

Triage Category :

Mode of Arrival : Walking/Sitting



## NON INVASIVE CARDIOLOGY

Patient Name	: MR. RAJESH KUMAR	IPD No.	:	
Age	: 51 Yrs 8 Mth	UHID	:	APH000014848
Gender	: MALE	Bill No.	:	APHHC230000566
Ref. Doctor	: MEDIWHEEL	Bill Date	:	10-05-2023 09:25:57
Ward	:	Room No.	:	
		Procedure Date	:	10-05-2023 14:17:22

### ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

#### M MODE STUDY (MEASUREMENTS)

#### Left Ventricle:-

EDD:	45	(mm)	Left Atrium	39	(mm)
ESD:	30	(mm)	Aortic Root	29	(mm)
IVS Thickness (D/S)	1.5/2.0	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	1.5/2.1	(mm)	Pericardium		NORMAL
LVEF	62	(%)			

#### 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 <sup>2</sup> )	REGURGITATION
MV E/A	0.75/0.95			MR:-NIL
AV	1.06	4.47		AR:- NIL
TV	1.39	7.74		TR:- NIL
PV	1.52	9.29		PR:- NIL

#### IMPRESSION: -

No RWMA.


Moderate Concentric LVH.

Grade I LVDD.

Normal Cardiac Chamber Dimensions.

Normal LV/RV Systolic Function, LVEF-62%.

No LA-LAA Clot/ Vegetation/ Pericardial Effusion.

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

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

**FINAL REPORT**

Bill No.	: APHHC230000566	Bill Date	: 10-05-2023 09:25
Patient Name	: MR. RAJESH KUMAR	UHID	: APH000014848
Age / Gender	: 51 Yrs 8 Mth / MALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23011549	Current Ward / Bed	: /
		Receiving Date & Time	: 10-05-2023 10:36
		Reporting Date & Time	: 10-05-2023 15:29

**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)		1.15	ng/mL	0 - 4

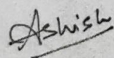
Note:  
 TPSA as a Tumor marker is used as an additional test for prognosis and monitoring of therapy for patients with diagnosed malignant tumors. It may offer a diagnostic value for screening patients with suspected malignancies, as high values may be experienced in situations like benign prostatic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



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 MBBS,MD  
 CONSULTANT

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**BIOCHEMISTRY REPORTING**

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

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

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		24	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		11.2	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.7	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		102.0	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)

**LIPID PROFILE**

CHOLESTROL-TOTAL <small>(CHO-POD)</small>		122	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>	L	29	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		72	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		119	mg/dL	0 - 160
NON-HDL CHOLESTROL		93.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.2		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		2.5		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		24	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	1.51	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPO)</small>	H	0.28	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	1.23	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.6	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.5	g/dL	
S.GLOBULIN		3.1	g/dL	2.8-3.8
A/G RATIO	L	1.45		1.5 - 2.5

**FINAL REPORT**

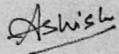
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ALKALINE PHOSPHATASE (IFCC AMP BUFFER)	L	52.9	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	H	64.4	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	H	63.1	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	H	74.1	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		221.0	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		7.6	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		5.0	mg/dL	2.6 - 7.2

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

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Sample Type: EDTA Whole Blood, Serum

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

HbA1C (Turbidimetric Immuno-inhibition)

6.2

%

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

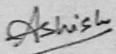
**Note:**

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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		Reporting Date & Time	: 10-05-2023 13:58

**SEROLOGY REPORTING**

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

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

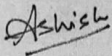
**THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.15	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	H	1.74	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	6.23	mIU/L	0.27-4.20

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

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Sample Type: Serum

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

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*Ashish*

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23011561	Current Ward / Bed	: /
		Receiving Date & Time	: 10-05-2023 12:02
		Reporting Date & Time	: 10-05-2023 14:12

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: Urine</i>				

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

**URINE, ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

QUANTITY	20 mL		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Slight hazy		

**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	2-4	/HPF	0 - 5
RBC's	Nil		
EPITHELIAL CELLS	1-2		
CASTS	Nil		
CRYSTALS	Nil		
URINE-SUGAR	NEGATIVE		

