



Dr. Rajeev Singh 738@gmail.com
Dr. Rajeev Singh 738@gmail.com

List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation



Dr. Charu Kohli's Clinic
C-234 Defence Colony, New Delhi-110024
Ph 41550792 ,24336960, 24332759
E- mail: drcharukohli@yahoo.com

NAME : RAJEEV KUMAR

AGE/SEX : 44Y/M

DATE : 09.03.2025

Height	WEGHIT	BP	BMI
172 cm	70 kg	120/82 mmHg	23.7
<u>HABITS</u>	Smoking : OCC Alcohol : OCC Drugs : NO		

Family History: -

- Asthma : No
- Diabetes : FATHER HAS DIABETES SINCE 28 YRS BACK
- TB : Nil
- Cancer : Nil
- Heart Disease : No
- HTH : No
- THYROID : No

Personal History:

- Pleurisy : Nil
- Rheumatic : No
- Acquired deformity : Nil
- Operated for : Nil
- Accidents : No
- Psychosomatic history : Nil
- Diabetes : No
- Present history : VERICOSE VEIN PRESENT IN BOTH LEGS SINCE 10 YRS BACK
- THYROID : No
- HTN : No
- TB : No
- Past History : Nil

Eye / Vision	DISTANCE VISION		NEAR VISION		COLOUR VISION	GLASSES
	RT Eye	LT Eye	RT Eye	LT Eye		
	6/6	6/6	N/6	N/6		

Signature of Medical Examiner: _____

Charu Kohli
DR. CHARU KOHLI
CONSULTANT MBBS
DMC-8388

DR. CHARU KOHLI CLINIC

C-234, DEFENCE COLONY, NEW DELHI

Mr. RAJEEV KUMAR
Age/Sex : 44/M
Recorded : 9-3-2025 9.42
Ref by :
Indication :

ID : 696
HWT : /

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE
History:
Medication :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km/Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE	0:44	0:44			88	120/82	105	2.9	2.7	1.9	
HYPERVENT					97	120/82	116	2.8	2.5	2.0	
VALSALVA					90	120/82	106	2.9	2.7	1.8	
STANDING					105	120/82	126	3.5	4.1	2.3	
STAGE 1	2:59	2:59	2.70	10.00	110	124/82	136	3.4	3.8	2.3	4.80
STAGE 2	5:59	2:59	4.00	12.00	123	132/82	162	3.5	4.0	2.3	7.10
STAGE 3	8:59	2:59	5.40	14.00	134	142/82	190	3.3	3.1	2.0	10.00
STAGE 4	11:59	2:59	6.70	16.00	151	150/82	226	2.7	2.5	1.7	14.00
STAGE 5	12:14	0:14	8.00	18.00	156	150/82	234	2.6	2.5	1.6	14.47
PEAK EXERCISE	12:20	0:20			158	150/82	237	2.5	2.4	1.4	14.67
RECOVERY	2:59	2:59	0.00	0.00	107	129/82	136	1.9	1.5	0.9	
RECOVERY	5:59	5:59	0.00	0.00	114	120/82	136	2.4	1.4	1.4	

RESULTS

Exercise Duration : 12:20 Minutes
Max Heart Rate : 158 bpm 89% of target heart rate 176 bpm
Max Blood Pressure : 150/82 mmHg
Max Work Load : 14.67 METS
Reason of Termination :

IMPRESSIONS

Negative for RVT with the parameters of exercise

Cardiologist

Dr. D.R. Ravi
DR. D. R. RAVI
MBBS, MD
DMC-46748
CONSULTANT CARDIOLOGIST

DR. CHARU KOHLI CLINIC

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostU

Mr. RAJEEV KUMAR

ID
AGE/SEX : 44/M
RECORDED : 9-3-2025 9:42

RATE : 76 BPM
B.P. : 126/82 mmHg

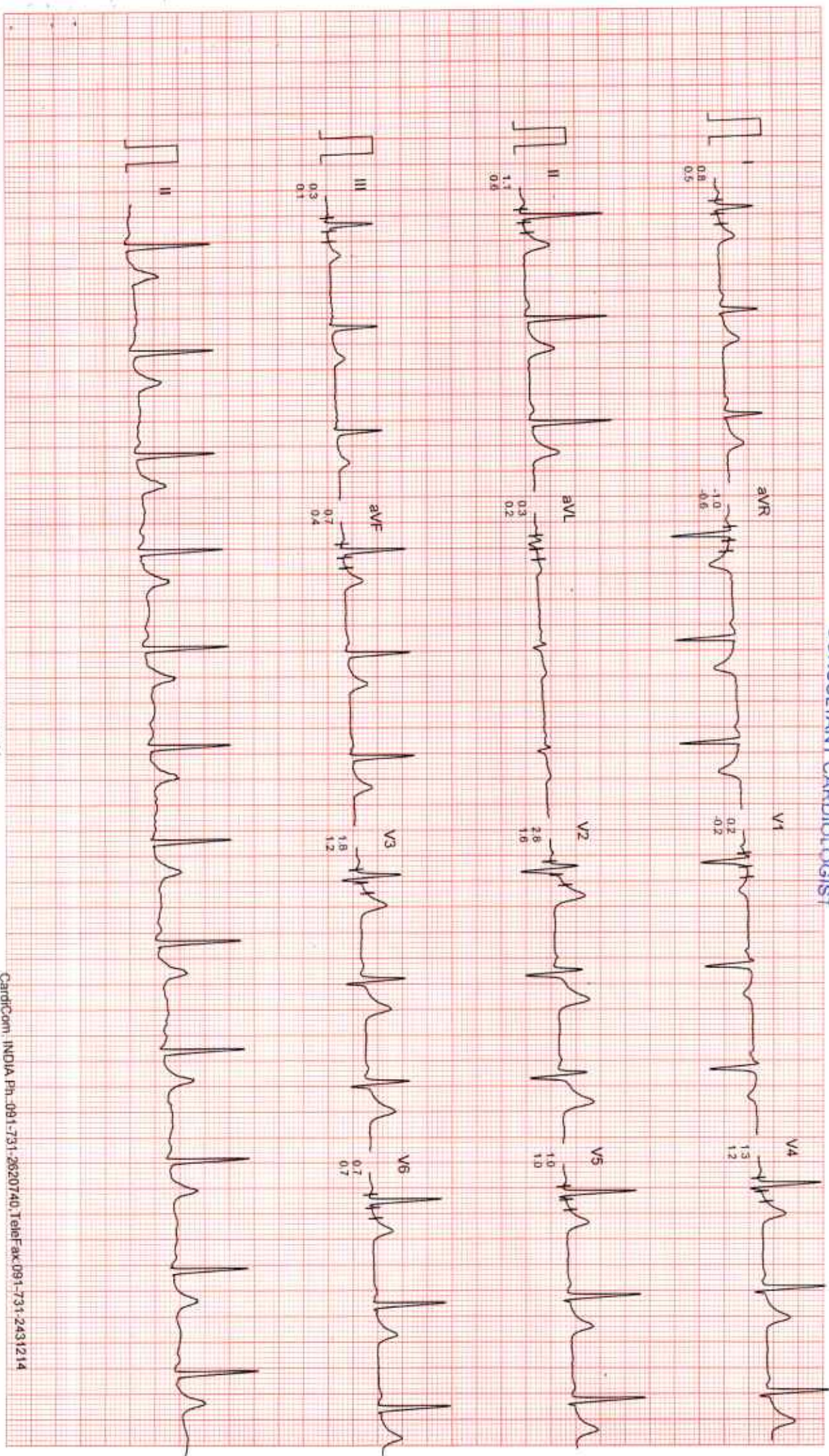
ELG
10/2

Rajiv
DR. D. R. RAJIV
MBBS, MD

DMC-46748
CONSULTANT CARDIOLOGIST

[Signature]

LINKED MEDIUM



Filtered
Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph: 091-731-2620740, TeleFax: 091-731-2431214

