UNITED HOSPITAL
Care Par Excellence

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. CHITTAMMA CHITRAJU	Order No	: 1000074320
UHID	: UHJA23019005	Registered On	: 24/02/2024 08:29:03 AM
Age/Sex	: 33/Years Female	Collected On	: 24/02/2024 09:02:19 AM
Ward / Bed No	:	Reported On	: 24/02/2024 01:57:07 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJA230023498
Station	: At Hospital	Mobile No	: 9538223085
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
	BIOCHEMISTRY		
FASTING GLUCOSE (Method: Hexokinase)	101	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
POST PRANDIAL GLUCOSE (Method: Hexokinase)	87	mg/dL	70-140
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			Sample: Whole blood (EDTA)
HBAIC (Method: HPLC)	5.4	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	108.28	mg/dL	
THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)			Sample: Serum
TOTAL T3 (Method:CLIA)	1.16	ng/mL	0.87-1.78
TOTAL T4 (Method:CLIA)	11.17	≈g/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) (Method:CLIA: Ultra-sensitive)	3.37	ı IU/mL	0.34 - 5.60 ı IU/mL (Non Pregnant) 0.3 - 4.5 ı IU/mL (I trimester) 0.5 - 5.2 ı IU/mL (II & III trimester)
LIPID PROFILE			Sample: Serum
TOTAL CHOLESTEROL (Method:CHOD-POD)	181	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
TRIGLYCERIDES (Method:Enzymatic GPO-POD)	53	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
HDL CHOLESTEROL (Method:ENZYMATIC METHOD)	58.1	mg/dL	< 40 - Low ≥ 60 - High

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Test Name	Result	Unit	Bio. Ref. Interval
LDL CHOLESTEROL (Method:ENZYMATIC METHOD)	112.3	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	10.59	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	3.1		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	1.9		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	122.9	mg/dL	< 130
URIC ACID (Method:Uricase - POD(Enzymatic))	5.2	mg/dL	2.6-6.0
BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic)	12	mg/dL	7.93-20.07
CREATININE (Method:Modified Jaffe, Kinetic)	0.62	mg/dL	0.6-1.1
LIVER FUNCTION TEST			Sample: Serum
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.72	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.12	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.60	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	7.5	g/dL	6.6-8.3
ALBUMIN (Method:BCG)	4.32	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	3.17	g/dL	2.3-3.5

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Test Name	Result	Unit	Bio. Ref. Interval
AG RATIO (Method: Calculated)	1.35		2:1
SERUM SGOT (Method:IFCC without P5P)	20	U/L	< 35
SERUM SGPT (Method:IFCC without P5P)	10	U/L	< 35
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	54	U/L	46-122
GGT (Method:IFCC)	15	U/L	< 38

Dr. Shanthakumar Muruda
Sr CONSULTANT BIOCHEMIST
KMC No : 54192

UNITED HOSPITAL
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HAEMATOLOGY

COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

Test Name	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	10.35	g/dL	12-16
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	33.6	%	37-47
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	5370	Cells/Cum	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Optical/Impedance)	67.48	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	23.21	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	1.72	%	0-6
MONOCYTES (Method:Optical/Impedance)	7.26	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.33	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	5.16	million/cum	4.0-5.2
MCV (Method:Derived from RBC Histogram)	65.1	fL	78-100
MCH (Method: Calculated)	20.1	pg	27-31
MCHC (Method: Calculated)	30.8	g/dL	31-37
RDW - CV (Method: Calculated)	21.0	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	2.86	Lakhs/Cum	1.5-4.5

UNITED HOSPITAL
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MC-5013

DEPARTMENT OF LABORATORY MEDICINE

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Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	8.86	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	44.9	fl	9-19
ERYTHROCYTE SEDIMENTATION RATE(ESR) (Method:Modified Westergren Method)	25	mm/hour	1-20

BLOOD GROUPING & RH TYPING — Sample: Whole blood (EDTA)

ABO Group (Method:Agglutination Gel Method)	O		
Rh Factor (Method:Agglutination Gel Method)	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed

Naveen.N

Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418

UNITED HOSPITAL
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Test Name	Result	Unit	Bio. Ref. Interval

CLINICAL PATHOLOGY

URINE EXAMINATION, ROUTINE

Sample: Urine

Test Name	Result	Unit	Bio. Ref. Interval
PHYSICAL EXAMINATION			
VOLUME	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	5.0		5.0-8.0
SPECIFIC GRAVITY	1.020		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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Test Name	Result	Unit	Bio. Ref. Interval
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		
URINE SUGAR (POST PRANDIAL)	Absent		

Verified By
NAGARATNA

---End of Report---

Naveen.N
Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418

ID:23019005 24-Feb-2024 AM8:53:22

Name:mrs.chittamma chitra

Sex:F Birth date: 33 years

cm kg / mmHg

Medication:

Symptoms:

History:

Vent. rate	69	bpm
PR int	140	ms
QRS dur	92	ms
QT/QTc(B) int	392/ 411	ms
P/QRS/T axis	37/ 66/ 44	°
RV5/SV1 amp	2.47/ 1.28	mV
RV5+SV1 amp	3.76	mV

