



7-Mar-2023 10:54:11

Manipal Hospitals, Ghaziabad

ID:

kavita  
40years  
Female

Caucasian

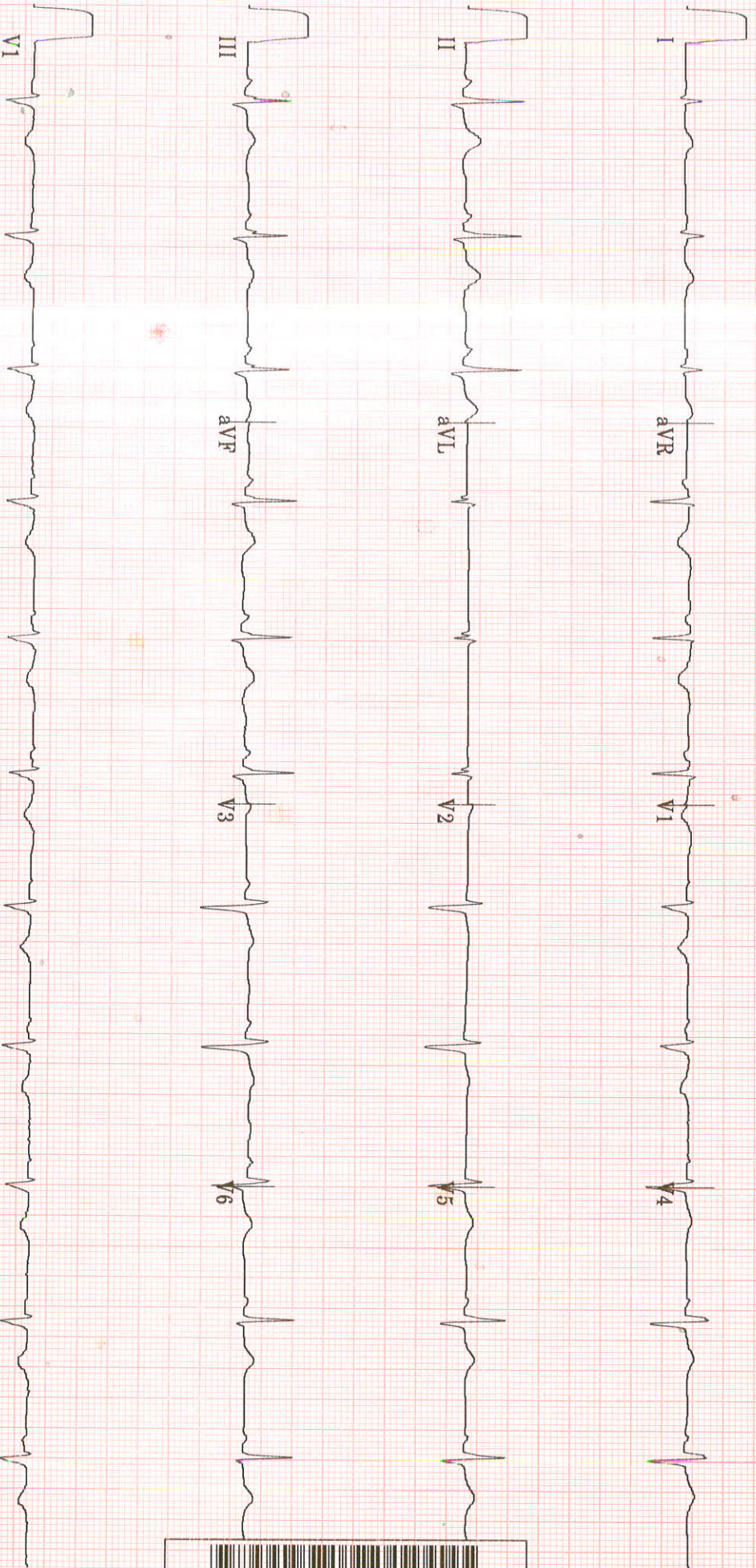
Vent. rate	68 bpm
PR interval	142 ms
QRS duration	88 ms
QT/QTc	408/433 ms
P-R-T axes	67 73 61

