

Report

Patient Name : MR. RAHUL SHARMA
Age / Sex : 33 Yrs 6 M / Male
DOB : 3/10/1989
LCID No : 323031117
UID No : 87702

Reference : MEDIWHEEL
Organization : DIRECT
Org ID : NA

Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 10:05 a.m.
Reported On : Mar 30, 2023, 02:51 p.m.



BLOOD GROUP LC

Specimen Type : EDTA

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

ABO Group

"AB"

By SLIDE/TUBE Method

Rh (Factor)

Positive

By SLIDE/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

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Org ID : NA

Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 10:05 a.m.
Reported On : Mar 30, 2023, 04:45 p.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	Slightly Hazy		
Specific Gravity <i>By Ion Concentration / Color Indicator</i>	1.010		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		Absent
Occult Blood <i>By Oxidation / Microscopy</i>	Absent		Absent
Glucose <i>By Enzymatic, GOD, POD & 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	0- 1	/hpf	3 - 5
Leucocytes	0 - 1	/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



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UID No : 87702

Reference : MEDIWHEEL
Organization : DIRECT
Org ID : NA

Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 12:36 p.m.
Reported On : Mar 30, 2023, 04:51 p.m.



Fasting urine sugar

Specimen Type : Blood

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

END OF REPORT



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

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



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LCID No : 323031117
UID No : 87702

Reference : MEDIWHEEL
Organization : DIRECT
Org ID : NA

Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 01:16 p.m.
Reported On : Mar 30, 2023, 04:51 p.m.



Post Prandial Urine Sugar

Specimen Type : Blood

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

END OF REPORT



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DOB : 3/10/1989
LCID No : 323031117
UID No : 87702

Reference : MEDIWHEEL
Organization : DIRECT
Org ID : NA

Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 10:05 a.m.
Reported On : Mar 30, 2023, 01:12 p.m.



COMPLETE BLOOD COUNT (CBC) LC

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
HEMATOLOGY			
Haemoglobin (Mod.Cyanmethemoglobin)	14.0	gms%	13 - 17
R.B.C Count (Impedence)	4.83	x10 ⁶ /cmm	4.5 - 5.5
PCV (Conductivity)	42.9	%	40 - 50
MCV (Calculated)	88.82	fL	83 - 101
MCH(Calculated)	28.99	Pg	27 - 32
MCHC(Calculated)	32.63	gms%	31.5 - 34.5
W.B.C. Count(Impedence)	5.78	x10 ³ /cmm	4 - 10
RDW(Calculated)	14.0	%	11.6 - 14.0
MPV(Calculated)	9.6	fL	6 - 11
Platelet Count(Impedence)	2.67	x10 ⁵ /cmm	1.50 - 4.10
DIFFERENTIAL COUNT (Impedence,Light Absorbance)			
Neutrophils	53	%	40 - 80
Lymphocytes	36	%	20 - 40
Eosinophils	03	%	1 - 6
Monocytes	08	%	2 - 10
Basophils	0	%	0 - 2
RBC Morphology <i>Staining & Microscopy</i>	Normocytic normochromic.		
WBC Morphology <i>Staining & Microscopy</i>	Normal		
PLATELETS <i>Staining & Microscopy</i>	Adequate on smear.		
Other	-		

CBC done on fully Automated Yumizen H550

END OF REPORT



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Reported On : Mar 30, 2023, 01:12 p.m.



ERYTHROCYTE SEDIMENTATION RATE (E.S.R) LC

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
<u>HEMATOLOGY</u>			
E.S.R.	11	mm	0 - 15

By Whole Blood Modified Westergren Method

ESR done on fully automated Easyrate analyzer.

