

Dental Check-y i not waronled,

saswal Tripali



Piagnostic Services





MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

 Name of the e Mark of Ident Age/Date of I Photo ID Che 	ification : (Mo	ole/Scar/any other (specify	AT TRIPATHY, location)): Gender: FM Card/Driving Licence/Company ID)	Sept. Sept.
PHYSICAL DETA	ILS:		ETHENT ST. COMMUNICATIC STREET	
a. Heightd. Pulse Rate		ight	c. Girth of Abdomen	
		1 st Reading		
KU.		2 nd Reading	And secolar and second in the	
FAMILY HISTOR	Y:			
Relation	Age if Living	Health Status	If deceased, age at the time and cause	

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
n of his/her identity and the finites and	oitsoft <u>sea softs</u> (subavibei sve	by confirm that I have exampled the also

NS

PERSONAL HISTORY

Father Mother

Brother(s) Sister(s)

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. DM If No, please attach details.
- b. Have you undergone/been advised any surgical Umbilied herra ognprocedure?
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital?
- d. Have you lost or gained weight in past 12 months?

Have you ever suffered from any of the following?

- · Psychological Disorders or any kind of disorders of the Nervous System?
- Any disorders of Respiratory system?
- · Any Cardiac or Circulatory Disorders?
- · Enlarged glands or any form of Cancer/Tumour?
- Any Musculoskeletal disorder?

- Any disorder of Gastrointestinal System?
- Unexplained recurrent or persistent fever, and/or weight loss
- · Have you been tested for HIV/HBsAg / HCV before? If yes attach reports
- Are you presently taking medication of any kind?









• Any disorders of Urinary System?	Y/N)	Any disorder of the E Mouth & Skin	eyes, Ears, Nose, Thro	oat or
FOR FEMALE CANDIDATES ONLY NA				
a. Is there any history of diseases of breast/genital organs?	Y/N	d. Do you have any hist abortion or MTP	ory of miscarriage/	Y/N
b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)	Y/N	e. For Parous Women, v during pregnancy suc hypertension etc	were there any compli- th as gestational diabe	
c. Do you suspect any disease of Uterus, Cervix or Ovaries?	Y/N	f. Are you now pregnan	t? If yes, how many r	months? Y/N
CONFIDENTAIL COMMENTS FROM MEDICA	AL EXA	MINER		
➤ Was the examinee co-operative?		L. O. L. Marie H. M.		VAN
➤ Is there anything about the examine's health, life his/her job?	style tha	t might affect him/her in	the near future with re	egard to Y/N
Are there any points on which you suggest further	er inform	nation be obtained?		Y/N
➤ Based on your clinical impression, please provide			dations below:	1/14
	1.edi	ed consult		
➤ Do you think he/she is MEDICALLY FIT or UN	FIT for 6	employment.		
	F	To the continue of the second		
MEDICAL EXAMINER'S DECLARATION				
I hereby confirm that I have examined the above indivabove are true and correct to the best of my knowledge	vidual aft e.	er verification of his/her	identity and the finding	ngs stated
	20,	La constant de la con		
Name & Signature of the Medical Examiner :		American regions		
D	r GEO	RGE THOMAS		
Seal of Medical Examiner :		MD, FCSI, FIAE		

Name & Seal of DDRC SRL Branch

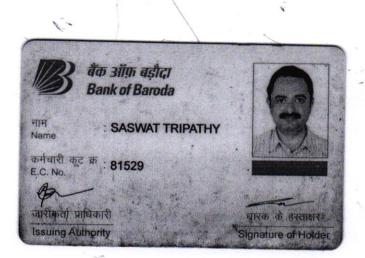
Date & Time

Dr. GEORGE THOMAS MD, FCSI, FIAE MEDICAL EXAMINER Reg: 86614

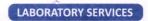
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Page 2

