



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN: U85110UP2003PLC193493

Patient Name : Mr.GAUTAM DEEPAK Registered On : 13/Oct/2024 10:25:54 Age/Gender Collected : 38 Y 8 M 7 D /M : 13/Oct/2024 10:29:08 UHID/MR NO : ALDP.0000151667 Received : 13/Oct/2024 10:45:39 Visit ID : ALDP0261122425 Reported : 13/Oct/2024 12:26:44

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

#### DEPARTMENT OF HAEMATOLOGY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name                               | Result    | Unit   | Bio. Ref. Interval   | Method  |
|---|-----------|--------|--|---|
|   |           |        |  |   |
| Blood Group (ABO & Rh typing), Blood    |           |        |  |   |
| Blood Group                             | В         |        |  | ERYTHROCYTE<br>MAGNETIZED<br>TECHNOLOGY / TUBE<br>AGGLUTINA |
| Rh ( Anti-D)                            | POSITIVE  |        |  | ERYTHROCYTE<br>MAGNETIZED<br>TECHNOLOGY / TUBE<br>AGGLUTINA |
| Complete Blood Count (CBC), Whole Blood |           |        |  |   |
| Haemoglobin                             | 14.60     | g/dl   | 1 Day- 14.5-22.5 g/dl<br>1 Wk- 13.5-19.5 g/dl<br>1 Mo- 10.0-18.0 g/dl<br>3-6 Mo- 9.5-13.5 g/dl<br>0.5-2 Yr- 10.5-13.5 g/dl<br>2-6 Yr- 11.5-15.5 g/dl<br>6-12 Yr- 11.5-15.5 g/dl<br>12-18 Yr 13.0-16.0 g/dl<br>Male- 13.5-17.5 g/dl<br>Female- 12.0-15.5 g/dl | COLORIMETRIC METHOD<br>(CYANIDE-FREE REAGENT)               |
| TLC (WBC)<br><u>DLC</u>                 | 11,500.00 | /Cu mm | 4000-10000   | IMPEDANCE METHOD  |
| Polymorphs (Neutrophils )               | 46.00     | %      | 40-80  | FLOW CYTOMETRY  |
| Lymphocytes                             | 50.00     | %      | 20-40  | FLOW CYTOMETRY  |
| Monocytes                               | 3.00      | %      | 2-10   | FLOW CYTOMETRY  |
| Eosinophils                             | 1.00      | %      | 1-6  | FLOW CYTOMETRY  |
| Basophils<br><b>ESR</b>                 | 0.00      | %      | < 1-2  | FLOW CYTOMETRY  |
| Observed                                | 6.00      | MM/1H  | 10-19 Yr 8.0<br>20-29 Yr 10.8<br>30-39 Yr 10.4<br>40-49 Yr 13.6<br>50-59 Yr 14.2<br>60-69 Yr 16.0<br>70-79 Yr 16.5<br>80-91 Yr 15.8  |   |









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|-----------------------------------|----------|----------------|---|----------------------------------|
|                                   |          |                | Pregnancy Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic) |                                  |
| Corrected                         | -        | Mm for 1st hr. | <9  |                                  |
| PCV (HCT)                         | 47.00    | %              | 40-54   |                                  |
| Platelet count                    |          |                |   |                                  |
| Platelet Count                    | 2.22     | LACS/cu mm     | 1.5-4.0   | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.50    | fL             | 9-17  | ELECTRONIC IMPEDANCE             |
| P-LCR (Platelet Large Cell Ratio) | -        | %              | 35-60   | ELECTRONIC IMPEDANCE             |
| PCT (Platelet Hematocrit)         | 0.29     | %              | 0.108-0.282   | ELECTRONIC IMPEDANCE             |
| MPV (Mean Platelet Volume)        | 12.90    | fL             | 6.5-12.0  | ELECTRONIC IMPEDANCE             |
| RBC Count                         |          |                |   |                                  |
| RBC Count                         | 5.72     | Mill./cu mm    | 4.2-5.5   | ELECTRONIC IMPEDANCE             |
| Blood Indices (MCV, MCH, MCHC)    |          |                |   |                                  |
| MCV                               | 82.90    | fl             | 80-100  | CALCULATED PARAMETER             |
| MCH                               | 25.50    | pg             | 27-32   | CALCULATED PARAMETER             |
| MCHC                              | 30.80    | %              | 30-38   | CALCULATED PARAMETER             |
| RDW-CV                            | 14.40    | %              | 11-16   | ELECTRONIC IMPEDANCE             |
| RDW-SD                            | 44.30    | fL             | 35-60   | ELECTRONIC IMPEDANCE             |
| Absolute Neutrophils Count        | 5,290.00 | /cu mm         | 3000-7000   |                                  |
| Absolute Eosinophils Count (AEC)  | 115.00   | /cu mm         | 40-440  |                                  |

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#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

**GLUCOSE FASTING** , Plasma

Glucose Fasting 80.00 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 = Impaired Glucose Tolerance.

