

## NON INVASIVE CARDIOLOGY

Patient Name	: MR. MUKESH KUMAR	IPD No.	:
Age	: 37 Yrs 1 Mth	UHID	: APH000013346
Gender	: MALE	Bill No.	: APHHC230000123
Ref. Doctor	: MEDIWHEEL	Bill Date	: 06-02-2023 09:55:04
Ward	:	Room No.	:
		Procedure Date	: 06-02-2023 16:33:44

### ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

#### M MODE STUDY (MEASUREMENTS)

**Left Ventricle:-**

EDD:	38	(mm)	Left Atrium	29	(mm)
ESD:	30	(mm)	Aortic Root	26	(mm)
IVS Thickness (D/S)	0.9/1.1	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	0.9/1.1	(mm)	Pericardium		NORMAL
LVEF	60	(%)			

**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 (mm Hg)	Orifice Area (cm <sup>2</sup> )	REGURGITATION
MV E/A	0.74/0.60			MR:-NIL
AV	1.20	5.72		AR:- NIL
TV	1.11	4.93		TR:- NIL
PV	1.02	4.20		PR:- NIL

**IMPRESSION:-**

No RWMA.  
MILD CONCENTRIC LVH.  
Normal Cardiac Chambers & Valves.  
Normal LV/RV Systolic Function, LVEF-60%.  
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.

**DR. ADITYA KUMAR.**  
MD, DM (CARDIOLOGY)  
CONSULTANT CARDIOLOGIST

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674

**FINAL REPORT**

Bill No.	: APHHC230000123	Bill Date	: 06-02-2023 09:55
Patient Name	: MR. MUKESH KUMAR	UHID	: APH000013346
Age / Gender	: 37 Yrs 2 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23002808	Current Ward / Bed	: /
		Receiving Date & Time	: 06-02-2023 13:48
		Reporting Date & Time	: 06-02-2023 16:24

**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(BELOW-40)@2400**

BLOOD UREA <small>Urease-GLDH_Kinetic</small>	L	13	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>	L	6.1	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.6	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	106.0	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>		90.0	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	188	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>	L	38	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	116	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	H	199	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	150.0	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		3.1		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	H	40	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>(DFD)</small>		0.97	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DFD)</small>		0.17	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.80	mg/dL	0.2 - 0.8

**FINAL REPORT**

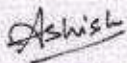
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S.PROTEIN-TOTAL (Buret)	7.8	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	4.6	g/dL	
S.GLOBULIN	3.2	g/dL	2.8-3.8
A/G RATIO	<b>L</b> 1.44		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)	78.4	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	37.4	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	<b>H</b> 51.2	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	25.5	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)	171.2	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)	7.8	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)	5.9	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**  
 MBBS, MD  
 CONSULTANT

**FINAL 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)	5.2	%	4.0 - 6.2
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**INTERPRETATION:**

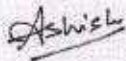
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

**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

**Patient Details**

Date: 06-Feb-23

Time: 4:13:08 PM

Name: MR. MUKESH KUMAR ID: APH000013346

Age: 37 y

Sex: M

Height: 166 cms.

Weight: 79 Kg.

Clinical History:

Medications:

**Test Details**

Protocol: Bruce

Pr.MHR: 183 bpm

THR: 164 (90 % of Pr.MHR) bpm

Total Exec. Time: 6 m 3 s

Max. HR: 170 ( 93% of Pr.MHR )bpm

Max. Mets: 10.20

Max. BP: 140 / 90 mmHg

Max. BP x HR: 23800 mmHg/min

Min. BP x HR: 6720 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 : 17	1.0	0	0	86	120 / 80	-1.27 aVR	3.80 V2
Standing	0 : 10	1.0	0	0	84	120 / 80	-1.27 aVR	3.80 V2
Hyperventilation	0 : 10	1.0	0	0	86	120 / 80	-1.27 aVR	3.80 V2
1	3 : 0	4.6	2.7	10	154	130 / 80	-8.04 aVR	5.91 II
2	3 : 0	7.0	4	12	169	140 / 90	-3.04 aVR	5.91 II
Peak Ex	0 : 3	10.2	5.4	14	170	140 / 90	-2.28 aVR	5.91 V2
Recovery(1)	2 : 0	1.8	1.6	0	118	140 / 90	-5.32 aVR	5.91 II
Recovery(2)	2 : 0	1.0	0	0	103	130 / 80	-2.03 aVR	5.49 V2
Recovery(3)	0 : 21	1.0	0	0	109	120 / 80	-0.76 aVR	2.11 V2
Recovery(4)	0 : 8	1.0	0	0	109	120 / 80	-1.27 aVR	3.80 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.

Doctor: Dr.ADITYA KUMAR

( Summary Report edited by user )

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674

**FINAL REPORT**

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Age / Gender	: 37 Yrs 2 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23002778	Current Ward / Bed	: /
		Receiving Date & Time	: 06-02-2023 10:37
		Reporting Date & Time	: 06-02-2023 15:42

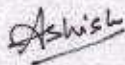
**BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: EDTA Whole Blood</i>				
<b>MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400</b>				
BLOOD GROUP (ABO)		"A"		
RH TYPE		POSITIVE		

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

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MBBS,MD  
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**FINAL REPORT**

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Age / Gender	: 37 Yrs 2 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23002819	Current Ward / Bed	: /
		Receiving Date & Time	: 06-02-2023 14:34
		Reporting Date & Time	: 06-02-2023 15:41

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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*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	30 mL		
COLOUR	Pale Straw		Pale Yellow
TURBIDITY	Clear		

**CHEMICAL EXAMINATION**

PH (Double pH Indicator method)	5.0		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	0-1		
CASTS	Nil		
CRYSTALS	Nil		

URINE-SUGAR	NEGATIVE
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**\*\* End of Report \*\***
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*Ashish*

**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT



**DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING**

Report : XRAY

Patient Name	: MR. MUKESH KUMAR	IPD No.	:	
Age	: 37 Yrs 1 Mth	UHID	:	APH000013346
Gender	: MALE	Bill No.	:	APHHC230000123
Ref. Doctor	: MEDIWHEEL	Bill Date	:	06-02-2023 09:55:04
Ward	:	Room No.	:	
		Print Date	:	06-02-2023 13:01:32

**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. MUKESH KUMAR	IPD No.	:
Age	: 37 Yrs 1 Mth	UHID	: APH000013346
Gender	: MALE	Bill No.	: APHHC230000123
Ref. Doctor	: MEDIWHEEL	Bill Date	: 06-02-2023 09:55:04
Ward	:	Room No.	:
		Print Date	: 06-02-2023 12:56:37


### WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 13.5cm)  
 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 (12.1 cm) and echotexture.  
 Both kidneys are normal in size and echotexture (Right kidney (11.6 x 5.7 cm), Left kidney (11.8 x 5.6 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.  
 Urinary bladder appears normal.  
 Prostate appears normal in size (Vol. 17.4 cc), outline and echotexture.  
 No free fluid or collection seen. No pleural effusion seen.  
 No significant lymphadenopathy seen.  
 No dilated bowel loop seen.

**IMPRESSION:** USG Abdomen study reveals no obvious significant sonographic abnormality.  
 Please correlate clinically.

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

Prepare By.  
SHASHANK.S

  
DR. SHASHANK SHEKHAR, M.D  
CONSULTANT



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