Report: ULTRASOUND

Patient Name	:	MRS. PRERNA	IPD No.	T:	
Age	:	49 Yrs 2 Mth	UHID	T:	APH000018413
Gender	:	FEMALE	Bill No.	:	APHHC230001304
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	15-11-2023 09:20:12
Ward	:		Room No.	:	
			Print Date	:	15-11-2023 12:12:16

#### **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.

<b>IMPRESSION:</b> No	significant	abnormality	detected.

Please correlate clinically.	
	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.

Report: ULTRASOUND

Patient Name	:	MRS. PRERNA	IPD No.	:	
Age	:	49 Yrs 2 Mth	UHID	T:	APH000018413
Gender	:	FEMALE	Bill No.	:	APHHC230001304
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	15-11-2023 09:20:12
Ward	:		Room No.	:	
			Print Date	:	15-11-2023 12:11:58

#### **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.3 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 (7.4 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.3 cm), Left kidney (9.3 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is retroverted (measures 8.6 x 5.8 x 4.8 cm) and appears normal in size and echotexture. No focal lesion seen.

Cervix appears mildly bulky (measures ~ 3.2 cm in AP diameter) with few tiny nabothian cysts are seen likely cervicitis.

Intrauterine contraceptive device seen in situ.

Both ovaries are normal in size and echotexture with right ovary seen in POD. Right ovary measures  $3.5 \times 2.9 \text{ cm}$ , left ovary measures  $3.0 \times 2.2 \text{ cm}$ .

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

No significant lymphadenopathy seen. No dilated bowel loop seen.

<u>IMPRESSION:</u> Cervix appears mildly bulky (measures ~ 3.2 cm in AP diameter) with few tiny nabothian cysts are seen likely cervicitis. (Suggested PAP smear)

Please correlate clinically							
Enc	l of Report						
Prepare By. MD.SALMAN	DR. MUHAMMAD SERAJ, MD Radiodiagnosis,FRCR (London) BCMR/46075						

Note: The information in this report is based on interpretation of images. This report is not the diagnosis and

CONSULTANT

Report: ULTRASOUND

Patient Name	:	MRS. PRERNA	IPD No.	T	
Age	:	49 Yrs 2 Mth	UHID	T	APH000018413
Gender	:	FEMALE	Bill No.	T:	APHHC230001304
Ref. Doctor	:	MEDIWHEEL	Bill Date	1:	15-11-2023 09:20:12
Ward	:		Room No.	:	
			Print Date	:	15-11-2023 12:11:58

should be correlated with clinical details and other investigation.

Report : XRAY

Patient Name	:	MRS. PRERNA	IPD No.	T:	
Age	:	49 Yrs 2 Mth	UHID	T:	APH000018413
Gender	:	FEMALE	Bill No.	T:	APHHC230001304
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	15-11-2023 09:20:12
Ward	:		Room No.	:	
			Print Date	:	15-11-2023 13:33:29

#### **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.

Bill No.	: APHOP230019096	Bill Date : 17-11-2023 10:23
Patient Name	: MRS. PRERNA	UHID : APH000018413
Age / Gender	: 49 Yrs 2 Mth / FEMALE	Patient Type : OPD
Ref. Consultant	: MEDIWHEEL	Ward :
Sample ID	: APH23031836	Current Bed :
	:	<b>Reporting Date &amp; Time</b> : 17-11-2023 11:20
		Receiving Date & Time : 17/11/2023 10:33

#### **CYTOPATHOLOGY REPORTING**

Cytopathology No: 142/23

Material Received: PAP smear. Two unstained slide received.

Reporting System: BETHESDA 2014

Material Adequacy: Satisfactory for evaluation.

Endocervical/Transformation zone component Absent.

Microscopic Examination: Mostly Superficial cells, Intermediate cells & few Para-basal cells and basal

cells in the background of acute inflammation.

