DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. AKANKSHA PRABHA	IPD No.	:	
Age	:	38 Yrs 9 Mth	UHID	:	APH000021803
Gender	:	FEMALE	Bill No.	:	APHHC240000565
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	23-03-2024 10:01:25
Ward	:		Room No.	:	
			Print Date	:	23-03-2024 11:32:34

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and show grade I fatty infiltration. (Liver measures 14.1 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 (8.1 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (11.2 cm), Left kidney (10.5 cm). Cortico-

medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 10.6 x 4.2 x 2.9 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 (4.1 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 3.8×1.8 cm, left ovary measures 3.5×1.7 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION: Grade I fatty liver.

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

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. AKANKSHA PRABHA	IF	PD No.	:	
Age	:	38 Yrs 9 Mth	U	JHID	:	APH000021803
Gender	:	FEMALE	В	Bill No.	:	APHHC240000565
Ref. Doctor	:	MEDIWHEEL	В	Bill Date	:	23-03-2024 10:01:25
Ward	:		R	Room No.	:	
			P	Print Date	:	23-03-2024 11:32:34

should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. AKANKSHA PRABHA	IPD No.	:	
Age	:	38 Yrs 9 Mth	UHID	:	APH000021803
Gender	:	FEMALE	Bill No.	:	APHHC240000565
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	23-03-2024 10:01:25
Ward	:		Room No.	:	
			Print Date	:	23-03-2024 13:41:21

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.

Bill No.	:	APHHC240000565	Bill Date	:	23-03-2024 10:01		
Patient Name	:	MRS. AKANKSHA PRABHA	UHID	:	APH000021803		
Age / Gender	:	38 Yrs 9 Mth / FEMALE	Patient Type	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH24011101	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	23-03-2024 16:25		
			Reporting Date & Time	:	23-03-2024 17:22		

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval				
Sample Type: EDTA Whole Blood, Plasma, Serum	•		•	•				
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550								
		145						

		15	mg/dL	15 - 45					
BUN (CALCULATED)		7.0	mg/dL	7 - 21					
CREATININE-SERUM (Modified Jaffe s Kinetic)	L	0.4	mg/dL	0.6 - 1.1					
		•							
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		89.0	mg/dL	70 - 100					
· A diagnosis of diabates mellitus is made if facting blood glucose exceeds 126 mg/dl									

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) (UV Hexokinase)		112.0	mg/dL	70 - 140
<u>_+</u> _	A diagnasia of diabatas mallitus is made if 2 bay	ur noot	land duanan avanada 0	00 ma/dl	

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 (CHO-POD)	Н	222	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	41	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	н	158	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)	н	162	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	181.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.4		1∕₂Average 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		3.9		1∕₂Average 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		32	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.

- 2. Hypertension.

3. Family history of premature coronary heart disease.

4. Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)	0.50	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.08	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.42	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	6.9	g/dL	6 - 8.1

			•								
ill No.	:	APHHC240000565			Bill Date		:	23-03-2024 10:01			
atient Name	:	MRS. AKANKSHA PRABHA	UHID			:	APH000021803				
ge / Gender	:	38 Yrs 9 Mth / FEMALE			Patient Type		:	OPD	If PHC :		
ef. Consultant	f. Consultant : MEDIWHEEL				Ward / Bed		:	1			
ample ID	mple ID : APH24011101				Current Ward / Bed		:	1			
:					Receiving Date & T	ime	:	23-03-2024 16:25			
					Reporting Date & T	ime	:	23-03-2024 17:22	2		
ALBUMIN-SER	Ū№	1 (Dye Binding-Bromocresol Green)		4.2	2	g/dL					
S.GLOBULIN	S.GLOBULIN		L 2.7		7	g/dL		2.8-3	2.8-3.8		
A/G RATIO			1.		1.56			1.5 - 2.5			
ALKALINE PHO	DS	PHATASE IFCC AMP BUFFER		95	.0	IU/L		42 - 98	3		
ASPARTATE A	MI	NO TRANSFERASE (SGOT) (IFCC)		19	.7	IU/L		10 - 43	2		
ALANINE AMI	٧O	TRANSFERASE(SGPT) (IFCC)		19	.9	IU/L		10 - 4)		
GAMMA-GLUT	AM	IYLTRANSPEPTIDASE (IFCC)		24	.2	IU/L		7 - 35			
LACTATE DEH	YD	ROGENASE (IFCC; L-P)		18	8.6	IU/L		0 - 24	8		
S.PROTEIN-TO		AL (Biuret)		6.9)	g/dL		6 - 8.	1		
URIC ACID Uric	ase -	Trinder		4.3	3	mg/dl	L	2.6 -	7.2		

