

FINAL REPORT

Bill No.	: APHHC230000396	Bill Date	: 30-03-2023 09:53
Patient Name	: MRS. ANNAPURNA KUMARI	UHID	: APH000014179
Age / Gender	: 49 Yrs 2 Mth / FEMALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: NEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007703	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 10:52
		Reporting Date & Time	: 30-03-2023 16:04

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)

Test	Flag	Result	UOM	Biological Reference Interval
FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.11	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		0.91	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	4.50	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

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

Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

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Age / Gender	: 49 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: NEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007699	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 10:52
		Reporting Date & Time	: 30-03-2023 15:08

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)	"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	: 49 Yrs 2 Mth / FEMALE	Patient Type	: OPD <input type="checkbox"/> IF PHC <input type="checkbox"/>
Ref. Consultant	: NEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007742	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 14:22
		Reporting Date & Time	: 30-03-2023 16:01

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 (Urease-G.U.P.H.Kinetic)		20	mg/dL	15 - 45
BUN (CALCULATED)		9.3	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe & Kinetic)	L	0.5	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		88.0	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) (UV Hexokinase)		105.0	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 (CHO-POD)	H	232	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		50	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	160	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		108	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	182.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.6		1/2 Average 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		3.2		1/2 Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-8.1
CHOLESTROL-VLDL		22	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 (DPO)		0.49	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPO)		0.08	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.41	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Buret)		7.0	g/dL	6 - 8.1

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Ref. Consultant	: NEDIWHEEL	Ward / Bed	: /
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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.0	g/dL	
S.GLOBULIN		3.0	g/dL	2.8-3.8
A/G RATIO	L	1.33		1.5 - 2.5
ALKALINE PHOSPHATASE (FCC AMP BUFFER)		80.9	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (FCC)		25.3	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (FCC)		25.1	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSFERASE (FCC)		12.9	IU/L	7 - 35
LACTATE DEHYDROGENASE (FCC; L-P)		184.3	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)		7.0	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)	L	2.5	mg/dL	2.6 - 7.2

**** End of Report ****

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FINAL REPORT

Bill No. : APHHC230000395	Bill Date : 30-03-2023 09:53
Patient Name : MRS. ANNA PURNA KUMARI	UHID : APH000014179
Age / Gender : 49 Yrs 2 Mth / FEMALE	Patient Type : OPD # PHC :
Ref. Consultant : MEDIWHEEL	Ward / Bed : /
Sample ID : APH23007742	Current Ward / Bed : /
	Receiving Date & Time : 30-03-2023 14:22
	Reporting Date & Time : 30-03-2023 16:01

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE(ABOVE-40)@2800

HbA1c (Glycated Hemoglobin)	5.9	%	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

- Notes:**
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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FINAL REPORT

Bill No.	: APHHC230000396	Bill Date	: 30-03-2023 09:53
Patient Name	: MRS. ANNAPURNA KUMARI	UHID	: APH00014179
Age / Gender	: 49 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: NEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007698	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 10:52
		Reporting Date & Time	: 30-03-2023 13:50

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)

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.4	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.7	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		38.3	%	36 - 46
MEAN CORPUSCULAR VOLUME		86.9	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.8	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.1	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		155	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	47.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.2	%	11.6 - 14

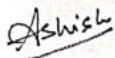
DIFFERENTIAL LEUCOCYTE COUNT

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
NEUTROPHILS		63	%	40 - 80
LYMPHOCYTES		26	%	20 - 40
MONOCYTES		7	%	2 - 10
EOSINOPHILS		4	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	28	mm 1st hr	0 - 20

**** End of Report ****

IMPORTANT INSTRUCTIONS

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 MBBS,MD
 CONSULTANT

Patient Details

Date: 30-Mar-23 Time: 3:13:44 PM
 Name: Mrs.ANNAPURNA KUMARI ID: APH00014179
 Age: 49 y Sex: F Height: 166 cms Weight: 53 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce Pr.MHR: 171 bpm THR: 153 (90 % of Pr.MHR) bpm
 Total Exec. Time: 8 m 0 s Max. HR: 149 (87% of Pr.MHR)bpm Max. Mets: 10.20
 Max. BP: 140 / 90 mmHg Max. BP x HR: 20860 mmHg/min Min. BP x HR: 5440 mmHg/min
 Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 37	1.0	0	0	78	120 / 80	-1.01 aVR	0.84 II
Standing	0 : 11	1.0	0	0	73	120 / 80	-1.01 aVR	0.84 II
Hyperventilation	0 : 11	1.0	0	0	68	120 / 80	-0.76 aVR	0.84 II
1	3 : 0	4.6	2.7	10	102	130 / 80	-1.01 aVR	1.69 V6
2	3 : 0	7.0	4	12	124	140 / 90	-1.52 III	-2.53 V4
Peak Ex	2 : 0	10.2	5.4	14	149	140 / 90	-2.28 aVF	-2.11 V4
Recovery(1)	2 : 0	1.8	1.6	0	75	140 / 90	-2.03 aVF	3.80 V2
Recovery(2)	2 : 0	1.0	0	0	82	120 / 80	-0.76 III	1.27 II
Recovery(3)	0 : 45	1.0	0	0	83	120 / 80	-3.29 aVR	-2.53 aVR

Interpretation

COMMENTS :- FAIR EXERCISE (10.20 METS) TOLERANCE.
 :- NORMAL BP RESPONSE TARGET HEART RATE ACHIEVED.
 :- NO SIGNIFICANT ST-T SIGEMENT CHANGES SEEN IN LEADS.
 :- THE TEST TERMINATED DUE TO -HEART RATE ACHIEVED.
 IMPRESSION :- THE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

Ref. Doctor: Dr.ADITYA KUMAR
 (Summary Report edited by user)

Doctor: Dr.ADITYA KUMAR

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U71999DL2007PTC150674

Schiller CS-20 V 1.9



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. ANNAPURNA KUMARI	IPD No.	:	
Age	: 49 Yrs 2 Mth	UHID	:	APH000014179
Gender	: FEMALE	Bill No.	:	APHHC230000396
Ref. Doctor	: NEDIWHEEL	Bill Date	:	30-03-2023 09:53:32
Ward	:	Room No.	:	
		Print Date	:	30-03-2023 12:30:58

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.....

Prepared By.
MD.SERAJ


DR. MUHAMMAD SERAJ, MD, FRCR
(London) Radiodiagnosis
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. ANNAPURNA KUMARI	IPD No.	:
Age	: 49 Yrs 2 Mth	UHID	: APH000014179
Gender	: FEMALE	Bill No.	: APHHC230000396
Ref. Doctor	: NEDIWHEEL	Bill Date	: 30-03-2023 09:53:32
Ward	:	Room No.	:
		Print Date	: 30-03-2023 10:56:07

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 11.0 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 (7.4 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.9 cm), Left kidney (9.5 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 7.0 x 4.2 x 3.0 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 (3.6 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.1 x 1.2 cm, left ovary measures 2.6 x 1.7 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION: Normal study.

Please correlate clinically.....

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



Prepare By.
MD.SERAJ

(Signature)
DR. MUHAMMAD SERAJ, MD, FRCR
(London) Radiodiagnosis
CONSULTANT

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