

Patient:

Mr. NAND KISHORE DRS.

PPH014072

SS year / M

Weight kg

HR 82/min

Raxis: P 56°

SINUS RHYTHM  
R-S TRANSITION ZONE IN V LEADS DISPLACED TO THE RIGHT  
NO SPECIFIC ECG ABNORMALITIES

Intervals:

RR 729 ms

P 154 ms

PR 166 ms

QRS 84 ms

QT 326 ms

QTc 384 ms

T 42°

5.62

P (II) 0.10 mV

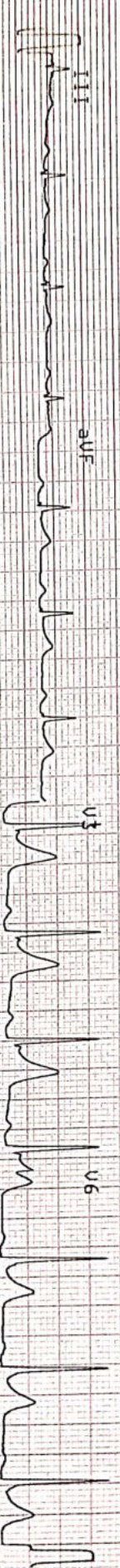
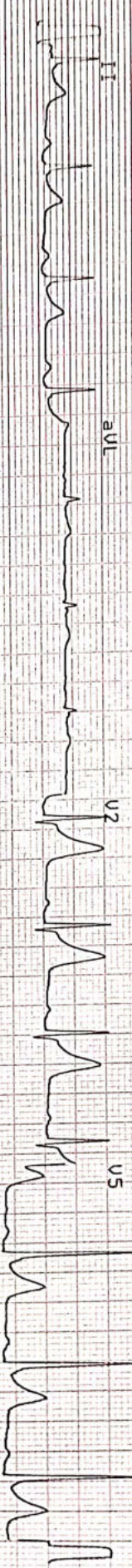
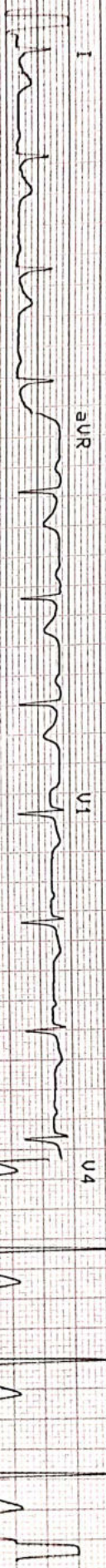
S (V1) -0.63 mV

R (V5) 2.47 mV

Sokol. 3.10 mV

10 mm/mV

10 mm/mV



25 mm/s

0.05-25Hz

F50 SSF SBS

5a 25-MAR-23 09:30:43

ASIAN CITY HOSPITAL PATNR

RT-2plus

4.14 CM

SCHILLER

Part No.2.157017M

0123

18C



## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. NANDKISHORE DAS	IPD No.	:	
Age	: 58 Yrs 4 Mth	UHID	:	APH000014072
Gender	: MALE	Bill No.	:	APHHC230000347
Ref. Doctor	: MEDIWHEEL	Bill Date	:	25-03-2023 08:30:56
Ward	:	Room No.	:	
		Print Date	:	25-03-2023 11:27:44

### 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 11.4 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 ( 9.9 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.1 cm), Left kidney (10.3 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen. **Tiny simple cortical cyst seen in right kidney approx size 7.5 x 6.4 mm.**

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 28.5 cc), outline and echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.



### IMPRESSION:

- Grade II fatty infiltration of liver.
- Tiny simple cortical cyst in right kidney.

Please correlate clinically.....

