

Health Check up Booking Request(bobS26540), Beneficiary Code-17160

1 message

Mediwheel <wellness@mediwheel.in>

To: anurag.idc@gmail.com

Cc: mediwheelwellness@gmail.com

Sat, Jan 21, 2023 at 3:27 PM



011-41195959 Email:wellness@mediwheel.in

Dear Indra Diagnostic Centre,

City: Lucknow. Address: Indradeep Comlex, Sanjay Gandhi Puram,

We have received the confirmation for the following booking .

Name

Age

Gender

Package Name

User Location

Contact Details

Booking Date

Appointment Date: 05-02-2023

Booked Member Name

the	e confirmation fo	r the following	ing booking .		
:	Rukmani valmil	d		\	123
:	29			1	12 leel
:	Male			7	nediwheel 3
:	Full Body Healt	h Checkup	Female Below 40		Medi 2613
:	251-A,CITY ST	ATION ROA	AD, SITAPUR, Uttat	Pradesh 261001	00
:	91617 00723		(3)	161	70
:	21-01-2023		P) on o	
e:	05-02-2023		1/02	3 + 85	
		Member I	nformation	No.	
Var	ne	Age	Gender	Cost(In INR)	

Cashless

Rukmani valmiki 28 Female Total amount to be paid Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name

: Full Body Health Checkup Female Below 40 - Includes (37)Tests

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo. Blood Sugar Postprandial. A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio,

Tests included in this Package

GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

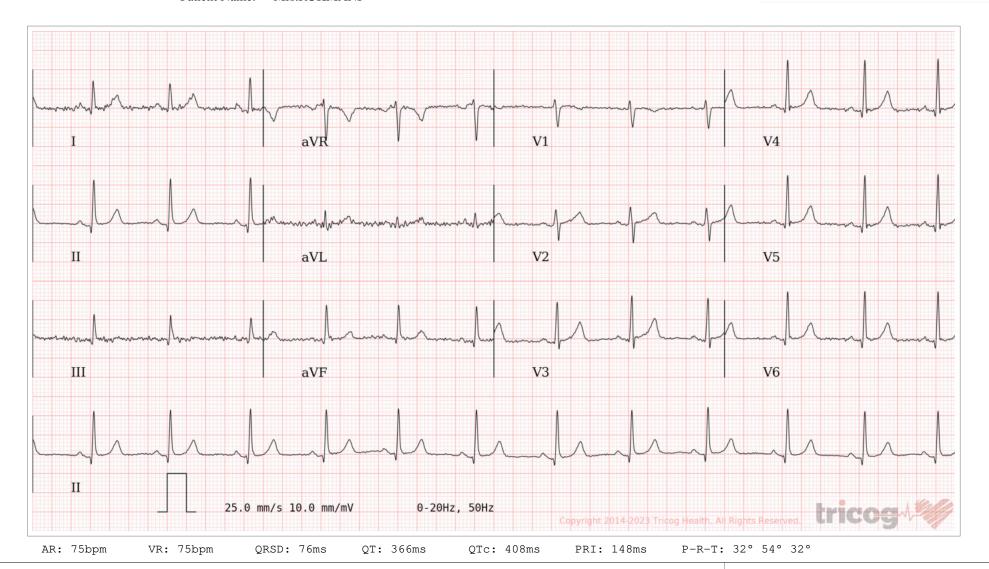
Chandan Diagnostic



Age / Gender: 28/Female

Date and Time: 5th Feb 23 10:37 AM

Patient ID: IDCD0391962223
Patient Name: Mrs.RUKMANI



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

amt

Dr. Charit MD, DM: Cardiology

63382

REPORTED BY



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Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar Ph: 7706041643,7706041644

CIN: U85196UP1992PLC014075



Patient Name : Mrs.RUKMANI Registered On : 05/Feb/2023 09:34:04 Age/Gender : 28 Y 11 M 3 D /F Collected : 05/Feb/2023 09:48:50 UHID/MR NO : IDCD.0000164717 Received : 05/Feb/2023 10:03:40 Visit ID : IDCD0391962223 Reported : 05/Feb/2023 13:35:52

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Blood Group (ABO & Rh typing) *, Blood

Blood Group

В

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin 12.60 g/dl 1 Day- 14.5-22.5 g/dl

1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5

g/dl

2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0

g/dl

Male- 13.5-17.5 g/dl

Female- 12.0-15.5 g/dl

TLC (WBC)	6,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	63.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	24.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr.	. < 20	
PCV (HCT)	38.00	%	40-54	
Platelet count				
Platelet Count	1.60	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	63.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.68	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE







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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	84.20	fl	80-100	CALCULATED PARAMETER
MCH	26.80	pg	28-35	CALCULATED PARAMETER
MCHC	31.90	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,780.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	120.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)







Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075



Patient Name : Mrs.RUKMANI Registered On : 05/Feb/2023 09:34:07 Age/Gender : 28 Y 11 M 3 D /F Collected : 05/Feb/2023 13:19:18 UHID/MR NO : IDCD.0000164717 Received : 05/Feb/2023 14:33:26 Visit ID : IDCD0391962223 Reported : 05/Feb/2023 15:32:52

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTING , Plasma					
Glucose Fasting	93.70	mg/dl	< 100 Normal 100-125 Pre-diabete ≥ 126 Diabetes	GOD POD s	

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

Glucose PP	101.40	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 Diabetes	

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

Dr. Shoaib Irfan (MBBS, MD, PDCC)







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.90	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	30.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	94	mg/dl	

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

^{*}High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

Clinical Implications:

- *Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- *With optimal control, the HbA 1c moves toward normal levels.
- *A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)





^{*}Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

^{*}Pregnancy d. chronic renal failure. Interfering Factors:

^{*}Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	12.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.80	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid	2.42	mg/dl	2.5-6.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	22.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	12.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.63	gm/dl	6.2-8.0	BIRUET
Albumin	4.06	gm/dl	3.8-5.4	B.C.G.
Globulin	2.57	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.58		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	152.13	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.30	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.13	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.17	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	151.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	40.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	96	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	15.40	mg/dl	10-33	CALCULATED
Triglycerides	77.00	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High	GPO-PAP 1







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: 28 Y 11 M 3 D /F : IDCD.0000164717

: Mrs.RUKMANI

Collected Received

Registered On

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

>500 Very High









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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE * , (Jrine			
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (6.5)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	mg/ui	0.2-2.81	BIOCITEIVIISTRY
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ADSLINI			
Epithelial cells	1-2/h.p.f			MICROSCOPIC
	0.44			EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC
	ADCENIT			EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Otherma	ADCENT			EXAMINATION
Others	ABSENT			
UGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2







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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

SUGAR, PP STAGE * , Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. Shoaib Irfan (MBBS, MD, PDCC)







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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	114.42	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.00	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		1		
		0.3-4.5 μIU/	mL First Trimes	ster
		0.5-4.6 μIU/	mL Second Trin	nester
		0.8-5.2 μIU/s	mL Third Trime	ster
		0.5-8.9 µIU/	mL Adults	55-87 Years
		0.7-27 µIU/	mL Premature	28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/	mL Child(21 wk	- 20 Yrs.)
		1-39 μΙΙ	J/mL Child	0-4 Days
		1.7-9.1 μIU/		2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- **6**) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- **8)** Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Being

Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection 1800-419-0002



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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE) CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Both hilar shadows and broncho-vascular markings are prominent.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION:

• BRONCHITIS.

Dr. Anoop Agarwal MBBS,MD(Radiology)







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LI VER

• The liver is normal in size and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PAN CREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

LEFT KIDNEY

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

SPLEEN

• The spleen is normal in size and has a homogenous echotexture. No focal lesion is seen.

ILIAC FOSSA

Scan over the iliac fossae does not reveal any fluid collection or mass.

URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

UTERUS

- Uterus is retroflexed in position & is normal in size.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa on both sides are normal.
- Both the ovaries are normal in size, shape & has a normal echotexture.

CUL- DE- SAC

• Pouch of Douglas is clear.







Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar Ph: 7706041643,7706041644

CIN: U85196UP1992PLC014075



Patient Name : Mrs.RUKMANI Registered On : 05/Feb/2023 09:34:09

 Age/Gender
 : 28 Y 11 M 3 D /F
 Collected
 : N/A

 UHID/MR NO
 : IDCD.0000164717
 Received
 : N/A

Visit ID : IDCD0391962223 Reported : 05/Feb/2023 12:38:25

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

IMPRESSION

• Retroflexed uterus

Typed by-shanaya

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Anoop Agarwal MBBS,MD(Radiology)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

*Facilities Available at Select Location





