

Mediwheel <wellness@mediwheel.in>

Thu 3/7/2024 9:24 AM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>  
Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital  
Package Name : Mediwheel Full Body Health Checkup Female Above 40

Patient Package  
Name : Mediwheel Full Body Health Checkup Female Above 40

Contact Details : 8512003631

Appointment  
Date : 08-03-2024

Confirmation  
Status : Booking Confirmed

Preferred Time : 8:30am

| Member Information |         |        |
|--------------------|---------|--------|
| Booked Member Name | Age     | Gender |
| Shahana Anwar      | 50 year | Female |

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team

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आयकर विभाग

INCOME TAX DEPARTMENT

SHAHANA ANWAR

ZAHOOR AHMED

02/06/1973

Permanent Account Number

BKLPA3070J

Shahana Anwar

Signature



भारत सरकार

GOVT. OF INDIA



11112013

Shahana - Anwar

आयकर विभाग

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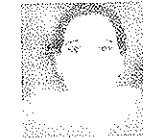
Shahana Anwar

Signature



भारत सरकार

GOVT. OF INDIA



11112013

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|               |                   |              |                    |
|---------------|-------------------|--------------|--------------------|
| NAME          | MRS Shahana ANWAR | STUDY DATE   | 08/03/2024 11:44AM |
| AGE / SEX     | 50 y / F          | HOSPITAL NO. | MH011758240        |
| ACCESSION NO. | R7015277          | MODALITY     | CR                 |
| REPORTED ON   | 08/03/2024 4:54PM | REFERRED BY  | HEALTH CHECK MGD   |

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Thin fibrotic bands are seen in left mid and upper zones. Tiny nodular opacities are seen in right midzone. Prominent bronchovascular markings are seen on both sides.

TRACHEA: Normal.

CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: There is bilateral mild apical pleural thickening.

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:

**Thin fibrotic bands are seen in left mid and upper zones, may suggest sequelae of previous infective granulomatous etiology.**

**Tiny nodular opacities are seen in right midzone.**

**Prominent bronchovascular markings are seen on both sides.**

**There is bilateral mild apical pleural thickening.**

*Further evaluation with HRCT chest is advisable, if clinically indicated.*

*Please correlate clinically*

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS  
CONSULTANT RADIOLOGIST

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



|               |                    |              |                    |
|---------------|--------------------|--------------|--------------------|
| NAME          | MRS Shahana ANWAR  | STUDY DATE   | 08/03/2024 11:05AM |
| AGE / SEX     | 50 y / F           | HOSPITAL NO. | MH011758240        |
| ACCESSION NO. | R7015278           | MODALITY     | US                 |
| REPORTED ON   | 08/03/2024 12:46PM | REFERRED BY  | HEALTH CHECK MGD   |

**USG ABDOMEN & PELVIS  
FINDINGS**

LIVER: appears enlarged in size (measures 154 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 115 mm), shape and echotexture. Rest normal.  
PORTAL VEIN: Appears normal in size and measures 11 mm.  
COMMON BILE DUCT: Appears normal in size and measures 3.5mm.  
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 116 x 31 mm.  
Left Kidney: measures 100 x 31 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 78 x 44 x 32 mm), shape and echotexture. Endometrial thickness measures 6.9 mm. Cervix appears normal.  
OVARIES: Right ovary is obscured.  
Left ovary is normal in size (measures 23 x 19 x 15 mm with volume 3.4 cc), shape and echotexture. Rest normal.  
BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

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

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS  
CONSULTANT RADIOLOGIST

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

**LABORATORY REPORT**

Name : MRS SHAHANA ANWAR Age : 50 Yr(s) Sex :Female  
 Registration No : MH011758240 Lab No : 202403000911  
 Patient Episode : H18000001872 Collection Date : 08 Mar 2024 10:19  
 Referred By : HEALTH CHECK MGD Reporting Date : 08 Mar 2024 13:34  
 Receiving Date : 08 Mar 2024 10:19

**BIOCHEMISTRY**

| TEST                         | RESULT | UNIT          | BIOLOGICAL REFERENCE INTERVAL |
|------------------------------|--------|---------------|-------------------------------|
| THYROID PROFILE, Serum       |        |               | Specimen Type : Serum         |
| T3 - Triiodothyronine (ELFA) | 1.360  | ng/ml         | [0.610-1.630]                 |
| T4 - Thyroxine (ELFA)        | 6.610  | ug/ dl        | [4.680-9.360]                 |
| Thyroid Stimulating Hormone  | 13.810 | # $\mu$ IU/mL | [0.250-5.000]                 |

