

Fwd: Health Check up Booking Confirmed Request(UBOIES4215),Package Code-PKG10000361, Beneficiary Code-306926

1 message

Rajat Kush <kushrajat520@gmail.com>
To: blossomspecialities@gmail.com

23 March 2024 at 09:48

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

From: **Mediwheel** <wellness@mediwheel.in>
Date: Thu, 21 Mar 2024, 14:29
Subject: Health Check up Booking Confirmed Request(UBOIES4215),Package Code-PKG10000361, Beneficiary Code-306926
To: <kushrajat520@gmail.com>
Cc: <customercare@mediwheel.in>



011-41195959

Dear **RAJAT KUSH**,

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

Hospital Package Name : Mediwheel Full Body Standard Plus
Patient Package Name : MediWheel Full Body Health Checkup Male 35 to 40 For Self and Spouse
Name of Diagnostic/Hospital : Blossoms Hospital
Address of Diagnostic/Hospital : 2, Khandari Quarters, Master Plan Rd, Nasirabad Colony, Khandari, Agra, Uttar Pradesh 282002
City : Agra
State :
Pincode : 282002
Appointment Date : 23-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 09:30 am - 10:00 am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
RAJAT KUSH	41 year	Male
Alka Kush	38 year	Female

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 Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- 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.
- 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

Please Download Mediwheel App



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भारत सरकार
Government of India

अलका कुश
Alka Kush
जन्म तिथि / DOB : 01/12/1985
महिला / Female

Issue Date: 17/10/2014

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

3735 2203 4371

मेरा आधार, मेरी पहचान

Alka Kush
BLOSSOMS HOSPITAL
2, Khandari Quarters
Mashar Plan Road
Agra-202002

1947

www.uidai.gov.in

3735 2203 4371

Print Date: 06/02/2023

पता: राज कुश, 214 पश्चिम, शास्त्रपुरा
राज कुश, 214 पश्चिम, शास्त्रपुरा
पश्चिम, शास्त्रपुरा, अग्रा, उत्तर प्रदेश, 282007
पता: W/O Rajal Kush, 214
Pashchimput, Shastripuram Road Sikandra
Agra, Kargil Petrol Pump, Sikandra, Agra,
Agra, Uttar Pradesh, 282007

