



DEPARTMENT OF LABORATORY SERVICES  
FINAL REPORT

Bill No.	: APHHC240001907	Bill Date	: 02-11-2024 09:50
Patient Name	: MRS. SONAM BHARTI	UHID	: APH000030637
Age / Gender	: 25 Yrs 9 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24051498	Current Ward / Bed	: /
		Receiving Date & Time	: 02-11-2024 10:50
		Reporting Date & Time	: 02-11-2024 16:08

**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

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

**IMPORTANT INSTRUCTIONS**

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

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Test results are not valid for Medico - Legal purposes.

DR. ASHISH RANJAN SINGH  
MBBS,MD  
CONSULTANT



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Age / Gender	: 25 Yrs 9 Mth / FEMALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24051549	Current Ward / Bed	: /
		Receiving Date & Time	: 02-11-2024 13:57
		Reporting Date & Time	: 02-11-2024 15:53

**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>	L	12	mg/dL	15 - 45
BUN <small>(Calculated)</small>	L	5.6	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>		90.0	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>		79.0	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	191	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>	L	34	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	130	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		155	mg/dL	0 - 160
NON-HDL CHOLESTROL <small>(Calculated)</small>	H	157.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL <small>(Calculated)</small>		5.6		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 <small>(Calculated)</small>		3.8		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 <small>(Calculated)</small>		31	mg/dL	10 - 35

**INTERPRETATION:**

- A lipid profile test measures the different types of lipids in the blood. It measures the levels of four different types of cholesterol and triglycerides.
- LDL (low-density lipoproteins): LDL is the cholesterol that is considered "bad cholesterol" because it forms plaques in the arteries and adversely affects heart health. Thus, LDL cholesterol should be maintained in the lower range.
  - VLDL (very low-density lipoproteins): VLDL appears in the blood soon after we have consumed food. A lipid profile is done as a fasting test, and thus, if there is an increased level of VLDL in the blood sample, it can be suggestive of some metabolic disease.
  - HDL (high-density lipoproteins): HDL cholesterol is also known as "good cholesterol" because it helps clear away the bad LDL cholesterol and prevents its build-up.
  - Total cholesterol: It is the sum of all the different types of cholesterol in your body, i.e., LDL + VLDL + HDL.
  - Triglycerides: Our body converts the excess calories into triglycerides and stores it as body fat. High levels of triglycerides are harmful to the heart, liver, and pancreas.

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL <small>(DPD)</small>		0.56	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.11	mg/dL	0 - 0.2



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BILIRUBIN-INDIRECT (Calculated)		0.45	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.8	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.4	g/dL	3.5 - 5.2
S.GLOBULIN (Calculated)		3.4	g/dL	2.8-3.8
A/G RATIO (Calculated)	<b>L</b>	<b>1.29</b>		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		72.0	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		25.5	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		31.5	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		19.1	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		177.8	IU/L	0 - 248

**INTERPRETATION:**

The LFT test is used to diagnose and monitor liver diseases. It can also provide the information about other health conditions that affect the liver, such as viral or alcoholic hepatitis. If a person is taking medications that can impact on the liver, the test results can indicating whether side effects are occurring.

S.PROTEIN-TOTAL (Biuret)		7.8	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		3.8	mg/dL	2.6 - 7.2

**INTERPRETATION:**

High levels of uric acid could be a sign of gout, a condition characterized by inflammation of the joints due to the formation of uric acid crystals. The uric acid level also monitors of a person undergoing the chemotherapy or radiation treatment for cancer.

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

**IMPORTANT INSTRUCTIONS**

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Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	5.8	%	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	: APH24051506	Current Ward / Bed	: /
		Receiving Date & Time	: 02-11-2024 10:57
		Reporting Date & Time	: 02-11-2024 14:27

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		10 mL		
COLOUR		Pale straw		Pale Yellow
TURBIDITY		Clear		

CHEMICAL EXAMINATION

PH (Double pH indicator method)		6.5		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		3-4	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		5-7		
CASTS		Nil		
CRYSTALS		Nil		
URINE-SUGAR		NEGATIVE		

\*\* End of Report \*\*

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24051497	Current Ward / Bed	: /
		Receiving Date & Time	: 02-11-2024 10:50
		Reporting Date & Time	: 02-11-2024 13:01

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)		6.3	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.6	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.0	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		39.8	%	36 - 46
MEAN CORPUSCULAR VOLUME (Calculated)		87.2	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN (Calculated)	L	26.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (Calculated)	L	30.1	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		234	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	46.5	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.8	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS (Flow-cytometry & Microscopy)		68	%	40 - 80
LYMPHOCYTES (Flow-cytometry & Microscopy)		28	%	20 - 40
MONOCYTES (Flow-cytometry & Microscopy)		2	%	2 - 10
EOSINOPHILS (Flow-cytometry & Microscopy)		2	%	1 - 5
BASOPHILS (Flow-cytometry & Microscopy)		0	%	0 - 1

INTERPRETATION:

A complete blood count (CBC) provides information about the different types and numbers of cells in the blood, including red blood cells, white blood cells, and platelets. It's used to look at overall health and find a wide range of conditions, including anaemia, infection, thrombocytopenia and leukemia.

