probably atrophied.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Diffuse grade I fatty infiltration in liver.**

**-Two cholesterol granules/Small polyps embedded in anterior wall of gallbladder.**

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

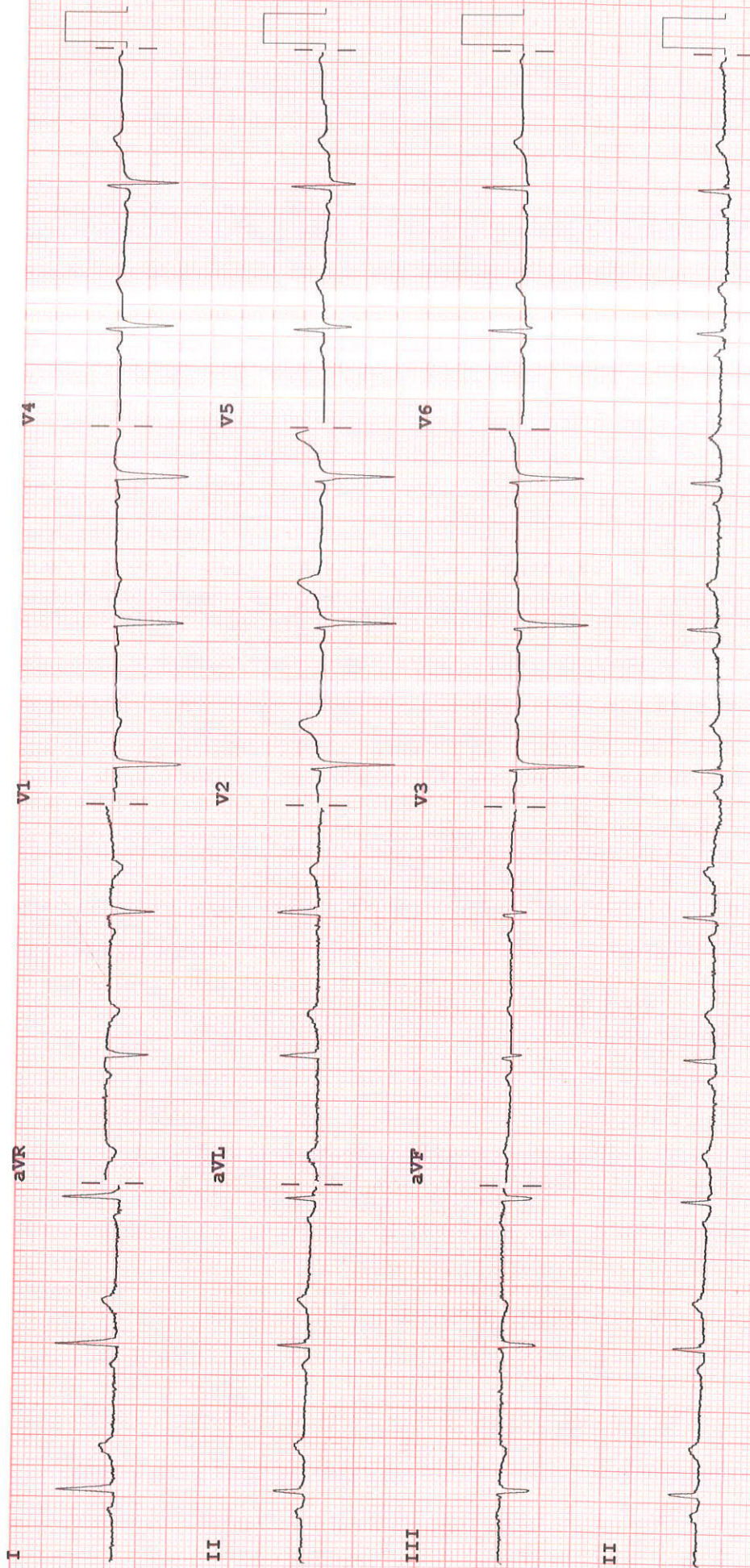
CONSULTANT RADIOLOGIST

\*\*\*\*\*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?

**Manipal Hospital Ghaziabad**

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002

0120 3535 353 / +91 88609 45566



URN : MH011790219

**HEALTH CHECK RECORD**

Hospital No: MH011790219	Visit No: H18000001962	
Name: MRS HIRAN GUPTA	Age/Sex: 58 Yrs/Female	
Doctor Name: DR.SHISHIR NARAIN	Specialty: HC SERVICE MGD	
Date: 21/03/2024 12:36PM		
BP Systolic: 150 mmHg	BP Diastolic: 73 mmHg	Pulse Rate: 88beats per minute
Saturation(Oxygen): 99%	Height: 152.5cm	Weight : 55.4kg
BMI: 23.82	Pain Score: 00	Fall Risk: 01
Vulnerable: 01		
OPD Notes :		
PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECK UP		
SYSTEMIC/ OPHTHALMIC HISTORY - NIL		
NO FAMILY H/O GLAUCOMA		
EXAMINATION DETAILS		
	RIGHT EYE	LEFT EYE
VISION	6/9	6/9
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	NS-1 WITH CC	NS-1 WITH CC
OCULAR MOVEMENTS	FULL	FULL
NCT	13	15
FUNDUS EXAMINATION		
A) VITREOUS		
B) OPTIC DISC	C:D 0.4	C:D 0.4
C) MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT
POWER OF GLASS		
Right eye: +2.00Dsp /+0.50 Dcyl x130 degree 6/6		
Left eye: +1.50Dsp /+0.50 Dcyl x 150degree 6/6		
ADD :+2.50 Dsph N/6		
ADVISE / TREATMENT		
E/D NISOL 4 TIMES DAILY BE		
REVIEW AFTER 6 MONTHS		

*Hiran**Anant***DR.SHISHIR NARAIN**

Reg. No.: 9538

1 of 1

**Manipal Health Enterprises Pvt. Ltd.**

CIN: U85110KA2010PTC052540

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&amp; DAY CARE CENTRE

**Manipal Hospitals - Ghaziabad****Helpline: 99996 51125****Dr. Anant Vir Jain**, MS, Fellow Aravind Eye Care Systems, Madurai. Cataract, Cornea & Glaucoma**Dr. Shishir Narain**, MS, FRCSEd FRCOphth, Fellow Sankara Nethralaya, Retina & Uveitis





Manipal Hospital Ghaziabad  
NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002  
0120 3535 353 / +91 88609 45566

**OUTPATIENT RECORD**

Hospital No: MH011790219	Visit No: O18000072184
Name: MRS HIRAN GUPTA	Age/Sex: 58 Yrs/Female
Doctor Name: DR PRIYANKA THUKRAL	Specialty: DENTAL MEDICINE MGD
Date: 21/03/2024 09:58AM	

**Clinical examination:**

O/E Missing irt 15,16,26,36,46  
Proximal caries irt 13  
Root stumps irt 15  
Generalized recession  
Generalized erosion

**Diagnosis:**

Partially edentulous irt 16,15,26,36,46  
Chronic irreversible pulpitis irt 15  
Proximal caries irt 13  
Generalized recession  
Generalized erosion

**Advice:**

Ultrasonic Scaling

DR PRIYANKA THUKRAL

Manipal Health Enterprises Pvt. Ltd.

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