Normal sinus rhythm  
Normal ECG

Technician:  
Test ind:

Referred by:

Unconfirmed



20 Hz 25.0 mm/s 100 mm/mV 4 by 3.5 x 1.1 inches 13 MANAGER 0000 1001 TM 000





## TMT INVESTIGATION REPORT

Patient Name : Mrs. KAVITA	Location : Ghaziabad
Age/Sex : 40Year(s)/Female	Visit No : V0000000001-GHZB
MRN No : MH010829035	Order Date : 07/03/2023
Ref. Doctor : HCP	Report Date : 07/03/2023

<b>Protocol</b> : Bruce	<b>MPHR</b> : 180BPM
<b>Duration of exercise</b> : 4min 11sec	<b>85% of MPHR</b> : 153BPM
<b>Reason for termination</b> : THR achieved	<b>Peak HR Achieved</b> : 157BPM
<b>Blood Pressure (mmHg)</b> : Baseline BP : 140/76mmHg	<b>% Target HR</b> : 87%
Peak BP : 154/80mmHg	<b>METS</b> : 6.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	104	140/76	Nil	No ST changes seen	Nil
STAGE 1	3:00	142	146/76	Nil	No ST changes seen	Nil
STAGE 2	1:11	157	154/80	Nil	No ST changes seen	Nil
RECOVERY	3:10	85	140/80	Nil	No ST changes seen	Nil

### COMMENTS:

- No ST changes in base line ECG.
- No ST changes during exercise and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

### IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**

MD, DM (CARDIOLOGY),FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**

MD, DNB (CARDIOLOGY),MNAMS  
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## RADIOLOGY REPORT

<b>Name</b>	KAVITA	<b>Modality</b>	US
<b>Patient ID</b>	MH010829035	<b>Accession No</b>	R5251211
<b>Gender/Age</b>	F / 40Y 7M 2D	<b>Scan Date</b>	07-03-2023 09:49:08
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	07-03-2023 10:54:34

**USG ABDOMEN & PELVIS****FINDINGS**

LIVER: appears enlarged in size (measures 153 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 90 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11.2 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.8 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 99 x 42 mm.

Left Kidney: measures 100 x 47 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

UTERUS: Uterus is anteverted, bulky in size (measures 104 x 54 x 31 mm) but normal in shape and shows coarse myometrial echotexture. Endometrial thickness measures 7.5 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 32 x 28 x 21 mm with volume 9.7 cc.

Left ovary measures 24 x 23 x 13 mm with volume 3.6 cc.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Hepatomegaly with diffuse grade II fatty infiltration in liver.**

**-Bulky uterus with coarse myometrial echotexture.**

Recommend clinical correlation.

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## RADIOLOGY REPORT

<b>Name</b>	KAVITA	<b>Modality</b>	US
<b>Patient ID</b>	MH010829035	<b>Accession No</b>	R5251211
<b>Gender/Age</b>	F / 40Y 7M 2D	<b>Scan Date</b>	07-03-2023 09:49:08
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	07-03-2023 10:54:34



Dr. Monica Shekhawat, MBBS,DNB,  
Consultant Radiologist, Reg No MCI 11 10887

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## RADIOLOGY REPORT

<b>Name</b>	KAVITA	<b>Modality</b>	DX
<b>Patient ID</b>	MH010829035	<b>Accession No</b>	R5251210
<b>Gender / Age</b>	F / 40Y 7M 2D	<b>Scan Date</b>	07-03-2023 08:58:07
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	07-03-2023 10:16:51

## XR- CHEST PA VIEW

**FINDINGS:***Subinspiratory film*

LUNGS: Normal.

TRACHEA: Normal.

CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal.