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

Prepare By.  
MD.SERAJ

  
  
**DR. MUHAMMAD SERAJ, MD,FCR**  
 (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.	: APHHC230000347	Bill Date	: 25-03-2023 08:30
Patient Name	: MR. NANDKISHORE DAS	UHID	: APH000014072
Age / Gender	: 58 Yrs 4 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007149	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 14:43
		Reporting Date & Time	: 25-03-2023 18:13

**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		20 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		Absent		
CRYSTALS		Absent		
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.	: APHHC230000347	Bill Date	: 25-03-2023 08:30
Patient Name	: MR. NANDKISHORE DAS	UHID	: APH000014072
Age / Gender	: 58 Yrs 4 Mth / MALE	Patient Type	: OPD      If PHC : /
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007176	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 15:11
		Reporting Date & Time	: 25-03-2023 19:11

**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>		32	mg/dL	15 - 45
BUN (CALCULATED)		14.9	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>		0.9	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	116.0	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>	H	152.0	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>		108	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>	L	30	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		60	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	H	183	mg/dL	0 - 160
NON-HDL CHOLESTROL		78.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.6		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		2.0		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	37	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>		0.68	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.14	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.54	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.2	g/dL	6 - 8.1

**FINAL REPORT**

Bill No.	: APHHC230000347	Bill Date	: 25-03-2023 08:30
Patient Name	: MR. NANDKISHORE DAS	UHID	: APH000014072
Age / Gender	: 58 Yrs 4 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007176	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 15:11
		Reporting Date & Time	: 25-03-2023 19:11

ALBUMIN-SERUM (Dye Binding Bromocresol Green)		3.9	g/dL	
S.GLOBULIN	L	2.3	g/dL	2.8-3.8
A/G RATIO		1.70		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUJTER)	L	38.7	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		28.0	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		32.3	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		31.0	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		210.7	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		6.2	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		5.3	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  
 MBBS,MD  
 CONSULTANT



**FINAL REPORT**

Bill No.	: APHHC230000347	Bill Date	: 25-03-2023 08:30
Patient Name	: MR. NANDKISHORE DAS	UHID	: APH000014072
Age / Gender	: 58 Yrs 4 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007176	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 15:11
		Reporting Date & Time	: 25-03-2023 19:11

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-Inhibition)	H	8.1	%	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**

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



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

**FINAL REPORT**

Bill No.	: APH04C230000347	Bill Date	: 25-03-2023 08:30
Patient Name	: MR. NANDKISHORE DAS	UHID	: APH000014072
Age / Gender	: 58 Yrs 4 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007066	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 09:03
		Reporting Date & Time	: 25-03-2023 14:54

**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)	"B"
RH TYPE	POSITIVE

**\*\* 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.	: APHHC230000347	Bill Date	: 25-03-2023 08:30
Patient Name	: MR. NANDKISHORE DAS	UHID	: APH000014072
Age / Gender	: 58 Yrs 4 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007065	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 09:03
		Reporting Date & Time	: 25-03-2023 14:15

**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)**

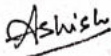
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		8.2	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	4.3	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	L	12.6	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	36.9	%	40 - 50
MEAN CORPUSCULAR VOLUME		85.3	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		29.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		34.0	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		151	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		45.7	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.0	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		78	%	40 - 80
LYMPHOCYTES	L	15	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	58	mm 1st hr	0 - 10

**\*\* 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.	: APHHC230000347	Bill Date	: 25-03-2023 08:30
Patient Name	: MR. NANDKISHORE DAS	UHID	: APH000014072
Age / Gender	: 58 Yrs 4 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007069	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 09:03
		Reporting Date & Time	: 25-03-2023 19:14

**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)		0.65	ng/mL	0 - 4

**Note:**

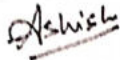
TPSA as a Tumor marker is used as an additional test for prognosis and monitoring of therapy for patients with diagnosed malignant tumors. It may offer a diagnostic value for screening patients with suspected malignancies, as high values may be experienced in situations like benign prostatic hyperplasia,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



**DR. ASHISH RANJAN SINGH**  
 MDD3,MD  
 CONSULTANT



**FINAL REPORT**

Bill No.	: APHHC230000347	Bill Date	: 25-03-2023 08:30
Patient Name	: MR. NANDKISHORE DAS	UHID	: APH000014072
Age / Gender	: 58 Yrs 4 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007069	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 09:03
		Reporting Date & Time	: 25-03-2023 19:14

Sample Type Serum

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

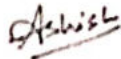
**THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (ICL3A)		2.83	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ICL3A)		1.12	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ICL3A)	H	5.76	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**  
MEDS\_MO  
CONSULTANT



**Patient Details**

Name: MR.NAND KISHORE DAS ID: APH000014072  
 Age: 58 y Sex: M  
 Clinical History:

Date: 25-Mar-23

Time: 10:29:12 AM

Height: 180 cms

Weight: 63 Kgs

Medications:

**Test Details**

Protocol: Bruce Pr.MHR: 162 bpm THR: 145 (90 % of Pr.MHR) bpm  
 Total Exec. Time: 7 m 6 s Max. HR: 158 ( 98% of Pr.MHR )bpm Max. Mets: 10.20  
 Max. BP: 140 / 90 mmHg Max. BP x HR: 22120 mmHg/min Min. BP x HR: 6480 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 : 18	1.0	0	0	82	120 / 80	-1.27 aVR	3.38 V2
Standing	0 : 13	1.0	0	0	81	120 / 80	-1.01 aVR	3.80 V3
Hyperventilation	0 : 11	1.0	0	0	87	120 / 80	-1.01 aVR	3.80 V3
1	3 : 0	4.6	2.7	10	131	130 / 80	-1.77 aVR	4.22 V5
2	3 : 0	7.0	4	12	149	140 / 90	-2.03 aVR	4.22 V3
Peak Ex	1 : 6	10.2	5.4	14	158	140 / 90	-1.01 V6	3.80 V4
Recovery(1)	2 : 0	1.8	1.6	0	103	140 / 90	-1.27 aVR	3.80 V3
Recovery(2)	2 : 0	1.0	0	0	96	120 / 80	-0.76 aVR	2.53 V4
Recovery(3)	0 : 16	1.0	0	0	94	120 / 80	-1.52 aVR	3.80 V3

**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.ADITYA KUMAR

( Summary Report edited by user )

Doctor: Dr.NITISH KUMAR RANJAN

Schiller CS-20 V 1.9

CIN : U74999DL2007PTC159674

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



MR. NAND KISHORE DAS (58 M) ID: APH000014072 Date: 25-Mar-23 Exec Time: 0 m 0 s Stage Time: 0 m 13 s HR: 81 bpm  
 Protocol: Bruce Stage: Standing Speed: 0 Km/h Grade: 0% (THR: 145 bpm) B.P.: 120 / 80

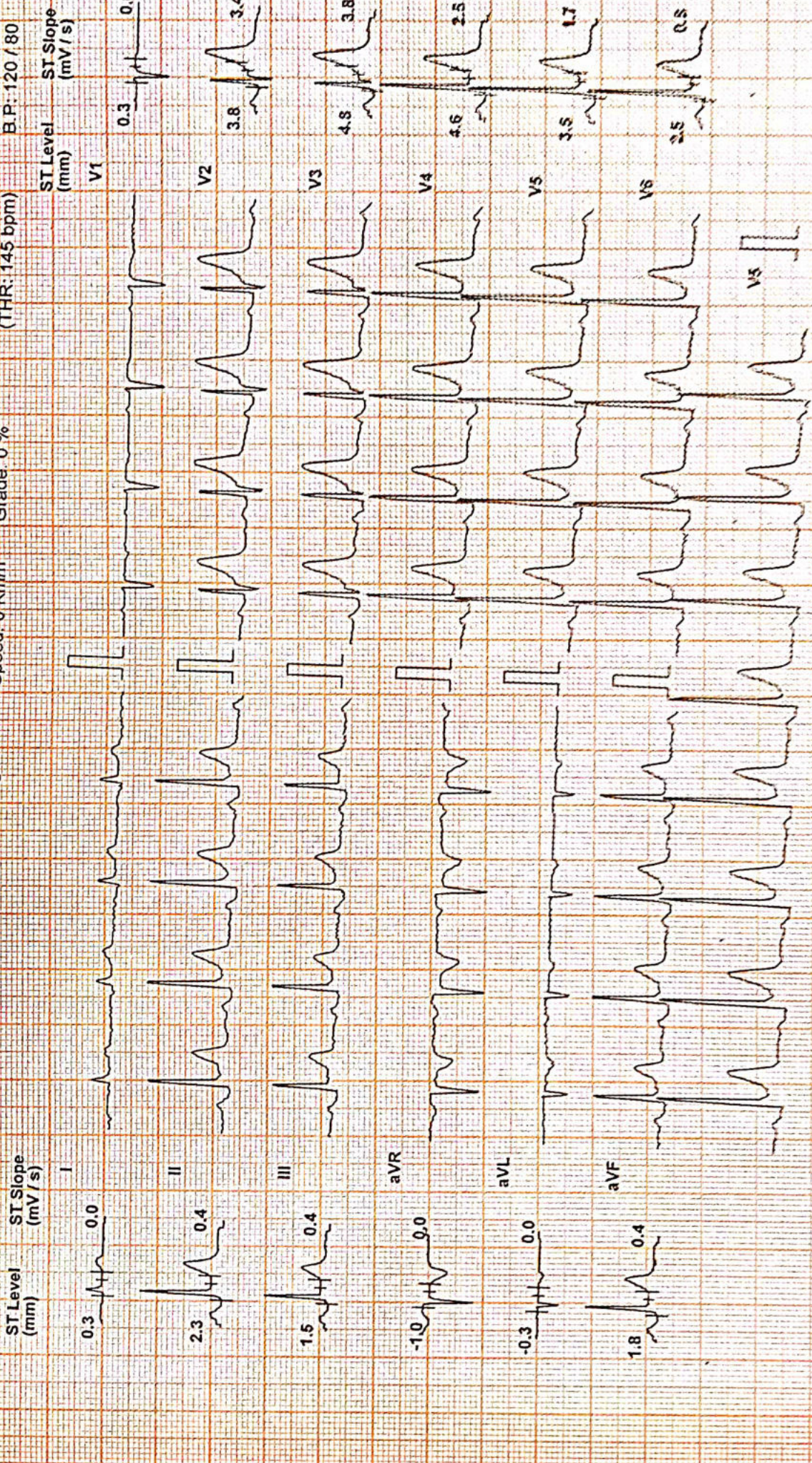
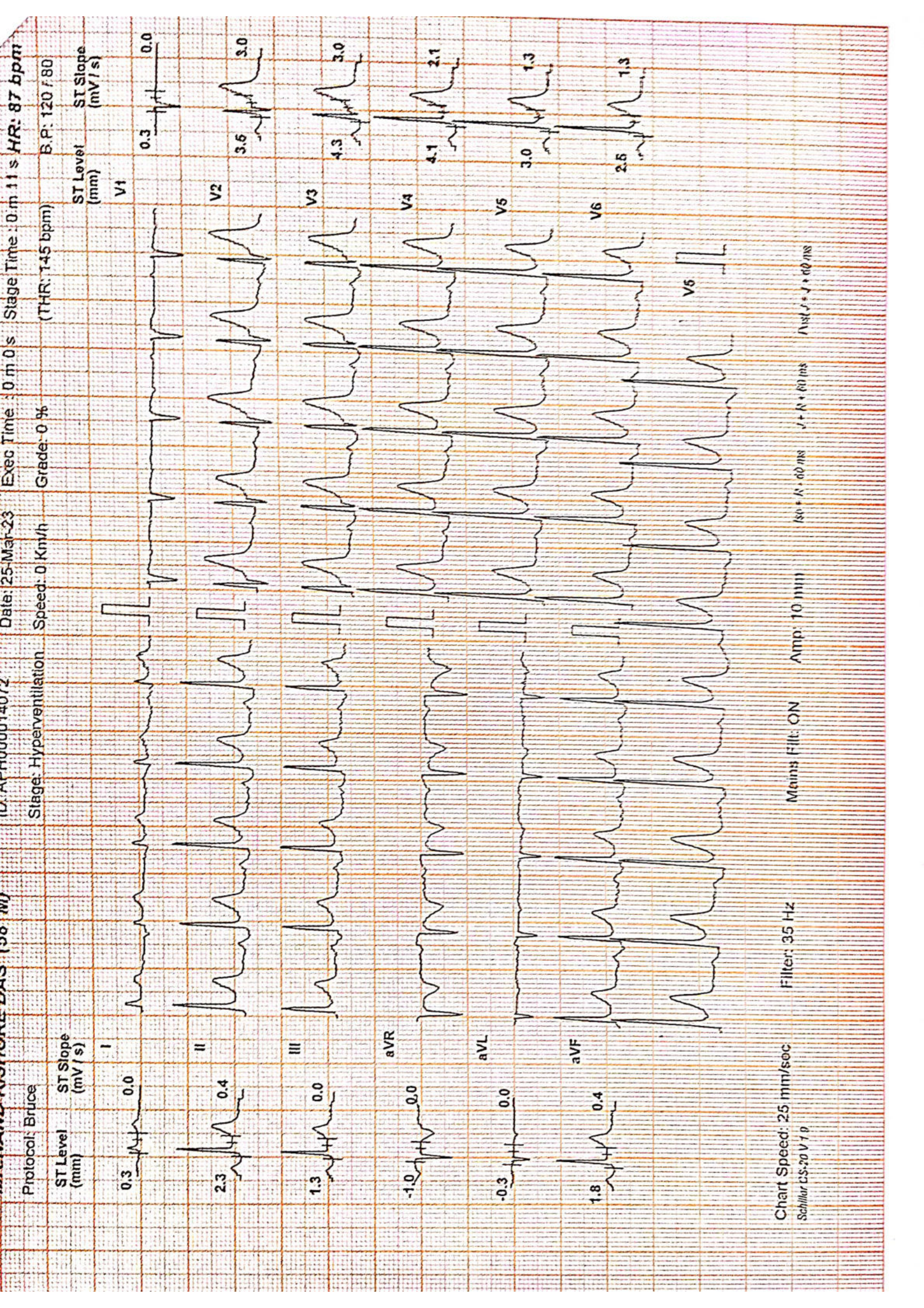


