DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report: XRAY

Patient Name	:	MRS. SUNITA SINGH	IPD No.	:	
Age	:	50 Yrs	UHID	T:	APH000020565
Gender	:	FEMALE	Bill No.	T:	APHHC240000229
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	19-02-2024 09:02:26
Ward	:		Room No.	: T	
			Print Date	:	19-02-2024 11:32:07

CHEST PA VIEW:

Rotation present.

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 c	linical	lly.
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.....End of Report......

Prepare By. MD.SALMAN

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. SUNITA SINGH	IPD No.	T	
Age	:	50 Yrs	UHID	T	APH000020565
Gender	:	FEMALE	Bill No.	T:	APHHC240000229
Ref. Doctor	:	MEDIWHEEL	Bill Date	1:	19-02-2024 09:02:26
Ward	:		Room No.	T:	
			Print Date	 :	19-02-2024 10:50:46

BOTH BREASTS:

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

FINDINGS:

There is evidance of a well defined wider than taller hypoechoic lesion of size \sim 2.2 x 1.2 cm showing edge shadowing and posterior enhancement seen in right breast at 7 o clock position likely fibroadenoma.

Left breast 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: Well defined wider than taller hypoechoic lesion of size ~ 2.2 x 1.2 cm showing edge shadowing and mild posterior enhancement seen in right breast at 7 o clock position likely fibroadenoma. (Right breast: BI RADS 3, Left Breast: BI RADS 1). (Suggested follow up after 6 month or ultrasound guided biopsy).

Please correlate clinically	
	End of Report
Prepare By. MD.SERAJ	DR. MUHAMMAD SERAJ, MD Radiodiagnosis,FRCR (London) BCMR/46075 CONSULTANT

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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report: ULTRASOUND

Patient Name	:	MRS. SUNITA SINGH	IPD No.	T:	
Age	:	50 Yrs	UHID	T	APH000020565
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Ref. Doctor	:	MEDIWHEEL	Bill Date	1:	19-02-2024 09:02:26
Ward	:		Room No.	1:	
			Print Date	1:	19-02-2024 10:47:15

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 13.2 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 (7.2 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (8.8 cm), Left kidney (8.9 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 5.7 x 3.3 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 (3.9 mm).

Bilateral adnexa are clear.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

Diagon correlate dinically

IMPRESSION:- No significant abnormality detected.

riease correlate cillically	
End o	of Report
Prepare By. MD.SALMAN	DR. MUHAMMAD SERAJ, MD Radiodiagnosis,FRCR (London) BCMR/46075

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Bill No.	:	APHHC240000229	Bill Date	:	19-02-2024 09:02		
Patient Name	F	MRS. SUNITA SINGH	UHID		APH000020565		
Age / Gender	F	50 Yrs / FEMALE	Patient Type	[·	OPD If PHC :		
Ref. Consultant	1	MEDIWHEEL	Ward / Bed		1		
Sample ID	1	APH24005514	Current Ward / Bed		1		
	1		Receiving Date & Time	:	19-02-2024 09:47		
	Γ		Reporting Date & Time		19-02-2024 12:16		

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

Bill No.	:	APHHC240000229	Bill Date	- :	19-02-2024 09:02		
Patient Name	:	MRS. SUNITA SINGH	UHID	1	APH000020565		
Age / Gender		50 Yrs / FEMALE	Patient Type		OPD If PHC :		
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	. /		
Sample ID	:	APH24005581	Current Ward / Bed	:	: /		
	:		Receiving Date & Time	:	19-02-2024 13:21		
	Г		Reporting Date & Time	1	19-02-2024 14:14		

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 Urease-GLDH,Kinetic		15	mg/dL	15 - 45
BUN (CALCULATED)		7.0	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe's Kinetic)	L	0.5	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		101.0	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) (UV Hexokinase)		101.0	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	172	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	44	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	117	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		111	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	128.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.9		1/2 Average 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		2.7		1/2/Average 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		22	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)	0.56	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.11	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.45	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	7.2	g/dL	6 - 8.1

