

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. RAJEEV KUMAR	IPD No.	:
Age	: 33 Yrs 10 Mth	UHID	: APH000015585
Gender	: MALE	Bill No.	: APHHC230000734
Ref. Doctor	: MEDIWHEEL	Bill Date	: 24-06-2023 09:25:34
Ward	:	Room No.	:
		Print Date	: 24-06-2023 12:34:19

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 13.8 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 (12.0 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.8 cm), Left kidney (11.6 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 12.0 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 II fatty infiltration of liver.**

Please correlate clinically.....

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

Prepare By.
MD.SERAJ

DR. MUHAMMAD SERAJ, MD,FRCR
(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.

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

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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. RAJEEV KUMAR	IPD No.	:
Age	: 33 Yrs 10 Mth	UHID	: APH000015585
Gender	: MALE	Bill No.	: APHHC230000734
Ref. Doctor	: MEDIWHEEL	Bill Date	: 24-06-2023 09:25:34
Ward	:	Room No.	:
		Print Date	: 24-06-2023 11:24:29

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.SERAJ

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(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.	: APHHC230000734	Bill Date	: 24-06-2023 09:25
Patient Name	: MR. RAJEEV KUMAR	UHID	: APH000015085
Age / Gender	: 33 Yrs 10 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> IPHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016713	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 10:29
		Reporting Date & Time	: 24-06-2023 12:49

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)

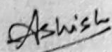
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		7.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focusing)		4.9	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.7	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		40.9	%	40 - 50
MEAN CORPUSCULAR VOLUME		83.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.5	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focusing)		245	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		44.5	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.9	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		82	%	40 - 80
LYMPHOCYTES		28	%	20 - 40
MONOCYTES		4	%	2 - 10
EOSINOPHILS	H	8	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	25	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.	: APHHC230000734	Bill Date	: 24-06-2023 09:25
Patient Name	: MR. RAJEEV KUMAR	UHID	: APH000015585
Age / Gender	: 33 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016788	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 15:27
		Reporting Date & Time	: 24-06-2023 17:45

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>		18	mg/dL	15 - 45
BUN (CALCULATED)		8.4	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>		100.0	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	147.0	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>		160	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>	L	31	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	112	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		110	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	129.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.2		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		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		22	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>(DPO)</small>	H	1.56	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPO)</small>	H	0.25	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	1.31	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Burst)</small>		6.9	g/dL	6 - 8.1

FINAL REPORT

Bill No.	: APHHC230000734	Bill Date	: 24-06-2023 09:25
Patient Name	: MR. RAJEEV KUMAR	UHID	: APH000015585
Age / Gender	: 33 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016788	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 15:27
		Reporting Date & Time	: 24-06-2023 17:45

ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN	L	2.7	g/dL	2.8-3.8
A/G RATIO		1.56		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		88.0	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	H	62.4	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	H	109.7	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	H	69.7	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC, L-P)		228.3	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)		6.9	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		5.4	mg/dL	2.6 - 7.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

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

Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT


FINAL REPORT

Bill No.	APHHC230200734	Bill Date	24-06-2023 09:25
Patient Name	MR. RAJEEV KUMAR	UHD	APH00001888
Age / Gender	33 Yrs 10 Mth / MALE	Patient Type	OPD <input type="checkbox"/> IPHC <input type="checkbox"/>
Ref. Consultant	MEDWHEEL	Ward / Bed	/
Sample ID	APH03016788	Current Ward / Bed	/
		Receiving Date & Time	24-06-2023 15:27
		Reporting Date & Time	24-06-2023 17:45

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDWHEEL FULL BODY HEALTH CHECKUP_MALE(SELOW-40)@2400

HbA1c (Fasting) (mmol/mol)

H
6.3

%

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

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


DR. ASHISH RANJAN SINGH
 MBBS, MD
 CONSULTANT


FINAL REPORT

Bill No.	: APHHC230000734	Bill Date	: 24-06-2023 09:25
Patient Name	: MR. RAJEEV KUMAR	UHID	: APH000015585
Age / Gender	: 33 Yrs 10 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016761	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 12:28
		Reporting Date & Time	: 24-06-2023 14:42

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	25 mL		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Clear		

CHEMICAL EXAMINATION

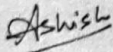
PH (Double pH Indicator method)	6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Negative		Negative
SUGAR (GOD POD Method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.010		1.005 - 1.030

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


DR. ASHISH RANJAN SINGH

 MBBS,MD
 CONSULTANT


FINAL REPORT

Bill No.	: APHHC20000734	Bill Date	: 24-06-2023 09:26
Patient Name	: MR. RAJEEV KUMAR	UHID	: APH000016588
Age / Gender	: 33 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC
Ref. Consultant	: MEDWHEEL	Ward / Bed	: /
Sample ID	: APH23016717	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 10:29
		Reporting Date & Time	: 24-06-2023 13:32

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: Serum</i>				
MEDWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400				
THYROID PROFILE (FT3+FT4+TSH)				
FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.12	pg/mL	2.0-4.4
FREE-THYRONINE (FT4) (ECLIA)		1.34	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.93	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
 MBBS, MD
 CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000734	Bill Date	: 24-06-2023 09:25
Patient Name	: MR. RAJEEV KUMAR	UHID	: APH000015585
Age / Gender	: 33 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23016714	Current Ward / Bed	: /
		Receiving Date & Time	: 24-06-2023 10:29
		Reporting Date & Time	: 24-06-2023 16:31

BLOOD BANK REPORTING

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

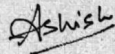
MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



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