

FINAL REPORT

Bill No.	: APHHC240000754	Bill Date	: 13-04-2024 10:37
Patient Name	: MR. AMITABH SHANKAR PRASAD	UHID	: APH000022475
Age / Gender	: 36 Yrs 4 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24014570	Current Ward / Bed	: /
		Receiving Date & Time	: 13-04-2024 11:54
		Reporting Date & Time	: 13-04-2024 19:19

BIOCHEMISTRY REPORTING

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

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

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		20	mg/dL	15 - 45
BUN (CALCULATED)		9.3	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.6	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	109.0	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>	H	163	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	L	38	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	106	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		118	mg/dL	0 - 160
NON-HDL CHOLESTROL		125.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.3		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		2.8		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		24	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>		0.80	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.18	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.62	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		8.0	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.4	g/dL	
S.GLOBULIN		3.6	g/dL	2.8-3.8
A/G RATIO	L	1.22		1.5 - 2.5

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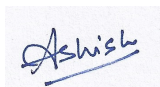
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		74.3	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>	H	75.4	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	H	87.4	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>	H	96.6	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		168.1	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		8.0	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		5.1	mg/dL	2.6 - 7.2

** End of Report **

IMPORTANT INSTRUCTIONS

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

Laboratory test results are to be clinically correlated.
Storage and discard of Specimen shall be as per AIMS specimen retention policy.
Test results are not valid for Medico - Legal purposes.



DR. ASHISH RANJAN SINGH

MBBS, MD

CONSULTANT

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Sample Type: EDTA Whole Blood, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	H	7.6	%	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

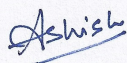
- Note:
- 1.A three monthly monitoring is recommended in diabetics.
 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24014567	Current Ward / Bed	: /
		Receiving Date & Time	: 13-04-2024 11:54
		Reporting Date & Time	: 13-04-2024 17:03

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(BELOW-40)@2400

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		7.4	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.7	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.1	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		42.2	%	40 - 50
MEAN CORPUSCULAR VOLUME		89.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.7	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	31.0	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		150	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		44.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		14.0	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

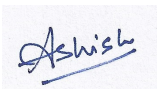
NEUTROPHILS		58	%	40 - 80
LYMPHOCYTES		35	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	35	mm 1st hr	0 - 10

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		Reporting Date & Time	: 13-04-2024 22:59

SEROLOGY REPORTING

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

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

THYROID PROFILE (FT3+FT4+TSH)

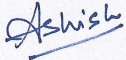
FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.14	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.13	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.24	mIU/L	0.27-4.20

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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. AMITABH SHANKAR PRASAD	IPD No.	:	
Age	:	36 Yrs 4 Mth	UHID	:	APH000022475
Gender	:	MALE	Bill No.	:	APHHC240000754
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	13-04-2024 10:37:37
Ward	:		Room No.	:	
			Print Date	:	13-04-2024 15:04:38

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

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. AMITABH SHANKAR PRASAD	IPD No.	:	
Age	:	36 Yrs 4 Mth	UHID	:	APH000022475
Gender	:	MALE	Bill No.	:	APHHC240000754
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	13-04-2024 10:37:37
Ward	:		Room No.	:	
			Print Date	:	13-04-2024 12:01:38

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows moderate increase in parenchymal echogenicity S/O grade II fatty liver infiltration. (Liver measures 14.9 cm).

No focal lesion seen. Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre (11.4 mm).

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 (11.3 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.2 cm), Left kidney (9.8 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 15.6 cc), outline and echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:- Grade II fatty infiltration of liver.

Please correlate clinically.....

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

Prepare By.
MD.SERAJ

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Radiodiagnosis,FRCC (London)
BCMR/46075
CONSULTANT

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