

**FINAL REPORT**

Bill No.	: APHHC230000642	Bill Date	: 27-05-2023 09:06
Patient Name	: MR. RAJNISH KUMAR	UHID	: APH000015123
Age / Gender	: 43 Yrs 8 Mth / MALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23013393	Current Ward / Bed	: /
		Receiving Date & Time	: 27-05-2023 09:58
		Reporting Date & Time	: 27-05-2023 17:33

**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)		0.52	ng/mL	0 - 4

**Note:**

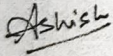
TPSA as a Tumor marker is used as an additional test for prognosis and monitoring of therapy for patients with diagnosed malignant tumors. It may offer a diagnostic value for screening patients with suspected malignancies, as high values may be experienced in situations like benign prostatic hyperplasia, 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 \*\***

**IMPORTANT INSTRUCTIONS**

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



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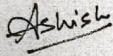
Sample Type: Serum

**MEDIWHEEL FULL BODY HEALTH CHECKUP \_MALE(ABOVE 40)@2550**
**THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.39	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	<b>H</b>	<b>1.83</b>	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.01	mIU/L	0.27-4.20

**\*\* End of Report \*\***
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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23013390	Current Ward / Bed	: /
		Receiving Date & Time	: 27-05-2023 09:58
		Reporting Date & Time	: 27-05-2023 14:52

**BLOOD BANK REPORTING**

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

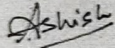
MEDIWHEEL FULL BODY HEALTH CHECKUP \_MALE(ABOVE 40)@2550

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

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

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Age / Gender	: 43 Yrs 8 Mth / MALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23013473	Current Ward / Bed	: /
		Receiving Date & Time	: 27-05-2023 16:50
		Reporting Date & Time	: 27-05-2023 16:52

**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	10 mL		
COLOUR	Straw		Pale Yellow
TURBIDITY	Clear		

**CHEMICAL EXAMINATION**

PH (Double pH Indicator method)	6.5		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/HPF		
CASTS	Nil		
CRYSTALS	Nil		
URINE-SUGAR	NEGATIVE		

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

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*Ashish*

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23013389	Current Ward / Bed	: /
		Receiving Date & Time	: 27-05-2023 09:58
		Reporting Date & Time	: 27-05-2023 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)**

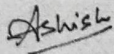
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.2	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.9	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.8	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		40.9	%	40 - 50
MEAN CORPUSCULAR VOLUME		84.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.8	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		176	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		43.0	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.3	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		63	%	40 - 80
LYMPHOCYTES		31	%	20 - 40
MONOCYTES		4	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	34	mm 1st hr	0 - 10

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23013452	Current Ward / Bed	: /
		Receiving Date & Time	: 27-05-2023 14:17
		Reporting Date & Time	: 27-05-2023 15:47

**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>		24	mg/dL	15 - 45
BUN (CALCULATED)		11.2	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.8	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	140.0	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) <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>	H	200	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	L	32	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	133	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		128	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	168.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		6.2		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		4.2		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		26	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 <small>(DPO)</small>		0.62	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPO)</small>		0.12	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.50	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.3	g/dL	6 - 8.1



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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.0	g/dL	
S.GLOBULIN	L	2.3	g/dL	2.8-3.8
A/G RATIO		1.74		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		118.8	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	H	60.6	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	H	150.2	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		25.3	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC, L-P)		196.9	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)		6.3	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		4.5	mg/dL	2.6 - 7.2

**\*\* End of 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)	<b>H</b>	<b>6.9</b>	%	4.0 - 6.2
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**INTERPRETATION:**

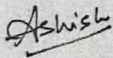
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

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.

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