

#### **FINAL REPORT**

| Bill No.        | : | APHHC240001908      | Bill Date             | : | 02-11-2024 09:56 |          |  |
|-----------------|---|---------------------|-----------------------|---|------------------|----------|--|
| Patient Name    | : | MR. SUMIT GUPTA     | UHID                  | : | APH000030638     |          |  |
| Age / Gender    | : | 34 Yrs 1 Mth / MALE | Patient Type          | : | OPD              | If PHC : |  |
| Ref. Consultant | : | MEDIWHEEL           | Ward / Bed            | : | 1                | · · · ·  |  |
| Sample ID       | : | APH24051492         | Current Ward / Bed    | : | 1                |          |  |
|                 | : |                     | Receiving Date & Time | : | 02-11-2024 10:45 |          |  |
|                 |   |                     | Reporting Date & Time | : | 02-11-2024 13:02 |          |  |

#### 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)                                  |   | 7.4  | thousand/cumm | 4 - 11      |
|---|---|------|---------------|-------------|
| RED BLOOD CELL COUNT (Hydro Dynamic Focussing)                          |   | 4.6  | million/cumm  | 4.5 - 5.5   |
| HAEMOGLOBIN (SLS Hb Detection)  | L | 12.3 | g/dL          | 13 - 17     |
| PACK CELL VOLUME (Cumulative Pulse Height Detection)                    |   | 40.3 | %             | 40 - 50     |
| MEAN CORPUSCULAR VOLUME (Calculated)                                    |   | 87.1 | fL            | 83 - 101    |
| MEAN CORPUSCULAR HAEMOGLOBIN (Calculated)                               | L | 26.5 | þg            | 27 - 32     |
| MEAN CORPUSCULAR HAEMOGLOBIN<br>CONCENTRATION (Calculated)              | L | 30.4 | g/dL          | 31.5 - 34.5 |
| PLATELET COUNT (Hydro Dynamic Focussing)                                |   | 236  | thousand/cumm | 150 - 400   |
| RED CELL DISTRIBUTION WIDTH (S.D - RDW)<br>(Particle Size Distribution) |   | 45.8 | fL            | 39 - 46     |
| RED CELL DISTRIBUTION WIDTH (C.V.)                                      | Н | 14.6 | %             | 11.6 - 14   |

#### DIFFERENTIAL LEUCOCYTE COUNT

| NEUTROPHILS (Flow-cytometry & Microscopy) |  | 73 | % | 40 - 80 |
|---|--|----|---|---------|
| LYMPHOCYTES (Flow-cytometry & Microscopy) |  | 19 | % | 20 - 40 |
| MONOCYTES (Flow-cytometry & Microscopy)   |  | 4  | % | 2 - 10  |
| EOSINOPHILS (Flow-cytometry & Microscopy) |  | 4  | % | 1 - 5   |
| BASOPHILS (Flow-cytometry & Microscopy)   |  | 0  | % | 0 - 1   |

#### INTERPRETATION:

A complete blood count (CBC) provides information about the different types and numbers of cells in the blood, including red blood cells, white blood cells, and platelets. It's used to look at overall health and find a wide range of conditions, including anaemia, infection, thrombocytopenia and leukemia.

| ESR (Westergren) | Н | 40 | mm/1st hr | 0 - 10 |
|------------------|---|----|-----------|--------|
|------------------|---|----|-----------|--------|

#### **INTERPRETATION:**

An erythrocyte sedimentation rate show if there is inflammation in body. High ESR levels are often associated with various inflammatory conditions, infections, autoimmune diseases, and certain cancers. It can also indicate tissue damage or necrosis, as well as chronic diseases like rheumatoid arthritis, lupus, or vasculitis.

\*\* 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.



