

# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

<b>Patient Name</b>	:	MRS. ABHA KUMARI	<b>IPD No.</b>	:	
<b>Age</b>	:	41 Yrs 2 Mth	<b>UHID</b>	:	APH000021775
<b>Gender</b>	:	FEMALE	<b>Bill No.</b>	:	APHHC240000546
<b>Ref. Doctor</b>	:	MEDIWHEEL	<b>Bill Date</b>	:	22-03-2024 11:57:51
<b>Ward</b>	:		<b>Room No.</b>	:	
			<b>Print Date</b>	:	26-03-2024 09:49:31

refused by patient.

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

Prepare By.  
MD.SALMAN

---

**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. ABHA KUMARI	IPD No.	:	
Age	:	41 Yrs 2 Mth	UHID	:	APH000021775
Gender	:	FEMALE	Bill No.	:	APHHC240000546
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-03-2024 11:57:51
Ward	:		Room No.	:	
			Print Date	:	22-03-2024 15:04:05

## **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.4 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 (8.6 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.9 cm), Left kidney (9.1 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 9.1 x 4.9 x 4.2 cm) and appears normal in size and echotexture. **Small hypoechoic lesion of size ~ 12.3 x 10.3 mm seen in anterior myometrium suggesting intramural fibroid.** Cervix and vagina are unremarkable.

Endometrial echo is central and normal in thickness (0.68 cm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.0 x 1.3 cm, left ovary measures 2.4 x 1.8 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

Please correlate clinically.....

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

Prepare By.  
MD.SERAJ

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 : XRAY

Patient Name	:	MRS. ABHA KUMARI	IPD No.	:	
Age	:	41 Yrs 2 Mth	UHID	:	APH000021775
Gender	:	FEMALE	Bill No.	:	APHHC240000546
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-03-2024 11:57:51
Ward	:		Room No.	:	
			Print Date	:	23-03-2024 16:11:41

## 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

**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.

## FINAL REPORT

Bill No.	: APHHC240000546	Bill Date	: 22-03-2024 11:57
Patient Name	: MRS. ABHA KUMARI	UHID	: APH000021775
Age / Gender	: 41 Yrs 2 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010806	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2024 13:02
		Reporting Date & Time	: 22-03-2024 16:01

### HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800**

#### CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT <small>(Flow Cytometry)</small>		9.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small>		4.8	million/cumm	3.8 - 4.8
HAEMOGLOBIN <small>(SLS Hb Detection)</small>		12.7	g/dL	12 - 15
PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small>		41.1	%	36 - 46
MEAN CORPUSCULAR VOLUME		85.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	<b>L</b>	<b>26.3</b>	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	<b>L</b>	<b>30.9</b>	g/dL	31.5 - 34.5
PLATELET COUNT <small>(Hydro Dynamic Focussing)</small>		150	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small>		44.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	<b>H</b>	<b>14.7</b>	%	11.6 - 14

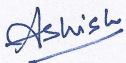
#### DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		63	%	40 - 80
LYMPHOCYTES		29	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR <small>(Westergren)</small>	<b>H</b>	<b>35</b>	mm 1st hr	0 - 20

\*\* End of Report \*\*

#### IMPORTANT INSTRUCTIONS

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



**DR. ASHISH RANJAN SINGH**  
MBBS, MD  
CONSULTANT

## FINAL REPORT

Bill No.	: APHHC240000546	Bill Date	: 22-03-2024 11:57
Patient Name	: MRS. ABHA KUMARI	UHID	: APH000021775
Age / Gender	: 41 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010810	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2024 13:02
		Reporting Date & Time	: 23-03-2024 03:02

### SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

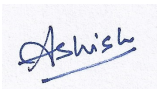
#### THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.18	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.56	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		1.77	mIU/L	0.27-4.20

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

#### **IMPORTANT INSTRUCTIONS**

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



**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT

## FINAL REPORT

Bill No.	: APHHC240000546	Bill Date	: 22-03-2024 11:57
Patient Name	: MRS. ABHA KUMARI	UHID	: APH000021775
Age / Gender	: 41 Yrs 2 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010848	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2024 18:19
		Reporting Date & Time	: 22-03-2024 19:20

### BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood, Plasma, Serum

#### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		17	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		7.9	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>		0.6	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		87.0	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>		107.0	mg/dL	70 - 140
---	--	-------	-------	----------

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>	<b>H</b>	<b>221</b>	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>		48	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	<b>H</b>	<b>149</b>	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>	<b>H</b>	<b>230</b>	mg/dL	0 - 160
NON-HDL CHOLESTROL	<b>H</b>	<b>173.0</b>	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.6		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		3.1		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	<b>H</b>	<b>46</b>	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>	<b>H</b>	<b>1.03</b>	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.15	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	<b>H</b>	<b>0.88</b>	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.9	g/dL	6 - 8.1

## FINAL REPORT

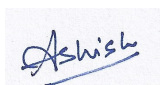
Bill No.	: APHHC240000546	Bill Date	: 22-03-2024 11:57
Patient Name	: MRS. ABHA KUMARI	UHID	: APH000021775
Age / Gender	: 41 Yrs 2 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010848	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2024 18:19
		Reporting Date & Time	: 22-03-2024 19:20

ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.1	g/dL	
S.GLOBULIN		2.8	g/dL	2.8-3.8
A/G RATIO	<b>L</b>	<b>1.46</b>		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		81.3	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		33.9	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>		36.7	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>	<b>H</b>	<b>51.7</b>	IU/L	7 - 35
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		170.2	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.9	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		3.5	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

## FINAL REPORT

Bill No.	: APHHC240000546	Bill Date	: 22-03-2024 11:57
Patient Name	: MRS. ABHA KUMARI	UHID	: APH000021775
Age / Gender	: 41 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010848	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2024 18:19
		Reporting Date & Time	: 22-03-2024 19:20

Sample Type: EDTA Whole Blood, Plasma, Serum

### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

HBA1C (Turbidimetric Immuno-inhibition)	5.6	%	4.0 - 6.2
---	-----	---	-----------

#### 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 \*\***

#### IMPORTANT INSTRUCTIONS

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



**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT



## FINAL REPORT

Bill No.	: APHHC240000546	Bill Date	: 22-03-2024 11:57
Patient Name	: MRS. ABHA KUMARI	UHID	: APH000021775
Age / Gender	: 41 Yrs 2 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010807	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2024 13:02
		Reporting Date & Time	: 23-03-2024 02:58

## BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

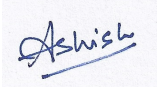
MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

BLOOD GROUP (ABO)	"B"
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