



DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mrs. SIVA NAGA LAKSHMI	Age / Gender : 27 Y(s)/Female
Bill No/ UMR No : NMBC60629/NMU0047042	Referred By : Dr. DMO
Received Dt : 08-Mar-24 10:52 am	Report Date : 08-Mar-24 04:12 pm

FINAL REPORT

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
CUE(COMPLETE URINE EXAMINATION)				
<u>PHYSICAL EXAMINATION</u>				
VOLUME	Urine	30 ML		
COLOUR		PALE YELLOW	PALE YELLOW	
APPEARANCE		SLIGHTLY HAZY	CLEAR	
DEPOSIT		ABSENT	ABSENT	
<u>CHEMICAL EXAMINATION</u>				
SPECIFIC GRAVITY	Urine	1.030	1.000 - 1.030	Dipstick
PH		6.0	5.0 - 8.0	Dipstick
PROTEIN		NEGATIVE	NEGATIVE	Dipstick/Heat coagulation test
GLUCOSE		ABSENT	ABSENT	Dipstick/Benedict's test
UROBILINOGEN		NORMAL	NORMAL	Dipstick
KETONE		NEGATIVE	NEGATIVE	Dipstick/Rothera's Nitroprusside test.
BILIRUBIN		NEGATIVE	NEGATIVE	Dipstick/Fouchet's test
BILE SALT		NEGATIVE	NEGATIVE	Hay's sulphur powder test
BILE PIGMENT		NEGATIVE	NEGATIVE	Fouchet test
NITRITE		NEGATIVE	NEGATIVE	Dipstick
LEUCOCYTE ESTERASE		NEGATIVE	NEGATIVE	
<u>MICROSCOPIC EXAMINATION</u>				
PUS CELLS	Urine	2-3	0 - 5 /hpf	MICROSCOPIC EXAMINATION
RBC		NIL	0 - 5 /hpf	MICROSCOPIC EXAMINATION
EPITHELIAL CELLS		4-6	0 - 5 /hpf	MICROSCOPIC EXAMINATION
CRYSTALS		NIL	NIL	MICROSCOPIC EXAMINATION
CASTS		NIL	NIL	MICROSCOPIC EXAMINATION
BACTERIA		ABSENT		MICROSCOPIC EXAMINATION
YEAST		ABSENT		MICROSCOPIC EXAMINATION
AMORPHOUS DEPOSITS		ABSENT		MICROSCOPIC EXAMINATION
MUCUS THREAD		ABSENT		MICROSCOPIC EXAMINATION
NOTE		Microscopic examination of urine is carried out on centrifuged urinary sediment.		

*** End Of Report ***





MEDICOVER
HOSPITALS

DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mrs. SIVA NAGA LAKSHMI	Age / Gender : 27 Y(s)/Female
Bill No/ UMR No : NMBC60629/NMU0047042	Referred By : Dr. DMO
Received Dt : 08-Mar-24 10:52 am	Report Date : 08-Mar-24 04:12 pm

Parameters

Specimen

Result

Biological Reference In Method





DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mrs. SIVA NAGA LAKSHMI	Age / Gender : 27 Y(s)/Female
Bill No/ UMR No : NMBC60629/NMU0047042	Referred By : Dr. DMO
Received Dt : 08-Mar-24 10:52 am	Report Date : 08-Mar-24 01:52 pm

FINAL REPORT

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
ESR	CITRATED BLOOD	15	0 - 20 mm/1st hour	WESTERGREN'S METHOD
BLOOD GROUPING AND RH				
BLOOD GROUP		" O "		TUBE AGGLUTINATION
RH TYPE		POSITIVE		
COMPLETE BLOOD COUNT				
RBC				
R B C COUNT	Blood	4.64	3.8 - 4.8 10 ⁶ /μL	
HEMOGLOBIN		12.9	12.0 - 15.0 g/dl	
PCV/HCT		39.6	40 - 50 % 36 - 46 %	
MCV		85	83 - 101 fl 83 - 101 fl	
MCH		27.7	27 - 32 pg	
MCHC		32.5	31.5 - 34.5 g/dL	
RDW(cv)		13.7	11.6 - 14.0 %	
PLATELETS				
PLATELET COUNT	Blood	297	150 - 400 10 ³ /μL	
MPV		9.0	7.5 - 11.5 fl	
WBC				
TC (TOTAL LEUCOCYTE COUNT)	Blood	7.1	4.0 - 11.0 10 ³ /μl	
DIFFERENTIAL COUNT				
NEUTROPHILS	Blood	58	40 - 80 %	
LYMPHOCYTES		32	20 - 40 %	
MONOCYTES		06	02 - 10 %	
EOSINOPHILS		04	00 - 06 %	
BASOPHILS		00	00 - 01 %	

