

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road,Aliganj Ph: 9235432681, CIN : U85110DL2003PLC308206



Patient Name	: Mr.NITESH KULYANA	Registered On	: 06/Aug/2023 10:32:02
Age/Gender	: 28 Y 0 M 0 D /M	Collected	: 06/Aug/2023 10:51:21
UHID/MR NO	: CALI.0000046261	Received	: 06/Aug/2023 13:27:50
Visit ID	: CALI0086842324	Reported	: 06/Aug/2023 17:05:02
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF HAEM ATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) **,	Blood			
Blood Group	В			
Rh ( Anti-D)	POSITIVE			
Complete Blood Count (CBC) ** , who	ala Plaad			
		·		
Haemoglobin	14.80	g/dl	1 Day- 14.5-22.5 g/dl	
			1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl	
			3-6 Mo- 9.5-13.5 g/dl	
			0.5-2 Yr- 10.5-13.5 g/dl	
			2-6 Yr- 11.5-15.5 g/dl	
			6-12 Yr- 11.5-15.5 g/dl	
			12-18 Yr 13.0-16.0 g/dl	
		Nº Y Y	Male- 13.5-17.5 g/dl	
	7 500 00	10	Female- 12.0-15.5 g/d	
TLC (WBC)	7,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC			and the state of the	
Polymorphs (Neutrophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	33.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	44.00	%	40-54	
Platelet count				
Platelet Count	2.35	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	10.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	23.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	9.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	5.40	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)		, ee		





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### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	84.50	fl	80-100	CALCULATED PARAMETER
MCH	27.40	pg	28-35	CALCULATED PARAMETER
MCHC	32.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,500.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	150.00	/cu mm	40-440	

Dr. Surbhi Lahoti (M.D. Pathology)





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Visit ID	: CALI0086842324	Reported	: 06/Aug/2023 14:30:47
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### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method		
GLUCOSE FASTING ** , Plasma						
Glucose Fasting	85.10	100-1	Normal Gi 25 Pre-diabetes Diabetes	OD POD		
<ul> <li>Interpretation:</li> <li>a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.</li> <li>b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.</li> <li>c) I.G.T = Impared Glucose Tolerance.</li> </ul>						

Glucose PP**		103.90	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal				140-199 Pre-diabetes	
				>200 Diabetes	

#### Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.c) I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** ,EDTA BLOOD		
Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	105	mg/dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.





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### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

	Test Name	Result	Unit	Bio. Ref. Interval	Method	
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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	<b>Degree of Glucose Control Unit</b>
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. \*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### **<u>Clinical Implications:</u>**

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) ** Sample:Serum	9.40	mg/dL	7.0-23.0	CALCULATED
Creatinine * * Sample:Serum	1.10	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20 Female-20-320	MODIFIED JAFFES )-275
Uric Acid ** Sample:Serum	5.04	mg/dl	3.4-7.0	URICASE





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### DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	l	Jnit Bio. F	Ref. Interval	Method
LFT (WITH GAMMA GT) ** , NA					
SGOT / Aspartate Aminotransferase (AST)	28.50	U/L	< 35	IFCC WIT	HOUT P5P
SGPT / Alanine Aminotransferase (ALT)	46.90	U/L	< 40		HOUT P5P
Gamma GT (GGT)	33.80	IU/L	11-50		ED SZAZING
Protein	6.29	gm/dl	6.2-8.0	BIURET	
Albumin	4.18	gm/dl	3.4-5.4	B.C.G.	
Globulin	2.11	gm/dl	1.8-3.6	CALCULA	TED
A:G Ratio	1.98	0,	1.1-2.0	CALCULA	
Alkaline Phosphatase (Total)	101.00	U/L	42.0-165.0	IFCC MET	
Bilirubin (Total)	0.67	mg/dl	0.3-1.2		SIK & GROF
Bilirubin (Direct)	0.29	mg/dl	< 0.30		SIK & GROF
Bilirubin (Indirect)	0.38	mg/dl	< 0.8	JENDRAS	SIK & GROF
LIPID PROFILE (MINI) **, Serum					
Cholesterol (Total)	231.00	mg/dl	<200 Desirab 200-239 Borc > 240 High	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AP
HDL Cholesterol (Good Cholesterol)	58.20	mg/dl	30-70	DIRECT E	NZYMATIC
LDL Cholesterol (Bad Cholesterol)	139	mg/dl	< 100 Optima 100-129 Nr.	I CALCULA	TED
			Optimal/Abc 130-159 Borc 160-189 High > 190 Very Hi	lerline High	
VLDL	33.54	mg/dl	10-33	CALCULA	TED
Triglycerides	167.70	mg/dl	< 150 Normal 150-199 Borc 200-499 High >500 Very Hig	lerline High	,

