

H -> 168cm  
W -> 95kg

Please note the following health check-up booking summary on 08/03/2025

Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>  
To: "insurancedckc234@gmail.com" <insurancedckc234@gmail.com>

7 March 2025

| Emp. Mobile | Members Name          | Members Age | Package Name   | Appointment |
|-------------|-----------------------|-------------|--|-------------|
| 8851601328  | MR. SONI ANKUSH KUMAR | 33 year     | Mediwheel Full Body Health Checkup Male Below 40                 | 8/3/2025    |
| 9560279785  | MS. SINGH MONIKA      | 37 year     | Mediwheel Full Body Health Checkup Female Below 40               | 8/3/2025    |
| 9673579702  | Harsh vivek Chauhan   | 45 year     | Mediwheel Full Body Health Checkup Male Above 40                 | 8/3/2025    |
|             | MS. SARITA            | 40 year     | Mediwheel Full Body Health Checkup Female Above 40               | 8/3/2025    |
| 9717803359  | ANKIT SAINI           | 35 year     | Mediwheel Full Body Health Checkup Male Below 40                 | 8/3/2025    |
| 9871728817  | ANIL SINGH BHANDARI   | 47 year     | Mediwheel Full Body Plus Annual Check Advanced With Vitamin Male | 8/3/2025    |
| 9888841633  | MR. RANA GAURAV SINGH | 35 year     | Mediwheel Full Body Health Checkup Male Below 40                 | 8/3/2025    |

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi - 110 030  
Ph No. 011-41195959  
Email : customercare@mediwheel.in; | Web: www.mediwheel.in

ANIL SINGH BHANDARI

ANIL. BHANDARI @ UNION BANK OF INDIA.  
BANK



## Bhandari, Anil Singh

**From:** Mediwheel <wellness@mediwheel.in>  
**Sent:** 05 March 2025 18:25  
**To:** Bhandari, Anil Singh  
**Cc:** customercare@mediwheel.in  
**Subject:** Health Check up Booking Request(35E8671)

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है। कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं)। प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचानने की दी गई सामग्री सुरक्षित है अथवा नहीं। संदिग्ध मेल के संबंध में, कृपया [antiphishing@ciso.unionbankofindia.bank](mailto:antiphishing@ciso.unionbankofindia.bank) पर रिपोर्ट करें

**CAUTION AND ATTENTION PLEASE:** This is an external email. Please check the sender's full email address (not just the sender name) .Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to [antiphishing@ciso.unionbankofindia.bank](mailto:antiphishing@ciso.unionbankofindia.bank)



Dear ANIL SINGH BHANDARI,

We have received your booking request for the following health checkup, , please upload your approval letter as soon as possible to enable us to confirm your booking.

[Upload HRM Letter](#)

**User Package Name** : Executive Health Checkup Male  
**Name of Diagnostic/Hospital** : Dr. Charu Kohli Cilnic  
**Address of Diagnostic/Hospital** : C-234, Block C, Defence Colony , Delhi, DELHI - 110024  
**Appointment Date** : 08-03-2025  
**Preferred Time** : 08:30 AM - 09:00 AM

| Member Information  |         |        |
|---------------------|---------|--------|
| Booked Member Name  | Age     | Gender |
| ANIL SINGH BHANDARI | 47 year | Male   |

**Note** - Do not pay any amount to the hospital

### Tests included in this Package

- Phosphatase
- HbA1c
- CBC
- Lipid Profile
- Urine Sugar PP
- Urine Sugar Fasting
- Vitamin D

- Vitamin B12 ✓
- Kidney Profile ✓
- Blood Glucose (Post Prandial)
- Blood Group ✓
- Liver Profile ✓
- Blood Glucose (Fasting) ✓
- ESR ✓
- Thyroid Profile ✓
- Prostate Specific Antigen (PSA Male)
- Chest X-ray ✓
- ECG ✓
- USG Whole Abdomen ✓
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Eye Check-up Consultation
- Dental Consultation ✓
- General Physician Consultation
- Dietician Consultation ✓
- Ent Consultation
- Bmi Check

Thanks,

Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.

@ 2025 - 26, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India  
RO - GHAZIABAD  
GHAZIABAD,, GHAZIABAD,, Uttar  
Pradesh, - 0

To,  
The Chief Medical Officer  
M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup Executive Male 35+**

Shri/Smt./Kum. BHANDARI,ANIL SINGH

P.F. No. 576216 Designation : AGM-BRANCH HEAD

Checkup for Financial Year 2024-2025 **Approved Charges Rs.** 4000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup(for Executives) at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned





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

NAME : ANIL SINGH BHANDARI

AGE/SEX : 47 Y/M

DATE : 08 .03.2025

| Height        | Weight                                     | BP          | BMI  |
|---------------|--|-------------|------|
| 168 cm        | 95 kg                                      | 116/82 mmHg | 33.7 |
| <u>HABITS</u> | SMOKING : NO<br>ALCOHOL : NO<br>DRUGS : NO |             |      |

**Family History:**

- Asthma : NO
- Diabetes : NO
- TB : NO
- Cancer : NO
- Heart Disease : NO
- HTN : NO
- Thyroid : NO
- BP : NO

**Personal History:**

- Pleurisy : NO
- Rheumatic : NO
- Acquired deformity : NO
- Accident : NO
- Operated : CHOLECYSTECTOMY X 14 YRS BACK
- Psychosomatic history : NO
- Diabetes : NO
- Thyroid : NO
- BP : NO
- TB : NO
- Asthma : NO
- Present history : NO

| 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    | NORMAL        | YES     |

DR. CHARU KOHLI  
CONSULTANT MBBS  
DMC-5388

*me*  
DR. CHARU KOHLI  
CONSULTANT RADIOLOGIST  
DMC-5388  
DR. CHARU KOHLI  
CONSULTANT MBBS  
C-234, DEFENCE COLONY, NEW DELHI-110024  
NDL146021SP, DL/CO/182



# DR.CHARU KOHLI CLINIC

C-234, Defence Colony, New Delhi

Mr. ANIL SINGH BHANDARI

Age/Sex : 47/M

Recorded : 8-3-2025 10:30

Ref. by :

Indication : ,,

ID : 923

Ht/Wt : 168/95

## 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        |            |            |                 |           | 79         | 116/82      | 91       | 1.9 | 3.4              | 1.9 |       |
| HYPERTENT     | 0:14       | 0:14       |                 |           | 81         | 116/82      | 93       | 1.5 | 2.8              | 1.7 |       |
| VALSALVA      |            |            |                 |           | 66         | 116/82      | 76       | 1.5 | 2.9              | 1.9 |       |
| STANDING      |            |            |                 |           | 93         | 116/82      | 107      | 1.7 | 3.7              | 2.1 |       |
| STAGE 1       | 2:59       | 2:59       | 2.70            | 10.00     | 109        | 120/82      | 130      | 1.2 | 3.0              | 1.7 | 4.60  |
| STAGE 2       | 5:59       | 2:59       | 4.00            | 12.00     | 121        | 132/86      | 159      | 2.1 | 3.0              | 1.4 | 7.10  |
| STAGE 3       | 8:59       | 2:59       | 5.40            | 14.00     | 132        | 140/88      | 184      | 1.2 | 3.3              | 1.8 | 10.00 |
| STAGE 4       | 10:59      | 1:59       | 6.70            | 16.00     | 158        | 146/90      | 230      | 1.4 | 3.3              | 2.2 | 12.66 |
| PEAK EXERCISE | 11:05      | 2:05       |                 |           | 159        | 146/90      | 232      | 2.1 | 3.5              | 2.8 | 12.79 |
| RECOVERY      | 2:59       | 2:59       | 0.00            | 0.00      | 104        | 146/90      | 151      | 1.3 | 2.1              | 1.4 |       |
| RECOVERY      | 5:59       | 5:59       | 0.00            | 0.00      | 94         | 128/84      | 120      | 0.7 | 1.7              | 1.0 |       |

### RESULTS

Exercise Duration : 11:05 Minutes  
 Max Heart Rate : 159 bpm 91% of target heart rate 173 bpm  
 Max Blood Pressure : 146/90 mmHg  
 Max Work Load : 12.79 METS  
 Reason of Termination :

