

FINAL REPORT

Bill No.	:	APHHC240001891			Bill Date		:	28-10-2024	4 09:24		
Patient Name	:	MRS. RAKHI KUMARI			UHID		:	APH00003	80437		
Age / Gender	:	34 Yrs 7 Mth / FEMALE			Patient Type		:	OPD		If PHC	:
Ref. Consultant	:	MEDIWHEEL			Ward / Bed		:	1			
Sample ID	:	APH24050839			Current Ward / Bed		: /				
	:					ne	:	28-10-2024	4 10:17		
					Reporting Date & Tin	ne	:	28-10-2024	4 15:23		
	-	<u>C</u>		L PA	ATH REPORTING						
Test (Methodolo	gy)		Flag	Re	sult	UOM			Biolog Interva		eference
Sample Type: Urine			•			•					
MEDIWHEEL FUI	L	BODY HEALTH CHECKUP_F	EMALE	BEL	_OW40@2550						
UNINE, NOUTINE	E.,	XAMINATION									
				20	mL						
					mL e Straw				Pale Ye	ellow	
PHYSICAL EXAN					e Straw				Pale Ye	ellow	
PHYSICAL EXAN QUANTITY COLOUR TURBIDITY		ATION		Pal	e Straw				Pale Ye	ellow	
QUANTITY COLOUR TURBIDITY	////			Pal	e Straw Par				Pale Y 6		
PHYSICAL EXAN QUANTITY COLOUR TURBIDITY	IIN /IIN	ATION IATION ethod)		Pal Cle 6.0	e Straw Par					5	
PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indica	IIN. MIN tor m	ATION IATION ethod) rror-of-indicators)		Pal Cle 6.0 Neg	e Straw ar				5.0 - 8	5 7 e	
PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indica PROTEINS (Prof SUGAR (GOD POD	IIN AIN tor m ein-e	ATION IATION ethod) rror-of-indicators)		Pal Cle 6.0 Neg	e Straw ear gative gative				5 0 - 8 i Negativ	5 7e 7e	
PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indice PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA	IIN IIN tor m ein-e Meth VI	ATION ATION IATION ethod) rror-of-indicators) iod) TY, URINE (Apparent pKa change)		Pal Cle 6.0 Neg	e Straw ear gative gative				5.0 - 8. Negativ Negativ	5 7e 7e	
PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indice PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA	IIN IIN tor m ein-e Meth VI	ATION ATION IATION ethod) rror-of-indicators) iod) TY, URINE (Apparent pKa change)		Pal Cle 6.0 Neg	e Straw ear gative gative 25	/HPF			5.0 - 8. Negativ Negativ	5 7e 7e	
PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indica PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA	IIN IIN tor m ein-e Meth VI	ATION ATION IATION ethod) rror-of-indicators) iod) TY, URINE (Apparent pKa change)		Pal Cle 6.0 Neg 1.0	e Straw ear gative gative 25	 			5.0 - 8 Negativ Negativ 1.005 -	5 7e 7e	
PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indica PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA MICROSCOPIC E LEUCOCYTES	IIN. MIN tor m ein-e Metti VI	ATION ATION HATION Hethod) rror-of-indicators) Hod) TY, URINE (Apparent pKa change) HINATION		Pal Cle 6.0 Neg 1.0	e Straw ar gative gative 25	/HPF			5.0 - 8 Negativ Negativ 1.005 -	5 7e 7e	
PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH Indica PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA MICROSCOPIC E LEUCOCYTES RBC's	IIN. MIN tor m ein-e Metti VI	ATION ATION HATION Hethod) rror-of-indicators) Hod) TY, URINE (Apparent pKa change) HINATION		Pal Cle 6.0 Neg 1.0 1.2	e Straw ar gative gative 25	/HPF			5.0 - 8 Negativ Negativ 1.005 -	5 7e 7e	
PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indica PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA MICROSCOPIC E LEUCOCYTES RBC'S EPITHELIAL C	IIN. MIN tor m ein-e Metti VI	ATION ATION HATION Hethod) rror-of-indicators) Hod) TY, URINE (Apparent pKa change) HINATION		Pal Cle 6.0 Neç 1.0 1-2 Nil 0-1	e Straw ar gative gative 25	/HPF			5.0 - 8 Negativ Negativ 1.005 -	5 7e 7e	
PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (DOUBLE pH Indica PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA MICROSCOPIC E LEUCOCYTES RBC'S EPITHELIAL C CASTS		ATION ATION HATION Hethod) rror-of-indicators) Hod) TY, URINE (Apparent pKa change) HINATION		Pal Cle 6.0 Neg 1.0 1.0 Nil 0-1 Nil Nil	e Straw ar gative gative 25	 			5.0 - 8. Negativ Negativ 1.005 -	5 7e 7e	

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.