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 \*\*\*

DR. ASHISH RANJAN SINGH MBBS,MD

**CONSULTANT** 

Bill No.	:	APHHC230001304	Bill Date	1:	15-11-2023 09:20		
Patient Name	Г	MRS. PRERNA	UHID	T	APH000018413		
Age / Gender	Г	49 Yrs 2 Mth / FEMALE	Patient Type	T	OPD	If PHC	1:
Ref. Consultant	1	MEDIWHEEL	Ward / Bed	T	1		
Sample ID	1	APH23031642	Current Ward / Bed	1	1		
	F		Receiving Date & Time	1	15-11-2023 12:39		
	Г		Reporting Date & Time	T	15-11-2023 15:32		

#### **CLINICAL PATH REPORTING**

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

#### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

#### **URINE, ROUTINE EXAMINATION**

#### PHYSICAL EXAMINATION

QUANTITY	30 mL			
COLOUR	Pale Straw		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)	1.015	1.005 - 1.030

#### MICROSCOPIC EXAMINATION

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

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

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

DR. ASHISH RANJAN SINGH

Bill No.		APHHC230001304	Bill Date		15-11-2023 09:20		
Patient Name		MRS. PRERNA	UHID		APH000018413		
Age / Gender		49 Yrs 2 Mth / FEMALE	Patient Type	F	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		1		
Sample ID	:	APH23031619	Current Ward / Bed		1		
	:		Receiving Date & Time	-	15-11-2023 10:35		
			Reporting Date & Time		15-11-2023 13:33		

#### **HAEMATOLOGY REPORTING**

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

### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

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

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.3	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		3.9	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.9	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	32.4	%	36 - 46
MEAN CORPUSCULAR VOLUME		83.6	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.5	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		168	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		43.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.4	%	11.6 - 14

#### DIFFERENTIAL LEUCOCYTE COUNT

ESR (Westergren)	Н	60	mm 1st hr	0 - 20
BASOPHILS		0	%	0 - 1
EOSINOPHILS			%	1 - 5
MONOCYTES		4	%	2 - 10
LYMPHOCYTES		32	%	20 - 40
NEUTROPHILS		62	%	40 - 80

#### \*\* 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.	:	APHHC230001304	Bill Date		15-11-2023 09:20		
Patient Name	:	MRS. PRERNA	UHID	:	APH000018413		
Age / Gender		49 Yrs 2 Mth / FEMALE	Patient Type	:	OPD	If PHC	:
Ref. Consultant		MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH23031620	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	15-11-2023 10:35		
	Т		Reporting Date & Time	:	15-11-2023 15:29		

### **BLOOD BANK REPORTING**

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

#### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

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

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC230001304	Bill Date		15-11-2023 09:20		
Patient Name	:	MRS. PRERNA	UHID		APH000018413		
Age / Gender	:	49 Yrs 2 Mth / FEMALE	Patient Type		OPD If PHC :		
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	1:	1		
Sample ID	:	APH23031663	Current Ward / Bed		/		
	:		Receiving Date & Time		15-11-2023 15:18		
	Г		Reporting Date & Time	1	15-11-2023 15:47		

#### **BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<u> </u>				

Sample Type: EDTA Whole Blood, Plasma, Serum

#### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

BLOOD UREA Urease-GLDH,Kinetic		16	mg/dL	15 - 45
BUN (CALCULATED)		7.5	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	107.0	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)	126.0	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	182	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		55	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	121	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		98	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	127.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.3		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		2.2		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		20	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)	0.89	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.15	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.74	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	6.6	g/dL	6 - 8.1

HC :	
1C :	
15-11-2023 15:47	

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

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

DR. ASHISH RANJAN SINGH

Bill No.	T	APHHC230001304	Bill Date	T	15-11-2023 09:20		
Patient Name	Г	MRS. PRERNA	UHID	Т	APH000018413		
Age / Gender	Г	49 Yrs 2 Mth / FEMALE	Patient Type	Т	OPD	If PHC	:
Ref. Consultant	1	MEDIWHEEL	Ward / Bed	Т	1		
Sample ID	1	APH23031663	Current Ward / Bed		1		
	F		Receiving Date & Time		15-11-2023 15:18		
	Т		Reporting Date & Time	T	15-11-2023 15:47		

Sample Type: EDTA Whole Blood, Plasma, Serum

#### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

HBA1C (Turbidimetric Immuno-inhibition)	5.8	%	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

Bill No.	F	APHHC230001304	Bill Date	·	15-11-2023 09:20		
Patient Name	Г	MRS. PRERNA	UHID	Ε	APH000018413		
Age / Gender	Г	49 Yrs 2 Mth / FEMALE	Patient Type	T	OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed	T	1		
Sample ID		APH23031623	Current Ward / Bed		1		
	F		Receiving Date & Time	:	15-11-2023 10:35		
	Г		Reporting Date & Time	:	15-11-2023 13:38		

#### **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)	3.67	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	0.99	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.62	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