#### DEPARTMENT OF LABORATORY SERVICES FINAL REPORT

| Bill No.        | : | APHHC240001908      | Bill Date             | : | 02-11-2024 09:56 |          |  |
|-----------------|---|---------------------|-----------------------|---|------------------|----------|--|
| Patient Name    | : | MR. SUMIT GUPTA     | UHID                  | : | APH000030638     |          |  |
| Age / Gender    | : | 34 Yrs 1 Mth / MALE | Patient Type          | : | OPD              | If PHC : |  |
| Ref. Consultant | : | MEDIWHEEL           | Ward / Bed            | : | 1                |          |  |
| Sample ID       | : | APH24051492         | Current Ward / Bed    | : | 1                |          |  |
|                 | : |                     | Receiving Date & Time | : | 02-11-2024 10:45 |          |  |
|                 |   |                     | Reporting Date & Time | : | 02-11-2024 13:02 |          |  |





#### **FINAL REPORT**

| Bill No.          | :                     | APHHC240001908                 |        |                    | Bill Date            |      | :  | 02-11-2024 09:56     |               |
|-------------------|-----------------------|--------------------------------|--------|--------------------|----------------------|------|----|----------------------|---------------|
| Patient Name      | :                     | MR. SUMIT GUPTA                |        |                    | UHID                 |      | :  | APH000030638         |               |
| Age / Gender      | :                     | 34 Yrs 1 Mth / MALE            |        |                    | Patient Type         |      | :  | OPD I                | f PHC :       |
| Ref. Consultant   | :                     | MEDIWHEEL                      |        | Ward / Bed         |                      |      |    | 1                    | I             |
| Sample ID         | mple ID : APH24051550 |                                |        | Current Ward / Bed |                      |      | :  | 1                    |               |
|                   | :                     |                                |        |                    | Receiving Date & Tin | ne   | :  | 02-11-2024 13:57     |               |
|                   | 1                     |                                |        |                    | Reporting Date & Tin | ıe   | :  | 02-11-2024 15:53     |               |
|                   |                       | Bl                             | OCHE   | MIS                | TRY REPORTING        |      |    |                      |               |
| Test (Methodolog  | gy)                   |                                | Flag   | Re                 | sult                 | UON  | Λ  | Biologie<br>Interval | cal Reference |
| Sample Type: EDTA | W                     | hole Blood, Plasma, Serum      |        |                    |                      |      |    |                      |               |
| MEDIWHEEL FUI     | LL                    | BODY HEALTH CHECKUP_M          | ALE(BE | ELO                | W-40)@2400           |      |    |                      |               |
| BLOOD UREA        | Urea                  | se-GLDH,Kinetic                |        | 21                 |                      | mg/c | IL | 15 - 45              |               |
| BUN (Calculated)  |                       | ·                              |        | 9.8                | }                    | mg/c | IL | 7 - 21               |               |
| CREATININE-       | SER                   | CUM (Modified Jaffe s Kinetic) | L      | 0.8                | 8                    | mg/c | IL | 0.9 - 1.3            |               |
| L                 |                       | . , ,                          |        |                    |                      |      |    |                      |               |
| GLUCOSE-PLA       |                       |                                |        | 96                 |                      | mg/c |    | 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)
 118.0
 mg/dL
 70 - 140

 Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
 70 - 140

(As per American Diabetes Association recommendation)

#### LIPID PROFILE

| CHOLESTROL-TOTAL (CHO-POD)                           | н | 169   | mg/dL | 0 - 160   |
|--|---|-------|-------|---|
| HDL CHOLESTROL Enzymatic Immunoinhibition            |   | 43    | mg/dL | >40   |
| CHOLESTROL-LDL DIRECT Enzymatic Selective Protection | Н | 107   | mg/dL | 0 - 100   |
| S.TRIGLYCERIDES (GPO - POD)                          |   | 132   | mg/dL | 0 - 160   |
| NON-HDL CHOLESTROL (Calculated)                      | н | 126.0 | mg/dL | 0 - 125   |
| TOTAL CHOLESTROL / HDL CHOLESTROL (Calculated)       |   | 3.9   |       | 1∕₂Average Risk <3.3<br>Average Risk 3.3-4.4<br>2 Times Average Risk 4.5-7.1<br>3 Times Average Risk 7.2-11.0 |
| LDL CHOLESTROL / HDL CHOLESTROL (Calculated)         |   | 2.5   |       | 1∕xAverage Risk <1.0<br>Average Risk 1.0-3.6<br>2 Times Average Risk 3.7-6.3<br>3 Times Average Risk 6.4-8.0  |
| CHOLESTROL-VLDL (Calculated)                         |   | 26    | mg/dL | 10 - 35   |

#### **INTERPRETATION:**

A lipid profile test measures the different types of lipids in the blood. It measures the levels of four different types of cholesterol and triglycerides. •LDL (low-density lipoproteins): LDL is the cholesterol that is considered "bad cholesterol" because it forms plaques in the arteries and adversely affects heart health. Thus, LDL cholesterol should be maintained in the lower range.