### IMPRESSIONS

*Negative for AMI within the parameters of exercise*

*Rajiv*  
 DR. D. R. RAJIV  
 MBBS, MD  
 DMC-46748

Cardiologist **CONSULTANT CARDIOLOGIST**



# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8-3-2025 10:30

RATE : 79 BPM

B.P. : 116/82 mmHg

SUPINE

PRETEST

*EKG Abnormal*

*Rajiv*

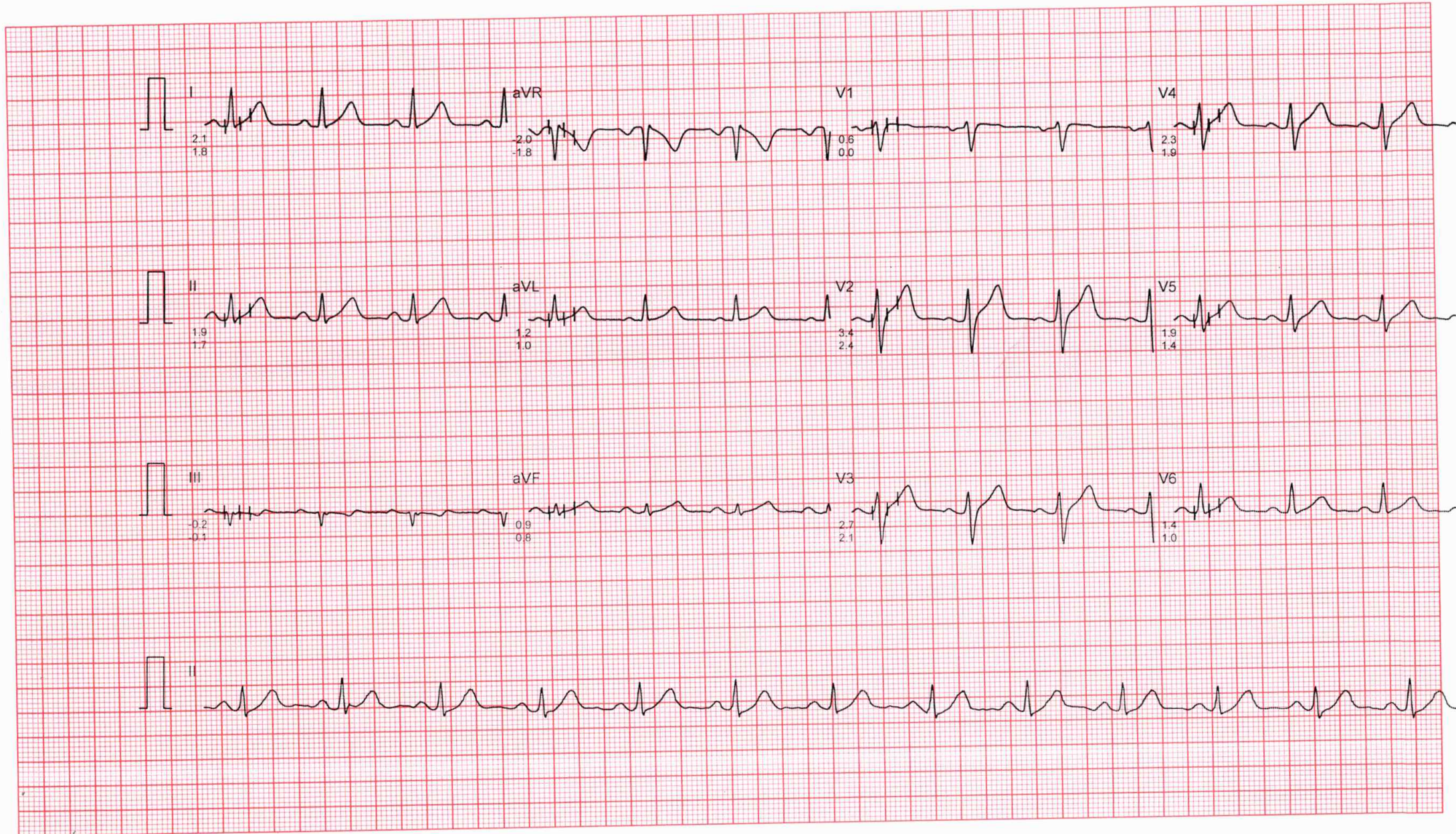
DR. D. R. RAJIV  
MBBS, MD

DMC-46748  
CONSULTANT CARDIOLOGIST

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN





# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8-3-2025 10:30

RATE : 81 BPM

B.P. : 116/82 mmHg

HYPERVENTILATION

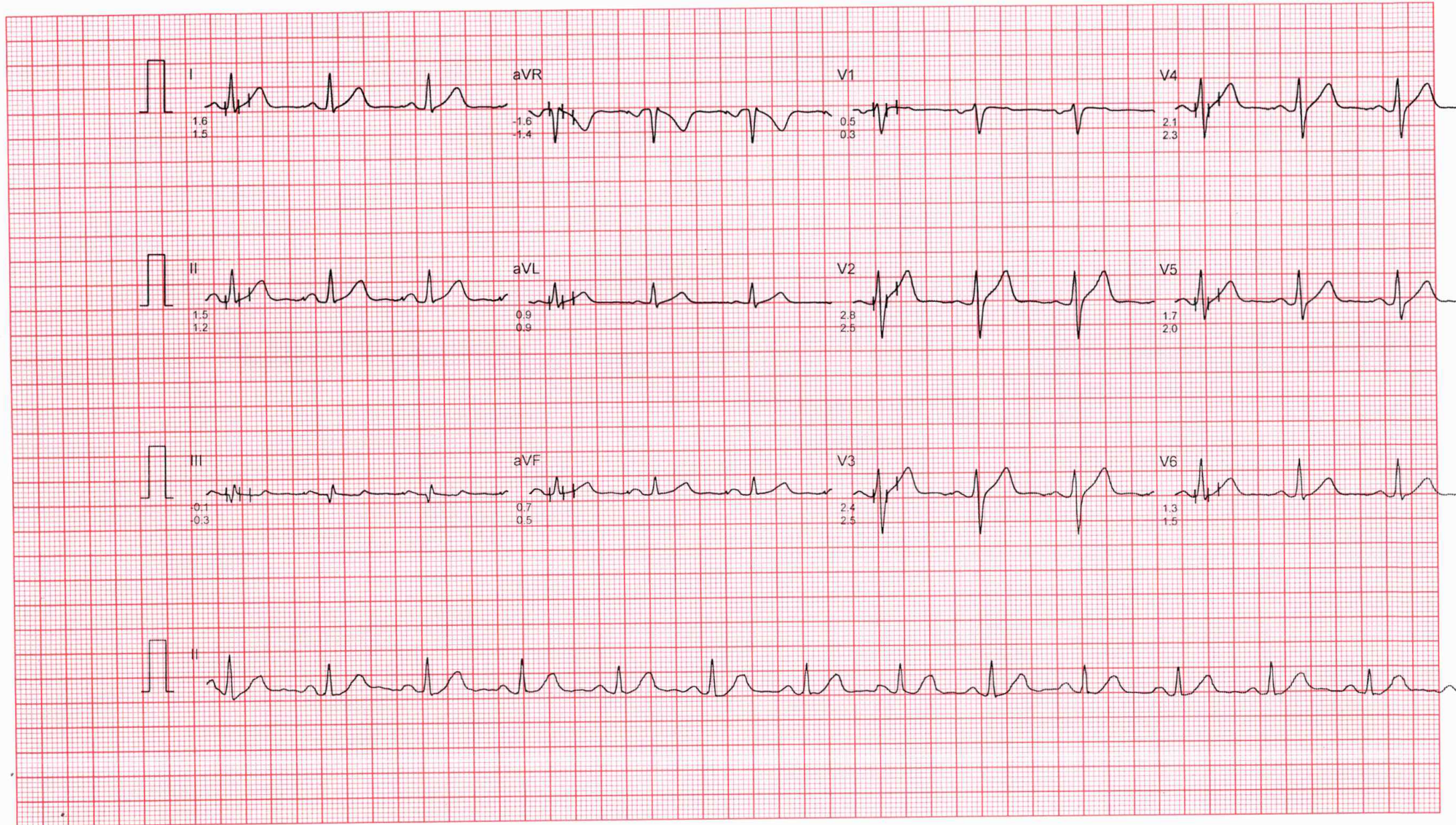
PRETEST

STAGE TIME : 0:14

