DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MR. ARUN KUMAR GAMI	IPD No.	:	
Age	:	51 Yrs 5 Mth	UHID	:	APH000018414
Gender	:	MALE	Bill No.	:	APHHC230001305
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	15-11-2023 09:26:45
Ward	:		Room No.	:	
			Print Date	:	15-11-2023 11:51:20

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows mildly increase in parenchymal echogenicity S/O grade I fatty liver infiltration. (Liver measures 13.4 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 (10.1cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.4 cm), Left kidney (11.7 cm).

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

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 22.8 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 I fatty infiltration of liver.

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 : XRAY

Patient Name	:	MR. ARUN KUMAR GAMI	IPD No.	:	
Age	:	51 Yrs 5 Mth	UHID	:	APH000018414
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Ref. Doctor	:	MEDIWHEEL	Bill Date	:	15-11-2023 09:26:45
Ward	:		Room No.	:	
			Print Date	:	15-11-2023 12:08:03

CHEST PA VIEW:

Midexpiratory film.

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.

FINAL REPORT

Bill No.	:	APHHC230001305	Bill Date	:	15-11-2023 09:26		
Patient Name	:	**MR. ARUN KUMAR GAMI**	UHID	:	**APH000018414**		
Age / Gender	:	51 Yrs 5 Mth / MALE	Patient Type	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	/		
Sample ID	:	APH23031662	Current Ward / Bed	:	/		
	:		Receiving Date & Time	:	15-11-2023 15:17		
			Reporting Date & Time	:	15-11-2023 15:47		

BIOCHEMISTRY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550

BLOOD UREA Urease-GLDH,Kinetic		16	mg/dL	15 - 45
BUN (CALCULATED)		7.5	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe s Kinetic)	L	0.6	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	H	137.0	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)	H	286.0	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)	H	166	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	34	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	119	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)	H	170	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	132.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.9		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		3.5		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		34	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)		0.98	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.17	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	0.81	mg/dL	0.2 - 0.8

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Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	/		
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	:		Receiving Date & Time	:	15-11-2023 15:17		
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S.PROTEIN-TOTAL (Biuret)		6.7	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.3	g/dL	
S.GLOBULIN	**L**	**2.4**	g/dL	2.8-3.8
A/G RATIO		1.79		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER		65.8	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		27.7	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	**H**	**56.3**	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		23.8	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		127.4	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		6.7	g/dL	6 - 8.1
URIC ACID Uricase - Trinder		6.0	mg/dL	2.6 - 7.2
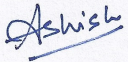
** End of Report **

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

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

Bill No.	:	APHHC230001305	Bill Date	:	15-11-2023 09:26		
Patient Name	:	MR. ARUN KUMAR GAMI	UHID	:	APH000018414		
Age / Gender	:	51 Yrs 5 Mth / MALE	Patient Type	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	/		
Sample ID	:	APH23031662	Current Ward / Bed	:	/		
	:		Receiving Date & Time	:	15-11-2023 15:17		
			Reporting Date & Time	:	15-11-2023 15:47		

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550

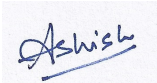| HBA1C (Turbidimetric Immuno-inhibition)	H	8.2	%	4.0 - 6.2

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 **

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Age / Gender	:	51 Yrs 5 Mth / MALE	Patient Type	:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	/		
Sample ID	:	APH23031618	Current Ward / Bed	:	/		
	:		Receiving Date & Time	:	15-11-2023 10:34		
			Reporting Date & Time	:	15-11-2023 16:23		

SEROLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550

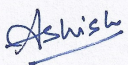|				
PROSTATIC SPECIFIC ANTIGEN(TOTAL) (ELFA)		1.29	ng/mL	0 - 4

Note:
TPSA as a Tumor marker is used as an additional test for prognosis and monitoring of therapy for patients with diagnosed malignant tumors. It may offer a diagnostic value for screening patients with suspected malignancies, as high values may be experienced in situations like benign prostatic hyperplasia, prostatitis, bladder catheterisation, urinary retention, endoscopic examination. Value in between 4-10ng/ml may be an indication of Benign Prostate Hyperplasia or prostate Carcinoma, values greater than 10ng/ml may indicate high risk of Carcinoma.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