•VLDL (very low-density lipoproteins): VLDL appears in the blood soon after we have consumed food. A lipid profile is done as a fasting test, and thus, if there is an increased level of VLDL in the blood sample, it can be suggestive of some metabolic disease.

•HDL (high-density lipoproteins): HDL cholesterol is also known as "good cholesterol" because it helps clear away the bad LDL cholesterol and prevents its build-up.

•Total cholesterol: It is the sum of all the different types of cholesterol in your body, i.e., LDL + VLDL + HDL.

•Triglycerides: Our body converts the excess calories into triglycerides and stores it as body fat. High levels of triglycerides are harmful to the heart, liver, and pancreas.

#### LIVER FUNCTION TESTS (LFT)

| BILIRUBIN-TOTAL (DPD)  | 0.79 | mg/dL | 0.2 - 1.0 |
|------------------------|------|-------|-----------|
| BILIRUBIN-DIRECT (DPD) | 0.14 | mg/dL | 0 - 0.2   |



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|---|----------------------------------|---------------------------------|----|--------------------|-----------------------|------|----|------------------|----------|--|
| atient Name   | :                                | MR. SUMIT GUPTA                 |    |                    | UHID                  |      | :  | APH000030638     |          |  |
| ge / Gender   | e / Gender : 34 Yrs 1 Mth / MALE |                                 |    |                    | Patient Type          |      |    | OPD              | If PHC : |  |
| ef. Consultant : MEDIWHEEL<br>ample ID : APH24051550<br>: |                                  |                                 |    | Ward / Bed         |                       | :    | 1  |                  |          |  |
|   |                                  |                                 |    | Current Ward / Bed |                       | :    | 1  |                  |          |  |
|   |                                  |                                 |    |                    | Receiving Date & Time |      |    | 02-11-2024 13:57 |          |  |
|   |                                  |                                 | Re |                    | Reporting Date & Tir  | ne   | :  | 02-11-2024 15:53 |          |  |
| BILIRUBIN-INC   |                                  |                                 |    | 0.65               |                       | mg/c | IL | 0.2 - 0.         | 02-08    |  |
| S.PROTEIN-TO  | ΤA                               | L (Biuret)                      |    | 7.5                |                       | g/dL |    | 6 - 8.1          | 6 - 8.1  |  |
| ALBUMIN-SERI  | JM                               | (Dye Binding-Bromocresol Green) |    | 4.6                | i                     | g/dL |    | 3.5 - 5.         | 2        |  |
| S.GLOBULIN (Ca  | alcul                            | ated)                           |    | 2.9                |                       | g/dL |    | 2.8-3.8          |          |  |
| A/G RATIO (Calc   | ulate                            | ed)                             |    | 1.5                | 9                     |      |    | 1.5 - 2          | .5       |  |
| ALKALINE PHO  | SF                               | PHATASE IFCC AMP BUFFER         |    | 11                 | 3.2                   | IU/L |    | 53 - 12          | 8        |  |
| ASPARTATE AN  | 411                              | NO TRANSFERASE (SGOT) (IFCC)    | н  | 52                 | .4                    | IU/L |    | 10 - 42          |          |  |
| ALANINE AMIN  | 0                                | TRANSFERASE(SGPT) (IFCC)        | н  | 75                 | .6                    | IU/L |    | 10 - 40          |          |  |
| GAMMA-GLUTA   | ١M                               | YLTRANSPEPTIDASE (IFCC)         |    | 45                 | 7                     | IU/L |    | 11 - 50          |          |  |
|   |                                  |                                 |    | 10                 | 4.3                   | IU/L |    | 0 - 248          | >        |  |

#### **FINAL REPORT**

#### INTERPRETATION:

The LFT test is used to diagnose and monitor liver diseases. It can also provide the information about other health conditions that affect the liver, such as viral or alcoholic hepatitis. If a person is taking medications that can impact on the liver, the test results can indicating whether side effects are occurring.

| S.PROTEIN-TOTAL (Biuret)      |   | 7.5 | g/dL  | 6 - 8.1   |
|-------------------------------|---|-----|-------|-----------|
| URIC ACID (Uricase - Trinder) | Н | 8.1 | mg/dL | 2.6 - 7.2 |

#### INTERPRETATION:

High levels of uric acid could be a sign of gout, a condition characterized by inflammation of the joints due to the formation of uric acid crystals. The uric acid level also monitors of a person undergoing the chemotherapy or radiation treatment for cancer.