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN





# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8- 3-2025 10:30

RATE : 66 BPM

B.P. : 116/82 mmHg

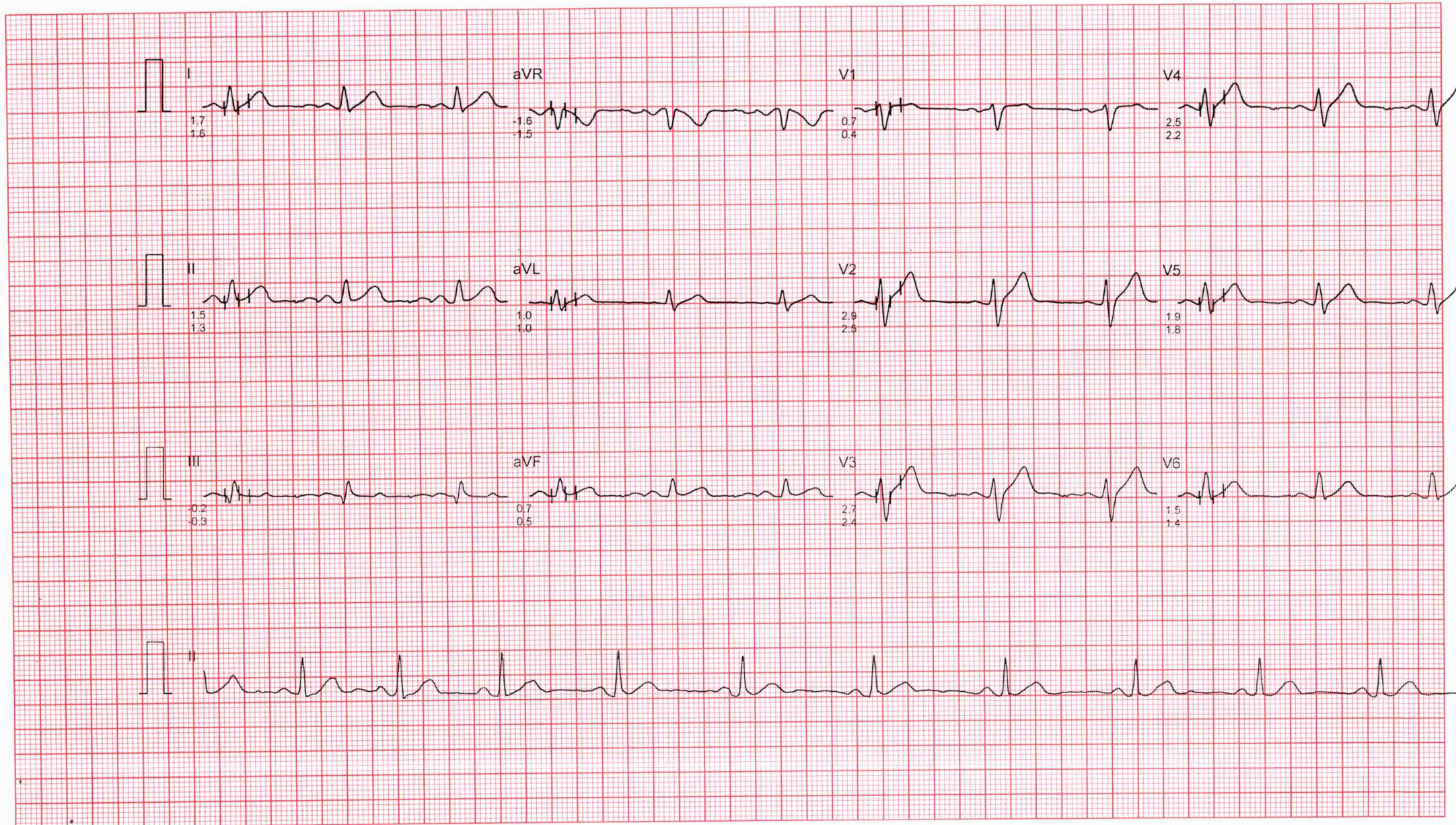
VALSALVA

PRETEST

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN





# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8-3-2025 10:30

RATE : 93 BPM

B.P. : 116/82 mmHg

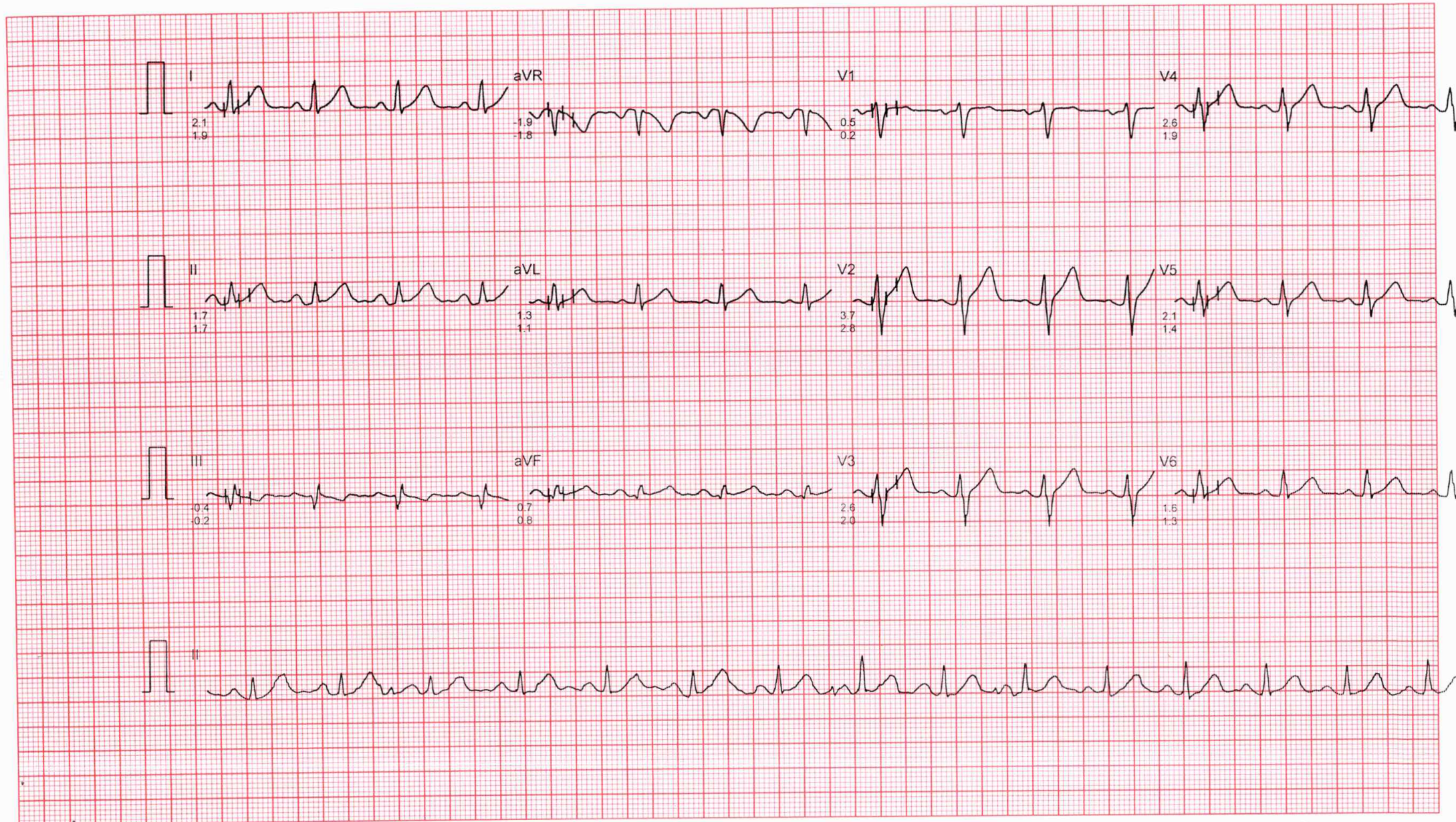
STANDING

PRETEST

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN





# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8- 3-2025 10:30

RATE : 109 BPM

B.P. : 120/82 mmHg

BRUCE

EXERCISE 1

PHASE TIME : 2:59

STAGE TIME : 2:59

