

**Health Check up Booking Confirmed Request(bobE15616),Package Code-  
PKG10000238, Beneficiary Code-16939**

1 message

Mediwheel <customercare@policywheel.com>  
To: "anurag.idc@gmail.com" <anurag.idc@gmail.com>  
Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>

Sun, Aug 28, 2022 at 5:35 PM



011-41195959

Email:wellness@mediwheel.in

Hi Chandan Healthcare Limited,  
Diagnostic/Hospital Location :Indradeep Complex,Sanjay Gandhi Puram,City:Lucknow  
We have received the confirmation for the following booking .

**Beneficiary Name** :PKG10000238  
**Beneficiary Name** : MR. CHAUDHURY NITESH KUMAR  
**Member Age** : 32  
**Member Gender** : Male  
**Member Relation** : Employee  
**Package Name** : Full Body Health Checkup Male Below 40  
**Location** : MUNDEHRA,Uttar Pradesh-224125  
**Contact Details** : 9721839511  
**Booking Date** : 28-08-2022  
**Appointment Date** : 29-08-2022

**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 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.
- We request you to facilitate the employee on priority.

*Handwritten signature*

9721839511

भारत सरकार  
Government of India

नितेश कुमार चौधरी  
Nitesh Kumar Chaudhary  
जन्म तिथि/DOB: 30/06/1988  
पुरुष/ MALE

Download Date: 27/04/2021

Issue Date: 25/07/2018

7792 1432 5497  
VID : 9137 0801 7539 6855

मेरा आधार, मेरी पहचान

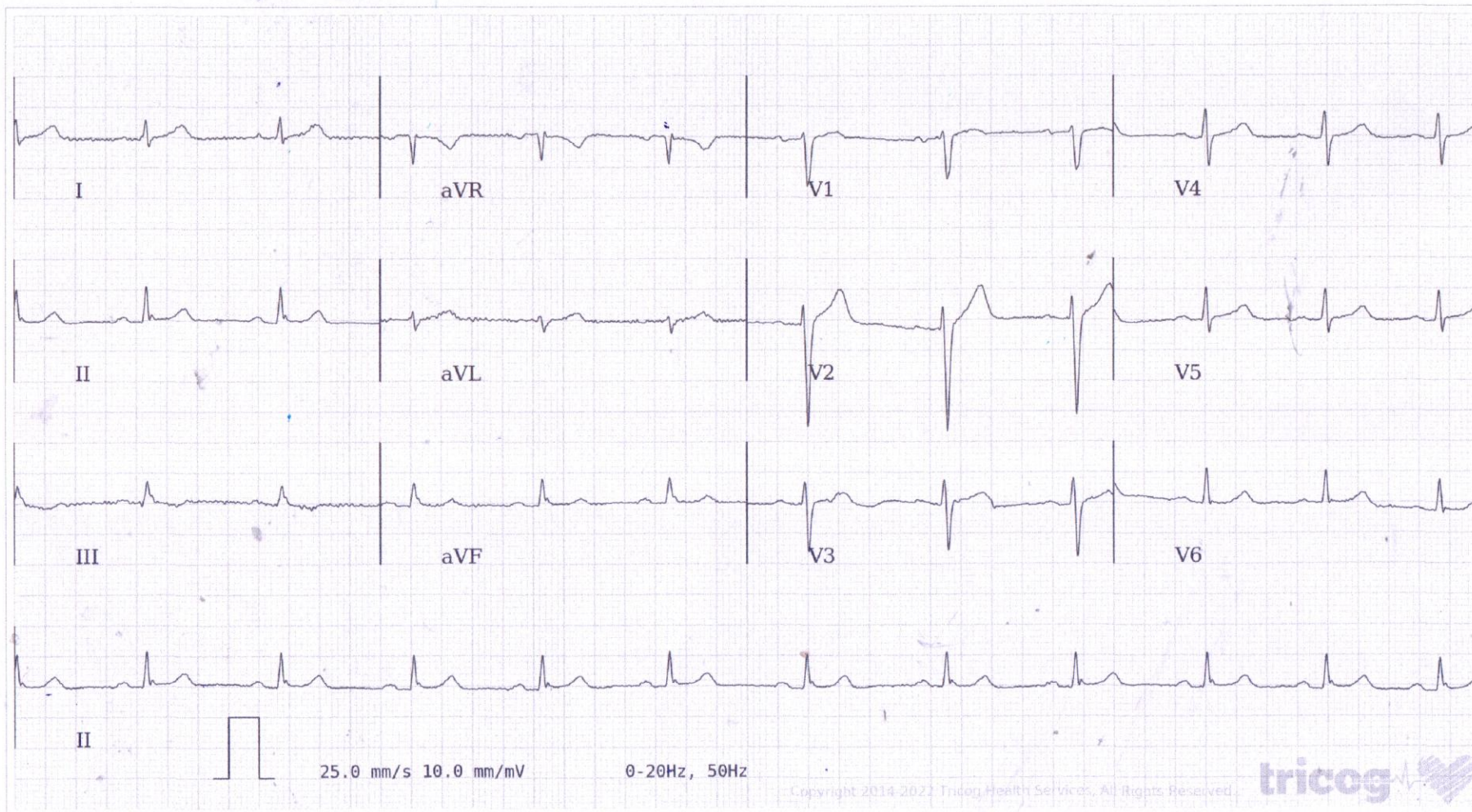


Indra Diagnostic Centre, Indira Nagar



Age / Gender: 34/Male  
Patient ID: IDCD0164922223  
Patient Name: Mr.NITISH KUMAR

Date and Time: 27th Aug 22 11:46 AM



AR: 71bpm VR: 71bpm QRSD: 86ms QT: 368ms QTc: 399ms PRI: 172ms P-R-T: 72° 66° 24°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. 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 Ponnambalam

47596



# INDRA DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar  
Ph: 7706041643,7706041644  
CIN : U85196UP1992PLC014075



Patient Name	: Mr.NITISH KUMAR	Registered On	: 27/Aug/2022 10:18:23
Age/Gender	: 34 Y 0 M 26 D /M	Collected	: 27/Aug/2022 10:35:36
UHID/MR NO	: IDCD.0000151107	Received	: 27/Aug/2022 15:36:52
Visit ID	: IDCD0164922223	Reported	: 27/Aug/2022 17:17:42
Ref Doctor	: Dr.MEDI BUDDY PVT LTD.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### HAEMOGRAM \*\*, Blood

Haemoglobin	15.50	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)	6,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	<b>50.00</b>	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	<b>43.00</b>	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	8.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 9	
PCV (HCT)	47.00	cc %	40-54	

### GBP

### General Blood Picture (G.B.P. / P.B.S.)

1. RBCs are Normocytic and normochromic.
2. **WBCs show lymphocytosis.**
3. Platelets are within normal limits.
4. Smears are Negative for Malarial and Microfilarial Parasite.
5. There are no blasts (precursor cells).

### Platelet count

Platelet Count	1.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	35.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.18	%	0.108-0.282	ELECTRONIC IMPEDANCE







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## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
MPV (Mean Platelet Volume)	11.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	5.11	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
M.C.V.	86.80	fl	80-100	CALCULATED PARAMETER
M.C.H.	30.40	pg	28-35	CALCULATED PARAMETER
M.C.H.C.	35.00	%	30-38	CALCULATED PARAMETER
RDW-CV	12.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,400.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	136.00	/cu mm	40-440	



  
Dr. Anupam Singh  
M.B.B.S.,M.D.(Pathology)





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UHID/MR NO	: IDCD.0000151107	Received	: 27/Aug/2022 12:34:38
Visit ID	: IDCD0164922223	Reported	: 27/Aug/2022 14:11:30
Ref Doctor	: Dr.MEDI BUDDY PVT LTD.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### GLUCOSE FASTING , Plasma

Glucose Fasting	89.60	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

### Glucose PP

Sample: Plasma After Meal

142.70	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

<b>Urea</b> Sample: Serum	27.60	mg/dL	15-45	UV-GLDH KINETIC
<b>Creatinine</b> Sample: Serum	1.08	mg/dl	0.5-1.3	MODIFIED JAFFES
<b>SGOT / Aspartate Aminotransferase (AST)</b> Sample: Serum	39.20	U/L	< 35	IFCC WITHOUT P5P
<b>SGPT / Alanine Aminotransferase (ALT)</b> Sample: Serum	68.00	U/L	< 40	IFCC WITHOUT P5P
<b>Uric Acid</b> Sample: Serum	5.38	mg/dl	2.5-6.0	URICASE

### GAMMA GT (GGT) \* , Serum





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Ph: 7706041643,7706041644  
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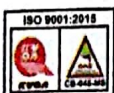
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## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Gamma GT (GGT)	30.10	IU/L	11-50	OPTIMIZED SZAZING
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	174.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	40.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	110	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	23.76	mg/dl	10-33	CALCULATED
Triglycerides	118.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



Dr. Shoaib Irfan (MBBS, MD, PDCC)





# INDRA DIAGNOSTIC CENTRE

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CIN : U85196UP1992PLC014075



Patient Name	: Mr.NITISH KUMAR	Registered On	: 27/Aug/2022 10:18:23
Age/Gender	: 34 Y 0 M 26 D /M	Collected	: 27/Aug/2022 12:04:20
UHID/MR NO	: IDCD.0000151107	Received	: 27/Aug/2022 16:10:43
Visit ID	: IDCD0164922223	Reported	: 27/Aug/2022 16:23:56
Ref Doctor	: Dr.MEDI BUDDY PVT LTD.	Status	: Final Report


## DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### URINE EXAMINATION, ROUTINE \*\* , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Neutral ( 7.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
<b>Pus cells</b>	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			



  
Dr. Anupam Singh  
M.B.B.S.,M.D.(Pathology)







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Patient Name	: Mr.NITISH KUMAR	Registered On	: 27/Aug/2022 10:18:23
Age/Gender	: 34 Y 0 M 26 D /M	Collected	: 27/Aug/2022 12:04:20
UHID/MR NO	: IDCD.0000151107	Received	: 27/Aug/2022 12:44:48
Visit ID	: IDCD0164922223	Reported	: 27/Aug/2022 13:23:29
Ref Doctor	: Dr.MEDI BUDDY PVT LTD.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### STOOL R/M \* , Stool

Color	YELLOWISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.0 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Fungal element	ABSENT
Others	ABSENT



Dr. Shoaib Irfan (MBBS, MD, PDCC)





# INDRA DIAGNOSTIC CENTRE

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Age/Gender	: 34 Y 0 M 26 D /M	Collected	: 27/Aug/2022 10:35:36
UHID/MR NO	: IDCD.0000151107	Received	: 27/Aug/2022 13:32:02
Visit ID	: IDCD0164922223	Reported	: 27/Aug/2022 17:04:17
Ref Doctor	: Dr.MEDI BUDDY PVT LTD.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>TSH (Thyroid Stimulating Hormone) **</b> <i>Sample:Serum</i>	1.57	µIU/mL	0.27 - 5.5	CLIA

### Interpretation:

0.3-4.5	µIU/mL	First Trimester
0.5-4.6	µIU/mL	Second Trimester
0.8-5.2	µIU/mL	Third Trimester
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.
- 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.

<b>Vitamin B12 (Cyanocobalamin) **</b> <i>Sample:Serum</i>	325.00	pg/ml	211-911 pg/ml	CLIA
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### Interpretation:

Vitamin B12 is an important vitamin. people with strict vegetarian diet have more percentage of B12 deficiency vitamin B12 deficiency causes neurological damage, backache, diarrhea shortness of breath, weakness, chestpain, loss of appetite and menstrual disorders.





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Visit ID	: IDCD0164922223	Reported	: 27/Aug/2022 17:04:17
Ref Doctor	: Dr.MEDI BUDDY PVT LTD.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Vitamin D3 **</b> Sample:Serum	44.09	nmol/L	< 50 Deficiency Expected Val. 50-74 Insufficiency 75-250 Sufficiency > 250 Toxicity	ECLIA

### Interpretation:

1. More than 95% of vitamin D (25-OH), measurable in serum, is vitamin D3 (25-OH) whereas vitamin D2 (25-OH) reaches measurable levels only in patients taking vitamin D2 supplements.<sup>1,2,3</sup> There is no established Vitamin D3 and Vitamin D2 reference range.

