

To,

DATE: 05.05.2024

The HR Team

Fitness

This is certify that **Mr. RAJEEV RANJAN** has undergone the necessary tests for the Employee Health Checkup.

His reports are **within normal limits** and we hereby conclude that he is FIT to join duty.

Charu Kohli

DR. CHARU KOHLI
CONSULTANT MBBS
DMC-8388



DR. CHARU HEALTH CHECK UP <insurancedckc234@gmail.com>

Health Check up Booking Request(35E5614)

Mediwheel <wellness@mediwheel.in>
To: insurancedckc234@gmail.com
Cc: customercare@mediwheel.in

2 May 2024 at 12:45



Mediwheel
...Your wellness partner

rajeev.rangess@gmail.com 011-41195959

Dear Dr. Charu Kohli Cilnic

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 : RAJEEV RANJAN

Contact Details : 8859770140

Hospital Package Name : Mediwheel Full Body Standard Plus

Location : A C-234, Block C, Defence Colony,

Appointment Date : 05-05-2024

Member Information		
Booked Member Name	Age	Gender
RAJEEV RANJAN	35 year	Male

Tests included in this Package -

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

Thanks,
Mediwheel Team
Please Download Mediwheel App

05/05/2024, 09:22

Gmail - Health Check up Booking Request(35E5614)



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Please visit to our Terms & Conditions for more informaion. [Click here to unsubscribe.](#)

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

NAME : RAJEEV RANJAN

AGE/SEX : 35Y/M

DATE : 05.05.2024

Height	Weight	BP	BMI
175 cm	79 kg	120/70 mmHg	25.8
HABITS	SMOKING : Ragular		
	ALCOHOL : NO		
	DRUGS ; NO		


Family History: -

- Asthma : NO
- Diabetes : FATHER HAS DM
- TB : NO
- Cancer : NO
- Heart Disease : NO
- HTN : NO
- BP : NO
- Thyroid : NO

Personal History:

- Pleurisy : NO
- Rheumatic : NO
- Acquired deformity : NO
- Operated for : NO
- Accidents : NO
- Psychosomatic history : NO
- Diabetes : DM X 1yrs
- Thyroid : NO
- BP : NO

Eye / Vision	DISTANCE VISION		NEAR VISION		COLOUR VISION	GLASSES
	RT Eye	LT Eye	RT Eye	LT Eye		
	6/6	6/6	N/6	N/6		

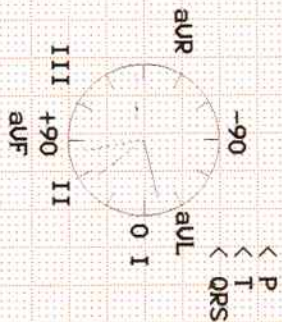
Signature of Medical Examiner: _____ 

DR. CHARU KOHLI
CONSULTANT MBBS
DMC-8388

Aravind Kohli

Measurement Results:

QRS	:	82 ms
QT/QTcB	:	360 / 388 ms
PR	:	152 ms
P	:	108 ms
RR/PP	:	852 / 855 ms
P/QRS/T	:	79 / -14 / 52 degrees