**NOTE:**

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



**LABORATORY REPORT**

Name : MRS SHAHANA ANWAR Age : 50 Yr(s) Sex :Female  
Registration No : MH011758240 Lab No : 202403000911  
Patient Episode : H18000001872 Collection Date : 08 Mar 2024 10:19  
Referred By : HEALTH CHECK MGD Reporting Date : 08 Mar 2024 13:28  
Receiving Date : 08 Mar 2024 10:19

**BLOOD BANK**

| TEST  | RESULT           | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|------------------|------|-------------------------------|
| Blood Group & Rh Typing (Agglutination by gel/tube technique) |                  |      | Specimen-Blood                |
| Blood Group & Rh typing                                       | B Rh(D) Positive |      |                               |

**Technical note:**

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

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**NOTE:**

# - Abnormal Values

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

Dr. Charu Agarwal  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS SHAHANA ANWAR  
 Registration No : MH011758240  
 Patient Episode : H18000001872  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2024 10:19

Age : 50 Yr(s) Sex :Female  
 Lab No : 202403000911  
 Collection Date : 08 Mar 2024 10:19  
 Reporting Date : 08 Mar 2024 13:20

**HAEMATOLOGY**

| TEST  | RESULT | UNIT                             | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|----------------------------------|-------------------------------|
| <b>COMPLETE BLOOD COUNT (AUTOMATED)</b>           |        | <b>SPECIMEN-EDTA Whole Blood</b> |                               |
| RBC COUNT (IMPEDENCE)                             | 5.50 # | millions/cumm                    | [3.80-4.80]                   |
| HEMOGLOBIN  | 9.1 #  | g/dl                             | [12.0-15.0]                   |
| Method:cyanide free SLS-colorimetry               |        |                                  |                               |
| HEMATOCRIT (CALCULATED)                           | 32.0 # | %                                | [36.0-46.0]                   |
| MCV (DERIVED)                                     | 58.2 # | fL                               | [83.0-101.0]                  |
| MCH (CALCULATED)                                  | 16.5 # | pg                               | [25.0-32.0]                   |
| MCHC (CALCULATED)                                 | 28.4 # | g/dl                             | [31.5-34.5]                   |
| RDW CV% (DERIVED)                                 | 21.0 # | %                                | [11.6-14.0]                   |
| Platelet count                                    | 281    | x 10 <sup>3</sup> cells/cumm     | [150-410]                     |
| Method: Electrical Impedance                      |        |                                  |                               |
| MPV (DERIVED)                                     | ----   |                                  |                               |
| WBC COUNT(TC) (IMPEDENCE)                         | 7.52   | x 10 <sup>3</sup> cells/cumm     | [4.00-10.00]                  |
| DIFFERENTIAL COUNT<br>(VCS TECHNOLOGY/MICROSCOPY) |        |                                  |                               |
| Neutrophils                                       | 69.0   | %                                | [40.0-80.0]                   |
| Lymphocytes                                       | 22.0   | %                                | [20.0-40.0]                   |
| Monocytes   | 6.0    | %                                | [2.0-10.0]                    |
| Eosinophils                                       | 3.0    | %                                | [1.0-6.0]                     |
| Basophils   | 0.0    | %                                | [0.0-2.0]                     |
| ESR   | 36.0 # | mm/1sthour                       | [0.0-                         |



**LABORATORY REPORT**

|                 |                     |                 |                        |
|-----------------|---------------------|-----------------|------------------------|
| Name            | : MRS SHAHANA ANWAR | Age             | : 50 Yr(s) Sex :Female |
| Registration No | : MH011758240       | Lab No          | : 202403000911         |
| Patient Episode | : H18000001872      | Collection Date | : 08 Mar 2024 14:34    |
| Referred By     | : HEALTH CHECK MGD  | Reporting Date  | : 08 Mar 2024 16:10    |
| Receiving Date  | : 08 Mar 2024 14:34 |                 |                        |

**CLINICAL PATHOLOGY**

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

**MACROSCOPIC DESCRIPTION**

|                  |                 |                        |
|------------------|-----------------|------------------------|
| Colour           | PALE YELLOW     | (Pale Yellow - Yellow) |
| Appearance       | SLIGHTLY TURBID |                        |
| Reaction[pH]     | 7.0             | (4.6-8.0)              |
| Specific Gravity | 1.005           | (1.003-1.035)          |

