





: AFD000015302

: Health Check Up

: 08-03-2025 09:16:58

: DR. PRABHSARAN AHUJA /

Name

CPG

: MR. SUNNY CHANDILA

FATHER

: MAHAVIER SINGH

Age / Gender

: 39 Yrs 8 Mth / MALE

Inst. Name

: CORPORATE CASH\ArcoFemi HealthCare Ltd

Address

: ArcoFemi Healthcare Ltd

المثا

451

: VPO- BAROLI, SEC-80, FARIDABAD, HARYANA, INDIA, Zip No.-121002

UHID No.

Doctor / Unit

Department

Date

DR. PRABHSARAN AHUJA, MBBS, Director - PHC-Health Check Up, PHC (1st Floor), OPD Timmings Mon to Sat 9:00 a.m to 3:00p.m.

Note:

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in

their own language.

WHEN TO OBTAIN URGENT CARE: In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

UHID 15302 pos 6/9/1985 39 Tears

MR SUNNY CHANDILA

3/8/2025 9:26:28 AM





NON INVASIVE CARDIOLOGY

Patient Name	1 :	MR. SUNNY CHANDILA	12.0200		
Age		39 Yrs 8 Mth	IPD No.	:	
Gender	+:	MALE	UHID	:	AFD000015302
Ref. Doctor	+:		Bill No.	_	AFBHC250003449
Ward	+:	DR. PRABHSARAN AHUJA	Bill Date		08-03-2025 09:22:14
			Room No.	:	00 00 2020 09.22.14
EXPOSE on the	Van.	AND STATE OF STREET, STATE	Procedure Date	:	08-03-2025 11:39:12

TREAD MILL TEST

Clinical Diagnosis :- R/O CAD Resting ECG: within normal limit

Medication

Duration of Test: 9:00 min

Maximum Predicted Heart Rate 181

Heart Rate Achieved 159

GXT Terminated (END POINT) :- Achieved THR

Pressure Rate Product: - 159x160

Protocol: Bruce

Stage: III

85% Max 153

%age of Predicted Heart Rate 88%

METS:10.1

Control Recumbent	Time(Min.)	Date	Heart Rate(BPM)	1	Symptoms
Stage I		Part .	71	130/90	Nil
	3:00	Avi	107	140/90	Nila New Lawyerson Careers
Stage II	3:00		131	150/90	The second section
Stage III	3:00	LEGE	159	160/90	Nil
and the second		* * * * * * * * * * * * * * * * * * * *	Spiritual and the spiritual an	.00/00	Nil

ECG ABNORMALITIES EXERCISE PHASE

ST-T Changes	D Move	T
		Arrhythmia
्राच्या विकास का किस्ता के किस विकास के किस्ता के क	and a britishing only	Nil
1500	Nil	Nil
No significant ST –T changes.	Nil	Nil
	ST-T Changes No significant ST –T changes. No significant ST –T changes. No significant ST –T changes.	No significant ST –T changes. No significant ST –T changes. Nil

ABNOR	MALITIES RECOVERY	PHASE
	Nil	

FINAL IMPRESSION

Mr.Sunny exercised on Bruce Protocol for 9:00Min at a workload of 10.1METS and achieved 88% of max. predicted HR.





NON INVASIVE CARDIOLOGY

Fatient Name	: MR. SUNNY CHANDILA	CARDIOLOG	Υ	
Age	: 39 Yrs 8 Mth	IPD No.	1:	
Gender	: MALE	UHID	+	AFD000015302
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill No.		AFBHC250003449
Ward	:	Bill Date		08-03-2025 09:22:14
	10-15	Room No.	1:	00 00 2020 09.22.14
Exercise was ter	minated due to achieved THR	Procedure Date	Ė	08-03-2025 11:39:12

ninated due to achieved THR.

