

YOUR CLINICAL TEST RESULTS

Mrs. SHRUTI BHARGAVA

FEMALE / 35 Yrs / AHJN.0000238150 / AHJNAHC44919

MEDIWHEEL FULL BODY HEALTH CHECK UP FEMALE BELOW 40 YEARS

Date : 10/12/2022

HEMOGRAM

Test Name	Result	Unit	Level	Range
Haemoglobin: (Photometry)	14.6 *	g%	●	11.5-14.5
RBC COUNT METHOD: (AUTOMATED :IMPEDANCE)	4.9 *	Million/ul	●	3.8-4.8
Packed cell volume (METHOD:CALCULATED)	43.6	%	●	30-46
MCV (calculated)	88.7	fl	●	80-100
MCH (Calculated)	29.7	pg	●	27-32
MCHC (Calculated)	33.5	g/dl	●	32-35
WBC count (METHOD:AUTOMATED :IMPEDANCE) I	5.7	10 ³ /mm ³	●	4-11
TLC Count	5.7	10 ³ /mm ³		
Neutrophils	66	%	●	40-75
Lymphocytes	22	%	●	20-40
Monocytes	08	%	●	0-10
Eosinophils	04	%	●	1-6
Basophils	00	%	●	0-1
Platelet Count (IMPEDENCE)	270	10 ³ /mm ³	●	150-450
ERYTHROCYTE SEDIMENTATION RATE (ESR) (AUTOMATED CAPILLARY PHOTOMETRY)	31 *	mm/1st hr	●	0-12
RBC:	Normocytic Normochromic cells			
WBC: (AUTOMATED :IMPEDANCE)	Differentials within normal limits.			
PLATELETS :	Adequate			
IMPRESSION	Normocytic normochromic blood picture.			

URINE ROUTINE (CUE)

Test Name	Result	Unit	Level	Range
	● Within Normal Range	● Boderline High/Low	● Outside Range	

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Color :	Pale Yellow		
Volume :	35	ml	
Transparency:	Slightly Turbid		
pH	5.0		
Specific Gravity	1.010 *		● 0-0
Protein :	Nil		
Glucose:	Nil		
Ketone	Nil		
Bile Pigments:	Negative		
Blood :	Negative		
Nitrate:	Negative		
Leucocyte Esterases	++		0-0
RBC	Nil	Cells/hpf	0-2
Epithelial Cells	Occasional		
Pus Cells	6-8 /h.p.f		

BLOOD GROUPING AND TYPING (ABO and Rh)

Test Name	Result	Unit	Level	Range
ABO Group:	B			
Rh (D) Type:	POSITIVE			

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Fasting)	82	mg/dL	●	74-100

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (POST)	84	mg/dL	●	0-140

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PRANDIAL)

RENAL PROFILE - SERUM

Test Name	Result	Unit	Level	Range
UREA - SERUM / PLASMA (Method:urease)	15	mg/dL	●	15-45
BUN (BLOOD UREA NITROGEN) (Method:Calculated)	7.0	mg/dL	●	7.0-22.0
CREATININE - SERUM / PLASMA (Method:Jaffe kinetic)	0.5 *	mg/dL	●	0.51-0.95
URIC ACID - SERUM (Method: uricase)	3.3	mg/dL	●	2.6-6.0
SODIUM - SERUM / PLASMA (Method : ISE Indirect)	137.00	mmol/L	●	135.00-145.00
POTASSIUM - SERUM / PLASMA (Method:ISE Indirect)	4.9	mmol/L	●	3.5-5.1
CHLORIDE - SERUM / PLASMA (Methos:ISE Indirect)	104.00	mmol/L	●	98.00-107.00
BICARBONATE (HCO ₃) - SERUM / PLASMA (Method:Enzymatic PEP-MD)	29	mmol/L	●	22-29

LIPID PROFILE TEST (PACKAGE)

Test Name	Result	Unit	Level	Range
Total Cholesterol	170	mg/dL	●	0-200
HDL CHOLESTEROL - SERUM / PLASMA (Method : Direct)	58	mg/dL	●	40-59
LDL Cholesterol (Direct LDL)	103	mg/dL	●	0-130
Triglycerides - Serum	57	mg/dL	●	0-150
TOTAL CHOLESTEROL/HDL CHOLESTEROL RATIO(Calculated)	2.9		●	0.0-4.5
VLDL CHOLESTEROL - SERUM - CALCULATED	11		●	0-30

LIVER FUNCTION TEST (PACKAGE)

Test Name	Result	Unit	Level	Range
BILIRUBIN, TOTAL - SERUM (Method:DPD)	0.7	mg/dL	●	0.3-1.2
BILIRUBIN CONJUGATED (DIRECT) - SERUM (Method: DPD)	0.1	mg/dL	●	0.0-0.4
BILIRUBIN UNCONJUGATED -	0.6	mg/dL	●	0.0-1.0

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SERUM(Calculated)				
PROTEIN, TOTAL - SERUM / PLASMA (Method:Biuret)	6.8	g/dL	●	6.6-8.3
ALBUMIN - SERUM (Method:Bromocresol green)	4.0	g/dL	●	3.5-5.2
GLOBULIN - SERUM:(Calculated)	2.8	g/dL	●	2.0-4.0
ALBUMIN:GLOBULIN (RATIO) - CALCULATED	1.4286			
AST (SGOT) - SERUM (Method:IFCC with P-5-P)	25	U/L	●	5-35
ALT(SGPT) - SERUM / PLASMA (Method:IFCC with P-5-P)	15	U/L	●	5-35
ALKALINE PHOSPHATASE - SERUM/PLASMA (Method:IFCC withpNPP+AMP)	65	U/L		
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM (Method:IFCC)	14	U/L	●	10-38

THYROID PROFILE - II

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM (Method:CLIA)	97	ng/dL	●	60.00-181.00
TOTAL T4: THYROXINE - SERUM (Method:CLIA)	10.16	µg/dL	●	5.48-14.28
TSH: THYROID STIMULATING HORMONE - SERUM (Method:CLIA)	1.6	µIU/mL	●	0.40-5.50

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
Glycosylated Hemoglobin (HbA1c)	4.9	%	●	4.0-6.0



Within Normal Range



Boderline High/Low



Outside Range

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INVESTIGATIONS NOT DONE / NOT YET REPORTED / NOT PART OF PACKAGE(LAB,RADIOLOGY & CARDIOLOGY)

Haematology

STOOL ROUTINE

BioChemistry

GLUCOSE - SERUM / PLASMA (RANDOM/CASUAL)

Histopathology

CERVICAL/VAGINAL SMEAR

X Ray

XRAY CHEST PA

CARDIOLOGY

ECHO/TMT - OPTIONAL

Ultrasound Radiology

ULTRASOUND - WHOLE ABDOMEN

E C G

ECG



Within Normal Range



Boderline High/Low



Outside Range

DEPARTMENT OF RADIOLOGY

Patient's Details :	SHRUTHI BHARGAV			O
UHID :	AHJN.0000238150	Ward/Bed No. :		/
I.P.No./Bill No. :		Scanned on :		10-Dec-2022
Accession Number :		Reported On :		10:07
Referring Doctor :				10-Dec-2022

ULTRASOUND ABDOMEN AND PELVIS**FINDINGS:**

- Liver appears normal in size and shape with mild increase in echogenicity. No obvious focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be normal.
- Gall bladder partially distended. To the extent visualized, no definite calculi identified.
- Spleen appears normal in size, shape and echopattern. No obvious focal parenchymal lesions identified.
- Visualized head and body of pancreas appears normal in size, shape and echopattern. Tail obscured by bowel gas.
- Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis seen on either side.
- Urinary bladder is partially distended.
- Uterus is anteverted and normal in size. Myometrial echoes appear normal. ET: ~ 8 mm.
- Both ovaries appear normal in size and echopattern.

IMPRESSION:

- **GRADE I FATTY INFILTRATION OF LIVER.**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

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DR. AASMITHA. B
MBBS MDRD
REGISTRAR, RADIOLOGY

---END OF THE REPORT---

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.