

Fwd: Health Check up Booking Confirmed Request(bobE47299), Package Code-PKG10000236, Beneficiary Code-45566

Chandan Health Care <appointment.chcl@gmail.com> To: idcashiyana@gmail.com

Pack Code: 2639

Fri, Sep 29, 2023 at 5:37 PM

 Forwarded message ---From: Mediwheel <wellness@mediwheel.in> Date: Fri, 29 Sept 2023 at 15:43 Subject: Health Check up Booking Confirmed Request(bobE47299), Package Code-PKG10000236, Beneficiary To: <appointment.chcl@gmail.com> Cc: <customercare@mediwheel.in>

lediwhee 011-41195959 Email:wellness@mediwheel.in Hi Chandan Healthcare Limited, Diagnostic/Hospital Location :M-214/215 Sec G LDA Colony Near Power House Chauraha Kanpur road, City: Lucknow We have received the confirmation for the following booking . Beneficiary Name : PKG10000236 dan Diag Beneficiary Name : MR. SINGH UPENDRA Member Age : 40 Member Gender : Male Member Relation : Employee 9*11*, Package Name : Medi-Wheel Full Body Health Checkup Male Above 40 Location : LUCKNOW, Uttar Pradesh-226016 **Contact Details** : 8726174071 **Booking Date** : 29-09-2023

Appointment Date: 14-10-2023

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 3. Bring urine sample in a container if possible (containers are available at the Health Check

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.



GPS Map Camera

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Lucknow, Uttar Pradesh, India M/217, Parag Rd, Sector G, LDA Colony, Lucknow, Uttar Pradesh 226012, India Lat 26.78746° Long 80.90843° 14/10/23 10:28 AM GMT +05:30 Google Zona 371 65%

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Chandan Diagnostic

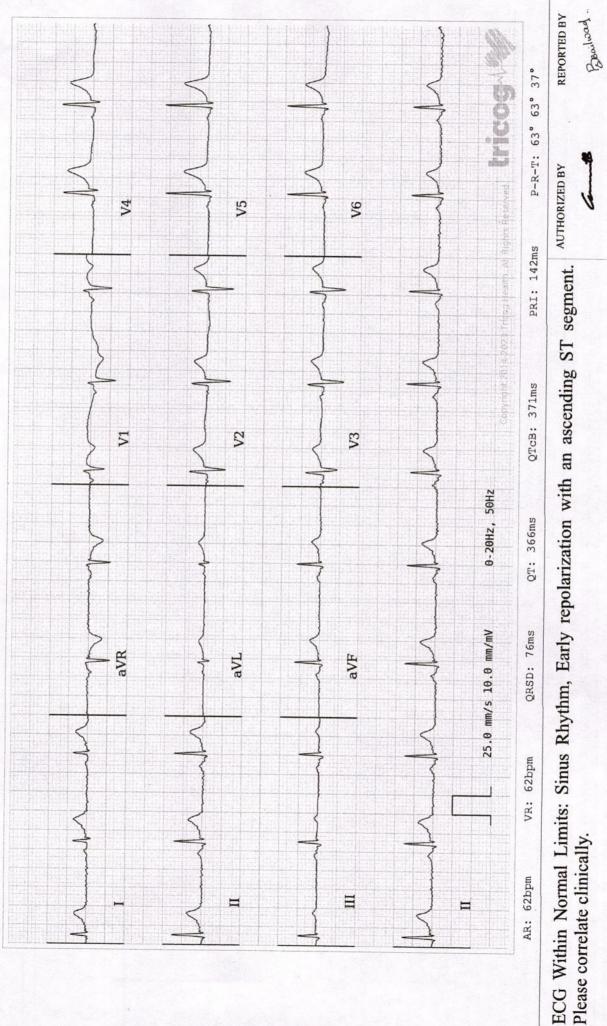


CDCA0230192324 40/Male Age / Gender: Patient Name: Patient ID:

Date and Time: 14th Oct 23 11:00 AM

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Mr.UPENDRA SINGH



Dr. Bhagyalaxmi Sunil Bailwad

Dr. Charit MD, DM: Cardiology

63382

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: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mr.UPENDRA SINGH	Registered On	: 14/Oct/2023 09:26:53
Age/Gender	: 40 Y 0 M 0 D /M	Collected	: 14/Oct/2023 09:42:00
UHID/MR NO	: CDCA.0000117228	Received	: 14/Oct/2023 10:39:33
Visit ID	: CDCA0230192324	Reported	: 14/Oct/2023 15:02:29
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
lost Name	Tiesun	Onit	Dio. Hor. Interval	Method
Blood Group (ABO & Rh typing) * , Bid	ood			
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	Blood			
Haemoglobin	12.80	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) <u>DLC</u>	5,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	54.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	6.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	18.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	<9	
PCV (HCT) Platelet count	40.00	%	40-54	
Platelet Count	1.5	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)	49.30	%	35-60	ELECTRONIC IMPEDANCE





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DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.50	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.88	fl	80-100	CALCULATED PARAMETER
MCH	28.44	pg	28-35	CALCULATED PARAMETER
MCHC	32.00	%	30-38	CALCULATED PARAMETER
RDW-CV	14.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,024.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	336.00	/cu mm	40-440	

Dr. R.K. Khanna (MBBS,DCP)

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Age/Gender	: 40 Y 0 M 0 D /M	Collected	: 14/Oct/2023 09:41:59
UHID/MR NO	: CDCA.0000117228	Received	: 14/Oct/2023 12:06:02
Visit ID	: CDCA0230192324	Reported	: 14/Oct/2023 17:24:17
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	103.30	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

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 * Sample:Plasma After Meal	109.20	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

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. R.K. Khanna (MBBS, DCP)

1800-419-0002

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Age/Gender	: 40 Y 0 M 0 D /M	Collected	: 14/Oct/2023 09:41:59
UHID/MR NO	: CDCA.0000117228	Received	: 14/Oct/2023 14:30:21
Visit ID	: CDCA0230192324	Reported	: 14/Oct/2023 16:24:56
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
GLYCOSYLATED HAEM OGLOBIN (HBA1C) *	*, EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	105	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. **Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

<u>Clinical Implications:</u>

*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

ISO 9001:2015

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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

*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.

Dr. Anupam Singh (MBBS MD Pathology)

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UHID/MR NO	: CDCA.0000117228	Received	: 14/Oct/2023 12:06:02
Visit ID	: CDCA0230192324	Reported	: 14/Oct/2023 12:40:27
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
BUN (Blood Urea Nitrogen) * Sample:Serum	10.20	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.78	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	7.50	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	23.06	U/L	< 35	
SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT)	12.52 17.72	U/L IU/L	< 40 11-50	IFCC WITHOUT P5P OPTIMIZED SZAZING
Protein	6.33	gm/dl	6.2-8.0	BIURET
Albumin	4.60	gm/dl	3.4-5.4	B.C.G.
Globulin	1.73	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.66	and the second	1.1-2.0	CALCULATED
Alkali <mark>ne P</mark> hosphatase (Total)	95.28	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.57	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.23	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.34	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	133.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	31.51	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	86	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
			160-189 High > 190 Very High	
VLDL	15.52	ma/dl	> 190 very High 10-33	CALC'''' አፐርጉ
Triglycerides	15.52 77.60	mg/dl mg/dl	 10-33 < 150 Normal 	GPO-
mgrycendes	77.00	ing/ul	150-199 Borderline High 200-499 High >500 Very High	VC





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Age/Gender	: 40 Y 0 M 0 D /M	Collected	: 14/Oct/2023 09:42:00
UHID/MR NO	: CDCA.0000117228	Received	: 14/Oct/2023 10:45:00
Visit ID	: CDCA0230192324	Reported	: 14/Oct/2023 15:01:09
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE*,	Urine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			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 (+++)	
	1 P 1 63	the Canto	>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT		and a strength	
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
	No. Contract			EXAMINATION
Puscells	OCCASIONAL			
RBCs	ABSENT			MICROSCOPIC
	ADCENT			EXAMINATION
Cast	ABSENT			MICROSCODIC
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			EXAMINATION
SUGAR, FASTING STAGE*, Urine				
Sugar, Fasting stage	ABSENT	gms%		
Sugar, rasting stage	Abselvi	g11370		
Interpretation:				0
(+) < 0.5				K
(++) 0.5-1.0				Dr. R.K. Khanna
(+++) 1-2				(MBBS,DCP)

(++++) > 2

Mar. 2016

Home Sample Collection

1800-419-0002



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UHID/MR NO	: CDCA.0000117228	Received	: 14/Oct/2023 14:06:15
Visit ID	: CDCA0230192324	Reported	: 14/Oct/2023 14:50:49
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
PSA (Prostate Specific Antigen), Total ** Sample:Serum	0.500	ng/mL	< 1.3	CLIA	

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)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.190	µIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	µIU/mL	First Trimest	ter	
0.5-4.6	µIU/mL	Second Trimester		
0.8-5.2	µIU/mL	Third Trimes	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/mL	Cord Blood	> 37Week	
0.7-64	µIU/mL	Child(21 wk	- 20 Yrs.)	
1-39	µIU/mL	Child	0-4 Days	
1.7-9.1	µIU/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.

