

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

CIN: U85196UP1992PLC014075



Patient Name : Mr.ANUJ KR SAXENA -BOBS36122 Registered On : 08/Apr/2023 12:54:03 Age/Gender Collected : 55 Y 9 M 7 D /M : 09/Apr/2023 10:50:18 UHID/MR NO : IDCD.0000170196 Received : 09/Apr/2023 11:16:39 Visit ID : IDCD0013222324 Reported : 09/Apr/2023 15:15:02

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

#### **DEPARTMENT OF HAEMATOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

est Name	Result U	Jnit Bio	o. Ref. Interval	Method
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Blood Group (ABO & Rh typing) \*, Blood

**Blood Group** 

В

Rh (Anti-D)

**POSITIVE** 

Complete Blood Count (CBC) \*, Whole Blood

Haemoglobin 13.00 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

			Female- 12.0-15.5	g/dl
TLC (WBC)	4,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	54.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	6.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	18.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 9	
PCV (HCT)	40.00	%	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	56.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.15	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.57	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE







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# **DEPARTMENT OF HAEMATOLOGY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	91.00	fl	80-100	CALCULATED PARAMETER
MCH	28.50	pg	28-35	CALCULATED PARAMETER
MCHC	31.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,430.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	270.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)







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

## **DEPARTMENT OF BIOCHEMISTRY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTING , Plasma					
Glucose Fasting	113.90	mg/dl	< 100 Normal	GOD POD	
			100-125 Pre-diabete	S	
			≥ 126 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 ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

# **GLYCOSYLATED HAEMOGLOBIN (HBA1C)** \*\* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	51.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	148	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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>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





<sup>\*\*</sup>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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# **DEPARTMENT OF BIOCHEMISTRY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)





<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>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 ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	7.95	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.23	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid	2.92	mg/dl	3.4-7.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	33.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	17.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	29.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.69	gm/dl	6.2-8.0	BIRUET
Albumin	4.03	gm/dl	3.8-5.4	B.C.G.
Globulin	2.66	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.52		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	98.25	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.57	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.24	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.33	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) , Serum				
Cholesterol (Total)	217.00	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP 1
HDL Cholesterol (Good Cholesterol)	58.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	125	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
		» , , , , , , , , , , , , , , , , , , ,	Optimal/Above Optimal 130-159 Borderline Higl 160-189 High > 190 Very High	
VLDL	32.80	mg/dl	10-33	CALCULATED
Triglycerides	164.00	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High	GPO-PAP 1







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UHID/MR NO Visit ID

: IDCD0013222324

Reported

: 09/Apr/2023 13:19:05

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

Status

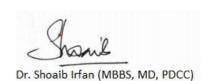
: Final Report

# **DEPARTMENT OF BIOCHEMISTRY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

>500 Very High









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Patient Name : Mr.ANUJ KR SAXENA -BOBS36122 Registered On : 08/Apr/2023 12:54:04 Age/Gender : 55 Y 9 M 7 D /M Collected : 09/Apr/2023 10:52:56 UHID/MR NO : IDCD.0000170196 Received : 09/Apr/2023 11:25:01 Visit ID : IDCD0013222324 Reported : 09/Apr/2023 12:29:06

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## **DEPARTMENT OF CLINICAL PATHOLOGY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE * , U	rine			
Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Neutral (7.0)			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	,	grand grand grand grand	
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			1	
Epithelial cells	1-2/h.p.f			MICROSCOPIC
Epithenal cens	1 2/11.p.1			EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
		-		

# **Interpretation:**

(+) < 0.5

+) 0.5-1.0

(++) 0.5 (+++) 1-2

(+++++) > 2

Dr. Shoaib Irfan (MBBS, MD, PDCC)







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#### **DEPARTMENT OF IMMUNOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
PSA (Prostate Specific Antigen), Total **	0.990	ng/mL	< 3.0	CLIA	
Sample:Serum		O,			

# **Interpretation:**

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

# **THYROID PROFILE - TOTAL \*\***, Serum

T3, Total (tri-iodothyronine)	135.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.25	μIU/mL	0.27 - 5.5	CLIA

# **Interpretation:**

0.3 - 4.5	μIU/mL	First Trimester		
0.5-4.6	$\mu IU/mL$	Second Trimester		
0.8 - 5.2	$\mu IU/mL$	Third Trimester		
0.5 - 8.9	$\mu IU/mL$	Adults	55-87 Years	
0.7 - 27	$\mu IU/mL$	Premature	28-36 Week	
2.3-13.2	$\mu IU/mL$	Cord Blood	> 37Week	
0.7-64	μIU/mL	Child(21 wk	- 20 Yrs.)	
1-39	$\mu IU/mL$	Child	0-4 Days	
1.7-9.1	$\mu IU/mL$	Child	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.







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# **DEPARTMENT OF IMMUNOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

- 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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)







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Patient Name : Mr.ANUJ KR SAXENA -BOBS36122 Registered On : 08/Apr/2023 12:54:06

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 Collected
 : N/A

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 : IDCD.0000170196
 Received
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## **DEPARTMENT OF X-RAY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

# X-RAY DIGITAL CHEST PA \* (500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### **DIGITAL 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.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION: NORMAL SKIAGRAM

Dr. Anoop Agarwal MBBS,MD(Radiology)







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#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 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 ABOVE 40 YRS

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

# S PLEEN

• 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.

#### **PROSTATE**

Prostate gland is normal in size & echotexture.

## **IMPRESSION**

• No significant sonological abnormality is seen on this study.

Typed by- roshan

\*\*\* End Of Report \*\*\*

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT)



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 \*

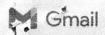
\*Facilities Available at Select Location



1800-419-0002







# Health Check up Booking Re Schedule Request(bobS36122),Package Code-PKG10000236, Beneficiary Code-6818

1 message

Mediwheel <wellness@mediwheel.in> To: anurag.idc@gmail.com Cc: customercare@mediwheel.in

Tue, Apr 4, 2023 at 2:27 PM



011-41195959

Email:wellness@mediwheel.in

#### Dear Chandan Healthcare Limited,

Diagnostic/Hospital Location :Indradeep Comlex,Sanjay Gandhi Puram,City:Lucknow

We regret to state that following request for Health check up appointment has been Re Scheduled by you. Please let us know if request had not been Re Schedule from your end. We will ask the user to make a fresh request for the same.

**Booking Code** Appointment Date: 08-04-2023

: bobS36122

Appointment Time: 8:00am-9:00am

Beneficiary Name : Anuj kumar saxena

Package Name

: Medi-Wheel Full Body Health Checkup Male Above 40

Member Age

Member Relation : Spouse

Member Gender

: Male

Address of

Diagnostic/Hospital Indradeep Comlex, Sanjay Gandhi Puram

City

: Lucknow

State

: Uttar Pradesh

Pincode

: 228016

**Contact Details** 

: 94500 93914

Email

: anurag.idc@gmail.com

Please login to your account to confirm the same. Also you mail us for confirmation.

B14123 PC-2639



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