

FINAL REPORT

Bill No.	: AFDHC230000125	Bill Date	: 14-01-2023 09:19
Patient Name	: MRS. SARJOLTA VIBHA	UHID	: AFD000018166
Age / Gender	: 32 Yrs 10 Mth / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001099	Current Ward / Bed	: /
		Receiving Date & Time	: 14-01-2023 10:28
		Reporting Date & Time	: 14-01-2023 13:22

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum
MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

CHOLESTROL-TOTAL (CHO-P00)	H	187	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>		56	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	122	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - P00)		86	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	131.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.3		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		2.2		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.

**** End of Report ****
IMPORTANT INSTRUCTIONS

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


DR. REETU JADHAV NAGE
 MBBS,DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

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Age / Gender	: 32 Yrs 10 Mth / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001098	Current Ward / Bed	: /
		Receiving Date & Time	: 14-01-2023 10:28
		Reporting Date & Time	: 14-01-2023 11:31

HAEMATOLOGY REPORTING

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

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS
CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.0	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.0	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	35.9	%	36 - 46
MEAN CORPUSCULAR VOLUME		90.1	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		30.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.3	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		275	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	53.1	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.5	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		52	%	40 - 80
LYMPHOCYTES		40	%	20 - 40
MONOCYTES		4	%	2 - 10
EOSINOPHILS		4	%	1 - 5
BASOPHILS		0	%	0 - 1

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BIOCHEMISTRY REPORTING

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Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS
LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)		0.60	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.11	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.49	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.7	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.3	g/dL	
S.GLOBULIN		3.4	g/dL	2.8-3.8
A/G RATIO	L	1.26		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		50.1	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (IFCC)		21.0	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		16.3	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSFERASE (IFCC)		13.1	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		185.1	IU/L	0 - 248
CHOLESTROL-TOTAL (CHO-POD)	H	187	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Immuno-inhibition)		56	mg/dL	>45
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)	H	122	mg/dL	0 - 100
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 - Cigarette smoking.
 - Hypertension.
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Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS
KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		28	mg/dL	15 - 45
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>		0.6	mg/dL	0.6 - 1.1
SODIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>	L	123	m.mol/L	135 - 145
POTASSIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>		3.9	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM <small>(Indirect Ion-Selective Electrode)</small>	L	94	m.mol/L	98 - 107
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		86.4	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)

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Age / Gender	: 32 Yrs 10 Mth / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001101	Current Ward / Bed	: /
		Receiving Date & Time	: 14-01-2023 10:37
		Reporting Date & Time	: 14-01-2023 13:24

BLOOD BANK REPORTING

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

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

BLOOD GROUP (ABO & RH)

ABO GROUP	"B"
RH TYPE	POSITIVE

Forward grouping done by Slide method.

**** End of Report ****

IMPORTANT INSTRUCTIONS

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

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MBBS, DCP, DNB (PATHOLOGY)
CONSULTANT PATHOLOGIST


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Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001103	Current Ward / Bed	: /
		Receiving Date & Time	: 14-01-2023 10:38
		Reporting Date & Time	: 14-01-2023 15:34

CLINICAL PATH REPORTING

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

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS
URINE, ROUTINE EXAMINATION
PHYSICAL EXAMINATION

QUANTITY		40 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Clear		

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

LEUCOCYTES		0-1	/HPF	0 - 5
RBC's		0-1		
EPITHELIAL CELLS		0-1		
CASTS		Nil		
CRYSTALS		Nil		

**** End of Report ****
IMPORTANT INSTRUCTIONS

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DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST



FINAL REPORT

Bill No.	: AFBCB230000157	Bill Date	: 14-01-2023 11:46
Patient Name	: MRS. SARJOLTA VIBHA	UHID	: AFD000018166
Age / Gender	: 32 Yrs 10 Mth / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23016250	Current Ward / Bed	: /
		Receiving Date & Time	: 14-01-2023 12:52
		Reporting Date & Time	: 14-01-2023 13:55

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: EDTA Whole Blood				
*GLYCATED HAEMOGLOBIN (HBA1C)				
HBA1C (HPLC)		5.1	%	4.27 - 6.07

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. SHARMILA RAI
MD, PATHOLOGY
Consultant



FINAL REPORT

Bill No.	: AFBCB230000157	Bill Date	: 14-01-2023 11:48
Patient Name	: MRS. SARJOLTA VIBHA	UHID	: AFD000018168
Age / Gender	: 32 Yrs 10 Mth / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23016249	Current Ward / Bed	: /
		Receiving Date & Time	: 14-01-2023 12:52
		Reporting Date & Time	: 14-01-2023 14:53

SEROLOGY REPORTING

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

*THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.34	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	L	0.80	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		1.88	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

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DR. SHILPA G
MD, PATHOLOGY
Sr Consultant



FINAL REPORT

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Age / Gender	: 32 Yrs 10 Mth / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001136	Current Ward / Bed	: /
		Receiving Date & Time	: 14-01-2023 13:16
		Reporting Date & Time	: 14-01-2023 15:13

