

Patient Name : Mr.GAGAN TIWARI	Collected : 23/Mar/2024 10:26AM
Age/Gender : 49 Y 2 M 10 D/M	Received : 23/Mar/2024 01:42PM
UHID/MR No : CHSR.0000158828	Reported : 23/Mar/2024 04:58PM
Visit ID : CHSROPV306511	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16501	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	45.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.99	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.6	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,010	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	54.3	%	40-80	Electrical Impedance
LYMPHOCYTES	29.3	%	20-40	Electrical Impedance
EOSINOPHILS	8.5	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4892.43	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2639.93	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	765.85	Cells/cu.mm	20-500	Calculated
MONOCYTES	684.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.03	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.85		0.78- 3.53	Calculated
PLATELET COUNT	226000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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SIN No:BED240080120

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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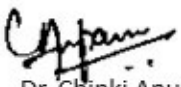
WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

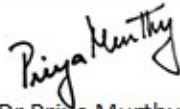
HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.

Kindly correlate clinically.



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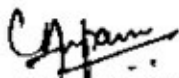
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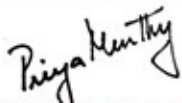
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	106	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	131	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC


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SIN No:EDT240036802

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ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL	Calculated
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Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

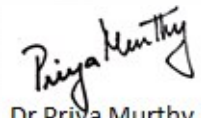
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	192	mg/dL	<200	CHO-POD
TRIGLYCERIDES	85	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.55		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.


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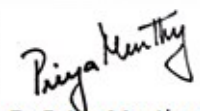
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	45	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 in Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

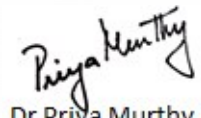
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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SIN No:SE04673250

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 **1860 500 7788**
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Patient Name : Mr.GAGAN TIWARI	Collected : 23/Mar/2024 10:26AM
Age/Gender : 49 Y 2 M 10 D/M	Received : 23/Mar/2024 05:53PM
UHID/MR No : CHSR.0000158828	Reported : 23/Mar/2024 08:06PM
Visit ID : CHSROPV306511	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16501	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.21	mg/dL	0.67-1.17	Jaffe's, Method
UREA	28.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.51	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated


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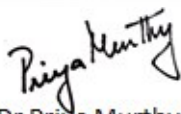
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	37.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.22	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.57	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.750	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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 Consultant Pathologist



SIN No: SPL24053810

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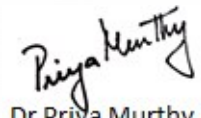

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324


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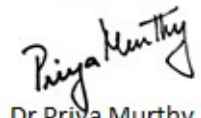
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.706	ng/mL	<4	CMIA


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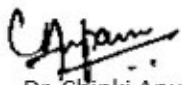
Patient Name : Mr.GAGAN TIWARI	Collected : 23/Mar/2024 10:26AM
Age/Gender : 49 Y 2 M 10 D/M	Received : 23/Mar/2024 04:42PM
UHID/MR No : CHSR.0000158828	Reported : 23/Mar/2024 06:58PM
Visit ID : CHSROPV306511	Status : Final Report
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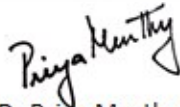
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE +		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result Rechecked



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SIN No:UR2314455

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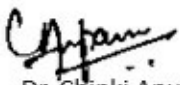
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

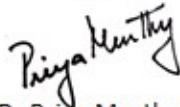
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF011372

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

Fwd: Health Check up Booking Confirmed Request(bobE16501),Package Code-PKG10000367, Beneficiary Code-252400

GAGAN TIWARI <GAGAN.TIWARI2@bankofbaroda.com>

Sat 3/23/2024 9:54 AM

To:Hsr Apolloclinic <hsr@apolloclinic.com>

Get [Outlook for iOS](#)**From:** Mediwheel <wellness@mediwheel.in>**Sent:** Tuesday, March 19, 2024 5:29:20 PM**To:** GAGAN TIWARI <GAGAN.TIWARI2@bankofbaroda.com>**Cc:** customercare@mediwheel.in <customercare@mediwheel.in>**Subject:** Health Check up Booking Confirmed Request(bobE16501),Package Code-PKG10000367, Beneficiary Code-252400You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

ईक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें
MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON

011-41195959Dear **Gagan**,

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

Hospital Package Name : Mediwheel Full Body Annual Plus Above 50 Male

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Name of Diagnostic/Hospital : Apollo Clinic - HSR Layout

Address of Diagnostic/Hospital- Apollo Clinic, #54, 1st floor, Above SBI Bank, Behind BDA Complex, 12th Main Road, HSR Layout - 560102

City : Bangalore

State :

Pincode : 560102

Appointment Date : 23-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information

Booked Member Name	Age	Gender
MR. TIWARI GAGAN	49 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

You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

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अस्वीकरण: ***** यह ईमेल (किसी भी संलग्नक सहित) केवल अपेक्षित प्राप्तकर्ता/ओं के उपयोग के लिए है और इसमें ऐसी सामग्री हो सकती है जो कंपनी की गोपनीय और निजी सूचना हो. दूसरों द्वारा इसमें कोई भी संशोधन या इसे आधार बनाना या इस संदेश की किसी भी या सभी सामग्री को कॉपी करना या वितरित करना या अप्रेषित करना पूरी तरह से वर्जित है. यदि आप अपेक्षित प्राप्तकर्ता नहीं हैं, तो कृपया ईमेल द्वारा संबंधित प्रेषक से संपर्क करें और सभी प्रतियां हटा दें. इस संबंध में आपका सहयोग वांछनीय है.

