

**FINAL REPORT**

Bill No.	: APHHC230000395	Bill Date	: 30-03-2023 09:47
Patient Name	: MR. RANDHIR KUMAR	UHID	: APH000014180
Age / Gender	: 47 Yrs 11 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007704	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 10:55
		Reporting Date & Time	: 30-03-2023 13:50

**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)**

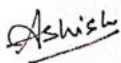
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	4.4	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.3	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		40.3	%	40 - 50
MEAN CORPUSCULAR VOLUME		90.8	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		29.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.9	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	47.5	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.6	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		63	%	40 - 80
LYMPHOCYTES		25	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS	H	6	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	45	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



**FINAL REPORT**

Bill No.	: APHHC2300000965	Bill Date	: 30-03-2023 09:47
Patient Name	: MR. RANDHIR KUMAR	UHID	: APH000014180
Age / Gender	: 47 Yrs 11 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIV/HEEL	Ward / Bed	: /
Sample ID	: APH23007741	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 14:21
		Reporting Date & Time	: 30-03-2023 15:59

**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(ABOVE 40)@2550**

BLOOD UREA (Urea) (Urea) (Urea)	L	13	mg/dL	15 - 45
BUN (CALCULATED)	L	6.1	mg/dL	7 - 21
CREATININE-SERUM (Creatinine) (Creatinine) (Creatinine)	L	0.6	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (U) (Hexokinase)		85.0	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)

GLUCOSE-PLASMA (POST PRANDIAL) (U) (Hexokinase)		114.0	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 (CHO-TCO)	H	172	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Immunoassay)	L	37	mg/dL	>40
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)	H	107	mg/dL	0 - 100
S.TRIGLYCERIDES (CHO-TCO)		139	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	135.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.6		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		2.9		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.
  - Pro-existing coronary heart disease.

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL (DPD)		0.97	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.19	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.78	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Uuret)		6.9	g/dL	6 - 8.1

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.1	g/dL	
S.GLOBULIN		2.8	g/dL	2.8-3.8
A/G RATIO	<b>L</b>	1.46		1.5 - 2.5
ALKALINE PHOSPHATASE (FCC AHP BUFFER)		113.8	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		25.6	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		24.0	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		17.8	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		189.7	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)		6.9	g/dL	6 - 8.1
URIC ACID (Uricase - Trinder)		3.2	mg/dL	2.6 - 7.2

\*\* End of Report \*\*

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 MBBS, MD  
 CONSULTANT



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Patient Name	: MR. RANDHIR KUMAR	UHID	: APH000014180
Age / Gender	: 47 Yrs 11 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007741	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 14:21
		Reporting Date & Time	: 30-03-2023 15:59

Sample Type: EDTA Whole Blood, Plasma, Serum

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

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 \*\***

**IMPORTANT INSTRUCTIONS**

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*Ashish*

**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
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Patient Name	: MR. RANDHIR KUMAR	UHID	: APH000014180
Age / Gender	: 47 Yrs 11 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007705	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 10:55
		Reporting Date & Time	: 30-03-2023 15:08

**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(ABOVE 40)@2550

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

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

**IMPORTANT INSTRUCTIONS**

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**FINAL REPORT**

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Patient Name	: MR. RANDHIR KUMAR	UHID	: APH000014180
Age / Gender	: 47 Yrs 11 Mth / MALE	Patient Type	: OPD      If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007736	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 13:58
		Reporting Date & Time	: 30-03-2023 16:04

**SEROLOGY REPORTING**

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

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

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

Test	Flag	Result	UOM	Biological Reference Interval
FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.02	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		0.95	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	<b>H</b>	<b>5.22</b>	mIU/L	0.27-4.20

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

**IMPORTANT INSTRUCTIONS**

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

*Ashish*

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

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. RANDHIR KUMAR	IPD No.	:	
Age	: 47 Yrs 11 Mth	UHID	:	APH000014180
Gender	: MALE	Bill No.	:	APHHC230000395
Ref. Doctor	: MEDIWHEEL	Bill Date	:	30-03-2023 09:47:41
Ward	:	Room No.	:	
		Print Date	:	30-03-2023 11:35:13

### 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 13.1 cm).

Multiple small simple hepatic cysts seen in both lobes of liver, largest of size ~ 2.7 x 2.4 cm in right lobe. 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 ( 10.3 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney ( 11.9 cm), Left kidney ( 12.0 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 23.7 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.

-Multiple small simple hepatic cysts in both lobes.

Please correlate clinically.....

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



Prepare By.  
MD.SERAJ

*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.

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674





## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. RANDHIR KUMAR	IPD No.	:	
Age	: 47 Yrs 11 Mth	UHID	:	APH000014180
Gender	: MALE	Bill No.	:	APHHC230000395
Ref. Doctor	: MEDIWHEEL	Bill Date	:	30-03-2023 09:47:41
Ward	:	Room No.	:	
		Print Date	:	30-03-2023 12:30:11

### CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

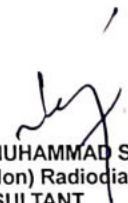
Both hila appear normal.

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.




**Patient Details**

Date: 30-Mar-23 Time: 3:38:20 PM  
 Name: MR.RANDHIR KUMAR. ID: APH000014180  
 Age: 47 y Sex: M Height: 170 cms Weight: 86 Kgs  
 Clinical History:

**Medications:**
**Test Details**

Protocol: Bruce Pr.MHR: 173 bpm THR: 155 (90 % of Pr.MHR) bpm  
 Total Exec. Time: 8 m 7 s Max. HR: 149 ( 86% of Pr.MHR )bpm Max. Mets: 10.20  
 Max. BP: 140 / 90 mmHg Max. BP x HR: 20860 mmHg/min Min. BP x HR: 4640 mmHg/min  
 Test Termination Criteria:

**Protocol Details**

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 16	1.0	0	0	60	120 / 80	-1.01 aVR	-1.69 V1
Standing	0 : 7	1.0	0	0	60	120 / 80	-1.27 V1	-1.69 V1
Hyperventilation	0 : 12	1.0	0	0	58	120 / 80	-1.01 aVR	-1.69 V1
1	3 : 0	4.6	2.7	10	102	130 / 80	-2.03 V1	5.49 I
2	3 : 0	7.0	4	12	126	140 / 90	-2.53 V2	5.49 II
Peak Ex	2 : 7	10.2	5.4	14	149	140 / 90	-4.05 V2	-5.91 V2
Recovery(1)	2 : 0	1.8	1.6	0	106	140 / 90	-3.04 V3	5.91 I
Recovery(2)	2 : 0	1.0	0	0	86	120 / 80	-2.28 V3	5.06 I
Recovery(3)	0 : 30	1.0	0	0	87	120 / 80	-2.28 aVR	-5.91 V1

**Interpretation**
**COMMENTS**

- FAIR EXERCISE (10.20 METS) TOLERANCE.
- NORMAL BP RESPONSE TARGET HEART RATE ACHIEVED.
- NO SIGNIFICANT ST-T SEGMENT CHANGES SEEN IN LEADS.
- THE TEST TERMINATED DUE TO HEART RATE ACHIEVED.

**IMPRESSION** :- THE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

Ref. Doctor: Dr.ADITYA KUMAR

Doctor: Dr.ADITYA KUMAR

( Summary Report edited by user )

Schiller CS-20 V 1.9

**Asian City Hospital** (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674