

Bill No.	:	APHHC240001763	Bill Date		:	28-09-2024 11:24		
Patient Name	:	MR. VINAY PRABHAKAR	UHID		:	APH000015129		
Age / Gender	:	37 Yrs 10 Mth / MALE	Patient Type	e	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		:	1		· ·
Sample ID	:	APH24045675	Current Wa	rd / Bed	:	1		
	:		Receiving D	ate & Time	:	28-09-2024 15:12		
			Reporting D)ate & Time	:	28-09-2024 17:35		

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	L	13	mg/dL	15 - 45
BUN (CALCULATED)	L	6.1	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe s Kinetic)	L	0.6	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		87.0	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)		137.0	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-POD)	Н	165	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	35	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	119	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		140	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	130.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.7		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		3.4		1∕₂Average 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:

- - 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	1.24	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	Н	0.25	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	Н	0.99	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.4	g/dL	6 - 8.1



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ALBUMIN-SER	UM	(Dye Binding-Bromocresol Green)		4.9)	g/dL			3.5 - 5.	2
S.GLOBULIN			L	2.	5	g/dL			2.8-3.8	
A/G RATIO				1.9	96				1.5 - 2	.5
ALKALINE PHC)SF	PHATASE IFCC AMP BUFFER	Н	12	9.9	IU/L			53 - 12	8
ASPARTATE AN	٩II	NO TRANSFERASE (SGOT) (IFCC)	Н	52	2.3	IU/L			10 - 42	
ALANINE AMIN	10	TRANSFERASE(SGPT) (IFCC)	Н	80).4	IU/L			10 - 40	
GAMMA-GLUTA	٩M	YLTRANSPEPTIDASE (IFCC)		28	.9	IU/L			11 - 50	
LACTATE DEH	YD	ROGENASE (IFCC; L-P)		20	0.7	IU/L			0 - 248	3
S.PROTEIN-TO	TA	L (Biuret)		7.4	ŀ	g/dL			6 - 8.1	
URIC ACID Urica		Trinder		5.7	,	mg/d	11		2.6 - 7	2

** End of Report **

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

Laboratory test results are to be clinically correlated. Storage and discard of Specimen shall be as per AIMS specimen retention policy. Test results are not valid for Medico - Legal purposes.





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Ref. Consultant	:	MEDIWHEEL	Ward / Bed		: /
Sample ID	:	APH24045675	Current Ward / Bed		: /
	:		Receiving Date & Tim	e	: 28-09-2024 15:12
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Sample Type: EDTA Whole Blood, Plasma, Serum

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

	HBA1C (Turbidimetric Immuno-inhibition)	5.7	%	4.0 - 6.2
INTE	ERPRETATION:			

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.

 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 **

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Age / Gender	:	37 Yrs 10 Mth / MALE	Patient Type	:	OPD	If PHC :
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1	
Sample ID	:	APH24045647	Current Ward / Bed	:	1	
	:		Receiving Date & Time	:	28-09-2024 13:01	
			Reporting Date & Time	:	28-09-2024 14:33	

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

[TURBIDITY	Clear				
[COLOUR		Pale Straw		Pale Yellow	
	QUANTITY		30 mL			

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)	L	1.005	1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		1-2	/HPF	0 - 5			
RBC's		Nil					
EPITHELIAL CELLS	0-1						
CASTS		Nil					
CRYSTALS		Nil					
URINE-SUGAR		NEGATIVE					

** End of Report **

IMPORTANT INSTRUCTIONS

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Ashis



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Age / Gender	:	37 Yrs 10 Mth / MALE	Patient Type	:	OPD	If PHC :
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1	· · · ·
Sample ID	:	APH24045610	Current Ward / Bed	:	1	
	:		Receiving Date & Time	:	28-09-2024 11:47	
			Reporting Date & Time	:	28-09-2024 13:00	

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

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Ashish



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Patient Name	:	MR. VINAY PRABHAKAR	UH	D	:	APH000015129		
Age / Gender	:	37 Yrs 10 Mth / MALE	Pat	ient Type	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Wa	rd / Bed	:	1		
Sample ID	:	APH24045614	Cur	rent Ward / Bed	:	1		
	:		Rec	eiving Date & Time	:	28-09-2024 11:48		
			Rep	orting Date & Time	:	28-09-2024 14:15		

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)		7.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	Н	6.3	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		15.3	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	Н	50.8	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	80.1	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	24.1	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	30.1	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		162	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		42.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.8	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

_ [r	NEUTROPHILS		57	%	40 - 80				
[YMPHOCYTES		28	%	20 - 40				
[MONOCYTES		7	%	2 - 10				
F	EOSINOPHILS	Н	8	%	1 - 5				
[BASOPHILS		0	%	0 - 1				
	ESR (Westergren)	Н	12	mm 1st hr	0 - 10				

** End of Report **

IMPORTANT INSTRUCTIONS

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Ashish



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Patient Name	:	MR. VINAY PRABHAKAR	UHID		: APH000015129	015129		
Age / Gender	:	37 Yrs 10 Mth / MALE	Patient Type		: OPD	If PHC :		
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		: /			
Sample ID	:	APH24045613	Current Ward / Bed		: /			
	:		Receiving Date & Time	e	: 28-09-2024 11:47			
			Reporting Date & Time	e	: 28-09-2024 17:38			

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)		3.54	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.41	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.90	mIU/L	0.27-4.20

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Ashish

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. VINAY PRABHAKAR	IPD No.	:	
Age	:	37 Yrs 10 Mth	UHID	:	APH000015129
Gender	:	MALE	Bill No.	:	APHHC240001763
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	28-09-2024 11:24:13
Ward	:		Room No.	:	
			Print Date	:	28-09-2024 12:09:54

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 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. VINAY PRABHAKAR	IPD No.	:	
Age	:	37 Yrs 10 Mth	UHID	:	APH000015129
Gender	:	MALE	Bill No.	:	APHHC240001763
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	28-09-2024 11:24:13
Ward	:		Room No.	:	
			Print Date	:	28-09-2024 13:20:44

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and show grade II fatty infiltration. (Liver measures 12 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 obscured.

Spleen is normal in size (9.7 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9 cm), Left kidney (9.8 cm). Cortico-

medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder is distended and appears normal. Wall thickness is normal.

Prostate appears normal in size (Vol. 13.4 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:- Grade II fatty infiltration of liver.

Please correlate clinically.....

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

Prepare By. MD.SERAJ DR. ALOK KUMAR, M.B.B.S, M.D, DMRD 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.