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

#### **IMPORTANT INSTRUCTIONS**

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|-----------------|---|---------------------|-----------------------|---|------------------|----------|--|
| Patient Name    | : | MR. SUMIT GUPTA     | UHID                  | : | APH000030638     |          |  |
| Age / Gender    | : | 34 Yrs 1 Mth / MALE | Patient Type          | : | OPD              | If PHC : |  |
| Ref. Consultant | : | MEDIWHEEL           | Ward / Bed            | : | 1                | · · ·    |  |
| Sample ID       | : | APH24051550         | Current Ward / Bed    | : | 1                |          |  |
|                 | : |                     | Receiving Date & Time | : | 02-11-2024 13:57 | ,        |  |
|                 |   |                     | Reporting Date & Time | : | 02-11-2024 15:53 | 3        |  |

Sample Type: EDTA Whole Blood, Plasma, Serum

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

| HBA1C (Turbidimetric Immuno-inhibition) | Н | 6.4 | % | 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**

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|-----------------|---|---------------------|-----------------------|---|------------------|
| Patient Name    | : | MR. SUMIT GUPTA     | UHID                  | : | APH000030638     |
| Age / Gender    | : | 34 Yrs 1 Mth / MALE | Patient Type          | : | OPD If PHC :     |
| Ref. Consultant | : | MEDIWHEEL           | Ward / Bed            | : | 1                |
| Sample ID       | : | APH24051496         | Current Ward / Bed    | : | 1                |
|                 | : |                     | Receiving Date & Time | : | 02-11-2024 10:45 |
|                 |   |                     | Reporting Date & Time | : | 02-11-2024 14:25 |
|                 |   | •                   | SEROLOGY REPORTING    |   |                  |

#### Test (Methodology) UOM **Biological Reference** Flag Result Interval

Sample Type: Serum

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

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

| FREE-TRI IODO THYRONINE (FT3) (ECLIA)     |   | 2.66 | pg/mL | 2.0-4.4   |
|---|---|------|-------|-----------|
| FREE -THYROXINE (FT4) (ECLIA)             |   | 1.50 | ng/dL | 0.9-1.7   |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | Н | 7.45 | mIU/L | 0.27-4.20 |

#### **INTERPRETATION:**

The thyroid profile test measures the thyroid hormones in the blood. Thyroid gland is responsible for producing hormones important for many bodily processes. Abnormal thyroid function, such as underactive thyroid (hypothyroidism) or overactive thyroid (hyperthyroidism), can lead to many symptoms. A thyroid profile can also be used to monitor the treatment of hyperthyroidism and assess those receiving levothyroxine therapy, which replaces or supplements thyroid hormones reduced or absent due to hypothyroidism, thyroid cancer, thyroid nodules, and goiters.

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

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#### **FINAL REPORT** D.11 D. (

