# **DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING**

Report: XRAY

Patient Name	:	MR. SHOBHIT LAL DAS	IPD No.	:	
Age	:	48 Yrs 8 Mth	UHID	T:	APH000021937
Gender	:	MALE	Bill No.	:	APHHC240000608
Ref. Doctor	:	mediwheel	Bill Date	:	29-03-2024 09:17:29
Ward	:		Room No.	:	
			Print Date	:	30-03-2024 11:45:03

### **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.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.

# **DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING**

Report: ULTRASOUND

Patient Name	:	MR. SHOBHIT LAL DAS	IPD No.	:	
Age	:	48 Yrs 8 Mth	UHID	T:	APH000021937
Gender	:	MALE	Bill No.	:	APHHC240000608
Ref. Doctor	:	mediwheel	Bill Date	:	29-03-2024 09:17:29
Ward	:		Room No.	:	
			Print Date	:	29-03-2024 14:41:55

#### **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 13.4 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 (10.9 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.7 cm), Left kidney (10.5 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal. (Pre void Vol. 259 cc, Post void Vol. 7 cc)

Prostate appears moderately enlarged in size (Vol ~ 40 cc), and normal in echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

#### IMPRESSION:- Moderate prostatomegaly with insignificant PVR.

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.	F	APHHC240000608	Bill Date	1:	29-03-2024 09:17	
Patient Name	Г	MR. SHOBHIT LAL DAS	UHID	T	APH000021937	
Age / Gender	Г	48 Yrs 8 Mth / MALE	Patient Type	T	OPD	If PHC :
Ref. Consultant	Г	mediwheel	Ward / Bed	T	1	
Sample ID		APH24011868	Current Ward / Bed		1	
			Receiving Date & Time	1	29-03-2024 11:20	
	Г		Reporting Date & Time	1	29-03-2024 18:52	

#### **SEROLOGY REPORTING**

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

MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550						
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PROSTATIC SPECIFIC ANTIGEN(TOTAL) (ELFA)	3.42	ng/mL	0 - 4			

#### 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 \*\*

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000608	Bill Date	:	29-03-2024 09:17	
Patient Name	F	MR. SHOBHIT LAL DAS	UHID		APH000021937	
Age / Gender	F	48 Yrs 8 Mth / MALE	Patient Type		OPD If	PHC :
Ref. Consultant	1	mediwheel	Ward / Bed		1	
Sample ID	1	APH24011868	Current Ward / Bed		1	
	:		Receiving Date & Time	:	29-03-2024 11:20	
			Reporting Date & Time	:	29-03-2024 18:52	

Sample Type: Serum

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

### THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)	2.87	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.38	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.27	mIU/L	0.27-4.20

### \*\* End of Report \*\*

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Patient Name	:	MR. SHOBHIT LAL DAS	UHID	APH000021937	
Age / Gender	:	48 Yrs 8 Mth / MALE	Patient Type	OPD	If PHC :
Ref. Consultant	:	mediwheel	Ward / Bed	1	
Sample ID	:	APH24011865	Current Ward / Bed	1	
	1		Receiving Date & Time	29-03-2024 11:20	
	Г		Reporting Date & Time	30-03-2024 02:25	

### **BLOOD BANK REPORTING**

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

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

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.		APHHC240000608	Bill Date	:	29-03-2024 09:17		
Patient Name		MR. SHOBHIT LAL DAS	UHID	1	APH000021937		
Age / Gender	Г	48 Yrs 8 Mth / MALE	Patient Type	1	OPD If PHC :		
Ref. Consultant		mediwheel	Ward / Bed	1	1		
Sample ID	1	APH24011864	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	29-03-2024 11:20		
	Г		Reporting Date & Time	:	29-03-2024 15:22		

### **HAEMATOLOGY REPORTING**

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

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

# CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.1	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	Н	5.7	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	L	12.1	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	39.8	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	69.4	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	21.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	30.5	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		168	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		39.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	16.1	%	11.6 - 14

#### **DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		63	%	40 - 80
LYMPHOCYTES		25	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS	Н	6	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	Н	56	mm 1st hr	0 - 10

