

NAME	Anasuya SAMAL	STUDY DATE	19-02-2021 11:25:28
AGE / SEX	050Yrs / F	HOSPITAL NO.	MH005700205
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	19-02-2021 13:58:38	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Visualised lung fields are clear.

Cardiac silhouette is unremarkable.

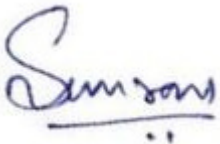
Bilateral hila, CP angles and hemidiaphragm are normal.

Bony cage is unremarkable.

Impression:

No salient abnormality seen.

Kindly correlate clinically.



**Dr. Simran Singh DNB, FRCR(UK),
DMC Reg. no. 36404
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.

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Rate 70 . Sinus rhythm.....normal P axis, V-rate 50- 99
. ST elev, probable normal early repol pattern.....ST elevation, age<55

PR 149
QRSD 86
QT 402
QTc 434

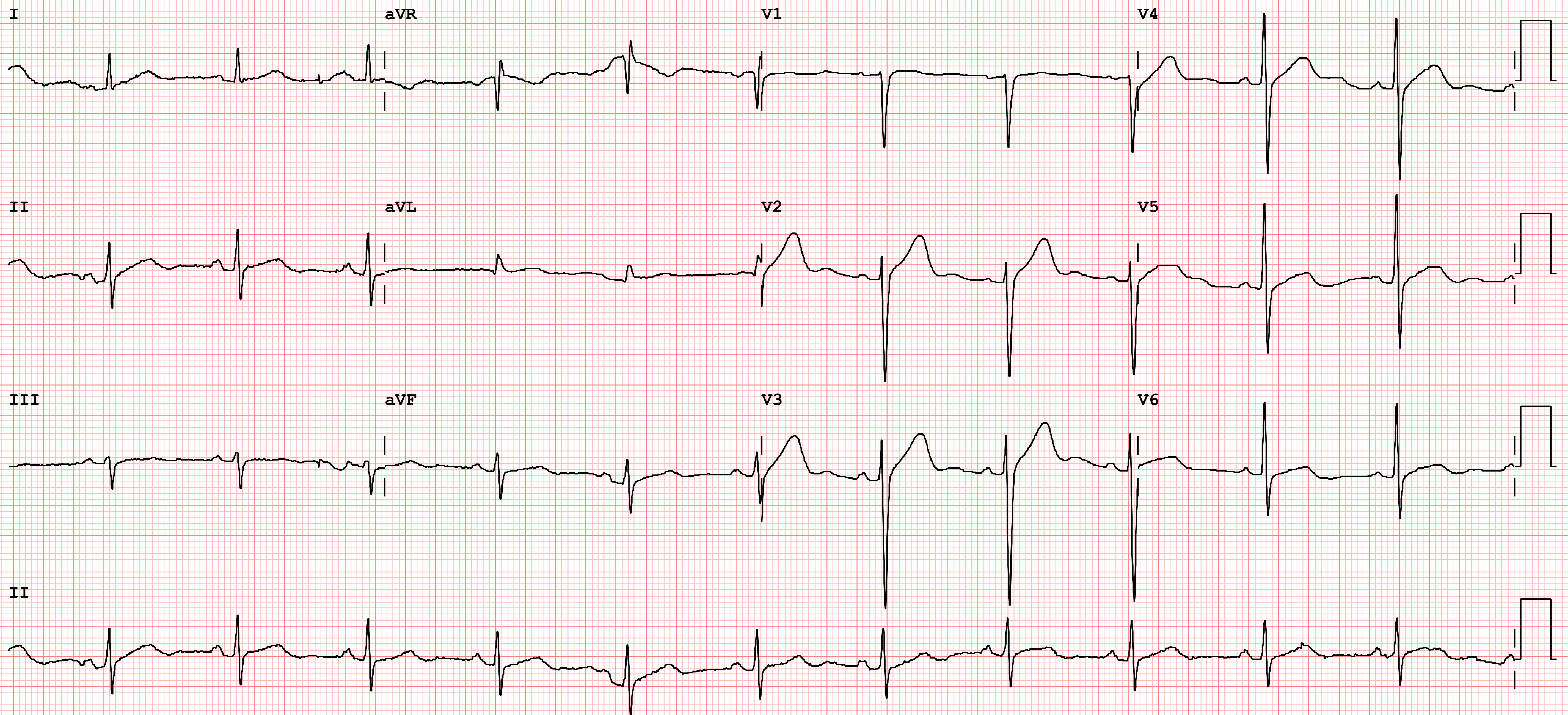
--AXIS--

P 62
QRS 0
T 41

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis





Name : MRS ANASUYA SAMAL **Age** : 50 Yr(s) Sex :Female
Registration No : MH005700205 **Lab No** : 31210200611
Patient Episode : H30000036125 **Collection Date** : 19 Feb 2021 09:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 19 Feb 2021 12:32
Receiving Date : 19 Feb 2021 10:03

Department of Transfusion Medicine (Blood Bank)

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

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

Blood Group & Rh typing B Rh(D) Positive

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

Cell Panel I NEGATIVE
Cell Panel II NEGATIVE
Cell Panel III NEGATIVE
Autocontrol NEGATIVE

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.

