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Cc Wellness : Mediwheel : New Delhi wellness...
Monday, 16 January, 5:58 pm



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Dear Team

Please note the following health check-up booking summary on 13/01/2023

Member Name	Member Age	Mobile	Package Name
Mr VERMA GHANSHYAM	35 year	9897962089	Medi-Wheel Metro Full Body Health Checkup Male Below 40



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

Collected On : 17/01/2023 03:42 PM Received On : 17/01/2023 03:43 PM Reported On : 17/01/2023 03:53 PM

Barcode : D72301170136 Specimen : Whole Blood Consultant : Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9897962089

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Haemoglobin (Hb%) (Spectrophotometry)	16.1	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.90	10 ⁶ /mm ³	4.5-6.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	49.4	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Calculated)	84.0	µm ³	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.7	g/dL	32.0-36.0
Red Cell Distribution Width (RDW) (Calculated)	11.9	%	11.5-14.0
Platelet Count (Electrical Impedance)	144 L	10 ³ /mm ³	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.7	10 ³ /mm ³	4.0-11.0

DIFFERENTIAL COUNT (DC)

Neutrophils (DHSS)	54.3	%	40.0-80.0
Lymphocytes (DHSS)	38.5	%	20.0-40.0
Monocytes (DHSS)	3.9	%	2.0-10.0
Eosinophils (DHSS)	2.5	%	1.0-6.0
Basophils (DHSS)	0.8	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.64	10 ³ /mm ³	2.0-7.5

Page 1 of 2

Dharamshila Narayana Superspeciality Hospital

(A Unit of Dharamshila Cancer Foundation and Research Centre)
(Hospital Reg. No.: DHS/NH/144 | PAN No.: AAATD0451G | GST No.: 07AAATD0451G1Z7)

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Emergencies

73700-73700

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14-2008-0023

14-0257



Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

Absolute Lymphocyte Count (Calculated)	2.58	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.26	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.17	$\times 10^3$ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.05	$\times 10^3$ cells/ μ l	0.02-0.1

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

--End of Report--

Prachi

Dr. Prachi
MBBS, MD Pathology
Junior Consultant

Note

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Final Report

Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

Collected On : 17/01/2023 03:45 PM Received On : 17/01/2023 03:52 PM Reported On : 17/01/2023 04:24 PM

Barcode : D62301170195 Specimen : Plasma Consultant : Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9897962089

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (GOD/POD)	132 H	mg/dL	74.0-106.0

--End of Report--

Dr. Amit Samadhiya
MBBS, MD Biochemistry
Junior Consultant

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Final Report

Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

Collected On : 17/01/2023 03:42 PM Received On : 17/01/2023 03:43 PM Reported On : 17/01/2023 04:40 PM

Barcode : D62301170192 Specimen : Serum Consultant : Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9897962089

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Non LDL Selective Elimination, CHOD/POD)	213.3 H	mg/dL	<200.0
Triglycerides (LIPASE/GK/GPO/POD)	131.1	mg/dL	<150.0
HDL Cholesterol (HDLC) (Colorimetric (Phosphotungstic Acid Method))	35.4 L	mg/dL	40.0-60.0
Non-HDL Cholesterol	177.9 H	mg/dL	<130.0
LDL Cholesterol (Turbidometric /Microtip)	163.41 H	mg/dL	<100.0
VLDL Cholesterol (Calculated)	26.2	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	6.1 H	-	<4.5
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (ECLIA/ ELFA)	2.38	nmol/L	1.49-2.6
Thyroxine (T4) (ECLIA/ ELFA)	131	nmol/L	71.2-141.0
TSH (Thyroid Stimulating Hormone) (Electrochemiluminescence (ECLIA))	5.32 H	uIU/ml	0.465-4.68
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Azobilirubin Dyphylline)	0.59	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength Reflectance)	0.32	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.27	mg/dL	0.1-1.0
Total Protein (Biuret Method)	7.56	gm/dL	6.3-8.2

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H-2008-0023

M-0257



Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

Serum Albumin (Bromcresol Green (BCG))	4.80	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.76	gm/dL	2.3-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.74	-	0.9-2.0
SGOT (AST) (P - Phosphate)	61.9 H	U/L	17.0-59.0
SGPT (ALT) (P - Phosphate)	127.1 H	U/L	<50.0
Alkaline Phosphatase (ALP) (PNPP With Amp Buffer)	113.4	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (GCNA)	152.6 H	U/L	15.0-73.0

--End of Report--

Dr. Amit Samadhiya
MBBS, MD Biochemistry
Junior Consultant

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MC - 2328



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H-2008-0023

M-0287



DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On : 17/01/2023 03:42 PM Received On : 17/01/2023 03:43 PM Reported On : 17/01/2023 04:26 PM

Barcode : D62301170192 Specimen : Serum Consultant : Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9897962089

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
RENAL PACKAGE - 2 (RFT FASTING)			
Fasting Blood Sugar (FBS) (GOD/POD)	116.9 H	mg/dL	74.0-106.0
Blood Urea Nitrogen (BUN) (Urease, UV)	9.5	mg/dL	9.0-20.0
SERUM CREATININE			
Serum Creatinine (Enzymatic Two Point Rate - Creatinine Amidohydrolase)	0.78	mg/dL	0.66-1.25
eGFR (Calculated)	113.3	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
Serum Sodium (ISE Direct)	143.0	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.99	mmol/L	3.5-5.1
Serum Chloride (ISE Direct)	102.4	mmol/L	98.0-107.0
Serum Bicarbonate Level (Phosphoenolpyruvate Carboxylase /Mdh Enzymatic End Piont Assay)	31.0 H	mmol/L	22.0-30.0
Serum Calcium (Arsezano III Dye Binding Method)	9.14	mg/dL	8.4-10.2
Serum Magnesium (Formazan Dye)	2.14	mg/dL	1.6-2.3
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	6.98	mg/dL	3.5-8.5
Serum Phosphorus (Phosphomolybdate Reduction)	3.54	mg/dL	2.5-4.5

--End of Report--

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H-2008-0023

M-0227



Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

Dr. Amit Samadhiya
MBBS, MD Biochemistry
Junior Consultant

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

Collected On : 17/01/2023 03:42 PM Received On : 17/01/2023 03:43 PM Reported On : 17/01/2023 04:57 PM

Barcode : D32301170021 Specimen : Urine Consultant : Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9897962089

CLINICAL PATHOLOGY			
Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Pale Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Double Indicator Method)	6.5	-	4.8-7.5
Sp. Gravity (PKa Change Ionic Concentration Method)	1.010	-	1.002-1.030
Protein (Protein Error Method)	Nil	-	Nil
Urine Glucose (GOD/POD)	Nil	-	Nil
Ketone Bodies	Nil	-	-
Blood Urine (Pseudo Peroxidase Method)	Nil	-	-
MICROSCOPIC EXAMINATION			
Pus Cells	1-2	/hpf	1-2
RBC	Nil	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3

--End of Report--

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73700-73700

Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

Prachi

Dr. Prachi
MBBS, MD Pathology
Junior Consultant

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

Collected On : 17/01/2023 03:42 PM Received On : 17/01/2023 03:43 PM Reported On : 17/01/2023 04:30 PM

Barcode : D72301170137 Specimen : Whole Blood - ESR Consultant : Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9897962089

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	7.0	mm/hr	0.0-15.0

--End of Report--

Prachi

Dr. Prachi
MBBS, MD Pathology
Junior Consultant

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

Collected On : 17/01/2023 03:42 PM Received On : 17/01/2023 03:43 PM Reported On : 17/01/2023 04:25 PM

Barcode : D62301170193 Specimen : Whole Blood Consultant : Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9897962089

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (Enzymatic Method)	6.6 H	%	Normal: 4.0-5.6 Pre Diabetes: 5.7-6.4 Diabetes: => 6.5 ADA Recommendation 2017
Estimated Average Glucose	142.72	-	-

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

Interpretation Notes

- 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. Target goals of < 7.0 % may be beneficial in patients. Please co-relate with Blood Sugar Fasting.

