

**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 323030184  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 08:56 a.m.  
**Reported On** : Mar 06, 2023, 10:23 a.m.



**COMPLETE BLOOD COUNT (CBC) LC**

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
<b>HEMATOLOGY</b>			
Haemoglobin (Mod.Cyanmethemoglobin)	14.5	gms%	13 - 17
R.B.C Count (Impedence)	4.94	x10 <sup>6</sup> /cmm	4.5 - 5.5
PCV (Conductivity)	43.7	%	40 - 50
MCV (Calculated)	88.46	fL	83 - 101
MCH(Calculated)	29.35	Pg	27 - 32
MCHC(Calculated)	33.18	gms%	31.5 - 34.5
W.B.C. Count(Impedence)	6.45	x10 <sup>3</sup> /cmm	4 - 10
RDW(Calculated)	13.4	%	11.6 - 14.0
MPV(Calculated)	9.5	fL	6 - 11
Platelet Count(Impedence)	1.85	x10 <sup>5</sup> /cmm	1.50 - 4.10
<b>DIFFERENTIAL COUNT (Impedence,Light Absorbance)</b>			
Neutrophils	57	%	40 - 80
Lymphocytes	33	%	20 - 40
Eosinophils	05	%	1 - 6
Monocytes	05	%	2 - 10
Basophils	0	%	0 - 2
RBC Morphology <i>Staining &amp; Microscopy</i>	Normocytic normochromic.		
WBC Morphology <i>Staining &amp; Microscopy</i>	Normal		
PLATELETS <i>Staining &amp; Microscopy</i>	Adequate on smear.		
Other	-		

CBC done on fully Automated Yumizen H550

\*\*END OF REPORT\*\*



**Dr. Rohini Gedam D.P.B.**  
 Consultant Pathologist

# Report



**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 323030184  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 08:56 a.m.  
**Reported On** : Mar 06, 2023, 11:06 a.m.



## ERYTHROCYTE SEDIMENTATION RATE (E.S.R) LC

Specimen Type : EDTA

<u>Test Description</u>	<u>Value(s)</u>	<u>Unit(s)</u>	<u>Reference Range</u>
<b><u>HEMATOLOGY</u></b>			
E.S.R.	08	mm	0 - 15

*By Whole Blood Modified Westergren Method*

ESR done on fully automated Easyrate analyzer.

\*\*END OF REPORT\*\*

A handwritten signature in black ink, appearing to read "Rohini Gedam".

**Dr. Rohini Gedam D.P.B.**  
Consultant Pathologist

# Report



**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 32303018402  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 12:15 p.m.  
**Reported On** : Mar 06, 2023, 02:13 p.m.



## Blood sugar post prandial

Specimen Type : Plasma

Test Description	Value(s)	Unit(s)	Reference Range
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### BIOCHEMISTRY

Blood sugar post prandial <i>By Hexokinase method</i>	84	mg/dl	70 - 140
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Remark

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose :  $\geq$  126 mg/dl

OR

2 Hr Post Glucose :  $\geq$  200 mg/dl

OR

HbA1c  $\geq$  6.5 %

OR

Random Blood Glucose :  $\geq$  200 mg/dl

\*\*END OF REPORT\*\*

**Dr. Vijay Varde**  
**M.D.(Path) D.P.B**  
Consultant Pathologist

# Report



**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 323030184  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 08:56 a.m.  
**Reported On** : Mar 06, 2023, 02:13 p.m.



## Glycosylated HB A1c

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
<b>BIOCHEMISTRY</b>			
Glycosylated HBA1C	5.4	%	
AVERAGE BLOOD GLUCOSE LEVEL	108.28	mg/dl	

Reference Values : Glyco HB A1c

Non Diabetic : 4.0 - 6.0

Good Diabetic Control : 6.0 - 7.0

Fair Diabetic Control : 7.0 - 8.0

Poor Diabetic Control : > 8.0

Maintaining HbA1c levels to less than 7% will reduce risk of long term complications of Diabetes.

Method : Ion Exchange HIGH Pressure Liquid Chromatography (HPLC), on Fully Automated Biorad D10 analyser.

INFORMATION : Glycosylated Haemoglobin accumulates within the red blood cells & exists in this form throughout the lifespan of red cells. Thus a single HbA1c value taken every 2 - 3 months

serves over those months. The measurement of HbA1c has been used as an index of metabolic control of diabetes during the preceding 2 - 3 months providing physician with an objective look at patient's diabetes control. HbA1c is not affected by factors like intake of carbohydrates, timing of antidiabetes drugs, daily activities.

Test done on BIORAD D10.

This test has been performed at Lifecare Diagnostics & Research Centre Pvt. Ltd.

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose :  $\geq 126$  mg/dl

OR

2 Hr Post Glucose :  $\geq 200$  mg/dl

OR

HbA1c  $\geq 6.5$  %

OR

Random Blood Glucose :  $\geq 200$  mg/dl

\*\*END OF REPORT\*\*

**Dr. Vijay Varde**  
**M.D.(Path) D.P.B**  
Consultant Pathologist

# Report



**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 323030184  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : 06/03/2023, 08:56 a.m.  
**Collected On** : 06/03/2023  
**Reported On** : 06/03/2023, 12:06 p.m.



