Ms. PRAGATI GUPTA

FEMALE / 31 Yrs / AHJN.0000241379 / AHJNAHC46351

MEDIWHEEL FULL BODY HEALTH CHECK UP FEMALE BELOW 40 YEARS

Date: 14/01/2023

HEMOGRAM

Test Name Haemoglobin: (Photometry)	Result 11.1 *	Unit g%	Level	Range 11.5-14.5		
RBC COUNT METHOD:	4.9 *	Million/ul	•	3.8-4.8		
(AUTOMATED :IMPEDANCE) Packed cell volume	36	%	•	30-46		
(METHOD:CALCULATED) MCV (calculated) MCH (Calculated)	73.9 *	fl	•	80-100		
MCH (Calculated)	22.9 *	pg	•	27-32		
MCHC (Calculated)	30.9 *	g/dl	•	32-35		
WBC count (METHOD:AUTOMATED :IMPEDANCE) I	9.3	10³/mm³	•	4-11		
TLC Count	9.3	10³/mm³				
Neutrophils	58	%	•	40-75		
Lymphocytes	33	%	•	20-40		
Monocytes	08	%	•	0-10		
Eosinophils	01	%	•	1-6		
Basophils	00	%	•	0-1		
Platelet Count (IMPEDENCE)	154	10³/mm³	•	150-450		
ERYTHROCYTE SEDIMENTATION RATE (ESR) (AUTOMATED CAPILLARY PHOTOMETRY)	15 *	mm/1st hr	•	0-12		
RBC:	Shows anisopoikilocytosis with microcytes, normocytes, elliptocytes and polychromatophils					
WBC: (AUTOMATED :IMPEDANCE)	Differentials within normal lim	its.				
PLATELETS:	Adequate					
IMPRESSION	Microcytic anemia.					

URINE ROUTINE (CUE)

Test Name		Result	Unit	Level	Range
		Within Normal Range	Boderline High/Low	Outside	Range

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Date: 14/01/2023

Color: Pale Yellow 30 Volume: ml Slightly Turbid Transparency: 5.0 pΗ Specific Gravity 1.010 * 0-0 Protein: Negative Glucose: Negative Ketone Nil Bile Pigments: Negative Blood: Nitrate: Negative Leucocyte Esterases Negative 0-0 **RBC** 2-4 /h.p.f Cells/hpf 0-2 **Epithelial Cells** 4-6 /h.p.f Pus Cells Occasional **BLOOD GROUPING AND TYPING (ABO and Rh)** Unit **Test Name** Result Level Range ABO Group: 0 Rh (D) Type: **POSITIVE** GLUCOSE - SERUM / PLASMA (FASTING) Unit Range **Test Name** Result Level 93 74-100 Glucose - Plasma (Fasting) mg/dL

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)

Test Name Result Unit Level Range
Glucose - Plasma (POST 93 mg/dL 0-140

Within Normal Range Boderline High/Low Outside Range

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PRANDIAL)

RENAL PROFILE - SERUM

Test Name	Result	Unit	Level	Range
UREA - SERUM / PLASMA	16	mg/dL		15-45
(Method:urease)		, ,,		7.000
BUN (BLOOD UREA NITROGEN) (Method:Calculated)	7.4	mg/dL		7.0-22.0
CREATININE - SERUM / PLASMA (Method:Jaffe kinetic)	0.56	mg/dL	•	0.51-0.95
URIC ACID - SERUM (Method:	4.5	mg/dL		2.6-6.0
uricase)				
SODIUM - SERUM / PLASMA	139.00	mmol/L		135.00-145.00
(Method : ISE Indirect)	4.0	1/1		0.5.5.4
POTASSIUM - SERUM / PLASMA	4.2	mmol/L		3.5-5.1
(Method:ISE Indirect) CHLORIDE - SERUM / PLASMA	105.00	mmol/L		98.00-107.00
(Methos:ISE Indirect)				
BICARBONATE (HCO3) - SERUM /	24	mmol/L		22-29
PLASMA (Method:Enzymatic				
PEP-MD)				

LIPID PROFILE TEST (PACKAGE)

Test Name Total Cholesterol	Result 257 *	Unit mg/dL	Level •	Range 0-200
HDL CHOLESTEROL - SERUM / PLASMA (Method : Direct)	70 *	mg/dL	•	40-59
LDL Cholesterol (Direct LDL)	166 *	mg/dL	•	0-130
Triglycerides - Serum	166 *	mg/dL	•	0-150
TOTAL CHOLESTEROL/HDL	3.7		•	0.0-4.5
CHOLESTEROL RATIO(Calculated) VLDL CHOLESTEROL - SERUM - CALCULATED	33 *		•	0-30

LIVER FUNCTION TEST (PACKAGE)

Test Name BILIRUBIN, TOTAL - SERUM	Result 0.5	Unit mg/dL	Level	Range 0.3-1.2
(Method:DPD) BILIRUBIN CONJUGATED (DIRECT) - SERUM (Method: DPD)	0.1	mg/dL	•	0.0-0.4
BILIRUBIN UNCONJUGATED -	0.4	mg/dL	•	0.0-1.0

