# **DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING**

Report: XRAY

Patient Name	1:	MR. RINTU KUMAR	IPD No.	:	
Age	T:	31 Yrs 9 Mth	UHID	:	APH000019642
Gender	T:	MALE	Bill No.	:	APHHC240000053
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	16-01-2024 09:48:02
Ward	:		Room No.	:	
			Print Date	:	16-01-2024 11:31:58

### **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.

PI	lease	corre	late c	linical	lly.

.....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.

# **DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING**

Report: ULTRASOUND

Patient Name	:	MR. RINTU KUMAR	IPD No.	:	
Age	:	31 Yrs 9 Mth	UHID	:	APH000019642
Gender	:	MALE	Bill No.	:	APHHC240000053
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	16-01-2024 09:48:02
Ward	:		Room No.	:	
			Print Date	:	16-01-2024 11:11:01

### **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 11.2 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 (7.7 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.2 cm), Left kidney (10.5 cm).

Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal. (Pre void Vol. 417.2 cc, Post void Vol. 5.2 cc)

Prostate appears normal in size (Vol. 15.7 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:**- No significant abnormality detected.

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.

Bill No.	:	APHHC240000053	Bill Date	1:	16-01-2024 09:48		
Patient Name	Г	MR. RINTU KUMAR	UHID	F	APH000019642		
Age / Gender	Г	31 Yrs 9 Mth / MALE	Patient Type	F	OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed	1	1		
Sample ID		APH24001629	Current Ward / Bed		1		
	F		Receiving Date & Time	:	16-01-2024 11:05		
	Т		Reporting Date & Time	:	16-01-2024 16:33		

### **BLOOD BANK REPORTING**

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

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

BLOOD GROUP (ABO)	"A"
RH TYPE	POSITIVE

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

# IMPORTANT INSTRUCTIONS CL - Critical Low, CH - Critical High, H - High, L - Low

Ashish

DR. ASHISH RANJAN SINGH

Bill No.	F	APHHC240000053	Bill Date	:	16-01-2024 09:48		
Patient Name	Г	MR. RINTU KUMAR	UHID	:	APH000019642		
Age / Gender	Г	31 Yrs 9 Mth / MALE	Patient Type	:	OPD	If PHC :	
Ref. Consultant	1	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	1	APH24001677	Current Ward / Bed	:	1		
	F		Receiving Date & Time	:	16-01-2024 14:25		
	Т		Reporting Date & Time	:	16-01-2024 16:33		

#### **BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference
				Interval

Sample Type: EDTA Whole Blood, Plasma, Serum

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

BLOOD UREA Urease-GLDH,Kinetic		20	mg/dL	15 - 45
BUN (CALCULATED)		9.3	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe's Kinetic)	L	0.6	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		97.0	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) (UV Hexokinase)	107.0	mg/dL	70 - 140

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-POD)	Н	183	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		50	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	128	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		71	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	133.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.7		1/2Average 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		2.6		1/2 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		14	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 (DPD)	0.48	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.09	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.39	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	7.4	g/dL	6 - 8.1

Bill No.	1:	APHHC240000053			Bill Date		:	16-01-2024 09:48
atient Name	1	MR. RINTU KUMAR			UHID		:	APH000019642
ge / Gender	1	31 Yrs 9 Mth / MALE			Patient Type		:	OPD If PHC :
ef. Consultant	1:	MEDIWHEEL			Ward / Bed		:	1
ample ID	1:	APH24001677			Current Ward / Bed		:	/
	:				Receiving Date & Ti	me	:	16-01-2024 14:25
	Т				Reporting Date & Ti	ne	:	16-01-2024 16:33
ALBUMIN-SER	ŪΜ	1 (Dye Binding-Bromocresol Green)		4.3	3	g/dL		
S.GLOBULIN				3.1		g/dL		2.8-3.8
A/G RATIO			L	1.	39			1.5 - 2.5
ALKALINE PHO	DSF	PHATASE IFCC AMP BUFFER	L	47	<b>7</b> .8	IU/L		53 - 128
ASPARTATE A	ΜI	NO TRANSFERASE (SGOT) (IFCC)	Н	50	).6	IU/L		10 - 42
ALANINE AMIN	VO	TRANSFERASE(SGPT) (IFCC)	Н	64	1.4	IU/L		10 - 40
GAMMA-GLUT	ΑM	YLTRANSPEPTIDASE (IFCC)		20	.0	IU/L		11 - 50
LACTATE DEH	ΥD	ROGENASE (IFCC; L-P)		20	5.0	IU/L		0 - 248
S.PROTEIN-TO	)TA	AL (Biuret)		7.4	1	g/dL		6 - 8.1
			1			1		1
URIC ACID Urica	ase -	Trinder		3.1		mg/c	IL.	2.6 - 7.2