Dr. Anupam Singh (MBBS MD Pathology)

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Age/Gender	: 40 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CDCA.0000117228	Received	: N/A
Visit ID	: CDCA0230192324	Reported	: 14/Oct/2023 13:46:18
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 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.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION

• NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Dr. Vandana Gupta MBBS,DMRD,DNB

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

<u>LIVER</u>

• Liver is normal in size measuring 14.1 cm in longitudinal span & shows mild diffuse increase in parenchymal echogenicity.

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 is normal at the porta. (3.9 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PANCREAS

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

RIGHT KIDNEY (8.9 x 4.9 cm)

- 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 (10.4 x 5.8 cm)

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



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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

<u>SPLEEN</u>

• Spleen is mildly enlarged measuring 12.3 cm in long axis and shows normal parenchymal echotexture.

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

• The prostate gland is normal in texture and size, measures 3.7 x 2.8 x 2.7 cm (vol-15.35 cc).

IMPRESSION

- Grade-I fatty infiltration of liver.
- Mild splenomegaly.

Dr. Vandana Gupta MBBS,DMRD,DNB







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN: U85110DL2003PLC308206



Patient Name	: Mr.UPENDRA SINGH	Registered On	: 14/Oct/2023 09:26:57
Age/Gender	: 40 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CDCA.0000117228	Received	: N/A
Visit ID	: CDCA0230192324	Reported	: 14/Oct/2023 17:27:41
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Tread Mill Test (TMT) *

		2D EOHO 8 MITRA	M-MODE EXAMINATION VALUES	
DE Excursion : E F Slope : EPSS :	2.04 10.11 1.60		cm cm/s cm	
VALVE AREA (MVOA) PERIMETRY	3.63		cm ²	
PHT :	3.65		Cm ²	
AORTIC VALVES STUDY				
Aortic Diam : LA Diam. AV Cusp.	3.44 2.92 0.85		cm cm cm	
<u>LEFT VENTRICLE</u>			Start Prove	
IVSD LVIDD LV PWD IVSS LVIDS LV PWS EDV ESV	0.88 4.76 0.85 0.98 3.23 0.96 105 41		Cm Cm Cm Cm Cm Cm Cm MI	
EJECTION FRACTION : SV (Teich) SHORTENING FRACTION:	60 % (60 63 ml 32%	0 ± 7 %) (30 ± 5%)		

RIGHT VENTRICLE RVID :

2.01 cm.





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DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

DIMENSIONAL IMAGING	
MITRAL VALVE:	Normal
AORTICVALVE:	Normal
PULMONARY VALVE:	Normal
TRICUSPID VALVE:	Normal
INTER VENTRICULAR SEPTA :	Normal
INTERATRIAL SEPTUM :	Normal
INTRACARDIAC OLOT / VEGETATION / MYXC	DMA : Absent
LEFT ATRIUM :	Normal
LEFT VENTRICLE:	Normal
RIGHT VENTRICLE:	Normal
RIGHT ATRIUM :	Normal
PERICARDIUM :	Normal
OTHER:	Normal

COLOUR FLOW MAPPING

	VELOCITY cm/s	PRESSURE GRADIENT	a the stand the
MITRAL FLOW	E: 84 cm/s		REGURGITATION
VITTAL LOVV	A: 76 cm/s	Normal	
AORTICFLOW	103 cm/s	Normal	and the state of the
TRICUSPID FLOW	56 cm/s	Normal	
PULM ONARY FLOW	77 cm/s	Normal	
	And the second se		

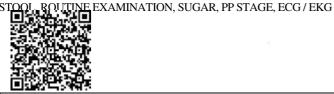
SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LVEF 60 %
- RWMA not seen.
- No Diastolic dysfunction.
- No MS/TS/AS/PS.
- No MR/TR/PR/AR.
- No pericardial effusion.
- No vegetation.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:



DR SUDHANSHU VERMA

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 *
365 Days Open

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