भारतीय विश्व सेवा विश्वविद्यालय
Unique Identification Authority of India



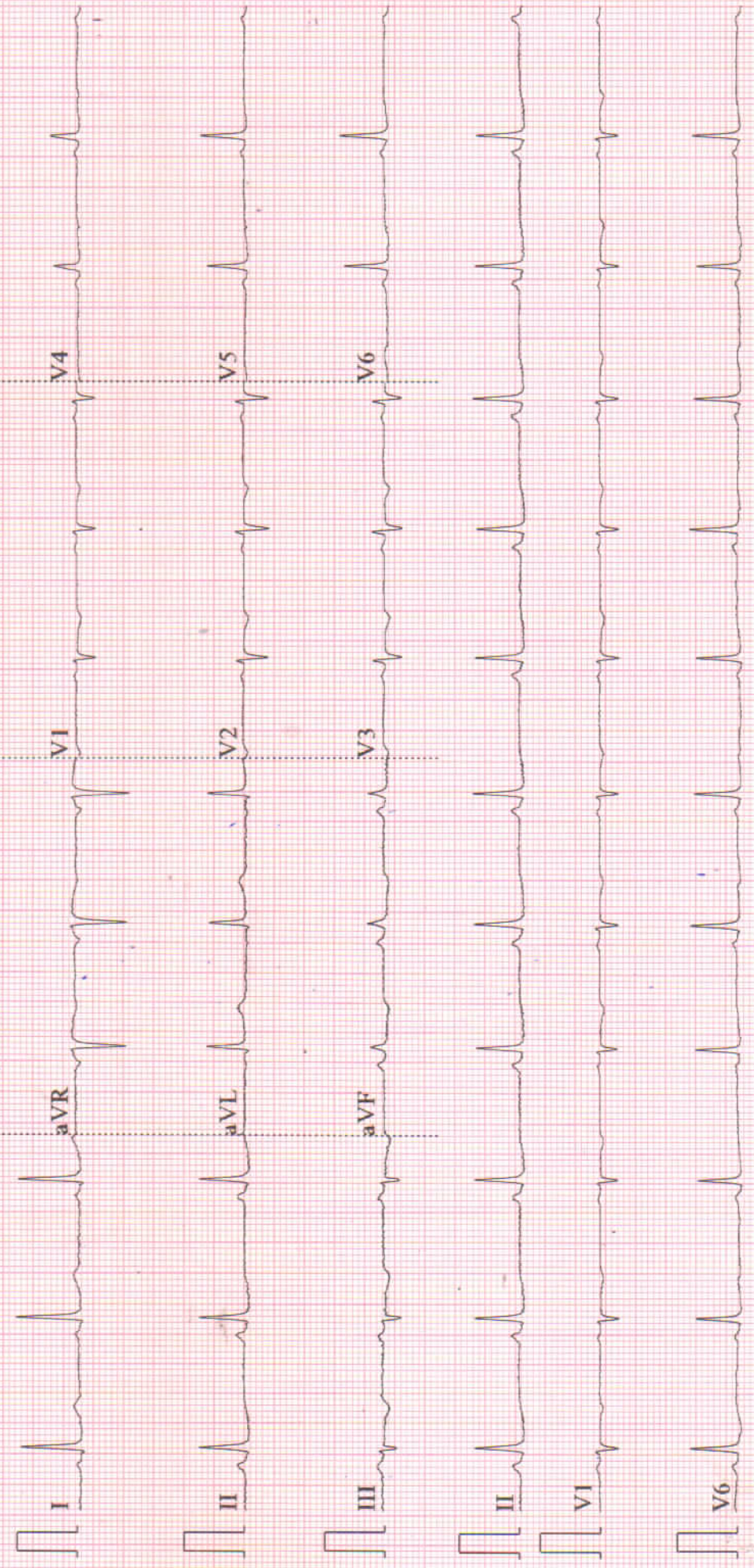
ID: 14
alka kush
Female 38Years

HR
P
PR
QRS
QT/QTc
P/QRS/T
RV5/SV1

: 68 bpm
: 90 ms
: 127 ms
: 81 ms
: 377/403 ms
: 65/18/-32 °
: 0.702/0.302 mV

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V4)
Flattened T Wave(V4,V5,V6)
Low Voltage(Chest Leads)

Report Confirmed by:





AP

01431 ALKA KUSH 38Y/F 23/03/2024 CHEST AP DR SACHIN MALHOTRA
RI OSSOMS HOSPITAL AGRA



Booking Time: 17:42:33
Sample Drawn: 23/03/2024 17:44:24
Sample Received: 23/03/2024 17:44:26
Print Date & Time: 23/03/2024 18:41:14

Date: 23/03/2024 Patient ID: 1023101529

Refd by Lab:

Age : 38 Yrs

Sex: Female

Name : MRS. ALKA KUSH

Ref. By: BLOSSOM'S SUPER SPECIALITIES HOSPITAL

Sample Type: SERUM, EDTA, Flouride 2 hr, Flouride Fasting

Investigation: ALKALINE PHOSPHATASE, BLOOD UREA, C.B.C, E.S.R., FT3, FT4 & TSH, Gamma GT, HbA1C, LIPID PROFILE, SERUM BILIRUBIN, SERUM CREATININE, SERUM PROTEIN, SERUM URIC ACID, SUGAR (FP), SUGAR FASTING, T, PROTEIN A/G RATIO

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN (Hb)
Method: Non Cyanide.

13.6

gm/dl

12.0 - 15.0



TLC (Total Leucocyte Count)
Method: DC Detection

9700

/cu mm

4000 - 10000



DIFFERENTIAL LEUCOCYTE COUNT
Method: Method: Flowcytometry / Microscopy



NEUTROPHILS
Method: Flow cytometry / Microscopy

65

%

45 - 70

LYMPHOCYTES
Method: Flow cytometry / Microscopy

31

%

20 - 45

MONOCYTES
Method: Flow cytometry / Microscopy

02

%

00 - 10

EOSINOPHILS
Method: Flow cytometry / Microscopy

02

%

01 - 06



R B C (Red Blood Cell Count)
Method: DC Detection

4.33

Millions/cm m

3.80 - 4.80



PCV / Hct (Hematocrit)
Method: Electrical Impedance

39.8

%

36.0 - 46.0



M C V (Mean Corp Volume)
Method: Calculated.