Ashish



FINAL REPORT

Bill No.	:	APHHC240001891			Bill Date	:	:	28-10-202	4 09:24		
atient Name	:	MRS. RAKHI KUMARI			UHID	:	:	APH0000	30437		
ge / Gender	:	34 Yrs 7 Mth / FEMALE			Patient Type	:	:	OPD		If PHC :	
Ref. Consultant	:	MEDIWHEEL			Ward / Bed	1	:	1			
ample ID	:	APH24050832			Current Ward / Bed	:	:	/			
	:				Receiving Date & Tir		:	28-10-202	4 10:01		
					Reporting Date & Tir	ne	:	28-10-202	4 13:38		
		<u>H</u> A	EMAT	OLO	DGY REPORTING						
est (Methodolog	gy)		Flag	Re	sult	UOM			Biolog Interva	jical Reference al	
ample Type: EDTA											
IEDIWHEEL FUL	L.	BODY HEALTH CHECKUP_F	EMALE	BEI	_OW40@2550						
BC -1 (COMPLE	TE	BLOOD COUNT)									
TOTAL LEUCO	CY	TE COUNT (Flow Cytometry)		4.7		thous	ar	nd/cumm	4 - 11		
RED BLOOD C	ELI	_ COUNT (Hydro Dynamic Focussing)	L	3.7	7	millior	n/o	cumm	3.8 - 4.	8	
HAEMOGLOBI	N (S	SLS Hb Detection)	L	8.7	7	g/dL			12 - 15		
PACK CELL VO	LU	ME (Cumulative Pulse Height Detection)	L	30	.8	%	%		36 - 46		
MEAN CORPUS	SCI	JLAR VOLUME (Calculated)	L	82	.3	fL			83 - 101		
MEAN CORPUS	SCI	JLAR HAEMOGLOBIN (Calculated)	L	23	.2	pg			27 - 32		
MEAN CORPUS		JLAR HAEMOGLOBIN V (Calculated)	L	28	.3	g/dL			31.5 - 34.5		
PLATELET COU	JN	(Hydro Dynamic Focussing)	L	14	0	thous	ar	nd/cumm	150 - 4	00	
RED CELL DIS	TR:	IBUTION WIDTH (S.D - RDW)	н	50	.3	fL			39 - 46		
->	/	IBUTION WIDTH (C.V.)	н	17	.1	%			11.6 - 14		
DIFFERENTIAL L	ΕU	ICOCYTE COUNT				-					
NEUTROPHILS	(Flo	ow-cytometry & Microscopy)		56		%			40 - 80		
		low-cytometry & Microscopy)		34		%			20 - 40)	
MONOCYTES (Flow	-cytometry & Microscopy)		4		%			2 - 10		
EOSINOPHILS	(Flo	w-cytometry & Microscopy)	Н	6		%			1 - 5		
BASOPHILS (FIG	ow-cy	rtometry & Microscopy)		0		%			0 - 1		
ESR (Westergren)			н	85		mm/1	st	hr	0 - 20		

