# **DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING**

Report: ULTRASOUND

Patient Name	:	MRS. SNEHA KUMARI	IPD No.	:	
Age	:	39 Yrs 10 Mth	UHID	T:	APH000020761
Gender	:	FEMALE	Bill No.	T:	APHHC240000276
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	24-02-2024 09:52:25
Ward	:		Room No.	:	
			Print Date	:	24-02-2024 10:57:35

## **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 13.1 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 (9.5 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9 cm), Left kidney (8.5 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Uterus is anteverted (measures 8.7 x 3.6 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 (6.8 mm).

Both ovaries are normal in size and echotexture.

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 clinically	
	End of Report
Prepare By. MD.SALMAN	CONSULTANT RADIOLOGIST,

**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.	:	APHHC240000276	Bill Date		:	24-02-2024 09:52		
Patient Name	:	MRS. SNEHA KUMARI	UHID		:	APH000020761		
Age / Gender		39 Yrs 11 Mth / FEMALE	Patient Type		:	OPD	If PHC	
Ref. Consultant		MEDIWHEEL	Ward / Bed		:	1		
Sample ID	:	APH24006298	Current Ward / Bed		:	1		
	:		Receiving Date & Tim	е	:	24-02-2024 10:46		
	П		Reporting Date & Tim	е	:	24-02-2024 14:10		

# **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)		5.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.0	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.6	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	32.0	%	36 - 46
MEAN CORPUSCULAR VOLUME	L	. 80.7 fL		83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	26.8	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.2	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		204	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		43.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.9	%	11.6 - 14

#### **DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		66	%	40 - 80
LYMPHOCYTES		24	%	20 - 40
MONOCYTES		8	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	Н	70	mm 1st hr	0 - 20

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

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000276	Bill Date	1	24-02-2024 09:52		
Patient Name	:	MRS. SNEHA KUMARI	UHID	1	APH000020761		
Age / Gender	:	39 Yrs 11 Mth / FEMALE	Patient Type	1	OPD If PHC :		
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24006299	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	24-02-2024 10:46		
	П		Reporting Date & Time	:	25-02-2024 01:37		

# **BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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 CL - Critical Low, CH - Critical High, H - High, L - Low

DR. ASHISH RANJAN SINGH

Bill No.	F	APHHC240000276	Bill Date	:	24-02-2024 09:52		
Patient Name	F	MRS. SNEHA KUMARI	UHID	:	APH000020761		
Age / Gender	F	39 Yrs 11 Mth / FEMALE	Patient Type	[ ·	OPD	If PHC :	
Ref. Consultant	1	MEDIWHEEL	Ward / Bed		1		
Sample ID	1	APH24006451	Current Ward / Bed		1		
	1		Receiving Date & Time	:	24-02-2024 14:55		
	Г		Reporting Date & Time		24-02-2024 17:05		

#### **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

BLOOD UREA Urease-GLDH,Kinetic		15	mg/dL	15 - 45
BUN (CALCULATED)		7.0	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe's Kinetic)		0.4	mg/dL	0.6 - 1.1
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		86.0	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)	100.0	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)		123	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	42	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection		72	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		72	mg/dL	0 - 160
NON-HDL CHOLESTROL		81.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		2.9		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		1.7		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		14	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)	0.51	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.11	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.40	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	6.8	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	3.9	g/dL	