** End of Report **

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

Ashish

Bill No.	:	APHHC240000565	Bill Date		23-03-2024 10:01		
Patient Name	:	MRS. AKANKSHA PRABHA	UHID	:	APH000021803		
Age / Gender	:	38 Yrs 9 Mth / FEMALE	Patient Type	1	OPD	If PHC :	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24011101	Current Ward / Bed	:	1		
	:		Receiving Date & Time	э :	23-03-2024 16:25		
			Reporting Date & Tim	e :	23-03-2024 17:22		

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

	HBA1C (Turbidimetric Immuno-inhibition)	Н	6.4	%	4.0 - 6.2
INTE	RPRETATION:		-		

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.

 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

Ashish

Bill No.	:	APHHC240000565	Bill Date	:	23-03-2024 10:01		
Patient Name	:	MRS. AKANKSHA PRABHA	UHID	:	APH000021803		
Age / Gender	:	38 Yrs 9 Mth / FEMALE	Patient Type	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH24011101	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	23-03-2024 16:25		
			Reporting Date & Time	:	23-03-2024 17:22		

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval					
Sample Type: EDTA Whole Blood, Plasma, Serum	•		•	•					
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550									
		145							

		15	mg/dL	15 - 45
BUN (CALCULATED)		7.0	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe s Kinetic)	L	0.4	mg/dL	0.6 - 1.1
		•		
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		89.0	mg/dL	70 - 100
te: A diagnosis of diabetes mellitus is made if fasti	na bloo	d alucasa avcaads 126 m	a/dl	

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) (UV Hexokinase)		112.0	mg/dL	70 - 140					
<u>_+</u> _	to A diagnosis of disbetes mollitus is made if 0 hour post load glucese evenede 200 mg/dl									

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 (CHO-POD)	Н	222	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	41	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	н	158	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)	н	162	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	181.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.4		1∕₂Average 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		3.9		1∕₂Average 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		32	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.

- 2. Hypertension.

3. Family history of premature coronary heart disease.

4. Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)	0.50	mg/dL	0.2 - 1.0	
BILIRUBIN-DIRECT (DPD)	0.08	mg/dL	0 - 0.2	
BILIRUBIN-INDIRECT	0.42	mg/dL	0.2 - 0.8	
S.PROTEIN-TOTAL (Biuret)	6.9	g/dL	6 - 8.1	

			•							
ill No.	:	APHHC240000565			Bill Date		:	23-03-2024 10:01		
atient Name : MRS. AKANKSHA PRABHA		UHID			:	APH000021803				
ge / Gender	:	38 Yrs 9 Mth / FEMALE			Patient Type		:	OPD	If PHC :	
ef. Consultant	:	MEDIWHEEL			Ward / Bed		:	1		
ample ID	:	APH24011101			Current Ward / Bed		:	1		
					Receiving Date & Time		:	23-03-2024 16:25		
					Reporting Date & T	ime	:	23-03-2024 17:22	2	
ALBUMIN-SERU S.GLOBULIN		1 (Dye Binding-Bromocresol Green)		4.2	2	g/dL				
			L 2.7		7	g/dL		2.8-3	2.8-3.8	
A/G RATIO			1.3		56			1.5 - 1	1.5 - 2.5	
ALKALINE PHO	DS	PHATASE IFCC AMP BUFFER		95	.0	IU/L		42 - 98	3	
ASPARTATE A	MI	NO TRANSFERASE (SGOT) (IFCC)			.7	7 IU/L		10 - 43	2	
ALANINE AMI	٧O	TRANSFERASE(SGPT) (IFCC)			19.9		IU/L	IU/L	10 - 4	10 - 40
GAMMA-GLUT	AM	IYLTRANSPEPTIDASE (IFCC)		24	.2	IU/L		7 - 35		
LACTATE DEH	YD	ROGENASE (IFCC; L-P)		18	8.6	IU/L		0 - 24	8	
S.PROTEIN-TOTAL (Biuret)			6.9)	g/dL		6 - 8.	1		
URIC ACID Uric	ase -	Trinder		4.3	3	mg/dl	L	2.6 -	7.2	

