

Fwd: Health Check up Booking Confirmed Request(UBOIES4215),Package Code-PKG10000361, Beneficiary Code-306926

1 message

Rajat Kush <kushrajat520@gmail.com>
To: blossomspecialities@gmail.com

23 March 2024 at 09:48

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>
Date: Thu, 21 Mar 2024, 14:29
Subject: Health Check up Booking Confirmed Request(UBOIES4215),Package Code-PKG10000361, Beneficiary Code-306926
To: <kushrajat520@gmail.com>
Cc: <customercare@mediwheel.in>



Mediwheel
...Your wellness partner

011-41195959

Dear **RAJAT KUSH**,

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 For Self and Spouse

Name of Diagnostic/Hospital : Blossoms Hospital

Address of Diagnostic/Hospital : 2, Khandari Quarters, Master Plan Rd, Nasirabad Colony, Khandari, Agra, Uttar Pradesh 282002

City : Agra

State :

Pincode : 282002

Appointment Date : 23-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 09:30 am - 10:00 am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
RAJAT KUSH	41 year	Male
Alka Kush	38 year	Female

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:

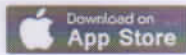
- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

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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भारत सरकार
GOVERNMENT OF INDIA

Issue Date: 14/12/2011

रजत कुश
Rajat Kush
जन्म तिथि / DOB: 09/04/1982
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

