

FINAL REPORT

| | | | |
|-----------------|-------------------------|-----------------------|--------------------|
| Bill No. | : APHHC230000875 | Bill Date | : 01-08-2023 09:41 |
| Patient Name | : MRS. KHUSHBU KUMARI | UHID | : APH000016176 |
| Age / Gender | : 29 Yrs 5 Mth / FEMALE | Patient Type | : OPD |
| Ref. Consultant | : MEDIWHEEL | Ward | : |
| Sample ID | : APH23020188 | Current Bed | : |
| | : | Reporting Date & Time | : 01-08-2023 16:52 |
| | : | Receiving Date & Time | : 01/08/2023 14:01 |

CYTOPATHOLOGY REPORTING

Cytopathology No:C-110/23

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.

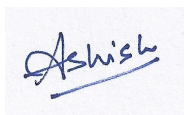
Non-Neoplastic Findings: Moderate neutrophilic infiltrates.

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

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| Age / Gender | : 29 Yrs 5 Mth / FEMALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH23020214 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 01-08-2023 15:59 |
| | | Reporting Date & Time | : 01-08-2023 16:37 |

BIOCHEMISTRY REPORTING

| Test (Methodology) | Flag | Result | UOM | Biological Reference Interval |
|--------------------|------|--------|-----|-------------------------------|
|--------------------|------|--------|-----|-------------------------------|

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

| | | | | |
|--|--|------|-------|-----------|
| BLOOD UREA <small>Urease-GLDH,Kinetic</small> | | 20 | mg/dL | 15 - 45 |
| BUN (CALCULATED) | | 9.3 | mg/dL | 7 - 21 |
| CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small> | | 0.6 | mg/dL | 0.6 - 1.1 |
| GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small> | | 97.0 | 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> | | 128.0 | 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 <small>(CHO-POD)</small> | H | 273 | mg/dL | 0 - 160 |
| HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small> | | 54 | mg/dL | >45 |
| CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small> | H | 190 | mg/dL | 0 - 100 |
| S. TRIGLYCERIDES <small>(GPO - POD)</small> | | 125 | mg/dL | 0 - 160 |
| NON-HDL CHOLESTROL | H | 219.0 | mg/dL | 0 - 125 |
| TOTAL CHOLESTROL / HDL CHOLESTROL | | 5.1 | | 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 | | 3.5 | | 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 | | 25 | 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> | H | 1.04 | mg/dL | 0.2 - 1.0 |
| BILIRUBIN-DIRECT <small>(DPD)</small> | | 0.16 | mg/dL | 0 - 0.2 |
| BILIRUBIN-INDIRECT | H | 0.88 | mg/dL | 0.2 - 0.8 |
| S.PROTEIN-TOTAL <small>(Biuret)</small> | | 7.0 | g/dL | 6 - 8.1 |

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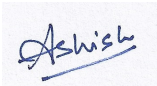
| | | | |
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| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH23020214 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 01-08-2023 15:59 |
| | | Reporting Date & Time | : 01-08-2023 16:37 |

| | | | | |
|--|----------|--------------|-------|-----------|
| ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small> | | 4.3 | g/dL | |
| S.GLOBULIN | L | 2.7 | g/dL | 2.8-3.8 |
| A/G RATIO | | 1.59 | | 1.5 - 2.5 |
| ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small> | | 45.3 | IU/L | 42 - 98 |
| ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small> | H | 117.0 | IU/L | 10 - 42 |
| ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small> | H | 238.8 | IU/L | 10 - 40 |
| GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small> | H | 35.7 | IU/L | 7 - 35 |
| LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small> | | 215.4 | IU/L | 0 - 248 |
| | | | | |
| S.PROTEIN-TOTAL <small>(Biuret)</small> | | 7.0 | g/dL | 6 - 8.1 |
| | | | | |
| URIC ACID <small>Uricase - Trinder</small> | | 4.9 | 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
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| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH23020214 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 01-08-2023 15:59 |
| | | Reporting Date & Time | : 01-08-2023 16:37 |

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

| | | | | |
|---|---|-----|---|-----------|
| HBA1C (Turbidimetric Immuno-inhibition) | H | 6.3 | % | 4.0 - 6.2 |
|---|---|-----|---|-----------|

INTERPRETATION:

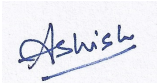
| HbA1c % | Degree of Glucose Control |
|-----------|---|
| >8% | Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy |
| 7.1 - 8.0 | Fair Control |
| <7.0 | Good Control |

- 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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| Age / Gender | : 29 Yrs 5 Mth / FEMALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH23020174 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 01-08-2023 10:49 |
| | | Reporting Date & Time | : 01-08-2023 12:51 |