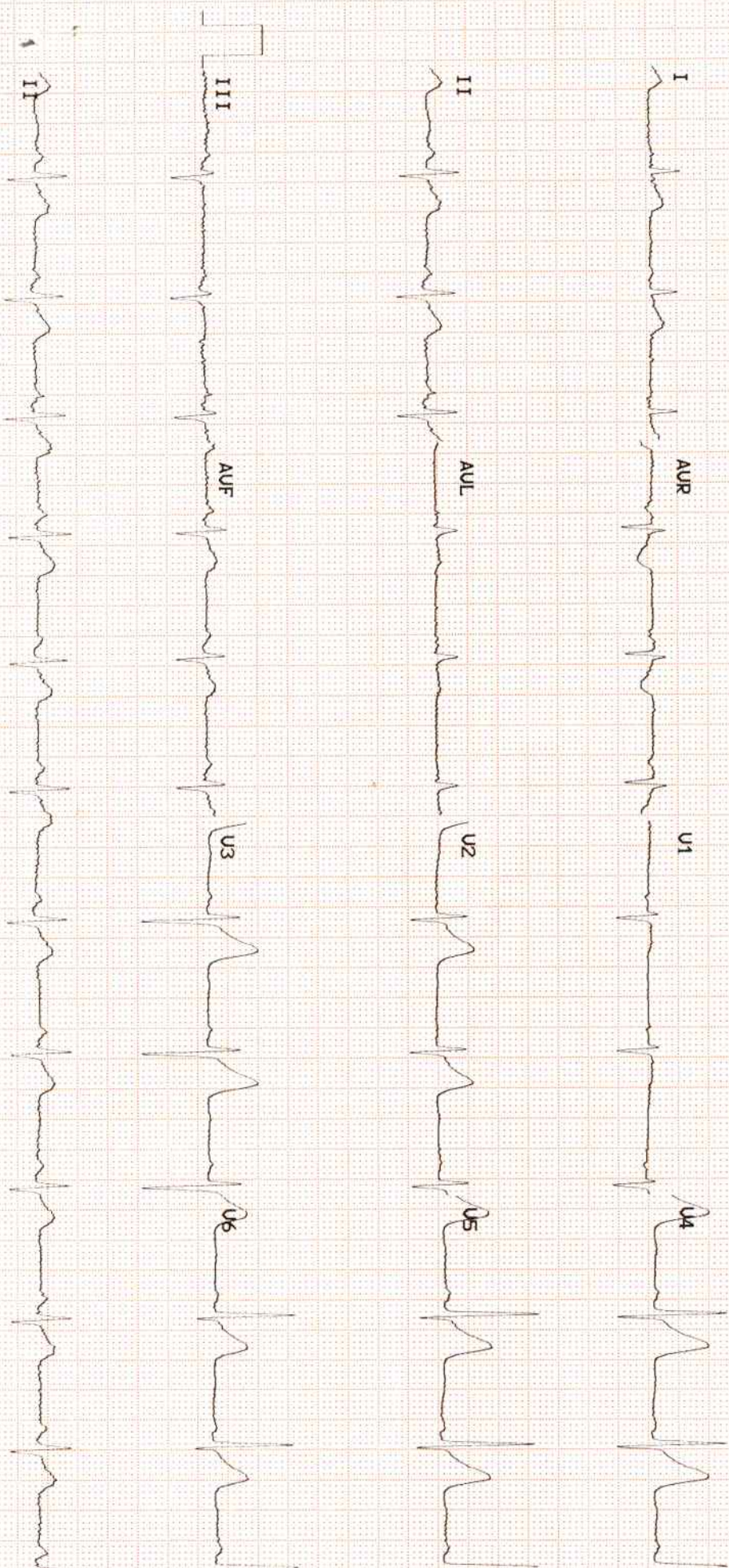


Interpretation:
 Normal sinus rhythm
 ST elevation
 Borderline ECG

Aravind

Aravind
 DR. D. R. RAJIV
 MBBS, MD
 DMCC-46748
 CONSULTANT CARDIOLOGIST

Unconfirmed report.





Dr. Charu Kohli s Clinic
C-234 Defence Colony, New Delhi-1 10024
Ph 41550792 ,24336960, 24332759
E- mail: drcharukohli@yahoo.com

NAME : RAJEEV RANJAN

AGE/SEX : 35Y/M

DATE : 05.05.2024

X – RAY CHEST PA VIEW :

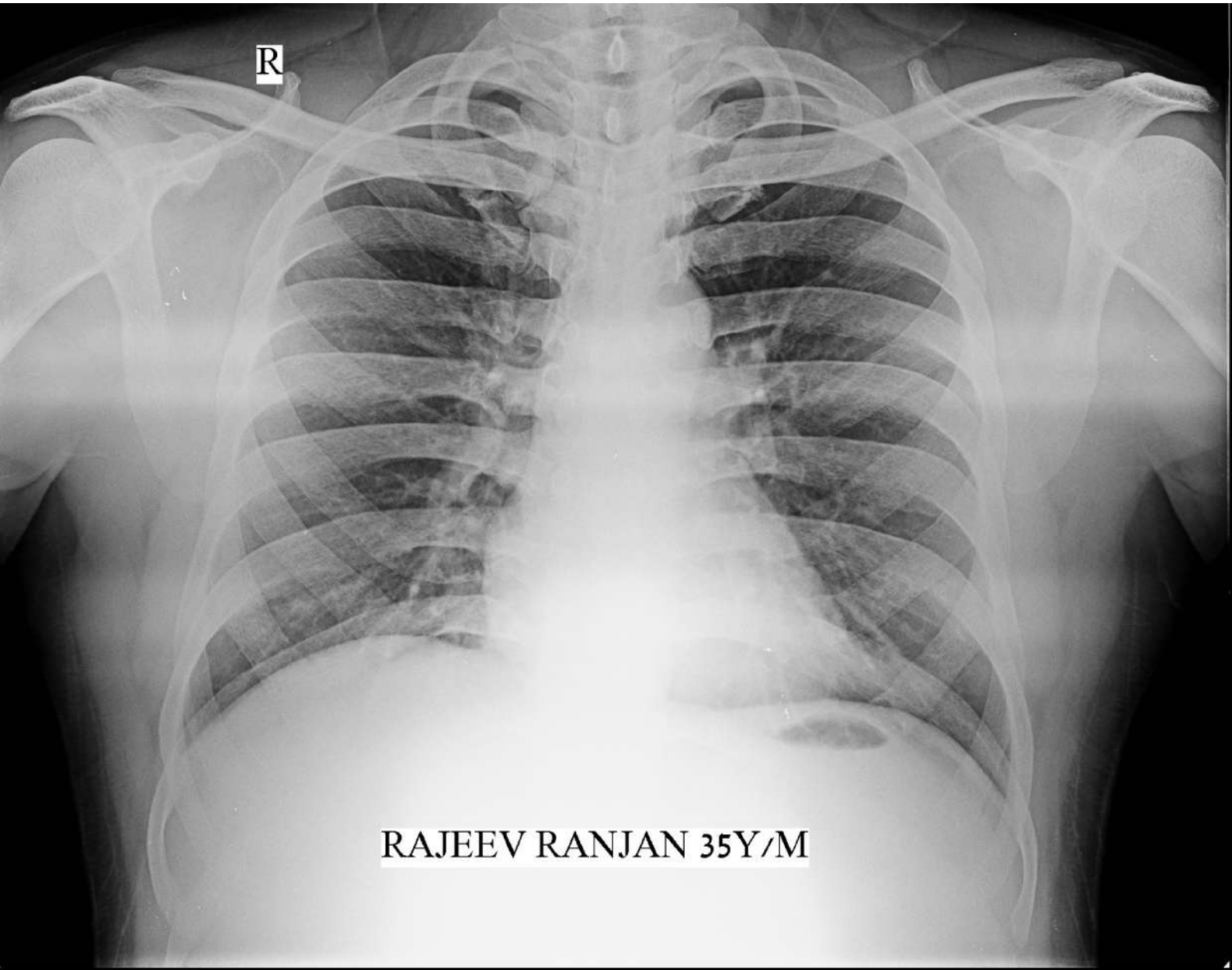
Cardiac shadow is normal.
Aorta is normal.
Bilateral lung fields are clear.
Both costophrenic angles are clear.
Bilateral domes of diaphragm are normal.
No bony injury noted.

IMPRESSION: Normal chest skiagram

Charu Kohli

DR. CHARU KOHLI
MBBS, DMRD
Consultant Radiologist

IMPORTANT: Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.



R

RAJEEV RANJAN 35Y/M



Registration No.	10242106	Mobile No.	8859770140
Patient Name	Mr. RAJEEV RANJAN	Registration Date/Time	05/05/2024 09:23:19
Age / Sex	35 Yrs 4 Months 15 Days	Sample Collected Date/Time	05/05/2024 09:38:41
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	06/05/2024 10:07:42
Collected At	DCKC	Printed Date/Time	06/05/2024 13:11:58

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	14.1	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i>	11.9	10 ⁹ /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.53	10 ⁶ /uL	4.50 - 5.50
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	42.7	%	40.0 - 50.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	95.2	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	31.4	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	33.0	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	219.00	10 ³ /uL	150.00 - 410.00
RDW- CV% ,EDTA	12.4	%	11.6 - 14.0
Differential Leucocyte Count <i>Method : Microscopy</i>			
Neutrophil ,EDTA	64.0	%	40.0 - 80.0
Lymphocyte ,EDTA	29.0	%	20.0 - 45.0
Eosinophil ,EDTA	2.0	%	1.0 - 6.0
Monocyte ,EDTA	5.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 2.0
ESR ,EDTA <i>Method : Westergreen</i>	12	mm/1st hr.	00 - 15

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Checked By :- DRNEELU



DR. NEELU CHHABRA
MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service ■ Diagnostic & Preventive ■ Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



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Age / Sex	35 Yrs 4 Months 15 Days	Sample Collected Date/Time	05/05/2024 09:38:41
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	06/05/2024 11:49:41
Collected At	DCKC	Printed Date/Time	06/05/2024 13:11:58

Test Name	Value	Unit	Biological Ref Interval
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Blood Group ABO ,EDTA

Method : Forward Grouping

"B"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

HbA1c ,EDTA

Method : Photometric method

8.6 %

INTERPRETATIONS:-

NORMAL RANGE **4.00 - 5.60** %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20 -	6.80	%
Fair Diabetic Control	6.80 -	7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.