****END OF REPORT****



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



Report

Patient Name : MR. RAHUL SHARMA
Age / Sex : 33 Yrs 6 M / Male
DOB : 3/10/1989
LCID No : 32303111702
UID No : 87702

Reference : MEDIWHEEL
Organization : DIRECT
Org ID : NA

Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 01:16 p.m.
Reported On : Mar 30, 2023, 03:58 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>	75	mg/dl	70 - 140
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Remark

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

HbA1c ≥ 6.5 %

OR

Random Blood Glucose : ≥ 200 mg/dl

END OF REPORT



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

Report

Patient Name : MR. RAHUL SHARMA
Age / Sex : 33 Yrs 6 M / Male
DOB : 3/10/1989
LCID No : 32303111701
UID No : 87702

Reference : MEDIWHEEL
Organization : DIRECT
Org ID : NA

Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 10:05 a.m.
Reported On : Mar 30, 2023, 01:42 p.m.



Blood sugar fasting LC

Specimen Type : Plasma

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Blood Sugar Fasting			
Glucose value <i>By Hexokinase method</i>	84	mg/dl	70 - 110

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

HbA1c ≥ 6.5 %

OR

Random Blood Glucose : ≥ 200 mg/dl

END OF REPORT



Lifecare
diagnostics



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Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 10:05 a.m.
Reported On : Mar 30, 2023, 01:43 p.m.



Glycosylated HB A1c

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Glycosylated HBA1C	5.5	%	
AVERAGE BLOOD GLUCOSE LEVEL	111.15	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 : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

HbA1c ≥ 6.5 %

OR

Random Blood Glucose : ≥ 200 mg/dl

END OF REPORT



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Collected On : 30/03/2023
Reported On : 30/03/2023, 01:42 p.m.



LIPID PROFILE LC

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Triglycerides <i>By Enzymatic GPO/PAP Method</i>	60	mg/dl	Less than 150
Total Cholesterol <i>By CHOD-PAP Method</i>	150	mg/dl	UPTO 200
HDL Cholesterol <i>By Enzymatic Method</i>	55	mg/dl	40 - 60
VLDL Cholesterol	12	mg/dl	6 - 38
LDL Cholesterol	83	mg/dl	Upto 100
Cholesterol : HDL Cholesterol Ratio	2.73		Upto - 5
LDL Cholesterol/HDL Cholesterol Ratio	1.51		Upto 4

Total Cholesterol : <i>Desirable : Less than 200 mg%</i> <i>Borderline High : 200 - 239 mg% High : More than 239 mg%</i>	HDL-Cholesterol: <i>Desirable : More than 40 mg%</i> <i>Low : Less than 40 mg%</i>
LDL-Cholesterol (Non-protective cholesterol) : <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>	Triglycerides : <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

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Reported On : Mar 30, 2023, 01:42 p.m.



Renal Function Test

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Urea <i>ByUrease Method</i>	15.41	mg/dl	10 - 38.5
BUN <i>BySerum By Urease with GLDH</i>	7.2	mg/dl	5 - 18
Creatinine <i>ByAlkaline Picrate-Kinetic</i>	0.80	mg/dl	0.7 - 1.3
Uric Acid <i>BySerum by Uricase Method</i>	5.2	mg/dl	2.6 - 6.0
Calcium <i>BySerum Cresolphthaleine complexona Method</i>	8.9	mg/dl	8.5 - 10.1
Phosphorus <i>ByPhosphomolybdate - UV Method</i>	2.9	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>	4.2	mEq/l	3.5 - 5.5
Chloride <i>BySerum by ISE Method</i>	105	mEq/L	96 - 109
Proteins <i>ByBiuret Method</i>	7.4	g/dl	6.4 - 8.2
Albumin <i>ByBromocresol purple Method</i>	3.7	g/dl	3.4 - 5
Globulin	3.7	g/dl	1.8 - 3.6
A/G Ratio	1		1.5 - 3.5

END OF REPORT



Dr. Vijay Varde
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Reported On : Mar 30, 2023, 01:42 p.m.



LIVER FUNCTION TEST (LFT) LC

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
Serum Bilirubin (Total) <i>ByDiazo Method</i>	0.47	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) <i>ByDiazo Method</i>	0.10	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect) <i>Calculated</i>	0.37	mg/dl	upto 0.90
S.G.O.T (AST) <i>BySerum By Enzymatic Method IFCC</i>	17	U/L	15 - 37
S.G.P.T <i>BySerum by Enzymatic Method</i>	24	U/L	16 - 63
Serum GGTP <i>ByEnzymatic Method</i>	31	U/L	15 - 85
Alkaline Phosphatase	59	U/L	46-116
Serum Proteins <i>ByBiuret Method</i>	7.4	g/dl	6.4 - 8.2
S. Albumin <i>ByBromocresol purple Method</i>	3.7	g/dl	3.4 - 5.0
Serum Globulin	3.7	gm/dl	1.8 - 3.6
A/G Ratio	1		1.5 - 3.5
Remark			

END OF REPORT

Dr. Vijay Varde
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Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 10:05 a.m.
Reported On : Mar 30, 2023, 01:43 p.m.



Blood Urea/BUN

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
Serum Urea <i>ByUrease Method</i>	15.41	mg/dl	10 - 38.5
BUN <i>BySerum By Urease with GLDH</i>	7.2	mg/dl	5 - 18

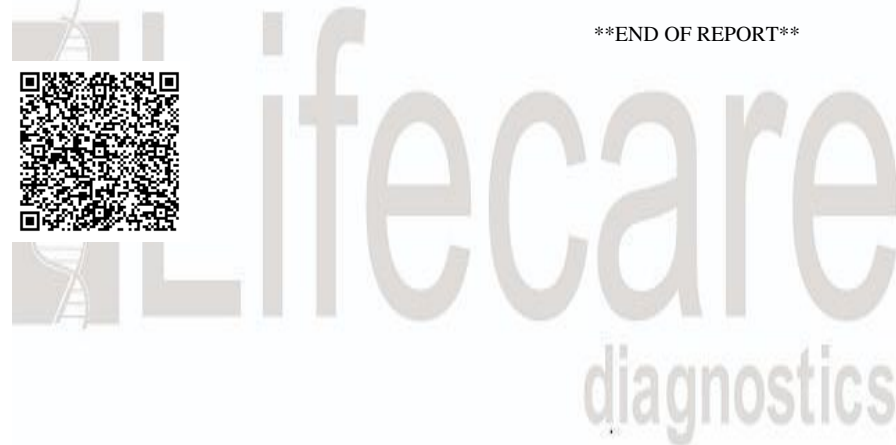
Remark :

END OF REPORT



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

Dr. Vijay Varde
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Consultant Pathologist



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Reported On : Mar 30, 2023, 01:43 p.m.



BUN / Creatinine Ratio

Specimen Type : Blood

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
BUN / Creatinine Ratio <i>Calculation</i>	9.0		10:1 - 20:1

END OF REPORT



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

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Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 10:05 a.m.
Reported On : Mar 30, 2023, 02:20 p.m.



T3 T4 TSH

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOASSAY			
T3	95.92	ng/dl	60 - 181
T4	7.3	ug/dl	3.2 - 12.6
T.S.H (ULTRA SENSITIVE)	3.552	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



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Reported On : Mar 30, 2023, 02:58 p.m.



Stool Routine

Specimen Type : Stool

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

Physical Examination

COLOUR	Brownish
CONSISTENCY	Semi Solid
MUCUS	Absent
Frank Blood	Absent
<i>By Visual Examination</i>	
PARASITES	Absent

CHEMICAL EXAMINATION

REACTION (pH)	Acidic 6.5
<i>By Color Indicator</i>	
OCCULT BLOOD	Absent
<i>By Peroxidase Reaction</i>	

Microscopic Examination (per H.P.F.)

