

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. MANSI KUMARI	IPD No.	:
Age	: 23 Yrs 1 Mth	UHID	: APH000013454
Gender	: FEMALE	Bill No.	: APHHC230000161
Ref. Doctor	: MEDIWHEEL	Bill Date	: 11-02-2023 10:09:32
Ward	:	Room No.	:
		Print Date	: 11-02-2023 11:20:45

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 11.9cm)

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 (9.2cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.1 x 4.1cm), Left kidney (9.5 x 4.4cm).

Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Uterus is anteverted (measures 7.4 x 5x 4 cm) and appears normal in size and echotexture. No focal lesion seen.

Endometrial echo is central and normal in thickness (4.07 mm).

Cervix and vagina are unremarkable.

Both ovaries are normal in size and echotexture. Right ovary measures 2.8 x 2.2 cm, left ovary measures 3.2 x 2.4 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION: *No obvious significant sonographic abnormality detected.*

Please correlate clinically.

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



DR. SHASHANK SHEKHAR, M.D
CONSULTANT

Prepare By.
SHASHANK.S

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.	: APHHC230000161	Bill Date	: 11-02-2023 10:09
Patient Name	: MRS. MANSI KUMARI	UHID	: APH000013454
Age / Gender	: 23 Yrs 1 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23003390	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 11:00
		Reporting Date & Time	: 11-02-2023 16:17

BIOCHEMISTRY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD UREA <small>Urease-GLDH,Kinetic</small>	L	14	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>	L	6.5	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe's Kinetic)</small>	L	0.5	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		99.0	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)

LIPID PROFILE

CHOLESTROL-TOTAL <small>(CHO-POD)</small>		129	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>	L	43	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		76	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		75	mg/dL	0 - 160
NON-HDL CHOLESTROL		86.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.0		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		1.8		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		15	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>(BPO)</small>		0.89	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(BPO)</small>		0.18	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.71	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Buret)</small>		6.6	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		3.9	g/dL	
S.GLOBULIN	L	2.7	g/dL	2.8-3.8
A/G RATIO	L	1.44		1.5 - 2.5

FINAL REPORT

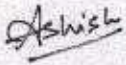
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Patient Name : MRS. MANSI KUMARI	UHID : APH000013454
Age / Gender : 23 Yrs 1 Mth / FEMALE	Patient Type : OPD
Ref. Consultant : MEDIWHEEL	Ward / Bed : /
Sample ID : APH23003390	Current Ward / Bed : /
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ALKALINE PHOSPHATASE (IFCC AMP BUFFER)	L	32.5	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		24.4	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		14.6	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		13.4	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		172.8	IU/L	0 - 248
S.PROTEIN-TOTAL (Biod)		6.6	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)	L	2.0	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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Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

HbA1c (Turbidimetric Immuno-inhibition)

5.0

%

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 ****

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Ashish

DR. ASHISH RANJAN SINGH
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 CONSULTANT



FINAL REPORT

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Patient Name	: MRS. MANSI KUMARI	UHID	: APH000013454
Age / Gender	: 23 Yrs 1 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23003388	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 11:00
		Reporting Date & Time	: 11-02-2023 17:13

BLOOD BANK REPORTING

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

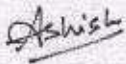
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD GROUP (ABO)	"AB"
RH TYPE	POSITIVE

**** End of Report ****

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Age / Gender	: 23 Yrs 1 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23003387	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 11:00
		Reporting Date & Time	: 11-02-2023 13:21

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 (Flow Cytometry)		4.9	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focusing)		4.0	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.3	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	30.8	%	36 - 46
MEAN CORPUSCULAR VOLUME	L	77.7	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	26.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.5	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focusing)		161	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	46.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	16.9	%	11.6 - 14

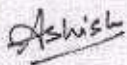
DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		59	%	40 - 80
LYMPHOCYTES		32	%	20 - 40
MONOCYTES		7	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	60	mm 1st hr	0 - 20

**** End of Report ****

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Age / Gender	: 23 Yrs 1 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23003438	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 16:31
		Reporting Date & Time	: 11-02-2023 19:56

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	20 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)	1.020		1.005 - 1.030