DR. CHARU KOHLI CLINIC

Mr. RAJEEV KUMAR
I.D. : 696
AGE/SEX : 44/M
RECORDED : 9-3-2025 9 :42

RATE : 97 BPM
B.P. : 120/82 mmHg

HYPERVENT
PRETEST
STAGE TIME : 0:44

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



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Computer Corrected Baseline

25mm/sec 10mm/mV

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MR. RAJEEV KUMAR
ID : 696
AGE/SEX : 44/M
RECORDED : 9-3-2025 9.42

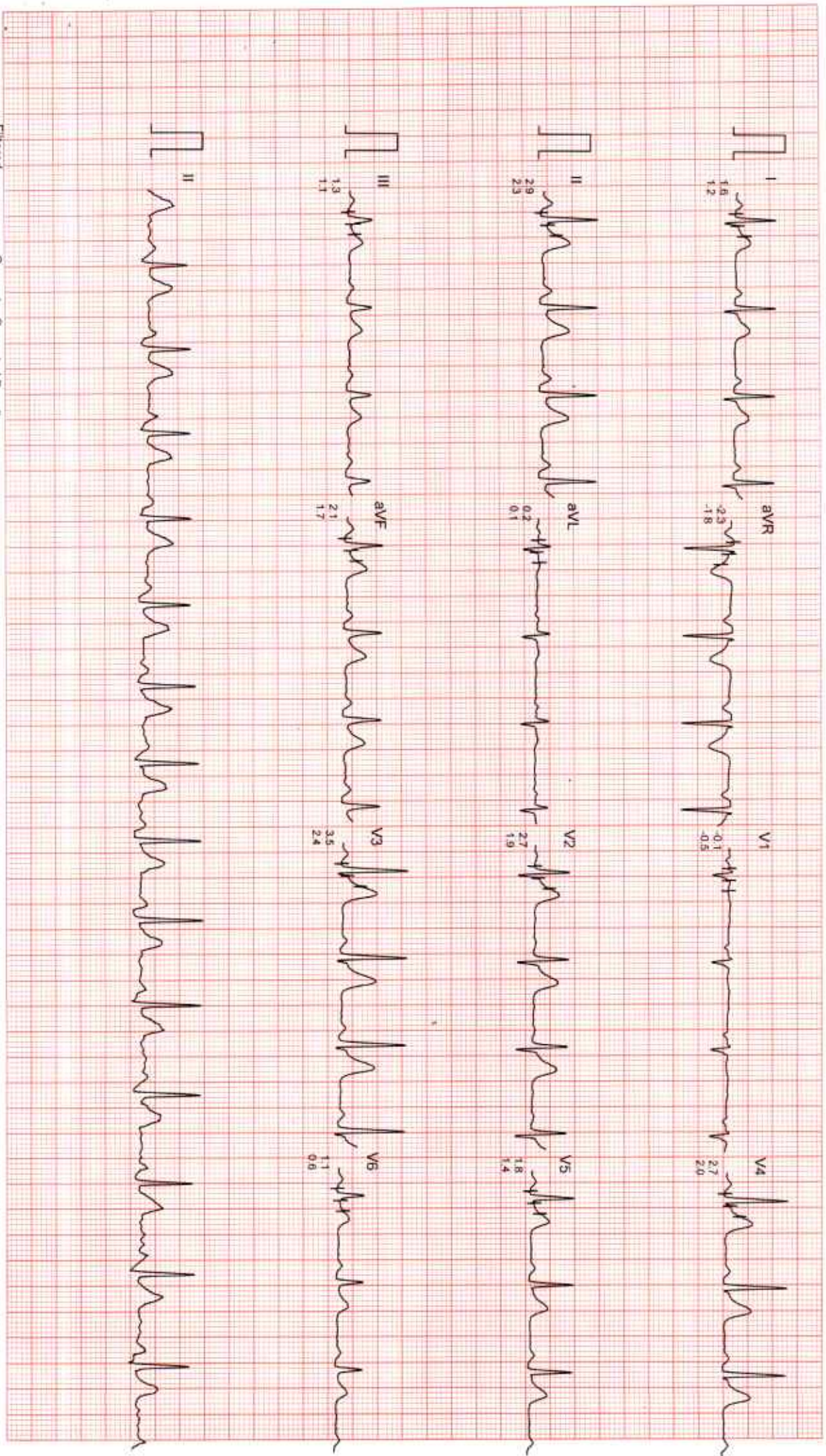
RATE : 90 BPM
B.P : 120/82 mmHg

DR. CHARU KOHLI CLINIC

VALSALVA
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



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Computer Corrected Baseline

25mm/sec 10mm/mV

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MR. RAJEEV KUMAR

ID : 696

AGE/SEX : 44/M

RECORDED : 9-3-2025 9:42

RATE : 105 BPM

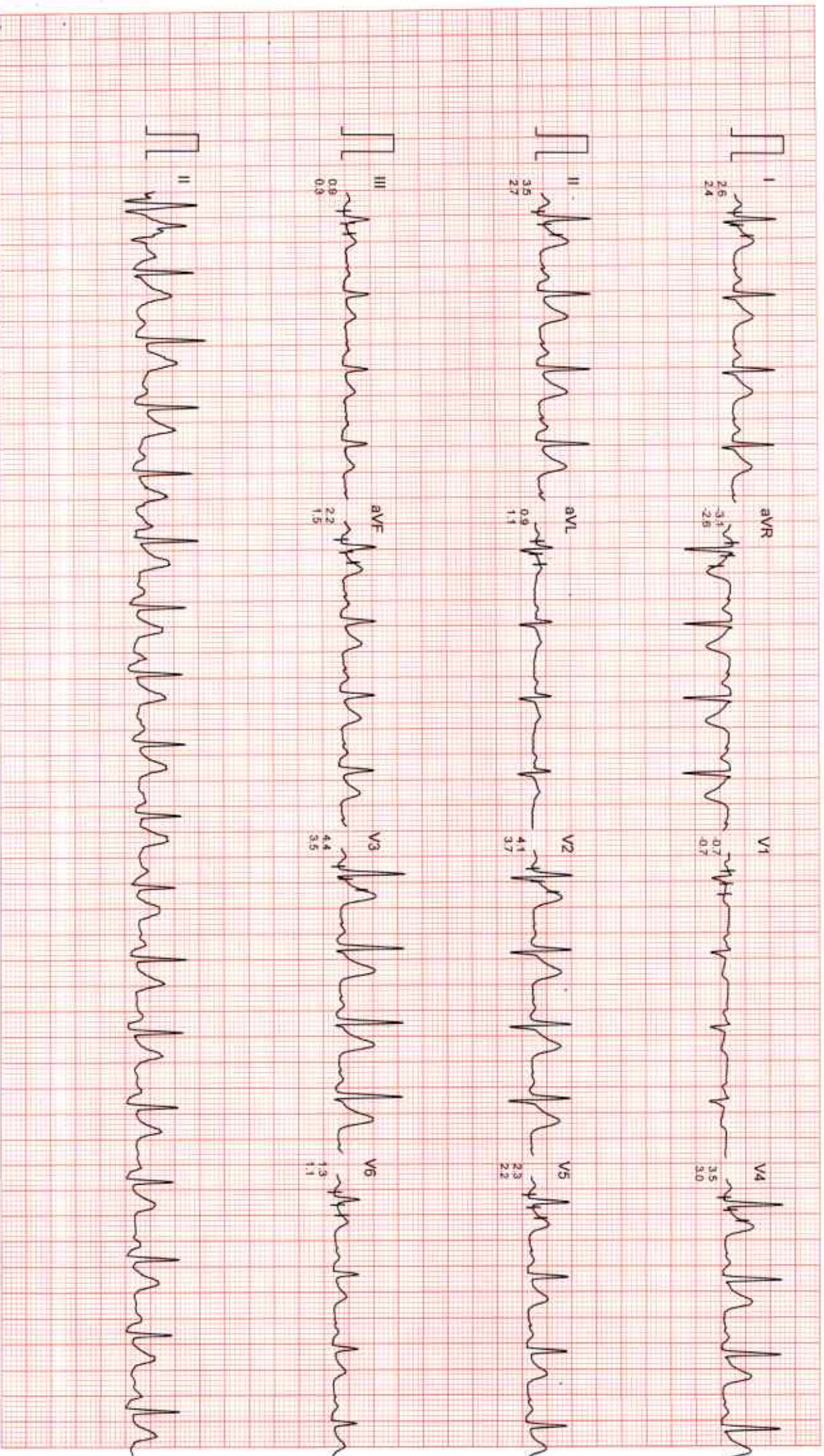