1100 Sinus rhythm

2420 RSR (QR) in lead V1/V2, consistent with right ventricular conduction delay [RSR pattern (V2)]

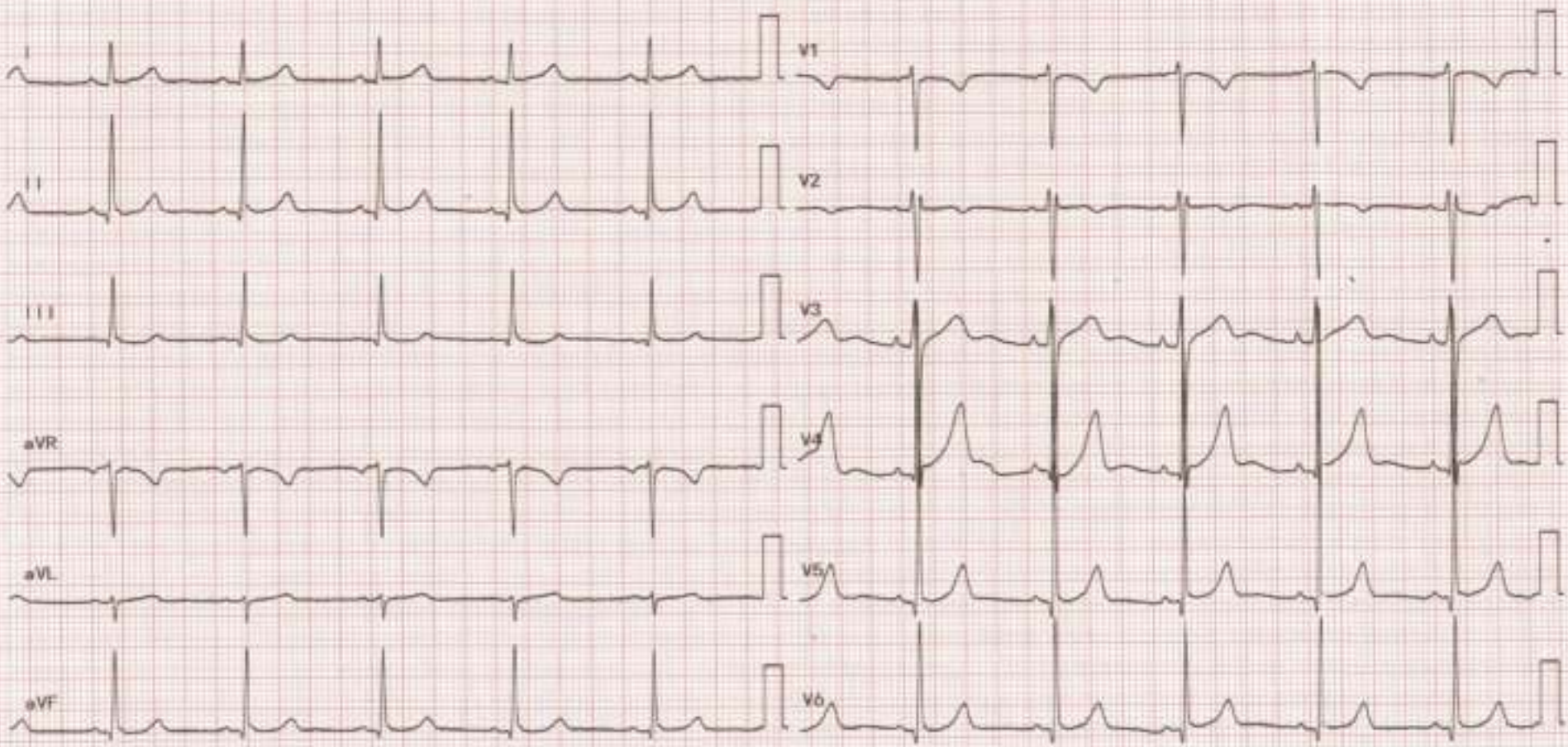
9130 ** borderline ECG **

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H50 0 35 Hz

10 mm/mV



2350K 03-06 07-01 Dept.:

Exam:UNITED HOSPITAL

NABH NABL No.1

UNITED HOSPITAL
Care Par Excellence
Jayanagar, Bangalore

Patient name :	Mrs. CHITTAMMA CHITRAJU	Date :	24/02/24
Age :	33 years GENDER: FEMALE	Patient ID :	19005
Ref by :	DR. CMO	OP/ IP :	HEALTH CHECKUP

