

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. AKASH KUMAR	IPD No.	:	
Age	:	33 Yrs 9 Mth	UHID	:	APH000017942
Gender	:	MALE	Bill No.	:	APHHC230001223
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	23-10-2023 08:51:18
Ward	:		Room No.	:	
			Print Date	:	23-10-2023 11:06:46

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.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. AKASH KUMAR	IPD No.	:	
Age	: 33 Yrs 9 Mth	UHID	:	APH000017942
Gender	: MALE	Bill No.	:	APHHC230001223
Ref. Doctor	: MEDIWHEEL	Bill Date	:	23-10-2023 08:51:18
Ward	:	Room No.	:	
		Print Date	:	23-10-2023 10:35:25

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 12.4 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 (10.6 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.1 cm), Left kidney (10.4 cm).

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

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 15.3 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.....

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FINAL REPORT

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Patient Name	: MR. AKASH KUMAR	UHID	: APH000017942		
Age / Gender	: 33 Yrs 9 Mth / MALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23029292	Current Ward / Bed	: /		
		Receiving Date & Time	: 23-10-2023 09:12		
		Reporting Date & Time	: 23-10-2023 10:15		

BLOOD BANK REPORTING

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

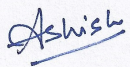
MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

FINAL REPORT

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Age / Gender	: 33 Yrs 9 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23029296	Current Ward / Bed	: /
		Receiving Date & Time	: 23-10-2023 09:13
		Reporting Date & Time	: 23-10-2023 10:37

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 <small>Urease-GLDH,Kinetic</small>		20	mg/dL	15 - 45
BUN (CALCULATED)		9.3	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.7	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		100.0	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 <small>(CHO-POD)</small>		134	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	L	31	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		87	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>	H	199	mg/dL	0 - 160
NON-HDL CHOLESTROL		103.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.3		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		2.8		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	H	40	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 <small>(DPD)</small>		0.77	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.16	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.61	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.5	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.0	g/dL	
S.GLOBULIN		3.5	g/dL	2.8-3.8
A/G RATIO	L	1.14		1.5 - 2.5

FINAL REPORT

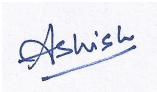
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Patient Name	: MR. AKASH KUMAR	UHID	: APH000017942
Age / Gender	: 33 Yrs 9 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
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		Reporting Date & Time	: 23-10-2023 10:37

ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		96.8	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		34.8	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	H	56.7	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		23.2	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		156.4	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.5	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>	H	8.2	mg/dL	2.6 - 7.2

**** End of Report ****

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Sample Type: EDTA Whole Blood, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.5	%	4.0 - 6.2
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INTERPRETATION:

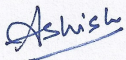
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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 ****

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23029291	Current Ward / Bed	: /		
		Receiving Date & Time	: 23-10-2023 09:12		
		Reporting Date & Time	: 23-10-2023 10:40		

HAEMATOLOGY REPORTING

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

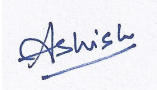
MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

ESR (Westergren)	H	35	mm 1st hr	0 - 10
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Age / Gender	: 33 Yrs 9 Mth / MALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23029295	Current Ward / Bed	: /		
		Receiving Date & Time	: 23-10-2023 09:12		
		Reporting Date & Time	: 23-10-2023 13:57		

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

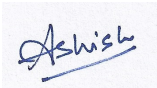
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.16	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		0.96	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	17.34	mIU/L	0.27-4.20

**** End of Report ****

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Age / Gender	: 33 Yrs 9 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23029322	Current Ward / Bed	: /
		Receiving Date & Time	: 23-10-2023 14:09
		Reporting Date & Time	: 23-10-2023 16:05

CLINICAL PATH REPORTING

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

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

STOOL ROUTINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR	BROWN
CONSISTENCY	SEMI SOLID
BLOOD	NOT DETECTED
MUCOUS	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	0-1
RBC's	NIL
TROPHOZOITES	NOT DETECTED
CYSTS	NOT DETECTED
OVA	NOT DETECTED

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	15 mL		
COLOUR	Pale straw		Pale Yellow
TURBIDITY	Clear		

CHEMICAL EXAMINATION

PH <small>(Double pH indicator method)</small>	5.0		5.0 - 8.5
PROTEINS <small>(Protein-error-of-indicators)</small>	Negative		Negative
SUGAR <small>(GOD POD Method)</small>	Negative		Negative
SPECIFIC GRAVITY, URINE <small>(Apparent pKa change)</small>	1.025		1.005 - 1.030

MICROSCOPIC EXAMINATION

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

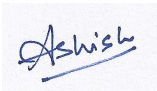
** End of Report **

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