PUS CELLS	0 - 1
Red Blood Cells	Absent
MACROPHAGES	Absent
Yeast	Absent
EPITHELIAL CELLS	0 - 1
Fat Globules	Absent
STARCH	Absent
UNDIGESTED PARTICLES	Absent
<i>By Manual Microscopy</i>	

Parasites

TROPHOZOITE	Absent
CYSTS	Absent
OVA	Absent

* : Rechecked

END OF REPORT



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

Health Check up Booking Request(bobE35932),Package Code(PKG10000302),Beneficiary Code(78504)

Mediwheel <wellness@mediwheel.in>
To: corporates@lifecarediagnostics.com
Cc: customercare@mediwheel.in

Mon, Mar 27, 2023 at 10:23 AM



Mediwheel
....Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Life Care Diagnostics,
City : Mumbai . Location : .Lokhandwala Complex,

We have received the following request for Health Check up from

Name : MR. SHARMA RAHUL
Age : 31
Gender : Male
Member Relations : Employee
Package Name : MediWheel Full Body Annual Plus Male Metro
Package Code : PKG10000302
User Location : Maharashtra,MUMBAI,400051
Contact Details : 9653253491
Booking Date : 27-03-2023
Appointment Date : 30-03-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MR. SHARMA RAHUL	31	Male	Cashless
Total amount to be paid			Cashless

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

Package Name : MediWheel Full Body Annual Plus Male Metro - Includes (41)Tests

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, Dental Consultation, Creatinine, Serum, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Diabetic Consultation , Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Ent Consultation , Hdl, Vldl, Urine Analysis, LDL, Total Protine, Tests included in this Package : General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

EQAS
BIORAD26
Years of Service**Lifecare**
diagnostics**MEDICAL EXAMINATION REPORT**

Name : Rahul Sharma Date : 30/3/2023
 Date of Birth 03/01/1989 Age : 34 yrs Sex : Male
 Referred by : MediWheel 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 type="checkbox"/>	<input checked="" type="checkbox"/>	7) RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1) DETAILS OF PHYSICAL EXAMINATION : a. Height <u>166</u> cm b. Weight <u>67.1</u> kg. c. Blood Pressure : <u>130/80</u> mm Hg. d. Pulse Rate <u>86</u> /min			b. Are there any abnormalities in the chest wall?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) WHETHER IN THE PAST THE EXAMINEE a. Has been hospitalized? (If YES, please give details)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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"/>
b. Was involved in any accident?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8) CARDIO VASCULAR SYSTEM: a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Underwent Surgery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. History of any peripheral vascular disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Is the examinee currently under any medication?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Has there been any recent weight gain or weight loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Any history of CABG, Open Heart Surgery, Angiography PTCA, other intervention.	<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"/>	9) SKIN: a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) ENT. EYE & ORAL CAVITY: a. Are there any abnormalities in oral cavity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Any history of allergy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Are there any tobacco stains?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10) GI SYSTEM: a. Is there any evidence/histroy disease of liver, gall blader pancreas, stomach, intestines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Is there any history or evidence of abnormality in eyes error of refraction etc.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Any history of plies or fistula?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Is there any abnormality found on examination of nose and throat? Active nose bleed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Any history of Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) NERVOUS SYSTEM: a. Is there any evidence/histroy of disease of Central or Peripheral Nervous Systems (including cranial nerves)?	<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"/>
b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) MUSCULOSKELETAL SYSTEM: a. Is there any back, spine, joint muscle or bone disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are there any abnormality in gait and speech?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Any history of bone fracture or joint replacement or gout? if yes, give details?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Is there any history of sleep apnea syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

OPHTHALMIC REPORT

NAME: *Rahul Sharma*

DATE: *30/3/23*

AGE: *33 / M*

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

Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses			
With Glasses	<i>12/6</i>	<i>12/6</i>	<i>12/6</i>

	Right Eye	Left Eye
Colour Vision	<i>20</i>	<i>20</i>
Anterio Segment	<i>20</i>	<i>20</i>
External Eye Exam	<i>20</i>	<i>20</i>
Intra ocular tension	<i>20</i>	<i>20</i>
Fundus	<i>1</i>	<i>1</i>

Advise:



OPTOMETRIST

Lifecare Diagnostics & Research Center Pvt. Ltd.
1st Floor, Sunshine Opp. Shashtri Nagar,
Lokhandwala Complex, Andheri (W),
Mumbai- 400053.



