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

Report: ULTRASOUND

Patient Name	:	MR. AMRESH KUMAR	IPD No.	:	
Age	1:	54 Yrs	UHID	:	APH000021793
Gender	1:	MALE	Bill No.	:	APHHC240000556
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	23-03-2024 09:26:33
Ward	:		Room No.	:	
			Print Date	:	23-03-2024 11:50:20

### **WHOLE ABDOMEN:**

Both the hepatic lobes are normal in size and echotexture (Liver measures 11.8 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 (6.8 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.1 cm), Left kidney (10.3 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 18.9 cc), 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.SERAJ		DR. MUHAMMAD SERAJ, MD Radiodiagnosis,FRCR (London) BCMR/46075	

**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.

CONSULTANT

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

Report: XRAY

Patient Name	:	MR. AMRESH KUMAR	IPD No.	:	
Age	:	54 Yrs	UHID	T:	APH000021793
Gender	:	MALE	Bill No.	:	APHHC240000556
Ref. Doctor	:	MEDIWHEEL	Bill Date	:	23-03-2024 09:26:33
Ward	:		Room No.	:	
			Print Date	:	23-03-2024 12:58:06

#### **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.	:	APHHC240000556	Bill Date		:	23-03-2024 09:26			
Patient Name	:	MR. AMRESH KUMAR	UHID		:	APH000021793			
Age / Gender	:	54 Yrs / MALE	Patient Type		:	OPD	If PHC	1:	
Ref. Consultant	:	MEDIWHEEL	Ward / Bed			1			
Sample ID	:	APH24011095	Current Ward / E	Bed	:	1			
	:		Receiving Date &	k Time	:	23-03-2024 15:27			
	Г		Reporting Date &	k 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 MAI F(AROVF 40)@2550

	EDIWHEEL FULL BODY HEALTH CHECKUP_MALE(ABOVE 40)@2550											
			Lio	1 , ,,	1.5 .6							
	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	0.8	mg/dL	0.9 - 1.3							
	GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		84.0	mg/dL	70 - 100							
lata	ato. A diagnosia of diabetes mollitus is made if facting blood glusses exceeds 100 mg/dl											

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 Hexo kinase)	80.0	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)		163	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immuno inhibition	L	38	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	Н	111	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)		124	mg/dL	0 - 160
NON-HDL CHOLESTROL		125.0	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		2.9		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		25	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)	Н	1.04	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.20	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	Н	0.84	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		6.6	g/dL	6 - 8.1

ill No.	No. : APHHC240000556 Bill Date			:	23-03-2024 09:26					
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ge / Gender : 54 Yrs / MALE		Patient Type			:	OPD If PHC :				
tef. Consultant	:	MEDIWHEEL			Ward / Bed		:	1		
ample ID		APH24011095			Current Ward / Bed		:	/		
					Receiving Date & Time		:	23-03-2024 15:27		
	П				Reporting Date & Ti	me	:	23-03-2024 16:14		
ALBUMIN-SERU	JM	(Dye Binding-Bromocresol Green)		3.9	9	g/dL				
S.GLOBULIN			L	L 2.7		g/dL		2.8-3.8		
A/G RATIO			L	1.			1.5 - 2.5			
ALKALINE PHO	SF	PHATASE IFCC AMP BUFFER		10	0.0	IU/L		53 - 128		
ASPARTATE AN	1I1	NO TRANSFERASE (SGOT) (IFCC)		27	.4	IU/L		10 - 42		
ALANINE AMIN	0	TRANSFERASE(SGPT) (IFCC)		28	3.8	IU/L		10 - 40		
GAMMA-GLUTA	lΜ	YLTRANSPEPTIDASE (IFCC)		24	.4	IU/L		11 - 50		
LACTATE DEHY	/D	ROGENASE (IFCC; L-P)		17	2.9	IU/L		0 - 248		
S.PROTEIN-TO	TΑ	L (Biuret)		6.6	6	g/dL		6 - 8.1		
URIC ACID Uricas		Trinder		5.2	2	mg/d	L	2.6 - 7.2		

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

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

DR. ASHISH RANJAN SINGH

Bill No.	:	APHHC240000556	Bill Date	:	23-03-2024 09:26			
Patient Name	:	MR. AMRESH KUMAR	UHID	F	APH000021793			
Age / Gender		54 Yrs / MALE	Patient Type	F	OPD	If PHC	:	
Ref. Consultant		MEDIWHEEL	Ward / Bed		1			
Sample ID	:	APH24011095	Current Ward / Bed	:	1			
	:		Receiving Date & Time	:	23-03-2024 15:27			
			Reporting Date & Time	:	23-03-2024 16:14			