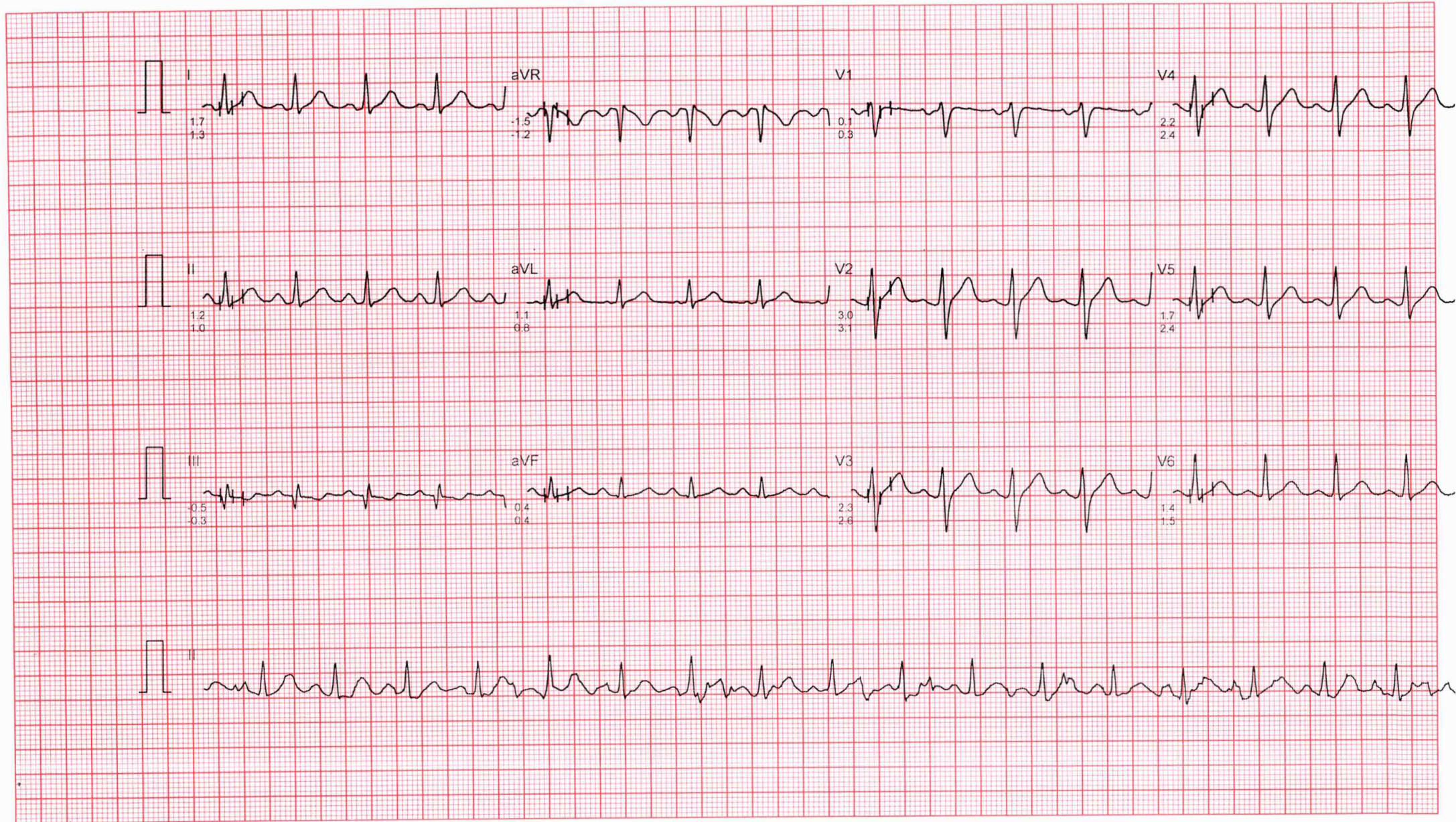
ST @ 10mm/mV

80ms PostJ

SPEED : 2.7 Km./Hr.

GRADE : 10.0 %

LINKED MEDIAN





# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8- 3-2025 10:30

RATE : 121 BPM

B.P. : 132/86 mmHg

BRUCE

EXERCISE 2

PHASE TIME : 5:59

STAGE TIME : 2:59

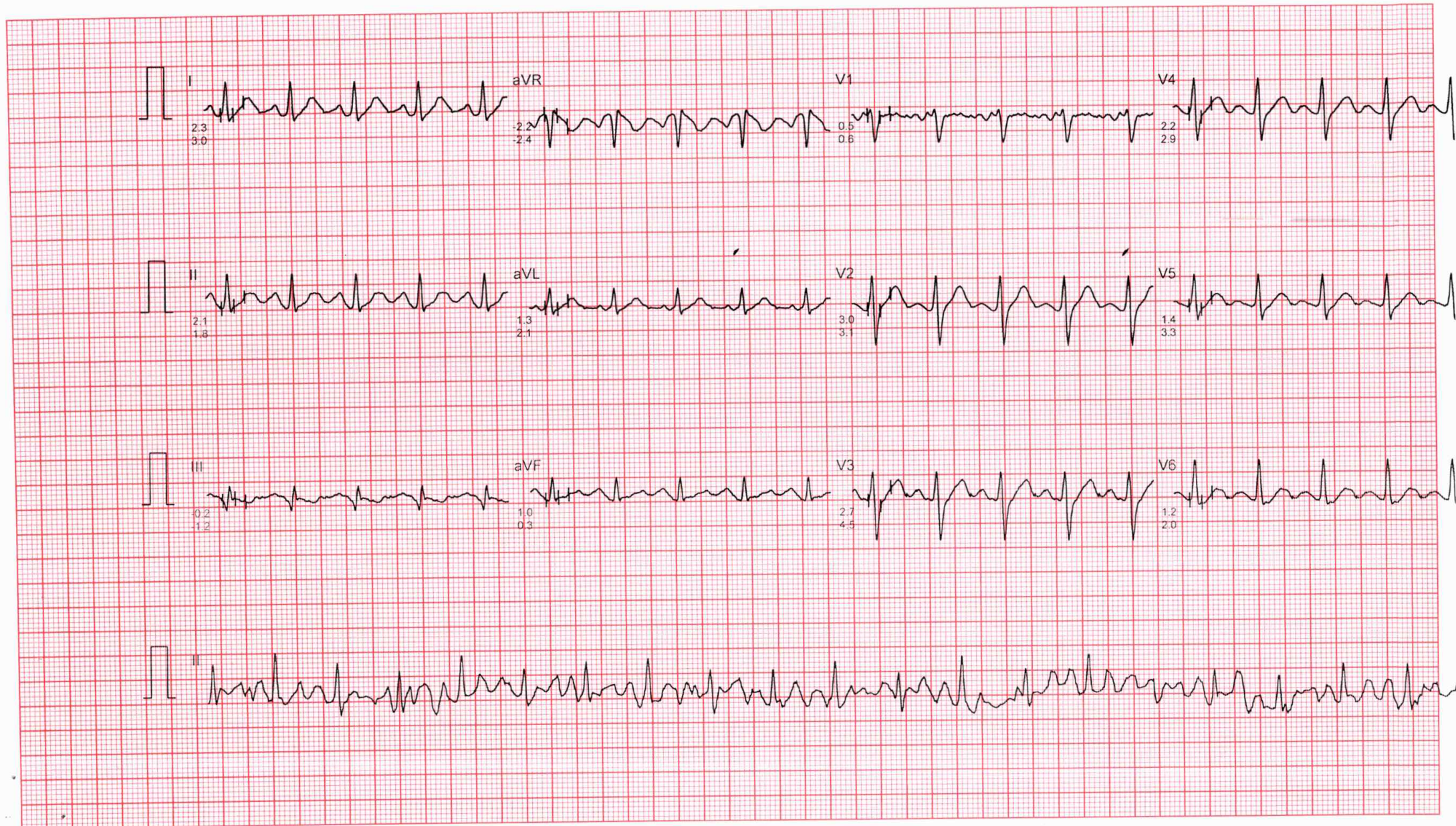
ST @ 10mm/mV

80ms PostJ

SPEED : 4.0 Km./Hr.

GRADE : 12.0 %

LINKED MEDIAN





# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8- 3-2025 10:30

RATE : 132 BPM

B.P. : 140/88 mmHg

BRUCE

EXERCISE 3

PHASE TIME : 8:59

STAGE TIME : 2:59

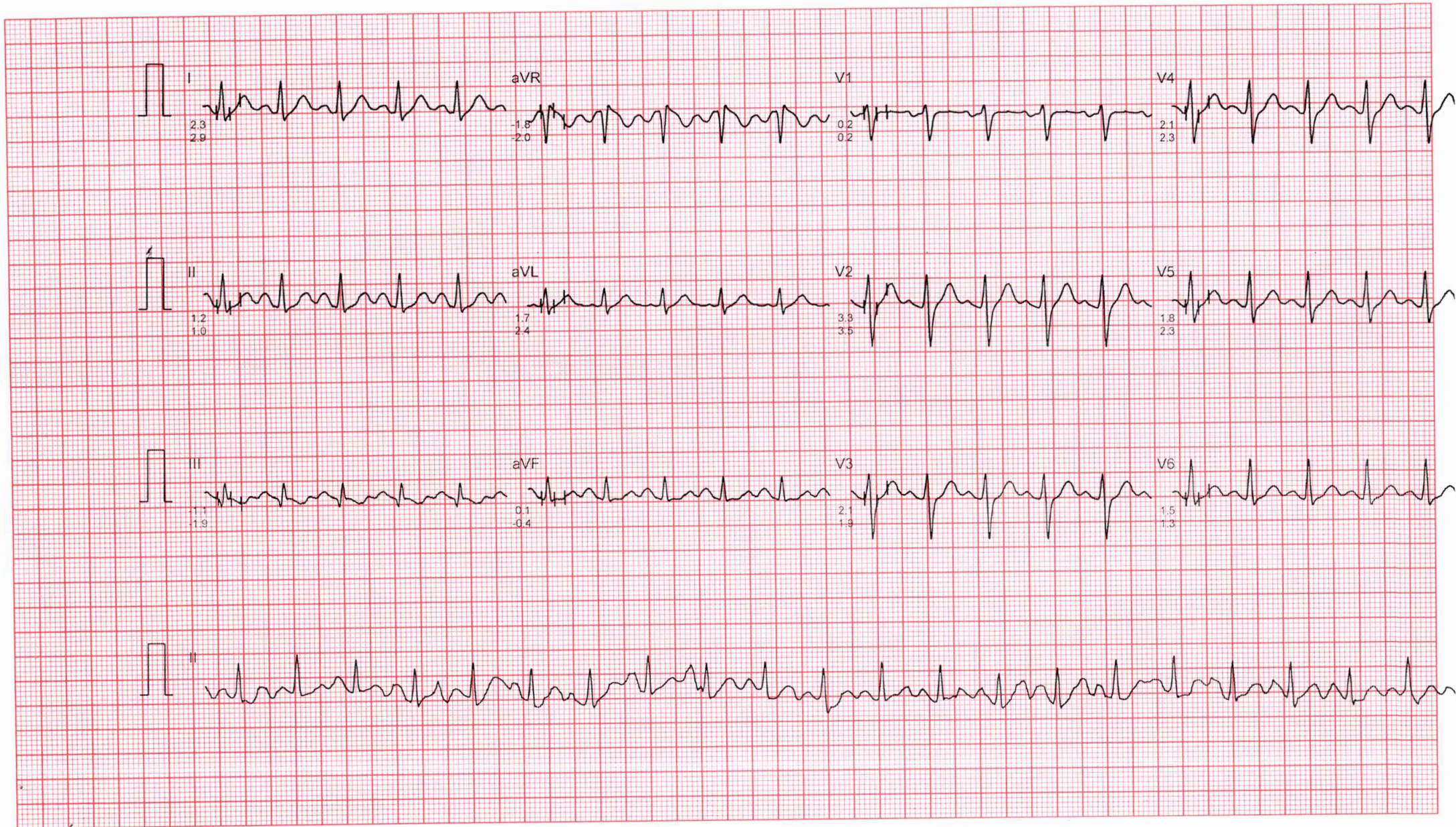
ST @ 10mm/mV

80ms PostJ

SPEED : 5.4 Km./Hr.