** 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.

Ashish



FINAL REPORT

Bill No.	:	APHHC240001891		Bill Date		:	28-10-2024 09:24		
Patient Name	1:	MRS. RAKHI KUMARI		UHID		:	APH000030437		
Age / Gender	1:	34 Yrs 7 Mth / FEMALE		Patient Type	Patient Type		OPD If PHC :		
Ref. Consultant	1:	MEDIWHEEL		Ward / Bed		:	1		
Sample ID	1:	APH24050975		Current Ward /	Bed	:	1		
	1:			Receiving Date	& Time	:	28-10-2024 17:48		
				Reporting Date	& Time	:	28-10-2024 19:49		
		BIC	DCHEN	ISTRY REPORT	ING				
Test (Methodolog	gy)		Flag	Result	UO	M	Biological Reference Interval		
Sample Type: EDTA	W	hole Blood, Plasma, Serum	1	1					
MEDIWHEEL FUI	L	BODY HEALTH CHECKUP_FE	WALE	BELOW40@2550					
				15	mg/	dL	15 - 45		
BLOOD UREA BUN (Calculated)				-	mg/		15 - 45 7 - 21		
BLOOD UREA BUN (Calculated)	Ureas			15 7.0	mg/	dL	7 - 21		
BLOOD UREA BUN (Calculated)	Ureas			15	•	dL	7 - 21		

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) (UV Hexokinase)	137.0	mg/dL	70 - 140
Nata, A dia manania of dialected an allity of a manufactif O base		0	

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 (CHO-POD)	Н	211	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	44	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	135	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)	Н	228	mg/dL	0 - 160
NON-HDL CHOLESTROL (Calculated)	Н	167.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL (Calculated)		4.8		1⁄2Average 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)		3.1		1⁄2Average 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 (Calculated)	Н	46	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:
 - 1. Cigarette smoking.
 - 2. Hypertension.
 - 3. Family history of premature coronary heart disease.
 - 4. Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)	Н	1.01	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.15	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT (Calculated)	Н	0.86	mg/dL	0.2 - 0.8



DEPARTMENT OF LABORATORY SERVICES FINAL REPORT

			• •		- REPORT						
l No.	:	APHHC240001891			Bill Date		:	28-10-2024 09:24			
tient Name	:	MRS. RAKHI KUMARI			UHID		:	APH000030437			
e / Gender	:	34 Yrs 7 Mth / FEMALE			Patient Type		:	OPD	If PHC :		
f. Consultant	:	MEDIWHEEL			Ward / Bed		:	1			
mple ID	:	APH24050975			Current Ward / Bed		:	1			
	:				Receiving Date & Tin	ne	:	28-10-2024 17:48			
	Π				Reporting Date & Tin	ne	:	28-10-2024 19:49			
S.PROTEIN-TO	TA	L (Biuret)	Н	8.	3	g/dL		6 - 8.1			
ALBUMIN-SERU	JM	(Dye Binding-Bromocresol Green)	4.6		g/dL		3.5 - 5.	2			
S.GLOBULIN (Ca			3.7			g/dL		2.8-3.8			
A/G RATIO (Calcu	ulate	ed)	L	1.:	24			1.5 - 2	.5		
ALKALINE PHO	SP	PHATASE IFCC AMP BUFFER	н	10	7.3	IU/L		42 - 98			
ASPARTATE AM	4I M	NO TRANSFERASE (SGOT) (IFCC)		22	8	IU/L		10 - 42			
ALANINE AMIN	0	TRANSFERASE(SGPT) (IFCC)		18	1	IU/L		10 - 40			
GAMMA-GLUTA	١M			18	2	IU/L		7 - 35			
LACTATE DEHY	/D	ROGENASE (IFCC; L-P)		18	5.9	IU/L		0 - 248	}		
S.PROTEIN-TO	TA	L (Biuret)	Н	8.3	3	g/dL		6 - 8.1			
URIC ACID (Urica	58 -	- Trinder)		4.5		mg/c	IL	2.6 - 7	.2		

** 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.

Ashish



FINAL REPORT

Bill No.	:	APHHC240001891	Bill Date	: 28-10-2024 09:24
Patient Name	:	MRS. RAKHI KUMARI	UHID	: APH000030437
Age / Gender	:	34 Yrs 7 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	: /
Sample ID	:	APH24050975	Current Ward / Bed	: /
	:		Receiving Date & Time	: 28-10-2024 17:48
			Reporting Date & Time	: 28-10-2024 19:49

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	5.6	%	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 **

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.



