Health Check up Booking Request(35E6352)

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Fri 24-05-2024 10:46

To:ashokkumarak@gmail.com <ashokkumarak@gmail.com> Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

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ashak kumas ak @ gmail dom

our wellness partner

011-41195959

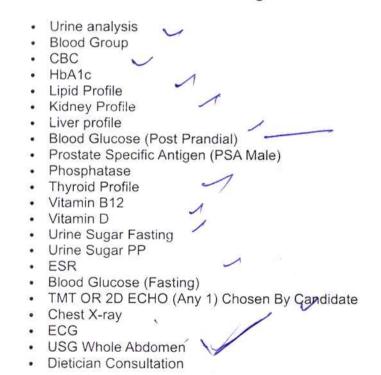
Dear ASHOK KUMAR,

We have received your booking request for the following health checkup , please upload your approval letter as soon as possible to enable us to confirm your booking.

User Package Name	đ	MediWheel Full Body Health Checkup Male 50 To 60
Name of Diagnostic/Hospital	ł	Dr. Charu Kohli Cilnic
Address of Diagnostic/Hospital-	:	C-234, Block C, Defence Colony,
Appointment Date		08-06-2024
Preferred Time		8:00am

Member Information				
Booked Member Name	Age	Gender		
ASHOK KUMAR	50 year	Male		

Tests included in this Package



H-> 165 cm

https://outlook.office.com/mail/id/AAQkADM2YmU0NjNhLTk1NTMtNDJIMy04NTRILTIxNWVmNzUzMDcxMgAQAC7pq8%2BH1etOpAdkow2r1FQ%3D

6/4/24, 2:55 PM

- Eye Check-up consultation
- Ent Consultation
- Dental Consultation
- General Physician Consultation
- Bmi Check

Thanks, Mediwheel Team Please Download Mediwheel App



Download on App Store

You have received this mail because your e-mail ID is registered with Arcofemi Healthcare Limited This is a system-generated e-mail please don't reply to this message.

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@ 2024 - 25. Arcofemi Healthcare Pvt Limited.(Mediwheel)

5/29/24, 11.10 AM

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Fevorites - Main Menu - > Worklist - > My Worklist - Summary View

My Worklist - Summary View

Health checkup at tie-up Ctr	HealthChkup Authorisatn letter			
	यूनियन वैक 🕥 Union Bank			
	S ANINA CO MILLING			
	Union Bank of India			
To, The Chief Medical Officer	RO - DELHI SOUTH 6th Floor,602A,Tower-2 Konnectus Building, Airport Metro Express Line, Opp.New Delhi Railway Station			
M/S Mediwhoel https://mediwheel.in/signup 41195959(A brand name of Arcofemi Healthcare Ltd), Mumbai400021 Dear Sir,				
Tie-up arrangement fo	r Health Checkup under Health Checkup	50-60 Male		
Shri/Smt./Kum. KUM/	AR,ASHOK			
P.F. No. 434866	Designation : 🛛 🛷 Sr.CustomerServi	ce Assoc(CASH)		
Checkup for Financial Y	2025	4000.00		
	i staff member of our Branch/Office desires to under der the tie-up arrangement entered into with you, by			
Hospital/Centre/Clinic, uni	der tile tie-up anangement entered into with you, by	bu bank.		
. Please send the rece	pt of the above payment and the relevant reports to	our above address.	<i>x</i> .	3
	\cap	a Lutinia		
Thanking you,	- Ticher Han Stranger For Union	Bank of India		

Manager

New Delhi

BRANCH MANAGEREEN HOR

Farefaren,

(Signature of the Employee) 21 ×

PS. : Status of the application- Sanctioned

View Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



Dr. Charu Kohli's Clinic C-234 Defence Colony, New Delhi-110024 Ph 41550792 ,24336960, 24332759 E- mail: drcharukohli@yahoo.com

NAME : ASHOK KUMAR

AGE/SEX : 51Y/M

DATE 08.06.2024 :

Height	Weight	BP	BMI
165 cm	67 kg	130/80 mmHg	24.6
HABITS	SMOKING : Regular ALCOHOL : OCC DRUGS ; NO		

Family History: -

	Asthma	9	NO		
	Diabetes	2	NO		
	ТВ	2	NO		
	Cancer	÷	NO		
	Heart Disease	2	NO		
	HTN	:	NO		
•	BP	8	NO		
٠	Thyroid	÷	NO		
Person	al History:				
	Pleurisy			3	NO
•	Rheumatic			1	NO
•	Acquired defor	m	ity	ł	NO
	Operated for			÷.	NO
•	Accidents				NO
•	Psychosomatic	hi	istory		NO
•	Diabetes		10		NO

- Diabetes
- Thyroid : NO
- BP . : NO

Eye /	DISTAN	CE VISION	NEAR	VISION		
Vision	RT Eye	LT Eye	RT Eye	LT Eye	COLOUR VISION	GLASSES
	6/12	6/12	N/36	N/36	NORMAL	YES

ahl Signature of Medical Examiner:





C-234, Defence Colony, New Delhi-110024 Phone : 011-41550792, 24332759, 24336960 49098657, 35670064 E-mail : drcharukohli@yahoo.com

Name: ASHOK Date: June 8, 2024

WHOLE ABDOMEN SCAN

Liver is normal in size and echotexture is raised. Partially obliterated intrahepatic biliary radicles and normal appearing venous channels noted. No focal lesion in either lobes. Portal vein is normal. No subdiaphragmatic collection or pleural effusion.

Gall bladder is normal distended and shows echofree lumen. CBD: not dilated ; apparently echofree.

Both the kidneys are normal in size, position and echopattern with normal corticomedullary differentiation. RK: 9.79 x 4.70 cm LK: 9.90 x 4.57 cm.

Pancreas is of normal size & echopattern. No focal lesion or peri-pancreatic collection.

Spleen is of normal size and echopattern. No focal lesion or calcification. Splenic vein is not dilated.

Aorta and IVC are normal. No retroperitoneal lymphadenopathy.

Urinary bladder shows normal distension and shows normal wall-thickness. No calculus or mass.

Prostate is normal in size, echopattern is homogenous.

Bowel loops are normal.

No free fluid is seen in abdomen.

IMPRESSION:

Grade 1 fatty liver, otherwise sonological study is within normal limits .

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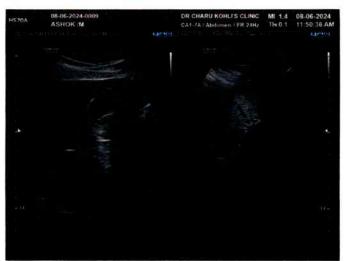
Dr Charu Kohli MBBS DMRD DMC8388

CHARU KOHLI ONSULTANT RADIC LOGIST DMC - 8388 DR. CHARU KOHLI'S CLINIC C-234, DEFENCE COLONY, NEW DELHI-110014

IMPORTANT: Owing to technical limitations in case of any error in the study the Doctor cannot be held responsible for claim of damages of any nature, and this report is not valid for any Medicolegal aspect. Every modern technology has its own limitations, in case of discrepancy/difference in opinion advised- repeat scan/ second opinion

Page 1 of 1









	()
C-234, Defen	(1111)		
ce Colony, New Del		E C A	
5	CLINIC		

1

Mr. ASHOK KUMAR Age/Sex: 51/M Recorded: 8- 6-2024 11:11 Ref. by:

ID:463 Ht/Wt:/

Indication : ,.