## LIPID PROFILE LC

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b>BIOCHEMISTRY</b>			
Triglycerides <i>By Enzymatic GPO/PAP Method</i>	147	mg/dl	Less than 150
Total Cholesterol <i>By CHOD-PAP Method</i>	<b>207</b>	mg/dl	UPTO 200
HDL Cholesterol <i>By Enzymatic Method</i>	<b>36</b>	mg/dl	40 - 60
VLDL Cholesterol	29.40	mg/dl	6 - 38
LDL Cholesterol	<b>141.60</b>	mg/dl	Upto 100
Cholesterol : HDL Cholesterol Ratio	<b>5.75</b>		Upto - 5
LDL Cholesterol/HDL Cholesterol Ratio	3.93		Upto 4

<b>Total Cholesterol :</b>	<b>HDL-Cholesterol:</b>
<i>Desirable : Less than 200 mg%</i> <i>Borderline High : 200 - 239 mg% High : More than 239 mg%</i>	<i>Desirable : More than 40 mg%</i> <i>Low : Less than 40 mg%</i>
<b>LDL-Cholesterol (Non-protective cholesterol) :</b>	<b>Triglycerides :</b>
<i>Optimal : Less than 100 mg% NearOptimal : 100 - 129 mg%</i> <i>Borderline High : 130 - 159 mg%</i> <i>High : 160 - 189 mg%</i> <i>Very High : More than 189 mg%</i>	<i>Normal : Less than 150 mg%</i> <i>Borderline : 150 - 199 mg%</i> <i>High : 200 - 499 mg%</i> <i>Very High : More than 499 mg%</i>

\*\*END OF REPORT\*\*

**Dr. Vijay Varde**  
M.D.(Path) D.P.B  
Consultant Pathologist

# Report



**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 323030184  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 08:56 a.m.  
**Reported On** : Mar 06, 2023, 12:30 p.m.



## BLOOD GROUP LC

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
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### SEROLOGY

ABO Group

"A"

*BySLIDE/TUBE Method*

Rh (Factor)

Positive

*BySLIDE/TUBE Method*

Remark

*Test done by : Agglutination Forward & Reverse Method (Whole Blood & Serum)*

\* : *Rechecked*

\*\*END OF REPORT\*\*

**Dr. Vijay Varde**  
**M.D.(Path) D.P.B**  
Consultant Pathologist

# Report



**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 323030184  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 08:57 a.m.  
**Reported On** : Mar 06, 2023, 04:07 p.m.



## T3 T4 TSH

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>IMMUNOASSAY</u></b>			
T3	105.59	ng/dl	60 - 181
T4	8.8	ug/dl	3.2 - 12.6
T.S.H (ULTRA SENSITIVE)	1.007	uIU/ml	0.55 - 4.78

ByCLIA

Method : By CMIA  
Sample Type: Serum

Remark :

- Decreased value of T3(T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism
- Total T3 and T4 value may also be altered in other condition due to change in serum proteins or binding sites pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases free T3 and free T4 give corrected values.
- Total T3 may decrease by <25percent in healthy older individual.

Remark:

- TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc
- Drugs that decrease TSH values e.g. L-dopa, Glucocorticoids Drugs that increase TSH values e.g. Iodine, Lithium, Amiodaron

Test done on Abbott Architect i1000

\*\*END OF REPORT\*\*

**Dr. Vijay Varde**  
**M.D.(Path) D.P.B**  
Consultant Pathologist

# Report



**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 32303018401  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 08:56 a.m.  
**Reported On** : Mar 06, 2023, 11:04 a.m.



## Blood sugar fasting LC

Specimen Type : Plasma

<u>Test Description</u>	<u>Value(s)</u>	<u>Unit(s)</u>	<u>Reference Range</u>
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### BIOCHEMISTRY

Blood Sugar Fasting

**Glucose value**

*By Hexokinase method*

86

mg/dl

70 - 110

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose :  $\geq 126$  mg/dl

OR

2 Hr Post Glucose :  $\geq 200$  mg/dl

OR

HbA1c  $\geq 6.5$  %

OR

Random Blood Glucose :  $\geq 200$  mg/dl

\*\*END OF REPORT\*\*

**Dr. Rohini Gedam D.P.B.**  
Consultant Pathologist



# Report



**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 323030184  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 08:57 a.m.  
**Reported On** : Mar 06, 2023, 12:12 p.m.



