

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. NEHA KUMARI	IPD No.	:	
Age	:	26 Yrs	UHID	:	APH000014616
Gender	:	FEMALE	Bill No.	:	APHHC230000510
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	27-04-2023 09:46:00
Ward	:		Room No.	:	
			Print Date	:	27-04-2023 11:31:10

WHOLE ABDOMEN:

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

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 (11.8 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.5 cm), Left kidney (11.5 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 6.7 x 4.2 x 3.7 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 (5.6 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.7 x 1.3 cm, left ovary measures 2.8 x 1.3 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.SALMAN

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.

FINAL REPORT

Bill No.	: APHHC230000510	Bill Date	: 27-04-2023 09:46
Patient Name	: MRS. NEHA KUMARI	UHID	: APH000014616
Age / Gender	: 26 Yrs / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23010293	Current Ward / Bed	: /
		Receiving Date & Time	: 27-04-2023 13:38
		Reporting Date & Time	: 27-04-2023 15:38

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		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Clear		

CHEMICAL EXAMINATION

PH <small>(Double pH indicator method)</small>		6.5		5.0 - 8.5
PROTEINS <small>(Protein-error-of-indicators)</small>		Negative		Negative
SUGAR <small>(GOD POD Method)</small>		Negative		Negative
SPECIFIC GRAVITY, URINE <small>(Apparent pKa change)</small>		1.010		1.005 - 1.030

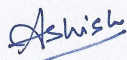
MICROSCOPIC EXAMINATION

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

** 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.	: APHHC230000510	Bill Date	: 27-04-2023 09:46
Patient Name	: MRS. NEHA KUMARI	UHID	: APH000014616
Age / Gender	: 26 Yrs / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23010266	Current Ward / Bed	: /
		Receiving Date & Time	: 27-04-2023 10:26
		Reporting Date & Time	: 27-04-2023 13:19

BIOCHEMISTRY REPORTING

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

Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD UREA <small>Urease-GLDH,Kinetic</small>	L	14	mg/dL	15 - 45
BUN (CALCULATED)	L	6.5	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.4	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)

LIPID PROFILE

CHOLESTROL-TOTAL <small>(CHO-POD)</small>		148	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>	L	34	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		97	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		148	mg/dL	0 - 160
NON-HDL CHOLESTROL		114.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.4		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		2.9		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		30	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>	H	1.41	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>	H	0.25	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	1.16	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.6	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		3.9	g/dL	
S.GLOBULIN	L	2.7	g/dL	2.8-3.8
A/G RATIO	L	1.44		1.5 - 2.5

FINAL REPORT

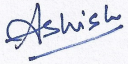
Bill No.	: APHHC230000510	Bill Date	: 27-04-2023 09:46		
Patient Name	: MRS. NEHA KUMARI	UHID	: APH000014616		
Age / Gender	: 26 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23010266	Current Ward / Bed	: /		
		Receiving Date & Time	: 27-04-2023 10:26		
		Reporting Date & Time	: 27-04-2023 13:19		

ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>	L	39.7	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		23.4	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>		18.0	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		17.9	IU/L	7 - 35
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		187.8	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.6	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		4.1	mg/dL	2.6 - 7.2

**** 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.	: APHHC230000510	Bill Date	: 27-04-2023 09:46
Patient Name	: MRS. NEHA KUMARI	UHID	: APH000014616
Age / Gender	: 26 Yrs / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23010266	Current Ward / Bed	: /
		Receiving Date & Time	: 27-04-2023 10:26
		Reporting Date & Time	: 27-04-2023 13:19

Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	5.1	%	4.0 - 6.2
---	-----	---	-----------

INTERPRETATION:

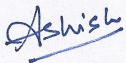
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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
MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000510	Bill Date	: 27-04-2023 09:46		
Patient Name	: MRS. NEHA KUMARI	UHID	: APH000014616		
Age / Gender	: 26 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23010299	Current Ward / Bed	: /		
		Receiving Date & Time	: 27-04-2023 13:50		
		Reporting Date & Time	: 27-04-2023 15:40		

SEROLOGY REPORTING

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

Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

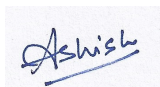
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.68	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.33	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	4.39	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.	: APHHC230000510	Bill Date	: 27-04-2023 09:46
Patient Name	: MRS. NEHA KUMARI	UHID	: APH000014616
Age / Gender	: 26 Yrs / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23010263	Current Ward / Bed	: /
		Receiving Date & Time	: 27-04-2023 10:26
		Reporting Date & Time	: 27-04-2023 13:48

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>		8.1	thousand/cumm	4 - 11
RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small>	L	3.7	million/cumm	3.8 - 4.8
HAEMOGLOBIN <small>(SLS Hb Detection)</small>	L	9.4	g/dL	12 - 15
PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small>	L	30.3	%	36 - 46
MEAN CORPUSCULAR VOLUME	L	81.8	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	25.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	30.8	g/dL	31.5 - 34.5
PLATELET COUNT <small>(Hydro Dynamic Focussing)</small>	L	110	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small>	H	50.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	17.4	%	11.6 - 14

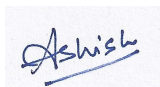
DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		69	%	40 - 80
LYMPHOCYTES		24	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR <small>(Westergren)</small>	H	78	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

FINAL REPORT

Bill No.	: APHHC230000510	Bill Date	: 27-04-2023 09:46		
Patient Name	: MRS. NEHA KUMARI	UHID	: APH000014616		
Age / Gender	: 26 Yrs / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23010264	Current Ward / Bed	: /		
		Receiving Date & Time	: 27-04-2023 10:26		
		Reporting Date & Time	: 27-04-2023 12:47		

BLOOD BANK REPORTING

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

Sample Type: EDTA Whole Blood

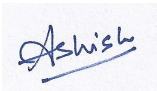
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD GROUP (ABO)	"O"
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

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. NEHA KUMARI	IPD No.	:	
Age	:	26 Yrs	UHID	:	APH000014616
Gender	:	FEMALE	Bill No.	:	APHHC230000510
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	27-04-2023 09:46:00
Ward	:		Room No.	:	
			Print Date	:	27-04-2023 13:44:44

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,FCR
(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.