



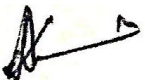
Reg. ID : 256875
Name of Patient : MR. ABHISHEKANAND SARASWATI
Age/Gender : 31 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 9643650638
Sample Type : EDTA

Panel Company : MEDIWHEEL
Lab Request ID : 230830007
Sample Collection Date : Mar 24, 2023, 08:23 a.m.
Sample Acknowledgment Date : Mar 24, 2023, 08:25 a.m.
Test Reported On : Mar 24, 2023, 03:53 p.m.
Email Id : mailsarasabhi@gmail.com

| Test Description | Value | Unit | Biological Ref Interval |
|---|----------|--------------|-------------------------|
| Complete Blood Count (CBC) | | | |
| Mediwheel metro full body health check up below 40 Male | | | |
| HAEMOGLOBIN (Hb) | 14.3 | gm/dl | 13.00 - 17.00 |
| Method : SLS | | | |
| TLC (Total Leucocyte Count) | 4200 | /cumm | 4000.00 - 10000.00 |
| Method : ELECTRIC IMPEDENCE | | | |
| DIFFERENTIAL COUNT | | | |
| NEUTROPHIL | 55 | % | 40.00 - 70.00 |
| LYMPHOCYTE | 40 | % | 20.00 - 40.00 |
| EOSINOPHIL | 03 | % | 1.00 - 6.00 |
| MONOCYTE | 02 | % | 2.00 - 10.00 |
| BASOPHIL | 0 | % | 0.00 - 2.00 |
| E.S.R. | 12 | mm/Ist hr. | 0.00 - 15.00 |
| Method : Westergen | | | |
| R B C (Red Blood Cell Count) | 4.7 | Millions/cmm | 4.50 - 5.50 |
| Method : Impedence | | | |
| PCV (Hematocrit) | 43.5 | % | 40.00 - 50.00 |
| M C V (Mean Corp Volume) | 92.55 | fL | 83.00 - 101.00 |
| Method : CALCULATED | | | |
| M C H (Mean Corp Hb) | 30.43 | pg | 27.00 - 32.00 |
| Method : CALCULATED | | | |
| M C H C (Mean Corp Hb Conc) | 32.87 | % | 31.50 - 34.50 |
| Method : CALCULATED | | | |
| MPV | 13.4 ▲ | fL | 6.5-12 |
| Method : Calculated | | | |
| PLATELET COUNT | 110000 ▼ | /cumm | 150000.00 - 410000.00 |
| Method : Impedence | | | |
| ABSOLUTE EOSINOPHIL COUNT | 126 | /cumm | 40.00 - 440.00 |
| ABSOLUTE LYMPHOCYTES COUNT | 1680 | /cumm | 1000.00 - 3000.00 |
| ABSOLUTE NEUTROPHIL COUNT | 2310 | /cumm | 2000.00 - 7000.00 |
| Method : MICROSCOPY | | | |
| RDW -CV | 13.9 | % | 11.60 - 14.00 |
| RDW -SD | 40.6 | fL | 39.00 - 46.00 |
| PDW | 18.5 | | 8.3 - 25 |

END OF REPORT

If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.


Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 256875
Name of Patient : MR. ABHISHEKANAND SARASWATI
Age/Gender : 31 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 9643650638
Sample Type : URINE

Panel Company : MEDIWHEEL
Lab Request ID : 230830007
Sample Collection Date : Mar 24, 2023, 08:23 a.m.
Sample Acknowledgment Date : Mar 24, 2023, 08:25 a.m.
Test Reported On : Mar 24, 2023, 05:17 p.m.
Email Id : mailsarasabhi@gmail.com

| Test Description | Value | Unit | Biological Ref Interval |
|------------------|-------|------|-------------------------|
|------------------|-------|------|-------------------------|

URINE Examination R/M*

Mediwheel metro full body health check up below 40 Male

Physical Examination

| | | | |
|------------|-------------|---|-------------|
| Quantity | 20ml | | |
| Colour | Pale Yellow | . | Pale yellow |
| Appearance | Clear | | |

