



Name : MR TUSHAR SANGAL
Registration No : MH010665532
Patient Episode : H18000002003
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 09:22

Age : 34 Yr(s) Sex : Male
Lab No : 202403004223
Collection Date : 29 Mar 2024 09:22
Reporting Date : 29 Mar 2024 14:34

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	6.00 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	11.9 #	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	39.8 #	%	[40.0-50.0]
MCV (DERIVED)	66.3 #	fL	[83.0-101.0]
MCH (CALCULATED)	19.8 #	pg	[25.0-32.0]
MCHC (CALCULATED)	29.9 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.0 #	%	[11.6-14.0]
Platelet count	308	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	8.90	fL	
WBC COUNT (TC) (IMPEDENCE)	6.21	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	54.0	%	[40.0-80.0]
Lymphocytes	37.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	5.0	mm/1sthour	[0.0-



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Age : 34 Yr(s) Sex :Male
Lab No : 202403004223
Collection Date : 29 Mar 2024 09:22
Reporting Date : 29 Mar 2024 16:31

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.3	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk)5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	105	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



Name : MR TUSHAR SANGAL
Registration No : MH010665532
Patient Episode : H1800002003
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 10:59

Age : 34 Yr(s) Sex :Male
Lab No : 202403004223
Collection Date : 29 Mar 2024 10:59
Reporting Date : 29 Mar 2024 14:20

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	201 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	230 #	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	52	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	46 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	103.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	3.9		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.0		<3 Optimal 3-4 Borderline >6 High Risk



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Receiving Date : 29 Mar 2024 09:22

Age : 34 Yr(s) Sex :Male
Lab No : 202403004223
Collection Date : 29 Mar 2024 09:22
Reporting Date : 29 Mar 2024 14:11

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum

UREA Method: GLDH, Kinatic assay	23.5	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	11.0	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	1.03	mg/dl	[0.70-1.20]
URIC ACID Method:uricase PAP	7.6	mg/dl	[4.0-8.5]

SODIUM, SERUM	136.40	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.38	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	102.2	mmol/L	[101.0-111.0]

eGFR (calculated)	94.3	ml/min/1.73sq.m	[>60.0]
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Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



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Lab No : 202403004223
Collection Date : 29 Mar 2024 09:22
Reporting Date : 29 Mar 2024 14:11

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.95	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.15	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.80	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.60	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.64		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	20.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	16.90 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	88.0	IU/L	[32.0-91.0]
GGT	34.0	U/L	[7.0-50.0]



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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



Name : MR TUSHAR SANGAL
Registration No : MH010665532
Patient Episode : H18000002003
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 09:22

Age : 34 Yr(s) Sex :Male
Lab No : 202403004224
Collection Date : 29 Mar 2024 09:22
Reporting Date : 29 Mar 2024 14:11

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	92.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



Name : MR TUSHAR SANGAL
Registration No : MH010665532
Patient Episode : H1800002003
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 13:21

Age : 34 Yr(s) Sex :Male
Lab No : 202403004225
Collection Date : 29 Mar 2024 13:21
Reporting Date : 29 Mar 2024 16:04

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	120.0	mg/dl	[80.0-140.0]

Note:
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



Name : MR TUSHAR SANGAL
Registration No : MH010665532
Patient Episode : H18000002003
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 13:23

Age : 34 Yr(s) Sex :Male
Lab No : 202403004291
Collection Date : 29 Mar 2024 13:23
Reporting Date : 30 Mar 2024 10:36

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.015	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist

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Registration No : MH010665532
Patient Episode : H18000002003
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Receiving Date : 29 Mar 2024 09:22

Age : 34 Yr(s) Sex :Male
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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.890	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.660	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.710	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

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Reporting Date : 29 Mar 2024 16:38

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	O Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 2 of 2

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist

प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे कारगर के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	TUSHAR SANGAL
जन्म की तारीख	31-05-1989
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	29-03-2024
बुकिंग संदर्भ सं.	23M120738100100316S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MRS. GARG NANCY
कर्मचारी की क. क्र. संख्या	120738
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	GHAZIABAD, VIJAY NAGAR
कर्मचारी के जन्म की तारीख	30-11-1991

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 14-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)


भारत सरकार
Government of India



तुषार संगल
Tushar Sangal
जन्म तिथि/ DOB: 31/05/1989
पुरुष / MALE



6955 9645 0550

मेरा आधार, मेरी पहचान

*Tushar Sangal
for health checkup
28/03/24*




आधार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
अनिमेष संगल, ए4 1506 चेर्य
काउंटी, घ 5बी टेचज़ोने 4,
एकमुरति, ग्रेटर नोएडा वेस्ट, नॉएडा
सेक्टर 34, गौतमबुद्ध नगर,
उत्तर प्रदेश - 201307

Address:
S/O, Animesh Sangal, A4 1506
Cherry County, Gh 5b
TechZone 4, Ekmurti, Greater
Noida West, Noida Sector 34,
Gautam Buddha Nagar,
Uttar Pradesh - 201307

6955 9645 0550

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LABORATORY REPORT

Name : MR TUSHAR SANGAL **Age** : 34 Yr(s) Sex :Male
Registration No : MH010665532 **Lab No** : 202403004223
Patient Episode : H18000002003 **Collection Date** : 29 Mar 2024 09:22
Referred By : HEALTH CHECK MGD **Reporting Date** : 29 Mar 2024 14:11
Receiving Date : 29 Mar 2024 09:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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THYROID PROFILE, Serum

Specimen Type : Serum

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NOTE:

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The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

