

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.AMMU VAJRA RAVITEJA Registered On : 26/Feb/2023 09:20:48 Age/Gender Collected : 32 Y 8 M 14 D /M : 26/Feb/2023 09:26:35 UHID/MR NO : CDCA.0000102619 Received : 26/Feb/2023 10:04:46 Visit ID : CDCA0301732223 Reported : 26/Feb/2023 14:08:32

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

DEPARTMENT OF HABMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Blood Group (ABO & Rh typing) *, Blood

Blood Group

0

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin 14.90 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

| TLC (WBC) | 7,200.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
|-----------------------------------|----------|----------------|-------------|-----------------------|
| DLC | | | | |
| Polymorphs (Neutrophils) | 68.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 26.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 3.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 2.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 1.00 | % | < 1 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 10.00 | Mm for 1st hr. | | |
| Corrected | 8.00 | Mm for 1st hr. | < 9 | |
| PCV (HCT) | 45.00 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 2.3 | LACS/cu mm | 1.5-4.0 | ELECTRONIC |
| | | | | IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.30 | fL , | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | Nr | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.26 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.10 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 5.20 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |







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DEPARTMENT OF HABMATOLOGY

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| Result | Unit | Bio. Ref. Interval | Method |
|---------------------------|--|---|--|
| | | | |
| | | | |
| 36.53 | fl 80 | -100 | CALCULATED PARAMETER |
| 28.65 | pg 28 | -35 | CALCULATED PARAMETER |
| 33.11 | % 30 | -38 | CALCULATED PARAMETER |
| 12.90 | % 11 | -16 | ELECTRONIC IMPEDANCE |
| 43.50 | fL 35 | -60 | ELECTRONIC IMPEDANCE |
| 8 <mark>96.00 /</mark> cι | u mm 30 | 00-7000 | |
| 44.00 /cı | u mm 40 | -440 | |
| | 86.53 28.65 33.11 12.90 43.50 896.00 /c | 86.53 fl 80 28.65 pg 28 33.11 % 30 12.90 % 11 43.50 fL 35 896.00 /cu mm 30 | 86.53 fl 80-100 28.65 pg 28-35 33.11 % 30-38 12.90 % 11-16 43.50 fL 35-60 896.00 /cu mm 3000-7000 |

Dr. R.K. Khanna (MBBS,DCP)







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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 106.71 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.

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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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| | | | | |

GLYCOSYLATED HABMOGLOBIN (HBA1C) ** , EDTA BLOOD

| Glycosylated Haemoglobin (HbA1c) | 5.10 | % NGSP | HPLC (NGSP) |
|----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c) | 32.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 99 | 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.

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





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



Since 1991

CHANDAN DIAGNOSTIC CENTRE

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Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)





^{*}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.



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|---|---|--|---|
| | | | | |
| BUN (Blood Urea Nitrogen) * Sample:Serum | 9.30 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine * Sample:Serum | 0.94 | mg/dl | Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320 | MODIFIED JAFFES |
| Uric Acid * Sample:Serum | 6.40 | mg/dl | 3.4-7.0 | URICASE |
| LFT (WITH GAMMA GT) * , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) LIPID PROFILE (MINI)*, Serum Cholesterol (Total) | 25.10 30.40 22.40 6.40 4.23 2.17 1.95 159.82 0.59 0.19 0.40 | U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl | < 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8 < 200 Desirable 200-239 Borderline High | IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF |
| HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) | 64.49 136 | mg/dl mg/dl | > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High | h |
| VLDL Triglycerides | 23.02 115.10 | mg/dl mg/dl | 10-33 < 150 Normal 150-199 Borderline Hig 200-499 High | CALCULATED GPO-PAP h |







UHID/MR NO

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

>500 Very High



(MBBS,DCP)







