Bill No.	:	APHHC240000168	Bill Date	1	10-02-2024 09:16		
Patient Name	:	MRS. SAPNA KUMARI	UHID	1	APH000020267		
Age / Gender		39 Yrs 6 Mth / FEMALE	Patient Type	1	OPD If PHC :		
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24004402	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	10-02-2024 09:59		
	П		Reporting Date & Time	:	10-02-2024 15:29		

BLOOD BANK REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000168	Bill Date	:	10-02-2024 09:16		
Patient Name	Г	MRS. SAPNA KUMARI	UHID		APH000020267		
Age / Gender	Г	39 Yrs 6 Mth / FEMALE	Patient Type	[·	OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed		1		
Sample ID		APH24004405	Current Ward / Bed		1		
	F		Receiving Date & Time	:	10-02-2024 09:59		
	Т		Reporting Date & Time		10-02-2024 17:17		

SEROLOGY 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)		2.99	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	L	0.71	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		1.24	mIU/L	0.27-4.20

** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000168	Bill Date	F	10-02-2024 09:16		
Patient Name	:	MRS. SAPNA KUMARI	UHID	F	APH000020267		
Age / Gender	:	39 Yrs 6 Mth / FEMALE	Patient Type	F	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH24004401	Current Ward / Bed		1		
	:		Receiving Date & Time	-	10-02-2024 09:59		
			Reporting Date & Time		10-02-2024 17:13		

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)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)	Н	11.4	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	Н	5.2	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.0	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		37.6	%	36 - 46
MEAN CORPUSCULAR VOLUME	L	71.7	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	22.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.0	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		319	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		43.5	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	16.8	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		80	%	40 - 80
LYMPHOCYTES	L	16	%	20 - 40
MONOCYTES		4	%	2 - 10
EOSINOPHILS	L	0	%	1 - 5
BASOPHILS		0	%	0 - 1
		T		I I
ESR (Westergren)	Н	46	mm 1st hr	0 - 20

** End of Report **

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

DR. ASHISH RANJAN SINGH

MBBS,MD CONSULTANT

Page 1 of 1

Bill No.	:	APHHC240000168	Bill Date	:	10-02-2024 09:16		
Patient Name	:	MRS. SAPNA KUMARI	UHID	1	APH000020267		
Age / Gender	:	39 Yrs 6 Mth / FEMALE	Patient Type	1	OPD If PHC :		
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24004518	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	10-02-2024 14:31		
	П		Reporting Date & Time	:	10-02-2024 19:07		

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	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
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.020	1.005 - 1.030

MICROSCOPIC EXAMINATION

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

URINE-SUGAR Negative	ONINE SOURIN	Negative
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** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	F	APHHC240000168	Bill Date	:	10-02-2024 09:16	
Patient Name	Г	MRS. SAPNA KUMARI	UHID	:	APH000020267	
Age / Gender	Г	39 Yrs 6 Mth / FEMALE	Patient Type	:	OPD	If PHC :
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed	:	1	
Sample ID		APH24004517	Current Ward / Bed	:	1	
			Receiving Date & Time	:	10-02-2024 14:31	
	Т		Reporting Date & Time	:	10-02-2024 16:24	

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference
				11110111

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD UREA Urease-GLDH,Kinetic		27	mg/dL	15 - 45
BUN (CALCULATED)		12.6	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe's Kinetic)	L	0.5	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	Н	225.0	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) (UV Hexokinase)	Н	358.0	mg/dL	70 - 140
, , , , , , , , , , , , , , , , , , , ,				

