# **DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING**

Report: ULTRASOUND

Patient Name	:	MR. VIJAY KR. VERMA	IPD No.	:	
Age	T:	37 Yrs 2 Mth	UHID	T:	APH000021799
Gender	T:	MALE	Bill No.	:	APHHC240000562
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	23-03-2024 09:49:14
Ward	:		Room No.	:	
			Print Date	:	23-03-2024 11:45:29

#### **WHOLE ABDOMEN:**

# Both the hepatic lobes are normal in size and show grade II fatty 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 (8.0 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.3 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. 17.3 cc), outline and echotexture.

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

No significant lymphadenopathy seen.

IMPRESSION: Grade II fatty liver.

No dilated bowel loop seen.

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 : XRAY

Patient Name	:	MR. VIJAY KR. VERMA	IPD No.	T:	
Age	:	37 Yrs 2 Mth	UHID	T	APH000021799
Gender	:	MALE	Bill No.	T:	APHHC240000562
Ref. Doctor	:	MEDIWHEEL	Bill Date	T:	23-03-2024 09:49:14
Ward	:		Room No.	T:	
			Print Date	:	23-03-2024 13:39:41

#### **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.

Bill No.	1:	APHHC240000562	Bill Date	I	23-03-2024 09:49		
Patient Name	F	MR. VIJAY KR. VERMA	UHID		APH000021799		
Age / Gender	F	37 Yrs 2 Mth / MALE	Patient Type		OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed		1		
Sample ID	1	APH24010947	Current Ward / Bed		1		
	:		Receiving Date & Time	:	23-03-2024 10:48		
	Т		Reporting Date & Time		24-03-2024 01:56		

### **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)	"O"
RH TYPE	POSITIVE

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

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

DR. ASHISH RANJAN SINGH

Bill No.	F	APHHC240000562	Bill Date	Г	23-03-2024 09:49		
Patient Name	Г	MR. VIJAY KR. VERMA	UHID	Г	APH000021799		
Age / Gender	Г	37 Yrs 2 Mth / MALE	Patient Type	Г	OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed		1		
Sample ID		APH24010950	Current Ward / Bed		1		
	F		Receiving Date & Time		23-03-2024 10:48		
	Т		Reporting Date & Time	Г	24-03-2024 01:58		

### **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) (ECLIA)		3.10	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.63	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	Н	4.40	mIU/L	0.27-4.20

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

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

DR. ASHISH RANJAN SINGH

Bill No.	F	APHHC240000562	Bill Date	:	23-03-2024 09:49		
Patient Name	Γ	MR. VIJAY KR. VERMA	UHID	-	APH000021799		
Age / Gender	Г	37 Yrs 2 Mth / MALE	Patient Type	:	OPD	If PHC :	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed	:	1		
Sample ID		APH24011097	Current Ward / Bed	:	1		
	F		Receiving Date & Time	:	23-03-2024 15:28		
	Т		Reporting Date & Time	:	23-03-2024 16:14		

#### **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 Urease-GLDH,Kinetic		19	mg/dL	15 - 45
BUN (CALCULATED)		8.9	mg/dL	7 - 21
CREATININE-SERUM (Modified Jaffe's Kinetic)	L	0.7	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	Н	212.0	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) (UV Hexokinase)	Н	282.0	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 (CHO-POD)	Н	281	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		52	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	198	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)	Н	304	mg/dL	0 - 160
NON-HDL CHOLESTROL	Н	229.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.4		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		3.8		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	Н	61	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 (DPD)	0.68	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.10	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.58	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	7.3	g/dL	6 - 8.1

