

# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. NIDHI KUMARI	IPD No.	:	
Age	: 30 Yrs 7 Mth	UHID	:	APH000020691
Gender	: FEMALE	Bill No.	:	APHHC240000258
Ref. Doctor	: MEDIWHEEL	Bill Date	:	22-02-2024 09:45:52
Ward	:	Room No.	:	
		Print Date	:	22-02-2024 12:37:40

## **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.2 cm)

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

Portal vein is normal in calibre.

Gall bladder is well distended. Wall thickness is normal. No calculus seen.

CBD is normal in calibre.

Pancreas is normal in size and echotexture.

Spleen is normal in size (7 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.4 x 3.6 cm), Left kidney (8.7 x 3.9 cm).

Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 7.8 x 4.1 cm) and appears normal in size and echotexture. No focal lesion seen. Cervix and vagina are unremarkable.

Endometrial echo is central and normal in thickness (8.3 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 1.8 x 1.4 cm, left ovary measures 2.3 x 1.3 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

**IMPRESSION:- No significant abnormality detected.**

*Please correlate clinically.....*

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

Prepare By.  
MD.SALMAN

CONSULTANT RADIOLOGIST,

**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

<b>Patient Name</b>	:	MRS. NIDHI KUMARI	<b>IPD No.</b>	:	
<b>Age</b>	:	30 Yrs 7 Mth	<b>UHID</b>	:	APH000020691
<b>Gender</b>	:	FEMALE	<b>Bill No.</b>	:	APHHC240000258
<b>Ref. Doctor</b>	:	MEDIWHEEL	<b>Bill Date</b>	:	22-02-2024 09:45:52
<b>Ward</b>	:		<b>Room No.</b>	:	
			<b>Print Date</b>	:	22-02-2024 15:53:34

## **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

CONSULTANT RADIOLOGIST,

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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.

## FINAL REPORT

Bill No.	: APHHC240000258	Bill Date	: 22-02-2024 09:45
Patient Name	: MRS. NIDHI KUMARI	UHID	: APH000020691
Age / Gender	: 30 Yrs 7 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006041	Current Ward / Bed	: /
		Receiving Date & Time	: 22-02-2024 10:39
		Reporting Date & Time	: 22-02-2024 16:57

## BLOOD BANK REPORTING

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

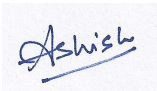
**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550**

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

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

### IMPORTANT INSTRUCTIONS

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



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CONSULTANT

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Patient Name	: MRS. NIDHI KUMARI	UHID	: APH000020691
Age / Gender	: 30 Yrs 7 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006044	Current Ward / Bed	: /
		Receiving Date & Time	: 22-02-2024 10:39
		Reporting Date & Time	: 23-02-2024 20:18

### 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

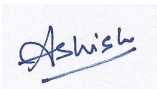
#### THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.25	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.22	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.78	mIU/L	0.27-4.20

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

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Patient Name	: MRS. NIDHI KUMARI	UHID	: APH000020691
Age / Gender	: 30 Yrs 7 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006099	Current Ward / Bed	: /
		Receiving Date & Time	: 22-02-2024 15:01
		Reporting Date & Time	: 22-02-2024 16:33

### 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		Pale yellow		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

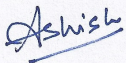
##### MICROSCOPIC EXAMINATION

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

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

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Patient Name	: MRS. NIDHI KUMARI	UHID	: APH000020691
Age / Gender	: 30 Yrs 7 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006040	Current Ward / Bed	: /
		Receiving Date & Time	: 22-02-2024 10:39
		Reporting Date & Time	: 22-02-2024 13:52

### 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 <small>(Flow Cytometry)</small>		4.4	thousand/cumm	4 - 11
RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small>		4.3	million/cumm	3.8 - 4.8
HAEMOGLOBIN <small>(SLS Hb Detection)</small>		13.6	g/dL	12 - 15
PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small>		40.1	%	36 - 46
MEAN CORPUSCULAR VOLUME		93.6	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		31.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		34.1	g/dL	31.5 - 34.5
PLATELET COUNT <small>(Hydro Dynamic Focussing)</small>		220	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small>	<b>H</b>	<b>46.7</b>	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		13.9	%	11.6 - 14

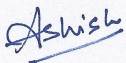
#### DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		65	%	40 - 80
LYMPHOCYTES		29	%	20 - 40
MONOCYTES		4	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR <small>(Westergren)</small>	<b>H</b>	<b>42</b>	mm 1st hr	0 - 20

\*\* End of Report \*\*

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## FINAL REPORT

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Age / Gender	: 30 Yrs 7 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006117	Current Ward / Bed	: /
		Receiving Date & Time	: 22-02-2024 16:26
		Reporting Date & Time	: 22-02-2024 16:48

### 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>	<b>L</b>	<b>14</b>	mg/dL	15 - 45
BUN (CALCULATED)	<b>L</b>	<b>6.5</b>	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	<b>L</b>	<b>0.4</b>	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		86.0	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>		119.0	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>	<b>H</b>	<b>186</b>	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>		62	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	<b>H</b>	<b>105</b>	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		159	mg/dL	0 - 160
NON-HDL CHOLESTROL		124.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.0		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		1.7		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		32	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>	<b>H</b>	<b>1.05</b>	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.18	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	<b>H</b>	<b>0.87</b>	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.9	g/dL	6 - 8.1

## FINAL REPORT

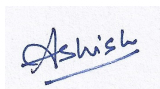
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ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.0	g/dL	
S.GLOBULIN		2.9	g/dL	2.8-3.8
A/G RATIO	<b>L</b>	<b>1.38</b>		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		64.7	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		22.3	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>		20.3	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		13.6	IU/L	7 - 35
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		196.1	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.9	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		3.9	mg/dL	2.6 - 7.2

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

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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:

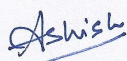
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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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