

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. JAYA BHAGAT	IPD No.	:	
Age	:	34 Yrs 6 Mth	UHID	:	APH000018027
Gender	:	FEMALE	Bill No.	:	APHHC230001237
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	28-10-2023 09:38:59
Ward	:		Room No.	:	
			Print Date	:	02-11-2023 12:21:29

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

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 : ULTRASOUND

Patient Name	:	MRS. JAYA BHAGAT	IPD No.	:	
Age	:	34 Yrs 6 Mth	UHID	:	APH000018027
Gender	:	FEMALE	Bill No.	:	APHHC230001237
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	28-10-2023 09:38:59
Ward	:		Room No.	:	
			Print Date	:	28-10-2023 13:13:38

WHOLE ABDOMEN (Female):

Liver is normal in size and echotexture. Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre.

Gall bladder is well distended. Wall thickness is normal. Visualised lumen is echofree. CBD is normal in calibre.

Visualised pancreas is normal in size and echotexture.

Spleen is normal in size and echotexture.

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 not visualised- Post hysterectomy status.

No associated adnexal mass seen.

No free fluid or collection seen.

Please correlate clinically.

CONSULTANT RADIOLOGIST

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

Prepare By.
MD.SALMAN

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FINAL REPORT

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Patient Name	: MRS. JAYA BHAGAT	UHID	: APH000018027
Age / Gender	: 34 Yrs 6 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23029916	Current Ward / Bed	: /
		Receiving Date & Time	: 28-10-2023 15:44
		Reporting Date & Time	: 28-10-2023 17:11

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>		15	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		7.0	mg/dL	7 - 21

CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.4	mg/dL	0.6 - 1.1
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GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		94.0	mg/dL	70 - 100
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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>		131.0	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>		148	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>	L	42	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		92	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		142	mg/dL	0 - 160
NON-HDL CHOLESTROL		106.0	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		28	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>		0.38	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.09	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.29	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Buret)</small>		7.2	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		3.9	g/dL	

FINAL REPORT

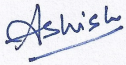
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Patient Name	: MRS. JAYA BHAGAT	UHID	: APH000018027
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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
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S.GLOBULIN		3.3	g/dL	2.8-3.8
A/G RATIO	L	1.18		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		65.7	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		26.8	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>		17.6	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		15.4	IU/L	7 - 35
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		151.3	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.2	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		7.0	mg/dL	2.6 - 7.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



DR. ASHISH RANJAN SINGH

MBBS,MD

CONSULTANT

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Sample ID	: APH23029916	Current Ward / Bed	: /
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Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

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

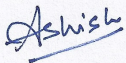
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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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Age / Gender	: 34 Yrs 6 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23029813	Current Ward / Bed	: /
		Receiving Date & Time	: 28-10-2023 10:20
		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

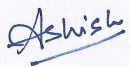
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

BLOOD GROUP (ABO)	"A"
RH TYPE	POSITIVE

**** End of Report ****

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Age / Gender	: 34 Yrs 6 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23029812	Current Ward / Bed	: /
		Receiving Date & Time	: 28-10-2023 10:20
		Reporting Date & Time	: 28-10-2023 15:11

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>		5.8	thousand/cumm	4 - 11
RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small>	L	3.6	million/cumm	3.8 - 4.8
HAEMOGLOBIN <small>(SLS Hb Detection)</small>	L	10.1	g/dL	12 - 15
PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small>	L	31.0	%	36 - 46
MEAN CORPUSCULAR VOLUME		86.2	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.1	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.6	g/dL	31.5 - 34.5
PLATELET COUNT <small>(Hydro Dynamic Focussing)</small>		224	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small>		44.3	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.4	%	11.6 - 14

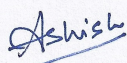
DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		52	%	40 - 80
LYMPHOCYTES		39	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		4	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR <small>(Westergren)</small>	H	110	mm 1st hr	0 - 20

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Age / Gender	: 34 Yrs 6 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23029882	Current Ward / Bed	: /
		Receiving Date & Time	: 28-10-2023 13:26
		Reporting Date & Time	: 28-10-2023 17:20

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 <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

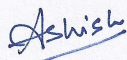
MICROSCOPIC EXAMINATION

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

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Sample ID	: APH23029816	Current Ward / Bed	: /
		Receiving Date & Time	: 28-10-2023 10:20
		Reporting Date & Time	: 28-10-2023 15:05

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

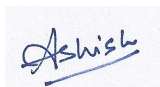
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.22	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		0.99	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	8.44	mIU/L	0.27-4.20

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