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		MANY AND WEST WORKS	1 × 90 mg _4 90 l	. 400

NAME	, ARADHANA SINGH	STUDY DATE	27/05/2023 10:49AM
AGE / SEX	44 y / F	HOSPITAL NO.	MH008883328
ACCESSION NO.	R5592804	MODALITY	US
REPORTED ON	27/05/2023 11:21AM	REFERRED BY	HEALTH CHECK MGD

### **USG ABDOMEN & PELVIS**

#### **FINDINGS**

LIVER: Liver is normal in size (measures 125 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 94 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.7 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.0 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 96 x 44 mm. It shows a concretion measuring 2.9 mm at mid calyx. Left Kidney: measures 97 x 38 mm. It shows a concretion measuring 3.2 mm at upper calyx.

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 and shape but shows coarse myometrial echotexture. Endometrium is thickened and echogenic, measuring 10.1 mm, suggesting endometrial hyperplasia. Cervix: Normal and shows few nabothian cysts within with the largest one measuring 11 X 7 mm.

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

Right ovary measures 31 x 27 x 14 mm with volume 6.0 cc. Left ovary measures 28 x 26 x 12 mm with volume 4.4 cc.

BOWEL: Visualized bowel loops appear normal.

### **IMPRESSION**

- Bilateral renal concretions.
- Coarse myometrial echotexture of uterus.
- Thickened and echogenic endometrium suggesting endometrial hyperplasia.

ADV: US-TVS for better assessment of uterus and bilateral adnexa.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

**CONSULTANT RADIOLOGIST** 

Maria.

\*\*\*\*\*End Of Report\*\*\*\*\*

**MANIPAL HOSPITALS** 

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

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# RADIOLOGY REPORT

ARADHANA SINGH	STUDY DATE	27/05/2023 9:49AM
44 y / F	HOSPITAL NO	MH008883328
R5592803		CR
27/05/2023 5:48PM		HEALTH CHECK MGD
	44 y / F	44 y / F HOSPITAL NO. R5592803 MODALITY

### 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 seen.

Please correlate clinically

Dr. Jai Hari Agarwal MD

**CONSULTANT RADIOLOGIST** 

\*\*\*\*\*\*End Of Report\*\*\*\*\*



Name	: ARADHANA SLABORATORY F	REPORT Age	: 44 Yr(s) Sex :Female
Registration No	: MH008883328	Lab No	: 32230110563
Patient Episode	: H18000000590	Collection	Date: 29 Jan 2023 15:36
Referred By Receiving Date	: HEALTH CHECK MGD : 29 Jan 2023 15:47	Reporting	Date: 30 Jan 2023 10:15
TEST	BIOCHEMI		OLOGICAL REFERENCE INTEI
Test Name	Result	Unit	Biological Ref. Inte
LIPASE, Serum	18	IU/L	[0-60]
	END OF REPORT-		Page1 of 19

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY

Neelan Lugal



Name		ARADHANA SLABORATORY REPORT	Age		44 Yr(s) Sex :Female
Registration No	:	MH008883328	Lab No	:	32230509553
Patient Episode	:	H18000000590	Collection Da	ate :	27 May 2023 13:38
Referred By Receiving Date	;	HEALTH CHECK MGD 27 May 2023 13:53	Reporting Da	ate :	27 May 2023 15:20

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.46	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	9.47	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.090	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

. Neelan Ingal



LABORATORY REPORT Name Registration No MH008883328

Lab No 202301003038

Patient Episode

H18000000590

**Collection Date:** 

28 Jan 2023 14:31

Referred By

HEALTH CHECK MGD

Reporting Date:

28 Jan 2023 17:40

**Receiving Date** 

28 Jan 2023 14:31

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

SpecimenType : serum

SERUM CREATININE (mod.Jaffe)

0.60 #

mg/dl

[0.70-1.20]

\*eGFR

111.2

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 to1.73 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.

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

Dr. Alka Dixit Vats Consultant Pathologist



Name		ARADHANA LABORATORY REPORT	Age		44 Yr(s) Sex :Female
Registration No	:	MH008883328	Lab No	:	202301003105
Patient Episode	:	H18000000590	Collection D	ate :	29 Jan 2023 05:53
Referred By Receiving Date	:	HEALTH CHECK MGD 29 Jan 2023 05:53	Reporting D	ate:	30 Jan 2023 10:08

RESULT

TEST

### **BIOCHEMISTRY**

UNIT

Specimen : Serum  AMYLASE, TOTAL  Method: CNPG3	35.0 #	U/L	[36.0-128.0]
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.07	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.17	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM)  Method: Calculation	0.90	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.18	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.90 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.07	,	[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	46.00 #	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	33.00	U/L	[14.00-54.00]

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BIOLOGICAL REFERENCE INTERVAL



