

FINAL REPORT

Bill No.	: APHHC240000165	Bill Date	: 10-02-2024 08:42
Patient Name	: MRS. RINKI SINGH	UHID	: APH000020264
Age / Gender	: 36 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24004375	Current Ward / Bed	: /
		Receiving Date & Time	: 10-02-2024 09:33
		Reporting Date & Time	: 10-02-2024 17:10

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

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		9.7	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.1	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.6	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	33.0	%	36 - 46
MEAN CORPUSCULAR VOLUME	L	80.4	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	25.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.2	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		245	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	50.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	17.6	%	11.6 - 14

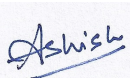
DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		63	%	40 - 80
LYMPHOCYTES		27	%	20 - 40
MONOCYTES		7	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	94	mm 1st hr	0 - 20

** End of Report **

IMPORTANT INSTRUCTIONS

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



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MBBS,MD
CONSULTANT

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Age / Gender	: 36 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24004376	Current Ward / Bed	: /
		Receiving Date & Time	: 10-02-2024 09:33
		Reporting Date & Time	: 10-02-2024 15:28

BLOOD BANK REPORTING

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

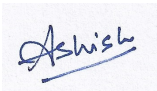
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD GROUP (ABO)	"A"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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Age / Gender	: 36 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24004379	Current Ward / Bed	: /
		Receiving Date & Time	: 10-02-2024 09:33
		Reporting Date & Time	: 10-02-2024 15:21

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

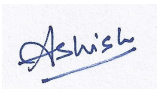
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.64	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.14	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.70	mIU/L	0.27-4.20

**** End of Report ****

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Patient Name	: MRS. RINKI SINGH	UHID	: APH000020264
Age / Gender	: 36 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24004516	Current Ward / Bed	: /
		Receiving Date & Time	: 10-02-2024 14:31
		Reporting Date & Time	: 10-02-2024 16:23

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 BELOW40@2550

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		24	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		11.2	mg/dL	7 - 21

CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.4	mg/dL	0.6 - 1.1
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GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		86.0	mg/dL	70 - 100
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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>		117.0	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>		149	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		49	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		89	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		83	mg/dL	0 - 160
NON-HDL CHOLESTROL		100.0	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		1.8		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		17	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>		0.41	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.11	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.30	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>	L	5.9	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		3.4	g/dL	

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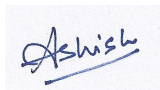
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S.GLOBULIN	L	2.5	g/dL	2.8-3.8
A/G RATIO	L	1.36		1.5 - 2.5
ALKALINE PHOSPHATASE <small>(IFCC AMP BUFFER)</small>		56.1	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		29.1	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	H	53.1	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		24.4	IU/L	7 - 35
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		115.7	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>	L	5.9	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		3.8	mg/dL	2.6 - 7.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

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Sample ID	: APH24004516	Current Ward / Bed	: /
		Receiving Date & Time	: 10-02-2024 14:31
		Reporting Date & Time	: 10-02-2024 16:23

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	H	6.3	%	4.0 - 6.2
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INTERPRETATION:

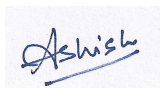
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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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Patient Name	: MRS. RINKI SINGH	UHID	: APH000020264		
Age / Gender	: 36 Yrs 11 Mth / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24004486	Current Ward / Bed	: /		
		Receiving Date & Time	: 10-02-2024 14:02		
		Reporting Date & Time	: 10-02-2024 19:07		

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		25 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Clear		

CHEMICAL EXAMINATION

PH (Double pH indicator method)		6.5		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

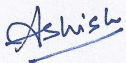
MICROSCOPIC EXAMINATION

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

**** End of Report ****

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24004486	Current Ward / Bed	: /		
		Receiving Date & Time	: 10-02-2024 14:02		
		Reporting Date & Time	: 10-02-2024 19:07		

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		25 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Clear		

CHEMICAL EXAMINATION

PH (Double pH indicator method)		6.5		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

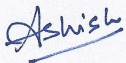
MICROSCOPIC EXAMINATION

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

**** End of Report ****

IMPORTANT INSTRUCTIONS

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Patient Name	: MRS. RINKI SINGH	UHID	: APH000020264
Age / Gender	: 36 Yrs 11 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward	:
Sample ID	: APH24004643	Current Bed	:
		Reporting Date & Time	: 12-02-2024 17:32
		Receiving Date & Time	: 12/02/2024 08:51

CYTOPATHOLOGY REPORTING

Cytopathology No: C -17/24

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.

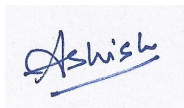
Non-Neoplastic Findings: Mild neutrophilic infiltrates.

Specific Infections: Nil.

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 ***



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MBBS,MD
CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. RINKI SINGH	IPD No.	:	
Age	:	36 Yrs 11 Mth	UHID	:	APH000020264
Gender	:	FEMALE	Bill No.	:	APHHC240000165
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	10-02-2024 08:42:23
Ward	:		Room No.	:	
			Print Date	:	12-02-2024 11:38:07

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.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. RINKI SINGH	IPD No.	:	
Age	:	36 Yrs 11 Mth	UHID	:	APH000020264
Gender	:	FEMALE	Bill No.	:	APHHC240000165
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	10-02-2024 08:42:23
Ward	:		Room No.	:	
			Print Date	:	10-02-2024 10:40:30

WHOLE ABDOMEN:

Both the hepatic lobes are enlarged in size and shows moderate increase in parenchymal echogenicity S/O grade II fatty liver infiltration. (Liver measures 16.2cm)

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 (8.9 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.6 cm), Left kidney (10.8 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 9.4 x 5.3 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 (7.7 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.6 x 1.5 cm, left ovary measures 1.9 x 1.5 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:

Hepatomegaly with grade II fatty infiltration 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.