**CLINICAL SIGNIFICANCE:-** Glucose is the major source of energy in the body. Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP 164.50 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 = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C), EDTA BLOOD

Glycosylated Haemoglobin (HbA1c) 5.50 % NGSP HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c) 37.10 mmol/mol/IFCC
Estimated Average Glucose (eAG) 112 mg/dl

#### **Interpretation:**

#### NOTE:-

• eAG is directly related to A1c.













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#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|           |        |      |                    |        |

- 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.

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) | <b>Degree of Glucose Control Unit</b> |
|-------------------------|----------------------|-------------|---------------------------------------|
| > 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                    |

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated VARIANT II TURBO 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)

14.10

mg/dL

7.0-23.0

CALCULATED

Sample:Serum







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<sup>\*\*</sup>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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#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

**Interpretation:** 

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestimal (GI) bleeding.

#### Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine 0.86 mg/dl 0.7-1.30 MODIFIED JAFFES

Sample:Serum

#### **Interpretation:**

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid 6.13 mg/dl 3.4-7.0 URICASE

Sample:Serum

#### **Interpretation:**

Note:-

#### Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

#### LFT (WITH GAMMA GT), Serum

| SGOT / Aspartate Aminotransferase (AST) | 24.10 | U/L   | < 35    | IFCC WITHOUT P5P  |
|---|-------|-------|---------|-------------------|
| SGPT / Alanine Aminotransferase (ALT)   | 42.00 | U/L   | < 40    | IFCC WITHOUT P5P  |
| Gamma GT (GGT)                          | 63.10 | IU/L  | 11-50   | OPTIMIZED SZAZING |
| Protein                                 | 6.75  | gm/dl | 6.2-8.0 | BIURET            |
| Albumin                                 | 4.16  | gm/dl | 3.4-5.4 | B.C.G.            |
| Globulin                                | 2.59  | gm/dl | 1.8-3.6 | CALCULATED        |
| A:G Ratio                               | 1.61  |       | 1.1-2.0 | CALCULATED        |







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#### **DEPARTMENT OF BIOCHEMISTRY**

#### **MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS**

| Test Name                          | Result | U     | Jnit Bio. Ref. II   | nterval Method     |
|------------------------------------|--------|-------|---|--------------------|
|                                    |        |       |   |                    |
| Alkaline Phosphatase (Total)       | 133.00 | U/L   | 42.0-165.0  | PNP/AMP KINETIC    |
| Bilirubin (Total)                  | 0.34   | mg/dl | 0.3-1.2   | JENDRASSIK & GROF  |
| Bilirubin (Direct)                 | 0.14   | mg/dl | < 0.30  | JENDRASSIK & GROF  |
| Bilirubin (Indirect)               | 0.20   | mg/dl | < 0.8   | JENDRASSIK & GROF  |
| LIPID PROFILE ( MINI ) , Serum     |        |       |   |                    |
| Cholesterol (Total)                | 220.00 | mg/dl | <200 Desirable<br>200-239 Borderlin<br>> 240 High   | CHOD-PAP<br>e High |
| HDL Cholesterol (Good Cholesterol) | 81.60  | mg/dl | 30-70   | DIRECT ENZYMATIC   |
| LDL Cholesterol (Bad Cholesterol)  | 71     | mg/dl | < 100 Optimal<br>100-129 Nr.<br>Optimal/Above O<br>130-159 Borderlin<br>160-189 High<br>> 190 Very High | •                  |
| VLDL                               | 67.60  | mg/dl | 10-33   | CALCULATED         |
| Triglycerides                      | 338.00 | mg/dl | < 150 Normal<br>150-199 Borderlin<br>200-499 High<br>>500 Very High                                     | GPO-PAP<br>e High  |

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Test Name



#### **CHANDAN DIAGNOSTIC CENTRE**

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: 13/Oct/2024 10:25:54 Patient Name : Mr.GAUTAM DEEPAK Registered On Age/Gender Collected : 38 Y 8 M 7 D /M : 13/Oct/2024 15:47:46 UHID/MR NO : ALDP.0000151667 Received : 13/Oct/2024 16:03:43 Visit ID : ALDP0261122425 Reported : 13/Oct/2024 16:32:59