## Renal Function Test

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>BIOCHEMISTRY</u></b>			
Urea <i>ByUrease Method</i>	24.4	mg/dl	10 - 38.5
BUN <i>BySerum By Urease with GLDH</i>	11.4	mg/dl	5 - 18
Creatinine <i>ByAlkaline Picrate-Kinetic</i>	1.00	mg/dl	0.7 - 1.3
Uric Acid <i>BySerum by Uricase Method</i>	5.4	mg/dl	2.6 - 6.0
Calcium <i>BySerum Cresolphthaleine complexona Method</i>	<b>8.2</b>	mg/dl	8.5 - 10.1
Phosphorus <i>ByPhosphomolybdate - UV Method</i>	3.7	mg/dl	2.5 - 4.9
Sodium <i>BySerum By ISE Method</i>	139	mEq/L	135 - 145
Potassium <i>BySerum by ISE Method</i>	3.7	mEq/l	3.5 - 5.5
Chloride <i>BySerum by ISE Method</i>	103	mEq/L	96 - 109
Proteins <i>ByBiuret Method</i>	7.8	g/dl	6.4 - 8.2
Albumin <i>ByBromocresol purple Method</i>	3.8	g/dl	3.4 - 5
Globulin	<b>4</b>	g/dl	1.8 - 3.6
A/G Ratio	<b>0.95</b>		1.5 - 3.5

\*\*END OF REPORT\*\*

**Dr. Vijay Varde**  
**M.D.(Path) D.P.B**  
Consultant Pathologist

# Report



**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 323030184  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 08:57 a.m.  
**Reported On** : Mar 06, 2023, 01:06 p.m.



## LIVER FUNCTION TEST (LFT) LC

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>BIOCHEMISTRY</u></b>			
Serum Bilirubin (Total) <i>ByDiazo Method</i>	0.33	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) <i>ByDiazo Method</i>	0.08	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect) <i>Calculated</i>	0.25	mg/dl	upto 0.90
S.G.O.T (AST) <i>BySerum By Enzymatic Method IFCC</i>	16	U/L	15 - 37
S.G.P.T <i>BySerum by Enzymatic Method</i>	21	U/L	16 - 63
Serum GGTP <i>ByEnzymatic Method</i>	33	U/L	15 - 85
Alkaline Phosphatase	81	U/L	46-116
Serum Proteins <i>ByBiuret Method</i>	7.8	g/dl	6.4 - 8.2
S. Albumin <i>ByBromocresol purple Method</i>	3.8	g/dl	3.4 - 5.0
Serum Globulin	<b>4</b>	gm/dl	1.8 - 3.6
A/G Ratio	<b>0.95</b>		1.5 - 3.5
Remark			

\*\*END OF REPORT\*\*

**Dr. Vijay Varde**  
**M.D.(Path) D.P.B**  
Consultant Pathologist

# Report



**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 323030184  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 12:27 p.m.  
**Reported On** : Mar 06, 2023, 02:13 p.m.



## Fasting urine sugar

Specimen Type : Blood

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>CLINICAL PATHOLOGY</u></b>			
Fasting urine sugar <i>Urine dipstik method</i>	Absent		Absent

\*\*END OF REPORT\*\*

A handwritten signature in black ink, appearing to read "Dr. Varde".

**Dr. Vijay Varde**  
**M.D.(Path) D.P.B**  
Consultant Pathologist

# Report



**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 323030184  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 12:51 p.m.  
**Reported On** : Mar 06, 2023, 03:56 p.m.



## Post Prandial Urine Sugar

Specimen Type : Blood

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>CLINICAL PATHOLOGY</u></b>			
Post Prandial Urine Sugar <i>Urine dipstik method</i>	Absent		Absent

\*\*END OF REPORT\*\*

A handwritten signature in black ink, appearing to read "Rohini Gedam".

**Dr. Rohini Gedam D.P.B.**  
Consultant Pathologist

# Report

**Patient Name** : MR. SRINIVAS  
**Age / Sex** : 37 years / Male  
**LCID No** : 323030184  
**UID No** : 86627

**Reference** : MEDIWHEEL  
**Organization** : DIRECT  
**Org ID** : NA

**Registered On** : Mar 06, 2023, 08:56 a.m.  
**Collected On** : Mar 06, 2023, 08:57 a.m.  
**Reported On** : Mar 06, 2023, 11:30 a.m.



## Urine Routine LC

Specimen Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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### CLINICAL PATHOLOGY

#### Physical Examination

Quantity	30	ml	-
Colour <i>By Visual Examination</i>	Pale yellow		
Appearance	Clear		
Specific Gravity <i>Bylon Concentration / Color Indicator</i>	1.005		1.000 - 1.035
Reaction (pH) <i>By Color Indicator</i>	6.5		5.0 - 8.0

#### Chemical Examination

Proteins <i>By Turbidometric Method</i>	Absent		Absent
Bile salts	Absent		Absent
Bile Pigments <i>By Diazo / Fouchets</i>	Absent		
Occult Blood <i>By Oxidation / Microscopy</i>	Absent		Absent
Glucose <i>By Enzymatic, GOD, POD &amp; Benedicts Test</i>	Absent		Absent
Ketones	Absent		Absent
Urobilinogen <i>By Diazo/p-amino Benzaldehyde react</i>	Normal		Normal

#### Microscopic Examination (per H.P.F.)

Epithelial Cells	Occasional	/hpf	3 - 5
Leucocytes	Occasional	/hpf	0 - 5
Red Blood Cells	Absent	/hpf	0 - 2
Casts	Absent		
Crystals	Absent		
Trichomonas vaginalis	Absent		
Yeast	Absent		
Spermatozoa <i>By Manual Microscopy</i>	Absent		

CHEMICAL EXAMINATION DONE BY MULTISTIX.SG (SIEMENS)

\*\*END OF REPORT\*\*



**Dr. Rohini Gedam D.P.B.**  
Consultant Pathologist

Done



**Re: Health Check up Booking Confirmed Request(bobS31403),Package Code-  
PKG10000302, Beneficiary Code-61793**

Turaba Khatri <centremanager.lokhandwala@lifecarediagnostics.com>

Sat, Mar 4, 2023 at 2:36 PM

To: Mediwheel <wellness@mediwheel.in>  
Cc: corporates@lifecarediagnostics.com, mediwheelwellness@gmail.com, CRM Lifecare Diagnostics <crm.lokhandwala@lifecarediagnostics.com>, Munira Rangwala <admin@lifecarediagnostics.com>, "frontdesk.lokhandwala" <frontdesk.lokhandwala@lifecarediagnostics.com>

Appointment confirmed

On Sat, Mar 4, 2023 at 12:09 PM Mediwheel <wellness@mediwheel.in> wrote:



**Mediwheel**  
...Your wellness partner



**011-41195959**

Email:wellness@mediwheel.in

Hi **Life Care Diagnostics,**

Diagnostic/Hospital Location : **1st Floor, Sunshine, Opp, Shastri Nagar Rd, Lokhandwala Complex, Andheri West- 400053, City:Mumbai**

We have received the confirmation for the following booking .

- Beneficiary Name** : PKG10000302
- Beneficiary Name** : SRINIVAS
- Member Age** : 37
- Member Gender** : Male
- Member Relation** : Spouse
- Package Name** : MediWheel Full Body Annual Plus Male Metro
- Location** : MUMBAI,Maharashtra-400052
- Contact Details** : 7661080444
- Booking Date** : 01-03-2023
- Appointment Date** : 06-03-2023

**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 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.





भारत सरकार  
GOVERNMENT OF INDIA



యాగండ్ల శ్రీనివాస్  
Yagandla Srinivas  
పుట్టిన తేదీ/DOB: 10/04/1985  
పురుషుడు/ MALE  
Mobile No: 8686000888  
**3469 6787 0525**  
VID : 9197 6355 6580 7528

నా ఆధార్ - నా గుర్తింపు

*[Handwritten signature]*

Dr. Eshwari Channa (M.B.B.S)  
Reg No: 2022/07/4765





EQAS  
BIORAD

26  
Years of Service

24/7  
Path



# Lifecare

diagnostics

## MEDICAL EXAMINATION REPORT

Name : Shriwas Jagendra Date : 23/3/25  
 Date of Birth : 10/4/85 Age : 37 Sex : M  
 Referred by : Medihood Proof of Identification : Adhar

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
1) GENERAL APPEARANCE : Is there any abnormalities in general appearance & built up of the Examinee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7) RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds? b. Are there any abnormalities in the chest wall? b. is there any evidence/ history of abnormality or disease of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1) DETAILS OF PHYSICAL EXAMINATION : a. Height <u>175</u> cm b. Weight <u>70.9</u> kg. c. Blood Pressure : <u>110/72</u> mm Hg. d. Pulse Rate <u>68</u> /min			8) CARDIO VASCULAR SYSTEM: a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep. b. History of any peripheral vascular disorder? c. Is there any abnormality in heart sound? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d. Any history of CABG, Open Heart  Surgery, Angiography PTCA, other intervention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) WHETHER IN THE PAST THE EXAMINEE a. Has been hospitalized? (If YES, please give details) b. Was involved in any accident? c. Underwent Surgery? d. Is the examinee currently under any medication? e. Has there been any recent weight gain or weight loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9) SKIN: a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma? b. Any history of allergy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) FAMILY HISTORY: Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10) GI SYSTEM: a. Is there any evidence/histroy disease of liver, gall blader pancreas, stomach, intestines? b. is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis? c. Any history of plies or fistula? d. Any history of Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) ENT. EYE & ORAL CAVITY: a. Are there any abnormalities in oral cavity? b. Are there any tobacco stains? c. Is there any history or evidence of abnormality in eyes error of refraction etc.? d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing) e. Is there any abnormality found on examination of nose and throat? Active nose bleed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11) GU SYSTEM: Has the examinee suffered from or is suffering from Kidney/ Ureter / Bladder disease / Stones or any other urinary disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) NERVOUS SYSTEM: a. Is there any evidence/history of disease of Central or Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc? c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) MUSCULOSKELETAL SYSTEM: a. Is there any back, spine, joint muscle or bone disorder? b. Any history of bone fracture or joint replacement or gout? if yes, give details?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## OPHTHALMIC REPORT

NAME: *Sharma*

DATE: *6/3/23*

AGE: *37 / M*

Distance Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	<i>6/5</i>	<i>6/5</i>	<i>6/5</i>
With Glasses			

Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	<i>N6</i>	<i>N6</i>	<i>N6</i>
With Glasses			

	Right Eye	Left Eye
Colour Vision	<i>2</i>	<i>2</i>
Anterio Segment	<i>1</i>	<i>1</i>
External Eye Exam	<i>2</i>	<i>2</i>
Intra ocular tension	<i>1</i>	<i>1</i>
Fundus	<i>1</i>	<i>1</i>

Advise:



**Dr. Bhairav. Sharma (M.B.B.S.)**  
OPTOMETRIST  
Reg No: 2022/07/4765



# Report

Patient Name : MR. SRINIVAS  
Age / Sex : 37 years / Male  
LCID No : 323030184  
UID No : 86627

Reference : MEDIWHEEL  
Organization : DIRECT  
Org ID : NA

Registered On : Mar 06, 2023, 08:56 a.m.  
Collected On : Mar 06, 2023, 08:56 a.m.  
Reported On : Mar 06, 2023, 02:58 p.m.




## X-RAY CHEST PA

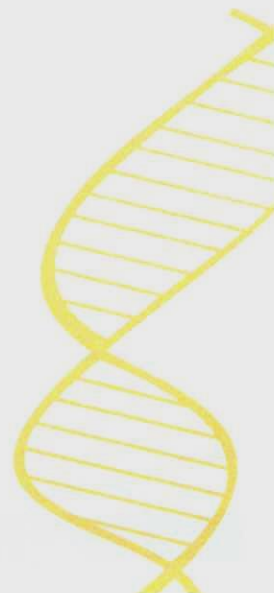
The visualised lung fields appear clear.  
Both costo-phrenic angles appear clear.  
Both hila appear normal.  
Heart and aortic shadow appear normal.  
Both domes of diaphragm are normal.  
Visualised bones appear normal.

### IMPRESSION:

No significant abnormality detected.  
Correlate clinically.

**\*\*END OF REPORT\*\***

  
Dr. M. Aamir Usmani  
MBBS, DMRE  
Consultant Radiologist





Patient Name : MR. SRINIVAS  
 Age / Sex : 37 years / Male  
 LCID No : 323030184  
 UID No : 86627

Reference : MEDIWHEEL  
 Organization : DIRECT  
 Org ID : NA

Registered On : Mar 06, 2023, 08:56 a.m.  
 Collected On : 06/03/2023  
 Reported On : Mar 06, 2023, 12:24 p.m.



SONOGRAPHY OF FULL ABDOMEN & PELVIS

**LIVER:** Liver appears normal in size (~13.2 cm), shape and echotexture. No abnormal focal lesion is seen. Intra-hepatic biliary radicals and portal venous system appears normal.

**COMMON BILE DUCT & PORTAL VEIN:** CBD (~4.3 mm) and Portal vein (~7 mm) appear normal in caliber.

**GALL BLADDER:** Gall bladder is physiologically distended with no evidence of abnormal intra-luminal contents. The wall thickness is normal. No pericholecystic fluid collection is noted.

**SPLEEN & PANCREAS:** Visualized spleen (~9.8 cm) and pancreas appear normal in size, position and echotexture.

**KIDNEYS:** Right and Left kidneys measure 10.3 x 4.3 cm and 9.8 x 6 cm respectively. Both kidneys appear normal in size, shape, position and echotexture. Pelvicalyceal system appears normal. Normal cortico-medullary differentiation is seen. No intra-renal calculus or abnormal focal lesion is seen.

**URINARY BLADDER:** Urinary Bladder is well distended and shows no abnormal intraluminal contents. Bladder wall thickness appears normal. Bilateral ureteric jets are seen. Pre void bladder volume is 590 cc and postvoid residue 53 cc.

**PROSTATE:** Prostate is normal in size, shape and echotexture. It measures 4.1 x 2.7 x 2.4 cm, volume - 14 cc. No focal lesion is seen.

No evidence of lymphadenopathy or ascites is noted.  
 Visualized bowel loops are normal in caliber and show normal peristalsis.

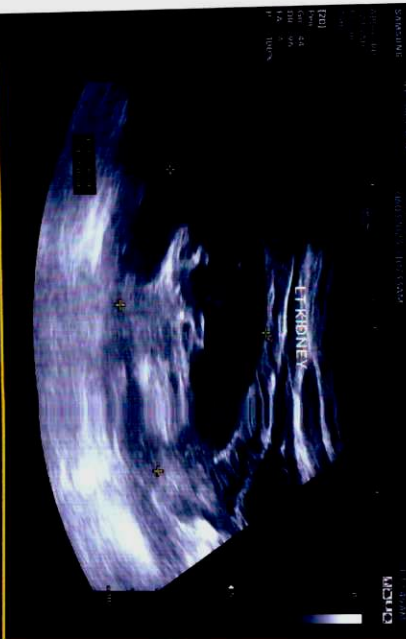
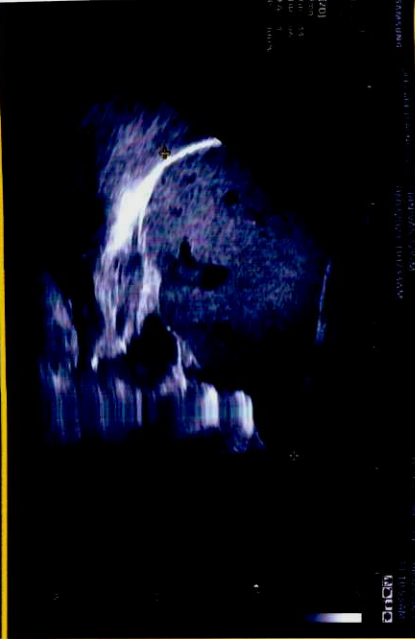
**IMPRESSION :**

No significant abnormality detected.

