

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. VISHAL	IPD No.	:	
Age	:	36 Yrs 10 Mth	UHID	:	APH000018849
Gender	:	MALE	Bill No.	:	APHHC230001383
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	09-12-2023 13:07:22
Ward	:		Room No.	:	
			Print Date	:	09-12-2023 15:09:23

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. VISHAL	IPD No.	:	
Age	: 36 Yrs 10 Mth	UHID	:	APH000018849
Gender	: MALE	Bill No.	:	APHHC230001383
Ref. Doctor	: MEDIWHEEL	Bill Date	:	09-12-2023 13:07:22
Ward	:	Room No.	:	
		Print Date	:	09-12-2023 14:12:09

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows moderate increase in parenchymal echogenicity S/O grade II fatty liver infiltration. (Liver measures 12.7 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 (9.0 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.8 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. 16.1 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.....

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FINAL REPORT

Bill No.	: APHHC230001383	Bill Date	: 09-12-2023 13:07
Patient Name	: MR. VISHAL	UHID	: APH000018849
Age / Gender	: 36 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23033864	Current Ward / Bed	: /
		Receiving Date & Time	: 09-12-2023 13:36
		Reporting Date & Time	: 09-12-2023 18:45

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

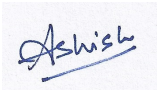
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.59	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.33	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	18.83	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



DR. ASHISH RANJAN SINGH
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CONSULTANT

FINAL REPORT

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Patient Name	: MR. VISHAL	UHID	: APH000018849		
Age / Gender	: 36 Yrs 10 Mth / MALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH23033861	Current Ward / Bed	: /		
		Receiving Date & Time	: 09-12-2023 13:36		
		Reporting Date & Time	: 09-12-2023 20:07		

BLOOD BANK REPORTING

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

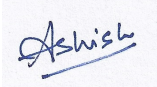
MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

BLOOD GROUP (ABO)	"O"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

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Age / Gender	: 36 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23033863	Current Ward / Bed	: /
		Receiving Date & Time	: 09-12-2023 13:36
		Reporting Date & Time	: 09-12-2023 20:01

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>		21	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		9.8	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.8	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		93.0	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>	H	235	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		51	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	166	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		132	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	184.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.6		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		3.3		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		26	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>		0.81	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.17	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.64	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.6	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.6	g/dL	
S.GLOBULIN		3.0	g/dL	2.8-3.8
A/G RATIO		1.53		1.5 - 2.5

FINAL REPORT

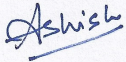
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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
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		Reporting Date & Time	: 09-12-2023 20:01

ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		70.3	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>	H	67.6	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	H	137.6	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>	H	81.2	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		171.1	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.6	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 ID	: APH23033863	Current Ward / Bed	: /
		Receiving Date & Time	: 09-12-2023 13:36
		Reporting Date & Time	: 09-12-2023 20:01

Sample Type: EDTA Whole Blood, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)

6.0

%

4.0 - 6.2

INTERPRETATION:

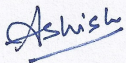
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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	: 36 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23033860	Current Ward / Bed	: /
		Receiving Date & Time	: 09-12-2023 13:36
		Reporting Date & Time	: 09-12-2023 20:02

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

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT <small>(Flow Cytometry)</small>		8.8	thousand/cumm	4 - 11
RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small>	H	5.7	million/cumm	4.5 - 5.5
HAEMOGLOBIN <small>(SLS Hb Detection)</small>		16.8	g/dL	13 - 17
PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small>		48.9	%	40 - 50
MEAN CORPUSCULAR VOLUME		85.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		29.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		34.3	g/dL	31.5 - 34.5
PLATELET COUNT <small>(Hydro Dynamic Focussing)</small>		154	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small>		44.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.5	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

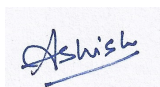
NEUTROPHILS		70	%	40 - 80
LYMPHOCYTES		25	%	20 - 40
MONOCYTES		4	%	2 - 10
EOSINOPHILS		1	%	1 - 5
BASOPHILS		0	%	0 - 1

ESR <small>(Westergren)</small>	H	18	mm 1st hr	0 - 10
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Age / Gender	: 36 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23033891	Current Ward / Bed	: /
		Receiving Date & Time	: 09-12-2023 14:32
		Reporting Date & Time	: 09-12-2023 21:18

CLINICAL PATH REPORTING

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

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

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY		30 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Clear		

CHEMICAL EXAMINATION

PH <small>(Double pH indicator method)</small>		6.0		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

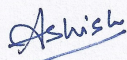
MICROSCOPIC EXAMINATION

LEUCOCYTES		2-3	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		0-1/HPF		
CASTS		Nil		
CRYSTALS		Nil		
URINE-SUGAR		NEGATIVE		

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