TREADMILL TEST SUMMARY REPORT

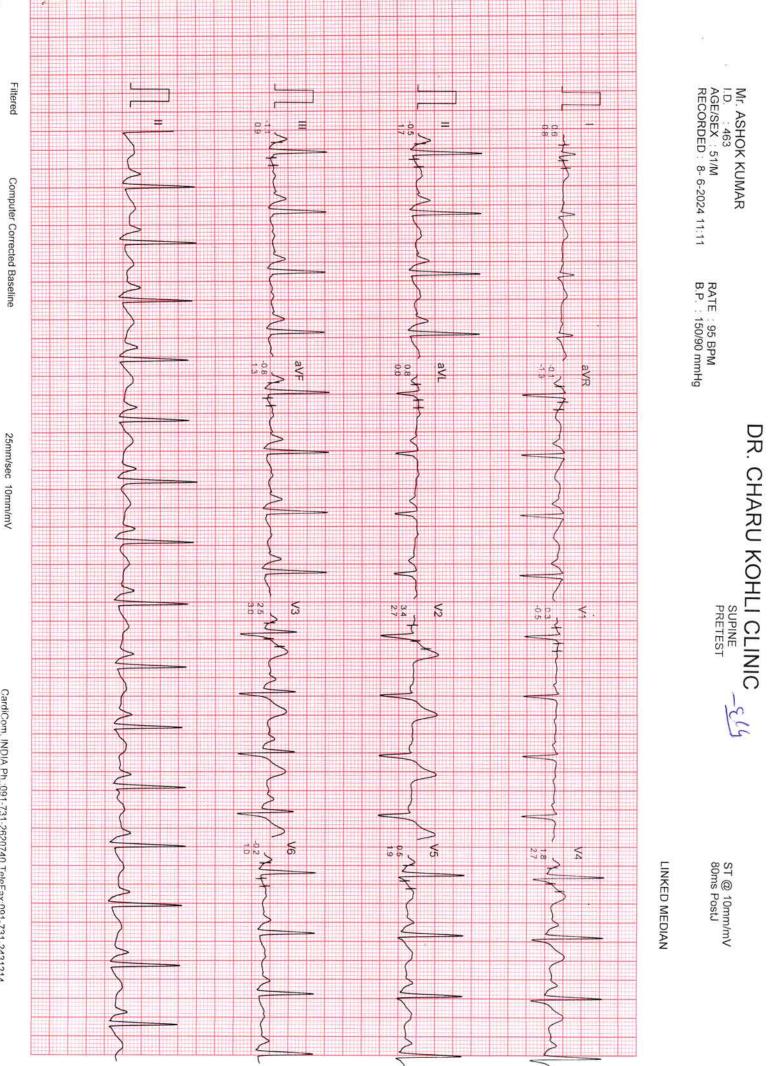
Protocol: BRUCE History: Medication : ,.

	MPRESSIONS	RESULTS Exercise Duration Max Heart Rate Max Blood Pressure Max Work Load Reason of Termination	RECOVERY 5.59	SISE	STAGE 1 2:59 STAGE 2 5:59 STAGE 3 8:59	ω A W	PHASE TIME
	Ne Se	9:05 Minutes 146 bpm 86 % of target heart rate 169 bpm 178/90 mmHg 10.11 METS	2:59 5:59	0:05	2:59 2:59	0.00	STAGE
	Vice	of target heart	0.00		2.70 4.00 5.40		SPEED (Km./Hr.)
	for p	rate 169 bpm	0.00		10.00 12.00 14.00		GRADE (%)
	pris m		121 113	146	122 131 145	1005 005	H.R. (BPM)
Cardiologist	miti mi		162/90 150/90	178/90	150/90 164/90 178/90	150/90 150/90 150/90	· B.P (mmHg)
St	- Pa		196 169	259	183 214 258	142 142 142 162	X 100
DIXC-48748 37AUT CARD	NBBA R		-0.1	6:0	1,4 1,8 1,8	-0.0 2.5 5 2.5 5	=
OLOGIST	x 6		232 222	6.2	4.8 5.1	333 344 4	ST LEVEL (mm)
	}		0.4		2.4	-1000 0000	<u>5</u> 5
				10.11	4.80		METS

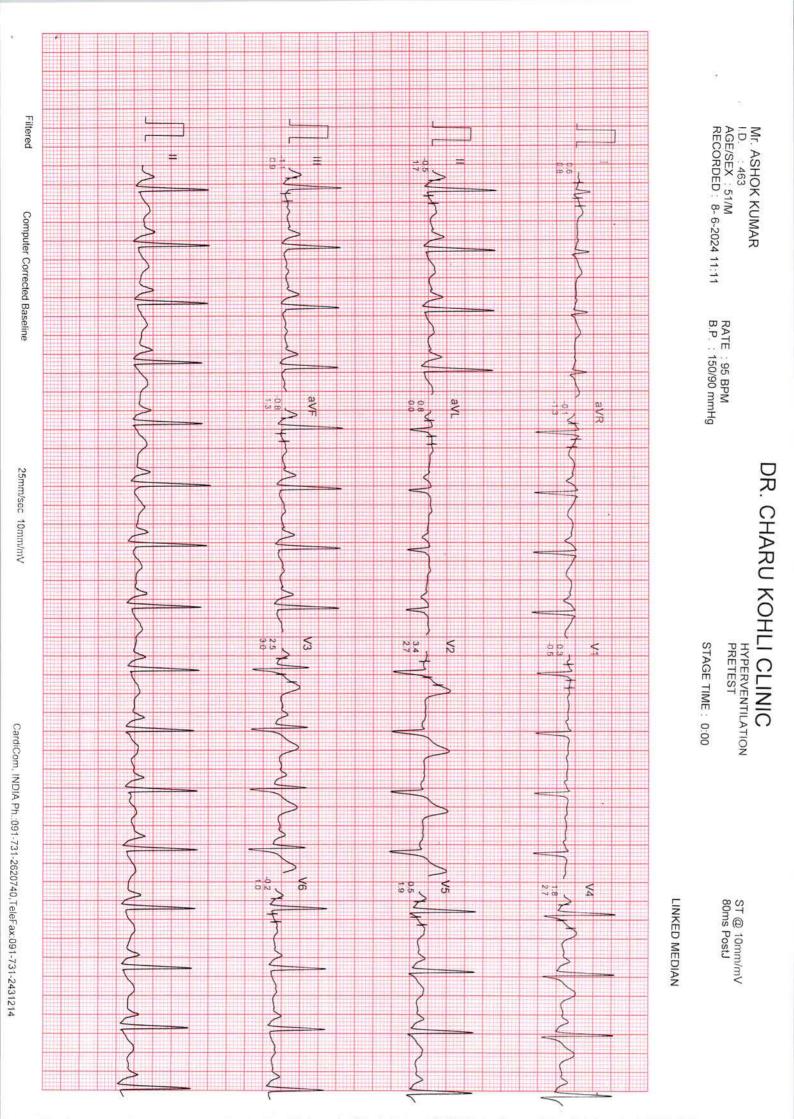
CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