BIOCHEMISTRY REPORTING

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

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)		99.5	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)

**** End of Report ****

IMPORTANT INSTRUCTIONS

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DR. REETU JADHAV NAGE
MBBS, DCP, DNB (PATHOLOGY)
CONSULTANT PATHOLOGIST

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Sample ID	: AFD23001098	Current Ward / Bed	: /
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HAEMATOLOGY REPORTING

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

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

ESR (Westergren)		9	mm 1st hr	0 - 20
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**** End of Report ****

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DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

12.01.2023 10:43:28
ASIAN FIDELIS HOSPITAL
SEC- 88 FARIDABAD HARYANA
RPS CITY

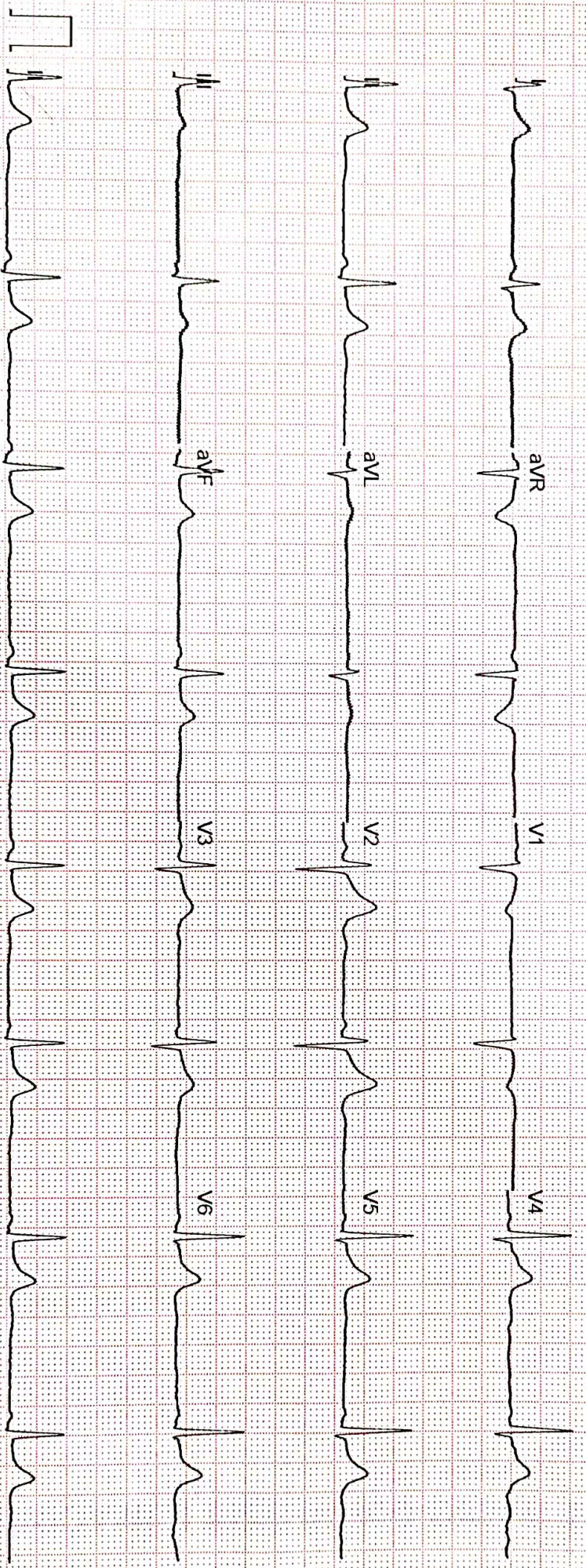
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

46 bpm
--/-- mmHg

QRS : 82 ms
QT / QTcBaz : 452 / 395 ms
PR : - ms
P : - ms
RR / PP : 1294 / 0 ms
P / QRS / T : - / 75 / 65 degrees

Junctional rhythm
Junctional ST depression, probably normal
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. SARJOLTA VIBHA	IPD No.	:	
Age	: 32 Yrs 10 Mth	UHID	:	AFD000018166
Gender	: FEMALE	Bill No.	:	AFDHC230000125
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	14-01-2023 09:19:27
Ward	:	Room No.	:	
		Print Date	:	14-01-2023 13:21:58

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.....