** End of Report **

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Age / Gender	:	51 Yrs 5 Mth / MALE	**Patient Type**	:	OPD	**If PHC**	:
Ref. Consultant	:	MEDIWHEEL	**Ward / Bed**	:	/		
Sample ID	:	APH23031618	**Current Ward / Bed**	:	/		
	:		**Receiving Date & Time**	:	15-11-2023 10:34		
			Reporting Date & Time	:	15-11-2023 16:23		

Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550
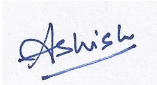
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.50	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.32	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.55	mIU/L	0.27-4.20

** End of Report **

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Patient Name	:	**MR. ARUN KUMAR GAMI**	**UHID**	:	**APH000018414**
Age / Gender	:	51 Yrs 5 Mth / MALE	**Patient Type**	:	OPD	**If PHC** :
Ref. Consultant	:	MEDIWHEEL	**Ward / Bed**	:	/
Sample ID	:	**APH23031615**	**Current Ward / Bed**	:	/
	:		**Receiving Date & Time**	:	15-11-2023 10:34
			Reporting Date & Time	:	15-11-2023 15:29

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: EDTA Whole Blood				
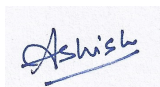
MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550

BLOOD GROUP (ABO)	"B"	
RH TYPE	POSITIVE	

** End of Report **

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FINAL REPORT

Bill No.	: APHHC230001305	Bill Date	: 15-11-2023 09:26		
Patient Name	: MR. ARUN KUMAR GAMI	UHID	: APH000018414		
Age / Gender	: 51 Yrs 5 Mth / MALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23031614	Current Ward / Bed	: /		
	:	Receiving Date & Time	: 15-11-2023 10:34		
		Reporting Date & Time	: 15-11-2023 13:33		

HAEMATOLOGY REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550

CBC -1 (COMPLETE BLOOD COUNT)

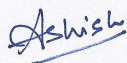| Test	Flag	Result	UOM	Reference
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.7	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.8	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	**38.6**	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	**82.3**	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		29.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	H	**35.7**	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		237	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		44.4	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	**15.1**	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

Test	Flag	Result	UOM	Reference
NEUTROPHILS		70	%	40 - 80
LYMPHOCYTES		21	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	**28**	mm 1st hr	0 - 10

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Age / Gender	: 51 Yrs 5 Mth / MALE	**Patient Type**	: OPD	**If PHC**	:
Ref. Consultant	: MEDIWHEEL	**Ward / Bed**	: /		
Sample ID	: APH23031644	**Current Ward / Bed**	: /		
	:	**Receiving Date & Time**	: 15-11-2023 12:40		
		Reporting Date & Time	: 15-11-2023 15:32		

CLINICAL PATH REPORTING

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

MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550

STOOL ROUTINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR		BROWN		
CONSISTENCY		SEMI SOLID		
BLOOD		ABSENT		
MUCOUS		ABSENT		

MICROSCOPIC EXAMINATION

PUS CELLS		2-3		
RBC's		NIL		
TROPHOZOITES		NOT DETECTED		
CYSTS		NOT DETECTED		
OVA		NOT DETECTED		

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY		30 mL		
COLOUR		Pale Straw		Pale Yellow
TURBIDITY		Clear		

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)		1.010		1.005 - 1.030

MICROSCOPIC EXAMINATION

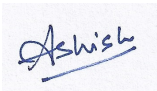|				
LEUCOCYTES		1-2	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		0-1		
CASTS		Nil		
CRYSTALS		Nil		
URINE-SUGAR		NEGATIVE		

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Sample ID	:	**APH23031644**	Current Ward / Bed	:	/		
	:		Receiving Date & Time	:	15-11-2023 12:40		
			Reporting Date & Time	:	15-11-2023 15:32		

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