DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

| Patient Name | : | MR. SAURABH KUMAR | IPD No. | : | |
|--------------|---|-------------------|------------|---|---------------------|
| Age | : | 35 Yrs 9 Mth | UHID | : | APH000019912 |
| Gender | : | MALE | Bill No. | : | APHHC240000104 |
| Ref. Doctor | : | MEDIWHEEL | Bill Date | : | 29-01-2024 09:28:20 |
| Ward | : | | Room No. | : | |
| | | | Print Date | : | 29-01-2024 10:49:58 |

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 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. SAURABH KUMAR | IPD No. | : | |
|--------------|---|-------------------|------------|---|---------------------|
| Age | : | 35 Yrs 9 Mth | UHID | : | APH000019912 |
| Gender | : | MALE | Bill No. | : | APHHC240000104 |
| Ref. Doctor | : | MEDIWHEEL | Bill Date | : | 29-01-2024 09:28:20 |
| Ward | : | | Room No. | : | |
| | | | Print Date | : | 29-01-2024 11:22:37 |

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 11.6 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 (8.7 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.6 cm), Left kidney (10.5 cm).

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

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 19.5 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.

| Bill No. | : | APHHC240000104 | Bill Date | : | 29-01-2024 09:28 | | |
|-----------------|---|---------------------|-----------------------|---|------------------|----------|--|
| Patient Name | : | MR. SAURABH KUMAR | UHID | : | APH000019912 | | |
| Age / Gender | : | 35 Yrs 9 Mth / MALE | Patient Type | : | OPD | If PHC : | |
| Ref. Consultant | : | MEDIWHEEL | Ward / Bed | : | 1 | | |
| Sample ID | : | APH24002932 | Current Ward / Bed | : | 1 | | |
| | : | | Receiving Date & Time | : | 29-01-2024 10:11 | | |
| | | | Reporting Date & Time | : | 29-01-2024 12:26 | | |

BLOOD BANK REPORTING

| est (Methodology) | | Result | UOM | Biological Reference Interval | | | | | |
|--|--|--------|-----|----------------------------------|--|--|--|--|--|
| ample Type: EDTA Whole Blood | | | | | | | | | |
| MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400 | | | | | | | | | |
| | | "O" | | | | | | | |
| BLOOD GROUP (ABO) | | - | | | | | | | |

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

Ashish

| Bill No. | : | APHHC240000104 | Bill Date | : | 29-01-2024 09:28 | | |
|-----------------|---|---------------------|-----------------------|---|------------------|----------|--|
| Patient Name | : | MR. SAURABH KUMAR | UHID | : | APH000019912 | | |
| Age / Gender | : | 35 Yrs 9 Mth / MALE | Patient Type | : | OPD | If PHC : | |
| Ref. Consultant | : | MEDIWHEEL | Ward / Bed | : | 1 | | |
| Sample ID | : | APH24002931 | Current Ward / Bed | : | 1 | | |
| | : | | Receiving Date & Time | : | 29-01-2024 10:11 | | |
| | | | Reporting Date & Time | : | 29-01-2024 12:35 | | |

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) | | 7.5 | thousand/cumm | 4 - 11 |
|---|---|------|---------------|-------------|
| RED BLOOD CELL COUNT (Hydro Dynamic Focussing) | | 5.2 | million/cumm | 4.5 - 5.5 |
| HAEMOGLOBIN (SLS Hb Detection) | | 15.2 | g/dL | 13 - 17 |
| PACK CELL VOLUME (Cumulative Pulse Height Detection) | | 43.3 | % | 40 - 50 |
| MEAN CORPUSCULAR VOLUME | | 83.4 | fL | 83 - 101 |
| MEAN CORPUSCULAR HAEMOGLOBIN | | 29.3 | pg | 27 - 32 |
| MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION | Н | 35.1 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT (Hydro Dynamic Focussing) | | 223 | thousand/cumm | 150 - 400 |
| RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution) | | 45.9 | fL | 39 - 46 |
| RED CELL DISTRIBUTION WIDTH (C.V.) | Н | 15.4 | % | 11.6 - 14 |

DIFFERENTIAL LEUCOCYTE COUNT

| ESR (Westergren) | H | 12 | mm 1st hr | 0 - 10 |
|------------------|---|----|-----------|---------|
| BASOPHILS | | 0 | % | 0 - 1 |
| EOSINOPHILS | | 3 | % | 1 - 5 |
| MONOCYTES | | 4 | % | 2 - 10 |
| LYMPHOCYTES | | 22 | % | 20 - 40 |
| NEUTROPHILS | | 71 | % | 40 - 80 |

** End of Report **

IMPORTANT INSTRUCTIONS

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

Ashish

| Bill No. | : | APHHC240000104 | Bill Date | : | 29-01-2024 09:28 | | |
|-----------------|---|---------------------|-----------------------|---|------------------|----------|--|
| Patient Name | : | MR. SAURABH KUMAR | UHID | : | APH000019912 | | |
| Age / Gender | : | 35 Yrs 9 Mth / MALE | Patient Type | : | OPD | If PHC : | |
| Ref. Consultant | : | MEDIWHEEL | Ward / Bed | : | 1 | · · · | |
| Sample ID | : | APH24002934 | Current Ward / Bed | : | 1 | | |
| | : | | Receiving Date & Time | : | 29-01-2024 10:11 | | |
| | | | Reporting Date & Time | : | 29-01-2024 12:24 | | |