Boderline High/Low

Outside Range

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Within Normal Range

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Date: 14/01/2023

-					
	SERUM(Calculated)				
	PROTEIN, TOTAL - SERUM /	7.8	g/dL		6.6-8.3
	PLASMA (Method:Biuret)			_	
	ALBUMIN - SERUM	4.4	g/dL		3.5-5.2
	(Method:Bromocresol green)				
	GLOBULIN - SERUM:(Calculated)	3.4	g/dL		2.0-4.0
	ALBUMIN:GLOBULIN (RATIO) -	1.2941			
	CALCULATED				
	AST (SGOT) - SERUM	34	U/L		5-35
	(Method:IFCC with P-5-P)				
	ALT(SGPT) - SERUM / PLASMA	28	U/L		5-35
	(Method:IFCC with P-5-P)				
	ALKALINE PHOSPHATASE -	139	U/L		
	SERUM/PLASMA (Method:IFCC				
	withpNPP+AMP)				
	GGTP: GAMMA GLUTAMYL	33	U/L	•	10-38
	TRANSPEPTIDASE - SERUM				
	(Method:IFCC)				

THYROID PROFILE - II

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE -	121.7	ng/dL		60.00-181.00
SERUM (Method:CLIA)				
TOTAL T4: THYROXINE - SERUM	12.46	μg/dL		5.48-14.28
(Method:CLIA)				
TSH: THYROID STIMULATING	3.17	μIU/mL		0.40-5.50
HORMONE - SERUM				
(Method:CLIA)				

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
Glycosylated Hemoglobin (HbA1c)	5.0	%		4.0-6.0

CERVICAL/VAGINAL SMEAR

PAP SMEAR

Specimen Source.

CERVICAL SMEAR

Clinical Information.

Provided.

Patient and Specimen Identification:

Identified.

Test Method.

Within Normal Range
 Boderline High/Low
 Outside Range

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Conventional.

Technical Interpretation.

Well Preserved cells covering more than 10% of area of slide

Endocervical/Transformation zone component

Sampled.

Specimen adequacy.

Satisfactory for evaluation.

Interpretation.

Negative for intraepithelial lesion/malignancy.

i. Reactive cellular changes (Inflammation/Repair).

Recommendations.

Routine recall

ULTRASOUND - WHOLE ABDOMEN

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Within Normal Range

Boderline High/Low

Outside Range

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Date: 14/01/2023

INVESTIGATIONS NOT DONE / NOT YET REPORTED / NOT PART OF PACKAGE(LAB,RADIOLOGY & CARDIOLOGY)

Haematology

STOOL ROUTINE

BioChemistry

GLUCOSE - SERUM / PLASMA (RANDOM/CASUAL)

X Ray

XRAY CHEST PA

CARDIOLOGY

ECHO/TMT - OPTIONAL

ECG

ECG

Within Normal Range
Boderline High/Low
Outside Range

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DEPARTMENT OF RADIOLOGY

Patient's Details	:	Ms.	PRAGATI	GUPT	A		F	031Y
UHID	:	AHJN.000024	41379	V	Ward/Bed No.	:		AHC / AHC
I.P.No./Bill No.	:	AHJNAHC46	5351	S	Scanned on	:		14-Jan-2023 12:31
Accession Number	:	10371.223004	1422	F	Reported On	:		14-Jan-2023 12:42:39
Referring Doctor	:	SELF REFEI	RRAL					

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

Gall bladder is well distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

Spleen appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

Visualized head and body of pancreas appears normal in size, shape and echopattern. Tail obscured by bowel gas.

Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis seen on either side.

Urinary bladder is distended and appears normal. No evidence of abnormal wall thickening noted.

Uterus is anteverted and normal in size measuring \sim 7.7 × 3.5 × 3.4 cm. Myometrial echoes appear normal. ET measures 5 mm.

Both ovaries are obscured by bowel gases. No adnexal lesion.

No evidence of ascites or pleural effusion seen.

IMPRESSION:

NO SIGNIFICANT SONOLOGICAL ABNORMALITY.

N.B.: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

DEPARTMENT OF RADIOLOGY

Patient's Details PRAGATI GUPTA Ms. 031Y UHID AHJN.0000241379 Ward/Bed No. AHC / AHC I.P.No./Bill No. **Scanned on** 14-Jan-2023 12:31 AHJNAHC46351 14-Jan-2023 Accession Number: 10371.223004422 Reported On 12:42:39 Referring Doctor : SELF REFERRAL

Barton.

Dr. SANDEEP KV, MBBS, DNB. Senior Registrar, Diagnostic Radiology.

---END OF THE REPORT---

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DEPARTMENT OF RADIOLOGY

Patient's Details PRAGATI GUPTA Ms. 031Y UHID AHJN.0000241379 AHC / AHC Ward/Bed No. I.P.No./Bill No. 14-Jan-2023 10:47 AHJNAHC46351 Scanned on 14-Jan-2023 Accession Number: 10371.123005609 Reported On 10:57:46 SELF REFERRAL Referring Doctor :

X-RAY CHEST PA

OBSERVATION:

Both lungs appear clear
Cardia appears normal.
Both domes and costophrenic angles normal.
Both hila are unremarkable.
Bony thoracic cage appear normal.

IMPRESSION:

No significant abnormality is seen.

DR. HARISHA V, MBBS, MD. CONSULTANT RADIOLOGIST.

evsh.v

---END OF THE REPORT---

N.B.: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.