

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. RINKI KUMARI	IPD No.	:	
Age	: 43 Yrs 9 Mth	UHID	:	APH000018568
Gender	: FEMALE	Bill No.	:	APHHC230001329
Ref. Doctor	: MEDIWHEEL	Bill Date	:	25-11-2023 10:04:10
Ward	:	Room No.	:	
		Print Date	:	25-11-2023 11:06:14

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows mildly increase in parenchymal echogenicity S/O grade I fatty liver infiltration. (Liver measures 13.9 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 (10.8 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.2 cm), Left kidney (10.9 cm)). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 7.1 x 4.4 x 3.8 cm) and appears normal in size and echotexture. No focal lesion seen.

Intrauterine contraceptive device seen in situ.

Two small nabothian cysts are seen in cervix (largest size ~ 15.3 x 6.9 mm)

Both ovaries are normal in size and echotexture. Right ovary measures 2.2 x 1.2 cm, left ovary measures 2.6 x 1.9 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:

-Grade I fatty infiltration of liver.

-Two small nabothian cysts are seen in cervix (largest size ~ 15.3 x 6.9 mm). Suggested PAP smear.

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.

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			Print Date	:	25-11-2023 11:53:13

refused by patient.

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

Prepare By.
MD.SERAJ

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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. RINKI KUMARI	IPD No.	:	
Age	:	43 Yrs 9 Mth	UHID	:	APH000018568
Gender	:	FEMALE	Bill No.	:	APHOP230019526
Ref. Doctor	:	SELF	Bill Date	:	25-11-2023 10:52:43
Ward	:		Room No.	:	
			Print Date	:	25-11-2023 13:37:51

FOOT AP & OBLIQUE (LEFT):

Wire fixation of talus and navicular bone is seen.

There is also loss of talo-navicular joint space with articular surface irregularity and subarticular sclerosis is seen suggesting likely osteoarthritic changes.

Soft tissues swelling seen in foot.

Please correlate clinically.....

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

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Report : XRAY

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Ref. Doctor	:	MEDIWHEEL	Bill Date	:	25-11-2023 10:04:10
Ward	:		Room No.	:	
			Print Date	:	25-11-2023 11:22:21

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.....

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FINAL REPORT

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Patient Name	: MRS. RINKI KUMARI	UHID	: APH000018568
Age / Gender	: 43 Yrs 9 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23032597	Current Ward / Bed	: /
		Receiving Date & Time	: 25-11-2023 10:48
		Reporting Date & Time	: 25-11-2023 13:41

SEROLOGY REPORTING

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

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

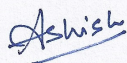
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.68	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.30	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

MBBS,MD

CONSULTANT

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Age / Gender	: 43 Yrs 9 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23032594	Current Ward / Bed	: /
		Receiving Date & Time	: 25-11-2023 10:48
		Reporting Date & Time	: 25-11-2023 18:53

BLOOD BANK REPORTING

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

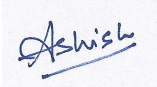
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE(AVOVE-40)@2800

BLOOD GROUP (ABO)	"B"
RH TYPE	NEGATIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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Age / Gender	: 43 Yrs 9 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23032655	Current Ward / Bed	: /
		Receiving Date & Time	: 25-11-2023 13:53
		Reporting Date & Time	: 25-11-2023 16:30

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		20 mL		
COLOUR		Pale 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>		1.010		1.005 - 1.030

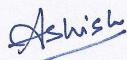
MICROSCOPIC EXAMINATION

LEUCOCYTES		1-2	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		5-7		
CASTS		Nil		
CRYSTALS		Nil		
URINE-SUGAR		NEGATIVE		

** End of Report **

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23032596	Current Ward / Bed	: /
		Receiving Date & Time	: 25-11-2023 10:48
		Reporting Date & Time	: 25-11-2023 14:49

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(AVOVE-40)@2800

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		17	mg/dL	15 - 45
BUN (CALCULATED)		7.9	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>		89.0	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>	H	213	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>	L	40	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	148	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	H	199	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	173.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.3		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		3.7		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	H	40	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>		0.67	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.12	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.55	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.9	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		3.9	g/dL	
S.GLOBULIN		3.0	g/dL	2.8-3.8
A/G RATIO	L	1.30		1.5 - 2.5

FINAL REPORT

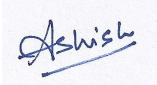
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ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>	52.9	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>	18.1	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	16.9	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>	15.7	IU/L	7 - 35
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>	160.4	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>	6.9	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>	6.0	mg/dL	2.6 - 7.2

**** End of Report ****

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Sample Type: EDTA Whole Blood, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)

5.3

%

4.0 - 6.2

INTERPRETATION:

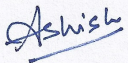
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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	: 43 Yrs 9 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23032593	Current Ward / Bed	: /
		Receiving Date & Time	: 25-11-2023 10:48
		Reporting Date & Time	: 25-11-2023 15:07

HAEMATOLOGY REPORTING

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

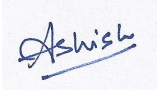
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE(AVOVE-40)@2800

ESR (Westergren)	H	62	mm 1st hr	0 - 20
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