



**DEPARTMENT OF LABORATORY SERVICES  
FINAL REPORT**

Bill No.	: APHHC240001882	Bill Date	: 26-10-2024 10:00		
Patient Name	: MRS. PRATIMA KUMARI	UHID	: APH000030373		
Age / Gender	: 47 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24050588	Current Ward / Bed	: /		
		Receiving Date & Time	: 26-10-2024 15:37		
		Reporting Date & Time	: 26-10-2024 17:03		

**BIOCHEMISTRY REPORTING**

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

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800**

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		18	mg/dL	15 - 45
BUN <small>(Calculated)</small>		8.4	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	<b>L</b>	<b>0.5</b>	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		91.0	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>		113.0	mg/dL	70 - 140
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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>		145	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	<b>L</b>	<b>36</b>	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		94	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		75	mg/dL	0 - 160
NON-HDL CHOLESTROL <small>(Calculated)</small>		109.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL <small>(Calculated)</small>		4.0		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 <small>(Calculated)</small>		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 <small>(Calculated)</small>		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>	<b>H</b>	<b>1.28</b>	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>	<b>H</b>	<b>0.25</b>	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT <small>(Calculated)</small>	<b>H</b>	<b>1.03</b>	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>	<b>H</b>	<b>8.2</b>	g/dL	6 - 8.1



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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.5	g/dL	3.5 - 5.2
S.GLOBULIN (Calculated)		3.7	g/dL	2.8-3.8
A/G RATIO (Calculated)	<b>L</b>	<b>1.22</b>		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		97.1	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		34.0	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		19.5	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		10.8	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		209.8	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)	<b>H</b>	<b>8.2</b>	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		5.4	mg/dL	2.6 - 7.2

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

**IMPORTANT INSTRUCTIONS**

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

Laboratory test results are to be clinically correlated.

Storage and discard of Specimen shall be as per AIMS specimen retention policy.

Test results are not valid for Medico - Legal purposes.

DR. ASHISH RANJAN SINGH  
MBBS,MD  
CONSULTANT



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MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

HBA1C (Turbidimetric Immuno-inhibition)	6.0	%	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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Age / Gender	: 47 Yrs / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24050477	Current Ward / Bed	: /
		Receiving Date & Time	: 26-10-2024 10:18
		Reporting Date & Time	: 26-10-2024 17:42

SEROLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.89	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.38	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.45	mIU/L	0.27-4.20

\*\* End of Report \*\*

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Age / Gender	: 47 Yrs / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24050473	Current Ward / Bed	: /
		Receiving Date & Time	: 26-10-2024 10:18
		Reporting Date & Time	: 26-10-2024 13:51

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( AVOVE-40)@2800

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		4.7	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.3	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	11.9	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		39.5	%	36 - 46
MEAN CORPUSCULAR VOLUME (Calculated)		91.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN (Calculated)		27.5	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (Calculated)	L	30.2	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	L	125	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	48.7	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.9	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS (Flow-cytometry & Microscopy)		70	%	40 - 80
LYMPHOCYTES (Flow-cytometry & Microscopy)		20	%	20 - 40
MONOCYTES (Flow-cytometry & Microscopy)		6	%	2 - 10
EOSINOPHILS (Flow-cytometry & Microscopy)		4	%	1 - 5
BASOPHILS (Flow-cytometry & Microscopy)		0	%	0 - 1

ESR (Westergren)	H	41	mm/1st hr	0 - 20
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\*\* End of Report \*\*

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Age / Gender	: 47 Yrs / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24050511	Current Ward / Bed	: /
		Receiving Date & Time	: 26-10-2024 11:33
		Reporting Date & Time	: 26-10-2024 17:47

CLINICAL PATH REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY		30 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)		1.020		1.005 - 1.030

MICROSCOPIC EXAMINATION

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

\*\* End of Report \*\*

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Age / Gender	: 47 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24050474	Current Ward / Bed	: /		
		Receiving Date & Time	: 26-10-2024 10:18		
		Reporting Date & Time	: 26-10-2024 19:11		

**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)	" A "
RH TYPE	POSITIVE

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

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MBBS,MD  
CONSULTANT

# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. PRATIMA KUMARI	IPD No.	:	
Age	:	47 Yrs	UHID	:	APH000030373
Gender	:	FEMALE	Bill No.	:	APHHC240001882
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	26-10-2024 10:00:20
Ward	:		Room No.	:	
			Print Date	:	26-10-2024 13:24:27

## **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

DR. MUHAMMAD SERAJ, MD  
Radiodiagnosis, FRCR (London)  
BCMR/46075  
CONSULTANT

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**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. PRATIMA KUMARI	IPD No.	:	
Age	:	47 Yrs	UHID	:	APH000030373
Gender	:	FEMALE	Bill No.	:	APHHC240001882
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	26-10-2024 10:00:20
Ward	:		Room No.	:	
			Print Date	:	26-10-2024 11:22:26

## **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.7 cm)

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

Portal vein is normal in calibre.

**Gall bladder is distended and showing few comet tail artifact from anterior wall, suggestive of adenomyosis. Wall thickness is normal (2.4 mm).**

CBD is normal in calibre.

Pancreas is normal in size and echotexture.

Spleen is normal in size (9 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9 cm), Left kidney (9.3 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder is distended and appears normal. Wall thickness is normal.

Uterus is retroverted. Post-menopausal status.

Bilateral adnexa are clear. No mass lesion seen.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

## **IMPRESSION:- GB wall adenomyosis.**

*Please correlate clinically.....*

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

Prepare By.  
MD.SERAJ

DR. ALOK KUMAR, M.B.B.S,M.D,DMRD  
CONSULTANT

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