Bill No.	:	APHHC240000393	Bill Date	T:	09-03-2024 08:43		
Patient Name	Г	MR. VISHAL VIR ARYA	UHID	Г	APH000021277		
Age / Gender	Г	36 Yrs 4 Mth / MALE	Patient Type	Г	OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed	Г	1		
Sample ID		APH24008582	Current Ward / Bed		1		
	F		Receiving Date & Time		09-03-2024 13:23		
	Т		Reporting Date & Time	F	09-03-2024 15:39		

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		25	mg/dL	15 - 45
BUN (CALCULATED)		11.7	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe's Kinetic)	L	0.7	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		74.0	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)	81.0	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)		125	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	28	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection		87	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		52	mg/dL	0 - 160
NON-HDL CHOLESTROL		97.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.5		1/2 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		3.1		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		10	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)	Н	1.27	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	Н	0.30	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	Н	0.97	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.2	g/dL	6 - 8.1

ill No.		APHHC240000393 Bill Date				:	09-03-2024 08:43	
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ge / Gender	1	36 Yrs 4 Mth / MALE			Patient Type		:	OPD If PHC :
ef. Consultant		MEDIWHEEL			Ward / Bed		:	1
ample ID	1	APH24008582			Current Ward / Bed		:	1
	1				Receiving Date & Tir	ne	:	09-03-2024 13:23
	Т		Reporting Date & Time			ne	:	09-03-2024 15:39
ALBUMIN-SER	ŪΜ	(Dye Binding-Bromocresol Green)		4.0)	g/dL		
S.GLOBULIN				3.2		g/dL		2.8-3.8
A/G RATIO			L	L 1.25				1.5 - 2.5
ALKALINE PHO	DSF	PHATASE IFCC AMP BUFFER		66	.4	IU/L		53 - 128
ASPARTATE A	ΜII	NO TRANSFERASE (SGOT) (IFCC)	Н	79).3	IU/L		10 - 42
ALANINE AMIN	VO	TRANSFERASE(SGPT) (IFCC)	Н	14	19.7	IU/L		10 - 40
GAMMA-GLUT	ΑM	YLTRANSPEPTIDASE (IFCC)		15	.7	IU/L		11 - 50
LACTATE DEH	ΥD	ROGENASE (IFCC; L-P)		20	0.0	IU/L		0 - 248
S.PROTEIN-TO)TA	AL (Biuret)		7.2	2	g/dL		6 - 8.1
URIC ACID Urica	ise -	Trinder		4.3	3	mg/d	L	. 2.6 - 7.2

** End of Report **

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

DR. ASHISH RANJAN SINGH

MBBS,MD CONSULTANT

Bill No.	:	APHHC240000393	Bill Date	:	09-03-2024 08:43		
Patient Name	:	MR. VISHAL VIR ARYA	UHID	F	APH000021277		
Age / Gender	:	36 Yrs 4 Mth / MALE	Patient Type	F	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		1		
Sample ID	:	APH24008582	Current Ward / Bed		1		
	:		Receiving Date & Time		09-03-2024 13:23		
			Reporting Date & Time		09-03-2024 15:39		

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.2	%	4.0 - 6.2

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

DR. ASHISH RANJAN SINGH

MBBS,MD CONSULTANT

Bill No.	:	APHHC240000393	Bill Date	:	09-03-2024 08:43		
Patient Name	:	MR. VISHAL VIR ARYA	UHID		APH000021277		
Age / Gender		36 Yrs 4 Mth / MALE	Patient Type	[·	OPD If PHC :		
Ref. Consultant		MEDIWHEEL	Ward / Bed	Г	1		
Sample ID	:	APH24008475	Current Ward / Bed	1	1		
	:		Receiving Date & Time		09-03-2024 09:43		
	П		Reporting Date & Time		09-03-2024 16:55		

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)		6.9	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	Н	6.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		14.8	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		45.8	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	74.6	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	24.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.2	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)		40.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	15.2	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

ESR (Westergren)	Н	23	mm 1st hr	0 - 10
BASOPHILS		0	%	0 - 1
EOSINOPHILS	Н	6	%	1 - 5
MONOCYTES		5	%	2 - 10
LYMPHOCYTES		24	%	20 - 40
NEUTROPHILS		65	%	40 - 80

** End of Report **

IMPORTANT INSTRUCTIONS
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