

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. SUPRIYA SINGH	IPD No.	:	
Age	: 47 Yrs 10 Mth	UHID	:	APH000013844
Gender	: FEMALE	Bill No.	:	APHHC230000274
Ref. Doctor	: MEDIWHEEL	Bill Date	:	11-03-2023 09:41:18
Ward	:	Room No.	:	
		Print Date	:	11-03-2023 16:54:55

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

CONSULTANT RADIOLOGIST,

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 : ULTRASOUND

Patient Name	: MRS. SUPRIYA AINGH	IPD No.	:	
Age	: 47 Yrs 10 Mth	UHID	:	APH000013844
Gender	: FEMALE	Bill No.	:	APHHC230000274
Ref. Doctor	: MEDIWHEEL	Bill Date	:	11-03-2023 09:41:18
Ward	:	Room No.	:	
		Print Date	:	11-03-2023 11:27:20

BOTH BREASTS:

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

Both breasts parenchyma 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.

Please correlate clinically.

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

Prepare By.
MD.SALMAN


CONSULTANT RADIOLOGIST,

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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

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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 13.2 cm). No focal lesion seen.

Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre.

Gall bladder is partially distended. Wall thickness is normal. Tiny polyp measures approx 3 mm.

CBD is normal in calibre.

Pancreas is normal in size and echotexture.

Spleen is normal in size (12.3 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (11 x 4.4cm), Left kidney (11 x 4.8 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Uterus is anteverted (measures 7.5 x 3.5 cm) and appears normal in size and echotexture. No focal lesion seen.

Endometrial echo is central and normal in thickness (10 mm). Hyperechoic foreign body is noted in endometrial cavity of lower uterine segment – Remnant of contraceptive device – As per clinical history.

Corvix and vagina are unremarkable.

Both ovaries are normal in size and echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:

- Grade I fatty liver.
- Tiny GB polyp
- Hyperechoic foreign body is noted in endometrial cavity of lower uterine segment – Remnant of contraceptive device – As per clinical history.

Please correlate clinically.

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



Prepare By.
MD.SALMAN

CONSULTANT RADIOLOGIST,

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NON INVASIVE CARDIOLOGY

Patient Name	: MRS. SUPRIYA SINGH	IPD No.	:	
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Gender	: FEMALE	Bill No.	:	APHHC230000274
Ref. Doctor	: MEDIWHEEL	Bill Date	:	11-03-2023 09:41:18
Ward	:	Room No.	:	
		Procedure Date	:	11-03-2023 15:45:55

ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

M MODE STUDY (MEASUREMENTS)

Left Ventricle:-

EDD:	45	(mm)	Left Atrium	30	(mm)
ESD:	29	(mm)	Aortic Root	35	(mm)
IVS Thickness (D/S)	0.9/1.6	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	0.9/1.8	(mm)	Pericardium		NORMAL
LVEF	65	(%)			

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 (mm Hg)	Orifice Area (cm ²)	REGURGITATION
MV E/A	0.57/0.43			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-65%.
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.

DR. ADITYA KUMAR.
MD, DM (CARDIOLOGY)
CONSULTANT CARDIOLOGIST

FINAL REPORT

Bill No.	: APHHC230000274	Bill Date	: 11-03-2023 09:41
Patient Name	: MRS. SUPRIYA SINGH	UHID	: APH000013844
Age / Gender	: 47 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23005775	Current Ward / Bed	: /
		Receiving Date & Time	: 11-03-2023 11:28
		Reporting Date & Time	: 12-03-2023 07:49

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 ****

IMPORTANT INSTRUCTIONS

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

Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT



FINAL REPORT

Bill No.	: APHHC230000274	Bill Date	: 11-03-2023 09:41
Patient Name	: MRS. SUPRIYA SINGH	UHID	: APH000013844
Age / Gender	: 47 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23005774	Current Ward / Bed	: /
		Receiving Date & Time	: 11-03-2023 11:28
		Reporting Date & Time	: 11-03-2023 17:13

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)		5.2	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		3.9	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.4	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	33.2	%	36 - 46
MEAN CORPUSCULAR VOLUME		85.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	26.8	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	31.4	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		165	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	55.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	18.1	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		55	%	40 - 80
LYMPHOCYTES		27	%	20 - 40
MONOCYTES		8	%	2 - 10
EOSINOPHILS	H	10	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	115	mm 1st hr	0 - 20

