

**FINAL REPORT**

Bill No.	: APHHC230000840	Bill Date	: 22-07-2023 09:13
Patient Name	: MR. PRAKASH KUMAR	UHID	: APH000016015
Age / Gender	: 42 Yrs 10 Mth / MALE	Patient Type	: OPD <span style="float: right;">If PHC : <input type="checkbox"/></span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019326	Current Ward / Bed	: /
		Receiving Date & Time	: 22-07-2023 09:57
		Reporting Date & Time	: 22-07-2023 11:46

**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(ABOVE 40)@2550

**CBC -1 (COMPLETE BLOOD COUNT)**

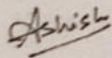
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		4.2	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	4.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	L	12.4	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	37.8	%	40 - 50
MEAN CORPUSCULAR VOLUME		90.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		29.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.7	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)		44.3	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		13.7	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		66	%	40 - 80
LYMPHOCYTES		25	%	20 - 40
MONOCYTES		8	%	2 - 10
EOSINOPHILS		1	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	32	mm 1st hr	0 - 10

**\*\* 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	: 42 Yrs 10 Mth / MALE	Patient Type	: OPD <b>If PHC</b> :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019330	Current Ward / Bed	: /
		Receiving Date & Time	: 22-07-2023 09:57
		Reporting Date & Time	: 22-07-2023 13:29

Sample Type: Serum

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

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

FREE-TRI IODO THYRONINE (FT3) (ECLIA)	2.42	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.59	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.50	mIU/L	0.27-4.20

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

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*Ashish*

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019330	Current Ward / Bed	: /
		Receiving Date & Time	: 22-07-2023 09:57
		Reporting Date & Time	: 22-07-2023 13:29

**SEROLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: Serum</i>				
<b>MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550</b>				
PROSTATIC SPECIFIC ANTIGEN(TOTAL) (ELFA)		0.56	ng/mL	0 - 4

**Note:**

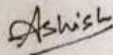
TPSA as a Tumor marker is used as an additional test for prognosis and monitoring of therapy for patients with diagnosed malignant tumors. It may offer a diagnostic value for screening patients with suspected malignancies, as high values may be experienced in situations like benign prostatic hyperplasia,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

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

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Age / Gender	: 42 Yrs 10 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019358	Current Ward / Bed	: /
		Receiving Date & Time	: 22-07-2023 13:22
		Reporting Date & Time	: 24-07-2023 14:20

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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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**

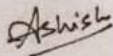
PH (Double pH indicator method)		6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)		Negative		Negative
SUGAR (GOD POD Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)		1.025		1.005 - 1.030

**MICROSCOPIC EXAMINATION**

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

**\*\* End of Report \*\***
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Patient Name	: MR. PRAKASH KUMAR	UHID	: APH000016015
Age / Gender	: 42 Yrs 10 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019391	Current Ward / Bed	: /
		Receiving Date & Time	: 22-07-2023 23:17
		Reporting Date & Time	: 23-07-2023 02:17

Sample Type: EDTA Whole Blood, Plasma, Serum

**MEDIWHEEL FULL BODY HEALTH CHECKUP \_ MALE(ABOVE 40)@2550**

HBA1C (Turbidimetric Immuno-inhibition)	H	6.3	%	4.0 - 6.2
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**INTERPRETATION:**

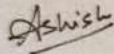
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

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**

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**FINAL REPORT**

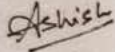
Bill No.	: APHHC230000840	Bill Date	: 22-07-2023 09:13
Patient Name	: MR. PRAKASH KUMAR	UHID	: APH000016016
Age / Gender	: 42 Yrs 10 Mth / MALE	Patient Type	: OPD <span style="border: 1px solid black; padding: 2px;">If PHC</span> :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019391	Current Ward / Bed	: /
	:	Receiving Date & Time	: 22-07-2023 23:17
	:	Reporting Date & Time	: 23-07-2023 02:17

