

Health Check up Booking Confirmed Request(UBOIE4555),Package Code-PKG10000361, Beneficiary Code-308982

1 message

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

Wed, Mar 20, 2024 at 11:32 PM



011-41195959

Dear **ASHISH KUMAR SAMARIYA**,

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

Name of Diagnostic/Hospital : MSM Hospital

Address of Diagnostic/Hospital- : Talwandi Rd, Rama Krishna Puram, Kota, Rajasthan 324010

City : Kota

State :

Pincode : 324010

Appointment Date : 22-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
ASHISH KUMAR SAMARIYA	35 year	Male

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



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0604/05662/00042

Download Date: 16/07/2021

To
आशीष कुमार सामरिया
Ashish Kumar Samariya
C/O: Trilok Samariya
4 D 5
rangbari yojana
Anandpura @ Phoota Talab
P.i.p. Kota
Kota Rajasthan - 324005
9887832960

Issue Date: 13/07/2021

Signature valid



आपका आधार क्रमांक / Your Aadhaar No. :

9485 9963 8235

VID : 9126 2437 4993 7726

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Download Date: 16/07/2021



आशीष कुमार सामरिया
Ashish Kumar Samariya
जन्म तिथि/DOB: 15/08/1988
पुरुष/ MALE

Issue Date: 13/07/2021

9485 9963 8235

VID : 9126 2437 4993 7726

मेरा आधार, मेरी पहचान



Government of India



AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
श्री: त्रिलोक सामरिया, 4 डी 5, रंगबारी योजना,
आनंदपुर @ फूटा तालाब, कोटा,
राजस्थान - 324005

Address:
C/O: Trilok Samariya, 4 D 5, rangbari yojana,
Anandpura @ Phoota Talab, Kota,
Rajasthan - 324005



9485 9963 8235

VID : 9126 2437 4993 7726



1047



help@uidai.gov.in



www.uidai.gov.in

Handwritten signature

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - KOTA
UBI VIJAYNAGAR BRANCH 1ST
FLOOR, PRINCE PLAZA, NEAR
ALKARIM RESTAURANT, KOTA- 0

To,

The Chief Medical Officer
M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofermi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 35-40 Male

Shri/Smt./Kum. ASHISH KUMAR SAMARIYA,,

P.F. No. 695396 Designation : Manager (Branch Head)

Checkup for Financial Year 2023-2024 Approved Charges Rs. 2200.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned



R 20, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375945769

Name: Ashish Kumar

ID: 000000000002

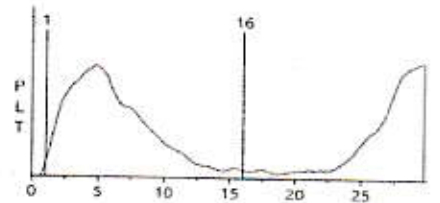
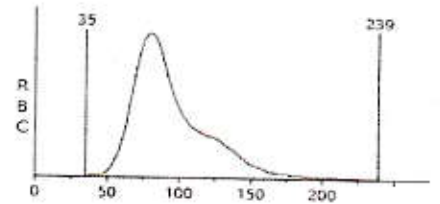
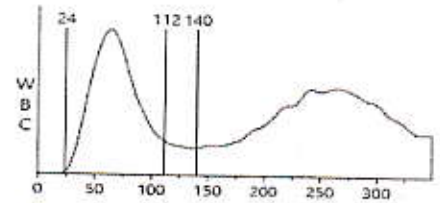
Age: 34Year

Sex: Male

Test Time: 2024-03-22 10:08:00 AM

Print Time: 2024-03-22 03:23:12 PM

Item	Result	Unit	Range	Hit
WBC (WBC)	8.2	10 ³ /uL	4.0~11.0	
LYM% (LYM%)	34.4	%	20.0~40.0	
MID% (MID%)	4.1	%	3.0~10.0	
GRAN% (GRAN%)	61.5	%	50.0~70.0	
LYM# (LYM#)	2.80	10 ³ /uL	0.80~4.00	
MID# (MID#)	0.30	10 ³ /uL	0.12~1.20	
GRAN# (GRAN#)	5.10	10 ³ /uL	2.00~7.00	
RBC (RBC)	5.56	10 ⁶ /uL	3.50~5.80	
HGB (HGB)	13.7	g/dL	13.0~18.0	
HCT (HCT)	49.8	%	36.0~51.0	
MCV (MCV)	89.6	fL	82.0~100.0	
MCH (MCH)	24.6	pg	27.0~34.0	L
MCHC (MCHC)	27.5	g/dL	32.0~36.0	L
RDW_SD (RDW_SD)	50.4	fL	37.0~54.0	
RDW_CV (RDW_CV)	15.4	%	11.5~14.5	H
PLT (PLT)	198	10 ³ /uL	150~450	
MPV (MPV)	9.4	fL	7.4~10.4	
PDW (PDW)	13.9	fL	10.0~17.0	
PCT (PCT)	0.18	%	0.10~0.28	
P_LCR (P_LCR)	30.00	%	13.00~43.00	
P_LCC (P_LCC)	59	10 ³ /uL	13~129	



