

Fwd: HEALTH CHECKUP REPORT

Amrendra Nath Dubey <amrendra.nathduby@narayanahealth.org>

Fri 3/17/2023 4:12 PM

To: Tilak Raj Dhyani <tilak.raj@narayanahealth.org>; Dilip Kumar <dilip.kumar01@narayanahealth.org>

Cc: Vikas Tripathi <Vikas.Tripathi@narayanahealth.org>

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From: Report : Mediwheel : New Delhi <report@mediwheel.in>

Sent: Friday, March 17, 2023 1:00:49 PM

To: Amrendra Nath Dubey <amrendra.nathduby@narayanahealth.org>

Subject: HEALTH CHECKUP REPORT

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Dear team,

Kindly please let us know that candidate visited or not, if visited then revert us with Health checkup report.

Member Name	Appointment Date
Ashutosh sachan	11/3/2023
kamla negi	16-03-2023
Mansukha Farhat	11/3/2023
MR. GOCHHAYAT MANOJA KUMAR	11/3/2023
MR. JAMAL SHAHID IZRAIL MANSOORI	11/3/2023
Vipin rani tomar	11/3/2023
MR. TOMAR RAVINDRA SINGH	11/3/2023
MRS. KUMARI ALKA	11/3/2023
MRS. SACHAN SAUMYA	11/3/2023
MS. MENON VEENA	16-03-2023
MS. SINGH MANISHA	10/3/2023
Rajiv kumar bhagat	11/3/2023
Sachin Singh	10/3/2023
Saiswari Gochhayat	11/3/2023
SHAIKH HABIB	16-03-2023
Surender singh negi	16-03-2023

Thanks & Regards.

Arcofemi Health Care Ltd. | F-703, Lado Sarai, Mehrauli | New Delhi – 110 030

Contact No. 011-41195959 Email id- report@mediwheel.in

Transthoracic Echo color Doppler Report

Patient's Name	Mr. Shaikh Habib	Age/Sex	38Years/Male
Ref By:	Dr. Parveen Roy	Date:	16/03/2023
MRN No.	15050000063118	PVT/MRD/IPD	Mediwheel full body Health Check Up

Final Interpretation

1. Normal sized cardiac chamber dimensions.
2. No Regional wall motion abnormality, LVEF = 60-65%.
3. MIP - Normal
4. LVEDP – Normal
5. Normal RV systolic function. TAPSE - 2.7cm.
6. Trace MR, Trace AR, Trace PR, Trace TR (PASP - 25mmHg).
7. No clot/vegetation/pericardial effusion.
8. IVC normal with >50% collapsibility with respiration.
9. No coarctation of aorta.

Morphology :-

- ❖ Left Ventricle: It is normal sized.
- ❖ Left Atrium: It is normal sized.
- ❖ Right Atrium: It is normal sized.
- ❖ Right Ventricle: It is normal sized. RV systolic function is normal.
- ❖ Aortic Valve: Aortic valve appears tricuspid & cusps are normal.
- ❖ Mitral Valve: open normally, Subvalvular apparatus appears normal.
- ❖ Tricuspid valve: It appears normal.
- ❖ Pulmonic Valve: It appears normal.
- ❖ Main Pulmonary artery & its branches: Appear normal.
- ❖ Pericardium: There is no pericardial effusion.

DOPPLER/COLOUR FLOW

<u>VALVE</u>	<u>MAX. VELOCITY cm/sec</u>	<u>PG/MG mmHg</u>	<u>REGURGITATION</u>
MITRAL	E- 88cm/sec, A- 72cm/sec		Trace MR
AORTIC	125		Trace AR
TRICUSPID	227	(PASP –25 mmHg)	Trace TR
PULMONARY	87		Trace PR

Contd.....

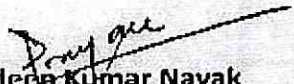
M MODE & 2D Measurements

	Observed values	Normal values
Aortic root diameter	27	20-34(mm)
Left atrium size	24	19-40(mm)
Left Ventricular Size diastole	43	ED 37-56(mm)
Left Ventricular Size systole	27	ES 22-40 (mm)
Inter ventricular Septum diastole	10	ED 6-10(mm)
Posterior Wall thickness diastole	09	ED 6-10(mm)
End Diastolic Volume	86	
End Systolic Volume	28	
LV Ejection Fraction (%)	60-65%	55%-75%

2D EXAMINATION DESCRIPTION

2D and M Mode examination done in multiple views revealed fair movement of both mitral leaflets. Aortic valve has three cusps & cusps are normal. Tricuspid valve leaflets move normally. Pulmonary valve is normal. Ascending Aorta is normal. Interatrial septum and interventricular septum are intact.

