

**FINAL REPORT**

Bill No.	: APHHC230000912	Bill Date	: 12-08-2023 09:14
Patient Name	: MRS. MUNNI DEVI	UHID	: APH000016366
Age / Gender	: 52 Yrs 4 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : <input type="checkbox"/></span>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: APH23021231	Current Ward / Bed	: /
		Receiving Date & Time	: 12-08-2023 09:58
		Reporting Date & Time	: 12-08-2023 13:33

**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)		4.8	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	H	5.2	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		13.4	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		41.0	%	36 - 46
MEAN CORPUSCULAR VOLUME	L	79.4	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	25.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.6	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		162	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		43.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.2	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		58	%	40 - 80
LYMPHOCYTES		34	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	32	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

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Sample ID	: APH23021232	Current Ward / Bed	: /
		Receiving Date & Time	: 12-08-2023 09:58
		Reporting Date & Time	: 12-08-2023 15:28

**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

**\*\* End of Report \*\***

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Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: APH23021235	Current Ward / Bed	: /
		Receiving Date & Time	: 12-08-2023 09:58
		Reporting Date & Time	: 12-08-2023 12:52

**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

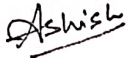
**THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.96	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.55	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.63	mIU/L	0.27-4.20

**\*\* End of Report \*\***

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Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: APH23021296	Current Ward / Bed	: /
		Receiving Date & Time	: 12-08-2023 15:03
		Reporting Date & Time	: 12-08-2023 15:26

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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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>		25	mg/dL	15 - 45
BUN (CALCULATED)		11.7	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>		0.7	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	109.0	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) <small>(UV Hexokinase)</small>	H	155.0	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 (CHO-POD)	H	311	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		57	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	221	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		147	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	254.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.5		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		3.9		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		29	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 (DPD)		0.59	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.08	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.51	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.4	g/dL	6 - 8.1

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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.3	g/dL	
S.GLOBULIN		3.1	g/dL	2.8-3.8
A/G RATIO	L	1.39		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER		70.9	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		28.3	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		22.5	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		17.7	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		205.3	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		7.4	g/dL	6 - 8.1
URIC ACID Uricase - Trinder		5.5	mg/dL	2.6 - 7.2

**\*\* End of Report \*\***

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*Ashish*

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Sample Type: EDTA Whole Blood, Plasma, Serum

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800**

HbA1c (Turbidimetric Immuno-inhibition)	6.1	%	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.

**\*\* End of Report \*\***

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		Receiving Date & Time	: 12-08-2023 15:03
		Reporting Date & Time	: 12-08-2023 16:22

**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		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)		1.010		1.005 - 1.030

MICROSCOPIC EXAMINATION

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

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