Patient Name : MR. RAHUL SHARMA
Age / Sex : 33 Yrs 6 M / Male
DOB : 3/10/1989
LCID No : 323031117
UID No : 87702

Reference : MEDIWHEEL
Organization : DIRECT
Org ID : NA

Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 10:03 a.m.
Reported On : Mar 30, 2023, 04:04 p.m.



X-RAY CHEST PA

REPORT:

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:

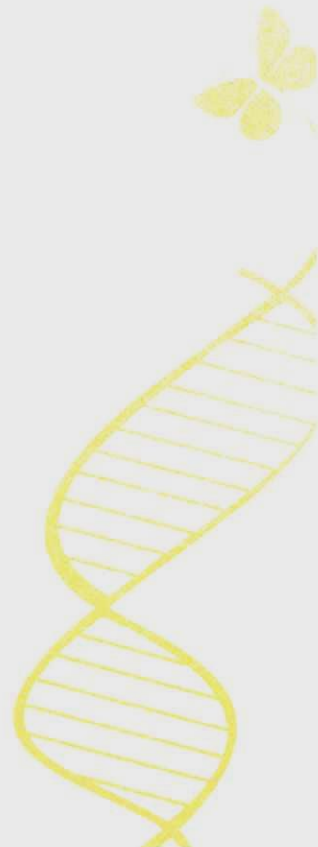
No significant abnormality detected.

Correlate clinically

****END OF REPORT****



Dr. M. Jamif Usmani
MBBS, DMRE
Consultant Radiologist



Patient Name : MR. RAHUL SHARMA
Age / Sex : 33 Yrs 6 M / Male
LCID No : 323031117
UID No : 87702

Reference : MEDIWHEEL
Organization : DIRECT
Org ID : NA

Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : 30/03/2023
Reported On : Mar 30, 2023, 03:38 p.m.



SONOGRAPHY OF FULL ABDOMEN & PELVIS

LIVER: Liver appears normal in size, shape and shows bright echotexture. No abnormal focal lesion is seen. Intra-hepatic biliary radicals and portal venous system appears normal.

COMMON BILE DUCT & PORTAL VEIN: CBD and Portal vein 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 and pancreas appear normal in size, position and echotexture.

KIDNEYS: Right and Left kidneys measure 10.8 x 4.0 cm and 10.4 x 4.7 cm respectively. Both kidneys appear normal in size, shape, position and echotexture. Pelvicalyceal system appears normal. Normal cortico-medullary differentiation is seen. No obvious 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.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 3.7 x 3.2 x 2.5 cm, volume - 16 cc. No focal lesion is seen.

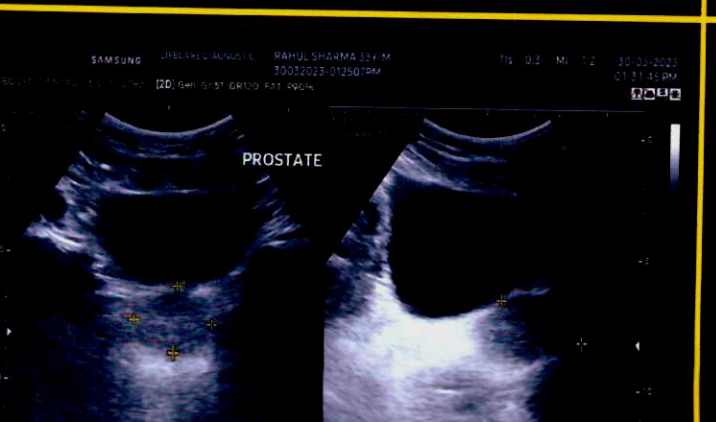
No evidence of significant adenopathy or ascites is noted. Excessive bowel gases are noted.

IMPRESSION :

**Grade I fatty liver.
Clinical correlation is suggested.**

END OF REPORT


Dr. M. Aamir Usmani
MBBS, DMRE
Consultant Radiologist



Report



Lifecare
diagnostics

Patient Name : MR. RAHUL SHARMA
Age / Sex : 33.6 years / Male
DOB : 3/10/1989
LCID No : 323031117
UID No : 87702

Reference : MEDIWHEEL
Organization : DIRECT
Org ID : NA

Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 10:03 a.m.
Reported On : Mar 30, 2023, 01:10 p.m.



2D- ECHO

Normal LV dimensions and contractility

No RWMA

LVEF – 60%

Normal RV

Structurally normal valves.

Intact IAS/IVS

PAP 26 mmHg

No clots

No Vegetation

Normal Pericardium

Doppler :Normal flow
Trivial PR



EQAS
BIORAD

26
Years of Service



Report

Patient Name : MR. RAHUL SHARMA
Age / Sex : 33.6 years / Male
DOB : 3/10/1989
LCID No : 323031117
UID No : 87702

Reference : MEDIWHEEL
Organization : DIRECT
Org ID : NA

Registered On : Mar 30, 2023, 10:03 a.m.
Collected On : Mar 30, 2023, 10:03 a.m.
Reported On : Mar 30, 2023, 01:13 p.m.



Mitral Valve : Amplitude : 17 mm

EF Slope : 130mm/Sec

EPSS : 01mm

Left Ventricle : LVIDD : 43 mm

LVIDS : 27mm

IVS : 08mm

LVPW : 09 mm

Right Ventricle : 10mm

Aortic Root : 25mm

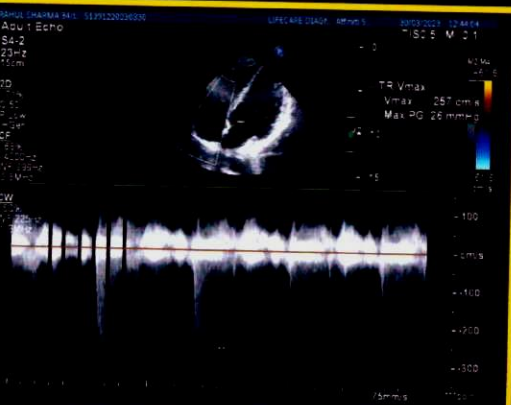
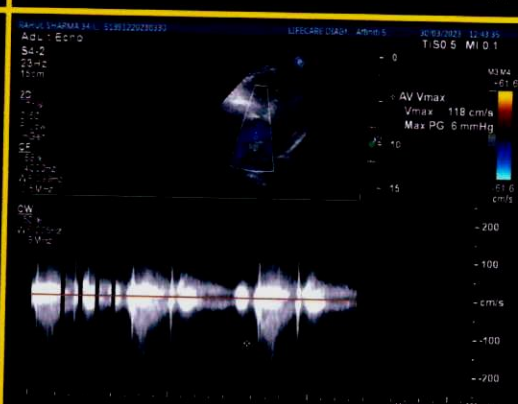
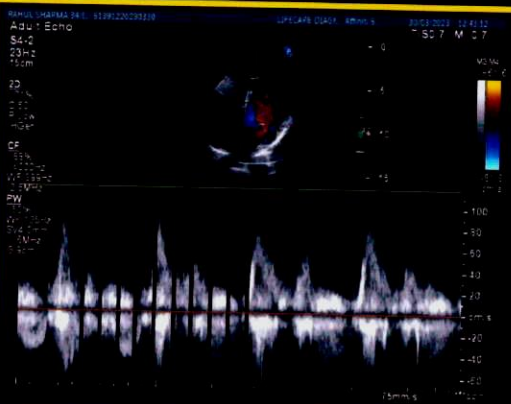
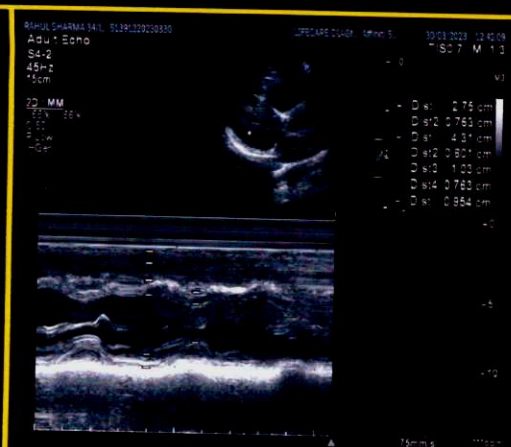
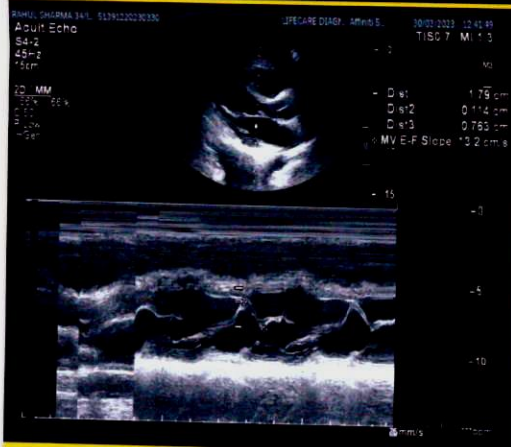
Left Atrium : 30mm

Aortic Opening : 19mm

END OF REPORT



DR. PURNIT BHAVIN
MRCGP (Int), MR (Physician), DFID,
FICM, FCC, PG, Diab. BOSTON
FIEC, FICD, F-Echo
Reg. No. 2008/09/3071



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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
b. Is there any enlargement of Thyroid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
c. Is there any suspicion of any other Endocrine disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
d. Is hernia present? If yes, give details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16) FEMALE APPLICANTS ONLY: N/A		
e. Are there any abnormalities in testes? If yes, give details.	<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?	<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"/>	b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorder of the female organs?	<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"/>	c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc?	<input type="checkbox"/>	<input type="checkbox"/>
h. History of anxiety / stress / depression / sleep disorder.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Are you now pregnant? If yes, how many months?	<input type="checkbox"/>	<input type="checkbox"/>
14) HABITS & ADDICTIONS					
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"/>			

Please mention details:

Q. NO.	Please provide details of all answers marked as 'yes'
	Myopic - 2.5/1.75 UR
	No evident family history known.
	father suffered brain stroke. - 67 yrs - alive.

Remarks on present health status : Normal study.

Recommendations (if any):

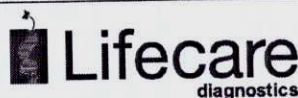
Mumbai
Name & Signature of Doctor
 Lifecare Diagnostics & Research Center Pvt. Ltd.
 206, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, Andheri (W), Mumbai - 400013.
 Number- 400053.

The above statements and answers made to the medical examiner(s) are complete and true.

Rohit
Signature of Examinee

Date _____ Place _____

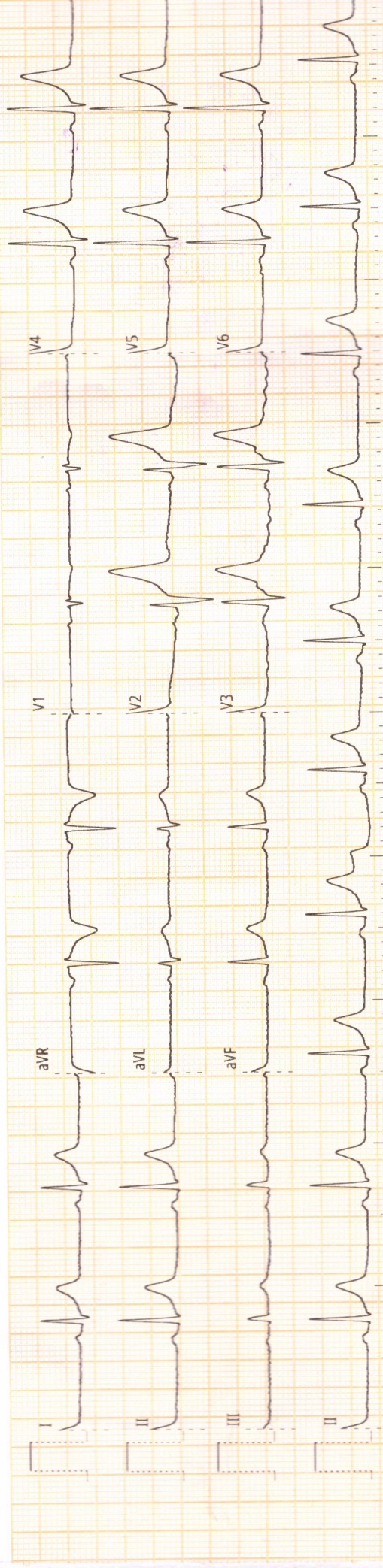
NOTES:



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.

ECG ref
ID
Name
Gender
Age
Dept
Bed No



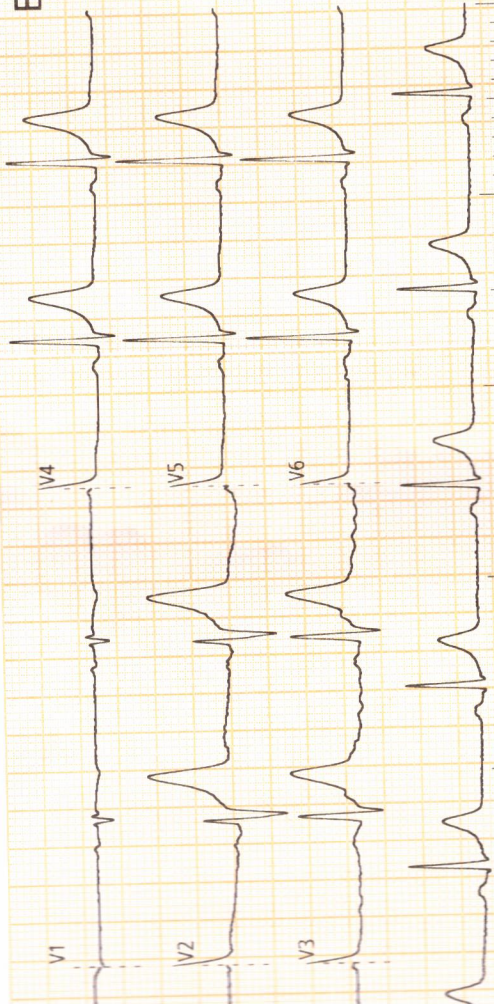
0.6Hz - 35Hz - AC 50Hz - 25mm/s - 10mm/mv 1.0.25 Simultaneous

MRP - XI - 20 B2

ECG report

ID : 20230330104547
Name : Mr. Rahul
Gender : Sharda
Age :
Dept :
Bed No : 341A

HR : 61 bpm
PR : 142 ms
QRS : 76 ms
QT/QTc : 348/350 ms
P/QRS/T : 48/52/45°
RV5/SV1 : 1.381/0.215 mv
RV5+SV1 : 1.596 mv



REPORT

Slow Rhythm
Short QT Interval
Coronary Artery Disease
Mumbai

Lifecare Diagnostics & Research Center Pvt. Ltd.
1st Floor, Sunshine Mall, Shashtri Nagar,
Lokhandwala Complex, Andheri (W),
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Lower Parel (W),
Mumbai - 400064
Tel.: 9167223844

M.D.
CARDIOLOGIST

For Home visits call : 9167117755 / 9167223838