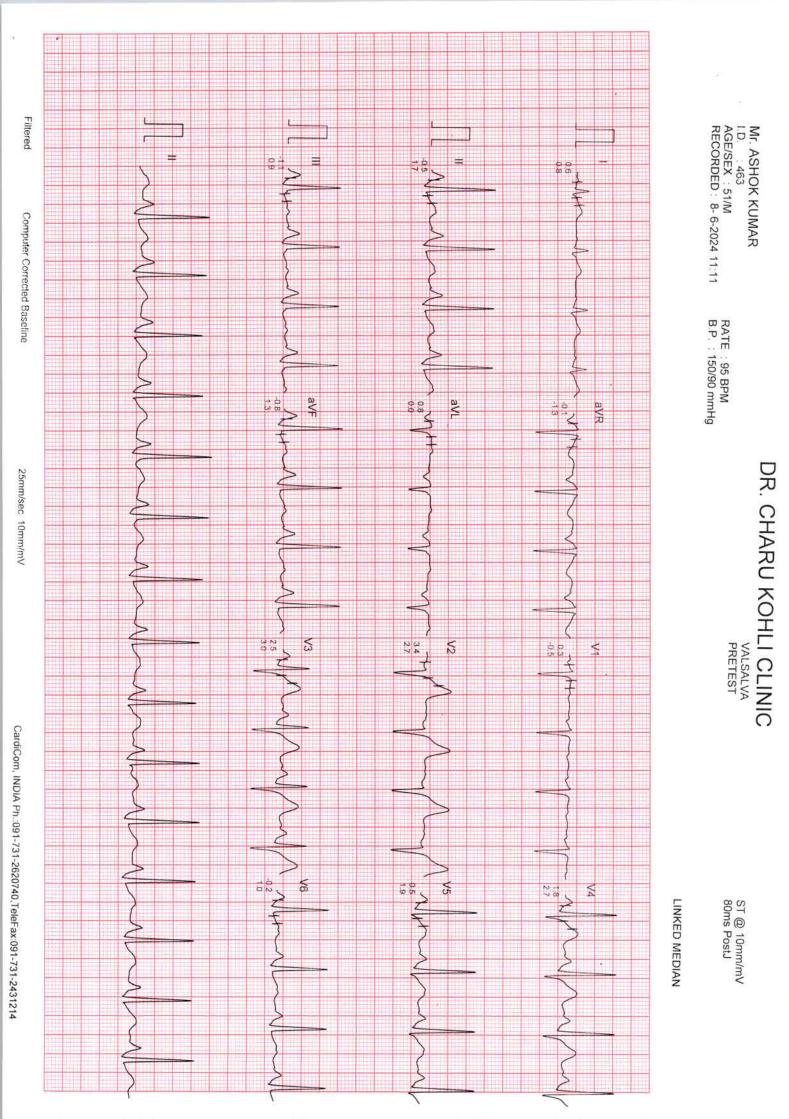
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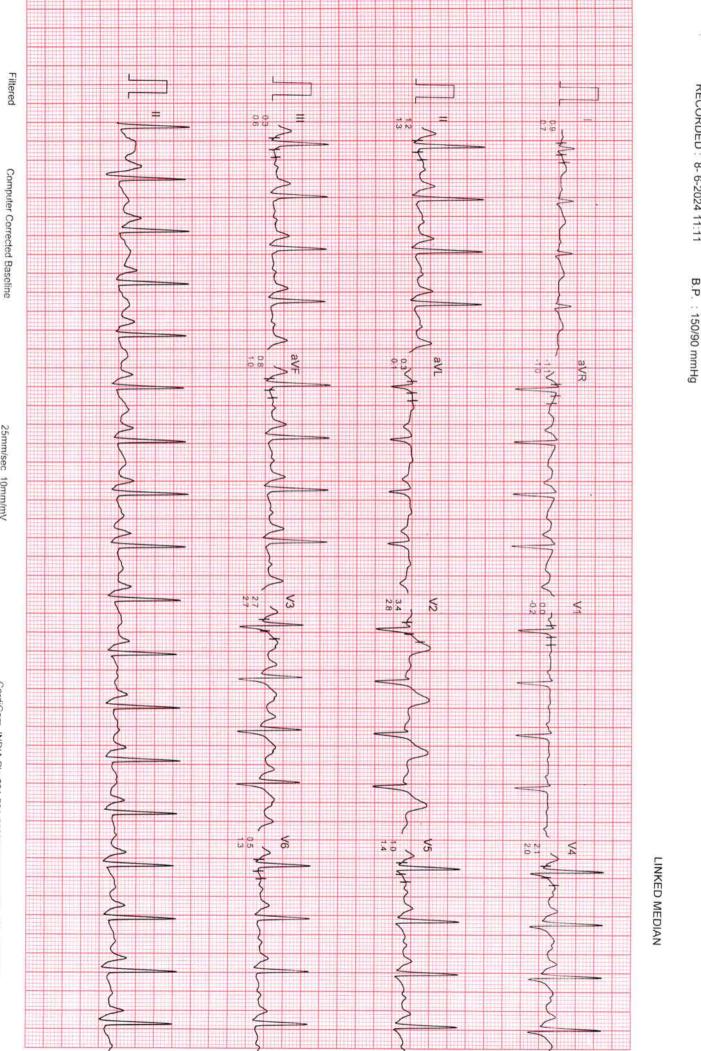
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CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214







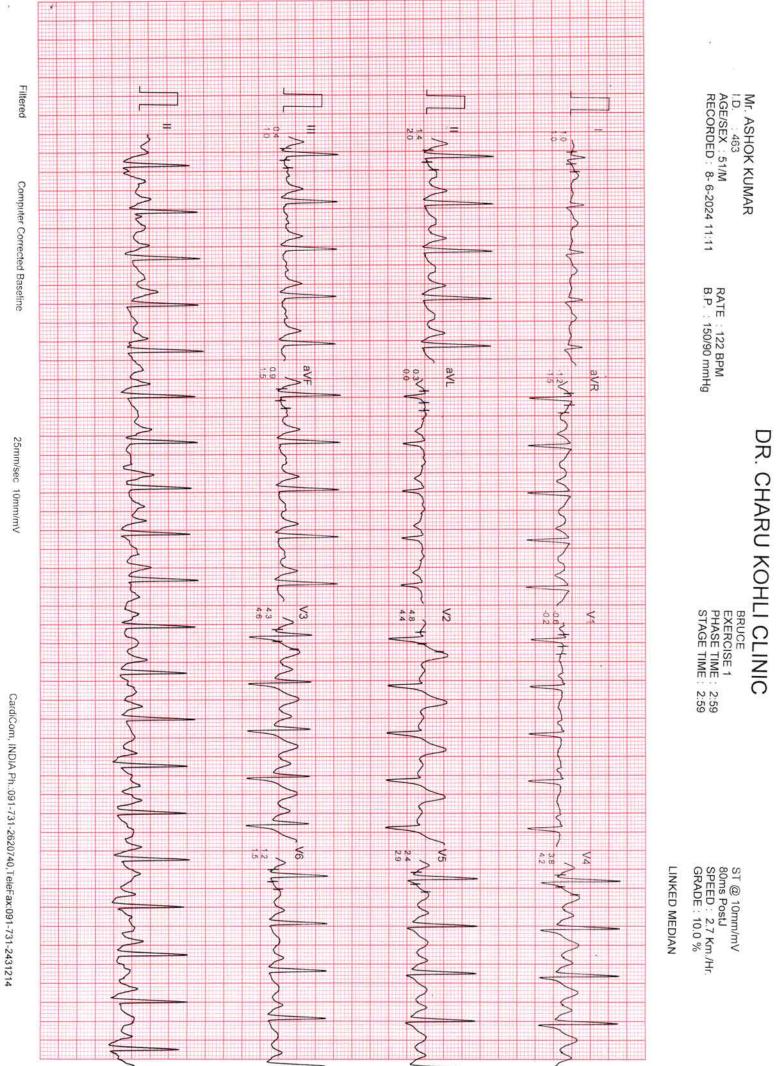
ST @ 10mm/mV 80ms PostJ

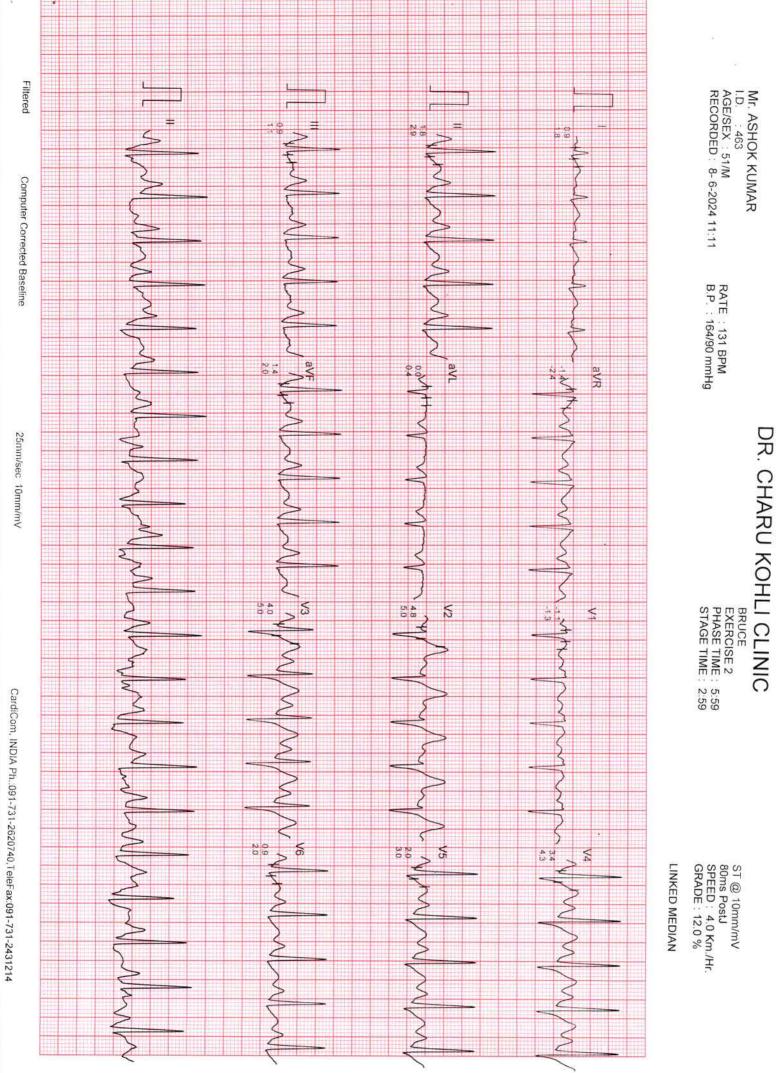
Mr. ASHOK KUMAR I.D. : 463 AGE/SEX : 51/M RECORDED : 8- 6-2024 11:11