Chemical Examination

| | | | |
|-----------------------------------|----------|--|---------------|
| Ph | 6.0 | | 5.0-8.0 |
| Method : Method : Dipstick Manual | | | |
| Specific Gravity | 1.020 | | 1.005 - 1.030 |
| Method : Method : Dipstick Manual | | | |
| Protein | Negative | | Negative |
| Method : Method : Dipstick Manual | | | |
| Glucose | Negative | | Negative |
| Method : Dipstick/Manual | | | |
| Bilirubin | Negative | | Negative |
| Method : Dipstick/Manual | | | |
| Ketones | Negative | | Negative |
| Method : Dipstick/Manual | | | |
| Nitrite | Negative | | Negative |
| Method : Dipstick/Manual | | | |
| Urobilinogen | Normal | | Normal |
| Method : Dipstick/Manual | | | |


Microscopic Examination - Method "Microscopy"

| | | | |
|------------------|--------|------|-----------|
| Pus cells | 1 - 2 | /hpf | 0 - 4/hpf |
| Red Blood Cells | Absent | /hpf | Nil |
| Epithelial Cells | 1 - 2 | /hpf | 1 - 2/hpf |
| Crystals | Absent | . | Absent |
| Casts | Absent | . | Absent |
| Yeast | Absent | . | Absent |
| Bacteria | Absent | . | Absent |

Note

Pus Cells are significant only in midstream sample. Important for interpretation in female patient as local contamination may occur.

A urine analysis alone usually doesn't provide a definite diagnosis. Depending on the reason your doctor recommended this test, you might need follow-up for unusual results. Evaluation of the urine analysis results with other tests can help your provider determine next steps. Getting standard test results from a urine analysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted. Tell your doctor if you still have signs and symptoms.


Dr. A. LALCHANDANI
M.D. (Pathology)




| | | | |
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| Name of Patient | : MR. ABHISHEKANAND SARASWATI | Lab Request ID | : 230830007 |
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| Mobile No. | : 9643650638 | Test Reported On | : Mar 24, 2023, 05:17 p.m. |
| Sample Type | : URINE | Email Id | : mailsarasabhi@gmail.com |

| Test Description | Value | Unit | Biological Ref Interval |
|------------------|-------|------|-------------------------|
|------------------|-------|------|-------------------------|

END OF REPORT

If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.



Dr. A. LALCHANDANI
M.D. (Pathology)



| | |
|--|--|
| Reg. ID : 256875 | Panel Company : MEDIWHEEL |
| Name of Patient : MR. ABHISHEKANAND SARASWATI | Lab Request ID : 230830007 |
| Age/Gender : 31 years / Male | Sample Collection Date : Mar 24, 2023, 08:23 a.m. |
| Refd by Dr. : MEDIWHEEL | Sample Acknowledgment Date : Mar 24, 2023, 08:25 a.m. |
| Mobile No. : 9643650638 | Test Reported On : Mar 24, 2023, 05:05 p.m. |
| Sample Type : EDTA | Email Id : mailsarasabhi@gmail.com |

| Test Description | Value | Unit | Biological Ref Interval |
|---|----------|------|-------------------------|
| <u>Blood Group ABO & RH TYPING*</u> | | | |
| Mediwheel metro full body health check up below 40 Male | | | |
| BLOOD GROUP ABO | O | | |
| RH Typing | Positive | | |

END OF REPORT

Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 256875
Name of Patient : MR. ABHISHEKANAND SARASWATI
Age/Gender : 31 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 9643650638
Sample Type : FLUORIDE-F

Panel Company : MEDIWHEEL
Lab Request ID : 01230830007
Sample Collection Date : Mar 24, 2023, 08:23 a.m.
Sample Acknowledgment Date : Mar 24, 2023, 08:25 a.m.
Test Reported On : Mar 24, 2023, 03:55 p.m.
Email Id : mailsarasabhi@gmail.com

| Test Description | Value | Unit | Biological Ref Interval |
|------------------|-------|------|-------------------------|
|------------------|-------|------|-------------------------|

BLOOD GLUCOSE FASTING

Mediwheel metro full body health check up below 40 Male

| | | | |
|------------------------------|----|-------|---------|
| BLOOD GLUCOSE FASTING | 93 | mg/dl | 70 - 99 |
|------------------------------|----|-------|---------|

Method : HEXOKINASE

Comments

Fasting Blood Sugar: 70-99 mg/dl : Non Diabetic
100-125 mg/dl : Impaired Fasting Glucose
>125 mg/dl : Diabetic

END OF REPORT

Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 256875
Name of Patient : MR. ABHISHEKANAND SARASWATI
Age/Gender : 31 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 9643650638
Sample Type : FLOURIDE PP