B.P. : 120/82 mmHg

DR. CHARU KOHLI CLINIC

STANDING
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



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Computer Corrected Baseline

25mm/sec 10mm/mV

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DR. CHARU KOHLI CLINIC

Mr. RAJEEV KUMAR

I.D. : 696

AGE/SEX : 44/M

RECORDED : 9-3-2025 9.42

BRUCE

EXERCISE 1

PHASE TIME : 2.59

STAGE TIME : 2.59

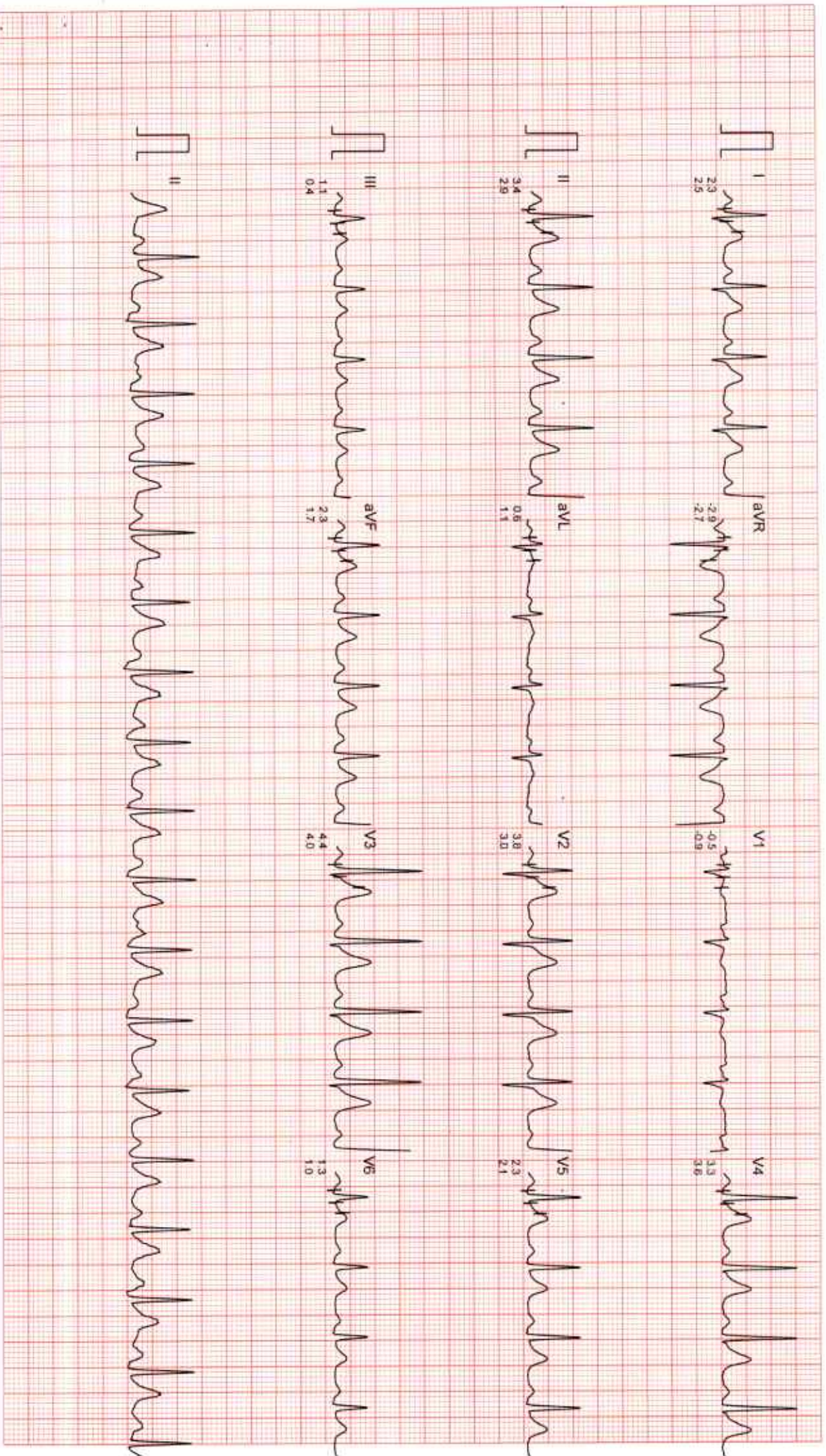
ST @ 10mm/mV

80ms PostJ

SPEED : 2.7 Km./Hr.

GRADE : 10.0 %

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

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DR. CHARU KOHLI CLINIC

Mr. RAJEEV KUMAR

ID : 696

AGE/SEX : 44/M

RECORDED : 9-3-2025 9.42

BRUCE

EXERCISE 2

PHASE TIME : 5:59

STAGE TIME : 2:59

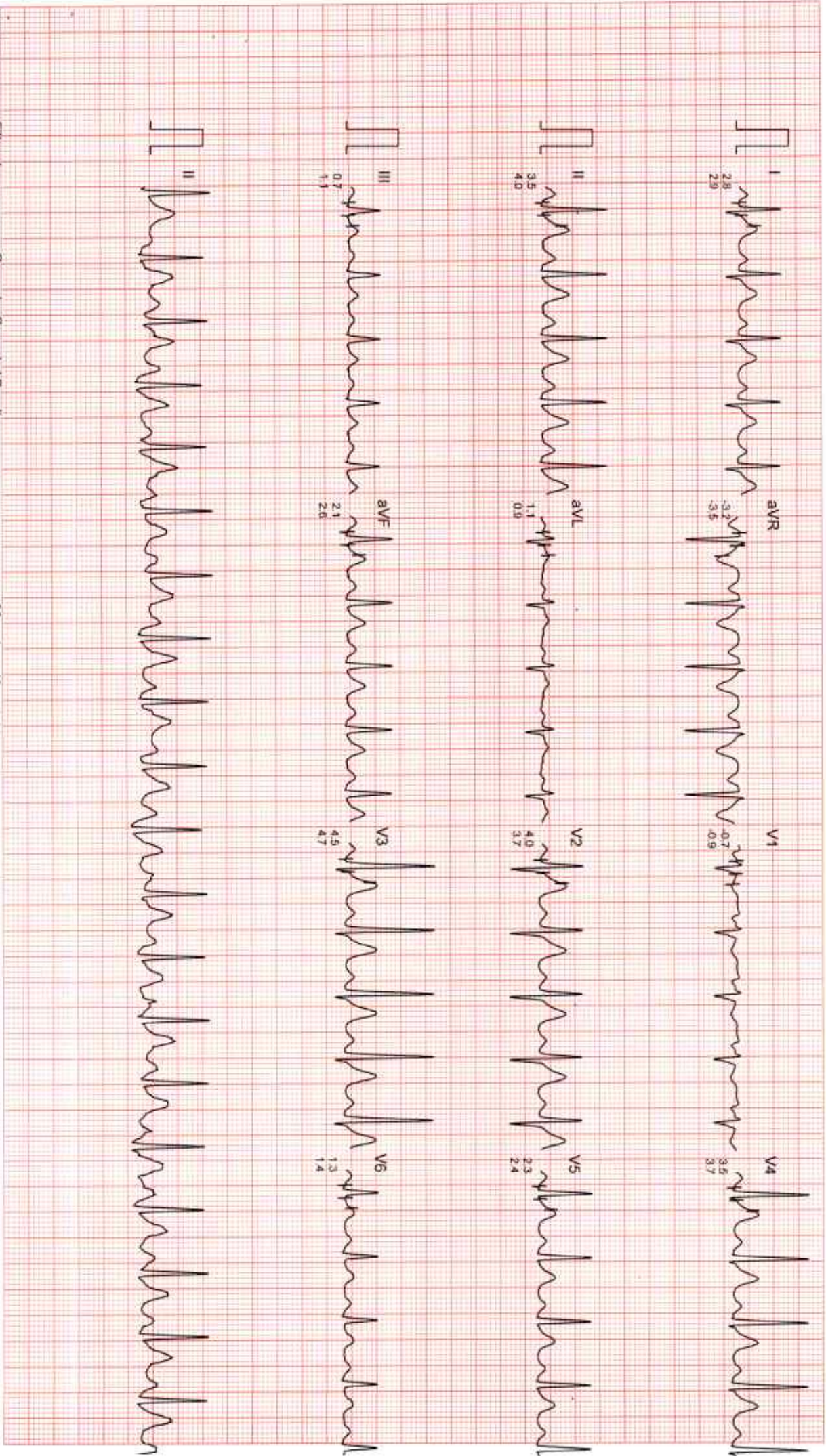
ST @ 10mm/mV

80ms PostJ

SPEED : 4.0 Km./Hr.

