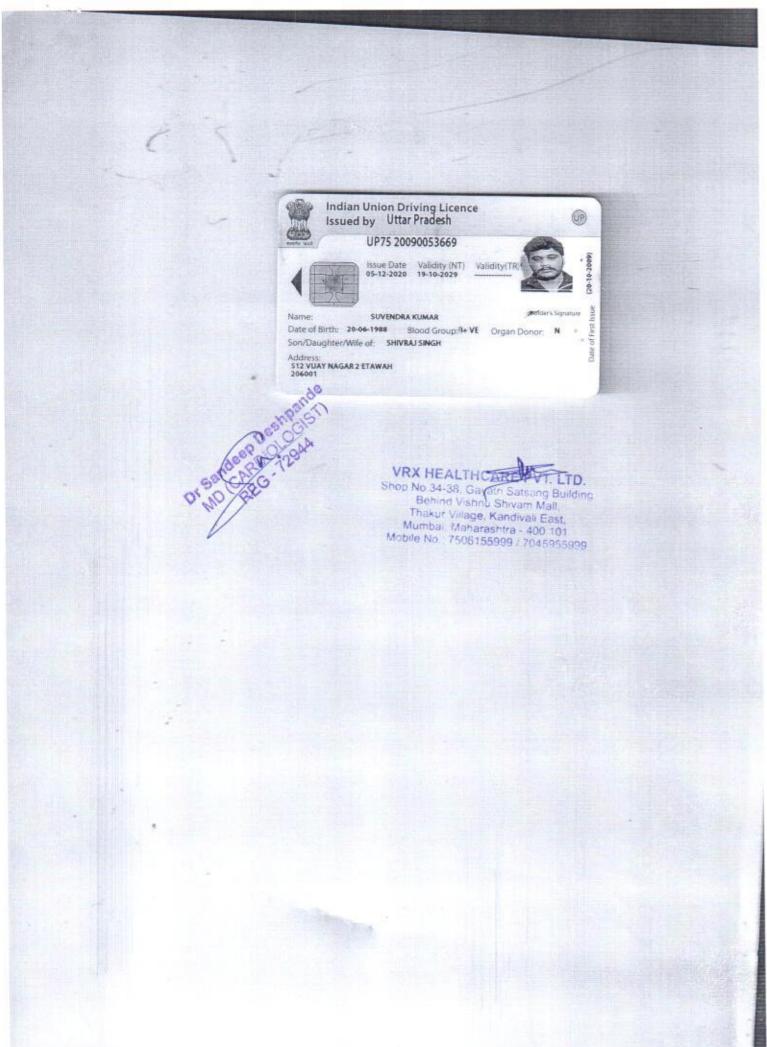
Sovendra	kunt,	Date	8/3/202	5.
BETr.		UHID No		192.01
. nicil	1.	Ref By		12/30
		Phone No		
		Email		
HEALT	H ASSESS	MENT FOR	M	
A - (GENERAL EX	AMINATION		
Cough & col	d t.'	00		
Hypertension	Asthama		Thyroid Disorder	Allergy
	A CALL OF DESCRIPTION			No.
Diabetes .	Stroke	-Kidney Disorder	Tuberculosis	Liver Disorder
NO.	NO.	No.	Noi	NO.
Other History				
Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
po.	NO.	N 0.	Noi	NO
-				
	31 A A A			
Sr. No	Com	plaints.	Dosage	Duration
	Inc	,		
	Biles	A - GENERAL EX.	36 fr. UHID No Mail Ref By Service, Phone No Email Email HEALTH ASSESSMENT FOR A - GENERAL EXAMINATION Cough 2 cold no Hypertension Asthama Heart Disease NO: NO: NO: NO: NO: Diabetes Stroke 'Kidney Disorder NO: NO: NO: Piles Fissures Fistula Piles Fissures Fistula	36 fm UHID No Macle Ref By Service Phone No Email Email HEALTH ASSESSMENT FORM A - GENERAL EXAMINATION Cough 2 cold *: ~ No no Hypertension Asthama Heart Disease Thyroid Disorder No No No Diabetes Stroke *Kidney Disorder No No No Piles Fissures Fistula Piles Fissures Fistula

