



**DEPARTMENT OF LABORATORY SERVICES**  
**FINAL REPORT**

Bill No.	: APHHC240001881	Bill Date	: 26-10-2024 09:57
Patient Name	: MR. BIRENDRA KUMAR	UHID	: APH000030372
Age / Gender	: 48 Yrs 9 Mth / MALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24050587	Current Ward / Bed	: /
		Receiving Date & Time	: 26-10-2024 15:37
		Reporting Date & Time	: 26-10-2024 17:03

**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 \_MALE(ABOVE 40)@2550**

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		18	mg/dL	15 - 45
BUN <small>(Calculated)</small>		8.4	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	<b>L</b>	<b>0.7</b>	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	<b>H</b>	<b>109.0</b>	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>		116.0	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>		118	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	<b>L</b>	<b>39</b>	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		67	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		89	mg/dL	0 - 160
NON-HDL CHOLESTROL <small>(Calculated)</small>		79.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL <small>(Calculated)</small>		3.0		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 <small>(Calculated)</small>		1.7		½Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL <small>(Calculated)</small>		18	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>		0.65	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.15	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT <small>(Calculated)</small>		0.50	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		8.0	g/dL	6 - 8.1



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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.9	g/dL	3.5 - 5.2
S.GLOBULIN (Calculated)		3.1	g/dL	2.8-3.8
A/G RATIO (Calculated)		1.58		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER	<b>H</b>	<b>132.2</b>	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		32.1	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	<b>H</b>	<b>42.8</b>	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		30.6	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		168.0	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		8.0	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		5.8	mg/dL	2.6 - 7.2

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

**IMPORTANT INSTRUCTIONS**

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

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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MEDIWHEEL FULL BODY HEALTH CHECKUP \_MALE(ABOVE 40)@2550

HBA1C (Turbidimetric Immuno-inhibition)	H	7.3	%	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	: 48 Yrs 9 Mth / MALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24050469	Current Ward / Bed	: /		
		Receiving Date & Time	: 26-10-2024 10:14		
		Reporting Date & Time	: 26-10-2024 19:11		

**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 \_MALE(ABOVE 40)@2550**

BLOOD GROUP (ABO)	" B "
RH TYPE	POSITIVE

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

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Age / Gender	: 48 Yrs 9 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24050472	Current Ward / Bed	: /
		Receiving Date & Time	: 26-10-2024 10:14
		Reporting Date & Time	: 26-10-2024 17:42

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: Serum</i>				
<b>MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550</b>				
PROSTATIC SPECIFIC ANTIGEN(TOTAL) (ELFA)		0.97	ng/mL	0 - 4

Note:

TPSA as a Tumor marker is used as an additional test for prognosis and monitoring of therapy for patients with diagnosed malignant tumors. It may offer a diagnostic value for screening patients with suspected malignancies, as high values may be experienced in situations like benign prostatic hyperplasia, prostatitis, bladder catheterisation, urinary retention, endoscopic examination. Value in between 4-10ng/ml may be an indication of Benign Prostate Hyperplasia or prostate Carcinoma, values greater than 10ng/ml may indicate high risk of Carcinoma.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

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

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Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP \_MALE(ABOVE 40)@2550

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.78	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		0.95	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.35	mIU/L	0.27-4.20

\*\* End of Report \*\*

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Age / Gender	: 48 Yrs 9 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24050510	Current Ward / Bed	: /
		Receiving Date & Time	: 26-10-2024 11:33
		Reporting Date & Time	: 26-10-2024 17:47

CLINICAL PATH REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP \_MALE(ABOVE 40)@2550

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY		20 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)		Negative		Negative
SUGAR (GOD POD Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)		1.025		1.005 - 1.030

MICROSCOPIC EXAMINATION

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

\*\* End of Report \*\*

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Patient Name	: MR. BIRENDRA KUMAR	UHID	: APH000030372
Age / Gender	: 48 Yrs 9 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24050468	Current Ward / Bed	: /
		Receiving Date & Time	: 26-10-2024 10:14
		Reporting Date & Time	: 26-10-2024 13:51

HAEMATOTOLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP \_MALE(ABOVE 40)@2550

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		4.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		5.3	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	L	12.8	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		43.4	%	40 - 50
MEAN CORPUSCULAR VOLUME (Calculated)	L	82.1	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN (Calculated)	L	24.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (Calculated)	L	29.4	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	L	120	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	47.4	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	16.2	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS (Flow-cytometry & Microscopy)		74	%	40 - 80
LYMPHOCYTES (Flow-cytometry & Microscopy)	L	17	%	20 - 40
MONOCYTES (Flow-cytometry & Microscopy)		6	%	2 - 10
EOSINOPHILS (Flow-cytometry & Microscopy)		3	%	1 - 5
BASOPHILS (Flow-cytometry & Microscopy)		0	%	0 - 1
ESR (Westergren)	H	22	mm/1st hr	0 - 10

\*\* End of Report \*\*

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MBBS,MD

CONSULTANT



# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. BIRENDRA KUMAR	IPD No.	:	
Age	: 48 Yrs 9 Mth	UHID	:	APH000030372
Gender	: MALE	Bill No.	:	APHHC240001881
Ref. Doctor	: MEDIWHEEL	Bill Date	:	26-10-2024 09:57:04
Ward	:	Room No.	:	
		Print Date	:	26-10-2024 11:27:00

## **WHOLE ABDOMEN:**

**Both the hepatic lobes are normal in size and show grade I fatty infiltration (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 mildly enlarged in size (15.2 cm) and normal in echotexture.**

Both kidneys are normal in size and echotexture (Right kidney (8.7 cm), Left kidney (9.6 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

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

Prostate appears normal in size (Vol. 13.3 cc), outline and echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

**IMPRESSION:- Mild splenomegaly with grade I fatty infiltration of liver.**

*Please correlate clinically.....*

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

Prepare By.  
MD.SERAJ

DR. ALOK KUMAR, M.B.B.S,M.D,DMRD  
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	:	MR. BIRENDRA KUMAR	IPD No.	:	
Age	:	48 Yrs 9 Mth	UHID	:	APH000030372
Gender	:	MALE	Bill No.	:	APHHC240001881
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	26-10-2024 09:57:04
Ward	:		Room No.	:	
			Print Date	:	26-10-2024 13:23:48

## **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

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