- Resting ECG within normal limit.
- No Significant ST-T changes were observed during exercise test. 3.
- No significant arrhythmia was observed during stress test.
- Normal HR and B.P. response to the exercise No. S3/S4 heard.

TMT IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHAEMIA.

Average exercise tolerance.

DR. SUBRAT AKHOURY

MD.DM (Cardiology). FSCAI (USA)

Chairman- Cardiology & Cath Lab

DR. L K JHA

MBBS,MD,DM (Cardiology)

Associate Director & Head

Fellowship of soceity of Angiography

MBBS, PGDCC

Fellowship in Non Invasive Cardiology **Consultant Cardiology**

DR. PRATEEK CHAUDHARY

MBBS,MD,DM(Cardio)

SR. Consultant Cardiology Interventional Cardiologist. DR. DIWAKAR KUMAR

MBBS,MD,DNB (Cardiology)

Consultant Cardiology

For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.

NOT-FOREMEDIC BERGAL PURPOSES

Prepare By. CHEETRA.RAWA









MC-306

FINAL REPORT

Page 1 of 3

Bill No.	: AFBHC250003449	Bill Date	: 08-03-2025 09:22
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 39 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA		
Sample ID	: AFB25084252	Current Ward / Bed	: /
	:	Receiving Date & Time	: 08-03-2025 14:30
	<u> </u>	Reporting Date & Time	: 08-03-2025 15:43

BIOCHEMISTRY REPORTING

Test (Methodology)					
rest (methodology)	Flag	Result	luom	Dielegical Deference	
	l lag	Incourt	I OOIVI	Biological Reference	
	at attending				
		4		Interval	
Sample Type: Plasma, Serum					. 0
Cample Type. Flashia, Sciulii		i i			

MEDIWHEEL FULL BODY ANNUAL PLUS(TMT)

CLUCOGE DI ACCASIONA	***************************************	······································		
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	ш	110 0	ma/dL	70 - 100
(TOTAL CONTINUE)	10	110.0	mg/aL	170 - 100
. A di			· ·	

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)	115.0	mg/dL	70 - 140
Note: A discussion C II to the time			

Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL. (As per American Diabetes Association recommendation)

KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA Urease-GLDH,Kinetic		18	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe s Kinetic)	L	0.8	mg/dL	0.9 - 1.3
SODIUM-SERUM (Indirect Ion-Selective Electrode)		140	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)		4.4	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)		107	m.mol/L	98 - 107

INTERPRETATION:

Kidney Function Test checks whether kidneys are working fine or not and also provides valuable insights into how effectively the kidneys filter waste products and maintain essential electrolyte balance in the body.

LIPID PROFILE

CHOLESTROL-TOTAL (CHO-POD)	series (S)	165	mg/dL	0-200
HDL CHOLESTROL Enzymatic Immunoinhibition	7 Br 1	40	mg/dL	40-60
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	118	mg/dL	0-100
S.TRIGLYCERIDES (GPO - POD)		124	mg/dL	0-150
NON-HDL CHOLESTROL (Calculated)		125.0	mg/dL	0-130
CHOLESTROL-VLDL (Calculated)		25	mg/dL	0-30
TOTAL CHOLESTROL / HDL CHOLESTROL (Calculated)		4.1		2.2
LDL CHOLESTROL / HDL CHOLESTROL (Calculated)		3.0	1 2 gr	1 1.0 0.00









Page 1 of 3

	Bill Date	1 •	08-03-2025 09:22
. SUNNY CHANDILA	UHID	-	AFD000015302
Yrs 8 Mth / MALE	Patient Type	:	OPD If PHC !
PRABHSARAN AHUJA	Ward / Bed		/
325084252	Current Ward / Bed		1
	Receiving Date & Time	:	08-03-2025 14:30
	Reporting Date & Time	-:	08-03-2025 15:43
_	3004232	Receiving Date & Time	Receiving Date & Time :

INTERPRETATION:

Parameters	Optimal	Above Optimal	Borderline High	High
Total Cholesterol	<200	NA	200-239	>240
an amaying e		" Other Co. and Advances agree in		≥240
Triglyceride	<150	NA *	150-199	≥200
LDL Cholesterol	<100	100-129	130-159	≥160

Non HDL Cholesterol	<130	130-159	160-189	
de de lavero d	4.4		The second region	≥190
VLDL-Calculated	<30	NA	NA	NA NA

A lipid profile test measures the different types of lipids in the blood. It measures the levels of four different types of cholesterol and triglycerides.