### \*\* End of Report \*\*

IMPORTANT INSTRUCTIONS
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DR. ASHISH RANJAN SINGH

MBBS,MD CONSULTANT

Page 1 of 1

Bill No.	:	APHHC240000608	Bill Date	1:	29-03-2024 09:17			
Patient Name	Г	MR. SHOBHIT LAL DAS	UHID	F	APH000021937			
Age / Gender	Г	48 Yrs 8 Mth / MALE	Patient Type	F	OPD	If PHC :		
Ref. Consultant	Г	mediwheel	Ward / Bed	1	1			
Sample ID		APH24012009	Current Ward / Bed		1			
	F		Receiving Date & Time	:	29-03-2024 16:56			
	Т		Reporting Date & Time	:	29-03-2024 19:08			

#### **BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference
				Interval

Sample Type: EDTA Whole Blood, Plasma, Serum

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

BLOOD UREA Urease-GLDH,Kinetic		17	mg/dL	15 - 45
BUN (CALCULATED)		7.9	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe's Kinetic)	L	0.8	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		87.0	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 Hexo kinase)		94.0	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 (CHO-POD)		153	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immuno inhibition	L	35	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	102	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		93	mg/dL	0 - 160
NON-HDL CHOLESTROL		118.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.4		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		2.9		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		19	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)	0.68	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.14	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.54	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	7.1	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	3.9	g/dL	

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ample ID	1	APH24012009			Current Ward / Bed		:	1		
:				Receiving Date & Tin	ne	:	29-03-2024 16:56			
			Reporting Date & Tim		1e	:	29-03-2024 19:08			
S.GLOBULIN				3.2		g/dL		2.8-3.8	2.8-3.8	
A/G RATIO				1.22				1.5 - 2	1.5 - 2.5	
ALKALINE PH	OSI	PHATASE IFCC AMP BUFFER	97.5		.5	IU/L		53 - 12	53 - 128	
ASPARTATE A	ΙM	NO TRANSFERASE (SGOT) (IFCC)		34.1		IU/L		10 - 42	10 - 42	
ALANINE AMI	NO	TRANSFERASE(SGPT) (IFCC)		27	.1	IU/L		10 - 40	10 - 40	
GAMMA-GLUT	ΓΑΜ	YLTRANSPEPTIDASE (IFCC)		15	.7	IU/L		11 - 50	11 - 50	
LACTATE DEF	HYD	ROGENASE (IFCC; L-P)		17	1.1	IU/L		0 - 248	3	
S.PROTEIN-T	OTA	AL (Biuret)		7.1	ļ	g/dL		6 - 8.1		
				1 4	1	m a / -		12.6. 7	2	
URIC ACID Uri	case -	Trinder		4.4	•	mg/c	1_	2.6 - 7	.∠	

# \*\* End of Report \*\*

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Age / Gender	:	48 Yrs 8 Mth / MALE	Patient Type	F	OPD	If PHC	:	
Ref. Consultant	:	mediwheel	Ward / Bed		1			
Sample ID	:	APH24012009	Current Ward / Bed	:	1			
	:		Receiving Date & Time	:	29-03-2024 16:56			
			Reporting Date & Time	:	29-03-2024 19:08			

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.6	%	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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Patient Name	:	MR. SHOBHIT LAL DAS	UHID	Г	APH000021937
Age / Gender	:	48 Yrs 8 Mth / MALE	Patient Type	Г	OPD If PHC :
Ref. Consultant	:	mediwheel	Ward / Bed		1
Sample ID	:	APH24011939	Current Ward / Bed	1	1
	:		Receiving Date & Time	:	29-03-2024 12:50
			Reporting Date & Time		30-03-2024 01:32

### **CLINICAL PATH REPORTING**

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

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

#### 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)	1.025	1.005 - 1.030

#### MICROSCOPIC EXAMINATION

LEUCOCYTES		2-3	/HPF	0 - 5
RBC's	Nil			
EPITHELIAL CELLS 1-2				
CASTS	Nil			
CRYSTALS		Nil		
LIDINE CUCAD		NECATIVE		

URINE-SUGAR	NEGATIVE

### \*\* End of Report \*\*

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