

21:05

Vo) LTE1 44%

**Mediwheel**
WELLNESS SOLUTIONS**011-41195959**

Email:wellness@mediwheel.in

Dear **MR. DANDIWAL RAJAN SINGH**,
Please find the confirmation for following request.

Booking Date : 02-02-2023

Package Name : Medi-wheel Full Body Health Checkup Male Below 40

Name of Diagnostic/Hospital : Ivy Hospital

Address of Diagnostic/Hospital : Sector - 71 , Mohali

Contact Details : 9041345708

City : Mohali

State : PUNJAB

Pincode : 160071

Appointment Date : 04-02-2023

Confirmation Status : Confirmed

Preferred Time : 8:00am-8:30am

Comment : APPOINTMENT TIME 8:00AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health

4. Please bring all your medical prescriptions and previous health medical records with you.

5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.

2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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Attachments:

Screenshot_20230203_210500_Gmail.jpg

513 KB

Screenshot_20230203_210517_Gmail.jpg

520 KB

33 6420

ਤਾਰਤ ਸਰਕਾਰ
Government of India

ਰਾਜਨ ਸਿੰਘ ਦੰਦੀਵਲ
Rajan Singh Dandiwal
ਜਨਮ ਮਿਤੀ / DOB : 27/02/1992
ਪੁਰਸ਼ / Male



7850 8610 6846

ਆਧਾਰ - ਆਮ ਆਦਮੀ ਦਾ ਅਧਿਕਾਰ

ਭਾਰਤੀ ਵਿਠੋਲਣ ਪ੍ਰਣਾਲੀ ਅਧਿਕਾਰੀ
Unique Identification Authority of India

ਪਤਾ:
ਸਪੁੱਤਰ: ਚਹਿੰਦਰ ਸਿੰਘ, #37, ਗਾਉਂਡ
ਫਲੋਰ, ਗ੍ਰੀਨ ਸਿਟੀ, ਢਕੌਲੀ, ਐਸ ਏ ਐਸ
ਨਗਰ (ਮੋਹਾਲੀ), ਢਕੌਲੀ, ਪੰਜਾਬ-
140603

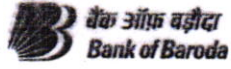
Address:
S/O: Chhinder Singh, #37, ground
floor, green city, Dhakauli, SAS
Nagar (Mohali), Dhakauli, Punjab,
140603

7850 8610 6846

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in



बैंक ऑफ बड़ोदा
Bank of Baroda

नाम: RAJAN SINGH DANDIWAL
Name:

कर्मचारी कूट क्र. 177713
E. C. No.



जारीकर्ता प्राधिकारी उ.क्षे.प्र. (स.म.प्र.) क्षेत्र. चंडीगढ़
Issuing Authority DRM (AGM) Chd Region

धारक के हस्ताक्षर
Signature of Holder



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U85110PB2005PTC027898

Dr. G. Ranjeeth Kumar
MBBS, MD Medicine (PGIMER, Chandigarh)
Consultant- Internal Medicine
Mobile :7087221001

Mr. Rajam Singh

Dandiwal

307/m

UHID - 336420

4/2/2023

TSH - 3.4 RFT - 13/0.9
HSAI - 59

OT/PT - 50/98 ↑

USG abd Gr 0/11 fatty liver

No prior comorbidities

Regular Annual checkup.

Mild Transaminitis

1) Tab. RIKDOXY 300 mg (BI) x 10 day

2) Cap. Rabipur DSR (20/30) OD BRF x 10 day

Repeat OT/PT after 2 weeks

↓
If elevated

- ASA8 / Aspirin / Fibroscan

Dr. G. Ranjeeth Kumar
MD Internal Medicine (PGIMER)
Regn. No.: 88598



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Dr. Mukesh Vats
MBBS, MS, FVRS
(Ophthalmologist)
Retina Specialist & Phaco Surgeon
PMC Reg. No.: 45034
Mobile : +91-9357519888

Mr Rajan Singh
Dandiwal

31y IM
ID: 336420

4/2/23
Vm 6/6
6/6
(U.A)

do general check-up Pupil - NMR.
do dry eye.
ALS - WNL.

