

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

| | | | | |
|--------------|---------------------------|------------|---|---------------------|
| Patient Name | : MR. SANDEEP KUMAR SURYA | IPD No. | : | |
| Age | : 42 Yrs | UHID | : | APH000021747 |
| Gender | : MALE | Bill No. | : | APHHC240000524 |
| Ref. Doctor | : MEDIWHEEL | Bill Date | : | 22-03-2024 08:41:09 |
| Ward | : | Room No. | : | |
| | | Print Date | : | 22-03-2024 14:46:10 |

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and show grade II fatty infiltration (Liver measures 12.8 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 (10.3cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.6 cm), Left kidney (9.1 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 14.1 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. SANDEEP KUMAR SURYA | IPD No. | : | |
| Age | : | 42 Yrs | UHID | : | APH000021747 |
| Gender | : | MALE | Bill No. | : | APHHC240000524 |
| Ref. Doctor | : | MEDIWHEEL | Bill Date | : | 22-03-2024 08:41:09 |
| Ward | : | | Room No. | : | |
| | | | Print Date | : | 23-03-2024 12:20:04 |

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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FINAL REPORT

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| Patient Name | : MR. SANDEEP KUMAR SURYA | UHID | : APH000021747 |
| Age / Gender | : 42 Yrs / MALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH24010626 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 22-03-2024 09:26 |
| | | Reporting Date & Time | : 22-03-2024 12:23 |

BIOCHEMISTRY REPORTING

| Test (Methodology) | Flag | Result | UOM | Biological Reference Interval |
|--------------------|------|--------|-----|-------------------------------|
|--------------------|------|--------|-----|-------------------------------|

Sample Type: EDTA Whole Blood, Serum

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

| | | | | |
|--|----------|------------|-------|-----------|
| BLOOD UREA <small>Urease-GLDH,Kinetic</small> | | 19 | mg/dL | 15 - 45 |
| BUN <small>(CALCULATED)</small> | | 8.9 | mg/dL | 7 - 21 |
| CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small> | L | 0.7 | mg/dL | 0.9 - 1.3 |
| GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small> | | 100.0 | 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)

LIPID PROFILE

| | | | | |
|---|----------|-----------|-------|---|
| CHOLESTROL-TOTAL <small>(CHO-POD)</small> | | 153 | mg/dL | 0 - 160 |
| HDL CHOLESTROL <small>Enzymatic ImmunoInhibition</small> | L | 37 | mg/dL | >40 |
| CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small> | | 100 | mg/dL | 0 - 100 |
| S. TRIGLYCERIDES <small>(GPO - POD)</small> | | 104 | mg/dL | 0 - 160 |
| NON-HDL CHOLESTROL | | 116.0 | mg/dL | 0 - 125 |
| TOTAL CHOLESTROL / HDL CHOLESTROL | | 4.1 | | 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 | | 2.7 | | 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 | | 21 | 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> | | 0.46 | mg/dL | 0.2 - 1.0 |
| BILIRUBIN-DIRECT <small>(DPD)</small> | | 0.10 | mg/dL | 0 - 0.2 |
| BILIRUBIN-INDIRECT | | 0.36 | mg/dL | 0.2 - 0.8 |
| S.PROTEIN-TOTAL <small>(Biuret)</small> | | 7.1 | g/dL | 6 - 8.1 |
| ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small> | | 4.2 | g/dL | |
| S.GLOBULIN | | 2.9 | g/dL | 2.8-3.8 |
| A/G RATIO | L | 1.45 | | 1.5 - 2.5 |
| ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small> | | 77.4 | IU/L | 53 - 128 |

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| | | | | |
|---|---|-------|-------|-----------|
| ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC) | H | 49.1 | IU/L | 10 - 42 |
| ALANINE AMINO TRANSFERASE(SGPT) (IFCC) | H | 70.4 | IU/L | 10 - 40 |
| GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC) | | 29.0 | IU/L | 11 - 50 |
| LACTATE DEHYDROGENASE (IFCC; L-P) | | 152.8 | IU/L | 0 - 248 |
| S.PROTEIN-TOTAL (Biuret) | | 7.1 | g/dL | 6 - 8.1 |
| URIC ACID Uricase - Trinder | | 6.5 | mg/dL | 2.6 - 7.2 |

**** 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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| Sample ID | : APH24010626 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 22-03-2024 09:26 |
| | | Reporting Date & Time | : 22-03-2024 12:23 |

Sample Type: EDTA Whole Blood, Serum

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

| | | | |
|---|-----|---|-----------|
| HBA1C (Turbidimetric Immuno-inhibition) | 6.1 | % | 4.0 - 6.2 |
|---|-----|---|-----------|

