

Fwd: Health Check up Booking Confirmed Request(bobE16540), Package Code-PKG10000239, Beneficiary Code-43122

1 message

anurag sri <anurag.idc@gmail.com>

To: Chandan healthcare < chandanhealthcare 26@gmail.com>

Thu, Sep 22, 2022 at 3:27 PM

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

From: Mediwheel <customercare@policywheel.com>

Date: Thu, Sep 22, 2022 at 2:49 PM

Subject: Health Check up Booking Confirmed Request(bobE16540), Package Code-PKG10000239, Beneficiary Code-43122

To: anurag.idc@gmail.com <anurag.idc@gmail.com>

Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>



011-41195959 Email:wellness@mediwheel.in

Hi Chandan Healthcare Limited,

Diagnostic/Hospital Location: B1/2 Sec-J, Aliganj, Lucknow, City: Lucknow

We have received the confirmation for the following booking .

Beneficiary Name: PKG10000239

Beneficiary Name: MRS. KUMARI ANURADHA

Member Age : 31

Member Gender : Female

Member Relation : Employee

Package Name : Full Body Health Checkup Female Below 40

Location : LUCKNOW, Uttar Pradesh-226024

Contact Details : 9555775832

Booking Date : 15-09-2022

Appointment Date : 24-09-2022

Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- 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.





वाशेष्ट यहचान जाधकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम / Enrollment No.: 2016/01032/01558

To अनुराधा कुमारी Anuradha Kumari D/O: Vijay Kumar 76 korbadha Lagunia Suraj Kanth

Lagunia Surya Kanth Samastipur Samastipur Bihar 848101





आपका आधार क्रमांक / Your Aadhaar No. :

6072 9087 9081

आधार - आम: आदमी का अधिकार



आरत सरकार Government of India

अनुराधा कुमारी Anuradha Kumari जन्म तिथि / DOB : 20/01/1990 महिला / Fernale



6072 9087 9081

साधार - आम आदमी का अधिकार



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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.ANURADHA KUMARI Registered On : 24/Sep/2022 08:41:23 Age/Gender : 31 Y 0 M 0 D /F Collected : 24/Sep/2022 09:22:22 UHID/MR NO : CALI.0000037158 Received : 24/Sep/2022 12:06:34 Reported Visit ID : CALI0066642223 : 24/Sep/2022 16:31:59

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Metho	hod
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Blood Group (ABO & Rh typing) **, Blood

Blood Group

Α

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin 12.00 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

Male- 13.5-17.5 g/dl

Female- 12 0-15 5 g/dl

			Female- 12.0-15.5 g	r/dl
TLC (WBC)	6,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	24.00	Mm for 1st hr.		
Corrected	20.00	Mm for 1st hr.	< 20	
PCV (HCT)	36.00	%	40-54	
Platelet count				
Platelet Count	2.80	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	12.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	37.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.25	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.24	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE







 $\label{eq:Add:B1/2} Add: B\ 1/2, Sector\ J, Near\ Sangam\ Chauraha, Lda\ Stadium\ Road, Aliganj\ Ph:\ 9235432681,$

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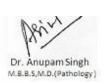
Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	82.10	fl	80-100	CALCULATED PARAMETER
MCH	28.40	pg	28-35	CALCULATED PARAMETER
MCHC	34.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	1,890.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	189.00	/cu mm	40-440	











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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

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 86.90 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 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.

Glucose PP ** 98.80 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)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	102	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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DEPARTMENT OF BIOCHEMISTRY

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)	Degree of Glucose Control Unit
> 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.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

Clinical Implications:

- *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	9.38	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.67	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid ** Sample:Serum	3.67	mg/dl	2.5-6.0	URICASE

LFT (WITH GAMMA GT) **, Serum





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



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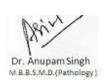
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	ι	Jnit Bio. Ref. Interv	val Method
SGOT / Aspartate Aminotransferase (AST)	16.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	10.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.20	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.39	gm/dl	6.2-8.0	BIRUET
Albumin	4.39	gm/dl	3.8-5.4	B.C.G.
Globulin	2.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.19		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	94.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.37	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.14	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.23	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	140.00	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP gh
HDL Cholesterol (Good Cholesterol)	36.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	92	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High	
*			> 190 Very High	
VLDL	12.02	mg/dl	10-33	CALCULATED
Triglycerides	60.10	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-PAP sh











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Patient Name : Mrs.ANURADHA KUMARI Registered On : 24/Sep/2022 08:41:23 Age/Gender : 31 Y 0 M 0 D /F Collected : 24/Sep/2022 12:36:52 UHID/MR NO : CALI.0000037158 : 24/Sep/2022 16:16:11 Received Visit ID : CALI0066642223 Reported : 24/Sep/2022 18:22:03

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE *	* , Urine			
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		*	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
6	ADCENIT	0/	> 500 (++++)	DIRETICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	4-5/h.p.f			MICROSCOPIC
	. 6/			EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION *	*, Stool			
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (6.5)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			







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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	
Ova	ABSENT				
Cysts	ABSENT				
Others	ABSENT				
SUGAR, FASTING STAGE ** , Urine					
Sugar, Fasting stage	ABSENT	gms%			

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE **, Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(+++++) > 2 gms%



Dr. Shoaib Irfan (MBBS, MD, PDCC)







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DEPARTMENT OF IMMUNOLOGY

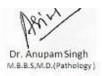
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit Die Def Interval

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	139.90	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.50	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		-		
		0.3-4.5 μIU/	mL First Trimester	r
		0.5-4.6 μIU/	mL Second Trimes	ster
		0.8-5.2 μIU/1	nL Third Trimeste	er
		0.5-8.9 µIU/1	mL Adults	55-87 Years
		0.7-27 μIU/	mL Premature	28-36 Week
		2.3-13.2 μIU/1	nL Cord Blood	> 37Week
		0.7-64 μIU/ı	mL Child(21 wk -	20 Yrs.)
		1-39 μΙ		0-4 Days
		1.7-9.1 μIU/		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.











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Ref 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 ABDOMEN (UPPER & LOWER) *

LIVER

The liver is normal in size 13.2 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 10.9 x 4.1 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size 11.0 x 3.9 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

SPLEEN

The spleen is normal in size 10 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 seen.

UTERUS

• The uterus is anteverted and normal in size.







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. ET measures ~ 6.3 mm.
- · Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both the ovaries are normal in size and echotexture.

FINAL IMPRESSION:-

NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: 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 *

*Facilities Available at Select Location





