



NABH



NABL



No.1



UNITED HOSPITAL

Care Par Excellence
Jayanagar, Bangalore

Mrs Jayanthi asy

12/1/20

to both drug

DR-88 M-102/69

Dr. Yoga Lakshmi SK
MBS, MS OBG, FMS
Consultant Obstetrician and
Gynecologist, Laparoscopist
and IVF Specialist
KMC Reg. No. 90384

1/11- non, HMR, Thym

as of ay Payer

as of ay of the Cen

P/L
CCB-234
M/1 HVD

ad - 13/12/18
M/1 10/12/18
H/1 10/12/18

P/A - P/L

P/S - S hypothyroid;
P white discharge @

Book

John

Ren Eppent



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Care Par Excellence
Jayanagar, Bangalore

Out Patient Record

Patient Name	: Mrs.JAYANTHI	UHID	: UHJA23014932
Age / Sex	: 45 Years / Female	OP NO/Reg Dt	: OP230000017923 / 05-01-2024 05:52 PM
Father Name	:	Department	:
Spouse Name	: KUMARESHAN	Referred By	:
Address	: 259, SRI NANDA GOKULA, 10TH CROSS, 6TH MAIN, PIPELINE ROAD, MSR NAGAR MATH KARE, , Bengaluru Urban, Karnataka,	Consultant	: Dr.Preventive Health Check Up
		KMC No.	:

Complaints / Findings / Observations :

V_n $\left\{ \begin{array}{l} b/l \\ b/l \end{array} \right.$ $\frac{1}{2}$ $\frac{1}{2}$ + 1.00 DS DM - byes

Investigations:

Alj ou noul

Treatment / Care of Plan / Provisional Diagnosis :

Fund's
(undist'd)

OD \rightarrow CD ratio 0.4 to 0.5:1

OS \rightarrow CD ratio 0.6:1

FR FR

Follow Up Advice :

Info: ou Presbyopia

Advice: Dist'd fund's examination

Signature of the Doctor

45 years
 1100 Sinus rhythm
 4068 Nonspecific T wave abnormality [flat T or negative T (I, II, aVL, V6)]
 9130 ** borderline ECG **

