



**FINAL REPORT**

Bill No.	: APHHC230000997	Bill Date	: 06-09-2023 09:13
Patient Name	: MR. ANIL KUMAR	UHID	: APH000016854
Age / Gender	: 57 Yrs 9 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23023732	Current Ward / Bed	: /
		Receiving Date & Time	: 06-09-2023 10:25
		Reporting Date & Time	: 06-09-2023 14:18

**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)**

Test	Result	UOM	Reference Interval
TOTAL LEUCOCYTE COUNT (Flow Cytometry)	5.9	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	5.4	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	15.2	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	45.5	%	40 - 50
MEAN CORPUSCULAR VOLUME	85.1	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	28.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	33.3	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)	43.3	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H 14.2	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

Test	Result	UOM	Reference Interval
NEUTROPHILS	59	%	40 - 80
LYMPHOCYTES	34	%	20 - 40
MONOCYTES	4	%	2 - 10
EOSINOPHILS	3	%	1 - 5
BASOPHILS	0	%	0 - 1
ESR (Westergren)	H 18	mm 1st hr	0 - 10

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

**IMPORTANT INSTRUCTIONS**

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

*Ashish*

DR. ASHISH RANJAN SINGH  
MBBS,MD  
CONSULTANT

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Sample ID	: APH23023793	Current Ward / Bed	: /
		Receiving Date & Time	: 06-09-2023 15:11
		Reporting Date & Time	: 06-09-2023 17:24

**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(ABOVE 40)@2550**

BLOOD UREA <small>Ureaase-GLDH Kinetic</small>		21	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		9.8	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	142.0	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	244.0	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	182	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		40	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	105	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO-POD)</small>	H	241	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	142.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.6		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		2.6		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	H	48	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>(DDP)</small>		0.71	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DDP)</small>		0.13	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.58	mg/dL	0.2 - 0.8
S.PROTEIN <small>(TIBC)</small>		6.5	g/dL	6 - 8.1



### FINAL REPORT

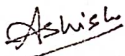
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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	2.8-3.8
S.GLOBULIN	L	2.3	g/dL	1.5 - 2.5
A/G RATIO		1.83		53 - 128
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		84.0	IU/L	10 - 42
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		30.1	IU/L	10 - 40
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		35.4	IU/L	11 - 50
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		30.9	IU/L	0 - 248
LACTATE DEHYDROGENASE (IFCC; L-P)		161.7	IU/L	6 - 8.1
S.PROTEIN-TOTAL (Biuret)		6.5	g/dL	2.6 - 7.2
URIC ACID (Uricase - Trinder)		4.4	mg/dL	

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

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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HbA1c (Fasting) (mmol/L)	H	8.2	%	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 \*\***

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23023736	Current Ward / Bed	: /
		Receiving Date & Time	: 06-09-2023 10:25
		Reporting Date & Time	: 06-09-2023 21:27

**SEROLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: Serum				
<b>MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(ABOVE 40)@2550</b>				
PROSTATIC SPECIFIC ANTIGEN(TOTAL) (ELFA)		0.48	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 \*\***

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Sample Type: Serum

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

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

FREE-TRI IODO THYRONINE (FT3) (ECLIA)	2.61	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	0.99	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.35	mIU/L	0.27-4.20

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

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23023794	Current Ward / Bed	: /
		Receiving Date & Time	: 06-09-2023 15:11
		Reporting Date & Time	: 06-09-2023 20:34

**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	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 GOD Method)	+		Negative
SPECIFIC GRAVITY, URINE (Apparent ppa 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		

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Sample ID	: APH23023733	Current Ward / Bed	: /
		Receiving Date & Time	: 06-09-2023 10:25
		Reporting Date & Time	: 06-09-2023 20:57

### 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)	"O"
RH TYPE	POSITIVE

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

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