**** End of Report ****

IMPORTANT INSTRUCTIONS

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

Ashish
DR. ASHISH RANJAN SINGH
MBBS, MD
CONSULTANT

Ref. D
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Reg. Off.:

Patient Details

Date: 11-Mar-23

Time: 11:37:54 AM

Name: Mrs.SUPRIYA SINGH ID: APH000013844

Age: 47 y

Sex: F

Height: 165 cms

Weight: 68 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 173 bpm

THR: 155 (90 % of Pr.MHR) bpm

Total Exec. Time: 6 m 10 s

Max. HR: 161 (93% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 140 / 90 mmHg

Max. BP x HR: 22540 mmHg/min

Min. BP x HR: 6080 mmHg/min

Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 14	1.0	0	0	87	120 / 80	-0.51 III	-0.84 III
Standing	0 : 10	1.0	0	0	78	120 / 80	-0.51 III	-0.84 III
Hyperventilation	0 : 12	1.0	0	0	76	120 / 80	-0.51 aVR	0.42 II
1	3 : 0	4.6	2.7	10	131	130 / 80	-1.01 aVF	1.69 II
2	3 : 0	7.0	4	12	158	140 / 90	-1.27 III	3.38 V2
Peak Ex	0 : 10	10.2	5.4	14	161	140 / 90	-1.27 V2	2.95 V2
Recovery(1)	2 : 0	1.8	1.6	0	107	140 / 90	-1.27 aVR	5.49 V2
Recovery(2)	1 : 10	1.0	0	0	97	130 / 80	-0.51 III	1.69 II

Interpretation

COMMENTS

- FAIR EXERCISE (10.20 METS) TOLERANCE.
- NORMAL BP RESPONSE TARGET HEART RATE ACHIEVED.
- NO SIGNIFICANT ST-T SEGMENT CHANGES SEEN IN LEADS.
- THE TEST TERMINATED DUE TO -HEART RATE ACHIEVED.

IMPRESSION :- THE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

Ref. Doctor: Dr.ADITYA KUMAR.

Doctor: Dr.ADITYA KUMAR

(Summary Report edited by user)

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674

Schiller GS-20 V 1.9

FINAL REPORT

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Patient Name	: MRS. SUPRIYA SINGH	UHID	: APH000013844
Age / Gender	: 47 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23005832	Current Ward / Bed	: /
		Receiving Date & Time	: 11-03-2023 12:02
		Reporting Date & Time	: 11-03-2023 17:06

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>		15	mg/dL	15 - 45
BUN (CALCULATED)		7.0	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>		93.0	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>		153	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		46	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		95	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		73	mg/dL	0 - 160
NON-HDL CHOLESTROL		107.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.3		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		2.1		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		15	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>(DPD)</small>		0.65	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.16	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.49	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.9	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		3.5	g/dL	
S.GLOBULIN	H	4.4	g/dL	2.8-3.8
A/G RATIO	L	0.80		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>	H	159.1	IU/L	42 - 98

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ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	H	137.4	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	H	160.7	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	H	82.0	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC, L-P)		225.1	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		7.9	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		4.1	mg/dL	2.6 - 7.2

**** End of Report ****

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Ashish

DR. ASHISH RANJAN SINGH

MBBS,MD
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Sample Type: EDTA Whole Blood, Serum

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

HbA1C (Turbidimetric Immuno-inhibition)	4.8	%	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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Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

Patients: Mrs. SUPRIYA SINGH
 QPH013844
 47 year / F

HR 64/min
 Intervals:
 RR 936 ms
 P 96 ms
 PR 132 ms
 QRS 70 ms
 QT 386 ms
 QTc 402 ms

Axis:
 P 59°
 QRS 78°
 T 66°
 P (I1) 0.14 mV
 S (U1) -0.24 mV
 R (U5) 0.76 mV
 Sphol. 1.44 mV

SINUS RHYTHM
 QRS (T) CONTOUR ABNORMALITY
 CONSISTENT WITH ANTEROLATERAL INFARCT
 PROBABLY OLD
 CONSISTENT WITH INFERIOR INFARCT
 PROBABLY OLD
 ABNORMAL ECG