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

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23011545	Current Ward / Bed	: /
		Receiving Date & Time	: 10-05-2023 10:36
		Reporting Date & Time	: 10-05-2023 15:01

**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)**

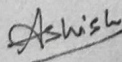
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	4.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	L	12.5	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	36.9	%	40 - 50
MEAN CORPUSCULAR VOLUME		88.4	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		29.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.9	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	L	80	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	52.3	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	16.6	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		59	%	40 - 80
LYMPHOCYTES		33	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	74	mm 1st hr	0 - 10

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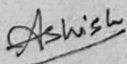
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BASOPHILS		0	%	0 - 1
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 MBBS, MD  
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 G.C.S.  
 E.M.V)

Motor

Patient's

Mr. RAJESH KUMAR

PRH014848

31 year / M

..... CM / ..... KG

HR 78/min

Intervals:

RR 767 ms

P - ms

PR - ms

QRS 92 ms

QT 362 ms

QTc 416 ms

P axis: - °

QRS 23 °

T 30 °

RIRL FIBRILLATION

~~ABNORMAL ECG~~

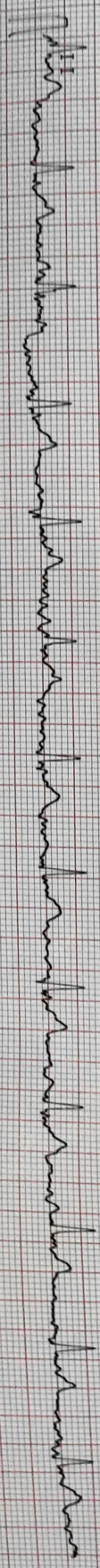
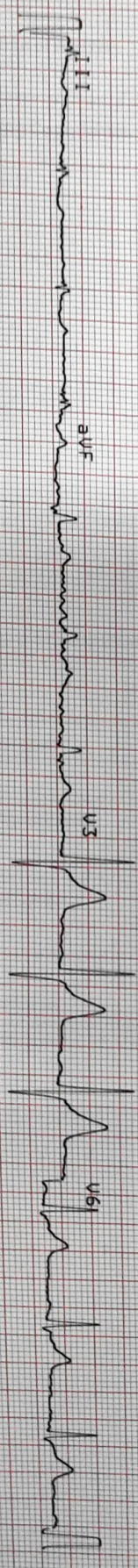
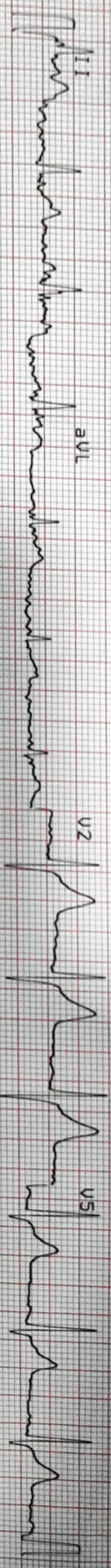
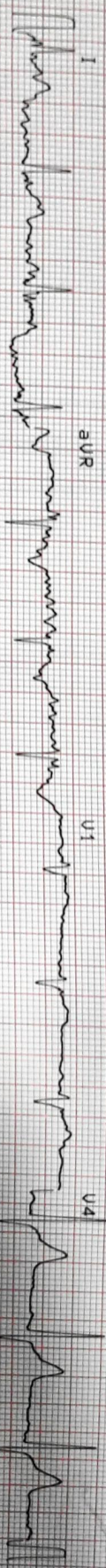
5.62

5 leads rhythm  
NORMAL ECG

2

10 mm/mV

10 mm/mV



25 mm/s

0.05-25Hz

F50 SSF

S85

We 10-MAY-23 10:58:29

ASIRN CITY HOSPITAL PRINR

AT-2P1US 4.14 CM

SCHILLER

Part No.2.157017M

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K8A