GRADE : 12.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

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DR. CHARU KOHLI CLINIC

Mr. RAJEEV KUMAR

ID : 696

AGE/SEX : 44/M

RECORDED : 9-3-2025 9.42

RATE : 134 BPM

B.P. : 142/82 mmHg

BRUCE

EXERCISE 3

PHASE TIME : 8.59

STAGE TIME : 2.59

ST @ 10mm/mV

80ms PostJ

SPEED : 5.4 Km/Hr.

GRADE : 14.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

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DR. CHARU KOHLI CLINIC

Mr. RAJEEV KUMAR

I.D. : 696

AGE/SEX : 44/M

RECORDED : 9-3-2025 9.42

RATE : 151 BPM

B.P. : 150/82 mmHg

BRUCE

EXERCISE 4

PHASE TIME : 11:59

STAGE TIME : 2:59

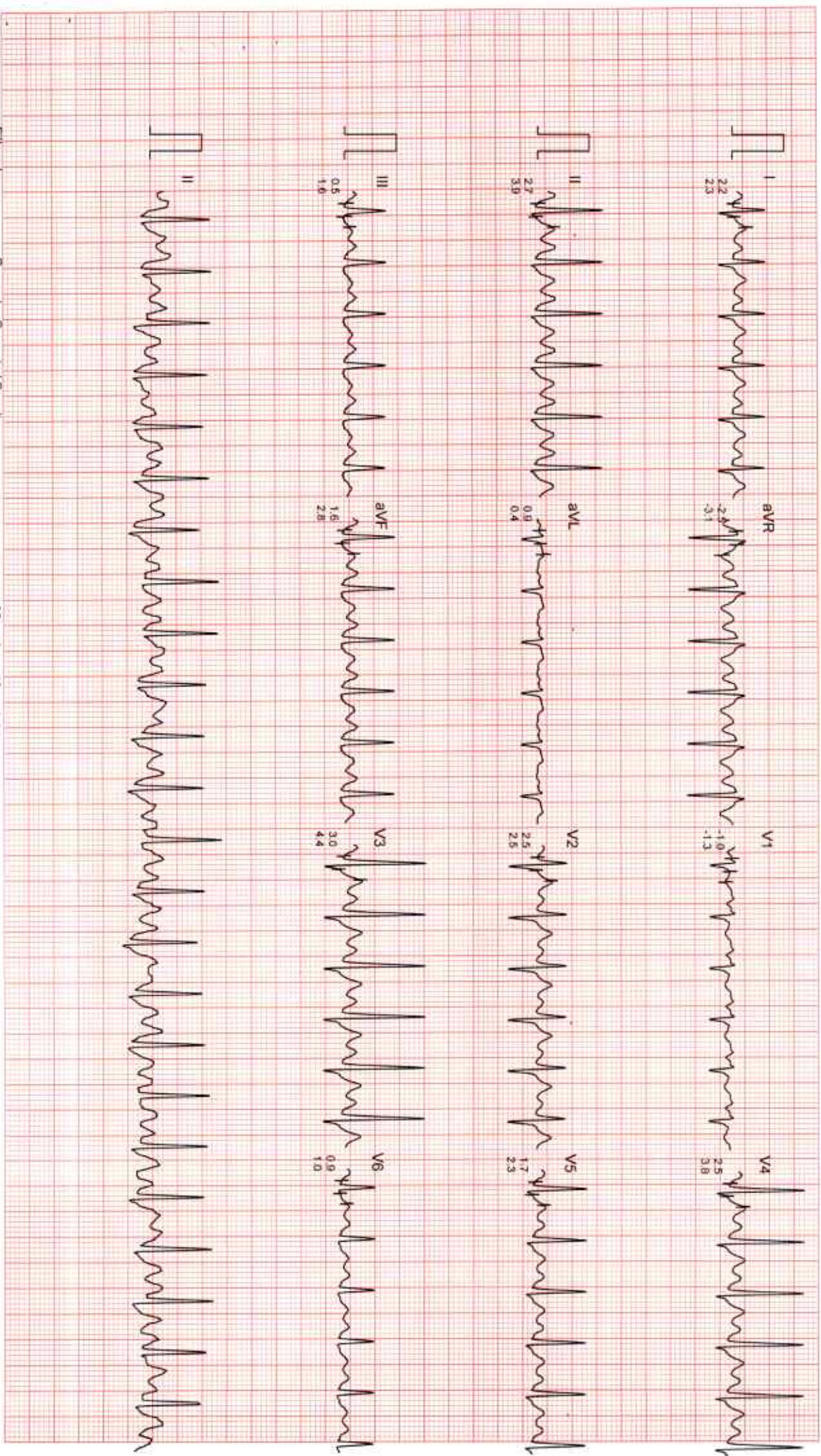
ST @ 10mm/mV

80ms PostJ

SPEED : 6.7 Km./Hr.

GRADE : 16.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

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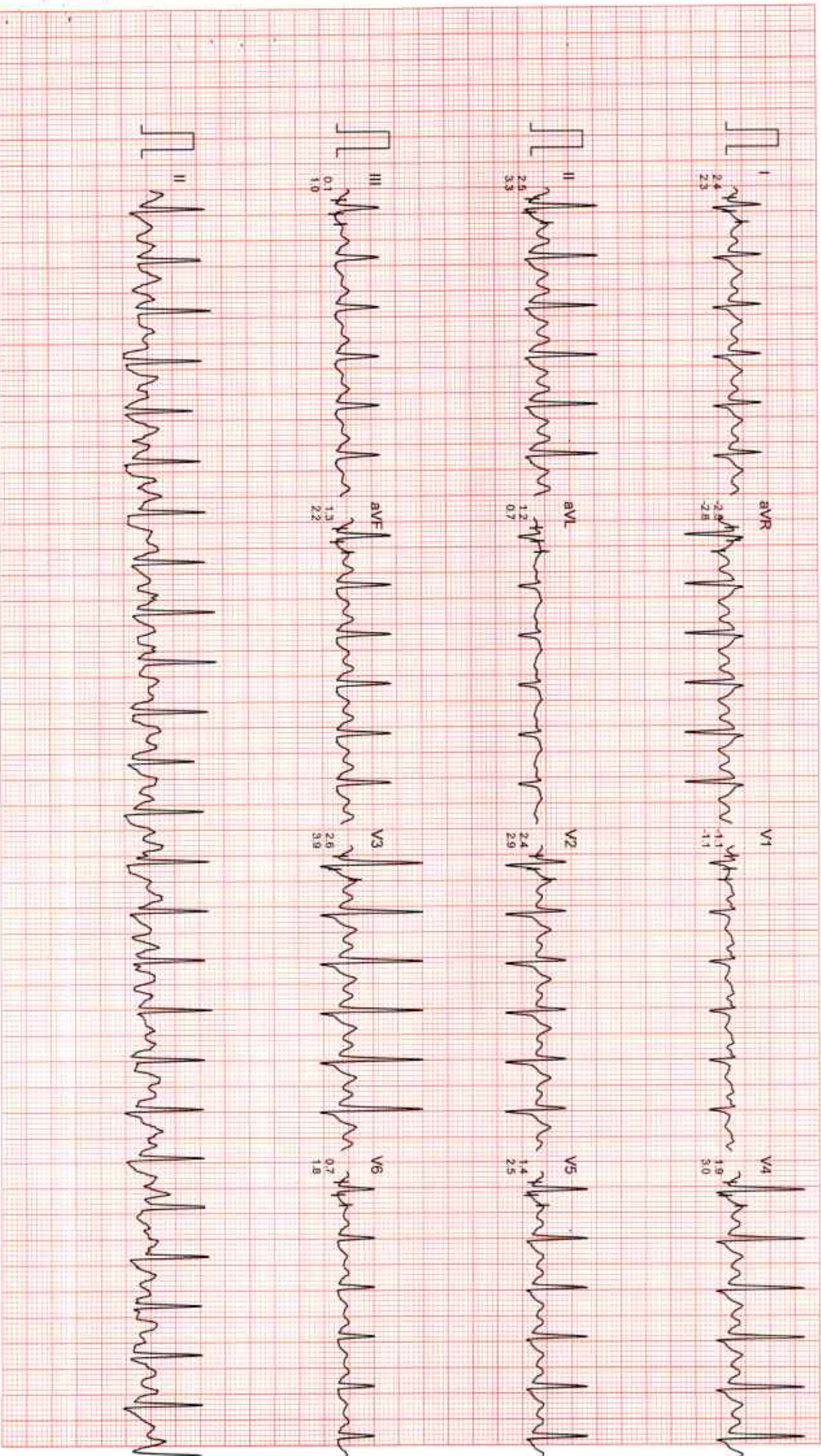
DR. CHARU KOHLI CLINIC

