



## FINAL REPORT

Bill No.	: APHHC240001657	Bill Date	: 12-09-2024 09:25
Patient Name	: MR. AMRESH CHANDRA PRASAD	UHID	: APH000028491
Age / Gender	: 40 Yrs 11 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24042165	Current Ward / Bed	: /
		Receiving Date & Time	: 12-09-2024 09:36
		Reporting Date & Time	: 12-09-2024 17:32

### 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)		0.58	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.

**\*\* 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.

**DR. ASHISH RANJAN SINGH**

MBBS,MD

CONSULTANT



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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)		3.97	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	<b>H</b>	<b>1.85</b>	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.88	mIU/L	0.27-4.20

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

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Age / Gender	: 40 Yrs 11 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24042161	Current Ward / Bed	: /
		Receiving Date & Time	: 12-09-2024 09:36
		Reporting Date & Time	: 12-09-2024 15:28

### CLINICAL PATH REPORTING

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

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

#### URINE, ROUTINE EXAMINATION

##### PHYSICAL EXAMINATION

QUANTITY		20 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)		1.020		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		

\*\* End of Report \*\*

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Age / Gender	: 40 Yrs 11 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24042264	Current Ward / Bed	: /
		Receiving Date & Time	: 12-09-2024 14:25
		Reporting Date & Time	: 12-09-2024 15:23

### 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>		20	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		9.3	mg/dL	7 - 21

CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	<b>L</b>	<b>0.7</b>	mg/dL	0.9 - 1.3
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GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		93.0	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>		124.0	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>	<b>H</b>	<b>178</b>	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>		48	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	<b>H</b>	<b>113</b>	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	<b>H</b>	<b>237</b>	mg/dL	0 - 160
NON-HDL CHOLESTROL	<b>H</b>	<b>130.0</b>	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.7		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		2.4		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	<b>H</b>	<b>47</b>	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>(DPD)</small>		0.86	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.15	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.71	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>		5.2	g/dL	3.5 - 5.2



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S.GLOBULIN	L	2.4	g/dL	2.8-3.8
A/G RATIO		2.17		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>	L	45.5	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>	H	44.6	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	H	59.0	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		33.5	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		230.5	IU/L	0 - 248

S.PROTEIN-TOTAL <small>(Biuret)</small>		7.6	g/dL	6 - 8.1
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URIC ACID <small>Uricase - Trinder</small>	H	7.5	mg/dL	2.6 - 7.2
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**\*\* End of Report \*\***

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24042264	Current Ward / Bed	: /
		Receiving Date & Time	: 12-09-2024 14:25
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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HbA1c (Turbidimetric Immuno-inhibition)

5.8

%

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	: 40 Yrs 11 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24042160	Current Ward / Bed	: /
		Receiving Date & Time	: 12-09-2024 09:36
		Reporting Date & Time	: 12-09-2024 13:05

### 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 (Flow Cytometry)		7.4	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		5.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.3	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		43.9	%	40 - 50
MEAN CORPUSCULAR VOLUME		84.1	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	25.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	30.2	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		197	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	47.4	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.7	%	11.6 - 14

#### DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		64	%	40 - 80
LYMPHOCYTES		30	%	20 - 40
MONOCYTES		4	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1

ESR (Westergren)	H	22	mm 1st hr	0 - 10
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\*\* End of Report \*\*

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Age / Gender	: 40 Yrs 11 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24042162	Current Ward / Bed	: /
		Receiving Date & Time	: 12-09-2024 09:36
		Reporting Date & Time	: 12-09-2024 16:45

### 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)	"AB"
RH TYPE	POSITIVE

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

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MBBS,MD  
CONSULTANT



# DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. AMRESH CHANDRA PRASAD	IPD No.	:	
Age	:	40 Yrs 11 Mth	UHID	:	APH000028491
Gender	:	MALE	Bill No.	:	APHHC240001657
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	12-09-2024 09:25:47
Ward	:		Room No.	:	
			Print Date	:	12-09-2024 13:32:11

## **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

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**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. AMRESH CHANDRA PRASAD	IPD No.	:	
Age	: 40 Yrs 11 Mth	UHID	:	APH000028491
Gender	: MALE	Bill No.	:	APHHC240001657
Ref. Doctor	: MEDIWHEEL	Bill Date	:	12-09-2024 09:25:47
Ward	:	Room No.	:	
		Print Date	:	12-09-2024 11:34:08

## **WHOLE ABDOMEN:**

**Both the hepatic lobes are mildly enlarged in size and shows moderate increase in parenchymal echogenicity S/O grade II fatty liver infiltration. (Liver measures 15.2 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 (12.4 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (8.5 cm), Left kidney (8.8 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. 12.2 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 fatty infiltration.**

*Please correlate clinically.....*

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

Prepare By.  
MD.SALMAN

DR. ALOK KUMAR, M.B.B.S,M.D,DMRD  
CONSULTANT

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