

FINAL REPORT

Bill No.	: APHCZ00000029	Bill Date	: 30-03-2023 09:17
Patient Name	: MRS. NEHA KUMARI	UHID	: APH000014174
Age / Gender	: 35 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MED/WHEEL	Ward / Bed	: /
Sample ID	: APH20007662	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 10:26
		Reporting Date & Time	: 30-03-2023 15:20

BIOCHEMISTRY REPORTING

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

MED/WHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD UREA <small>(UREA) (S-CRE)</small>		31	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		14.5	mg/dL	7 - 21
CREATININE-SERUM <small>(CREATININE) (S-CRE)</small>		0.6	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(GLUCOSE) (S-GLUC)</small>		91.0	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)

LIPID PROFILE

CHOLESTROL-TOTAL <small>(C-C-POL)</small>	H	189	mg/dL	0 - 160
HDL CHOLESTROL <small>(HDL) (S-C-POL)</small>	L	43	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>(LDL) (S-C-POL)</small>	H	126	mg/dL	0 - 100
S-TRIGLYCERIDES <small>(S-TRIG)</small>		78	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	146.0	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		2.9		1/2 Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		15	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>(BIL)</small>		0.64	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(BIL-D)</small>		0.12	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.52	mg/dL	0.2 - 0.8
S-PROTEIN-TOTAL <small>(S-PROT)</small>		7.1	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(ALB) (S-ALB)</small>		3.9	g/dL	
S-GLOBULIN		3.2	g/dL	2.8-3.8
A/G RATIO	L	1.22		1.5 - 2.5

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. NIBHA KUMARI	IPD No.	:
Age	: 35 Yrs 3 Mth	UHID	: APH000014174
Gender	: FEMALE	Bill No.	: APHHC230000389
Ref. Doctor	: MEDIWHEEL	Bill Date	: 30-03-2023 09:17:52
Ward	:	Room No.	:
		Print Date	: 30-03-2023 10:32:03

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows mild increase in parenchymal echogenicity S/O grade I fatty liver infiltration. (Liver measures 12.0 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 (10.2 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.7 cm), Left kidney (10.1 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 6.9 x 4.3 x 3.2 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 (4.7 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.3 x 0.7 cm, left ovary measures 2.2 x 2.0 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

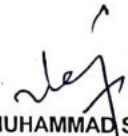
IMPRESSION:

Grade I fatty infiltration of liver.

Please correlate clinically.

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

Prepare By.
MD.SALMAN


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



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. NIBHA KUMARI	IPD No.	:
Age	: 35 Yrs 3 Mth	UHID	: APH000014174
Gender	: FEMALE	Bill No.	: APHHC230000389
Ref. Doctor	: MEDIWHEEL	Bill Date	: 30-03-2023 09:17:52
Ward	:	Room No.	:
		Print Date	: 30-03-2023 11:13:03

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both-domes of diaphragm and both CP angles are clear.

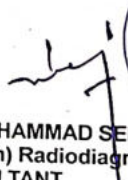
Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

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

Prepare By.
MD.SERAJ


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



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Age / Gender	: 35 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007668	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 10:26
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ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		96.9	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		23.3	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		22.2	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		9.8	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		165.3	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		7.1	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)	L	2.4	mg/dL	2.6 - 7.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

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

Ashish

DR. ASHISH RANJAN SINGH
MBBS, MD
CONSULTANT

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Sample ID	: APH23007668	Current Ward / Bed	: /
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Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	5.1	%	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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Age / Gender	: 35 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007669	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 10:26
		Reporting Date & Time	: 30-03-2023 15:04

SEROLOGY REPORTING

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

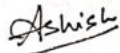
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.35	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.05	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.89	mIU/L	0.27-4.20

**** End of Report ****
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Age / Gender	: 35 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007665	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 10:26
		Reporting Date & Time	: 30-03-2023 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)

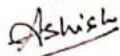
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		4.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		3.8	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.1	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	30.9	%	36 - 45
MEAN CORPUSCULAR VOLUME	L	81.7	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	26.7	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.7	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		164	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		45.2	fL	39 - 45
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.5	%	11.5 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		56	%	40 - 80
LYMPHOCYTES		37	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	100	mm 1st hr	0 - 20

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Age / Gender	: 35 Yrs 3 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007666	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 10:26
		Reporting Date & Time	: 30-03-2023 15:06

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)		"O"		
RH TYPE		POSITIVE		

**** End of Report ****
IMPORTANT INSTRUCTIONS

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


DR. ASHISH RANJAN SINGH
 MBBS,MD
 CONSULTANT

Patient Details Date: 30-Mar-23
 Name: MRS. NIBHA KUMARI ID: APH000014174
 Age: 35 y Sex: F
 Clinical History:

Time: 2:56:19 PM

Height: 151 cms

Weight: 51 Kgs

Medications:

Test Details

Protocol: Bruce Pr.MHR: 185 bpm THR: 166 (90 % of Pr.MHR) bpm
 Total Exec. Time: 6 m 51 s Max. HR: 169 (91% of Pr.MHR)bpm Max. Mets: 10.20
 Max. BP: 140 / 90 mmHg Max. BP x HR: 23660 mmHg/min Min. BP x HR: 7680 mmHg/min
 Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 19	1.0	0	0	96	120 / 80	-0.25 II	1.27 aVF
Standing	0 : 9	1.0	0	0	103	120 / 80	-0.25 II	1.27 II
Hyperventilation	0 : 12	1.0	0	0	106	120 / 80	-0.25 II	1.27 II
1	3 : 0	4.6	2.7	10	131	130 / 80	-0.76 aVF	2.11 II
2	3 : 0	7.0	4	12	154	140 / 90	-0.76 III	3.38 II
Peak Ex	0 : 51	10.2	5.4	14	169	140 / 90	-1.77 III	3.80 V3
Recovery(1)	2 : 0	1.8	1.6	0	120	140 / 90	-1.52 aVF	4.64 V3
Recovery(2)	2 : 0	1.0	0	0	99	120 / 80	-0.76 aVF	2.95 II
Recovery(3)	0 : 5	1.0	0	0	101	120 / 80	-0.51 aVF	1.69 II

Interpretation

COMMENTS :- FAIR EXERCISE (10.20 METS) TOLERANCE.
 :- NORMAL BP RESPONSE TARGET HEART RATE ACHIEVED.
 :- NO SIGNIFICANT ST-T SIGEMENT CHANGES SEEN IN LEADS.
 :- THE TEST TERMINATED DUE TO -HEART RATE ACHIEVED.
 IMPRESSION :- THE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

Ref. Doctor: Dr.ADITYA KUMAR

Doctor: Dr.ADITYA KUMAR

(Summary Report edited by user)

Schiller CS-20 V.1.9

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