

Health Check up Booking Request(35E7526)

1 message

Mediwheel <wellness@mediwheel.in>
To: dhspathlab@gmail.com
Cc: customercare@mediwheel.in

22 August 2024 at 16:23



Mediwheel
...Your wellness partner

011-41195959Dear **DHS Multispeciality Hospital**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : KAPADIA DIVYANG AMRUTBHAI

Contact Details : 9016872773

Hospital Package Name : Mediwheel Full Body Standard Plus

Location : 18 Sunrise Park society Vastrapur Lake- Drive in Link Road, Gurukul, Ahmedabad, Gujarat - 380052

Appointment Date : 24-08-2024

Member Information		
Booked Member Name	Age	Gender
KAPADIA DIVYANG AMRUTBHAI	38 year	Male

Tests included in this Package

- Urine Analysis
- Blood Group
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver Profile
- Blood Glucose (Post Prandial)
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- Chest X-ray
- ECG
- Eye Check-up consultation
- General Physician Consultation
- Bmi Check



Thanks,
Mediwheel Team
Please Download Mediwheel App



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

Bh - Maninagar [Union Bank Of India]

From: Union Bank of India Maninagar Eab <ubin0816221@gmail.com>
Sent: 23 August 2024 13:16
To: Bh - Maninagar [Union Bank Of India]
Subject: Fwd: Health Check up Booking Confirmed Request(35E7526),Package Code-PKG10000361, Beneficiary Code-317927

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है। कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही नहीं)। प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोले और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं। संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank) पर रिपोर्ट करें

CAUTION AND ATTENTION PLEASE: This is an external email. Please check the sender's full email address (not just the sender name) .Do not click links or open attachments unless you recognize the sender and know the content is safe. In case of any suspicious email, please report it to [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank)

----- Forwarded message -----

From: kapadiya divyang <dev7883@gmail.com>
Date: Fri, 23 Aug, 2024, 1:15 pm
Subject: Fwd: Health Check up Booking Confirmed Request(35E7526),Package Code-PKG10000361, Beneficiary Code-317927
To: <ubin0816221@gmail.com>

----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>
Date: Fri, 23 Aug, 2024, 11:20 am
Subject: Health Check up Booking Confirmed Request(35E7526),Package Code-PKG10000361, Beneficiary Code-317927
To: <dev7883@gmail.com>
Cc: <customercare@mediwheel.in>



011-41195959

Dear **KAPADIA DIVYANG AMRUTBHAI,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Standard Plus

Patient Package Name : MediWheel Full Body Health Checkup Male 35 to 40

Name of Diagnostic/Hospital : DHS Multispeciality Hospital





सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट ओળખ प्राधिकरण
Unique Identification Authority of India

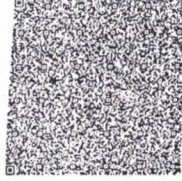
नोंधणीनी ओળખ / Enrollment No. : -0623/16223/01765

To
Kapadia Divyang Amrutbhai
કાપડિયા દિવ્યાંગ અમૃતભાઈ
17-195,
Jawahar Nagar,
Near Indiranagar Opp Torrent Power,
Amraiwadi,
VTC: Ahmedabad City, PO: Amraiwadi,
Sub District: Ahmedabad City, District: Ahmedabad,
State: Gujarat, PIN Code: 380026,
Mobile: 9016872773

25045208



KG250452088FI



आपनी आधार नंबर / Your Aadhaar No. :

8989 2458 6999

मारो आधार, मारी ओળખ



भारत सरकार

Government of India



आधार

Issue Date: 02/11/2012



કાપડિયા દિવ્યાંગ અમૃતભાઈ
Kapadia Divyang Amrutbhai
જન્મ તારીખ / DOB: 03/12/1985
પુરુષ / Male

