NABH NABL No.1

UNITED HOSPITAL
Care Par Excellence
Jayanagar, Bangalore

Dr. Amlesha
(Physian)

- Regular health check up

Rx

- Low fat diet
- physical activity.

(1) cap D-RISE 60K weekly once × 8 weeks.

lipid profile after 3 months

- Medically fit

United Hospital
No.110 (30), Madhavan Park Circle, 10th Main Rd,
3rd Block Jayanagar, Bangalore - 560 011

T: 080 4566 6666

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W: www.unitedhospitals.com

NABH NABL No.1

Jayanagar, Bangalore

Out Patient Record

Patient Name	: **Mrs.MANASA S**	**UHID**	: **UHJA23018274**
Age / Sex	: 37 Years / Female	OP NO/Reg Dt	: 13-02-2024 08:31 AM
Spouse / Father Name	: SANTHOSH S	Department	:
Address	: 138/5 t2 balaji residency arekere bangalore 560076, , Bengaluru Urban, Karnataka,	Refered By	:
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	:

Complaints / Findings / Observations :

For health checkup

WT - 68.5
HT - 161
BP - 100/79.
SpO2 - 99%.
PR - 76 b/m

Dr. Yoga Lakshmi SK
MBBS, MS OBG, FMAS
Consultant Obstetrician and Gynecologist, Laparoscopy and IVF Specialist
KMC Reg. No. 90384

Investigations:

No h/o DM, HTN, Thyroid

Treatment / Care of Plan / Provisional Diagnosis :

No h/o any Surgery

No h/o any fever [illegible]

Follow Up Advice :

No h/o any other [illegible]

P/A - [illegible]

P/S - [illegible]

ML - 15yrs
P1 L1
P1 [illegible]
On [illegible]
LMP - 24/1/24
[illegible]

Signature of the Doctor

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		Consultant	: Dr.Preventive Health Check Up
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Complaints / Findings / Observations :

For health checkup

WT - 68.5
HT - 161
BP - 100/79.
SpO2 - 99%.
PR - 76 b/m

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KMC Reg. No. 90384

Investigations:

No h/o DM, HTN, Thyroid

Treatment / Care of Plan / Provisional Diagnosis :

No h/o any surgery

No h/o any family cancer

No h/o any other bleeding.

ML - 15 yrs
P1 L
A1 - OCP
+
On condoms
LMP - 24/1/24
menses regular

Follow Up Advice :

P/A - Soft
non tender

P/S - [illegible] vagina

Med Caridan

Signature of the Doctor

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		Consultant	: Dr.Preventive Health Check Up
		KMC No.	:

Complaints / Findings / Observations :

VA < 6/6, 6/6 } N6. (wanted)

nil systemic

Investigations:

A/S OU normal

Treatment / Care of Plan / Provisional Diagnosis :

Fundus (dilated) OU CD ratio 0.3:1 FR (+)

Follow Up Advice :

Imp: OU clinically normal

Signature of the Doctor

NABH

NABL

No.1

UNITED HOSPITAL
Care Par Excellence
Jayanagar, Bangalore

Patient name :	Mrs. MANASA S	Date :	13/02/24
Age :	37 years GENDER: FEMALE	Patient ID :	18274
Ref by :	DR. CMO	OP/ IP :	HEALTH CHECKUP

2D- ECHOCARDIOGRAPHY

M – MODE AND DOPPLER MEASUREMENTS

(c.m)	(c.m)	(cm/sec)		
AO : 2.8 (2.5-3.7)	LVIDD : 3.9 (3.5-5.5)	MV EV : 87.3	AV : 52.9	MR : NORMAL
LA : 3.5 (1.9-4.0)	LVIDS : 2.5 (2.4-4.2)	AV : 109		AR : NORMAL
RA : 2.3 (<4.4)	IVSD : 0.9 (0.6-1.1)	PV : 75.2		PR : NORMAL
RV : 2.0 (<3.5)	IVSS : 1.1 (0.9-1.2)	TV EV : ----	AV : ----	TR : NORMAL
TAPSE: 1.7 (>1.6)	LVPWD : 1.0 (0.6-1.1)	Diastolic Function : NO LVDD		
	LVPWS : 0.9 (0.9-1.2)			
	EF : 60%			

