



FINAL REPORT

Bill No.	: APHHC240001558	Bill Date	: 24-08-2024 11:11
Patient Name	: MRS. ALPANA KUMARI	UHID	: APH000027570
Age / Gender	: 45 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: mediwheel	Ward / Bed	: /
Sample ID	: APH24037884	Current Ward / Bed	: /
		Receiving Date & Time	: 24-08-2024 11:36
		Reporting Date & Time	: 24-08-2024 13:48

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 (Flow Cytometry)		4.9	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	3.6	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.0	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	33.4	%	36 - 46
MEAN CORPUSCULAR VOLUME		92.6	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.8	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	30.0	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)	H	49.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.8	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		58	%	40 - 80
LYMPHOCYTES		36	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		1	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	79	mm 1st hr	0 - 20

** End of Report **

IMPORTANT INSTRUCTIONS

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Laboratory test results are to be clinically correlated.

Storage and discard of Specimen shall be as per AIMS specimen retention policy.

Test results are not valid for Medico - Legal purposes.

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT



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Sample ID	: APH24037886	Current Ward / Bed	: /
		Receiving Date & Time	: 24-08-2024 11:36
		Reporting Date & Time	: 24-08-2024 17:26

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		20 mL		
COLOUR		Pale Straw		Pale Yellow
TURBIDITY		Slight hazy		

CHEMICAL EXAMINATION

PH (Double pH indicator method)		6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)		+		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		1-2		
CASTS		Nil		
CRYSTALS		Nil		
URINE-SUGAR		NEGATIVE		

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Age / Gender	: 45 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: mediwheel	Ward / Bed	: /
Sample ID	: APH24037889	Current Ward / Bed	: /
		Receiving Date & Time	: 24-08-2024 11:36
		Reporting Date & Time	: 25-08-2024 14:00

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>		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
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GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		92.0	mg/dL	70 - 100
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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>		95.0	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>	H	185	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		53	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	122	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		130	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	132.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.5		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		2.3		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:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL <small>(DPD)</small>		0.70	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.13	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.57	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.7	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.1	g/dL	3.5 - 5.2



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S.GLOBULIN		3.6	g/dL	2.8-3.8
A/G RATIO	L	1.14		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)	H	168.3	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		39.5	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		31.3	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		32.1	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		166.7	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		7.7	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		5.4	mg/dL	2.6 - 7.2

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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HbA1c (Turbidimetric Immuno-inhibition)	5.2	%	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.

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Age / Gender	: 45 Yrs 10 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: mediwheel	Ward / Bed	: /
Sample ID	: APH24037890	Current Ward / Bed	: /
		Receiving Date & Time	: 24-08-2024 11:36
		Reporting Date & Time	: 24-08-2024 14:50

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)		2.57	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.23	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	5.34	mIU/L	0.27-4.20

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Ref. Consultant	: mediwheel	Ward / Bed	: /
Sample ID	: APH24037885	Current Ward / Bed	: /
		Receiving Date & Time	: 24-08-2024 11:36
		Reporting Date & Time	: 24-08-2024 14:47

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 ****

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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MRS. ALPANA KUMARI	IPD No.	:	
Age	:	45 Yrs 10 Mth	UHID	:	APH000027570
Gender	:	FEMALE	Bill No.	:	APHHC240001558
Ref. Doctor	:	mediwheel	Bill Date	:	24-08-2024 11:11:54
Ward	:		Room No.	:	
			Print Date	:	24-08-2024 13:33:35

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.3 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.

Right kidney not seen in right renal fossa likely absent.

Left kidney is ectopic and seen in left iliac fossa with renal pelvis of the kidney is facing anteriorly and show normal size and echotexture, Left kidney (12.1 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder is distended and appears normal. Wall thickness is normal.

Uterus is post-operative status. Bilateral adnexa are clear.

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
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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.