MEDICOVER HOSPITALS

MEDICOVER HOSPITALS

MEDICAL HEALTH CHECK- UP ASSESMENT FORM

NAME : Mr / Mrs Monika Asthana------- DATE: 15/03/24

AGE : 44Y SEX: Male/ Female ✓

NMU: NMU000 47969 DOCTOR'S NAME: Health package.

TEMP :	96 °f	BP :	110/60 mmH
PULSE :	95 b/m	HEIGHT :	147 c
RR :	20 b/m	WEIGHT :	52.3 k
SPO2 :	97 %	HGT:	—

REMARK:

MEDICOVER HOSPITALS
NAVI MUMBAI

DEPARTMENT OF LABORATORY

Patient Name	: Mrs. MONIKA ASTHANA	**Age /Gender**	: 44 Y(s)/Female
Bill No/ UMR No	: NMBC61967/NMU0047969	**Referred By**	: Dr. DMO
Received Dt	: 15-Mar-24 09:49 am	**Report Date**	: 15-Mar-24 02:32 pm

FINAL REPORT

Parameters	Specimen	Result	Biological Reference Intervals	Method
CUE(COMPLETE URINE EXAMINATION)				
PHYSICAL EXAMINATION				
VOLUME	Urine	30 ml		
COLOUR		PALE YELLOW	PALE YELLOW	
APPEARANCE		SLIGHTLY HAZY	CLEAR	
DEPOSIT		ABSENT	ABSENT	
CHEMICAL EXAMINATION				
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	Dipstick/Benedict's test
UROBILINOGEN		NORMAL	NORMAL	Dipstick
KETONE		NEGATIVE	NEGATIVE	Dipstick/Rothera's Nitroprusside test.
BLOOD		NEGATIVE	NEGATIVE	Dipstick/Microcsopy
BILIRUBIN		NEGATIVE	NEGATIVE	Dipstick/Fouchet's test
BILE SALT		NEGATIVE	NEGATIVE	Hay's sulpher powder test
BILE PIGMENT		NEGATIVE	NEGATIVE	Fouchet test
NITRITE		NEGATIVE	NEGATIVE	Dipstick
LEUCOCYTE ESTERASE		NEGATIVE	NEGATIVE	
MICROSCOPIC EXAMINATION				
PUS CELLS	Urine	Occasional	0 - 5 /hpf	
RBC		NIL	0 - 5 /hpf	
EPITHELIAL CELLS		Occasional	0 - 5 /hpf	
CRYSTALS		NIL	NIL	
CASTS		NIL	NIL	
BACTERIA		ABSENT		MICROSCOPIC EXAMINATION
YEAST		ABSENT		MICROSCOPIC EXAMINATION
AMORPHOUS DEPOSITS		ABSENT		MICROSCOPIC EXAMINATION
SPERMATOZOA				MICROSCOPIC EXAMINATION
MUCUS THREAD		ABSENT		MICROSCOPIC EXAMINATION

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Parameters	Specimen	Result	Biological Reference In	Method
NOTE		Microscopic examination of urine is carried out on centrifuged urinary sediment.		

*** End Of Report ***

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DEPARTMENT OF LABORATORY

Patient Name	: Mrs. MONIKA ASTHANA	**Age /Gender**	: 44 Y(s)/Female
Bill No/ UMR No	: NMBC61967/NMU0047969	**Referred By**	: Dr. DMO
Received Dt	: 15-Mar-24 09:49 am	**Report Date**	: 15-Mar-24 01:08 pm

FINAL REPORT

Parameter	Specimen	Result Values	Biological Reference	Method
COMPLETE BLOOD COUNT				
RBC				
R B C COUNT	Blood	4.69	3.8 - 4.8 10^6/µL	
HEMOGLOBIN		12.6	12.0 - 15.0 g/dl	
PCV/HCT		38.8	40 - 50 % 36 - 46 %	
MCV		83	83 - 101 fl 83 - 101 fl	
MCH		26.8	27 - 32 pg	
MCHC		32.4	31.5 - 34.5 g/dL	
RDW(cv)		14.6	11.6 - 14.0 %	
PLATELETS				
PLATELET COUNT	Blood	126	150 - 400 10^3/µL	
MPV		11.5	7.5 - 11.5 fl	
WBC				
TC (TOTAL LEUCOCYTE COUNT)	Blood	4.6	4.0 - 11.0 10^3/µl	
DIFFERENTIAL COUNT				
NEUTROPHILS	Blood	53	40 - 80 %	
LYMPHOCYTES		37	20 - 40 %	
MONOCYTES		08	02 - 10 %	
EOSINOPHILS		02	00 - 06 %	
BASOPHILS		00	00 - 01 %	
PERIPHERAL SMEAR EXAMINATION		:		
RBC		Mild anisopoikilocytosis. Predominantly normocytic normochromic with microcytes and ovalocytes.		
WBC		Normal morphology.		
PLATELETS		Mildly reduced in smear.		
ESR	CITRATED BLOOD	35	0 - 20 mm/1st hour	WESTERGREN`S METHOD