INTERPRETATION:

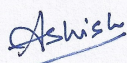
| HbA1c % | Degree of Glucose Control |
|-----------|---|
| >8% | Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy |
| 7.1 - 8.0 | Fair Control |
| <7.0 | Good Control |

- 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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| Age / Gender | : 42 Yrs / MALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH24010813 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 22-03-2024 13:04 |
| | | Reporting Date & Time | : 22-03-2024 23:45 |

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 | | 30 mL | | |
| COLOUR | | Pale yellow | | Pale Yellow |
| TURBIDITY | | Clear | | |

CHEMICAL EXAMINATION

| | | | | |
|---|--|----------|--|---------------|
| PH (Double pH indicator method) | | 6.5 | | 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 |

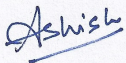
MICROSCOPIC EXAMINATION

| | | | | |
|------------------|--|----------|------|-------|
| LEUCOCYTES | | 2-3 | /HPF | 0 - 5 |
| RBC's | | Nil | | |
| EPITHELIAL CELLS | | 0-1 | | |
| CASTS | | Nil | | |
| CRYSTALS | | Nil | | |
| URINE-SUGAR | | Negative | | |

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| Age / Gender | : 42 Yrs / MALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH24010624 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 22-03-2024 09:26 |
| | | Reporting Date & Time | : 23-03-2024 03:00 |

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) | "A" |
| RH TYPE | POSITIVE |

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| Age / Gender | : 42 Yrs / MALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : APH24010623 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 22-03-2024 09:26 |
| | | Reporting Date & Time | : 22-03-2024 12:14 |

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 <small>(Flow Cytometry)</small> | | 5.7 | thousand/cumm | 4 - 11 |
| RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small> | | 4.8 | million/cumm | 4.5 - 5.5 |
| HAEMOGLOBIN <small>(SLS Hb Detection)</small> | | 13.1 | g/dL | 13 - 17 |
| PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small> | | 42.3 | % | 40 - 50 |
| MEAN CORPUSCULAR VOLUME | | 87.3 | fL | 83 - 101 |
| MEAN CORPUSCULAR HAEMOGLOBIN | | 27.3 | pg | 27 - 32 |
| MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION | L | 31.1 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT <small>(Hydro Dynamic Focussing)</small> | | 160 | thousand/cumm | 150 - 400 |
| RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small> | H | 47.6 | fL | 39 - 46 |
| RED CELL DISTRIBUTION WIDTH (C.V.) | H | 15.1 | % | 11.6 - 14 |

DIFFERENTIAL LEUCOCYTE COUNT

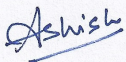
| | | | | |
|-------------|--|----|---|---------|
| NEUTROPHILS | | 61 | % | 40 - 80 |
| LYMPHOCYTES | | 30 | % | 20 - 40 |
| MONOCYTES | | 5 | % | 2 - 10 |
| EOSINOPHILS | | 4 | % | 1 - 5 |
| BASOPHILS | | 0 | % | 0 - 1 |

| | | | | |
|---------------------------------|----------|-----------|-----------|--------|
| ESR <small>(Westergren)</small> | H | 25 | mm 1st hr | 0 - 10 |
|---------------------------------|----------|-----------|-----------|--------|

** End of Report **

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| Sample ID | : APH24010627 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 22-03-2024 09:26 |
| | | Reporting Date & Time | : 22-03-2024 15:46 |

SEROLOGY REPORTING

| Test (Methodology) | Flag | Result | UOM | Biological Reference Interval |
|--------------------|------|--------|-----|-------------------------------|
|--------------------|------|--------|-----|-------------------------------|

Sample Type: Serum

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

| | | | | |
|--|--|------|-------|-------|
| PROSTATIC SPECIFIC ANTIGEN(TOTAL) (ELFA) | | 0.28 | ng/mL | 0 - 4 |
|--|--|------|-------|-------|

Note:

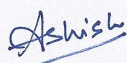
TPSA as a Tumor marker is used as an additional test for prognosis and monitoring of therapy for patients with diagnosed malignant tumors. It may offer a diagnostic value for screening patients with suspected malignancies, as high values may be experienced in situations like benign prostatic hyperplasia,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

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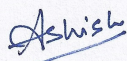
THYROID PROFILE (FT3+FT4+TSH)

| | | | | |
|---|----------|-------------|-------|-----------|
| FREE-TRI IODO THYRONINE (FT3) (ECLIA) | | 2.92 | pg/mL | 2.0-4.4 |
| FREE -THYROXINE (FT4) (ECLIA) | | 1.44 | ng/dL | 0.9-1.7 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | H | 7.32 | mIU/L | 0.27-4.20 |

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