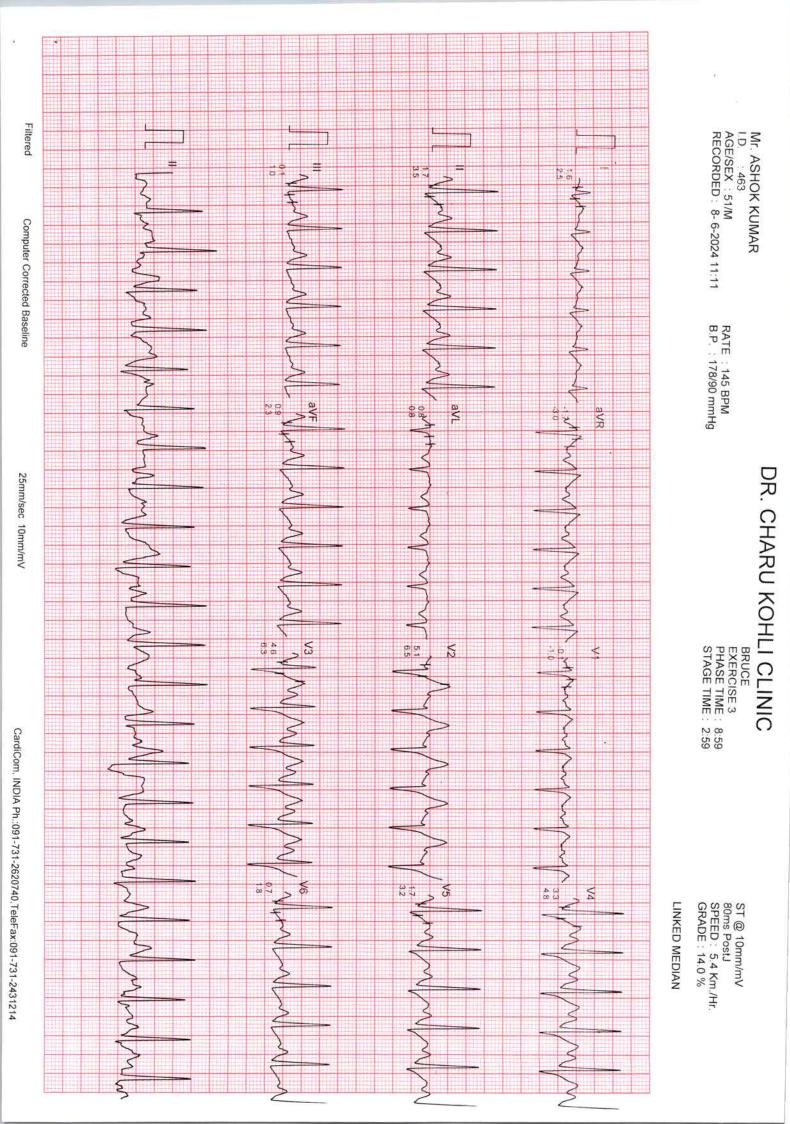
RATE : 108 BPM B.P. : 150/90 mmHg

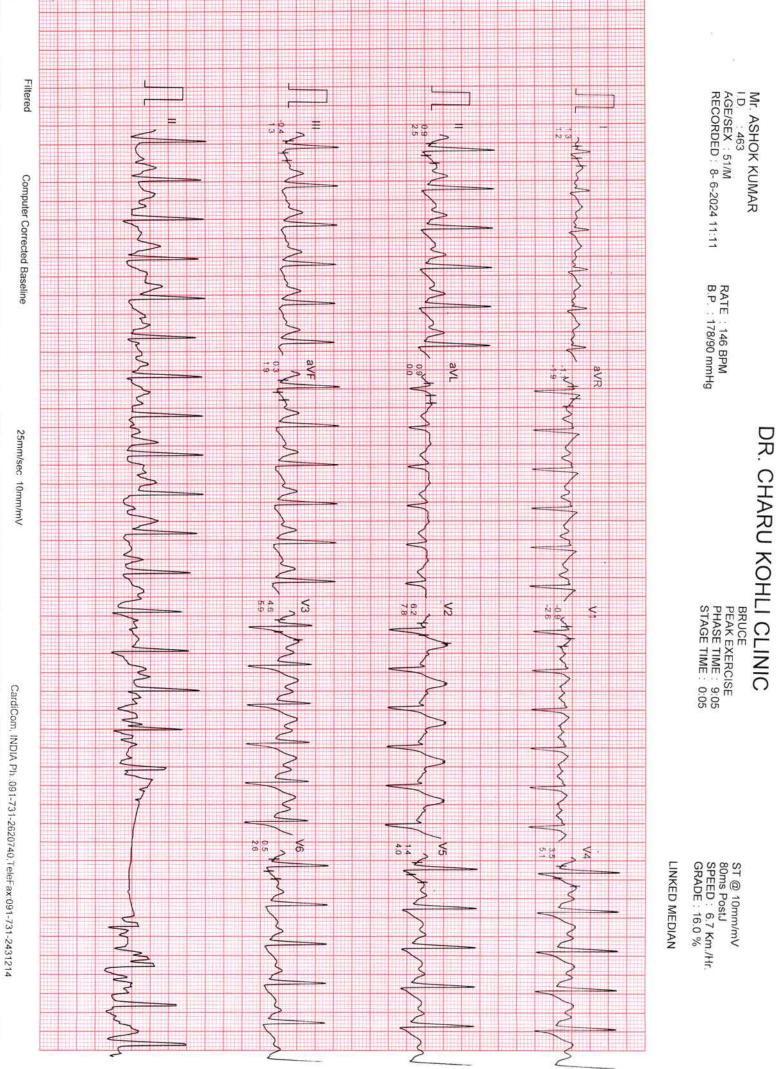
25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740,TeleFax:091-731-2431214

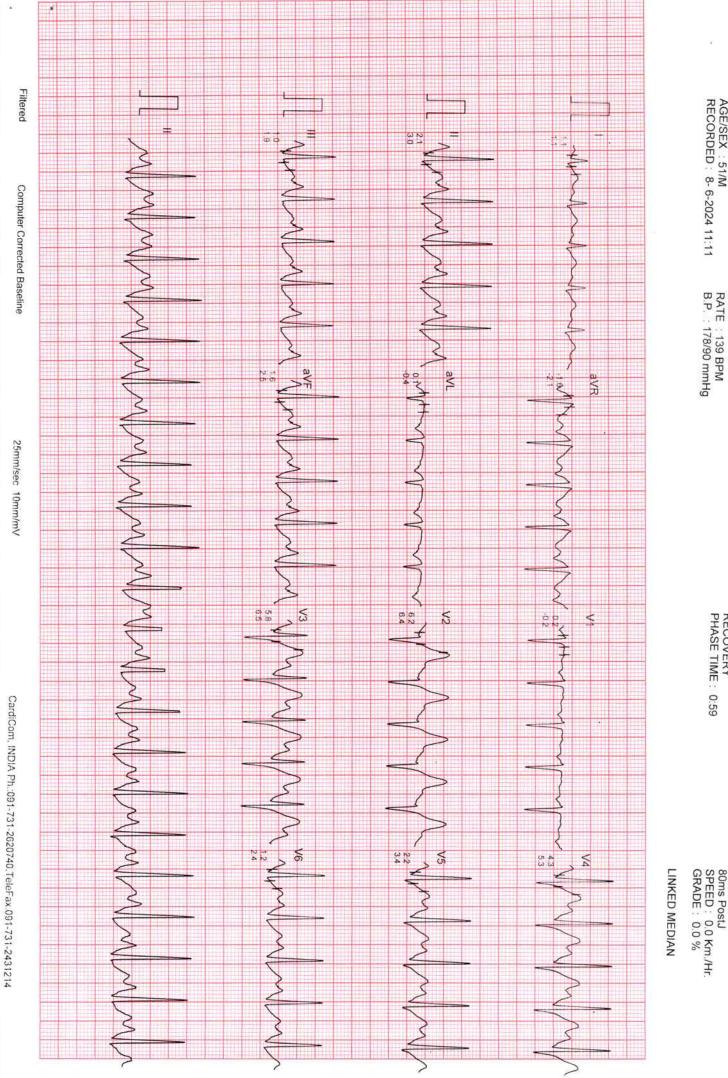








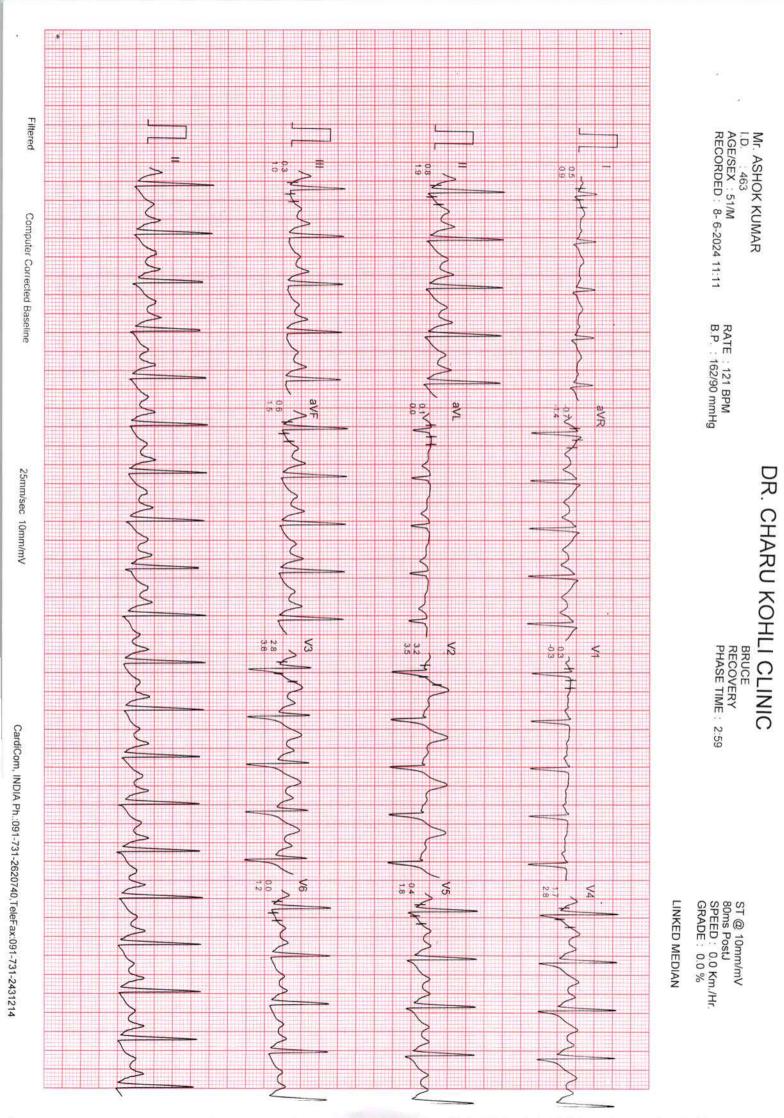
Mr. ASHOK KUMAR LD. : 463 AGE/SEX : 51/M RECORDED : 8- 6-2024 11:11

