

# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. LOVELY KUMARI	IPD No.	:	
Age	:	25 Yrs 5 Mth	UHID	:	APH000016013
Gender	:	FEMALE	Bill No.	:	APHHC230000837
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-07-2023 08:50:55
Ward	:		Room No.	:	
			Print Date	:	22-07-2023 12:49:33

## **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 11.7 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 (8.8 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.2 cm), Left kidney (10.3 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 6.1 x 3.5 x 2.5 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 (4.2 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.8 x 1.5 cm, left ovary measures 2.9 x 1.3 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

## **IMPRESSION: Normal study.**

*Please correlate clinically.....*

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

Prepare By.  
MD.SALMAN

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.

## FINAL REPORT

Bill No.	: APHHC230000837	Bill Date	: 22-07-2023 08:50
Patient Name	: MRS. LOVELY KUMARI	UHID	: APH000016013
Age / Gender	: 25 Yrs 5 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward	:
Sample ID	: APH23019932	Current Bed	:
	:	Reporting Date & Time	: 29-07-2023 10:11
	:	Receiving Date & Time	: 29/07/2023 06:38

### CYTOPATHOLOGY REPORTING

Cytopathology No: C-106/23

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.

Non-Neoplastic Findings: Mild neutrophilic infiltrates.

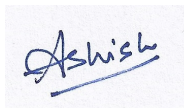
Specific Infections: Nil.

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

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

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



DR. ASHISH RANJAN SINGH  
MBBS,MD  
CONSULTANT

# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. LOVELY KUMARI	IPD No.	:	
Age	:	25 Yrs 5 Mth	UHID	:	APH000016013
Gender	:	FEMALE	Bill No.	:	APHHC230000837
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-07-2023 08:50:55
Ward	:		Room No.	:	
			Print Date	:	22-07-2023 13:06:37

## 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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**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.

## FINAL REPORT

Bill No.	: APHHC230000837	Bill Date	: 22-07-2023 08:50
Patient Name	: MRS. LOVELY KUMARI	UHID	: APH000016013
Age / Gender	: 25 Yrs 5 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019934	Current Ward / Bed	: /
		Receiving Date & Time	: 29-07-2023 06:41
		Reporting Date & Time	: 29-07-2023 07:56

### CLINICAL PATH REPORTING

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

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550**

#### URINE, ROUTINE EXAMINATION

##### PHYSICAL EXAMINATION

QUANTITY		30 mL		
COLOUR		Pale Straw		Pale Yellow
TURBIDITY		Clear		

##### CHEMICAL EXAMINATION

PH <small>(Double pH indicator method)</small>		6.5		5.0 - 8.5
PROTEINS <small>(Protein-error-of-indicators)</small>		Negative		Negative
SUGAR <small>(GOD POD Method)</small>		Negative		Negative
SPECIFIC GRAVITY, URINE <small>(Apparent pKa change)</small>		1.010		1.005 - 1.030

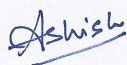
##### MICROSCOPIC EXAMINATION

LEUCOCYTES		2-3	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		5-7/hpf		
CASTS		Nil		
CRYSTALS		Nil		
OTHERS		Few budding yeast cells.		
URINE-SUGAR		NEGATIVE		

\*\* End of Report \*\*

#### **IMPORTANT INSTRUCTIONS**

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



**DR. ASHISH RANJAN SINGH**

MBBS,MD

CONSULTANT

## FINAL REPORT

Bill No.	: APHHC230000837	Bill Date	: 22-07-2023 08:50
Patient Name	: MRS. LOVELY KUMARI	UHID	: APH000016013
Age / Gender	: 25 Yrs 5 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019370	Current Ward / Bed	: /
		Receiving Date & Time	: 22-07-2023 15:11
		Reporting Date & Time	: 22-07-2023 16:53

### 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 BELOW40@2550

BLOOD UREA <small>Urease-GLDH,Kinetic</small>	<b>L</b>	<b>9</b>	mg/dL	15 - 45
BUN (CALCULATED)	<b>L</b>	<b>4.2</b>	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>		98.0	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>		136.0	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>		152	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	<b>L</b>	<b>42</b>	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		88	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		111	mg/dL	0 - 160
NON-HDL CHOLESTROL		110.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.6		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		2.1		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		22	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 <small>(DPD)</small>		0.58	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.11	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.47	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.1	g/dL	6 - 8.1

## FINAL REPORT

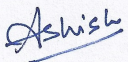
Bill No.	: APHHC230000837	Bill Date	: 22-07-2023 08:50
Patient Name	: MRS. LOVELY KUMARI	UHID	: APH000016013
Age / Gender	: 25 Yrs 5 Mth / FEMALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019370	Current Ward / Bed	: /
		Receiving Date & Time	: 22-07-2023 15:11
		Reporting Date & Time	: 22-07-2023 16:53

ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		3.6	g/dL	
S.GLOBULIN	<b>L</b>	<b>2.5</b>	g/dL	2.8-3.8
A/G RATIO	<b>L</b>	<b>1.44</b>		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		65.6	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		19.3	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		13.8	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		12.3	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		238.9	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		6.1	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		2.6	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

