


FINAL REPORT

Bill No.	: AFDHC220000564	Bill Date	: 08-10-2022 08:55
Patient Name	: MR. RAJESH KUMAR ARORA	UHID	: AFD000015579
Age / Gender	: 60 Yrs 16 Days / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22018426	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 09:41
		Reporting Date & Time	: 08-10-2022 10:54

HAEMATOLOGY REPORTING

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

MEDIWHEEL PKG FOR MALE ABOVE 40YRS
CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.3	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	H	5.6	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	L	11.3	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	36.0	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	64.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	20.1	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	31.4	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		218	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		41.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	21.6	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		52	%	40 - 80
LYMPHOCYTES		38	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		1	%	0 - 1
ESR (Westergren)		6	mm 1st hr	0 - 10

Advice- HPLC is advised to rule out Hemoglobinopathy

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



DR. RICHA KAUSHIK MISHRA
 MBBS, DNB
 CONSULTANT

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Age / Gender	: 60 Yrs 16 Days / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22018482	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 12:26
		Reporting Date & Time	: 08-10-2022 14:30

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine
MEDIWHEEL PKG FOR MALE ABOVE 40YRS
URINE, ROUTINE EXAMINATION
PHYSICAL EXAMINATION

QUANTITY		30 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Clear		

CHEMICAL EXAMINATION

PH		6.5		5.0 - 8.5
PROTEINS		Negative		Negative
SUGAR		Negative		Negative
SPECIFIC GRAVITY, URINE		1.015		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		2-4	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		2-4		
CASTS		Nil		
CRYSTALS		Nil		

**** End of Report ****
IMPORTANT INSTRUCTIONS

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DR. RICHA KAUSHIK MISHRA

 MBBS, DNB
 CONSULTANT

FINAL REPORT

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Patient Name	: MR. RAJESH KUMAR ARORA	UHID	: AFD000015579
Age / Gender	: 60 Yrs 16 Days / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22018483	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 12:26
		Reporting Date & Time	: 08-10-2022 12:46

BIOCHEMISTRY REPORTING

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

MEDIWHEEL PKG FOR MALE ABOVE 40YRS
LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)		0.73	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	H	0.22	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.51	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		6.6	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN	L	2.4	g/dL	2.8-3.8
A/G RATIO		1.75		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)	L	40.0	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (IFCC)		36.8	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		39.4	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSFERASE (IFCC)	H	50.7	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		231.9	IU/L	0 - 248

CHOLESTROL-TOTAL (CHO-POD)		132	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Inhibition)		54	mg/dL	>40
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)		72	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)	H	165	mg/dL	0 - 160
NON-HDL CHOLESTROL		78.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		2.4		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		1.3		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		33	mg/dL	10 - 35

Comments:

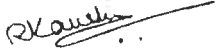
- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS

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Age / Gender	: 60 Yrs 16 Days / MALE	Patient Type	: OPD If PHC :
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Sample ID	: AFD22018483	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 12:26
		Reporting Date & Time	: 08-10-2022 12:46

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



DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT

FINAL REPORT

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Sample Type: Serum

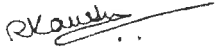
MEDIWHEEL PKG FOR MALE ABOVE 40YRS
KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA <small>Urease-GLDH, Kinetic</small>	24	mg/dL	15 - 45
CREATININE-SERUM <small>(Modified Jaffe's Kinetic)</small>	1.0	mg/dL	0.8 - 1.3
SODIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>	140	m.mol/L	135 - 145
POTASSIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>	3.5	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM <small>(Indirect Ion-Selective Electrode)</small>	100	m.mol/L	98 - 107
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	75.9	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)

**** End of Report ****
IMPORTANT INSTRUCTIONS

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



DR. RICHA KAUSHIK MISHRA
 MBBS, DNB
 CONSULTANT

FINAL REPORT

Bill No.	: AFBCB220003332	Bill Date	: 08-10-2022 11:27
Patient Name	: MR. RAJESH KUMAR ARORA	UHID	: AFD000015579
Age / Gender	: 60 Yrs 16 Days / MALE	Patient Type	: If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22325897	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 12:51
		Reporting Date & Time	: 08-10-2022 14:01

