

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. RAJIV RANJAN	IPD No.	:	
Age	:	48 Yrs 5 Mth	UHID	:	APH000020763
Gender	:	MALE	Bill No.	:	APHHC240000279
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	24-02-2024 10:07:33
Ward	:		Room No.	:	
			Print Date	:	24-02-2024 16:05:57

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

CONSULTANT RADIOLOGIST,

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. RAJIV RANJAN	IPD No.	:	
Age	:	48 Yrs 5 Mth	UHID	:	APH000020763
Gender	:	MALE	Bill No.	:	APHHC240000279
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	24-02-2024 10:07:33
Ward	:		Room No.	:	
			Print Date	:	24-02-2024 11:33:15

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows mild to moderate increase in parenchymal echogenicity S/O grade I/II fatty liver infiltration. (Liver measures 12.3 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 (9.3 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (8.4 cm), Left kidney (8.5 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears mildly enlarged in size (Vol. 28.9 cc), with normal in echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:

-Normal size liver with grade I/II fatty infiltrative changes.

-Mild prostatomegaly.

Please correlate clinically.....

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

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MD.SALMAN

CONSULTANT RADIOLOGIST,

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FINAL REPORT

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Patient Name	: MR. RAJIV RANJAN	UHID	: APH000020763		
Age / Gender	: 48 Yrs 5 Mth / MALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /		
Sample ID	: APH24006380	Current Ward / Bed	: /		
		Receiving Date & Time	: 24-02-2024 13:18		
		Reporting Date & Time	: 25-02-2024 02:54		

BLOOD BANK REPORTING

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

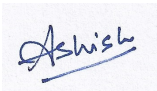
MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550

BLOOD GROUP (ABO)	"A"
RH TYPE	POSITIVE

**** 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.	: APHHC240000279	Bill Date	: 24-02-2024 10:07
Patient Name	: MR. RAJIV RANJAN	UHID	: APH000020763
Age / Gender	: 48 Yrs 5 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006383	Current Ward / Bed	: /
		Receiving Date & Time	: 24-02-2024 13:18
		Reporting Date & Time	: 27-02-2024 17:51

SEROLOGY REPORTING

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

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

PROSTATIC SPECIFIC ANTIGEN(TOTAL) (ELFA)		1.23	ng/mL	0 - 4
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Note:

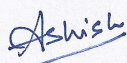
TPSA as a Tumor marker is used as an additional test for prognosis and monitoring of therapy for patients with diagnosed malignant tumors. It may offer a diagnostic value for screening patients with suspected malignancies, as high values may be experienced in situations like benign prostatic hyperplasia, 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.

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Sample Type: Serum

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

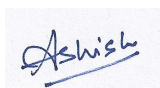
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.29	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.45	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.24	mIU/L	0.27-4.20

**** End of Report ****

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Age / Gender	: 48 Yrs 5 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24006452	Current Ward / Bed	: /
		Receiving Date & Time	: 24-02-2024 15:00
		Reporting Date & Time	: 24-02-2024 17:06

BIOCHEMISTRY REPORTING

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

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

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		23	mg/dL	15 - 45
BUN (CALCULATED)		10.7	mg/dL	7 - 21

CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.7	mg/dL	0.9 - 1.3
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GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		77.0	mg/dL	70 - 100
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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>		83.0	mg/dL	70 - 140
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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>	H	180	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>		42	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	116	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		126	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	138.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.3		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		2.8		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		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:
 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>		0.83	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.14	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.69	mg/dL	0.2 - 0.8
S. PROTEIN-TOTAL <small>(Biuret)</small>		6.5	g/dL	6 - 8.1

FINAL REPORT

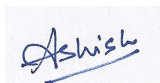
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ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		3.8	g/dL	
S.GLOBULIN	L	2.7	g/dL	2.8-3.8
A/G RATIO	L	1.41		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>	L	41.2	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		40.1	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	H	59.5	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		15.4	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		178.9	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.5	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		6.9	mg/dL	2.6 - 7.2

** End of Report **

IMPORTANT INSTRUCTIONS

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



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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.9	%	4.0 - 6.2
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INTERPRETATION:

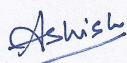
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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.

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FINAL REPORT

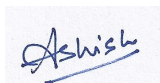
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** End of Report **

IMPORTANT INSTRUCTIONS

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Sample Type: EDTA Whole Blood, Plasma, Serum

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		Reporting Date & Time	: 24-02-2024 17:12

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(ABOVE 40)@2550

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT <small>(Flow Cytometry)</small>		6.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT <small>(Hydro Dynamic Focussing)</small>		5.1	million/cumm	4.5 - 5.5
HAEMOGLOBIN <small>(SLS Hb Detection)</small>		13.9	g/dL	13 - 17
PACK CELL VOLUME <small>(Cumulative Pulse Height Detection)</small>		41.8	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	82.6	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.6	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.4	g/dL	31.5 - 34.5
PLATELET COUNT <small>(Hydro Dynamic Focussing)</small>		161	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) <small>(Particle Size Distribution)</small>		43.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.6	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

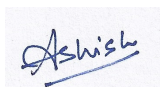
NEUTROPHILS		60	%	40 - 80
LYMPHOCYTES		34	%	20 - 40
MONOCYTES		4	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1

ESR <small>(Westergren)</small>	H	18	mm 1st hr	0 - 10
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** End of Report **

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