ESR (Westergren)	H	52	mm/1st hr	0 - 20
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INTERPRETATION:

An erythrocyte sedimentation rate show if there is inflammation in body. High ESR levels are often associated with various inflammatory conditions, infections, autoimmune diseases, and certain cancers. It can also indicate tissue damage or necrosis, as well as chronic diseases like rheumatoid arthritis, lupus, or vasculitis.

\*\* End of Report \*\*

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<b>Ref. Consultant</b>	: MEDIWHEEL	<b>Ward / Bed</b>	: /
<b>Sample ID</b>	: APH24051497	<b>Current Ward / Bed</b>	: /
		<b>Receiving Date &amp; Time</b>	: 02-11-2024 10:50
		<b>Reporting Date &amp; Time</b>	: 02-11-2024 13:01

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Age / Gender	: 25 Yrs 9 Mth / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24051501	Current Ward / Bed	: /		
		Receiving Date & Time	: 02-11-2024 10:50		
		Reporting Date & Time	: 02-11-2024 14:25		

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)		2.87	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.27	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.25	mIU/L	0.27-4.20

INTERPRETATION:

The thyroid profile test measures the thyroid hormones in the blood. Thyroid gland is responsible for producing hormones important for many bodily processes. Abnormal thyroid function, such as underactive thyroid (hypothyroidism) or overactive thyroid (hyperthyroidism), can lead to many symptoms. A thyroid profile can also be used to monitor the treatment of hyperthyroidism and assess those receiving levothyroxine therapy, which replaces or supplements thyroid hormones reduced or absent due to hypothyroidism, thyroid cancer, thyroid nodules, and goiters.

\*\* End of Report \*\*

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Ref. Consultant	: MEDIWHEEL	Ward	:
Sample ID	: APH24051523	Current Bed	:
	:	Reporting Date & Time	: 04-11-2024 10:19
	:	Receiving Date & Time	: 02/11/2024 12:19

### CYTOPATHOLOGY REPORTING

Cytopathology No:C-302/24

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 in the background of chronic inflammation.

Non-Neoplastic Findings: Moderate neutrophilic infiltrates.

Specific Infections: Shift in flora s/o bacterial vaginosis

Epithelial cell abnormality (Squamous cells): Nil  
Squamous cell abnormality (Glandular cells): Nil.

Impression: Shift in flora s/o bacterial vaginosis; Negative for Intraepithelial lesion or Malignancy.(NILM).

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

DR. ASHISH RANJAN SINGH  
MBBS,MD  
CONSULTANT

# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. SONAM BHARTI	IPD No.	:	
Age	:	25 Yrs 9 Mth	UHID	:	APH000030637
Gender	:	FEMALE	Bill No.	:	APHHC240001907
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	02-11-2024 09:50:43
Ward	:		Room No.	:	
			Print Date	:	02-11-2024 10:48:59

## **WHOLE ABDOMEN:**

**Both the hepatic lobes are borderline enlarged in size and normal in echotexture (Liver measures 15.1 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 (11.7 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.6 cm), Left kidney (9.7 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder is distended and appears normal. Wall thickness is normal.

Uterus is anteverted (measures 4.9 x 4.1 x 3.1 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 (5.9 mm).

Right ovary is normal in size and echotexture. **3.38 x 3.32 simple ovarian cyst seen in right ovary.**

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

## **IMPRESSION:-**

**-Borderline hepatomegaly.**

**-Right ovary simple cyst.**

*Please correlate clinically.....*

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

Prepare By.  
MD.SERAJ

DR. ALOK KUMAR, M.B.B.S,M.D,DMRD  
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. SONAM BHARTI	IPD No.	:	
Age	:	25 Yrs 9 Mth	UHID	:	APH000030637
Gender	:	FEMALE	Bill No.	:	APHHC240001907
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	02-11-2024 09:50:43
Ward	:		Room No.	:	
			Print Date	:	02-11-2024 12:40:35

## **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  
Radiodiagnosis, FRCR (London)  
BCMR/46075  
CONSULTANT

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