Fundus ↑ / Disc + Macula - (R)

IOP 16

Adv: Ocina Plus old IOP 000 / Add trans old

RIA 1 month KOS

Vats
Dr. Mukesh Vats
M.S FVRS
Retina Consultant & Phaco Surgeon
PMC 45034

R

RAJAN SINGH (Male 31 years)

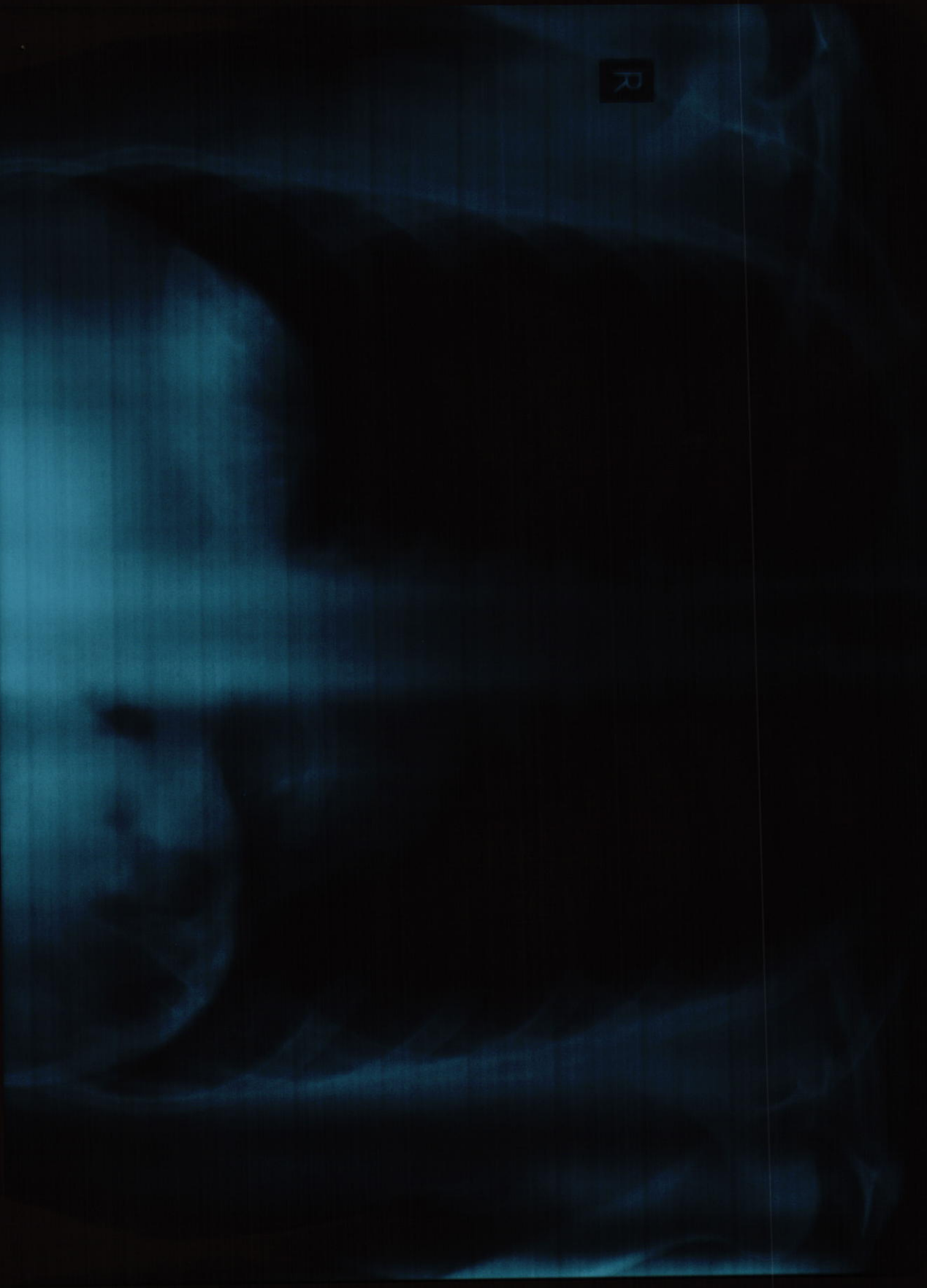
Chest PA

ID336420

IVY HOSPITAL SEC 71 MOHALLA

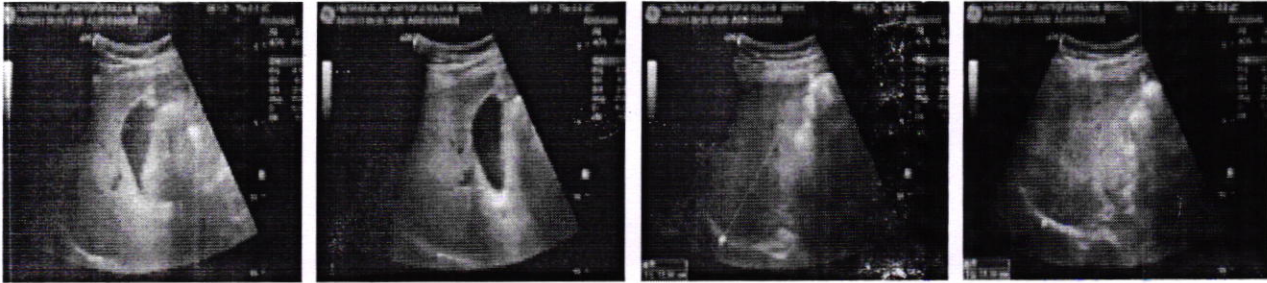
XRF 60-CPD

04/02/2023 10:57:40



NAME	RAJAN SINGH	SEX/AGE	M31Y
PATIENT ID	ID336420	Accession Number	
REF CONSULTANT	PACKAGE	DATE	04/02/2023 09:12

USG WHOLE ABDOMEN



LIVER: is normal in size (~10.1 cm), outline and shows **generalized increased echogenicity with obscured portal tract margins**. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

GALL BLADDER: is normally distended. GB wall is normal. No echoes are seen in GB.

SPLEEN: is normal in size (~9.9cm), outline and echotexture. No focal lesion is seen.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head is normal in size and echotexture. Body and Tail of pancreas is obscured by bowel gas.

RIGHT KIDNEY: It is normal in size (~9.4 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~9.6cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

U-BLADDER: is normally distended at the time of examination with normal wall thickness. No e/o calculus / mass seen.

PROSTATE: is normal in size.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

Grade II/III Fatty Liver.

Adv: Clinical correlation and followup.



DR. K.S. Randhawa
MD Radiodiagnosis

(NOT FOR MEDICO-LEGAL PURPOSE)



NAME	:MR. RAJAN SINGH DANDIWAL		
DOB/Gender	:27-Feb-1992/M	Requisition Date	:04/Feb/2023 08:58AM
UHID	:336420	SampleCollDate	:04/Feb/2023 09:03AM
Inv. No.	:3100452	Sample Rec.Date	:04/Feb/2023 09:03AM
