

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

| | | | | |
|--------------|--------------------|------------|---|---------------------|
| Patient Name | : MRS. REENA SINGH | IPD No. | : | |
| Age | : 35 Yrs 4 Mth | UHID | : | APH000021285 |
| Gender | : FEMALE | Bill No. | : | APHHC240000402 |
| Ref. Doctor | : MEDIWHEEL | Bill Date | : | 09-03-2024 09:25:56 |
| Ward | : | Room No. | : | |
| | | Print Date | : | 09-03-2024 10:57:39 |

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows mildly increase in parenchymal echogenicity S/O grade I fatty liver infiltration. (Liver measures 13 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 (9.7 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (11.1 cm), Left kidney (10.5 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 7.0 x 5.1 x 3.9 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 (7.6 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.5 x 1.7 cm, left ovary measures 2.5 x 1.9 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:- Grade I fatty infiltration of liver.

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

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should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

| | | | | | |
|--------------|---|------------------|------------|---|---------------------|
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| Gender | : | FEMALE | Bill No. | : | APHHC240000402 |
| Ref. Doctor | : | MEDIWHEEL | Bill Date | : | 09-03-2024 09:25:56 |
| Ward | : | | Room No. | : | |
| | | | Print Date | : | 09-03-2024 13:05:57 |

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.SALMAN

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Radiodiagnosis, FRCR (London)
BCMR/46075
CONSULTANT

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FINAL REPORT

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| Bill No. | : APHHC240000402 | Bill Date | : 09-03-2024 09:25 |
| Patient Name | : MRS. REENA SINGH | UHID | : APH000021285 |
| Age / Gender | : 35 Yrs 4 Mth / FEMALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH24008506 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 09-03-2024 10:17 |
| | | Reporting Date & Time | : 09-03-2024 17:41 |

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) | "A" |
| RH TYPE | POSITIVE |

**** 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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| Patient Name | : MRS. REENA SINGH | UHID | : APH000021285 |
| Age / Gender | : 35 Yrs 4 Mth / FEMALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH24008505 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 09-03-2024 10:17 |
| | | Reporting Date & Time | : 09-03-2024 16:59 |

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 <small>(Flow Cytometry)</small> | | 10.5 | thousand/cumm | 4 - 11 |
| RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small> | | 4.0 | million/cumm | 3.8 - 4.8 |
| HAEMOGLOBIN <small>(SLS Hb Detection)</small> | L | 11.6 | g/dL | 12 - 15 |
| PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small> | | 37.2 | % | 36 - 46 |
| MEAN CORPUSCULAR VOLUME | | 93.2 | fL | 83 - 101 |
| MEAN CORPUSCULAR HAEMOGLOBIN | | 29.0 | pg | 27 - 32 |
| MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION | L | 31.1 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT <small>(Hydro Dynamic Focussing)</small> | | 285 | thousand/cumm | 150 - 400 |
| RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small> | H | 48.9 | fL | 39 - 46 |
| RED CELL DISTRIBUTION WIDTH (C.V.) | H | 14.5 | % | 11.6 - 14 |

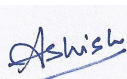
DIFFERENTIAL LEUCOCYTE COUNT

| | | | | |
|---------------------------------|----------|-----------|-----------|---------|
| NEUTROPHILS | | 70 | % | 40 - 80 |
| LYMPHOCYTES | | 25 | % | 20 - 40 |
| MONOCYTES | | 4 | % | 2 - 10 |
| EOSINOPHILS | | 1 | % | 1 - 5 |
| BASOPHILS | | 0 | % | 0 - 1 |
| ESR <small>(Westergren)</small> | H | 57 | mm 1st hr | 0 - 20 |

** End of Report **

IMPORTANT INSTRUCTIONS

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MBBS,MD
CONSULTANT

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| Patient Name | : MRS. REENA SINGH | UHID | : APH000021285 |
| Age / Gender | : 35 Yrs 4 Mth / FEMALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH24008597 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 09-03-2024 13:32 |
| | | Reporting Date & Time | : 09-03-2024 17:30 |

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 | | 30 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) | | Trace | | Negative |
| SUGAR (GOD POD Method) | | Negative | | Negative |
| SPECIFIC GRAVITY, URINE (Apparent pKa change) | | 1.030 | | 1.005 - 1.030 |

