



Name	: MR. RANJIT R. SONI	UHID No.	: AFB000308843
FATHER	: RAJAPPAN	Date	: 23-03-2024 10:02:36
Age / Gender	: 39 Yrs 5 Mth / MALE	Doctor / Unit	: DR. PRABHSARAN AHUJA /
CPG	: CORPORATE CASH/ArcoFemi HealthCare Ltd	Department	: Health Check Up
Inst. Name	: ArcoFemi Healthcare Ltd		
Address	: FLAT NO. G1102, BRTP RESORTS, SEC-75, FARIDABAD, HARYANA, INDIA		

**DR. PRABHSARAN AHUJA, MBBS, Director - PHC-Health Check Up,**  
PHC (1st Floor), OPD Timmings Mon to Sat 9:00 a.m to 3:00p.m.

**Note :**  
Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.  
**WHEN TO OBTAIN URGENT CARE :** In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

**Asian Institute of Medical Sciences** (A unit of Blue Sapphire Healthcares Private Limited) CIN: U74999DL2007PTC159674  
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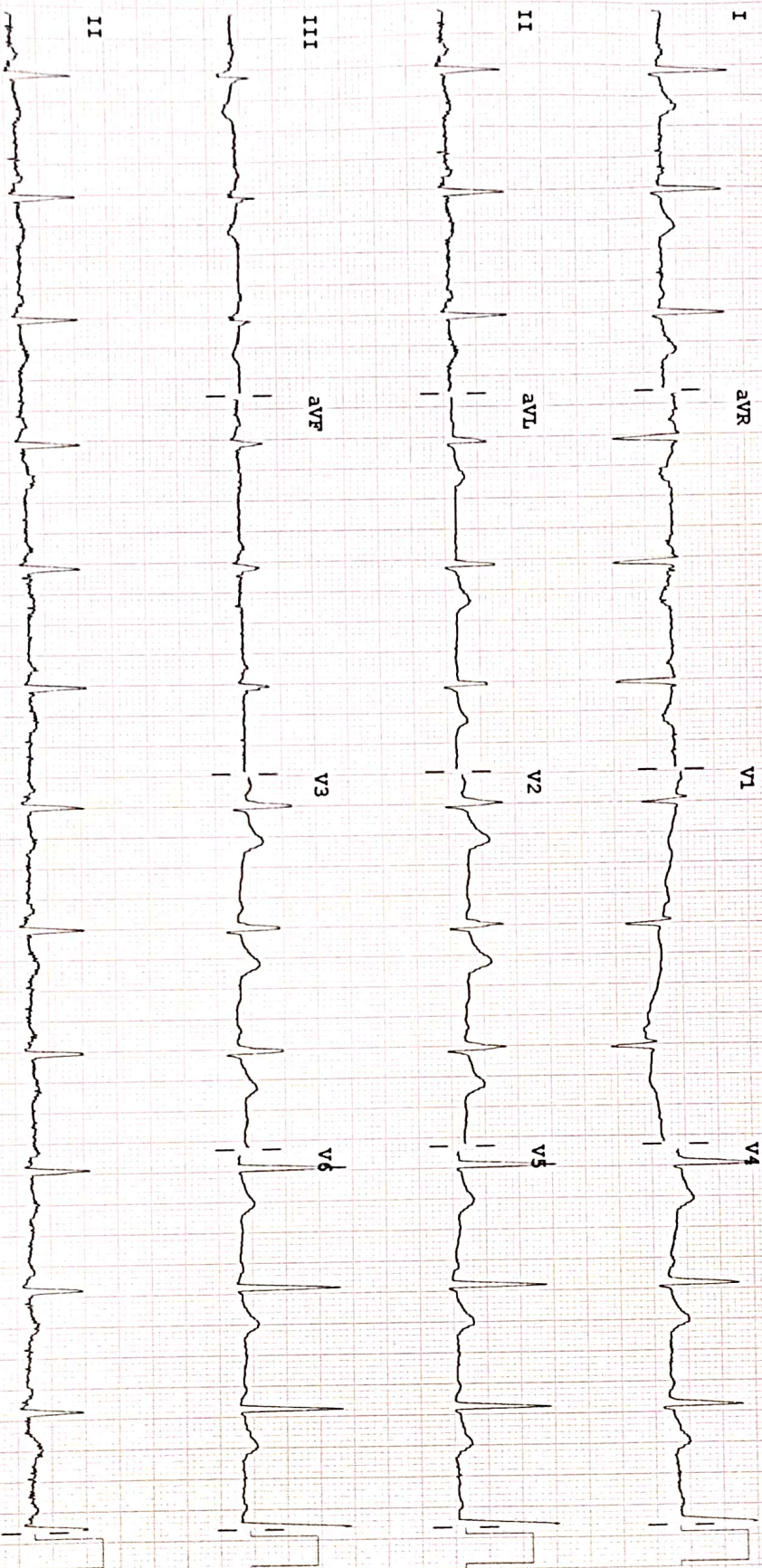
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T +91 129 425 3000 · E-mail: bshealthcares@aimsindia.com · Web: www.aimsindia.com