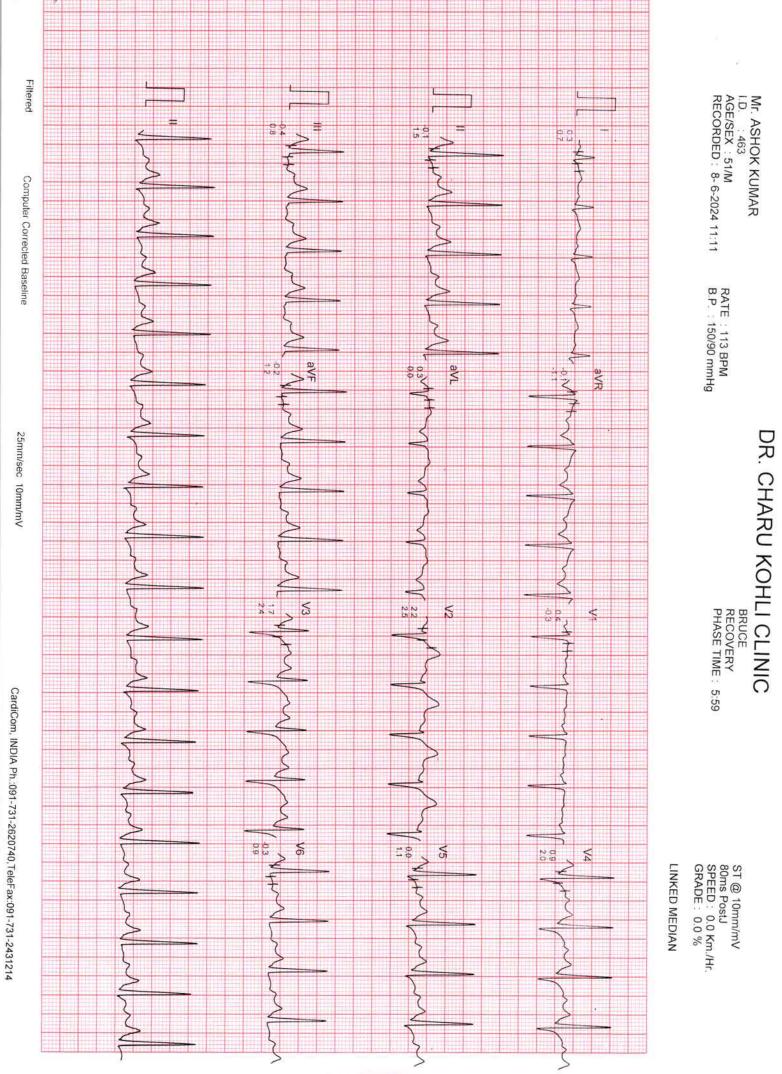


DR. CHARU KOHLI CLINIC BRUCE RECOVERY PHASE TIME : 0:59

I.D. : 463 AGE/SEX : 51/M RECORDED : 8-6-2024 11:11 Mr. ASHOK KUMAR

ST @ 10mm/mV 80ms PostJ SPEED : 0.0 Km./Hr. GRADE : 0.0 %







Dr.Charu Kohli s Clinic

C-234 Defence Colony, New Delhi-1 10024 Ph 41550792 ,24336960, 24332759 E- mail: <u>drcharukohli@yahoo.com</u>

NAME : ASHOK KUMAR

AGE/SEX : 51Y/M

DATE : 08.06.2024

X - RAY CHEST PA VIEW :

Cardiac shadow is normal. Aorta is normal. Bilateral lung fields are clear. Both costophrenic angles are clear. Bilateral domes of diaphragm are normal. No bony injury noted.

IMPRESSION: Normal chest skiagram

Chan Kothi

DR. CHARU KOHLI MBBS, DMRD Consultant Radiologist

IMPORTANT: Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.





C-234, Defence Colony, New Delhi - 110024 Phone: 011-41550792, 24332759, 24336960 E-mail : drcharukohli@yahoo.com

Registration No.	10244385	Mobile	No.	9717889376
Patient Name	Mr. ASHOK KUMAR	•	tion Date/Time	08/06/2024 10:25:28
Age / Sex	51 Yrs Male	-	Collected Date/Time	
Ref By / Hospital	Others MEDI WHEEL	-	Date/Time	08/06/2024 16:10:19
Collected At	DCKC		Date/Time	09/06/2024 11:32:36
Test Name		Value	Unit	Biological Ref Interval
	HAE	MATOLOGY		
Complete Blood C	Count (CBC)			
Haemoglobin (Hb) Method : Colorimetric	,EDTA	16.4	g/dL	13.0 - 17.0
Total Leucocyte Co Method : Electric impeder	ount (TLC) ,EDTA	10.7	10^9 /L	04.0 - 11.0
Red Blood Cell (RB Method : Electric impeden		5.78	10^6 /uL	4.50 - 5.50
Hematocrit (HCT /Pe Method : Pulse height det		52.7	%	40.0 - 50.0
Mean Corp Volume Method : Calculated	e (MCV) ,EDTA	91.2	fL	83.0 - 101.0
Mean Corp Hb (Me Method : Calculated	CH) ,EDTA	28.4	pg	27.0 - 32.0
Mean Corp Hb Con Method : Calculated	nc (MCHC) ,EDTA	31.6	g/dL	31.5 - 34.5
Platelet Count(PLT Method : Electric impeder		225.00	10^3 /uL	150.00 - 410.00
RDW- CV% ,EDTA	N N	12.6	%	11.6 - 14.0
Differential Leucoo Method : Microscopy	cyte Count			
Neutrophil ,EDTA		63.0	%	40.0 - 80.0
Lymphocyte ,EDTA		25.0	%	20.0 - 45.0
Eosinophil ,EDTA		5.0	%	1.0 - 6.0
Monocyte ,EDTA		7.0	%	2.0 - 10.0
Basophil ,EDTA		0.0	%	0.0 - 2.0
ESR ,EDTA Method : Westergreen		05	mm/Ist hr.	00 - 15
Page No: 1 of 11				

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Checked By :-	POOJA	, ,
chiera by i		DR.NEELU CHHABRA
		MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service

Diagnostic & Preventive
Health Assessment
Periodic Preventive Health Camps
Corporate Health Checks



C-234, Defence Colony, New Delhi - 110024 Phone: 011-41550792, 24332759, 24336960 E-mail : drcharukohli@yahoo.com

Registration No. Patient Name Age / Sex Ref By / Hospital Collected At	10244385 Mr. ASHOK KUMAR 51 Yrs Male Others MEDI WHEEL		Mobile No. Registration Date/Time Sample Collected Date/Tim Report Date/Time Printed Date/Time		09/06/2024 10:46:01
Test Name	DCKC		Value	Unit	09/06/2024 11:32:36 Biological Ref Interval
Blood Group ABO, Method : Forward Grouping	EDTA		"O"		
Rh Typing ,EDTA Method : Forward Grouping			POSITIV	VΈ	
HbA1c ,EDTA Method : Photometric method	1		6.9	%	4.0 - 5.6
INTERPRETATIONS:-					
NORMAL RANGE		4.00 - 5.60	%		
Pre Diabetic/ Higher cha Good Diabetic Control Fair Diabetic Control	nce of getting diabetes	5.70 6.20 - 6.80 -	- 6.20 6.80 7.60	% % %	
Uncontrolled Diabetes -a	action suggested	>7.0	5	%	