# LABORATORY REPORT

Name : ARADHANA SINGH Age : 44 Yr(s) Sex : Female

Registration No : MH008883328 Lab No : 32230509553

Patient Episode : H18000000590 Collection Date : 27 May 2023 13:38

Referred By : HEALTH CHECK MGD Reporting Date : 27 May 2023 15:20

Receiving **Date** : 27 May 2023 13:53

**BIOCHEMISTRY** 

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.46	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	9.47	μg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.090	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

11000

CONSULTANT BIOCHEMISTRY



# LABORATORY REPORT

Name

ARADHANA SINGH

Age

44 Yr(s) Sex :Female

**Registration No** 

MH008883328

Lab No

000000000

**Patient Episode** 

H18000000590

202301003105

D. f. ......

H18000000590

**Collection Date:** 

29 Jan 2023 05:53

Referred By

HEALTH CHECK MGD

Reporting Date:

30 Jan 2023 10:18

Receiving Date : 29 Jan 2023 05:53

SEROLOGY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

C-Reactive Protein (Quantitative)

C-REACTIVE PROTEIN

2

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[<5

Method: Immunoturbidimetric

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END OF REPORT-

Dr. Charu Agarwal Consultant Pathologist

MANIPAL HOSPITALS
NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002
www.manipalhospitals.com

This report is subject to the terms and conditions mentioned overleaf



LIFE'S ON

# LABORATORY REPORT

ARADHANA SINGH Name

44 Yr(s) Sex :Female Age

**Registration No** 

MH008883328

202305003278

**Patient Episode** 

Lab No

H18000000590

**Collection Date:** 

27 May 2023 10:11

Referred By

HEALTH CHECK MGD

**Reporting Date:** 

27 May 2023 12:45

**Receiving Date** 

27 May 2023 10:11

### **CLINICAL PATHOLOGY**

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

### MACROSCOPIC DESCRIPTION

PALE YELLOW Colour

(Pale Yellow - Yellow)

Appearance

CLEAR

Reaction[pH] Specific Gravity 5.0 1.015 (4.6-8.0)

(1.003-1.035)

## CHEMICAL EXAMINATION

Protein/Albumin

(NEGATIVE)

CLIMP ALPSTING DRAW

Glucose

NIL

(NIL)

Ketone Bodies Urobilinogen

Negative Normal

(NEGATIVE) (NORMAL)

## MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells

RBC

NIL

(0-2/hpf)

Epithelial Cells

0-1

CASTS Crystals NIL

OTHERS

NIL NIL

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

/hpf

Dr. Alka Dixit Vats **Consultant Pathologist** 

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002 www.manipalhospitals.com

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Name	: ARADHANA SI	ABORATORY RI	EPORT Age	
Registration No	: MH008883328		Section (19)	: 44 Yr(s) Sex Female
Patient Episode	: H18000000590		Lab No	: 202301003105
Referred By	: HEALTH CHECK	ZMCD	Collection D	ate: 29 Jan 2023 05:53
Receiving Date	: 29 Jan 2023 05:53		Reporting D	ate: 30 Jan 2023 10:08
		•		
		BIOCHEMIS	TDV	
TEST				
		RESULT	UNIT BIO	LOGICAL REFERENCE INTERVAL
Serum Alkaline Method: AMP BU	Phosphatase FFER IFCC)	155.0 #	IU/L	[40.0-98.0]
GGT		22.0		[7.0-50.0]
KIDNEY PROFILE	oturbidimetric	3	mg/L	[<5]
Specimen: Serum UREA Method: GLDH, K	inatic assav	12.2 #	mg/dl	[15.0-40.0]
BUN, BLOOD UREA Method: Calcula	NITROGEN	5.7 #	mg/dl	[8.0-20.0]
CREATININE, SERV Method: Jaffe ra	<b>UM</b> ate-IDMS Standard	0.61 # dization	mg/dl	[0.70-1.20]
URIC ACID Method:uricase	PAP	3.8 #	mg/dl	[4.0-8.5]
SODIUM, SERUM		135.10 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM SERUM CHLORIDE	1	4.09	mmol/L	[3.60-5.10]
Method: ISE Indi	irect	100.3 #	mmo1/1	[101.0-111.0]
eGFR (calculated Technical Note		110.6	ml/min/1.73sq	
witten is bi	imarily based on	Serum Creatinine	is a derivation	of CKD-EPI 2009

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Name : ARADHANA SLABORATORY REPORT Age : 44 Yr(s) Sex : Female

Registration No : MH008883328

Lab No

202301003105

Patient Episode

H18000000590

**Collection Date:** 

29 Jan 2023 05:53

Referred By

: HEALTH CHECK MGD

Reporting Date:

30 Jan 2023 10:08

**Receiving Date** 

29 Jan 2023 05:53

**BIOCHEMISTRY** 

TEST RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL 310

equation normalized to1.73 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: A Icterus / Lipemia.

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Dr. Charu Agarwal Consultant Pathologist