**CHEMICAL EXAMINATION**

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

**MICROSCOPIC EXAMINATION (Automated/Manual)**

|                  |                     |           |
|------------------|---------------------|-----------|
| Pus Cells        | 20-30 /hpf          | (0-5/hpf) |
| RBC              | 2-4 /hpf            | (0-2/hpf) |
| Epithelial Cells | 5-6 /hpf            |           |
| CASTS            | NIL                 |           |
| Crystals         | NIL                 |           |
| Bacteria         | NIL                 |           |
| OTHERS           | Yeast cells present |           |





**LABORATORY REPORT**

Name : MRS SHAHANA ANWAR  
Registration No : MH011758240  
Patient Episode : H18000001872  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2024 10:19

Age : 50 Yr(s) Sex :Female  
Lab No : 202403000911  
Collection Date : 08 Mar 2024 10:19  
Reporting Date : 08 Mar 2024 17:15

**BIOCHEMISTRY**

| TEST  | RESULT | UNIT  | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-------|-------------------------------|
| <b>Glycosylated Hemoglobin</b>  |        |       |                               |
| Specimen: EDTA  |        |       |                               |
| HbA1c (Glycosylated Hemoglobin)   | 5.6    | %     | [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)   | 114    | 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. |        |       |                               |
| <b>Serum LIPID PROFILE</b>  |        |       |                               |
| Serum TOTAL CHOLESTEROL   | 130    | mg/dl | [<200]                        |
| Method:Oxidase,esterase, peroxide   |        |       | Moderate risk:200-239         |
|   |        |       | High risk:>240                |
| TRIGLYCERIDES (GPO/POD)   | 99     | mg/dl | [<150]                        |
|   |        |       | Borderline high:151-199       |
|   |        |       | High: 200 - 499               |
|   |        |       | Very high:>500                |
| HDL- CHOLESTEROL  | 46     | mg/dl | [35-65]                       |
| Method : Enzymatic Immunoimhibition   |        |       |                               |
| VLDL- CHOLESTEROL (Calculated)  | 20     | mg/dl | [0-35]                        |
| CHOLESTEROL, LDL, CALCULATED  | 64.0   | mg/dl | [<120.0]                      |
|   |        |       | Near/                         |
| Above optimal-100-129   |        |       | Borderline High:130-159       |
|   |        |       | High Risk:160-189             |



**LABORATORY REPORT**

Name : MRS SHAHANA ANWAR  
Registration No : MH011758240  
Patient Episode : H18000001872  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2024 10:19

Age : 50 Yr(s) Sex :Female  
Lab No : 202403000911  
Collection Date : 08 Mar 2024 10:19  
Reporting Date : 08 Mar 2024 13:05

**BIOCHEMISTRY**

| TEST                                | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL                      |
|-------------------------------------|--------|------|--|
| T.Chol/HDL.Chol ratio(Calculated)   | 2.8    |      | <4.0 Optimal<br>4.0-5.0 Borderline<br>>6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio(Calculated) | 1.4    |      | <3 Optimal<br>3-4 Borderline<br>>6 High Risk       |

Note:  
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

**KIDNEY PROFILE**

|   |               |              |                    |
|---|---------------|--------------|--------------------|
| Specimen: Serum                         |               |              |                    |
| UREA                                    | 19.1          | mg/dl        | [15.0-40.0]        |
| Method: GLDH, Kinatic assay             |               |              |                    |
| BUN, BLOOD UREA NITROGEN                | 8.9           | mg/dl        | [8.0-20.0]         |
| Method: Calculated                      |               |              |                    |
| <b>CREATININE, SERUM</b>                | <b>0.56 #</b> | <b>mg/dl</b> | <b>[0.70-1.20]</b> |
| Method: Jaffe rate-IDMS Standardization |               |              |                    |
| URIC ACID                               | 5.5           | mg/dl        | [4.0-8.5]          |
| Method:uricase PAP                      |               |              |                    |

|                       |                 |               |                        |
|-----------------------|-----------------|---------------|------------------------|
| <b>SODIUM, SERUM</b>  | <b>134.70 #</b> | <b>mmol/L</b> | <b>[136.00-144.00]</b> |
| POTASSIUM, SERUM      | 4.11            | mmol/L        | [3.60-5.10]            |
| <b>SERUM CHLORIDE</b> | <b>99.1 #</b>   | <b>mmol/L</b> | <b>[101.0-111.0]</b>   |
| Method: ISE Indirect  |                 |               |                        |