•LDL (low-density lipoproteins): LDL is the cholesterol that is considered "bad cholesterol" because it forms plaques in the arteries and adversely affects heart health. Thus, LDL cholesterol should be maintained in the lower range.

•VLDL (very low-density lipoproteins): VLDL appears in the blood soon after we have consumed food. A lipid profile is done as a fasting test, and thus, if there is an increased level of VLDL in the blood sample, it can be suggestive of some metabolic disease.

•HDL (high-density lipoproteins): HDL cholesterol is also known as "good cholesterol" because it helps clear away the bad LDL cholesterol and prevents its build-up. •Triglycerides: Our body converts the excess calories into triglycerides and stores it as body fat. High levels of triglycerides are harmful to the heart, liver, and pancreas.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)		0.95	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.17	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT (Calculated)		0.78	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		6.6	g/dL	6.6 - 8.3
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.1	g/dL	3.5 - 5.2
S.GLOBULIN (Calculated)	L	2.5	g/dL	2.8-3.8
A/G RATIO (Calculated)		1.64		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER		99.5	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		29.2	IU/L	0 - 50
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		47.4	IU/L	0 - 50
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		52.2	IU/L	0 - 55









Page 1 of 3

Bill No.	: AFBHC250003449	Bill Date	
Patient Name	: MR. SUNNY CHANDILA		: 08-03-2025 09:22
Age / Gender	: 39 Yrs 8 Mth / MALE	UHID	: AFD000015302
		Patient Type	: OPD If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	1. /
Sample ID	: AFB25084252	Current Ward / Bed	1:17
		Receiving Date & Time	: 08-03-2025 14:30
		Reporting Date & Time	: 08-03-2025 15:43
LACTATE DE	HYDROGENASE (IFCC; L-P)	141.6 IU/L	0 - 248
INTEDDDETATION			

The LFT test is used to diagnose and monitor liver diseases. It can also provide the information about other health conditions that affect the liver, such as viral or alcoholic hepatitis. If a person is taking medications that can impact on the liver, the test results can indicating whether side effects

** 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.

Results are Verified By

DR. C.P. SHARMA

Ph.D.(Biochemistry) **BIOCHEMIST**

DR. RAMESH CHANDNA

MD, MICROBIOLOGY, PGDHHM

Chairman (Quality, Safety, LAB Services & Blood Bank)

DR. UMA RANI

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DR. SHILPA GUPTA

Associate Director

MD, PATHOLOGY

DR. SHARMILA RAI

MD, PATHOLOGY

Consultant









Page 1 of 2

Bill No.	: AFBHC250003449		. 495 10
Patient Name	: MR. SUNNY CHANDILA	Bill Date	: 08-03-2025 09:22
Age / Gender		UHID	: AFD000015302
3	: 39 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	. /
Sample ID	: AFB25083648	Current Ward / Bed	/
	•	Receiving Date & Time	: 08-03-2025 09:43
		Reporting Date & Time	: 08-03-2025 12:56

HAEMATOLOGY REPORTING

Test (Methodology)			A	
rest (methodology)	Flag	Result	UOM	Biological Reference
The state of the s	West States of the			
Sample Type: EDTA Whole Blood			and the state of t	Interval
Campic Type: 25 IA Whole Blood				

MEDIWHEEL FULL BODY ANNUAL PLUS(TMT)

ESR

ECD				
ESR (Westergren)	(1-BAR)	4) Charles Lestre:	mm/1st hr	0 - 10

INTERPRETATION:

An erythrocyte sedimentation rate show if there is inflammation in body. High ESR levels are often associated with various inflammatory conditions, infections, autoimmune diseases, and certain cancers. It can also indicate tissue damage or necrosis, as well as chronic diseases like rheumatoid arthritis, lupus, or vasculitis.