*** End Of Report ***





MEDICOVER
HOSPITALS

DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mrs. SIVA NAGA LAKSHMI	Age / Gender : 27 Y(s)/Female
Bill No/ UMR No : NMBC60629/NMU0047042	Referred By : Dr. DMO
Received Dt : 08-Mar-24 10:52 am	Report Date : 08-Mar-24 07:37 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
------------------	-----------------	----------------------	-----------------------------	---------------





DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mrs. SIVA NAGA LAKSHMI	Age /Gender : 27 Y(s)/Female
Bill No/ UMR No : NMBC60629/NMU0047042	Referred By : Dr. DMO
Received Dt : 08-Mar-24 10:53 am	Report Date : 08-Mar-24 05:43 pm

FINAL REPORT

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE)				
FASTING BLOOD GLUCOSE	PLASMA AND URINE	84	Normal Range : 70 - 99 mg/dL	Hexokinase
FASTING URINE SUGAR		NIL		
SERUM CREATININE				
CREATININE		0.62	0.6 - 1.2 mg/dl	Method : jaffe
BUN / CREATININE RATIO				
BUN (Blood Urea Nitrogen.)		11	7.0 - 21.0 mg/dL	Calculated
SERUM CREATININE		0.62	0.6 - 1.2 mg/dL	
BUN / CREATININE RATIO		17.74	10 - 20	
LFT(LIVER FUNCTION TEST)				
TOTAL BILIRUBIN		0.5	< 1.2 mg/dL	Method : Diazo Method
DIRECT BILIRUBIN		0.2	<= 0.20 mg/dL	Method: Diazo Method
INDIRECT BILIRUBIN		0.3	<= 1.0 mg/dL	
SGPT (ALT)		22	<= 33 U/L	Method : UV without P5P
SGOT (AST)		18	<= 32 U/L	Method : UV without P5P
ALKALINE PHOSPHATASE (ALP)		143	40 - 129 U/L 35 - 105 U/L	Method : PNPP, AMP Buffer - IFCC Ref.
TOTAL PROTEINS		8.0	6.0 - 8.0 g/dL	Method : Biuret method
SERUM ALBUMIN		4.9	3.5 - 5.2 g/dL	Method : Bromcresol Green (BCG)
GLOBULINS		3.1	2.5 - 3.5 g/dL	
A/G RATIO		1.58	1.2 - 2.5	
GAMMA GLUTAMYL TRANSFERASE(GGT)		48	6 - 42 U/L	Method : G-glutamyl-carboxy-nitr oanilide - IFCC Ref.
BUN(BLOOD UREA NITROGEN)				
BUN (Blood Urea Nitrogen.)		11	7.0 - 21.0 mg/dL	Calculated
TOTAL PROTEIN				
TOTAL PROTEINS		8.0	6.0 - 8.0 g/dL	Method : Biuret method
LIPID PROFILE				
TOTAL CHOLESTEROL		131	Desirable : : < 200 mg/dL Borderline High : : 200 - 239 mg/dL High risk : > 240 mg/dL	METHOD : Enzymatic colorimetric





DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mrs. SIVA NAGA LAKSHMI	Age /Gender : 27 Y(s)/Female
Bill No/ UMR No : NMBC60629/NMU0047042	Referred By : Dr. DMO
Received Dt : 08-Mar-24 10:52 am	Report Date : 08-Mar-24 01:52 pm

