DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	:	MR. PURENDU KUMAR	IPD No.	:	
Age	:	45 Yrs 3 Mth	UHID	:	APH000021698
Gender	:	MALE	Bill No.	:	APHHC240000508
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	21-03-2024 07:58:46
Ward	:		Room No.	:	
			Print Date	:	21-03-2024 10:38:33

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and show grade II fatty infiltration (Liver measures 13.8 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 (9.4 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (11.6 cm), Left kidney (11 cm) with renal pelvis of left kidney is facing anteriorly. Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal. (Pre void Vol. 454.4 cc, Post void Vol. 74.1cc, significant)

Prostate appears mildly enlarged in size (Vol. 36.6 cc) with normal outline and echotexture.

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

No significant lymphadenopathy seen.

No dilated bowel loop seen.

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.

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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	:	MR. PURENDU KUMAR	IPD No.	:	
Age	:	45 Yrs 3 Mth	UHID	:	APH000021698
Gender	:	MALE	Bill No.	:	APHHC240000508
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	21-03-2024 07:58:46
Ward	:		Room No.	:	
			Print Date	:	21-03-2024 16:53:24

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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Bill No.	:	APHHC240000508	Bill Date	:	21-03-2024 07:58		
Patient Name	:	MR. PURENDU KUMAR	UHID	:	APH000021698		
Age / Gender	:	45 Yrs 3 Mth / MALE	Patient Type	:	OPD	If PHC :	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH24010427	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	21-03-2024 13:24		
			Reporting Date & Time	:	21-03-2024 15:00		

BIOCHEMISTRY REPORTING

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

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

BLOOD UREA Urease-GLDH,Kinetic		17	mg/dL	15 - 45			
BUN (CALCULATED)		7.9	mg/dL	7 - 21			
CREATININE-SERUM (Modified Jaffe s Kinetic)		0.9	mg/dL	0.9 - 1.3			
GLUCOSE-PLASMA (FASTING) (UV Hexokinase) H 154.0 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	215.0	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)		127	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	L	34	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection		81	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		107	mg/dL	0 - 160
NON-HDL CHOLESTROL		93.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.7		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		2.4		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		21	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)	0.71	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.15	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.56	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	6.8	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	4.4	g/dL	

ll No.	:	APHHC240000508			Bill Date		:	21-03-2024 07:58		
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f. Consultant	:	MEDIWHEEL			Ward / Bed		:	1		
mple ID	:	APH24010427			Current Ward / Bed		:	1		
	:				Receiving Date & Time		:	21-03-2024 13:24		
	T				Reporting Date & Tim	ne	:	21-03-2024 15:00	1	
S.GLOBULIN A/G RATIO			L	2.4	l .	g/dL		2.8-3.8	3	
			1.5		3			1.5 - 2	2.5	
ALKALINE PHO)SF	PHATASE IFCC AMP BUFFER	L	52	.3	IU/L		53 - 12	28	
ASPARTATE AI	٩I	NO TRANSFERASE (SGOT) (IFCC)		23	5	IU/L		10 - 42	2	
ALANINE AMIN	10	TRANSFERASE(SGPT) (IFCC)		29	9	IU/L		10 - 40)	
GAMMA-GLUT	٩M	YLTRANSPEPTIDASE (IFCC)		36	1	IU/L		11 - 50)	
LACTATE DEHYDROGENASE (IFCC; L-P) S.PROTEIN-TOTAL (Biuret)		ROGENASE (IFCC; L-P)		20	2.8	IU/L		0 - 24	8	
			6.8		g/dL		6 - 8.			
		_	0.0		g/uL		0-0			
URIC ACID Urica	SP -	Trinder	Н	7.3	3	mg/d	L	2.6	7.2	

