

NON INVASIVE CARDIOLOGY

Patient Name	: MR. SIDDHARTHA KUMAR	IPD No.	:
Age	: 42 Yrs 1 Mth	UHID	: APH000013443
Gender	: MALE	Bill No.	: APHHC230000153
Ref. Doctor	: MEDIWHEEL	Bill Date	: 11-02-2023 09:35:56
Ward	:	Room No.	:
		Procedure Date	: 11-02-2023 18:04:08

ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

M MODE STUDY (MEASUREMENTS)

Left Ventricle:-

EDD:	44	(mm)	Left Atrium	33	(mm)
ESD:	31	(mm)	Aortic Root	24	(mm)
IVS Thickness (D/S)	1.1/1.6	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	1.1/1.7	(mm)	Pericardium		NORMAL
LVEF	62	(%)			

WALL MOTION STUDY : NO RWMA

MV	: NORMAL	TV	: NORMAL
AV	: NORMAL	PV	: NORMAL
IAS	: NORMAL	IVS	: NORMAL

DOPPLER STUDY (PW/CW AND COLOUR FLOW IMAGING)

VALVES	V max(m/sec)	PG	MG	EDG	Orifice Area (cm ²)	REGURGITATION
		(mm Hg)				
MV E/A	0.79/0.62					MR:-NIL
AV	1.41	7.91				AR:-NIL
TV	1.41	7.91				TR:-NIL
PV	1.12	5.00				PR:-NIL

IMPRESSION:-

No RWMA.
MILD CONCENTRIC LVH
GRADE 1 LV DD.
 Normal Cardiac Chamber Dimensions.
 Normal LV/RV Systolic Function, LVEF-62%.
 No LA-LAA Clot/ Vegetation/ Pericardial Effusion.

DR. ADITYA KUMAR.

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) **NON INVASIVE CARDIOLOGY** PTC159674

CONSULTANT CARDIOLOGIST

Patient Details SPECIALITY CARE Date: 11-Feb-23 Time: 1:35:53 PM
 Name: MR. SIDDHARTHA KUMAR ID: APH00013443
 Age: 43 y Sex: M Height: 164 cms. Weight: 690 Kg.
 Clinical History:

Medications:

Test Details

Protocol: Bruce Pr.MHR: 177 bpm THR: 159 (90 % of Pr.MHR) bpm
 Total Exec. Time: 7 m 0 s Max. HR: 186 (105% of Pr.MHR)bpm Max. Mets: 10.20
 Max. BP: 140 / 90 mmHg Max. BP x HR: 26040 mmHg/min Min. BP x HR: 7680 mmHg/min
 Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 11	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Standing	0 : 5	1.0	0	0	96	120 / 80	-0.76 aVR	0.84 II
Hyperventilation	0 : 9	1.0	0	0	96	120 / 80	-0.76 aVR	1.27 V2
1	3 : 0	4.6	2.7	10	144	130 / 80	-3.04 aVR	4.22 I
2	3 : 0	7.0	4	12	172	140 / 90	-2.28 aVR	5.06 II
Peak Ex	1 : 0	10.2	5.4	14	186	140 / 90	-2.03 aVR	4.22 V2
Recovery(1)	2 : 0	1.8	1.6	0	134	140 / 90	-3.29 aVR	5.91 II
Recovery(2)	2 : 0	1.0	0	0	123	120 / 80	-1.77 aVR	3.38 II
Recovery(3)	1 : 0	1.0	0	0	116	120 / 80	-0.76 aVR	1.27 II
Recovery(4)	0 : 28	1.0	0	0	123	120 / 80	-0.76 aVR	1.27 II
Recovery(5)	0 : 2	1.0	0	0	123	120 / 80	-2.28 aVR	1.27 V2

Interpretation

COMMENTS :- FAIR EXCERCISE (10.20 METS) TOLERANCE.
 :- NORMAL BP RESPONSE TARGET HEART RATE ACHIEVED.
 :- NO SIGNIFICANT ST-T SIGEMENT CHANGES SEEN IN LEADS.
 :- THE TEST TERMINATED DUE TO -HEART RATE ACHIEVED.
IMPRESSION :- THE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

Ref. Doctor: DR.NITISH KUMAR RANJAN.

(Summary Report edited by user)

Doctor: Dr.NITISH KUMAR RANJAN

Software: CS-20 V 1.0

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : 174999DL2007PTC159674

FINAL REPORT

Bill No.	: APHHC230000153	Bill Date	: 11-02-2023 09:35
Patient Name	: MR. SIDDHARTHA KUMAR	UHID	: APH000013443
Age / Gender	: 42 Yrs 2 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23003357	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 10:29
		Reporting Date & Time	: 11-02-2023 18:10

SEROLOGY REPORTING

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

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

PROSTATIC SPECIFIC ANTIGEN(TOTAL) (ELFA)		1.43	ng/mL	0 - 4
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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.

T3 TOTAL (ELFA)		1.72	nmol/l	0.95-2.5
T4 TOTAL (ELFA)		92.26	nmol/l	60-120
THYROID STIMULATING HORMONE (ELFA)		1.90	µIU/mL	0.25-5

TESTS	RESULTS	EXPECTED VALUES
THYROID PROFILE TOTAL (T3,T4,TSH TOTAL)		
Thyroid-Stimulating Hormone (TSH)		0.25-5µIU/ml
Serum Triiodothyronine (T3 TOTAL)		0.95-2.5nmol/l
Serum Thyroxine (T4 TOTAL)		60-120nmol/l

