

**FINAL REPORT**

Bill No.	: APHHC230000354	Bill Date	: 25-03-2023 09:43
Patient Name	: MR. UMA SHANKAR KUMAR	UHID	: APH000009515
Age / Gender	: 35 Yrs 10 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007075	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 10:16
		Reporting Date & Time	: 25-03-2023 14:46

ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		81.0	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		35.5	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	H	52.1	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		45.9	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		223.1	IU/L	0 - 248
S.PROTEIN-TOTAL (Siuret)		6.8	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

*Ashish*

**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT

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**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 Urease-GLDH,Kinetic		17	mg/dL	15 - 45
BUN (CALCULATED)		7.9	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe s Kinetic)		1.1	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		96.0	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 (CHO-POD)	H	197	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Inhibition	L	33	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	137	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		139	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	164.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		6.0		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		4.2		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		28	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 (DPD)		0.67	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.12	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.55	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		6.8	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.0	g/dL	
S.GLOBULIN		2.8	g/dL	2.8-3.8
A/G RATIO	L	1.43		1.5 - 2.5

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Age / Gender	: 35 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007144	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 14:41
		Reporting Date & Time	: 25-03-2023 18:15

## 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 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)		1.020		1.005 - 1.030

### MICROSCOPIC EXAMINATION

LEUCOCYTES		1-2	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		1-3		
CASTS		Absent		
CRYSTALS		Absent		
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	: 35 Yrs 10 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007072	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 10:16
		Reporting Date & Time	: 25-03-2023 14:16

**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)		6.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	4.4	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.8	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		41.8	%	40 - 50
MEAN CORPUSCULAR VOLUME		94.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		31.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.0	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		151	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	50.3	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.0	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		61	%	40 - 80
LYMPHOCYTES		31	%	20 - 40
MONOCYTES		7	%	2 - 10
EOSINOPHILS		1	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	96	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 10 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007073	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 10:16
		Reporting Date & Time	: 25-03-2023 14:56

**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)	"O"
RH TYPE	POSITIVE

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

**IMPORTANT INSTRUCTIONS**

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



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 MBBS, MD  
 CONSULTANT

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. UMA SHANKAR KUMAR	IPD No.	:	
Age	: 35 Yrs 10 Mth	UHID	:	APH000009515
Gender	: MALE	Bill No.	:	APHHC230000354
Ref. Doctor	: MEDIWHEEL	Bill Date	:	25-03-2023 09:43:02
Ward	:	Room No.	:	
		Print Date	:	25-03-2023 10:25:10

### 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,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 : ULTRASOUND

Patient Name	: MR. UMA SHANKAR KUMAR	IPD No.	:
Age	: 35 Yrs 10 Mth	UHID	: APH000009515
Gender	: MALE	Bill No.	: APFHIC230000354
Ref. Doctor	: MEDIWHEEL	Bill Date	: 25-03-2023 09:43:02
Ward	:	Room No.	:
		Print Date	: 25-03-2023 11:08:52

### 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 12.9 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 ( 9.9 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.2 cm), Left kidney ( 9.5 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen in left kidney.

**Non obstructive calculus of size ~ 6.8 mm seen in right kidney at Interpolar region.**

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 11.5 cc), outline and echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

### IMPRESSION:

-Grade II fatty infiltration of liver.

- Non obstructive calculus of size ~ 6.8 mm in right kidney at Interpolar region.

Please correlate clinically.

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

Prepare By.  
MD.SERAJ

DR. MUHAMMAD SERAJ, MD,FRCP  
(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.