**LABORATORY REPORT**

Name : MRS SHAHANA ANWAR  
Registration No : MH011758240  
Patient Episode : H18000001872  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2024 10:19

Age : 50 Yr(s) Sex :Female  
Lab No : 202403000911  
Collection Date : 08 Mar 2024 10:19  
Reporting Date : 08 Mar 2024 12:11

**BIOCHEMISTRY**

| TEST  | RESULT | UNIT            | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-----------------|-------------------------------|
| eGFR (calculated)   | 109.1  | ml/min/1.73sq.m | [>60.0]                       |
| <p>Technical Note<br/>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.</p> |        |                 |                               |
| <b>LIVER FUNCTION TEST</b>  |        |                 |                               |
| BILIRUBIN - TOTAL<br>Method: D P D  | 0.56   | mg/dl           | [0.30-1.20]                   |
| BILIRUBIN - DIRECT<br>Method: DPD   | 0.12   | mg/dl           | [0.00-0.30]                   |
| INDIRECT BILIRUBIN (SERUM)<br>Method: Calculation   | 0.44   | mg/dl           | [0.10-0.90]                   |
| TOTAL PROTEINS (SERUM)<br>Method: BIURET  | 8.00   | gm/dl           | [6.60-8.70]                   |
| ALBUMIN (SERUM)<br>Method: BCG  | 4.12   | g/dl            | [3.50-5.20]                   |
| GLOBULINS (SERUM)<br>Method: Calculation  | 3.90 # | gm/dl           | [1.80-3.40]                   |
| PROTEIN SERUM (A-G) RATIO<br>Method: Calculation  | 1.06   |                 | [1.00-2.50]                   |
| AST (SGOT) (SERUM)<br>Method: IFCC W/O P5P  | 15.00  | U/L             | [0.00-40.00]                  |

**LABORATORY REPORT**

Name : MRS SHAHANA ANWAR  
 Registration No : MH011758240  
 Patient Episode : H18000001872  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2024 10:19

Age : 50 Yr(s) Sex :Female  
 Lab No : 202403000911  
 Collection Date : 08 Mar 2024 10:19  
 Reporting Date : 08 Mar 2024 13:05

**BIOCHEMISTRY**

| TEST  | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|------|-------------------------------|
| ALT (SGPT) (SERUM)<br><i>Method: IFCC W/O P5P</i>             | 8.70 # | U/L  | [14.00-54.00]                 |
| Serum Alkaline Phosphatase<br><i>Method: AMP BUFFER IFCC)</i> | 72.0   | IU/L | [32.0-91.0]                   |
| GGT   | 11.0   | U/L  | [7.0-50.0]                    |

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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

**Dr. Charu Agarwal**  
 Consultant Pathologist



**LABORATORY REPORT**

|                 |                     |                 |                        |
|-----------------|---------------------|-----------------|------------------------|
| Name            | : MRS SHAHANA ANWAR | Age             | : 50 Yr(s) Sex :Female |
| Registration No | : MH011758240       | Lab No          | : 202403000912         |
| Patient Episode | : H18000001872      | Collection Date | : 08 Mar 2024 10:19    |
| Referred By     | : HEALTH CHECK MGD  | Reporting Date  | : 08 Mar 2024 13:06    |
| Receiving Date  | : 08 Mar 2024 10:19 |                 |                        |

**BIOCHEMISTRY**

| TEST   | RESULT | UNIT  | BIOLOGICAL REFERENCE INTERVAL |
|--|--------|-------|-------------------------------|
| <b>GLUCOSE-Fasting</b><br>Specimen: Plasma<br>GLUCOSE, FASTING (F)<br>Method: Hexokinase | 87.0   | mg/dl | [70.0-110.0]                  |

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
Drugs-  
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

**Dr. Charu Agarwal**  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS SHAHANA ANWAR  
Registration No : MH011758240  
Patient Episode : H18000001872  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2024 14:31

Age : 50 Yr(s) Sex :Female  
Lab No : 202403000913  
Collection Date : 08 Mar 2024 14:31  
Reporting Date : 08 Mar 2024 16:11