GRADE : 14.0 %

LINKED MEDIAN





# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8- 3-2025 10:30

RATE : 158 BPM

B.P. : 146/90 mmHg

BRUCE

EXERCISE 4

PHASE TIME : 10:59

STAGE TIME : 1:59

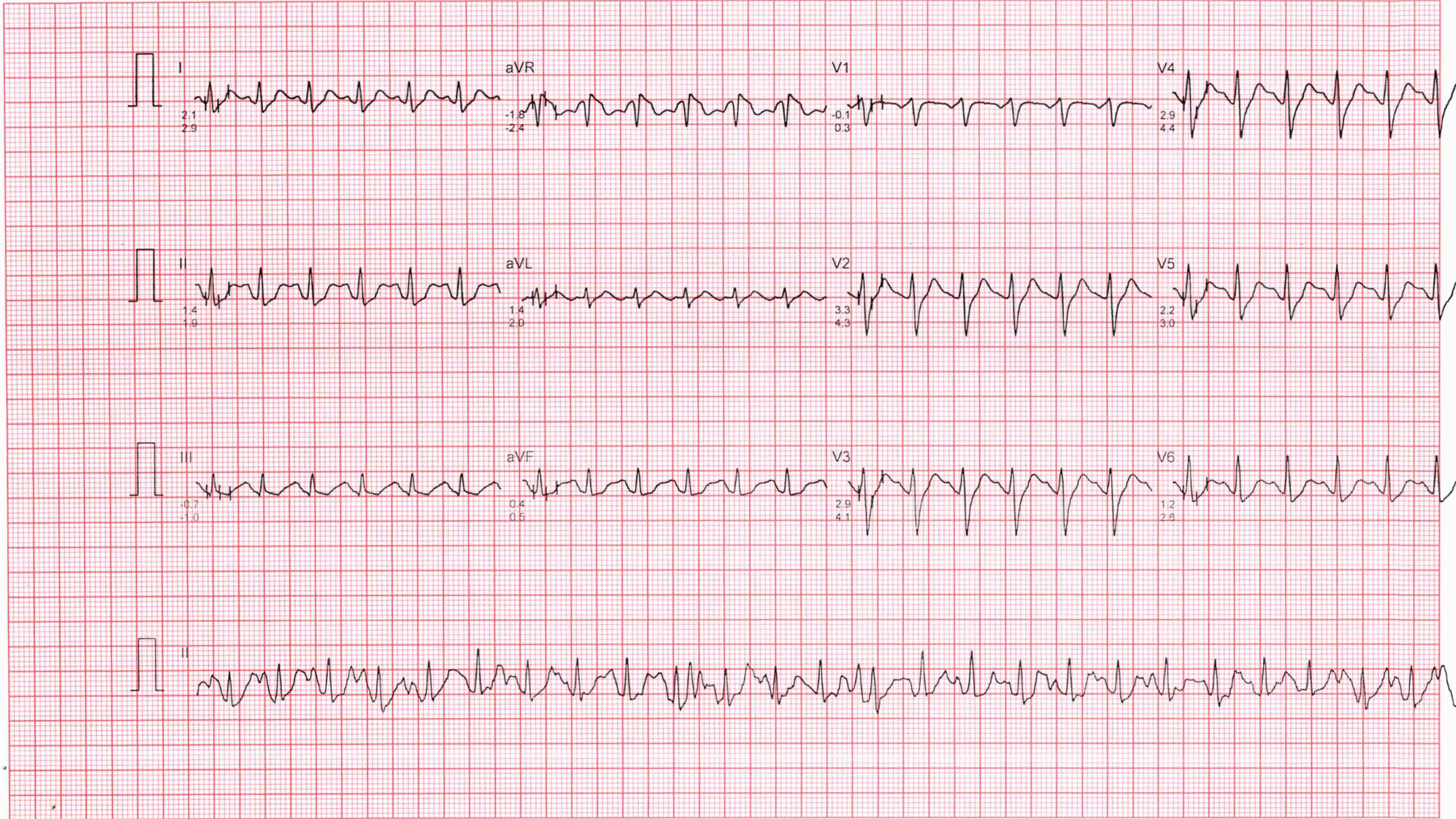
ST @ 10mm/mV

80ms PostJ

SPEED : 6.7 Km./Hr.

GRADE : 16.0 %

LINKED MEDIAN





# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8-3-2025 10:30

RATE : 159 BPM

B.P. : 146/90 mmHg

BRUCE

PEAK EXERCISE

PHASE TIME : 11:05

STAGE TIME : 2:05

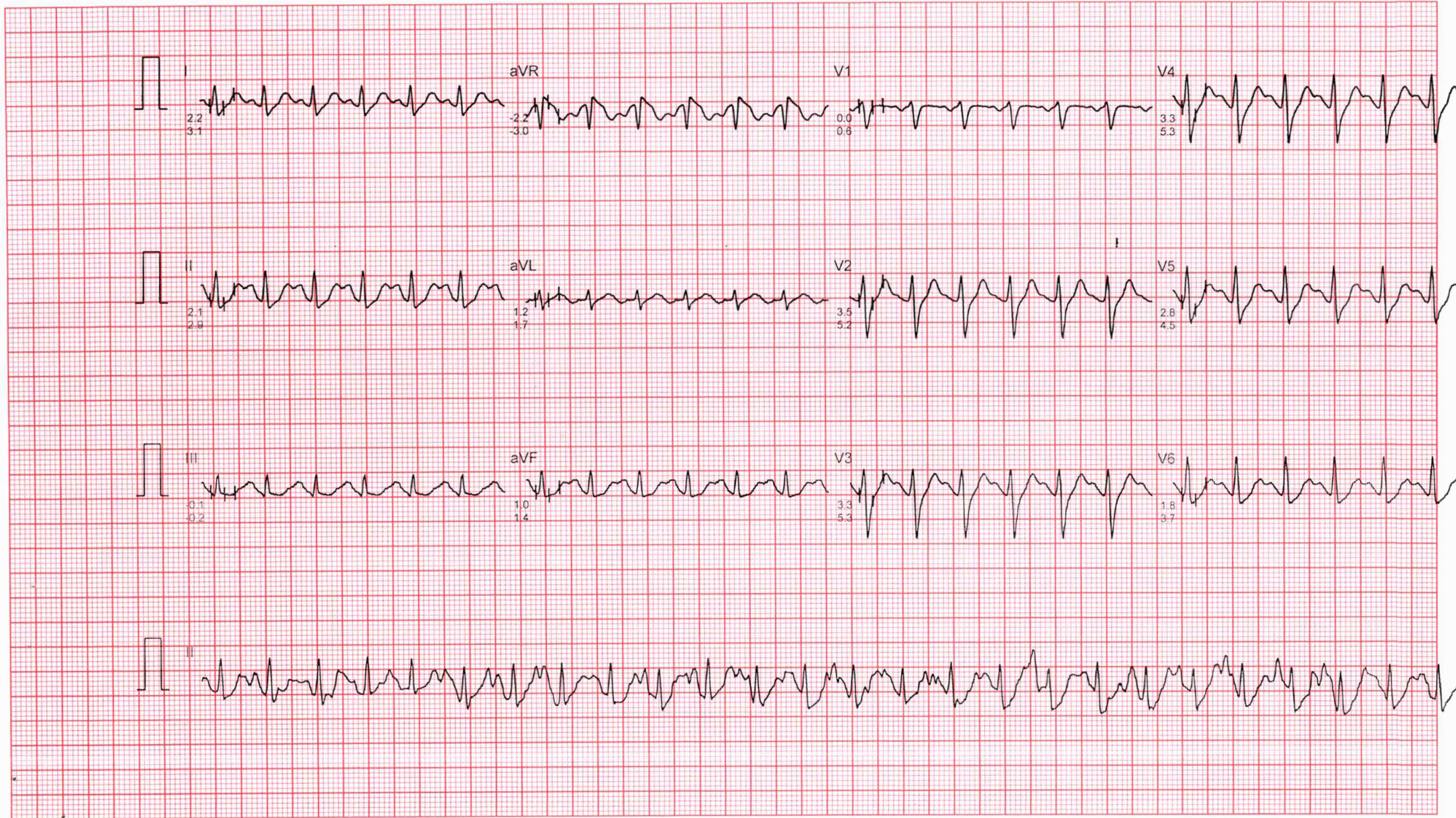
ST @ 10mm/mV

80ms PostJ

SPEED : 6.7 Km./Hr.