**RADIOLOGY REPORT**

NAME	MR Tushar SANGAL	STUDY DATE	29/03/2024 9:35AM
AGE / SEX	34 y / M	HOSPITAL NO.	MH010665532
ACCESSION NO.	R7142621	MODALITY	CR
REPORTED ON	29/03/2024 9:40AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.
Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

*****End Of Report*****

**RADIOLOGY REPORT**


NAME	MR Tushar SANGAL	STUDY DATE	29/03/2024 10:58AM
AGE / SEX	34 y / M	HOSPITAL NO.	MH010665532
ACCESSION NO.	R7142622	MODALITY	US
REPORTED ON	29/03/2024 11:20AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: Liver is normal in size (measures 149 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 80 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: ~~Appears normal in size and measures 9 mm.~~
 COMMON BILE DUCT: Appears normal in size and measures 2.5 mm.
 IVC, HEPATIC VEINS: Normal.
 BILIARY SYSTEM: Normal.
 GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
 PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.
 KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.
 Right Kidney: measures 83 x 37 mm. It shows a concretion measuring 2.4 mm at upper calyx.
 Left Kidney: measures 86 x 40 mm.
 PELVI-CALYCEAL SYSTEMS: Compact.
 NODES: Not enlarged.
 FLUID: Nil significant.
 URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
 PROSTATE: Prostate is normal in size, shape and echotexture. It measures 36 x 28 x 27 mm with volume 14 cc. Rest normal.
 SEMINAL VESICLES: Normal.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION**-Right renal concretion.**

Recommend clinical correlation.

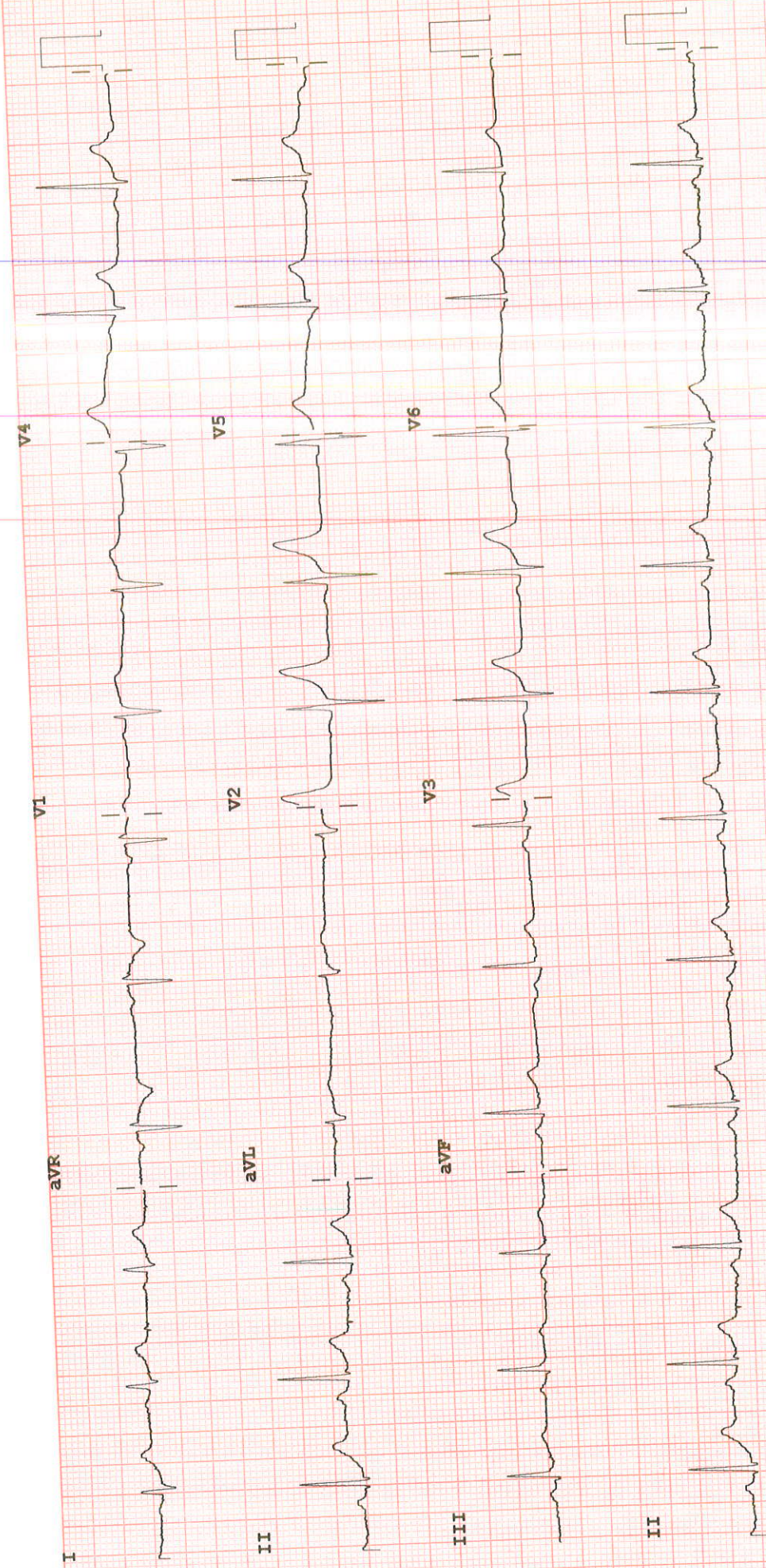


Dr. Monica Shekhawat MBBS, DNB
 CONSULTANT RADIOLOGIST

*****End Of Report*****

Unconfirmed Diagnosis

- NORMAL ECG -



F 60~ 0.15-100 Hz

PH100B CL P?

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Dev:

