# **DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING**

Report: XRAY

Patient Name	:	MR. MUKESH KUMAR	IPD No.	T:	
Age	:	37 Yrs 11 Mth	UHID	T	APH000018838
Gender	:	MALE	Bill No.	T	APHHC230001377
Ref. Doctor	:	MEDIWHEEL	Bill Date	1:	09-12-2023 09:48:16
Ward	:		Room No.	:	
			Print Date	:	09-12-2023 11:42:02

#### **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. MUKESH KUMAR	IPD No.	:	
Age	:	37 Yrs 11 Mth	UHID	T:	APH000018838
Gender	:	MALE	Bill No.	T:	APHHC230001377
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-12-2023 09:48:16
Ward	:		Room No.	:	
			Print Date	:	09-12-2023 11:33:52

#### WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows mildly increase in parenchymal echogenicity S/O grade I 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 (10.8 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.2 cm), Left kidney (10.6 cm).

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

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 22.8 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:**- Grade I fatty infiltration of liver.

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.

Bill No.	:	APHHC230001377	Bill Date	ŀ	09-12-2023 09:48			
Patient Name	:	MR. MUKESH KUMAR	UHID	Γ	APH000018838			
Age / Gender		37 Yrs 11 Mth / MALE	Patient Type	Γ	OPD	If PHC :		
Ref. Consultant		MEDIWHEEL	Ward / Bed	Γ	1			
Sample ID	:	APH23033852	Current Ward / Bed	:	1			
	:		Receiving Date & Time	:	09-12-2023 12:14			
	П		Reporting Date & Time	:	09-12-2023 18:43			

#### **CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference
				Interval

Sample Type: Stool, Urine

#### MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400

#### STOOL ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION

COLOUR	BROWN
CONSISTENCY	SEMI SOLID
BLOOD	ABSENT
MUCOUS	ABSENT

#### MICROSCOPIC EXAMINATION

PUS CELLS	0-1
RBC's	NIL
TROPHOZOITES	NOT DETECTED
CYSTS	NOT DETECTED
OVA	NOT DETECTED

#### URINE, ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION

QUANTITY	25 mL	
COLOUR	Pale yellow	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)	1.015	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

Bill No.	F	APHHC230001377	Bill Dat	е	T	09-12-2023 09:48			
Patient Name	F	MR. MUKESH KUMAR	UHID		1	APH000018838			
Age / Gender	F	37 Yrs 11 Mth / MALE	Patient	Туре	1	OPD	If PHC		
Ref. Consultant	1	MEDIWHEEL	Ward / I	3ed	1	1			
Sample ID	1	APH23033852	Current	Ward / Bed		1			
	1		Receivi	ng Date & Time	1	09-12-2023 12:14			
	Г		Reporti	ng Date & Time	F	09-12-2023 18:43			

DR. ASHISH RANJAN SINGH

Bill No.	i	APHHC230001377	Bill Date	Γ	09-12-2023 09:48		
Patient Name	F	MR. MUKESH KUMAR	UHID	Г	APH000018838		
Age / Gender	F	37 Yrs 11 Mth / MALE	Patient Type	Г	OPD	If PHC :	
Ref. Consultant	1	MEDIWHEEL	Ward / Bed	Г	1		
Sample ID	1	APH23033789	Current Ward / Bed		1		
	1		Receiving Date & Time		09-12-2023 11:12		
			Reporting Date & Time	Г	09-12-2023 15:03		

#### **HAEMATOLOGY REPORTING**

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

#### MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400

### **CBC -1 (COMPLETE BLOOD COUNT)**

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.7	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	4.0	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	L	11.2	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	34.2	%	40 - 50
MEAN CORPUSCULAR VOLUME		85.2	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.8	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		193	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		45.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.9	%	11.6 - 14

#### **DIFFERENTIAL LEUCOCYTE COUNT**

ESR (Westergren)	Н	54	mm 1st hr	0 - 10
BASOPHILS		0	%	0 - 1
EOSINOPHILS		1	%	1 - 5
MONOCYTES		6	%	2 - 10
LYMPHOCYTES		28	%	20 - 40
NEUTROPHILS		65	%	40 - 80

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

#### **IMPORTANT INSTRUCTIONS**

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

DR. ASHISH RANJAN SINGH

Bill No.	F	APHHC230001377	Bill Date	T	09-12-2023 09:48		
Patient Name	1	MR. MUKESH KUMAR	UHID	1:	APH000018838		
Age / Gender	F	37 Yrs 11 Mth / MALE	Patient Type	F	OPD	If PHC :	
Ref. Consultant	1	MEDIWHEEL	Ward / Bed	1	1		
Sample ID	1	APH23033882	Current Ward / Bed		1		
	:		Receiving Date & Time	:	09-12-2023 14:30		
	Γ		Reporting Date & Time	1	09-12-2023 17:31		

#### **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		21	mg/dL	15 - 45
BUN (CALCULATED)		9.8	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe's Kinetic)	L	0.6	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		92.0	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)	98.0	mg/dL	70 - 140

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)	Н	201	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		41	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	146	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		113	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	160.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.9		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		1/2Average 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		23	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)	Н	1.48	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	Н	0.26	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	Н	1.22	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.1	g/dL	6 - 8.1

ill <b>No</b> . : APHHC230001377		Bill Date :		:	09-12-2023 09:48			
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ge / Gender	:	37 Yrs 11 Mth / MALE			Patient Type		:	OPD If PHC :
ef. Consultant	ef. Consultant : MEDIWHEEL				Ward / Bed		:	1
ample ID	:	APH23033882			Current Ward / Bed		:	1
	:				Receiving Date & Tir	ne	:	09-12-2023 14:30
	T				Reporting Date & Tir	ne	:	09-12-2023 17:31
ALBUMIN-SER	ALBUMIN-SERUM (Dye Binding-Bromocresol Green)			4.2	2	g/dL		
S.GLOBULIN				2.9	)	g/dL		2.8-3.8
A/G RATIO			L	1.	45			1.5 - 2.5
ALKALINE PHO	SF	SPHATASE IFCC AMP BUFFER IINO TRANSFERASE (SGOT) (IFCC)		65	.4	IU/L		53 - 128
ASPARTATE A	ΜII			53.1		IU/L		10 - 42
ALANINE AMIN	10	TRANSFERASE(SGPT) (IFCC)	H 70.4 28.8		70.4			10 - 40
GAMMA-GLUTA	٩M	YLTRANSPEPTIDASE (IFCC)			.8	IU/L		11 - 50
LACTATE DEH	LACTATE DEHYDROGENASE (IFCC; L-P)			14	2.8	IU/L		0 - 248
S.PROTEIN-TO	TΑ	AL (Biuret)		7.1		g/dL		6 - 8.1
URIC ACID Urica	ise -	Trinder		6.3	3	mg/dl		2.6 - 7.2

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

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC230001377	Bill Date	:	09-12-2023 09:48		
Patient Name	:	MR. MUKESH KUMAR	UHID	F	APH000018838		
Age / Gender	:	37 Yrs 11 Mth / MALE	Patient Type	F	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		1		
Sample ID	:	APH23033882	Current Ward / Bed		1		
	:		Receiving Date & Time		09-12-2023 14:30		
			Reporting Date & Time		09-12-2023 17:31		

Sample Type: EDTA Whole Blood, Plasma, 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 \*\*

IMPORTANT INSTRUCTIONS
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Patient Name	F	MR. MUKESH KUMAR	UHID	Γ	APH000018838		
Age / Gender	F	37 Yrs 11 Mth / MALE	Patient Type	Γ	OPD	If PHC	:
Ref. Consultant		MEDIWHEEL	Ward / Bed	:	1		
Sample ID	1	APH23033793	Current Ward / Bed	:	1		
	1		Receiving Date & Time	:	09-12-2023 11:12		
	Т		Reporting Date & Time	:	09-12-2023 17:49		

#### **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)	3.53	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.53	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.31	mIU/L	0.27-4.20

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

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

DR. ASHISH RANJAN SINGH

Bill No.		APHHC230001377	Bill Date	:	09-12-2023 09:48		
Patient Name	F	MR. MUKESH KUMAR	UHID	F	APH000018838		
Age / Gender	F	37 Yrs 11 Mth / MALE	Patient Type		OPD	If PHC :	
Ref. Consultant		MEDIWHEEL	Ward / Bed		1		
Sample ID	1	APH23033790	Current Ward / Bed		1		
	1		Receiving Date & Time	:	09-12-2023 11:12		
	Г		Reporting Date & Time	:	09-12-2023 20:06		

#### **BLOOD BANK REPORTING**

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

#### MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400

BLOOD GROUP (ABO)	"A"
RH TYPE	POSITIVE

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

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

DR. ASHISH RANJAN SINGH