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In</u>	<u>Method</u>
HDL CHOLESTEROL		41	Low : : < 40 mg/dL High : : > 60 mg/dL	Homogeneous enzymatic colorimetric
LDL CHOLESTEROL		80	Optimal : - < 100 mg/dL Near Optimal : 100 - 129 mg/dL Borderline High : 130 - 159 mg/dL High : 160 - 189 mg/dL Very High : - > 190 mg/dL	Direct-Enzymatic colorimetric
VLDL		18		
SERUM TRYGLYCERIDES		92	< 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL	METHOD: Enzymatic colorimetric
CHO/HDL RATIO		3.2	Normal : - < 3.5 High Risk : - > 5.0	
LDL/HDL RATIO		1.95		
SERUM URIC ACID		5.5	2.4 - 5.7 mg/dL	uricase
T3,T4 AND TSH				
T3		116.0	70 - 204 ng/dL	Method : ECLIA
T4		7.69	5.1 - 14.1 ug/dL	Method : ECLIA
TSH(THYROID STIMULATING HORMONE)		1.29	0.270 - 4.20 uIU/mL	Method : ECLIA
SERUM ELECTROLYTES				
SERUM SODIUM		138	136 - 145 mmol/L	ISE INDIRECT
SERUM POTASSIUM		4.8	3.5 - 5.1 mmol/L	ISE INDIRECT
SERUM CHLORIDES		103	98 - 107 mmol/L	ISE INDIRECT
PLBS (POST LUNCH BLOOD SUGAR WITH URINE SUGAR)				
PLBS (POST LUNCH BLOOD GLUCOSE)		90	110 - 180 mg/dL	Hexokinase
URINE SUGAR		NIL		Dipstick
HBA1C (GLYCOSYLATED HAEMOGLOBIN)				
HBA1C		5.5	< 5.7 Normal Prediabetic 5.7 - 6.4 & >=6.5 Diabetic %	TINIA
MPG(Mean Plasma Glucose)		111	Excellent Control : 90 - 120 mg/dL Good Control : 121 - 150 mg/dL	

*** End Of Report ***

THIS IS A MODIFIED REPORT





MEDICOVER
HOSPITALS

DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mrs. SIVA NAGA LAKSHMI	Age / Gender : 27 Y(s)/Female
Bill No/ UMR No : NMBC60629/NMU0047042	Referred By : Dr. DMO
Received Dt : 08-Mar-24 10:53 am	Report Date : 09-Mar-24 09:25 am

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In Method</u>
-------------------	-----------------	---------------	---------------------------------------

Lab Incharge

Dr. VISHAL MEHROTRA, MD Pathology
Head, Laboratory Services
Consultant Hematopathologist

Verified By : : 022315

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.





MEDICOVER HOSPITALS

MEDICAL HEALTH CHECK- UP ASSESMENT FORM

NAME : Mr / (Mrs) Siva Naga Lakshmi DATE: 08/03/24

AGE : 27 YRS / F

SEX: Male / (Female)

NMU: NMU00047042

DOCTOR'S NAME:

TEMP :	<u>97.4</u> ° f	BP :	<u>120/80</u> mmHg
PULSE :	<u>80</u> b/m	HEIGHT :	<u>161.7</u> cm
RR :	<u>20</u> b/m	WEIGHT :	<u>93.2</u> kg
SPO2 :	<u>97</u> %	HGT:	<u> </u>

REMARK:



DEPARTMENT OF OPHTHALMOLOGY

MEDICOVER HOSPITALS

DATE: 8/3/24

PATIENT NAME: roroo siva Nage Lakshmi

AGE / SEX : 24 / F NAVI MUMBAI

UMR NO : NM00047042

	RE	LE
VA (DISTANCE)	6/6	6/6
VA (NEAR)	NC	NC
COLOUR VISION	Normal	Normal

		SPHERE	CYLINDER	AXIS	VA
MRx	O D	Plano	_____		6/6 / NC
	O S	Plano	_____		6/6 / NC

HISTORY :

• Nil systemic illness . Nil ocular history Allergies & surgeries .
 • Nil Spectacle use.