Mr. RAJEEV KUMAR
ID : 696
AGE/SEX : 44/M
RECORDED : 9-3-2025 9:42

RATE : 158 BPM
B.P. : 150/82 mmHg

BRUCE
PEAK EXERCISE
PHASE TIME : 12:20
STAGE TIME : 0:20

ST @ 10mm/mV
80ms PostJ
SPEED : 8.0 Km./Hr.
GRADE : 18.0 %
LINKED MEDIAN



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Computer Corrected Baseline

25mm/Sec 10mm/mV

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DR. CHARU KOHLI CLINIC

Mr. RAJEEV KUMAR

ID : 696

AGE/SEX : 44/M

RECORDED : 9-3-2025 9.42

RATE : 122 BPM

B.P. : 150/82 mmHg

BRUCE

RECOVERY

PHASE TIME : 0:59

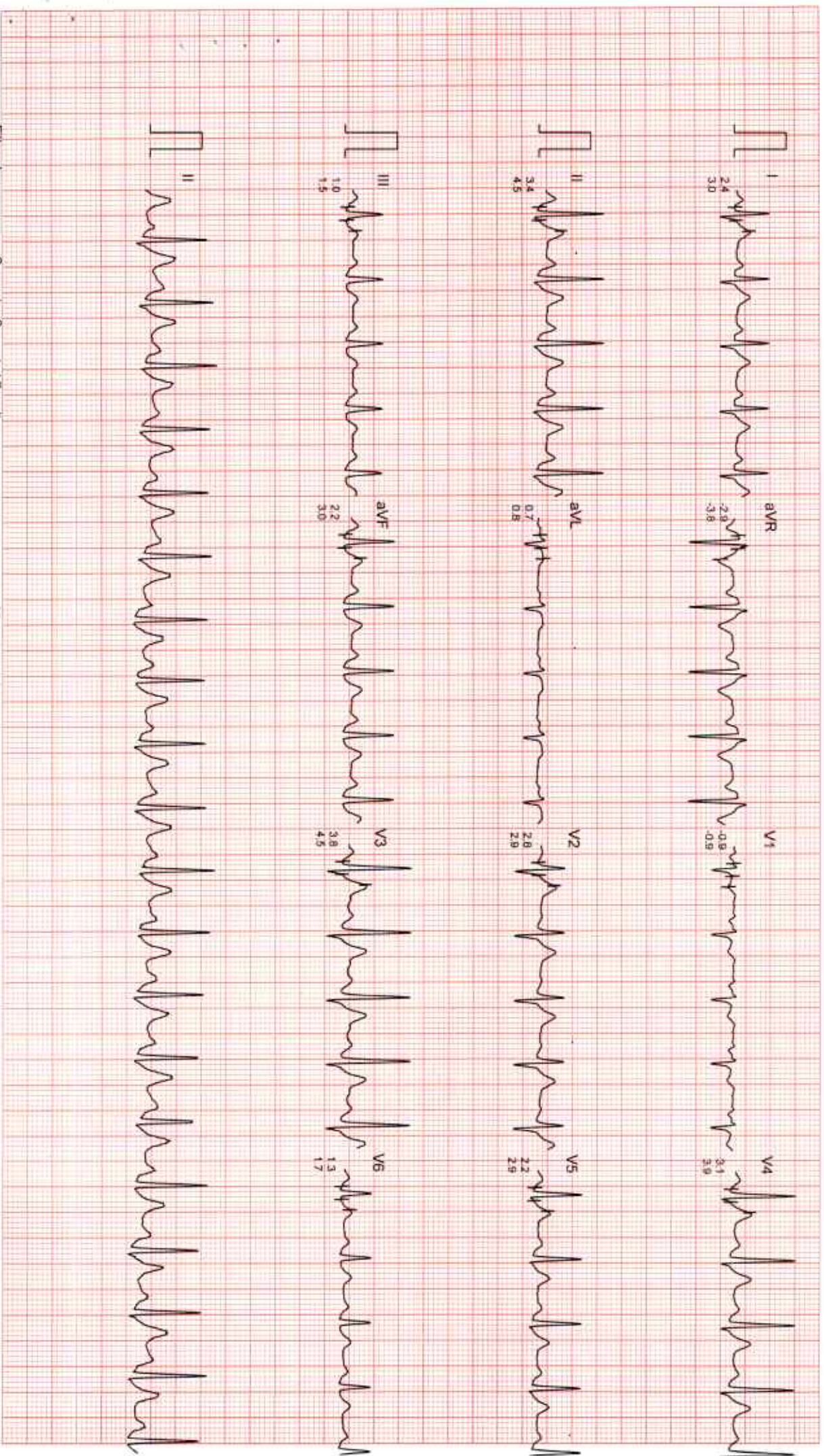
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN



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Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740, Telefax: 091-731-2431214

