



FINAL REPORT

Bill No.	: APHHC240001678	Bill Date	: 14-09-2024 11:49
Patient Name	: MR. PRASHANT KUMAR	UHID	: APH000028594
Age / Gender	: 40 Yrs / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24042669	Current Ward / Bed	: /
		Receiving Date & Time	: 14-09-2024 12:04
		Reporting Date & Time	: 14-09-2024 17:12

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 ****

IMPORTANT INSTRUCTIONS

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

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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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Age / Gender	: 40 Yrs / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24042672	Current Ward / Bed	: /
		Receiving Date & Time	: 14-09-2024 12:04
		Reporting Date & Time	: 14-09-2024 20:53

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)		0.61	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)	2.85	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.57	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.49	mIU/L	0.27-4.20

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24042667	Current Ward / Bed	: /
		Receiving Date & Time	: 14-09-2024 12:04
		Reporting Date & Time	: 14-09-2024 16:41

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)		5.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	H	5.9	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		14.1	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		46.8	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	79.3	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	23.8	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	30.0	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		151	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		42.1	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.8	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		68	%	40 - 80
LYMPHOCYTES		23	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		4	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	25	mm 1st hr	0 - 10

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Age / Gender	: 40 Yrs / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24042787	Current Ward / Bed	: /
		Receiving Date & Time	: 14-09-2024 16:09
		Reporting Date & Time	: 14-09-2024 17:38

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>	L	14	mg/dL	15 - 45
BUN (CALCULATED)	L	6.5	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>	H	145.0	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>	H	254.0	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	213	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>	L	34	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	150	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	H	389	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	179.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		6.3		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		4.4		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	H	78	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>		0.76	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.13	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.63	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.3	g/dL	6 - 8.1



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ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.9	g/dL	3.5 - 5.2
S.GLOBULIN	L	2.4	g/dL	2.8-3.8
A/G RATIO		2.04		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER		70.6	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		39.7	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		32.3	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	H	72.7	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		197.3	IU/L	0 - 248
S.PROTEIN-TOTAL (Biuret)		7.3	g/dL	6 - 8.1
URIC ACID Uricase - Trinder		4.2	mg/dL	2.6 - 7.2

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Sample Type: EDTA Whole Blood, Plasma, Serum

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

HbA1c (Turbidimetric Immuno-inhibition)	H	9.2	%	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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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24042668	Current Ward / Bed	: /
		Receiving Date & Time	: 14-09-2024 12:04
		Reporting Date & Time	: 14-09-2024 19:17

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		15 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Clear		

CHEMICAL EXAMINATION

PH (Double pH indicator method)		7.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)		Negative		Negative
SUGAR (GOD POD Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)		1.010		1.005 - 1.030

MICROSCOPIC EXAMINATION

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

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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. PRASHANT KUMAR	IPD No.	:	
Age	:	40 Yrs	UHID	:	APH000028594
Gender	:	MALE	Bill No.	:	APHHC240001678
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	14-09-2024 11:49:50
Ward	:		Room No.	:	
			Print Date	:	14-09-2024 14:48:09

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. PRASHANT KUMAR	IPD No.	:	
Age	: 40 Yrs	UHID	:	APH000028594
Gender	: MALE	Bill No.	:	APHHC240001678
Ref. Doctor	: MEDIWHEEL	Bill Date	:	14-09-2024 11:49:50
Ward	:	Room No.	:	
		Print Date	:	14-09-2024 13:37:46

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and grade I fatty infiltration of liver. (Liver measures 14.3 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 (9.9 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (8.6 cm), Left kidney (10.3 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder is distended and appears normal. Wall thickness measures ~ 3.1 mm. (Pre void Vol. 869.7 cc, Post void Vol. 50.7 cc).

Prostate appears normal in size (Vol. 20.3 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.

-Significant PVRU with normal prostate volume.

Please correlate clinically.....

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

Prepare By.
MD.SERAJ

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

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