Sender:

Patho./Technologist

Lab No. : 220324-002
Patient's Name : MR. ASHISH KUMAR JI
Referred By : C/O MSM HOSPITAL KOTA
Consultant Dr. : SELF

Date : 22-Mar-2024
Age/Sex : 35 Y/M

LABORATORY INVESTIGATION REPORT

URINE EXAMINATION

Test	Patient's Value	Reference Value
<u>PHYSICAL EXAMINATION</u>		
Quantity	15 ml	
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	Clear
Deposits	Absent	Absent
Specific Gravity	Q.N.S.	
<u>CHEMICAL EXAMINATION</u>		
Reaction	Acidic	Acidic
Sugar	Nil	Nil.
Albumin	Nil	Nil.
<u>MICROSCOPIC EXAMINATION</u>		
Epithelial Cells	0-1/hpf	
Pus Cells	1-2/hpf	3-5/hpf
Red Blood Cells	Nil	Nil.
Crystals	Nil	Nil.
Amorphous Material	Absent	Absent
Casts	Absent	Absent
Bacteria	Absent	Absent

Remarks:-

Urine sugar test done by Benedict's qualitative method.

Test give positive result when Glucose, Galactose, Lactose, Fructose, Maltose, Pentose present in urine.

Test give False positive result when Ascorbic acid, Homogentisic acid, Many antibiotics (Anti-tubercular drugs) Phenothiazines, Salicylates, Levodopa present in urine.

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LABORATORY INVESTIGATION REPORT

LIPID PROFILE

Test	Patient's Value	Reference Value
LIPID PROFILE		
S. CHOLESTROL CHOD-PAP	161.2 mg\dl	130- 250 mg\dl
S. HDL CHOLESTROL	43.0 mg\dl	30-65 mg\dl
S. TRIGLYCERIDE	128.3 mg\dl	40-180 mg\dl
S. LDL CHOLESTROL	92.54 mg/dl	Upto 180 mg/dl
S. VLDL CHOLESTROL	25.66 mg/dl	15 - 45 mg%
CHOL / HDL RATIO	3.75 Ratio	Desirable level:<4.3 Borderline level: 4.4 - 11 High level > 11
LDL / HDL RATIO	2.15 Ratio	Desirable level:<3.0 Borderline level: 3.0-6.0 High level >6.0

CHOLESTEROL is a fat soluble steroid found in the animal fats and oils. It is distributed in the Blood, Brain, Liver, Kidney and the nerve fibers myelin sheaths. It is an essential component of the cell membrane development and production of Bile Acid, Adrenal Steroids and Sex hormones. Cholesterol Test detects disorders of blood lipids and indicate potential risk for atherosclerotic coronary artery disease.

HDL CHOLESTEROL is a class of lipoproteins produced by liver and intestines. HDL comprised of phospholipids and one or two apolipoproteins. It plays a role in the metabolism of the other lipoproteins and in cholesterol transport from peripheral tissues to the liver. Decreased HDL level are atherogenic. Elevated HDL level protect against arteriosclerosis by removing cholesterol from vessel walls and transporting it to the liver where it is removed from the body. HDL Cholesterol test assesses Coronary Artery Disease Risk and monitor persons with low HDL levels.

LDL & VLDL , The LDL Cholesterol are the cholesterol rich remanants of the VLDL lipid transport vehicle. LDL mainly catabolized in the liver and also in nonhepatic cells. The VLDL are major carriers of triglycerides. This test done to determine Coronary Heart Disease Risk. The LDLs are closely associated with increased incidence of atherosclerosis and CHD.

