Bill No.	F	APHHC240000518	Bill Date	:	22-03-2024 08:19		
Patient Name	Г	MRS. NEERU SINGH	UHID		APH000021741		
Age / Gender	Г	31 Yrs 7 Mth / FEMALE	Patient Type	[·	OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed		1		
Sample ID		APH24010610	Current Ward / Bed		1		
	F		Receiving Date & Time	:	22-03-2024 09:23		
	Г		Reporting Date & Time		23-03-2024 02:59		

BLOOD BANK REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000518	Bill	ate	1:	22-03-2024 08:19		
Patient Name	Г	MRS. NEERU SINGH	UHID		1	APH000021741		
Age / Gender	F	31 Yrs 7 Mth / FEMALE	Patie	nt Type	1:	OPD	If PHC	1:
Ref. Consultant	1	MEDIWHEEL	Ward	I / Bed	1:	1		
Sample ID	F	APH24010752	Curr	ent Ward / Bed	1:	1		
	F		Rece	iving Date & Time	1:	22-03-2024 12:18		
	Г		Repo	rting Date & Time	1	22-03-2024 23:44		

CLINICAL PATH REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	25 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)	1.010	1.005 - 1.030

MICROSCOPIC EXAMINATION

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

**	End	of	Report	**

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000518	Bill Date	1	22-03-2024 08:19		
Patient Name	:	MRS. NEERU SINGH	UHID	1	APH000021741		
Age / Gender		31 Yrs 7 Mth / FEMALE	Patient Type	1	OPD If PHC :		
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24010609	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	22-03-2024 09:23		
	П		Reporting Date & Time	:	22-03-2024 12:11		

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)		7.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.4	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.2	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		39.0	%	36 - 46
MEAN CORPUSCULAR VOLUME		88.9	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.8	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	31.3	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		239	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	Н	47.0	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.8	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

ESR (Westergren)	Н	75	mm 1st hr	0 - 20
BASOPHILS		0	%	0 - 1
EOSINOPHILS		1	%	1 - 5
MONOCYTES		6	%	2 - 10
LYMPHOCYTES		20	%	20 - 40
NEUTROPHILS		73	%	40 - 80

** End of Report **

IMPORTANT INSTRUCTIONS

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

DR. ASHISH RANJAN SINGH

Bill No.	T	APHHC240000518	Bill Date	1	22-03-2024 08:19		
Patient Name	F	MRS. NEERU SINGH	UHID	1	APH000021741		
Age / Gender	F	31 Yrs 7 Mth / FEMALE	Patient Type	1	OPD	If PHC	:
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1		
Sample ID	1	APH24010613	Current Ward / Bed	:	1		
	1		Receiving Date & Time	:	22-03-2024 09:23		
	Т		Reporting Date & Time	1	22-03-2024 15:45		

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)	3.74	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.33	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.62	mIU/L	0.27-4.20

** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	T	APHHC240000518	Bill Date	1	22-03-2024 08:19		
Patient Name	F	MRS. NEERU SINGH	UHID	1	APH000021741		
Age / Gender	F	31 Yrs 7 Mth / FEMALE	Patient Type	1	OPD	If PHC	:
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1		
Sample ID	1	APH24010613	Current Ward / Bed	:	1		
	1		Receiving Date & Time	:	22-03-2024 09:23		
	Т		Reporting Date & Time	1	22-03-2024 15:45		

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)	3.74	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.33	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.62	mIU/L	0.27-4.20

** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000518	Bill Date	1	22-03-2024 08:19		
Patient Name	:	MRS. NEERU SINGH	UHID	1	APH000021741		
Age / Gender		31 Yrs 7 Mth / FEMALE	Patient Type	1	OPD If PHC :		
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24010803	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	22-03-2024 13:02		
	П		Reporting Date & Time	:	22-03-2024 15:12		

BIOCHEMISTRY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD UREA Urease-GLDH,Kinetic	15	mg/dL	15 - 45	
BUN (CALCULATED)	7.0	mg/dL	7 - 21	
CREATININE-SERUM (Modified Jaffe s Kinetic)	0.7	mg/dL	0.6 - 1.1	
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	89.0	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) (IIV Havokinase)	93 N	ma/dl	70 - 140
GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)	93.0	mg/aL	10 140

