

Bill No.	:	APHHC240001849	Bill Date	:	21-10-2024 10:43		
Patient Name	:	MR. KRISHNA KUMAR	UHID	:	APH000030126		
Age / Gender	:	37 Yrs 11 Mth / MALE	Patient Type	:	OPD	If PHC :	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH24049468	Current Ward / Bed	:	1		
	:		Receiving Date & Time		21-10-2024 12:26		
			Reporting Date & Time		21-10-2024 15:29		

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference
				Interval

Sample Type: Urine

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY		15 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		1-2	/HPF	0 - 5				
RBC's		Nil						
EPITHELIAL CELLS		1-2						
CASTS		Absent						
CRYSTALS		Absent						
URINE-SUGAR		NEGATIVE						

** 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



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Age / Gender	Г	37 Yrs 11 Mth / MALE	Patient Type		OPD	If PHC :	
Ref. Consultant		MEDIWHEEL	Ward / Bed		1		
Sample ID	1	APH24049440	Current Ward / Bed		1		
	F		Receiving Date & Time	:	21-10-2024 10:49		
	Т		Reporting Date & Time	1	21-10-2024 14:13		

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference
				Interval

Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.75	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.31	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		1.45	mIU/L	0.27-4.20

** End of Report **

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Ashish

DR. ASHISH RANJAN SINGH



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Age / Gender	:	37 Yrs 11 Mth / MALE	Patient Type	Г	OPD	If PHC :	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		1		
Sample ID	:	APH24049436	Current Ward / Bed		1		
	:		Receiving Date & Time	:	21-10-2024 10:49		
			Reporting Date & Time	1	21-10-2024 14:14		

HAEMATOLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.6	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		14.7	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		47.6	%	40 - 50
MEAN CORPUSCULAR VOLUME (Calculated)	Н	102.3	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN (Calculated)		31.6	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (Caiculated)	L	30.8	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		202	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	Н	54.4	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.9	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

LICENTIAL LEGGGGTTE GGGTT				
NEUTROPHILS (Flow-cytometry & Microscopy)		66	%	40 - 80
LYMPHOCYTES (Flow-cytometry & Microscopy)		19	%	20 - 40
MONOCYTES (Flow-cytometry & Microscopy)	9		%	2 - 10
EOSINOPHILS (Flow-cytometry & Microscopy)		6	%	1 - 5
BASOPHILS (Flow-cytometry & Microscopy)		0	%	0 - 1
ESR (Westergren)	Н	26	mm/1st hr	0 - 10

** End of Report **

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Age / Gender	1	37 Yrs 11 Mth / MALE	Patient Type		:	OPD	If PHC	:
Ref. Consultant	1	MEDIWHEEL	Ward / Bed		F	1		
Sample ID	1	APH24049437	Current Ward / E	3ed		1		
	1:		Receiving Date	& Time	:	21-10-2024 10:49		
	Т		Reporting Date	& Time	:	21-10-2024 17:14		

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(BELOW-40)@2400

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

** End of Report **

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Patient Name	1	MR. KRISHNA KUMAR	UHID		APH000030126		
Age / Gender	E	37 Yrs 11 Mth / MALE	Patient Type		OPD	If PHC	:
Ref. Consultant	E	MEDIWHEEL	Ward / Bed		1		
Sample ID	1	APH24049439	Current Ward / Bed		1		
	1		Receiving Date & Time		21-10-2024 10:49		
	Г		Reporting Date & Time	I	21-10-2024 14:09		

BIOCHEMISTRY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

	24	mg/dL	15 - 45
	11.2	mg/dL	7 - 21
L	0.6	mg/dL	0.9 - 1.3
		•	
·	90.0	mg/dL	70 - 100
	L	11.2 L 0.6	11.2 mg/dL L 0.6 mg/dL

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL. (As per American Diabetes Association recommendation)

