

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. ASHOK KUMAR	IPD No.	:	
Age	: 49 Yrs 2 Mth	UHID	:	APH000014331
Gender	: MALE	Bill No.	:	APHHC230000435
Ref. Doctor	: MEDIWHEEL	Bill Date	:	08-04-2023 08:51:09
Ward	:	Room No.	:	
		Print Date	:	08-04-2023 10:32:39

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

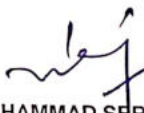
Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

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

Prepare By.
MD.SERAJ


DR. MUHAMMAD SERAJ, MD, 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.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. ASHOK KUMAR	IPD No.	:	
Age	: 49 Yrs 2 Mth	UHID	:	APH000014331
Gender	: MALE	Bill No.	:	APHHC230000435
Ref. Doctor	: MEDIWHEEL	Bill Date	:	08-04-2023 08:51:09
Ward	:	Room No.	:	
		Print Date	:	08-04-2023 11:00:47

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.4 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 (9.1 cm) and echotexture.
 Both kidneys are normal in size and echotexture (Right kidney (10.8 cm), Left kidney (11.4 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.
 Urinary bladder appears normal. (Pre void Vol. 265.1 cc, Post void Vol. 22.6 cc)
 Prostate is mildly enlarged in size with normal outline and echotexture (Vol. 33.6 cc)
 No free fluid or collection seen. No pleural effusion seen.
 No significant lymphadenopathy seen.
 No dilated bowel loop seen.



IMPRESSION:

- Mild prostatomegaly.

Please correlate clinically.....

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

Prepare By.
MD.SERAJ



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FINAL REPORT

Bill No. : APHHC230000435	Bill Date : 08-04-2023 08:51
Patient Name : MR. ASHOK KUMAR	UHID : APH000014331
Age / Gender : 49 Yrs 3 Mth / MALE	Patient Type : OPD
Ref. Consultant : MEDIWHEEL	Ward / Bed : /
Sample ID : APH23008624	Current Ward / Bed : /
	Receiving Date & Time : 08-04-2023 14:12
	Reporting Date & Time : 08-04-2023 15:41

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>Ureaase-GIAA, Kinetic</small>		21	mg/dL	15 - 45
BUN <small>(CALORIMETRIC)</small>		9.8	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe & Kinetic)</small>	L	0.7	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	136.0	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	161.0	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>(OHO-FCO)</small>		157	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	L	31	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Production</small>	H	107	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - FCO)</small>		96	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	126.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.1		1/2 Average 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		3.5		1/2 Average 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		19	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>(CPO)</small>		0.80	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(CPO)</small>		0.16	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.64	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.7	g/dL	6 - 8.1

FINAL REPORT

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Patient Name	: MR. ASHOK KUMAR	UHID	: APH000014331
Age / Gender	: 49 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC : <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23008624	Current Ward / Bed	: /
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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN	L	2.5	g/dL	2.8-3.8
A/G RATIO		1.68		
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		67.8	IU/L	1.5 - 2.5
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		16.0	IU/L	53 - 128
ALANINE AMINO TRANSFERASE (SGPT) (IFCC)		22.1	IU/L	10 - 42
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		18.9	IU/L	10 - 40
LACTATE DEHYDROGENASE (IFCC, L-P)		121.9	IU/L	11 - 50
S.PROTEIN-TOTAL (Buret)		6.7	g/dL	0 - 248
URIC ACID (Uricase - Trinder)		4.2	mg/dL	6 - 8.1
				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.	: APHHC230000435	Bill Date	: 08-04-2023 08:51
Patient Name	: MR. ASHOK KUMAR	UHID	: APH000014331
Age / Gender	: 49 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23008624	Current Ward / Bed	: /
		Receiving Date & Time	: 08-04-2023 14:12
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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	H	7.6	%	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 ****

