DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report: ULTRASOUND

Patient Name	:	MR. UMA SHANKAR KUMAR	IPD No.	T	
Age	:	36 Yrs 10 Mth	UHID	T	APH000009515
Gender	:	MALE	Bill No.	T:	APHHC240000535
Ref. Doctor	:	MEDIWHEEL	Bill Date	T:	22-03-2024 09:34:18
Ward	:		Room No.	T:	
			Print Date	:	22-03-2024 10:48:36

WHOLE ABDOMEN

Both the hepatic lobes are normal in size and show grade I fatty infiltration (Liver measures 11.68 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 (8.6 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.8 cm), Left kidney (9.7 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen in left kidney.

Non obstructive calculus of size ~ 7.9 mm seen in right kidney at interpolar region.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 10.6 cc), outline and echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

Please correlate clinically.	
	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: XRAY

Patient Name	:	MR. UMA SHANKAR KUMAR	IPD No.	1:	
Age	1:	36 Yrs 10 Mth	UHID	Ti	APH000009515
Gender	:	MALE	Bill No.	T	APHHC240000535
Ref. Doctor	:	MEDIWHEEL	Bill Date	1:	22-03-2024 09:34:18
Ward	:		Room No.	1:	
			Print Date	:	23-03-2024 12:21:05

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

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.	Г	APHHC240000535	Bill Date	1:	22-03-2024 09:34		
Patient Name	:	MR. UMA SHANKAR KUMAR	UHID	1	APH000009515		
Age / Gender	:	36 Yrs 10 Mth / MALE	Patient Type	1	OPD	If PHC	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24010688	Current Ward / Bed	1	1		
	:		Receiving Date & Time	1:	22-03-2024 10:33		
	Г		Reporting Date & Time	1	22-03-2024 23:43		

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)		3.12	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.50	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	Н	7.04	mIU/L	0.27-4.20

** End of Report **

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000535	Bill Date	1	22-03-2024 09:34		
Patient Name	:	MR. UMA SHANKAR KUMAR	UHID	1	APH000009515		
Age / Gender	:	36 Yrs 10 Mth / MALE	Patient Type	1	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24010684	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	22-03-2024 10:33		
	Г		Reporting Date & Time	:	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)		8.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	4.1	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.5	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		43.4	%	40 - 50
MEAN CORPUSCULAR VOLUME	Н	105.2	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	Н	32.8	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	31.1	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		162	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	Н	55.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.6	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

ESR (Westergren)	Н	40	mm 1st hr	0 - 10
BASOPHILS		0	%	0 - 1
EOSINOPHILS		1	%	1 - 5
MONOCYTES		4	%	2 - 10
LYMPHOCYTES		20	%	20 - 40
NEUTROPHILS		75	%	40 - 80

** End of Report **

IMPORTANT INSTRUCTIONS

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000535	Bill Date	F	22-03-2024 09:34		
Patient Name	F	MR. UMA SHANKAR KUMAR	UHID	F	APH000009515		
Age / Gender	F	36 Yrs 10 Mth / MALE	Patient Type	Γ	OPD If PHC :		
Ref. Consultant	1	MEDIWHEEL	Ward / Bed	Γ	1		
Sample ID	1	APH24010685	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	22-03-2024 10:33		
	Γ		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)	"O"
RH TYPE	POSITIVE

** End of Report **

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

DR. ASHISH RANJAN SING

DR. ASHISH RANJAN SINGH MBBS,MD CONSULTANT

Bill No.	Г	APHHC240000535	Bill Date		22-03-2024 09:34		
Patient Name	:	MR. UMA SHANKAR KUMAR	UHID	:	APH000009515		
Age / Gender	:	36 Yrs 10 Mth / MALE	Patient Type	:	OPD If	PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH24010755	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	22-03-2024 12:20		
	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	30 mL	
COLOUR	Pale yellow	Pale Yellow
TURBIDITY	Slight hazy	

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		3-4	/HPF	0 - 5					
RBC's	."s		Nil						
EPITHELIAL CELLS		2-3							
CASTS	STS		Nil						
CRYSTALS		Nil							
URINE-SUGAR		NEGATIVE							

** End of Report **

IMPORTANT INSTRUCTIONS
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DR. ASHISH RANJAN SINGH

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Patient Name	F	MR. UMA SHANKAR KUMAR	UHID	:	APH000009515	
Age / Gender	Г	36 Yrs 10 Mth / MALE	Patient Type	:	OPD	If PHC :
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed	:	1	
Sample ID		APH24010687	Current Ward / Bed	:	1	
	1		Receiving Date & Time	:	22-03-2024 10:33	
	Г		Reporting Date & Time	:	22-03-2024 15:51	

BIOCHEMISTRY REPORTING

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

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

18	mg/dL	15 - 45
8.4	mg/dL	7 - 21
1.0	mg/dL	0.9 - 1.3
88.0	mg/dL	70 - 100
	1.0	8.4 mg/dL 1.0 mg/dL

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL. (As per American Diabetes Association recommendation)

LIPID PROFILE

CHOLESTROL-TOTAL (CHO-POD)		133	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	24	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection		95	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		124	mg/dL	0 - 160
NON-HDL CHOLESTROL		109.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.5		%Average 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		4.0		1/2 Average 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		25	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)		0.69	mg/dL	0.2 - 1.0	
BILIRUBIN-DIRECT (DPD)		0.14	mg/dL	0 - 0.2	
BILIRUBIN-INDIRECT		0.55	mg/dL	0.2 - 0.8	
S.PROTEIN-TOTAL (Biuret)		6.6	g/dL	6 - 8.1	
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		3.7	g/dL		
S.GLOBULIN		2.9	g/dL	2.8-3.8	
A/G RATIO	L	1.28		1.5 - 2.5	
ALKALINE PHOSPHATASE IFCC AMP BUFFER		97.5	IU/L	53 - 128	

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Age / Gender	T	36 Yrs 10 Mth / MALE			Patient Type		:	OPD	If PHC :
Ref. Consultant	1	MEDIWHEEL			Ward / Bed		:	1	
Sample ID	1	APH24010687			Current Ward / Bed		:	1	
	1				Receiving Date & Tin	ne	:	22-03-2024 10:33	3
	T				Reporting Date & Tin	ne	:	22-03-2024 15:51	
ASPARTATE A	MI	NO TRANSFERASE (SGOT) (IFCC)	Н	52	.6	IU/L		10 - 42	2
ALANINE AMI	NO	TRANSFERASE(SGPT) (IFCC)	Н	71	.7	IU/L		10 - 40)
GAMMA-GLUT	ΆΜ	YLTRANSPEPTIDASE (IFCC)	Н	89	.5	IU/L		11 - 50)
LACTATE DEF	IYD	ROGENASE (IFCC; L-P)		23	4.8	IU/L		0 - 24	8
S.PROTEIN-TO	ΣΤ Δ	· · · · · ·		6.6		g/dL		6 - 8.	1
D.PROTEIN-II	JIF	NL (Bluret)			'	19/uL		10-0.	1
URIC ACID Urio	ase -	Trinder		5.9		mg/d	ΙL	2.6 -	7.2

** End of Report **

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Age / Gender	:	36 Yrs 10 Mth / MALE	Patient Type	:	OPD	If PHC	:
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Sample ID	:	APH24010687	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	22-03-2024 10:33		
			Reporting Date & Time		22-03-2024 15:51		

Sample Type: EDTA Whole Blood, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)		5.4	%	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	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 **

IMPORTANT INSTRUCTIONS
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