TRIGLYCERIDES account for more than 90% of dietary intake and comprise 95 % of fat stored in tissue. It is insoluble in water are the main plasma glycerol ester. This test evaluates suspected atherosclerosis and measures the body's ability to metabolize fat. Elevated triglycerides together with elevated cholesterol are atherosclerotic disease risk factors.

Patho/Technologist

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LABORATORY INVESTIGATION REPORT

FASTING/POST PRANDIAL BLOOD GLUCOSE

Test	Patient's Value	Reference Value
Fasting Blood Glucose	90.2 mg/dl	60-110 mg/dl
Post Prandial Blood Glucose	111.2 mg/dl	70-140mg/dl

Blood Sugar:- Glucose estimation provides valuable information about the course, severity and therapeutic control of diabetes mellitus. Fasting glucose levels exceeding 110 mg/dl and 2 hrs Post prandial glucose levels exceeding 160mg/dl indicate a strong possibility of Diabetes mellitus. if in an oral glucose tolerance test, the plasma glucose level of 2 hrs. sample exceeds 160 mg/dl, the diagnosis of Diabetes mellitus is established. in impaired tolerance the 2 hrs. plasma glucose lies between 160mg/dl

increased concentration:- Hyperglycemia may occur in Diabetes mellitus, in patients receiving intravenous fluids containing glucose and during severe stress and cerebrovascular accident.

Decreased Concentration:- Hypoglycemia may be the result of an insulinoma, insulin administration, inborn errors of carbohydrate metabolism of fasting.

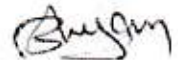
Patho/Technologist

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Date : 22-Mar-2024
Age/Sex : 35 Y /M

LABORATORY INVESTIGATION REPORTS

Test	Patient's Value	Reference Value
HAEMATOLOGY		
Blood Group	"B"	
Rh (D) Factor	Positive	
E.S.R (WINTROBES METHOD)	23 mm 1st hour	0 - 9 mm 1st hour
BIOCHEMISTRY		
UREA	25.4 mg\dl	15-45 mg\dl
CREATININE	1.2 mg\dl	0.5-1.4 mg\dl



Patho/Technologist

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Date : 22-Mar-2024
Age/Sex : 35 Y/M

LABORATORY INVESTIGATION REPORT

LIVER FUNCTION TEST

Test	Patient's Value	Reference Value
TOTAL SERUM BILIRUBIN	0.6 mg\dl	0 - 1.8 mg\dl
DIRECT SERUM BILIRUBIN	0.2 mg\dl	< 0.3 mg\dl
INDIRECT S. BILIRUBIN	0.40 mg\dl	< 0.8 mg\dl
S.G.O.T	43.3 IU/L	UP to 45 IU/L
S.G.P.T ENZYMATIC	25.8 IU/L	UP to 40 IU/L
ALKALINE PHOSPHATASE PNPP (AMP)	103.2 IU/L	42 - 141 IU/L
TOTAL PROTEIN	5.9 g/dl	6.0 to 8.5 g/dl
ALBUMIN	3.8 g/dl	3.4 to 5.6 g/dl
GLOBULIN	2.1 g/dl	1.9 to 3.5 g/dl
A:G RATIO	1.81	1.2 TO 2.3

Alkaline Phosphatase:- Serum ALP measurement of particular interest in the Hepatobiliary disease and in bone diseases. The main site of synthesis of this enzyme is hepatocytes adjacent to biliary canaliculi and active osteoblast. However, it is known that response of the liver to any form of Biliary tree obstruction is to synthesise more ALP.

Increased activity:- Serum ALP is increased in disease of bone including Metastasis, Rickets, Pagets disease and in healing fractures, Intrahepatic or extrahepatic obstructions in liver Elevated levels are seen in growing children due to new bone formation (Osteoblastic activity). Increased in ALP activity may often be the first indication of Hepatotoxic action of therapeutic drugs. Marked elevation in the absence of Jaundice but in the presence of primary source may be indicative of metastasis.

Decreased activity:- Low levels of ALP are found in a rare Congenital defect, Hypophosphatasemia and in pernicious Anaemia.

Protein:- Total protein is useful for monitoring gross changes in protein levels caused by various disease states. It is usually performed in conjugation with other tests such as serum albumin, liver function test or protein electrophoresis. An albumin/globulin ratio is often calculated to obtain additional information.

INCREASES:- in dehydration, multiple myeloma and chronic liver diseases.

DECREASES:- in renal diseases and terminal liver failure.

Patho/Technologist