

NON INVASIVE CARDIOLOGY

Patient Name	: MR. PRASHANT RANJAN	IPD No.	:
Age	: 33 Yrs 1 Mth	UHID	: APH000014342
Gender	: MALE	Bill No.	: APHHC230000442
Ref. Doctor	: MEDIWHEEL	Bill Date	: 08-04-2023 09:32:07
Ward	:	Room No.	:
		Procedure Date	: 08-04-2023 17:25:45

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)	0.9/1.1	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	0.9/1.1	(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 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.
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

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. PRASHANT RANJAN	IPD No.	:
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Ref. Doctor	: MEDIWHEEL	Bill Date	: 08-04-2023 09:32:07
Ward	:	Room No.	:
		Print Date	: 08-04-2023 10:52:52

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.6 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 (9.6 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.9 cm), Left kidney (10.2 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 19.0 cc), outline and echotexture.

No free fluid or collection seen. No pleural effusion seen.

No significant lymphadenopathy seen.

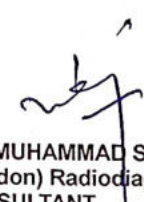
No dilated bowel loop seen.

IMPRESSION: Normal study.

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 : XRAY

Patient Name	: MR. PRASHANT RANJAN	IPD No.	:	
Age	: 33 Yrs 1 Mth	UHID	:	APH000014342
Gender	: MALE	Bill No.	:	APHHC230000442
Ref. Doctor	: MEDIWHEEL	Bill Date	:	08-04-2023 09:32:07
Ward	:	Room No.	:	
		Print Date	:	08-04-2023 11:30:48

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.

FINAL REPORT

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Patient Name	: MR. PRASHANT RANJAN	UHID	: APH000014342
Age / Gender	: 33 Yrs 1 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23008552	Current Ward / Bed	: /
		Receiving Date & Time	: 08-04-2023 11:11
		Reporting Date & Time	: 08-04-2023 16:56

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

Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

FINAL REPORT

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Age / Gender	: 33 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23008606	Current Ward / Bed	: /
		Receiving Date & Time	: 08-04-2023 12:46
		Reporting Date & Time	: 08-04-2023 17:32

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		30 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		0-1	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		0-1		
CASTS		Absent		
CRYSTALS		Absent		
URINE-SUGAR		Negative		

**** End of Report ****

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23008551	Current Ward / Bed	: /
		Receiving Date & Time	: 08-04-2023 11:11
		Reporting Date & Time	: 08-04-2023 15:53

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)		6.9	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		5.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (S.S Hb Detection)		14.2	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		43.2	%	40 - 50
MEAN CORPUSCULAR VOLUME		83.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.9	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)		45.7	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.4	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		54	%	40 - 80
LYMPHOCYTES		31	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS	H	9	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	22	mm 1st hr	0 - 10

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23008555	Current Ward / Bed	: /
		Receiving Date & Time	: 08-04-2023 11:11
		Reporting Date & Time	: 08-04-2023 16:50

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)		3.22	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.38	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		1.14	mIU/L	0.27-4.20

**** End of Report ****

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Age / Gender	: 33 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23008642	Current Ward / Bed	: /
		Receiving Date & Time	: 08-04-2023 17:39
		Reporting Date & Time	: 08-04-2023 18:57

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-GDH/Kinetic</small>		22	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		10.3	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>		92.0	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>		106.0	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	162	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		44	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	101	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO-POD)</small>		77	mg/dL	0 - 160
NON-HDL CHOLESTROL		118.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.7		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		2.3		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		15	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>		0.66	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPO)</small>		0.14	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.52	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Buret)</small>		7.3	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.3	g/dL	

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S.GLOBULIN		3.0	g/dL	2.8-3.8
A/G RATIO	L	1.43		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)	L	50.6	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		18.8	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		24.8	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		21.2	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		176.7	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		7.3	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		4.3	mg/dL	2.6 - 7.2

**** End of Report ****

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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-Inhibition)	6.0	%	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 ****

IMPORTANT INSTRUCTIONS

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DR. ASHISH RANJAN SINGH
MBBS, MD
CONSULTANT

Patient Details

Date: 08-Apr-23

Time: 12:21:04 PM

Name: Mr.PRASHANT RANJAN ID: APH000014342

Age: 33 y

Sex: M

Height: 170 cms

Weight: 74 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 187 bpm

THR: 168 (90 % of Pr.MHR) bpm

Total Exec. Time: 12 m 0 s

Max. HR: 167 (89% of Pr.MHR)bpm

Max. Mets: 13.50

Max. BP: 140 / 90 mmHg

Max. BP x HR: 23380 mmHg/min

Min. BP x HR: 5600 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 : 13	1.0	0	0	70	120 / 80	-0.51 aVR	1.69 V2
Standing	0 : 10	1.0	0	0	70	120 / 80	-0.51 aVR	1.69 V2
Hyperventilation	0 : 10	1.0	0	0	72	120 / 80	-0.76 aVR	2.53 V2
1	3 : 0	4.6	2.7	10	110	120 / 80	-1.27 aVR	3.38 V2
2	3 : 0	7.0	4	12	129	140 / 90	-1.52 aVR	5.49 V2
3	3 : 0	10.2	5.4	14	167	140 / 90	-2.28 aVR	5.91 V2
Peak Ex	3 : 0	13.5	6.7	16	108	120 / 80	-3.29 aVR	5.91 V2
Recovery(1)	0 : 9	1.8	1.6	0	110	120 / 80	-3.54 aVR	2.95 V2

Interpretation
COMMENTS

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

(Summary Report edited by user)

Doctor: Dr.ADITYA KUMAR

Schillor CS-20 V 1.9

Patient:
 oraganl

Age: M / F
..... cm / kg

HR 65/min
Intervals:
RR 917 ms
P 114 ms
PR 172 ms
QRS 96 ms
QT 356 ms
QTc 375 ms
P (II) 0.11 mV
S (V1) -0.62 mV
R (V5) 0.58 mV
Sokol. 2.64 mV

SINUS RHYTHM
OTHERWISE NORMAL ECG
5.62

10 mm/mV

10 mm/mV