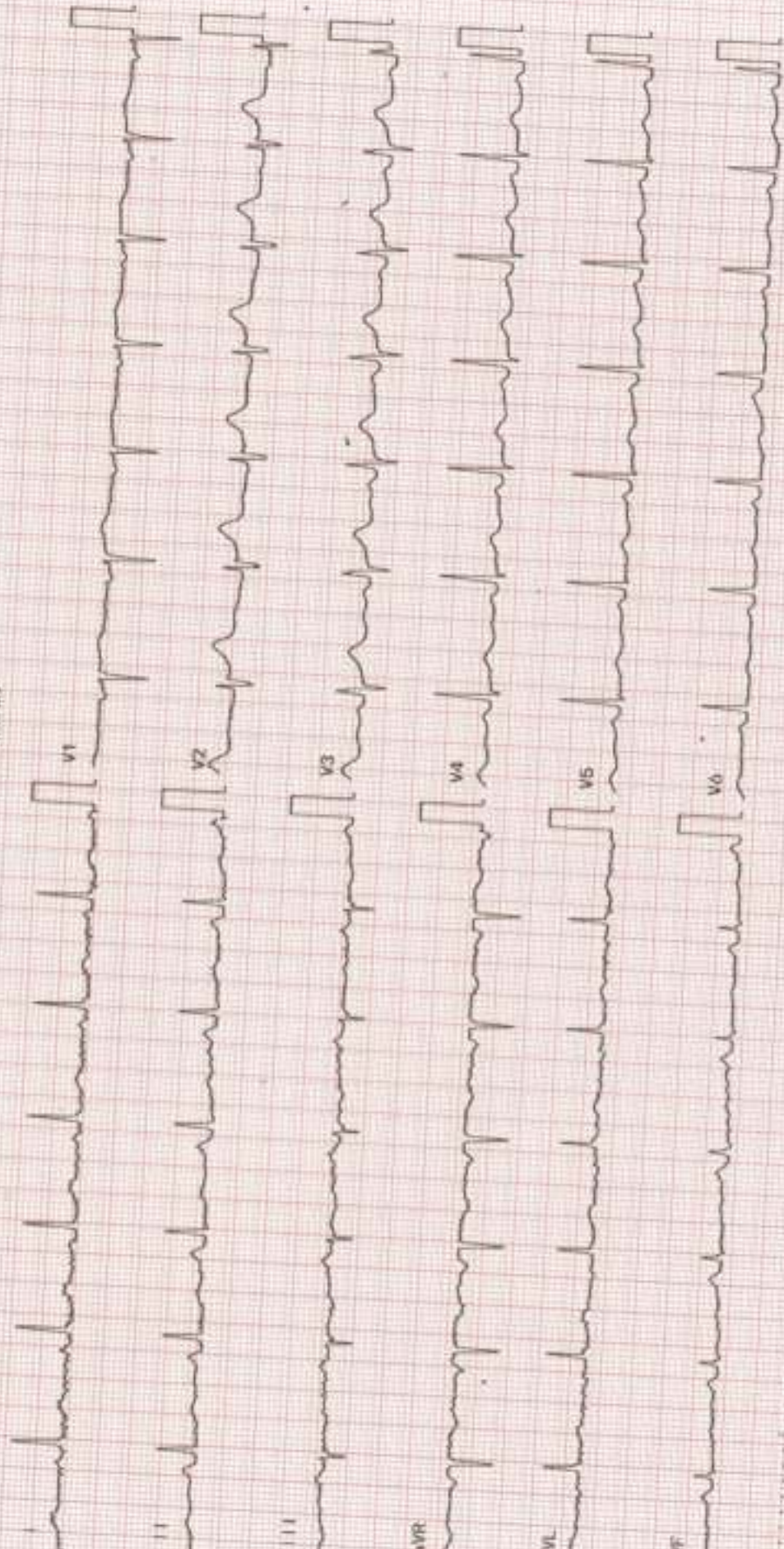
Indication:
 Symptoms:
 History:
 ant. rate
 P int
 RS dur
 T/QTc(E) int
 /QRS/T axis
 ME/SV1 amp
 V5+SV1 amp

85 bpm
 152 ms
 74 ms
 360/403 ms
 60/15/23 °
 1.06/0.81 mV
 1.87 mV

Unconfirmed Report
 Reviewed by:

10 mm/mV 25 mm/s Filter: 150 0 35 Hz

10 mm/mV





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HOSPITAL**Care Par Excellence
Jayanagar, Bangalore

Patient name :	Mrs. JAYANTHI	Date :	05/01/24
Age :	45 years GENDER: FEMALE	Patient ID :	14932
Ref by :	DR. CMO	OP/ IP :	HEALTH CHECKUP

2D- ECHOCARDIOGRAPHY**M - MODE AND DOPPLER MEASUREMENTS**

(c.m)	(c.m)	(cm/sec)		
AO : 3.3 (2.5-3.7)	LVIDD : 3.8 (3.5-5.5)	MV EV : 72.8	AV : 85.4	MR : NORMAL
LA : 3.6 (1.9-4.0)	LVIDS : 2.2 (2.4-4.2)	AV : 122		AR : NORMAL
RA : 2.5 (<4.4)	IVSD : 1.0 (0.6-1.1)	PV : 108		PR : NORMAL
RV : 2.2 (<3.5)	IVSS : 1.3 (0.9-1.2)	TV EV : ----	AV : ----	TR : NORMAL
TAPSE: 1.7 (>1.6)	LVPWD : 1.2 (0.6-1.1)	Diastolic Function : GRADE 1 LVDD		
	LVPWS : 1.1 (0.9-1.2)			
	EF : 60%			

