

**From:** Health Check up Booking Re Schedule Request(bobE32574),Package Code-PKG10000242, Beneficiary Code-70078

Ravindra Singh Tomar <RAVINDRA.TOMAR2@bankofbaroda.com>

Fri 3/10/2023 4:23 PM

To: Noida Sector 6,Noida Authority <vjnoss@bankofbaroda.com>

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**From:** Mediwheel <wellness@mediwheel.in>

**Sent:** Thursday, March 9, 2023 5:19:34 PM

**To:** Ravindra Singh Tomar <RAVINDRA.TOMAR2@bankofbaroda.com>

**Cc:** mediwheelwellness@gmail.com <mediwheelwellness@gmail.com>

**Subject:** Health Check up Booking Re Schedule Request(bobE32574),Package Code-PKG10000242, Beneficiary Code-70078

**\*\*सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

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011-41195959

Email:wellness@mediwheel.in

Dear **MR. TOMAR RAVINDRA SINGH,**

Due to unavoidable circumstances, we regret to state that your following request for Health Checkup appointment Re Schedule by provider

**Booking Code** : bobE32574

**Appointment Date** : 11-03-2023

**Appointment Time** : 8:00am-8:30am

**Provider Name** : Dharamshila Narayana Superspeciality Hospital

**Package Name** : Medi-Wheel Metro Full Body Health Checkup Male Above 40

**Address of Diagnostic/Hospital** : Vasundhara Enclave Near Ashok Nagar, Dallupura -110096

**City** : Delhi

**State** : DELHI

**Pincode** : 110096

You are requested to login again and raise a fresh request. We regret for the inconvenience caused

**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name : Mr Ravindra Singh Tomar MRN : 15050000146839 Gender/Age : MALE , 46y (20/06/1976)  
 Collected On : 11/03/2023 09:53 AM Received On : 11/03/2023 10:07 AM Reported On : 11/03/2023 04:03 PM  
 Barcode : D62303110137 Specimen : Serum Consultant : Dr. Gaurav Jain(GENERAL MEDICINE)  
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8826379866

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (GOD/POD)	98	mg/dL	74.0-106.0
<b>Post Prandial Blood Sugar (PPBS)</b> (Enzyme Method (GOD POD))	101.4	mg/dL	100.0-140.0
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Non LDL Selective Elimination, CHOD/POD)	188.9	mg/dL	<200.0
Triglycerides (LIPASE/GK/GPO/POD)	125.3	mg/dL	<150.0
HDL Cholesterol (HDLC) (Colorimetric (Phosphotungstic Acid Method))	45.1	mg/dL	40.0-60.0
Non-HDL Cholesterol	<b>143.8 H</b>	mg/dL	<130.0
LDL Cholesterol (Turbidometric /Microtip)	<b>130.40 H</b>	mg/dL	<100.0
VLDL Cholesterol (Calculated)	25.1	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	4.2	-	<4.5
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (ECLIA/ ELFA)	1.77	nmol/L	1.49-2.6
Thyroxine (T4) (ECLIA/ ELFA)	114	nmol/L	71.2-141.0
TSH (Thyroid Stimulating Hormone) (Electrochemiluminescence (ECLIA))	<b>4.99 H</b>	uIU/ml	0.465-4.68
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Azobilirubin Dyphylline)	0.50	mg/dL	0.2-1.3

Patient Name : Mr Ravindra Singh Tomar MRN : 15050000146839 Gender/Age : MALE , 46y (20/06/1976)

Conjugated Bilirubin (Direct) (Dual Wavelength Reflectance)	0.15	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.35	mg/dL	0.1-1.0
Total Protein (Biuret Method)	7.54	gm/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.45	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.10	gm/dL	2.3-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.44	-	0.9-2.0
SGOT (AST) (P - Phosphate)	36.2	U/L	17.0-59.0
SGPT (ALT) (P - Phosphate)	41.2	U/L	<50.0
Alkaline Phosphatase (ALP) (PNPP With Amp Buffer)	55.7	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (GCNA)	15.8	U/L	15.0-73.0



Dr. Amit Samadhiya  
 MBBS, MD Biochemistry  
 JUNIOR CONSULTANT

#### IMMUNOLOGY

Test	Result	Unit	Biological Reference Interval
Prostate Specific Antigen (PSA) (ECLIA/ ELFA)	0.181	ng/mL	<4.0