DESCRIPTIVE FINDINGS

Left Ventricle	: NORMAL
Right Ventricle	: NORMAL
Left Atrium	: NORMAL
Right Atrium	: NORMAL
Wall motion analysis	: NO RWMA
Mitral Valve	: NORMAL
Aortic Valve	: NORMAL
Tricuspid Valve	: NORMAL
Pulmonary Valve	: NORMAL
IAS	: INTACT
IVS	: INTACT
Pericardium	: NORMAL
Other Findings	: IVC NORMAL AND COLLAPSING

IMPRESSION:

NORMAL CHAMBER DIMENSIONS
NORMAL LV SYSTOLIC FUNCTION EF : 60%
NORMAL LV DIASTOLIC FUNCTION
NO PULMONARTERY HYPERTENSION
NO REGIONAL WALL MOTION ABNORMALITIES
NO CLOTS/ PERICARDIAL EFFUSION /VEGETATION

DR. RAHUL S PATIL
CONSULTANT CARDIOLOGIST

NABH NABL No.1

DEPARTMENT OF RADIODIAGNOSIS

Name	Manasa S	**Date**	13/02/24
Age	37 years	**Hospital ID**	UHJA23018274
Sex	Female	**Ref.**	Health check

RADIOGRAPH OF THE CHEST (PA – VIEW)

FINDINGS:

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

IMPRESSION:

- **No radiographic abnormality.**

Dr. Elluru Santosh Kumar
Consultant Radiologist

DEPARTMENT OF RADIODIAGNOSIS

Name	Manasa S	Date	13/02/24
Age	37 years	Hospital ID	UHJA23018274
Sex	Female	Ref.	Health check

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in size, course and caliber. **CBD** is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (10.9 x 2.7 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.
Left Kidney is normal in size (9.3 x 5.0 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum- Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.
Uterus is anteverted and normal in size, measures 7.8 x 5.1 x 4.8 cms. Myometrial and endometrial echoes are normal. Endometrium measures 8.7 mm.
Right ovary is normal in size and echopattern, measures 9.5 cc. Dominant follicle is seen.
Left ovary is normal in size and echopattern, measures 4.5 cc.
Both adnexa: Normal. No mass is seen.

There is no ascites or pleural effusion. Appendix could not be localized. No RIF probe tenderness.

IMPRESSION:

- **No definite sonological abnormality detected.**

Dr. Elluru Santosh Kumar
Consultant Radiologist

Name: Mrs. Manasa. S

F

Birth date:

cm kg / mmHg 37 years

13-Feb-2024 AM9:32:52

ledication:

lymptoms:

listory:

lent. rate

IR int	77	bpm
IRS dur	146	ms
IT/QTc(E) int	102	ms
I/QRS/T axis	376/ 408	ms
IV5/SV1 amp	19/ 60/ 31	°
IV5+SV1 amp	1.09/ 0.79	mV
	1.89	mV