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

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C-234, Defence Colony, New Delhi - 110024 Phone: 011-41550792, 24332759, 24336960 E-mail: drcharukohli@yahoo.com Facebook.com/Dr.Charukohli

Test Name		Value	Unit	Biological Ref Interval
Collected At	DCKC	Printed	Date/Time	09/06/2024 11:32:36
Ref By / Hospital	Others MEDI WHEEL	Report I	Date/Time	08/06/2024 16:10:19
Age / Sex	51 Yrs Male	Sample	Collected Date/Time	08/06/2024 11:39:09
Patient Name	Mr. ASHOK KUMAR	Registra	tion Date/Time	08/06/2024 10:25:28
Registration No.	10244385	Mobile No.		9717889376

BIOCHEMISTRY

LIPID PROFILE

Total Lipids ,Serum Plain	471	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain Method : CHOD-POD	179	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain Method : GPO-POD	113	mg/dl	60 - 165
Serum HDL Cholesterol ,Serum Plain Method : Direct Method	29	mg/dl	40 - 70
Serum LDL Cholesterol ,Serum Plain Method : Calculated	127.4	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain Method : Calculated	22.6	mg/dl	24.0 - 45.0
Total CHO/HDLCholesterol Ratio ,Serum Plain Method : Calculated	6.17		
LDL/HDL Cholesterol Ratio ,Serum Plain	4.39		

Method : Calculated

Guidelines for Total Blood Cholestrol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL. the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level. Triglycerides Female 40 - 140

Male 60 - 165 Adult levels: Optimal <100 mg/dL 100 -129 mg/dL Near Optimal/ above optimal Borderline high 130 - 159 mg/dL 160 - 189 mg/dL High **KIDNEY FUNCTION TEST (KFT)** Blood Urea ,Serum Plain

Method : Urease -UV		U	
Serum Creatinine ,Serum Plain	0.99	mg/dl	0.40 - 1.50
Checked By :- POOJA			Meeter
			DR.NEELU CHHABRA MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

21.4

mg/dl

15.0 - 45.0

Occupational Health Service = Diagnostic & Preventive = Health Assessment = Periodic Preventive Health Camps = Corporate Health Checks



C-234, Defence Colony, New Delhi - 110024 Phone: 011-41550792, 24332759, 24336960 E-mail : drcharukohli@yahoo.com

Registration No. Patient Name Age / Sex Ref By / Hospital Collected At	10244385 Mr. ASHOK KUMAR 51 Yrs Male Others MEDI WHEEL DCKC	•	on Date/Time collected Date/Time ate/Time	9717889376 08/06/2024 10:25:28 08/06/2024 11:39:09 09/06/2024 10:43:28 09/06/2024 11:32:36
Test Name		Value	Unit	Biological Ref Interval
Serum Uric Acid	Serum Plain	4.31	mg/dl	3.40 - 7.00
Serum Sodium ,Sen Method : ISE Direct	rum Plain	139.0	mmol/L	135.0 - 148.0
Serum Potassium	Serum Plain	4.50	mmol/L	3.50 - 5.00
Serum Chloride ,Se Method : ISE DIRECT	erum Plain	104.00	mmol/L	97.00 - 107.00
Serum Calcium ,Se Method : Arsenazo III	erum Plain	9.60	mg/dl	New Born : 7.8 - 11.2 mg/dl Adult : 8.2 - 10.6 mg/dl

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C-234, Defence Colony, New Delhi - 110024 Phone: 011-41550792, 24332759, 24336960 E-mail : drcharukohli@yahoo.com

Registration No. Patient Name Age / Sex Ref By / Hospital Collected At Test Name	10244385 Mr. ASHOK KUMAR 51 Yrs Male Others MEDI WHEEL DCKC	Sample C Report D	ion Date/Time Collected Date/Time	9717889376 08/06/2024 10:25:28 08/06/2024 11:39:09 08/06/2024 16:10:19 09/06/2024 11:32:36 Biological Ref Interval
LIVER PROFILE	/ LFT			
Serum Bilirubin (Tota Method : DSA Method]) ,Serum Plain	1.36	mg/dl	0.00 - 1.20
Serum Bilirubin (Dire Method : DSA Method	ct) ,Serum Plain	0.55	mg/dl	0.00 - 0.30
Serum Bilirubin (India Method : Calculated Parame	,	0.81	mg/dl	0.00 - 0.60
SGOT ,Serum Plain Method : IFCC/KINETIC		21.8	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain Method : IFCC/KINETIC		25.8	IU/l	Upto 49 IU/l
Serum Alkaline Phosp Method : DEA Method	hatase ,Serum Plain	140.0	IU/l	30.0 - 120.0
SerumTotal Protein Method : Biuret Method	,Serum Plain	7.71	gm/dl	6.00 - 8.50
Serum Albumin ,Se Method : BCG Method	rum Plain	4.44	gm/dl	3.20 - 5.50
Globulin ,Serum Plain Method : Calculated		3.27	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Pla Method : Calculated	in	1.36		1.00 - 2.10
Serum GGTP ,Serum Method : G-Glutamyl Trans		140.0	U/L	0.0 - 50.0

Page No: 5 of 11		
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C-234, Defence Colony, New Delhi - 110024 Phone: 011-41550792, 24332759, 24336960 E-mail : drcharukohli@yahoo.com

Registration No.	10244385	Mobile 1	No.	9717889376
Patient Name	Mr. ASHOK KUMAR	Registra	tion Date/Time	08/06/2024 10:25:28
Age / Sex	51 Yrs Male	Sample	Collected Date/Time	08/06/2024 16:14:40
Ref By / Hospital	Others MEDI WHEEL	Report I	Date/Time	09/06/2024 10:45:42
Collected At	DCKC	Printed I	Date/Time	09/06/2024 11:32:36
Test Name		Value	Unit	Biological Ref Interval
Blood Sugar (Fasting Method : GOD POD	g) ,Plasma F	210.0	mg/dl	70.0 - 110.0
Blood Sugar (PP) ,F Method : GOD POD	Plasma PP	293.6	mg/dl	70.0 - 140.0

Comment :-

Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and galactosemia. possible cause of PP reactive hypoglycemia (PRH) (low post prandial glucose level) include high senstivity, exaggerated response to insulin like peptide -1, defect in counter regulation very lean ar anxious individuals, after massive weight reduction and women with lower body over weight etc..

