

Health Check-up Certificate

Name Mr. Kumar Rahul Date 28/10/2024
 Age/Sex 29/M Mob No. 9897169574 Emp. Sign [Signature]

General Appearance	1
Height (in Cm)	165 cm
Weight (in Kg)	76 Kg
B.P (mmhg)	140/90
P/R	68
BMI	27.9 overweight
CBC with ESR	15.70 g/dl / 14 hr/mm
Blood Grouping & Rh factor	A positive
Urine R/E	Normal
Fasting Blood Sugar	88.1 mg/dl
HB1AC	5.20 %
TSH, T3/T4	Normal
Lipid Profile	202.5 mg/dl
Kidney Profile Test	Normal
BUN	8.60 mg/dl
Liver Profile Test	Normal
ECG	Normal
Chest X ray PA View	Normal
USG Whole Abdomen	Abnormal
PSA Male	1.69 ng/ml
Eye Examination	6/6 BE OK
Dental Examination	HAH
ENT Examination	NORMAL
Dietician	

Remarks fit for work.

DR. MOHIT VERMA
 MBBS MD FICC FIDM
 Reg No UKMC - 5324
 Prem Hospital Super Speciality & Trauma Center
 Doctor Seal with Signature

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 Doctor Seal with Signature



Mediwheel
...Your wellness partner

011-41195959

Hi Prem Hospital Super Speciality & Trauma Centre,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Annual Plus

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Contact Details : 9897169574

Appointment Date : 26-10-2024

Confirmation Status : Booking Confirmed

Preferred Time : 08:30 AM - 09:00 AM

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR RAHUL	29 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

Please Download Mediwheel App



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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Amit Kumar <amit@premhospital.in>

24 October 2024 at 09:59

To: Mediwheel <wellness@mediwheel.in>

Cc: customercare@mediwheel.in, Uttam Chakraborty <uttam.chakraborty@premhospital.in>

Confirmed

Thanks & Regards,

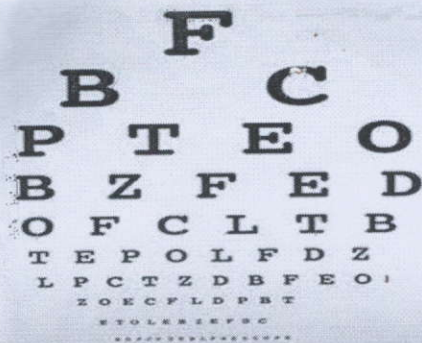
Amit Kumar

Prem Hospital Super Speciality & Trauma Centre

Haridwar {Uttarakhand}

Mob. +91-7830500616, Emergency No. 8650967770

Email: amit@premhospital.in



OPHTHALMIC EXAMINATION

DISTANCE VISION		
RE	6/6	
LE	6/6	
NEAR ADD.	←	
COLOR VISION	NORMAL	ABNORMAL
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EYE VISION		
WITH SPECTACLES	WITHOUT SPECTACLES	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NEED A SPECTACLES		
DISTANCES POWERNEAR POWER NO NEED		

Remark _____

PREM HOSPITAL
 Super Speciality & Trauma Center
 Opp Jagat Petrol Pump
 Khanna Nagar Handwar - 249407

(SIGNATURE)

2024-10-26 11:03:51

Name: Rahul

Sex: Male Age: 29

Section: 65

RoomID:

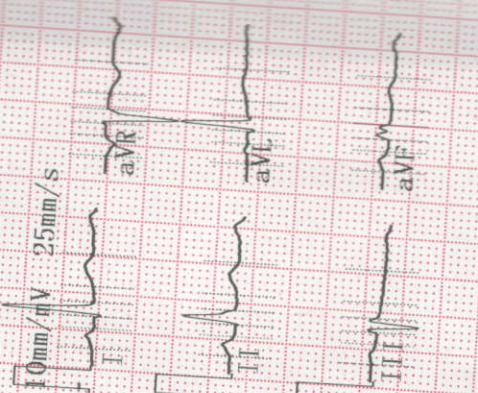
BedID:

ID:

Operator: rajat

39:

Custom2:

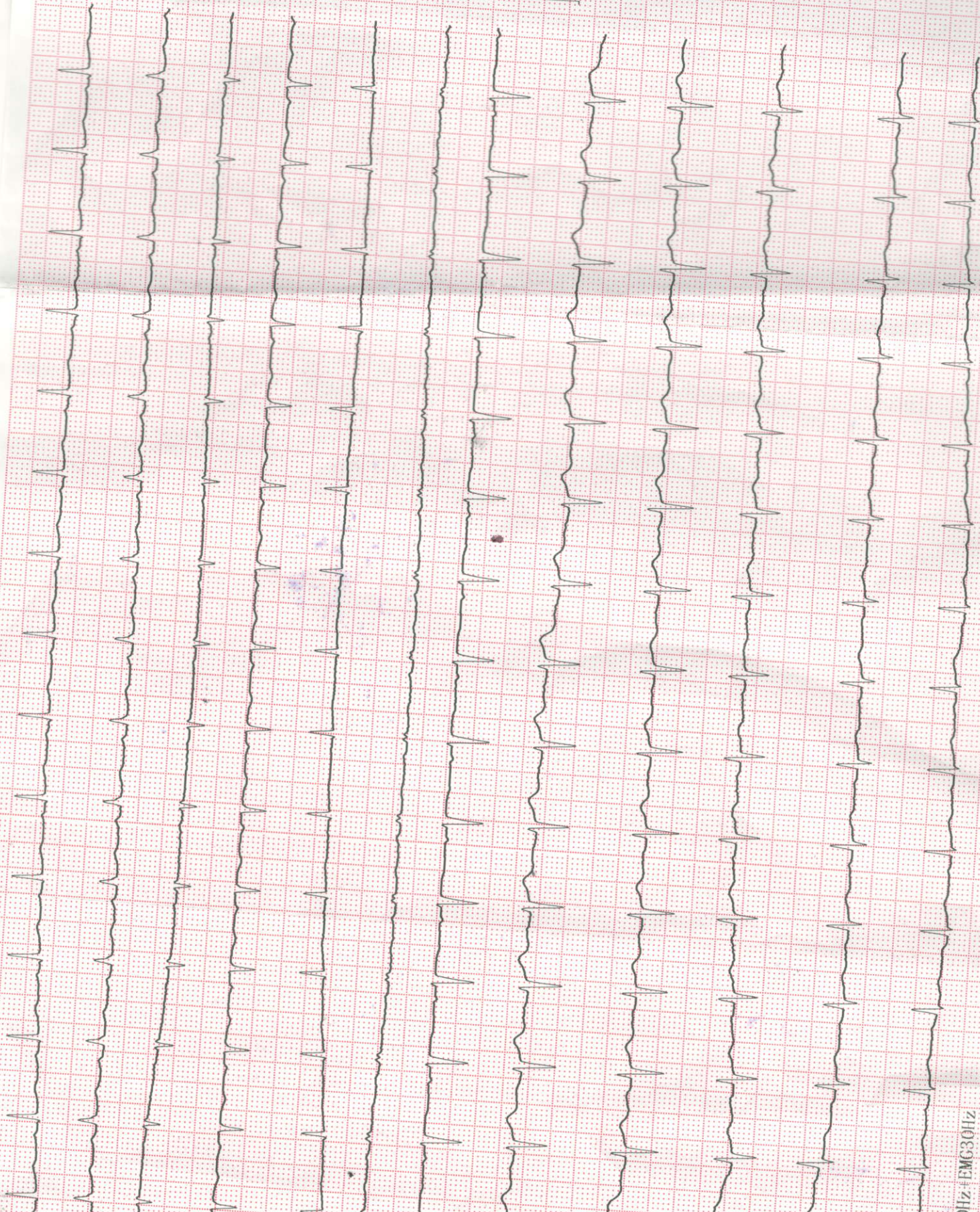


<< Conclusions >>

Normal Sinus Rhythm

Longitudinal Left axis deviat

**Report need physician con





PREM HOSPITAL

SUPER SPECIALITY AND TRAUMA CENTRE



Lab Ref No. : 245017970

Pt. Mobile : 9897169574

Collection Time : 26-Oct-2024 10:28AM

Patient Name : Mr. Kumar Rahul

Receiving Time : 26-Oct-2024 11:57AM

Age/ Gender : 29Y / Male

Reporting Time : 26-Oct-2024 12:15PM

Sample Type : EDTA

Referred By : Dr. SELF



Test Name	Results	Units	Biological Ref-Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN	15.70	g/dl	13.0-17.0
TOTAL LEUCOCYTE COUNT	8900	Thousand/ Cumm	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	69	%.	40-75
Lymphocytes	26	%.	25-45
Eosinophils	02	%.	1-6
Monocytes	03	%.	1-10
Basophils	00	%	0-1

TOTAL R.B.C. COUNT

(Electric Impedence)

HAEMATOCRIT (P.C.V.)

(Calculated)

MCV

(Calculated)

MCH

(Calculated)

MCHC

(Calculated)

RDW-CV

(Calculated)

RDW-SD

(Calculated)

Platelet Count

(Electric Impedence)

MPV

(Calculated)

5.44	Million/Cumm	4.0-5.5
44.40	%	33 - 51
82.00	fL	73-98
28.80	pg	24-34
35.30	g/dl	30-36
15.10	%	11.5 - 14.5
44.00	fL	35.0-56.0
1.67	lacs/mm ³	1.50 - 4.50
9.90	fL	11.5-14.5
14	1hr/mm	0 - 20

E.S.R.

ERYTHROCYTE SEDIMENTATION RATE



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Opp. Jagat Petrol Pump, Khanna Nagar, Haridwar (U.K.)-249407



Shubhi

Dr Shubhi Sharma
(MBBS, MD)
Consultant Pathologist

राज्य कर्मचारियों के ईलाज के लिए अनुबंधित हॉस्पिटल एवं सभी प्रकार के मेडीक्लेम धारको के लिए केशलेस सुविधा उपलब्ध।



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(Westergren Method with EDTA blood)

BLOOD GROUP

Blood Group	A		
RH	POSITIVE		

GLYCOSYLATED HAEMOGLOBIN

HbA1c	5.20	%	
ESTIMATED AVERAGE GLUCOSE	102.54	mg/dl	

EXPECTED RESULTS :

Non diabetic patients & Stabilized diabetes : <5.7
Prediabetes: 5.7-6.4
Diabetes : >6.5
Excellent Control : 6-7
Fair To Good Control of diabetes : 7-8
Unsatisfactory Control of diabetes : 8-10
Poor Control of diabetes : >10

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination . ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

BIOCHEMISTRY

BLOOD SUGAR FASTING	88.1	mg/dl	70 - 110
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The blood glucose test may be used to detect high blood glucose (hyperglycemia) and low blood glucose (hypoglycemia) and to screen for diabetes in people who are at risk before signs and symptoms are apparent; in some cases , there may be no early signs or symptoms of diabetes.

BLOOD UREA NITROGEN	8.60	mg/dL	7.00-21.0
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LIVER PROFILE TEST

BILIRUBIN TOTAL	1.25	mg/dl	0.2 - 2.0
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Methodology :Diazonium Ion Blanked

BILIRUBIN DIRECT	0.36	mg/dl	0.0 - 1.0
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Methodology :DUD

BILIRUBIN INDIRECT	0.89	mg/dl	0.0 - 0.60
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Methodology : Calculated

S.G.O.T.	32.9	U/L	0 - 45
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Methodology : UV without P5P



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Sample Type : SERUM

Reporting Time : 26-Oct-2024 1:01PM

Referred By : Dr. SELF



Test Name	Results	Units	Biological Ref-Interva
S.G.P.T. Methodology : UV without P5P	51.9	U/L	0 - 49
SERUM ALKALINE PHOSPHATASE Methodology : IFCC	109.1	IU/L.	42- 128
TOTAL PROTEINS Methodology : Biuret	8.82	Gm/dL.	6.4 - 8.3
ALBUMIN Methodology : BCG	4.93	Gm/dL.	3.5 - 5.5
GLOBULIN Methodology : Calculated	3.89	Gm/dL.	2.3 - 3.5
A : G RATIO Methodology : Calculated	1.27		0.0 - 2.0
PSA (FIA)	1.69	ng/ml	< 4.00