Chart Speed: 25 mm/sec Filter: 35 Hz  
 Schiller CS-20 V 1.9 Mains Filtr ON App: 10 mm  
 100 + N - 60 - 3R J + K + 20 - 96 RW 2 + J + 62 - 96







Protocol: Bruce Stage: 1 Speed: 2.1 Km/h Grade: 10 % (HR: 145 bpm) ST Level (mm) ST Slope (mV/s) 3.2 -0.80

ST Level (mm) ST Slope (mV/s) Y1 3.0 -0.4

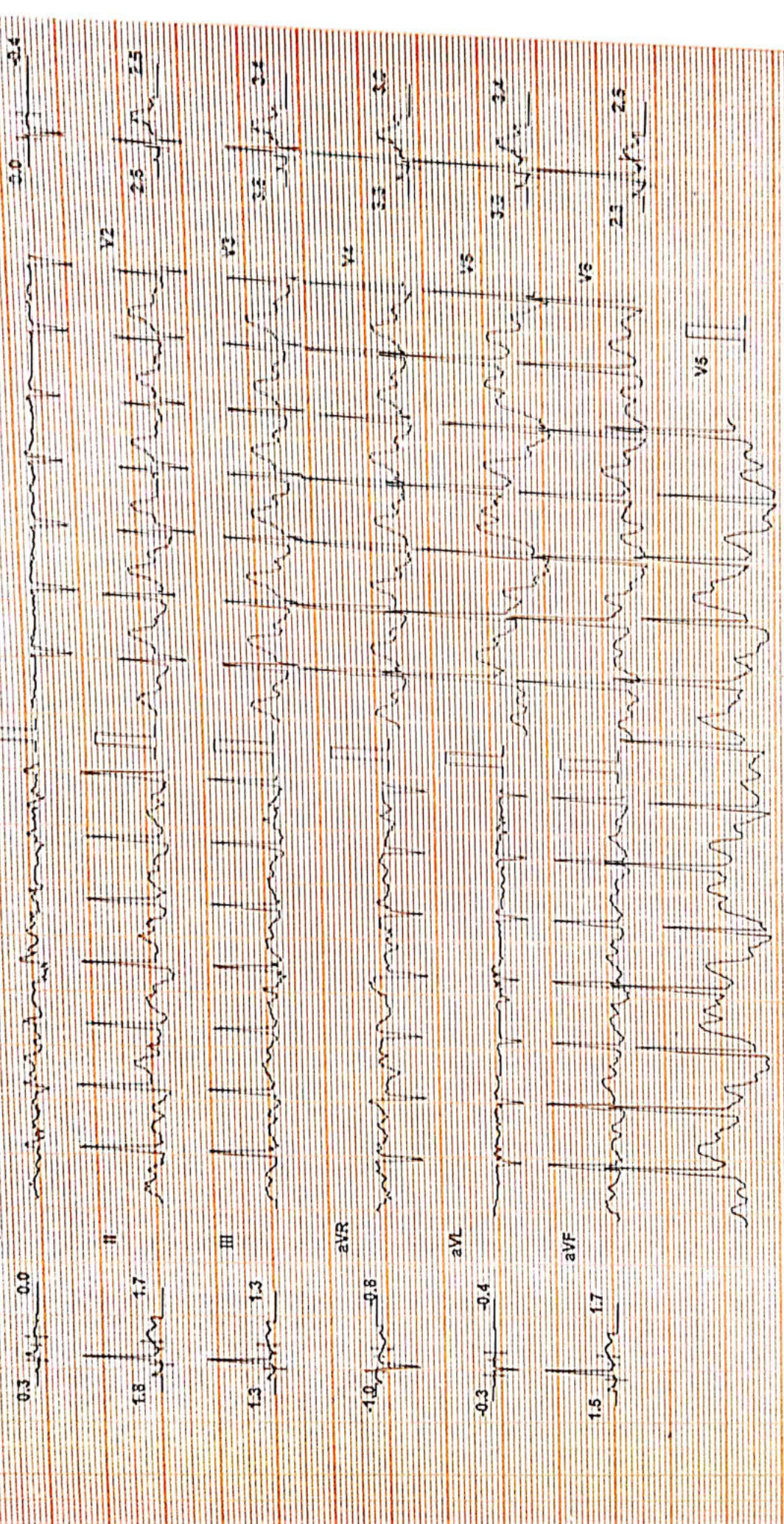


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm Isp = R - 60 ms J = R + 60 ms Pace J = J + 60 ms



## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. NANDKISHORE DAS	IPD No.	:	
Age	: 58 Yrs 4 Mth	UHID	:	APH000014072
Gender	: MALE	Bill No.	:	APHHC230000347
Ref. Doctor	: MEDIWHEEL	Bill Date	:	25-03-2023 08:30:56
Ward	:	Room No.	:	
		Print Date	:	25-03-2023 10:17:49

### 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,FCR  
(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.