*** End Of Report ***

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Patient Name	: Mrs. MONIKA ASTHANA	**Age /Gender**	: 44 Y(s)/Female
Bill No/ UMR No	: NMBC61967/NMU0047969	**Referred By**	: Dr. DMO
Received Dt	: 15-Mar-24 09:49 am	**Report Date**	: 15-Mar-24 01:08 pm

Parameters	Specimen	Result	Biological Reference In	Method

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DEPARTMENT OF LABORATORY

Patient Name	: Mrs. MONIKA ASTHANA	**Age /Gender**	: 44 Y(s)/Female
Bill No/ UMR No	: NMBC61967/NMU0047969	**Referred By**	: Dr. DMO
Received Dt	: 15-Mar-24 09:49 am	**Report Date**	: 15-Mar-24 12:33 pm

FINAL REPORT

Parameters	Specimen	Result	Biological Reference Intervals	Method
SERUM ELECTROLYTES				
SERUM SODIUM		139	136 - 145 mmol/L	ISE INDIRECT
SERUM POTASSIUM		4.2	3.5 - 5.1 mmol/L	ISE INDIRECT
SERUM CHLORIDES		102	98 - 107 mmol/L	ISE INDIRECT
T3,T4 AND TSH				
T3		137.8	70 - 204 ng/dL	Method : ECLIA
T4		9.66	5.1 - 14.1 ug/dL	Method : ECLIA
TSH(THYROID STIMULATING HORMONE)		4.46	0.270 - 4.20 uIU/mL	Method : ECLIA
SERUM CREATININE				
CREATININE		0.47	0.6 - 1.2 mg/dl	Method : jaffe
BUN / CREATININE RATIO				
BUN (Blood Urea Nitrogen.)		7	7.0 - 21.0 mg/dL	Calculated
SERUM CREATININE		0.47	0.6 - 1.2 mg/dL	
BUN / CREATININE RATIO		14.9	10 - 20	
LFT(LIVER FUNCTION TEST)				
TOTAL BILIRUBIN		0.3	< 1.2 mg/dL	Method : Diazo Method
DIRECT BILIRUBIN		0.1	<= 0.20 mg/dL	Method: Diazo Method
INDIRECT BILIRUBIN		0.2	<= 1.0 mg/dL	
SGPT (ALT)		44	<= 33 U/L	Method : UV without P5P
SGOT (AST)		24	<= 32 U/L	Method : UV without P5P
ALKALINE PHOSPHATASE (ALP)		125	40 - 129 U/L 35 - 105 U/L	
TOTAL PROTEINS		7.2	6.0 - 8.0 g/dL	Method : Biuret method
SERUM ALBUMIN		4.2	3.5 - 5.2 g/dL	Method : Bromcresol Green (BCG)
GLOBULINS		3.0	2.5 - 3.5 g/dL	
A/G RATIO		1.4	1.2 - 2.5	
GAMMA GLUTAMYL TRANSFERASE(GGT)		26	6 - 42 U/L	Method : G-glutamyl-carboxy-nitroanilide - IFCC Ref.
BUN(BLOOD UREA NITROGEN)				
BUN (Blood Urea Nitrogen.)		7	7.0 - 21.0 mg/dL	Calculated

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DEPARTMENT OF LABORATORY

Patient Name	: Mrs. MONIKA ASTHANA	**Age /Gender**	: 44 Y(s)/Female
Bill No/ UMR No	: NMBC61967/NMU0047969	**Referred By**	: Dr. DMO
Received Dt	: 15-Mar-24 09:49 am	**Report Date**	: 15-Mar-24 01:15 pm