Wallach's reference range for Thyroid for neonates and children

Age	TSH (µIU/ml)	TT4(nmol/l)	TT3(nmol/l)
1-4 days	1-39	142-277	1.5-11.4
1-4 wks	1.7-9.1	106-221	1.6-5.3
1-12 mon	0.8-8.2	76-210	1.6-3.8
1-5 yrs	0.7-5.7	94-193	1.6-4.1
6-10 yrs	0.7-5.7	82-171	1.4-3.7
11-15 yrs	0.7-5.7	71-151	1.3-3.3



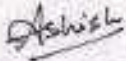
FINAL REPORT

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23003357	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 10:29
		Reporting Date & Time	: 11-02-2023 18:10
	15-18 yrs	0.7-5.7	54-152
			1.2-3.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



DR. ASHISH RANJAN SINGH
MBBS, MD
CONSULTANT

FINAL REPORT

Bill No. : APHHC230000153	Bill Date : 11-02-2023 09:35
Patient Name : MR. SIDDHARTHA KUMAR	UHID : APH000013443
Age / Gender : 42 Yrs 2 Mth / MALE	Patient Type : OPD
Ref. Consultant : MEDIWHEEL	Ward / Bed : /
Sample ID : APH23003354	Current Ward / Bed : /
	Receiving Date & Time : 11-02-2023 10:29
	Reporting Date & Time : 11-02-2023 13:19

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(ABOVE 40)@2550
CBC -1 (COMPLETE BLOOD COUNT)

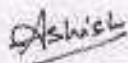
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.8	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.9	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detector)		13.7	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		40.9	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	82.8	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.8	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.6	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	L	142	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		44.4	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.9	%	11.8 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		66	%	40 - 80
LYMPHOCYTES		28	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS	L	0	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	32	mm 1st hr	0 - 10

**** End of Report ****
IMPORTANT INSTRUCTIONS

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FINAL REPORT

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Age / Gender	: 42 Yrs 2 Mth / MALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23003355	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 10:29
		Reporting Date & Time	: 11-02-2023 17:12

BLOOD BANK REPORTING

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

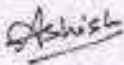
MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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Age / Gender	: 42 Yrs 2 Mth / MALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23003445	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 16:50
		Reporting Date & Time	: 11-02-2023 19:54

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	30 mL		
COLOUR	Pale Straw		Pale Yellow
TURBIDITY	Slight hazy		

CHEMICAL EXAMINATION

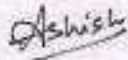
PH (Double pH Indicator Method)	6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Negative		Negative
SUGAR (GOD POD Method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.030		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES	3-4	/HPF	0 - 5
RBC's	Nil		
EPITHELIAL CELLS	1-2		
CASTS	Nil		
CRYSTALS	Uric acid And Calcium oxalate Present		
URINE-SUGAR	NEGATIVE		

**** End of Report ****
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Sample ID	: APH23003427	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 14:36
		Reporting Date & Time	: 11-02-2023 16:17

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 (Urea-GITP, Grav)		23	mg/dL	15 - 45
BUN (CALCULATED)		10.7	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe's Kinetic)	L	0.7	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	H	121.0	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)		108.0	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 (CHO-POD)	H	259	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Immuno-inhibition)		55	mg/dL	>40
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)	H	181	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POO)	H	187	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	204.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.7		1/2 Average 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		3.3		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	H	37	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 (SPC)		0.64	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (SPC)		0.09	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.55	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (BCLM)		6.4	g/dL	6 - 8.1

FINAL REPORT

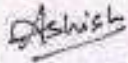
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ALBUMIN-SERUM (Ive Binding- Bromocresol Green)		4.1	g/dL	
S.GLOBULIN	L	2.3	g/dL	2.8-3.8
A/G RATIO		1.78		1.5 - 2.5
ALKALINE PHOSPHATASE (POC-AMP-BLPHK)		82.5	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (POC)		27.4	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (POC)		32.0	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (POC)		25.0	IU/L	11 - 50
LACTATE DEHYDROGENASE (POC-LP)		201.0	IU/L	0 - 248
S.PROTEIN-TOTAL (Bluec)		6.4	g/dL	6 - 8.1
URIC ACID (Uricon - Trinder)		3.6	mg/dL	2.6 - 7.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

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 MBBS,MD
 CONSULTANT

FINAL REPORT

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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.6	%	4.0 - 6.2
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INTERPRETATION:

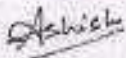
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

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 ****
IMPORTANT INSTRUCTIONS

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DR. ASHISH RANJAN SINGH
 MBBS, MD
 CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. SIDDHARTHA KUMAR	IPD No.	:	
Age	: 42 Yrs 1 Mth	UHID	:	APH000013443
Gender	: MALE	Bill No.	:	APHHC230000153
Ref. Doctor	: MEDIWHEEL	Bill Date	:	11-02-2023 09:35:56
Ward	:	Room No.	:	
		Print Date	:	11-02-2023 15:29:48

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
SHASHANK.S

DR. SHASHANK SHEKHAR, M.D
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. SIDDHARTHA KUMAR	IPD No.	:	
Age	: 42 Yrs 1 Mth	UHID	:	APH000013443
Gender	: MALE	Bill No.	:	APHHC230000153
Ref. Doctor	: MEDIWHEEL	Bill Date	:	11-02-2023 09:35:56
Ward	:	Room No.	:	
		Print Date	:	11-02-2023 15:08:00

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 14.4 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 (cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (11x 4.7 cm), Left kidney (11.4 x 4.5 cm),

Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal. (Pre void Vol. 297.1cc, Post void Vol. Nil)

Prostate appears enlarged in size (Vol. 30.4 cc), with smooth outline and homogenous echotexture. No obvious medial lobe hypertrophy noted.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:

Grade I prostatomegaly with insignificant Post void residual urine.

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

Prepare By
SHASHANK.S

DR. SHASHANK SHEKHAR, M.D
CONSULTANT

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