Rate 75

PR 135  
QRSD 100  
QT 375  
QTc 419

--AXIS--  
P 60  
QRS 29  
T 7

12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz 100B P?



## NON INVASIVE CARDIOLOGY

Patient Name	: MR. RANJIT R. SONI	IPD No.	:
Age	: 39 Yrs 5 Mth	UHID	: AFB000308843
Gender	: MALE	Bill No.	: AFBHC240003221
Ref. Doctor	: SELF	Bill Date	: 23-03-2024 10:06:04
Ward	:	Room No.	:
		Procedure Date	: 23-03-2024 11:06:38

### ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter	2.6	2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N	1.5-2.6cm
Left Atrial Dimension	3.3	1.9-4.0cm < 2.2cm/M2
RV Dimensions	N	0.7-2.6cm
RV thickness	N	0.3-0.9cm
LV ED Dimension	4.2	3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.4	2.2-4.0 cm
IVS thickness	ED - 1.0      ES-1.3	0.6-1.2cm
LVPW Thickness	ED - 1.0      ES-1.5	0.5-1.1cm
IVS/ LVPW Ratio	N	
Mitral Valve	DE-N      EF -N	

<i>INDICES OF LV FUNCTION</i>		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60%	60+/-6%

### NON INVASIVE CARDIOLOGY

Patient Name	: MR. RANJIT R. SONI	IPD No.	:
Age	: 39 Yrs 5 Mth	UHID	: AFB000308843
Gender	: MALE	Bill No.	: AFBHC240003221
Ref. Doctor	: SELF	Bill Date	: 23-03-2024 10:06:04
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#### MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

#### DOPPLER STUDY

	Cm/s	Cm/s	
MITRAL VELOCITY	E-83	A-58	MR 1/4
TRICUSPID VELOCITY	cm/s		TR 1/4
AORTIC VELOCITY	134 cm/s		AR 0/4
PULMONARY VELOCITY	130 cm/s		PR 0/4
PA Pressure	30 mmHg		

## NON INVASIVE CARDIOLOGY

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Gender	: MALE	Bill No.	: AFBHC240003221
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Ward	:	Room No.	:
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### COLOUR FLOW MAPPING

Trace MR, Trace TR.

### FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal RV systolic function.
3. Normal cardiac chamber dimension.
4. Trace MR, Trace TR (PASP=30mmHg).
5. Normal mitral inflow pattern.
6. No clot/mass/vegetation/PE.

DR. SUBRAT AKHOURY  
MD.DM(Cardiology)FSCAI(USA)  
Director & Sr. Consultant  
Interventional Cardiologist

DR. KUMAR HRISHIKESH  
MBBS, PGDCC  
Fellowship in Non Invasive  
Cardiology  
Consultant Cardiology

DR. PRATEEK CHAUDHARY  
MBBS,MD,DM(Cardio)  
Consultant Cardiology  
Interventional Cardiologist.