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)	14	8.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	Н	6.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	7.1	14.1	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		45.2	%	40 - 50
MEAN CORPUSCULAR VOLUME (Calculated)	L	72.8	fL ,	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN (Calculated)	L	22.7	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (Calculated)	L	31.2	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		317	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		41.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.) (Calculated)	Н	17.5	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS (Flow-cytometry & Microscopy)	59	% species 2	40 - 80
LYMPHOCYTES (Flow-cytometry & Microscopy)	30	%	20 - 40
MONOCYTES (Flow-cytometry & Microscopy)	9	%	2 - 10
EOSINOPHILS (Flow-cytometry & Microscopy)	2	%	1-5
BASOPHILS (Flow-cytometry & Microscopy)	0	%	0 - 1

INTERPRETATION:

A complete blood count (CBC) provides information about the different types and numbers of cells in the blood, including red blood cells, white blood cells, and platelets. It's used to look at overall health and find a wide range of conditions, including anaemia, infection, thrombocytopenia and leukemia.









Page 1 of 2

BIII No.	: AFBHC250003449	Bill Date			
Patient Name	: MR. SUNNY CHANDILA		:	08-03-20	025 09:22
Age / Gender	: 39 Yrs 8 Mth / MALE	UHID	:	AFD0000	015302
	: DR. PRABHSARAN AHUJA	Patient Type	:	OPD	If PHC :
	and and a second a	Ward / Bed	:	1	
Sample ID	: AFB25083648	Current Ward / Bed	:	1	
	1:	Receiving Date & Time	:	08-03-20	25 09:43
		Reporting Date & Time	:	08-03-202	25 12:56

GLYCATED HAEMOGLOBIN (HBA1C)

HBA1C (HPLC)				
LUDYIC (HATC)	i H⊜	7.0	%	4.27 - 6.07
		1.0	30	7.27 J 0.07 P 10 10 10 10 10 10 10 10 10 10 10 10 10

INTERPRETATION:

A Glycated Hb (HbA1C) test is a blood test that shows what your average blood sugar (glucose) level was over the past two to three months. This can help determine how well a person's diabetes is being controlled over time.

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 Control of the tree of parameters as the Good Control of the 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

** End of Report **

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Consultant







Page 1 of 1

BIII No.	: AFBHC250003449	Bill Date	:	08-03-2025 09:22		
atient Name	: MR. SUNNY CHANDILA	UHID	:	AFD000	015302	
Age / Gender	: 39 Yrs 8 Mth / MALE	Patient Type	:	OPD	If PHC	:
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	:	1		
Sample ID	: AFB25083651	Current Ward / Bed	:	1		
And the Control of th	•	Receiving Date & Time	1 -	08-03-20		
		Reporting Date & Time	:	08-03-20	25 13:52	

SEROLOGY REPORTING

	SERUL	OGT REPOR	TING	Total I I Deference
Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
	I			

Sample Type: Serum

MEDIWHEEL FULL BODY ANNUAL PLUS(TMT)

*THYROID PROFILE (FT3+FT4+TSH)

HYROID PROFILE (F13+F14+15H)				2.0-4.4
FREE-TRI IODO THYRONINE (FT3) (CLIA)	e hærne	3.36	pg/mL	2.0-4.4
	C CORP IT	4.00	ng/dL	0.9-1.7
FREE -THYROXINE (FT4) (CLIA)	37 C (20)	1.28		0.27-4.20
THYROID STIMULATING HORMONE (TSH) (CLIA)		2.03	mIU/L	0.21-4.20

The thyroid profile test measures the thyroid hormones in the blood. Thyroid gland is responsible for producing hormones important for many bodily processes. Abnormal thyroid function, such as underactive thyroid (hypothyroidism) or overactive thyroid (hyperthyroidism), can lead to many symptoms. A thyroid profile can also be used to monitor the treatment of hyperthyroidism and assess those receiving levothyroxine therapy, which replaces or supplements thyroid hormones reduced or absent due to hypothyroidism, thyroid cancer, thyroid nodules, and goiters.

