

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. MADHU SINHA	IPD No.	:	
Age	:	51 Yrs 3 Mth	UHID	:	APH000018843
Gender	:	FEMALE	Bill No.	:	APHHC230001382
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-12-2023 10:45:04
Ward	:		Room No.	:	
			Print Date	:	09-12-2023 12:27:13

BOTH BREASTS:

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

Both breasts perenchyma 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.

IMPRESSION:- Normal study.

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.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. MADHU SINHA	IPD No.	:	
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Gender	:	FEMALE	Bill No.	:	APHHC230001382
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-12-2023 10:45:04
Ward	:		Room No.	:	
			Print Date	:	09-12-2023 15:11:10

CHEST PA VIEW:

Expiratory film.

Apparent enlargement of cardiac shadow is seen.

Small calcific opacity seen in right upper zone.

Rest of 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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Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-12-2023 10:45:04
Ward	:		Room No.	:	
			Print Date	:	09-12-2023 12:26:10

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows moderate increase in parenchymal echogenicity S/O grade II fatty liver infiltration. (Liver measures 13.0 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 (8.3 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.3 cm), Left kidney (9.6 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Simple cortical cyst measures ~ 1.2 x 1.0 cm seen in left kidney.

Urinary bladder appears normal.

Uterus is post-operative status. Bilateral adnexa are clear.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:

-Grade II fatty infiltration of liver.

- Simple cortical cyst measures ~ 1.2 x 1.0 cm seen in left kidney.

Please correlate clinically.....

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

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Age / Gender	: 51 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23033842	Current Ward / Bed	: /
		Receiving Date & Time	: 09-12-2023 12:05
		Reporting Date & Time	: 09-12-2023 18:45

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

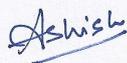
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.21	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.38	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		1.70	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



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Age / Gender	: 51 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23033838	Current Ward / Bed	: /
		Receiving Date & Time	: 09-12-2023 12:05
		Reporting Date & Time	: 09-12-2023 17:12

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 <small>(Flow Cytometry)</small>		7.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small>		4.2	million/cumm	3.8 - 4.8
HAEMOGLOBIN <small>(SLS Hb Detection)</small>	L	11.4	g/dL	12 - 15
PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small>	L	34.9	%	36 - 46
MEAN CORPUSCULAR VOLUME		83.2	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.6	g/dL	31.5 - 34.5
PLATELET COUNT <small>(Hydro Dynamic Focussing)</small>		221	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small>		44.7	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.9	%	11.6 - 14

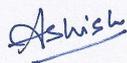
DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		64	%	40 - 80
LYMPHOCYTES		28	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR <small>(Westergren)</small>	H	84	mm 1st hr	0 - 20

** End of Report **

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Age / Gender	: 51 Yrs 3 Mth / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23033839	Current Ward / Bed	: /		
		Receiving Date & Time	: 09-12-2023 12:05		
		Reporting Date & Time	: 09-12-2023 20:07		

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	POSITIVE

**** End of Report ****

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Age / Gender	: 51 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23033859	Current Ward / Bed	: /
		Receiving Date & Time	: 09-12-2023 13:12
		Reporting Date & Time	: 09-12-2023 18:43

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		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

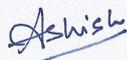
MICROSCOPIC EXAMINATION

LEUCOCYTES		2-3	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		1-2		
CASTS		Nil		
CRYSTALS		Nil		
URINE-SUGAR		NEGATIVE		

** End of Report **

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Age / Gender	: 51 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23033885	Current Ward / Bed	: /
		Receiving Date & Time	: 09-12-2023 14:31
		Reporting Date & Time	: 09-12-2023 17:31

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>		20	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		9.3	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>		0.7	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		87.0	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	159.0	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>		147	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	L	42	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		91	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		78	mg/dL	0 - 160
NON-HDL CHOLESTROL		105.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.5		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		2.2		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		16	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>		0.54	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.13	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.41	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>		3.5	g/dL	

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S.GLOBULIN		3.1	g/dL	2.8-3.8
A/G RATIO	L	1.13		1.5 - 2.5
ALKALINE PHOSPHATASE <small>(IFCC AMP BUFFER)</small>		65.9	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		24.5	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>		31.6	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		22.9	IU/L	7 - 35
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		150.1	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.6	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		4.5	mg/dL	2.6 - 7.2

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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	6.4	%	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.

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