

FINAL REPORT

Bill No.	: APHHC240000394	Bill Date	: 09-03-2024 08:50
Patient Name	: MR. SAKET KUMAR ANUPAM	UHID	: APH000021280
Age / Gender	: 39 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24008608	Current Ward / Bed	: /
		Receiving Date & Time	: 09-03-2024 13:38
		Reporting Date & Time	: 09-03-2024 17:24

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		30 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)		1.015		1.005 - 1.030

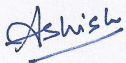
MICROSCOPIC EXAMINATION

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

**** 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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Age / Gender	: 39 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24008638	Current Ward / Bed	: /
		Receiving Date & Time	: 09-03-2024 15:53
		Reporting Date & Time	: 09-03-2024 16:41

BIOCHEMISTRY REPORTING

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

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

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	0.8	mg/dL	0.9 - 1.3
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GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		100.0	mg/dL	70 - 100
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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) <small>(UV Hexokinase)</small>		82.0	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 <small>(CHO-POD)</small>		111	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>	L	28	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		69	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>	H	199	mg/dL	0 - 160
NON-HDL CHOLESTROL		83.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.0		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		2.5		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	H	40	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>		0.95	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.18	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.77	mg/dL	0.2 - 0.8
S. PROTEIN-TOTAL <small>(Biuret)</small>		7.8	g/dL	6 - 8.1

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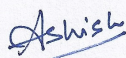
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ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		3.9	g/dL	
S.GLOBULIN	H	3.9	g/dL	2.8-3.8
A/G RATIO	L	1.00		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		110.5	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		25.6	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>		37.6	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		23.9	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		157.3	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.8	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>	H	7.4	mg/dL	2.6 - 7.2

** End of Report **

IMPORTANT INSTRUCTIONS

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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)		5.6	%	4.0 - 6.2
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INTERPRETATION:

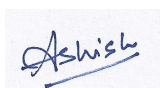
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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.

**** End of Report ****

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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. SAKET KUMAR ANUPAM	IPD No.	:	
Age	:	39 Yrs 8 Mth	UHID	:	APH000021280
Gender	:	MALE	Bill No.	:	APHHC240000394
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-03-2024 08:50:29
Ward	:		Room No.	:	
			Print Date	:	09-03-2024 12:58:45

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.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.