Panel Name	:Ivy Mohali	Approved Date	:04/Feb/2023 11:10AM
Bar Code No	:12644864	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 3600)	1.46	ng/mL	0.970 – 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA/Vitros 3600)	10.20	µg/dL	5.53 – 11.0
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH (CLIA/Vitros 3600)	3.800	mIU/L	0.4001 – 4.049
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Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18



The highlighted values should be correlated clinically





NAME	:MR. RAJAN SINGH DANDIWAL		
DOB/Gender	:27-Feb-1992/M	Requisition Date	:04/Feb/2023 08:58AM
UHID	:336420	SampleCollDate	:04/Feb/2023 09:03AM
Inv. No.	:3100452	Sample Rec.Date	:04/Feb/2023 11:36AM
Panel Name	:Ivy Mohali	Approved Date	:04/Feb/2023 01:01PM
Bar Code No	:12644864	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
HAEMATOLOGY			
Glycosylated HB (HbA1c)			
Whole Blood HbA1c <small>(Boronate Affinity HPLC/Trinity)</small>	5.9	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) <small>(Calculated)</small>	123	mg/dL	

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298





NAME	:MR. RAJAN SINGH DANDIWAL		
DOB/Gender	:27-Feb-1992/M	Requisition Date	:04/Feb/2023 08:58AM
UHID	:336420	SampleCollDate	:04/Feb/2023 09:03AM
Inv. No.	:3100452	Sample Rec.Date	:04/Feb/2023 09:58AM
Panel Name	:Ivy Mohali	Approved Date	:04/Feb/2023 10:56AM
Bar Code No	:12644864	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A	POSITIVE
Anti B	Negative
Anti AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	Negative
Reverse Grouping B Cells	POSITIVE
Reverse Grouping O Cells	Negative
Final Blood Group	A POSITIVE