DR. CHARU KOHLI CLINIC

Mr. RAJEEV KUMAR

ID : 696

AGE/SEX : 44/M

RECORDED : 9-3-2025 9.42

RATE : 107 BPM

B.P : 128/82 mmHg

BRUCE

RECOVERY

PHASE TIME : 2.59

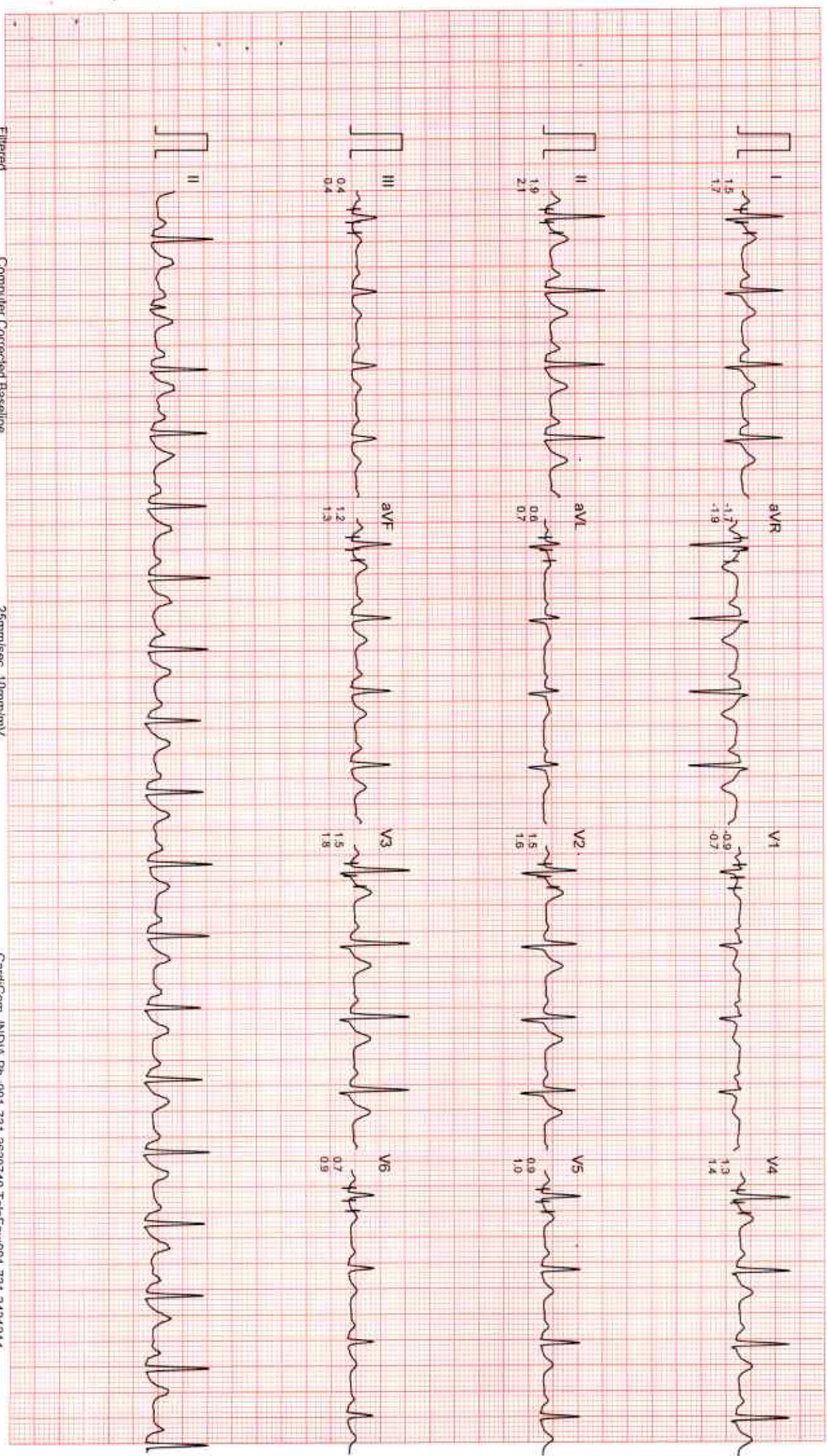
ST @ 10mm/mV

Borns PostJ

SPEED : 0.0 Km/Hr.

GRADE : 0.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740, Telefax: 091-731-2431214

MR. RAJEEV KUMAR

ID : 696
AGE/SEX : 44/M
RECORDED : 9-3-2025 9:42

RATE : 114 BPM
B.P. : 120/82 mmHg

DR. CHARU KOHLI CLINIC

BRUCE
RECOVERY
PHASE TIME : 5:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0%

LINKED MEDIAN



Filtered

Computer-Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214



Name: RAJEEV KUMAR
Date: March 9, 2025

WHOLE ABDOMEN SCAN

Liver is normal in size and echotexture is raised. Partially obliterated intrahepatic biliary radicles and normal appearing venous channels noted. No focal lesion in either lobes. Portal vein is normal. No sub-diaphragmatic collection or pleural effusion.

Gall bladder is normal distended and shows echofree lumen.
CBD: not dilated ; apparently echofree.

Both the kidneys are normal in size, position and echopattern with normal corticomedullary differentiation.

Pancreas is of normal size & echopattern. No focal lesion or peri-pancreatic collection.

Spleen is of normal size and echopattern. No focal lesion or calcification. Splenic vein is not dilated.

Aorta and IVC are normal. No retroperitoneal lymphadenopathy.

Urinary bladder shows normal distension and shows normal wall-thickness. No calculus or mass.


Prostate is normal in size measures 3.20 x 3.69 x 3.37 cm ~ vol-20.80 cc, echopattern is homogenous.

Bowel loops are normal.

No free fluid is seen in abdomen.

IMPRESSION:

Grade 2 fatty liver, otherwise sonological study is within normal limits


Dr Charu Kohli
MBBS DMRD
DMC8388

DR. CHARU KOHLI
CONSULTANT RADIOLOGIST
DMC - 8388
DR. CHARU KOHLI'S CLINIC
C-234, DEFENCE COLONY, NEW DELHI-110024

IMPORTANT: Owing to technical limitations, in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medicolegal aspect.
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Every modern technology has its own limitations. In case of discrepancy/difference in opinion, advised-repeat scan/ second opinion.



Registration No.	102422711	Mobile No.	7597731856
Patient Name	Mr. RAJEEV KUMAR	Registration Date/Time	09/03/2025 09:09:48
Age / Sex	44 Yrs 2 Male 4 Days	Sample Collected Date/Time	09/03/2025 09:29:11
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/03/2025 14:59:18
Collected At	DCKC	Printed Date/Time	09/03/2025 17:53:20

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	13.3	g/dL	13.0 - 17.0
Total Leucocyte Count/WBC ,EDTA <i>Method : Electric impedance</i>	07.7	10 ⁹ /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.87	10 ⁶ /uL	4.50 - 5.50
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	40.8	%	40.0 - 50.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	83.8	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	27.2	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	32.5	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	155.00	10 ³ /uL	150.00 - 410.00

Advise: Platelet reported after manual review of the slide

RDW- CV% ,EDTA	12.6	%	11.6 - 14.0
Differential Leucocyte Count <i>Method : Microscopy</i>			
Neutrophil ,EDTA	59.0	%	40.0 - 75.0
Lymphocyte ,EDTA	33.0	%	20.0 - 45.0
Eosinophil ,EDTA	2.0	%	1.0 - 6.0
Monocyte ,EDTA	6.0	%	2.0 - 10.0

Page No: 1 of 12

Checked By :- POOJA



DR. NEELU CHHABRA
MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service ■ Diagnostic & Preventive ■ Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



Registration No.	102422711	Mobile No.	7597731856
Patient Name	Mr. RAJEEV KUMAR	Registration Date/Time	09/03/2025 09:09:48
Age / Sex	44 Yrs 2 Mths 4 Days	Sample Collected Date/Time	09/03/2025 09:29:11
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/03/2025 14:59:18
Collected At	DCKC	Printed Date/Time	09/03/2025 17:53:20

Test Name	Value	Unit	Biological Ref Interval
Basophil ,EDTA	0.0	%	0.0 - 2.0
ESR ,EDTA Method : Westergreen	08	mm/Ist hr.	00 - 15



Registration No.	102422711	Mobile No.	7597731856
Patient Name	Mr. RAJEEV KUMAR	Registration Date/Time	09/03/2025 09:09:48
Age / Sex	44 Yrs 2 Mths 4 Days	Sample Collected Date/Time	09/03/2025 09:29:11
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/03/2025 17:05:27
Collected At	DCKC	Printed Date/Time	09/03/2025 17:53:20

Test Name	Value	Unit	Biological Ref Interval
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Blood Group ABO ,EDTA

Method : Forward Grouping

"B"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

HbA1c ,EDTA

Method : Photometric method

5.3

%

4.0 - 5.6

INTERPRETATIONS:-

NORMAL RANGE **4.00 - 5.60** %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20	- 6.80	%
Fair Diabetic Control	6.80	- 7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.