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|---|--|---|-----------|---|------------|------|--------------------|--------------------|--|-----|---------|
| Patient Name  | :                                      | MR. SUMIT GUPTA   | UHID      |   | :          | 1    | APH0000306         | 638                |  |     |         |
| Age / Gender  | :                                      | 34 Yrs 1 Mth / MALE   | Patient T | /pe   | :          | (    | OPD                |                    | If PHC                                       | :   |         |
| Ref. Consultant   | :                                      | MEDIWHEEL   | Ward / Be | d   | :          |      | 1                  |                    |  |     |         |
| Sample ID   | :                                      | APH24051502   |           | Current V   | /ard / Bed | :    |                    | 1                  |  |     |         |
|   |  |   | Receiving | Receiving Date & Time   |            |      | 02-11-2024 10:53   |                    |  |     |         |
|   |  |   | Reporting | Reporting Date & Time : 02-12   |            |      |                    | 14:27              |  |     |         |
|   | _                                      | <u>(</u>  |           | L PATH REP  | ORTING     |      | _                  |                    |  |     |         |
| Test (Methodolo   | gy)                                    |   | Flag      | Result  |            | UOM  |                    |                    | Biologi<br>nterva                            |     | ference |
| Sample Type: Urine  |  |   |           | 1   |            |      |                    |                    |  |     |         |
| MEDIWHEEL FU  | LL                                     | BODY HEALTH CHECKUP   | MALE(BE   | ELOW-40)@24   | 00         |      |                    |                    |  |     |         |
| URINE, ROUTINE  |  |   |           | ,   |            |      | _                  |                    |  |     |         |
|   |  |   |           |   |            |      |                    |                    |  |     |         |
|   | ны                                     | ATION   |           |   |            |      |                    |                    |  |     |         |
|   | 1IN                                    | ATION   |           | 15 ml   |            |      |                    | 1                  |  |     |         |
| QUANTITY  | 1IN.                                   | ATION   |           | 15 mL<br>Pale straw   |            |      |                    | P                  | ale Yel                                      | low |         |
| QUANTITY<br>COLOUR  |  | ATION   |           | Pale straw  |            |      |                    | P                  | ale Ye                                       | low |         |
| QUANTITY<br>COLOUR<br>TURBIDITY   |  |   |           |   |            |      |                    | P                  | 'ale Yel                                     | low |         |
| QUANTITY<br>COLOUR<br>TURBIDITY<br>CHEMICAL EXA   | MIN                                    | IATION  |           | Pale straw<br>Clear   |            |      |                    |                    |  |     |         |
| QUANTITY<br>COLOUR<br>TURBIDITY<br>CHEMICAL EXA   | <b>VIIN</b><br>Itor m                  | ATION<br>ethod)   |           | Pale straw<br>Clear<br>6.0  |            |      |                    | 5.                 | .0 - 8 5                                     |     |         |
| QUANTITY<br>COLOUR<br>TURBIDITY<br>CHEMICAL EXA<br>PH (Double pH indic<br>PROTEINS (Pro   | MIN<br>Itorm                           | IATION<br>ethod)<br>rror-of-indicators)   |           | Pale straw<br>Clear<br>6.0<br>Negative  |            |      |                    | 5.<br>N            | .0 - 8.5<br>Iegative                         | e   |         |
| QUANTITY<br>COLOUR<br>TURBIDITY<br>CHEMICAL EXA<br>PH (Double pH Indic<br>PROTEINS (Pro<br>SUGAR (GOD POL   | MIN<br>Itor m<br>tein-e                | IATION<br>ethod)<br>rror-of-indicators)<br>rod)   |           | Pale straw<br>Clear<br>6.0<br>Negative<br>Negative                                      |            |      |                    | 5.<br>N<br>N       | .0 - 8.5<br>legative<br>legative             | 9   |         |
