NAME	Swati KHATRI	STUDY DATE	15-03-2023 11:17:37
AGE / SEX	033Yrs / F	HOSPITAL NO.	MH010848676
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	16-03-2023 12:02:47	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically

Dr. Abhinav Pratap Singh
DNB, DMC Reg No. 58170
Associate Consultant, Dept. of Radiology & Imaging

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	**Swati KHATRI**	STUDY DATE	**15-03-2023 11:17:37**
AGE / SEX	**033Yrs / F**	HOSPITAL NO.	**MH010848676**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**CR /Xray chest PA (CXR)**
REPORTED ON	**16-03-2023 12:02:47**	REFERRED BY	**Dr. Health Check MHD**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

10848676 MS.SWATI KHATRI 3/15/2023 11:02:55 AM

33 Years Female

Rate 54 . Sinus rhythm.......................................normal P axis, V-rate 50- 99

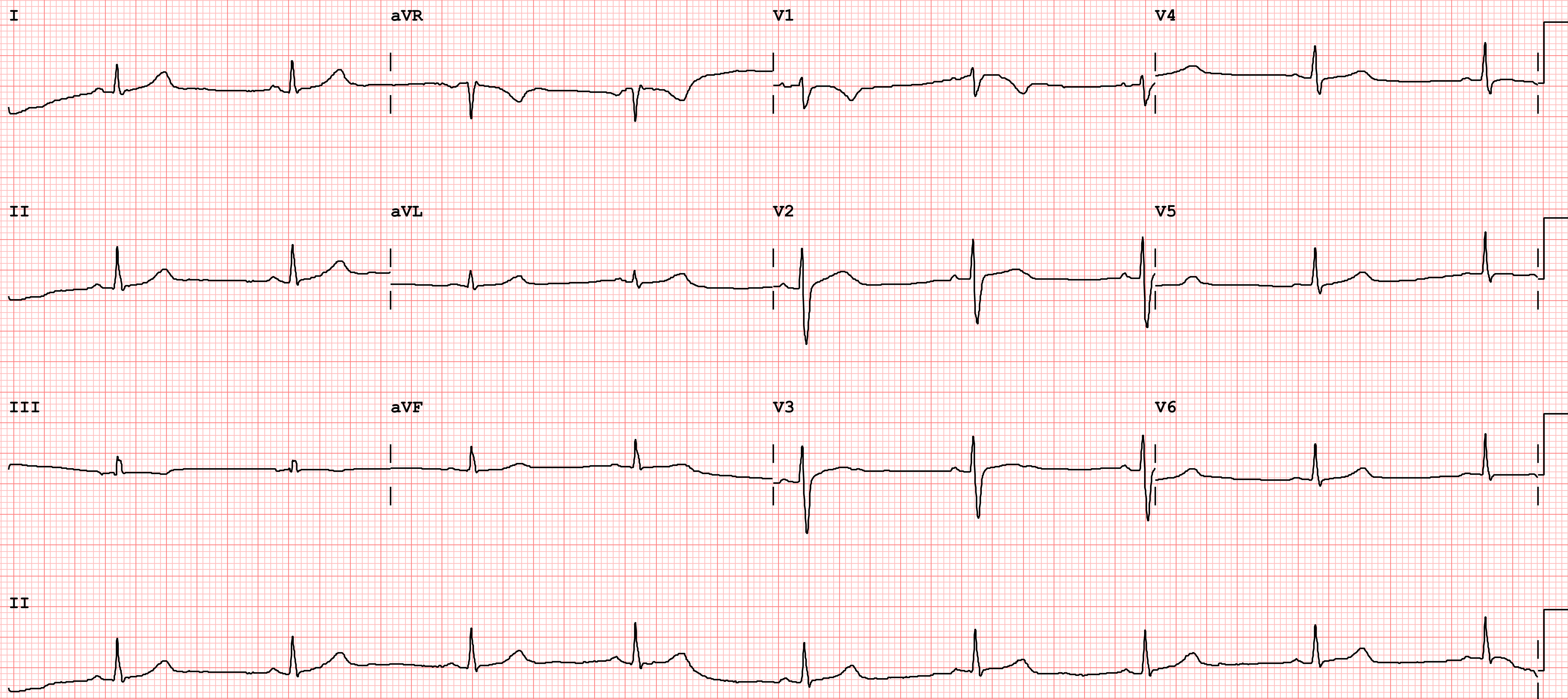
PR 130
QRSD 89
QT 452
QTc 429

--AXIS--
P 13
QRS 43
T 22

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz 100B CL P?

NAME	Swati KHATRI	STUDY DATE	15-03-2023 12:53:57
AGE / SEX	033Yrs / F	HOSPITAL NO.	MH010848676
REFERRING DEPT	OPD	MODALITY/Procedure	US /Echo-Cardiogram
REPORTED ON	16-03-2023 16:39:03	REFERRED BY	Dr. Health Check MHD

2D ECHOCARDIOGRAPHY REPORT

	End diastole	End systole
IVS thickness (cm)	1.1	1.3
Left Ventricular Dimension (cm)	4.6	3.0
Left Ventricular Posterior Wall thickness (cm)	1.0	1.2

Aortic Root Diameter (cm)	2.8
Left Atrial Dimension (cm)	3.0
Left Ventricular Ejection Fraction (%)	55%

LEFT VENTRICLE : Normal in size. No RWMA. LVEF= 55%

RIGHT VENTRICLE : Normal in size. Normal RV function.

LEFT ATRIUM : Normal in size

RIGHT ATRIUM : Normal in size

MITRAL VALVE : Trace MR

AORTIC VALVE : Normal

TRICUSPID VALVE : Mild TR (PASP ~ 30 mmHg)

PULMONARY VALVE : Normal

MAIN PULMONARY ARTERY & ITS BRANCHES : Appears normal.

INTERATRIAL SEPTUM : Intact.

INTERVENTRICULAR SEPTUM : Intact.

PERICARDIUM : No pericardial effusion or thickening

DOPPLER STUDY

VALVE	Peak Velocity	Maximum P.G.	Mean P. G.	Regurgitation	Stenosis

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	Swati KHATRI	STUDY DATE	15-03-2023 12:53:57
AGE / SEX	033Yrs / F	HOSPITAL NO.	MH010848676
REFERRING DEPT	OPD	MODALITY/Procedure	US /Echo-Cardiogram
REPORTED ON	16-03-2023 16:39:03	REFERRED BY	Dr. Health Check MHD

	(cm/sec)	(mmHg)	(mmHg)		
MITRAL	E=82 A=43	-	-	Trace	Nil
AORTIC	110	-	-	Nil	Nil
TRICUSPID	-	N	N	Mild	Nil
PULMONARY	69	N	N	Nil	Nil

SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF = 55%
- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Trace MR
- Mild TR (PASP ~ 30 mmHg)
- Normal mitral inflow pattern.
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/ no vegetation/ no pericardial effusion.

Please correlate clinically.

DR. SAMANJOY MUKHERJEE
MD, DM
CONSULTANT CARDIOLOGIST

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	**Swati KHATRI**	STUDY DATE	**15-03-2023 12:53:57**
AGE / SEX	**033Yrs / F**	HOSPITAL NO.	**MH010848676**
REFERRING DEPT	**OPD**	MODALITY/Procedure	**US /Echo-Cardiogram**
REPORTED ON	**16-03-2023 16:39:03**	REFERRED BY	**Dr. Health Check MHD**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

Name	: MS SWATI KHATRI	**Age**	:	33 Yr(s) Sex :Female
Registration No	: MH010848676	**Lab No**	:	31230300750
Patient Episode	: H03000052992	**Collection Date :**		15 Mar 2023 10:41
Referred By	: HEALTH CHECK MHD	**Reporting Date :**		15 Mar 2023 12:25
Receiving Date	: 15 Mar 2023 11:30			

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutinaton by gel/tube technique)

Blood Group & Rh typing	O Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Final Antibody Screen Result	Negative

Technical Note:
ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell,Duffy,Kidd, Lewis, P,MNS,Lutheran and Xg antigens using gel technique.

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

Dr Himanshu Lamba

Name	: MS SWATI KHATRI		**Age**	: 33 Yr(s) Sex :Female
Registration No	: MH010848676		**Lab No**	: 32230305568
Patient Episode	: H03000052992		**Collection Date :**	15 Mar 2023 10:41
Referred By	: HEALTH CHECK MHD		**Reporting Date :**	15 Mar 2023 13:06
Receiving Date	: 15 Mar 2023 11:20			

BIOCHEMISTRY

Glycosylated Hemoglobin — Specimen: EDTA Whole blood

Test	Result	Unit / Reference
HbA1c (Glycosylated Hemoglobin)	5.2	As per American Diabetes Association(ADA) % [4.0-6.5]HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk)5.7-6.4 Diagnosing Diabetes >= 6.5

Methodology (HPLC)

Test	Result	Unit
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 glycemic control.

Specimen Type : Serum

THYROID PROFILE, Serum

Test	Result	Unit	Reference
T3 - Triiodothyronine (ECLIA)	1.07	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	6.48	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	3.900	µIU/mL	[0.340-4.250]

1st Trimester:0.6 - 3.4 micIU/mL
2nd Trimester:0.37 - 3.6 micIU/mL
3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness

NABH Accredited Hospital H-2019-0640/09/06/2019-08/06/2022
NABL Accredited Hospital MC/3228/04/09/2019-03/09/2021
Awarded Emergency Excellence Services E-2019-0026/27/07/2019-26/07/2021
Awarded Nursing Excellence Services N-2019-0113/27/07/2019-26/07/2021
Awarded Clean & Green Hospital IND18.6278/05/12/2018- 04/12/2019

www.manipalhospitals.com E info@manipalhospitals.com P +91 11 4967 4967
Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

Managed by Manipal Hospital (Dwarka) Private Limited

Name	:	MS SWATI KHATRI	**Age**	:	33 Yr(s) Sex :Female
Registration No	:	MH010848676	**Lab No**	:	32230305568
Patient Episode	:	H03000052992	**Collection Date :**		15 Mar 2023 10:41
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		15 Mar 2023 12:58
Receiving Date	:	15 Mar 2023 11:20			

BIOCHEMISTRY

affect TSH results.
* References ranges recommended by the American Thyroid Association
1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	178	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	86	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	60	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	17	mg/dl	[10-40]
LDL- CHOLESTEROL	**101 #**	**mg/dl**	**[<100]** Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	3.0		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

NABH Accredited Hospital H-2019-0640/09/06/2019-08/06/2022
NABL Accredited Hospital MC/3228/04/09/2019-03/09/2021
Awarded Emergency Excellence Services E-2019-0026/27/07/2019-26/07/2021
Awarded Nursing Excellence Services N-2019-0113/27/07/2019-26/07/2021
Awarded Clean & Green Hospital IND18.6278/05/12/2018- 04/12/2019

www.manipalhospitals.com E info@manipalhospitals.com P +91 11 4967 4967
Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

Managed by Manipal Hospital (Dwarka) Private Limited

Name	: MS SWATI KHATRI		**Age**	:	33 Yr(s) Sex :Female
Registration No	: MH010848676		**Lab No**	:	32230305568
Patient Episode	: H03000052992		**Collection Date :**		15 Mar 2023 10:41
Referred By	: HEALTH CHECK MHD		**Reporting Date :**		15 Mar 2023 12:57
Receiving Date	: 15 Mar 2023 11:20				

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.47	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	**0.20 #**	**mg/dl**	**[<0.2]**
BILIRUBIN - INDIRECT (mod.J Groff)	0.27	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	26.30	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	22.30	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	95	IU/L	[37-98]
TOTAL PROTEIN (mod.Biuret)	7.4	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.7	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.7	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.74		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value

NABH Accredited Hospital
H-2019-0640/09/06/2019-08/06/2022

NABL Accredited Hospital
MC/3228/04/09/2019-03/09/2021

Awarded Emergency Excellence Services
E-2019-0026/27/07/2019-26/07/2021

Awarded Nursing Excellence Services
N-2019-0113/27/07/2019-26/07/2021

Awarded Clean & Green Hospital
IND18.6278/05/12/2018- 04/12/2019

www.manipalhospitals.com E info@manipalhospitals.com P +91 11 4967 4967
Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

Managed by Manipal Hospital (Dwarka) Private Limited

Name	:	MS SWATI KHATRI	**Age**	:	33 Yr(s) Sex :Female
Registration No	:	MH010848676	**Lab No**	:	32230305568
Patient Episode	:	H03000052992	**Collection Date :**		15 Mar 2023 10:41
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		15 Mar 2023 13:16
Receiving Date	:	15 Mar 2023 11:20			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	**5.00 #**	**mg/dl**	**[8.00-23.00]**
SERUM CREATININE (mod.Jaffe)	0.68	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	4.1	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.5	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	2.5	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	139.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.07	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	**105.6 #**	**mmol/l**	**[95.0-105.0]**
eGFR	115.3	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 to1.73 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.

