



Info Aakash <Info@aakashhospital.com>

**Health Check up Booking Re Schedule Request(bobE16098),Package Code-PKG10000250, Beneficiary Code-16925**

1 message

Mediwheel <customercare@policywheel.com>

Thu, Sep 8, 2022 at 1:56 PM

To: "info@aakashhospital.com" <info@aakashhospital.com>

Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>



**Mediwheel**  
...Your wellness partner



**011-41195959**

Email:wellness@mediwheel.in

Dear **Aakash Hospital**,

Diagnostic/Hospital Location : **90/43 Malviya Nagar New Delhi, City: Delhi**

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** : bobE16098

**Appointment Date** : 08-09-2022

**Appointment Time** : 9:00am-11:00am

**Beneficiary Name** : MR. SINGH UDAY PRATAP

**Member Age** : 44

**Member Relation** : Employee

**Member Gender** : Male

**Address of Diagnostic/Hospital** : 90/43 Malviya Nagar New Delhi

**City** : Delhi

**State** : DELHI

**Pincode** : 110017

**Contact Details** : 9717968885

**Email** : info@aakashhospital.com

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

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Package

: HDL LDL ratio, 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

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# Aakash Hospital™


Care with Concern

(A unit of Dr. Gaba & Associates Medicare Pvt. Ltd.)



90/43, Malviya Nagar, New Delhi-110017 #011 40501000 (100 Lines), 9871027922  
info@aakashhospital.com, www.aakashhospital.com

Name of patient :	Uday Pratap Singh	Age :	46	M/F :	M
Address :					
Consultant :	Dr Priyanka Singh	Speciality :	Ophthalmology	Date :	8/9/22

Investigations :	Presenting Complaints: Medical eye check up.	Provisional Diagnosis B/E WNL
	Present History :	Rx  Adv -  Both eye normal
Systemic Examination : Vn 5 6/6 6/6  +1.25 DS for near (N6)		
• Followup/Next visit	Past History :	
• Diet / Nutrition Explained	Family History :	
• Preventive Steps Explained	H/o any Allergy :	
• Prognosis Explained	Vitals :	
	BP :	
	Pulse :	
	Temp :	
	Pain Scale (0-10)	
	Wt/Ht (if required)	
	Immunization	
		
		Dr. PRIYANKA SINGH MBBS, MS (Ophthalmology), DNB, FAICO Consultant & Eye Surgeon Regn. No.: DMC / R / 06891
	Signature :	Date/Time :

In case of emergency contact Duty Doctor,  
Aakash Hospital Ph. : 40501000, #9818166605

If you want HOME VISIT for Doctor/Nurse/Injection/Dressing/  
Blood Sample Collection, Please call : 011 40501000, 9910086605



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Name of patient : <u>Uday Pratap Singh</u>	Age : <u>46yr</u>	M/F : <u>M</u>
Address : <u>S. Airport</u>		
Consultant : <u>Dr. Sneeta Singh</u>	Speciality : <u>Dermatology</u>	Date : <u>08/09/2022</u>

Investigations :	Presenting Complaints:	Provisional Diagnosis <u>Skin Tag</u>
	Present History :	<b>Rx</b> <u>① RFA laser</u> <u>② Counselling done</u> <u>③ IA, 2 weeks.</u>
Systemic Examination :	Past History :	
	Family History :	
• Followup/Next visit • Diet / Nutrition Explained • Preventive Steps Explained • Prognosis Explained	H/o any Allergy :	Date/Time :
	Vitals :	
	BP :	Signature : <u>Sneeta</u>
	Pulse :	
	Temp :	Date/Time :
	Pain Scale (0-10)	
	Wt/Ht (if required)	
	Immunization	

In case of emergency contact Duty Doctor,  
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Blood Sample Collection, Please call : 011 40501000, 9910086605

NAME: MR.UDAY PRATAP SINGH      AGE: 46 YRS      SEX: MALE  
REF.BY: MEDICAL      DATE: 08.09.2022

**ULTRASOUND WHOLE ABDOMEN**

**LIVER:** - Normal sized, with marked diffuse increased significant grade I fatty changes. No focal lesion seen. Intra hepatic biliary system not dilated. Intra hepatic veins radicles are normal.

**GALL BLADDER:** - Normal distension. Walls are normal. No calculus or mass lesion seen. Extra hepatic biliary system is not dilated.

**PANCREAS:** - Normal size and echotexture. No focal lesion seen. Pancreatic duct not dilated.

**SPLEEN:** - Normal size and echotexture. No focal lesion seen. Spleno-portal axis is normal.

**KIDNEYS:** - Both kidneys normally identified in the respective renal fossae. They demonstrate normal size and cortical echotexture. Corticomedullary differentiation well made out with a normal renal parenchymal thickness. No evidence of calculus or hydronephrosis seen on both side.  
Right kidney measures approx. 10.7 cm in the long axis.  
Left kidney measures approx. 11.0 cm in the long axis.

**URINARY BLADDER:** - Moderately distended. No calculus or diverticulum is seen. Walls are normal. Both UV Junctions are normal.

**SEMINAL VESICLES:** - Shows normal sonographic appearances.

**PROSTATE:-** Is normal in size. Echotexture is normal with no focal lesion. Outline is distinct with no contour bulge.

Retroperitoneum does not show any abnormally enlarged lymph nodes. No free peritoneal fluid or pleural effusion seen. Bowel loops are unremarkable. Both iliac fossae are normal.

Correlate clinically.

  
**DR.R.DUGGAL**  
**MD (RADIOLOGY)**  
**DMC-2595**

**AREA OF EXPERTISE**

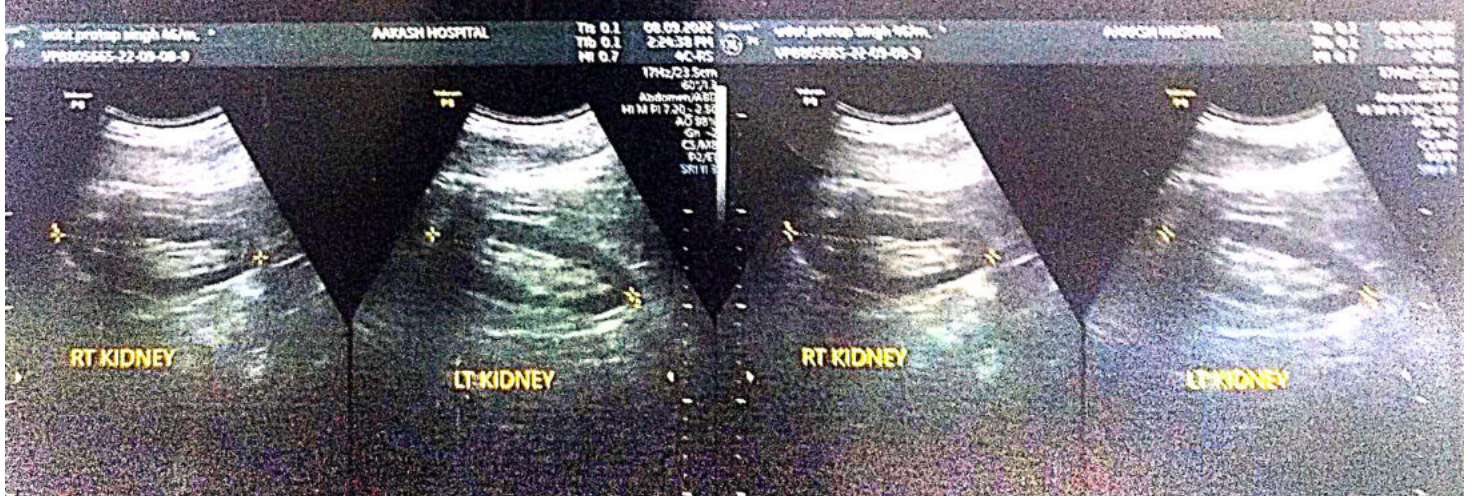
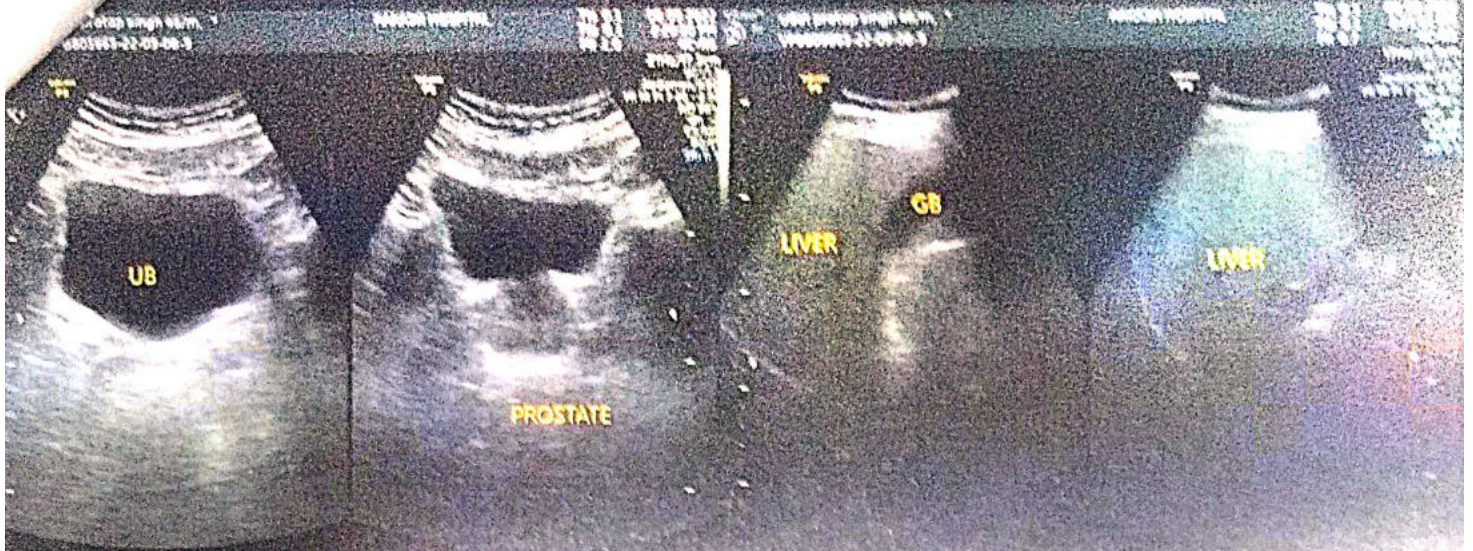
- Interventions (Vascular & Nonvascular)
- FNAC