Panel Company : MEDIWHEEL
Lab Request ID : 230830007
Sample Collection Date : Mar 24, 2023, 08:23 a.m.
Sample Acknowledgment Date : Mar 24, 2023, 08:25 a.m.
Test Reported On : Mar 24, 2023, 03:55 p.m.
Email Id : mailsarasabhi@gmail.com

| Test Description | Value | Unit | Biological Ref Interval |
|------------------|-------|------|-------------------------|
|------------------|-------|------|-------------------------|

Mediwheel metro full body health check up below 40 Male

| | | | |
|-------------------------|---|-------|----------|
| BLOOD GLUCOSE PP | - | mg/dl | 70 - 139 |
|-------------------------|---|-------|----------|

Method : Hexokinase

| | | | |
|-------------------------|----|-------|--------|
| Blood Glucose PP | 94 | mg/dl | 70-139 |
|-------------------------|----|-------|--------|

Method : Hexokinase

Comments

PP Blood Sugar: 70-139 mg/dl : Non Diabetic
140-199 mg/dl : Impaired Glucose
>200 mg/dl : Diabetic

END OF REPORT

Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 256875
Name of Patient : MR. ABHISHEKANAND SARASWATI
Age/Gender : 31 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 9643650638
Sample Type : SERUM

Panel Company : MEDIWHEEL
Lab Request ID : 00230830007
Sample Collection Date : Mar 24, 2023, 08:23 a.m.
Sample Acknowledgment Date : Mar 24, 2023, 08:25 a.m.
Test Reported On : Mar 24, 2023, 05:05 p.m.
Email Id : mailsarasabhi@gmail.com


| Test Description | Value | Unit | Biological Ref Interval |
|---|-------|-------|-------------------------|
| Thyroid Function Test (T3,T4,TSH) | | | |
| Mediwheel metro full body health check up below 40 Male | | | |
| TOTAL T3 | 1.15 | ng/mL | 0.60 - 1.83 |
| Method : CLIA | | | |
| TOTAL T4 | 8.30 | ug/dl | 5.48 - 14.28 |
| Method : CLIA | | | |
| Thyroid Stimulating Hormone - TSH | 2.90 | uU/ml | 0.35 - 5.50 |
| Method : CLIA | | | |

COMMENTS:-

A high TSH result often means an underactive thyroid gland caused by failure of the gland (Hypothrodism). Very rarely, a high TSH result can indicate a problem with the pituitary gland, such as a tumour, in what is known as secondary hyperthrodism. A high TSH value can also occur in people with underactive thyroid gland who have been receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH. A low TSH result can also occur in people with an underactive thyroid gland who are receiving too much thyroid hormone medication.

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





| | | | |
|------------------------|-------------------------------|-----------------------------------|----------------------------|
| Reg. ID | : 256875 | Panel Company | : MEDIWHEEL |
| Name of Patient | : MR. ABHISHEKANAND SARASWATI | Lab Request ID | : 230830007 |
| Age/Gender | : 31 years / Male | Sample Collection Date | : Mar 24, 2023, 08:23 a.m. |
| Refd by Dr. | : MEDIWHEEL | Sample Acknowledgment Date | : Mar 24, 2023, 08:25 a.m. |
| Mobile No. | : 9643650638 | Test Reported On | : Mar 24, 2023, 04:38 p.m. |
| Sample Type | : EDTA | Email Id | : mailsarasabhi@gmail.com |

GLYCOSYLATED HAEMOGLOBIN HbA1c*

Mediwheel metro full body health check up below 40 Male

HBA1C* 5.1 % 4.00 - 5.70

Method : HPLC - Ion Exchange

MEAN BLOOD GLUCOSE LEVEL Mean Blood 100 mg/dL 68 - 117

Glucose Level over past 60 days period

INTERPRETATION

According to recommendations of the American Diabetes Association (ADA)

| Group | HbA1c in % |
|---------------------------------|----------------|
| Non-Diabetic adults 18 year | 4.5 - 5.6 |
| At risk of developing diabetes | > 5.7 to < 6.4 |
| Diagnosing of Diabetes mellitus | >= 6.5 |

Comments

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have q high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Diabetes patients with HbA1c levels below 7%(DCCT/NGSP) meet the goal of the ADA.
- HbA1c levels below the established reference interval may indicate recent episodes of hypoglycemia, the presence of Hb variants or shortened lifetime of erythrocytes.
- HbA1c Provides an index of average blood glucose levels over the past 8 -12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

FACTORS THAT INTERFERE WITH HbA1C Measurement- Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the with renal failure) can affect the accuracy of HbA1c measurements.