DESCRIPTIVE FINDINGS

Left Ventricle	: NORMAL
Right Ventricle	: NORMAL
Left Atrium	: NORMAL
Right Atrium	: NORMAL
Wall motion analysis	: NO RWMA
Mitral Valve	: NORMAL
Aortic Valve	: NORMAL
Tricuspid Valve	: NORMAL
Pulmonary Valve	: NORMAL
IAS	: INTACT
IVS	: INTACT
Pericardium	: NORMAL
Other Findings	: IVC NORMAL AND COLLAPSING

IMPRESSION:

NORMAL CHAMBER DIMENSIONS
 NORMAL LV SYSTOLIC FUNCTION EF : 60%
 GRADE I LV DIASTOLIC DYSFUNCTION
 NO PULMONARTERY HYPERTENSION
 NO REGIONAL WALL MOTION ABNORMALITIES
 NO CLOTS/PERICARDIAL EFFUSION /VEGETATION


DR. RAHUL S PATIL
 CONSULTANT CARDIOLOGIST



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No.1

**UNITED
HOSPITAL**Care Par Excellence
Jayanagar, Bangalore**DEPARTMENT OF RADIODIAGNOSIS**

Name	Jayanthi	Date	05/01/24
Age	45 years	Hospital ID	UHJA23014932
Sex	Female	Ref.	Health check

SONOMAMMOGRAPHY OF BILATERAL BREASTS**FINDINGS:**

Skin and subcutaneous fat of bilateral breasts appear normal.

Homogeneous fatty background echotexture is seen in both breasts.

Homogeneous fibroglandular background echotexture is seen in both breasts.

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. Manu Srinivas H, MD, RD
Consultant Radiologist



**UNITED
HOSPITAL**

Care Par Excellence
Jayanagar, Bangalore

DEPARTMENT OF RADIODIAGNOSIS

Name	Jayanthi	Date	05/01/24
Age	45 years	Hospital ID	UHJA23014932
Sex	Female	Ref.	Health check

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and *shows mildly 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 measuring 9. cms, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (8.7 x 3.6 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (8.4 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 well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Uterus is anteverted and normal in size, measures 7.5 x 4.3 x 3.3 cms. Myometrial and endometrial echoes are normal. Endometrium measures 6 mm. Endometrial cavity is empty.

Right ovary is normal in size and echopattern, measures 2.0 x 1.7 cm.

Left ovary is normal in size and echopattern, measures 1.8 x 1.8 cm.

Both adnexa: Normal. No mass is seen.

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

IMPRESSION:

- Mild fatty infiltration of liver (Grade I).
- No other definite sonological abnormality detected.

Dr. Manu Srinivas H, MD, RD
Consultant Radiologist



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DEPARTMENT OF RADIODIAGNOSIS

Name	Jayanthi	Date	05/01/24
Age	45 years	Hospital ID	UHJA23014932
Sex	Female	Ref.	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. Manu Srinivas H, MD, RD
Consultant Radiologist

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. J AYANTHI	Order No	: 1000065315
UHID	: UHJ A23014932	Registered On	: 05/01/2024 08:09:45 PM
Age/Sex	: 45/Years Female	Collected On	: 05/01/2024 08:13:23 PM
Ward / Bed No	:	Reported On	: 05/01/2024 08:15:02 PM
Reference	:	Bill No	: OOBJ A23007067
Station	: At Hospital	Mobile No	: 9632358299
Payer Name	:	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
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BIOCHEMISTRY

CREATININE

(Method:Modified Jaffe, Kinetic)