S.GLOBULIN	L	2.6	g/dL	2.8-3.8
A/G RATIO		1.58		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		55.9	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	H	51.6	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	H	57.2	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		24.4	IU/L	11 - 60
LACTATE DEHYDROGENASE (IFCC L-P)		239.2	IU/L	0 - 248
S.PROTEIN-TOTAL (Bunck)		6.7	g/dL	6 - 8.1
URIC ACID Urinase - Trinder		4.5	mg/dL	2.6 - 7.2

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

**IMPORTANT INSTRUCTIONS**

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**FINAL REPORT**

Bill No.	: APHHC2300084	Bill Date	: 22-07-2023 09:13
Patient Name	: MR. PRAKASH KUMAR	UHID	: APH000019015
Age / Gender	: 42 Yrs 10 Mth / MALE	Patient Type	: OPD <b>IF PHC</b> :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH2319391	Current Ward / Bed	: /
		Receiving Date & Time	: 22-07-2023 23:17
		Reporting Date & Time	: 23-07-2023 02:17

**BIOCHEMISTRY REPORTING**

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

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

BLOOD UREA (Urea) (CLIN) (Enz)		15	mg/dL	15 - 45
BUN (CALCULATED)		7.0	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe) (Enz)		1.0	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (CLIN) (Hexokinase)		93.0	mg/dL	70 - 100
GLUCOSE-PLASMA (POST PRANDIAL) (CLIN) (Hexokinase)		137.0	mg/dL	70 - 140

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 125 mg/dL.  
 (As per American Diabetes Association recommendation)

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 (PC-P22)		149	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoassay	<b>L</b>	33	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection		92	mg/dL	0 - 100
S-TRIGLYCERIDES (PC-P22)		143	mg/dL	0 - 160
NON-HDL CHOLESTROL		116.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.5		1/4 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		2.8		1/4 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		29	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:
  - Cigarette smoking.
  - Hypertension.
  - Family history of premature coronary heart disease.
  - Pre-existing coronary heart disease.

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL (PC)		0.91	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (PC)		0.17	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.74	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biod)		6.7	g/dL	6 - 8.1
ALBUMIN-SERUM (Biod)		4.1	g/dL	

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Age / Gender	: 42 Yrs 10 Mth / MALE	Patient Type	: OPD <span style="float:right">IF PHC :</span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23019327	Current Ward / Bed	: /
		Receiving Date & Time	: 22-07-2023 09:57
		Reporting Date & Time	: 22-07-2023 16:01

**BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: EDTA Whole Blood</i>				
<b>MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550</b>				
BLOOD GROUP (ABO)		"B"		
RH TYPE		POSITIVE		

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

**IMPORTANT INSTRUCTIONS**

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

*Ashish*

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MBBS,MD  
CONSULTANT



## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. PRAKASH KUMAR	IPD No.	:	
Age	: 42 Yrs 10 Mth	UHID	:	APH000016015
Gender	: MALE	Bill No.	:	APHHC230000840
Ref. Doctor	: MEDIWHEEL	Bill Date	:	22-07-2023 09:13:33
Ward	:	Room No.	:	
		Print Date	:	22-07-2023 11:06:06

### WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 13.7 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 (11.2 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (11.4 cm), Left kidney (10.9 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen in left kidney.

**Tiny non obstructive calculus of size ~ 3.7 mm seen in right kidney at interpolar region.**

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 14.6 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: Tiny non obstructive calculus of size ~ 3.7 mm seen in right kidney at interpolar region.**

*Please correlate clinically.....*

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

Prepare By.  
MD.SALMAN

DR. MUHAMMAD SERAJ, MD,FRCR  
(London) Radiodiagnosis  
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. PRAKASH KUMAR	IPD No.	:
Age	: 42 Yrs 10 Mth	UHID	: APH000016015
Gender	: MALE	Bill No.	: APHHC230000840
Ref. Doctor	: MEDIWHEEL	Bill Date	: 22-07-2023 09:13:33
Ward	:	Room No.	:
		Print Date	: 22-07-2023 10:36:12

### 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,FRCR  
(London) Radiodiagnosis  
CONSULTANT

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