

**Health Check up Booking Confirmed Request(bobE14567),Package Code-
PKG1000366, Beneficiary Code-290974**

1 message

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

Thu, Mar 21, 2024 at 2:30 PM



Mediwheel
...Your wellness partner

011-41195959

Hi **Blossoms Hospital**,

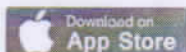
The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

- Hospital Package Name** : Mediwheel Full Body Annual Plus
- Patient Package Name** : Mediwheel Full Body Health Checkup Male Above 40
- Hospital Address** : 2, Khandari Quarters, Master Plan Rd, Nasirabad Colony, Khandari, Agra, Uttar Pradesh 282002
- Contact Details** : 9045890049
- Appointment Date** : 23-03-2024
- Confirmation Status** : Booking Confirmed
- Preferred Time** : 09:30 am - 10:00 am

Member Information		
Booked Member Name	Age	Gender
MR. ACHARYA V PULKIT	33 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



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 भारत सरकार
 Government of India


 वी पुलकित आचार्य
 V Pulkit Acharya

जन्म तिथि / DOB : 29/09/1990
 पुरुष / Male



3823 5923 6099

आधार - आम आदमी का अधिकार


BLOSSOMS HOSPITAL
 2, Khandari Quarters
 Master Plan Road
 Agra-202002


 विश्व unique Identification Authority of India

पता: सॉ. वी. आर. आचार्य, 5
 फेज-1, गुणवत्ता अस्पताल,
 पोस्टमार्ग अस्थाना, UPSIDC रोड, पोस्ट
 शिकंदरा, देवर, दादोरा, अग्रा, उत्तर
 प्रदेश, 282007

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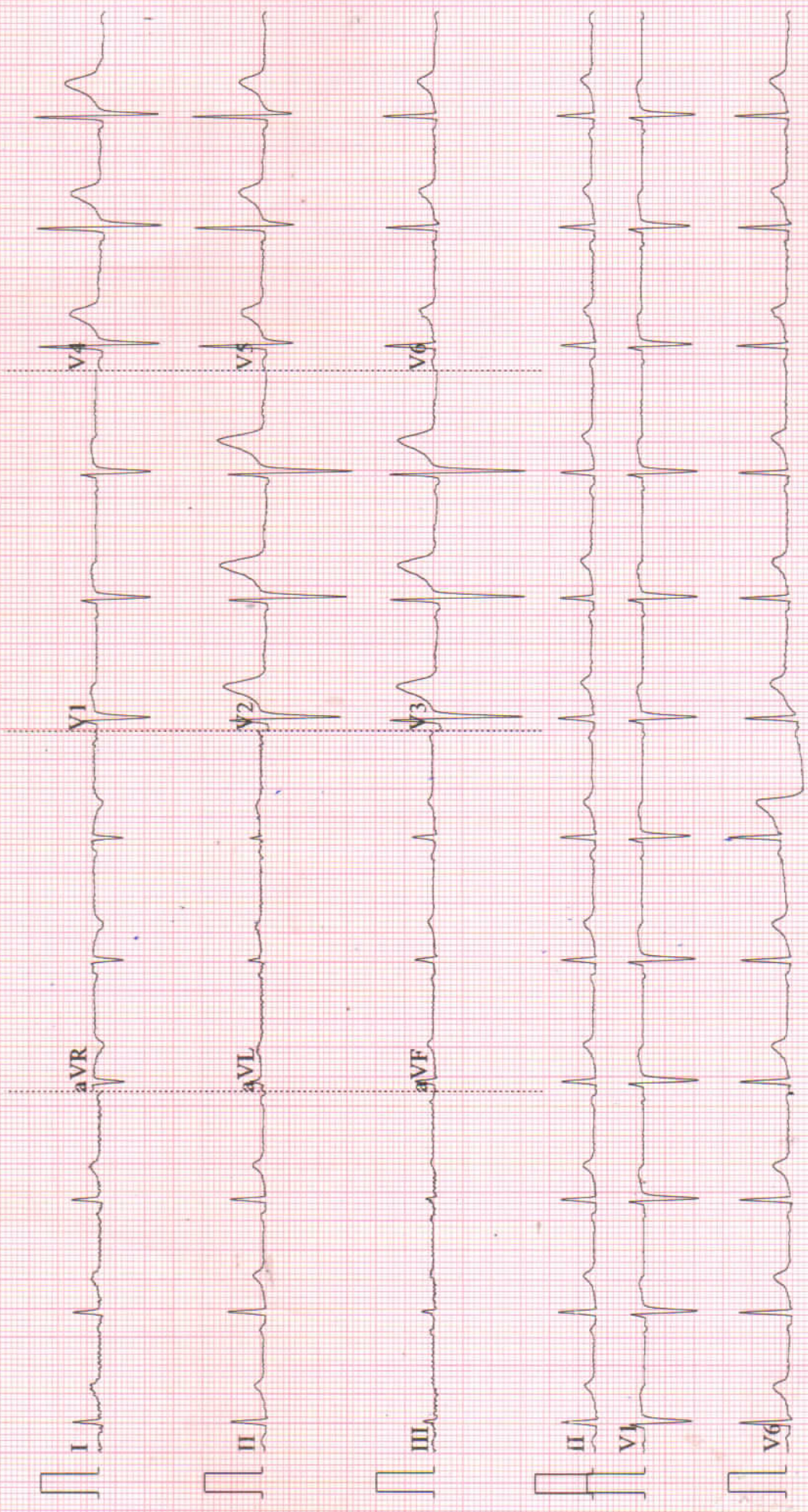
ID: 11
pulkit acharya
Male 33Years