2D- ECHOCARDIOGRAPHY

M – MODE AND DOPPLER MEASUREMENTS

(c.m)	(c.m)	(cm/sec)		
AO : 2.4 (2.5-3.7)	LVIDD : 4.0 (3.5-5.5)	MV EV : 126	AV : 59.7	MR : MILD MR
LA : 2.9 (1.9-4.0)	LVIDS : 2.1 (2.4-4.2)	AV : 138		AR : MILD AR
RA : 2.0 (<4.4)	IVSD : 0.8 (0.6-1.1)	PV : 107		PR : NORMAL
RV : 1.9 (<3.5)	IVSS : 1.0 (0.9-1.2)	TV EV : ----	AV : ----	TR : NORMAL
TAPSE: 1.7 (>1.6)	LVPWD : 0.7 (0.6-1.1)	Diastolic Function : NO 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, MILD MR
Aortic Valve	: NORMAL, MILD AR
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%
NORMAL LV DIASTOLIC FUNCTION
NO PULMONARTERY HYPERTENSION
NO REGIONAL WALL MOTION ABNORMALITIES
NO CLOTS/ PERICARDIAL EFFUSION /VEGETATION

DR. RAHUL S PATIL
CONSULTANT CARDIOLOGIST

NABH NABL No.1

UNITED HOSPITAL
Care Par Excellence
Jayanagar, Bangalore

Out Patient Record

Patient Name	**: Mrs.CHITTAMMA CHITRAJU**	**UHID**	**: UHJA23019005**
Age / Sex	: 33 Years / Female	OP NO/Reg Dt	: 24-02-2024 08:29 AM
Spouse / Father Name	: PRASHANTH D	Department	: Health check
Address	: FT NO 5, MARUTHI NILAYA 4TH B CROSS VINAYAKA LAYOUT HEBBAL	Refered By	: Corporate
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	: Dr. Vignesh

Complaints / Findings / Observations : ENT Prescription

Came for routine ENT checkup.

Investigations:

E.N.T Examination

↓

Within Normal limits.

Treatment / Care of Plan / Provisional Diagnosis :

Follow Up Advice :

DR. VIGNESH J
MBBS, DLO(MANIPAL), DNB(DELHI), FHNS(NIGERIA)
ENT, HEAD AND NECK CANCER SURGEON
REG. NO: 92095

Signature of the Doctor

NABH NABL No.1

UNITED HOSPITAL
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Jayanagar, Bangalore

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Spouse / Father Name	: PRASHANTH D	Department	:
Address	: FT NO 5, MARUTHI NILAYA 4TH B CROSS VINAYAKA LAYOUT HEBBAL	Refered By	:
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	:

Complaints / Findings / Observations :

Dr. Yoga Lakshmi SK
MBBS, MS OBG, FMAS
Consultant Obstetrician &
Gynecologist, Laparoscopy
and IVF Specialist
KMC Reg. No. 90384

Wt - 46.8
Ht - 160
Bp - 109/76.
SpO2 - 99%.
PR - 62b/m

Investigations:

Treatment / Care of Plan / Provisional Diagnosis :

Follow Up Advice :

Signature of the Doctor

NABH NABL No.1

UNITED HOSPITAL
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Address	: FT NO 5, MARUTHI NILAYA 4TH B CROSS VINAYAKA LAYOUT HEBBAL	Refered By	: Corporate
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	: Dr. Shweetha

Complaints / Findings / Observations : Ophthomology Presciptions

Investigations:

VAC 6/6 P
P4P
AR < 0

Treatment / Care of Plan / Provisional Diagnosis :

Fundus < 0

Dry : Myopia

Follow Up Advice :

Yearly once

Signature of the Doctor

24/2/24

NABH NABL No.1

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Spouse / Father Name	: PRASHANTH D	Department	: Health Check
Address	: FT NO 5, MARUTHI NILAYA 4TH B CROSS VINAYAKA LAYOUT HEBBAL	Refered By	: Corporate
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	: Dr. Anuradha

Complaints / Findings / Observations :

Regular health check up

Investigations:

Treatment / Care of Plan / Provisional Diagnosis : Adv

Iron rich Food

(1) Tab BETTER-OM 0-1-0 x 2 months BA/F

Follow Up Advice :

(2) Tab GEMCAL-XT 0-0-1 x 2 months BA/F

Medically Fit.

Signature of the Doctor

UNITED HOSPITAL
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Jayanagar, Bangalore
A Unit of United Brothers Healthcare Services Private Limited
No. 110(30), Madhavan Park Circle, 10th Main Road, 3rd Block, Jayanagar, Bangalore - 560 011. T: 080 4566 6666 E: appointment@unitedhospital.in W: www.unitedhospital.com

NABH NABL No.1

DEPARTMENT OF RADIODIAGNOSIS

Name	Chittamma Chitraju	**Date**	24/02/24
Age	33 years	**Hospital ID**	UHJA23019005
Sex	Female	**Ref.**	Health check

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and 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, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (10.1 x 3.6 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.
Left Kidney is normal in size (10.2 x 3.5 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 7.8 x 4.2 x 4.9 cms. Myometrial and endometrial echoes are normal. Endometrium measures 4.4 mm.
Right ovary is normal in size and echopattern, measures 4.2 cc.
Left ovary is could not be visualized - likely observed by bowel gas.
Both adnexa: Normal. No mass is seen.

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

IMPRESSION:

- **No definite sonological abnormality detected.**

DEPARTMENT OF RADIODIAGNOSIS

Name	Chittamma Chitraju	**Date**	24/02/24
Age	33 years	**Hospital ID**	UHJA23019005
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. Elluru Santosh Kumar
Consultant Radiologist