

nikky kumari

ID:

25-Mar-2023

11:50:25

Manipal Hospitals, Ghazabad

33years  
Female Asian

Vent. rate	70 bpm
PR interval	136 ms
QRS duration	72 ms
QT/QTc	374/403 ms
P-R-T axes	77 92 74

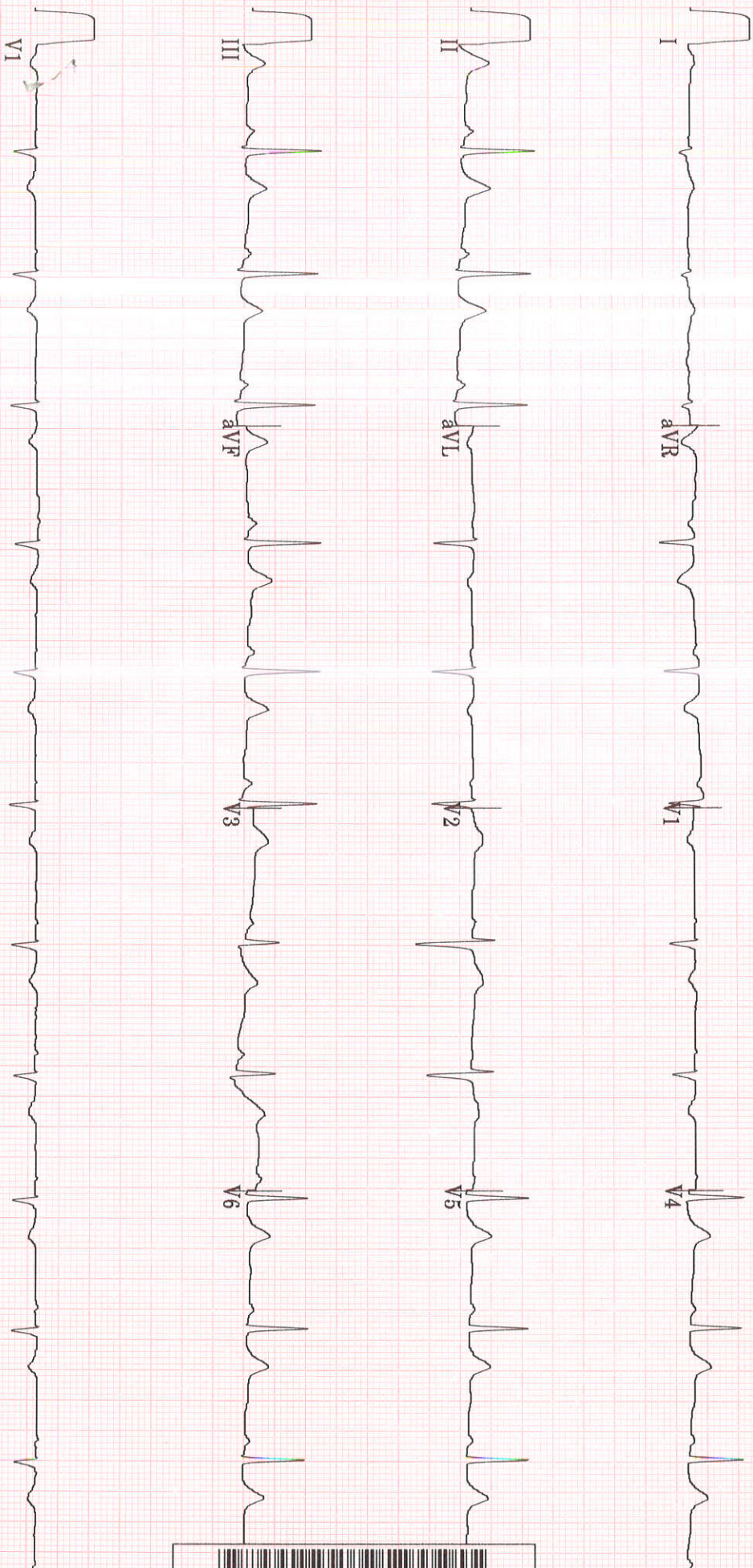
Normal sinus rhythm  
Rightward axis  
Borderline ECG

