DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. SURYAKANT	IPD No.	:	
Age	:	33 Yrs 8 Mth	UHID	:	APH000018588
Gender	:	MALE	Bill No.	:	APHHC230001336
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	25-11-2023 14:29:16
Ward	:		Room No.	:	
			Print Date	:	27-11-2023 11:10:29

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.SALMAN 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. SURYAKANT	IPD No.	:	
Age	:	33 Yrs 8 Mth	UHID	:	APH000018588
Gender	:	MALE	Bill No.	:	APHHC230001336
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	25-11-2023 14:29:16
Ward	:		Room No.	:	
			Print Date	:	25-11-2023 15:08:12

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows moderate increase in parenchymal

echogenicity S/O grade II fatty liver infiltration. (Liver measures 13.2 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 (10.2 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.4 cm), Left kidney (9.8 cm). Cortico-

medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 15.2 cc), outline and echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

Ventral wall defect of size ~ 11.3 x 9 mm seen in midline at umbilicus with herniation of omental fat through it suggesting umbilical hernia. No fluid seen in hernial sac.

Please correlate clinically.....

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

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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.

Bill No.	:	APHHC230001336	Bill Date	:	25-11-2023 14:29		
Patient Name	:	MR. SURYAKANT	UHID	:	APH000018588		
Age / Gender	:	33 Yrs 8 Mth / MALE	Patient Type	:	OPD	If PHC :	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH23032679	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	25-11-2023 15:32		
			Reporting Date & Time	:	25-11-2023 18:30		

SEROLOGY REPORTING

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

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

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)	2.98	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.25	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.81	mIU/L	0.27-4.20

** End of Report **

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

Ashish

Bill No.	:	APHHC230001336	Bill Date	:	25-11-2023 14:29		
Patient Name	:	MR. SURYAKANT	UHID	:	APH000018588		
Age / Gender	:	33 Yrs 8 Mth / MALE	Patient Type	:	OPD If PHC :		
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH23032692	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	25-11-2023 17:42		
			Reporting Date & Time	:	25-11-2023 21:04		

CLINICAL PATH REPORTING

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

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

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY		30 mL		
COLOUR		Straw		Pale Yellow
TURBIDITY	IDITY			

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)	1.015	1 005 - 1 030

MICROSCOPIC EXAMINATION

LEUCOCYTES		0-1	/HPF	0 - 5			
RBC's		Nil					
EPITHELIAL CELLS	ELIAL 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

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Age / Gender	:	33 Yrs 8 Mth / MALE	Patient Type	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH23032693	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	25-11-2023 17:42		
			Reporting Date & Time	:	25-11-2023 18:56		

BIOCHEMISTRY REPORTING

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

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

BLOOD UREA Urease-GLDH,Kinetic		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)		80.0	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)		105.0	mg/dL	70 - 140					
<u>_</u> +_	to A diagnostic of diabetee mellitus is made if 0 hour past load glucese evenede 200 mg/dl									

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)		146	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	37	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection		92	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)	Н	171	mg/dL	0 - 160
NON-HDL CHOLESTROL		109.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.9		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		2.5		1∕xAverage 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		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)		0.50	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.09	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.41	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.8	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.4	g/dL	

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amp	ole ID	:	APH23032693			Current Ward / Bed		:	1			
		:				Receiving Date & Tim		:	25-11-2023 17:42	23 17:42		
	S.GLOBULIN A/G RATIO					Reporting Date & Tim	е	:	25-11-2023 18:56			
5				3.4	3.4			2.8-3.8				
7			L	1.29				1.5 - 2	1.5 - 2.5			
7	ALKALINE PHC)SF	PHATASE IFCC AMP BUFFER		55.8		IU/L		53 - 12	53 - 128		
7	ASPARTATE AI	٩II	NO TRANSFERASE (SGOT) (IFCC)	36.7 H 57.1 32.1		7	IU/L IU/L IU/L		10 - 42	10 - 42		
7	ALANINE AMIN	10	TRANSFERASE(SGPT) (IFCC)			.1			10 - 40	Î		
1	GAMMA-GLUT/	٩M	YLTRANSPEPTIDASE (IFCC)			1			11 - 50	11 - 50		
[LACTATE DEH	YD	ROGENASE (IFCC; L-P)		17	9.4	IU/L		0 - 248	3		
[S.PROTEIN-TO	TA	L (Biuret)		7.8		g/dL		6 - 8.1			
Г				1		-	ma/d	1	2.6 - 7	2		
- Ir	URIC ACID Urica	ise -	Trinder	H	7.	D	mg/d	L	2.6 - 7	. Z		

** End of Report **

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Sample Type: EDTA Whole Blood, Plasma, Serum

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

 HBA1C (Turbidimetric Immuno-Inhibition)
 5.7
 %
 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 **

IMPORTANT INSTRUCTIONS

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Patient Name	:	MR. SURYAKANT	UHID	:	APH000018588		
Age / Gender	:	33 Yrs 8 Mth / MALE	Patient Type	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH23032675	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	25-11-2023 15:32		
			Reporting Date & Time	:	25-11-2023 18:19		

HAEMATOLOGY REPORTING

Fest (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: EDTA Whole Blood	·		•	•
MEDIWHEEL FULL BODY HEALT	H CHECKUP_MALE(BE	LOW-40)@240	0	
ESR (Westergren)	Н	28	mm 1st hr	0 - 10
	** E	nd of Report	* *	

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Ashish