- Biopsy
- Drainages
- Doppler Scans

- 3D & 4D Scans
- Varicose Vein Laser Treatment



# AAKASH HOSPITAL, MALVIYA NAGAR



Dr. N. S. Chugh  
Dr. R. S. Chugh

Dr. N. S. Chugh  
Dr. R. S. Chugh

90/43, MALVIYA NAGAR, NEW DELHI-110017 #011-40501000



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Lab Reg. No. : 2209090025	Date / Time : 09/09/2022
Patient Name : Mr. UDAY PRATAP SINGH	UHID No. :
Age / Sex : 44 Yrs. / Male	IPD No. :
Consultant :	Collection Time : 09/09/2022 11:36:45 am
Phone No. : 0000000000	Reporting Date & Time : 09/09/2022 3:26:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>CBC (COMPLET BLOOD COUNT)</b>			
HAEMOGLOBIN (HB)	15.6	gm/dl	13.0 - 17.0
Photometric Light Absorbance			
TOTAL LEUCOCYTE COUNT (TLC)	6700	/cumm	4000 - 11000
Volumetric Impedence			
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHILS	60	%	40 - 80
Flowcytometry/ Microscopy			
LYMPHOCYTES	34	%	20 - 40
Flowcytometry / Microscopy			
EOSNOPHILS	3	%	01 - 06
Flowcytometry / Microscopy			
MONOCYTES	3	%	2 - 10
Flowcytometry / Microscopy			
BASOPHILS	0	%	0 - 1
Floweytometry/ Microscopy			
RBC COUNT	4.9	Millions/cmm	4.5 - 5.5
Volumetric/ Impedence			
P.C.V / HAEMATOCRIT	44.4	%	40 - 50
Histogram Calculated			
MCV	89.7	cubic micron	83 - 101
Electric Impedence			
MCH	31.4	Pg	27.0 - 32.0
Calculated			
MCHC	35.0 H	g/dl	31.5 - 34.3
Calculated			
PLATELET COUNT	1.58	Lakh/cumm	1.50 - 4.10
Volumetric Impedence			
RDW CV	13.0	%	
Histogram			

COMMENT :

Test done on H560 Cell Counter. All Abnormal Haemograms are reviewed & confirmed Microscopically.

{{End of Report}}

Priya

PREPARED BY

VERIFIED BY

  
**Dr. MEENA METRE**  
 MBBS, MD  
 CONSULTANT PATHOLOGIST



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Phone No.	: 0000000000	Reporting Date & Time	: 09/09/2022 3:27:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
ESR ERYTHROCYTE SEDIMENTATION RATE (Westergen Method)	31 H	mm/hr	0-15

{{End of Report}}

Priya

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Valsamma

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Test Name	Observed Values	Unit	Biological Reference Range
<b>Lab</b>			
<b>LFT ( LIVER FUNCTION TEST )</b>			
BILIRUBIN-TOTAL	0.8	mg /dl	0-2.0
Diazo			
BILIRUBIN-DIRECT	0.3	mg /dl	0.0 - 0.4
Diazo			
BILIRUBIN INDIRECT	0.5	mg/dL	0.2 - 1.2
Calculated			
TOTAL PROTEIN	6.2 L	g/dL	6.4 - 8.3
Biuret			
ALBUMIN	4.1	g/dL	3.5 - 5.2
BCG			
GLOBULIN	2.1	g/dL	1.8 - 3.6
Calculated			
A/G Ratio	2.0	%	1.1 - 2.2
Calculated			
SGOT	26	U/L	0 - 35
IFCC			
SGPT	19	U/L	0 - 45
IFCC			
ALKALINE PHOSPHATE	98	U/L	53 - 128
AMP			
GGTP	28	U/L	0 - 55
Glupa-C			

### INTERPRETATION :

In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

{{End of Report}}

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Consultant :		Collection Time :	09/09/2022 11:36:45 am
Phone No. :	0000000000	Reporting Date & Time :	09/09/2022 3:24:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>Biochemistry</b>			
UREA SERUM UREA Urease - GLDH	20.8	mg/dl	15 - 45
<b>Lab</b>			
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN Calculated	9.7	mg/dl	6.0 - 20
CREATININE CREATININE Enzymatic	0.8	mg/dl	0.7 - 1.3

{{End of Report}}

Priya

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Age / Sex : 44 Yrs. / Male	IPD No. :
Consultant :	Collection Time : 09/09/2022 11:36:45 am
Phone No. : 0000000000	Reporting Date & Time : 09/09/2022 3:28:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>Lab</b>			
LIPID PROFILE			
TOTAL CHOLESTEROL	125.0	mg/dL	0 - 200
CHOD-PAP			
TRIGLYCERIDES	91.5	mg/dL	0 - 161
GPO			
HDL CHOLESTEROL	43.1	mg/dl	35 - 79
DIRECT			
VLDL CHOLESTROL	18.3	mg /dl	0-40
Calculated			
LDL CHOLESTEROL	63.6	mg/dl	0 - 100
Calculated			
CHOL/HDL RATIO	2.9	Ratio	0.0 - 3.5
Calculated			
LDL/HDL Ratio	1.5	Ratio	0 - 3
Calculated			