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	:	MS SWATI KHATRI	**Age**	:	33 Yr(s) Sex :Female
Registration No	:	MH010848676	**Lab No**	:	32230305569
Patient Episode	:	H03000052992	**Collection Date :**		15 Mar 2023 14:02
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		15 Mar 2023 16:15
Receiving Date	:	15 Mar 2023 14:48			

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase)	95	mg/dl	[70-140]

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

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase)	87	mg/dl	[70-100]

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

NABH Accredited Hospital
H-2019-0640/09/06/2019-08/06/2022

NABL Accredited Hospital
MC/3228/04/09/2019-03/09/2021

Awarded Emergency Excellence Services
E-2019-0026/27/07/2019-26/07/2021

Awarded Nursing Excellence Services
N-2019-0113/27/07/2019-26/07/2021

Awarded Clean & Green Hospital
IND18.6278/05/12/2018- 04/12/2019

www.manipalhospitals.com E info@manipalhospitals.com P +91 11 4967 4967
Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

Managed by Manipal Hospital (Dwarka) Private Limited

Name	: MS SWATI KHATRI		**Age**	: 33 Yr(s) Sex :Female
Registration No	: MH010848676		**Lab No**	: 33230303351
Patient Episode	: H03000052992		**Collection Date :**	15 Mar 2023 10:40
Referred By	: HEALTH CHECK MHD		**Reporting Date :**	15 Mar 2023 15:39
Receiving Date	: 15 Mar 2023 11:20			

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR	6.0	/1sthour	[0.0-20.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	**Result**	**Unit**	**Biological Ref. Interval**
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	5180	/cu.mm	[4000-10000]
RBC Count (Impedence)	**4.96 #**	**million/cu.mm**	**[3.80-4.80]**
Haemoglobin (SLS Method)	**10.9 #**	**g/dL**	**[12.0-15.0]**
Haematocrit (PCV)	**34.3 #**	**%**	**[36.0-46.0]**
(RBC Pulse Height Detector Method)			
MCV (Calculated)	**69.2 #**	**fL**	**[83.0-101.0]**
MCH (Calculated)	**22.0 #**	**pg**	**[25.0-32.0]**
MCHC (Calculated)	31.8	g/dL	[31.5-34.5]
Platelet Count (Impedence)	153000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	**15.5 #**	**%**	**[11.6-14.0]**
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	54.3	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	35.3	%	[20.0-40.0]

NABH Accredited Hospital H-2019-0640/09/06/2019-08/06/2022
NABL Accredited Hospital MC/3228/04/09/2019-03/09/2021
Awarded Emergency Excellence Services E-2019-0026/27/07/2019-26/07/2021
Awarded Nursing Excellence Services N-2019-0113/27/07/2019-26/07/2021
Awarded Clean & Green Hospital IND18.6278/05/12/2018- 04/12/2019

www.manipalhospitals.com E info@manipalhospitals.com P +91 11 4967 4967
Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

Managed by Manipal Hospital (Dwarka) Private Limited

Name	:	MS SWATI KHATRI	**Age** :	33 Yr(s) Sex :Female
Registration No	:	MH010848676	**Lab No** :	33230303351
Patient Episode	:	H03000052992	**Collection Date :**	15 Mar 2023 10:40
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**	15 Mar 2023 15:40
Receiving Date	:	15 Mar 2023 11:20		

HAEMATOLOGY

Test	Result	Unit	Reference
Monocytes (Flowcytometry)	7.1	%	[2.0-10.0]
Eosinophils (Flowcytometry)	2.7	%	[1.0-6.0]
Basophils (Flowcytometry)	**0.6 #**	**%**	**[1.0-2.0]**
IG	0.20	%	
Neutrophil Absolute(Flouroscence flow cytometry)	2.8	/cu mm	[2.0-7.0]x10³
Lymphocyte Absolute(Flouroscence flow cytometry)	1.8	/cu mm	[1.0-3.0]x10³
Monocyte Absolute(Flouroscence flow cytometry)	0.4	/cu mm	[0.2-1.2]x10³
Eosinophil Absolute(Flouroscence flow cytometry)	0.1	/cu mm	[0.0-0.5]x10³
Basophil Absolute(Flouroscence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

Mild microcytic hypochromic anaemia with mild erythrocytosis.
Suggested Hb HPLC to rule out haemoglobinopathies and correlate the above findings with the clinical profile of the patient.