Sample Type: EDTA Whole Blood, Plasma, Serum

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

HBA1C (Turbidimetric Immuno-inhibition)	5.3	%	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.
- 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
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Bill No.	F	APHHC240000556	Bill Date	:	23-03-2024 09:26		
Patient Name	Г	MR. AMRESH KUMAR	UHID	:	APH000021793		
Age / Gender	Г	54 Yrs / MALE	Patient Type	:	OPD	If PHC :	
Ref. Consultant	1	MEDIWHEEL	Ward / Bed	:	1		
Sample ID	1	APH24010957	Current Ward / Bed	:	1		
	F		Receiving Date & Time	:	23-03-2024 10:51		
	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(ABOVE 40)@2550

BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

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

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

DR ASHISH RANJAN SING

DR. ASHISH RANJAN SINGH MBBS,MD

CONSULTANT

Bill No.	:	APHHC240000556	Bill Date	1:	23-03-2024 09:26		
Patient Name	F	MR. AMRESH KUMAR	UHID	T	APH000021793		
Age / Gender	F	54 Yrs / MALE	Patient Type	T	OPD	If PHC	1:
Ref. Consultant	1	MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24011017	Current Ward / Bed	1	1		
	1		Receiving Date & Time	1	23-03-2024 13:02		
	Г		Reporting Date & Time	1	23-03-2024 13:23		

# **CLINICAL PATH REPORTING**

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

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

### **URINE, ROUTINE EXAMINATION**

#### PHYSICAL EXAMINATION

QUANTITY	25 mL			
COLOUR	Pale Straw		Pale Yellow	
TURBIDITY	Clear			

### **CHEMICAL EXAMINATION**

PH (Double pH indicator method)	6.5	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		0-1							
CASTS		Nil							
CRYSTALS		Nil							
LIDINE CUCAD NECATIVE									

	URINE-SUGAR	NEGATIVE
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# \*\* End of Report \*\*

IMPORTANT INSTRUCTIONS
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DR. ASHISH RANJAN SINGH

Bill No.	1:	APHHC240000556	Bill Date		F	: 23-03-2024 09:26		
Patient Name	1	MR. AMRESH KUMAR	UHID		┌	APH000021793		
Age / Gender	1	54 Yrs / MALE	Patient Type		Γ	OPD	If PHC	
Ref. Consultant	1:	MEDIWHEEL	Ward / Bed		Γ	1		
Sample ID	1	APH24010960	Current Ward / Be	d	Γ	1		
	1:		Receiving Date &	Time	:	23-03-2024 10:51		
	Τ		Reporting Date &	Time	:	24-03-2024 01:57		

#### **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)	0.96	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 \*\*

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Patient Name	:	MR. AMRESH KUMAR	UHID		APH000021793		
Age / Gender		54 Yrs / MALE	Patient Type		OPD	If PHC	:
Ref. Consultant		MEDIWHEEL	Ward / Bed		1		
Sample ID	:	APH24010960	Current Ward / Bed		1		
	:		Receiving Date & Time		23-03-2024 10:51		
			Reporting Date & Time		24-03-2024 01:57		

Sample Type: Serum

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

# THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)	2.69	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.12	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.54	mIU/L	0.27-4.20

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

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Bill No.	:	APHHC240000556	Bill Date	1	23-03-2024 09:26		
Patient Name	:	MR. AMRESH KUMAR	UHID	1	APH000021793		
Age / Gender		54 Yrs / MALE	Patient Type	1	OPD I	f PHC	:
Ref. Consultant		MEDIWHEEL	Ward / Bed	1	1		
Sample ID	:	APH24010956	Current Ward / Bed	:	1		
	:		Receiving Date & Time	:	23-03-2024 10:51		
	П		Reporting Date & Time	:	23-03-2024 13:35		

# **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)		4.9	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	4.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	L	12.8	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	39.8	%	40 - 50
MEAN CORPUSCULAR VOLUME		94.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		30.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.1	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		162	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	Н	47.3	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		14.0	%	11.6 - 14

### DIFFERENTIAL LEUCOCYTE COUNT

ESR (Westergren)	H	38	mm 1st hr	0 - 10
BASOPHILS		0	%	0 - 1
EOSINOPHILS		4	%	1 - 5
MONOCYTES		6	%	2 - 10
LYMPHOCYTES		27	%	20 - 40
NEUTROPHILS		63	%	40 - 80

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

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