DDRC SRL Diagnostics Limited



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CLIENT CODE: CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESSY THORSE I TANTED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI, SOUTH DELHI, DELHI, SOUTH DELHI 110030 DELHI INDIA 8800465156

DDRC SRL DIAGNOSTICS DDRC SRL Tower, G-131,Panampilly Nagar, PANAMPALLY NAGAR, 682036

KERALA, INDIA Tel: 93334 93334

Email: customercare.ddrc@srl.in

PATIENT NAME: SASWAT TRIPATHY

REFERRING DOCTOR: DR. BOB-MEDIWHEEL

PATIENT ID: SASWM250372412

ACCESSION NO: 4126WC008859 AGE: 51 Years

SEX: Male

ABHA NO:

REPORTED: 25/03/2023 17:17

RECEIVED: 25/03/2023 08:21

CLIENT PATIENT ID:

Test Report Status

Final

Results

Biological Reference Interval Units

MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO

OPTHAL

OPTHAL

TEST COMPLETED

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CIN: U85190MH2006PTC161480







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MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO

BLOOD	UREA	NITROGEN	(BUN), SERUM	

BLOOD	UREA	NITROGEN	
METHOD :	UREASE -	UV	

12

Adult(<60 yrs): 6 to 20

mg/dL

BUN/CREAT RATIO BUN/CREAT RATIO

10.76

CREATININE, SERUM

0.93

18 - 60 yrs: 0.9 - 1.3

mg/dL

CREATININE METHOD : JAFFE KINETIC METHOD

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA

266

High Diabetes Mellitus: > or = 200. Impaired Glucose tolerance/ Prediabetes: 140 - 199.

Hypoglycemia: < 55.

mg/dL

METHOD : HEXOKINASE

LIPID PROFILE, SERUM

230 CHOLESTEROL

Desirable : < 200

Borderline: 200-239 : >or= 240

METHOD : CHOD-POD

TRIGLYCERIDES

258

High Normal

: < 150

mg/dL

mg/dL

: 150-199 Hypertriglyceridemia: 200-499

Very High: > 499

HDL CHOLESTEROL

36

Low General range: 40-60

High

mg/dL

METHOD: DIRECT ENZYME CLEARANCE

NON HDL CHOLESTEROL

164

mg/dL

DIRECT LDL CHOLESTEROL

High Optimum

: < 100 Above Optimum: 100-139

Borderline High: 130-159

: 160-189 High

Very High : >or= 190 High Desirable: Less than 130

Above Desirable: 130 - 159 Borderline High: 160 - 189

High: 190 - 219 Very high: > or = 220

mg/dL

VERY LOW DENSITY LIPOPROTEIN

51.6

194

High Desirable value :

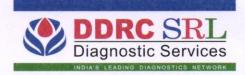
mg/dL

10 - 35

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REFERRING DOCTOR: DR. BOB-MEDIWHEEL			CLIENT PATIENT ID .	
Test Report Status <u>Final</u>	Results			Units
CHOL/HDL RATIO	6.4	High	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	4.6	High	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Ris >6.0 High Risk	sk
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA	WHOLE			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	8.9	High	Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : >6.5%	%
			Glycemic control goal More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%.	
			Glycemic targets in CKD:- If eGFR > 60: < 7%. If eGFR < 60: 7 - 8.5%.	
MEAN PLASMA GLUCOSE LIVER FUNCTION TEST WITH GGT	208.7	High	< 116.0	mg/dL
BILIRUBIN, TOTAL METHOD: DIAZO METHOD	0.49		General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT METHOD: DIAZO METHOD	0.16		General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.34		0.00 - 0.60	mg/dL
TOTAL PROTEIN	8.1		Ambulatory: 6.4 - 8.3 Recumbant: 6 - 7.8	g/dL
ALBUMIN	4.6		20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	3.5		2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.3		1.00 - 2.00	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21		Adults: < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD: IFCC WITHOUT PDP	36		Adults : < 45	U/L
ALKALINE PHOSPHATASE	72		Adult(<60yrs): 40 -130	U/L