Prepare By.
BHANOO


DR. BHANOO CHAUDHARY, MBBS, MD
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. SARJOLTA VIBHA	IPD No.	:	
Age	: 32 Yrs 10 Mth	UHID	:	AFD000018166
Gender	: FEMALE	Bill No.	:	AFDHC230000125
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	14-01-2023 09:19:27
Ward	:	Room No.	:	
		Print Date	:	14-01-2023 10:22:01

USG WHOLE ABDOMEN

FINDINGS:

- Liver is normal in size, contour and echotexture. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is well distended with normal wall thickness. No intraluminal calculi focal lesion seen. No pericholecystic pathology seen.
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 9.3 x 4.0 cm. The left kidney measures 9.3 x 4.3 cm. No focal lesion/calculus noted in either kidney.
- The Urinary Bladder is well distended and shows anechoic contents. No focal lesion/calculus seen. There is no evidence of any obvious intraluminal or perivesical pathology.
- Uterus is anteverted and is normal in size measuring 7.1 x 3.6 x 4.7 cm. **A subserosal fibroid of size ~ 2.0 x 1.8 cm is seen in the anterior myometrium of uterus.** The endometrium measures ~ 7.3 mm and appears normal. The uterine cavity is empty. The cervical endometrium is thin and regular.
- Both ovaries are normal in size and echotexture. Right ovary measures 2.1 x 1.6 cm. Left ovary measures 2.4 x 1.9 cm.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

IMPRESSION:

- **Anterior wall uterine fibroid as described.**

Please correlate clinically.

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

Prepare By.
BHANO


DR. BHANO CHAUDHARY, MBBS, MD
CONSULTANT

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NON INVASIVE CARDIOLOGY

Patient Name	: MRS. SARJOLTA VIBHA	IPD No.	:
Age	: 32 Yrs 10 Mth	UHID	: AFD000018166
Gender	: FEMALE	Bill No.	: AFDHC230000125
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 14-01-2023 09:19:27
Ward	:	Room No.	:
		Procedure Date	: 14-01-2023 11:12:01

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter	2.4	2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N	1.5-2.6cm
Left Atrial Dimension	3.3	1.9-4.0cm < 2.2cm/M2
RV Dimensions	N	0.7-2.6cm
RV thickness	N	0.3-0.9cm
LV ED Dimension	4.6	3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	3.0	2.2-4.0 cm
IVS thickness	ED - 0.8 ES-1.2	0.6-1.2cm
LVPW Thickness	ED - 0.9 ES-1.1	0.5-1.1cm
IVS/ LVPW Ratio	N	
Mitral Valve	DE-N EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60 %	60+/-6%

IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

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Gender	: FEMALE	Bill No.	:	AFDHC230000125
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	14-01-2023 09:19:27
Ward	:	Room No.	:	
		Procedure Date	:	14-01-2023 11:12:01

MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

DOPPLER STUDY

	m/s	m/s		
MITRAL VELOCITY	E-0.7	A-0.4	MR	0/4
TRICUSPID VELOCITY	1.0 m/s		TR	0/4
AORTIC VELOCITY	1.1 m/s		AR	0/4
PULMONARY VELOCITY	0.8 m/s		PR	0/4
PA Pressure				

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Ward	:	Room No.	:	
		Procedure Date	:	14-01-2023 11:12:01

COLOUR FLOW MAPPING

No valvular regurgitation.

FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal cardiac chamber dimension.
3. Normal cardiac valves.
4. Normal mitral inflow pattern.
5. No clot/mass/vegetation/PE.

DR. MITHUNESH KUMAR
MD (DNB) (Cardiology).
Consultant Cardiologist
HMC-INDIA/723

For The perusal of a medical professional only
The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.
NOT FOR MEDICOLEGAL PURPOSES

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

Prepare By.
MADHVI.S

Investigations Advised :


Plan Of Care :

Treatment Advice:

20/20/20 Rule 1- frequent blurry.

RA 6/12

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant:.....  Date: 14/1/23... Time: 11:50

OPD Assessment Form (First visit/Follow-up)



Name : MRS. SARJOLTA VIBHA UHID No. : AFD000018166
HUSBAND : SINGH ALOK Date : 14-01-2023 09:15:56
Age / Gender : 32 Yrs 10 Mth / FEMALE Doctor / Unit : DR. MUKUND SINGH /
CPG : CORPORATE CASHAIMS2122_FD Department : INTERNAL MEDICINE_FD
Inst. Name : Acrofemi Healthcare Ltd
Address : H.NO-36, GROUND FLOOR, SEC-15, FARIDABAD, HARYANA, INDIA, Zip No.-121007

Present Complaints: *Ph C*

BP (mm Hg) *110/70 mm/Hg*
Pulse *58 b/m*
RR *SP02-99%*
Ht/Length *163 cm*
Wt- *69.9 kg*
Pain Score (1-10) *0*

Past/Family History:

None

History Given By : *Self*
Clinical Findings :

None

Any known Allergies

Not known

Provisional Diagnosis : *None*

DR. MUKUND SINGH, MBBS, DNB, CONSULTANT-INTERNAL MEDICINE_FD, Reg. No: BMC-35607
Asian Fidelis Multispeciality Hospital OPD Timing: Mon - Sat : 10:00am-04:00pm.

Note :
Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

Sub sensory fibroad

Ad- Byrne consultation

Plan Of Care :

/

Treatment Advice:

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant: _____ Date: _____ Time: _____

Dr. Mukund Singh
Consultant, Internal Medicine
Asian Fidelis Multi Speciality Hospital
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