

## NON INVASIVE CARDIOLOGY

Patient Name	: MR. ANAND VERMA	IPD No.	:
Age	: 31 Yrs 2 Mth	UHID	: APH000014426
Gender	: MALE	Bill No.	: APHHC230000461
Ref. Doctor	: MEDIWHEEL	Bill Date	: 14-04-2023 08:43:49
Ward	:	Room No.	:
		Procedure Date	: 14-04-2023 11:22:56

### ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

#### M MODE STUDY (MEASUREMENTS)

**Left Ventricle:-**

EDD:	38	(mm)	Left Atrium	29	(mm)
ESD:	30	(mm)	Aortic Root	26	(mm)
IVS Thickness (D/S)	0.9/1.1	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	0.9/1.1	(mm)	Pericardium		NORMAL
LVEF	65	(%)			

**WALL MOTION STUDY : NO RWMA**

MV	: NORMAL	TV	: NORMAL
AV	: NORMAL	PV	: NORMAL
IAS	: NORMAL	IVS	: NORMAL

#### DOPPLER STUDY (PW/CW AND COLOUR FLOW IMAGING)

VALVES	V max(m/sec)	PG	MG	EDG	Orifice Area (cm <sup>2</sup> )	REGURGITATION
		(mm Hg)				
MV E/A	0.71/0.62					MR:- NIL
AV	1.19	5.66				AR:- NIL
TV	0.96	3.42				TR:- NIL
PV	0.90	3.22				PR:- NIL

**IMPRESSION:-**

No RWMA.  
Normal Cardiac Chamber Dimensions.  
Normal LV/RV Systolic Function, LVEF-65%.  
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.

DR. ADITYA KUMAR.  
MD, DM (CARDIOLOGY)  
CONSULTANT CARDIOLOGIST

**DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING**

Report : XRAY

Patient Name	: MR. ANAND VERMA	IPD No.	:	
Age	: 31 Yrs 2 Mth	UHID	:	APH000014426
Gender	: MALE	Bill No.	:	APHHC230000461
Ref. Doctor	: MEDIWHEEL	Bill Date	:	14-04-2023 08:43:49
Ward	:	Room No.	:	
		Print Date	:	14-04-2023 10:11:27

**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,FRCR  
(London) Radiodiagnosis  
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. ANAND VERMA	IPD No.	:
Age	: 31 Yrs 2 Mth	UHID	: APH000014426
Gender	: MALE	Bill No.	: APHHC230000461
Ref. Doctor	: MEDIWHEEL	Bill Date	: 14-04-2023 08:43:49
Ward	:	Room No.	:
		Print Date	: 14-04-2023 12:34:42

**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 13.0 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 (8.8 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.0 cm), Left kidney (10.8 cm). Corticomedullary distinction is maintained. No calculus or hydronephrosis seen in left kidney.

**Tiny non obstructive calculus of size ~ 4mm seen in right kidney at interpolar region.**

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 11.6 cc), outline and echotexture.

No free fluid or collection seen. No pleural effusion seen.

No significant lymphadenopathy seen.

No dilated bowel loop seen.

**IMPRESSION:**

- Grade II fatty infiltration of liver.
- Tiny non obstructive calculus of size ~ 4mm seen in right kidney at interpolar region.

Please correlate clinically.....

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

Prepare By  
MD.SERAJ

DR. MUHAMMAD SERAJ, MD,FRCR  
(London) Radiodiagnosis  
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.	: APHHC230000461	Bill Date	: 14-04-2023 08:43
Patient Name	: MR. ANAND VERMA	UHID	: APH000014426
Age / Gender	: 31 Yrs 2 Mth / MALE	Patient Type	: OPD <span style="float: right;">If PHC :</span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23009151	Current Ward / Bed	: /
		Receiving Date & Time	: 14-04-2023 15:40
		Reporting Date & Time	: 14-04-2023 17:23

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Urine

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

URINE, ROUTINE EXAMINATION

**PHYSICAL EXAMINATION**

QUANTITY		15 mL		
COLOUR		Pale yellow		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)		1.030		1.005 - 1.030

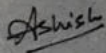
**MICROSCOPIC EXAMINATION**

LEUCOCYTES		4-6	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		1-2HPF		
CASTS		Nil		
CRYSTALS		Nil		
URINE-SUGAR		Negative		

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

**IMPORTANT INSTRUCTIONS**

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



**DR. ASHISH RANJAN SINGH**  
MBBS, MD  
CONSULTANT

**FINAL REPORT**

Bill No.	: APHHC230000461	Bill Date	: 14-04-2023 08:43
Patient Name	: MR. ANAND VERMA	UHID	: APH000014426
Age / Gender	: 31 Yrs 2 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23009126	Current Ward / Bed	: /
		Receiving Date & Time	: 14-04-2023 13:04
		Reporting Date & Time	: 14-04-2023 14:54

