

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. SHAKILA KHATOON	IPD No.	:
Age	: 53 Yrs 1 Mth	UHID	: APH000015583
Gender	: FEMALE	Bill No.	: APHHC230000732
Ref. Doctor	: MEDIWHEEL	Bill Date	: 24-06-2023 09:15:47
Ward	:	Room No.	:
		Print Date	: 24-06-2023 10:54:37

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.

No mass or dilated ducts 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: Normal study.

Please correlate clinically.

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

Prepare By.
MD.SERAJ

DR. MUHAMMAD SERAJ, MD,FRCR
(London) Radiodiagnosis
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.

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Report : ULTRASOUND

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WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows moderate increase in parenchymal echogenicity S/O grade II fatty liver infiltration. (Liver measures 12.8 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 normal in size (7.5 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.8 cm), Left kidney (9.7 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is post-operative 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.SALMAN

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(London) Radiodiagnosis
CONSULTANT

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Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. SHAKILA KHATOON	IPD No.	:
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Ref. Doctor	: MEDIWHEEL	Bill Date	: 24-06-2023 09:15:47
Ward	:	Room No.	:
		Print Date	: 24-06-2023 11:01:50

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,FRCR
(London) Radiodiagnosis
CONSULTANT

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FINAL REPORT

Bill No. :	APHHC230000732	Bill Date :	24-06-2023 09:15
Patient Name :	MRS. SHAKILA KHATOON	UHID :	APH000015583
Age / Gender :	53 Yrs 1 Mth / FEMALE	Patient Type :	OPD if PHC :
Ref. Consultant :	MEDIWHEEL	Ward / Bed :	/
Sample ID :	APH23016771	Current Ward / Bed :	/
		Receiving Date & Time :	24-06-2023 14:09
		Reporting Date & Time :	24-06-2023 15:21

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>(Ureae-G.Ox/Kinetic)</small>		27	mg/dL	15 - 45
BUN (CALCULATED)		12.6	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe's Kinetic)</small>		0.7	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	394.0	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>	CH	595.0	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-PGD)</small>	H	189	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>	L	41	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	121	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - PGD)</small>		151	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	148.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		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		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		30	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>(DPO)</small>		0.59	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPO)</small>		0.10	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.49	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Buret)</small>		7.0	g/dL	6 - 8.1

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Ref. Consultant :	MEDIWHEEL	Ward / Bed :	/
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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		3.7	g/dL	
S.GLOBULIN		3.3	g/dL	2.8-3.8
A/G RATIO	L	1.12		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)	H	180.0	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		16.8	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		11.6	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		20.0	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		212.4	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)		7.0	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		3.3	mg/dL	2.6 - 7.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT


FINAL REPORT

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Ref. Consultant	MEDIWHEEL	Ward / Bed	/
Sample ID	APH23016771	Current Ward / Bed	/
		Receiving Date & Time	24-06-2023 14:09
		Reporting Date & Time	24-06-2023 15:21

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Glycemic Index)	H	12.2	%	4.0 - 6.2
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INTERPRETATION:

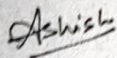
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

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.

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Age / Gender	: 53 Yrs 1 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016734	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 11:29
		Reporting Date & Time	: 24-06-2023 14:42

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

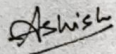
PH (Double pH indicator method)	6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Negative		Negative
SUGAR (GOD POD Method)	+++		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.015		1.005 - 1.030

MICROSCOPIC EXAMINATION

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

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Ref. Consultant :	MEDIWHEEL	Ward / Bed :	/
Sample ID :	APH23016710	Current Ward / Bed :	/
		Receiving Date & Time :	24-06-2023 10:02
		Reporting Date & Time :	24-06-2023 12:06

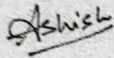
SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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)		1.38	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.10	mIU/L	0.27-4.20

**** End of Report ****

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Age / Gender	: 53 Yrs 1 Mth / FEMALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016707	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 10:02
		Reporting Date & Time	: 24-06-2023 16:30

BLOOD BANK REPORTING

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

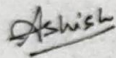
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE(AVOVE-40)@2800

BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

**** End of Report ****

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