Result

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

#### DEPARTMENT OF CLINICAL PATHOLOGY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Unit

Rio Ref Interval

Method

| Test Name                             | Result             | Unit  | Bio. Ref. Interval   | Method                  |
|---------------------------------------|--------------------|-------|--|-------------------------|
|                                       |                    |       |  |                         |
| URINE EXAMINATION, ROUTINE ,          | Urine              |       |  |                         |
| Color                                 | PALE YELLOW        |       |  |                         |
| Specific Gravity                      | 1.015              |       |  |                         |
| Reaction PH                           | Acidic ( 6.0 )     |       |  | DIPSTICK                |
| Appearance                            | CLEAR              |       |  |                         |
| Protein                               | ABSENT             | mg %  | < 10 Absent<br>10-40 (+)<br>40-200 (++)<br>200-500 (+++)<br>> 500 (++++) | DIPSTICK                |
| Sugar                                 | ABSENT             | gms%  | <0.5 (+)<br>0.5-1.0 (++)<br>1-2 (+++)<br>> 2 (++++)                      | DIPSTICK                |
| Ketone                                | ABSENT             | mg/dl | Serum-0.1-3.0<br>Urine-0.0-14.0  | BIOCHEMISTRY            |
| Bile Salts                            | ABSENT             |       |  |                         |
| Bile Pigments                         | ABSENT             |       |  |                         |
| Bilirubin                             | ABSENT             |       |  | DIPSTICK                |
| Leucocyte Esterase                    | ABSENT             |       |  | DIPSTICK                |
| Urobilinogen(1:20 dilution)           | ABSENT             |       |  |                         |
| Nitrite                               | ABSENT             |       |  | DIPSTICK                |
| Blood                                 | ABSENT             |       |  | DIPSTICK                |
| Microscopic Examination:              |                    |       |  |                         |
| Epithelial cells                      | 2-4/h.p.f          |       |  | MICROSCOPIC EXAMINATION |
| Pus cells                             | 1-3/h.p.f          |       |  |                         |
| RBCs                                  | ABSENT             |       |  | MICROSCOPIC EXAMINATION |
| Cast                                  | ABSENT             |       |  |                         |
| Crystals                              | ABSENT             |       |  | MICROSCOPIC EXAMINATION |
| Others                                | ABSENT             |       |  |                         |
| Urine Microscopy is done on centrifug | ed urine sediment. |       |  |                         |







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#### DEPARTMENT OF CLINICAL PATHOLOGY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

**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%

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#### **DEPARTMENT OF IMMUNOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name   | Result | Unit  | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|--------|
|   | 0.54   | , .   |                    | 0114   |
| PSA (Prostate Specific Antigen), Total Sample:Serum | 0.54   | ng/mL | <4.1               | CLIA   |

#### **Interpretation:**

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

#### **THYROID PROFILE - TOTAL**, Serum

| T3, Total (tri-iodothyronine)     | 126.00 | ng/dl  | 84.61–201.7 | CLIA |
|-----------------------------------|--------|--------|-------------|------|
| T4, Total (Thyroxine)             | 7.10   | ug/dl  | 3.2-12.6    | CLIA |
| TSH (Thyroid Stimulating Hormone) | 2.360  | μIU/mL | 0.27 - 5.5  | CLIA |

#### **Interpretation:**

| 0.3 - 4.5 | μIU/mL      | First Trimest | er          |
|-----------|-------------|---------------|-------------|
| 0.5-4.6   | μIU/mL      | Second Trim   | ester       |
| 0.8 - 5.2 | $\mu IU/mL$ | Third Trimes  | ter         |
| 0.5 - 8.9 | μIU/mL      | Adults        | 55-87 Years |
| 0.7 - 27  | μIU/mL      | Premature     | 28-36 Week  |
| 2.3-13.2  | $\mu IU/mL$ | Cord Blood    | > 37Week    |
| 0.7-64    | $\mu IU/mL$ | Child(21 wk   | - 20 Yrs.)  |
| 1-39      | $\mu IU/mL$ | Child         | 0-4 Days    |
| 1.7-9.1   | $\mu IU/mL$ | Child         | 2-20 Week   |
|           |             |               |             |

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or











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#### **DEPARTMENT OF IMMUNOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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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#### **DEPARTMENT OF X-RAY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA

# X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.



Dr. Aishwarya Neha (MD Radiodiagnosis













Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN: U85110UP2003PLC193493

Patient Name : Mr.GAUTAM DEEPAK Registered On : 13/Oct/2024 10:25:55 Age/Gender : 38 Y 8 M 7 D /M Collected : 2024-10-13 12:17:31 UHID/MR NO : ALDP.0000151667 Received : 2024-10-13 12:17:31 Visit ID : ALDP0261122425 Reported : 13/Oct/2024 14:48:10

: Dr. MEDIWHEEL-ARCOFEMI HEALTH Ref Doctor Status : Final Report

CARE LTD -

#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### **ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)**

LIVER: - Normal in size (14.4 cm), shape and shows diffusely raised echotexture. Two hyodense lesions are seen in the right lobe (1.1 x 1.3 cm) and subcapsular left lobe (1.8 x 1.4 cm). No intra hepatic biliary radicle dilation is seen.