HEART: There is cardiomegaly

RIGHT HEART BORDER: Normal.

LEFT HEART BORDER: Normal.

PULMONARY BAY: Normal.

PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal.

VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal.

VISUALIZED NECK: Normal.

**IMPRESSION:****Cardiomegaly***Please correlate clinically*

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## RADIOLOGY REPORT

<b>Name</b>	KAVITA	<b>Modality</b>	DX
<b>Patient ID</b>	MH010829035	<b>Accession No</b>	R5251210
<b>Gender/Age</b>	F / 40Y 7M 2D	<b>Scan Date</b>	07-03-2023 08:58:07
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	07-03-2023 10:16:51



Dr. Prabhat Prakash Gupta,  
MBBS,DNB,MNAMS,FRCR(I)  
Consultant Radiologist, Reg no DMC/R/14242

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## LABORATORY REPORT

Name : MRS KAVITA Age : 40 Yr(s) Sex: Female  
 Registration No : MH010829035 Lab No : 32230302619  
 Patient Episode : H18000000306 Collection Date : 07 Mar 2023 13:22  
 Referred By : HEALTH CHECK MGD Reporting Date : 07 Mar 2023 14:55  
 Receiving Date : 07 Mar 2023 13:50

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.30	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.32	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.760	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 affect TSH results.

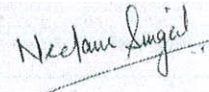
\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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



Dr. Neelam Singal  
 CONSULTANT BIOCHEMISTRY



## LABORATORY REPORT

Name : MRS KAVITA Age : 40 Yr(s) Sex : Female  
 Registration No : MH010829035 Lab No : 202303000591  
 Patient Episode : H18000000306 Collection Date : 07 Mar 2023 08:42  
 Referred By : HEALTH CHECK MGD Reporting Date : 07 Mar 2023 14:52  
 Receiving Date : 07 Mar 2023 08:42

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
<b>RBC COUNT (IMPEDENCE)</b>	5.06 #	millions/cu mm	[3.80-4.80]
HEMOGLOBIN	13.1	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.4	%	[36.0-46.0]
MCV (DERIVED)	83.8	fL	[83.0-101.0]
<b>MCH (CALCULATED)</b>	25.9 #	pg	[27.0-32.0]
<b>MCHC (CALCULATED)</b>	30.9 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.8	%	[11.6-14.0]
Platelet count	278	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	10.2		
WBC COUNT (TC) (IMPEDENCE)	8.14	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	68.0	%	[40.0-80.0]
Lymphocytes	26.0	%	[17.0-45.0]
Monocytes	5.0	%	[2.0-10.0]
<b>Eosinophils</b>	1.0 #	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	15.0	/1sthour	[0.0-



## LABORATORY REPORT

<b>Name</b> :	MRS KAVITA	<b>Age</b> :	40 Yr(s) Sex Female
<b>Registration No</b> :	MH010829035	<b>Lab No</b> :	202303000591
<b>Patient Episode</b> :	H18000000306	<b>Collection Date</b> :	07 Mar 2023 08:42
<b>Referred By</b> :	HEALTH CHECK MGD	<b>Reporting Date</b> :	07 Mar 2023 16:41
<b>Receiving Date</b> :	07 Mar 2023 08:42		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
<b>HbA1c (Glycosylated Hemoglobin)</b>	6.0 #	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk )5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	126	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 LIPID PROFILE

<b>Serum TOTAL CHOLESTEROL</b>	217 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	142	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	57.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	28	mg/dl	[0-35]
<b>CHOLESTEROL, LDL, CALCULATED</b>	132.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

## LABORATORY REPORT

Name : MRS KAVITA Age : 40 Yrs Sex : Female

Registration No : MH010829035 Lab No : 202303000591  
 Patient Episode : H18000000306 Collection Date : 07 Mar 2023 08:42  
 Referred By : HEALTH CHECK MGD Reporting Date : 07 Mar 2023 15:06  
 Receiving Date : 07 Mar 2023 08:42

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.3		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.