Bill No	•	:	APHHC240000562	Bill Date				:	23-03-2024 09:49			
Patient	Name	:	MR. VIJAY KR. VERMA			UHID		:	APH000021799			
Age / G	ender	:	37 Yrs 2 Mth / MALE			Patient Type		:	OPD	If PHC :		
Ref. Co	nsultant	:	MEDIWHEEL			Ward / Bed		:	1			
Sample	e ID	:	APH24011097			Current Ward / Bed		:	1			
		:				Receiving Date & Time		:	23-03-2024 15:28			
		П				Reporting Date & Tim	1e	:	23-03-2024 16:14			
AL	BUMIN-SERU	JМ	(Dye Binding-Bromocresol Green)		4.4		g/dL					
S.	GLOBULIN				2.9	)	g/dL		2.8-3.8			
Α/	G RATIO				1.5	52			1.5 - 2.	1.5 - 2.5		
AL	KALINE PHO	SF	PHATASE IFCC AMP BUFFER		10	3.9	IU/L		53 - 128	8		
AS	SPARTATE AN	ΊIΝ	NO TRANSFERASE (SGOT) (IFCC)		32	.7	IU/L		10 - 42	10 - 42		
AL	ANINE AMIN	Ю	TRANSFERASE(SGPT) (IFCC)	Н	58	3.2	IU/L		10 - 40			
G/	AMMA-GLUTA	١M	YLTRANSPEPTIDASE (IFCC)		46	.8	IU/L		11 - 50			
LA	CTATE DEH	ΥD	ROGENASE (IFCC; L-P)		212.5		IU/L		0 - 248			
S.	PROTEIN-TO	TΑ	L (Biuret)		7.3	3	g/dL		6 - 8.1			
UF	RIC ACID Urica	se -	Trinder		5.9	)	mg/d	L	2.6 - 7.	2		
UF	RIC ACID Urica	se -	Trinder		3.8		ilig/u	_	2.0 - 7.	. 2		

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

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000562	Bill Date	ŀ	23-03-2024 09:49			
Patient Name	:	MR. VIJAY KR. VERMA	UHID	:	APH000021799	APH000021799		
Age / Gender	:	37 Yrs 2 Mth / MALE	Patient Type	F	OPD	If PHC	:	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		1			
Sample ID	:	APH24011097	Current Ward / Bed	:	1			
	:		Receiving Date & Time	:	23-03-2024 15:28			
			Reporting Date & Time	:	23-03-2024 16:14			

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	Н	10.5	%	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

DR. ASHISH RANJAN SINGH

Bill No.	Г	APHHC240000562	В	ill Date	Т	23-03-2024 09:49			
Patient Name	Г	MR. VIJAY KR. VERMA	U	HID	Г	APH000021799			
Age / Gender	Г	37 Yrs 2 Mth / MALE	Pa	atient Type	Г	OPD	If PHC	:	
Ref. Consultant	1	MEDIWHEEL	W	/ard / Bed	Г	1			
Sample ID	F	APH24010946	С	urrent Ward / Bed		1			
	F		R	eceiving Date & Time		23-03-2024 10:48			
	T		R	eporting Date & Time	1	23-03-2024 13:36			

### **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)**

	1	To a	141 1/	14 44
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		9.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	Н	5.8	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		15.5	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		49.1	%	40 - 50
MEAN CORPUSCULAR VOLUME		85.2	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	26.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		31.6	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		156	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		44.5	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	Н	14.6	%	11.6 - 14

### DIFFERENTIAL LEUCOCYTE COUNT

ESR (Westergren)	Н	28	mm 1st hr	0 - 10
BASOPHILS		0	%	0 - 1
EOSINOPHILS		1	%	1 - 5
MONOCYTES		8	%	2 - 10
LYMPHOCYTES		29	%	20 - 40
NEUTROPHILS		62	%	40 - 80

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

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

DR. ASHISH RANJAN SINGH

Bill No.	T	APHHC240000562	Bill Date	1:	23-03-2024 09:49			
Patient Name	Г	MR. VIJAY KR. VERMA	UHID	1	APH000021799			
Age / Gender	Г	37 Yrs 2 Mth / MALE	Patient Type	1	OPD	If PHC	1:	
Ref. Consultant	Г	MEDIWHEEL	Ward / Bed		1			
Sample ID	1	APH24011025	Current Ward / Bed		1			
	F		Receiving Date & Time	:	23-03-2024 13:05			
	Г		Reporting Date & Time	:	23-03-2024 13:25			

### **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		30 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)	Trace	Negative
SUGAR (GOD POD Method)	++	Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.010	1.005 - 1.030

#### MICROSCOPIC EXAMINATION

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

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

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

DR. ASHISH RANJAN SINGH