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FINAL REPORT

Bill No.	: APHHC230000435	Bill Date	: 08-04-2023 08:51
Patient Name	: MR. ASHOK KUMAR	UHID	: APH000014331
Age / Gender	: 49 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23008585	Current Ward / Bed	: /
		Receiving Date & Time	: 08-04-2023 11:24
		Reporting Date & Time	: 08-04-2023 17:59

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: Serum</i>				
MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550				
PROSTATIC SPECIFIC ANTIGEN(TOTAL) (ELFA)		2.88	ng/mL	0 - 4

Note:

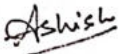
TPSA as a Tumor marker is used as an additional test for prognosis and monitoring of therapy for patients with diagnosed malignant tumors. It may offer a diagnostic value for screening patients with suspected malignancies, as high values may be experienced in situations like benign prostatic hyperplasia,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

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FINAL REPORT

Bill No.	: APHHC230000435	Bill Date	: 08-04-2023 08:51
Patient Name	: MR. ASHOK KUMAR	UHID	: APH000014331
Age / Gender	: 49 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23008585	Current Ward / Bed	: /
		Receiving Date & Time	: 08-04-2023 11:24
		Reporting Date & Time	: 08-04-2023 17:59

Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(ABOVE 40)@2550

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ELIA)	3.22	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ELIA)	1.21	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ELIA)	1.54	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

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MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000435	Bill Date	: 08-04-2023 08:51
Patient Name	: MR. ASHOK KUMAR	UHID	: APH000014331
Age / Gender	: 49 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23008604	Current Ward / Bed	: /
		Receiving Date & Time	: 08-04-2023 12:45
		Reporting Date & Time	: 08-04-2023 17:31

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		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Clear		

CHEMICAL EXAMINATION

PH (Double pH Indicator method)	6.5		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	0-1		
CASTS	Absent		
CRYSTALS	Absent		
URINE-SUGAR	NEGATIVE		

**** End of Report ****

IMPORTANT INSTRUCTIONS

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CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000435	Bill Date	: 08-04-2023 08:51
Patient Name	: MR. ASHOK KUMAR	UHID	: APH000014331
Age / Gender	: 49 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23008581	Current Ward / Bed	: /
		Receiving Date & Time	: 08-04-2023 11:24
		Reporting Date & Time	: 08-04-2023 14:42

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)		5.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.8	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.7	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		40.5	%	40 - 50
MEAN CORPUSCULAR VOLUME		84.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.5	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		34.0	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		169	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		43.3	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.4	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		67	%	40 - 80
LYMPHOCYTES		27	%	20 - 40
MONOCYTES		4	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	25	mm 1st hr	0 - 10

**** End of Report ****

IMPORTANT INSTRUCTIONS

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MBBS,MD
CONSULTANT

NON INVASIVE CARDIOLOGY

Patient Name	: MR. ASHOK KUMAR	IPD No.	:	
Age	: 49 Yrs 2 Mth	UHID	:	APH000014331
Gender	: MALE	Bill No.	:	APHHC230000435
Ref. Doctor	: MEDIWHEEL	Bill Date	:	08-04-2023 08:51:09
Ward	:	Room No.	:	
		Procedure Date	:	08-04-2023 14:29:39

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)	0.9/1.5	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	0.9/1.5	(mm)	Pericardium		NORMAL
LVEF	55	(%)			

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 ²)	REGURGITATION
MV E/A	0.71/0.62			MR:-NIL
AV	1.19	5.66		AR:- NIL
TV	0.96	3.42		TR:- NIL
PV	0.90	3.22		PR:- NIL

IMPRESSION:-

No RWMA.
MODERATE CONCENTRIC LVH.
GRADE II LVDD.
Normal Cardiac Chamber Dimensions.
Normal LV/RV Systolic Function, LVEF-55%.
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.