### KIDNEY PROFILE

Specimen: Serum			
UREA	28.0	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	13.1	mg/dl	[8.0-20.0]
Method: Calculated			
<b>CREATININE, SERUM</b>	<b>0.45 #</b>	<b>mg/dl</b>	<b>[0.70-1.20]</b>
Method: Jaffe rate-IDMS Standardization			
<b>URIC ACID</b>	<b>3.8 #</b>	<b>mg/dl</b>	<b>[4.0-8.5]</b>
Method:uricase PAP			
SODIUM, SERUM	137.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.44	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.6	mmol/l	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	125.7	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 to 1.73 sq.m BSA and is not applicable to individuals below 18 years.



## LABORATORY REPORT

<b>Name</b>	: MRS KAVITA	<b>Age</b>	: 40 Yrs) Sex :Female
<b>Registration No</b>	: MH010829035	<b>Lab No</b>	: 202303000591
<b>Patient Episode</b>	: H18000000306	<b>Collection Date</b>	: 07 Mar 2023 08:42
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 07 Mar 2023 15:06
<b>Receiving Date</b>	: 07 Mar 2023 08:42		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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.

#### LIVER FUNCTION TEST

BILIRUBIN - TOTAL <i>Method: D P D</i>	1.07	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.15	mg/dl	[0.00-0.30]
<b>INDIRECT BILIRUBIN (SERUM)</b> <i>Method: Calculation</i>	<b>0.92 #</b>	<b>mg/dl</b>	<b>[0.10-0.30]</b>
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.16	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.25		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	16.00	U/L	[0.00-40.00]
<b>ALT (SGPT) (SERUM)</b> <i>Method: IFCC W/O P5P</i>	<b>10.00 #</b>	<b>U/L</b>	<b>[14.00-54.00]</b>
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	85.0	IU/L	[40.0-98.0]

## LABORATORY REPORT

**Name** : MRS KAVITA **Age** : 40 Yrs Sex Female  
**Registration No** : MH010829035 **Lab No** : 202303000591  
**Patient Episode** : H18000000306 **Collection Date** : 07 Mar 2023 08:42  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 07 Mar 2023 15:06  
**Receiving Date** : 07 Mar 2023 08:42

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	22.0		[7.0-50.0]

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

**Blood Group & Rh typing** AB Rh(D) Positive

**Technical note:**

*ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.*

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



**Dr. Alka Dixit Vats**  
**Consultant Pathologist**



## LABORATORY REPORT

Name : MRS KAVITA Age : 40 Yr(s) Sex : Female  
Registration No : MH010829035 Lab No : 202303000592  
Patient Episode : H18000000306 Collection Date : 07 Mar 2023 08:42  
Referred By : HEALTH CHECK MGD Reporting Date : 07 Mar 2023 15:06  
Receiving Date : 07 Mar 2023 08:42

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	121.0 #	mg/dl	[70.0-110.0]

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



Dr. Alka Dixit Vats  
Consultant Pathologist

## LABORATORY REPORT

<b>Name</b> :	MRS KAVITA	<b>Age</b> :	40 Yr(s) Sex :Female
<b>Registration No</b> :	MH010829035	<b>Lab No</b> :	202303000593
<b>Patient Episode</b> :	H18000000306	<b>Collection Date</b> :	07 Mar 2023 13:24
<b>Referred By</b> :	HEALTH CHECK MGD	<b>Reporting Date</b> :	07 Mar 2023 16:13
<b>Receiving Date</b> :	07 Mar 2023 13:24		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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#### PLASMA GLUCOSE

Specimen:Plasma

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS</b>	170.0 #	mg/dl	[80.0-140.0]
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Method: Hexokinase

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

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



**Dr. Alka Dixit Vats**  
Consultant Pathologist