92.1

Femtoliter

82.0 - 101.0



M C H (Mean Corp Hb)
Method: Calculated

28.3

Picogram

27.0 - 32.0



M C H C (Mean Corp Hb Conc)
Method: Calculated.

32.5

gm/dl

31.5 - 34.5





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Refd by Lab:







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Sex: Female

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Test Name	Value	Unit	Biological Ref Interval
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PLATELET COUNT Method: DC Detection & Microscopy	310	X10 ³ /μL	150 - 450	
ABSOLUTE NEUTROPHIL COUNT Method: Calculated	6.30	X10 ³ /μL	2.00 - 7.00	
ABSOLUTE LYMPHOCYTE COUNT Method: Calculated	3.01	X10 ³ /μL	1.00 - 3.00	
ABSOLUTE MONOCYTE COUNT Method: Calculated	0.19	X10 ³ /μL	0.20 - 1.00	
ABSOLUTE EOSINOPHIL COUNT Method: Microscopy	0.19	X10 ³ /μL	0.04 - 0.44	
E.S.R. (Westergren) Method: Sedimentation	16	mm 1st hr.	00 - 20	
GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
GLYCOSYLATED HAEMOGLOBIN (HbA1c)	5.70	%	Non Diabetic : <6.00 Good Control : 6.00 - 7.00 Fair Control : 7.00 - 8.00 Poor Control : >8.00	
ESTIMATED AVERAGE GLUCOSE (eAG)	116.89	mg/dl	65.00 - 135.00	

REMARKS :

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycaemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 8-12 weeks) and therefore provides much more reliable information for glycaemia monitoring than determination of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 3-6 months during diabetes





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Age : 38 Yrs

Sex: Female

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Test Name	Value	Unit	Biological Ref Interval
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mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Estimated average glucose (eAG) - There is a predictable relationship between HbA1c and eAG. It helps people with diabetes to correlate their A1c to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation converts the A1c percentage to the same units used by glucometers mg/dl. The following table shows the relationship of eAG and A1c.

HbA1c	eAG (mg/dl)
5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298

BIOCHEMISTRY

BLOOD SUGAR FASTING
Method: Hexokinase

92.00

mg/dl

70.00 - 100.00



Glucose Fasting: <100.0
Impaired Glu. Tolerance: 101.0-125.0
Diabeties : >125.0

BLOOD GLUCOSE (PP)
Method: Hexokinase

131.00

mg/dl

110.00 - 140.00



Normal: 110.00-140.0
Impaired Glu. Tolerance: 140.0-199.0
Diabetes Mellitus : >200.0

BLOOD UREA
Method: Urease

19.60

mg/dl

17.00 - 43.00



SERUM CREATININE
Method: Jaffe's reaction.

0.67

mg/dl

0.00 - 0.90





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Test Name	Value	Unit	Biological Ref Interval
SERUM URIC ACID Method: Uricase-Peroxidase	5.66	mg/dl	2.30 - 6.10
SERUM BILIRUBIN (TOTAL) Method: Colorimetric-Diazo	0.38	mg/dl	0.00 - 1.10
CONJUGATED (Direct) Method: Colorimetric-Diazo	0.21	mg/dl	0.00 - 0.30
UNCONJUGATED (Indirect) Method: Calculated	0.17	mg/dl	0.10 - 1.00
S. ALKALINE PHOSPHATASE Method: Colorimetric Assay	87.30	U/L	37.00 - 103.00
Gamma GT Method: Enzymatic colorimetric assay	24.20	U/L	0.00 - 36.00
TOTAL PROTEIN Method: Biuret	7.22	gm/dl	6.40 - 8.30

Full Term
Age of New Born
24 hrs : 2 - 6 mg/dl
48 hrs : 6 - 7 mg/dl
3-5 Days: 4 - 12 mg/dl
Premature
Age of New Born
24 hrs: 1- 6 mg/dl
48 hrs: 6 - 8 mg/dl
3-5 Days: 10 - 15 mg/dl

Male (Adult): 25.0 - 140.0
Female (Adult): 37.0 - 103.0
Child(10 -17) : 350.0 - 500.0
2-10 Yrs : 100.0 - 350.0
New Born: 1-4 Times the Adult Values





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SERUM PROTEIN,SERUM URIC ACID,SUGAR (PP),SUGAR FASTING,T.PROTEIN A/G RATIO

Test Name	Value	Unit	Biological Ref Interval	
ALBUMIN Method: BCG	3.98	gm/dl	3.47 - 4.94	
GLOBULIN Method: Calculated	3.24	gm/dl	1.50 - 6.80	
A/G RATIO Method: Calculated	1.23	gm/dl	1.00 - 2.30	
SERUM PROTEIN Method: Biuret	7.22	gm %	6.40 - 8.30	
LIPID PROFILE				
CHOLESTEROL Method: CHOD-POD	196.20	mg/dl	82.00 - 200.00	
			Optimal : < 200.00 Border line High Risk: 200.0 - 239.0 High Risk: >240.0	
TRIGLYCERIDES Method: GPO PAP	124.30	mg/dl	0.00 - 150.00	
			Optimal: < 150.0 Borderline High Risk:150.0 - 199.0 High Risk :200.0 - 499.0 Very High Risk :>500.0	
HDL CHOLESTEROL Method: CHOD-POD	56.20	mg/dl	42.00 - 88.00	
LDL CHOLESTEROL Method: CHOD-POD	97.20	mg/dl	0.00 - 129.00	





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Test Name	Value	Unit	Biological Ref Interval
VLDL CHOLESTEROL Method: Calculated	25.60	mg/dl	25.00 - 40.00
CHOLESTEROL / HDL RATIO Method: Calculated	3.49	mg/dl	0.00 - 4.90
LDL / HDL RATIO Method: Calculated	1.73	mg/dl	0.00 - 3.50
NON-HDL CHOLESTEROL Method: Calculated	140.00	mg/dl	<130.0
ENDOCRINOLOGY			
FREE TRIIODOTHYRONINE (FT3)	5.21	pmol/l	3.10 - 6.80
FREE THYROXINE (FT4)	1.36	ng/dl	0.89 - 1.76
THYROID STIMULATING HORMONE (TSH)	4.31	uIU/mL	0.27 - 5.50
			Adults > 20 Yrs : 0.270 - 5.500 Children 1-3 Days : 5.17 - 14.6 4 - 30 Days : 0.43 - 16.1 2 - 12 Months : 0.62 - 8.05 2 - 6 Yrs : 0.54 - 4.53 7 - 11Yrs : 0.66 - 4.14





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Test Name	Value	Unit	Biological Ref Interval
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12 - 19 Yrs : 0.53 - 3.59

The new recommendations for TSH levels during pregnancy are the following:

First trimester: less than 2.5 with a range of 0.1-2.5.

Second trimester: 0.2-3.0

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4 am and at a minimum 6-10 pm
The variation is of the order of 50%, hence time of the day has influence on the measured TSH concentrations.

**** End Of Report ****



Booking Time 16:50:00
Sample Drawn: 23/03/2024 16:53:31
Sample Received: 23/03/2024 16:53:33
Print Date & Time: 23/03/2024 17:16:47



Date: 23/03/2024 Patient ID: 1023101508

Refd by Lab: OUT SIDE SAMPLE

Name : MRS. ALKA KUSH

Age : 38 Yrs

Sex: Female

Ref. By: DR. SACHIN MALHOTRA

Sample Type: EDTA

Investigation : BLOOD GROUP (ABO Rh), COLLECTION

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

BLOOD GROUP (ABO)

'A'

RH TYPING

POSITIVE

The upper agglutination test for grouping has some limitations. It is not a confirmatory method. Before tranfusion of blood, blood group must be checked & confirmed by Blood Bank. For further confirmation Reverse typing card (Dia clon ABO/D) method is suggested.

**** End Of Report ****

