Bill No.	:	APHHC240000746	Bill Date	:	13-04-2024 08:34			
Patient Name	:	MRS. POOJA KUMARI	UHID	1	APH000022468			
Age / Gender	:	30 Yrs 10 Mth / FEMALE	Patient Type	1	OPD If PHC :			
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1			
Sample ID	:	APH24014512	Current Ward / Bed	:	1			
	:		Receiving Date & Time	:	13-04-2024 10:00			
	П		Reporting Date & Time	:	13-04-2024 14:33			

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)		6.7	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.0	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.9	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	34.9	%	36 - 46
MEAN CORPUSCULAR VOLUME		87.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	31.3	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		150	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	Н	49.9	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	15.8	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

ESR (Westergren)	Н	40	mm 1st hr	0 - 20
BASOPHILS		0	%	0 - 1
EOSINOPHILS		2	%	1 - 5
MONOCYTES		6	%	2 - 10
LYMPHOCYTES	L	16	%	20 - 40
NEUTROPHILS		76	%	40 - 80

** End of Report **

IMPORTANT INSTRUCTIONS

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Ashish

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000746	Bill Date	:	13-04-2024 08:34			
Patient Name	F	MRS. POOJA KUMARI	UHID		APH000022468			
Age / Gender	F	30 Yrs 10 Mth / FEMALE	Patient Type	[·	OPD If PHC :			
Ref. Consultant	1	MEDIWHEEL	Ward / Bed		1			
Sample ID	1	APH24014625	Current Ward / Bed		1			
	1		Receiving Date & Time	:	13-04-2024 14:11			
	Γ		Reporting Date & Time		13-04-2024 15:37			

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<u> </u>				

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

30	mg/dL	15 - 45
14.0	mg/dL	7 - 21
0.8	mg/dL	0.6 - 1.1
102.0	mg/dL	70 - 100
	0.8	14.0 mg/dL 0.8 mg/dL

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.

(As per American Diabetes Association recommendation)

GLUCUSE-PLASIMA (PUST PRAINDIAL) (UV Hexokinase)			119.0	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 (CHO-POD)	Н	207	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		46	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	135	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)	Н	161	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	161.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.5		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		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:
 - 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 (DPD)	0.78	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.15	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.63	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	6.9	g/dL	6 - 8.1

ill N o.	No . : APHHC240000746			Bill Date			13-04-2024 08:34			
atient Name	:	MRS. POOJA KUMARI			UHID		:	APH000022468		
ge / Gender	Gender : 30 Yrs 10 Mth / FEMALE				Patient Type		:	OPD If PHC :		
ef. Consultant	:	MEDIWHEEL			Ward / Bed		1:	1		
ample ID	:	APH24014625			Current Ward / Bed		:	1		
	:				Receiving Date & Time		:	13-04-2024 14:11		
					Reporting Date & Tir	ne	:	13-04-2024 15:37		
ALBUMIN-SERU	JM	(Dye Binding-Bromocresol Green)		4.2	<u> </u>	g/dL				
S.GLOBULIN			L	2.	2.7 g/d			2.8-3.8		
A/G RATIO				1.5	66			1.5 - 2.5		
ALKALINE PHO	SF	PHATASE IFCC AMP BUFFER		46	.4	IU/L		42 - 98		
ASPARTATE AN	1IP	NO TRANSFERASE (SGOT) (IFCC)		33	.3	IU/L		10 - 42		
ALANINE AMIN	Ю	TRANSFERASE(SGPT) (IFCC)		35	.1	IU/L		10 - 40		
GAMMA-GLUTA	١M	YLTRANSPEPTIDASE (IFCC)		11	.2	IU/L		7 - 35		
LACTATE DEHY	ſD	ROGENASE (IFCC; L-P)	Н	25	51.3	IU/L		0 - 248		
S.PROTEIN-TO	TΑ	L (Biuret)		6.9)	g/dL		6 - 8.1		
URIC ACID Uricas	se -	Trinder		3.2	2	mg/d	L	2.6 - 7.2		

** End of Report **

IMPORTANT INSTRUCTIONS

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DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000746	Bill Date	ŀ	13-04-2024 08:34		
Patient Name	:	MRS. POOJA KUMARI	UHID	:	APH000022468		
Age / Gender	:	30 Yrs 10 Mth / FEMALE	Patient Type	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		1		
Sample ID	:	APH24014625	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	13-04-2024 14:11		
			Reporting Date & Time	:	13-04-2024 15:37		

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	5.0	%	4.0 - 6.2

INTERPRETATION:

HbA1c %	Degree of Glucose Control						
>8% Action suggested due to high risk of developing long term complications like Retinopath 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

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DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000746	Bill Date	1:	13-04-2024 08:34		
Patient Name	:	MRS. POOJA KUMARI	UHID	T	APH000022468		
Age / Gender		30 Yrs 10 Mth / FEMALE	Patient Type	T	OPD If P	НС	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	1:	1		
Sample ID	:	APH24014599	Current Ward / Bed	T	1		
	:		Receiving Date & Time	T	13-04-2024 13:47		
			Reporting Date & Time	F	13-04-2024 16:21		

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 yellow		Pale Yellow	
TURBIDITY	Clear			

CHEMICAL EXAMINATION

PH (Double pH indicator method)	6.0	5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Trace	Negative
SUGAR (GOD POD Method)	Negative	Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.020	1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		2-3	/HPF	0 - 5			
RBC's		Nil					
EPITHELIAL CELLS		6-8					
CASTS	Nil						
CRYSTALS		Nil					
URINE-SUGAR		NEGATIVE					

** End of Report **

IMPORTANT INSTRUCTIONS
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DR. ASHISH RANJAN SINGH

MBBS,MD CONSULTANT

Page 1 of 1

Bill No.	F	APHHC240000746	Bill Date	·	13-04-2024 08:34		
Patient Name	F	MRS. POOJA KUMARI	UHID	1	APH000022468		
Age / Gender	F	30 Yrs 10 Mth / FEMALE	Patient Type	Γ	OPD	If PHC :	
Ref. Consultant	1	MEDIWHEEL	Ward / Bed	T	1		
Sample ID	1	APH24014516	Current Ward / Bed		1		
	1		Receiving Date & Time	:	13-04-2024 10:00		
	Г		Reporting Date & Time		13-04-2024 13:35		

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)		2.28	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.11	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	Н	6.31	mIU/L	0.27-4.20

** End of Report **

IMPORTANT INSTRUCTIONS
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DR. ASHISH RANJAN SINGH

Bill No.	F	APHHC240000746	Bill Date	:	13-04-2024 08:34		
Patient Name	F	MRS. POOJA KUMARI	UHID		APH000022468		
Age / Gender	F	30 Yrs 10 Mth / FEMALE	Patient Type		OPD	If PHC :	
Ref. Consultant	1	MEDIWHEEL	Ward / Bed		1		
Sample ID	1	APH24014513	Current Ward / Bed		1		
	1		Receiving Date & Time	:	13-04-2024 10:00		
	Г		Reporting Date & Time		13-04-2024 20:09		

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference
				11110111

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
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DR. ASHISH RANJAN SINGH

Bill No.	: APHHC240000746	Bill Date : 13-04-2024 08:34	
Patient Name	: MRS. POOJA KUMARI	UHID : APH000022468	
Age / Gender	: 30 Yrs 10 Mth / FEMALE	Patient Type : OPD	
Ref. Consultant	: MEDIWHEEL	Ward :	
Sample ID	: APH24014671	Current Bed :	
		Reporting Date & Time : 15-04-2024 10:09	
		Receiving Date & Time : 13/04/2024 21:59	

CYTOPATHOLOGY REPORTING

Cytopathology No:C-85/24

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 and basal

cells.

Non-Neoplastic Findings: Moderate neutrophilic infiltrates.

Specific Infections: Nil.

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

Impression: Inflammatory smear. 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. POOJA KUMARI	IPD No.	:	
Age	:	30 Yrs 10 Mth	UHID	T:	APH000022468
Gender	:	FEMALE	Bill No.	\Box	APHHC240000746
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	13-04-2024 08:34:56
Ward	:		Room No.	:	
			Print Date	:	13-04-2024 11:43:26

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 13.2 cm)

Anechoic simple cyst measures ~ 3.9 x 3.4 cm seen in segment II.

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 (10 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.4 cm), Left kidney (11 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 7.1 x 5.7 x 4.7 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 (9.9 mm).

Both ovaries are normal in size and echotexture. Right ovary measures 2.9 x 1.6 cm, left ovary measures 2.4 x 1.1 cm.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION: No significant abnormality detected except simple hepatic cyst in segment II.

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. POOJA KUMARI	IPD No.	:	
Age	:	30 Yrs 10 Mth	UHID	T:	APH000022468
Gender	:	FEMALE	Bill No.	:	APHHC240000746
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	13-04-2024 08:34:56
Ward	:		Room No.	:	
			Print Date	:	13-04-2024 14:59:57

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.

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P١	ease	corre	iate c	linical	IV.

.....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.