Registration No.	102422711	Mobile No.	7597731856
Patient Name	Mr. RAJEEV KUMAR	Registration Date/Time	09/03/2025 09:09:48
Age / Sex	44 Yrs 2 Mths 4 Days	Sample Collected Date/Time	09/03/2025 09:29:11
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/03/2025 14:59:19
Collected At	DCKC	Printed Date/Time	09/03/2025 17:53:20

Test Name	Value	Unit	Biological Ref Interval
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BIOCHEMISTRY

LIPID PROFILE

Total Lipids ,Serum Plain	504	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain <i>Method : CHOD-POD</i>	194	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain <i>Method : GPO-POD</i>	116	mg/dl	0 - 150
Serum HDL Cholesterol ,Serum Plain <i>Method : Direct Method</i>	44	mg/dl	40 - 70
Serum LDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	126.8	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	23.2	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	4.41		
LDL/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	2.88		

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl

Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Adults levels: LDL

Optimal	<100 mg/dL
Near Optimal/ above optimal	100 -129 mg/dL
Borderline high	130 - 159 mg/dL
High	160 - 189 mg/dL
Very High	>=190 mg/dL

Page No: 4 of 12

Checked By :- POOJA



DR. NEELU CHHABRA
MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service ■ Diagnostic & Preventive ■ Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



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Patient Name	Mr. RAJEEV KUMAR	Registration Date/Time	09/03/2025 09:09:48
Age / Sex	44 Yrs 2 Male 4 Days	Sample Collected Date/Time	09/03/2025 09:29:11
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/03/2025 14:59:19
Collected At	DCKC	Printed Date/Time	09/03/2025 17:53:20

Test Name	Value	Unit	Biological Ref Interval
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Registration No.	102422711	Mobile No.	7597731856
Patient Name	Mr. RAJEEV KUMAR	Registration Date/Time	09/03/2025 09:09:48
Age / Sex	44 Yrs 2 Months 4 Days	Sample Collected Date/Time	09/03/2025 09:29:11
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/03/2025 14:59:19
Collected At	DCKC	Printed Date/Time	09/03/2025 17:53:20

Test Name	Value	Unit	Biological Ref Interval
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LIVER PROFILE / LFT

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.54	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.18	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.36	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	20.0	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	22.8	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	114.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	8.02	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.69	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	3.33	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.41		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	24.0	U/L	0.0 - 50.0



Registration No.	102422711	Mobile No.	7597731856
Patient Name	Mr. RAJEEV KUMAR	Registration Date/Time	09/03/2025 09:09:48
Age / Sex	44 Yrs 2 Mths 4 Days	Sample Collected Date/Time	09/03/2025 09:29:11
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/03/2025 14:59:18
Collected At	DCKC	Printed Date/Time	09/03/2025 17:53:20

Test Name	Value	Unit	Biological Ref Interval
Blood Sugar (Fasting) ,Plasma F <i>Method : GOD POD</i>	99.8	mg/dl	70.0 - 110.0
Blood Sugar (PP) ,Plasma PP <i>Method : GOD POD</i>	105.3	mg/dl	70.0 - 140.0
Serum Creatinine ,Serum Plain <i>Method : Mosified Jaffe's</i>	0.90	mg/dl	0.40 - 1.50
Serum Uric Acid ,Serum Plain <i>Method : Uricase- POD</i>	5.47	mg/dl	3.40 - 7.00
Blood Urea Nitrogen ,Serum Plain <i>Method : Calculated</i>	9.8	mg/dl	0.0 - 20.0



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Patient Name	Mr. RAJEEV KUMAR	Registration Date/Time	09/03/2025 09:09:48
Age / Sex	44 Yrs 2 Months 4 Days	Sample Collected Date/Time	09/03/2025 09:29:11
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/03/2025 17:10:13
Collected At	DCKC	Printed Date/Time	09/03/2025 17:53:20

Test Name	Value	Unit	Biological Ref Interval
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IMMUNOASSAY

TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.14	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	7.57	ug/dl	5.20 - 12.70
TSH	1.70	uIU/ml	0.30 - 4.50

Comment :

Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml
2 Years - 12 Years	0.64-6.27 uIU/ml
12 Years - 18 Years	0.51-4.94 uIU/ml
> 18 Years	0.35-5.50 uIU/ml

Adults

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

Newborn

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism. Alertness is recommended to the signs indicative of possible hypothyroidism, regardless of newborn screening test.





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Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/03/2025 17:10:13
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Test Name	Value	Unit	Biological Ref Interval
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Total PSA ,Serum Plain 0.57 ng/ml 0.00 - 4.00

Increased Value is seen in Benign Prostatic Hypertrophy(BPH), Prostatitis, or Prostate Cancer .

When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low.

When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended.

The Total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the Free:Total PSA ratio helps to determine the relative risk of prostate cancer.

Therefore, some urologists recommend using the Free:Total ratio to help select which men should undergo biopsy.

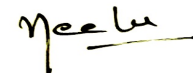
However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer.

Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA	Probabilty of carcinoma prostate when Total PSA is 4.1 - 10.0 ng / ml
>=	26 8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding.Results obtained with different assay kits cannot be used interchangeably.All results should be corelated with clinical findings and results of other investigations





Registration No.	102422711	Mobile No.	7597731856
Patient Name	Mr. RAJEEV KUMAR	Registration Date/Time	09/03/2025 09:09:48
Age / Sex	44 Yrs 2 Months 4 Days	Sample Collected Date/Time	09/03/2025 09:29:11
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/03/2025 14:55:19
Collected At	DCKC	Printed Date/Time	09/03/2025 17:53:20

Test Name	Value	Unit	Biological Ref Interval
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CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	Pale Yellow
Volume ,URINE	15 mL	
Appearance ,URINE	Clear	Clear

URE CHEMICAL EXAMINATION

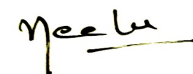
Reaction ,URINE	Acidic	Acidic
Ph (Strip Method) ,URINE	6.0	5.0
Specific Gravity ,URINE	1.025	1.000
Protein (Strip Method) ,URINE	Nil	Nil
Glucose (Strip Method) ,URINE	Nil	Nil

URE MICROSCOPY EXAMINATION

Pus Cells ,URINE	1 - 2 /HPF	0 - 1
Epithelial Cells ,URINE	1 - 2 /HPF	0 - 1
RBC's ,URINE	Nil /HPF	Nil
Casts ,URINE	Nil	
Crystals ,URINE	Nil	
Bacteria ,URINE	Absent	Absent
Mucus Thread ,URINE	Nil	Nil
Other ,URINE	Nil	

Page No: 10 of 12

Checked By :- POOJA



DR. NEELU CHHABRA
MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service ■ Diagnostic & Preventive ■ Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



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Test Name	Value	Unit	Biological Ref Interval
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STOOL ANALYSIS

STOOL PHYSICAL EXAMINATION

COLOUR/APPEARANCE ,STOOL	Brownish		
CONSISTENCY ,STOOL	Semi-Formed		
MUCUS ,STOOL	Nil		
BLOOD ,STOOL	Nil		
REACTION ,STOOL	Alkaline		Neutral to Alkaline

STOOL MICROSCOPIC EXAMINATION

PUS CELLS ,STOOL	Nil	/HPF	Nil
RBC's ,STOOL	Nil	/HPF	Nil
OVA ,STOOL	Nil		Nil
CYSTS ,STOOL	NIL		NIL
PARASITES ,STOOL	Not Seen		
BACTERIAL FLORA ,STOOL	Normal		Normal
OTHERS ,STOOL	Nil		Nil
HELMINTHES ,STOOL	Not seen		Not seen
BILHARZIASIS ,STOOL	Not seen		Not seen
SHIGELLA ,STOOL	Not seen		Not seen
V.CHOLERA ,STOOL	Not seen		Not seen





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URE SUGAR (FASTING) ,URINE NIL

URE SUGAR PP ,URINE NIL

*** End of Report ***



Dr. Charu Kohli s Clinic

C-234 Defence Colony, New Delhi-1 10024

Ph 41550792 ,24336960, 24332759

E- mail: drcharukohli@yahoo.com

NAME : RAJEEV KUMAR

AGE/SEX : 44/M

DATE : 09.03.2025

X - RAY CHEST PA VIEW :

Cardiac shadow is normal.

Aorta is normal.

Bilateral lung fields are clear.

Both costophrenic angles are clear.

Bilateral domes of diaphragm are normal.

No bony injury noted.

IMPRESSION: Normal chest skiagram

Charu Kohli

DR. CHARU KOHLI
MBBS, DMRD
Consultant Radiologist

IMPORTANT: Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.