Parameter	Specimen	Result Values	Biological Reference	Method
TOTAL PROTEIN				
TOTAL PROTEINS		7.2	6.0 - 8.0 g/dL	Method : Biuret method
LIPID PROFILE				
TOTAL CHOLESTEROL		171	Desirable : : < 200 mg/dL Borderline High : : 200 - 239 mg/dL High risk : > 240 mg/dL	METHOD : Enzymatic colorimetric
HDL CHOLESTEROL		39	Low : : < 40 mg/dL High : : > 60 mg/dL	Homogeneous enzymatic colorimetric
LDL CHOLESTEROL		118	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		16		
SERUM TRYGLYCERIDES		90	< 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL	METHOD: Enzymatic colorimetric
CHO/HDL RATIO		4.38	Normal : - < 3.5 High Risk : - > 5.0	
LDL/HDL RATIO		3.03		
SERUM URIC ACID		2.9	2.4 - 5.7 mg/dL	uricase
FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE)				
FASTING BLOOD GLUCOSE		327	Normal Range : 70 - 99 mg/dL	Hexokinase
HBA1C (GLYCOSYLATED HAEMOGLOBIN)				
HBA1C		12.4	< 5.7 Normal Prediabetic 5.7 - 6.4 & >/=6.5 Diabetic %	TINIA
MPG(Mean Plasma Glucose)		309	Excellent Control 90 - 120 mg/dL	Derived from HBA1c value
PLBS (POST LUNCH BLOOD SUGAR WITH URINE SUGAR)				
PLBS (POST LUNCH BLOOD GLUCOSE)		447	110 - 180 mg/dL	Hexokinase
URINE SUGAR		+++		Dipstick

*** End Of Report ***

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MEDICOVER HOSPITALS
NAVI MUMBAI

DEPARTMENT OF LABORATORY

Patient Name	: Mrs. MONIKA ASTHANA	**Age /Gender**	: 44 Y(s)/Female
Bill No/ UMR No	: NMBC61967/NMU0047969	**Referred By**	: Dr. DMO
Received Dt	: 15-Mar-24 01:11 pm	**Report Date**	: 16-Mar-24 09:00 am

Parameter	Specimen	Result Values	Biological Reference	Method

Lab Incharge

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

Verified By : : 022315

Test results related only to the item tested.

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MEDICOVER HOSPITALS

Patient ID:	*NMU0047969*	*Patient Name:*	*MONIKA ASTHANA*
Age:	*44 Years*	*Sex:*	*F*
Accession Number:	*NMBC61967*	*Modality:*	*DX*
Referring Physician:	*DR.DMO*	*Study:*	*CHEST*
Study Date:	*15-Mar-2024*	*Study Time:*	*10:55:52*

X RAY CHEST PA VIEW

Both lungs are clear.

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.

Impression:

No significant abnormality is seen.

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

MEDICOVER HOSPITALS

Patient ID:	*NMU0047969*	*Patient Name:*	*MONIKA ASTHANA*
Age:	*44 Years*	*Sex:*	*F*
Accession Number:	*NMBC61967*	*Modality:*	*US*
Referring Physician:	*DR.DMO*	*Study:*	*USG ABDOMEN WHOLE*
Study Date:	*15-Mar-2024*	*Study Time:*	*12:37:30*

USG ABDOMEN & PELVIS

The Liver is normal in size (14.6cm) and shows normal echotexture. No focal lesion is seen. The Hepatic veins appear normal. There is no IHBR dilatation. The portal vein appears normal.

The gall bladder is physiologically distended with normal wall thickness. There is no evidence of gallstones. C.B.D. is of normal caliber.

The Pancreas is normal in size and echotexture.

The spleen is normal size (9.6 cm). No focal lesion is seen.

Both kidneys are normal in size, shape and echotexture. They shows normal cortical echogenicity with maintained cortico-medullary distinction.
The Right Kidney measures 10.4 x 4.0 cm.
The Left Kidney measures 10.3 x 4.7 cm.
There is no evidence of a calculus, hydronephrosis, or hydroureter.

The Urinary bladder is adequately distended and shows normal wall thickness. No evidence of any intraluminal mass or calculi.

The uterus is normal in size and echotexture. It measures 5.8 x 3.5 x 2.8 cm.
No focal lesion is seen. The Endometrial thickness is 2.0 mm.

Both ovaries could not be visualized, likely atrophic.

Visualised bowel loops are unremarkable.
There is no evidence of significant lymphadenopathy.
No ascitis is seen.

IMPRESSION:

- **No significant abnormality is seen.**

DR. ANUPKUMAR AGRAWAL
Consultant & HOD Radiology
MBBS, MD

Date: 15-Mar-2024 13:07:03

MEDICOVER HOSPITALS

Patient ID:	*NMU0047969*	*Patient Name:*	*MONIKA ASTHANA*
Age:	*44YRS*	*Sex:*	*F*
Accession Number:		*Modality:*	*CR*
Referring Physician:	*DR. DMO*	*Study:*	*BREAST*
Study Date:	*15-Mar-2024*	*Study Time:*	*11:15:31*

X-RAY MAMMOGRAPHY

INDICATION: Routine screening.