### INTERPRETATION :

NATIONAL LIPID ASSOCIATION RECOMMENDATION in mg/dl	TOTAL CHOLESTROL in mg/dl	TRIGLYCERIDE in mg/dl	LDL CHOLESTROL in mg/dl	NON HDL CHOLESTROL(NLA-2014)
OPTIMAL	<200	<150	<100	<130
ABOVE OPTIMAL	---	---	100-129	130-159
BORDERLINE HIGH	200--239	150-199	130--159	160--189
HIGH	>=240	200--499	160--189	190--219
VERY HIGH	---	>=500	> =190	>=220

A lipid panel is a common blood test that healthcare providers use to monitor and screen for your risk of cardiovascular disease. The panel includes three measurements of your cholesterol levels and a measurement of your triglycerides.

**SPECIAL NOTE : 12 HRS FASTING REQUIRED**

Priya  
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Consultant :		Collection Time :	09/09/2022 11:36:45 am
Phone No. :	0000000000	Reporting Date & Time :	09/09/2022 3:29:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
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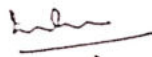
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Age / Sex : 44 Yrs. / Male	IPD No. :
Consultant :	Collection Time : 09/09/2022 11:36:45 am
Phone No. : 0000000000	Reporting Date & Time : 09/09/2022 3:25:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>Pathology</b>			
BLOOD GROUP	"B"		
BLOOD GROUP	Positive		
RH TYPING			

{(End of Report)}

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Phone No. : 0000000000	Reporting Date & Time : 09/09/2022 3:29:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>Lab</b>			
BLOOD GLUCOSE (PP) BLOOD GLUCOSE (PP) GOD-POD	135	mg /dl	70-140
BLOOD GLUCOSE FASTING (FBS ) BLOOD GLUCOSE (FASTING) GOD-POD	97	mg /dl	70-110

{{End of Report}}

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Age / Sex : 44 Yrs. / Male	IPD No. :
Consultant :	Collection Time : 09/09/2022 11:36:45 am
Phone No. : 0000000000	Reporting Date & Time : 09/09/2022 4:30:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>Biochemistry</b>			
Hba1c (Glycosylated Hemoglobin) HBA1C Immunoturbidimetric	5.1	%	4.0 -6.0

#### RECOMMENDED NGSP GUIDELINES FOR HbA1C LEVELS :

Non - Diabetic	4.0 % - 6.0%
Target for diabetics :	< 7 %
Therapeutic action required	> 8 %

#### COMMENT

The A1C test is a common blood test used to diagnose type 1 and type 2 diabetes. If you're living with diabetes, the test is also used to monitor how well you're managing blood sugar levels.  
The A1C test is also called the glycated hemoglobin, glycosylated hemoglobin, hemoglobin A1C or HbA1c test. An A1C test result reflects your average blood sugar level for the past two to three months.

{(End of Report)}

Priya  
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Name : Mr.UDAY PRATAP SINGH  
Age/Gender : 44 Y(s) /Male  
Reg No : 0909223415  
Lab ID No : KP0060168  
Sample ID : 220045902  
Sample Type : Serum

Location : KPL A43  
Registered On : 09-09-2022 13:19  
Reported On : 09-09-2022 15:23  
Referred By : -  
Client Name : AAKASH HOSPITAL  
Reference No : .



Test	Result	Unit	Reference Range
T3 Method : CLIA	: 1.69	nmol/L	0.92 - 2.79
T4 Method : CLIA	: 104.47	nmol/L	59.0 - 135.0
TSH Method : CLIA	: 1.79	uIU/mL	0.35 - 5.5

### Reference Range for Children

1-4 days : 1.00-39.00

5 days-5 months : 1.7 - 9.1

5 months - 20 years : 0.70 - 6.40

(1) 4.2 to 15  $\mu$ IU/mL - Correlate clinically as physiological and other factors may falsely elevate TSH levels.

(2) TSH Values may be transiently altered because of non-thyroidal illness.

(3) Some drugs may decrease TSH values, e.g., L-dopa, Glucocorticoids.

(4) Some drugs may increase TSH values, e.g., Iodine, Lithium, and Amiodarone. Abbreviations.

Test	Result	Unit	Reference Range
PSA - TOTAL	: 0.375	ng/mL	0 - 4

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



*Sherry Khanna*

Dr. Sherry Khanna  
D.N.B. (Pathology)  
Head-Lab Operations.





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Phone No. :	0000000000	Reporting Date & Time :	09/09/2022 3:25:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>URINE ROUTEIN AND MICROSCOPY</b>			
<b>PHYSICAL EXAMINATION</b>			
VOLUME	30	ml	Pale Yellow
COLOUR/APPEARANCE	Pale Yellow		Clear
TRANSPARENCY	Clear		6.0 - 7.5
PH	6.0		1.005-1.030
SPECIFIC GRAVITY	1.010		
Bromothymol blue indicator			
<b>CHEMICAL EXAMINATION</b>			
URINE GLUCOSE	Negative		Negative
GOD - POD			Negative
URINE PROTEIN	Negative		Negative
Tetrabromophenol blue			Negative
URINE KETONE BODIES/ACETONE	Negative		Negative
Sodium nitroprusside			Negative
BLOOD	Negative		Negative
Peroxidase			Negative
LEUKOCYTES	Negative		Negative
Esterase			Negative
NITRITE	Negative		Negative
Tetrahydrbenzo(h) quinolin			Negative
BILIRUBIN	Negative		Negative
Diazotized dichloraniline			Negative
UROBILINOGEN	1.0		0.2 - 1.0
Ehrlich reaction			
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	1-2	/HPF	0 - 9
RBC'S	NIL	/HPF	0 - 4
EPITHELIAL CELLS	0-1	/HPF	0 - 4
BACTERIA	Absent	/HPF	Absent
CRYSTALS	Absent	/HPF	Absent
CASTS	Absent	/LPF	Absent
YEAST CELL	Absent		Absent
OTHERS	NIL		NIL
URINE SUGAR FASTING	NIL		NIL
URINE SUGAR PP	NIL		NIL

Priya

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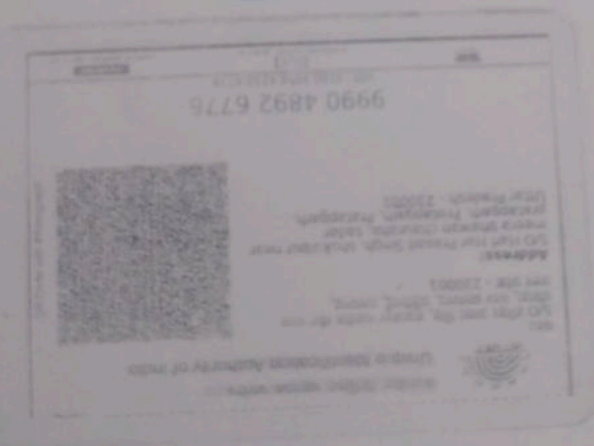
Priya

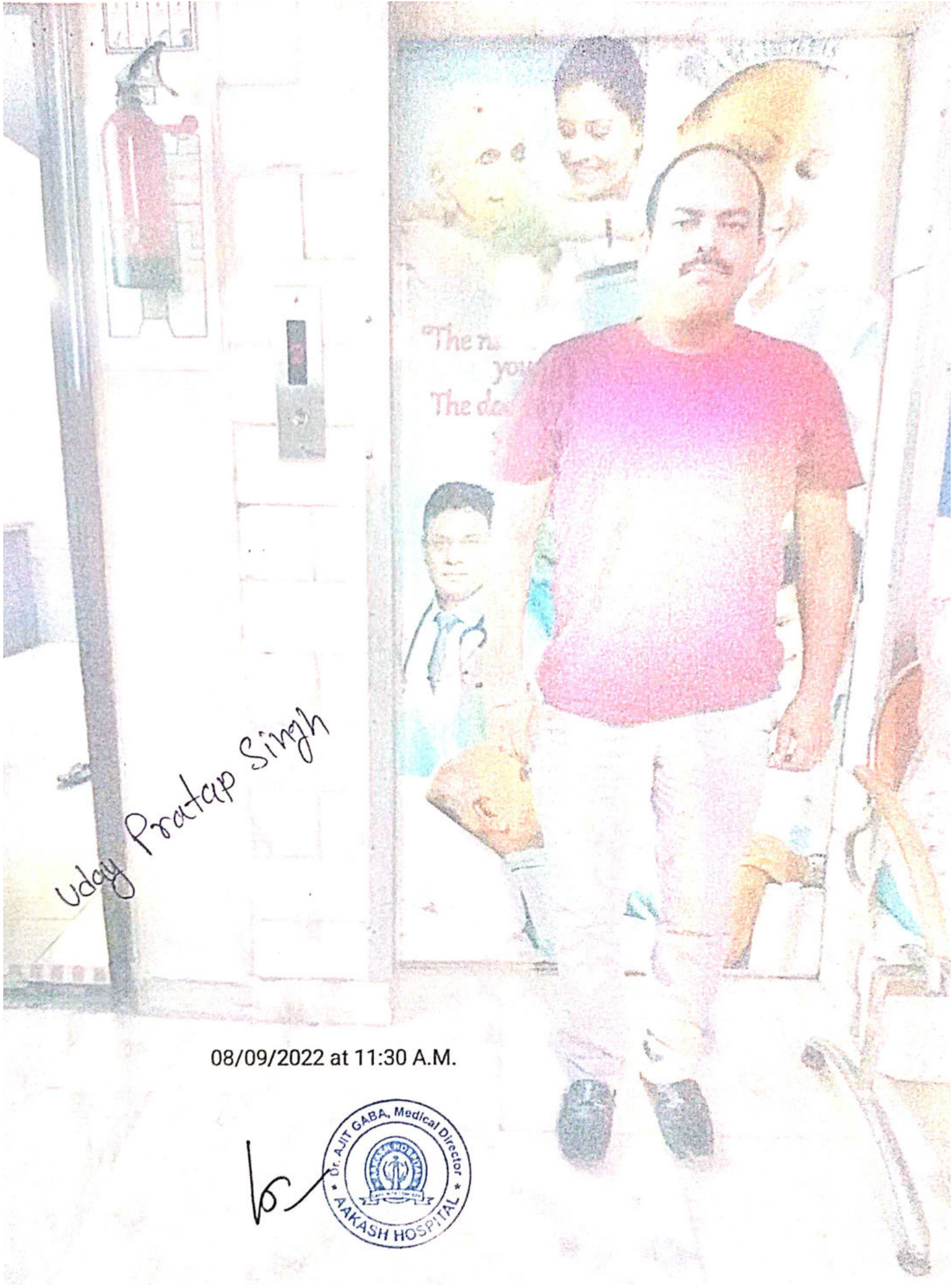
VERIFIED BY

  
Dr. MEENA METRE  
MBBS, MD  
CONSULTANT PATHOLOGIST



*akash* *K*





Uday Pratap Singh

08/09/2022 at 11:30 A.M.

ks