HR
P
PR
QRS
QT/QTc
PQRST
RV5/SV1

: 72 bpm
: 96 ms
: 132 ms
: 82 ms
: 365/401 ms
: 46/38/34 °
: 1.173/0.899 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



AP

D1434 V PULKIT ACHARYA 33Y/M 23/03/2024 CHEST AP DR SACHIN MALHOTRA
RI OSSOMS HOSPITAL AGRA



BLOSSOMS HOSPITAL



ULTRASOUND REPORT

NAME- ACHARYA V PULKIT S/O LATE VIJAY ACHARYA DATE-23/03/2024

(1) **LIVER**- mildly fatty liver in size however echotexture is well maintained. No evidence of any focal space occupying lesion seen. IHBR are not dilated. Hepatic veins are normal. PV is normal in caliber.

(2) **GALL BLADDER**- IS normal in size shape & echotexture. No stone or mass present within the lumen of gall bladder. CBD is normal.

(3) **PANCREAS**- contracted. No stone or mass is evidenced. Main pancreatic duct is not dilated. No evidence of peripancreatic collection.

(4) **SPLEEN**-appears normal in size shape and echotexture. Splenic vein is normal.

(5) **BOTH KIDNEYS**- appears normal in size ,shape and echotexture. Corticomedullary differentiation is well maintained. No mass or calculus is seen. There is no evidence of hydronephrosis.

(6) **URINARY BLADDER**-is normally distended with echofree contents and normal wall thickness. No mass lesion or calculus is seen.

(7) **PROSTRATE**- Is normal in size &shape.

IMPRESSION –MILD FATTY LIVER GRADE I.


DR.SUNITA MALHOTRA

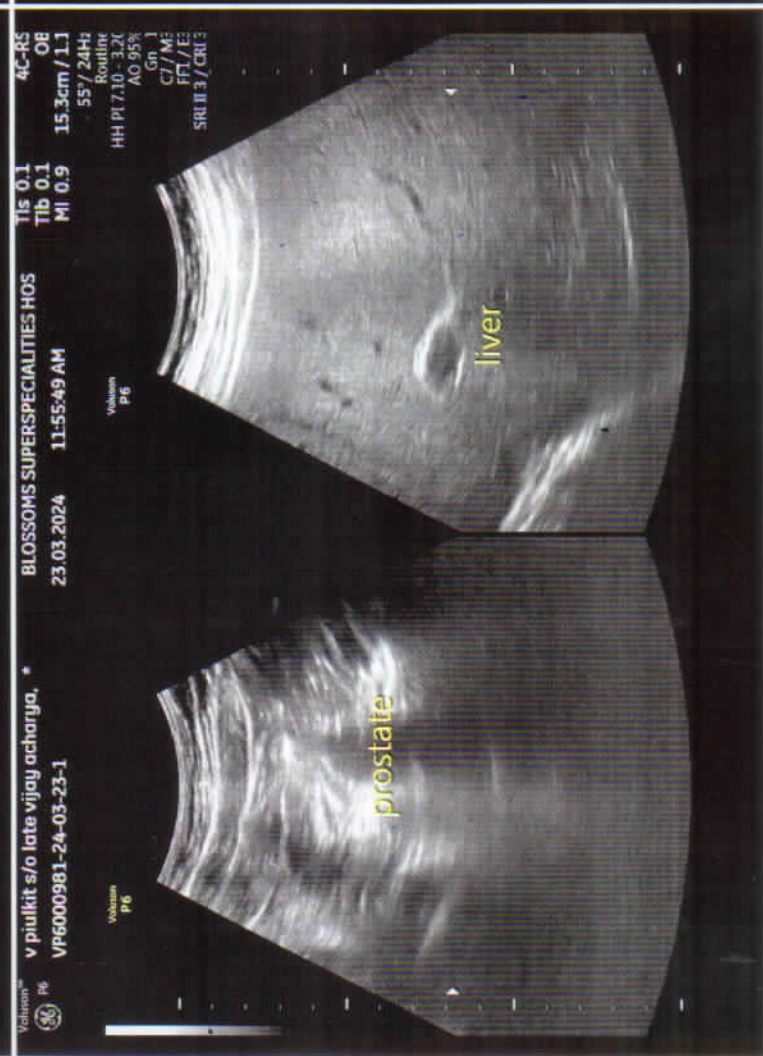
