

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. RANJIT KUMAR	IPD No.	:	
Age	:	35 Yrs 8 Mth	UHID	:	APH000018206
Gender	:	MALE	Bill No.	:	APHHC230001263
Ref. Doctor	:	DR. FAROGH HAIDRYAsian Patna Hospital	Bill Date	:	04-11-2023 10:12:36
Ward	:		Room No.	:	
			Print Date	:	04-11-2023 13:34:59

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. RANJIT KUMAR	IPD No.	:	
Age	: 35 Yrs 8 Mth	UHID	:	APH000018206
Gender	: MALE	Bill No.	:	APHHC230001263
Ref. Doctor	: DR. FAROGH HAIDRYAsian Patna Hospital	Bill Date	:	04-11-2023 10:12:36
Ward	:	Room No.	:	
		Print Date	:	04-11-2023 11:52:52

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 13.0 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 (8.9 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.6 cm), Left kidney (9.2 cm)).

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

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 18.3 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.
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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.

FINAL REPORT

Bill No.	: APHHC230001263	Bill Date	: 04-11-2023 10:12
Patient Name	: MR. RANJIT KUMAR	UHID	: APH000018206
Age / Gender	: 35 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. FAROGH HAIDRY	Ward / Bed	: /
Sample ID	: APH23030713	Current Ward / Bed	: /
		Receiving Date & Time	: 04-11-2023 15:50
		Reporting Date & Time	: 04-11-2023 18:30

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>		20	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		9.3	mg/dL	7 - 21

CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.8	mg/dL	0.9 - 1.3
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GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		89.0	mg/dL	70 - 100
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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>		112.0	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>		150	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	L	37	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	105	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		87	mg/dL	0 - 160
NON-HDL CHOLESTROL		113.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.1		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		2.8		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		17	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 <small>(DPD)</small>	H	1.12	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>	H	0.22	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	0.90	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.0	g/dL	6 - 8.1

FINAL REPORT

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Ref. Consultant	: DR. FAROGH HAIDRY	Ward / Bed	: /
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ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.1	g/dL	
S.GLOBULIN		2.9	g/dL	2.8-3.8
A/G RATIO	L	1.41		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>	H	147.6	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>	H	74.9	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	H	87.5	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		30.7	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>	H	343.4	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.0	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		4.8	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.	: APHHC230001263	Bill Date	: 04-11-2023 10:12		
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Ref. Consultant	: DR. FAROGH HAIDRY	Ward / Bed	: /		
Sample ID	: APH23030713	Current Ward / Bed	: /		
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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 ****

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FINAL REPORT

Bill No.	: APHOP230018199	Bill Date	: 04-11-2023 13:18
Patient Name	: MR. RANJIT KUMAR	UHID	: APH000018206
Age / Gender	: 35 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. FAROGH HAIDRY	Ward / Bed	: /
Sample ID	: APH23030693	Current Ward / Bed	: /
		Receiving Date & Time	: 04-11-2023 13:24
		Reporting Date & Time	: 04-11-2023 14:52

SEROLOGY REPORTING

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

DENGUE ANTIGEN NS 1 (Immunochromatographic Assay)		POSITIVE		
DENGUE ANTIBODIES - IGM (Immunochromatographic Assay)		NEGATIVE		
DENGUE ANTIBODIES - IGG (Immunochromatographic Assay)		NEGATIVE		

NOTE : Test results are to be confirmed with ELISA based method as per National Vector Borne Disease Control Programme. (NVBDCP) guidelines

**** End of Report ****

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FINAL REPORT

Bill No.	: APHHC230001263	Bill Date	: 04-11-2023 10:12
Patient Name	: MR. RANJIT KUMAR	UHID	: APH000018206
Age / Gender	: 35 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. FAROGH HAIDRY	Ward / Bed	: /
Sample ID	: APH23030657	Current Ward / Bed	: /
		Receiving Date & Time	: 04-11-2023 11:21
		Reporting Date & Time	: 04-11-2023 13:40

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(BELOW-40)@2400

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT <small>(Flow Cytometry)</small>		6.7	thousand/cumm	4 - 11
RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small>		4.8	million/cumm	4.5 - 5.5
HAEMOGLOBIN <small>(SLS Hb Detection)</small>		14.7	g/dL	13 - 17
PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small>		43.1	%	40 - 50
MEAN CORPUSCULAR VOLUME		90.4	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		30.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		34.2	g/dL	31.5 - 34.5
PLATELET COUNT <small>(Hydro Dynamic Focussing)</small>		154	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small>		46.0	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.3	%	11.6 - 14

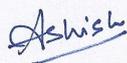
DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		74	%	40 - 80
LYMPHOCYTES		20	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		1	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR <small>(Westergren)</small>	H	28	mm 1st hr	0 - 10

** End of Report **

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Age / Gender	: 35 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. FAROGH HAIDRY	Ward / Bed	: /
Sample ID	: APH23030661	Current Ward / Bed	: /
		Receiving Date & Time	: 04-11-2023 11:21
		Reporting Date & Time	: 04-11-2023 13:51

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)		2.54	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.21	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	4.54	mIU/L	0.27-4.20

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Age / Gender	: 35 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. FAROGH HAIDRY	Ward / Bed	: /
Sample ID	: APH23030658	Current Ward / Bed	: /
		Receiving Date & Time	: 04-11-2023 11:21
		Reporting Date & Time	: 04-11-2023 12:41

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(BELOW-40)@2400

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



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FINAL REPORT

Bill No.	: APHHC230001263	Bill Date	: 04-11-2023 10:12
Patient Name	: MR. RANJIT KUMAR	UHID	: APH000018206
Age / Gender	: 35 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. FAROGH HAIDRY	Ward / Bed	: /
Sample ID	: APH23030658	Current Ward / Bed	: /
		Receiving Date & Time	: 04-11-2023 11:21
		Reporting Date & Time	: 04-11-2023 12:41

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(BELOW-40)@2400

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



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