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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*, Urin | ne | | | |
| Color | CLEAR | | | |
| Specific Gravity | 1.020 | | | |
| Reaction PH | Acidic (5.0) | | | DIPSTICK |
| Protein | ABSENT | mg % | < 10 Absent | DIPSTICK |
| | | , | 10-40 (+) | |
| | | | 40-200 (++) | |
| | | | 200-500 (+++) | |
| | | | > 500 (++++) | |
| Sugar | ABSENT | gms% | < 0.5 (+) | DIPSTICK |
| | | | 0.5-1.0 (++) | |
| | | | 1-2 (+++) > 2 (++++) | |
| Ketone | ABSENT | mg/dl | 0.2-2.81 | BIOCHEMISTRY |
| Bile Salts | ABSENT | mg/ui | 0.2-2.81 | BIOCITEIVIISTKT |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Microscopic Examination: | ADSENT | | 1 | |
| | | | | |
| Epithelial cells | OCCASIONAL | | | MICROSCOPIC |
| D. II | | | | EXAMINATION |
| Pus cells | 1-2/h.p.f | | | |
| RBCs | ABSENT | | | MICROSCOPIC |
| 6 | ADCENIT | | | EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC |
| Othors | ADCENIT | | | EXAMINATION |
| Others | ABSENT | | | |
| UGAR, FASTING STAGE*, Urine | | | | |
| Sugar, Fasting stage | ABSENT | gms% | | |
| | | - | | |

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

Dr. R.K. Khanna (MBBS,DCP)







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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------------|--|-------------------|--------------------|-------------|
| | | | | |
| THYROID PROFILE - TOTAL ** , Serum | | | | |
| T3, Total (tri-iodothyronine) | 121.10 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 9.60 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 3.69 | μIU/mL | 0.27 - 5.5 | CLIA |
| Interpretation: | | | | |
| | | 0.3-4.5 μIU/r | nL First Trimest | er |
| | | 0.5-4.6 μIU/r | nL Second Trim | ester |
| | | 0.8-5.2 μIU/n | nL Third Trimes | ter |
| | | 0.5-8.9 µIU/r | nL Adults | 55-87 Years |
| | | 0.7-27 $\mu IU/r$ | nL Premature | 28-36 Week |
| | | 2.3-13.2 μIU/n | nL Cord Blood | > 37Week |
| | | 0.7-64 μIU/n | nL Child(21 wk | - 20 Yrs.) |
| | | 1-39 µIU | /mL Child | 0-4 Days |
| | | 1.7-9.1 μIU/r | nL Child | 2-20 Week |
| | The state of the s | | | |

- 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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)







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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- 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 RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.









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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

<u>LIVER</u>

• Liver is normal in size measuring 12.1 cm in longitudinal span & shows mild diffuse increase in parenchymal echogenicity.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta. (4.2 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY (8.9 x 3.7 cm)

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

LEFT KIDNEY (9.8 x 4.0 cm)

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

SPLEEN







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• The spleen is normal in size (9.0 cm) and has a homogenous echotexture.

ILIAC FOSSA

Scan over the iliac fossae does not reveal any fluid collection or mass.

URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

PROSTATE

• The prostate gland is normal in texture and size, measures 3.4 x 2.6 x 2.0 cm (vol-9.4 cc).

IMPRESSION

Grade-I fatty infiltration of liver.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG





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







Re: Health Check up Booking Confirmed Request(bobE31012), Package Code-PKG10000238, Beneficiary Code-32931

1 message

anurag sri <anurag.idc@gmail.com>

Sat. Feb 25, 2023 at 6:22 PM

To: Mediwheel <wellness@mediwheel.in>, "idc. ashiyana" <idcashiyana@gmail.com>

Cc: mediwheelwellness@gmail.com

confirmed

Pack code 2613

On Sat, Feb 25, 2023 at 4:28 PM Mediwheel <wellness@mediwheel.in> wrote:



011-41195959 Email:wellness@mediwheel.in

Hi Chandan Healthcare Limited,

Diagnostic/Hospital Location :M-214/215 Sec G LDA Colony Near Power House Chauraha Kanpur road, City:Lucknow

We have received the confirmation for the following booking .

Beneficiary Name: PKG10000238

Beneficiary Name: MR. RAVITEJA VAJRA

Member Age : 30 Member Gender : Male

Member Relation : Employee

Package Name : Full Body Health Checkup Male Below 40

Location : ANKLESHWAR, Gujarat-393001

Contact Details : 9703214715

Booking Date : 25-02-2023

Appointment Date: 26-02-2023

Instructions to undergo Health Check:

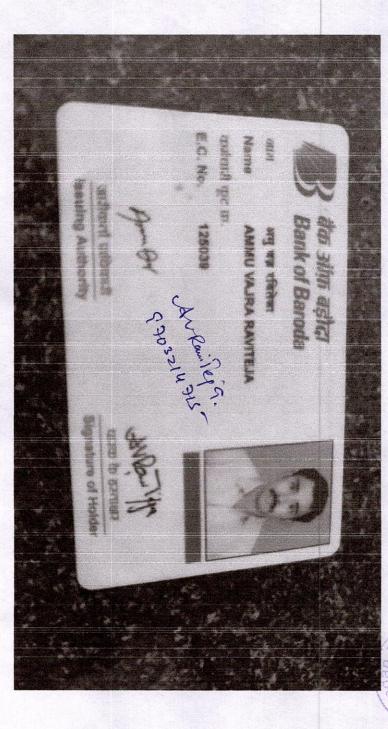
- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available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