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

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000053	Bill Date	:	: 16-01-2024 09:48		
Patient Name	:	MR. RINTU KUMAR	UHID		: APH000019642		
Age / Gender	:	31 Yrs 9 Mth / MALE	Patient Type		OPD If	PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		1		
Sample ID	:	APH24001677	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	16-01-2024 14:25		
			Reporting Date & Time	:	16-01-2024 16:33		

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.9	%	4.0 - 6.2

#### INTERPRETATION:

HbA1c %	Degree of Glucose Control						
>8% Action suggested due to high risk of developing long term complications like Re 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

DR. ASHISH RANJAN SINGH

Bill No.	T	APHHC240000053	Bill Date	ŀ	: 16-01-2024 09:48		
Patient Name	F	MR. RINTU KUMAR	UHID	Γ	: APH000019642		
Age / Gender	F	31 Yrs 9 Mth / MALE	Patient Type	Γ	OPD	If PHC	:
Ref. Consultant		MEDIWHEEL	Ward / Bed	:	1		
Sample ID	1	APH24001632	Current Ward / Bed	:	1		
	1		Receiving Date & Time	:	16-01-2024 11:05		
	Т		Reporting Date & Time	:	16-01-2024 13:39		

### **SEROLOGY REPORTING**

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

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

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

FREE-TRI IODO THYRONINE (FT3) (ECLIA)	2.90	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.07	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	4.04	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

Bill No.	T	APHHC240000053	Bill Date	T	: 16-01-2024 09:48		
Patient Name	Г	MR. RINTU KUMAR	UHID	Г	: APH000019642		
Age / Gender	Г	31 Yrs 9 Mth / MALE	Patient Type	Г	OPD	If PHC	1:
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed		1		
Sample ID	1	APH24001628	Current Ward / Bed	1	1		
	F		Receiving Date & Time	1	16-01-2024 11:05		
	Г		Reporting Date & Time		16-01-2024 13:40		

### **HAEMATOLOGY REPORTING**

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

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

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

TOTAL LEUCOCYTE COUNT (Flow Cytometry)	5.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	4.9	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	15.3	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	45.0	%	40 - 50
MEAN CORPUSCULAR VOLUME	91.2	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	31.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	34.0	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	182	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	43.0	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	13.1	%	11.6 - 14

#### DIFFERENTIAL LEUCOCYTE COUNT

ESR (Westergren)	Н	13	mm 1st hr	0 - 10
BASOPHILS		0	%	0 - 1
EOSINOPHILS		1	%	1 - 5
MONOCYTES		6	%	2 - 10
LYMPHOCYTES		40	%	20 - 40
NEUTROPHILS		53	%	40 - 80

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

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

DR. ASHISH RANJAN SINGH

Bill No.	T-	APHHC240000053	Bill Date	1:	16-01-2024 09:48		
Patient Name	:	MR. RINTU KUMAR	UHID	T	APH000019642		
Age / Gender	:	31 Yrs 9 Mth / MALE	Patient Type	T	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	1:	1		
Sample ID	:	APH24001649	Current Ward / Bed	T	1		
	:		Receiving Date & Time	T	16-01-2024 13:20		
	Γ		Reporting Date & Time	F	16-01-2024 13:55		

### **CLINICAL PATH REPORTING**

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

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

#### **URINE, ROUTINE EXAMINATION**

#### PHYSICAL EXAMINATION

QUANTITY		25 mL	
COLOUR		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)		1.010	1.005 - 1.030

#### MICROSCOPIC EXAMINATION

LEUCOCYTES		1-2	/HPF	0 - 5
RBC's	Nil			
EPITHELIAL CELLS	3-4			
CASTS	Nil			
CRYSTALS	Nil			
OTHERS	Nil			
I LIDINE-CLICAD	Negative			

URINE-SUGAR	Negative

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

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

DR. ASHISH RANJAN SINGH