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 <small>(Flow Cytometry)</small> | | 7.0 | thousand/cumm | 4 - 11 |
| RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small> | H | 5.1 | million/cumm | 3.8 - 4.8 |
| HAEMOGLOBIN <small>(SLS Hb Detection)</small> | L | 9.6 | g/dL | 12 - 15 |
| PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small> | L | 30.1 | % | 36 - 46 |
| MEAN CORPUSCULAR VOLUME | L | 59.5 | fL | 83 - 101 |
| MEAN CORPUSCULAR HAEMOGLOBIN | L | 19.0 | pg | 27 - 32 |
| MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION | | 31.9 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT <small>(Hydro Dynamic Focussing)</small> | | 179 | thousand/cumm | 150 - 400 |
| RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small> | L | 34.8 | fL | 39 - 46 |
| RED CELL DISTRIBUTION WIDTH (C.V.) | H | 16.4 | % | 11.6 - 14 |

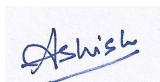
DIFFERENTIAL LEUCOCYTE COUNT

| | | | | |
|---------------------------------|---|----|-----------|---------|
| NEUTROPHILS | | 63 | % | 40 - 80 |
| LYMPHOCYTES | | 24 | % | 20 - 40 |
| MONOCYTES | | 6 | % | 2 - 10 |
| EOSINOPHILS | H | 7 | % | 1 - 5 |
| BASOPHILS | | 0 | % | 0 - 1 |
| ESR <small>(Westergren)</small> | H | 80 | mm 1st hr | 0 - 20 |

** End of Report **

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| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / | | |
| Sample ID | : APH23020175 | Current Ward / Bed | : / | | |
| | | Receiving Date & Time | : 01-08-2023 10:49 | | |
| | | Reporting Date & Time | : 01-08-2023 12:49 | | |

BLOOD BANK REPORTING

| Test (Methodology) | Flag | Result | UOM | Biological Reference Interval |
|--------------------|------|--------|-----|-------------------------------|
|--------------------|------|--------|-----|-------------------------------|

Sample Type: EDTA Whole Blood

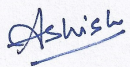
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

| | |
|-------------------|----------|
| BLOOD GROUP (ABO) | "AB" |
| RH TYPE | POSITIVE |

**** End of Report ****

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| Age / Gender | : 29 Yrs 5 Mth / FEMALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH23020181 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 01-08-2023 11:03 |
| | | Reporting Date & Time | : 01-08-2023 12:50 |

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 | | 10 mL | | |
| COLOUR | | Straw | | Pale Yellow |
| TURBIDITY | | Clear | | |

CHEMICAL EXAMINATION

| | | | | |
|--|--|----------|--|---------------|
| PH <small>(Double pH indicator method)</small> | | 6.0 | | 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> | | 1.015 | | 1.005 - 1.030 |

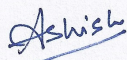
MICROSCOPIC EXAMINATION

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

** End of Report **

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| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / | | |
| Sample ID | : APH23020178 | Current Ward / Bed | : / | | |
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| | | Reporting Date & Time | : 01-08-2023 12:52 | | |

SEROLOGY REPORTING

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|--------------------|------|--------|-----|-------------------------------|
|--------------------|------|--------|-----|-------------------------------|

Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

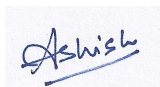
THYROID PROFILE (FT3+FT4+TSH)

| | | | | |
|---|----------|-------------|-------|-----------|
| FREE-TRI IODO THYRONINE (FT3) (ECLIA) | | 3.10 | pg/mL | 2.0-4.4 |
| FREE -THYROXINE (FT4) (ECLIA) | | 1.61 | ng/dL | 0.9-1.7 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | H | 7.97 | mIU/L | 0.27-4.20 |

**** End of Report ****

IMPORTANT INSTRUCTIONS

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DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

| | | | | | |
|--------------|---|---------------------|------------|---|---------------------|
| Patient Name | : | MRS. KHUSHBU KUMARI | IPD No. | : | |
| Age | : | 29 Yrs 5 Mth | UHID | : | APH000016176 |
| Gender | : | FEMALE | Bill No. | : | APHHC230000875 |
| Ref. Doctor | : | MEDIWHEEL | Bill Date | : | 01-08-2023 09:41:22 |
| Ward | : | | Room No. | : | |
| | | | Print Date | : | 01-08-2023 12:54:48 |

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 10.4 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 (8.7 cm), Left kidney (9.4 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 7.0 x 4.4 x 3.6 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 (10.3 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.9 x 1.4 cm, left ovary measures 3.1 x 1.7 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.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

| | | | | | |
|--------------|---|---------------------|------------|---|---------------------|
| Patient Name | : | MRS. KHUSHBU KUMARI | IPD No. | : | |
| Age | : | 29 Yrs 5 Mth | UHID | : | APH000016176 |
| Gender | : | FEMALE | Bill No. | : | APHHC230000875 |
| Ref. Doctor | : | MEDIWHEEL | Bill Date | : | 01-08-2023 09:41:22 |
| Ward | : | | Room No. | : | |
| | | | Print Date | : | 01-08-2023 15:53:04 |

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,FCR
(London) Radiodiagnosis
CONSULTANT

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