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	239	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		48	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	166	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)	Н	187	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	191.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.0		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		3.5		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	Н	37	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)	0.50	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.08	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.42	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	6.1	g/dL	6 - 8.1

ill No.	T	APHHC240000168			Bill Date		:	10-02-2024 09:16			
atient Name	1	MRS. SAPNA KUMARI		UHID			:	APH000020267)20267		
ge / Gender	1	39 Yrs 6 Mth / FEMALE			Patient Type		:	OPD	If PHC :		
tef. Consultant	1	MEDIWHEEL			Ward / Bed		:	1			
ample ID : APH24004517 :		Current Ward / Bed Receiving Date & Time Reporting Date & Time		ı : /		1					
				Receiving Date & Tin	ne	:	10-02-2024 14:3	31			
				Reporting Date & Tin	ne	:	10-02-2024 16:24				
ALBUMIN-SER	UΜ	(Dye Binding-Bromocresol Green)		3.6		g/dL					
S.GLOBULIN			L	2.	5	g/dL		2.8-3	.8		
A/G RATIO			L	1.4	14			1.5 -	2.5		
ALKALINE PHO	OSF	PHATASE IFCC AMP BUFFER	Н	10	4.2	IU/L		42 -	98		
ASPARTATE AI	ΜII	NO TRANSFERASE (SGOT) (IFCC)		13	1	IU/L		10 - 4	12		
ALANINE AMIN	VO	TRANSFERASE(SGPT) (IFCC)		20	7	IU/L		10 - 4	40		
GAMMA-GLUTA	ΑΜ	YLTRANSPEPTIDASE (IFCC)		34	5	IU/L		7 - 3	5		
LACTATE DEH	ΥD	ROGENASE (IFCC; L-P)		12	7.3	IU/L		0 - 2	48		
S.PROTEIN-TC)TA	L (Biuret)		6.1		g/dL		6 - 8	.1		
URIC ACID Urica	ase -	Trinder		4.2		mg/d	1	2.6 -	7.2		

** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000168	Bill Date		10-02-2024 09:16		
Patient Name	:	MRS. SAPNA KUMARI	UHID		APH000020267		
Age / Gender	:	39 Yrs 6 Mth / FEMALE	Patient Type		OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		1		
Sample ID	:	APH24004517	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	10-02-2024 14:31		
			Reporting Date & Time	:	10-02-2024 16:24		

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	Н	11.5	%	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

DR. ASHISH RANJAN SINGH

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. SAPNA KUMARI	IPD No.	T	
Age	:	39 Yrs 6 Mth	UHID	T	APH000020267
Gender	:	FEMALE	Bill No.	T:	APHHC240000168
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	10-02-2024 09:16:24
Ward	:		Room No.	:	
			Print Date	:	12-02-2024 11:40:39

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.

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P١	ease	corre	iate c	linical	IV.

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

Prepare By. MD.SALMAN

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.

Bill No.	: APHHC240000168	Bill Date : 10-02-2024 09:16	
Patient Name	: MRS. SAPNA KUMARI	UHID : APH000020267	
Age / Gender	: 39 Yrs 6 Mth / FEMALE	Patient Type : OPD	
Ref. Consultant	: MEDIWHEEL	Ward :	
Sample ID	: APH24004642	Current Bed :	
	:	Reporting Date & Time : 12-02-2024 17:33	
		Receiving Date & Time : 12/02/2024 08:51	

CYTOPATHOLOGY REPORTING

Cytopathology No: C -16/24

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 and basal

cells.

Non-Neoplastic Findings: Moderate neutrophilic infiltrates.

Specific Infections: Nil.

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

Impression: Inflammatory smear. Negative for Intraepithelial lesion or Malignancy.(NILM).

*** End of Report ***

MBBS,MD CONSULTANT

DR. ASHISH RANJAN SINGH

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report: ULTRASOUND

Patient Name	:	MRS. SAPNA KUMARI	IPD No.	:	
Age	:	39 Yrs 6 Mth	UHID	T:	APH000020267
Gender	:	FEMALE	Bill No.	T:	APHHC240000168
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	10-02-2024 09:16:24
Ward	:		Room No.	:	
			Print Date	:	10-02-2024 10:45:56

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.7cm)

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 (8.5 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.0 cm), Left kidney (10.3 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 6.4 x 4.7 x 3.4 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 (9.0 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.7 x 1.5 cm, left ovary measures 2.7 x 1.7 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSI	ON:	Norm	al st	udy.

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.