**BIOCHEMISTRY**

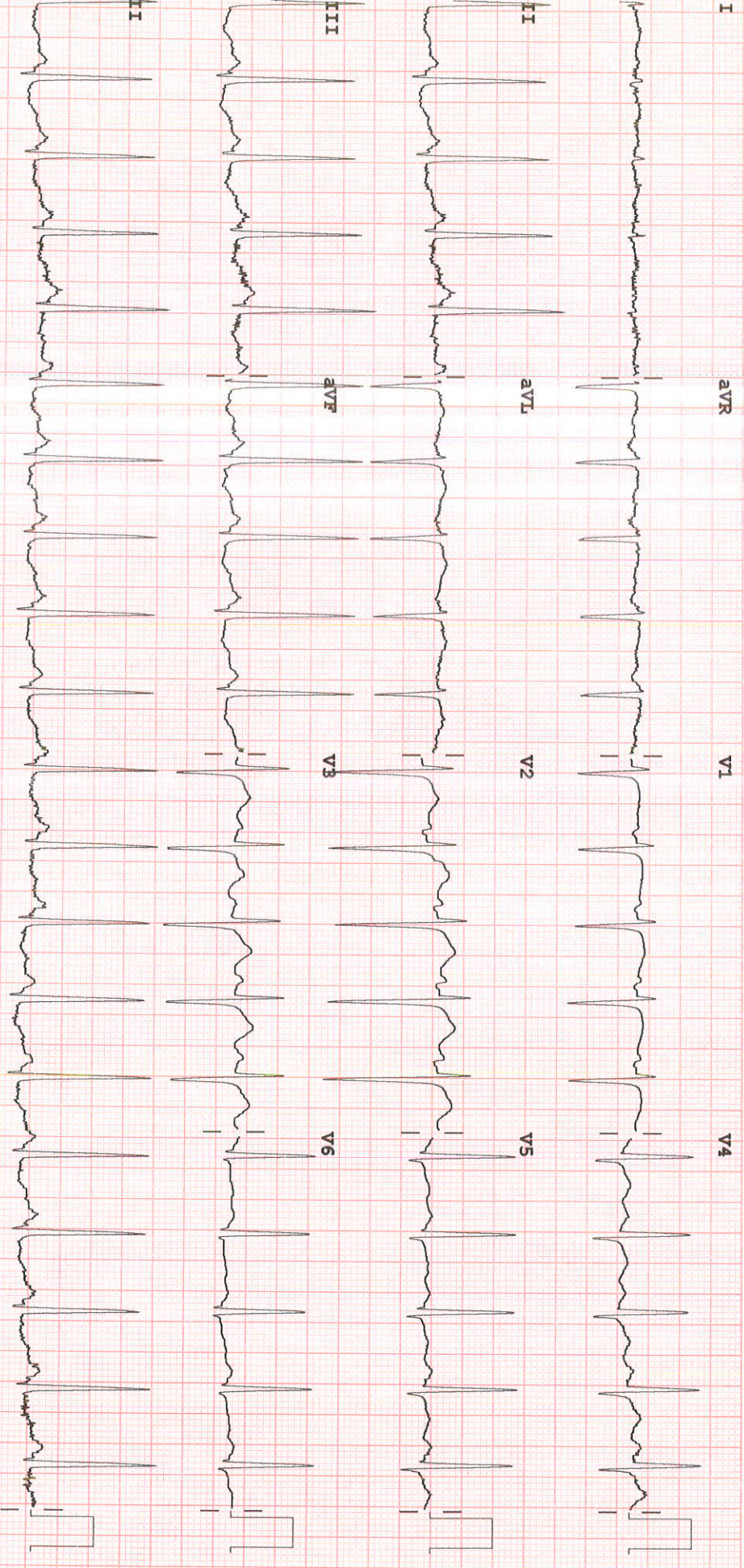
| TEST  | RESULT | UNIT  | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-------|-------------------------------|
| <b>PLASMA GLUCOSE</b><br>Specimen: Plasma<br>GLUCOSE, POST PRANDIAL (PP), 2 HOURS<br>Method: Hexokinase<br>Note:<br>Conditions which can lead to lower postprandial glucose levels as compared to<br>fasting glucose are excessive insulin release, rapid gastric emptying,<br>brisk glucose absorption , post exercise | 122.0  | mg/dl | [80.0-140.0]                  |

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

Dr. Alka Dixit Vats  
Consultant Pathologist

- ABNORMAL ECG -

Unconfirmed Diagnosis



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?