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Customer Pending Tests
ENT, DENTAL AND GENERAL CONSULTATION IS PENDING

Name : Mr. GAGAN TIWARI

Age: 49 Y

UHID:CHSR.0000158828

Sex: M



OP Number:CHSR0PV306511

Bill No :CHSR-OCR-67305

Date : 23.03.2024 09:56

Address : HSR

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO -13 (evening 6:00pm)	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG -01	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION -97.	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	URINE GLUCOSE(FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA -14	
18	ENT CONSULTATION -23	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN -07	
24	ULTRASOUND - WHOLE ABDOMEN -13	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Date : 23-03-2024

Department : GENERAL

MR NO : CHSR.0000158828

Doctor :

Name : Mr. GAGAN TIWARI

Registration No :

Age/ Gender : 49 Y / Male

Qualification :

Consultation Timing: 09:56

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Ophthalm

6/6 with 6/6

N6 -1- N6

colour vision $\frac{17}{17}$ $\frac{17}{17}$

Adv: New glass

(R) - 1.25 / -0.75 @ 80° 6/6

(L) - 1.50 / -0.50 @ 100° 6/6

+ 2.00 (BE) Lubriplex-eye drops

Follow up date:

Doctor Signature

ST: 2024-03-23 12:46:00

Details

01NB1EMU6TT0ZFC

ID: 158825

gagan tiwari

Male

9900098650

Pre-Existing Medical Conditions

Hypertension: Yes

Vitals

Measurements

HR: 88 BPM

PR: 145 ms

PD: 126 ms

QRSD: 105 ms

QRS Axis: -9 deg

QT/QTc: 340/340 ms

Interpretation

Normal sinus rhythm

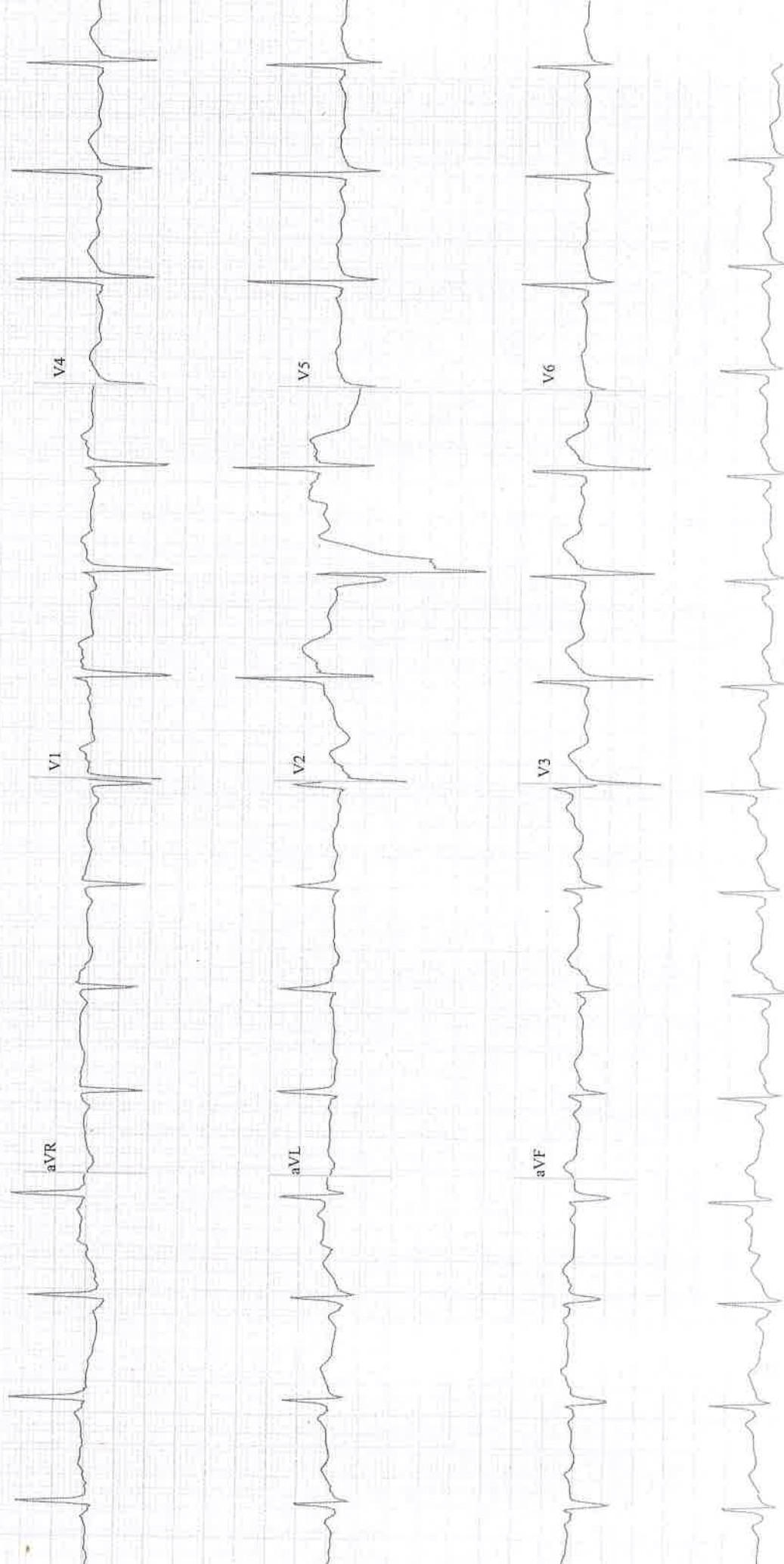
Normal axis

Report ID: AHLLP_01NB1EMU6TT0ZFC_V6TT0ZGO

Authorized by

Yogesh

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg No- KMC 44065



Date : 23-03-2024

MR NO : CHSR.0000158828

Department : GENERAL

Doctor :

Name : Mr. GAGAN TIWARI

Registration No :

Age/ Gender : 49 Y / Male

Qualification :

Consultation Timing: 09:56

Height : 163	Weight : 72.8 kg	BMI :	Waist Circum :
Temp :	Pulse : 82	Resp :	B.P : 156/106

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature




बैंक ऑफ़ बड़ोदा
Bank of Baroda

नाम
Name गगन तिवारी
Gagan Tiwari

E.C. No. 166836




जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

Patient Name : Mr. GAGAN TIWARI

Age/Gender : 49 Y/M

UHID/MR No. : CHSR.0000158828

OP Visit No : CHSR0PV306511

Sample Collected on :

Reported on : 23-03-2024 14:38

LRN# : RAD2278922

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE16501

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Bilateral lung fields appear normal.

Cardiac size and shape are normal.

No mediastinal pathology is seen.

Both hila are normal in size and density.

Both CP angles are normal.

Both domes of diaphragm are normal.

IMPRESSION : NORMAL STUDY.

(The findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a profes

Dr. M SONIA PAVANI
MBBS, M.D (Radio-Diagnosis)
Radiology

Patient Name : Mr. GAGAN TIWARI

Age/Gender : 49 Y/M

UHID/MR No. : CHSR.0000158828

OP Visit No : CHSR0PV306511

Sample Collected on :

Reported on : 23-03-2024 10:40

LRN# : RAD2278922

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE16501

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and raised echotexture. No intra hepatic biliary / venous radicular dilation. No focal lesion seen. CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Lumen is clear. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen. No evidence of splenic hilar varices / collaterals.

PANCREAS : Only head and body visualized, appear normal.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No hydronephrosis / No calculi.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal

PROSTATE : Normal in size and echotexture. No focal lesion is seen.

No free fluid is seen in the peritoneum

IMPRESSION :

- **Grade I fatty liver**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. M SONIA PAVANI
MBBS, M.D (Radio-Diagnosis)
Radiology

Patient Name	: Mr. GAGAN TIWARI	Age	: 49 Y/M
UHID	: CHSR.0000158828	OP Visit No	: CHSROPV306511
Conducted By:	:	Conducted Date	: 23-03-2024 18:15
Referred By	: SELF		

- **:2D Echo Cardiography**

Chambers

- Left Ventricle :CONCENTRIC LVH, **NO RWMA at Rest,**
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

Septa

- IAS : Intact
- IVS: Intact

Valves

- Mitral Valve : Normal.
- Tricuspid Valve : Normal , Trace TR, No PAH
- Aortic Valve : Tricuspid, Normal mobility
- Pulmonary Valve : Normal

Great Vessels

- Aorta : Normal
- Pulmonary Artery : Normal
- IVC : normal

Pericardium : Normal

Doppler Echocardiograph

Patient Name : Mr. GAGAN TIWARI Age : 49 Y/M
UHID : CHSR.0000158828 OP Visit No : CHSROPV306511
Conducted By: : Conducted Date : 23-03-2024 18:15
Referred By : SELF

- **CONCENTRIC LVH**
- **NO RWMA'S AT REST**
- **NORMAL LV & RV SYSTOLIC FUNCTION LVEF – 57 %**
- **GRADE 1 LV DIASTOLIC DYSFUNCTION**
- **NO PERICARDIAL EFFUSION / VEGETATION / CLOT.**

Dr RAMNARESH SOUDRI
MD, DM (CARDIOLOGY), FSCAI
Consultant Interventional Cardiologist