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 (CHO-POD)	Н	233	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		65	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	145	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		138	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	168.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.6		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		28	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)	0.49	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.08	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.41	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	7.4	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	4.4	g/dL	

Bill No.	-	APHHC240000518			Bill Date		:	22-03-2024 08:19		
Patient Name	1:	: MRS. NEERU SINGH		UHID			:	APH000021741		
Age / Gender		31 Yrs 7 Mth / FEMALE			Patient Type			OPD	If PHC :	
Ref. Consultant	ef. Consultant : MEDIWHEEL				Ward / Bed			1		
Sample ID	1	APH24010803			Current Ward / Bed			1		
	1:	:			Receiving Date & Time			22-03-2024 13:02		
	T				Reporting Date & Tim	1e	:	22-03-2024 15:12		
S.GLOBULIN				3.0		g/dL		2.8-3.8		
A/G RATIO			L	1.	47			1.5 - 2	.5	
ALKALINE PH	OSI	PHATASE IFCC AMP BUFFER		81	9	IU/L		42 - 98		
ASPARTATE A	ΙM	NO TRANSFERASE (SGOT) (IFCC)		30	.5	IU/L		10 - 42		
ALANINE AM:	NO	TRANSFERASE(SGPT) (IFCC)		23	.5	IU/L		10 - 40		
GAMMA-GLU	ГΑМ	IYLTRANSPEPTIDASE (IFCC)		21	.1	IU/L		7 - 35		
LACTATE DE	HYD	ROGENASE (IFCC; L-P)		19	6.1	IU/L		0 - 248	3	
C DROTEIN T	<u>ΟΤ</u>			7.4		g/dL		6 - 8.1		
S.PROTEIN-T	UIA	AL (Biuret)		1'.	,	g/uL		10- 6.1		
URIC ACID ur	case ·	- Trinder		3.3	}	mg/d	IL	2.6 - 7	.2	

** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000518	Bill Date	:	22-03-2024 08:19			
Patient Name	:	MRS. NEERU SINGH	UHID		APH000021741			
Age / Gender		31 Yrs 7 Mth / FEMALE	Patient Type		OPD	If PHC	:	
Ref. Consultant		MEDIWHEEL	Ward / Bed		1			
Sample ID	:	APH24010803	Current Ward / Bed	:	1			
	:		Receiving Date & Time	:	22-03-2024 13:02			
			Reporting Date & Time	:	22-03-2024 15:12			

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

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

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 **

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

DR. ASHISH RANJAN SINGH

Bill No.	: APHHC240000518	Bill Date : 22-03-2024 08:19
Patient Name	: MRS. NEERU SINGH	UHID : APH000021741
Age / Gender	: 31 Yrs 7 Mth / FEMALE	Patient Type : OPD
Ref. Consultant	: MEDIWHEEL	Ward :
Sample ID	: APH24010880	Current Bed :
		Reporting Date & Time : 23-03-2024 10:09
		Receiving Date & Time : 23/03/2024 03:29

CYTOPATHOLOGY REPORTING

Cytopathology No: C- 54/24

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: Moderate neutrophilic infiltrates.

Specific Infections: Shift in flora

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

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

*** End of Report ***

DR. ASHISH RANJAN SINGH MBBS,MD

CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report: ULTRASOUND

Patient Name	:	MRS. NEERU SINGH	IPD No.	:	
Age	:	31 Yrs 7 Mth	UHID	T:	APH000021741
Gender	:	FEMALE	Bill No.	:	APHHC240000518
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-03-2024 08:19:38
Ward	:		Room No.	:	
			Print Date	:	22-03-2024 11:04:36

WHOLE ABDOMEN

Both the hepatic lobes are normal in size and echotexture (Liver measures 11.7 cm)

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

Portal vein is normal in calibre.

Gall bladder post operative.

CBD is normal in calibre.

Pancreas is normal in size and echotexture.

Spleen is normal in size (8.8 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.1 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 4.7 x 4.3) and appears normal in size and echotexture. No focal lesion seen. Cervix and vagina are unremarkable.

Endometrial echo is central and normal in thickness 10.7 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.2×1.6 cm, left ovary measures 2.6×1.5 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

MD.SERAJ

MD.SERAJ

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.