DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. NIRBHAY KUMAR SINGH	IPD No.	T	
Age	:	36 Yrs 7 Mth	UHID	T	APH000020319
Gender	:	MALE	Bill No.	T	APHHC240000187
Ref. Doctor	:	MEDIWHEEL	Bill Date	1:	12-02-2024 08:13:18
Ward	:		Room No.	:	
			Print Date	:	12-02-2024 12:39:33

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.

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

Prepare By. MD.SERAJ

DR. MUHAMMAD SERAJ, MD Radiodiagnosis, FRCR (London) BCMR/46075 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. NIRBHAY KUMAR SINGH	IPD No.	:	
Age	:	36 Yrs 7 Mth	UHID	T:	APH000020319
Gender	:	MALE	Bill No.	T:	APHHC240000187
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	12-02-2024 08:13:18
Ward	:		Room No.	:	
			Print Date	:	12-02-2024 10:24:16

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 13 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 (10 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (11.6 cm), Left kidney (10.1 cm).

Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 23.8 cc), outline and echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

<u>IMPRESSION:</u>- Grade II fatty infiltration of liver.

Please correlate clinically								
	End of Report							
Prepare By. MD.SALMAN	DR. MUHAMMAD SERAJ, MD Radiodiagnosis,FRCR (London) BCMR/46075 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.

Bill No.	:	APHHC240000187	Bill Date	Г	12-02-2024 08:13			
Patient Name	:	MR. NIRBHAY KUMAR SINGH	UHID	Г	APH000020319			
Age / Gender	:	36 Yrs 7 Mth / MALE	Patient Type	Г	OPD	If PHC	:	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	Г	1			
Sample ID	:	APH24004657	Current Ward / Bed		1			
	:		Receiving Date & Time	F	12-02-2024 09:58			
	Г		Reporting Date & Time	Γ	12-02-2024 12:14			

HAEMATOLOGY REPORTING

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

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

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		4.7	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		5.3	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		15.4	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		46.4	%	40 - 50
MEAN CORPUSCULAR VOLUME		87.3	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		29.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.2	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		161	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		45.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.6	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		61	%	40 - 80
LYMPHOCYTES		30	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	Н	13	mm 1st hr	0 - 10

** End of Report **

IMPORTANT INSTRUCTIONS

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000187	Bill Date	:	12-02-2024 08:13			
Patient Name	:	MR. NIRBHAY KUMAR SINGH	UHID		APH000020319			
Age / Gender	:	36 Yrs 7 Mth / MALE	Patient Type	[·	OPD	If PHC	:	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		1			
Sample ID	:	APH24004658	Current Ward / Bed		1			
	1		Receiving Date & Time	:	12-02-2024 09:58			
	Г		Reporting Date & Time		12-02-2024 15:02			

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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

DR. ASHISH RANJAN SINGH

Bill No.	Г	APHHC240000187	Bill Date	1:	12-02-2024 08:13			
Patient Name	Г	MR. NIRBHAY KUMAR SINGH	UHID	1	APH000020319			
Age / Gender	Г	36 Yrs 7 Mth / MALE	Patient Type	1	OPD	If PHC	:	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed	1	1			
Sample ID		APH24004661	Current Ward / Bed	1	1			
	F		Receiving Date & Time	1:	12-02-2024 09:58			
	Т		Reporting Date & Time	1	12-02-2024 14:16			

SEROLOGY REPORTING

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

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

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.34	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.01	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.23	mIU/L	0.27-4.20

** End of Report **

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DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000187	Bill Date	:	12-02-2024 08:13		
Patient Name	:	MR. NIRBHAY KUMAR SINGH	UHID	1	APH000020319		
Age / Gender		36 Yrs 7 Mth / MALE	Patient Type	1	OPD	If PHC	:
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24004733	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	12-02-2024 14:24		
	П		Reporting Date & Time	:	12-02-2024 15:11		

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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)	1.020	1.005 - 1.030

MICROSCOPIC EXAMINATION

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

**	End	of	Report	**

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Patient Name	Г	MR. NIRBHAY KUMAR SINGH	UHID	Ε	APH000020319		
Age / Gender	Г	36 Yrs 7 Mth / MALE	Patient Type	Γ	OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed	T	1		
Sample ID		APH24004723	Current Ward / Bed		1		
	1		Receiving Date & Time	:	12-02-2024 13:39		
	Г		Reporting Date & Time	:	12-02-2024 15:00		

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference
				Interval

Sample Type: EDTA Whole Blood, Plasma, Serum

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

BLOOD UREA Urease-GLDH,Kinetic		24	mg/dL	15 - 45					
BUN (CALCULATED)		11.2	mg/dL	7 - 21					
CREATININE-SERUM (Modified Jaffe's Kinetic)		1.0	mg/dL	0.9 - 1.3					
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		104.0	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) (UV Hexokinase)	107.0	mg/dL	70 - 140
•			

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 (CHO-POD)	Н	191	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		45	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	134	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		129	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	146.0	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		3.0		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		26	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:
 - 1. Cigarette smoking.
 - 2. Hypertension.
 - 3. Family history of premature coronary heart disease.
 - 4. Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)	0.67	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.14	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.53	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	6.8	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	4.3	g/dL	

Bill Date

: 12-02-2024 08:13

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ample ID		APH24004723			Current Ward / Bed		:	1		
					Receiving Date & Tin	ne	:	12-02-2024 13:39		
	П				Reporting Date & Tin	ne	:	12-02-2024 15:00		
S.GLOBULIN			L	2.	5	g/dL		2.8-3.8		
A/G RATIO				1.7	2			1.5 - 2.	5	
ALKALINE PHO	SF	PHATASE IFCC AMP BUFFER		70	5	IU/L		53 - 128	3	
ASPARTATE AN	ΊΙΜ	NO TRANSFERASE (SGOT) (IFCC)		39	5	IU/L		10 - 42		
ALANINE AMIN	10	TRANSFERASE(SGPT) (IFCC)	Н	70	.7	IU/L		10 - 40		
GAMMA-GLUTA	٩M	YLTRANSPEPTIDASE (IFCC)		34	9	IU/L		11 - 50		
LACTATE DEH	ΥD	ROGENASE (IFCC; L-P)		14	4.9	IU/L		0 - 248		
S.PROTEIN-TO	ТА	L (Biuret)		6.8		g/dL		6 - 8.1		
URIC ACID Urica	co -	Trinder	Н	8.	n	mg/dl		2.6 - 7.	2	

** End of Report **

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: APHHC240000187

DR. ASHISH RANJAN SINGH

MBBS,MD CONSULTANT

Bill No.

Bill No.	:	APHHC240000187	Bill Date	:	12-02-2024 08:13		
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Age / Gender	ŀ	36 Yrs 7 Mth / MALE	Patient Type	F	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	1	APH24004723	Current Ward / Bed		1		
	1		Receiving Date & Time	-	12-02-2024 13:39		
			Reporting Date & Time		12-02-2024 15:00		

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.8	%	4.0 - 6.2

INTERPRETATION:

HbA1c %	Degree of Glucose Control				
>8%	>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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