

ABHI Medical Examiners Report 4 page PPMC.pdf

77K

MediWheel Full Body Standard Plus

388K

Test Name

For the most Comprehensive Check of all Pathology for complete understanding of your body.

CBC with ESR, Urine analysis Blood Group, BMI

Blood Sugar Fasting, Blood Sugar PP, Hba1c

TSH, T3, T4

Triglycerides, Cholesterol Total, HDL, LDL, VLDL, LDL/HDL Ratio, Cholesterol Total / HDL Ratio

Uric Acid, BUN, Creatinine, BUN/Creatinine Ratio, Total Protein

Bilirubin Total & Direct and Indirect, Alkaline Phosphatase, , Albumin, Globulin, A:G Ratio, Serum Protein, GGT, AST/ALT Ratio

ECG,

X Ray Chest

General, Eye,

Yes

48 Hours

~~Ramesh~~

RAMESH

NAME : RAMESH
AGE/SEX : 44/M
DATE : 20.09.2024

Height	Weight	BP	BMI
168 cm	102 kg	130/80 mmHg	36.1
HABITS	SMOKING : NO ALCOHOL : NO DRUGS ; NO		

Family History: -

- Asthma : NO
- Diabetes : NO
- TB : NO
- Cancer : NO
- Heart Disease : NO
- HTN : NO
- BP : NO
- Thyroid : NO

Personal History:

- Pleurisy : NO
- Rheumatic : NO
- Acquired deformity : NO
- Operated for : NO
- Accidents : NO
- Psychosomatic history : NO
- Diabetes : NO
- Thyroid : NO
- BP : NO
- TB : NO
- Asthma : NO
-

Eye / Vision	DISTANCE VISION		NEAR VISION		COLOUR VISION	GLASSES
	RT Eye	LT Eye	RT Eye	LT Eye		
	6/6	6/6	N/6	N/6		

Signature of Medical Examiner: Charu Kohli

DR. CHARU KOHLI
CONSULTANT MBBS
DMC-8388

ID : 2409200000
 Name : ~~ANISH~~ **CHANDER**
 Sex : ~~M~~ **F**
 Divisions : **4411 RATESH CHANDER**

DateTime : 2024-09-20 09:39
 Age :
 BP :
 Bed No. :
 mmHg

Hospital :
 Height :
 Weight :
 Hospital No. :
 cm
 kg

HR 82 bpm
 P Dur/PR int 114/159ms
 QRS Dur 96 ms
 QT/QTc int 353/411 ms
 P/QRS/T axis 37/-1/24 °

