

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. PUTUL DEVI	IPD No.	:	
Age	: 49 Yrs 6 Mth	UHID	:	APH000016375
Gender	: FEMALE	Bill No.	:	APHHC230000915
Ref. Doctor	: MEDIWHEEL	Bill Date	:	12-08-2023 11:35:53
Ward	:	Room No.	:	
		Print Date	:	12-08-2023 13:21:57

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

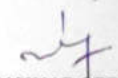
Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

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

Prepare By.
MD.SERAJ


DR. MUHAMMAD SERAJ, MD, 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.

FINAL REPORT

Bill No. :	APHHC230000915	Bill Date :	12-08-2023 11:35
Patient Name :	MRS. PUTUL DEVI	UHID :	APH000016375
Age / Gender :	49 Yrs 6 Mth / FEMALE	Patient Type :	OPD <input type="checkbox"/> PHC <input type="checkbox"/>
Ref. Consultant :	MEDIWHEEL	Ward / Bed :	/
Sample ID :	APH23021265	Current Ward / Bed :	/
		Receiving Date & Time :	12-08-2023 12:18
		Reporting Date & Time :	12-08-2023 15:41

HAEMATOTOLOGY 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)

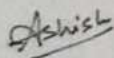
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		8.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.5	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	11.8	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	35.9	%	36 - 46
MEAN CORPUSCULAR VOLUME	L	79.6	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	26.1	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.8	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		170	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		41.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.6	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		64	%	40 - 80
LYMPHOCYTES		27	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	50	mm 1st hr	0 - 20

**** 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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Age / Gender	: 49 Yrs 6 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23021303	Current Ward / Bed	: /
		Receiving Date & Time	: 12-08-2023 15:57
		Reporting Date & Time	: 12-08-2023 17:26

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>Ureaase-GLDH,Kinetic</small>		19	mg/dL	15 - 45
BUN (CALCULATED)		8.9	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>	H	144.0	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	264.0	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	253	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>		46	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	176	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	H	258	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	207.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.5		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		3.8		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	H	52	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>		0.66	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPO)</small>		0.11	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.55	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biod)</small>		6.8	g/dL	6 - 8.1

FINAL REPORT

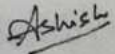
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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.1	g/dL	
S.GLOBULIN	L	2.7	g/dL	2.8-3.8
A/G RATIO		1.52		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		79.5	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	H	63.3	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	H	64.5	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	H	52.9	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		218.2	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)		6.8	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		2.9	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	8.4	%	4.0 - 6.2
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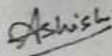
INTERPRETATION:

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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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23021301	Current Ward / Bed	: /
		Receiving Date & Time	: 12-08-2023 15:06
		Reporting Date & Time	: 12-08-2023 16:29

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 yellow		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

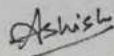
MICROSCOPIC EXAMINATION

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

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Sample ID	: APH23021269	Current Ward / Bed	: /
		Receiving Date & Time	: 12-08-2023 12:18
		Reporting Date & Time	: 12-08-2023 15:56

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)		3.35	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.64	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.28	mIU/L	0.27-4.20

**** End of Report ****

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Ashish

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23021266	Current Ward / Bed	: /
		Receiving Date & Time	: 12-08-2023 12:18
		Reporting Date & Time	: 12-08-2023 15:32

BLOOD BANK REPORTING

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

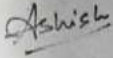
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE(AVOVE-40)@2800

BLOOD GROUP (ABO)	"O"
RH TYPE	NEGATIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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