\*\*END OF REPORT\*\*

  
 Dr. Sakina Naqvi

DMRD, DNB- Radiodiagnosis  
 Consultant Radiologist





# Report

Patient Name : MR. SRINIVAS  
Age / Sex : 37 years / Male  
LCID No : 323030184  
UID No : 86627

Reference : MEDIWHEEL  
Organization : DIRECT  
Org ID : NA

Registered On : Mar 06, 2023, 08:56 a.m.  
Collected On : Mar 06, 2023, 08:56 a.m.  
Reported On : Mar 06, 2023, 12:11 p.m.



## 2D- ECHO

**Normal LV dimensions and contractility**

**No RWMA**

**LVEF – 60%**

**Normal RV**

**Structurally normal valves.**

**Intact IAS/IVS**

**PAP 16mmHg**

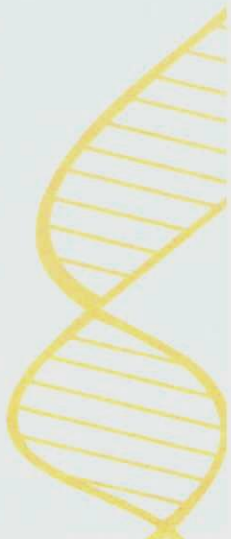
**No clots**

**No Vegetation**

**Normal Pericardium**

**Doppler : Normal flow**

**Trivial TR**



# Report



**Lifecare**  
diagnostics

Patient Name : MR. SRINIVAS  
Age / Sex : 37 years / Male  
LCID No : 323030184  
UID No : 86627

Reference : MEDIWHEEL  
Organization : DIRECT  
Org ID : NA

Registered On : Mar 06, 2023, 08:56 a.m.  
Collected On : Mar 06, 2023, 08:56 a.m.  
Reported On : Mar 06, 2023, 12:11 p.m.



**Mitral Valve : Amplitude : 19mm**  
**EF Slope : 115mm/Sec**  
**EPSS : 01mm**  
**Left Ventricle : LVIDD : 43mm**  
**LVIDS : 24mm**  
**IVS : 08mm**  
**LVPW : 09mm**  
**Right Ventricle : 07mm**  
**Aortic Root : 28mm**  
**Left Atrium : 30mm**  
**Aortic Opening : 21mm**

\*\*END OF REPORT\*\*

**DR. PUROHIT BHAVIN**  
MRCCP (Int), MD (Physician), DFID,  
FICM, FCC, FC, Diab. BOSTON  
FICG, FICD, F Echo  
Reg. No. 2006/09/3071

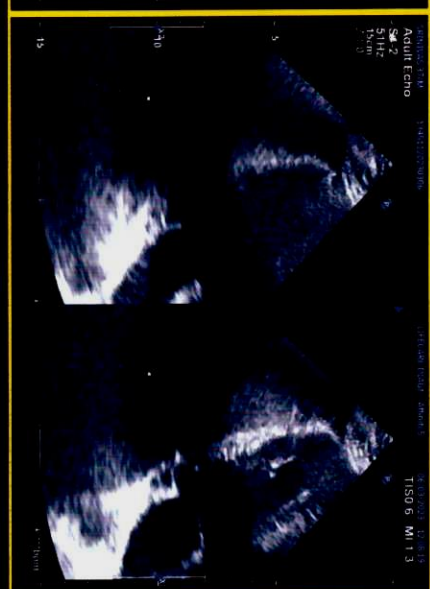
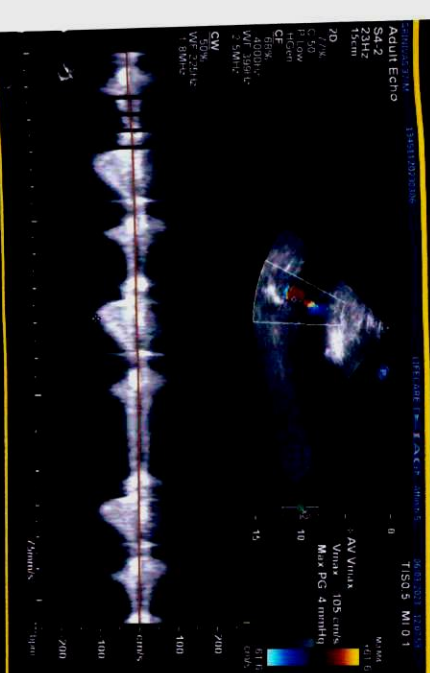
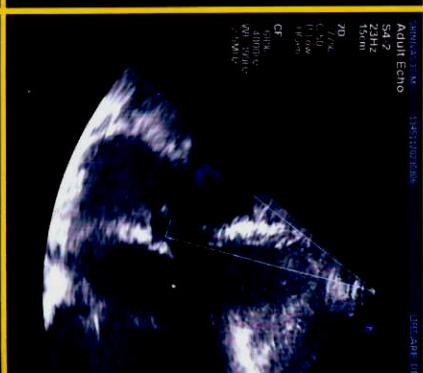
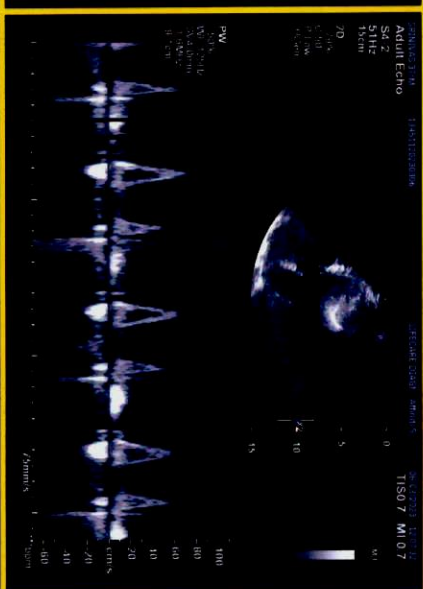
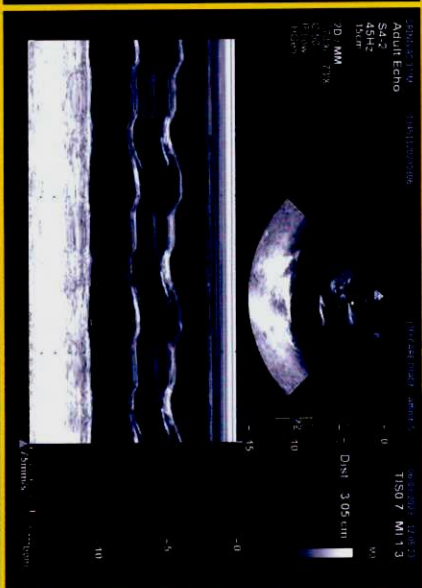


