

FINAL REPORT

Bill No.	: APHHC230001012	Bill Date	: 11-09-2023 09:50
Patient Name	: MRS. SHASHI	UHID	: APH000016963
Age / Gender	: 47 Yrs / FEMALE	Patient Type	: OPD
Ref. Consultant	: mediwheel	Ward / Bed	: /
Sample ID	: APH23024236	Current Ward / Bed	: /
		Receiving Date & Time	: 11-09-2023 10:57
		Reporting Date & Time	: 11-09-2023 14:01

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)		4.2	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.3	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	31.6	%	36 - 46
MEAN CORPUSCULAR VOLUME	L	74.7	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	24.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.5	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		166	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		40.3	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.0	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		59	%	40 - 80
LYMPHOCYTES		34	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	65	mm 1st hr	0 - 20

** End of Report **

IMPORTANT INSTRUCTIONS

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

Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674

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Ref. Consultant	: mediwheel	Ward / Bed	: /
Sample ID	: APH23024240	Current Ward / Bed	: /
		Receiving Date & Time	: 11-09-2023 10:57
		Reporting Date & Time	: 11-09-2023 13:18

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)		2.70	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.20	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.51	mIU/L	0.27-4.20

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		Reporting Date & Time	: 11-09-2023 17:09

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)	"B"
RH TYPE	POSITIVE

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		Receiving Date & Time	: 11-09-2023 13:01
		Reporting Date & Time	: 11-09-2023 15:25

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		15 mL		
COLOUR		Pale Straw		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)		1.010		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		

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BIOCHEMISTRY REPORTING

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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>		19	mg/dL	15 - 45
BUN (CALCULATED)		8.9	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>		97.0	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>		93.0	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>(CHOD-PAD)</small>	H	187	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		50	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	110	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		78	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	137.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.7		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		16	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>		0.69	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.13	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.56	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.3	g/dL	6 - 8.1

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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.1	g/dL	
S.GLOBULIN	L	2.2	g/dL	2.8-3.8
A/G RATIO		1.86		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER		67.9	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		25.9	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		17.1	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		12.7	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		206.2	IU/L	0 - 248
S.PROTEIN-TOTAL (Biarot)		6.3	g/dL	6 - 8.1
URIC ACID Uricase - Trinder		4.4	mg/dL	2.6 - 7.2

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

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.

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