** End of Report **

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DR. SHARMILA RAI MD, PATHOLOGY Consultant









Bill No.	1:1	AFBOP250047651			Pag	ge 1 of
		MR. SUNNY CHANDILA	Bill Date	.	: 08-03-2025 09:54	
Age / Gender			UHID		: AFD000015302	
Ref. Consultant		39 Yrs 8 Mth / MALE SELF	Patient Type		: OPD If PHC :	
			Ward / Bed		: /	
Sample ID	1	AFB25083685	Current Ward / Bed		: /	
	4:1		Receiving Date & Time		08-03-2025 09:58	
	Ш		Reporting Date & Time		08-03-2025 11:29	Vi -11,7

BIOCHEMISTRY REPORTING

Test (Methodology) Sample Type: Serum	Flag	Result	UOM	Biological Reference Interval
URIC ACID (Uricase - Trinder)		13.9	mg/dL	3.5 - 7.2

INTERPRETATION:

High levels of uric acid could be a sign of gout, a condition characterized by inflammation of the joints due to the formation of uric acid crystals. The uric acid level also monitors of a person undergoing the chemotherapy or radiation treatment for cancer.

** End of Report **

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NAL REPOR	RТ							F	Page 1
Bill No.	:	AFBHC250003449		Bill Date			:	08-03-2025 09:22	
Patient Name	:	MR. SUNNY CHANDILA						AFD000015302	
age / Gender	:	39 Yrs 8 Mth / MALE		Patient Type	1	<u> </u>		<u> </u>	
Ref. Consultant	sultant : DR. PRABHSARAN AHUJA				*		-	/	
ample ID	e ID : AFB25083649			Ward / Bed Current War	d / Rod		: /		
			***************************************	Receiving D				08-03-2025 09:43	
	_			Reporting D				08-03-2025 11:29	
	1		BLOOD	BANK REPO					
est (Methodol	ogy	9)	Flag	Result		UOM		Biological Reference Interval	е
Sample Type: EDTA							_		900000000000000
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Storage and discard of Fest results are not va	f Spe ilid fo	cimen shall be as per AIMS specimen retention reduction retentions.	or policy.						
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DR. RAMESH CHANDNA MD, MICROBIOLOGY, PGDHHM		INDNA	OR. UMA RAN	DGY MD, PATHOLOGY				DR. SHARMILA RA MD, PATHOLOGY Consultant	Al
Chairman (Quality, S	Safety	, LAB Services & Blood Bank)	DIRECTOR	10-4	ASSOCIATI	- D., 40101	_	10.1	
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AL REPOR	: AFBHC250003449		Bill Date		08-03-2025 09:22
	: MR. SUNNY CHANDILA		UHID	•	146 5110
No. ent Name	: MR. SUNTY OTTAILE		Patient Type	:	OPD If PHC :
Gender		ΙΔ	Ward / Bed	:	
Consultant	: DR. PRABHSAKAN AND		Current Ward / Be	ed :	/ 14:30
ple ID	: AFB25084253		Receiving Date &	Time :	08-03-2025 14:30
	•		Reporting Date &	Time :	08-03-2025 15:29
		CL INICAL	PATH REPORT	ING	Biological Reference
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				UOM	Interval
t (Methodo	logy)	Flag	Result		Interve
f (Metriodo					
ple Type: Urine	9	/ TMT \			Negative
DIWHEEL	FULL BODY ANNUAL PLUS	(11011)	Negative		Negan
FURTHE CIT	IGAR (GOD POD Method)		Negative		
URINE-30	CARLATION		T 10 ml		Pale Yellow
HYSICAL E	XAMINATION		40 mL Pale yellow		Clear
QUANTIT	Y	er .	Clear		
COLOUR			Clear		5.0 - 8.5
TURBID	ΠΥ		5.0		Negative
CHEMICAL	EXAMINATION		Negative		Negative
PH (Doub	ole pH Indicator method)		Negative		1.005 - 1.030
PROTE	INS (Protein-error-of-indicators)		1.005		NORMAL
GLUCC	OSE (GOD POD Method) FIC GRAVITY, URINE (Apparent pKa chai	nge)	Normal		NEGATIVE
SPECI	FIC GRAVITY BILINOGEN (Modified Erlich Reaction)		Negative		NEGATIVE
UROB	SILINOGEN (Modified State		Negative		NEGATIVE
BILIR	RUBIN (Azo Coupling) ONES (Acetoacetic acid reaction with sodium nitroprus	sside)	Negative		
IVETO				/HPF	0 - 5
	SCOPIC EXAMINATION		0-1		Nil
	COPIC EX		Nil		Nil
NITE	COCYTES				
NITE MICROS LEU	COCYTES		1-2	7 y 2	Nil
NITE MICROS LEU	COCYTES		Nil		Nil Nil