** End of Report **

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

Ashish

Bill No.	:	APHHC240000508	Bill Date		21-03-2024 07:58	21-03-2024 07:58		
Patient Name	:	MR. PURENDU KUMAR	UHID		APH000021698			
Age / Gender	:	45 Yrs 3 Mth / MALE	Patient Type		OPD	If PHC :		
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		: /			
Sample ID	:	APH24010427	Current Ward / Bed		: /			
	:		Receiving Date & Time	э 🗌	21-03-2024 13 24	4		
	Τ		Reporting Date & Time	Ð	21-03-2024 15:00	כ		

Sample Type: EDTA Whole Blood, Plasma, Serum

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

		-		
HBA1C (Turbidimetric Immuno-inhibition)	Н	7.1	%	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

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Patient Name	:	MR. PURENDU KUMAR	UHID		:	APH000021698		
Age / Gender	:	45 Yrs 3 Mth / MALE	Patient Type		:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		:	1		
Sample ID	:	APH24010399	Current Ward / Bed		:	1		
	:		Receiving Date & Ti	me	:	21-03-2024 09:23		
			Reporting Date & Ti	me	:	21-03-2024 12:59		

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval			
Sample Type: Serum		-	-	-			
MEDIWHEEL FULL BODY HEALTH CHECKUP _MALE(ABOVE 40)@2550							

PROSTATIC SPECIFIC ANTIGEN(TOTAL) (ELFA)	1.20	ng/mL	0 - 4

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

Ashish

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Patient Name	:	MR. PURENDU KUMAR	UHID		:	APH000021698		
Age / Gender	:	45 Yrs 3 Mth / MALE	Patient Type		:	OPD	If PHC	:
Ref. Consultant	:	MEDIWHEEL	Ward / Bed		:	1		
Sample ID	:	APH24010399	Current Ward / Bed		:	1		
	:		Receiving Date & Tim	Ð	:	21-03-2024 09:23		
			Reporting Date & Tim	e	:	21-03-2024 12:59		

Sample Type: Serum

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

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)	3.10	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.52	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.68	mIU/L	0.27-4.20

** End of Report **

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

Ashish

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Patient Name	:	MR. PURENDU KUMAR	UHID	:	APH000021698		
Age / Gender	:	45 Yrs 3 Mth / MALE	Patient Type	:	OPD	If PHC :	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH24010395	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	21-03-2024 09:23		
			Reporting Date & Time	:	21-03-2024 11:49		

HAEMATOLOGY REPORTING

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

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

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)	6.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	4.7	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	13.7	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	43.3	%	40 - 50
MEAN CORPUSCULAR VOLUME	92.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	29.1	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)	44.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	13.5	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

66	%	40 - 80
28	%	20 - 40
4	%	2 - 10
2	%	1 - 5
0	%	0 - 1
10	mm 1st hr	0 - 10
	28 4 2 0	28 % 4 % 2 % 0 %

** End of Report **

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

Ashish

Bill No.	:	APHHC240000508	Bill Date	:	21-03-2024 07:58		
Patient Name	:	MR. PURENDU KUMAR	UHID	:	APH000021698		
Age / Gender	:	45 Yrs 3 Mth / MALE	Patient Type	:	OPD	If PHC :	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	:	APH24010468	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	21-03-2024 16:00		
			Reporting Date & Time	:	21-03-2024 16:05		

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	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)	1.010	1 005 - 1 030

MICROSCOPIC EXAMINATION

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

** End of Report **

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

Ashish

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Patient Name	:	MR. PURENDU KUMAR	UHID	:	APH000021698	
Age / Gender	:	45 Yrs 3 Mth / MALE	Patient Type	:	OPD	If PHC :
Ref. Consultant	:	MEDIWHEEL	Ward / Bed	:	1	
Sample ID	:	APH24010396	Current Ward / Bed	:	1	
	:		Receiving Date & Time	:	21-03-2024 09:23	
			Reporting Date & Time	:	21-03-2024 11:49	

BLOOD BANK REPORTING

st (Methodology)	Flag	Result	UOM	Biological Reference Interval
nple Type: EDTA Whole Blood				•
DIWHEEL FULL BODY HEALTH CHE	CKUP _MALE(A	BOVE 40)@2550		
BLOOD GROUP (ABO)		"B"		

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

Ashish