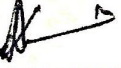
FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS - Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c

END OF REPORT





| | | | |
|------------------------|-------------------------------|-----------------------------------|----------------------------|
| Reg. ID | : 256875 | Panel Company | : MEDIWHEEL |
| Name of Patient | : MR. ABHISHEKANAND SARASWATI | Lab Request ID | : 230830007 |
| Age/Gender | : 31 years / Male | Sample Collection Date | : Mar 24, 2023, 08:23 a.m. |
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| Mobile No. | : 9643650638 | Test Reported On | : Mar 24, 2023, 04:38 p.m. |
| Sample Type | : EDTA | Email Id | : mailsarasabhi@gmail.com |



Dr. A. LALCHANDANI
M.D. (Pathology)

| Value | Unit | Biological Ref Interval |
|-------|------|-------------------------|
|-------|------|-------------------------|





| | | | |
|------------------------|-------------------------------|-----------------------------------|----------------------------|
| Reg. ID | : 256875 | Panel Company | : MEDIWHEEL |
| Name of Patient | : MR. ABHISHEKANAND SARASWATI | Lab Request ID | : 00230830007 |
| Age/Gender | : 31 years / Male | Sample Collection Date | : Mar 24, 2023, 08:23 a.m. |
| Refd by Dr. | : MEDIWHEEL | Sample Acknowledgment Date | : Mar 24, 2023, 08:25 a.m. |
| Mobile No. | : 9643650638 | Test Reported On | : Mar 24, 2023, 03:55 p.m. |
| Sample Type | : SERUM | Email Id | : mailsarasabhi@gmail.com |

| Test Description | Value | Unit | Biological Ref Interval |
|---|----------------|-------|--|
| <u>Lipid-Profile*</u> | | | |
| Mediwheel metro full body health check up below 40 Male | | | |
| CHOLESTROL TOTAL | 150 | mg/dL | Desirable : < 200 Borderline: 200 - 239 High : > 240 |
| Method : CHOD-POD | | | |
| T.G | 71 | mg/dL | Desirable < 150 Borderline High 150 - 199 High 200 - 499 Very High > 500 |
| Method : ENZYMATYIC (E.P) | | | |
| HDL | 34 | mg/dL | Male : 30 - 70 Female : 30 - 85 |
| Method : DCM | | | |
| V L D L | 14.2 | mg/dl | 07 - 35 |
| Method : Calculated | | | |
| LDL CHOLESTEROL | 101.8 ▲ | mg/dl | Desirable :- < 100 Border line: 130 - 159 High Risk : 160 - 189 Very High : > 190 |
| Method : Calculated | | | |
| LDL / HDL CHOLESTEROL Ratio | 2.99 | | 2.5 - 3.5 High : > 3.5 |
| Method : Calculated | | | |
| TOTAL / HDL CHOLESTEROL Ratio | 4.41 ▲ | | Moderate Risk : 3.5 - 5.0 High Risk : > 5.0 |
| Method : Calculated | | | |

Note

A Lipid Profile test panel measures the level of lipids, or fats, in your blood which essentially measures the following

- High-density lipoprotein (HDL) cholesterol** - referred to as "good" cholesterol because it helps remove LDL "bad" cholesterol from your blood.
- Low-density lipoprotein (LDL) cholesterol** - referred to as "bad" cholesterol. Too much of it can cause cholesterol to build up on the walls of your arteries. This raises your risk of [heart attack](#), [stroke](#), and [atherosclerosis](#).
- Triglycerides** - When you eat, your body breaks down fats in your food into smaller molecules called [triglycerides](#). High levels of triglycerides in your blood increase your risk of developing cardiovascular disease. Having obesity or unmanaged diabetes, drinking too much alcohol, and eating a high calorie diet can all contribute to high triglyceride levels.






Reg. ID : 256875
Name of Patient : MR. ABHISHEKANAND SARASWATI
Age/Gender : 31 years / Male
Refd by Dr. : MEDIWHEEL
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Sample Type : SERUM

Panel Company : MEDIWHEEL
Lab Request ID : 00230830007
Sample Collection Date : Mar 24, 2023, 08:23 a.m.
Sample Acknowledgment Date : Mar 24, 2023, 08:25 a.m.
Test Reported On : Mar 24, 2023, 03:55 p.m.
Email Id : mailsarasabhi@gmail.com

| Test Description | Value | Unit | Biological Ref Interval |
|---|-------|------|-------------------------|
| 4. Very low-density lipoprotein (VLDL). Your blood also contains another type of cholesterol linked to an increased risk of cardiovascular disease called VLDL . Your VLDL levels are not used to determine treatment for elevated cholesterol. | | | |
| 5. Total cholesterol. This is the total amount of cholesterol in your blood. It's the sum of your LDL, HDL, and VLDL cholesterol. If your cholesterol numbers are outside of the normal range, you may be at a higher risk of heart disease, stroke, and atherosclerosis. Your doctor will consider other factors, such as your family history, weight, and exercise levels, to determine your risk. | | | |

If your test results are abnormal, your doctor may order a [blood glucose test](#) to check for diabetes. They might also order a [thyroid function test](#) to determine if your thyroid is underactive.

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 256875
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Age/Gender : 31 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 9643650638
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Panel Company : MEDIWHEEL
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Email Id : mailsarasabhi@gmail.com


Liver Function Test (LFT)*

Mediwheel metro full body health check up below 40 Male

| | | | |
|--|-------|-------|-----------|
| BILIRUBIN TOTAL | 1.6 ▲ | mg/dL | 0.3 - 1.2 |
| Method : DIAZO | | | |
| BIL DIRECT | 0.4 ▲ | mg/dL | < 0.2 |
| Method : DIAZO | | | |
| BIL INDIRECT | 1.2 | | 0.4-1.1 |
| Method : CALCULATED | | | |
| AST/SGOT | 49 | μ/L | < 50 |
| Method : UV WITHOUT P5P | | | |
| ALT/SGPT | 74 ▲ | μ/L | < 50 |
| Method : UV WITHOUT P5P | | | |
| ALKALINE PHOSPHATE | 88 | IU/L | 30-120 |
| Method : PNPP, AMP BUFFER | | | |
| TOTAL PROTEIN | 6.9 | g/dL | 6.6 - 8.3 |
| Method : BIURET | | | |
| ALBUMIN | 4.5 | g/DL | 3.5 - 5.2 |
| Method : BCG | | | |
| GLOBULIN | 2.4 | g/dl | 2.0-3.5 |
| Method : Calculated | | | |
| A/G RATIO | 1.88 | | 0.9-2.5 |
| Method : Calculated | | | |
| GGT | 13 | μ/L | < 55 |
| Method : Glutamyl carboxy nitroanilide Glycylglycine | | | |

END OF REPORT

If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions


Dr. A. LALCHANDANI
M.D. (Pathology)





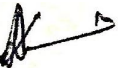
MC-2471

Reg. ID : 256875
Name of Patient : MR. ABHISHEKANAND SARASWATI
Age/Gender : 31 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 9643650638
Sample Type : SERUM

Panel Company : MEDIWHEEL
Lab Request ID : 00230830007
Sample Collection Date : Mar 24, 2023, 08:23 a.m.
Sample Acknowledgment Date : Mar 24, 2023, 08:25 a.m.
Test Reported On : Mar 24, 2023, 03:53 p.m.
Email Id : mailsarasabhi@gmail.com

| Test Description | Value | Unit | Biological Ref Interval |
|---|-------|-------|-------------------------|
| <u>Kidney Function Test (KFT)*</u> | | | |
| Mediwheel metro full body health check up below 40 Male | | | |
| Urea | 18 | mg/DL | 17 - 43 |
| Method : UREASE-UV | | | |
| Creatinine | 0.78 | mg/DL | 0.67 - 1.17 |
| Method : ALKALINE PICRATE KINETIC | | | |
| URIC ACID | 6.8 | mg/DL | 3.5 - 7.2 |
| Method : URICASE CALORIMETRIC | | | |
| Blood Urea Nitrogen (Bun) | 8.41 | mg/dl | 6-20 |
| Method : Calculated | | | |
| BUN / CREATININE Ratio | 10.78 | mg/dl | 5-20 |
| Method : Calculated | | | |
| SODIUM | 140 | mEq/l | 136 - 146 |
| Method : ISE INDIRECT | | | |
| POTASIUM | 3.4 ▼ | mEq/l | 3.5 - 5.1 |
| Method : ISE INDIRECT | | | |
| CHLORIDE | 105 | mEq/l | 101 - 109 |
| Method : ISE INDIRECT | | | |
| CALCIUM | 9.1 | mg/dL | 8.82-10.6 |
| Method : Aresnazo III | | | |
| INORGANIC PHOSPHORUS | 2.8 | mg/dL | 2.5-4.5 |
| Method : Phosphomolybdate reduction | | | |
| Comments | - | | |

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





| | | | |
|------------------------|-------------------------------|-----------------------------------|----------------------------|
| Reg. ID | : 256875 | Panel Company | : MEDIWHEEL |
| Name of Patient | : MR. ABHISHEKANAND SARASWATI | Lab Request ID | : R230830007 |
| Age/Gender | : 31 years / Male | Sample Collection Date | : Mar 24, 2023, 08:23 a.m. |
| Refd by Dr. | : MEDIWHEEL | Sample Acknowledgment Date | : Mar 24, 2023, 08:25 a.m. |
| Mobile No. | : 9643650638 | Test Reported On | : Mar 24, 2023, 09:31 a.m. |
| Sample Type | : RADIO | Email Id | : mailsarasabhi@gmail.com |

X-ray Chest P.A*

Mediwheel metro full body health check up below 40 Male

OBSERVATIONS:

- Trachea is central.
- Both hila are normal.
- Both the lung fields are clear. No focal lesion seen.
- Both domes of diaphragm and CP angles are normal.
- Heart and mediastinal silhouette is normal.

IMPRESSION: Normal Study.

Please correlate clinically.

END OF REPORT

Dr. Rounak Rajendra Bagga
MD Radiologist





| | | | |
|------------------------|-------------------------------|-----------------------------------|----------------------------|
| Reg. ID | : 256875 | Panel Company | : MEDIWHEEL |
| Name of Patient | : MR. ABHISHEKANAND SARASWATI | Lab Request ID | : R230830007 |
| Age/Gender | : 31 years / Male | Sample Collection Date | : Mar 24, 2023, 08:23 a.m. |
| Refd by Dr. | : MEDIWHEEL | Sample Acknowledgment Date | : Mar 24, 2023, 08:25 a.m. |
| Mobile No. | : 9643650638 | Test Reported On | : Mar 24, 2023, 10:38 a.m. |
| Sample Type | : RADIO | Email Id | : mailsarasabhi@gmail.com |

Male Ultrasound Whole Abdomen*

Mediwheel metro full body health check up below 40 Male

Liver in the craniocaudal axis , outline smooth with homogenous **echotexture but reflective suggestive of fatty change grade I.** No obvious focal parenchymal lesion seen no extra or intra hepatic billiary dilatation is noted . Hepatic veins drain normally in to IVC . Portal vein is normal and in course and caliber.

Gall bladder is distended. No intra luminal calculus is seen. Gall bladder wall is normal in thickness Common bile duct is normal in caliber and lumen is clear.

Pancreas is normal in size & outline Echotexture is homogenous. No evidence of any focal lesion or calcification is seen. Pancreatic duct is not dilated.

Spleen normal in outline and echotexture. No focal lesion calcification is seen.

Right **kidney** corticomedullary differentiation is maintained. cortical echotexture is homogenous No mass lesion, calculus or hydronephrosis is seen .

Left **kidney** measures corticomedullary differentiation is maintained. cortical echotexture is homogenous No mass lesion, calculus or hydronephrosis is seen .

Urinary bladder is distended. wall thickness is normal ,no calculus or mass seen.

Prostate is normal in size, shape and echotexture . no focal lesion is seen.

No significant gastric or small bowel lesion is seen.

No significant retroperitoneal lymph adenopathy . No peritoneal fluid seen.

Impression: Grade I Fatty Liver

Please correlate clinically & with other investigations. This report is for diagnostic use only and is not valid for medicolegal purposes. We are open for reconsideration of the report if required/suggested by treating doctor.

END OF REPORT





Reg. ID : 256875
Name of Patient : MR. ABHISHEKANAND SARASWATI
Age/Gender : 31 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 9643650638
Sample Type : RADIO

Panel Company : MEDIWHEEL
Lab Request ID : R230830007
Sample Collection Date : Mar 24, 2023, 08:23 a.m.
Sample Acknowledgment Date : Mar 24, 2023, 08:25 a.m.
Test Reported On : Mar 24, 2023, 10:38 a.m.
Email Id : mailsarasabhi@gmail.com

Dr. Rounak Rajendra Bagga
MD Radiologist





Reg. ID : 256875
Name of Patient : MR. ABHISHEKANAND SARASWATI
Age/Gender : 31 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 9643650638
Sample Type : SERUM

Panel Company : MEDIWHEEL
Lab Request ID : 00230830007
Sample Collection Date : Mar 24, 2023, 08:23 a.m.
Sample Acknowledgment Date : Mar 24, 2023, 08:25 a.m.
Test Reported On : Mar 24, 2023, 05:16 p.m.
Email Id : mailsarasabhi@gmail.com

| Test Description | Value | Unit | Biological Ref Interval |
|------------------|-------|------|-------------------------|
|------------------|-------|------|-------------------------|

Mediwheel metro full body health check up below 40 Male

| | | | |
|-----------|------|-------|-----|
| TOTAL PSA | 0.86 | ng/ml | < 4 |
|-----------|------|-------|-----|

Method : ENHANCED CHEMILUMINESCENCE

SUMMARY

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions.

Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

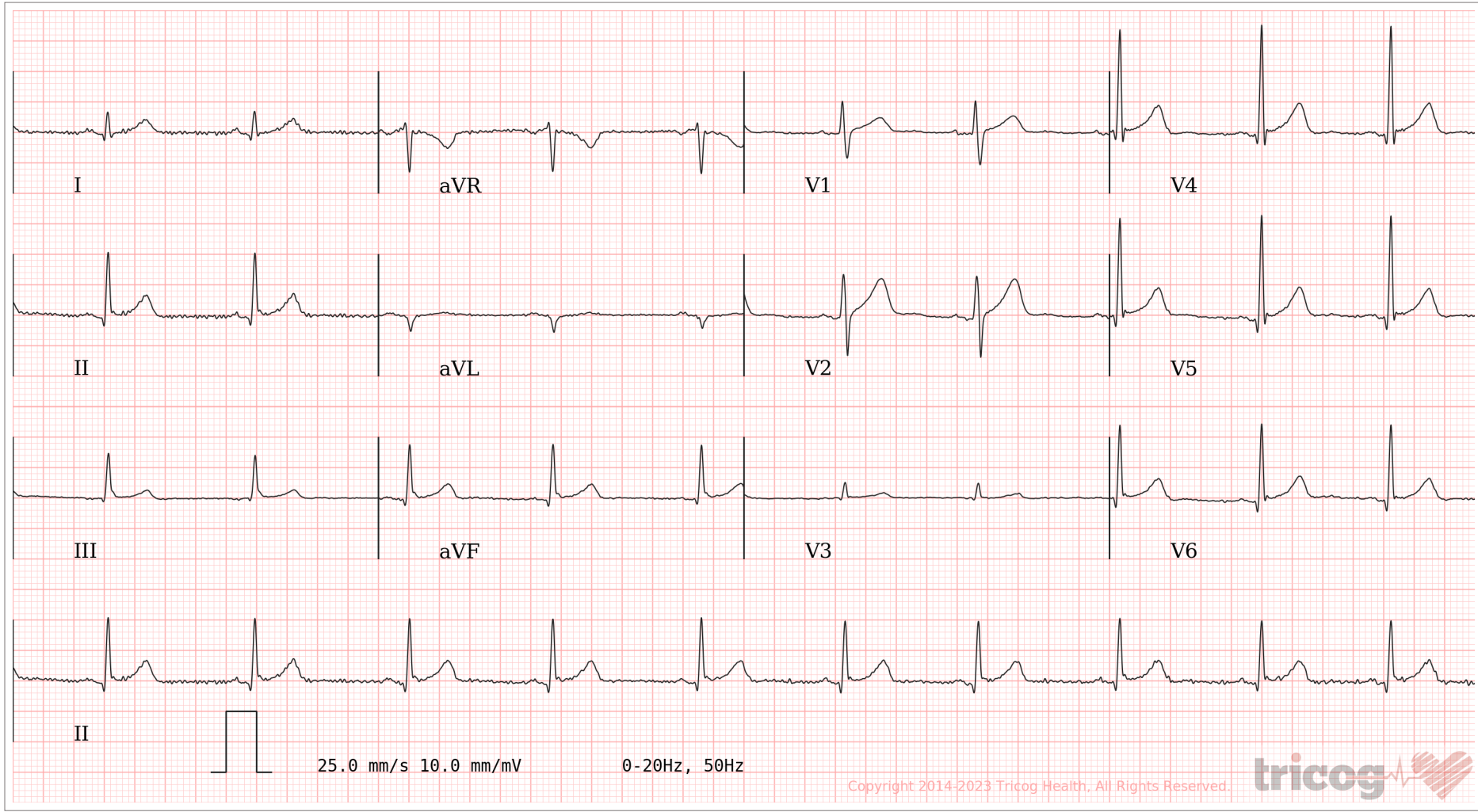
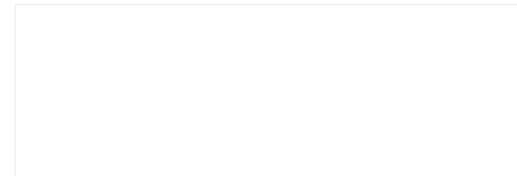
END OF REPORT

Dr. A. LALCHANDANI
M.D. (Pathology)



Age / Gender: 31/Male
Patient ID: 45545444
Patient Name: Abhishekanand

Date and Time: 24th Mar 23 8:18 AM



AR: 63.0bpm VR: 64.0bpm QRSD: 78.0ms QT: 384.0ms QTc: 397.0ms PRI: 134.0ms P-R-T: 27.0° 76.0° 50.0°

ECG Within Normal Limits: Incorrect Chest Lead Placement Suspected, Sinus Rhythm, Early repolarization with an ascending ST segment. Please repeat ECG with the same ID and Proper chest leads placement. Please correlate clinically.

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.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Adithya R

KMC129110

Name: Mr . ABHISHEKANAND
 Reff:

Age/Sex : 31Y/M
 Date: 24/03/2023

Transthoracic Echo-Doppler Report

M-Mode/2-D Description:

Left Ventricle: It is normal size. There is no regional wall motion abnormality.

Global LVEF is 60%.

Left Atrium: It is normal size.

Right Atrium: It is normal size.

Right Ventricle: It is normal size. RV systolic function is normal.

Aortic Valve: Aortic cusps are normal.

Mitral Valve: It opens normally. Subvalvular apparatus appears normal.

Tricuspid valve: It appears normal.

Pulmonary Valve: It appears normal.

Main Pulmonary artery & its branches: Appear normal.

No intracardiac clot/mass/veg.

Pericardium: There is no pericardial effusion.

IAS & IVS: Intact.

2-D/ M-Mode Measurements (mm):

| | Observed Values | Normal Values |
|----------------------|-----------------|----------------------------|
| Aortic root diameter | 23.7 | 20-36 (mm/M ²) |
| Aortic Valve Opening | | 15-26 |
| Left Atrium size | 30.3 | 19-40 |

| | End Diastole | End Systole | Normal Values |
|--------------------------|--------------|-------------|-----------------------|
| Left Ventricle Size | 44 | 26 | (ED= 37-56; ES=22-40) |
| Interventricular Septum | 09 | 10 | (ED= 6-12) |
| Posterior Wall Thickness | 09 | 10 | (ED= 5-10) |

| | | |
|--------------------------|-----|---------|
| LV Ejection Fraction (%) | 60% | 55%-80% |
|--------------------------|-----|---------|



| | | | |
|--|-------------------------------------|--|------------|
| Pulmonary Valve (Cm / Sec.) | | Aortic Valve (Cm / Sec.) | |
| Max Velocity | 105 | Max Velocity | 114 |
| Max PG | 4.4 | Mean Velocity | |
| Mean PG | | Max PG | 5.2 |
| | | Mean PG | |
| | | | |
| Mitral Valve (Cm / Sec.) | Mitral Valve (Cm / Sec.) | Tricuspid Valve (Cm / Sec.) | |
| E -60 | Max Velocity | Max Velocity | |
| A -51 | Mean Velocity | Mean Velocity | |
| DT - | Max PG | Max PG | 14 |
| PHT - | Mean PG | Mean PG | |

**Doppler Velocities:
Regurgitation**

Mr. ABHISHEKANAND

| | | | |
|----------------------|------------|---------------------|------------|
| | MR | | TR |
| Severity | Nil | Severity | Nil |
| Max Velocity | | Max Velocity | |
| Mean Velocity | | Max Gradient | |
| | AR | | PR |
| Severity | Nil | Severity | Nil |
| ED Velocity | | PADP | |
| PHT | | Mean PAP | |

Final Interpretation

Study done at heart rate 78 BPM

No regional wall motion abnormality. Global LVEF= 60%.

Normal cardiac chambers dimensions

No TR (RVSP=14+ RAP).

RV systolic function is normal.

No intra cardiac clot/mass/veg./pericardial effusion.

IVC normal with >50% respiratory variation

Dr. Saurabh Bagga

