

## FINAL REPORT

Bill No.	: APHHC230001242	Bill Date	: 28-10-2023 10:40
Patient Name	: MRS. R.DIPALI	UHID	: APH000018034
Age / Gender	: 31 Yrs 8 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward	:
Sample ID	: APH23029902	Current Bed	:
	:	Reporting Date & Time	: 29-10-2023 10:48
	:	Receiving Date & Time	: 28/10/2023 15:12

### CYTOPATHOLOGY REPORTING

Cytopathology No:136/23

Material Received: PAP smear. Two unstained slide received.

Reporting System: BETHESDA 2014

Material Adequacy: Satisfactory for evaluation.  
Endocervical/Transformation zone component present.

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

Non-Neoplastic Findings: Moderate neutrophilic infiltrates.

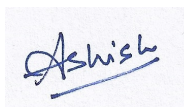
Specific Infections: Nil.

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

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

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



DR. ASHISH RANJAN SINGH  
MBBS,MD  
CONSULTANT

# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. R.DIPALI	IPD No.	:	
Age	:	31 Yrs 8 Mth	UHID	:	APH000018034
Gender	:	FEMALE	Bill No.	:	APHHC230001242
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	28-10-2023 10:40:31
Ward	:		Room No.	:	
			Print Date	:	28-10-2023 13:24:07

## WHOLE ABDOMEN (Female):

**Liver is enlarge in size (15.5 cm) and shows diffusely increased parenchymal echotexture – grade I fatty liver.** Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre.

**Gall bladder is not visualised – Post cholecystectomy status.**

Visualised pancreas is normal in size and echotexture.

**Spleen is enlarge in size (13 cm).**

Both kidneys are normal in size and echotexture. Cortico-medullary distinction is maintained. No obvious hydronephrosis seen bilaterally. *(CT is the modality of choice for evaluation of tiny renal calculi).*

Urinary bladder appears normal in position, shape and outline.

Wall thickness is normal.

Uterus is normal in size and echotexture.

Endometrial echo is central and normal in thickness.

Cervix and vagina are unremarkable.

Both ovaries are normal in size and echotexture.

No associated adnexal mass seen.

No free fluid or collection seen.

**Please correlate clinically.**

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

Prepare By.  
MD.SALMAN

**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. R.DIPALI	IPD No.	:	
Age	:	31 Yrs 8 Mth	UHID	:	APH000018034
Gender	:	FEMALE	Bill No.	:	APHHC230001242
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	28-10-2023 10:40:31
Ward	:		Room No.	:	
			Print Date	:	02-11-2023 12:22:38

## 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.  
MD.SALMAN

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

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**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.

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Age / Gender	: 31 Yrs 8 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23029854	Current Ward / Bed	: /
		Receiving Date & Time	: 28-10-2023 11:18
		Reporting Date & Time	: 28-10-2023 13:49

### 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 BELOW40@2550

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

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		3.9	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	<b>10.8</b>	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	<b>33.3</b>	%	36 - 46
MEAN CORPUSCULAR VOLUME		85.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.6	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.4	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		215	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	<b>51.3</b>	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	<b>16.8</b>	%	11.6 - 14

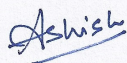
#### DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		64	%	40 - 80
LYMPHOCYTES		28	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	<b>52</b>	mm 1st hr	0 - 20

\*\* End of Report \*\*

#### IMPORTANT INSTRUCTIONS

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



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CONSULTANT

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Age / Gender	: 31 Yrs 8 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23029919	Current Ward / Bed	: /
		Receiving Date & Time	: 28-10-2023 16:00
		Reporting Date & Time	: 28-10-2023 17:12

### 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 BELOW40@2550

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		24	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		11.2	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>		0.6	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	<b>H</b>	<b>107.0</b>	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>		129.0	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>(CHO-POD)</small>		117	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	<b>L</b>	<b>33</b>	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		71	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	<b>H</b>	<b>164</b>	mg/dL	0 - 160
NON-HDL CHOLESTROL		84.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.5		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		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		33	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 <small>(DPD)</small>		0.77	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.17	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.60	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.8	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		3.9	g/dL	

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S.GLOBULIN		2.9	g/dL	2.8-3.8
A/G RATIO	<b>L</b>	<b>1.34</b>		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		59.4	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		27.6	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	<b>H</b>	<b>43.3</b>	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		21.9	IU/L	7 - 35
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		190.8	IU/L	0 - 248

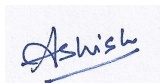
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.8	g/dL	6 - 8.1
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URIC ACID <small>Uricase - Trinder</small>		6.4	mg/dL	2.6 - 7.2
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\*\* End of Report \*\*

### **IMPORTANT INSTRUCTIONS**

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



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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23029919	Current Ward / Bed	: /
		Receiving Date & Time	: 28-10-2023 16:00
		Reporting Date & Time	: 28-10-2023 17:12

Sample Type: EDTA Whole Blood, Plasma, Serum

### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	5.6	%	4.0 - 6.2
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#### INTERPRETATION:

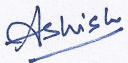
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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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Age / Gender	: 31 Yrs 8 Mth / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23029855	Current Ward / Bed	: /		
		Receiving Date & Time	: 28-10-2023 11:18		
		Reporting Date & Time	: 28-10-2023 13:43		

## BLOOD BANK REPORTING

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

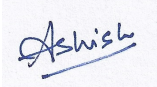
**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550**

BLOOD GROUP (ABO)	"A"
RH TYPE	POSITIVE

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

### IMPORTANT INSTRUCTIONS

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Age / Gender	: 31 Yrs 8 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23029892	Current Ward / Bed	: /
		Receiving Date & Time	: 28-10-2023 14:46
		Reporting Date & Time	: 28-10-2023 17:21

### CLINICAL PATH REPORTING

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

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550**

#### URINE, ROUTINE EXAMINATION

##### PHYSICAL EXAMINATION

QUANTITY		30 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

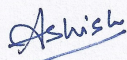
##### MICROSCOPIC EXAMINATION

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

\*\* End of Report \*\*

#### IMPORTANT INSTRUCTIONS

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### CLINICAL PATH REPORTING

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

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550**

#### URINE, ROUTINE EXAMINATION

##### PHYSICAL EXAMINATION

QUANTITY		30 mL		
COLOUR		Straw		Pale Yellow
TURBIDITY		Clear		

##### CHEMICAL EXAMINATION

PH <small>(Double pH indicator method)</small>		6.0		5.0 - 8.5
PROTEINS <small>(Protein-error-of-indicators)</small>		Negative		Negative
SUGAR <small>(GOD POD Method)</small>		Negative		Negative
SPECIFIC GRAVITY, URINE <small>(Apparent pKa change)</small>		1.015		1.005 - 1.030

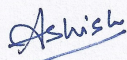
##### MICROSCOPIC EXAMINATION

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

\*\* End of Report \*\*

#### **IMPORTANT INSTRUCTIONS**

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23029858	Current Ward / Bed	: /
		Receiving Date & Time	: 28-10-2023 11:18
		Reporting Date & Time	: 28-10-2023 17:17

### SEROLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

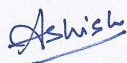
#### THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.99	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.11	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.77	mIU/L	0.27-4.20

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

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