Dimension of left atrium and left ventricle are normal. No regional wall motion abnormality seen. Global LVEF is 60-65%. No intracardiac mass or thrombus seen.


Dr. Pradeep Kumar Nayak
 Senior 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.

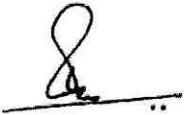
Patient Name	SHAIKH HABIB	Requested By	Dr. PRAVEEN ROY
MRN	15050000063118	Procedure DateTime	2023-03-16 15:44:08
Age/Sex	38Y 1M/Male	Hospital	NH-Dharamshila

Inv. No.: 7190

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.
- Bones under review are unremarkable.

Impression: Normal Study.



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

Patient Name	SHAIKH HABIB	Requested By	Dr. PRAVEEN ROY
MRN	15050000063118	Procedure DateTime	2023-03-16 13:15:23
Age/Sex	38Y 1M/Male	Hospital	NH-Dharamshila

Investigation No.3108

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver : Shows grade II fatty change. 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 9.1 x 4.5 cm.

The left kidney : The left kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system. It measures 10.3 x 4.9 cm. **A 0.5 cm sized calculus is seen in the middle calyx.**

Urinary bladder is normal in wall & contents.

Prostate is normal in size, shape and parenchymal echopattern.

No ascites seen.

Impression :

- **Grade II fatty liver.**
- **Left renal calculus.**



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

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr SHAIKH HABIB MRN : 15050000063118 Gender/Age : MALE , 38y (24/01/1985)

Collected On : 16/03/2023 10:42 AM Received On : 16/03/2023 10:58 AM Reported On : 16/03/2023 01:28 PM

Barcode : D72303160082 Specimen : Whole Blood - ESR Consultant : Dr. Praveen Roy(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 8860888116

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	30 H	mm/hr	0.0-15.0
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Spectrophotometry)	15.0	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.15	10 ⁶ /mm ³	4.5-6.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	44.3	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Calculated)	86	µm ³	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.0	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.8	g/dL	32.0-36.0
Red Cell Distribution Width (RDW) (Calculated)	11.4 L	%	11.5-14.0
Platelet Count (Electrical Impedance)	260	10 ³ /mm ³	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.2	10 ³ /mm ³	4.0-11.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (DHSS)	62.2	%	40.0-80.0
Lymphocytes (DHSS)	31.2	%	20.0-40.0
Monocytes (DHSS)	3.6	%	2.0-10.0
Eosinophils (DHSS)	2.6	%	1.0-6.0

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)

Hospital Address: Vasundhara Enclave, Near New Ashok Nagar Metro Station, Delhi 110 096

Tel +91 11 6904-5555 | www.narayanahealth.org | info.dnsh@narayanahealth.org

Appointments
1800-309-0309

Emergencies
73700-73700

Patient Name : Mr SHAIKH HABIB MRN : 15050000063118 Gender/Age : MALE , 38y (24/01/1985)

Basophils (DHSS)	0.4	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.24	10 ³ /mm ³	2.0-7.5
Absolute Lymphocyte Count (Calculated)	1.63	x10 ³ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.19 L	x10 ³ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.14	x10 ³ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.03	x10 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.

Prachi

Dr. Prachi

MBBS,MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (GOD/POD)	100	mg/dL	74.0-106.0
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Non LDL Selective Elimination, CHOD/POD)	181.1	mg/dL	<200.0
Triglycerides (LIPASE/GK/GPO/POD)	109.0	mg/dL	<150.0
HDL Cholesterol (HDLC) (Colorimetric (Phosphotungstic Acid Method))	37.3 L	mg/dL	40.0-60.0
Non-HDL Cholesterol	143.8 H	mg/dL	<130.0
LDL Cholesterol (Turbidometric /Microtip)	122.45 H	mg/dL	<100.0
VLDL Cholesterol (Calculated)	21.8	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	4.9 H	-	<4.5

Page 2 of 4

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Patient Name : Mr SHAIKH HABIB MRN : 1505000063118 Gender/Age : MALE , 38y (24/01/1985)

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (ECLIA/ ELFA)	1.51	nmol/L	1.49-2.6
Thyroxine (T4) (ECLIA/ ELFA)	82.8	nmol/L	71.2-141.0
TSH (Thyroid Stimulating Hormone) (Electrochemiluminescence (ECLIA))	3.97	uIU/ml	0.465-4.68

