

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. SUSHAMA KUMARI	IPD No.	:	
Age	: 38 Yrs 10 Mth	UHID	:	APH000018572
Gender	: FEMALE	Bill No.	:	APHHC230001332
Ref. Doctor	: MEDIWHEEL	Bill Date	:	25-11-2023 10:21:57
Ward	:	Room No.	:	
		Print Date	:	25-11-2023 12:52:16

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 10.0 cm)

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

Portal vein is normal in calibre.

Gall bladder is well distended and shows two to three tiny calculi (size~3.2 mm) in lumen. Wall thickness is normal however few tiny echogenic focus seen in the wall which are giving comet tail artifact consistent for adenomyomatosis.

CBD is normal in calibre (measures 5.1 mm).

Pancreas is normal in size and echotexture.

Spleen is normal in size (7.7 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.5 cm), Left kidney (9.3 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 8.4 x 3.3 x 3.2 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 (2.7 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.6 x 1.2 cm, left ovary measures 2.2 x 1.0 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

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. SUSHAMA KUMARI	IPD No.	:	
Age	:	38 Yrs 10 Mth	UHID	:	APH000018572
Gender	:	FEMALE	Bill No.	:	APHHC230001332
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	25-11-2023 10:21:57
Ward	:		Room No.	:	
			Print Date	:	25-11-2023 11:24:12

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.....

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Radiodiagnosis, FRCR (London)
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CONSULTANT

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FINAL REPORT

Bill No.	: APHHC230001332	Bill Date	: 25-11-2023 10:21
Patient Name	: MRS. SUSHAMA KUMARI	UHID	: APH000018572
Age / Gender	: 38 Yrs 10 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward	:
Sample ID	: APH23032657	Current Bed	:
	:	Reporting Date & Time	: 28-11-2023 17:02
	:	Receiving Date & Time	: 25/11/2023 14:14

CYTOPATHOLOGY REPORTING

Cytopathology No: C-144/23

Material Received: PAP smear. Two unstained slide received.

Reporting System: BETHESDA 2014

Material Adequacy: Satisfactory for evaluation.
Endocervical/Transformation zone component present.

Microscopic Examination: Mostly Superficial cells, Intermediate cells & few Para-basal cells and basal cells.

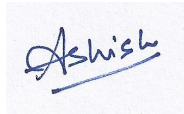
Non-Neoplastic Findings: Mild shift in flora

Specific Infections: Nil.

Epithelial cell abnormality (Squamous cells): Nil
Squamous cell abnormality (Glandular cells): Nil.

Impression: Negative for Intraepithelial lesion or Malignancy.(NILM).

*** End of Report ***



DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

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Patient Name	: MRS. SUSHAMA KUMARI	UHID	: APH000018572		
Age / Gender	: 38 Yrs 10 Mth / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23032616	Current Ward / Bed	: /		
		Receiving Date & Time	: 25-11-2023 12:14		
		Reporting Date & Time	: 25-11-2023 18:55		

BLOOD BANK REPORTING

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

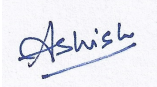
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



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Age / Gender	: 38 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23032619	Current Ward / Bed	: /
		Receiving Date & Time	: 25-11-2023 12:14
		Reporting Date & Time	: 25-11-2023 15:08

SEROLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

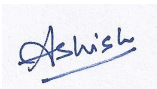
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.42	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.00	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.16	mIU/L	0.27-4.20

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Age / Gender	: 38 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23032618	Current Ward / Bed	: /
		Receiving Date & Time	: 25-11-2023 12:14
		Reporting Date & Time	: 25-11-2023 15:49

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 BELOW40@2550

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		25	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		11.7	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>		80.0	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>	H	175	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>		58	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	111	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		69	mg/dL	0 - 160
NON-HDL CHOLESTROL		117.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.0		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		1.9		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		14	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>		0.91	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.15	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.76	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.7	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		3.7	g/dL	
S.GLOBULIN		3.0	g/dL	2.8-3.8
A/G RATIO	L	1.23		1.5 - 2.5

FINAL REPORT

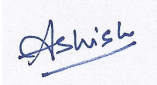
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Age / Gender	: 38 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23032618	Current Ward / Bed	: /
		Receiving Date & Time	: 25-11-2023 12:14
		Reporting Date & Time	: 25-11-2023 15:49

ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>	55.3	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>	28.9	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	28.7	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>	14.7	IU/L	7 - 35
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>	158.8	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>	6.7	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>	4.5	mg/dL	2.6 - 7.2

**** End of Report ****

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Sample ID	: APH23032618	Current Ward / Bed	: /
		Receiving Date & Time	: 25-11-2023 12:14
		Reporting Date & Time	: 25-11-2023 15:49

Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	5.8	%	4.0 - 6.2
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INTERPRETATION:

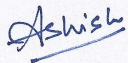
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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.

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23032615	Current Ward / Bed	: /		
		Receiving Date & Time	: 25-11-2023 12:14		
		Reporting Date & Time	: 25-11-2023 15:07		

HAEMATOLOGY REPORTING

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

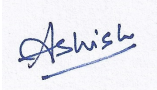
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

ESR (Westergren)	H	58	mm 1st hr	0 - 20
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**** End of Report ****

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Age / Gender	: 38 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23032652	Current Ward / Bed	: /
		Receiving Date & Time	: 25-11-2023 13:52
		Reporting Date & Time	: 25-11-2023 16:31

CLINICAL PATH REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY		20 mL		
COLOUR		Pale Straw		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)		1.010		1.005 - 1.030

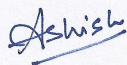
MICROSCOPIC EXAMINATION

LEUCOCYTES		1-2	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		3-4		
CASTS		Nil		
CRYSTALS		Nil		
URINE-SUGAR		NEGATIVE		

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