1100 Sinus rhythm

1102 Sinus arrhythmia [RR int. change over 20%]

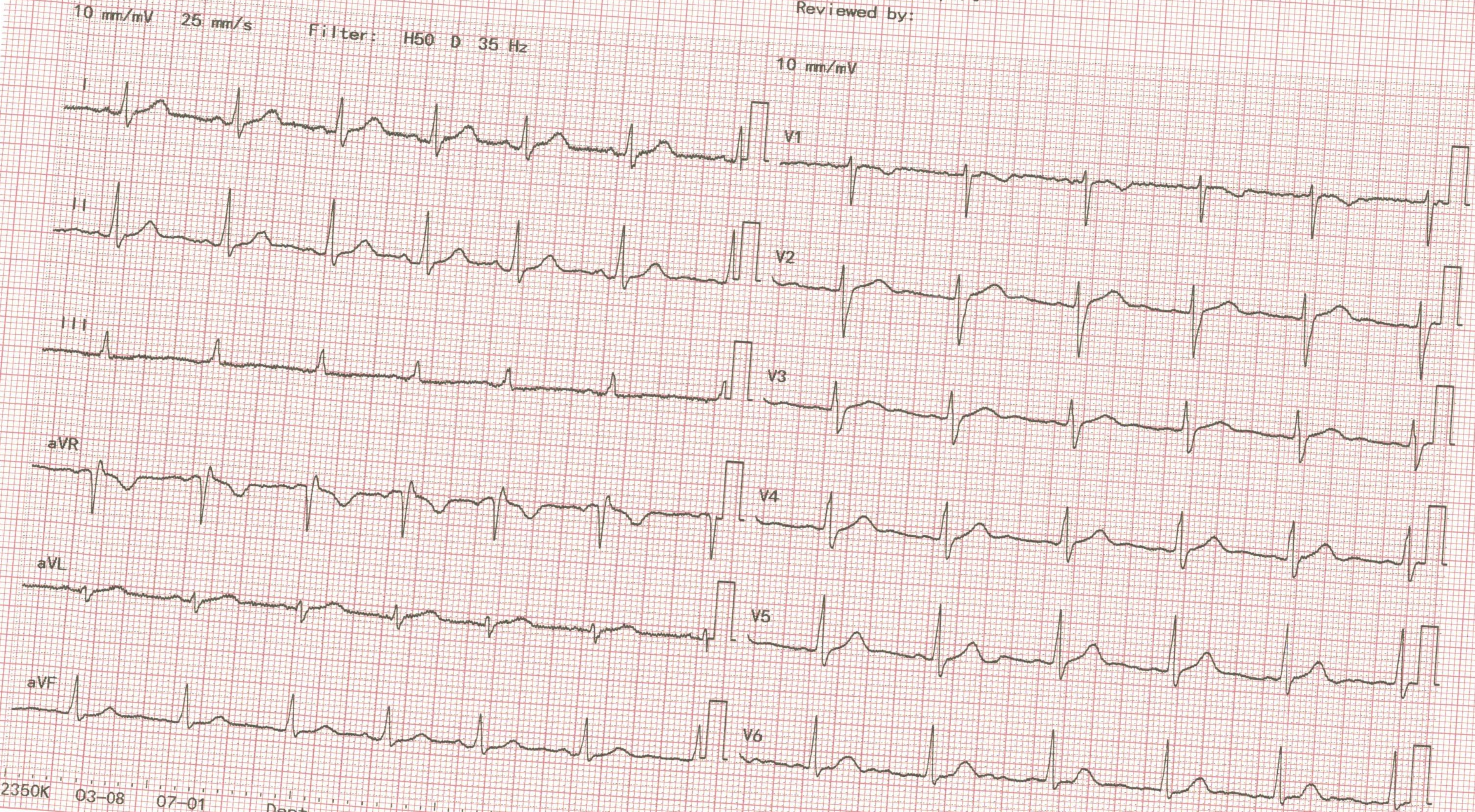
0102 ARTIFACT PRESENT

9110 ** normal ECG **

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H50 D 35 Hz



2350K 03-08 07-01 Dept.:

Exam: UNITED HOSPITAL

SCHILLER

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. MANASA S	Order No	: 1000072783
UHID	: UHJA23018274	Registered On	: 13/02/2024 08:31:08 AM
Age/Sex	: 37/Years Female	Collected On	: 13/02/2024 08:40:52 AM
Ward / Bed No	:	Reported On	: 13/02/2024 01:04:24 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJA230022615
Station	: At Hospital	Mobile No	: 9902066896
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
BIOCHEMISTRY			
FASTING GLUCOSE (Method: Hexokinase)	107	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
POST PRANDIAL GLUCOSE (Method: Hexokinase)	92	mg/dL	70-140
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			Sample: Whole blood (EDTA)
HBAIC (Method: HPLC)	5.3	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	105.40	mg/dL	
THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)			Sample: Serum
TOTAL T3 (Method:CLIA)	1.07	ng/mL	0.87-1.78
TOTAL T4 (Method:CLIA)	8.97	≈g/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) (Method:CLIA: Ultra-sensitive)	1.78	ı IU/mL	0.34 - 5.60 ı IU/mL (Non Pregnant) 0.3 - 4.5 ı IU/mL (I trimester) 0.5 - 5.2 ı IU/mL (II & III trimester)
LIPID PROFILE			Sample: Serum
TOTAL CHOLESTEROL (Method:CHOD-POD)	201	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
TRIGLYCERIDES (Method:Enzymatic GPO-POD)	95	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
HDL CHOLESTEROL (Method:ENZYMATIC METHOD)	46.8	mg/dL	< 40 - Low ≥ 60 - High