IMPORTANT INSTRUCTIONS

IMPORIANI 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. RAMESH CHANDNA

MD, MICROBIOLOGY, PGDHHM Chairman (Quality, Safety, LAB Services & Blood Bank) DR. UMA RANI MD, PATHOLOGY DIRECTOR

DR. SHILPA GUPTA MD, PATHOLOGY

Associate Director

DR. SHARMILA RAI MD, PATHOLOGY Consultant





DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report: XRAY

Patient Name	:	MR. SUNNY CHANDILA	IPD No.		
Age	:	39 Yrs 9 Mth	UHID	- ÷	AFD000015302
Gender	:	MALE	Bill No.		AFBHC250003449
Ref. Doctor	:	DR. PRABHSARAN AHUJA	Bill Date		08-03-2025 09:22:14
Ward	:		Room No.	→ :	00 00 2020 00.22.14
			Print Date	1:	09-03-2025 12:19:22

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. SAPNA.ARYA

DR. MOHIT SHARMA, MBBS, MD (Radio-Diagnosis), PDCC, EDIR

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	1 · IME	R. SUNNY CHANDILA	IPD No.	:	
		Yrs 9 Mth	UHID	:	AFD000015302
Age		ALE	Bill No.	:	AFBHC250003449
Gender	1 . 1	R. PRABHSARAN AHUJA	Bill Date	:	08-03-2025 09:22:14
Ref. Doctor	- 1: 101	C. PRABITO/III III III	Room No.	:	
Ward			Print Date	1:	09-03-2025 10:36:39
	1 1				

USG - WHOLE ABDOMEN:

Liver is borderline enlarged in size (~15.3cm) and shows grade I / II fatty changes in its parenchyma. Intrahepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder is partially distended. Visualized lumen is echofree. Visualized CBD appears normal in calibre.

Visualized pancreas appears normal in size and echotexture.

Spleen is normal in size and echotexture.

Both kidneys are normal in size and echotexture. Cortico-medullary distinction is maintained. No obvious hydronephrosis seen bilaterally. Few small concretions are seen (2-3mm) in bilateral kidneys. (CT is the modality of choice for evaluation of tiny renal calculi).

Urinary bladder is partially distended at the time of scan.

Prostate is normal in size and echotexture.

No ascites is seen.

Please correlate clinically.

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

Prepare By. SAPNA.ARYA DR. MOHIT SHARMA, MBBS, MD (Radio-Diagnosis), PDCC, EDIR 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.