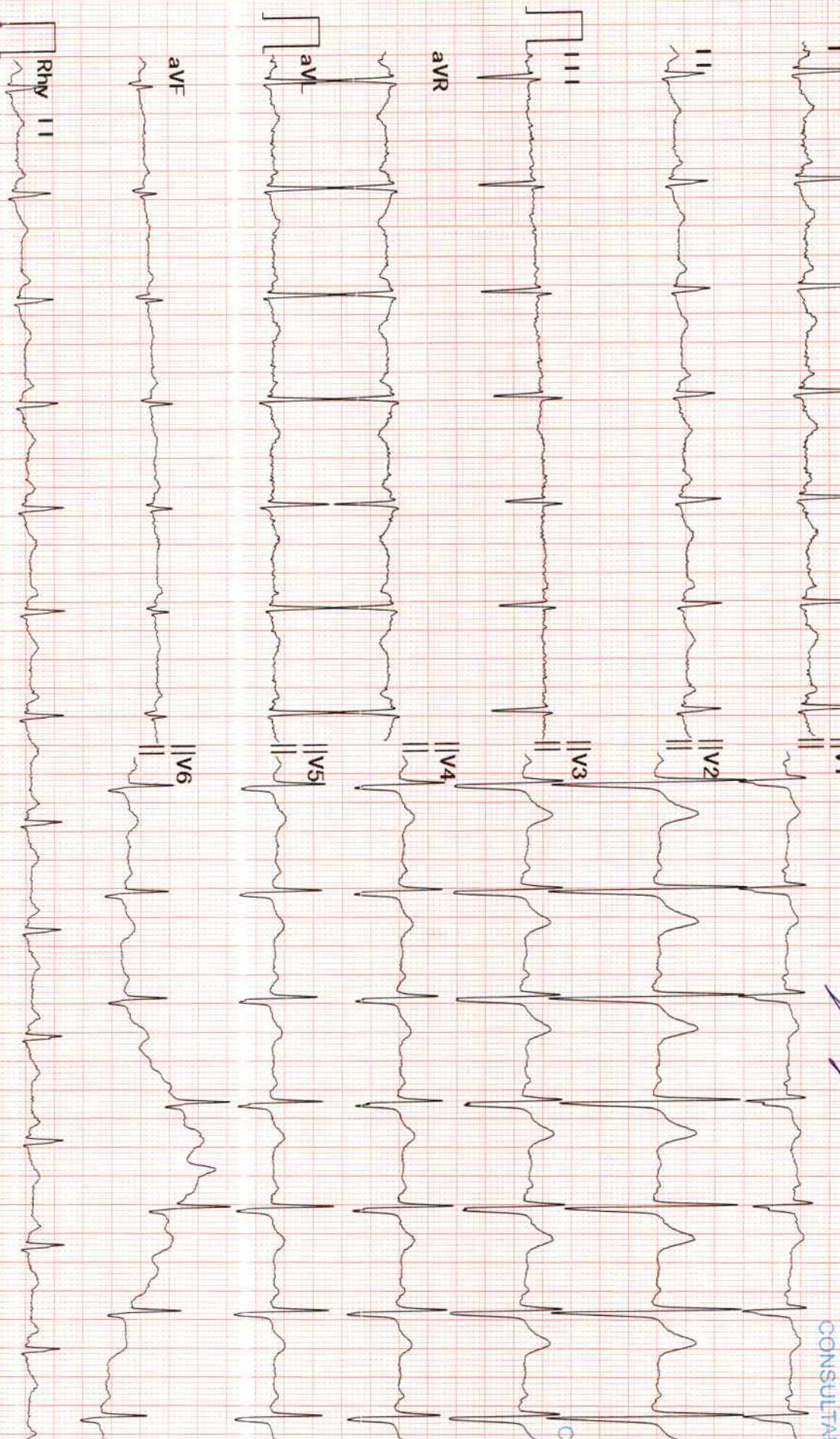
RV5/SV1 amp 0.910/0.847mV
 RV5+SV1 amp 1.757mV
 RV6/SV2 amp 0.822/1.927mV

Minnesota Code
 1-2-6 (111)
 3-1-4 (aVL)
 3-3-3 (I)
 9-4-2 (V4)

CONSULTANT CARDIOLOGIST
 DMC-46748
 MBBS, MD

Diagnosis Info
 800 : Sinus Rhythm
 743 : Possible Inferior Myocardial Infarction (TtT, aVF)

DR. D. R. RAJIV
 MBBS, MD
 DMC-46748
 CONSULTANT CARDIOLOGIST



AUTO PRINT 6X2+1R 82bpm 10 mm/mV 0.05Hz-45Hz AC 50Hz 25 mm/sec
 Confirmed By: **DR. D. R. RAJIV**
 A₁W CE



Registration No.	102411144	Mobile No.	9711261247
Patient Name	Mr. RAMESH CHANDER	Registration Date/Time	20/09/2024 08:51:23
Age / Sex	44 Yrs Male	Sample Collected Date/Time	20/09/2024 09:59:50
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	20/09/2024 16:40:05
Collected At	DCKC	Printed Date/Time	20/09/2024 17:03:25

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	15.6	g/dL	13.0 - 17.0
Total Leucocyte Count/WBC ,EDTA <i>Method : Electric impedance</i>	09.7	10 ⁹ /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.78	10 ⁶ /uL	4.50 - 5.50
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	48.0	%	40.0 - 50.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	101.0	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	32.0	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	32.6	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	314.00	10 ³ /uL	150.00 - 410.00
RDW- CV% ,EDTA	14.9	%	11.6 - 14.0
Differential Leucocyte Count <i>Method : Microscopy</i>			
Neutrophil ,EDTA	65.0	%	40.0 - 80.0
Lymphocyte ,EDTA	30.0	%	20.0 - 45.0
Eosinophil ,EDTA	2.0	%	1.0 - 6.0
Monocyte ,EDTA	3.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 2.0
ESR ,EDTA <i>Method : Westergreen</i>	11	mm/1st hr.	00 - 15