09-03-2025 09:36:36

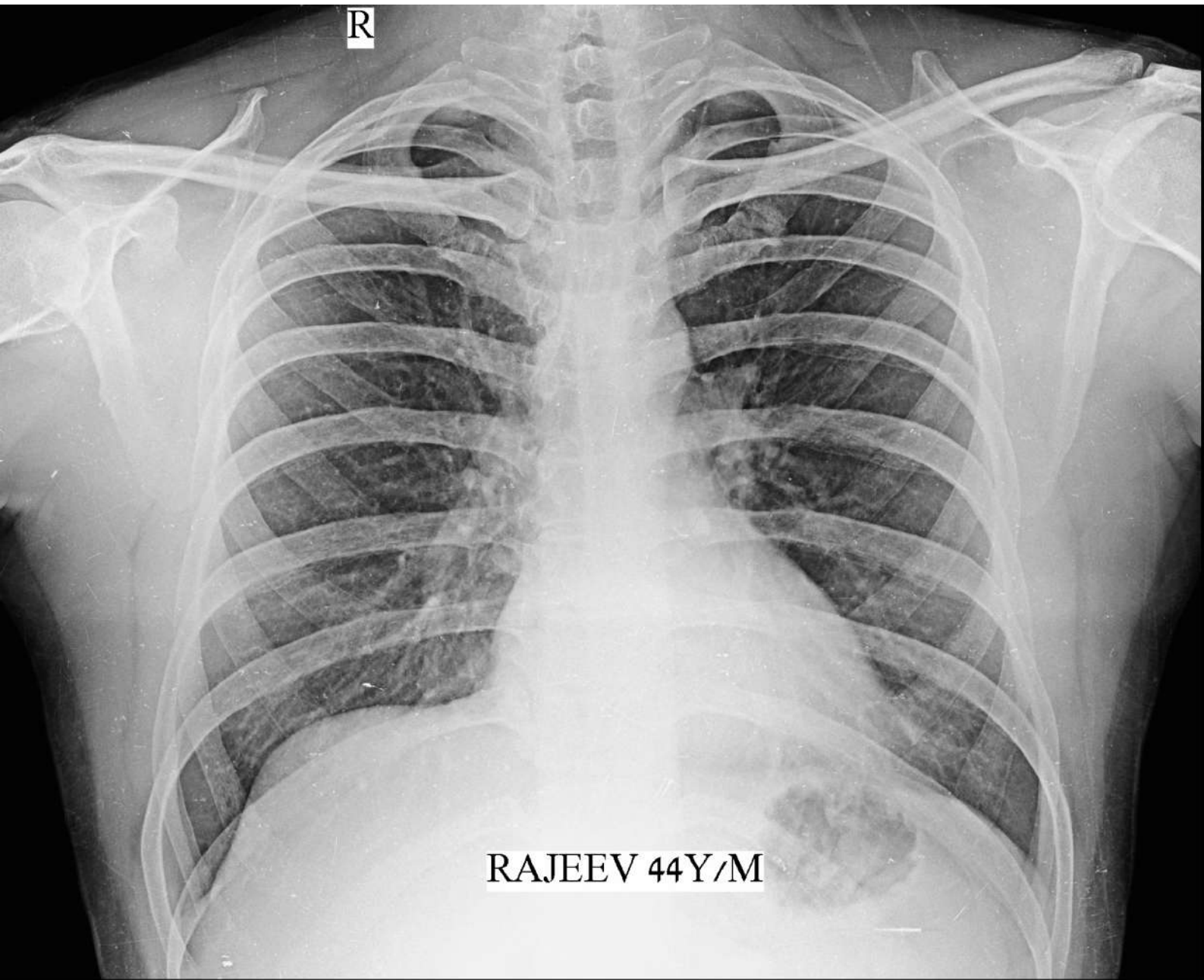
12.68 s
77.00 kV
8.00 mA



09-03-2025 09:36:36

12.68 s
77.00 kV
8.00 mA





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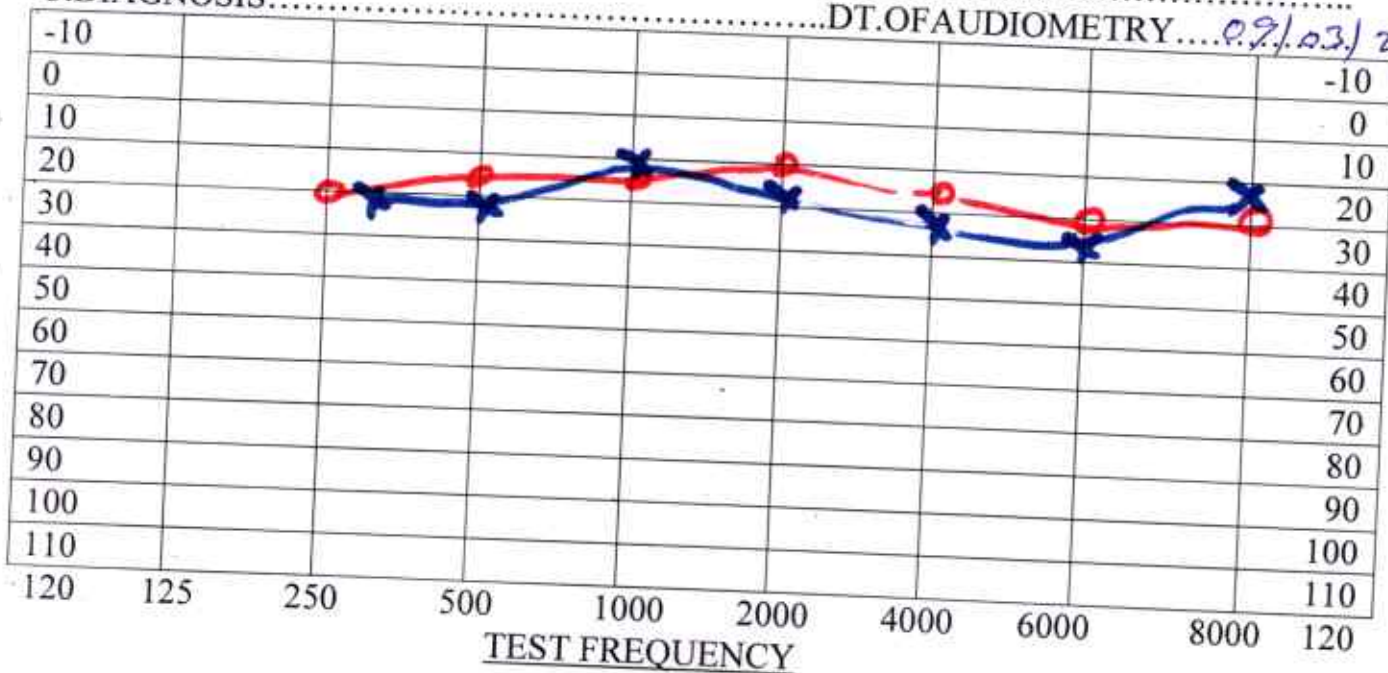
RAJEEV 44Y/M



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 Ph 41550792, 24336960, 24332759
 E-mail: drcharukohli@yahoo.com

AUDIOLOGICAL EVALUATION

1. NAME Rajeev Singh AGE 55.7.03 SEX M
 2. ADDRESS
 OCCUPATION
 3. DIAGNOSIS DT. OF AUDIOMETRY 09/03/2023



AIR X = LEFT EAR --- Rinne ----- Hearing Loss for Speech R L _____
 O = RIGHT EAR -----

BONE < = LEFT EAR --- weber ----- DISCRIMINATION SCORE R L _____

Masking

No Response
 Audiologists remarks

- 0dB-20dB...normal hearing
- 20dB-40dB...mild hearing loss
- 40dB-55dB...moderate hearing loss
- 55dB-70dB...moderately severe hearing loss
- 70dB-90dB...sever hearing loss
- >90dB.....profound hearing loss

[Signature]

IMPORTANT: Owing to technical limitations, in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature, and this report is not valid for any Medico-legal aspect.