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Azobilirubin Dyphylline)	0.76	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength Reflectance)	0.12	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.64	mg/dL	0.1-1.0
Total Protein (Biuret Method)	7.36	gm/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.23	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.13	gm/dL	2.3-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.35	-	0.9-2.0
SGOT (AST) (P - Phosphate)	39.9	U/L	17.0-59.0
SGPT (ALT) (P - Phosphate)	58.2 H	U/L	<50.0
Alkaline Phosphatase (ALP) (PNPP With Amp Buffer)	76.2	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (GCNA)	61.4	U/L	15.0-73.0



Dr. Amit Samadhiya
 JUNIOR CONSULTANT, MBBS, MD Biochemistry, DMC - 14287

CLINICAL PATHOLOGY

Patient Name : Mr SHAIKH HABIB MRN : 15050000063118 Gender/Age : MALE , 38y (24/01/1985)

Test	Result	Unit	Biological Reference Interval
STOOL ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
Colour	Brownish	-	-
Consistency	Semi Solid	-	-
Mucus	Absent	-	-
Blood	Absent	-	-
CHEMICAL EXAMINATION			
Reaction	Alkaline	-	-
MICROSCOPE EXAMINATION			
Ova	Not Seen	-	-
Cyst Of Protozoa	Not Seen	-	-
Red Blood Cells (Stool)	Nil	-	-
Pus Cells	2-4	/hpf	1-2

--End of Report--

Prachi

Dr. Prachi
MBBS,MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr SHAIKH HABIB MRN : 15050000063118 Gender/Age : MALE , 38y (24/01/1985)

Collected On : 16/03/2023 10:42 AM Received On : 16/03/2023 11:00 AM Reported On : 16/03/2023 05:19 PM

Barcode : D62303160111 Specimen : Serum Consultant : Dr. Praveen Roy(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 8860888116

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (Enzymatic Method)	4.9	%	Normal: 4.0-5.6 Pre Diabetes: 5.7-6.4 Diabetes: => 6.5 ADA Recommendation 2017
Estimated Average Glucose	93.93	-	-

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.

RENAL PACKAGE - 2 (RFT FASTING)

Fasting Blood Sugar (FBS) (GOD/POD)	97.4	mg/dL	74.0-106.0
Blood Urea Nitrogen (BUN) (Urease, UV)	13.2	mg/dL	9.0-20.0

SERUM CREATININE

Serum Creatinine (Enzymatic Two Point Rate - Creatinine Amidohydrolase)	1.07	mg/dL	0.66-1.25
eGFR (Calculated)	77.4	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.

Page 1 of 4

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Patient Name : Mr SHAIKH HABIB MRN : 1505000063118 Gender/Age : MALE , 38y (24/01/1985)

Serum Sodium (ISE Direct)	141.0	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.69	mmol/L	3.5-5.1
Serum Chloride (ISE Direct)	105.9	mmol/L	98.0-107.0
Serum Bicarbonate Level (Phosphoenolpyruvate Carboxylase /Mdh Enzymatic End Piont Assay)	25.9	mmol/L	22.0-30.0
Serum Calcium (Arsezano III Dye Binding Method)	9.17	mg/dL	8.4-10.2
Serum Magnesium (Formazan Dye)	2.08	mg/dL	1.6-2.3
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	5.38	mg/dL	3.5-8.5
Serum Phosphorus (Phosphomolybdate Reduction)	2.77	mg/dL	2.5-4.5



Dr. Amit Samadhiya
JUNIOR CONSULTANT, MBBS, MD Biochemistry, DMC - 14287

BLOOD BANK LAB

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group	"A"	-
RH Typing	Positive	-



Dr. Manoj Rawat
Consultant & HOD, Blood Bank Center
Consultant & HOD Blood Center, DMC - 38026

Patient Name : Mr SHAIKH HABIB MRN : 15050000063118 Gender/Age : MALE , 38y (24/01/1985)

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)	1.005	-	1.002-1.030
Protein (Protein Error Method)	Nil	-	Nil
Urine Glucose (GOD/POD)	Nil	-	Nil
Ketone Bodies	Negative	-	-
Blood Urine (Pseudo Peroxidase Method)	Nil	-	-
MICROSCOPIC EXAMINATION			
Pus Cells	1-2	/hpf	1-2
RBC	Ni	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
Urine For Sugar (Fasting)	Nil	-	-
Urine For Sugar (Post Prandial)	Negative	-	-

--End of Report--

Prachi

Patient Name : Mr SHAIKH HABIB MRN : 15050000063118 Gender/Age : MALE , 38y (24/01/1985)

Dr. Prachi

MBBS,MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

Note

- Abnormal results are highlighted.
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