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At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

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C-234, Defence Colony, New Delhi - 110024 Phone: 011-41550792, 24332759, 24336960 E-mail : drcharukohli@yahoo.com

Test Name	DCKC	Printed Date/Time Value Unit	09/06/2024 11:32:36 Biological Ref Interval
Collected At		±	
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	08/06/2024 19:30:46
Age / Sex	51 Yrs Male	Sample Collected Date/	Time 08/06/2024 11:39:09
Patient Name	Mr. ASHOK KUMAR	Registration Date/Time	08/06/2024 10:25:28
Registration No.	10244385	Mobile No.	9717889376

IMMUNOASSAY

TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.33	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	10.56	ug/dl	5.20 - 12.70
TSH	2.10	uIU/ml	0.30 - 4.50

Comment : Age Group	Biological	Reference Range
1-2 Days	3.2-3.43	uIU/ml
3-4 Days	0.7-15.4	uIU/ml
15 Days - 5 Months	1.7-9.1	uIU/ml
5 Months - 2 Years	0.7-6.4	uIU/ml
2 Years - 12 Years	0.64-6.27	uIU/ml
12 Years - 18 Years	0.51-4.94	uIU/ml
> 18 Years	0.35-5.50	uIU/ml

Adults

Note: TSH levels are subject to circadian variation, rising several hoursbefore the onset of sleep, reaching peak levels between 11 pm to 6 am.Nadir concentrations are observed during the afternoon.Diurnal variation in TSH level approximates + 50 %, hence time of the dayhas influence on the measured serum TSH concentration Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis. Newborn

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm.Specimen collection prior to 24 hours of age,after blood transfusion and prematurity can affect this. screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.

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Checked By :- POOJA

DR.NEELU CHHABRA MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service = Diagnostic & Preventive = Health Assessment = Periodic Preventive Health Camps = Corporate Health Checks



C-234, Defence Colony, New Delhi - 110024 Phone: 011-41550792, 24332759, 24336960 E-mail: drcharukohli@yahoo.com Facebook.com/Dr.Charukohli

Vitamin R12 (Cyr	nocobalamin),Serum Plain	1182.0	pg/mL	200.0 - 1100.0
Test Name		Value	Unit	Biological Ref Interval
Collected At	DCKC	Printed Date/Time		09/06/2024 11:32:36
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time		09/06/2024 10:47:21
Age / Sex	51 Yrs Male	Sample Collected Date/Time		08/06/2024 11:39:09
Patient Name	Mr. ASHOK KUMAR	Registration Date/Time		08/06/2024 10:25:28
Registration No.	10244385	Mobile No.		9717889376

Vitamin B12 (Cynocobalamin), Serum Plain

Method : CLIA

Comments:-

Vitamin B12 along with folate is essential for DNA synthesis and myelin formation. Vitamin B12 deficiency can be because of nutritional deficiency, malabsorption and other gastrointestinal causes. The test is ordered primarily to help diagnose the cause of macrocytic/megaloblastic anemia .

46.50

Decreased levels are seen in:

Anaemia, normal near term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, with oral contraceptive use, parasitic competition, pancreatic deficiency, treated epilepsy, smoking, hemodialysis and advancing age.

Increased levels are seen in:

ng/mL

Renal failure, hepatocelluar disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills.

Vitamin D (25 Hydroxy) ,Serum Plain

Normal Range

Deficiency	< 10 ng/ml
Insufficiency	10 - 29 ng/ml
Sufficiency	30 - 100 ng/ml
Toxicity	>100 ng/ml

Comments

Cholecalciferol (Vitamin D3) is synthesized in the skin from 7 dehydrocholesterol in response to sunlight; some part also comes from diet and supplements. Ergocalciferol(vitamin D2) comes essentially from diet and supplements. Both cholecalciferol and ergocalciferol are converted in liver to 25 OH Vitamin D which is considered the best indicator of Vitamin D nutritional status. Vitamin D toxicity is recognized, but is a rare occurrence.

Total PSA ,Serum Plain

3.76 ng/ml

0.00 - 4.00

30.00 - 100.00

Increased Value is seen in Benign Prostatic Hypertrophy(BPH), Prostatitis, or Prostate Cancer.

When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low.

When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended. The Total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the Free: Total PSA ratio helps to determine the relative risk of prostate cancer.

Therefore, some urologists recommend using the Free: Total ratio to help select which men should undergo biopsy.

However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer.

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Registration No.	10244385	Mobile No.	9717889376
Patient Name	Mr. ASHOK KUMAR	Registration Date/Time	08/06/2024 10:25:28
Age / Sex	51 Yrs Male	Sample Collected Date/Time	e 08/06/2024 11:39:09
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/06/2024 10:47:21
Collected At	DCKC	Printed Date/Time	09/06/2024 11:32:36
Test Name		Value Unit	Biological Ref Interval

Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA	Probabilty of carcinoma prostate
	when
	Total PSA is 4.1 - 10.0 ng / ml
>=	26 8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding.Results obtained with different assay kits cannot be used interchangeably.All results should be corelated with clinical findings and results of other investigations

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Registration No.10244385Mobile No.9717889376Patient NameMr. ASHOK KUMARRegistration Date/Time08/06/2024 10:25:28Age / Sex51 YrsMaleSample Collected Date/Time08/06/2024 11:39:09Ref By / HospitalOthers MEDI WHEELReport Date/Time08/06/2024 17:09:43Collected AtDCKCPrinted Date/Time09/06/2024 11:32:36	Test Name		Value	Unit	Biological Ref Interval
Patient NameMr. ASHOK KUMARRegistration Date/Time08/06/2024 10:25:28Age / Sex51 YrsMaleSample Collected Date/Time08/06/2024 11:39:09	Collected At	DCKC	Printed	Date/Time	09/06/2024 11:32:36
Patient NameMr. ASHOK KUMARRegistration Date/Time08/06/2024 10:25:28	Ref By / Hospital	Others MEDI WHEEL	Report I	Date/Time	08/06/2024 17:09:43
	Age / Sex	51 Yrs Male	Sample	Collected Date/Time	08/06/2024 11:39:09
Registration No. 10244385 Mobile No. 9717889376	Patient Name	Mr. ASHOK KUMAR	Registra	tion Date/Time	08/06/2024 10:25:28
	Registration No.	10244385	Mobile No.		9717889376

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION			
Colour ,URINE	Yellow		Pale Yellow
Volume ,URINE	15	mL	
Appearance ,URINE	Clear		Clear
URE CHEMICAL EXAMINATION			
Reaction ,URINE	Acidic		Acidic
Ph (Strip Method) ,URINE	5.0		5.0
Specific Gravity ,URINE	1.025		1.000
Protein (Strip Method) ,URINE	Nil		Nil
Glucose (Strip Method) ,URINE	+		Nil
URE MICROSCOPY EXAMINATION			
Pus Cells ,URINE	1 - 2	/HPF	0 - 1
Epithelial Cells ,URINE	1 - 2	/HPF	0 - 1
RBC's ,URINE	Nil	/HPF	Nil
Casts ,URINE	Nil		
Crystals ,URINE	Nil		
Bacteria ,URINE	Absent		Absent
Mucus Thread ,URINE	Nil		Nil
Other ,URINE	Nil		

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Checked By :-	РООЈА	neelu
		DR.NEELU CHHABRA
		MD. PATHOLOGIST

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Collected At			
G 11 1 1 1	DCKC	Printed Date/Time	09/06/2024 11:32:36
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	09/06/2024 10:49:53
Age / Sex	51 Yrs Male	Sample Collected Date/Tit	me 08/06/2024 11:39:09
Patient Name	Mr. ASHOK KUMAR	Registration Date/Time	08/06/2024 10:25:28
Registration No.	10244385	Mobile No.	9717889376

URINE SPOT SUGAR (FASTING)	,URINE	+	Nil
URINE SPOT SUGAR (PP) ,URINE		++	Nil

*** End of Report ***

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