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ef. Consultant	1	MEDIWHEEL			Ward / Bed		:	1		
ample ID	1	APH24005581			Current Ward / Bed			1		
	1				Receiving Date & Tin	ne	:	19-02-2024 13:21)2-2024 13:21	
	T				Reporting Date & Tin	ne	:	19-02-2024 14:14		
ALBUMIN-SER	ÜM	1 (Dye Binding-Bromocresol Green)		4.1		g/dL				
S.GLOBULIN				3.1		g/dL		2.8-3.8		
A/G RATIO			L	1.3	32			1.5 - 2	5	
ALKALINE PHO	OSF	PHATASE IFCC AMP BUFFER		84	.2	IU/L		42 - 98		
ASPARTATE A	ΜI	NO TRANSFERASE (SGOT) (IFCC)		28	.7	IU/L		10 - 42		
ALANINE AMI	NO	TRANSFERASE(SGPT) (IFCC)		24	.4	IU/L		10 - 40		
GAMMA-GLUT	ΆΜ	YLTRANSPEPTIDASE (IFCC)		12	.4	IU/L		7 - 35		
LACTATE DEH	ΙYD	ROGENASE (IFCC; L-P)	Н	31	0.6	IU/L		0 - 248	8	
S.PROTEIN-TO	OT/	AL (Biuret)	Ι	7.2	2	g/dL		6 - 8.1		
LIDIC ACID				5.1		mg/d		2.6 - 7	2.2	
URIC ACID Uric	ase -	Trinder	1	ا ال		1119/0	_	12.0 - 7		

** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	T	APHHC240000229	Bill Date	T	19-02-2024 09:02		
Patient Name	Г	MRS. SUNITA SINGH	UHID	Г	APH000020565		
Age / Gender	Г	50 Yrs / FEMALE	Patient Type	Г	OPD	If PHC	1:
Ref. Consultant	1	MEDIWHEEL	Ward / Bed	Г	1		
Sample ID	1	APH24005581	Current Ward / Bed	1	1		
	F		Receiving Date & Time	1	19-02-2024 13:21		
	Т		Reporting Date & Time		19-02-2024 14:14		

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE(AVOVE-40)@2800

HBA1C (Turbidimetric Immuno-inhibition)	5.4	%	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

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DR. ASHISH RANJAN SINGH

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Patient Name	Г	MRS. SUNITA SINGH	UHID	Ε	APH000020565	
Age / Gender	Г	50 Yrs / FEMALE	Patient Type	Γ	OPD	If PHC :
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed	T	1	
Sample ID		APH24005517	Current Ward / Bed		1	
	F		Receiving Date & Time	:	19-02-2024 09:47	
	Т		Reporting Date & Time	1	19-02-2024 12:02	

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)	3.12	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.22	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	0.92	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

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Patient Name	:	MRS. SUNITA SINGH	UHID	1:	APH000020565		
Age / Gender		50 Yrs / FEMALE	Patient Type		OPD If	f PHC :	
Ref. Consultant		MEDIWHEEL	Ward / Bed		1		
Sample ID	:	APH24005540	Current Ward / Bed	1	1		
	:		Receiving Date & Time	1	19-02-2024 12:22		
	П		Reporting Date & Time		19-02-2024 13:13		

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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	0-1					
CASTS	Nil					
CRYSTALS Nil						
URINE-SUGAR	Negative					

**	End	of	Report	**

IMPORTANT INSTRUCTIONS
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DR. ASHISH RANJAN SINGH

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Patient Name	:	MRS. SUNITA SINGH	UHID	:	APH000020565		
Age / Gender		50 Yrs / FEMALE	Patient Type	:	OPD If PHC :		
Ref. Consultant		MEDIWHEEL	 Ward / Bed	:	1		
Sample ID	:	APH24005513	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	19-02-2024 09:47		
	П		Reporting Date & Time	:	19-02-2024 12:09		

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 (Flow Cytometry)		8.3	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		3.9	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.4	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		37.1	%	36 - 46
MEAN CORPUSCULAR VOLUME		96.1	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		32.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.3	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		170	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	Н	52.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	15.1	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		48	%	40 - 80
LYMPHOCYTES		27	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS	Н	20	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	Н	68	mm 1st hr	0 - 20

** End of Report **

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