| QUANTITY<br>COLOUR<br>TURBIDITY<br>CHEMICAL EXA<br>PH (Double pH indic<br>PROTEINS (Pro<br>SUGAR (GOD POR<br>SPECIFIC GR/   | MIN<br>tor m<br>tein-e                 | ethod)<br>rror-of-indicators)<br>rod)<br>TY, URINE (Apparent pKa change)                        |           | Pale straw<br>Clear<br>6.0<br>Negative  |            |      |                    | 5.<br>N<br>N       | .0 - 8.5<br>Iegative                         | 9   |         |
| QUANTITY<br>COLOUR<br>TURBIDITY<br>CHEMICAL EXA<br>PH (Double pH indic<br>PROTEINS (Pro<br>SUGAR (GOD POI<br>SPECIFIC GR  | MIN<br>tor m<br>tein-e                 | ethod)<br>rror-of-indicators)<br>rod)<br>TY, URINE (Apparent pKa change)                        |           | Pale straw<br>Clear<br>6.0<br>Negative<br>Negative<br>1.015                             |            |      |                    | 5.<br>N<br>N<br>1. | .0 - 8.5<br>legative<br>legative<br>.005 - ^ | 9   |         |
| QUANTITY<br>COLOUR<br>TURBIDITY<br>CHEMICAL EXA<br>PH (Double pH indic<br>PROTEINS (Pro<br>SUGAR (GOD POI<br>SPECIFIC GR/<br>MICROSCOPIC E<br>LEUCOCYTES                                    | MIN<br>tor m<br>tein-e                 | ethod)<br>rror-of-indicators)<br>rod)<br>TY, URINE (Apparent pKa change)                        |           | Pale straw<br>Clear<br>6.0<br>Negative<br>1.015<br>2-3                                  |            | <br> |                    | 5.<br>N<br>N<br>1. | .0 - 8.5<br>legative<br>legative             | 9   |         |
| QUANTITY<br>COLOUR<br>TURBIDITY<br>CHEMICAL EXA<br>PH (Double pH indic<br>PROTEINS (Pro<br>SUGAR (GOD PO)<br>SPECIFIC GR/<br>MICROSCOPIC E<br>LEUCOCYTES<br>RBC'S                           | MIN<br>torm<br>Meth<br>VI <sup>-</sup> | IATION<br>ethod)<br>rror-of-indicators)<br>nod)<br>IY, URINE (Apparent pKa change)<br>IMINATION |           | Pale straw<br>Clear<br>6.0<br>Negative<br>Negative<br>1.015<br>2-3<br>Nil               |            | /HPF |                    | 5.<br>N<br>N<br>1. | .0 - 8.5<br>legative<br>legative<br>.005 - ^ | 9   |         |
| QUANTITY<br>COLOUR<br>TURBIDITY<br>CHEMICAL EXAI<br>PH (Double pH indic<br>PROTEINS (Pro<br>SUGAR (GOD POI<br>SPECIFIC GR/<br>MICROSCOPIC E<br>LEUCOCYTES<br>RBC'S<br>EPITHELIAL (          | MIN<br>torm<br>Meth<br>VI <sup>-</sup> | IATION<br>ethod)<br>rror-of-indicators)<br>nod)<br>IY, URINE (Apparent pKa change)<br>IMINATION |           | Pale straw<br>Clear<br>6.0<br>Negative<br>1.015<br>2-3<br>Nil<br>1-2                    |            | /HPF |                    | 5.<br>N<br>N<br>1. | .0 - 8.5<br>legative<br>legative<br>.005 - ^ | 9   |         |
| QUANTITY<br>COLOUR<br>TURBIDITY<br>CHEMICAL EXAI<br>PH (Double pH indic<br>PROTEINS (Pro<br>SUGAR (GOD POI<br>SPECIFIC GR/<br>MICROSCOPIC E<br>LEUCOCYTES<br>RBC'S<br>EPITHELIAL C<br>CASTS | MIN<br>torm<br>Meth<br>VI <sup>-</sup> | IATION<br>ethod)<br>rror-of-indicators)<br>nod)<br>IY, URINE (Apparent pKa change)<br>IMINATION |           | Pale straw<br>Clear<br>6.0<br>Negative<br>Negative<br>1.015<br>2-3<br>Nil<br>1-2<br>Nil |            | /HPF |                    | 5.<br>N<br>N<br>1. | .0 - 8.5<br>legative<br>legative<br>.005 - ^ | 9   |         |
| COLOUR<br>TURBIDITY<br>CHEMICAL EXA<br>PH (Double pH indic<br>PROTEINS (Pro<br>SUGAR (GOD POI<br>SPECIFIC GR/<br>MICROSCOPIC E<br>LEUCOCYTES<br>RBC'S<br>EPITHELIAL (                       | MIN<br>torm<br>Meth<br>VI <sup>-</sup> | IATION<br>ethod)<br>rror-of-indicators)<br>nod)<br>IY, URINE (Apparent pKa change)<br>IMINATION |           | Pale straw<br>Clear<br>6.0<br>Negative<br>1.015<br>2-3<br>Nil<br>1-2                    |            | /HPF |                    | 5.<br>N<br>N<br>1. | .0 - 8.5<br>legative<br>legative<br>.005 - ^ | 9   |         |
| QUANTITY<br>COLOUR<br>TURBIDITY<br>CHEMICAL EXAI<br>PH (Double pH indic<br>PROTEINS (Pro<br>SUGAR (GOD POI<br>SPECIFIC GR/<br>MICROSCOPIC E<br>LEUCOCYTES<br>RBC'S<br>EPITHELIAL C<br>CASTS | VIIN<br>tein-e<br>Mett<br>VI<br>XA     | IATION<br>ethod)<br>rror-of-indicators)<br>nod)<br>IY, URINE (Apparent pKa change)<br>IMINATION |           | Pale straw<br>Clear<br>6.0<br>Negative<br>Negative<br>1.015<br>2-3<br>Nil<br>1-2<br>Nil |            | /HPF |                    | 5.<br>N<br>N<br>1. | .0 - 8.5<br>legative<br>legative<br>.005 - ^ | 9   |         |