GRADE : 16.0 %

LINKED MEDIAN





# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8-3-2025 10:30

RATE : 126 BPM

B.P. : 146/90 mmHg

BRUCE

RECOVERY

PHASE TIME : 0:59

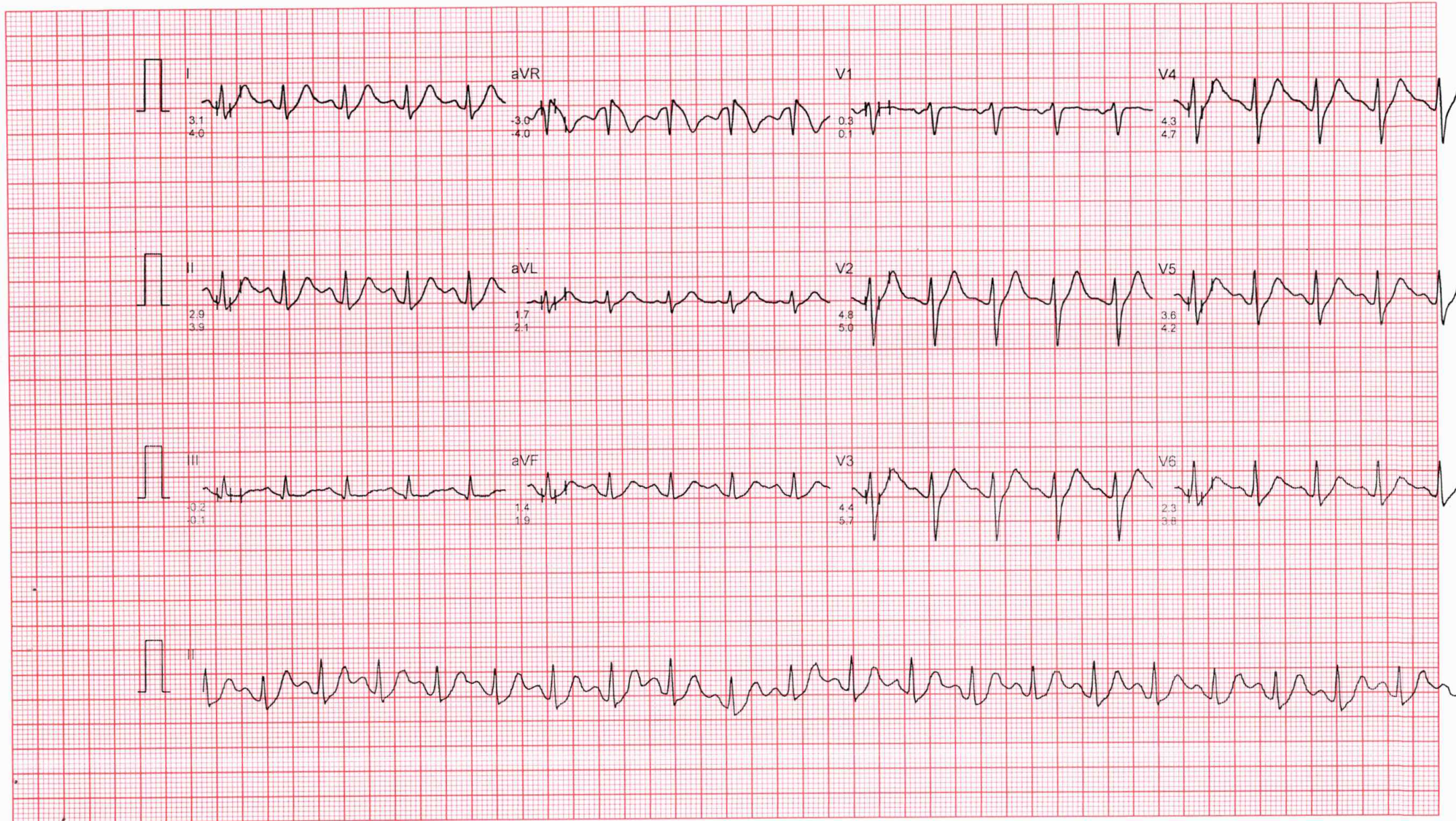
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN





# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8-3-2025 10:30

RATE : 104 BPM

B.P. : 146/90 mmHg

BRUCE

RECOVERY

PHASE TIME : 2:59

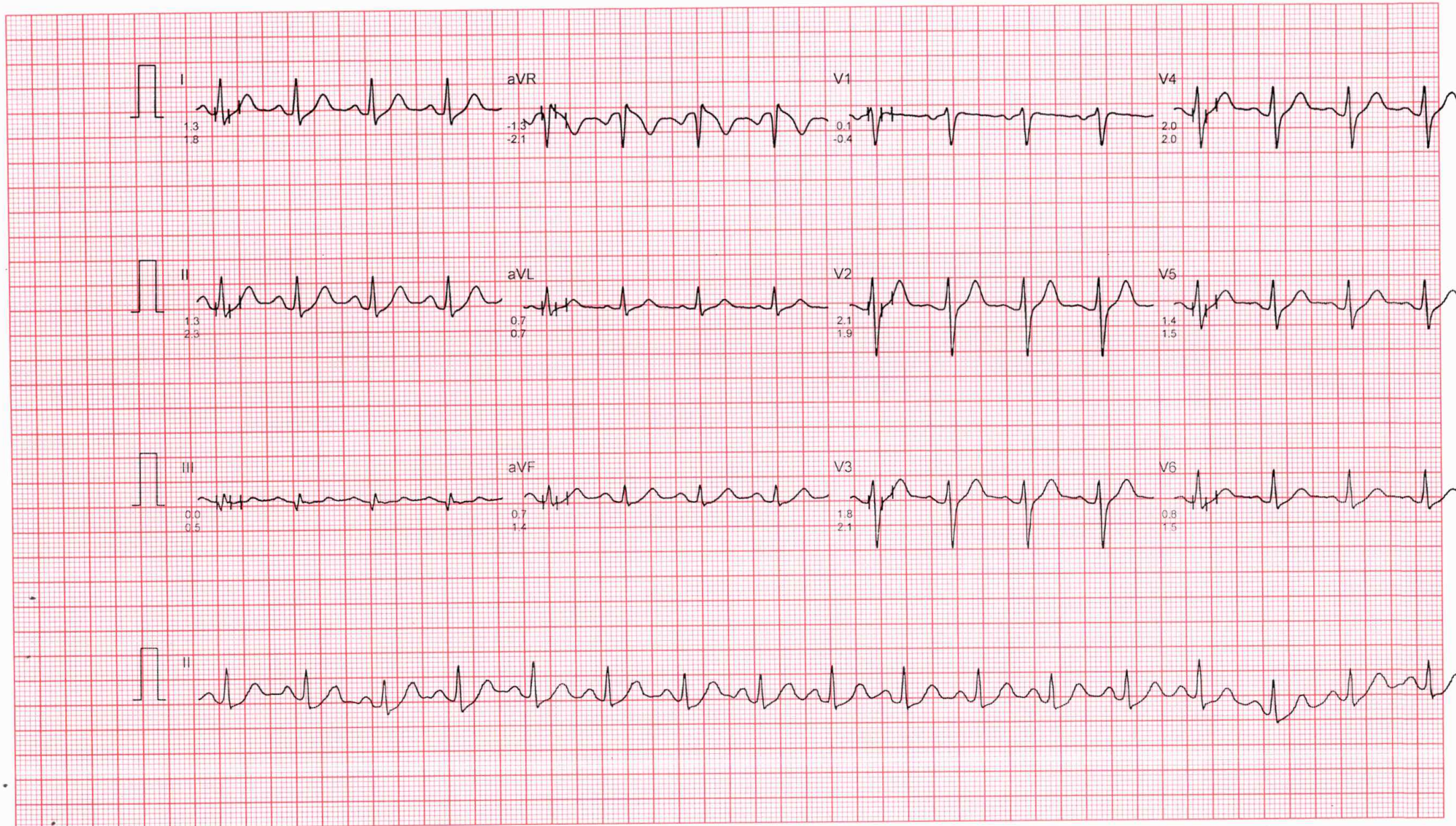
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN





# DR.CHARU KOHLI CLINIC

Mr. ANIL SINGH BHANDARI

I.D. : 923

AGE/SEX : 47/M

RECORDED : 8-3-2025 10:30

RATE : 94 BPM

B.P. : 128/84 mmHg

BRUCE

RECOVERY

PHASE TIME : 5:59

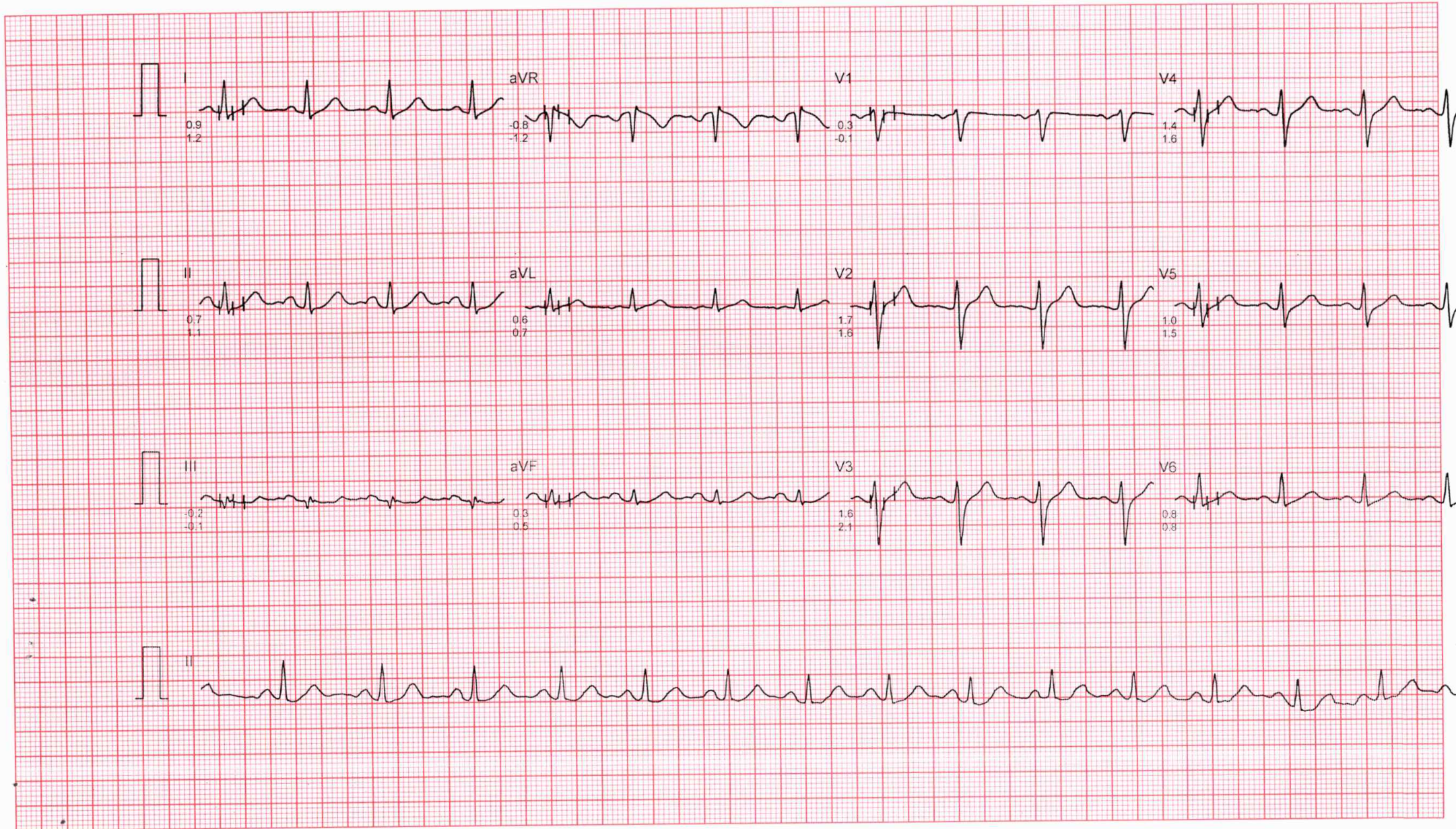
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN







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

Name : ANIL SINGH BHANDARI

Date: Saturday, March 08, 2025

### WHOLE ABDOMEN SCAN

Liver is normal in size (13.4 cm) and **shows grade II fatty changes**. Normal 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 not visualized (post cholecystectomy status)  
CBD: not dilated ; apparently echofree.

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

RK: 10.2 x 5.7 cm  
LK: 11.3 x 5.0 cm.

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

Spleen is of normal size(9.7 cm) 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, echopattern is homogenous .

Bowel loops are normal.

No free fluid is seen in abdomen.

### IMPRESSION:

1. **Grade-II fatty liver.**

  
DR SHWETA CHAUDHARY  
MD. RADIODIAGNOSIS

Dr. SHWETA CHAUDHARY  
MD Radiologist  
rdl 58913997  
DMC 99010

**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.





08-03-2025 10:07:42

12.68 s  
80.00 kV  
8.00 mA



08-03-2025 10:07:42

12.68 s  
80.00 kV  
8.00 mA







|                         |                                |                            |                     |
|-------------------------|--------------------------------|----------------------------|---------------------|
| <b>Registration No.</b> | <b>102422624</b>               | Mobile No.                 | 9871728817          |
| <b>Patient Name</b>     | <b>Mr. ANIL SINGH BHANDARI</b> | Registration Date/Time     | 08/03/2025 09:24:31 |
| Age / Sex               | 47 Yrs Male                    | Sample Collected Date/Time | 08/03/2025 11:20:47 |
| Ref By / Hospital       | Others MEDI WHEEL              | Report Date/Time           | 08/03/2025 13:10:45 |
| Collected At            | DCKC                           | Printed Date/Time          | 08/03/2025 18:54:00 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

## HAEMATOLOGY

### Complete Blood Count (CBC)

|  |        |                     |                 |
|--|--------|---------------------|-----------------|
| Haemoglobin (Hb) ,EDTA<br><i>Method : Colorimetric</i>                     | 13.8   | g/dL                | 13.0 - 17.0     |
| Total Leucocyte Count/WBC ,EDTA<br><i>Method : Electric impedance</i>      | 06.1   | 10 <sup>9</sup> /L  | 04.0 - 11.0     |
| Red Blood Cell (RBC) ,EDTA<br><i>Method : Electric impedance</i>           | 4.81   | 10 <sup>6</sup> /uL | 4.50 - 5.50     |
| Hematocrit (HCT /PCV) ,EDTA<br><i>Method : Pulse height detection</i>      | 40.7   | %                   | 40.0 - 50.0     |
| Mean Corp Volume (MCV) ,EDTA<br><i>Method : Calculated</i>                 | 84.6   | fL                  | 83.0 - 101.0    |
| Mean Corp Hb (MCH) ,EDTA<br><i>Method : Calculated</i>                     | 28.7   | pg                  | 27.0 - 32.0     |
| Mean Corp Hb Conc (MCHC) ,EDTA<br><i>Method : Calculated</i>               | 33.9   | g/dL                | 31.5 - 34.5     |
| Platelet Count(PLT) ,EDTA<br><i>Method : Electric impedance/Microscopy</i> | 207.00 | 10 <sup>3</sup> /uL | 150.00 - 410.00 |
| RDW- CV% ,EDTA   | 13.2   | %                   | 11.6 - 14.0     |
| Differential Leucocyte Count<br><i>Method : Microscopy</i>                 |        |                     |                 |
| Neutrophil ,EDTA   | 55.0   | %                   | 40.0 - 75.0     |
| Lymphocyte ,EDTA   | 37.0   | %                   | 20.0 - 45.0     |
| Eosinophil ,EDTA   | 2.0    | %                   | 1.0 - 6.0       |
| Monocyte ,EDTA   | 6.0    | %                   | 2.0 - 10.0      |
| Basophil ,EDTA   | 0.0    | %                   | 0.0 - 2.0       |
| ESR ,EDTA<br><i>Method : Westergreen</i>                                   | 12     | mm/Ist hr.          | 00 - 15         |

Page No: 1 of 10

Checked By :- DRNEELU



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





|                         |                                |                            |                     |
|-------------------------|--------------------------------|----------------------------|---------------------|
| <b>Registration No.</b> | <b>102422624</b>               | Mobile No.                 | 9871728817          |
| <b>Patient Name</b>     | <b>Mr. ANIL SINGH BHANDARI</b> | Registration Date/Time     | 08/03/2025 09:24:31 |
| Age / Sex               | 47 Yrs Male                    | Sample Collected Date/Time | 08/03/2025 11:20:47 |
| Ref By / Hospital       | Others MEDI WHEEL              | Report Date/Time           | 08/03/2025 18:52:53 |
| Collected At            | DCKC                           | Printed Date/Time          | 08/03/2025 18:54:00 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