Vision Test - Rt LE 619 616

No colour Blindrey

	Surndra Komer	Weight	69.5 kg -
BP		Height	122 cm.
Pulse		SPO2	120180 mm 2
Temperature .		Peripheral Pulses	C
Oedema		Breath Sound	
Heart Sound			
	B - SYSTEMIC EX	AMINATION	Second second
	FILL YES/	21.52	
	CONSTITUTIONAL	GENITOURI	NARY SYSTEM
Fever	()	Frequency of urine	1
Chills	6007	Blood in urine	
Recent weight gain	5	Incomplete empty of bladder	640
T Hur	EYES	Nycturia	
Eye pain	0	Dysuria	
Spots before eyes		Urge Incontinence	
Dry eyes	(PN0'	OBS/	/GYNE.
Wearing glasses	100	Abnormal bleed	0
Vision changes		Vaginal Discharge	GulA.
Itchy eyes	0	Irregular menses	
	EAR/NOSE/THROAT	Midcycle bleeding	0
Earaches	0	MUSCUL	OSKELETAL
Nose bleeds		Joint swelling	0
Sore throat	(040)	Joint pain	le no a
Loss of hearing	1	Limb swelling	
Sinus problems		Joint stiffness	V
Dental problems	V	INTEGUME	NTARY(SKIN)
	CARDIOVASCULAR	Acne	0
Chest pain	0	Breast pain	la No.
Heart rate is fast/slo	w	Change in mole	
Palpitations	ywo ywo y	Breast	
Leg swelling	J	NEURO	DLOGICAL
	RESPIRATORY	Confused	0
Shortness of breath	0	Sensation in limbs	6000
Cough		Migraines	THE REAL PROPERTY OF
Orthopnoea	6 40'	Difficulty walking	V
Wheezing	20	PSYC	HIATRIC
Dysphoea	V	Suicidal	2
Respiratory distress	in sleep	Change in personality	
	GASTROINTESTINAL	Anxiety	1 NO 1
Abdominal pain	\cap	Sleep Disturbances	
Constipation		Depression	c/
Heartburn	y ne'	Emotional	V
Vomiting	1 4 55		
Diarrhoea			
Melena	V		

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Report

VRX HEALTH CARE PVT. LTD.

Age/Gender	: 36 Years 8 Months /M	Registered On Collected On	:	08/03/2025 08:43 08/03/2025 08:48
Referred By	: MEDIWHEEL	Reported On		08/03/2025 14:53

MEDIWHEEL FULL BODY HEALTH CHECK UP BELOW 40

Investigations

Observed Value Bio.

Bio. Ref. Interval

2-10 %

150-410 *1000/Cmm

6.78 - 13.46 %

9-17 %

METHOD

CBC-COMPLETE BLOOD COUNT			
HAEMOGLOBIN	15.0	13.0 - 17.0 gm/dl	
RBC COUNT	5.06	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	44.7	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	88.34	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	29.64	27-32 pg	
MEAN CORP HB CONC (MCHC)	33.56	31.5 - 34.5 g/dl	
RDW	14.8	11.6 - 14.0 %	
WBC COUNT	7.9	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	65	40 - 80 %	
LYMPHOCYTES	30	20 - 40 %	
EOSINOPHILS	03	1-6 %	

MPV

PDW

MONOCYTES

BASOPHILS

PLATELETS COUNT

PLATELETS ON SMEAR

RBC MORPHOLOGY

ENTERED BY - SANTOSH M

REMARKS

EDTA Whole Blood - Tests done on Fully Automated Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)

All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

02

0

174

8.6

18.1

Adequate

NORMOCYTIC NORMOCHROMIC

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Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)

CHECKED BY - SNEHA G





Name	: MR. SUVENDRA KUMAR	UHID Registered On	: VRX-51085 : 08/03/2025 08:43
Age/Gender	: 36 Years 8 Months /M		
Referred By	: MEDIWHEEL	Collected On	: 08/03/2025 08:48
		Reported On	: 08/03/2025 14:53

Observed Value Bi

Bio. Ref. Interval

METHOD

WESTERGREN

MEDIWHEEL FULL BODY HEALTH CHECK UP BELOW 40

10	< 20 mm at the end of 1Hr.

INTERPRETATION

ESR

ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole bload sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia.

Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.

BLOOD GROUP	B POSITIVE	SLIDE AGGLUTIN ATION - FORWAR D GROUPING
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---- End of the Report ----

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🔇 022 49628800 / 8811 | +91 98695 12512 | 77770 90855 | 022 4749 2469 | 75061 55999





Name	: MR. SUVENDRA KUMAR	UHID	: VRX-51085
		Registered On	: 08/03/2025 08:43
Age/Gender Referred By	: 36 Years 8 Months /M : MEDIWHEEL	Collected On	: 08/03/2025 08:48
Referred by	: MEDIWHEEL	Reported On	: 08/03/2025 14:53

Investigations

Observed Value

Bio. Ref. Interval

METHOD

MEDIWHEEL FULL BODY HEALTH CHECK UP BELOW 40

FASTING BLOOD SUGAR

FBS	89.3	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD
Plasma Glucose Fasting : Non-Di	A REPORT MANAGEMENT		
Pre-Diabetic Plasma Glucose Post Lunch : Nor	: >/= 126 mg/dl : 100 – 125 mg/dl n-Diabetic : < 140 ic : >/= 200 mg/dl		

Technique : Fully Automated **PENTRA C-200** Clinical Chemistry Analyser :

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols



--- End of the Report ---

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CHECKED BY - SNEHA G





Manage	AD CILICAIDDA VIIAAAD	UHID	:	VRX-51085
Name	: MR. SUVENDRA KUMAR	Registered On	:	08/03/2025 08:43
Age/Gender Referred By	: 36 Years 8 Months /M : MEDIWHEEL	Collected On	:	08/03/2025 12:54
Referred by	: MEDIWHEEL	Reported On	1	08/03/2025 14:53

Observed Value

Bio. Ref. Interval

METHOD

MEDIWHEEL FULL BODY HEALTH CHECK UP BELOW 40

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PPBS	137.0	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic : >/= 126 mg/dl Pre-Diabetic : 100 - 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic :>/= 200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : >/= 200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols



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--- End of the Report ---

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		UHID	: VRX-51085
Name	: MR. SUVENDRA KUMAR	Registered On	: 08/03/2025 08:43
Age/Gender	: 36 Years 8 Months /M	Collected On	: 08/03/2025 08:48
Referred By : MEDIWHEEL	Reported On	: 08/03/2025 14:53	

Observed Value

Bio. Ref. Interval

METHOD

MEDIWHEEL FULL BODY HEALTH CHECK UP BELOW 40

Lipid Test

lipid lest	1		
TOTAL CHOLESTEROL	178.0	130 - 200 mg/dl	
TRIGLYCERIDES	83.0	25 - 160 mg/dl	
HDL CHOLESTEROL	41.3	35 - 80 mg/dl	
LDL CHOLESTEROL	120.1	< 100 mg/dl	
VLDL CHOLESTEROL	16.6	7-35 mg/dl	
LDL-HDL RATIO	2.91	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	4.31	2.5 - 4.0 mg/dl	

INTERPRETATION

SAMPLE : SERUM, PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics, Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.



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BL		UHID	: VRX-51085
	: MR. SUVENDRA KUMAR	Registered On	: 08/03/2025 08:43
Age/Gender	: 36 Years 8 Months /M	Collected On	: 08/03/2025 08:48
Referred By : MEDIWHEEL	Reported On	: 08/03/2025 14:53	

Observed Value

Bio. Ref. Interval

METHOD

MEDIWHEEL FULL BODY HEALTH CHECK UP BELOW 40

SGOT	26.9	5-40 U/L	
SGPT	37.7	5-45 U/L	
TOTAL BILIRUBIN	0.53	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.19	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.34	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	7.8	6.0-8.3 g/dl	
ALBUMIN	4.3	3.5 - 5.2 g/dl	
GLOBULIN	3.5	2.0 - 3.5 g/dl	
A/G RATIO	1.23	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	66.0	53 - 128 U/L	
GGT	20.3	3-60 U/L	

: SERUM, PLAIN

PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.



---- End of the Report ----

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Name	: MR. SUVENDRA KUMAR	UHID	:	VRX-51085
Age/Gender	: 36 Years 8 Months /M	Registered On	;	08/03/2025 08:43
Referred By	: MEDIWHEEL	Collected On	13	08/03/2025 08:48
included by . Inconvinced	Reported On	14	08/03/2025 14:53	

Investigations

Observed Value

Bio. Ref. Interval

METHOD

MEDIWHEEL FULL BODY HEALTH CHECK UP BELOW 40

RENAL FUNCTION TEST

BLOOD UREA NITROGEN	9.87	7.0 - 20.5 mg/dl	
CREATININE	0.89	0.5 - 1.4 mg/dl	
URIC ACID	5.1	3.5 - 7.2 mg/dl	
CALCIUM	10.0	8.6 - 10.3 mg/dl	
PHOSPHORUS	4.0	2.5 - 4.5 mg/dl	
TOTAL PROTEINS	7.8	6.0 - 8.3 mg/dl	
ALBUMIN	4.3	3.5 - 5.2 mg/dl	
GLOBULIN	3.5	2.0-3.5 g/dl	
A-G RATIO	1.23	1.0 - 2.0 mg/dl	
SODIUM	141.1	135 - 148 mEq/l	
POTASSIUM	4.0	3.5 - 5.3 mEq/l	
CHLORIDES	101.0	98 - 107 mEg/l	

SAMPLE : SERUM, PLAIN

*BIOCHEMISTRY TESTS PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

*ELECTROLYTE PERFORMED ON PROLYTE ELECTROLYTE ANALYZER



---- End of the Report ----

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MEDIWHEEL FULL BODY HEALTH CHECK UP BELOW 40

JRINE ROUTINE		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
SPECIFIC GRAVITY	1.020	
REACTION (PH)	6.0	
PROTEIN	Absent	
SUGAR	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILIRUBIN	Absent	
NITRITE	Absent	
LEUKOCYTE ESTERASE	Absent	
OCCULT BLOOD	Absent	
PUS CELLS	1-2	< 6 hpf
EPITHELIAL CELLS	1-2	< 5 hpf
RBC	NIL	< 2 hpf
CASTS	NIL	
CRYSTALS	NIL	
AMORPHOUS DEBRIS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	1.245
SPERMATOZOA	Absent	

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Patient Name:

MR.SUVENDRA KUMAR

M/36 Yrs

Ref. by:

MEDIWHEEL

Date: 08/03/2025

XRAY CHEST PA VIEW

Bilateral lung fields show no obvious parenchymal lesion.

Cardiac size is normal.

Hila are unremarkable.

Both domes of diaphragm are normal.

Both cardio phrenic and cost phrenic angles are normal.

Bony thoracic cage appears normal.

IMPRESSION: - Normal

Please correlate clinically.

DR.FORAM AJMERA CONSULTANT RADIOLOGIST







PATIENT NAME: MR.SUVENDRA KUMAR

AGE: 36 Yrs/M

REF. BY: MEDIWHEEL

Date: 08/03/2025

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous **raised** echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: portal vein appears normal.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and part of body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
11.7 X 5.5cm	9.4 x 4.4 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted. Pre void – 60 cc

.....Continue On Page 2









(MR.SUVENDRA KUMARPG 2)

PROSTATE: Prostate is normal in size, measures 20 cc. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

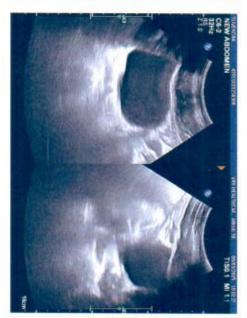
Grade I Fatty Liver

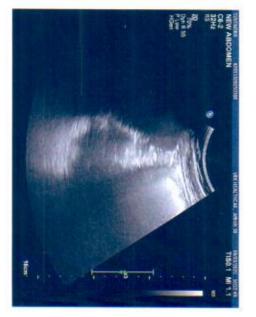
Thanks for the reference. With regards,

DR.FORAM AJMERA CONSULTANT RADIOLOGIST.

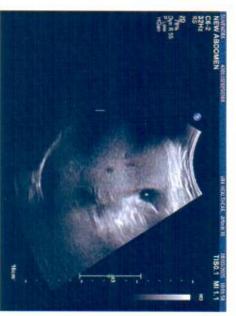


























Date XRX HEALTH CARE PVT. LTD.

Age / Sex : 36 Y / M

Ref. By : BANK OF BARODA

Examination : 2 D - ECHO CARDIOGRAPHY

ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

MITRAL VALVE

- MORPHOLOGY : Normal
 - Mitral stenosis:AbsentMitral regurgitation:Absent

DOPPLER : E>A

TRICUSPID VALVE

- MORPHOLOGY : Normal
 - <u>Tricuspid Stenosis</u> : Absent Tricuspid regurgitation : Absent

PULMONARY VALVE

MORPHOLOGY : Normal

 Pulmonary Stenosis
 : Absent

 Pulmonary Regurgitation:
 Absent

AORTIC VALVE

MORPHOLOGY : Normal

 Aortic Stenosis
 : Absent

 Aortic Regurgitation
 : Absent

MEASUREMENT

Dimensions	Values	
Aorta(ed)	22.5	
LA(es)	25.3	
IVS ed	9.3	
LVID ed	45	
LVEF	55 TO 60 %	









: 8-3-2025

Age / Sex :36 Y / M

Date

Patient's name	;	MR.SUVENDRA KUMAR
Ref. By	:	BANK OF BARODA

Examination : 2 D - ECHO CARDIOGRAPHY

LV RWMA : No RWMA

IVC : Normal >50% collapse

CHAMBERS

LV. Normai	LV:	Normal
------------	-----	--------

- LA: Normal
- RA: Normal
- RV: Normal

PERICARDIUM

No pericardial thickening.

No evidence of pericardial effusion.

FINAL IMPRESSION:

- > NORMAL CARDIAC CHAMBER
- > LVEF- 55 TO 60 %
- > GOOD LV SYSTOLIC FUNCTION
- > NORMAL DIASTOLIC FUNCTION
- > NO AR/PR/MR/TR
- > NO CLOT / PE/VEG
- > IVC NORMAL > 50 % COLLAPSE

Dr. Anand Ram M.B.B.S, M.D, DM (Cardiology)

(Investigations have their limitations. These only help in diagnosing the disease in correlation to clinical symptoms and other related tests, which is to be done by the referring doctor).