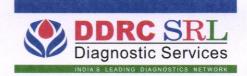




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REFERRING DOCTOR: DR. BOB-MEDIWHEEL

CLIENT PATIENT ID:

Test Report Status <u>Final</u>	Results			Units
METHOD: IFCC	26		Adult (Mala) : < 60	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	36		Adult (Male): < 60	U/L
TOTAL PROTEIN	0.1		Ambulatory: 6.4 - 8.3	g/dL
TOTAL PROTEIN	8.1		Recumbant : 6 - 7.8	g/uL
METHOD : BIURET				
URIC ACID, SERUM				
URIC ACID	6.2		Adults : 3.4-7	mg/dL
METHOD : SPECTROPHOTOMETRY				
ABO CROUP & RH TYPE, EDTA WHOLE BLOOD	TYPE O			
ABO GROUP METHOD: GEL CARD METHOD	TYPE O			
RH TYPE	POSITIVE			
BLOOD COUNTS,EDTA WHOLE BLOOD				
HEMOGLOBIN	13.7		13.0 - 17.0	g/dL
METHOD: NON CYANMETHEMOGLOBIN				
RED BLOOD CELL COUNT	4.58		4.5 - 5.5	mil/µL
METHOD : IMPEDANCE	0.00		4.0 - 10.0	thou/µL
WHITE BLOOD CELL COUNT METHOD: IMPEDANCE	9.09		4.0 - 10.0	tilou/µL
PLATELET COUNT	156		150 - 410	thou/µL
METHOD : IMPEDANCE	100			
RBC AND PLATELET INDICES				
HEMATOCRIT	41.8		40 - 50	%
METHOD : CALCULATED				
MEAN CORPUSCULAR VOL	91.4		83 - 101	fL
METHOD: DERIVED FROM IMPEDANCE MEASURE	20.0		27.0 - 32.0	pg
MEAN CORPUSCULAR HGB. METHOD: CALCULATED	29.9		27.0 32.0	P9
MEAN CORPUSCULAR HEMOGLOBIN	32.8		31.5 - 34.5	g/dL
CONCENTRATION				
METHOD : CALCULATED			12.0 10.0	0/
RED CELL DISTRIBUTION WIDTH	15.6		12.0 - 18.0	%
MENTZER INDEX	20.0		60 100	£ı
MEAN PLATELET VOLUME METHOD: DERIVED FROM IMPEDANCE MEASURE	15.3	High	6.8 - 10.9	fL
WRC DIFFERENTIAL COUNT				

WBC DIFFERENTIAL COUNT



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REFERRING DOCTOR: DR. BOB-MEDIWHEEL

Test Report Status <u>Final</u>	Results			Units
SEGMENTED NEUTROPHILS METHOD: DHSS FLOWCYTOMETRY	56		40 - 80	%
LYMPHOCYTES METHOD: DHSS FLOWCYTOMETRY	36		20 - 40	%
MONOCYTES METHOD: DHSS FLOWCYTOMETRY	6		2 - 10	%
EOSINOPHILS METHOD: DHSS FLOWCYTOMETRY	2		1 - 6	%
BASOPHILS METHOD: IMPEDANCE	0		0 - 2	%
ABSOLUTE NEUTROPHIL COUNT METHOD: CALCULATED	5.09		2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT METHOD: CALCULATED	3.27	High	1 - 3	thou/µL
ABSOLUTE MONOCYTE COUNT METHOD: CALCULATED	0.55		0.20 - 1.00	thou/µL
ABSOLUTE EOSINOPHIL COUNT METHOD: CALCULATED	0.18		0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	0.00		0.00 - 0.10	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (N ERYTHROCYTE SEDIMENTATION RATE (ES BLOOD				
SEDIMENTATION RATE (ESR) METHOD: WESTERGREN METHOD	36	High	0 - 14	mm at 1 hr
SUGAR URINE - POST PRANDIAL				
SUGAR URINE - POST PRANDIAL	DETECTED (+++)		NOT DETECTED	
THYROID PANEL, SERUM	02.04		80 - 200	ng/dL
T3 METHOD: ELECTROCHEMILUMINESCENCE	93.94		00 - 200	lig/dL
T4 METHOD: ELECTROCHEMILUMINESCENCE	9.07		5.1 - 14.1	μg/dl
TSH 3RD GENERATION METHOD: ELECTROCHEMILUMINESCENCE	1.560		50-80 yrs : 0.35 - 4.5	μIU/mL
PHYSICAL EXAMINATION, URINE				
COLOR	PALE YELLOW			
APPEARANCE	CLEAR			
CHEMICAL EXAMINATION, URINE				



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CIN: U85190MH2006PTC161480





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CLIENT PATIENT ID:

Test Report Status <u>Final</u>	Results			Units
PH	5.0		4.8 - 7.4	
SPECIFIC GRAVITY	1.015		1.015 - 1.030	
PROTEIN	NOT DETECTED		NOT DETECTED	
GLUCOSE	NOT DETECTED		NOT DETECTED	
KETONES	NOT DETECTED		NOT DETECTED	
BLOOD	NOT DETECTED		NOT DETECTED	
BILIRUBIN	NOT DETECTED		NOT DETECTED	
UROBILINOGEN	NORMAL		NORMAL	
NITRITE	NOT DETECTED		NOT DETECTED	
LEUKOCYTE ESTERASE	NOT DETECTED		NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE	1101 52120125			
RED BLOOD CELLS	NOT DETECTED		NOT DETECTED	/HPF
WBC	2-3		0-5	/HPF
EPITHELIAL CELLS	1-2		0-5	/HPF
CASTS	NOT DETECTED			
CRYSTALS	NOT DETECTED			
BACTERIA	NOT DETECTED		NOT DETECTED	
YEAST	NOT DETECTED		NOT DETECTED	
SUGAR URINE - FASTING				
SUGAR URINE - FASTING	NOT DETECTED		NOT DETECTED	
PROSTATE SPECIFIC ANTIGEN, SERUM				
PROSTATE SPECIFIC ANTIGEN METHOD: ECLIA	1.190		Age Specific:- <49yrs: <2.5 50-59yrs: <3.5 60-69yrs: <4.5 >70yrs: <6.5	ng/mL
GLUCOSE FASTING, FLUORIDE PLASMA				
GLUCOSE, FASTING, PLASMA	151	High	Diabetes Mellitus: > or = 126. Impaired fasting Glucose/ Prediabetes: 101 - 125. Hypoglycemia: < 55.	mg/dL

METHOD : HEXOKINASE



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MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)2DECHO

ECG WITH REPORT

REPORT

TEST COMPLETED

USG ABDOMEN AND PELVIS

REPORT

TEST COMPLETED

CHEST X-RAY WITH REPORT

REPORT

TEST COMPLETED

2D - ECHO WITH COLOR DOPPLER

REPORT

TEST COMPLETED

End Of Report Please visit www.ddrcsrl.com for related Test Information for this accession

DR.HARI SHANKAR, MBBS MD (Reg No - TCMC:62092) **HEAD - Biochemistry &**

Immunology

DR.VIJAY K N, MBBS MD(PATH) (Reg No - KMC:91816) **HEAD-HAEMATOLOGY &**

CLINICAL PATHOLOGY

DR.SMITHA PAULSON, MD (PATH), DPB (Reg No - TCMC:35960) LAB DIRECTOR & HEAD-HISTOPATHOLOGY & CYTOLOGY



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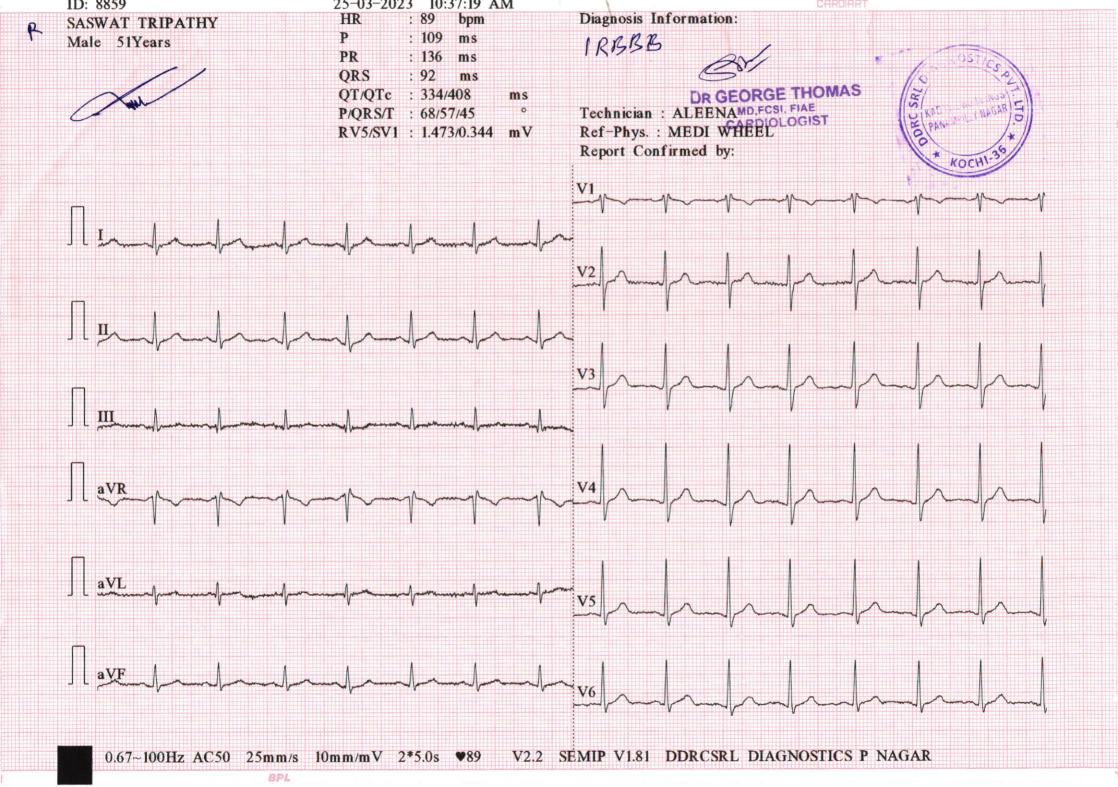


Date. 25:03: 2023

OPHTHALMOLOGY REPORT

	Agedand his / her
Visual Acuity: For far vision	R: 616 Epux 2 616 L: 619
For near vision	R: Mo Philo
Color Vision :	Normal

Nannu Elizabeth
(Optometrist)





NAME: MR SASWAT TRIPATHY	STUDY DATE 25/03/2023
AGE / SEX : 51 YRS / M	REPORTING DATE 25/03/2023
REFERRED BY : MEDIWHEEL	ACC NO: 4126WC008859

X - RAY - CHEST PA VIEW

- ➤ Linear radiodensity is seen overlying the right cardiac border? Artefactual. Adv. Repeat x-ray AP & Lateral view for confirmation and localization.
- > Both the lung fields are clear.
- ➤ B/L hila and mediastinal shadows are normal.
- > Cardiac silhouette appears normal.
- Cardio thoracic ratio is normal.
- > Bilateral CP angles and domes of diaphragm appear normal.

Kindly correlate clinically

Dr. NAVNEET KAUR, MBBS,MD Consultant Radiologist.







Name: Saswat Tripathy 51/M Date: 27/03/2023

Ref: Mediwheel Accession No:4126WC008859

ECHOCARDIOGRAPHY REPORT

Cardiac ultrasound examination was done using Acuson *Juniper* machine with 5P1 transducer. Imaging and Doppler studies including Colour Flow Mapping (CFM) were performed (images and measurements attached) Relevant observations are noted as follows:

- Normal LV size and contractility (EF: 63%)
- > No regional wall motion abnormalities
- > Normal valves
- > No abnormal flow patterns on CFM
- > No intracardiac clots
- > No pericardial effusion

Dr. George Thomas

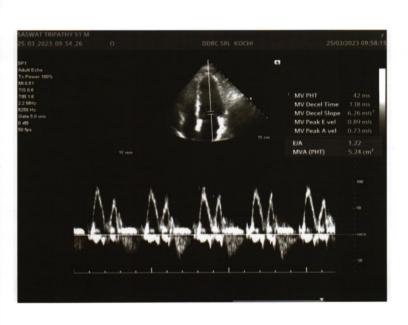
Cardiologist

Fellow, Indian Academy of Echocardiography

Ultrasound reports are not 100% specific and can vary significantly depending on the clinical conditions. The report has to be correlated clinically and is not for medico-legal purposes.

Thanks for the referral. Your feedback is appreciated.

P1 dult Echo x Power 100% 110 95 15 0 4	1	¹ IVSd	12.08 mm
IB 0.7 HI F 3.7 MHz dB		LVIDd LVPWd	42.92 mm 10.42 mm
6 fps	15 cm	² IVSs LVIDs LVPWs	
		EDV ESV EF	82.70 mL 30.41 mL 63.23 % 33.99 %
		SV LV Mass LV Mass-c RWT	52.29 mL 208.96 g 167.77 g 0.49
4.2		· ****	





SASWAT TRIPATHY 51 M 25 03 2023 09 54 26			DDRC SRL	косні		25/03/2023
AV PGmax		4.16 mmHg				
Teichholz (M)						
Label	Method	Value			V4	
		12.08 mm	12.08			
LVPWd						
LVPWs						
		30.41 ml.				
LV Mass		208.96 g				





NAME	MR SASWAT TRIPATHY	AGE	51 YRS
SEX	MALE	DATE	March 25, 2023
REFERRAL	MEDIWHEEL ARCOFEMI	ACC NO	4126WC008859

USG ABDOMEN AND PELVIS

LIVER Measures ~ 15.4 cm. Moderately bright echotexture.

Smooth margins and no obvious focal lesion within. No IHBR dilatation. Portal vein normal in caliber .

GB Partially contracted.

SPLEEN Measures ~ 8.6 cm, normal to visualized extent. Splenic vein normal.

PANCREAS Normal to visualized extent. PD is not dilated.

KIDNEYS RK: 10 x 4.6 cm, appears normal in size and echotexture

LK: 9.4 x 4.2 cm, shows a 7 x 7 mm cortical cyst at lower pole.

Maintained corticomedullary differentiation and normal parenchymal thickness.

No hydroureteronephrosis.

BLADDER Minimally filled.

PROSTATE Is enlarged, measures 25 cc in volume and echopattern.

NODES/FLUID Nil to visualized extent.

BOWEL Visualized bowel loops appear normal.

IMPRESSION # Hepatomegaly with grade II- III fatty liver. Adv: LFT correlation.

 ♣ Left renal cortical cyst (Bosniak type I)

Grade I prostatomegaly.

Kindly correlate clinically.

Dr. NAVNEET KAUR MBBS . MD Consultant Radiologist

Thank you for referral. Your feedback will be appreciated.

NOTE: This report is only a professional opinion based on the real time image finding and not a diagnosis by itself. It has to be correlated and interpreted with

Review scan is advised, If this ultrasound opinion and other clinical findings / reports don't correlate.

CIN: U85190MH2006PTC161480
(Refer to "CONDITIONS OF REPORTING" Overleaf)

KADAVIL BUILDINGS
PANAMPILLY NAGAR
niceland after investigation findings.