### NON INVASIVE CARDIOLOGY

Patient Name	: MR. UMA SHANKAR KUMAR	IPD No.	:	
Age	: 35 Yrs 10 Mth	UHID	:	APH000009515
Gender	: MALE	Bill No.	:	APHHC230000354
Ref. Doctor	: MEDIWHEEL	Bill Date	:	25-03-2023 09:43:02
Ward	:	Room No.	:	
		Procedure Date	:	27-03-2023 10:11:14

### ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

#### M MODE STUDY (MEASUREMENTS)

#### Left Ventricle:-

EDD:	38	(mm)	Left Atrium	29	(mm)
ESD:	30	(mm)	Aortic Root	30	(mm)
IVS Thickness (D/S)	1.1/1.1	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	1.1/1.6	(mm)	Pericardium		NORMAL
LVEF	65	(%)			

#### WALL MOTION STUDY : NO RWMA

MV	: NORMAL	TV	: NORMAL
AV	: NORMAL	PV	: NORMAL
IAS	: NORMAL	IVS	: NORMAL

#### DOPPLER STUDY (PW/CW AND COLOUR FLOW IMAGING)

VALVES	V max(m/sec)	PG MG EDG (mm Hg)	Orifice Area (cm <sup>2</sup> )	REGURGITATION
MV E/A	0.71/0.62			MR:-NIL
AV	1.19	5.66		AR:- NIL
TV	0.96	3.42		TR:- NIL
PV	0.90	3.22		PR:- NIL

#### IMPRESSION:-

No RWMA.  
Normal Cardiac Chamber Dimensions.  
Normal LV/RV Systolic Function, LVEF-65%.  
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.

DR. NITISH KUMAR RANJAN  
MD, DM (CARDIOLOGY)  
CONSULTANT CARDIOLOGIST



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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007073	Current Ward / Bed	: /
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		Reporting Date & Time	: 25-03-2023 14:56

**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)	"O"
RH TYPE	POSITIVE

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

**IMPORTANT INSTRUCTIONS**

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

*Ashish*

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Age / Gender	: 35 Yrs 10 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007076	Current Ward / Bed	: /
		Receiving Date & Time	: 25-03-2023 10:16
		Reporting Date & Time	: 25-03-2023 19:14

**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)		3.68	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.62	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	<b>H</b>	<b>8.62</b>	mIU/L	0.27-4.20

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

**IMPORTANT INSTRUCTIONS**

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

*Ashish*

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MBBS,MD  
CONSULTANT

## NON INVASIVE CARDIOLOGY

Patient Name	: MR. UMA SHANKAR KUMAR	IPD No.	:
Age	: 35 Yrs 10 Mth	UHID	: APH000009515
Gender	: MALE	Bill No.	: APHHC230000354
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### ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

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**Left Ventricle:-**

EDD:	38	(mm)	Left Atrium	29	(mm)
ESD:	30	(mm)	Aortic Root	30	(mm)
IVS Thickness (D/S)	1.1/1.1	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	1.1/1.6	(mm)	Pericardium		NORMAL
LVEF	65	(%)			

**WALL MOTION STUDY : NO RWMA**


MV	: NORMAL	TV	: NORMAL
AV	: NORMAL	PV	: NORMAL
IAS	: NORMAL	IVS	: NORMAL

#### DOPPLER STUDY (PW/CW AND COLOUR FLOW IMAGING)

VALVES	V max(m/sec)	PG	MG	EDG	Orifice Area (cm <sup>2</sup> )	REGURGITATION
		(mm Hg)				
MV E/A	0.71/0.62					MR:-NIL
AV	1.19	5.66				AR:- NIL
TV	0.96	3.42				TR:- NIL
PV	0.90	3.22				PR:- NIL

**IMPRESSION:-**

No RWMA.  
Normal Cardiac Chamber Dimensions.  
Normal LV/RV Systolic Function, LVEF-65%.  
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.

  
**DR. NITISH KUMAR RANJAN**  
 MD, DM (CARDIOLOGY)  
 CONSULTANT CARDIOLOGIST

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Sample Type: EDTA Whole Blood, Serum

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

HbA1C (Turbidimetric Immuno-inhibition)	5.3	%	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**

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

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