

# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. IRFAN KARIM	IPD No.	:	
Age	:	35 Yrs	UHID	:	APH000020756
Gender	:	MALE	Bill No.	:	APHHC240000271
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	24-02-2024 09:13:32
Ward	:		Room No.	:	
			Print Date	:	27-02-2024 11:54:08

## **CHEST PA VIEW:**

**Bulky left hila seen.**

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Soft tissues and bony cage appear normal.

**Please correlate clinically.**

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

Prepare By.  
MD.SALMAN

DR. MUHAMMAD SERAJ, MD  
Radiodiagnosis, FRCR (London)  
BCMR/46075  
CONSULTANT

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**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. IRFAN KARIM	IPD No.	:	
Age	:	35 Yrs	UHID	:	APH000020756
Gender	:	MALE	Bill No.	:	APHHC240000271
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	24-02-2024 09:13:32
Ward	:		Room No.	:	
			Print Date	:	24-02-2024 10:22:34

## **WHOLE ABDOMEN:**

**Both the hepatic lobes are normal in size and shows mildly increase in parenchymal echogenicity S/O grade I fatty liver infiltration. (Liver measures 13.8 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 (11.5 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.4 cm), Left kidney (10.5 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 8.7 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:- Normal size liver with grade I fatty infiltrative changes.**

*Please correlate clinically.....*

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

Prepare By.  
MD.SALMAN

CONSULTANT RADIOLOGIST,

**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.

## FINAL REPORT

Bill No.	: APHHC240000271	Bill Date	: 24-02-2024 09:13
Patient Name	: MR. IRFAN KARIM	UHID	: APH000020756
Age / Gender	: 35 Yrs / MALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006323	Current Ward / Bed	: /
		Receiving Date & Time	: 24-02-2024 11:00
		Reporting Date & Time	: 24-02-2024 13:54

### 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>		23	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		10.7	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	<b>L</b>	<b>0.7</b>	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		80.0	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>		121	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	<b>L</b>	<b>28</b>	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		77	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		137	mg/dL	0 - 160
NON-HDL CHOLESTROL		93.0	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		27	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>		0.55	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.11	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.44	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.5	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.0	g/dL	
S.GLOBULIN	<b>L</b>	<b>2.5</b>	g/dL	2.8-3.8
A/G RATIO		1.60		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		70.8	IU/L	53 - 128

## FINAL REPORT

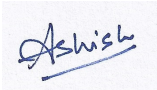
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ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	19.8	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	19.2	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	13.2	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)	164.1	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)	6.5	g/dL	6 - 8.1
URIC ACID Uricase - Trinder	5.2	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

## FINAL REPORT

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Sample Type: EDTA Whole Blood, Serum

### MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400

HBA1C (Turbidimetric Immuno-inhibition)	5.1	%	4.0 - 6.2
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#### INTERPRETATION:

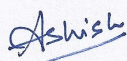
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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.

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

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CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		77	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		137	mg/dL	0 - 160
NON-HDL CHOLESTROL		93.0	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
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Comments:

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- 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.
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BILIRUBIN-INDIRECT		0.44	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.5	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.0	g/dL	
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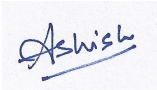
S.PROTEIN-TOTAL (Biuret)	6.5	g/dL	6 - 8.1
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URIC ACID Uricase - Trinder	5.2	mg/dL	2.6 - 7.2
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**\*\* End of Report \*\***

### **IMPORTANT INSTRUCTIONS**

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



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MBBS,MD  
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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006323	Current Ward / Bed	: /
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Sample Type: EDTA Whole Blood, Serum

### MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400

HBA1C (Turbidimetric Immuno-inhibition)		5.1	%	4.0 - 6.2
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**INTERPRETATION:**

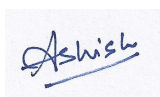
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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.

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

#### IMPORTANT INSTRUCTIONS

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



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Bill No.	: APHHC240000271	Bill Date	: 24-02-2024 09:13
Patient Name	: MR. IRFAN KARIM	UHID	: APH000020756
Age / Gender	: 35 Yrs / MALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006320	Current Ward / Bed	: /
		Receiving Date & Time	: 24-02-2024 11:00
		Reporting Date & Time	: 24-02-2024 14:02

### 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 <small>(Flow Cytometry)</small>		8.4	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>	L	<b>39.1</b>	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	<b>81.6</b>	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.6	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	<b>46.8</b>	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	<b>15.9</b>	%	11.6 - 14

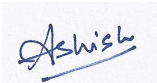
#### DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		75	%	40 - 80
LYMPHOCYTES	L	<b>17</b>	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR <small>(Westergren)</small>	H	<b>34</b>	mm 1st hr	0 - 10

\*\* End of Report \*\*

#### **IMPORTANT INSTRUCTIONS**

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



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MBBS, MD  
CONSULTANT

## FINAL REPORT

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Age / Gender	: 35 Yrs / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006320	Current Ward / Bed	: /
		Receiving Date & Time	: 24-02-2024 11:00
		Reporting Date & Time	: 24-02-2024 14:02

### 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)		8.4	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.8	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.1	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	39.1	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	81.6	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.6	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		160	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	46.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.9	%	11.6 - 14

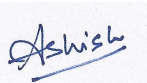
#### DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		75	%	40 - 80
LYMPHOCYTES	L	17	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	34	mm 1st hr	0 - 10

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

#### IMPORTANT INSTRUCTIONS

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



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Age / Gender	: 35 Yrs / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006471	Current Ward / Bed	: /
		Receiving Date & Time	: 24-02-2024 15:48
		Reporting Date & Time	: 24-02-2024 23:04

### CLINICAL PATH REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400

#### URINE, ROUTINE EXAMINATION

##### PHYSICAL EXAMINATION

QUANTITY		20 mL		
COLOUR		Pale Straw		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)		1.015		1.005 - 1.030

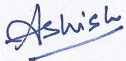
##### MICROSCOPIC EXAMINATION

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

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

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24006321	Current Ward / Bed	: /		
		Receiving Date & Time	: 24-02-2024 11:00		
		Reporting Date & Time	: 25-02-2024 01:35		

## BLOOD BANK REPORTING

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

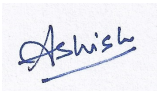
MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400

BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

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

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Sample ID	: APH24006324	Current Ward / Bed	: /
		Receiving Date & Time	: 24-02-2024 11:00
		Reporting Date & Time	: 27-02-2024 17:50

### 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

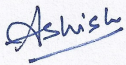
#### THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.73	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.27	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.26	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**  
MBBS,MD  
CONSULTANT