OCULAR FINDINGS :

(BE) - Ant seg WNL

(Undilated) Dis ← 0.3 , mild disc pallor ⊕ temporally
 0.5 , mild disc pallor ⊕ temporally

ADVICE:

- Refresh Tears e/d tid 1777 X (month)
 Yearly Eye Examination

AP
 CDR. ANUSHREE VANKAR



Patient ID:	NMU0047042	Patient Name:	SIVA NAGA LAKSHMI
Age:	28 Years	Sex:	F
Accession Number:	NMBC60629	Modality:	DX
Referring Physician:	DR.DMO	Study:	CHEST
Study Date:	08-Mar-2024	Study Time:	12:48:28

X RAY CHEST PA VIEW

Mild prominent markings are seen in bilateral lung fields

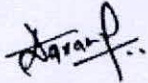
The frontal cardiac dimensions are normal.

The pleural spaces are clear.

Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.



DR. ANUPKUMAR AGRAWAL
Consultant & HOD Radiology
MBBS, MD

Date: 08-Mar-2024 20:37:48

Patient ID:	NMU0047042	Patient Name:	SIVA NAGA LAKSHMI
Age:	28 Years	Sex:	F
Accession Number:	NMBC60629	Modality:	US
Referring Physician:	DR.DMO	Study:	USG ABDOMEN WHOLE
Study Date:	08-Mar-2024	Study Time:	12:12:48

USG WHOLE ABDOMEN (TAS)

LIVER is normal in size (14.2 cm), normal in shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepato-petal flow. No evidence of intra-hepatic biliary duct dilatation.

GALL BLADDER appears partially distended with normal wall thickness. There is no obvious calculus or pericholecystic collection. CBD appears normal.

Visualised parts of head & body of PANCREAS appear normal.

SPLEEN is normal in size (10.1 cm) and echotexture. No focal lesion seen. Splenic vein is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

URINARY BLADDER is adequately distended; no e/o wall thickening or mass or calculi seen. Post-void residue is not significant.

UTERUS is retroverted and is normal in size, shape and echotexture; No focal lesion seen. ET measures – 8.6 mm.

Both ovaries are normal in size, shape and position.

RIGHT OVARY: 3.0 x 1.5 cm, LEFT OVARY: 3.3 x 1.5 cm.

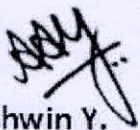
Visualised bowel loops appear normal. There is no free fluid seen.

NB:- This scan does not rule out all pathologies related to bowel and appendix.

IMPRESSION –

- **No significant abnormality detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.



Dr. Ashwin Y.
M.D. (Radio-Diagnosis)



MEDICOVER
HOSPITALS

NAVI MUMBAI

2D ECHO CARDIOGRAPHY WITH COLOUR DOPPLER

Name : Mr. Siva Lkshmi

Date:-08/03/2024

Age / Sex : 27 Yrs / Male

UMR No. 0047042

Referred By : Health Check-up

FINDINGS:

- No left ventricle regional wall motion abnormality.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction.
- No mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Trivial tricuspid regurgitation. No pulmonary hypertension.
PASP = 25 mm Hg.
- Intact IAS and IVS.
- No left ventricle clot / vegetation / pericardial effusion.
- Normal right atrium and right ventricle dimensions.
- Normal left atrium and left ventricle dimensions.
- Normal right ventricle systolic function. No hepatic congestion.

IMP:

- No RWMA.
- Trivial TR. No PH.
- Normal LV and RV systolic function.

DR. KESHAV KALE

DNB (Cardiology), MD (Medicine), MBBS

PhD (Cardiology), MNAMS, LL.B (Law)

FSCAI (USA), AFACC (USA), FESC (EU)

Consultant & Interventional Cardiologist





MEDICOVER
HOSPITALS

NAVI MUMBAI

M-MODE MEASUREMENTS:

LA	33	mm
AO root	28	mm
AO CUSP SEP	17	mm
LVID(s)	33	mm
LVID(d)	43	mm
IVS(d)	10	mm
LVPW(d)	10	mm
RVID(d)	32	mm
RA	31	mm
LVEF	60	%