EQAS  
BIORAD

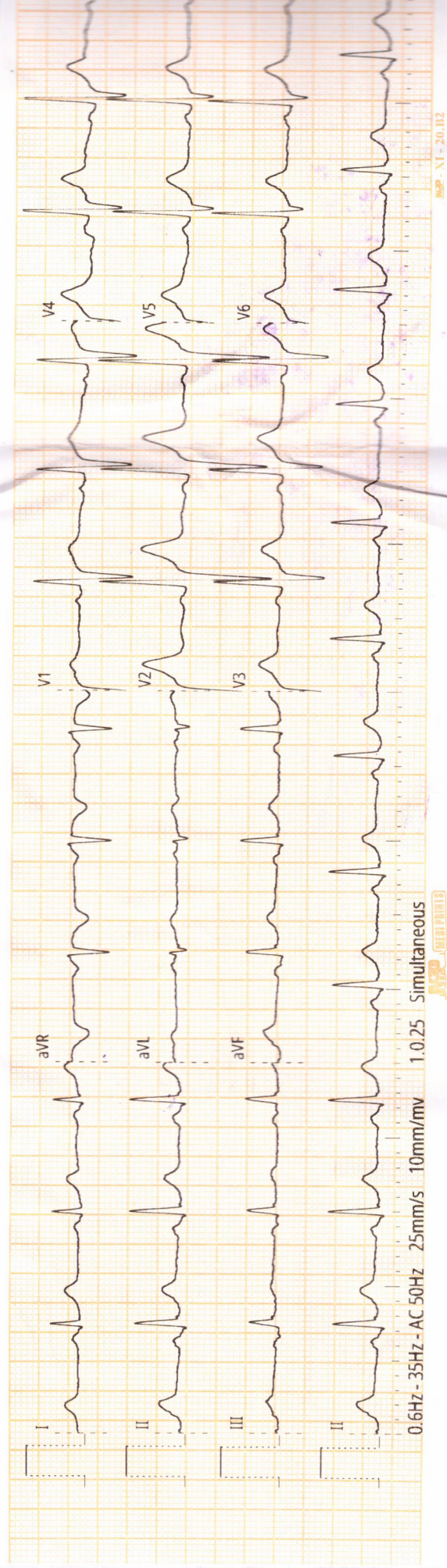
26  
Years of Service











MRP-VI-20.112

1.0.25 Simultaneous

0.6Hz - 35Hz - AC 50Hz 25mm/s 10mm/mv

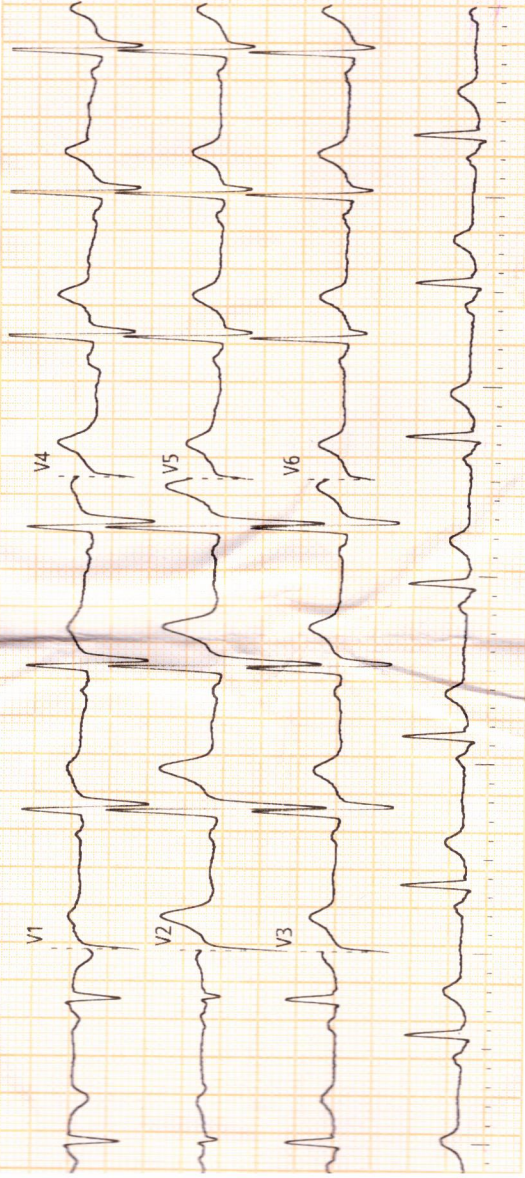


ECG report

HR : 76 bpm  
PR : 126 ms  
QRS : 102 ms  
QT/QTc : 354/382 ms  
P/QRS/T : 55/63/47°  
RV5/SV1 : 1.365/0.860 mv  
RV5+SV1 : 2.225 mv

ID : 20230306111108  
Name : *Shinivas*  
Gender :  
Age : *137*  
Dept :  
Bed No:

*Shinivas*



# REPORT

Norm d  
EKG  
Normal

DR. ANIRBAN CHOWDHURY  
M.D.  
Reg No 2015/143134

M.D.  
CARDIOLOGIST

**Central Laboratory**  
206, Cosmos Plaza,  
Opp. Indian Oil Nagar,  
J. P. Road, Andheri (W),  
Mumbai  
Tel.: 26372527

**Versova Branch**  
10, 11, First Floor, Silver Streak,  
Near Bus Depot, Yari Road,  
Versova, Andheri (W),  
Mumbai  
Tel.: 26399210

**Worli Branch**  
Shop No 2, Ground Floor,  
Sanghavi Evana,  
Ganpatrao Kadam Marg,  
Lower Parel (W),  
Mumbai - 400064  
Tel.: 9167223844

For Home visits call : 9167117755 / 9167223838





PLEASE TICK THE RELEVANT BOXES		Yes	No	PLEASE TICK THE RELEVANT BOXES		Yes	No
13) OTHERS				15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD eg. syphilis, gonorrhoea)			
a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is there any enlargement of Thyroid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there any suspicion of any other Endocrine disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is hernia present? If yes, give details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are there any abnormalities in testes? If yes, give details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there any history or evidence suggestive of cancer, tumor growth or cyst?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Was the examinee treated for any psychiatric ailment? If so, give details about medication given.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. History of anxiety / stress / depression / sleep disorder.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) HABITS & ADDICTIONS				16) FEMALE APPLICANTS ONLY:			