** End of Report **

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

Ashish

Bill No.	:	APHHC240000565	Bill Date		23-03-2024 10:01		
Patient Name	:	MRS. AKANKSHA PRABHA	UHID	:	APH000021803		
Age / Gender	:	38 Yrs 9 Mth / FEMALE	Patient Type	1	OPD	If PHC :	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24011101	Current Ward / Bed	:	1		
	:		Receiving Date & Time	э :	23-03-2024 16:25		
			Reporting Date & Tim	e :	23-03-2024 17:22		

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

	HBA1C (Turbidimetric Immuno-inhibition)	Н	6.4	%	4.0 - 6.2
INTE	RPRETATION:		-		

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.

 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

Ashish

Bill No.	:	APHHC240000565	Bill Date		23-03-2024 10:01		
Patient Name	:	MRS. AKANKSHA PRABHA	UHID		APH000021803		
Age / Gender	:	38 Yrs 9 Mth / FEMALE	Patient Type		OPD	If PHC :	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		1		
Sample ID	:	APH24011016	Current Ward / Bed		1		
	:		Receiving Date & Time		23-03-2024 13:01		
			Reporting Date & Time	•	23-03-2024 13:27		

CLINICAL PATH REPORTING

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

Sample Type: Urine

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	25 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		2-3	0 - 5				
RBC's		Nil					
EPITHELIAL CELLS		3-4					
CASTS		Nil					
CRYSTALS		Nil					
URINE-SUGAR NEGATIVE							

** End of Report **

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

Ashish

Bill No.	:	APHHC240000565	Bill Date	:	23-03-2024 10:01	
Patient Name	:	MRS. AKANKSHA PRABHA	UHID	:	APH000021803	
Age / Gender	:	38 Yrs 9 Mth / FEMALE	Patient Type	:	OPD	If PHC :
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1	
Sample ID	:	APH24010977	Current Ward / Bed	:	1	
	:		Receiving Date & Time	:	23-03-2024 10:59	
			Reporting Date & Time	:	24-03-2024 01:56	

BLOOD BANK REPORTING

st (Methodology)	Flag	Result	UOM	Biological Reference Interval				
nple Type: EDTA Whole Blood								
MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550								
BLOOD GROUP (ABO)		"B"						

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

Ashish

Bill No.	:	APHHC240000565	Bill Date		: 23-03-2024 10:01
Patient Name	:	MRS. AKANKSHA PRABHA	UHID		: APH000021803
Age / Gender	:	38 Yrs 9 Mth / FEMALE	Patient Type		: OPD If PHC :
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		: /
Sample ID	:	APH24010976	Current Ward / Bed		: /
	:		Receiving Date & Time	e	: 23-03-2024 10:59
			Reporting Date & Tim	e	: 23-03-2024 13:40

HAEMATOLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		8.9	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.5	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	11.1	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		36.8	%	36 - 46
MEAN CORPUSCULAR VOLUME	L	81.3	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	24.5	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	30.1	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		157	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		41.9	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.4	%	11.6 - 14

ESR (Westergren)	Н	70	mm 1st hr	0 - 20	
BASOPHILS	OPHILS 0		%	0 - 1	
EOSINOPHILS		2	%	1 - 5	
MONOCYTES		5	%	2 - 10	
LYMPHOCYTES		21	%	20 - 40	
NEUTROPHILS		72	%	40 - 80	

** End of Report **

IMPORTANT INSTRUCTIONS

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

Ashish

Bill No.	:	APHHC240000565	E	Bill Date	:	23-03-2024 10:01		
Patient Name	:	MRS. AKANKSHA PRABHA	L	DIHID	:	APH000021803		
Age / Gender	:	38 Yrs 9 Mth / FEMALE	F	Patient Type	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	V	Vard / Bed	:	1		
Sample ID	:	APH24010980	C	Current Ward / Bed	:	1		
	:		F	Receiving Date & Time	:	23-03-2024 10:59		
			F	Reporting Date & Time	:	24-03-2024 01:58		

SEROLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)	2.62	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.25	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	4.00	mIU/L	0.27-4.20

** End of Report **

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

Ashish