	PEAK	MEAN	Vmax	Gradient of Regurgitation
MITRAL	N			Nil
AORTIC	8.4			Nil
TRICUSPID	25			Trivial
PULMONERY	4.3			Nil



Rate 78 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 126
 QRSD 84
 QT 386
 QTc 440

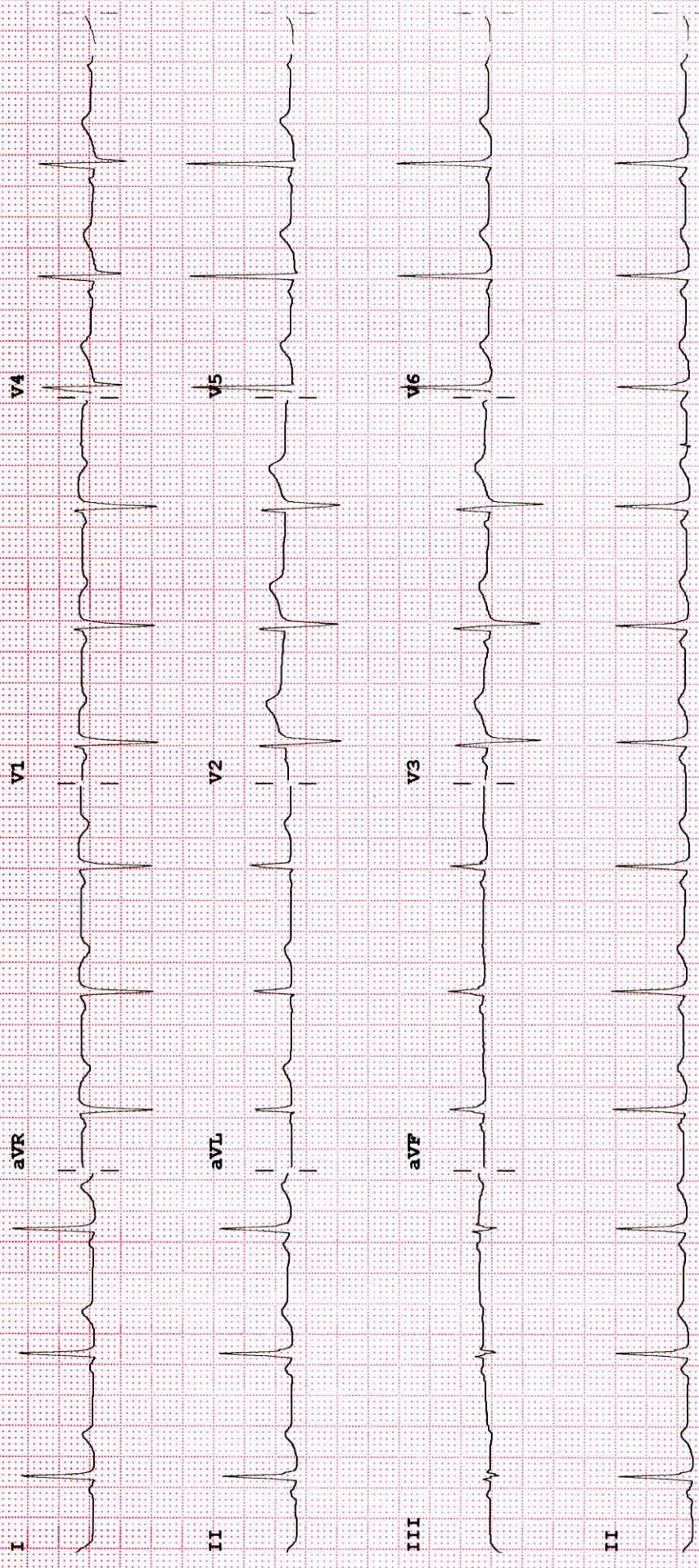
--AXIS--
 P 52
 QRS 28
 T 14

WNL
WNL

- NORMAL ECG -

Unconfirmed Diagnosis

12 Lead; Standard Placement



Device:

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

F 50~ 0.15-100 Hz

100B CL

P?