



**DEPARTMENT OF LABORATORY SERVICES**  
**FINAL REPORT**

Bill No.	: APHHC240001813	Bill Date	: 14-10-2024 08:51		
Patient Name	: MRS. RAMA JHA	UHID	: APH000029749		
Age / Gender	: 44 Yrs 2 Mth / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24048047	Current Ward / Bed	: /		
		Receiving Date & Time	: 14-10-2024 09:37		
		Reporting Date & Time	: 14-10-2024 13:17		

**BIOCHEMISTRY REPORTING**

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

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800**

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		19	mg/dL	15 - 45
BUN <small>(Calculated)</small>		8.9	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	<b>L</b>	<b>0.4</b>	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		88.0	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**

CHOLESTROL-TOTAL <small>(CHO-POD)</small>	<b>H</b>	<b>198</b>	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		67	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	<b>H</b>	<b>119</b>	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		79	mg/dL	0 - 160
NON-HDL CHOLESTROL <small>(Calculated)</small>	<b>H</b>	<b>131.0</b>	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL <small>(Calculated)</small>		3.0		½Average 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 <small>(Calculated)</small>		1.8		½Average 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
CHOLESTROL-VLDL <small>(Calculated)</small>		16	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  - Cigarette smoking.
  - Hypertension.
  - Family history of premature coronary heart disease.
  - Pre-existing coronary heart disease.

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL <small>(DPD)</small>		0.48	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.10	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT <small>(Calculated)</small>		0.38	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>	<b>H</b>	<b>8.2</b>	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.2	g/dL	3.5 - 5.2
S.GLOBULIN <small>(Calculated)</small>	<b>H</b>	<b>4.0</b>	g/dL	2.8-3.8



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A/G RATIO (Calculated)	L	1.05		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		61.6	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		19.4	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	L	8.0	IU/L	10 - 40
GAMMA-GLUTAMYL TRANSPEPTIDASE (IFCC)		13.5	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		150.3	IU/L	0 - 248

S.PROTEIN-TOTAL (Biuret)	H	8.2	g/dL	6 - 8.1
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URIC ACID (Uricase - Trinder)		3.6	mg/dL	2.6 - 7.2
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\*\* 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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MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

HBA1C (Turbidimetric Immuno-inhibition)	5.1	%	4.0 - 6.2
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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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Age / Gender	: 44 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24048048	Current Ward / Bed	: /
		Receiving Date & Time	: 14-10-2024 09:37
		Reporting Date & Time	: 14-10-2024 14:32

SEROLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.75	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	H	2.27	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		1.79	mIU/L	0.27-4.20

\*\* End of Report \*\*

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Age / Gender	: 44 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24048124	Current Ward / Bed	: /
		Receiving Date & Time	: 14-10-2024 13:17
		Reporting Date & Time	: 14-10-2024 15:58

CLINICAL PATH REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY		20		
COLOUR		Pale straw		Pale Yellow
TURBIDITY		Slight hazy		

CHEMICAL EXAMINATION

PH (Double pH indicator method)		6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)		Trace		Negative
SUGAR (GOD POD Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)		1.025		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		8-10	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		6-8		
CASTS		Absent		
CRYSTALS		Absent		
OTHERS		Absent		
URINE-SUGAR		NEGATIVE		

\*\* End of Report \*\*

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Age / Gender	: 44 Yrs 2 Mth / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24048044	Current Ward / Bed	: /		
		Receiving Date & Time	: 14-10-2024 09:37		
		Reporting Date & Time	: 14-10-2024 14:53		

**BLOOD BANK REPORTING**

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

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800**

BLOOD GROUP (ABO)	" A "
RH TYPE	POSITIVE

**\*\* End of Report \*\***

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Patient Name	: MRS. RAMA JHA	UHID	: APH000029749
Age / Gender	: 44 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24048045	Current Ward / Bed	: /
		Receiving Date & Time	: 14-10-2024 09:37
		Reporting Date & Time	: 14-10-2024 13:28

HAEMATOLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.4	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.2	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.6	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		36.2	%	36 - 46
MEAN CORPUSCULAR VOLUME (Calculated)		85.6	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN (Calculated)	L	25.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (Calculated)	L	29.2	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		150	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		44.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.6	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS (Flow-cytometry & Microscopy)		53	%	40 - 80
LYMPHOCYTES (Flow-cytometry & Microscopy)		33	%	20 - 40
MONOCYTES (Flow-cytometry & Microscopy)		6	%	2 - 10
EOSINOPHILS (Flow-cytometry & Microscopy)	H	8	%	1 - 5
BASOPHILS (Flow-cytometry & Microscopy)		0	%	0 - 1
ESR (Westergren)	H	80	mm/1st hr	0 - 20

\*\* End of Report \*\*

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# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. RAMA JHA	IPD No.	:	
Age	:	44 Yrs 2 Mth	UHID	:	APH000029749
Gender	:	FEMALE	Bill No.	:	APHHC240001813
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	14-10-2024 08:51:25
Ward	:		Room No.	:	
			Print Date	:	14-10-2024 13:34:53

## **BOTH BREASTS:**

High resolution ultrasound examination of both breasts was performed with 10 to 12-MHz linear probe.

Both breasts parenchyma appears normal. No focal lesion or collection seen.

Both the nipples are normal in position with normal posterior shadowing.

No significant axillary lymphadenopathy seen.

Skin and subcutaneous tissues are unremarkable on both sides.

## **IMPRESSION:- No significant abnormality detected.**

*Please correlate clinically.....*

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

Prepare By.  
MD.SERAJ

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

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**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.



# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. RAMA JHA	IPD No.	:	
Age	:	44 Yrs 2 Mth	UHID	:	APH000029749
Gender	:	FEMALE	Bill No.	:	APHHC240001813
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	14-10-2024 08:51:25
Ward	:		Room No.	:	
			Print Date	:	14-10-2024 13:38:22

## **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 14.4 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 (10.1 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.2 cm), Left kidney (9.4 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

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

Uterus is anteverted (measures 5 x 4.4 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 (8.2 mm).

Both ovaries are obscured due to overlying bowel gases.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

## **IMPRESSION:- No significant abnormality detected**

*Please correlate clinically.....*

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

Prepare By.  
MD.SERAJ

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

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