HAEMATOLOGY REPORTING

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

*GLYCATED HAEMOGLOBIN (HBA1C)

HBA1C (HPLC)	H	6.3	%	4.27 - 6.07
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INTERPRETATION:

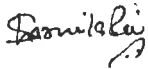
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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

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



DR. SHARMILA RAI
MD, PATHOLOGY
Consultant



FINAL REPORT

Bill No. :	AFBCB220003332	Bill Date :	08-10-2022 11:27
Patient Name :	MR. RAJESH KUMAR ARORA	UHID :	AFD000015579
Age / Gender :	60 Yrs 16 Days / MALE	Patient Type :	
Ref. Consultant :	SELF	Ward / Bed :	/
Sample ID :	AFB22325898	Current Ward / Bed :	/
		Receiving Date & Time :	08-10-2022 12:51
		Reporting Date & Time :	08-10-2022 14:36

SEROLOGY REPORTING

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

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

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.02	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.12	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		1.85	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

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

Uma Rani

DR. UMA R
MD, PATHOLOGY
Sr. Consultant & Head of the Deptt.


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Age / Gender	: 60 Yrs 16 Days / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22018427	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 09:41
		Reporting Date & Time	: 08-10-2022 12:34

BLOOD BANK REPORTING

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

MEDIWHEEL PKG FOR MALE ABOVE 40YRS

BLOOD GROUP (ABO & RH)

ABO GROUP	"O"
RH TYPE	POSITIVE

Forward grouping done by slide method.

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



DR. RICHA KAUSHIK MISHRA
 MBBS, DNB
 CONSULTANT

NON INVASIVE CARDIOLOGY

Patient Name	: MR. RAJESH KUMAR ARORA	IPD No.	:
Age	: 59 Yrs 11 Mth	UHID	: AFD000015579
Gender	: MALE	Bill No.	: AFDHC220000564
Ref. Doctor	: SELF	Bill Date	: 08-10-2022 08:55:39
Ward	:	Room No.	:
		Procedure Date	: 10-10-2022 15:09:31

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE
Aortic Root Diameter	3.0		2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N		1.5-2.6cm
Left Atrial Dimension	3.7		1.9-4.0cm < 2.2cm/M2
RV Dimensions	N		0.7-2.6cm
RV thickness	N		0.3-0.9cm
LV ED Dimension	5.7		3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	4.0		2.2-4.0 cm
IVS thickness	ED - 1.0	ES-1.2	0.6-1.2cm
LVPW Thickness	ED - 0.9	ES-1.2	0.5-1.1cm
IVS/ LVPW Ratio	N		
Mitral Valve	DE-N	EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	40 %	60+/-6%

NON INVASIVE CARDIOLOGY

Patient Name	: MR. RAJESH KUMAR ARORA	IPD No.	:	
Age	: 59 Yrs 11 Mth	UHID	:	AFD000015579
Gender	: MALE	Bill No.	:	AFDHC220000564
Ref. Doctor	: SELF	Bill Date	:	08-10-2022 08:55:39
Ward	:	Room No.	:	
		Procedure Date	:	10-10-2022 15:09:31

IMAGING:

2D- imaging in PLAX.SAX and apical views revealed akinesia of basal, mid infero-septum, inferior wall & basal infero-lateral wall. Global LVEF is 40%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

DOPPLER STUDY

	m/s	m/s		
MITRAL VELOCITY	E-0.5	A-0.7	MR	0/4
TRICUSPID VELOCITY	1.2 m/s		TR	0/4
AORTIC VELOCITY	0.9 m/s		AR	0/4
PULMONARY VELOCITY	1.0 m/s		PR	0/4
PA Pressure				

NON INVASIVE CARDIOLOGY

Patient Name	: MR. RAJESH KUMAR ARORA	IPD No.	:	
Age	: 59 Yrs 11 Mth	UHID	:	AFD000015579
Gender	: MALE	Bill No.	:	AFDHC220000564
Ref. Doctor	: SELF	Bill Date	:	08-10-2022 08:55:39
Ward	:	Room No.	:	
		Procedure Date	:	10-10-2022 15:09:31

COLOUR FLOW MAPPING

No Valvular regurgitation.