DR. DIWAKAR KUMAR  
MBBS,MD,DNB(Cardiology)  
Consultant Cardiology

For The perusal of a medical professional only  
The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.  
NOT FOR MEDICOLEGAL PURPOSES  
.....End of Report.....

Prepare By.  
KUMAR.HRISHIK  
ES



### FINAL REPORT

Bill No.	: AFBHC240003221	Bill Date	: 23-03-2024 10:06
Patient Name	: MR. RANJIT R. SONI	UHID	: AFB000308843
Age / Gender	: 39 Yrs 5 Mth / MALE	Patient Type	: OPD <span style="float: right;">If PHC : <input type="checkbox"/></span>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB24098422	Current Ward / Bed	: /
		Receiving Date & Time	: 23-03-2024 10:27
		Reporting Date & Time	: 23-03-2024 12:37

### BLOOD BANK REPORTING

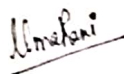
Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: EDTA Whole Blood</i>				
<b>MEDIWHEEL FULL BODY ANNUAL PLUS(WITH 2D)</b>				
<b>BLOOD GROUP (ABO &amp; RH)</b>				
ABO GROUP		AB		
RH TYPE		POSITIVE		

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

#### IMPORTANT INSTRUCTIONS

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

**DR. RAMESH CHANDNA**  
MD, MICROBIOLOGY, PGDHHM  
Chairman (Quality, Safety, LAB  
Services & Blood Bank)



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DIRECTOR

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**DR. SHARMILA RAI**  
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Age / Gender	: 39 Yrs 5 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB24098424	Current Ward / Bed	: /
		Receiving Date & Time	: 23-03-2024 10:27
		Reporting Date & Time	: 23-03-2024 12:03

### SEROLOGY REPORTING

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

#### MEDIWHEEL FULL BODY ANNUAL PLUS(WITH 2D)

#### THYROID PROFILE (FT3+FT4+TSH)

Test Name	Result	UOM	Reference Interval
FREE-TRI IODO THYRONINE (FT3) (ECLIA)	3.03	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	1.35	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.76	mIU/L	0.27-4.20

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

#### IMPORTANT INSTRUCTIONS

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Results are Verified By

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Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB24098424	Current Ward / Bed	: /
		Receiving Date & Time	: 23-03-2024 10:27
		Reporting Date & Time	: 23-03-2024 12:03

### SEROLOGY REPORTING

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

#### MEDIWHEEL FULL BODY ANNUAL PLUS(WITH 2D)

#### THYROID PROFILE (FT3+FT4+TSH)

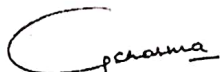
FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.03	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.35	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.76	mIU/L	0.27-4.20

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

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Age / Gender	: 39 Yrs 5 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB24098625	Current Ward / Bed	: /
		Receiving Date & Time	: 23-03-2024 12:34
		Reporting Date & Time	: 23-03-2024 14:56

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: Urine</i>				
<b>MEDIWHEEL FULL BODY ANNUAL PLUS(WITH 2D)</b>				
URINE-SUGAR (GOD POD Method)		Negative		Negative

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

**IMPORTANT INSTRUCTIONS**

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*Umabani*

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Age / Gender	: 39 Yrs 5 Mth / MALE	Patient Type	: OPD
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB24098421	Current Ward / Bed	: /
		Receiving Date & Time	: 23-03-2024 10:27
		Reporting Date & Time	: 23-03-2024 13:55

### HAEMATOLOGY REPORTING

Test (Methodology)	Sample Type: EDTA Whole Blood	Flag	Result	UOM	Biological Reference Interval
MEDIWHEEL FULL BODY ANNUAL PLUS(WITH 2D)					
ESR (Westergren)			9	mm 1st hr	0 - 10

### CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)	9.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	4.8	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)	14.0	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	42.2	%	40 - 50
MEAN CORPUSCULAR VOLUME	87.9	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	29.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	33.2	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	179	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	L 38.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	12.0	%	11.6 - 14

### DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS	66	%	40 - 80
LYMPHOCYTES	26	%	20 - 40
MONOCYTES	7	%	2 - 10
EOSINOPHILS	1	%	1 - 5
BASOPHILS	0	%	0 - 1

### GLYCATED HAEMOGLOBIN (HBA1C)

HBA1C (HPLC)	H 11.1	%	4.27 - 6.07
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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 recent food intake, it is a more useful tool for monitoring diabetics.

### IMPORTANT INSTRUCTIONS

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

End of Report



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Age / Gender : 39 Yrs 5 Mth / MALE	Patient Type : OPD
Ref. Consultant : SELF	Ward / Bed : /
Sample ID : AFB24098421	Current Ward / Bed : /
	Receiving Date & Time : 23-03-2024 10:27
	Reporting Date & Time : 23-03-2024 13:55

**HAEMATOLOGY REPORTING**

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

**MEDIWHEEL FULL BODY ANNUAL PLUS(WITH 2D)**

ESR (Westergren)		9	mm 1st hr	0 - 10
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**CBC -1 (COMPLETE BLOOD COUNT)**

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		9.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.8	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		14.0	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		42.2	%	40 - 50
MEAN CORPUSCULAR VOLUME		87.9	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		29.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.2	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		179	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	L	38.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		12.0	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		66	%	40 - 80
LYMPHOCYTES		26	%	20 - 40
MONOCYTES		7	%	2 - 10
EOSINOPHILS		1	%	1 - 5
BASOPHILS		0	%	0 - 1

**GLYCATED HAEMOGLOBIN (HBA1C)**

HBA1C (HPLC)	H	11.1	%	4.27 - 6.07
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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
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Note: 1.A three monthly monitoring is recommended in diabetics.  
 2.Since HbA1c concentration represents the integrated values for blood glucose over the 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





MC-3066



H-2011-0068  
06th July 2023 - 23rd June 2027  
since 24th June 2011

**FINAL REPORT**

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Age / Gender	: 39 Yrs 5 Mth / MALE	Patient Type	: OPD If PHC :
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Age / Gender	: 39 Yrs 5 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB24098754	Current Ward / Bed	: /
		Receiving Date & Time	: 23-03-2024 13:59
		Reporting Date & Time	: 23-03-2024 14:45

### BIOCHEMISTRY REPORTING

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

#### MEDIWHEEL FULL BODY ANNUAL PLUS(WITH 2D)

GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	H	199.0	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) (UV Hexokinase)	H	306.0	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)

#### KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA Urease-GLDH,Kinetic		23	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe s Kinetic)	L	0.6	mg/dL	0.9 - 1.3
SODIUM-SERUM (Indirect Ion-Selective Electrode)		137	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)		4.2	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)		104	m.mol/L	98 - 107

#### LIVER FUNCTION TESTS (LFT)

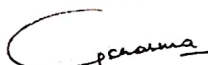
BILIRUBIN-TOTAL (DPD)	H	1.01	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.19	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	0.82	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		6.6	g/dL	6.6 - 8.3
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.0	g/dL	3.5 - 5.2
S.GLOBULIN	L	2.6	g/dL	2.8-3.8
A/G RATIO		1.54		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER		81.7	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		29.2	IU/L	0 - 50
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		44.4	IU/L	0 - 50
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		54.0	IU/L	0 - 55
LACTATE DEHYDROGENASE (IFCC; L-P)		133.5	IU/L	0 - 248