LIPID PROFILE

CHOLESTROL-TOTAL (CHO-POD)	Н	215	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		41	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	151	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)	Н	171	mg/dL	0 - 160
NON-HDL CHOLESTROL (Calculated)	Н	174.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL (Calculated)		5.2		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 (Calculated)		3.7		1/2 Average 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 (Calculated)		34	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)	0.79	mg/dL	0.2 - 1.0	
BILIRUBIN-DIRECT (DPD)	0.15	mg/dL	0 - 0.2	
BILIRUBIN-INDIRECT (Calculated)	0.64	mg/dL	0.2 - 0.8	
S.PROTEIN-TOTAL (Biuret)	7.6	g/dL	6 - 8.1	
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	4.7	g/dL	3.5 - 5.2	
S.GLOBULIN (Calculated)	2.9	g/dL	2.8-3.8	
A/G RATIO (Calculated)	1.62		1.5 - 2.5	



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Ref. Consultant	1	MEDIWHEEL			Ward / Bed		Γ	1	
Sample ID	1	APH24049439			Current Ward / Bed		Ī	1	
	1				Receiving Date & Tim	ıe	F	21-10-2024 10:49	
					Reporting Date & Tim	ıe	┌	21-10-2024 14:09	
ALKALINE PH	os	PHATASE IFCC AMP BUFFER		93	.2	IU/L		53 - 128	8
ASPARTATE A	(M)	NO TRANSFERASE (SGOT) (IFCC)		31	.2	IU/L		10 - 42	
ALANINE AM	NC	TRANSFERASE(SGPT) (IFCC)	Н	42	2.8	IU/L		10 - 40	
GAMMA-GLU	A١	1YLTRANSPEPTIDASE (IFCC)		20	.4	IU/L		11 - 50	
LACTATE DE	ΙΥL	DROGENASE (IFCC; L-P)		14	4.8	IU/L		0 - 248	3
			-	1-,					
S.PROTEIN-T	OT.	AL (Biuret)		7.6	5	g/dL		6 - 8.1	
URIC ACID (U	icase	- Trinder)		5.6	3	mg/d	JL.	2.6 - 7.	.2
(-		*							

** End of Report **

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Age / Gender	1	37 Yrs 11 Mth / MALE	F	Patient Type	:	OPD	If PHC	:
Ref. Consultant	1	MEDIWHEEL	1	Ward / Bed	:	1		
Sample ID	:	APH24049439	(Current Ward / Bed	:	1		
	1		F	Receiving Date & Time		21-10-2024 10:49		
	Γ		F	Reporting Date & Time		21-10-2024 14:09		

Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE(BELOW-40)@2400

HBA1C (Turbidimetric Immuno-inhibition)	6.0	%	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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MBBSMD CONSULTANT

Page 1 of 3

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. KRISHNA KUMAR	IPD No.	:	
Age	:	37 Yrs 11 Mth	UHID	T:	APH000030126
Gender	:	MALE	Bill No.	T:	APHHC240001849
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	21-10-2024 10:43:44
Ward	:		Room No.	:	
			Print Date	:	21-10-2024 12:42:26

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.

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P١	ease	corre	iate c	linical	IV.

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

Prepare By. MD.SERAJ

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	:	MR. KRISHNA KUMAR	IPD No.	:	
Age	:	37 Yrs 11 Mth	UHID	T:	APH000030126
Gender	:	MALE	Bill No.	:	APHHC240001849
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	21-10-2024 10:43:44
Ward	:		Room No.	:	
			Print Date	:	21-10-2024 11:14:09

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 14.9 cm)

No focal lesion seen. Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre.

Gall bladder is absent (Post-operative status).

CBD is normal in calibre.

Pancreas is normal in size and echotexture.

Spleen is normal in size (10.2 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.5 cm), Left kidney (10.3 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. 15.9 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: - No	significant a	bnormality o	detected.
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Please correlate clinically.....

End of Report					
Prepare By.		KUMAR, M.B.B.S,M.D,DMRD			
MD SFRAJ	CONSULTA	NT			

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.