*(Handwritten signature)*

Technician:  
Test ind:

Referred by: hcp

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm 1d

MAC35 009C

12SL™ V239





## TMT INVESTIGATION REPORT

Patient Name : Mrs Nikky KUMARI	Location : Ghaziabad
Age/Sex : 33Year(s)/Female	Visit No : V000000001-GHZZ
MRN No	Order Date : 25/03/2023
Ref. Doctor : HCP	Report Date : 25/03/2023

**Protocol** : Bruce **MPHR** : 187BPM  
**Duration of exercise** : 6min 33sec **85% of MPHR** : 158BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 184BPM  
**Blood Pressure (mmHg)** : Baseline BP : 110/70mmHg **% Target HR** : 98%  
Peak BP : 130/74mmHg **METS** : 7.9METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	114	110/70	Nil	No ST changes seen	Nil
STAGE 1	3:00	137	120/70	Nil	No ST changes seen	Nil
STAGE 2	3:00	175	130/74	Nil	No ST changes seen	Nil
STAGE 3	0:33	184	130/74	Nil	No ST changes seen	Nil
RECOVERY	3:13	109	120/70	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  
Sr. Consultant Cardiology**Dr. Sudhanshu Mishra**MD  
Cardiology Registrar

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RADIOLOGY REPORT

Name	Niky KUMARI	Modality	US
Patient ID	MH010871683	Accession No	R5330167
Gender/Age	F / 33Y 1M 17D	Scan Date	25-03-2023 11:39:06
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	25-03-2023 11:59:36

**USG ABDOMEN & PELVIS**

**FINDINGS**

LIVER: appears enlarged in size (measures 160 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 85 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.5 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.5 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 93 x 33 mm.

Left Kidney: measures 98 x 41 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, normal in size (measures 73 x 42 x 41 mm), shape and echotexture.

Endometrial thickness measures 7.6 mm. Cervix appears normal.

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

Right ovary measures 32 x 32 x 17 mm with volume 9.2 cc.

Left ovary measures 24 x 23 x 15 mm with volume 4.2 cc.

Bilateral adnexa is clear.

Trace free fluid seen in cul-de-sac.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

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

Recommend clinical correlation.

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**RADIOLOGY REPORT**

<b>Name</b>	Nikky KUMARI	<b>Modality</b>	US
<b>Patient ID</b>	MH010871683	<b>Accession No</b>	R5330167
<b>Gender/Age</b>	F / 33Y 1M 17D	<b>Scan Date</b>	25-03-2023 11:39:06
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	25-03-2023 11:59:36

*Monica*

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

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RADIOLOGY REPORT

Name	Nikky KUMARI	Modality	DX
Patient ID	MH010871683	Accession No	R5330166
Gender / Age	F / 33Y 1M 17D	Scan Date	25-03-2023 10:36:34
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	25-03-2023 10:45:35

XR- CHEST PA VIEW

**FINDINGS:**

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
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:**

**-No significant abnormality noted.**

*Recommend clinical correlation.*



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

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## LABORATORY REPORT

<b>Name</b>	: MRS NIKKY KUMARI	<b>Age</b>	: 33 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871683	<b>Lab No</b>	: 202303002495
<b>Patient Episode</b>	: H18000000376	<b>Collection Date</b>	: 25 Mar 2023 14:28
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 15:29
<b>Receiving Date</b>	: 25 Mar 2023 14:28		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	84.0	mg/dl	[80.0-140.0]
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

## LABORATORY REPORT

<b>Name</b>	: MRS NIKKY KUMARI	<b>Age</b>	: 33 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871683	<b>Lab No</b>	: 32230309958
<b>Patient Episode</b>	: H18000000376	<b>Collection Date</b>	: 25 Mar 2023 20:58
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 26 Mar 2023 08:10
<b>Receiving Date</b>	: 25 Mar 2023 21:11		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.24	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	9.27	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	3.060	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		

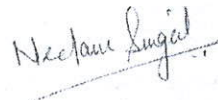
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

\* 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

<b>Name</b>	: MRS NIKKY KUMARI	<b>Age</b>	: 33 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871683	<b>Lab No</b>	: 202303002493
<b>Patient Episode</b>	: H18000000376	<b>Collection Date</b>	: 25 Mar 2023 10:09
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 13:13
<b>Receiving Date</b>	: 25 Mar 2023 10:09		

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.27	millions/cu mm	[3.80-4.80]
<b>HEMOGLOBIN</b>	9.9 #	<b>g/dl</b>	<b>[12.0-16.0]</b>
Method:cyanide free SLS-colorimetry			
<b>HEMATOCRIT (CALCULATED)</b>	33.4 #	%	[36.0-46.0]
<b>MCV (DERIVED)</b>	78.2 #	fL	[83.0-101.0]
<b>MCH (CALCULATED)</b>	23.2 #	pg	[27.0-32.0]
<b>MCHC (CALCULATED)</b>	29.6 #	g/dl	[31.5-34.5]
<b>RDW CV% (DERIVED)</b>	17.1 #	%	[11.6-14.0]
Platelet count	250	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	12.3		
WBC COUNT (TC) (IMPEDEANCE)	5.00	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	60.0	%	[40.0-80.0]
Lymphocytes	33.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
<b>Eosinophils</b>	1.0 #	%	<b>[2.0-7.0]</b>
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	40.0 #	<b>/1sthour</b>	<b>[0.0-</b>



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<b>Patient Episode</b>	: H18000000376	<b>Collection Date</b>	: 25 Mar 2023 10:09
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 17:23
<b>Receiving Date</b>	: 25 Mar 2023 10:09		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
<b>HbA1c (Glycosylated Hemoglobin)</b>	5.7 #	%	[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)	117	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.

### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

#### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

#### CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

## LABORATORY REPORT

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<b>Patient Episode</b>	: H18000000376	<b>Collection Date</b>	: 25 Mar 2023 14:21
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 15:38
<b>Receiving Date</b>	: 25 Mar 2023 14:21		

### CLINICAL PATHOLOGY

#### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

#### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	148	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	68	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	44.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	14	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	90.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	3.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.0		<3 Optimal 3-4 Borderline >6 High Risk

Note:

## LABORATORY REPORT

<b>Name</b>	: MRS NIKKY KUMARI	<b>Age</b>	: 33 Yr(s) Sex :Female
<b>Registration No</b>	: MH010871683	<b>Lab No</b>	: 202303002493
<b>Patient Episode</b>	: H18000000376	<b>Collection Date</b>	: 25 Mar 2023 10:09
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Mar 2023 13:05
<b>Receiving Date</b>	: 25 Mar 2023 10:09		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Reference ranges based on ATP III Classifications.

#### KIDNEY PROFILE

Specimen: Serum

UREA	21.1	mg/dl	[15.0-40.0]
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Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN	9.9	mg/dl	[8.0-20.0]
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Method: Calculated

CREATININE, SERUM	0.59 #	mg/dl	[0.70-1.20]
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Method: Jaffe rate-IDMS Standardization

URIC ACID	3.4 #	mg/dl	[4.0-8.5]
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Method:uricase PAP

SODIUM, SERUM	137.10	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.22	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	105.6	mmol/l	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	120.8	ml/min/1.73sq.m	[>60.0]
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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. 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.

## LABORATORY REPORT

**Name** : MRS NIKKY KUMARI  
**Registration No** : MH010871683  
**Patient Episode** : H1800000376  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 25 Mar 2023 10:09

**Age** : 33 Yr(s) Sex :Female  
**Lab No** : 202303002493  
**Collection Date** : 25 Mar 2023 10:09  
**Reporting Date** : 25 Mar 2023 13:05

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.72	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.15	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.57	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.16	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.32		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	21.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	14.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	63.0	IU/L	[40.0-98.0]
GGT	11.0		[7.0-50.0]

## LABORATORY REPORT

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<b>Registration No</b>	: MH010871683	<b>Lab No</b>	: 202303002494
<b>Patient Episode</b>	: H18000000376	<b>Collection Date</b>	: 25 Mar 2023 10:09
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<b>Receiving Date</b>	: 25 Mar 2023 10:09		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma			
GLUCOSE, FASTING (F) Method: Hexokinase	99.0	mg/dl	[70.0-110.0]

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



**Dr. Charu Agarwal**  
Consultant Pathologist