GALL BLADDER: - Well distended. Normal wall thickness is seen. No evidence of calculus/focal mass lesion/pericholecystic fluid is seen.

**CBD**:- Normal in calibre at porta.

**PORTAL VEIN:** - Normal in calibre and colour uptake at porta.

**PANCREAS:** - Head is visualised, normal in size & echopattern. No evidence of ductal dilatation or calcification is seen. Rest of the pancreas is obscured by bowel gases.

**SPLEEN**: - Normal in size (8.6 cm), shape and echogenicity. No evidence of mass lesion is seen.

**RIGHT KIDNEY**: - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER:** Is adequately distended. No evidence of wall thickening/calculus is seen.

**PROSTATE:** Normal in size (2.4 x 3.0 x 4.0 cm vol - 15.6 cc), shape and echo pattern.

**HIGH RESOLUTION**: No evidence of bowel loop dilatation or abnormal wall thickening is seen. No significant retroperitoneal lymphadenopathy is seen. No free fluid is seen in the abdomen/pelvis.

#### **IMPRESSION:**

- Grade I fatty liver.
- Two hyodense lesions in the right lobe and subcapsular left lobe, ? focal fatty sparing.

**ADV:- Clinical correlation and follow-up.** 



Dr. Alshwarya Neha (MD Radiodiagnosis











Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN: U85110UP2003PLC193493

Patient Name Registered On : 13/Oct/2024 10:25:55 : Mr.GAUTAM DEEPAK Collected Age/Gender : 38 Y 8 M 7 D /M : 2024-10-13 11:21:03 UHID/MR NO : ALDP.0000151667 Received : 2024-10-13 11:21:03 Visit ID Reported : ALDP0261122425 : 13/Oct/2024 12:06:21

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report CARE LTD -

#### **DEPARTMENT OF TMT**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### Tread Mill Test (TMT)

**NORMAL** 

\*\*\* End Of Report \*\*\*

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG/EKG



Dr. R. K. VERMA ACBBS PGOGM

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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: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups \*

365 Days Open \*Facilities Available at Select Location







011-41195959

### Dear MR. GAUTAM DEEPAK,

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

Name of

Diagnostic/Hospital

: Chandan Healthcare

Address of

Diagnostic/Hospital-

: 55/23/1 Kamla Nehru Road, Old Katra

City

: Allahabad

State

: Uttar Pradesh

Pincode

: 221503

Appointment Date

: 13-10-2024

Confirmation Status

: Booking Confirmed

Preferred Time

: 08:30 AM - 09:00 AM

**Booking Status** 

: Booking Confirmed

| ooked Member Name | Member Information |        |
|-------------------|--------------------|--------|
| IR. GAUTAM DEEPAK | Age                | Gender |
| - DELFAR          | 38 year            | Male   |

Note - Please note to not pay any amount at the center.

### Instructions to undergo Health Check:

- 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
- Please bring all your medical prescriptions and previous health medical records with
- Kindly inform the health check reception in case if you have a history of diabetes and

#### For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks, Mediwheel Team



प्रति.

समन्वयक,

MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: वैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

|                                    | कर्मचारी विवरण     |
|------------------------------------|--------------------|
| नाम                                | MR. GAUTAM DEEPAK  |
| क.कू.संख्या                        | 97711              |
| पदनाम                              | JOINT MANAGER      |
| कार्य का स्थान                     | SAYD SARAWAN       |
| जन्म की तारीख                      | 05-02-1986         |
| स्वास्थ्य जांच की प्रस्तावित तारीख | 12-10-2024         |
| बुकिंग संदर्भ सं.                  | 24D97711100115224E |

यह अनुमोदन/ संस्तृति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तृत किया जाएगा। यह अनुमोदन पत्र दिनांक 25-09-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएँ। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मा.सं.प्र. एवं विपणन वैंक ऑफ़ बडौदा

(नीट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Med/Wheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)

# आयकर विभाग INCOME TAX DEPARTMENT



## भारत सरकार GOVT OF INDIA



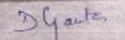
स्थायी लेखा संख्या कार्ड Permanent Account Number Card

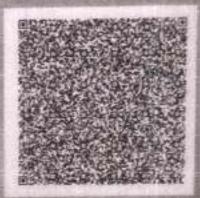
BJXPG6304E

TH / Name
DEEPAK GAUTAM

चिता का नाम / Father's Name RAM YAD RAM

जन्म की तारीखा। Date of Birth 05/02/1986





04042925

PAN Application Copiety Segret, Card No. Valid unites Physically Segret

Pyanta