FINAL REPORT

Bill No.	: APHHC240000255	Bill Date	: 22-02-2024 09:06
Patient Name	: MRS. RINKU KUMARI	UHID	: APH000020689
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006037	Current Ward / Bed	: /
		Receiving Date & Time	: 22-02-2024 09:45
		Reporting Date & Time	: 22-02-2024 13:53

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>		20	mg/dL	15 - 45
BUN (CALCULATED)		9.3	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>		0.6	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		86.0	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>		146	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>		46	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		88	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		47	mg/dL	0 - 160
NON-HDL CHOLESTROL		100.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.2		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	L	9	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>		0.41	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.09	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.32	mg/dL	0.2 - 0.8
S. PROTEIN-TOTAL <small>(Biuret)</small>		6.3	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.0	g/dL	
S.GLOBULIN	L	2.3	g/dL	2.8-3.8
A/G RATIO		1.74		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		42.0	IU/L	42 - 98

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Patient Name	: MRS. RINKU KUMARI	UHID	: APH000020689
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006037	Current Ward / Bed	: /
		Receiving Date & Time	: 22-02-2024 09:45
		Reporting Date & Time	: 22-02-2024 13:53

ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	20.1	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	15.6	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	9.1	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)	177.9	IU/L	0 - 248

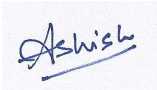
S.PROTEIN-TOTAL (Biuret)	6.3	g/dL	6 - 8.1
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URIC ACID Uricase - Trinder	3.7	mg/dL	2.6 - 7.2
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**** End of Report ****

IMPORTANT INSTRUCTIONS

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



DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC240000255	Bill Date	: 22-02-2024 09:06		
Patient Name	: MRS. RINKU KUMARI	UHID	: APH000020689		
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24006037	Current Ward / Bed	: /		
		Receiving Date & Time	: 22-02-2024 09:45		
		Reporting Date & Time	: 22-02-2024 13:53		

Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	5.4	%	4.0 - 6.2
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INTERPRETATION:

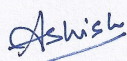
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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 ****

IMPORTANT INSTRUCTIONS

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



DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC240000255	Bill Date	: 22-02-2024 09:06		
Patient Name	: MRS. RINKU KUMARI	UHID	: APH000020689		
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24006038	Current Ward / Bed	: /		
		Receiving Date & Time	: 22-02-2024 09:45		
		Reporting Date & Time	: 22-02-2024 13:06		

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

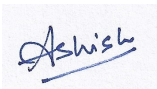
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.92	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.08	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		1.78	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
MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC240000255	Bill Date	: 22-02-2024 09:06
Patient Name	: MRS. RINKU KUMARI	UHID	: APH000020689
Age / Gender	: 38 Yrs / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006034	Current Ward / Bed	: /
		Receiving Date & Time	: 22-02-2024 09:45
		Reporting Date & Time	: 22-02-2024 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 BELOW40@2550

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT <small>(Flow Cytometry)</small>		4.9	thousand/cumm	4 - 11
RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small>	L	3.1	million/cumm	3.8 - 4.8
HAEMOGLOBIN <small>(SLS Hb Detection)</small>	L	8.7	g/dL	12 - 15
PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small>	L	25.6	%	36 - 46
MEAN CORPUSCULAR VOLUME	L	82.8	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		34.2	g/dL	31.5 - 34.5
PLATELET COUNT <small>(Hydro Dynamic Focussing)</small>		169	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small>		45.4	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.3	%	11.6 - 14

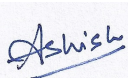
DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		57	%	40 - 80
LYMPHOCYTES		34	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		4	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR <small>(Westergren)</small>	H	66	mm 1st hr	0 - 20

** End of Report **

IMPORTANT INSTRUCTIONS

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



DR. ASHISH RANJAN SINGH
MBBS, MD
CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. RINKU KUMARI	IPD No.	:	
Age	:	38 Yrs	UHID	:	APH000020689
Gender	:	FEMALE	Bill No.	:	APHHC240000255
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-02-2024 09:06:25
Ward	:		Room No.	:	
			Print Date	:	22-02-2024 15:50:44

CHEST PA VIEW:

Bilateral prominent bronchovascular marking.

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

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. RINKU KUMARI	IPD No.	:	
Age	:	38 Yrs	UHID	:	APH000020689
Gender	:	FEMALE	Bill No.	:	APHHC240000255
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-02-2024 09:06:25
Ward	:		Room No.	:	
			Print Date	:	22-02-2024 12:23:09

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 10.9 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 (9.5 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.3 x 3.3 cm), Left kidney (3.8 x 3.9 cm).

Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder is partially filled.

Uterus is anteverted (measures 8.7 x 5.4 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.

Both ovaries are normal in size and echotexture.

Minimal traces of fluid seen in POD likely physiological .

No basal pleural effusion seen.

No significant lymphadenopathy seen.

Distended bowel loop seen.

IMPRESSION:- No significant abnormality detected.

Please correlate clinically.....

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

Prepare By.
MD.SALMAN

CONSULTANT RADIOLOGIST,

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.