

# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MRS. ALPNA KUMARI	IPD No.	:	
Age	:	54 Yrs 10 Mth	UHID	:	APH000021794
Gender	:	FEMALE	Bill No.	:	APHHC240000557
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	23-03-2024 09:29:00
Ward	:		Room No.	:	
			Print Date	:	23-03-2024 12:57:20

## 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.

# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. ALPNA KUMARI	IPD No.	:	
Age	:	54 Yrs 10 Mth	UHID	:	APH000021794
Gender	:	FEMALE	Bill No.	:	APHHC240000557
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	23-03-2024 09:29:00
Ward	:		Room No.	:	
			Print Date	:	23-03-2024 12:12:29

## **BOTH BREASTS:**

High resolution ultrasound examination of both breasts was performed with 10 to 12-MHz linear probe.

Both breasts parenchyma appears normal. No focal lesion or collection seen.

Both the nipples are normal in position with normal posterior shadowing.

No significant axillary lymphadenopathy seen.

Skin and subcutaneous tissues are unremarkable on both sides.

**IMPRESSION: Normal study.**

**Please correlate clinically.**

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

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Report : ULTRASOUND

Patient Name	:	MRS. ALPNA KUMARI	IPD No.	:	
Age	:	54 Yrs 10 Mth	UHID	:	APH000021794
Gender	:	FEMALE	Bill No.	:	APHHC240000557
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	23-03-2024 09:29:00
Ward	:		Room No.	:	
			Print Date	:	23-03-2024 12:11:16

## **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 11.8 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 (7.3 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.1 cm), Left kidney (9.5 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is post menopausal status.

Endometrial echo is central and normal in thickness (3.7 mm).

Bilateral adnexa normal.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

## **IMPRESSION: Normal study.**

Please correlate clinically.....

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

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## FINAL REPORT

Bill No.	: APHHC240000557	Bill Date	: 23-03-2024 09:29		
Patient Name	: MRS. ALPNA KUMARI	UHID	: APH000021794		
Age / Gender	: 54 Yrs 10 Mth / FEMALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24011018	Current Ward / Bed	: /		
		Receiving Date & Time	: 23-03-2024 13:02		
		Reporting Date & Time	: 23-03-2024 13:23		

### CLINICAL PATH REPORTING

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

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

#### URINE, ROUTINE EXAMINATION

##### PHYSICAL EXAMINATION

QUANTITY		25 mL		
COLOUR		Pale Straw		Pale Yellow
TURBIDITY		Clear		

##### CHEMICAL EXAMINATION

PH (Double pH indicator method)		6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)		Negative		Negative
SUGAR (GOD POD Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)		1.015		1.005 - 1.030

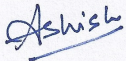
##### MICROSCOPIC EXAMINATION

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

**\*\* 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.	: APHHC240000557	Bill Date	: 23-03-2024 09:29
Patient Name	: MRS. ALPNA KUMARI	UHID	: APH000021794
Age / Gender	: 54 Yrs 10 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010966	Current Ward / Bed	: /
		Receiving Date & Time	: 23-03-2024 10:55
		Reporting Date & Time	: 23-03-2024 13:35

### 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( AVOVE-40)@2800**

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

TOTAL LEUCOCYTE COUNT <small>(Flow Cytometry)</small>		5.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small>		4.5	million/cumm	3.8 - 4.8
HAEMOGLOBIN <small>(SLS Hb Detection)</small>	L	<b>11.3</b>	g/dL	12 - 15
PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small>		37.6	%	36 - 46
MEAN CORPUSCULAR VOLUME		84.2	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	<b>25.4</b>	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	<b>30.2</b>	g/dL	31.5 - 34.5
PLATELET COUNT <small>(Hydro Dynamic Focussing)</small>		205	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small>	H	<b>46.1</b>	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	<b>15.3</b>	%	11.6 - 14

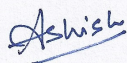
#### DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		60	%	40 - 80
LYMPHOCYTES		30	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		5	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR <small>(Westergren)</small>	H	<b>66</b>	mm 1st hr	0 - 20

\*\* End of Report \*\*

#### IMPORTANT INSTRUCTIONS

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## FINAL REPORT

Bill No.	: APHHC240000557	Bill Date	: 23-03-2024 09:29
Patient Name	: MRS. ALPNA KUMARI	UHID	: APH000021794
Age / Gender	: 54 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010967	Current Ward / Bed	: /
		Receiving Date & Time	: 23-03-2024 10:55
		Reporting Date & Time	: 24-03-2024 01:56

## BLOOD BANK REPORTING

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

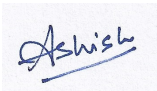
MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE( AVOVE-40)@2800

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

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

### IMPORTANT INSTRUCTIONS

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Bill No.	: APHHC240000557	Bill Date	: 23-03-2024 09:29
Patient Name	: MRS. ALPNA KUMARI	UHID	: APH000021794
Age / Gender	: 54 Yrs 10 Mth / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24011098	Current Ward / Bed	: /
		Receiving Date & Time	: 23-03-2024 15:28
		Reporting Date & Time	: 23-03-2024 16:14

### 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( AVOVE-40)@2800

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		16	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		7.5	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>		80.0	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>		85.0	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>	<b>H</b>	<b>235</b>	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>		54	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	<b>H</b>	<b>159</b>	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		130	mg/dL	0 - 160
NON-HDL CHOLESTROL	<b>H</b>	<b>181.0</b>	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.4		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		2.9		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		26	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>		0.92	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.14	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.78	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.8	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.0	g/dL	

## FINAL REPORT

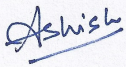
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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24011098	Current Ward / Bed	: /
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		Reporting Date & Time	: 23-03-2024 16:14

S.GLOBULIN		2.8	g/dL	2.8-3.8
A/G RATIO	<b>L</b>	<b>1.43</b>		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		72.2	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		23.4	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>		14.5	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		15.4	IU/L	7 - 35
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		231.9	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.8	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		4.1	mg/dL	2.6 - 7.2

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

### **IMPORTANT INSTRUCTIONS**

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



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Age / Gender	: 54 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24011098	Current Ward / Bed	: /
		Receiving Date & Time	: 23-03-2024 15:28
		Reporting Date & Time	: 23-03-2024 16:14

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	6.1	%	4.0 - 6.2
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#### INTERPRETATION:

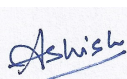
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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.

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

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Age / Gender	: 54 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010970	Current Ward / Bed	: /
		Receiving Date & Time	: 23-03-2024 10:55
		Reporting Date & Time	: 23-03-2024 16:09

### SEROLOGY REPORTING

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

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

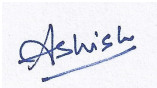
#### THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.48	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.18	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	<b>H</b>	<b>5.05</b>	mIU/L	0.27-4.20

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

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