0.59

mg/dL

0.6-1.1

Verified By
NAGARATNA

---End of Report---



Dr. Shanthakumar Muruda
Sr CONSULTANT BIOCHEMIST
KMC No : 54192

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. J AYANTHI	Order No	: 1000065302
UHID	: UHJ A23014932	Registered On	: 05/01/2024 05:52:05 PM
Age/Sex	: 45/Years Female	Collected On	: 05/01/2024 05:56:35 PM
Ward / Bed No	:	Reported On	: 05/01/2024 09:06:16 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJ A230018832
Station	: At Hospital	Mobile No	: 9632358299
Payer Name	:	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
<u>BIOCHEMISTRY</u>			
FASTING GLUCOSE (Method: Hexokinase)	114	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
POST PRANDIAL GLUCOSE (Method: Hexokinase)	111	mg/dL	70-140
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			Sample: Whole blood (EDTA)
HBA1C (Method: HPLC)	6.9	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	151.30	mg/dL	
THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)			Sample: Serum
TOTAL T3 (Method: CLIA)	0.97	ng/mL	0.87-1.78
TOTAL T4 (Method: CLIA)	12.14	ng/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) (Method: CLIA: Ultra-sensitive)	1.60	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)
LIPID PROFILE			Sample: Serum
TOTAL CHOLESTEROL (Method: CHOD-POD)	156	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
TRIGLYCERIDES (Method: Enzymatic GPO-POD)	170	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
HDL CHOLESTEROL (Method: ENZYMATIC METHOD)	37.5	mg/dL	< 40 - Low ≥ 60 - High

DEPARTMENT OF LABORATORY MEDICINE

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LDL CHOLESTEROL (Method:ENZYMATIC METHOD)	84.5	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	34.00	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	4.16		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	2.25		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	118.5	mg/dL	< 130
URIC ACID (Method:Uricase - POD(Enzymatic))	4.5	mg/dL	2.6-6.0
UREA/CREATININE RATIO	45.7		
LIVER FUNCTION TEST			
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.43	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.09	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.34	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	7.1	g/dL	6.6-8.3
ALBUMIN (Method:BCG)	4.33	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	2.76	g/dL	2.3-3.5
AG RATIO (Method: Calculated)	1.56		2:1

Sample: Serum

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Test Name	Result	Unit	Bio. Ref. Interval
SERUM SGOT (Method:IFCC without P5P)	16	U/L	< 35
SERUM SGPT (Method:IFCC without P5P)	13	U/L	< 35
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	40	U/L	46-122
GGT (Method:IFCC)	11	U/L	< 38
UREA (Method:Urease GLDH - Kinetic)	27.0	mg/dL	17-43



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HAEMATOLOGY
COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	13.87	g/dL	12-16
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	42.2	%	37-47
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	7160	Cells/Cum	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Optical/Impedance)	63.54	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	24.82	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	3.88	%	0-6
MONOCYTES (Method:Optical/Impedance)	7.47	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.29	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	4.60	million/cum	4.0-5.2
MCV (Method:Derived from RBC Histogram)	91.7	fL	78-100
MCH (Method: Calculated)	30.2	pg	27-31
MCHC (Method: Calculated)	32.9	g/dL	31-37
RDW - CV (Method: Calculated)	14.6	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	3.59	Lakhs/Cum	1.5-4.5

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Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) <small>(Method:Derived from PLT Histogram)</small>	8.02	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) <small>(Method: Calculated)</small>	20.7	fl	9-19
ERYTHROCYTE SEDIMENTATION RATE(ESR) <small>(Method:Modified Westergren Method)</small>	30	mm/hour	1-20
BLOOD GROUPING & RH TYPING			Sample: Whole blood (EDTA)
ABO Group <small>(Method:Agglutination Gel Method)</small>	O		
Rh Factor <small>(Method:Agglutination Gel Method)</small>	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed

Naveen N

Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418

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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	1.025		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

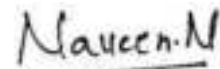
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EPITHELIAL CELLS	4-6	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		
URINE SUGAR, FASTING (Method:GOD-POD)	Absent		

Verified By
PREETHI R

---End of Report---



Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418