FINAL REPORT

Bill No.	131	APHHC240001891	HHC240001891			:	28-10-2024 09:2	10-2024 09:24		
Patient Name	:	MRS. RAKHI KUMARI		UHID		: .	APH000030437	00030437		
Age / Gender	:	34 Yrs 7 Mth / FEMALE		Patient Type		:	OPD	If PHO	: :	
Ref. Consultant	:	MEDIWHEEL		Ward / Bed		:	1			
Sample ID	:	APH24050833		Current Ward / Bed		:	1			
	:			Receiving Date & Tir	ne	:	28-10-2024 10:0)1		
				Reporting Date & Tir	mo	:	00 40 0004 40.5	51		
					ne	-	28-10-2024 19:5			
		BL	<u>.00D</u>	BANK REPORTING	ne	-	28-10-2024 19:5			
Test (Methodolog	gy)		<u>OOD</u> Flag					ogical R	efer	ence
Test (Methodolo Sample Type: EDTA				BANK REPORTING			Biol	ogical R	efer	ence
Sample Type: EDTA	W		Flag	BANK REPORTING Result			Biol	ogical R	efer	ence
Sample Type: EDTA	. W	hole Blood BODY HEALTH CHECKUP_FE	Flag	BANK REPORTING Result			Biol	ogical R	efer	ence

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.

Ashish



FINAL REPORT

Bill No.	:	APHHC240001891	Bill Date		28-10-2024 09:24
Patient Name	:	MRS. RAKHI KUMARI	UHID	:	APH000030437
Age / Gender	:	34 Yrs 7 Mth / FEMALE	Patient Type		OPD If PHC :
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		: /
Sample ID	:	APH24050836	Current Ward / Bed	:	: /
	:		Receiving Date & Time	:	28-10-2024 10:01
			Reporting Date & Time	:	28-10-2024 14:39
		S	EROLOGY REPORTING		

Test (Methodology)	Flag	Result	UOM	Biological Reference
				Interval

Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.54	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.14	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	Н	9.08	mIU/L	0.27-4.20

** 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.

Schist



FINAL REPORT

Bill No.	: APHHC240001891	Bill Date	:	28-10-2024 09:24
Patient Name	: MRS. RAKHI KUMARI	UHID	:	APH000030437
Age / Gender	: 34 Yrs 7 Mth / FEMALE	Patient Type	:	OPD
Ref. Consultant	: MEDIWHEEL	Ward	:	
Sample ID	: APH24050962	Current Bed	:	
	:	Reporting Date & Time	:	30-10-2024 10:42
	· ·	Receiving Date & Time	:	28/10/2024 16:12

CYTOPATHOLOGY REPORTING

Cytopathology No:C-299/24

Material Received: PAP smear. Two unstained slide received.

Reporting System: BETHESDA 2014

Material Adequacy: Satisfactory for evaluation. Endocervical/Transformation zone component present.

Microscopic Examination: Mostly Superficial cells, Intermediate cells & few Para-basal cells in the background of chronic inflammation.

Non-Neoplastic Findings: Moderate neutrophilic infiltrates.

Specific Infections: Shift in flora s/o bacterial vaginosis

Epithelial cell abnormality (Squamous cells): Nil Squamous cell abnormality (Glandular cells): Nil.

Impression: Shift in flora s/o bacterial vaginosis; Negative for Intraepithelial lesion or Malignancy.(NILM).

*** End of Report ***

Ashish

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. RAKHI KUMARI	IPD No.	:	
Age	:	34 Yrs 7 Mth	UHID	:	APH000030437
Gender	:	FEMALE	Bill No.	:	APHHC240001891
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	28-10-2024 09:24:54
Ward	:		Room No.	:	
			Print Date	:	28-10-2024 11:40:50

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 13.8 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 mildly enlarged in size (14.1 cm) and normal in echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.2 cm), Left kidney (10 cm). Corticomedullary distinction is maintained. No calculus or hydronephrosis seen.

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

Uterus is anteverted (measures 4.3 x 2.6 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 (4.9 mm).

Both ovaries are obscured.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:- Mild splenomegaly.

Please correlate clinically.....

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

Prepare By. MD.SALMAN 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. RAKHI KUMARI	IPD No.	:	
Age	:	34 Yrs 7 Mth	UHID	:	APH000030437
Gender	:	FEMALE	Bill No.	:	APHHC240001891
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	28-10-2024 09:24:54
Ward	:		Room No.	:	
			Print Date	:	28-10-2024 13:05:41

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

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.