2. Reference Ranges are established only for Vitamin D, Total\*.

3. Expected value\* :

- i. <50 nmol/Litre Deficiency
- ii. 50- 74 nmol/Litre Insufficiency
- iii. 75-250 nmol/Litre Sufficiency
- iv. >250 nmol/Litre Toxicity


4. Vitamin D is a fat-soluble steroid hormone precursor that is mainly produced in the skin by exposure to sunlight. Vitamin D is biologically inert and must undergo hydroxylation steps to become active.<sup>1</sup>

5. Vitamin D is essential for bone health. In children, severe deficiency leads to rickets. In elderly, the risk of falling has been attributed to vitamin D deficiency due to muscle weakness. Moreover, low vitamin D (25-OH) concentrations are associated with lower bone mineral density. Insufficiency has also been linked to diabetes, cancer, cardiovascular disease, and autoimmune diseases.<sup>1</sup>

### References

1. Holick, M.F. (2007). Vitamin D deficiency. N Engl J Med, 357:266-281.
2. Houghton, L.A., Vieth, R. (2006). The case against ergocalciferol (vitamin D2) as a vitamin supplement. Am J Clin Nutr, 84:694-697.
3. Hart, G.R., Furniss, J.L., Laurie, D., et al. (2006). Measurement of vitamin D Status: background, clinical use and methodologies. Clin Lab, 52(7-8):335-343.



  
Dr. Anupam Singh  
M.B.B.S., M.D. (Pathology)







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Patient Name	: Mr.NITISH KUMAR	Registered On	: 27/Aug/2022 10:18:23
Age/Gender	: 34 Y 0 M 26 D /M	Collected	: N/A
UHID/MR NO	: IDCD.0000151107	Received	: N/A
Visit ID	: IDCD0164922223	Reported	: 27/Aug/2022 14:59:57
Ref Doctor	: Dr.MEDI BUDDY PVT LTD.	Status	: Final Report

## DEPARTMENT OF X-RAY

### 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. Anil Kumar Verma  
(MBBS,DMRD)





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Visit ID	: IDCD0164922223	Reported	: 27/Aug/2022 12:03:31
Ref Doctor	: Dr.MEDI BUDDY PVT LTD.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

#### LIVER

- Liver is normal in size (~ 140 mm) and has a normal homogenous echo texture.
- No obvious focal lesion is seen. The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

#### GALL BLADDER & CBD

- **Gall bladder is contracted. Multiple small calculi combinely ~ approx 2.7 cm showing wall echogenic shadow complex (WES complex) seen. Gall bladder wall is thickened (~ 4.6 mm). Gall bladder & liver interface could not differentiate due to posterior acoustic shadowing of calculi. (ADV:- CECT / MRCP correlation if needed).**
- Visualised proximal common bile duct is normal (~ 4.6 mm) in caliber. Lumen echo lucent with distal smooth tapering.

#### PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

#### KIDNEYS

- Both the kidneys are normal in size and echotexture.
- **Small calculus ~ approx 3.5 mm seen at upper polar region of right kidney.**
- **Small concretion seen at upper polar region of left kidney.**
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

#### SPLEEN

- The spleen is normal in size and has a normal homogenous echo-texture.

#### LYMPH NODES

- No significant lymph node noted.





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## DEPARTMENT OF ULTRASOUND

### URINARY BLADDER

- Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.

### PROSTATE

- Prostate is normal in size & measures ~ 11.4 grams.

### IMPRESSION

- **Cholelithiasis with cholecystitis. (ADV:- CECT / MRCP correlation if needed).**
- **Small right renal calculus with left renal small concretions.**

Note:- USG is not an ideal modality to rule out all gall bladder / CBD calculi & all renal / ureteric calculi or all bowel pathologies.

Typed by- shanaya

(This report is an expert opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

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

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

Result/s to Follow:

GENERAL PHYSICAL EXAM, ECG / EKG



Dr. Anil Kumar Verma  
(MBBS, DMRD)

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 \*Facilities Available at Select Location

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Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002

Mar. 2018