Bill No.	: APHHC230000837	Bill Date	: 22-07-2023 08:50
Patient Name	: MRS. LOVELY KUMARI	UHID	: APH000016013
Age / Gender	: 25 Yrs 5 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019370	Current Ward / Bed	: /
		Receiving Date & Time	: 22-07-2023 15:11
		Reporting Date & Time	: 22-07-2023 16:53

Sample Type: EDTA Whole Blood, Plasma, Serum

### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	5.5	%	4.0 - 6.2
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#### INTERPRETATION:

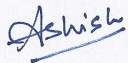
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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 \*\***

#### IMPORTANT INSTRUCTIONS

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MBBS,MD  
CONSULTANT

## FINAL REPORT

Bill No.	: APHHC230000837	Bill Date	: 22-07-2023 08:50
Patient Name	: MRS. LOVELY KUMARI	UHID	: APH000016013
Age / Gender	: 25 Yrs 5 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019316	Current Ward / Bed	: /
		Receiving Date & Time	: 22-07-2023 09:51
		Reporting Date & Time	: 22-07-2023 11:46

### 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 BELOW40@2550

#### CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT <small>(Flow Cytometry)</small>		5.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small>	L	2.9	million/cumm	3.8 - 4.8
HAEMOGLOBIN <small>(SLS Hb Detection)</small>	L	10.8	g/dL	12 - 15
PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small>	L	32.5	%	36 - 46
MEAN CORPUSCULAR VOLUME	H	112.6	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	H	37.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.1	g/dL	31.5 - 34.5
PLATELET COUNT <small>(Hydro Dynamic Focussing)</small>		188	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small>	H	57.7	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.3	%	11.6 - 14

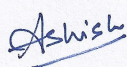
#### DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		60	%	40 - 80
LYMPHOCYTES		32	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR <small>(Westergren)</small>	H	44	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



## FINAL REPORT

Bill No.	: APHOP230010058	Bill Date	: 22-07-2023 09:46
Patient Name	: MRS. LOVELY KUMARI	UHID	: APH000016013
Age / Gender	: 25 Yrs 5 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019933	Current Ward / Bed	: /
		Receiving Date & Time	: 29-07-2023 06:40
		Reporting Date & Time	: 29-07-2023 07:57

### CLINICAL PATH REPORTING

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

URINE PREGNANCY TEST (CARD TEST)	NEGATIVE
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Interpretation of Results

This is a preliminary qualitative test for detection of pregnancy.

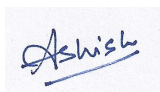
False negative may occur if HCG levels are below sensitivity of the test.

False positive results are seen in trophoblastic disease & few non trophoblastic tumors.

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

#### IMPORTANT INSTRUCTIONS

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



**DR. ASHISH RANJAN SINGH**

MBBS,MD

CONSULTANT

## FINAL REPORT

Bill No.	: APHHC230000837	Bill Date	: 22-07-2023 08:50		
Patient Name	: MRS. LOVELY KUMARI	UHID	: APH000016013		
Age / Gender	: 25 Yrs 5 Mth / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23019320	Current Ward / Bed	: /		
		Receiving Date & Time	: 22-07-2023 09:51		
		Reporting Date & Time	: 22-07-2023 13:29		

### SEROLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

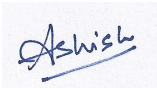
#### THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.46	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.15	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	<b>H</b>	<b>5.77</b>	mIU/L	0.27-4.20

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

#### **IMPORTANT INSTRUCTIONS**

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



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MBBS,MD  
CONSULTANT

## FINAL REPORT

Bill No.	: APHHC230000837	Bill Date	: 22-07-2023 08:50		
Patient Name	: MRS. LOVELY KUMARI	UHID	: APH000016013		
Age / Gender	: 25 Yrs 5 Mth / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23019317	Current Ward / Bed	: /		
		Receiving Date & Time	: 22-07-2023 09:51		
		Reporting Date & Time	: 22-07-2023 16:01		

### BLOOD BANK REPORTING

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

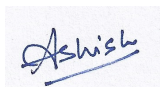
MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

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**

MBBS,MD

CONSULTANT

# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. TANVI LATA	IPD No.	:	
Age	:	33 Yrs 11 Mth	UHID	:	APH000015931
Gender	:	FEMALE	Bill No.	:	APHHC230000818
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	18-07-2023 09:59:09
Ward	:		Room No.	:	
			Print Date	:	18-07-2023 14:23:36

## **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 13.6 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 (8.3 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.6 cm), Left kidney (11.2 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 8.0 x 5.0 x 4.1 cm) and appears normal in size and echotexture. **Small hypoechoic lesion of size ~ 11.7 x 10 mm is seen in posterior myometrium suggesting likely intramural fibroid.**

Cervix and vagina are unremarkable.

Endometrial echo is central and normal in thickness (6.3 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.8 x 1.9 cm, left ovary measures 3.5 x 2.3 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

**IMPRESSION: Small hypoechoic lesion of size ~ 11.7 x 10 mm is seen in posterior myometrium suggesting likely intramural fibroid.**

*Please correlate clinically.....*

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

Prepare By.  
MD.SALMAN

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