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood, Plasma, Serum

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

BLOOD UREA <small>Urease-GLDH kinetic</small>		32	mg/dL	15 - 45
BUN (CALCULATED)		14.9	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe's kinetic)</small>	<b>L</b>	<b>0.8</b>	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)

GLUCOSE-PLASMA (POST PRANDIAL) <small>(UV Hexokinase)</small>		122.0	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 <small>(CHO-POD)</small>	<b>H</b>	<b>224</b>	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>		50	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	<b>H</b>	<b>151</b>	mg/dL	0 - 100
S-TRIGLYCERIDES <small>(GPO-POD)</small>		123	mg/dL	0 - 160
NON-HDL CHOLESTROL	<b>H</b>	<b>174.0</b>	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.5		1/2 Average 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		3.0		1/2 Average 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		25	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.

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL <small>(CPO)</small>	<b>H</b>	<b>1.47</b>	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(CPO)</small>	<b>H</b>	<b>0.28</b>	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	<b>H</b>	<b>1.19</b>	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Buret)</small>		7.7	g/dL	6 - 8.1

**FINAL REPORT**

Bill No.	: APHHC230000461	Bill Date	: 14-04-2023 08:43
Patient Name	: MR. ANAND VERMA	UHID	: APH000014426
Age / Gender	: 31 Yrs 2 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23009126	Current Ward / Bed	: /
		Receiving Date & Time	: 14-04-2023 13:04
		Reporting Date & Time	: 14-04-2023 14:54

ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.4	g/dL	
S.GLOBULIN		3.3	g/dL	2.8-3.8
A/G RATIO	<b>L</b>	1.33		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		58.7	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	<b>H</b>	55.1	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	<b>H</b>	116.0	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		46.8	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		182.7	IU/L	0 - 248
S.PROTEIN-TOTAL (Buret)		7.7	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

*Ashish*

DR. ASHISH RANJAN SINGH  
MBBS,MD  
CONSULTANT

**FINAL REPORT**

Bill No.	: APHHC230000461	Bill Date	: 14-04-2023 08:43
Patient Name	: MR. ANAND VERMA	UHID	: APH000014426
Age / Gender	: 31 Yrs 2 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23009126	Current Ward / Bed	: /
		Receiving Date & Time	: 14-04-2023 13:04
		Reporting Date & Time	: 14-04-2023 14:54

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.9	%	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**

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

*Ashish*

**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT

**FINAL REPORT**

Bill No.	: APHHC230000461	Bill Date	: 14-04-2023 08:43
Patient Name	: MR. ANAND VERMA	UHID	: APH000014426
Age / Gender	: 31 Yrs 2 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23009095	Current Ward / Bed	: /
		Receiving Date & Time	: 14-04-2023 10:42
		Reporting Date & Time	: 14-04-2023 15:16

**SEROLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

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

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

FREE-TRI IODO THYRONINE (FT3) (ICLJA)	L	1.34	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ICLJA)	H	3.75	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ICLJA)		2.61	mIU/L	0.27-4.20

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

**IMPORTANT INSTRUCTIONS**

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

*Ashish*

**DR. ASHISH RANJAN SINGH**

MBBS,MD  
CONSULTANT



**FINAL REPORT**

Bill No.	: APHHC230000461	Bill Date	: 14-04-2023 08:43
Patient Name	: MR. ANAND VERMA	UHID	: APH000014426
Age / Gender	: 31 Yrs 2 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> IF PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23009091	Current Ward / Bed	: /
		Receiving Date & Time	: 14-04-2023 10:42
		Reporting Date & Time	: 14-04-2023 14:51

**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)**

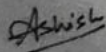
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		7.7	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		5.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		14.4	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		43.0	%	40 - 50
MEAN CORPUSCULAR VOLUME		83.4	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.8	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.4	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		201	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		41.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		14.0	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		72	%	40 - 80
LYMPHOCYTES		20	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	<b>H</b>	<b>42</b>	mm 1st hr	0 - 10

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

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


**DR. ASHISH RANJAN SINGH**

 MBBS, MD  
 CONSULTANT

**FINAL REPORT**

Bill No.	: APHHC230000461	Bill Date	: 14-04-2023 08:43
Patient Name	: MR. ANAND VERMA	UHID	: APH000014426
Age / Gender	: 31 Yrs 2 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23009092	Current Ward / Bed	: /
		Receiving Date & Time	: 14-04-2023 10:42
		Reporting Date & Time	: 14-04-2023 15:00

**BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

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

BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

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

**IMPORTANT INSTRUCTIONS**

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

*Ashish*

**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT