

chandan diagnostic <cdclakhimpur@gmail.com>

# Fwd: Health Check up Booking Request(bobE16306),Package Code(PKG10000238),Beneficiary Code(23089)

1 message

anurag sri <anurag.idc@gmail.com>

To: chandan diagnostic <cdclakhimpur@gmail.com>

Fri, Sep 9, 2022 at 11:37 PM

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

From: Mediwheel <customercare@policywheel.com>

Date: Sat, Sep 10, 2022 at 12:05 PM

Subject: Health Check up Booking Request(bobE16306), Package Code(PKG10000238), Beneficiary Code(23089)

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

Dear Chandan Healthcare Limited,

City: Lakhimpur Kheri. Location: .Police Line,

We have received the following request for Health Check up from

Name

: MR. GUPTA CHOTU

Age ·

: 24

Gender

: Male

Member Relations

: Employee

Package Name

: Full Body Health Checkup Male Below 40

Package Code

: PKG10000238

**User Location** 

: Uttar Pradesh, KAFARA, 220001

**Contact Details** 

: 9161515844

**Booking Date** 

: 10-09-2022

**Appointment Date** 

: 13-09-2022

Member Information				
Booked Member Name	Age	Gender	Cost(In INR)	
MR. GUPTA CHOTU	24	Male	Cashless	
Tota	I amount to be paid	Cashless		

Please login to your account to confirm the same. Also you mail us for confirmation

**Package Name** 

: Full Body Health Checkup Male Below 40 - Includes (37 )Tests

Tests included in this

Package

: Ecg, Eye Check Up, TSH, X-ray Chest, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin



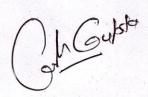
#### भारत सरकार GOVERNMENT OF INDIA



छोटू गुप्ता Chhotu Gupta जन्म तिथि/ DOB: 10/05/1996 पुरुष /MALE



5375 6783 5381 मेरा आधार, मेरी पहचान





# भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

#### पताः

खमरिया पंडिन, खीरी, उत्तर प्रदेशउत्तर प्रदेश -262722

#### Address:

S/O ओम प्रकाश, खमरिया "pandit, post aira estate, पंडित, पोस्ट ऐरा स्टेट, Khamaria Pandit, Kheri. Uttar Pradesh - 262722

5375 6783 5381 MERA AADHAAR, MERI PEHACHAN

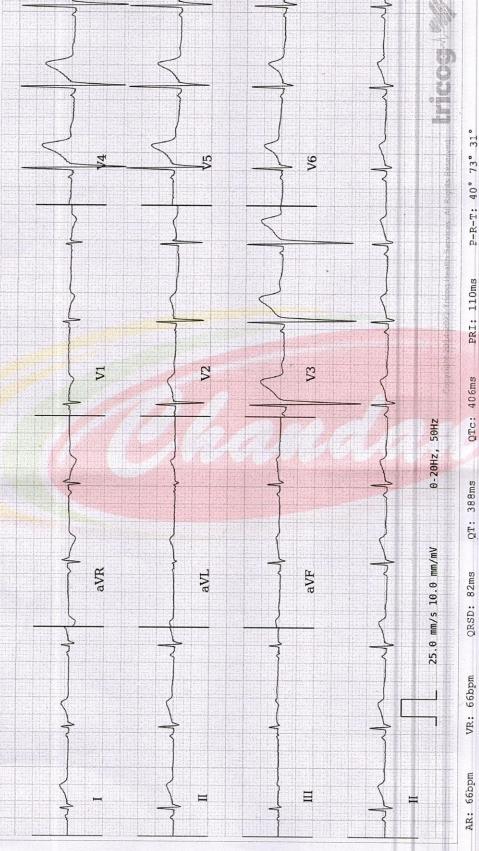


# Chandan Diagnostic Centre. Lakhimpur

CDCL0211362223 26/Male Age / Gender: Patient ID:

Mr.CHHOTU GUPTA -PKG10000238 Patient Name:

Date and Time: 11th Sep 22 11:29 AM



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

REPORTED BY

AUTHORIZED BY

Dr. Charit MD, DM: Cardiology

sclaimer. Analysis in this report is based on ECG alone 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.







Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.CHHOTU GUPTA -PKG10000238 Registered On : 11/Sep/2022 13:10:52 Age/Gender Collected : 26 Y 4 M 2 D /M : 11/Sep/2022 13:30:35 UHID/MR NO : CDCL.0000175589 Received : 11/Sep/2022 13:45:24 Visit ID : CDCL0211362223 Reported : 11/Sep/2022 17:28:53

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 Group (ABO & Rh typing) \*, Blood

**Blood Group** 

0

Rh (Anti-D)

**POSITIVE** 

Complete Blood Count (CBC) \*, Whole Blood

Haemoglobin 15.00 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

TLC (WBC)	4,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	70.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	2.00	Mm for 1st hr.	. <9	
PCV (HCT)	45.00	cc %	40-54	
Platelet count				
Platelet Count	0.90	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	10.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	40.50	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.07	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.86	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE









Ref Doctor

Add: Kamnath Market, Hospital Road, Lakhimpur

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CIN: U85110DL2003PLC308206



: 11/Sep/2022 13:10:52 Patient Name : Mr.CHHOTU GUPTA -PKG10000238 Registered On Age/Gender : 26 Y 4 M 2 D /M Collected : 11/Sep/2022 13:30:35 UHID/MR NO : CDCL.0000175589 Received : 11/Sep/2022 13:45:24 Visit ID : CDCL0211362223 Reported : 11/Sep/2022 17:28:53

: 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	86.10	fl	80-100	CALCULATED PARAMETER
MCH	32.00	pg	28-35	CALCULATED PARAMETER
MCHC	37.30	%	30-38	CALCULATED PARAMETER
RDW-CV	14.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	39.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,800.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	80.00	/cu mm	40-440	



Dr Mahendra Kumar MBBS,MD(PATHOLOGY)







# CHANDAN DIAGNOSTIC CENTRE

Add: Kamnath Market, Hospital Road, Lakhimpur

Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.CHHOTU GUPTA -PKG10000238 : 11/Sep/2022 13:10:52 Registered On Age/Gender : 26 Y 4 M 2 D /M Collected : 11/Sep/2022 15:04:26 UHID/MR NO : CDCL.0000175589 Received : 11/Sep/2022 16:04:37 Visit ID : CDCL0211362223 Reported : 11/Sep/2022 17:44:21

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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

rest Name	Kesuit	Unit	Bio. Ref. interval	ivietnoa	
GLUCOSE FASTING * , Plasma					
Glucose Fasting	71.55	mg/dl	< 100 Normal 100-125 Pre-diabete ≥ 126 Diabetes	GOD POD s	

# **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 *	178.19	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.



Dr Mahendra Kumar MBBS,MD(PATHOLOGY)









Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.CHHOTU GUPTA -PKG10000238 : 11/Sep/2022 13:10:52 Registered On Collected Age/Gender : 26 Y 4 M 2 D /M : 11/Sep/2022 13:30:34 UHID/MR NO : CDCL.0000175589 Received : 12/Sep/2022 12:40:11 Visit ID : CDCL0211362223 Reported : 12/Sep/2022 13:15:06

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	

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

Glycosylated Haemoglobin (HbA1c)	4.60	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	27.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	85	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)	<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 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





<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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 Patient Name
 : Mr.CHHOTU GUPTA -PKG10000238
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 : 11/Sep/2022 13:10:52

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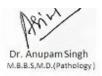
#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity









<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>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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: 11/Sep/2022 13:10:52 Patient Name : Mr.CHHOTU GUPTA -PKG10000238 Registered On Age/Gender : 26 Y 4 M 2 D /M Collected : 11/Sep/2022 13:30:34 UHID/MR NO : CDCL.0000175589 Received : 11/Sep/2022 14:15:24 Visit ID : CDCL0211362223 Reported : 11/Sep/2022 14:31:13 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
BUN (Blood Urea Nitrogen) * Sample:Serum	12.60	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.91	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid * Sample:Serum	4.50	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	23.55	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	32.75	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	21.15	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.25	gm/dl	6.2-8.0	BIRUET
Albumin	3.86	gm/dl	3.8-5.4	B.C.G.
Globulin	2.39	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.62		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	124.61	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.49	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.43	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	1.06	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	87.70	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP th
HDL Cholesterol (Good Cholesterol)	29.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	44	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optima 130-159 Borderline Hig 160-189 High	
- MAN company	14.00	mg/dl	> 190 Very High 10-33	, CALCIII ATED
	69.99	mg/dl	< 150 Normal 150-199 Borderline Hig	Mahenda Deem
			200-499 High >500 Very High	Dr Mahendra Kumar MBBS,MD(PATHOLOGY)









Add: Kamnath Market, Hospital Road, Lakhimpur

Ph: 9235400943,

CIN: U85110DL2003PLC308206



: 11/Sep/2022 13:10:52 Patient Name : Mr.CHHOTU GUPTA -PKG10000238 Registered On Age/Gender : 26 Y 4 M 2 D /M Collected : 11/Sep/2022 15:20:24 UHID/MR NO : CDCL.0000175589 Received : 11/Sep/2022 16:03:19 Visit ID : CDCL0211362223 Reported : 11/Sep/2022 19:02:18

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

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

URINE EXAMINATION, ROUTINE * , Urine  Color	Test Name	Result	Unit	Bio. Ref. Interval	Method
Color					
Specific Gravity	URINE EXAMINATION, ROUTINE * , Urine				
Reaction PH	Color	PALE YELLOW			
Reaction PH	Specific Gravity	1.020			
10-40 (+)   40-200 (++)   40-200 (++)   40-200 (++)   40-200 (++)   40-200 (++)   40-200 (++)   40-200 (+++)   40-200 (+++)   40-200 (++++)   40-200 (++++)   40-200 (++++)   40-200 (++++)   40-200 (++++)   40-200 (+++++)   40-200 (+++++)   40-200 (+++++++++++++++++++++++++++++++++++		Acidic (5.0)			DIPSTICK
Microscopic Examination   Microscopic Examination	Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
Sugar   trace   gms%   <0.5 (+++)   > 500 (+++++)   > 500 (++++++++++++++++++++++++++++++++++			,	, ,	
Sugar					
Sugar trace gms% <0.5 (+) DIPSTICK					
Control (++)   1-2 (+++)   1-2 (+++)   1-2 (+++)   1-2 (++++)   1-2 (++++)   1-2 (++++)   1-2 (++++)   1-2 (++++)   1-2 (+++++)   1-2 (+++++)   1-2 (++++++++++++++++++++++++++++++++++++	Curan		ana a0/		DIDCTICK
Ketone Bile Salts ABSENT Bile Pigments Urobilinogen(1:20 dilution) Microscopic Examination:  Epithelial cells O-1/h.p.f RBCs ABSENT RBCs ABSENT Crystals ABSENT Crystals ABSENT  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic (6.5) Mucus Bile Pigments ABSENT Microscopic Examination:  1-2 (++++) > 2 (++++) > 2 (++++) > 2 (++++) > 2 (++++) > 2 (++++) > 2 (+++++) > 2 (+++++++++++++++++++++++++++++++++++	Sugar	trace	gms%		DIPSTICK
Ketone ABSENT mg/dl 0.2-2.81 BIOCHEMISTRY Bile Salts ABSENT Bile Pigments ABSENT Urobilinogen(1:20 dilution) ABSENT Microscopic Examination:  Epithelial cells 0-1/h.p.f MICROSCOPIC EXAMINATION  Pus cells ABSENT  RBCs 4-6/h.p.f MICROSCOPIC EXAMINATION  Cast ABSENT Crystals ABSENT Crystals ABSENT  Crystals ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT  Blood ABSENT Worm ABSENT Pus cells ABSENT  Pus cells ABSENT					
Ketone ABSENT mg/dl 0.2-2.81 BIOCHEMISTRY Bile Salts ABSENT Bile Pigments ABSENT Urobilinogen(1:20 dilution) ABSENT Microscopic Examination:  Epithelial cells 0-1/h.p.f MICROSCOPIC EXAMINATION  Pus cells ABSENT RBCs 4-6/h.p.f MICROSCOPIC EXAMINATION  Cast ABSENT Crystals ABSENT Crystals ABSENT  STOOL, ROUTINE EXAMINATION*, Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic (6.5) Mucus ABSENT Worm ABSENT Pus cells ABSENT  Pus cells ABSENT  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  ABSENT BROWNISH ABSENT ABSENT Blood ABSENT Pus cells  ABSENT  MORA  ABSENT  MORA  ABSENT  MORA  ABSENT  BIOOD  ABSENT  ABSENT  Pus cells					
Bile Pigments Urobilinogen(1:20 dilution) Microscopic Examination:  Epithelial cells  O-1/h.p.f  MICROSCOPIC EXAMINATION  Pus cells  ABSENT  RBCs  ABSENT  RBCs  ABSENT  Crystals  ABSENT  Crystals  ABSENT  Others  ABSENT  STOOL, ROUTINE EXAMINATION*, Stool  Color  Consistency  Reaction (PH)  Acidic (6.5)  Mucus  ABSENT  MICROSCOPIC EXAMINATION  Consistency  SEMI SOLID  Reaction (PH)  Acidic (6.5)  Mucus  ABSENT  Blood  ABSENT  Worm  ABSENT  Pus cells  ABSENT	Ketone	ABSENT	mg/dl		BIOCHEMISTRY
Urobilinogen(1:20 dilution) Microscopic Examination:  Epithelial cells  O-1/h.p.f  MICROSCOPIC EXAMINATION  Pus cells  ABSENT  RBCs  4-6/h.p.f  ABSENT  Crystals  ABSENT  Crystals  ABSENT  Others  ABSENT  STOOL, ROUTINE EXAMINATION*, stool  Color  Consistency  SEMI SOLID  Reaction (PH)  Acidic (6.5)  Mucus  ABSENT  Blood  ABSENT  Worm  ABSENT  Pus cells  ABSENT  MICROSCOPIC  EXAMINATION  MICROSCOPIC  EXAMINATION  ABSENT  ABSENT  Blood  ABSENT  Pus cells  ABSENT	Bile Salts	ABSENT			
Microscopic Examination:  Epithelial cells  O-1/h.p.f  Microscopic Examination  Pus cells  ABSENT  RBCs  4-6/h.p.f  ABSENT  Crystals  ABSENT  Crystals  ABSENT  Others  ABSENT  STOOL, ROUTINE EXAMINATION*, Stool  Color  Consistency  Reaction (PH)  Acidic ( 6.5 )  Mucus  ABSENT  Microscopic  EXAMINATION  SEMI SOLID  Reaction (PH)  Acidic ( 6.5 )  Mucus  ABSENT  Blood  ABSENT  Worm  ABSENT  Pus cells  ABSENT	Bile Pigments	ABSENT			
Epithelial cells  O-1/h.p.f  MICROSCOPIC EXAMINATION  Pus cells  ABSENT  RBCS  4-6/h.p.f  ABSENT  Crystals  ABSENT  Crystals  ABSENT  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  STOOL, ROUTINE EXAMINATION*, Stool  Color  BROWNISH Consistency  SEMI SOLID Reaction (PH)  Acidic ( 6.5 )  Mucus  ABSENT  Blood  ABSENT  Worm  ABSENT  Pus cells	Urobilinogen(1:20 dilution)	ABSENT			
Pus cells  RBCs  4-6/h.p.f  ABSENT  Crystals  ABSENT  Crystals  ABSENT  ABSENT  Others  ABSENT  STOOL, ROUTINE EXAMINATION *, Stool  Color  BROWNISH  Consistency  SEMI SOLID  Reaction (PH)  Acidic ( 6.5 )  Mucus  BROWNISH  Blood  ABSENT  Blood  ABSENT  Worm  ABSENT  Pus cells  ABSENT	Microscopic Examination:				
Pus cells       ABSENT         RBCs       4-6/h.p.f       MICROSCOPIC EXAMINATION         Cast       ABSENT       MICROSCOPIC EXAMINATION         Crystals       ABSENT       MICROSCOPIC EXAMINATION         Others       ABSENT         Color       BROWNISH         Consistency       SEMI SOLID         Reaction (PH)       Acidic (6.5)         Mucus       ABSENT         Blood       ABSENT         Worm       ABSENT         Pus cells       ABSENT	Epithelial cells	0-1/h.p.f			MICROSCOPIC
RBCs 4-6/h.p.f 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					EXAMINATION
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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					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					1.410D.000.DIG
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STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT Blood ABSENT Worm ABSENT Pus cells ABSENT	Others	ADCENIT			EXAMINATION
Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT Blood ABSENT Worm ABSENT Pus cells ABSENT	Others	ADSEMI			
Consistency         SEMI SOLID           Reaction (PH)         Acidic ( 6.5 )           Mucus         ABSENT           Blood         ABSENT           Worm         ABSENT           Pus cells         ABSENT	<b>STOOL, ROUTINE EXAMINATION *</b> , Stool				
Reaction (PH)         Acidic ( 6.5 )           Mucus         ABSENT           Blood         ABSENT           Worm         ABSENT           Pus cells         ABSENT	Color	BROWNISH			
Mucus ABSENT Blood ABSENT Worm ABSENT Pus cells ABSENT	Consistency	SEMI SOLID			
Blood ABSENT Worm ABSENT Pus cells ABSENT	Reaction (PH)	Acidic (6.5)			
Worm ABSENT Pus cells ABSENT	Mucus	ABSENT			
Pus cells ABSENT	Blood	ABSENT			
RBCs ABSENT					
	RBCs	ABSENT			









Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.CHHOTU GUPTA -PKG10000238 Registered On : 11/Sep/2022 13:10:52 Age/Gender : 26 Y 4 M 2 D /M Collected : 11/Sep/2022 15:20:24 UHID/MR NO : CDCL.0000175589 : 11/Sep/2022 16:03:19 Received Visit ID : CDCL0211362223 Reported : 11/Sep/2022 19:02:18

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	
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

trace

#### **Interpretation:**

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(+++++) > 2 gms%



Marienda Gerre

Dr Mahendra Kumar MBBS,MD(PATHOLOGY)









Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.CHHOTU GUPTA -PKG10000238 : 11/Sep/2022 13:10:52 Registered On Age/Gender : 26 Y 4 M 2 D /M Collected : 11/Sep/2022 13:30:34 UHID/MR NO : CDCL.0000175589 Received : 12/Sep/2022 12:22:38 Visit ID : CDCL0211362223 Reported : 12/Sep/2022 13:44:42 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

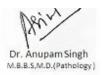
#### **DEPARTMENT OF IMMUNOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	114.52	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.51	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/1	mL First Trimes	ster
		0.5-4.6 μIU/1	mL Second Trir	nester
		0.8-5.2 μIU/1	mL Third Trime	ester
		0.5-8.9 μIU/1	mL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/ı		> 37Week
		0.7-64 μIU/1		( - 20 Yrs.)
			J/mL Child	0-4 Days
		1.7-9.1 μIU/1		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.









# CHANDAN DIAGNOSTIC CENTRE



Add: Kamnath Market, Hospital Road, Lakhimpur

Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.CHHOTU GUPTA -PKG10000238 Registered On : 11/Sep/2022 13:10:53

 Age/Gender
 : 26 Y 4 M 2 D /M
 Collected
 : N/A

 UHID/MR NO
 : CDCL.0000175589
 Received
 : N/A

Visit ID : CDCL0211362223 Reported : 11/Sep/2022 13:45:00

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 \*

X-RAY REPORT

(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.

Adv: clinico-pathological correlation and further evaluation.



Swalling London Misra (MBBS,DMRD)

Dr. Shalini Lohchab Misra (MBBS,DMRD) (Consultant Radiologist)









Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.CHHOTU GUPTA -PKG10000238 Registered On : 11/Sep/2022 13:10:53

 Age/Gender
 : 26 Y 4 M 2 D /M
 Collected
 : N/A

 UHID/MR NO
 : CDCL.0000175589
 Received
 : N/A

Visit ID : CDCL0211362223 Reported : 11/Sep/2022 13:40:47

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

#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

#### LIVER

- The liver is normal in size & slightly alterened in echotexture . No focal lesion is seen.
- The intra hepatic portal channels are normal. The portal vein and inferior vena cava appears normal.

#### GALL BLADDER

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.
- Common bile duct is normal in size, shape and echotexture.

# **PANCREAS**

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

#### RIGHT KIDNEY

• Right kidney is normal in size (95 mm), shape and cortical echotexture. Corticomedullary demarcation maintained .Pelvi-calyceal system, vesico uretric juction & ureter is not dilated.

#### LEFT KIDNEY

• Left kidney is normal in size (96 mm), shape and cortical echotexture. Corticomedullary demarcation maintaned. Pelvi-calyceal system, vesico uretric juction & ureter is not dilated.

#### **SPLEEN**

• The spleen is normal in size (104 mm) and has a normal homogenous echo-texture.

#### URINARY BLADDER

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

#### PROSTATE

• The prostate gland is normal in texture with smooth outline.









Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.CHHOTU GUPTA -PKG10000238 Registered On : 11/Sep/2022 13:10:53

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 : 26 Y 4 M 2 D /M
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 : CDCL.0000175589
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Visit ID : CDCL0211362223 Reported : 11/Sep/2022 13:40:47

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

#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### **FINAL IMPRESSION**

• SLIGHTLY ALTERENED LIVER ECHOTEXTURE .(ADV :- L.F.T. ).

Adv: clinico-pathological correlation and further evaluation.

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG



Shalini

Dr. Shalini Lohchab Misra (MBBS,DMRD) (Consultant Radiologist)

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

Home Sample Collection 1800-419-0002