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Bill No.	T	APHHC240000276 B		Bill Date		:	24-02-2024 09:52	2	
Patient Name	1	MRS. SNEHA KUMARI			UHID			APH000020761	
Age / Gender		39 Yrs 11 Mth / FEMALE			Patient Type		:	OPD	If PHC :
Ref. Consultant		MEDIWHEEL			Ward / Bed		:	1	
Sample ID		APH24006451			Current Ward / Bed		:	1	
					Receiving Date & Tin	ne	:	24-02-2024 14:55	5
	T				Reporting Date & Tin	ne	:	24-02-2024 17:05	5
S.GLOBULIN		•		2.9		g/dL		2.8-3.8	8
A/G RATIO			L	1.3	34			1.5 - 3	2.5
ALKALINE PHO	OSI	PHATASE IFCC AMP BUFFER		79	.4	IU/L		42 - 98	8
ASPARTATE A	MI	NO TRANSFERASE (SGOT) (IFCC)		24	.3	IU/L		10 - 42	2
ALANINE AMI	NO	TRANSFERASE(SGPT) (IFCC)		27	.3	IU/L		10 - 40	0
GAMMA-GLUT	ΑΜ	YLTRANSPEPTIDASE (IFCC)		10	.2	IU/L		7 - 35	
LACTATE DEH	IYD	ROGENASE (IFCC; L-P)		19	7.6	IU/L		0 - 24	8
S.PROTEIN-TO	OT/	Al (Riuret)		6.8	<u> </u>	g/dL		6 - 8	1
S.I. KOTEIN IX	J 17	te (Diaret)				<u> </u>			
URIC ACID Urio	ase -	Trinder		3.6	;	mg/c	IL	2.6	7.2

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

IMPORTANT INSTRUCTIONS
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DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000276	Bill Date	:	24-02-2024 09:52		
Patient Name	:	MRS. SNEHA KUMARI	UHID		APH000020761		
Age / Gender	:	39 Yrs 11 Mth / FEMALE	Patient Type	[	OPD	If PHC	:
Ref. Consultant		MEDIWHEEL	Ward / Bed		1		
Sample ID	:	APH24006451	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	24-02-2024 14:55		
			Reporting Date & Time	:	24-02-2024 17:05		

Sample Type: EDTA Whole Blood, Plasma, Serum

### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)	5.5	%	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 \*\*

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DR. ASHISH RANJAN SINGH

Bill No.	T-	APHHC240000276	Bill Date	1:	24-02-2024 09:52		
Patient Name	:	MRS. SNEHA KUMARI	UHID	:	APH000020761		
Age / Gender	:	39 Yrs 11 Mth / FEMALE	Patient Type	1	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	1:	1		
Sample ID	:	APH24006463	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	24-02-2024 15:45		
	Γ		Reporting Date & Time	1	24-02-2024 23:48		

# **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)	6.0	5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Negative	Negative
SUGAR (GOD POD Method)	Negative	Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.010	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					

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

IMPORTANT INSTRUCTIONS
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Patient Name	F	MRS. SNEHA KUMARI	UHID	:	APH000020761		
Age / Gender	F	39 Yrs 11 Mth / FEMALE	Patient Type	[ ·	OPD	If PHC :	
Ref. Consultant	1	MEDIWHEEL	Ward / Bed		1		
Sample ID	1	APH24006302	Current Ward / Bed		1		
	:		Receiving Date & Time	:	24-02-2024 10:46		
	Г		Reporting Date & Time		27-02-2024 17:51		

# **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)	2.65	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.17	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.36	mIU/L	0.27-4.20

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

IMPORTANT INSTRUCTIONS
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Bill No.	: APHHC240000276	Bill Date	1:	24-02-2024 09:52
Patient Name	: MRS. SNEHA KUMARI	UHID	1	APH000020761
Age / Gender	: 39 Yrs 10 Mth / FEMALE	Patient Type	ŀ	OPD
Ref. Consultant	: MEDIWHEEL	Ward	Ī	
Sample ID	: APH24006667	Current Bed	1	
	:	Reporting Date & Time	1	27-02-2024 09:57
		Receiving Date & Time	T	26/02/2024 10:26

#### **CYTOPATHOLOGY REPORTING**

Cytopathology No: C-27/24

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 \*\*\*

CONSULTANT

DR. ASHISH RANJAN SINGH MBBS,MD

# **DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING**

Report: XRAY

Patient Name	:	MRS. SNEHA KUMARI	IPD No.	:	
Age	:	39 Yrs 11 Mth	UHID	T:	APH000020761
Gender	:	FEMALE	Bill No.	:	APHHC240000276
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	24-02-2024 09:52:25
Ward	:		Room No.	:	
			Print Date	:	27-02-2024 11:54:59

# **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.

Please correlate clinically.

Soft tissues and bony cage appear normal.

Note is made of mildly scoliotic dorsal spine with convexity to right.

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Prepare By.

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.

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

MD.SALMAN