FINAL IMPRESSION

1. Akinesia of basal, mid infero-septum, inferior wall & basal infero-lateral wall, LVEF-40%.
2. Dilated left ventricle.
3. Normal cardiac valves.
4. Grade I diastolic dysfunction.
5. No clot/mass/vegetation/PE

DR. MITHILESH KUMAR
 MD. DrNB (Cardiology).
 Consultant Cardiologist

HMC-HN19723

For The perusal of a medical professional only
 The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.
 It is not the diagnosis & must be correlated clinically.
 NOT FOR MEDICOLEGAL PURPOSES

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

Prepare By.
 MADHVI.S

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. RAJESH KUMAR ARORA	IPD No.	:	
Age	: 59 Yrs 11 Mth	UHID	:	AFD000015579
Gender	: MALE	Bill No.	:	AFDHC220000564
Ref. Doctor	: SELF	Bill Date	:	08-10-2022 08:55:39
Ward	:	Room No.	:	
		Print Date	:	08-10-2022 15:38:04

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields show prominent bronchovascular markings.

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.
BHANOO

DR. BHANOO CHAUDHARY, MBBS,MD
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. RAJESH KUMAR ARORA	IPD No.	:	
Age	: 59 Yrs 11 Mth	UHID	:	AFD000015579
Gender	: MALE	Bill No.	:	AFDHC220000564
Ref. Doctor	: SELF	Bill Date	:	08-10-2022 08:55:39
Ward	:	Room No.	:	
		Print Date	:	08-10-2022 10:50:42

USG WHOLE ABDOMEN

FINDINGS:

- **Liver is enlarged in size (longitudinal span 16.3 cm) and shows moderate to severe fatty infiltration (s/o grade II/III fatty liver).** No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is well distended with normal wall thickness. No intraluminal calculi focal lesion seen. No pericholecystic pathology seen.
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 11.1 x 4.3 cm. The left kidney measures 12.0 x 4.2 cm. No focal lesion/calculus noted in either kidney.
- The Urinary Bladder is minimally distended.
- **Prostate is borderline enlarged in size (33.0 cc)** and normal echotexture.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

IMPRESSION:

- **Hepatomegaly with grade II/III fatty liver changes.**
- **Borderline prostatomegaly.**

Please correlate clinically.

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

Prepare By.
BHANOO

DR. BHANOO CHAUDHARY, MBBS,MD
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.

OPD Assessment Form (First visit/Follow-up)



Name : MR. RAJESH KUMAR ARORA UHID No. : AFD000015579
 FATHER : SH. M.L ARORA Date : 08-10-2022 08:50:05
 Age / Gender : 59 Yrs 11 Mth / MALE Doctor / Unit : DR. MUKUND SINGH /
 CPG : CORPORATE CASHAIMS2122_FD Department : INTERNAL MEDICINE_FD
 Inst. Name : Acrofemi Healthcare Ltd
 Address : B-303, BPTP RESORT, SEC-75, FARIDABAD, HARYANA, INDIA, Zip No.-121002

PHC

Present Complaints:

BP (mm Hg)
Pulse
RR
Ht/Length
Wt-
Pain Score (1-10)

Past/Family History:

- CAD - Post P-ICA - 2011
- DM - II
- Hypertension

History Given By : - Adrenal insufficiency

Any known Allergies
<i>Not known</i>

Clinical Findings :

Self

Mon

under treatment - Dr Sanjeev Kapoor

Provisional Diagnosis :

As above

DR. MUKUND SINGH, MBBS, DNB, CONSULTANT-INTERNAL MEDICINE_FD, Reg. No: BMC-35607

Asian Fidelis Multispeciality Hospital OPD Timing: Mon - Sat : 10:00am-04:00pm.

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

Plan Of Care :

Ad- life style modification
as discussed

Treatment Advice:

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Dr. Mukund Singh
Consultant in Internal Medicine
Asian Fidelity Hospital
RPS 5
Faridkot
MBBS 2004
MCh (MR) 11/1008

Signature of Doctor / Consultant..... Date:..... Time:.....