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Checked By :- POOJA



DR. KAMALJEET KAUR
MD PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service ■ Diagnostic & Preventive ■ Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



Registration No.	102411144	Mobile No.	9711261247
Patient Name	Mr. RAMESH CHANDER	Registration Date/Time	20/09/2024 08:51:23
Age / Sex	44 Yrs Male	Sample Collected Date/Time	20/09/2024 09:59:50
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	20/09/2024 16:36:25
Collected At	DCKC	Printed Date/Time	20/09/2024 17:03:25

Test Name	Value	Unit	Biological Ref Interval
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Blood Group ABO ,EDTA

Method : Forward Grouping

"B"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

HbA1c ,EDTA

Method : Photometric method

5.2

%

4.0 - 5.6

INTERPRETATIONS:-

NORMAL RANGE

4.00 - 5.60

%

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20	- 6.80	%
Fair Diabetic Control	6.80	- 7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.





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Patient Name	Mr. RAMESH CHANDER	Registration Date/Time	20/09/2024 08:51:23
Age / Sex	44 Yrs Male	Sample Collected Date/Time	20/09/2024 09:59:50
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	20/09/2024 14:52:23
Collected At	DCKC	Printed Date/Time	20/09/2024 17:03:25

Test Name	Value	Unit	Biological Ref Interval
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BIOCHEMISTRY

LIPID PROFILE

Total Lipids ,Serum Plain	534	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain <i>Method : CHOD-POD</i>	207	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain <i>Method : GPO-POD</i>	120	mg/dl	0 - 150
Serum HDL Cholesterol ,Serum Plain <i>Method : Direct Method</i>	48	mg/dl	40 - 70
Serum LDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	135.0	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	24.0	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	4.31		
LDL/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	2.81		

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl

Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Adults levels: LDL

Optimal	<100 mg/dL
Near Optimal/ above optimal	100 -129 mg/dL
Borderline high	130 - 159 mg/dL
High	160 - 189 mg/dL
Very High	>=190 mg/dL

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Patient Name	Mr. RAMESH CHANDER	Registration Date/Time	20/09/2024 08:51:23
Age / Sex	44 Yrs Male	Sample Collected Date/Time	20/09/2024 09:59:50
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	20/09/2024 14:52:23
Collected At	DCKC	Printed Date/Time	20/09/2024 17:03:25

Test Name	Value	Unit	Biological Ref Interval
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LIVER PROFILE / LFT

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	1.00	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.32	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.68	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	113.3	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	143.8	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	155.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	8.51	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.61	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	3.90	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.18		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	72.0	U/L	0.0 - 50.0



Registration No.	102411144	Mobile No.	9711261247
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Age / Sex	44 Yrs Male	Sample Collected Date/Time	20/09/2024 09:59:50
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	20/09/2024 16:49:52
Collected At	DCKC	Printed Date/Time	20/09/2024 17:03:25

Test Name	Value	Unit	Biological Ref Interval
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Blood Sugar (Fasting) ,Plasma F 94.7 mg/dl 70.0 - 110.0
Method : GOD POD

Blood Sugar (PP) ,Plasma PP **147.6** mg/dl 70.0 - 140.0
Method : GOD POD
Comment :-

Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and galactosemia. possible cause of PP reactive hypoglycemia (PRH) (low post prandial glucose level) include high sensitivity, exaggerated response to insulin like peptide -1, defect in counter regulation very lean or anxious individuals, after massive weight reduction and women with lower body over weight etc..

Serum Creatinine ,Serum Plain 0.91 mg/dl 0.40 - 1.50
Method : Modified Jaffe's

Serum Uric Acid ,Serum Plain 6.14 mg/dl 3.40 - 7.00
Method : Uricase- POD

Blood Urea Nitrogen ,Serum Plain 11.5 mg/dl 0.0 - 20.0
Method : Calculated

BUN/CREATININE RATIO ,Serum Plain 13.00 ug/dL
Method : Tech:FerroZine/Cobas6000

Iron is transported as Fe (III) bound to the plasma protein apotransferrin. The apotransferrin-Fe(III) complex is called transferrin. Normally only about one third of the iron-binding sites of transferrin are occupied by Fe(III). The additional amount of iron that can be bound is the unsaturated (or latent) iron-binding capacity (UIBC). The sum of the serum iron and UIBC represents total iron-binding capacity (TIBC). TIBC is a measurement for the maximum iron concentration that transferrin can bind.