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#### HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Spectrophotometry)	14.4	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.18	10 <sup>6</sup> /mm <sup>3</sup>	4.5-6.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	43.4	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Calculated)	84	μm <sup>3</sup>	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.8	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.1	g/dL	32.0-36.0
Red Cell Distribution Width (RDW) (Calculated)	12.3	%	11.5-14.0
Platelet Count (Electrical Impedance)	<b>123 L</b>	10 <sup>3</sup> /mm <sup>3</sup>	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.0	10 <sup>3</sup> /mm <sup>3</sup>	4.0-11.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (DHSS)	58.9	%	40.0-80.0
Lymphocytes (DHSS)	35.0	%	20.0-40.0
Monocytes (DHSS)	3.8	%	2.0-10.0

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Eosinophils (DHSS)	1.6	%	1.0-6.0
Basophils (DHSS)	0.7	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.54	$10^3/\text{mm}^3$	2.0-7.5
Absolute Lymphocyte Count (Calculated)	2.1	$\times 10^3 \text{cells}/\mu\text{l}$	1.0-3.0
Absolute Monocyte Count (Calculated)	0.23	$\times 10^3 \text{cells}/\mu\text{l}$	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.1	$\times 10^3 \text{cells}/\mu\text{l}$	0.02-0.5
Absolute Basophil Count (Calculated)	0.05	$\times 10^3 \text{cells}/\mu\text{l}$	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.*

**Erythrocyte Sedimentation Rate (ESR)** 08 mm/hr 0.0-15.0  
(Modified Westergren Method)

--End of Report--

*Prachi*

Dr. Prachi  
MBBS, MD Pathology  
JUNIOR CONSULTANT

**Note**

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



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Ravindra Singh Tomar MRN : 15050000146839 Gender/Age : MALE , 46y (20/06/1976)

Collected On : 11/03/2023 09:53 AM Received On : 11/03/2023 10:07 AM Reported On : 11/03/2023 03:21 PM

Barcode : D62303110137 Specimen : Serum Consultant : Dr. Gaurav Jain(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8826379866

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (Enzymatic Method)	4.3	%	Normal: 4.0-5.6 Pre Diabetes: 5.7-6.4 Diabetes: => 6.5 ADA Recommendation 2017
Estimated Average Glucose	76.71	-	-

**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)	93.8	mg/dL	74.0-106.0
Blood Urea Nitrogen (BUN) (Urease, UV)	8.3 L	mg/dL	9.0-20.0

**SERUM CREATININE**

Serum Creatinine (Enzymatic Two Point Rate - Creatinine Amidohydrolase)	0.69	mg/dL	0.66-1.25
eGFR (Calculated)	123.5	mL/min/1.73m <sup>2</sup>	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.

Patient Name : Mr Ravindra Singh Tomar MRN : 15050000146839 Gender/Age : MALE , 46y (20/06/1976)

Serum Sodium (ISE Direct)	140.9	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.33	mmol/L	3.5-5.1
Serum Chloride (ISE Direct)	104.1	mmol/L	98.0-107.0
Serum Bicarbonate Level (Phosphoenolpyruvate Carboxylase /Mdh Enzymatic End Piont Assay)	28.3	mmol/L	22.0-30.0
Serum Calcium (Arsezano III Dye Binding Method)	8.55	mg/dL	8.4-10.2
Serum Magnesium (Formazan Dye)	2.10	mg/dL	1.6-2.3
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	5.60	mg/dL	3.5-8.5
Serum Phosphorus (Phosphomolybdate Reduction)	2.79	mg/dL	2.5-4.5



Dr. Amit Samadhiya  
 MBBS, MD Biochemistry  
 JUNIOR CONSULTANT

#### BLOOD BANK LAB

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group	"A"	-
RH Typing	Positive	-



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

Patient Name : Mr Ravindra Singh Tomar MRN : 15050000146839 Gender/Age : MALE , 46y (20/06/1976)