#### **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.



#### **FINAL REPORT**

| Bill No.                              | 1:1                            | APHHC240001908                    |      | Bill Date            |     | : 0 | 02-11-2024 09 8 | 56          |          |  |
|---------------------------------------|--------------------------------|-----------------------------------|------|----------------------|-----|-----|-----------------|-------------|----------|--|
| Patient Name                          | :                              | MR. SUMIT GUPTA                   |      | UHID                 |     | : / | APH000030638    | PH000030638 |          |  |
| Age / Gender                          | / Gender : 34 Yrs 1 Mth / MALE |                                   |      | Patient Type         |     | : ( | OPD             | If PHC      | ; ;      |  |
| Ref. Consultant                       | :                              | MEDIWHEEL                         |      | Ward / Bed           |     | :   | 1               |             |          |  |
| Sample ID                             | Imple ID : APH24051493         |                                   |      | Current Ward / Bed   |     | :   | 1               |             |          |  |
|                                       | :                              |                                   |      | Receiving Date & Tim | ne  | : ( | 02-11-2024 10:4 | 45          |          |  |
|                                       |                                |                                   |      | Banarting Data & Tim |     | • ( | 02-11-2024 16:0 | 08          |          |  |
|                                       |                                |                                   |      | Reporting Date & Tim | le  | •   | 02-11-2024 10.0 |             |          |  |
|                                       |                                | BL                                | .00D | BANK REPORTING       | le  | •   | 02-11-2024 10.0 |             |          |  |
| Test (Methodolog                      | jy)                            |                                   |      | BANK REPORTING       | UOM |     |                 | ogical R    | eference |  |
| Test (Methodolog<br>Sample Type: EDTA |                                |                                   |      | BANK REPORTING       |     |     | Biol            | ogical R    | eference |  |
| Sample Type: EDTA                     | W                              |                                   | Flag | BANK REPORTING       |     |     | Biol            | ogical R    | eference |  |
| Sample Type: EDTA                     | W<br>.L                        | hole Blood BODY HEALTH CHECKUP_MA | Flag | BANK REPORTING       |     |     | Biol            | ogical R    | eference |  |

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

#### Report : ULTRASOUND

| Patient Name | : | MR. SUMIT GUPTA | IPD No.    | :   |                     |
|--------------|---|-----------------|------------|-----|---------------------|
| Age          | : | 34 Yrs 1 Mth    | UHID       | :   | APH000030638        |
| Gender       | : | MALE            | Bill No.   | :   | APHHC240001908      |
| Ref. Doctor  | : | MEDIWHEEL       | Bill Date  | :   | 02-11-2024 09:56:51 |
| Ward         | : |                 | Room No    | . : |                     |
|              |   |                 | Print Date | ) : | 02-11-2024 10:38:19 |

#### WHOLE ABDOMEN:

# Both the hepatic lobes are mildly enlarged in size and show grade II/III fatty infiltration (Liver measures 16.4 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 (11.4 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10 cm), Left kidney (10 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. 16.3 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:**- Mild hepatomegaly with grade II/III fatty infiltration.

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.

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

Report : XRAY

| Patient Name | : | MR. SUMIT GUPTA | IPD No.    | : |                     |
|--------------|---|-----------------|------------|---|---------------------|
| Age          | : | 34 Yrs 1 Mth    | UHID       | : | APH000030638        |
| Gender       | : | MALE            | Bill No.   | : | APHHC240001908      |
| Ref. Doctor  | : | MEDIWHEEL       | Bill Date  | : | 02-11-2024 09:56:51 |
| Ward         | : |                 | Room No.   | : |                     |
|              |   |                 | Print Date | : | 02-11-2024 12:43:03 |

#### **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.