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Patient Name	Mr. RAMESH CHANDER	Registration Date/Time	20/09/2024 08:51:23
Age / Sex	44 Yrs Male	Sample Collected Date/Time	20/09/2024 09:59:50
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	20/09/2024 16:24:36
Collected At	DCKC	Printed Date/Time	20/09/2024 17:03:25

Test Name	Value	Unit	Biological Ref Interval
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IMMUNOASSAY

TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.34	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	10.00	ug/dl	5.20 - 12.70
TSH	6.80	uIU/ml	0.30 - 4.50

Comment :

Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml
2 Years - 12 Years	0.64-6.27 uIU/ml
12 Years - 18 Years	0.51-4.94 uIU/ml
> 18 Years	0.35-5.50 uIU/ml

Adults

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

Newborn

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.





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Patient Name	Mr. RAMESH CHANDER	Registration Date/Time	20/09/2024 08:51:23
Age / Sex	44 Yrs Male	Sample Collected Date/Time	20/09/2024 09:59:50
Ref By / Hospital	Others MEDI WHEEL	Report Date/Time	20/09/2024 13:26:29
Collected At	DCKC	Printed Date/Time	20/09/2024 17:03:25

Test Name	Value	Unit	Biological Ref Interval
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CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

Colour ,URINE	Yellow		Pale Yellow
Volume ,URINE	15	mL	
Appearance ,URINE	Clear		Clear

URE CHEMICAL EXAMINATION

Reaction ,URINE	Acidic		Acidic
Ph (Strip Method) ,URINE	6.0		5.0
Specific Gravity ,URINE	1.025		1.000
Protein (Strip Method) ,URINE	Nil		Nil
Glucose (Strip Method) ,URINE	Nil		Nil

URE MICROSCOPY EXAMINATION

Pus Cells ,URINE	1 - 2	/HPF	0 - 1
Epithelial Cells ,URINE	0 - 2	/HPF	0 - 1
RBC's ,URINE	Nil	/HPF	Nil
Casts ,URINE	Nil		
Crystals ,URINE	Nil		
Bacteria ,URINE	Absent		Absent
Mucus Thread ,URINE	Nil		Nil
Other ,URINE	Nil		

*** End of Report ***

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Dr. Charu Kohli s Clinic

C-234 Defence Colony, New Delhi-1 10024

Ph 41550792 ,24336960, 24332759

E- mail: drcharukohli@yahoo.com

NAME : RAMESH CHANDER

AGE/SEX : 44Y/M

DATE : 20.09.2024

X - RAY CHEST PA VIEW :

Cardiac shadow is normal.

Aorta is normal.

Bilateral lung fields are clear.

Both costophrenic angles are clear.

Bilateral domes of diaphragm are normal.