MAMMOGRAPHY

Bilateral mammograms were obtained in the oblique mediolateral and craniocaudad projections.

The film markers are placed on the axillary / lateral part of the breast.

Both breasts display scattered areas of fibroglandular density, which limits the mammographic evaluation (ACR category b).

Subcentimeter sized benign calcification seen in the supero-medial quadrant of right breast.

There is no focal spiculated mass lesion seen.

There are no clusters of microcalcification, distortion of the lobular architecture or nipple retraction.

Skin and subcutaneous tissues are normal.

IMPRESSION :-

- **Subcentimeter sized benign calcification seen in the supero-medial quadrant of right breast.**
- **No other significant abnormality is seen.**

BI-RADS II – Benign findings

(BIRADS CATEGORY : *BIRADS O - Requires additional evaluation, I - Negative, II - Benign findings, III - Probably benign findings, IV - Suspicious abnormality, V - Highly suggestive of malignancy, VI - Known biopsy proven malignancy.)*

DR. YOGINI SHAH
DMRD, DNB
CONSULTANT RADIOLOGIST

DEPARTMENT OF OPHTHALMOLOGY

MEDICOVER HOSPITALS
NAVI MUMBAI

DATE: 15/09/23

PATIENT NAME: Mrs Monika Asthana AGE / SEX: 44/F

UMR NO: NMU0004969

	RE	LE
VA (DISTANCE)	6/12p	6/12p.
VA(NEAR)	N18	N18
COLOUR VISION	Normal	Normal

			SPHERE	CYLINDER	AXIS	VA	Addn
MRx	O (R)	D	-1.00	-0.50	40°	6/6.	+1.50 N6
	O (L)	S	-1.00	——	——	6/6	+1.50 N6

HISTORY :

H/O DM since 10 yrs. NH/O Ocular trauma Allergies & surgeries.
NH/O Spectacle use.

OCULAR FINDINGS :

(BE) - Ant seg WNL.
(Undilated) Disc < 0.3 / 0.3

ADVICE:

Zivifresh eye qid 1 1 1 x 1 month
Dilated Fundus Examination (BE) i/v/o DM

CDR-ANUSHREE VANKAR

MEDICOVER HOSPITALS
NAVI MUMBAI

2D ECHO CARDIOGRAPHY WITH COLOUR DOPPLER

Name	: **Mrs. Monica Asthana**	**Date:-15/03/2024**
Age / Sex	: **44 Yrs / Female**	**UMR No. 0047967**
Referred By	: **Health check up**	

FINDINGS:

- No left ventricle regional wall motion abnormality.
- Normal left ventricle systolic function. LVEF = 60%.
- Grade I left ventricle diastolic dysfunction. No e/o raised LVEDP.
- Trivial mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Trivial tricuspid regurgitation. No pulmonary hypertension. PASP = 23 mm Hg.
- No left ventricle clot / vegetation/pericardial effusion.
- Intact IAS and IVS.
- Normal left atrium and left ventricle dimensions.
- Normal right atrium and right ventricle dimensions.
- Normal right ventricle systolic function. No hepatic congestion.

IMP:

- **No RWMA.**
- **Grade I left ventricle diastolic dysfunction.**
- **Trivial MR and TR. No PH.**
- **Normal LV and RV systolic function.**

DR. ANUJ SATHE
MD DM CARDIOLOGY

Dr. Anuj A. Sathe
DM Cardiology, MD (Med), MBBS
Consultant Interventional Cardiologist
Reg No 2005/03/1862

MEDICOVER HOSPITALS
NAVI MUMBAI

M-MODE MEASURMENTS:

LA	34	mm
AO root	29	mm
AO CUSP SEP	18	mm
LVID(s)	33	mm
LVID(d)	41	mm
IVS(d)	11	mm
LVPW(d)	10	mm
RVID(d)	29	mm
RA	31	mm
LVEF	60	%

	PEAK	MEAN	Vmax	Gradient of Regurgitation
MITRAL	N			Trivial
AORTIC	7			NIL
TRICUSPID	23			Trivial
PULMONERY	4			Nil