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

Dr Himanshu Lamba



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Name : MRS ANASUYA SAMAL **Age** : 50 Yr(s) Sex :Female
Registration No : MH005700205 **Lab No** : 32210205826
Patient Episode : H30000036125 **Collection Date** : 19 Feb 2021 09:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 19 Feb 2021 11:49
Receiving Date : 19 Feb 2021 10:00

BIOCHEMISTRY

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 91 mg/dl [70-100]

Specimen Type : Serum/Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 101 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

Test Name	Result	Unit	Biological Ref. Interval
GLUCOSE Random, Urine Reflectance photometry(Glucose oxidase)	3	mg/dl	Only for 24 Hrs Specimen.





Name : MRS ANASUYA SAMAL **Age** : 50 Yr(s) Sex :Female
Registration No : MH005700205 **Lab No** : 32210205826
Patient Episode : H30000036125 **Collection Date** : 19 Feb 2021 09:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 19 Feb 2021 11:49
Receiving Date : 19 Feb 2021 10:00

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	156	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	60	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	62 #	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	12	mg/dl	[10-40]
LDL- CHOLESTEROL	82	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	2.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.3		<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.



Name : MRS ANASUYA SAMAL **Age** : 50 Yr(s) Sex :Female
Registration No : MH005700205 **Lab No** : 32210205826
Patient Episode : H30000036125 **Collection Date** : 19 Feb 2021 09:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 19 Feb 2021 11:49
Receiving Date : 19 Feb 2021 10:00

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.90	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.30 #	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.60	mg/dl	[0.20-1.00]
SGOT/ AST (P5P, IFCC)	20.00	IU/L	[5.00-37.00]
SGPT/ ALT (P5P, IFCC)	19.00	IU/L	[10.00-50.00]
ALP (p-NPP, kinetic)*	97	IU/L	[39-100]
TOTAL PROTEIN (mod.Biuret)	7.0	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.4	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.6	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.69		[1.10-1.80]

Note:

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

*New born: 4 times the adult value





Name : MRS ANASUYA SAMAL **Age** : 50 Yr(s) Sex :Female
Registration No : MH005700205 **Lab No** : 32210205826
Patient Episode : H30000036125 **Collection Date** : 19 Feb 2021 09:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 19 Feb 2021 11:48
Receiving Date : 19 Feb 2021 10:00

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Blood Urea Nitrogen (Urease/GLDH)	11.00	mg/dl	[8.00-23.00]

Test Name	Result	Unit	Biological Ref. Interval
URIC ACID, Serum (Uricase)	4.4	mg/dl	[2.6-6.0]

Test Name	Result	Unit	Biological Ref. Interval
CREATININE, Serum (Jaffe's method)	0.63	mg/dl	[0.60-1.40]
*eGFR	104.9	ml/min/1.73sq.m	[>60.0]

Disclaimer :

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.



Name : MRS ANASUYA SAMAL **Age** : 50 Yr(s) Sex :Female
Registration No : MH005700205 **Lab No** : 32210205826
Patient Episode : H30000036125 **Collection Date** : 19 Feb 2021 09:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 19 Feb 2021 12:28
Receiving Date : 19 Feb 2021 10:00

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin)

5.1

As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults ≥ 18 years < 5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes ≥ 6.5

Methodology

Turbidimetric inhibition immunoassay (TINIA)

Estimated Average Glucose (eAG)

100

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 T3 - Triiodothyronine (ECLIA)

1.01

ng/ml

[0.70-2.04]





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Patient Episode : H30000036125 **Collection Date** : 19 Feb 2021 09:29
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BIOCHEMISTRY

Serum T4 - Thyroxine (ECLIA) 6.72 micg/dl [4.60-12.00]

Test Name	Result	Unit	Biological Ref. Interval
TSH, Serum (ECLIA)	3.390	micIU/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 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>

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Dr. Lona Mohapatra
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Name : MRS ANASUYA SAMAL **Age** : 50 Yr(s) Sex :Female
Registration No : MH005700205 **Lab No** : 33210204177
Patient Episode : H30000036125 **Collection Date** : 19 Feb 2021 09:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 19 Feb 2021 10:34
Receiving Date : 19 Feb 2021 10:03