Blood Group ABO ,EDTA

Method : Forward Grouping

"A"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

HbA1c ,EDTA

Method : Photometric method

**6.2**

%

4.0 - 5.6

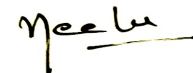
### INTERPRETATIONS:-

**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 preceding 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.







|                         |                                |                            |                     |
|-------------------------|--------------------------------|----------------------------|---------------------|
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| Age / Sex               | 47 Yrs Male                    | Sample Collected Date/Time | 08/03/2025 11:20:47 |
| Ref By / Hospital       | Others MEDI WHEEL              | Report Date/Time           | 08/03/2025 15:00:39 |
| Collected At            | DCKC                           | Printed Date/Time          | 08/03/2025 18:54:00 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

## BIOCHEMISTRY

### LIPID PROFILE

|  |              |       |              |
|--|--------------|-------|--------------|
| Total Lipids ,Serum Plain  | 530          | mg/dl | 400 - 700    |
| Serum Cholesterol ,Serum Plain<br><i>Method : CHOD-POD</i>                 | 185          | mg/dl | 0 - 200      |
| Serum Triglycerides ,Serum Plain<br><i>Method : GPO-POD</i>                | <b>160</b>   | mg/dl | 0 - 150      |
| Serum HDL Cholesterol ,Serum Plain<br><i>Method : Direct Method</i>        | 40           | mg/dl | 40 - 70      |
| Serum LDL Cholesterol ,Serum Plain<br><i>Method : Calculated</i>           | <b>113.0</b> | mg/dl | 30.0 - 100.0 |
| Serum VLDL Cholesterol ,Serum Plain<br><i>Method : Calculated</i>          | 32.0         | mg/dl | 24.0 - 45.0  |
| Total CHO/HDL Cholesterol Ratio ,Serum Plain<br><i>Method : Calculated</i> | 4.62         |       |              |
| LDL/HDL Cholesterol Ratio ,Serum Plain<br><i>Method : Calculated</i>       | 2.83         |       |              |

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     |

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Checked By :- DRNEELU



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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| Ref By / Hospital       | Others MEDI WHEEL              | Report Date/Time           | 08/03/2025 15:00:39 |
| Collected At            | DCKC                           | Printed Date/Time          | 08/03/2025 18:54:00 |

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|-----------|-------|------|-------------------------|

**LIVER PROFILE / LFT**

|   |      |       |  |
|---|------|-------|--|
| Serum Bilirubin (Total) ,Serum Plain<br><i>Method : DSA Method</i>              | 0.37 | mg/dl | 0.00 - 1.20                                    |
| Serum Bilirubin (Direct) ,Serum Plain<br><i>Method : DSA Method</i>             | 0.14 | mg/dl | 0.00 - 0.30                                    |
| Serum Bilirubin (Indirect) ,Serum Plain<br><i>Method : Calculated Parameter</i> | 0.23 | mg/dl | 0.00 - 0.60                                    |
| SGOT ,Serum Plain<br><i>Method : IFCC/KINETIC</i>                               | 19.5 | IU/l  | Males : Upto 46 IU/l<br>Females : Upto 40 IU/l |
| SGPT ,Serum Plain<br><i>Method : IFCC/KINETIC</i>                               | 36.1 | IU/l  | Upto 49 IU/l                                   |
| Serum Alkaline Phosphatase ,Serum Plain<br><i>Method : DEA Method</i>           | 91.0 | IU/l  | 30.0 - 120.0                                   |
| Serum Total Protein ,Serum Plain<br><i>Method : Biuret Method</i>               | 7.29 | gm/dl | 6.00 - 8.50                                    |
| Serum Albumin ,Serum Plain<br><i>Method : BCG Method</i>                        | 4.46 | gm/dl | 3.20 - 5.50                                    |
| Globulin ,Serum Plain<br><i>Method : Calculated</i>                             | 2.83 | gm/dl | 2.00 - 4.10                                    |
| A/G Ratio ,Serum Plain<br><i>Method : Calculated</i>                            | 1.58 |       | 1.00 - 2.10                                    |
| Serum GGTP ,Serum Plain<br><i>Method : G-Glutamyl Transferase</i>               | 32.0 | U/L   | 0.0 - 50.0                                     |





|                         |                                |                            |                     |
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| Age / Sex               | 47 Yrs Male                    | Sample Collected Date/Time | 08/03/2025 11:25:07 |
| Ref By / Hospital       | Others MEDI WHEEL              | Report Date/Time           | 08/03/2025 15:00:38 |
| Collected At            | DCKC                           | Printed Date/Time          | 08/03/2025 18:54:00 |

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|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

Blood Sugar (Fasting) ,Plasma F **136.3** mg/dl 70.0 - 110.0  
Method : GOD POD

Blood Sugar (PP) ,Plasma PP **171.6** mg/dl 70.0 - 140.0  
Method : GOD POD

Comment :-

Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and galactosemia, possible cause of PP reactive hypoglycemia (PRH) (low post prandial glucose level) include high sensitivity, exaggerated response to insulin like peptide -1, defect in counter regulation very lean or anxious individuals, after massive weight reduction and women with lower body over weight etc..

Serum Creatinine ,Serum Plain **1.06** mg/dl 0.40 - 1.50  
Method : Modified Jaffe's

Serum Uric Acid ,Serum Plain **6.33** mg/dl 3.40 - 7.00  
Method : Uricase- POD

Blood Urea Nitrogen ,Serum Plain **9.3** mg/dl 0.0 - 20.0  
Method : Calculated





|                         |                                |                            |                     |
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| Ref By / Hospital       | Others MEDI WHEEL              | Report Date/Time           | 08/03/2025 18:52:53 |
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|-----------|-------|------|-------------------------|

### IMMUNOASSAY

#### TOTAL THYROID PROFILE

|                       |      |        |              |
|-----------------------|------|--------|--------------|
| Total T3 ,Serum Plain | 1.57 | ng/mL  | 0.69 - 2.15  |
| Total T4 ,Serum Plain | 8.76 | ug/dl  | 5.20 - 12.70 |
| TSH                   | 1.17 | 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.







|                         |                                |                            |                     |
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|-----------|-------|------|-------------------------|

Total PSA ,Serum Plain 0.42 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







|                         |                                |                            |                     |
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| Ref By / Hospital       | Others MEDI WHEEL              | Report Date/Time           | 08/03/2025 13:29:12 |
| Collected At            | DCKC                           | Printed Date/Time          | 08/03/2025 18:54:00 |

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## CLINICAL PATHOLOGY

### URINE ROUTINE EXAMINATION

#### URE PHYSICAL EXAMINATION

|                   |             |             |
|-------------------|-------------|-------------|
| Colour ,URINE     | Pale Yellow | Pale Yellow |
| Volume ,URINE     | 30 mL       |             |
| Appearance ,URINE | Clear       | Clear       |

#### URE CHEMICAL EXAMINATION

|                               |        |        |
|-------------------------------|--------|--------|
| Reaction ,URINE               | Acidic | Acidic |
| Ph (Strip Method) ,URINE      | 6.0    | 5.0    |
| Specific Gravity ,URINE       | 1.030  | 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 | 0 - 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: 8 of 10

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|                         |                                |                            |                     |
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**STOOL ANALYSIS**

STOOL MICROSCOPIC EXAMINATION

OTHERS ,STOOL SNR Nil







|                         |                                |                            |                     |
|-------------------------|--------------------------------|----------------------------|---------------------|
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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](mailto:drcharukohli@yahoo.com)

**NAME** : ANIL SINGH BHANDARI

**AGE/SEX** : 47Y/ M

**DATE** : 08. 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.



R  
PA

**ANIL SINGH BHANDARI 47 Y/M**





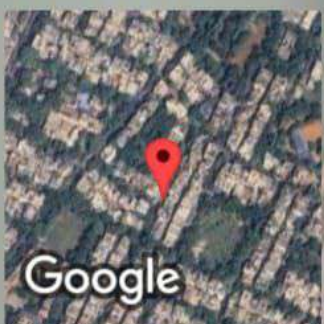
 GPS Map Camera

## New Delhi, Delhi, India

C-234, Block C, Defence Colony, New Delhi, Delhi 110024, India

Lat 28.570737° Long 77.229972°

08/03/2025 09:25 AM GMT +05:30



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सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



अनिल सिंह भंडारी

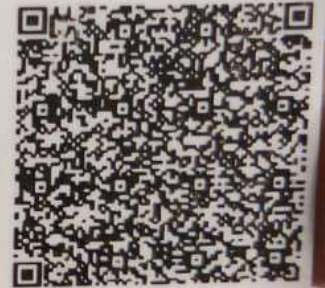
Anil Singh Bhandari

जन्म तिथि/ DOB:

02/03/1978

पुरुष / MALE

8585 7974 8093



मेरा आधार, मेरी पहचान



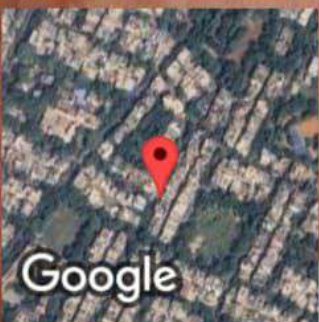
GPS Map Camera

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