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Test Name	Result	Unit	Bio. Ref. Interval
LDL CHOLESTEROL (Method:ENZYMATIC METHOD)	135.2	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	19.00	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	4.2		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	2.8		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	154.2	mg/dL	< 130
URIC ACID (Method:Uricase - POD(Enzymatic))	4.3	mg/dL	2.6-6.0
BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic)	10	mg/dL	7.93-20.07
CREATININE (Method:Modified Jaffe, Kinetic)	0.70	mg/dL	0.6-1.1

LIVER FUNCTION TEST — Sample: Serum

Test Name	Result	Unit	Bio. Ref. Interval
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.35	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.07	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.28	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	7.8	g/dL	6.6-8.3
ALBUMIN (Method:BCG)	4.36	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	3.43	g/dL	2.3-3.5

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Test Name	Result	Unit	Bio. Ref. Interval
AG RATIO (Method: Calculated)	1.26		2:1
SERUM SGOT (Method:IFCC without P5P)	17	U/L	< 35
SERUM SGPT (Method:IFCC without P5P)	12	U/L	< 35
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	69	U/L	46-122
GGT (Method:IFCC)	18	U/L	< 38

Dr. Shanthakumar Muruda
Sr CONSULTANT BIOCHEMIST
KMC No : 54192

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HAEMATOLOGY

COMPLETE BLOOD COUNT(CBC) — Sample: Whole blood (EDTA)

Test Name	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	13.06	g/dL	12-16
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	39.0	%	37-47
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	6600	Cells/Cum	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Optical/Impedance)	61.18	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	30.10	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	1.76	%	0-6
MONOCYTES (Method:Optical/Impedance)	6.67	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.29	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	4.50	million/cum	4.0-5.2
MCV (Method:Derived from RBC Histogram)	86.7	fL	78-100
MCH (Method: Calculated)	29.0	pg	27-31
MCHC (Method: Calculated)	33.5	g/dL	31-37
RDW - CV (Method: Calculated)	13.1	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	2.90	Lakhs/Cum	1.5-4.5

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Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	7.87	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	20.0	fl	9-19
ERYTHROCYTE SEDIMENTATION RATE(ESR) (Method:Modified Westergren Method)	10	mm/hour	1-20

BLOOD GROUPING & RH TYPING

Sample: Whole blood (EDTA)

Test Name	Result	Unit	Bio. Ref. Interval
ABO Group (Method:Agglutination Gel Method)	B		
Rh Factor (Method:Agglutination Gel Method)	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed

Naveen.N

Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418

UNITED HOSPITAL
Care Par Excellence

MC-5013

DEPARTMENT OF LABORATORY MEDICINE

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CLINICAL PATHOLOGY

URINE EXAMINATION, ROUTINE

Sample: Urine

Test Name	Result	Unit	Bio. Ref. Interval
PHYSICAL EXAMINATION			
VOLUME	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	5.0		5.0-8.0
SPECIFIC GRAVITY	1.025		1.005-1.030
CHEMICAL EXAMINATION			
PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative
MICROSCOPIC EXAMINATION			

UNITED HOSPITAL
Care Par Excellence

ilac-MRA

MC-5013

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Test Name	Result	Unit	Bio. Ref. Interval
EPITHELIAL CELLS	0-2	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		

Verified By
Parameshwar B

---End of Report---

Naveen.N
Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418