### Dr. Anupam Singh (MBBS MD Pathology)

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# DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE**, U	Irine			
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
Sugar	ADJENT	gill370	0.5-1.0 (++)	DIFSTICK
			1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT		to a second	
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC
				EXAMINATION
Puscells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			MICROSCODIC
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			EXAMINATION
SUGAR, FASTING STAGE ** , Urine				
Sugar, Fasting stage	ABSENT	gms%		

#### Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5 \\ (++) & 1 \\ (+++) & 1 \\ (++++) & > 2 \end{array}$ 

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# DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name		Result	Unit	Bio. Ref. Interval	Method
SUGAR, PP STAGE*	* , Urine				
Sugar, PP Stage	,	ABSENT			
Interpretation:         (+)       < 0.5 gms%					

### Dr. Anupam Singh (MBBS MD Pathology)

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Visit ID	: CALI0086842324	Reported	: 06/Aug/2023 15:26:18
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF IMMUNOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
THYROID PROFILE - TOTAL ** , Serum					
T3, Total (tri-iodothyronine)	135.62	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	1.61	µlU/mL	0.27 - 5.5	CLIA	
Interpretation:					

0.3-4.5	µIU/mL	First Trimest	ter	
0.5-4.6	µIU/mL	Second Trim	lester	
0.8-5.2	µIU/mL	Third Trimes	ster	
0.5-8.9	µIU/mL	Adults	55-87 Years	
0.7-27	µIU/mL	Premature	28-36 Week	
2.3-13.2	µIU/mL	Cord Blood	> 37Week	
0.7-64	µIU/mL	Child(21 wk	- 20 Yrs.)	
1-39	µIU/mL	Child	0-4 Days	
1.7-9.1	µIU/mL	Child	2-20 Week	

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

**3**) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

**4**) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

**8**) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr. Anupam Singh (MBBS MD Pathology)







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U	HID/MR NO	: CALI.0000046261	Received	: N/A
V		: CALI0086842324	Reported	: 07/Aug/2023 12:54:39
R	ef Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

### X-RAY DIGITAL CHEST PA \*

# (500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

# **DIGITAL CHEST P-A VIEW**

- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

### IMPRESSION :

• NO SIGNIFICANT DIAGNOSTIC ABNORMALITY SEEN.

Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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### DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

### ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) \*

### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

### LIVER

• The liver is normal in size ~ 11.4 cm in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

### PANCREAS

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

### KIDNEYS

- Right kidney is normal in size ~ 10.3 x 3.4 cm position and cortical echotexture. Corticomedullary demarcation is maintained.
- Left kidney is normal in size ~ 10.1 x 4.3 cm position and cortical echotexture. Corticomedullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

### SPLEEN

• The spleen is normal in size ~ 8.4 cm and has a normal homogenous echo-texture.

### **ILIAC FOSSAE & PERITONEUM**

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

### URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus is seen.

### PROSTATE





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### DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• The prostate gland is normal in size with smooth outline. (volume ~ 13.2 cc).

### FINAL IMPRESSION

• NO SIGNIFICANT ABNORMALITY SEEN IN PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

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

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

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \* 365 Days Open \*Facilities Available at Select Location

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8/6/23, 10:32 AM



Chandan healthcare <chandanhealthcare26@gmail.com>

# Fwd: Health Check up Booking Confirmed Request(bobE43201),Package Code-PKG10000238, Beneficiary Code-77274

1 message

anurag sri <anurag.idc@gmail.com> To: Chandan healthcare <chandanhealthcare26@gmail.com>

Sun, Aug 6, 2023 at 10:29 AM

011-41195959

Email:wellness@mediwheel.in

agnostic

T

0

Pack code 2613

------ Forwarded message ------From: **Mediwheel** <wellness@mediwheel.in> Date: Fri, 4 Aug, 2023, 3:13 pm Subject: Health Check up Booking Confirmed Request(bobE43201),Package Code-PKG10000238, Beneficiary Code-77274 To: <anurag.idc@gmail.com> Cc: <customercare@mediwheel.in>

Hi Chandan Healthcare Limited,

lediwhee

Your wellness partner

Diagnostic/Hospital Location :**Indradeep Comlex,Sanjay Gandhi Puram**,City:**Lucknow** We have received the confirmation for the following booking .

Beneficiary Name : PKG10000238

Beneficiary Name : MR. KULYANA NITESH

Member Age : 28

Member Gender : Male

Member Relation : Employee

Package Name : Full Body Health Checkup Male Below 40

Location : MUBARAKPUR MUKHTIYA, Uttar Pradesh-230136

Contact Details : 8375035647

Booking Date : 02-08-2023

Appointment Date: 06-08-2023

#### 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.





Lucknow, Uttar Pradesh, India B-1, B-1/2, 2nd St, Sector B, Sector-A, Sector L, Aliganj, Lucknow, Uttar Pradesh 226024, India Lat 26.896252° Long 80.945365° 06/08/23 11:25 AM GMT +05:30

GPS Map Camera