NOTE :

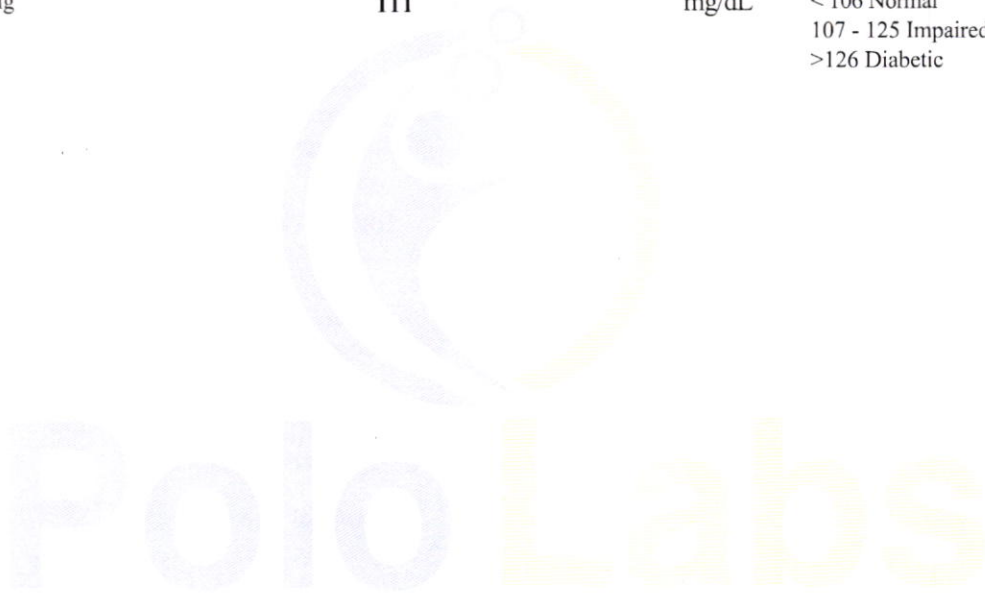
- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.





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Inv. No.	:3100452	Sample Rec.Date	:04/Feb/2023 09:03AM
Panel Name	:Ivy Mohali	Approved Date	:04/Feb/2023 10:32AM
Bar Code No	:12644864	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
BIOCHEMISTRY			
GLUCOSE FASTING			
Primary Sample Type:Fluoride Plasma			
Plasma Glucose Fasting (Hexokinase/ AU480)	111	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic



The highlighted values should be correlated clinically





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UHID	:336420	SampleCollDate	:04/Feb/2023 09:03AM
Inv. No.	:3100452	Sample Rec.Date	:04/Feb/2023 09:03AM
Panel Name	:Ivy Mohali	Approved Date	:04/Feb/2023 11:08AM
Bar Code No	:12644864	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(Urease GLDH/AU480)</small>	19.00	mg/dl	17-43
Serum Creatinine <small>(JAFKE KINETIC/ AU480)</small>	0.90	mg/dl	0.67-1.17
Serum Uric acid <small>(Uricase/AU480)</small>	7.70	mg/dl	3.5-7.2

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total <small>(DPD/AU 480)</small>	0.40	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(DPD/AU 480)</small>	0.10	mg/dl	<0.3
Serum Bilirubin Indirect <small>(Calculated)</small>	0.30	mg/dl	0.1-1.0
Serum SGOT(AST) <small>(IFCC Without P5P/ AU 480)</small>	50	U/L	<35
Serum SGPT(ALT) <small>(IFCC Without P5P/ AU 480)</small>	98	U/L	<50
Serum AST/ALT Ratio <small>(Calculated)</small>	0.51		
Serum GGT <small>(IFCC/AU 480)</small>	29	IU/L	9-52
Serum Alkaline Phosphatase <small>(IFCC PNPAMPKinetic/AU 480)</small>	88	U/L	30-120
Serum Protein Total <small>(Biuret)</small>	7.5	gm/dl	6.40 - 8.20
Serum Albumin <small>(BCG/AU 480)</small>	4.4	g/dL	3.5-5.2
Serum Globulin <small>(Calculated)</small>	3.10	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	1.42	%	1.0 - 1.8

The highlighted values should be correlated clinically






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UHID	:336420	SampleCollDate	:04/Feb/2023 09:03AM
Inv. No.	:3100452	Sample Rec.Date	:04/Feb/2023 09:03AM
Panel Name	:Ivy Mohali	Approved Date	:04/Feb/2023 11:08AM
Bar Code No	:12644864	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol (CHO POD/AU 480)	167	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	151	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	38	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	30	mg/dL	7-35
Serum LDL cholesterol (Calculated)	99	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	4.39		3-5
Serum LDL-HDL Ratio (Calculated)	2.60		1.5 - 3.5

Polo Labs



The highlighted values should be correlated clinically



DR ANAND KALIA
M.D. PATHOLOGY



NAME	:MR. RAJAN SINGH DANDIWAL		
DOB/Gender	:27-Feb-1992/M	Requisition Date	:04/Feb/2023 08:58AM
UHID	:336420	SampleCollDate	:04/Feb/2023 09:03AM
Inv. No.	:3100452	Sample Rec.Date	:04/Feb/2023 09:03AM
Panel Name	:Ivy Mohali	Approved Date	:04/Feb/2023 10:27AM
Bar Code No	:12644864	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)			
Haemoglobin <small>(Noncyanmethaemoglobin)</small>	14.6	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(Calculated)</small>	46.3	%	36-48
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	5.40	10 ⁶ / μl	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	85.4	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	26.9	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	31.5	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	14.1	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	223	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	12.4	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	8.0	10 ³ /μl	4.0 - 10.0
<u>Differential Leucocyte Count (VCS/ Microscopy)</u>			
Neutrophils	46	%	40-75
Lymphocytes	40	%	20-40
Monocytes	8	%	0-8
Eosinophils	6	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,680	μl	2000-7000
Absolute Lymphocyte Count	3,200	uL	1000-3000
Absolute Monocyte Count	640	uL	200-1000
Absolute Eosinophil Count	480	μl	20-500

*** End Of Report ***

The highlighted values should be correlated clinically





Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Patient Name RAJAN SINGH DANDIWAL Patient ID 336420
 Gender/Age Male/ 31 Test Date : 04 Feb 2023

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.8	3.7-5.6 CM
Left Ventricular ES Dimension	3.2	2.2-4.0 CM
IVS (D)	0.9	0.6-1.2 CM
IVS (s)	1.3	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.2	0.8-1.0 CM
Aortic Root	2.8	2.0-3.7 CM
LA Diameter	3.7	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	59%	54-76%
Fractional Shortening	33%	25-46%

Mitral Valve : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve:** E= 80cm/s, A= 60cm/s

Aortic valve: Vmax = 135cm/s

Pulmonary valve: Vmax = 77cm/s

Chamber Size -

LV - Normal/ Enlarged LA - Normal / Enlarged
 RV - Normal/ Enlarged RA - Normal/ Enlarged

RWMA - Nil

Others : Intact IAS, IVS

No LA, LV Clot seen

No vegetation_or intracardiac mass present

Minimal Pericardial effusion present around RA/RV~0.7cm
(NOT FOR MEDICO-LEGAL PURPOSE)



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Remarks -

FINAL IMPRESSION -

Normal study



DR. SANJEEV SROA
MD Medicine , DM Cardiology

(NOT FOR MEDICO-LEGAL PURPOSE)

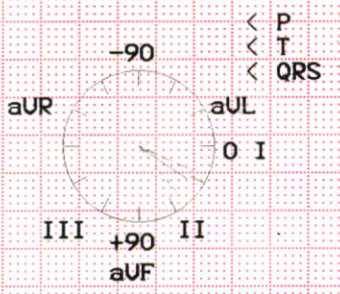
Mr. Rajan Singh

3ly/m

Id: 336420

Measurement Results:

QRS	:	100 ms
QT/QTcB	:	388 / 425 ms
PR	:	140 ms
P	:	108 ms
RR/PP	:	832 / 835 ms
P/QRS/T	:	50/ 35/ 25 degrees
QTD/QTcBD	:	60 / 66 ms
Sokolow	:	1.9 mU
NK	:	9



Interpretation:
R/S inversion area between U1 and U2
borderline ECG



Unconfirmed report.

