

FINAL REPORT

Bill No.	: APHHC230000919	Bill Date	: 14-08-2023 09:18
Patient Name	: MRS. DIPTI KUMARI	UHID	: APH000016401
Age / Gender	: 30 Yrs 3 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward	:
Sample ID	: APH23021691	Current Bed	:
	:	Reporting Date & Time	: 16-08-2023 17:37
	:	Receiving Date & Time	: 16/08/2023 12:30

CYTOPATHOLOGY REPORTING

Cytopathology No: C-114/23

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: Dense 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).

This is ammended report and superceeds all previous reports.

*** End of Report ***



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Age / Gender : 30 Yrs 3 Mth / FEMALE	Patient Type : OPD
Ref. Consultant : MEDIWHEEL	Ward / Bed : /
Sample ID : APH23021490	Current Ward / Bed : /
	Receiving Date & Time : 14-08-2023 11:32
	Reporting Date & Time : 14-08-2023 12:21

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	15 mL
COLOUR	Pale Straw
TURBIDITY	Clear

CHEMICAL EXAMINATION

PH (Double pH Indicator method)	5.0	5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Negative	Negative
SUGAR (GOD POD Method)	Negative	Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.020	1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES	4-6	/HPF	0 - 5
RBC's	Nil		
EPITHELIAL CELLS	2-4		
CASTS	Nil		
CRYSTALS	Nil		
URINE-SUGAR	NEGATIVE		

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IMPORTANT INSTRUCTIONS

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



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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23021468	Current Ward / Bed	: /
		Receiving Date & Time	: 14-08-2023 10:17
		Reporting Date & Time	: 14-08-2023 12:44

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)		2.32	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.47	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	4.24	mIU/L	0.27-4.20

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23021520	Current Ward / Bed	: /
		Receiving Date & Time	: 14-08-2023 14:40
		Reporting Date & Time	: 14-08-2023 16:06

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>		21	mg/dL	15 - 45
BUN (CALCULATED)		9.8	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.5	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		92.0	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>		114.0	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	193	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic ImmunoInhibition</small>	L	36	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	131	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		158	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	157.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.4		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		3.6		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>(DPO)</small>		0.35	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPO)</small>		0.05	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.30	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Buret)</small>		7.8	g/dL	6 - 8.1

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674

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FINAL REPORT

Bill No.	: APHHC230000010	Bill Date	: 14-08-2023 09:18
Patient Name	: MRS. DIPTI KUMARI	UHID	: APH000016401
Age / Gender	: 30 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23021620	Current Ward / Bed	: /
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		Reporting Date & Time	: 14-08-2023 16:06

ALBUMIN-SERUM (Dye Binding-Diacresol Green)		4.3	g/dL	
S.GLOBULIN		3.5	g/dL	2.8-3.8
A/G RATIO	L	1.23		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		73.9	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		20.1	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		18.4	IU/L	10 - 40
GAMMA-GLUTAMYL TRANSPEPTIDASE (IFCC)		24.2	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		164.9	IU/L	0 - 248
S.PROTEIN-TOTAL (Direct)		7.8	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		3.2	mg/dL	2.6 - 7.2

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Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	5.5	%	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.

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23021465	Current Ward / Bed	: /
		Receiving Date & Time	: 14-08-2023 10:17
		Reporting Date & Time	: 14-08-2023 14:57

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)	"B"
RH TYPE	POSITIVE

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23021464	Current Ward / Bed	: /
		Receiving Date & Time	: 14-08-2023 10:17
		Reporting Date & Time	: 14-08-2023 14:37

HAEMATOLOGY REPORTING

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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)		7.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.4	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.1	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		37.1	%	36 - 46
MEAN CORPUSCULAR VOLUME		84.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.6	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.7	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		175	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		43.0	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.1	%	11.6 - 14


DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		64	%	40 - 80
LYMPHOCYTES		30	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		1	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	80	mm 1st hr	0 - 20

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