Does the examinee consume tobacco/alcohol/drugs/narcotics in any form? If yes, please ascertain the type, quantity, duration and frequency of consumption.				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
				a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts?			
				b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorder of the female organs?			
				c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc?			
				d. Are you now pregnant? If yes, how many months?			

**Please mention details:**

Q. NO.	Please provide details of all answers marked as 'yes'
	H/O chest pain intermittently (x) also palpate

Remarks on present health status : \_\_\_\_\_

Recommendations (if any): \_\_\_\_\_

 <b>Name &amp; Signature of Doctor</b> <b>Dr. Bhairavi. Sharma (M.B.B.S.)</b> Reg No: 2022/07/4765	<p>The above statements and answers made to the medical examiner(s) are complete and true.</p>  <b>Signature of Examinee</b>
--	---

**NOTES:**

Date \_\_\_\_\_ Place \_\_\_\_\_



**Main Centre :** 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala, Andheri (W), Mumbai. Tel.: 2633 2527-32  
**Central Laboratory :** 206, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, Andheri (W), Mumbai. Tel.: 26372527  
**Versova Branch :** 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road, Versova, Andheri (W), Mumbai. Tel.: 26399210  
**Worli Branch :** Shop No. 2, Ground Floor, Sanghavi Evana, Ganpatrao Kadam Marg, Lower Parel (W), Mumbai - 400013. Tel.: 9167223844  
**Mumbai : Versova | Lokhandwala | Goregaon | Kandivali | Dahisar | Worli | Pune : Aundh | Chinchwad | Gujrat : Vadodra**  
 E-mail : admin@lifecarediagnostics.com | feedback@lifecarediagnostics.com | Website : www.lifecarediagnostics.com

NOTE : General physical examination & investigation included in the health checkup have certain limitations and may not be able to detect any latent or asymptomatic disease. Hence any new symptoms arising after the medical checkup should be notified to attending physician.