DEPARTMENT OF LABORATORY SERVICES
FINAL REPORT

Bill No.	: APHHC240001945	**Bill Date**	: 09-11-2024 09:26		
Patient Name	: MRS. SAUMYA	**UHID**	: **APH000030871**		
Age / Gender	: 35 Yrs 2 Mth / FEMALE	**Patient Type**	: OPD	**If PHC**	:
Ref. Consultant	: MEDIWHEEL	**Ward / Bed**	: /		
Sample ID	: **APH24052491**	**Current Ward / Bed**	: /		
	:	**Receiving Date & Time**	: 09-11-2024 10:13		
	:	**Reporting Date & Time**	: 09-11-2024 11:23		

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: EDTA Whole Blood, Serum				

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
BLOOD UREA Urease-GLDH,Kinetic		19	mg/dL	15 - 45
BUN (Calculated)		8.9	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe s Kinetic)		0.6	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		90.0	mg/dL	70 - 100

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
(As per American Diabetes Association recommendation)

LIPID PROFILE

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
CHOLESTROL-TOTAL (CHO-POD)	H	**194**	mg/dL	0-160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	**41**	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	**127**	mg/dL	0-100
S.TRIGLYCERIDES (GPO - POD)		90	mg/dL	0-160
NON-HDL CHOLESTROL (Calculated)	H	**153.0**	mg/dL	0-125
CHOLESTROL-VLDL (Calculated)		18	mg/dL	10-35
TOTAL CHOLESTROL / HDL CHOLESTROL (Calculated)		4.7		1/2 Average Risk <3.3,Average Risk 3.3-4.4 , 2 Times Average Risk 4.5-7.1,3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL (Calculated)	CH	**3.1**		1/2 Average Risk <1.5 , Average Risk 1.5-3.2 , 2 Times Average Risk 3.3-5.0 , 3 Times Average Risk 5.1-6.1

INTERPRETATION:

A lipid profile test measures the different types of lipids in the blood. It measures the levels of four different types of cholesterol and triglycerides.

•LDL (low-density lipoproteins): LDL is the cholesterol that is considered "bad cholesterol" because it forms plaques in the arteries and adversely affects heart health. Thus, LDL cholesterol should be maintained in the lower range.

•VLDL (very low-density lipoproteins): VLDL appears in the blood soon after we have consumed food. A lipid profile is done as a fasting test, and thus, if there is an increased level of VLDL in the blood sample, it can be suggestive of some metabolic disease.

•HDL (high-density lipoproteins): HDL cholesterol is also known as "good cholesterol" because it helps clear away the bad LDL cholesterol and prevents its build-up.

•Total cholesterol: It is the sum of all the different types of cholesterol in your body, i.e., LDL + VLDL + HDL.

•Triglycerides: Our body converts the excess calories into triglycerides and stores it as body fat. High levels of triglycerides are harmful to the heart, liver, and pancreas.

LIVER FUNCTION TESTS (LFT)

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
BILIRUBIN-TOTAL (DPD)		0.54	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.10	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT (Calculated)		0.44	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.0	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.3	g/dL	3.5 - 5.2

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S.GLOBULIN (Calculated)	L	2.7	g/dL	2.8-3.8
A/G RATIO (Calculated)		1.59		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER		72.3	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		27.9	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		35.6	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		11.6	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		169.6	IU/L	0 - 248

INTERPRETATION:

The LFT test is used to diagnose and monitor liver diseases. It can also provide the information about other health conditions that affect the liver, such as viral or alcoholic hepatitis. If a person is taking medications that can impact on the liver, the test results can indicating whether side effects are occurring.

S.PROTEIN-TOTAL (Biuret)		7.0	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		5.3	mg/dL	2.6 - 7.2

INTERPRETATION:

High levels of uric acid could be a sign of gout, a condition characterized by inflammation of the joints due to the formation of uric acid crystals. The uric acid level also monitors of a person undergoing the chemotherapy or radiation treatment for cancer.