--End of Report--



Dr. Amit Samadhiya
MBBS, MD Biochemistry
Junior Consultant

Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

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Final Report

Patient Name : Mr Ghanshyam Verma MRN : 15050000143031 Gender/Age : MALE , 35y (26/11/1987)

Collected On : 17/01/2023 03:45 PM Received On : 17/01/2023 03:52 PM Reported On : 17/01/2023 04:24 PM

Barcode : D62301170196 Specimen : Plasma Consultant : Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9897962089

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Enzyme Method (GOD POD))	147 H	mg/dL	100.0-140.0

--End of Report--

Dr. Amit Samadhiya
MBBS, MD Biochemistry
Junior Consultant

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Collected On : 17/01/2023 03:42 PM Received On : 17/01/2023 03:43 PM Reported On : 17/01/2023 06:22 PM

Barcode : QQ2301170006 Specimen : Whole Blood Consultant : Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9897962089

BLOOD BANK LAB

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group	"B"	-
RH Typing	POSITIVE	-

--End of Report--

Dr. Manoj Rawat
Consultant & HOD, Blood Bank Center
Consultant & HOD, Blood Bank Center

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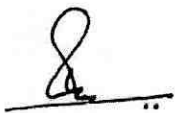


Patient Name	Ghanshyam Verma	Requested By	Dr. Alex Mathew
MRN	15050000143031	Procedure DateTime	2023-01-17 18:12:15
Age/Sex	35Y 1M/Male	Hospital	NH-Dharamshila

Inv. No.:

X-RAY CHEST (PA)

- Lung fields are clear.
- Costophrenic angles are clear.
- Both domes of diaphragm are normal.
- Mediastinum and both hila are within normal limits.
- Cardiac size is normal.
- Hypertrophic transverse process bilaterally.



Dr. (Col.)Vikas Rastogi
MBBS,MD
SR. CONSULTANT RADIOLOGIST
DML 89340

Patient Name	Ghanshyam Verma	Requested By	Dr. Alex Mathew
MRN	15050000143031	Procedure DateTime	2023-01-17 15:43:39
Age/Sex	35Y 1M/Male	Hospital	NH-Dharamshila

Investigation No. 398

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver : Shows grade II fatty changes. Normal sized intrahepatic biliary and vascular channels are seen. No focal lesion. The common bile duct and portal vein are normal.

Gall bladder : Normal in size with normal wall thickness and contents.

The pancreas : The pancreas shows normal contour, echogenicity and size.

The spleen : is normal in size, contour and echopattern.

The right kidney : The right kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system. It measures 10.1 x 4.51 cm.

The left kidney : The left kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system. It measures 9.85 x 4.93 cm.

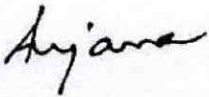
Urinary bladder is normal in wall & contents.

Prostate is normal in size, shape and parenchymal echopattern.

No ascites seen.

Impression :

- **Grade II fatty liver.**



Dr. ANJANA CHANDRA
MBBS MD (Radiodiagnosis)
SR. CONSULTANT RADIOLOGIST

TREADMILL TEST REPORT


Patient's Name	Mr. Ghanshyam Verma	Age/Sex	35Years/Male
Ref By:	Dr. Alex Mathew	Date:	17/01/2023
MRN No.	15050000143031	PVT/MRD/IPD	MediWheel Full Body Health Check Up

- Baseline ECG shows sinus rhythm.
- Baseline heart rate was **74 bpm** & blood pressure was **130/80 mmHg**.
- Good functional capacity.
- Exercise stress was given on bruce protocol.
- During exercise the patient remained asymptomatic and tolerated the exercise well.
- Patient exercised for **12.01 min** and achieved **92 %** of MPHR with peak blood pressure **160/90 mmHg**. (Max work load **13.40 METS**).
- No significant ST-T change or arrhythmia's were recorded.

FINAL IMPRESSION:

- ❖ **EXERCISE STRESS TEST IS NEGATIVE FOR INDUCIBLE MYOCARDIAL ISCHEMIA.**

Dr. Anand Pandey
Sr. Consultant & Head
Cardiologist


Dr. Sejal Gupta
Consultant Cardiologist

Dr. Amrendra Pandey
Consultant Cardiology

Dr. Rakesh Bachloo
Consultant Cardiology

Note :- This is a professional opinion based on imaging finding and not the diagnosis. Not valid for medico-legal purposes. In case of any discrepancy due to machine error or typing error, please get it rectified immediately. The stress test finding should always be considered in correlate clinical and other investigation finding wherever applicable.