



Chandan healthcare <chandanhealthcare26@gmail.com>

Re: Health Check up Booking Confirmed Request(bobE33013),Package Code-PKG10000239, Beneficiary Code-19327

1 message

anurag sri <anurag.idc@gmail.com>

Fri, Mar 17, 2023 at 5:56 PM

To: Mediwheel <wellness@mediwheel.in>, Chandan healthcare <chandanhealthcare26@gmail.com>

Cc: customercare@mediwheel.in

Confirmed

pack code 2613

On Fri, Mar 17, 2023 at 4:04 PM Mediwheel <wellness@mediwheel.in> wrote:

**Mediwheel**
...Your wellness partner**011-41195959**

Email:wellness@mediwheel.in

Hi **Chandan Healthcare Limited,**

Diagnostic/Hospital Location :B1/2 Sec-J, Aliganj, Lucknow, City:Lucknow

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000239**Beneficiary Name :** MS. RAO RACHANA**Member Age :** 29**Member Gender :** Female**Member Relation :** Employee**Package Name :** Full Body Health Checkup Female Below 40**Location :** LUCKNOW,Uttar Pradesh-226013**Contact Details :** 9565044905**Booking Date :** 12-03-2023**Appointment Date :** 19-03-2023**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:

1. 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.



भारत सरकार
Government of India



रचना राव
Rachana Rao
जन्म तिथि / DOB : 07/07/1991
महिला / Female



6957 1394 1193

आधार - आम आदमी का अधिकार





CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj
Ph: 9235432681,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RACHANA RAO	Registered On	: 19/Mar/2023 10:21:04
Age/Gender	: 41 Y 8 M 11 D /F	Collected	: 19/Mar/2023 10:25:48
UHID/MR NO	: CALI.0000041982	Received	: 19/Mar/2023 11:49:42
Visit ID	: CALI0172292223	Reported	: 19/Mar/2023 15:58:26
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
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Blood Group (ABO & Rh typing) **, Blood

Blood Group	A
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin	12.50	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
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TLC (WBC)	7,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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DLC

Polymorphs (Neutrophils)	61.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	33.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

ESR

Observed	18.00	Mm for 1st hr.	
Corrected	10.00	Mm for 1st hr.	< 20
PCV (HCT)	38.00	%	40-54

Platelet count

Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	62.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	4.17	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
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SIN No:53627350





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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	91.20	fl	80-100	CALCULATED PARAMETER
MCH	30.00	pg	28-35	CALCULATED PARAMETER
MCHC	32.80	%	30-38	CALCULATED PARAMETER
RDW-CV	14.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,331.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	142.00	/cu mm	40-440	



Slahoti.

Dr. Surbhi Lahoti (M.D. Pathology)



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UHID/MR NO	: CALI.0000041982	Received	: 19/Mar/2023 12:00:39
Visit ID	: CALI0172292223	Reported	: 19/Mar/2023 13:16:11
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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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GLUCOSE FASTING **, Plasma

Glucose Fasting	95.30	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	105	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 management.

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



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Home Sample Collection
1800-419-0002



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*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
**Some danger of hypoglycemic reaction in Type I diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

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 c. Alcohol toxicity d. Lead toxicity
- *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.

BUN (Blood Urea Nitrogen) ** Sample:Serum	8.12	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.82	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid ** Sample:Serum	3.38	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST)	16.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	32.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.32	gm/dl	6.2-8.0	BIRUET
Albumin	3.99	gm/dl	3.8-5.4	B.C.G.
Globulin	2.33	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.71		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	71.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.72	mg/dl	0.3-1.2	JENDRASSIK & GROF



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Bilirubin (Direct)	0.25	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.47	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	160.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	47.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	74	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	38.80	mg/dl	10-33	CALCULATED
Triglycerides	194.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. Anupam Singh (MBBS MD Pathology)



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UHID/MR NO	: CALI.0000041982	Received	: 19/Mar/2023 11:43:09
Visit ID	: CALI0172292223	Reported	: 19/Mar/2023 12:46:28
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. Interval	Method
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THYROID PROFILE - TOTAL **, Serum

T3, Total (tri-iodothyronine)	114.41	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.78	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 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.



*** End Of Report ***

(**) Test Performed at Chandan Speciality L

ASIN

Dr. Anupam Singh (MBBS MD Pathology)
NATION, ROUTINE, STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUG,
RAY DIGITAL CHEST PA, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

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 *
365 Days Open *Facilities Available at Select Location



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Mar. 2018