

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. ANUJA MANDAL	IPD No.	:
Age	: 48 Yrs 3 Mth	UHID	: APH000014428
Gender	: FEMALE	Bill No.	: APHHC230000463
Ref. Doctor	: MEDIWHEEL	Bill Date	: 14-04-2023 08:51:32
Ward	:	Room No.	:
		Print Date	: 14-04-2023 12:39:39

BOTH BREASTS:

High resolution ultrasound examination of both breasts was performed with 10 to 12-MHz linear probe.

Right breast parenchyma not visualized. (H/o mastectomy for breast carcinoma). No abnormal soft tissue seen along the scar.

Left breasts parenchyma appears normal. No focal lesion or collection seen.

Left nipple is normal in position with normal posterior shadowing.

No significant axillary lymphadenopathy seen bilaterally.

Skin and subcutaneous tissues are unremarkable on both sides.

IMPRESSION: Normal scan.

Please correlate clinically.

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

Prepare By.
MD.SERAJ

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.

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WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows mild increase in parenchymal echogenicity S/O grade I fatty liver infiltration. (Liver measures 11.1 cm).

No focal lesion seen. Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre.

Gall bladder is well distended and shows solitary calculus of size ~ 25.2 mm near neck region.

Wall thickness is normal.

CBD is normal in calibre (4.7 mm).

Pancreas is normal in size and echotexture.

Spleen is normal in size (9.0 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (8.7 cm), Left kidney (9.2 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 4.8 x 4.5 x 3.8 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 (5.9 mm).

Bilateral adnexa is clear.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:

- Grade I fatty infiltration of liver.
- Cholelithiasis.

Please correlate clinically.....

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

Prepare By
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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. ANILJA MANDAL	IPD No.	:	
Age	: 48 Yrs 3 Mth	UHID	:	APH000014428
Gender	: FEMALE	Bill No.	:	APHHC230000463
Ref. Doctor	: MEDIWHEEL	Bill Date	:	14-04-2023 08:51:32
Ward	:	Room No.	:	
		Print Date	:	14-04-2023 10:12:38

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.SALMAN

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FINAL REPORT

Bill No.	: APHHC230000463	Bill Date	: 14-04-2023 08:51
Patient Name	: MRS. ANUJA MANDAL	UHID	: APH000014428
Age / Gender	: 48 Yrs 3 Mth / FEMALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23009089	Current Ward / Bed	: /
		Receiving Date & Time	: 14-04-2023 10:40
		Reporting Date & Time	: 14-04-2023 15:16

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) (EQ.1A)	L	0.88	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (EQ.1A)	H	3.31	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (EQ.1A)	H	14.19	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

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

Ashish

DR. ASHISH RANJAN SINGH

MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000463	Bill Date	: 14-04-2023 08:51
Patient Name	: MRS. ANUJA MANDAL	UHID	: APH000014428
Age / Gender	: 48 Yrs 3 Mth / FEMALE	Patient Type	: OPD if PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23009139	Current Ward / Bed	: /
		Receiving Date & Time	: 14-04-2023 14:43
		Reporting Date & Time	: 14-04-2023 17:25

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		Slight hazy		

CHEMICAL EXAMINATION

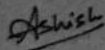
PH (Double pH indicator method)		6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)		Negative		Negative
SUGAR (GOD POD Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)		1.025		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		10-12	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		16-18/HPF		
CASTS		Nil		
CRYSTALS		Nil		
URINE-SUGAR		Negative		

**** End of Report ****
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Age / Gender	: 48 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23009086	Current Ward / Bed	: /
		Receiving Date & Time	: 14-04-2023 10:40
		Reporting Date & Time	: 14-04-2023 15:00

BLOOD BANK REPORTING

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

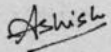
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE(AVOVE-40)@2800

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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FINAL REPORT

Bill No. : APHHC230000463	Bill Date : 14-04-2023 08:51
Patient Name : MRS. ANUJA MANDAL	UHID : APH000014428
Age / Gender : 48 Yrs 3 Mth / FEMALE	Patient Type : OPD
Ref. Consultant : MEDIWHEEL	Ward / Bed : /
Sample ID : APH23009153	Current Ward / Bed : /
	Receiving Date & Time : 14-04-2023 15:52
	Reporting Date & Time : 14-04-2023 18:17

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(AVOVE-40)@2800

BLOOD UREA <small>Urease-GLDH Kinetic</small>		16	mg/dL	15 - 45
BUN (CALCULATED)		7.5	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>	H	129.0	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>	H	224.0	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>	H	206	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>	L	43	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	136	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	H	300	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	163.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.8		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		3.2		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	60	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>(DPO)</small>		0.50	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPO)</small>		0.00	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.41	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Buret)</small>		7.4	g/dL	6 - 8.1

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Ref. Consultant :	MEDIWHEEL	Ward / Bed :	/
Sample ID :	APH23009153	Current Ward / Bed :	/
		Receiving Date & Time :	14-04-2023 15:52
		Reporting Date & Time :	14-04-2023 18:17

ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.3	g/dL	2.8-3.8
S.GLOBULIN		3.1	g/dL	1.5 - 2.5
A/G RATIO	L	1.39		
ALKALINE PHOSPHATASE (FCC AMP BUFFER)		83.9	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		26.3	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		28.5	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	H	45.1	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC, L-P)		200.9	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)		7.4	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		4.9	mg/dL	2.6 - 7.2

**** End of Report ****

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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	H	6.7	%	4.0 - 6.2
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INTERPRETATION:

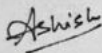
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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 ****

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FINAL REPORT

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Age / Gender :	48 Yrs 3 Mth / FEMALE	Patient Type :	OPD If PHC :
Ref. Consultant :	MEDIWHEEL	Ward / Bed :	/
Sample ID :	APH23009085	Current Ward / Bed :	/
		Receiving Date & Time :	14-04-2023 10:40
		Reporting Date & Time :	14-04-2023 17:26

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

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.1	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	3.7	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.1	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	31.6	%	36 - 46
MEAN CORPUSCULAR VOLUME		84.9	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.1	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		164	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		45.7	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.0	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		45	%	40 - 80
LYMPHOCYTES	H	41	%	20 - 40
MONOCYTES		4	%	2 - 10
EOSINOPHILS	H	10	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	100	mm 1st hr	0 - 20

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NON INVASIVE CARDIOLOGY

Patient Name	: MRS. ANUJA MANDAL	IPD No.	:
Age	: 48 Yrs 3 Mth	UHID	: APH000014428
Gender	: FEMALE	Bill No.	: APHHC230000463
Ref. Doctor	: MEDIWHEEL	Bill Date	: 14-04-2023 08:51:32
Ward	:	Room No.	:
		Procedure Date	: 14-04-2023 11:29:39

ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

M MODE STUDY (MEASUREMENTS)

Left Ventricle:-

EDD:	38	(mm)	Left Atrium	31	(mm)
ESD:	26	(mm)	Aortic Root	31	(mm)
IVS Thickness (D/S)	0.9/1.1	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	0.9/1.1	(mm)	Pericardium		NORMAL
LVEF	63	(%)			

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	0.71/0.62					MR:-NIL
AV	1.19	5.66				AR:- NIL
TV	0.96	3.42				TR:- NIL
PV	0.90	3.22				PR:- NIL

IMPRESSION:-

No RWMA.
Normal Cardiac Chamber Dimensions.
Normal LV/RV Systolic Function, LVEF-63%.
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.

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CONSULTANT CARDIOLOGIST