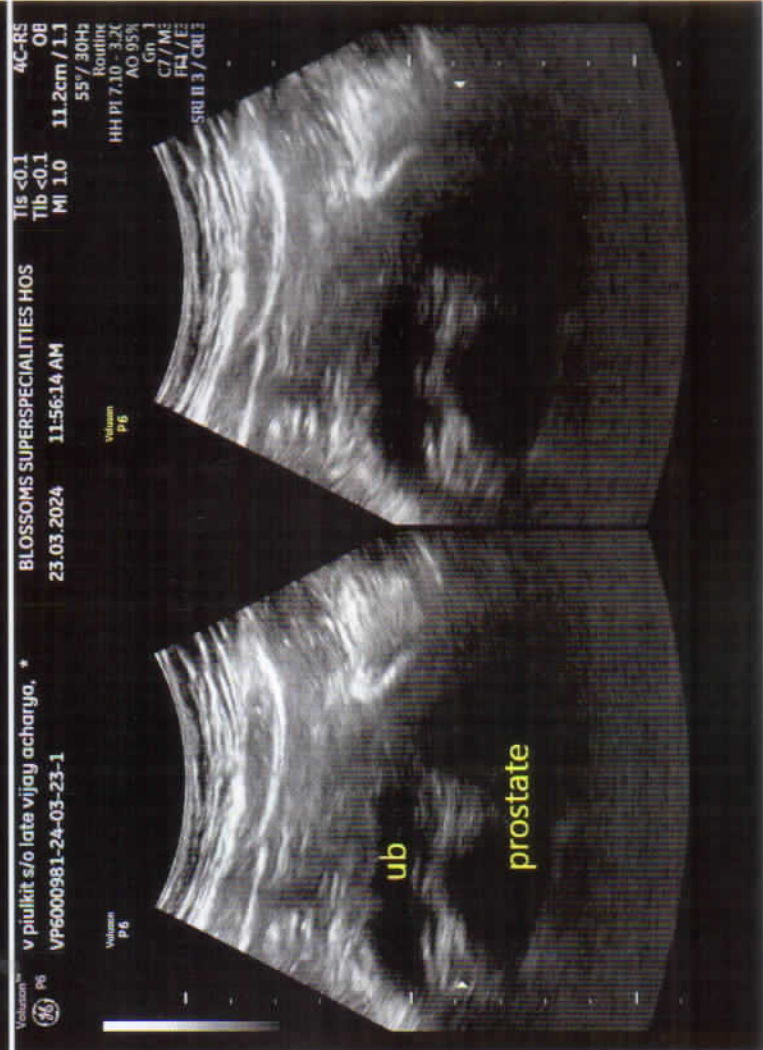
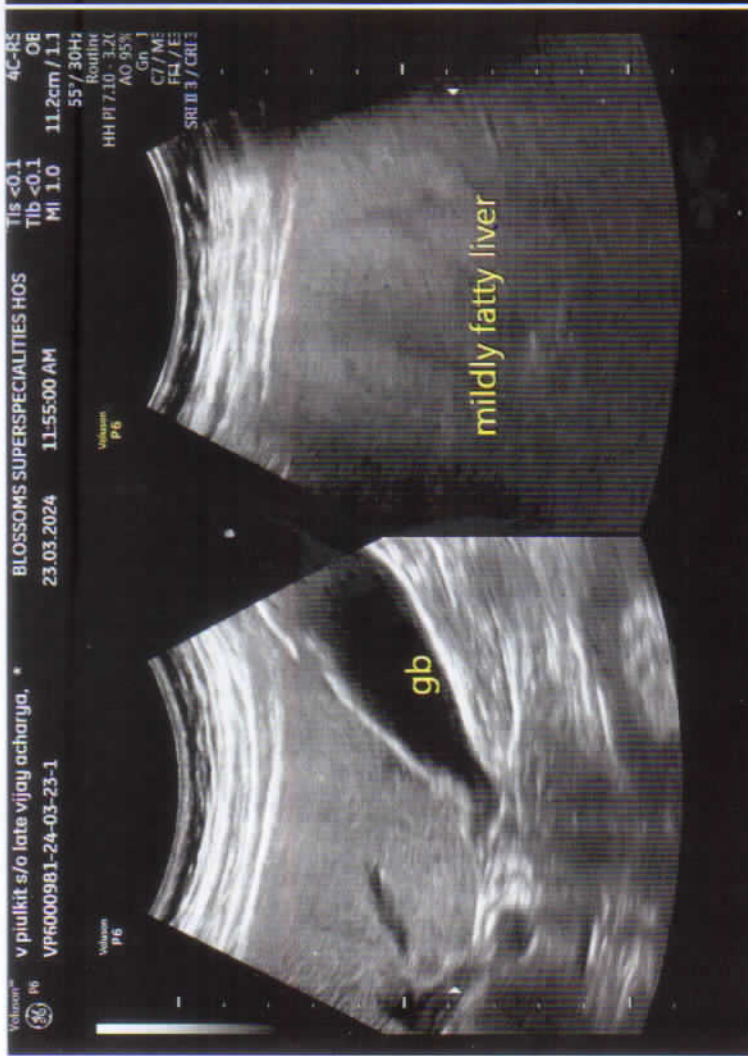
ULTRASONOLOGIST

BLOSSOMS HOSPITAL
2, Khandari Quarters
Master Plan Road
Agra-202002



Reg. No. UP/AGR/2016/AL/2596

2. Khandari Quarters, Master Plan Road, Agra - 282002





Booking Time 17:35:03
Sample Drawn: 23/03/2024 17:41:42
Sample Received: 23/03/2024 17:48:30
Print Date & Time: 23/03/2024 17:57:04



Date: 23/03/2024 Patient ID: 1023101523

Refd by Lab:

Name : MRS. PULKIT ACHARYA

Age :

Sex: Female

Ref. By: BLOSSOM'S SUPER SPECIALITIES HOSPITAL

Sample Type: SERUM, EDTA, Fluoride Fasting

Investigation: ALKALINE PHOSPHATASE, BLOOD UREA, C, B, C, E, S, R, FT3, FT4 & TSH, Gamma GT, HbA1C, LIPID PROFILE, SERUM BILIRUBIN, SERUM CREATININE, SERUM PROTEIN, SERUM URIC ACID, SUGAR FASTING

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN (Hb)
Method: Non Cyanide.

13.7

gm/dl

12.0 - 15.0



TLC (Total Leucocyte Count)
Method: DC Detection

9100

/cu mm

4000 - 10000



DIFFERENTIAL LEUCOCYTE COUNT
Method: Method: Flowcytometry / Microscopy

NEUTROPHILS

62

%

45 - 70



Method: Flow cytometry / Microscopy

LYMPHOCYTES

31

%

20 - 45

Method: Flow cytometry / Microscopy

MONOCYTES

03

%

00 - 10

Method: Flow cytometry / Microscopy

EOSINOPHILS

04

%

01 - 06

Method: Flow cytometry / Microscopy



R B C (Red Blood Cell Count)
Method: DC Detection

4.23

Millions/cm m

3.80 - 4.80



PCV / Hct (Hematocrit)
Method: Electrical Impedance

39.8

%

36.0 - 46.0



M C V (Mean Corp Volume)
Method: Calculated.

87.0

Femtoliter

82.0 - 101.0



M C H (Mean Corp Hb)
Method: Calculated

29.3

Picogram

27.0 - 32.0



M C H C (Mean Corp Hb Conc)
Method: Calculated.

32.6

gm/dl

31.5 - 34.5





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



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Test Name	Value	Unit	Biological Ref Interval	
PLATELET COUNT Method: DC Detection & Microscopy	245	X10 ³ /μL	150 - 450	
RDW-CV Method: Calculated	12.3	%	11.6 - 14.0	
ABSOLUTE NEUTROPHIL COUNT Method: Calculated	5.64	X10 ³ /μL	2.00 - 7.00	
ABSOLUTE LYMPHOCYTE COUNT Method: Calculated	2.82	X10 ³ /μL	1.00 - 3.00	
ABSOLUTE MONOCYTE COUNT Method: Calculated	0.27	X10 ³ /μL	0.20 - 1.00	
ABSOLUTE EOSINOPHIL COUNT Method: Microscopy	0.36	X10 ³ /μL	0.04 - 0.44	
E.S.R. (Westergren) Method: Sedimentation	17	mm 1st hr.	00 - 20	
GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
GLYCOSYLATED HAEMOGLOBIN (HbA1c)	5.60	%	Non Diabetic : <6.00 Good Control : 6.00 - 7.00 Fair Control : 7.00 - 8.00 Poor Control : >8.00	
ESTIMATED AVERAGE GLUCOSE (eAG)	114.02	mg/dl	65.00 - 135.00	

REMARKS :

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia.



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Test Name	Value	Unit	Biological Ref Interval
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The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 8-12 weeks) and therefore provides much more reliable information for glycemia monitoring than determination of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 3-6 months during diabetes mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Estimated average glucose (eAG) - There is a predictable relationship between HbA1c and eAG. It helps people with diabetes to correlate their A1c to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation converts the A1c percentage to the same units used by glucometers mg/dl. The following table shows the relationship of eAG and A1c.

HbA1c	eAG (mg/dl)
5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298

BIOCHEMISTRY

BLOOD SUGAR FASTING Method: Hexokinase	81.00	mg/dl	70.00 - 100.00	
			Glucose Fasting: <100.0 Impaired Glu. Tolerance: 101.0-125.0 Diabetes : >125.0	
BLOOD UREA Method: Urease	19.60	mg/dl	17.00 - 43.00	
SERUM CREATININE Method: Jaffe's reaction.	0.81	mg/dl	0.00 - 0.90	
SERUM URIC ACID Method: Uricase-Peroxidase	5.33	mg/dl	2.30 - 6.10	





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Test Name	Value	Unit	Biological Ref Interval
<u>LIPID PROFILE</u>			
CHOLESTEROL Method: CHOD-POD	147.00	mg/dl	82.00 - 200.00 Optimal : < 200.00 Border line High Risk : 200.0 - 239.0 High Risk: >240.0
TRIGLYCERIDES Method: GPO PAP	124.30	mg/dl	0.00 - 150.00 Optimal: < 150.0 Borderline High Risk: 150.0 - 199.0 High Risk : 200.0 - 499.0 Very High Risk : >500.0
HDL CHOLESTEROL Method: CHOD-POD	46.30	mg/dl	42.00 - 88.00
LDL CHOLESTEROL Method: CHOD-POD	92.00	mg/dl	0.00 - 129.00 Optimal: < 100.0 Near Optimal: 100.0 - 129.0 Border line High Risk: 130.0 - 159.0 High Risk: 160.0 - 189.0 Very High Risk: >190.0
VLDL CHOLESTEROL Method: Calculated	24.86	mg/dl	25.00 - 40.00
CHOLESTEROL / HDL RATIO Method: Calculated	3.17	mg/dl	0.00 - 4.90 Low Risk: 3.3-4.4





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Test Name	Value	Unit	Biological Ref Interval
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LDL / HDL RATIO
Method: Calculated

1.99

mg/dl

0.00 - 3.50

NON-HDL CHOLESTEROL
Method: Calculated

100.70

mg/dl

<130.0

ENDOCRINOLOGY

FREE TRIIODOTHYRONINE (FT3)

5.07

pmol/l

3.10 - 6.80

FREE THYROXINE (FT4)

1.03

ng/dl

0.89 - 1.76

THYROID STIMULATING HORMONE (TSH)

2.85

uIU/mL

0.27 - 5.50

Adults > 20 Yrs : 0.270 - 5.500
 Children
 1-3 Days : 5.17 - 14.6
 4 - 30 Days : 0.43 - 16.1
 2 - 12 Months : 0.62 - 8.05
 2 - 6 Yrs : 0.54 - 4.53
 7 - 11 Yrs : 0.66 - 4.14
 12 - 19 Yrs : 0.53 - 3.59



The new recommendations for TSH levels during pregnancy are the following:

First trimester: less than 2.5 with a range of 0.1-2.5.

Second trimester: 0.2-3.0

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4 am and at a minimum 6-10 pm
 The variation is of the order of 50%, hence time of the day has influence on the measured TSH concentrations.

BIOCHEMISTRY

S. ALKALINE PHOSPHATASE
Method: Colorimetric Assay

98.20

U/L

37.00 - 103.00





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Date: 23/03/2024 Patient ID: 1023101523

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Name : MRS. PULKIT ACHARYA

Age :

Sex: Female

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Sample Type: SERUM, EDTA, Fluoride Fasting

Investigation: ALKALINE PHOSPHATASE, BLOOD UREA, C.B.C., E.S.R., FT3, FT4 & TSH, Gamma GT, HbA1C, LIPID PROFILE, SERUM BILIRUBIN, SERUM CREATININE, SERUM PROTEIN, SERUM URIC ACID, SUGAR FASTING

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (TOTAL) Method: Colorimetric-Diazo	0.42	mg/dl	0.00 - 1.10 Male (Adult): 25.0 - 140.0 Female (Adult): 37.0 - 103.0 Child(10 -17) : 350.0 - 500.0 2-10 Yrs : 100.0 - 350.0 New Born: 1-4 Times the Adult Values
CONJUGATED (Direct) Method: Colorimetric-Diazo	0.19	mg/dl	0.00 - 0.30
UNCONJUGATED (Indirect) Method: Calculated	0.23	mg/dl	0.10 - 1.00 Full Term Age of New Born 24 hrs : 2 - 6 mg/dl 48 hrs : 6 - 7 mg/dl 3-5 Days: 4 - 12 mg/dl - Premature Age of New Born 24 hrs: 1- 6 mg/dl 48 hrs: 6 - 8 mg/dl 3-5 Days: 10 - 15 mg/dl
Gamma GT Method: Enzymatic colorimetric assay	20.00	U/L	0.00 - 36.00
SERUM PROTEIN Method: Biuret	6.98	gm %	6.40 - 8.30

**** End Of Report ****





Booking Time 16:49:07
Sample Drawn: 23/03/2024 16:53:20
Sample Received: 23/03/2024 16:53:22
Print Date & Time: 23/03/2024 17:16:39

Date: 23/03/2024 Patient ID: 1023101507

Refd by Lab: OUT SIDE SAMPLE

Name : MR. PULKIT ACHARYA

Age :

Sex: Male

Ref. By: DR. SACHIN MALHOTRA

Sample Type: EDTA

Investigation : BLOOD GROUP (ABO Rh),COLLECTION

Test Name	Value	Unit	Biological Ref Interval
<u>HAEMATOLOGY</u>			
BLOOD GROUP (ABO)	'O'		
RH TYPING	POSITIVE		

The upper agglutination test for grouping has some limitations. It is not a confirmatory method. Before transfusion of blood, blood group must be checked & confirmed by Blood Bank. For further confirmation Reverse typing card (Dia clon ABO/D) method is suggested.

**** End Of Report ****

