

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. KUMAR ABHISHEK	IPD No.	:	
Age	: 41 Yrs 5 Mth	UHID	:	APH000020762
Gender	: MALE	Bill No.	:	APHHC240000275
Ref. Doctor	: MEDIWHEEL	Bill Date	:	24-02-2024 09:48:45
Ward	:	Room No.	:	
		Print Date	:	24-02-2024 12:27:02

WHOLE ABDOMEN:

Liver is normal in size and shows mildly increase in parenchymal echogenicity S/O grade I fatty liver infiltration. (Liver measures 13.1 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 (8.8 cm), Left kidney (10.3 cm). Cortico-medullary distinction is maintained.

A echogenic calculus of size 11 mm seen in mid calyx without any hydronephrotic changes.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 10.2 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:-

- **Right nephrolithiasis without hydronephrotic changes.**
- **Normal size liver with grade I fatty infiltrative changes.**

Please correlate clinically.....

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

Prepare By.
MD.SALMAN

CONSULTANT RADIOLOGIST,

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. KUMAR ABHISHEK	IPD No.	:	
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Ref. Doctor	:	MEDIWHEEL	Bill Date	:	24-02-2024 09:48:45
Ward	:		Room No.	:	
			Print Date	:	24-02-2024 16:04:17

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.....

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MD.SALMAN

CONSULTANT RADIOLOGIST,

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FINAL REPORT

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Age / Gender	: 41 Yrs 5 Mth / MALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24006289	Current Ward / Bed	: /		
		Receiving Date & Time	: 24-02-2024 10:38		
		Reporting Date & Time	: 25-02-2024 01:37		

BLOOD BANK REPORTING

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

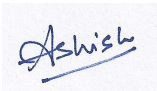
MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550

BLOOD GROUP (ABO)	"A"
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

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006292	Current Ward / Bed	: /
		Receiving Date & Time	: 24-02-2024 10:38
		Reporting Date & Time	: 27-02-2024 17:50

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

PROSTATIC SPECIFIC ANTIGEN(TOTAL) (ELFA)		0.55	ng/mL	0 - 4
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Note:

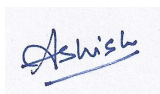
TPSA as a Tumor marker is used as an additional test for prognosis and monitoring of therapy for patients with diagnosed malignant tumors. It may offer a diagnostic value for screening patients with suspected malignancies, as high values may be experienced in situations like benign prostatic hyperplasia,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

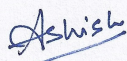
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.92	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.10	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	4.61	mIU/L	0.27-4.20

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Age / Gender	: 41 Yrs 5 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006480	Current Ward / Bed	: /
		Receiving Date & Time	: 24-02-2024 15:53
		Reporting Date & Time	: 24-02-2024 23:12

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		20 mL		
COLOUR		Pale Straw		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

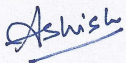
MICROSCOPIC EXAMINATION

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

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Sample ID	: APH24006288	Current Ward / Bed	: /
		Receiving Date & Time	: 24-02-2024 10:38
		Reporting Date & Time	: 24-02-2024 14:10

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)		5.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.5	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.8	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		40.1	%	40 - 50
MEAN CORPUSCULAR VOLUME		89.9	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		31.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		34.4	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		202	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		43.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		13.4	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		55	%	40 - 80
LYMPHOCYTES		37	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	22	mm 1st hr	0 - 10

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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)		5.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.5	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.8	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		40.1	%	40 - 50
MEAN CORPUSCULAR VOLUME		89.9	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		31.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		34.4	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		202	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		43.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		13.4	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		55	%	40 - 80
LYMPHOCYTES		37	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		3	%	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	: APH24006447	Current Ward / Bed	: /
		Receiving Date & Time	: 24-02-2024 14:50
		Reporting Date & Time	: 24-02-2024 17:05

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>Urease-GLDH,Kinetic</small>		19	mg/dL	15 - 45
BUN (CALCULATED)		8.9	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>		0.9	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)

GLUCOSE-PLASMA (POST PRANDIAL) <small>(UV Hexokinase)</small>		121.0	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	208	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>		44	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	144	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		88	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	164.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.7		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		3.3		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		18	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 <small>(DPD)</small>		0.50	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.09	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.41	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.2	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.0	g/dL	

FINAL REPORT

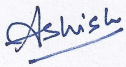
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S.GLOBULIN	L	2.2	g/dL	2.8-3.8
A/G RATIO		1.82		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		70.3	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		19.1	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>		25.5	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		12.5	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		169.0	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.2	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		7.0	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(ABOVE 40)@2550

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

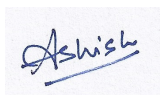
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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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