DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report: ULTRASOUND

Patient Name	:	MR. ADITYA KUMAR	IPD No.	:	
Age	:	33 Yrs	UHID	T:	APH000021756
Gender	:	MALE	Bill No.	:	APHHC240000534
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-03-2024 09:32:37
Ward	:		Room No.	:	
			Print Date	:	22-03-2024 12:00:33

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 10.7 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 (7.3 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.4 cm), Left kidney (9.7 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 19.2 cc), outline and echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

	End of Report
Please correlate clinically	

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: XRAY

Patient Name	:	MR. ADITYA KUMAR	IPD No.	:	
Age	:	33 Yrs	UHID	:	APH000021756
Gender	:	MALE	Bill No.	:	APHHC240000534
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	22-03-2024 09:32:37
Ward	:		Room No.	:	
			Print Date	:	23-03-2024 15:07:38

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 Radiodiagnosis, FRCR (London) BCMR/46075 CONSULTANT

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Patient Name	F	MR. ADITYA KUMAR	UHID	Γ	APH000021756		
Age / Gender	F	33 Yrs / MALE	Patient Type	Γ	OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH24010660	Current Ward / Bed	:	1		
	:		Receiving Date & Time		22-03-2024 10:24		
	Г		Reporting Date & Time	:	23-03-2024 03:01		

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.	:	APHHC240000534	Bill Date	1	22-03-2024 09:32		
Patient Name	:	MR. ADITYA KUMAR	UHID	1	APH000021756		
Age / Gender		33 Yrs / MALE	Patient Type	1	OPD	If PHC	1:
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24010659	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	22-03-2024 10:24		
	Г		Reporting Date & Time	1:	22-03-2024 15:57		

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)		6.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.9	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.3	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		42.4	%	40 - 50
MEAN CORPUSCULAR VOLUME		86.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.1	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	31.4	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	L	115	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		44.7	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.5	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

ESR (Westergren)	Н	52	mm 1st hr	0 - 10
BASOPHILS		0	%	0 - 1
EOSINOPHILS		4	%	1 - 5
MONOCYTES		6	%	2 - 10
LYMPHOCYTES		21	%	20 - 40
NEUTROPHILS		69	%	40 - 80

** End of Report **

IMPORTANT INSTRUCTIONS
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DR. ASHISH RANJAN SINGH

MBBS,MD CONSULTANT

Page 1 of 1

Bill No.	F	APHHC240000534	Bill Date		:	22-03-2024 09:32		
Patient Name	F	MR. ADITYA KUMAR	UHID		:	APH000021756		
Age / Gender	F	33 Yrs / MALE	Patient Type		:	OPD	If PHC	:
Ref. Consultant	1	MEDIWHEEL	Ward / Bed		:	1		
Sample ID	1	APH24010743	Current Ward / I	3ed	:	1		
	1		Receiving Date	& Time	:	22-03-2024 12:16		
	Г		Reporting Date	& Time	:	22-03-2024 23:47		

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	20 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		2-3	/HPF	0 - 5			
RBC's		Nil					
EPITHELIAL CELLS	1-2						
CASTS		Nil					
CRYSTALS	STALS Nii						
LIDINE CUCAD NEGATIVE							

URINE-SUGAR	NEGATIVE

** End of Report **

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Age / Gender	F	33 Yrs / MALE	Patient Type	Г	OPD	If PHC :	
Ref. Consultant		MEDIWHEEL	Ward / Bed	Г	1		
Sample ID		APH24010663	Current Ward / Bed		1		
	1		Receiving Date & Time		22-03-2024 10:24		
	Т		Reporting Date & Time	F	22-03-2024 17:21		

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)		2.47	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	L	0.70	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	Н	22.30	mIU/L	0.27-4.20

** End of Report **

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Patient Name	:	MR. ADITYA KUMAR	UHID	1	APH000021756		
Age / Gender		33 Yrs / MALE	Patient Type	1	OPD I	If PHC	:
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24010829	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	22-03-2024 15:55		
	Г		Reporting Date & Time	:	23-03-2024 02:57		

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

	20	mg/dL	15 - 45
	9.3	mg/dL	7 - 21
L	0.7	mg/dL	0.9 - 1.3
	79.0	mg/dL	70 - 100
	L	9.3 L 0.7	9.3 mg/dL L 0.7 mg/dL

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)	85.0	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)		123	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	37	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection		76	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		82	mg/dL	0 - 160
NON-HDL CHOLESTROL		86.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.3		1/2Average 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		2.1		1/2Average 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		16	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)	0.61	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.12	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.49	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	6.6	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	3.8	g/dL	

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					Receiving Date & Tin	ne	:	22-03-2024 15:55				
	T				Reporting Date & Tin	ne l	:	23-03-2024 02:57				
S.GLOBULIN				2.8	3	g/dL		2.8-3.8				
A/G RATIO			L	1.	36			1.5 - 2	.5			
ALKALINE PH	OSI	PHATASE IFCC AMP BUFFER		97	.6	IU/L		53 - 12	8			
ASPARTATE A	ΙM	NO TRANSFERASE (SGOT) (IFCC)		21	.1	IU/L		10 - 42				
ALANINE AM	NO	TRANSFERASE(SGPT) (IFCC)		19	.8	IU/L		10 - 40				
GAMMA-GLU	GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		L	8.1		IU/L		11 - 50	11 - 50			
LACTATE DE	HYD	ROGENASE (IFCC; L-P)		15	7.7	IU/L		0 - 248	3			
S.PROTEIN-T	OTA	↓ (Biuret)		6.6	6	g/dL		6 - 8.1				
			1	12.6	<u> </u>			100 7	2			
URIC ACID or	case ·	- Trinder		3.9)	mg/d	L	2.6 - 7	. ∠			

** End of Report **

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	1		Receiving Date & Time	:	22-03-2024 15:55			
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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.5	%	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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