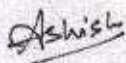
MICROSCOPIC EXAMINATION

LEUCOCYTES	4-5	/HPF	0 - 5
RBC's	1-2		
EPITHELIAL CELLS	6-8		
CASTS	Nil		
CRYSTALS	Nil		
URINE-SUGAR	NEGATIVE		

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Age / Gender	: 23 Yrs 1 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23003391	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 11:00
		Reporting Date & Time	: 11-02-2023 16:16

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

T3 TOTAL (ELFA)	1.51	nmol/l	0.95-2.5
T4 TOTAL (ELFA)	86.90	nmol/l	60-120
THYROID STIMULATING HORMONE (ELFA)	3.09	µIU/mL	0.25-5

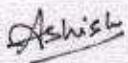
TESTS	RESULTS	EXPECTED VALUES
THYROID PROFILE		
TOTAL (T3,T4,TSH TOTAL)		
Thyroid-Stimulating Hormone (TSH)		0.25-5µIU/ml
Serum Triiodothyronine (T3 TOTAL)		0.95-2.5nmol/l
Serum Thyroxine (T4 TOTAL)		60-120nmol/l

Wallach's reference range for Thyroid for neonates and children

Age	TSH (µIU/ml)	TT4(nmol/l)	TT3(nmol/l)
1-4 days	1-39	142-277	1.5-11.4
1-4 wks	1.7-9.1	106-221	1.6-5.3
1-12 mon	0.8-8.2	76-210	1.6-3.8
1-5 yrs	0.7-5.7	94-193	1.6-4.1
6-10 yrs	0.7-5.7	82-171	1.4-3.7
11-15 yrs	0.7-5.7	71-151	1.3-3.3
15-18 yrs	0.7-5.7	54-152	1.2-3.2

**** End of Report ****
IMPORTANT INSTRUCTIONS

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DR. ASHISH RANJAN SINGH



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Age / Gender	: 23 Yrs 1 Mth / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23003391	Current Ward / Bed	: /		
	:	Receiving Date & Time	: 11-02-2023 11:00		
	:	Reporting Date & Time	: 11-02-2023 16:16		

MBBS,MD
CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. MANSI KUMARI	IPD No.	:	
Age	: 23 Yrs 1 Mth	UHID	:	APH000013454
Gender	: FEMALE	Bill No.	:	APHHC230000161
Ref. Doctor	: MEDIWHEEL	Bill Date	:	11-02-2023 10:09:32
Ward	:	Room No.	:	
		Print Date	:	11-02-2023 15:27:07

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.
SHASHANK.S

DR. SHASHANK SHEKHAR, M.D
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.

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. MANSI KUMARI	IPD No.	:
Age	: 23 Yrs 1 Mth	UHID	: APH000013454
Gender	: FEMALE	Bill No.	: APHHC230000161
Ref. Doctor	: MEDIWHEEL	Bill Date	: 11-02-2023 10:09:32
Ward	:	Room No.	:
		Procedure Date	: 11-02-2023 16:36:22

ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

M MODE STUDY (MEASUREMENTS)

Left Ventricle:-

EDD:	45	(mm)	Left Atrium	31	(mm)
ESD:	31	(mm)	Aortic Root	31	(mm)
IVS Thickness (D/S)	0.9/1.2	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	0.9/1.5	(mm)	Pericardium		NORMAL
LVEF	65	(%)			

WALL MOTION STUDY : NO RWMA


MV	: NORMAL	TV	: NORMAL
AV	: NORMAL	PV	: NORMAL
IAS	: NORMAL	IVS	: NORMAL

DOPPLER STUDY (PW/CW AND COLOUR FLOW IMAGING)

VALVES	V max(m/sec)	PG	MG	EDG	Orifice Area (cm ²)	REGURGITATION
MV E/A	0.88/0.75					
AV	1.35	7.31				MR:- NIL
TV	1.25	6.26				AR:- NIL
PV	1.10	4.86				TR:- NIL
						PR:- NIL

IMPRESSION: -

No RWMA.
Normal Cardiac Chamber Dimensions.
Normal LV/RV Systolic Function, LVEF-65%.
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.


DR. ADITYA KUMAR,
 MD, DM (CARDIOLOGY)
 CONSULTANT CARDIOLOGIST