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Impedence)	3830 #	/cu.mm	[4400-11000]
RBC Count (Impedence)	4.19	million/cu.mm	[3.80-5.50]
Haemoglobin (SLS Method)	12.7	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	38.5	%	[34.0-48.0]
MCV (Calculated)	91.9	fL	[80.0-96.0]
MCH (Calculated)	30.3	pg	[27.0-31.0]
MCHC (Calculated)	33.0	g/dL	[32.0-37.0]
Platelet Count (Impedence)	165000	/cu.mm	[150000-400000]
RDW-CV (Calculated)	12.6	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	60.1	%	[40.0-75.0]
Lymphocytes (Flowcytometry)	27.4	%	[20.0-45.0]
Monocytes (Flowcytometry)	9.4	%	[2.0-10.0]
Eosinophils (Flowcytometry)	2.6	%	[0.0-7.0]
Basophils (Flowcytometry)	0.5	%	[0.0-1.0]
IG	0.00	%	



Name : MRS ANASUYA SAMAL **Age** : 50 Yr(s) Sex :Female
Registration No : MH005700205 **Lab No** : 33210204177
Patient Episode : H30000036125 **Collection Date** : 19 Feb 2021 09:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 19 Feb 2021 11:29
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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 39.0 # /1sthour [0.0-20.0]

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Name	: MRS ANASUYA SAMAL	Age	: 50 Yr(s) Sex :Female
Registration No	: MH005700205	Lab No	: 38210201137
Patient Episode	: H30000036125	Collection Date	: 19 Feb 2021 09:29
Referred By	: HEALTH CHECK MHD	Reporting Date	: 19 Feb 2021 14:24
Receiving Date	: 19 Feb 2021 11:15		

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
Reaction[pH] (Reflectancephotometry(Indicator Method))	7.0	(4.6-8.8)
Specific Gravity (Reflectance photometry)	1.005	(1.015-1.025)
CHEMICAL EXAMINATION		
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NIL-TRACE)
Glucose (Reflectance photometry (GOD))	NOT DETECTED	(NIL)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NIL)
Urobilinogen (Reflectance photometry)	NORMAL	(NORMAL)
Nitrite (Reflectance photometry)	NEGATIVE	
Leukocytes (Reflectance photometry)	NIL	
BLOOD (Reflectance photometry(peroxidase))	+	
MICROSCOPIC EXAMINATION (Manual)		
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	2-4 /hpf	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:

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Name : MRS ANASUYA SAMAL **Age** : 50 Yr(s) Sex :Female
Registration No : MH005700205 **Lab No** : 38210201137
Patient Episode : H30000036125 **Collection Date** : 19 Feb 2021 09:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 19 Feb 2021 14:24
Receiving Date : 19 Feb 2021 11:15

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, urinary 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 during 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 decreased 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.

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NAME	Anasuya SAMAL	STUDY DATE	19-02-2021 13:42:45
AGE / SEX	050Yrs / F	HOSPITAL NO.	MH005700205
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Mammogram Both Breasts
REPORTED ON	19-02-2021 16:36:42	REFERRED BY	Dr. Health Check MHD

MAMMOGRAPHY

Technique:

Bilateral breast mammogram was performed in craniocaudal and mediolateral oblique projections and the images were reviewed on a mammography compatible digital CR system.

Indication:- Screening

Comparison: Previous mammogram dated:- 09/11/2019 is available for comparison.

Findings:

Both breasts show heterogeneously dense glandular parenchyma (ACR category C).

No skin thickening, nipple retraction or suspicious microcalcification cluster seen.

No significant axillary lymphadenopathy is noted.

Impression:

- Dense glandular parenchyma may obscure underlying focal lesion – BIRADS 0

Advice: Clinical and USG correlation.

BIRADS category: (0 = Requires additional evaluation, 1 = Negative, 2 = Benign findings, 3 = Probably benign findings, 4 = Suspicious abnormality and 5 = Highly suggestive of malignancy)

Please note: not all breast abnormalities show up on mammography. The management of a palpable abnormality must be based on clinical grounds. If you detect a lump or any other changes in your breast before your next screening mammogram, consult your doctor immediately.

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NAME	Anasuya SAMAL	STUDY DATE	19-02-2021 13:42:45
AGE / SEX	050Yrs / F	HOSPITAL NO.	MH005700205
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Mammogram Both Breasts
REPORTED ON	19-02-2021 16:36:42	REFERRED BY	Dr. Health Check MHD

Dr.Pankaj Saini MD,DHA, DMC reg. no. 15796
Consultant Radiologist

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NAME	Anasuya SAMAL	STUDY DATE	19-02-2021 13:42:45
AGE / SEX	050Yrs / F	HOSPITAL NO.	MH005700205
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Mammogram Both Breasts
REPORTED ON	19-02-2021 16:36:42	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.

Human Care Medical Charitable Trust



Registered Office : Sector-6, Dwarka, New Delhi- 110075

Name : MRS ANASUYA SAMAL
Age [year(s)] / Sex : 50 Yr(s)/Female
Reg No : MH005700205

Report Date : 24/02/2021
Episode No : H30000036125

PHYSICIAN REPORT

Urine Examination : Normal
Stool Examination :
CBC : ESR- 39
WBC - 3830
Blood Biochemical Analysis : Normal
X-Ray Chest : Normal
ECG : Normal
Treadmill (stress) Test :
Echo Cardiography : Normal sized RA/RV/LV/LA with no chamber hypertrophy.
There is no LV regional wall motion abnormality with LVEF =60 %
Normal RV function.
Trace TR, Trace MR
Ultrasonography : LEFT RENAL CALCULUS [4.8]
ECG :
Audiometry :
Other Tests :
Special Test : MAMMOGRAPHY - Dense glandular parenchyma may obscure underlying focal lesion BIRADS 0

Impression

HYPERTENSION
LEFT RENAL CALCULUS

Advice

1--USG BREAST
2--CAP LUMIA 60 K WEEKLY - 2 MONTHS , THEN ONE CAP ONCE A MONTH - 6 MONTHS
2--TAB ME 12 OD ONCE DAILY - 1 MONTH

Examined By :

Anuja Lakra

Dr. Anuja Lakra



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Name: **ANASUYA SAMAL**

Hospital No: MH005700205

Age: 52 Sex: F

Episode No: H30000036125

Doctor: Health Check MHD

Result Date: 25 Feb 2021 14:50

Order: Tread Mill Test

EXERCISE STRESS TEST REPORT (TMT)

Findings:

Baseline ECG Nil

Premedications Nil

Protocol	Bruce	MPHR	170
Duration of exercise	6 Minutes 1 sec	85% OF MPHR	144
Reason for termination	THR achieved	METS	7.00
Peak achieved	150	%of MPHR achieved	88 %

Stage	Time	Heart rate (bpm)	BP (mmHg)	ECG(ST/T changes/arrhythmia)	Symptom
Control	0.00	82	150/70	No ST- T changes seen	Nil
Stage 1	3.00	122	150/70	No ST- T changes seen	Nil
Stage II	3.00	148	150/70	No ST- T changes seen	Nil
Stage III	0.02	148	150/80	2 mm ST depression in leads II, III, aVF.	Nil
Recovery	2.03	96	140/80	No ST- T changes seen	Nil

Result:

- Normal heart rate and BP response
- Developed asymptomatic 2 mm ST depression in the leads II, III, aVF during stage 3 at HR of 150
- No symptomatic of angina/ chest pain during the test
- No significant arrhythmia during the test

FINAL IMPRESSION.

- Exercise stress test is **Positive** for reversible myocardial Ischemia.
- Fair effort tolerance.

Name: **ANASUYA SAMAL**

Hospital No: MH005700205


Age: 52 Sex: F

Episode No: H30000036125

Doctor: Health Check MHD

Result Date: 25 Feb 2021 14:50

Order: Tread Mill Test


DR. BIPIN KUMAR DUBEY
HEAD OF DEPARTMENT
CARDIOLOGY

DR. DHARMENDRA SINGH
MBBS, PGDCC
CLINICAL CARDIOLOGIST

Dr. Bipin Dubey
CONSULTANT

NAME	Anasuya SAMAL	STUDY DATE	19-02-2021 11:58:18
AGE / SEX	050Yrs / F	HOSPITAL NO.	MH005700205
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	19-02-2021 12:51:44	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 appears echofree with normal wall thickness. 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 =98x32mm and LK =92x49mm) and outline. Cortico-medullary differentiation of both kidneys is maintained. A calculus measuring 4.8mm is seen in left mid pole calyx. No focal lesion is seen on either side. 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 anteverted. It is normal in size and measures 69x36mm. Myometrial echogenicity appears uniform. Endometrium is central and measures 3.5mm.

Both ovaries are normal in size and echopattern.

Right ovary measures 31x12mm.

Left ovary measures 22x11mm.

No significant free fluid is detected.

Impression:

Left renal calculus.

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	Anasuya SAMAL	STUDY DATE	19-02-2021 11:58:18
AGE / SEX	050Yrs / F	HOSPITAL NO.	MH005700205
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	19-02-2021 12:51:44	REFERRED BY	Dr. Health Check MHD

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

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