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

Patient Details

SUPER SPECIALITY CARE

Date: 08-Apr-23

Time: 2:34:43 PM

Name: MR.ASHOK KUMAR ID: APH000014331

Age: 49 y

Sex: M

Height: 168 cms

Weight: 74 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 171 bpm

THR: 153 (90 % of Pr.MHR) bpm

Total Exec. Time: 8 m 59 s

Max. HR: 152 (89% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 140 / 90 mmHg

Max. BP x HR: 21280 mmHg/min

Min. BP x HR: 6400 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 : 45	1.0	0	0	87	120 / 80	-0.51 aVR	2.95 V2
Standing	0 : 7	1.0	0	0	88	120 / 80	-0.51 aVR	1.69 V2
Hyperventilation	0 : 12	1.0	0	0	80	120 / 80	-0.51 aVR	2.11 V2
1	3 : 0	4.6	2.7	10	114	130 / 80	-1.27 aVR	2.53 V2
2	3 : 0	7.0	4	12	125	140 / 90	-1.27 aVR	3.38 V2
Peak Ex	2 : 59	10.2	5.4	14	152	140 / 90	-1.27 aVR	4.22 V3
Recovery(1)	2 : 0	1.8	1.6	0	103	140 / 90	-1.01 aVR	5.06 V2
Recovery(2)	2 : 0	1.0	0	0	101	120 / 80	-0.51 II	2.11 V2
Recovery(3)	0 : 5	1.0	0	0	105	120 / 80	-0.76 aVF	2.11 V2

Interpretation
COMMENTS

- :- FAIR EXERCISE (10.20 METS) TOLERANCE.
- :- NORMAL BP RESPONSE TARGET HEART RATE ACHIEVED.
- :- NO SIGNIFICANT ST-T SEGMENT 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.

Doctor: Dr.ADITYA KUMAR

(Summary Report edited by user)

Schiller GS-20 V 1.9

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

Patient:

Mr. ASHOK KUMAR

RPH0014331

49 year / M

..... cm / kg

HR 62/min

Axis: P 39°

SINUS RHYTHM
NORMAL ECG

Intervals:

RR 963 ms

P 106 ms

PR 162 ms

QR5 96 ms

QT 336 ms

QTc 343 ms

T 28°

P (II) 0.12 mV

5 (V1) 0.71 mV

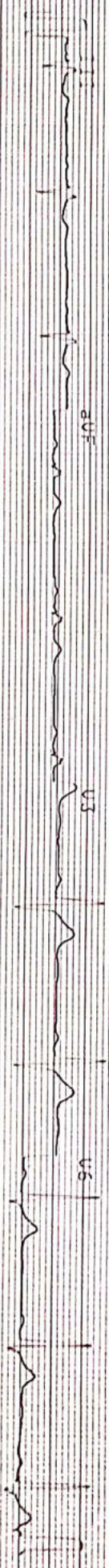
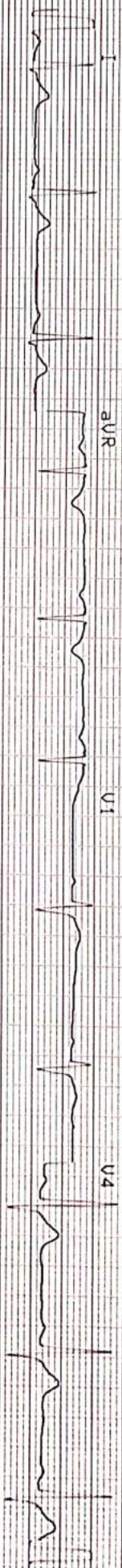
R (V5) 1.47 mV

Sokol. 2.57 mV

5.62

10 mm/mV

10 mm/mV



25 mm/s

0.05-25Hz FS0 SSF SBS 5a 08-RPR-23 14:44:22

RSIRN CITY HOSPITAL PRINR

RT-2plus 4.14 CM

SCHILLER

Part No. 2.157017M

CE 0:3

13