



DEPARTMENT OF LABORATORY SERVICES
FINAL REPORT

Bill No.	: APHHC240001854	Bill Date	: 22-10-2024 12:29		
Patient Name	: MRS. ANIMA VERMA	UHID	: APH000030200		
Age / Gender	: 47 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24049699	Current Ward / Bed	: /		
		Receiving Date & Time	: 22-10-2024 12:45		
		Reporting Date & Time	: 22-10-2024 16:38		

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)	"B"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

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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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Age / Gender	: 47 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24049758	Current Ward / Bed	: /		
		Receiving Date & Time	: 22-10-2024 16:21		
		Reporting Date & Time	: 22-10-2024 19:11		

BIOCHEMISTRY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE(AVOVE-40)@2800

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		25	mg/dL	15 - 45
BUN <small>(Calculated)</small>		11.7	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.5	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	111.0	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)

GLUCOSE-PLASMA (POST PRANDIAL) <small>(UV Hexokinase)</small>	H	265.0	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
(As per American Diabetes Association recommendation)

LIPID PROFILE

CHOLESTROL-TOTAL <small>(CHO-POD)</small>	H	240	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>		52	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	157	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>	H	352	mg/dL	0 - 160
NON-HDL CHOLESTROL <small>(Calculated)</small>	H	188.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL <small>(Calculated)</small>		4.6		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>		3.0		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>	H	70	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>	H	1.10	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.17	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT <small>(Calculated)</small>	H	0.93	mg/dL	0.2 - 0.8



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S.PROTEIN-TOTAL (Biuret)		7.5	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.5	g/dL	3.5 - 5.2
S.GLOBULIN (Calculated)		3.0	g/dL	2.8-3.8
A/G RATIO (Calculated)		1.50		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER	H	112.7	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		32.1	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	H	44.4	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	H	47.5	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		175.8	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		7.5	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		5.9	mg/dL	2.6 - 7.2

** End of Report **

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Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE(AVOVE-40)@2800

HBA1C (Turbidimetric Immuno-inhibition)

H

7.2

%

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.

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Age / Gender	: 47 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24049698	Current Ward / Bed	: /		
		Receiving Date & Time	: 22-10-2024 12:45		
		Reporting Date & Time	: 22-10-2024 15:10		

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)		6.9	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.2	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.2	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		40.4	%	36 - 46
MEAN CORPUSCULAR VOLUME (Calculated)		97.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN (Calculated)		29.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (Calculated)	L	30.1	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		164	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	52.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.2	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS (Flow-cytometry & Microscopy)		68	%	40 - 80
LYMPHOCYTES (Flow-cytometry & Microscopy)		24	%	20 - 40
MONOCYTES (Flow-cytometry & Microscopy)		4	%	2 - 10
EOSINOPHILS (Flow-cytometry & Microscopy)		4	%	1 - 5
BASOPHILS (Flow-cytometry & Microscopy)		0	%	0 - 1
ESR (Westergren)	H	50	mm/1st hr	0 - 20

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Age / Gender	: 47 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24049750	Current Ward / Bed	: /		
		Receiving Date & Time	: 22-10-2024 15:58		
		Reporting Date & Time	: 22-10-2024 21:50		

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		25 mL		
COLOUR		Pale yellow		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)		1.025		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		2-3	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		1-2		
CASTS		Nil		
CRYSTALS		Nil		
URINE-SUGAR		NEGATIVE		

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Age / Gender	: 47 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24049702	Current Ward / Bed	: /		
		Receiving Date & Time	: 22-10-2024 12:45		
		Reporting Date & Time	: 22-10-2024 15:58		

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)		2.52	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.22	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.20	mIU/L	0.27-4.20

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MBBS,MD

CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. ANIMA VERMA	IPD No.	:	
Age	:	47 Yrs	UHID	:	APH000030200
Gender	:	FEMALE	Bill No.	:	APHHC240001854
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-10-2024 12:29:03
Ward	:		Room No.	:	
			Print Date	:	22-10-2024 13:58:35

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and show grade II fatty infiltration. (Liver measures 14.5 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 (11.7 cm) and echotexture.

Both kidneys measures and show normal in echotexture. (Right kidney (8.2 cm), Left kidney (9.1 cm).

Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

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

Uterus is post-menopausal status.

Bilateral adnexa are clear.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:- Grade II 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.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. ANIMA VERMA	IPD No.	:	
Age	:	47 Yrs	UHID	:	APH000030200
Gender	:	FEMALE	Bill No.	:	APHHC240001854
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-10-2024 12:29:03
Ward	:		Room No.	:	
			Print Date	:	23-10-2024 11:21:36

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

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

Prepare By.
MD.SERAJ

DR. MUHAMMAD SERAJ, MD
Radiodiagnosis, FRCR (London)
BCMR/46075
CONSULTANT

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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. ANIMA VERMA	IPD No.	:	
Age	:	47 Yrs	UHID	:	APH000030200
Gender	:	FEMALE	Bill No.	:	APHHC240001854
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-10-2024 12:29:03
Ward	:		Room No.	:	
			Print Date	:	24-10-2024 12:46:33

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

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