

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : **ULTRASOUND**

Patient Name	: MR. VIJAY SHANKAR PRASAD	IPD No.	:
Age	: 35 Yrs 1 Mth	UHID	: APH000015365
Gender	: MALE	Bill No.	: APHHC230000688
Ref. Doctor	: MEDIWHEEL	Bill Date	: 10-06-2023 09:23:16
Ward	:	Room No.	:
		Print Date	: 10-06-2023 12:46:31

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 14.4 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 (11.5 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (11.6 cm), Left kidney (10.7 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 21.1 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.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. VIJAY SHANKAR PRASAD	IPD No.	:	
Age	: 35 Yrs 1 Mth	UHID	:	APH000015365
Gender	: MALE	Bill No.	:	APHHC230000688
Ref. Doctor	: MEDIWHEEL	Bill Date	:	10-06-2023 09:23:16
Ward	:	Room No.	:	
		Print Date	:	10-06-2023 10:49:08

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.
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(London) Radiodiagnosis
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FINAL REPORT

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Patient Name	: MR. VIJAY SHANKAR PRASAD	UHID	: APH000015365
Age / Gender	: 35 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23015001	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 10:33
		Reporting Date & Time	: 10-06-2023 21:01

BLOOD BANK REPORTING

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

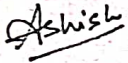
MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



DR. ASHISH RANJAN SINGH

MBBS,MD

CONSULTANT

FINAL REPORT

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Age / Gender	: 35 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23015000	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 10:33
		Reporting Date & Time	: 10-06-2023 13:18

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(BELOW-40)@2400

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.1	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		5.3	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	L	12.4	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	38.1	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	72.4	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	23.5	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.4	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		164	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		40.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.7	%	11.6 - 14

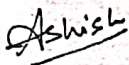
DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		60	%	40 - 80
LYMPHOCYTES		34	%	20 - 40
MONOCYTES		4	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	40	mm 1st hr	0 - 10

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Age / Gender	: 35 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC : <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23015004	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 10:33
		Reporting Date & Time	: 10-06-2023 16:13

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)		3.24	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.20	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		1.99	mIU/L	0.27-4.20

**** End of Report ****

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Ashish

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Age / Gender	: 35 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23015052	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2023 15:33
		Reporting Date & Time	: 10-06-2023 17:19

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>		22	mg/dL	15 - 45
BUN (CALCULATED)		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>	H	118.0	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	184.0	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	237	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		43	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	156	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	H	171	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	194.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.5		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		34	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>(DPD)</small>		0.60	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.11	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.49	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.2	g/dL	6 - 8.1

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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.0	g/dL	
S.GLOBULIN		3.2	g/dL	2.8-3.8
A/G RATIO	L	1.25		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)	H	150.3	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	H	67.8	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	H	161.6	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	H	59.1	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC-LP)		197.9	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)		7.2	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		7.2	mg/dL	2.6 - 7.2

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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.9	%	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.

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