** End of Report **

IMPORTANT INSTRUCTIONS
CL - Critical Low, CH - Critical High, H - High, L - Low
Laboratory test results are to be clinically correlated.
Storage and discard of Specimen shall be as per AIMS specimen retention policy.
Test results are not valid for Medico - Legal purposes.

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

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HBA1C (Turbidimetric Immuno-inhibition)	5.7	%	4.0 - 6.2

INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

Note:
1. A three monthly monitoring is recommended in diabetics.
2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

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Sample ID	:	**APH24052523**	Current Ward / Bed	:	/		
	:		Receiving Date & Time	:	09-11-2024 11:21		
	:		Reporting Date & Time	:	09-11-2024 13:16		

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: Urine				

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY		20		
COLOUR		Pale straw		Pale Yellow
TURBIDITY		Clear		

CHEMICAL EXAMINATION

PH (Double pH indicator method)		6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)		Negative		Negative
SUGAR (GOD POD Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)		1.015		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		1-2	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		1-2		
CASTS		Nil		
CRYSTALS		Nil		
URINE-SUGAR		NEGATIVE		

** End of Report **

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Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	/		
Sample ID	:	APH24052488	Current Ward / Bed	:	/		
	:		Receiving Date & Time	:	09-11-2024 10:13		
			Reporting Date & Time	:	09-11-2024 12:12		

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: EDTA Whole Blood				

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

CBC -1 (COMPLETE BLOOD COUNT)

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.2	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	11.1	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		36.2	%	36 - 46
MEAN CORPUSCULAR VOLUME (Calculated)		85.3	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN (Calculated)	L	26.1	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (Calculated)	L	30.6	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		161	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	47.4	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.5	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
NEUTROPHILS (Flow-cytometry & Microscopy)		70	%	40 - 80
LYMPHOCYTES (Flow-cytometry & Microscopy)		23	%	20 - 40
MONOCYTES (Flow-cytometry & Microscopy)		5	%	2 - 10
EOSINOPHILS (Flow-cytometry & Microscopy)		2	%	1 - 5
BASOPHILS (Flow-cytometry & Microscopy)		0	%	0 - 1

INTERPRETATION:

A complete blood count (CBC) provides information about the different types and numbers of cells in the blood, including red blood cells, white blood cells, and platelets. It's used to look at overall health and find a wide range of conditions, including anaemia, infection, thrombocytopenia and leukemia.

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
ESR (Westergren)	H	53	mm/1st hr	0 - 20

INTERPRETATION:

An erythrocyte sedimentation rate show if there is inflammation in body. High ESR levels are often associated with various inflammatory conditions, infections, autoimmune diseases, and certain cancers. It can also indicate tissue damage or necrosis, as well as chronic diseases like rheumatoid arthritis, lupus, or vasculitis.

** End of Report **

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DR. ASHISH RANJAN SINGH
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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. SAUMYA	IPD No.	:	
Age	:	35 Yrs 2 Mth	UHID	:	APH000030871
Gender	:	FEMALE	Bill No.	:	APHHC240001945
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-11-2024 09:26:11
Ward	:		Room No.	:	
			Print Date	:	09-11-2024 12:12:16

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and show grade I fatty infiltration (Liver measures 14.7 cm)

No focal lesion seen. Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre.

Gall bladder is well distended. Wall thickness is normal. No calculus seen.

CBD is normal in calibre.

Pancreas is normal in size and echotexture.

Spleen is normal in size (10.89 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (8.6 cm), Left kidney (10 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder is distended and appears normal. Wall thickness is normal.

Uterus is retroverted (measures 7.6 x 3.8 cm) and appears normal in size and echotexture. No focal lesion seen. Cervix and vagina are unremarkable.

Endometrial echo is central and normal in thickness (7.3 mm).

Both ovaries are normal in size and echotexture.

No free fluid or collection seen. No basal pleural effusion seen.

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:- Grade I fatty infiltration of liver.

Please correlate clinically…………………………

.......End of Report........

Prepare By.
MD.SERAJ

DR. ALOK KUMAR, M.B.B.S,M.D,DMRD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.