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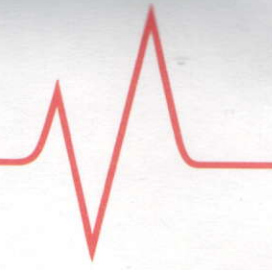
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Test Name	Results	Units	Biological Ref-Interval
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Prostatic Specific Antigen (P.S.A)
NORMAL RANGE : 0 - 4
BORDER LINE : 4 - 10

Interpretation(s)

Prostate specific antigen (PSA) is prostate tissue specific, expressed by both normal and neoplastic prostate tissue. PSA total is the collective measurement of its three forms in serum, two forms are complexed to protease inhibitors- alpha 2 macroglobulin and alpha 2 anti-chymotrypsin and third form is not complexed to a protease inhibitor, hence termed free PSA.
TPSA =Complex PSA+FPSA.

Use:

Monitoring patients with history of Prostate cancer as an early indicator of recurrence and response to treatment.
Prostate cancer screening: Patients with PSA levels >10 ng/mL have >50% probability of prostate cancer.

Increased in:

Prostate diseases: Cancer, Prostatitis, benign prostatic hyperplasia, prostate ischemia, acute urinary retention.
Manipulations such as Prostatic massage, cystoscopy, needle biopsy, Transurethral resection, digital rectal examination, indwelling catheter, vigorous bicycle exercise. Physiological fluctuations

Decreased in:

Castration, Antiandrogen drugs, Radiation therapy, Prostatectomy

KIDNEY FUNCTION TEST

BLOOD UREA	17.32	mg/dl	13-45
Methodology : Urease UV			
SERUM CREATININE	0.91	mg/dl	0.6-1.4
SERUM URIC ACID	7.31	mg/dl	2.5 - 6.6
Methodology : Colorimetric			
SERUM SODIUM (Na)	141	mmol/l	135 - 150
Methodology : ISE			
SERUM POTASSIUM (K)	3.60	mmol/l	3.5 - 5.5
Methodology : ISE			
CALCIUM	8.90	mg/dl	8.5-11
Methodology : ISE			
PROTEIN	8.82	Gm/dl	6.4-8.3



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Test Name	Results	Units	Biological Ref-Interval
ALBUMIN	4.93	Gm/dl	3.5-5.5
LIPID PROFILE			
SERUM CHOLESTEROL	202.5	mg/dl	0 - 200
SERUM TRIGLYCERIDE	138.3	mg/dl	25 - 160
HDL CHOLESTEROL	43.7	mg/dl	30 - 80
VLDL CHOLESTEROL	27.7	mg/dl	02 - 30
LDL CHOLESTEROL	131.1	mg/dL	< 100
TOTAL LIPIDS	606.9	mg/dl	400 - 800
LDL/HDL RATIO	3.0	mg/dL	0.0 - 3.5
CHOL/HDL CHOLESTROL RATIO	4.6	mg/dL	3.5 - 5.0

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes mellitus, and pancreatitis. CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol. LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

IMMUNOLOGY

Triiodothyronine (T3)

(FIA)

1.6 ng/mL 0.8-2.0

Triiodothyronine(Total T3 Assay): Is a hormone produced by the thyroid gland (20%) and also from the peripheral deiodination mechanism which converts T4 to T3. As T3 is physiologically more active it plays an important part in maintaining euthyroidism. It is used in T3 thyrotoxicosis, monitoring the course of hyperthyroidism.

Thyroxine (T4)

(Electrochemiluminescence)

8.15 ug/dl 5.0-14

SEROLOGY



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Test Name	Results	Units	Biological Ref-Inter
-----------	---------	-------	----------------------

R.A. FACTOR (QUANTITATIVE)

R.A. FACTOR (QUANTITATIVE)

8.1

IU/ml

0 - 20

REMARKS :-

- Markedly lipemic, hemolysed, and contaminated serum samples could produce erroneous RF values.
- Rheumatoid factors are not exclusively found in rheumatoid arthritis but sometimes in syphilis, systemic lupus erythromatosus, hepatitis, and hypergammaglobulinemia also.

· It is recommended that results of the test should be correlated with clinical findings to arrive at final diagnosis.

HORMONE

THYROID STIMULATING HORMONE (T)

3.08

uIU/ml

NORMAL RANGE:

0-3 Days 1-20 uIU/ml

3-30 Days 0.5-6.5 uIU/ml

1 Month- 5 Month 0.5-6.0 uIU/ml

6 Month - 18 Years 0.5- 4.5 uIU/ml

ADULT: 0.34 -5.6 uIU/ml

Note TSH levels are subject circadian variation , rising several hours before the onset of sleep, raching , reachimh peak levels between 11pm to 6am. Nadir concentrations are observed during the afternoon.

Diurnal variation in TSH level approximates +50% hence time of the day has influence on the measured on the measured TSH concentration.

Method: Chemiluminescence immuno assays.

CLINICAL PATHOLOGY

URINE EXAMINATION REPORT

Volume	20	ml	
Colour	PALE YELLOW		
Appearance	CLEAR		
pH	6.5		
Billrubin	Negative		4.6 - 8.0
Ketones	NIL		Negative
Sugar (Glucose)	NIL		NIL
Protein	NIL		NIL
Specific gravity	1.025		NIL
Red Blood Cells	Nil	/HPF	Nil

MICROSCOPIC EXAMINATION



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SHARMA IMAGING

Dr. Shourya Sharma

MD. Radiodiagnosis
Ex. SR. AIIMS, Rishikesh
Ex. SSB. Hospital, Haridwar

NAME : MR. RAHUL
AGE : 29Y/M
DATE : 26-10-2024
REF.BY : SELF

CHEST X-RAY PA

- Bilateral lung parenchyma are normal. No focal lesion seen.
- Both hilar shadows & broncho vascular markings are normal.
- Trachea is normal positioned.
- Bilateral domes of diaphragm & costophrenic angles appear normal.
- Cardiac silhouette appears normal.
- Ct ratio is within normal limits.
- Bones & soft tissues appear normal.

IMPRESSION : --NORMAL RADIOGRAPH.


Dr. Shourya Sharma
MD Radiodiagnosis



SHARMA IMAGING

Dr. Shourya Sharma

MD. Radiodiagnosis
Ex. SR. AIIMS, Rishikesh
Ex. SSB. Hospital, Haridwar

NAME : MR. RAHUL
AGE : 29Y/M
DATE : 26-10-2024
REF.BY : Self

ULTRASOUND ABDOMEN AND PELVIS

- **Liver:** is normal in size and shows **mild fatty echotexture** . No focal lesion / IHBR dilatation is seen.
- **Portal vein:** Normal in course and caliber.
- **CBD:** Normal in course and caliber.
- **Gall bladder:** Distended with wall thickness within normal limits. No calculi / mass lesion seen within.
- **Spleen:** Normal in size and echotexture. No focal lesion.
- **Pancreas:** Normal in size and echotexture. No focal lesion / ductal dilatation / calcification seen.
- **Paraaortic region:** No obvious lymphadenopathy.
- **Kidneys:**
- **Right kidney:** Normal in size measuring 8.7 x 3.8cm and echotexture. No calculi seen. Cortico medullary differentiation is maintained. No e/o hydronephrosis. **Few renal cysts are noted of size 7x8 mm in upper pole**
- **Left kidney:** Normal in size measuring 8.9 x 3.9cm and echotexture. No focal lesion/calculi seen. Cortico medullary differentiation is maintained. No e/o hydronephrosis.
- **Urinary bladder:** Distended with wall thickness within normal limits. No calculi/mass lesion seen within. No diverticuli / sacculation seen. Pre void residual urine 250 cc.
- **Prostate:** Normal in size / shape and echotexture.
- No free fluid seen in the abdomen and pelvis.
- No pleural effusion seen on either side.
- **Lipoma is noted in anterior abdominal wall of size 7x8mm.**

**IMPRESSION: -- MILD FATTY LIVER
RIGHT RENAL CYSTS (BOSNIAK I)
LIPOMA IN ANTERIOR ABDOMINAL WALL**


Dr. Shourya Sharma
MD Radiodiagnosis