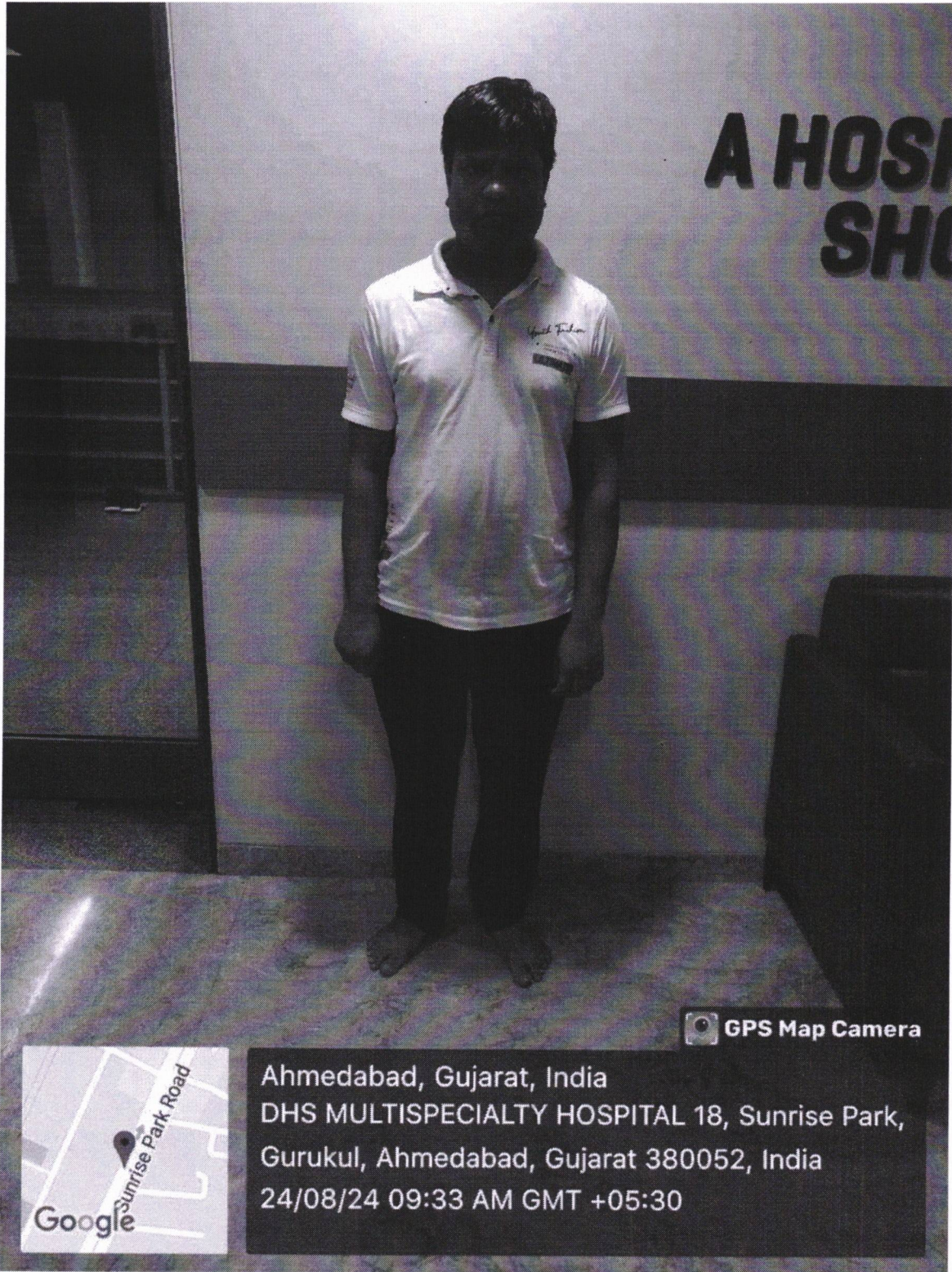


8989 2458 6999

मारो आधार, मारी ओળખ

Signature

DR. ARCHIT PARIKH
G - 30352
M. D.(General Medicine)
DHS MULTISPECIALTY HOSPITAL



GPS Map Camera

Ahmedabad, Gujarat, India
DHS MULTISPECIALTY HOSPITAL 18, Sunrise Park,
Gurukul, Ahmedabad, Gujarat 380052, India
24/08/24 09:33 AM GMT +05:30



Signature

DR. ARCHIT PARIKH
G - 30352
M. D.(General Medicine)
DHS MULTISPECIALTY HOSPITAL

**TEST REPORT**

Reg. No : 2408100464 **UHID :** UHID26478 **Reg. Date :** 24-Aug-2024
Name : KAPADIA DIVYANG AMRUTBHAI **Collected On :** 24-Aug-2024 09:39
Age/Sex : 38 Years / Male **Report Date :** 24-Aug-2024
Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	15.0	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	45.2	%	40 - 54
RBC Count (Electrical Impedance)	5.19	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	7810	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	264000	/cmm	150000 - 410000
MCV (Calculated)	87.2	fL	83 - 101
MCH (Calculated)	29.0	Pg	27 - 32
MCHC (Calculated)	33.3	%	31.5 - 34.5
RDW (Calculated)	12.4	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	66	%	38 - 70
Lymphocytes (%)	25	%	20 - 45
Monocytes (%)	05	%	2 - 8
Eosinophils (%)	04	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	5170	/cmm	1800 - 7700
Lymphocytes (Absolute)	1960	/cmm	1000 - 3900
Monocytes (Absolute)	370	/cmm	200 - 800
Eosinophils (Absolute)	290	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	2.63	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	RBCs are Normochromic Normocytic.
WBC Morphology	Total WBC and differential count is within normal.
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	12.0	mm/hr	0 - 14
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----- End Of Report -----

This is an electronically authenticated report.

Approved by:
Dr. Yesha H. Shah
(MD.Pathology)
Mr. Akshay Parmar
M.Sc(Biochemistry)

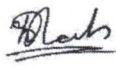
**TEST REPORT**

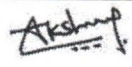
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RENAL FUNCTION TEST			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	0.86	mg/dL	0.7 - 1.3
Urea <i>Urease-GLDH, enzymatic UV</i>	25.0	mg/dL	19.0 - 45.0
BUN <i>Calculated</i>	11.68	mg/dL	7 - 18
Uric Acid <i>Enzymatic using TBHBA</i>	5.0	mg/dL	3.5 - 7.2
Sodium <i>Direct ISE</i>	137.3	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.7	mmol/L	3.6 - 5.1
Chloride <i>Direct ISE</i>	105.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	5.2	mg/dL	4.4 - 5.4

----- End Of Report -----

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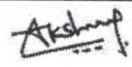
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LIVER FUNCTION TEST			
SGPT <i>Optimized UV-IFCC</i>	38.4	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	20.0	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.44	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.18	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.26	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	88	U/L	53 - 128
Total Protein	6.67	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	4.23	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.44	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.73		0.8 - 2.0
GGT	34.6	U/L	1 - 55
HBsAg <i>Immunochromatography</i>	Non - Reactive		

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BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO 'O'
Rh (D) Negative

----- End Of Report -----

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.8	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <i>Calculated</i>	119.76	mg/dL	

Criteria for the diagnosis of diabetes:


- HbA1c ≥ 6.5 *Or
 - Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
 - Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
 - In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL.
- *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

----- End Of Report -----

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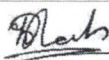
LIPID PROFILE

Cholesterol <i>CHOD-PAP method</i>	253	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	142.6	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	28.52	mg/dL	15 - 35
LDL CHOLESTEROL	155.98	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	68.5	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	3.69		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.28		0 - 3.5
Total Lipids <i>Calculated</i>	751.20		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

----- End Of Report -----

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POST PRANDIAL BLOOD SUGAR

SPECIMEN: FLOURIDE PLASMA/ SERUM

PPBS

Post Prandial Blood Sugar (PPBS) 132.0 mg/dL 110 - 140

Glucose Oxidase-Peroxidase

FASTING BLOOD SUGAR

SPECIMEN: FLOURIDE PLASMA/ SERUM

FBS

Fasting Blood Sugar (FBS) 100.8 mg/dL 70 - 110

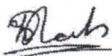
Glucose Oxidase-Peroxidase

Criteria for the diagnosis of diabetes 1. HbA1c ≥ 6.5 *

- Or
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
3. Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL.
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American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

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THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CMIA</i>	1.10	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>CMIA</i>	6.38	µg/dL	4.5 - 12.5
TSH <i>ELFA-Enzyme Linked Fluorescent Assay</i>	2.793	µIU/ml	0.35 - 4.94

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL


Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition.

Philadelphia: WB Saunders, 2012:2170

----- End Of Report -----

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URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity	10 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

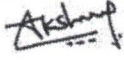
pH	6.0	4.6 - 8.0
Sp. Gravity	1.015	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	2-4/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Yeast	Nil
T. Vaginalis	Nil
Spermatozoa	Nil

----- End Of Report -----

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Approved by:
Dr. Yesha H. Shah
(MD.Pathology)
Mr. Akshay Parmar
M.Sc(Biochemistry)

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Name: DIVYANG KAPADIA

Sex: Male

Age: 38Y

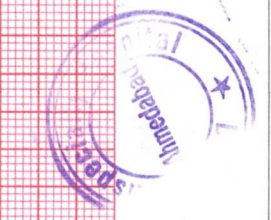
Clinic No.:

Bed No.:

SN: 0000892

Date: 24/08/2024 10:17:49

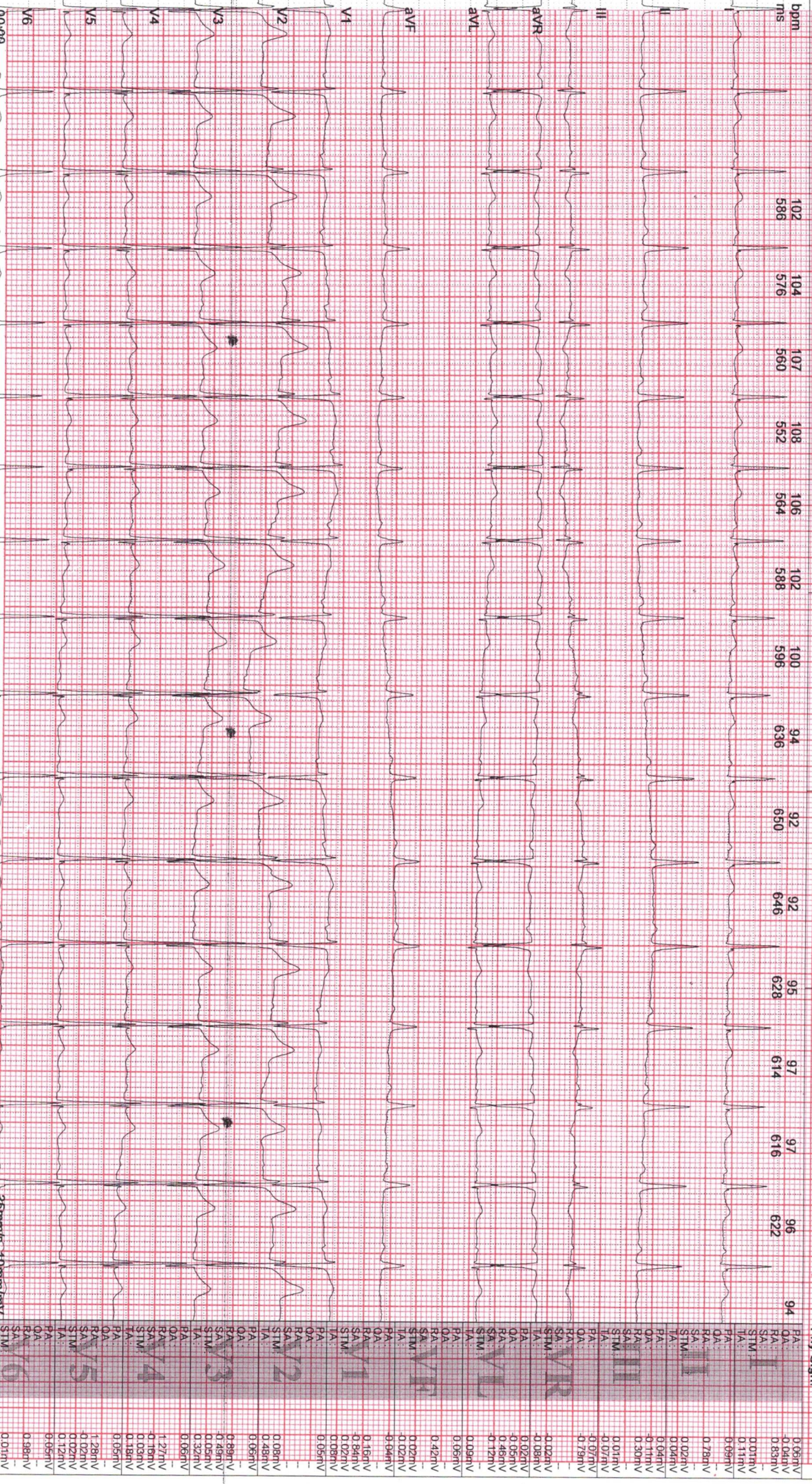
Case No.:



Frequency:	1000 Hz	PR Interval:	150 ms
Sample Time:	13 s	QT Interval:	306 ms
HR:	99 bpm	QTc Interval:	392 ms
P Interval:	66 ms	P Axis:	55.02°
QRS Interval:	80 ms	QRS Axis:	42.94°
T Interval:	222 ms	T Axis:	-1.05°

Prompt:
Total Beats 18, Normal Beats 18, SVE 0, VE 0.
Normal Heart Rate (HR between 60 and 100 bpm);
Normal cardiac electric axis (QRS axis between 30 degree and 90 degree);

DR. ARCHIT PARIKH
M.D. (General Medicine)
DHS MULTISPECIALTY HOSPITAL
Plg. Sign: *Handwritten signature*



Patient Name	DIVYANG KAPADIA	Patient ID	UHID26478
Age/Gender	M/38Y	Study Date	24-Aug-2024
Referred By		Reported Date	24-Aug-2024

X – RAY CHEST PA VIEW:

Both lung fields under vision appear normal.
Cardiac size appears normal.
Both costophrenic angles are clear.
Hilar regions are normal.
Both domes appear normal in position.
Bony thorax under vision appears normal.



Dr.Sunny Shivlani
MD Radiology REG-33548

Date Reported: 24-Aug-2024

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes