

FINAL REPORT

Bill No.	: APHHC230000677	Bill Date	: 10-06-2023 08:09
Patient Name	: MRS. DOLLY KUMARI	UHID	: APH000015355
Age / Gender	: 31 Yrs 4 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23014918	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 09:00
		Reporting Date & Time	: 10-06-2023 13:09

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)		3.44	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		0.95	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.92	mIU/L	0.27-4.20

**** End of Report ****

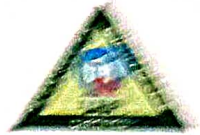
IMPORTANT INSTRUCTIONS

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

Ashish

DR. ASHISH RANJAN SINGH

MBBS, MD
CONSULTANT


FINAL REPORT

Bill No.	: APHHC230000877	Bill Date	: 10-08-2023 08:15
Patient Name	: MRS. DOLLY KUMARI	UHID	: APH000013355
Age / Gender	: 31 Yrs 4 Mth / FEMALE	Patient Type	: OPD IPHC ✓
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23015040	Current Ward / Bed	: /
		Receiving Date & Time	: 10-08-2023 15:05
		Reporting Date & Time	: 10-08-2023 17:17

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UCM	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/GUCH Kinetic</small>		23	mg/dL	13-45
BUN (CALCULATED)		10.7	mg/dL	7-21
CREATININE-SERUM <small>(Modified Jaffe's Kinetic)</small>		0.7	mg/dL	0.8-1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		104.0	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>		110.0	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>	H	194	mg/dL	0-160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	L	44	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	118	mg/dL	0-100
S.TRIGLYCERIDES <small>(GPO-POD)</small>		124	mg/dL	0-160
NON-HDL CHOLESTROL	H	150.0	mg/dL	0-125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.4		1/3 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		2.7		1/3 Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-8.1
CHOLESTROL-VLDL		25	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>(DPO)</small>		0.45	mg/dL	0.2-1.0
BILIRUBIN-DIRECT <small>(DPO)</small>		0.07	mg/dL	0-0.2
BILIRUBIN-INDIRECT		0.38	mg/dL	0.2-0.8
S.PROTEIN-TOTAL <small>(Buret)</small>		7.0	g/dL	6-8.1

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Bill No.	: APHHC230000677	Bill Date	: 10-06-2023 08:09
Patient Name	: MRS. DOLLY KUMARI	UHID	: APH000016255
Age / Gender	: 31 Yrs 4 Mth / FEMALE	Patient Type	: OPD if PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23015040	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 15:06
		Reporting Date & Time	: 10-06-2023 17:17

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: EDTA Whole Blood, Plasma, Serum</i>				
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550				

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		23	mg/dL	15 - 45
BUN (CALCULATED)		10.7	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>		104.0	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>		110.0	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	194	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>	L	44	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	118	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		124	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	150.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.4		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		2.7		1/2 Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-5.1
CHOLESTROL-VLDL		25	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)		0.45	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.07	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.38	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.0	g/dL	6 - 8.1



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Patient Name	: MRS. DOLLY KUMARI	UHID	: APH000016355
Age / Gender	: 31 Yrs 4 Mth / FEMALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23015040	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 15:06
		Reporting Date & Time	: 10-06-2023 17:17

ALBUMIN-SERUM (Low Binding-Preformed Green)		4.0	g/dL	
S.GLOBULIN		3.0	g/dL	2.8-3.8
A/G RATIO	L	1.33		1.5 - 2.5
ALKALINE PHOSPHATASE (PCC AMB BUFFER)		76.7	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (PCC)		25.2	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (PCC)		26.0	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (PCC)		27.0	IU/L	7 - 35
LACTATE DEHYDROGENASE (PCC L-P)		159.8	IU/L	0 - 248
S.PROTEIN-TOTAL (BUNEL)		7.0	g/dL	6 - 8.1
URIC ACID (URICINE - TRIMER)		4.4	mg/dL	2.6 - 7.2

**** End of Report ****

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23015040	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 15:06
		Reporting Date & Time	: 10-06-2023 17:17

ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.0	g/dL	
S.GLOBULIN		3.0	g/dL	2.8-3.8
A/G RATIO	L	1.33		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER		76.7	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		25.2	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		26.0	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		27.0	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		159.8	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		7.0	g/dL	6 - 8.1
URIC ACID Uricase - Trinder		4.4	mg/dL	2.6 - 7.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

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Bill No.	: APHHC230000677	Bill Date	: 10-06-2023 08:09
Patient Name	: MRS. DOLLY KUMARI	UHID	: APH000016366
Age / Gender	: 31 Yrs 4 Mth / FEMALE	Patient Type	: OPD IIC PHC
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23015040	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 15:06
		Reporting Date & Time	: 10-06-2023 17:17

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

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.

**** End of Report ****

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Patient Name	: MRS. DOLLY KUMARI	UHID	: APH000015355
Age / Gender	: 31 Yrs 4 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23014916	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 09:00
		Reporting Date & Time	: 10-06-2023 20:53

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: EDTA Whole Blood</i>				
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550				
BLOOD GROUP (ABO)		"B"		
RH TYPE		POSITIVE		

**** End of Report ****

IMPORTANT INSTRUCTIONS

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Patient Name	: MRS. DOLLY KUMARI	UHID	: APH000015355
Age / Gender	: 31 Yrs 4 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward	:
Sample ID	: APH23015173	Current Bed	:
		Reporting Date & Time	: 12-06-2023 10:05
		Receiving Date & Time	: 12/06/2023 08:18

CYTOPATHOLOGY REPORTING

Cytopathology No: C -81/23

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 & mild inflammation in the background .

Non-Neoplastic Findings: Mild lymphocytic 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).

This is ammended report and superceeds all previous reports.

*** End of Report ***



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