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

#### IMPORTANT INSTRUCTIONS

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BIOCHEMIST

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*Shilpa*

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**CLINICAL PATH REPORTING**

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

**MEDIWHEEL FULL BODY ANNUAL PLUS(WITH 2D)**

**PHYSICAL EXAMINATION**

QUANTITY	60 mL		
COLOUR	Yellow		Pale Yellow
TURBIDITY	Clear		

**CHEMICAL EXAMINATION**

PH (Double pH Indicator method)	5.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	1+		Negative
SUGAR (GOD POD Method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.030		1.005 - 1.030
UROBILINOGEN (Modified Erlich Reaction)	Normal		NORMAL
BILIRUBIN (Azo Coupling)	Negative		NEGATIVE
KETONES (Acetoacetic acid reaction with sodium nitroprusside)	Negative		
NITRITE (Kinetic cadmium-reduction)	Negative		NEGATIVE

**MICROSCOPIC EXAMINATION**

LEUCOCYTES	1-2	/HPF	0 - 5
RBCS	Nil		
EPITHELIAL CELLS (URINE)	1-2		
CASTS	Nil		
CRYSTALS	Nil		

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

**IMPORTANT INSTRUCTIONS**

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

*Umahani*

**DR. RAMESH CHANDNA**  
MD, MICROBIOLOGY, PGDHHM  
Chairman (Quality, Safety, LAB Services & Blood Bank)

**DR. UMA RANI**  
MD, PATHOLOGY  
DIRECTOR

**DR. SHILPA GUPTA**  
MD, PATHOLOGY  
Associate Director

**DR. SHARMILA RAI**  
MD, PATHOLOGY  
Consultant



## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. RANJIT R. SONI	IPD No.	:	
Age	: 39 Yrs 5 Mth	UHID	:	AFB000308843
Gender	: MALE	Bill No.	:	AFBHC240003221
Ref. Doctor	: SELF	Bill Date	:	23-03-2024 10:06:04
Ward	:	Room No.	:	
		Print Date	:	24-03-2024 15:57:26

### USG Abdomen:

*Sonographic evaluation of the abdomen & pelvis was performed with a curvilinear transducer, in transverse and longitudinal planes, with gray scale and color Doppler evaluations.*

**Liver:** Measures ~19cms in size- **Enlarged in size and increased in texture.** No evidence of any focal lesions / IHBRD noted. Normal Portal vein caliber noted.

**GB:** Well-distended; Normal wall-thickness noted. The lumen appears echofree at present scan. CBD is normal in calibre.

**Spleen:** Normal in size and normal in texture.

**Pancreas:** Visualized parts are normal in size and texture. No evidence of any focal lesions / calcifications noted.

**Kidneys:** Normal in size, shape and echotexture; CMD maintained bilaterally. No evidence of any hydronephrosis noted bilaterally.

**Urinary Bladder:** Well distended; Normal wall thickness noted. No evidence of any calculi noted.

**Prostate:** Normal in size and normal in echotexture. No evidence of any calcifications / focal lesions noted.

Visualized bowel shows normal wall thickness and peristaltic movements. No evidence of any sonographically significant free fluid noted.


**IMPRESSION:** Sonographic features are suggestive of:

- **Hepatomegaly with grade II hepatosteatorosis- (Suggested LFT and fibroscan correlation).**

*Suggested: Clinical correlation.*

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

Prepare By.  
IMAGING

  
DR. RAVI GARG, MD (Radiodiagnosis),  
Fellowship in Sonography, Specialist in  
Fetal Medicine,  
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. RANJIT R. SONI	IPD No.	:	
Age	: 39 Yrs 5 Mth	UHID	:	AFB000308843
Gender	: MALE	Bill No.	:	AFBHC240003221
Ref. Doctor	: SELF	Bill Date	:	23-03-2024 10:06:04
Ward	:	Room No.	:	
		Print Date	:	23-03-2024 17:25:03

### 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.  
IMAGING

  
DR. GUR PRASAD VASHIST, MBBS, MD  
Radio-diagnosis

**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.