HC 47967 MONIKA ASTHANA 3/15/2024 11:19:43 AM
44 Years Female

Rate	85	. Sinus rhythm.....normal P axis, V-rate 50- 99
		. Borderline T wave abnormalities.....T/QRS ratio < 1/20 or flat T
PR	138	. Baseline wander in lead(s) I,III,aVL
QRSD	94	
QT	353	
QTc	420	

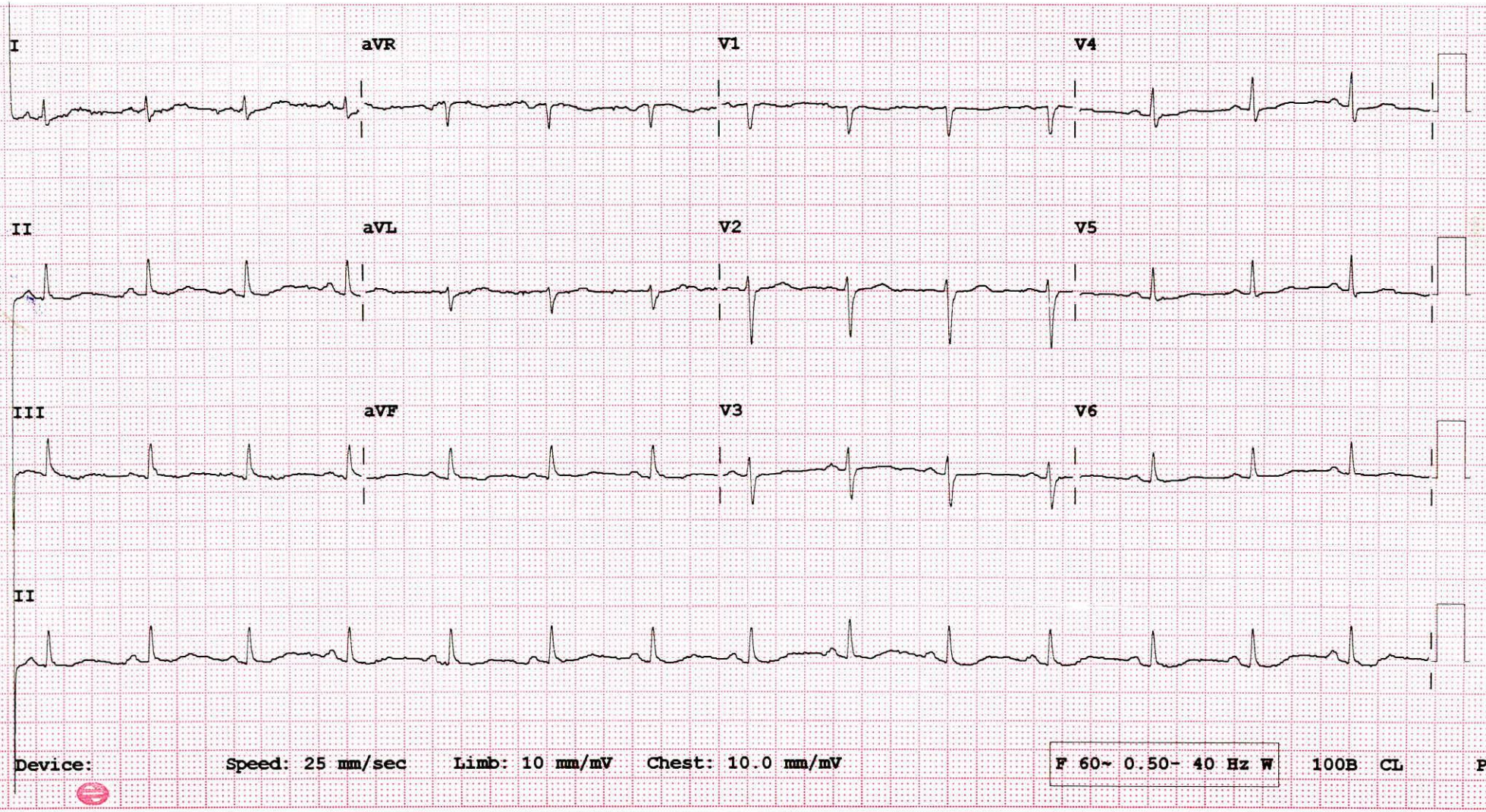
--AXIS--
P 48
QRS 85
T 19

- BORDERLINE ECG -

Dr. Anuj A. Sathe
DM Cardiology, MD (Med), MBBS
Consultant Interventional Cardiologist
Reg No 2005/03/1862

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.50~ 40 Hz W 100B CL P?