# **DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING**

# Report : ULTRASOUND

Patient Name	:	MRS. RITU KUMARI	IPD No.	:	
Age	:	34 Yrs 3 Mth	UHID	:	APH000018831
Gender	:	FEMALE	Bill No.	:	APHHC230001370
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-12-2023 08:54:23
Ward	:		Room No.	:	
			Print Date	:	09-12-2023 12:13:06

# WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.4 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 (6.8 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.8 cm), Left kidney (9.0 cm). Cortico-

medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 7.1 x 4.3 x 3.6 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).

Both ovaries are normal in size and echotexture. Right ovary measures  $2.5 \times 1.2 \text{ cm}$ , left ovary

measures 2.5 x 1.8 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

# **IMPRESSION:**- No significant abnormality detected.

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. RITU KUMARI	IPD No.	:	
Age	:	34 Yrs 3 Mth	UHID	:	APH000018831
Gender	:	FEMALE	Bill No.	:	APHHC230001370
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-12-2023 08:54:23
Ward	:		Room No.	:	
			Print Date	:	09-12-2023 11:37:12

## **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 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.

Bill No.	:	APHHC230001370	Bill Date	:	09-12-2023 08:54		
Patient Name	:	MRS. RITU KUMARI	UHID	:	APH000018831		
Age / Gender	:	34 Yrs 3 Mth / FEMALE	Patient Type	:	OPD If PHC :		
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH23033768	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	09-12-2023 09:23		
			Reporting Date & Time	:	09-12-2023 17:30		

#### **BIOCHEMISTRY REPORTING**

Test (Methodology)		Result	UOM	Biological Reference	
	_			Interval	

Sample Type: EDTA Whole Blood, Serum

#### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

BLOOD UREA Urease-GLDH, Kinetic		18	mg/dL	15 - 45
BUN (CALCULATED)		8.4	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe s Kinetic)	L	0.5	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		77.0	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 (CHO-POD)	н	171	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	41	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	114	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		89	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	130.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.2		1∕xAverage 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		2.8		%Average 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		18	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 (DPD)		0.41	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.09	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.32	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.0	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		3.8	g/dL	
S.GLOBULIN		3.2	g/dL	2.8-3.8
A/G RATIO	L	1.19		1.5 - 2.5

ll No.	:	APHHC230001370 B		Bill Date		:	09-12-2023 08:54			
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ge / Gender	:	34 Yrs 3 Mth / FEMALE			Patient Type		:	OPD		If PHC :
ef. Consultant	:	MEDIWHEEL			Ward / Bed		:	1		
mple ID	:	APH23033768			Current Ward / Bed		:	1		
	:				Receiving Date & T	ime	:	09-12-202	3 09:23	
					Reporting Date & T	ime	:	09-12-202	3 17:30	
ALKALINE PHO	ALKALINE PHOSPHATASE IFCC AMP BUFFER			66.4		IU/L			42 - 98	
ASPARTATE A	MI	NO TRANSFERASE (SGOT) (IFCC)	27		31.8 IL 27.2 IL 11.1 IL				10 - 42	
ALANINE AMIN	10	TRANSFERASE(SGPT) (IFCC)						10 - 40		)
GAMMA-GLUT	٩M	YLTRANSPEPTIDASE (IFCC)					IU/L		7 - 35	
LACTATE DEH				186.2		IU/L	IU/L		0 - 248	
S.PROTEIN-TC				7.0		g/dL			6 - 8 1	
S.PROTEIN-IC		N∟ (Biuret)				g/uL	-		10-0.1	
	ise -	Trinder	1	2.	4	mg/	dL		2.6 7	.2

\*\* End of Report \*\*

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

Ashish

Bill No.	:	APHHC230001370	Bill Date	:	09-12-2023 08:54		
Patient Name	:	MRS. RITU KUMARI	UHID	:	APH000018831		
Age / Gender	:	34 Yrs 3 Mth / FEMALE	Patient Type	:	OPD	If PHC :	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH23033768	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	09-12-2023 09:2	3	
	Τ		Reporting Date & Time		09-12-2023 17 3	0	

Sample Type: EDTA Whole Blood, Serum

### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

_		 -		
	HBA1C (Turbidimetric Immuno-inhibition)	5.3	%	4.0 - 6.2
INTE	RPRETATION:			

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 \*\*

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

Ashish

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Patient Name	:	MRS. RITU KUMARI	UHID	:	APH000018831		
Age / Gender	:	34 Yrs 3 Mth / FEMALE	Patient Type	:	OPD	If PHC :	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH23033766	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	09-12-2023 09:23		
			Reporting Date & Time	:	09-12-2023 20:05		

# **BLOOD BANK REPORTING**

st (Methodology)	Flag	Result	UOM	Biological Reference Interval
nple Type: EDTA Whole Blood	I		I	
DIWHEEL FULL BODY HEALTH CI	HECKUP_FEMALE	BELOW40@2550		
BLOOD GROUP (ABO)		BELOW40@2550		

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

Ashish

Bill No.	:	APHHC230001370	Bill	Date	:	09-12-2023 08:54		
Patient Name	:	MRS. RITU KUMARI	UHIC		:	APH000018831		
Age / Gender	:	34 Yrs 3 Mth / FEMALE	Patie	nt Type	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward	I / Bed	:	1		
Sample ID	:	APH23033769	Curr	ent Ward / Bed	:	1		
	:		Rece	iving Date & Time	:	09-12-2023 09:23		
			Repo	orting Date & Time	:	09-12-2023 13:23		

### **SEROLOGY REPORTING**

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

# MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

# THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.70	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.08	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	Н	10.47	mIU/L	0.27-4.20

### \*\* End of Report \*\*

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

Ashish

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Age / Gender	:	34 Yrs 3 Mth / FEMALE	Patient Type	:	OPD If PHC :
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1
Sample ID	:	APH23033765	Current Ward / Bed	:	1
	:		Receiving Date & Time	:	09-12-2023 09:23
			Reporting Date & Time	:	09-12-2023 13:19

## **HAEMATOLOGY REPORTING**

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

# MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

# CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)	5.7	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	4.1	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	12.1	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	36.5	%	36 - 46
MEAN CORPUSCULAR VOLUME	88.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	29.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	33.3	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	194	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	43.0	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	13.6	%	11.6 - 14

## DIFFERENTIAL LEUCOCYTE COUNT

% 20 - 40 % 2 - 10	
%  1-5	
% 0 - 1	

### \*\* End of Report \*\*

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Ashish