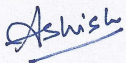
MICROSCOPIC EXAMINATION

| | | | | |
|------------------|--|----------|------|-------|
| LEUCOCYTES | | 6-8 | /HPF | 0 - 5 |
| RBC's | | Nil | | |
| EPITHELIAL CELLS | | 8-10 | | |
| CASTS | | Nil | | |
| CRYSTALS | | Nil | | |
| URINE-SUGAR | | NEGATIVE | | |

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| Age / Gender | : 35 Yrs 4 Mth / FEMALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH24008635 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 09-03-2024 15:50 |
| | | Reporting Date & Time | : 09-03-2024 16:42 |

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 <small>Urease-GLDH,Kinetic</small> | | 21 | mg/dL | 15 - 45 |
| BUN (CALCULATED) | | 9.8 | 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> | | 83.0 | 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> | | 106.0 | mg/dL | 70 - 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 <small>(CHO-POD)</small> | H | 183 | mg/dL | 0 - 160 |
| HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small> | | 45 | mg/dL | >45 |
| CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small> | H | 118 | mg/dL | 0 - 100 |
| S. TRIGLYCERIDES <small>(GPO - POD)</small> | | 126 | mg/dL | 0 - 160 |
| NON-HDL CHOLESTROL | H | 138.0 | mg/dL | 0 - 125 |
| TOTAL CHOLESTROL / HDL CHOLESTROL | | 4.1 | | 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 | | 2.6 | | 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 | | 25 | 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> | | 0.53 | mg/dL | 0.2 - 1.0 |
| BILIRUBIN-DIRECT <small>(DPD)</small> | | 0.11 | mg/dL | 0 - 0.2 |
| BILIRUBIN-INDIRECT | | 0.42 | mg/dL | 0.2 - 0.8 |
| S. PROTEIN-TOTAL <small>(Biuret)</small> | | 7.5 | g/dL | 6 - 8.1 |

FINAL REPORT

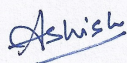
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| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH24008635 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 09-03-2024 15:50 |
| | | Reporting Date & Time | : 09-03-2024 16:42 |

| | | | | |
|--|----------|--------------|-------|-----------|
| ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small> | | 4.2 | g/dL | |
| S.GLOBULIN | | 3.3 | g/dL | 2.8-3.8 |
| A/G RATIO | L | 1.27 | | 1.5 - 2.5 |
| ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small> | H | 107.8 | IU/L | 42 - 98 |
| ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small> | | 20.1 | IU/L | 10 - 42 |
| ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small> | | 16.9 | IU/L | 10 - 40 |
| GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small> | | 21.5 | IU/L | 7 - 35 |
| LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small> | | 155.2 | IU/L | 0 - 248 |
| | | | | |
| S.PROTEIN-TOTAL <small>(Biuret)</small> | | 7.5 | g/dL | 6 - 8.1 |
| | | | | |
| URIC ACID <small>Uricase - Trinder</small> | H | 7.9 | mg/dL | 2.6 - 7.2 |

** End of Report **

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| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH24008635 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 09-03-2024 15:50 |
| | | Reporting Date & Time | : 09-03-2024 16:42 |

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

| | | | |
|---|-----|---|-----------|
| HBA1C (Turbidimetric Immuno-inhibition) | 5.5 | % | 4.0 - 6.2 |
|---|-----|---|-----------|

INTERPRETATION:

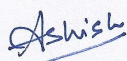
| HbA1c % | Degree of Glucose Control |
|-----------|---|
| >8% | Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy |
| 7.1 - 8.0 | Fair Control |
| <7.0 | Good Control |

- 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 ****

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| Age / Gender | : 35 Yrs 4 Mth / FEMALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH24008509 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 09-03-2024 10:17 |
| | | Reporting Date & Time | : 09-03-2024 17:18 |

SEROLOGY REPORTING

| Test (Methodology) | Flag | Result | UOM | Biological Reference Interval |
|--------------------|------|--------|-----|-------------------------------|
|--------------------|------|--------|-----|-------------------------------|

Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

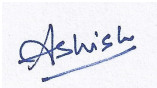
THYROID PROFILE (FT3+FT4+TSH)

| | | | | |
|---|----------|-------------|-------|-----------|
| FREE-TRI IODO THYRONINE (FT3) (ECLIA) | | 2.70 | pg/mL | 2.0-4.4 |
| FREE -THYROXINE (FT4) (ECLIA) | | 1.31 | ng/dL | 0.9-1.7 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | H | 6.00 | mIU/L | 0.27-4.20 |

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