

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. ANSARI MUNIF	IPD No.	:	
Age	: 56 Yrs 2 Mth	UHID	:	APH000015582
Gender	: MALE	Bill No.	:	APHHC230000731
Ref. Doctor	: MEDIWHEEL	Bill Date	:	24-06-2023 09:07:59
Ward	:	Room No.	:	
		Print Date	:	24-06-2023 11:16:37

### WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.8 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 (10.0 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.9 cm), Left kidney (10.2 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal. (Pre void Vol. 179.7 cc, Post void Vol. 43.9 cc)

Prostate appears normal in size (Vol. 27.6 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: Normal study.

*Please correlate clinically.....*

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

Prepare By.  
MD.SERAJ

DR. MUHAMMAD SERAJ, MD,FRCR  
(London) Radiodiagnosis  
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. ANSARI MUNIF	IPD No.	:	
Age	: 56 Yrs 2 Mth	UHID	:	APH000015582
Gender	: MALE	Bill No.	:	APHHC230000731
Ref. Doctor	: MEDIWHEEL	Bill Date	:	24-06-2023 09:07:59
Ward	:	Room No.	:	
		Print Date	:	24-06-2023 11:02:12

### 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,FRCR  
(London) Radiodiagnosis  
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.

**FINAL REPORT**

Bill No.	APHHC230000731	Bill Date	24-06-2023 09:07
Patient Name	MR. ANBARI MUNIF	UHID	APH000015682
Age / Gender	58 Yrs 2 Mth / MALE	Patient Type	OPD [IF PHG]
Ref. Consultant	MEDIWHEEL	Ward / Bed	/
Sample ID	APH23016733	Current Ward / Bed	/
		Receiving Date & Time	24-06-2023 11:29
		Reporting Date & Time	24-06-2023 14:42

**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	25 mL		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Clear		

**CHEMICAL EXAMINATION**

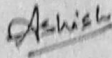
PH (Oxalide pH Indicator method)	6.0		5.0 - 6.5
PROTEINS (Protein error of indicators)	Trace		Negative
SUGAR (CCO-PCO Method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pH change)	1.015		1.005 - 1.030

**MICROSCOPIC EXAMINATION**

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

**\*\* 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.	: APHHC230000731	Bill Date	: 24-06-2023 09:07
Patient Name	: MR. ANSARI MUNIF	UHID	: APH000015582
Age / Gender	: 56 Yrs 2 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016769	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 14:05
		Reporting Date & Time	: 24-06-2023 15:21

**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>		35	mg/dL	15 - 45
BUN (CALCULATED)		16.3	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>		1.2	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	<b>H</b>	<b>226.0</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>	<b>H</b>	<b>376.0</b>	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>	<b>H</b>	<b>188</b>	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	<b>L</b>	<b>34</b>	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	<b>H</b>	<b>124</b>	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	<b>H</b>	<b>238</b>	mg/dL	0 - 160
NON-HDL CHOLESTROL	<b>H</b>	<b>154.0</b>	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.5		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		3.6		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	<b>H</b>	<b>48</b>	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>(DPD)</small>		0.81	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.13	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.68	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.6	g/dL	6 - 8.1

**FINAL REPORT**

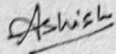
Bill No.	: APHHC230000731	Bill Date	: 24-06-2023 09:07
Patient Name	: MR. ANSARI MUNIF	UHID	: APH000015582
Age / Gender	: 56 Yrs 2 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016769	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 14:05
		Reporting Date & Time	: 24-06-2023 15:21

ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN		3.4	g/dL	2.8-3.8
A/G RATIO	<b>L</b>	<b>1.24</b>		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		69.5	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		31.3	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		38.1	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		22.3	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		181.2	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)		7.6	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		6.7	mg/dL	2.6 - 7.2

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

**IMPORTANT INSTRUCTIONS**

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



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MBBS, MD  
CONSULTANT

**FINAL REPORT**

Bill No.	: APHHC230000731	Bill Date	: 24-06-2023 09:07
Patient Name	: MR. ANSARI MUNIF	UHID	: APH000016582
Age / Gender	: 56 Yrs 2 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016769	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 14:05
		Reporting Date & Time	: 24-06-2023 15:21

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HbA1c (Glycosylated Hemoglobin)

**H**
**7.6**

%

4.0 - 6.2

**INTERPRETATION:**

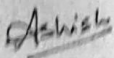
HbA1c %	Degree of Glucose Control
≥8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
≤7.0	Good Control

**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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**FINAL REPORT**

Bill No.	: APHHC230000731	Bill Date	: 24-06-2023 09:07
Patient Name	: MR. ANSARI MUNIF	UHID	: APH000015582
Age / Gender	: 56 Yrs 2 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016701	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 09:59
		Reporting Date & Time	: 24-06-2023 12:47

**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)**

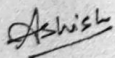
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.7	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	L	12.6	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	38.4	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	82.2	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.8	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		150	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		44.5	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.1	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		68	%	40 - 80
LYMPHOCYTES		21	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		5	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	62	mm 1st hr	0 - 10

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

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**FINAL REPORT**

Bill No.	APHHC230000731	Bill Date	24-05-2023 09:57
Patient Name	MR. ANSARI MUNIF	UHID	APH000015582
Age / Gender	56 Yrs 2 Mth / MALE	Patient Type	OPD [IF PHC]
Ref. Consultant	MEDIWHEEL	Ward / Bed	/
Sample ID	APH23016702	Current Ward / Bed	/
		Receiving Date & Time	24-05-2023 09:59
		Reporting Date & Time	24-05-2023 15:30

**BLOOD BANK REPORTING**

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

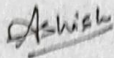
MEDIWHEEL FULL BODY HEALTH CHECKUP \_MALE(ABOVE 40)@2550

BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

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

**IMPORTANT INSTRUCTIONS**

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**FINAL REPORT**

Bill No.	: APHHC230000731	Bill Date	: 24-06-2023 09:07
Patient Name	: MR. ANSARI MUNIF	UHID	: APH000015582
Age / Gender	: 56 Yrs 2 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016705	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 09:59
		Reporting Date & Time	: 24-06-2023 13:32

**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)		0.72	ng/mL	0 - 4
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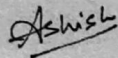
**Note:**

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.

**\*\* End of Report \*\***
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**FINAL REPORT**

Bill No.	: APHHC230000731	Bill Date	: 24-06-2023 09:07
Patient Name	: MR. ANSARI MUNIF	UHID	: APH000015582
Age / Gender	: 56 Yrs 2 Mth / MALE	Patient Type	: OPD <span style="float: right;">If PHC : <input type="checkbox"/></span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016705	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 09:59
		Reporting Date & Time	: 24-06-2023 13:32

Sample Type: Serum

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

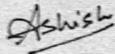
**THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.27	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	<b>H</b>	1.90	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	<b>H</b>	4.39	mIU/L	0.27-4.20

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

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