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Age / Sex	35 Yrs 4 Months 15 Days	Sample Collected Date/Time	05/05/2024 09:38:41
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	06/05/2024 09:55:24
Collected At	DCKC	Printed Date/Time	06/05/2024 13:11:58

Test Name	Value	Unit	Biological Ref Interval
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BIOCHEMISTRY

LIPID PROFILE

Total Lipids ,Serum Plain	408	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain <i>Method : CHOD-POD</i>	137	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain <i>Method : GPO-POD</i>	134	mg/dl	60 - 165
Serum HDL Cholesterol ,Serum Plain <i>Method : Direct Method</i>	43	mg/dl	40 - 70
Serum LDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	67.2	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	26.8	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	3.19		
LDL/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	1.56		

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl

Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Triglycerides Female 40 - 140
Male 60 - 165

Adult levels:

Optimal <100 mg/dL
Near Optimal/ above optimal 100 - 129 mg/dL
Borderline high 130 - 159 mg/dL
High 160 - 189 mg/dL
Very High ≥ 190 mg/dL

KIDNEY FUNCTION TEST (KFT)

Blood Urea ,Serum Plain <i>Method : Urease -UV</i>	35.5	mg/dl	15.0 - 45.0
Serum Creatinine ,Serum Plain <i>Method : Modified Jaffe's</i>	1.12	mg/dl	0.40 - 1.50

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Age / Sex	35 Yrs 4 Male 15 Days	Sample Collected Date/Time	05/05/2024 09:38:41
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	06/05/2024 11:37:36
Collected At	DCKC	Printed Date/Time	06/05/2024 13:11:58

Test Name	Value	Unit	Biological Ref Interval
Serum Uric Acid ,Serum Plain <i>Method : Uricase- POD</i>	4.78	mg/dl	3.40 - 7.00
Serum Sodium ,Serum Plain <i>Method : ISE Direct</i>	141.0	mmol/L	135.0 - 148.0
Serum Potassium ,Serum Plain <i>Method : ISE Direct</i>	4.14	mmol/L	3.50 - 5.00
Serum Chloride ,Serum Plain <i>Method : ISE DIRECT</i>	98.00	mmol/L	97.00 - 107.00
Serum Calcium ,Serum Plain <i>Method : Arsenazo III</i>	10.30	mg/dl	New Born : 7.8 - 11.2 mg/dl Adult : 8.2 - 10.6 mg/dl



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Test Name	Value	Unit	Biological Ref Interval
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LIVER PROFILE / LFT

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.60	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.23	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.37	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	15.9	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	26.6	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	120.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	7.22	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.30	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	2.92	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.47		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	21.0	U/L	0.0 - 50.0

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Age / Sex	35 Yrs 4 Male 15 Days	Sample Collected Date/Time	05/05/2024 09:38:41
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	06/05/2024 09:55:23
Collected At	DCKC	Printed Date/Time	06/05/2024 13:11:58


Test Name	Value	Unit	Biological Ref Interval
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Blood Sugar (Fasting) ,Plasma F **163.3** mg/dl 70.0 - 110.0
Method : GOD POD

Blood Sugar (PP) ,Plasma PP **271.1** mg/dl 70.0 - 140.0
Method : GOD POD

Comment :-

Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and galactosemia. possible cause of PP reactive hypoglycemia (PRH) (low post prandial glucose level) include high sensitivity, exaggerated response to insulin like peptide -1, defect in counter regulation very lean or anxious individuals, after massive weight reduction and women with lower body over weight etc..





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Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	06/05/2024 13:02:13
Collected At	DCKC	Printed Date/Time	06/05/2024 13:11:58

Test Name	Value	Unit	Biological Ref Interval
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IMMUNOASSAY

TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.62	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	9.84	ug/dl	5.20 - 12.70
TSH	5.27	uIU/ml	0.30 - 4.50

Comment :

Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml
2 Years - 12 Years	0.64-6.27 uIU/ml
12 Years - 18 Years	0.51-4.94 uIU/ml
> 18 Years	0.35-5.50 uIU/ml

Adults

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

Newborn

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.





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Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	06/05/2024 07:58:43
Collected At	DCKC	Printed Date/Time	06/05/2024 13:11:58

Test Name	Value	Unit	Biological Ref Interval
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CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	Pale Yellow
Volume ,URINE	20	mL
Appearance ,URINE	Clear	Clear

URE CHEMICAL EXAMINATION

Reaction ,URINE	Acidic	Acidic
Ph (Strip Method) ,URINE	5.5	5.0
Specific Gravity ,URINE	1.020	1.000
Protein (Strip Method) ,URINE	Nil	Nil
Glucose (Strip Method) ,URINE	Nil	Nil

URE MICROSCOPY EXAMINATION

Pus Cells ,URINE	1 - 2	/HPF	0 - 1
Epithelial Cells ,URINE	0 - 2	/HPF	0 - 1
RBC's ,URINE	Nil	/HPF	Nil
Casts ,URINE	Nil		
Crystals ,URINE	Nil		
Bacteria ,URINE	Absent		Absent
Mucus Thread ,URINE	Nil		Nil
Other ,URINE	Nil		

*** End of Report ***

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