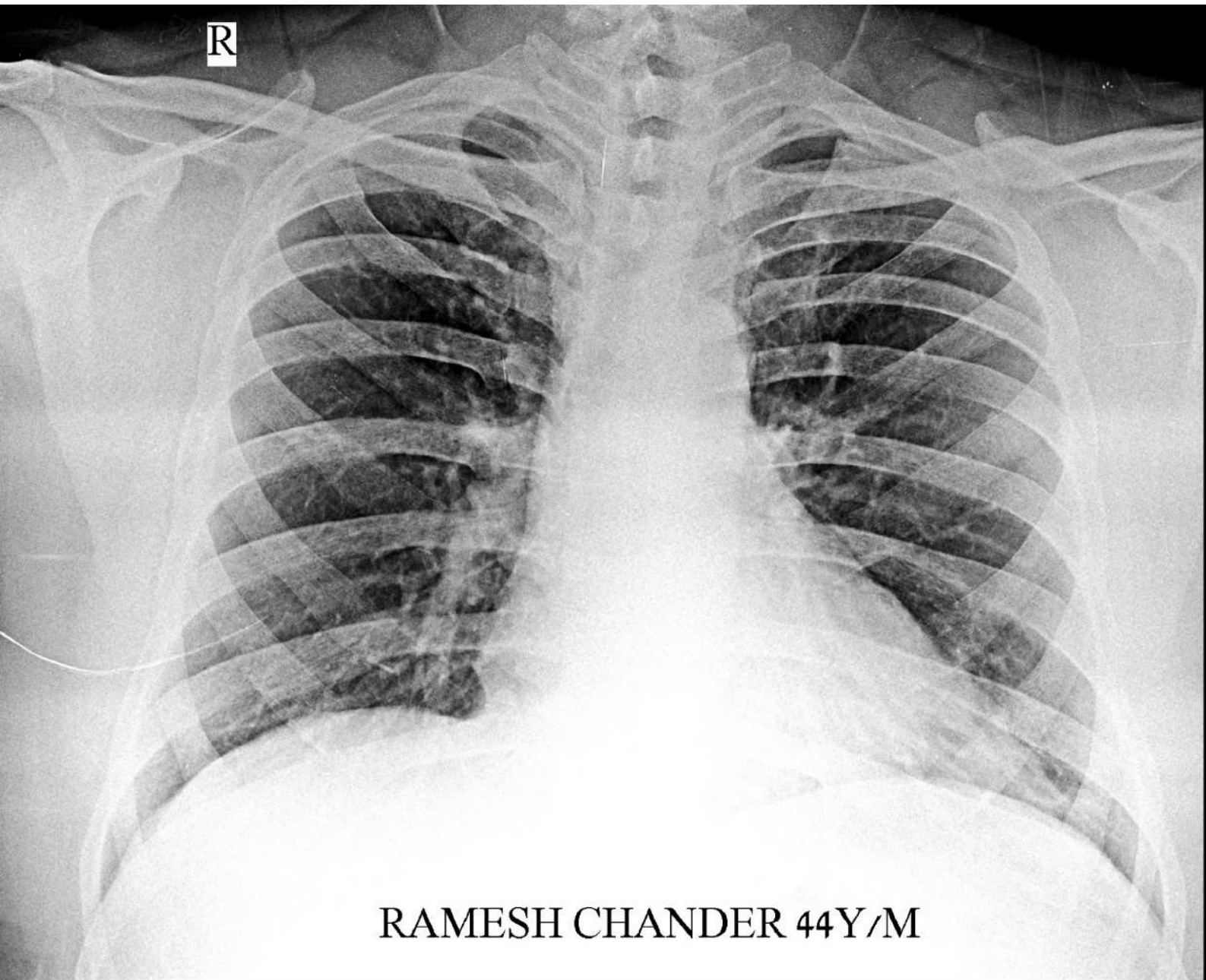
No bony injury noted.

IMPRESSION: Normal chest skiagram

Charu Kohli

DR. CHARU KOHLI
MBBS, DMRD
Consultant Radiologist

IMPORTANT: Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.



R

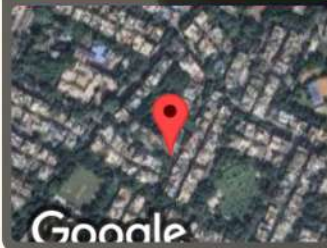
RAMESH CHANDER 44Y/M



 GPS Map Camera

Check In

New Delhi, Delhi, India



C234, Block C, Defence Colony, New Delhi, Delhi 110049, India


Lat 28.57077°

Long 77.229867°

20/09/24 08:45 AM GMT +05:30

Google



 GPS Map Camera

Check In

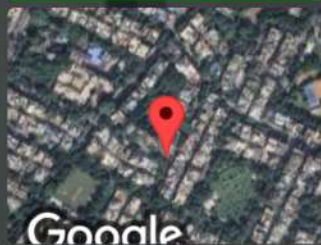
New Delhi, Delhi, India

C234, Block C, Defence Colony, New Delhi, Delhi 110049, India

Lat 28.570763°

Long 77.229871°

20/09/24 08:46 AM GMT +05:30



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