For Women:

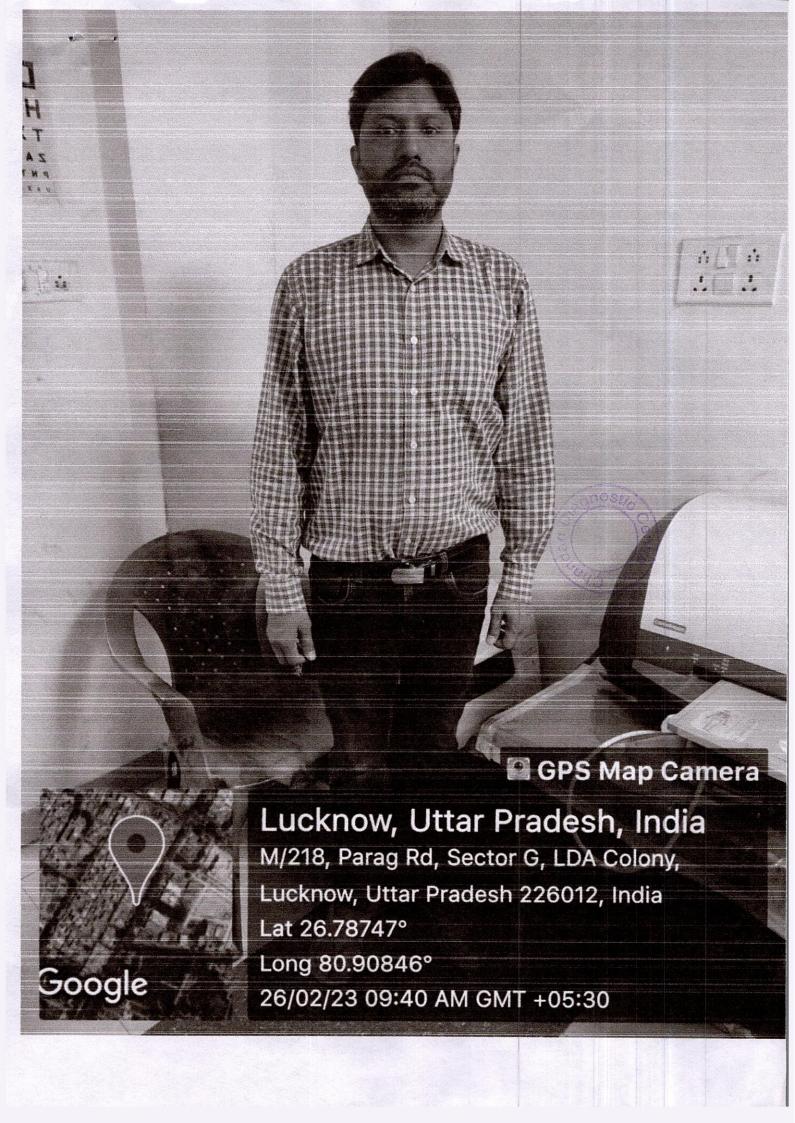
- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.





Sing Centro



Chandan Diagnostic

tricog /

CDCA0301732223 32/Male Age / Gender: Patient ID:

Mr. AMMU VAJRA RAVITEJA Patient Name:

Date and Time: 26th Feb 23 10:14 AM

BOULT oyright 2014 2023 Tricog Beath, All Rights Reserved P-R-T: 45° 40° 73° 74 75 9/ PRI: 146ms 72 **V3** 7 QTc: 412ms 0-20Hz, 50Hz QT: 372ms 25.0 mm/s 10.0 mm/mV aVR aVF aVL QRSD: 90ms VR: 74bpm AR: 74bpm Ш Η

Sinus Rhythm, Non-specific ST/T wave abnormality. Baseline artefacts. Please correlate clinically.

P. Cudha Parine

REPORTED BY

AUTHORIZED BY

Dr. Sudha Parimala

Dr. Charit MD, DM: Cardiology

63382

Disclaimer: Analysis in this report is based on ECG efone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.