DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report: ULTRASOUND

Patient Name	:	MRS. NIVA SAROJ	IPD No.	:	
Age	:	45 Yrs 11 Mth	UHID	:	APH000018835
Gender	:	FEMALE	Bill No.	:	APHHC230001374
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-12-2023 09:35:22
Ward	:		Room No.	:	
			Print Date	:	09-12-2023 11:22:18

BOTH BREASTS:

High resolution ultrasound examination of both breasts was performed with 10 to 12-MHz linear probe.

Both breasts perenchyma appears normal. No focal lesion or collection seen.

Both the nipples are normal in position with normal posterior shadowing.

No significant axillary lymphadenopathy seen.

IMPRESSION: Normal study.

Skin and subcutaneous tissues are unremarkable on both sides.

Please correlate clinically							
Е	nd of Report						
Prepare By. MD.SALMAN	DR. MUHAMMAD SERAJ, MD Radiodiagnosis,FRCR (London) BCMR/46075 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.

Bill No.	: APHOP230020667	Bill Date : 11-12	2-2023 12:20
Patient Name	: MRS. NIVA SAROJ	UHID : APHO	000018835
Age / Gender	: 45 Yrs 11 Mth / FEMALE	Patient Type : OPD	
Ref. Consultant	: DR. ANITA KUMARI	Ward :	
Sample ID	: APH23034062	Current Bed :	
	1	Reporting Date & Time : 12-12	2-2023 10:18
		Receiving Date & Time : 12/12	/2023 10:10

CYTOPATHOLOGY REPORTING

Cytopathology No: C - 149/23

Material Received: PAP smear. Two unstained slide received.

Reporting System: BETHESDA 2014

Material Adequacy: Satisfactory for evaluation.

Endocervical/Transformation zone component absent.

Microscopic Examination: Mostly Superficial cells, Intermediate cells & few Para-basal cells.

Non-Neoplastic Findings: Mild neutrophilic infiltrates.

Specific Infections: Nil.

Epithelial cell abnormality (Squamous cells): Nil Squamous cell abnormality (Glandular cells): Nil.

Impression: Inflammatory smear. Negative for Intraepithelial lesion or Malignancy.(NILM).

*** End of Report ***

DR. ASHISH RANJAN SINGH MBBS,MD

CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report: ULTRASOUND

Patient Name	:	MRS. NIVA SAROJ	IPD No.	:	
Age	:	45 Yrs 11 Mth	UHID	:	APH000018835
Gender	:	FEMALE	Bill No.	:	APHHC230001374
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-12-2023 09:35:22
Ward	:		Room No.	:	
			Print Date	:	09-12-2023 11:21:06

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 11.4 cm)

No focal lesion seen. Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre.

Gall bladder is post-operative status.

CBD is normal in calibre (measures 4.5 mm).

Pancreas is normal in size and echotexture.

Spleen is normal in size (7.6 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.6 cm), Left kidney (8.8 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures $8.3 \times 5.7 \times 5.7 \text{ cm}$) and appears mildly bulky and heteroechoic with evidance of an illdefined hypoechoic lesion of size $\sim 2.6 \times 2.6 \text{ cm}$ seen in anterior myometrium suggesting likely intramural fibroid. Fibroid is also indenting over the endometrium posteriorly.

Endometrial echo is central and normal in thickness (6.5 mm).

Both ovaries are normal in size and echotexture. Right ovary measures $2.8 \times 1.8 \text{ cm}$, left ovary measures $3.2 \times 2.0 \text{ cm}$.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

•			
Please correlate clinically			
	End of F	Report	

Prepare By. MD.SALMAN

DR. MUHAMMAD SERAJ, MD Radiodiagnosis, FRCR (London) BCMR/46075 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 : XRAY

Patient Name	:	MRS. NIVA SAROJ	IPD No.	:	
Age	:	45 Yrs 11 Mth	UHID	T:	APH000018835
Gender	:	FEMALE	Bill No.	:	APHHC230001374
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-12-2023 09:35:22
Ward	:		Room No.	:	
			Print Date	:	09-12-2023 11:39:29

CHEST PA VIEW:

Few calcific opacities seen in right upper zone.

Cardiac shadow appears normal.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

1		• •	
~~~	loto i	alın	ically.
<b>E</b> 45E	 1416		IC:AIIV.

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

Prepare By. MD.SALMAN

DR. MUHAMMAD SERAJ, MD Radiodiagnosis, FRCR (London) BCMR/46075 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.

Bill No.	F	APHHC230001374	Bill Date	:	09-12-2023 09:35		
Patient Name	1	MRS. NIVA SAROJ	UHID	:	APH000018835		
Age / Gender	F	45 Yrs 11 Mth / FEMALE	Patient Type		OPD	If PHC :	
Ref. Consultant	1	MEDIWHEEL	Ward / Bed		1		
Sample ID	1	APH23033883	Current Ward / Bed		1		
	1		Receiving Date & Time	:	09-12-2023 14:30		
	Г		Reporting Date & Time		09-12-2023 17:30		

#### **BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference
				Interval

Sample Type: EDTA Whole Blood, Plasma, Serum

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

BLOOD UREA Urease-GLDH,Kinetic	22	mg/dL	15 - 45
BUN (CALCULATED)	10.3	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe's Kinetic)	0.6	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	90.0	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)	86.0	mg/dL	70 - 140

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)	Н	190	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		54	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	120	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		56	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	136.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.5		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		2.2		1/2Average 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		11	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 (DPD)	0.47	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.10	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.37	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	6.9	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	3.8	g/dL	

			-							
ill No.	1:	APHHC230001374			Bill Date		:	09-12-2023 09:35		
atient Name	:	MRS. NIVA SAROJ		UHID			APH000018835			
ge / Gender	1:	45 Yrs 11 Mth / FEMALE			Patient Type		:	OPD	If PHC :	
ef. Consultant	1	MEDIWHEEL			Ward / Bed		:	1		
ample ID		APH23033883			Current Ward / Bed		:	1		
					Receiving Date & Tin	ne	:	09-12-2023 14:30	)	
					Reporting Date & Tin	ne	:	09-12-2023 17:30	)	
S.GLOBULIN				3.1	ĺ	g/dL		2.8-3.8	3	
A/G RATIO			L	1.	23			1.5 - 2	2.5	
ALKALINE PH	osi	PHATASE IFCC AMP BUFFER		64	.3	IU/L		42 - 98	3	
ASPARTATE A	MI	NO TRANSFERASE (SGOT) (IFCC)		23	.7	IU/L		10 - 42	2	
ALANINE AMI	NO	TRANSFERASE(SGPT) (IFCC)		16	.0	IU/L		10 - 40	)	
GAMMA-GLUT	ΑM	IYLTRANSPEPTIDASE (IFCC)		11.1		IU/L		7 - 35	7 - 35	
LACTATE DEF	ΙYD	PROGENASE (IFCC; L-P)		19	0.6	IU/L		0 - 24	8	
C DD OTEIN TO	<b>ΣΤ</b>			6.9	1	a/dl		6 - 8.	1	
S.PROTEIN-TO	JIF	AL (Biuret)		10.8	<u> </u>	g/dL		0 - 0.	<u> </u>	
URIC ACID Urio	ase -	- Trinder		3.5	5	mg/c	ΙL	2.6 -	7.2	

# ** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	T	APHHC230001374	Bill Date		:	09-12-2023 09:35		
Patient Name	Г	MRS. NIVA SAROJ	UHID		┌	APH000018835		
Age / Gender	Г	45 Yrs 11 Mth / FEMALE	Patient Type		Γ	OPD	If PHC	:
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed		┌	1		
Sample ID	1	APH23033883	Current Ward / Bed	i	Γ	1		
	F		Receiving Date & 1	⁻ime	:	09-12-2023 14:30		
	Г		Reporting Date & 1	⊺im e	F	09-12-2023 17:30		

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.9	%	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

Bill No.	:	APHHC230001374	Bill Date	T	09-12-2023 09:35		
Patient Name	:	MRS. NIVA SAROJ	UHID	Г	APH000018835		
Age / Gender	:	45 Yrs 11 Mth / FEMALE	Patient Type	Г	OPD	If PHC :	
Ref. Consultant		MEDIWHEEL	Ward / Bed	Γ	1		
Sample ID	:	APH23033858	Current Ward / Bed		1		
	:		Receiving Date & Time		09-12-2023 13:11		
			Reporting Date & Time	Г	09-12-2023 17:27		

# **CLINICAL PATH REPORTING**

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

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

## **URINE, ROUTINE EXAMINATION**

#### PHYSICAL EXAMINATION

QUANTITY	20 mL			
COLOUR	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)		1.015	1.005 - 1.030

#### MICROSCOPIC EXAMINATION

LEUCOCYTES		1-2	/HPF	0 - 5								
RBC's	Nil							Nil				
EPITHELIAL CELLS	2-4											
CASTS	Nil											
CRYSTALS		Nil										
URINE-SUGAR		NEGATIVE										

** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	Г	APHHC230001374	Bill Date	:	09-12-2023 09:35		
Patient Name	Г	MRS. NIVA SAROJ	UHID	:	APH000018835		
Age / Gender	Г	45 Yrs 11 Mth / FEMALE	Patient Type	:	OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed	:	1		
Sample ID		APH23033795	Current Ward / Bed	:	1		
			Receiving Date & Time	:	09-12-2023 11:13		
	Г		Reporting Date & Time	:	09-12-2023 20:05		

# **BLOOD BANK REPORTING**

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

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

BLOOD GROUP (ABO)	"B"
RH TYPE	NEGATIVE

# ** End of Report **

# IMPORTANT INSTRUCTIONS CL - Critical Low, CH - Critical High, H - High, L - Low

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC230001374	Bill Date	ŀ	09-12-2023 09:35		
Patient Name	:	MRS. NIVA SAROJ	UHID	Γ	APH000018835		
Age / Gender		45 Yrs 11 Mth / FEMALE	Patient Type	Γ	OPD	If PHC	:
Ref. Consultant		MEDIWHEEL	Ward / Bed	Γ	1		
Sample ID	:	APH23033794	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	09-12-2023 11:13		
	П		Reporting Date & Time	:	09-12-2023 15:03		

# **HAEMATOLOGY REPORTING**

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

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

# **CBC -1 (COMPLETE BLOOD COUNT)**

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.9	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.2	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.1	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	35.8	%	36 - 46
MEAN CORPUSCULAR VOLUME		84.1	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.7	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		164	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		45.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	15.2	%	11.6 - 14

# DIFFERENTIAL LEUCOCYTE COUNT

ESR (Westergren)	Н	78	mm 1st hr	0 - 20	
BASOPHILS		0	%	0 - 1	
EOSINOPHILS		1	%	1 - 5	
MONOCYTES		4	%	2 - 10	
LYMPHOCYTES		25	%	20 - 40	
NEUTROPHILS		70	%	40 - 80	

# ** End of Report **

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

DR. ASHISH RANJAN SINGH

MBBS,MD CONSULTANT

Page 1 of 1

Bill No.	F	APHHC230001374	Bill Date	:	09-12-2023 09:35		
Patient Name	F	MRS. NIVA SAROJ	UHID		APH000018835		
Age / Gender	F	45 Yrs 11 Mth / FEMALE	Patient Type		OPD	If PHC :	
Ref. Consultant	1	MEDIWHEEL	Ward / Bed		1		
Sample ID	1	APH23033798	Current Ward / Bed		1		
	1		Receiving Date & Time	:	09-12-2023 11:13		
	Г		Reporting Date & Time		09-12-2023 17:16		

# **SEROLOGY REPORTING**

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

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

# THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)	3.22	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.18	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.79	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