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

Dr.Lakshita singh

Name	: MS SWATI KHATRI	**Age**	:	33 Yr(s) Sex :Female
Registration No	: MH010848676	**Lab No**	:	38230301087
Patient Episode	: H03000052992	**Collection Date :**		15 Mar 2023 10:40
Referred By	: HEALTH CHECK MHD	**Reporting Date :**		15 Mar 2023 16:39
Receiving Date	: 15 Mar 2023 14:03			

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH]	7.0	(5.0-9.0)
(Reflectancephotometry(Indicator Method))		
Specific Gravity	1.005	(1.003-1.035)
(Reflectancephotometry(Indicator Method))		
Bilirubin	Negative	NEGATIVE
Protein/Albumin	Negative	(NEGATIVE-TRACE)
(Reflectance photometry(Indicator Method)/Manual SSA)		
Glucose	NOT DETECTED	(NEGATIVE)
(Reflectance photometry (GOD-POD/Benedict Method))		
Ketone Bodies	NOT DETECTED	(NEGATIVE)
(Reflectance photometry(Legal's Test)/Manual Rotheras)		
Urobilinogen	NORMAL	(NORMAL)
Reflactance photometry/Diazonium salt reaction		
Nitrite	NEGATIVE	NEGATIVE
Reflactance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflactance photometry/Action of Esterase		
BLOOD	NIL	NEGATIVE
(Reflectance photometry(peroxidase))		
MICROSCOPIC EXAMINATION (Manual)	**Method: Light microscopy on centrifuged urine**	
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	**4-6 /hpf**	**(2-4)**
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:

NABH Accredited Hospital H-2019-0640/09/06/2019-08/06/2022

NABL Accredited Hospital MC/3228/04/09/2019-03/09/2021

Awarded Emergency Excellence Services E-2019-0026/27/07/2019-26/07/2021

Awarded Nursing Excellence Services N-2019-0113/27/07/2019-26/07/2021

Awarded Clean & Green Hospital IND18.6278/05/12/2018- 04/12/2019

www.manipalhospitals.com E info@manipalhospitals.com P +91 11 4967 4967
Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

Managed by Manipal Hospital (Dwarka) Private Limited

Name	:	MS SWATI KHATRI	**Age**	:	33 Yr(s) Sex :Female
Registration No	:	MH010848676	**Lab No**	:	38230301087
Patient Episode	:	H03000052992	**Collection Date :**		15 Mar 2023 10:40
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		15 Mar 2023 16:39
Receiving Date	:	15 Mar 2023 14:03			

CLINICAL PATHOLOGY

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders
Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria,dehydration, urina tract infections and acute illness with fever
Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.
Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.
Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys
Most Common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration duri infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decrease Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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

Dr.Lakshita singh

NAME	Swati KHATRI	STUDY DATE	15-03-2023 11:41:25
AGE / SEX	033Yrs / F	HOSPITAL NO.	MH010848676
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	15-03-2023 14:59:37	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN

Findings:

Liver is normal in size and echopattern. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder shows presence of a 5.5 mm sized non mobile echogenic focus without posterior acoustic shadowing.
Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.
Spleen is normal in size and echopattern.

Both kidneys are normal in position, size (RK ~ 9.1 x 4.1 cm and LK ~ 9.6 x 4.6 cm) and outline.
Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. **Two small calculi ~ 6.4 and 5.7 mm are seen in left upper pole calyx** . Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.
Uterus is reteroflexed bulky in size (~ 9.9 x 4.8 cm). Heterogeneous Myometrial echotexture is seen.
Endometrium is central (~17 mm).
Both ovaries are normal in size and echopattern.
Right ovary measures approx. 3.7 x 2.4 cm
Left ovary measures approx. 3.3 x 1.8 cm
No significant free fluid is detected.

Impression:

- **GB polyp**
- **Bulky, reteroflexed uterus with coarsened myometrial echotexture.**
- **Small left renal calculi**

Kindly correlate clinically

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	Swati KHATRI	STUDY DATE	15-03-2023 11:41:25
AGE / SEX	033Yrs / F	HOSPITAL NO.	MH010848676
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	15-03-2023 14:59:37	REFERRED BY	Dr. Health Check MHD

Dr. Aarushi MD,DNB, DMC/R/03291
Consultant Radiologist

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.