## INVESTIGATION REPORT

|              |                          |             |                     |
|--------------|--------------------------|-------------|---------------------|
| Patient Name | <b>MRS SHAHANA ANWAR</b> | Location    | Ghaziabad           |
| Age/Sex      | 50Year(s)/Female         | Visit No    | : V00000000001-GHZB |
| MRN No       | <b>MH11758240</b>        | Order Date  | :08/03/2024         |
| Ref. Doctor  | Dr. ABHISHEK SINGH       | Report Date | :08/03/2024         |

### Echocardiography

#### Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. Grade I LV diastolic dysfunction.
4. Trace MR, No AR.
5. Trace TR, Normal PASP.
6. No intracardiac clot/mass/pericardial pathology.
7. IVC normal

#### Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal. Trace MR.
- **Tricuspid Valve:** Trace TR, Normal PASP.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

#### Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com





## INVESTIGATION REPORT

|              |                     |             |                    |
|--------------|---------------------|-------------|--------------------|
| Patient Name | MRS SHAHANA ANWAR   | Location    | Ghaziabad          |
| Age/Sex      | 50Year(s)/Female    | Visit No    | : V0000000001-GHZB |
|              | <b>MH11758240</b>   | Order Date  | 08/03/2024         |
| Ref. Doctor  | : Dr.ABHISHEK SINGH | Report Date | 08/03/2024         |

### Echocardiography

#### Measurements (mm):

|                      | Observed values | Normal values                |
|----------------------|-----------------|------------------------------|
| Aortic root diameter | 23              | 20-36 (22mm/M <sup>2</sup> ) |
| Aortic valve opening | 22              | 15-26                        |
| Left atrium size     | 31              | 19-40                        |

|                          | End Diastole | End Systole | Normal Values       |
|--------------------------|--------------|-------------|---------------------|
| Left ventricle size      | 44           | 25          | (ED=37-56:Es=22-40) |
| Interventricular septum  | 10           | 14          | (ED=6-12)           |
| Posterior wall thickness | 10           | 13          | (ED=5-10)           |

|                          |     |         |
|--------------------------|-----|---------|
| LV Ejection Fraction (%) | 60% | 55%-80% |
| HR                       |     |         |

#### Color & Doppler evaluation

| Valve     | Velocity(cm/s) | Regurgitation |
|-----------|----------------|---------------|
| Mitral    | E/A-83/113 DT- | Trace         |
| Aortic    | 128            | Nil           |
| Tricuspid | 27             | Trace         |
| Pulmonary | 66             | Nil           |

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

  
**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
Cardiology Registrar

Manipal Hospital, Ghaziabad  
NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002  
P : 0120-3535353

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## OUTPATIENT RECORD

|              |                    |            |                |
|--------------|--------------------|------------|----------------|
| Hospital No: | MH011758240        | Visit No:  | H18000001872   |
| Name:        | MRS SHAHANA ANWAR  | Age/Sex:   | 50 Yrs/Female  |
| Doctor Name: | HEALTH CHECK MGD   | Specialty: | HC SERVICE MGD |
| Date:        | 08/03/2024 10:13AM |            |                |

**OPD Notes :**

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECK UP  
SYSTEMIC/ OPHTHALMIC HISTORY - NIL  
NO FAMILY H/O GLAUCOMA

| EXAMINATION DETAILS    | RIGHT EYE             | LEFT EYE              |
|------------------------|-----------------------|-----------------------|
| VISION                 | 6/9                   | 6/6                   |
| CONJ                   | NORMAL                | NORMAL                |
| CORNEA                 | CLEAR                 | CLEAR                 |
| ANTERIOR CHAMBER/ IRIS | N                     | N                     |
| LENS                   | CLEAR                 | CLEAR                 |
| OCULAR MOVEMENTS       | FULL                  | FULL                  |
| NCT                    | 20                    | 20                    |
| FUNDUS EXAMINATION     |                       |                       |
| A) VITREOUS            |                       |                       |
| B) OPTIC DISC          | C:D 0.3               | C:D 0.33              |
| C) MACULAR AREA        | FOVEAL REFLEX PRESENT | FOVEAL REFLEX PRESENT |

**POWER OF GLASS**  
Right eye: PLANO/ -1.75 Dcyl x 30 degree 6/6  
Left eye: -0.50 Dsp / -0.50 Dcyl x 10 degree 6/6  
ADD B/E +2.00 DSP N/6

**DIAGNOSIS: DRY EYES**

**ADVISE / TREATMENT**  
E/D NST 4 TIMES DAILY BE  
REVIEW AFTER 3-6 MONTHS

HEALTH CHECK MGD

1 of 1

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru 560 017, Karnataka

P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com