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>URINE ROUTINE &amp; MICROSCOPY</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	Pale Yellow	-	-
Appearance	Clear	-	-
<b>CHEMICAL EXAMINATION</b>			
pH(Reaction) (Double Indicator Method)	7.5	-	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	-	-
<b>MICROSCOPIC EXAMINATION</b>			
Pus Cells	1-2	/hpf	1-2
RBC	Nil	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
Urine For Sugar (Fasting)	Nil	-	-
Urine For Sugar (Post Prandial)	Nil	-	-

--End of Report--



Patient Name : Mr Ravindra Singh Tomar MRN : 15050000146839 Gender/Age : MALE , 46y (20/06/1976)

*Prachi*

Dr. Prachi  
MBBS, MD Pathology  
JUNIOR CONSULTANT

**Note**

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



<b>Patient Name</b>	Ravindra Tomar	<b>Requested By</b>	DR. GAURAV JAIN
<b>MRN</b>	15050000146839	<b>Procedure DateTime</b>	2023-03-11 10:50:59
<b>Age/Sex</b>	46Y 8M/Male	<b>Hospital</b>	NH-Dharamshila

**Investigation No. 1975**

**ULTRASONOGRAPHY WHOLE ABDOMEN**

**Report:-**

- **Liver :** Shows a normal contour & echopattern. Small simple hepatic cyst in right lower lobe, measures 0.87 x 0.58 cm. Normal sized intrahepatic biliary and vascular channels are seen. The common bile duct and portal vein are normal.
- **Gall bladder :** Normal in size with normal wall thickness and shows small polyp, measures 0.25 x 0.17 cm.
- **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.
- **The left kidney :** The left kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system.
- Urinary bladder is normal in wall & contents.
- Prostate is normal in size, shape and parenchymal echopattern.
- No ascites seen.

**Impression :**

- **Simple hepatic cyst.**
- **Small gall bladder polyp.**



**Dr. SHAILENDRA KR. BHARDWAJ**  
MBBS, DNB (Radiodiagnosis)  
CONSULTANT RADIOLOGIST

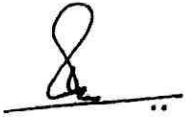
<b>Patient Name</b>	Ravindra Tomar	<b>Requested By</b>	DR. GAURAV JAIN
<b>MRN</b>	15050000146839	<b>Procedure DateTime</b>	2023-03-11 12:14:23
<b>Age/Sex</b>	46Y 8M/Male	<b>Hospital</b>	NH-Dharamshila

Inv. No.: 6605

**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

## Transthoracic Echo color Doppler Report

Patient's Name	Mr. Ravindra Singh Tomar	Age/Sex	46Years/Male
Ref By:	Dr. Gaurav Jain	Date:	11/03/2023
MRN No.	15050000146839	PVT/MRD/IPD	Mediwheel full body Health Check Up

### Final Interpretation

1. Normal sized cardiac chamber dimensions.
2. No Regional wall motion abnormality, LVEF = 55%.
3. MIP - Normal
4. LVEDP – Normal
5. Normal RV systolic function.
6. Trace MR, No AR, No PR, Trace TR (PASP - 21mmHg).
7. No clot/vegetation/pericardial effusion.
8. IVC normal with >50% collapsibility with respiration.

### 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: AML tip mildly thickened, PML normal & 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- 80cm/sec, A- 47cm/sec		Trace MR
AORTIC	106		No AR
TRICUSPID	202	(PASP –21 mmHg)	Trace TR
PULMONARY	59		No PR

*Contd.....*

**M MODE & 2D Measurements**

	Observed values	Normal values
Aortic root diameter	30	20-34(mm)
Left atrium size	32	19-40(mm)
Left Ventricular Size diastole	45	ED 37-56(mm)
Left Ventricular Size systole	30	ES 22-40 (mm)
Inter ventricular Septum diastole	09	ED 6-10(mm)
Posterior Wall thickness diastole	10	ED 6-10(mm)
End Diastolic Volume	95	
End Systolic Volume	37	
LV Ejection Fraction (%)	55%	55%-75%

**2D EXAMINATION DESCRIPTION**

2D and M Mode examination done in multiple views revealed AML tip mildly thickened, PML normal & 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 55%. No intracardiac mass or thrombus seen.

**Dr. Anand Pandey**Sr. Consultant & Head  
Cardiologist**Dr. Sajal 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.