BIOCHEMISTRY REPORTING

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

Sample Type: EDTA Whole Blood, Serum

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

| BLOOD UREA Urease-GLDH,Kinetic | L | 13 | mg/dL | 15 - 45 |
|---|---|------|-------|-----------|
| BUN (CALCULATED) | L | 6.1 | mg/dL | 7 - 21 |
| CREATININE-SERUM (Modified Jaffe s Kinetic) | L | 0.7 | mg/dL | 0.9 - 1.3 |
| GLUCOSE-PLASMA (FASTING) (UV Hexokinase) | | 87.0 | 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 (CHO-POD) | Н | 165 | mg/dL | 0 - 160 |
|--|---|-------|-------|---|
| HDL CHOLESTROL Enzymatic Immunoinhibition | L | 38 | mg/dL | >40 |
| CHOLESTROL-LDL DIRECT Enzymatic Selective Protection | Н | 113 | mg/dL | 0 - 100 |
| S.TRIGLYCERIDES (GPO - POD) | | 71 | mg/dL | 0 - 160 |
| NON-HDL CHOLESTROL | Н | 127.0 | mg/dL | 0 - 125 |
| TOTAL CHOLESTROL / HDL CHOLESTROL | | 4.3 | | 1⁄2Average 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∕2Average 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 | | 14 | 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.

Family history of premature coronary heart disease.
 Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

| BILIRUBIN-TOTAL (DPD) | | 0.44 | mg/dL | 0.2 - 1.0 |
|---|---|------|-------|-----------|
| BILIRUBIN-DIRECT (DPD) | | 0.08 | mg/dL | 0 - 0.2 |
| BILIRUBIN-INDIRECT | | 0.36 | mg/dL | 0.2 - 0.8 |
| S.PROTEIN-TOTAL (Biuret) | | 6.3 | g/dL | 6 - 8.1 |
| ALBUMIN-SERUM (Dye Binding-Bromocresol Green) | | 4.1 | g/dL | |
| S.GLOBULIN | L | 2.2 | g/dL | 2.8-3.8 |
| A/G RATIO | | 1.86 | | 1.5 - 2.5 |

| ll No. | : | APHHC240000104 | | | Bill Date | : 29-01-20 | | | 9:28 | 1 |
|--|----|------------------------------|-----|-----------------------|-----------------------|------------|------------------|---------------|----------|-----|
| atient Name:MR. SAURABH KUMARge / Gender:35 Yrs 9 Mth / MALEef. Consultant:MEDIWHEEL | | | | UHID | | : | APH0000199 | 12 | | |
| | | | | Patient Type | | : | OPD | | If PHC : | |
| | | | | Ward / Bed | | : | 1 | | | |
| mple ID | : | APH24002934 | | Current Ward / Bed | | | 1 | | | |
| | | | | Receiving Date & Time | | : | 29-01-2024 10:11 | | | |
| | | | | | Reporting Date & Time | , | : | 29-01-2024 12 | 2:24 | |
| ALKALINE PHO | | PHATASE IFCC AMP BUFFER | | 60 | 4 | U/L | | 53 | - 12 | 28 |
| ASPARTATE A | MI | NO TRANSFERASE (SGOT) (IFCC) | | 25 | 1 | U/L | | 10 | - 42 | 2 |
| ALANINE AMII | 10 | TRANSFERASE(SGPT) (IFCC) | Н | 40.4 | | IU/L | | 10 - 4 | |) |
| GAMMA-GLUT | AM | YLTRANSPEPTIDASE (IFCC) | | 27 | 8 | U/L | | 11 | - 50 |) |
| LACTATE DEH | YD | ROGENASE (IFCC; L-P) | | 16 | 4.7 | U/L | | 0 - | 24 | 8 |
| S.PROTEIN-TOTAL (Biuret) | | | 6.3 | g | g/dL | | 6 - | 8.1 | 1 | |
| | | Trinder | | 6.4 | . In | ng/d | L | 2.6 |) - T | 7.2 |

** End of Report **

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

Ashish

| Bill No. | : | APHHC240000104 | Bill Date | : | 29-01-2024 09:28 | | |
|-----------------|---|---------------------|-----------------------|---|------------------|----------|--|
| Patient Name | : | MR. SAURABH KUMAR | UHID | : | APH000019912 | | |
| Age / Gender | : | 35 Yrs 9 Mth / MALE | Patient Type | : | OPD | If PHC : | |
| Ref. Consultant | : | MEDIWHEEL | Ward / Bed | : | 1 | | |
| Sample ID | : | APH24002934 | Current Ward / Bed | : | 1 | | |
| | : | | Receiving Date & Time | : | 29-01-2024 10:11 | | |
| | | | Reporting Date & Time | : | 29-01-2024 12:24 | | |

Sample Type: EDTA Whole Blood, Serum

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

| | HBA1C (Turbidimetric Immuno-inhibition) | н | 6.3 | % | 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.

 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

| Bill No. | : | APHHC240000104 | Bill Date | : | 29-01-2024 09:28 | |
|-----------------|---|---------------------|-----------------------|---|------------------|----------|
| Patient Name | : | MR. SAURABH KUMAR | UHID | : | APH000019912 | |
| Age / Gender | : | 35 Yrs 9 Mth / MALE | Patient Type | : | OPD | If PHC : |
| Ref. Consultant | : | MEDIWHEEL | Ward / Bed | : | 1 | |
| Sample ID | : | APH24002946 | Current Ward / Bed | : | 1 | |
| | : | | Receiving Date & Time | : | 29-01-2024 11:22 | |
| | | | Reporting Date & Time | : | 29-01-2024 12:54 | |

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 | | 25 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) | 1.025 | 1 005 - 1 030 |

MICROSCOPIC EXAMINATION

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

** End of Report **

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

Ashish