7371 7463 6149

मेरा आधार, मेरी पहचान

Rajat Kush
BLOSSOMS HOSPITAL
2, Khandari Quarters
Master Plan Road
Agra-282002

1947

help@uidai.gov.in

www.uidai.gov.in

7371 7463 6149

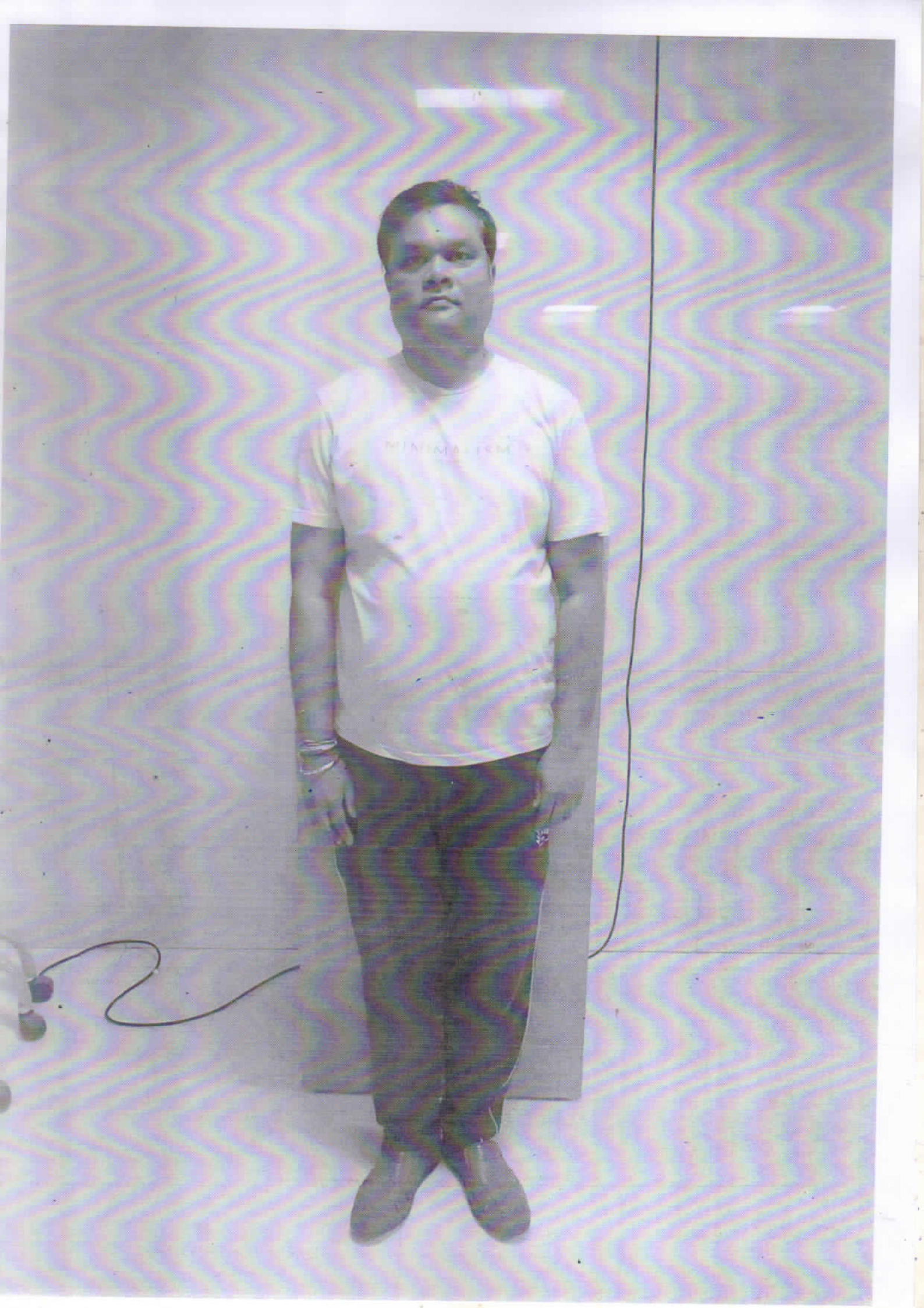
Print Date: 22/06/2023

Sikandra, Agra, Agra, Uttar Pradesh, 282007

Pashchimputi colony, Shastripuram road,
Address: Narendra Dev Kush, 214
पता: नरेंद्र देव कुश, 214 पश्चिमापुत्री कॉलोनी,
शास्त्रीपुरा रोड, सिक्द्रा, अग्रा, उत्तर प्रदेश, 282007

भारतीय पहचान प्रमाण, आंधार, भारत सरकार

भारत सरकार, आंधार, भारत सरकार



2024-03-23 11:00:28 AM

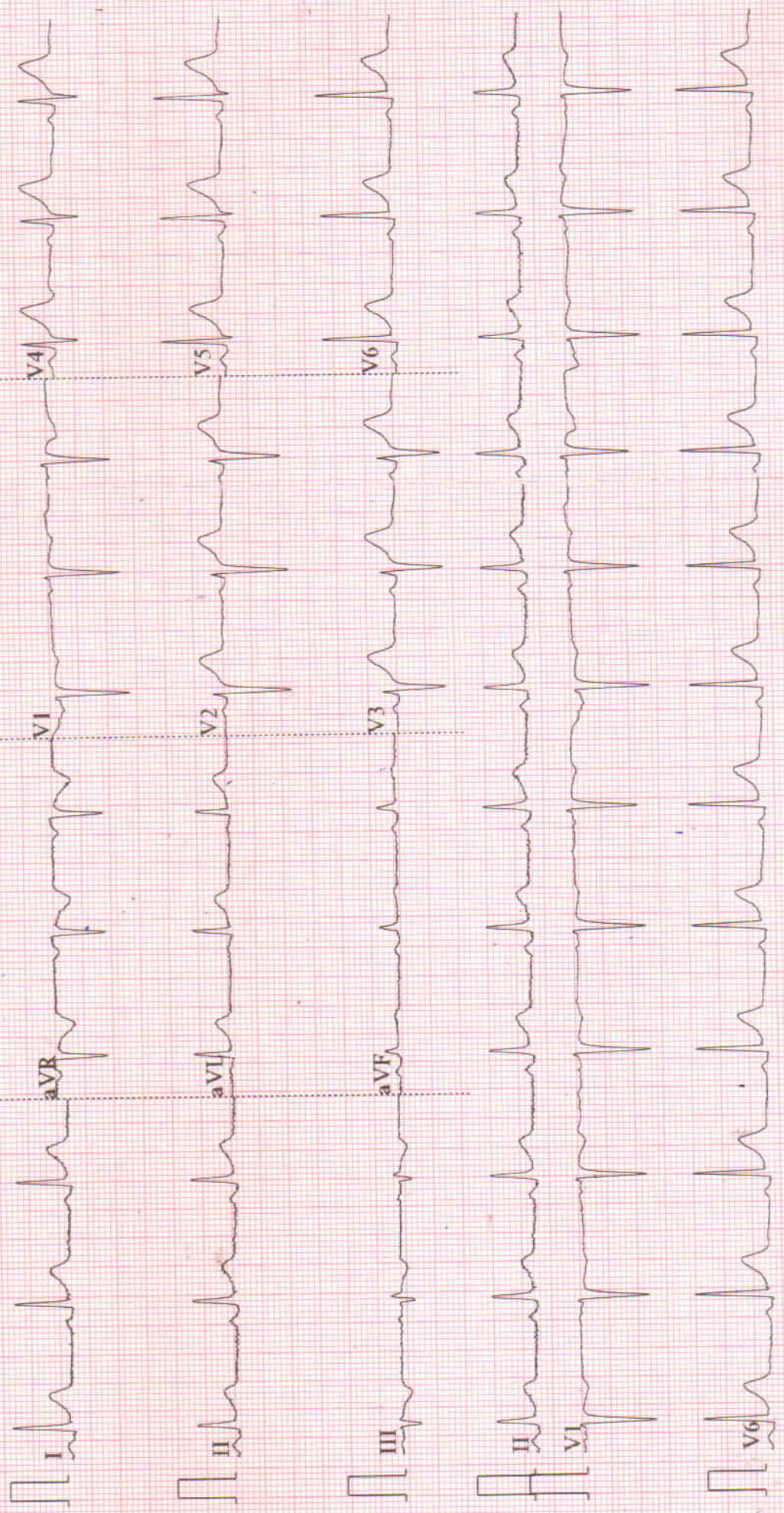
ID: 12
rajat kush
Male 41Years

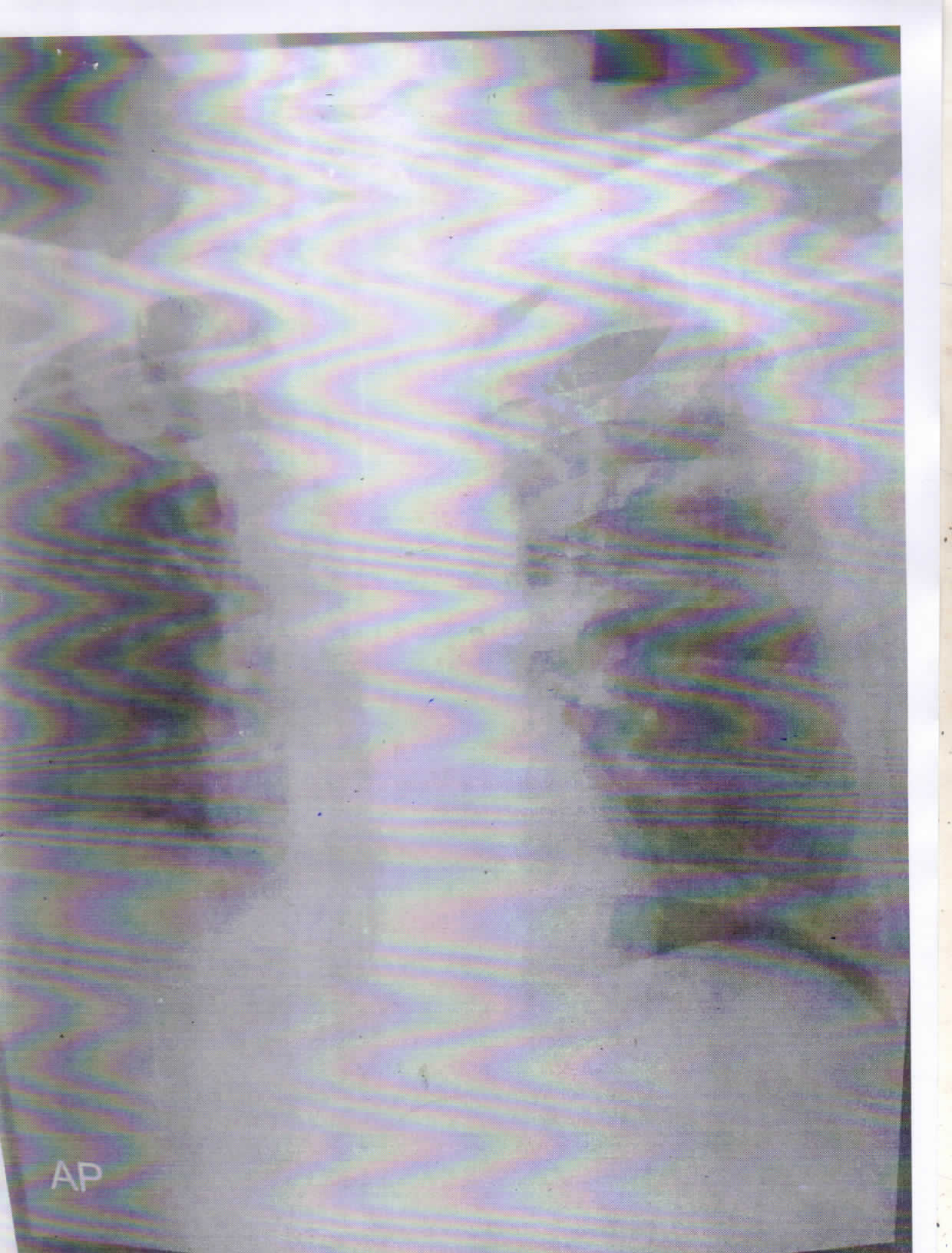
HR
P
PR
QRS
QT/QTc
P/QRST
RV5/SV1

71 bpm
100 ms
139 ms
91 ms
361/394 ms
44/25/16 °
1.143/1.161 mV

Diagnosis Information:
Sinus Rhythm
Slight ST Elevation (V6)

Report Confirmed by:





AP

01430 RAJAT KUSH 41Y/M 23/03/2024 CHEST AP DR SACHIN MALHOTRA
RI OSSOMS HOSPITAL AGRA



Booking Time 17:40:00
Sample Drawn: 23/03/2024 17:44:16
Sample Received: 23/03/2024 17:44:22
Print Date & Time: 23/03/2024 18:37:11

Date: 23/03/2024 Patient ID: 1023101528

Refd by Lab:

Name : MR. RAJAT KUSH

Age : 41 Yrs

Sex: Male

Ref. By: BLOSSOM'S SUPER SPECIALITIES HOSPITAL

Sample Type: SERUM, EDTA, Fluoride 2 hr, Fluoride Fasting

Investigation: ALKALINE PHOSPHATASE, BLOOD UREA, C.B.C., E.S.R., FT3, FT4 & TSH, Gamma GT, HbA1C, LIPID PROFILE, SERUM BILIRUBIN, SERUM CREATININE, SERUM PROTEIN, SERUM URIC ACID, SUGAR (PP), SUGAR FASTING, T.PROTEIN A/G RATIO

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN (Hb)
Method: Non Cyanide.

14.3

gm/dl

13.0 - 17.0



TLC (Total Leucocyte Count)
Method: DC Detection

9700

/cu mm

4000 - 10000



DIFFERENTIAL LEUCOCYTE COUNT
Method: Method: Flowcytometry / Microscopy



NEUTROPHILS

Method: Flow cytometry / Microscopy

65

%

45 - 70

LYMPHOCYTES

Method: Flow cytometry / Microscopy

27

%

20 - 45

MONOCYTES

Method: Flow cytometry / Microscopy

02

%

00 - 12

EOSINOPHILS

Method: Flow cytometry / Microscopy

06

%

01 - 06

R B C (Red Blood Cell Count)
Method: DC Detection

5.11

Millions/cm m

4.50 - 5.50



PCV / Hct (Hematocrit)
Method: Electrical Impedance

43.2

%

40.0 - 50.0



M C V (Mean Corp Volume)
Method: Calculated.

98.2

Femtoliter

82.0 - 101.0



M C H (Mean Corp Hb)
Method: Calculated

27.6

Picogram

27.0 - 32.0



M C H C (Mean Corp Hb Conc)
Method: Calculated.

34.2

gm/dl

31.5 - 34.5





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Test Name	Value	Unit	Biological Ref Interval
PLATELET COUNT Method: DC Detection & Microscopy	210	X10 ³ /μL	150 - 450
ABSOLUTE NEUTROPHIL COUNT Method: Calculated	6.30	X10 ³ /μL	2.00 - 7.00
ABSOLUTE LYMPHOCYTE COUNT Method: Calculated	2.62	X10 ³ /μL	1.00 - 3.00
ABSOLUTE MONOCYTE COUNT Method: Calculated	0.19	X10 ³ /μL	0.20 - 1.00
ABSOLUTE EOSINOPHIL COUNT Method: Microscopy	0.58	X10 ³ /μL	0.04 - 0.44
E.S.R. (Westergren) Method: Sedimentation	07	mm 1st hr.	00 - 10
GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
GLYCOSYLATED HAEMOGLOBIN (HbA1c)	5.30	%	Non Diabetic : <6.00 Good Control : 6.00 - 7.00 Fair Control : 7.00 - 8.00 Poor Control : >8.00
ESTIMATED AVERAGE GLUCOSE (eAG)	105.41	mg/dl	65.00 - 135.00



REMARKS :

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 8-12 weeks) and therefore provides much more reliable information for glycemia monitoring than determination of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 3-6 months during diabetes





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Test Name	Value	Unit	Biological Ref Interval
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mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Estimated average glucose (eAG) - There is a predictable relationship between HbA1c and eAG. It helps people with diabetes to correlate their A1c to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation converts the A1c percentage to the same units used by glucometers mg/dl. The following table shows the relationship of eAG and A1c.

HbA1c	eAG (mg/dl)
5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298

BIOCHEMISTRY

BLOOD SUGAR FASTING
Method: Hexokinase

92.00

mg/dl

70.00 - 100.00



Glucose Fasting: <100.0
Impaired Glu. Tolerance: 101.0-125.0
Diabetics: >125.0

BLOOD GLUCOSE (PP)
Method: Hexokinase

134.20

mg/dl

110.00 - 140.00



Normal: 110.00-140.0
Impaired Glu. Tolerance: 140.0-199.0
Diabetes Mellitus: >200.0

BLOOD UREA
Method: Urease

27.30

mg/dl

17.00 - 43.00



SERUM CREATININE
Method: Jaffe's reaction.

0.86

mg/dl

0.00 - 1.20





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Test Name	Value	Unit	Biological Ref Interval
SERUM URIC ACID Method: Uricase-Peroxidase	5.11	mg/dl	3.60 - 8.20
SERUM BILIRUBIN (TOTAL) Method: Colorimetric-Diazo	0.31	mg/dl	0.00 - 1.10
CONJUGATED (Direct) Method: Colorimetric-Diazo	0.14	mg/dl	0.00 - 0.30
UNCONJUGATED (Indirect) Method: Calculated	0.17	mg/dl	0.10 - 1.00
S. ALKALINE PHOSPHATASE Method: Colorimetric Assay	98.20	U/L	25.00 - 140.00
Gamma GT Method: Enzymatic colorimetric assay	14.00	U/L	0.00 - 61.00
TOTAL PROTEIN Method: Biuret	7.21	gm/dl	6.40 - 8.30

Full Term
Age of New Born
24 hrs : 2 - 6 mg/dl
48 hrs : 6 - 7 mg/dl
3-5 Days: 4 - 12 mg/dl
Premature
Age of New Born
24 hrs: 1- 6 mg/dl
48 hrs: 6 - 8 mg/dl
3-5 Days: 10 - 15 mg/dl

Male (Adult): 25.0 - 140.0
Female (Adult): 37.0 - 103.0
Child(10 -17) : 350.0 - 500.0
2-10 Yrs : 100.0 - 350.0
New Born: 1-4 Times the Adult Values





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Test Name	Value	Unit	Biological Ref Interval	
ALBUMIN Method: BCG	5.01	gm/dl	3.47 - 4.94	
GLOBULIN Method: Calculated	2.20	gm/dl	2.10 - 5.60	
A/G RATIO Method: Calculated	2.28	gm/dl	1.00 - 2.30	
SERUM PROTEIN Method: Biuret	7.21	gm %	6.40 - 8.30	
LIPID PROFILE				
CHOLESTEROL Method: CHOD-POD	169.00	mg/dl	82.00 - 200.00	
			Optimal : < 200.00 Border line High Risk : 200.0 - 239.0 High Risk: >240.0	
TRIGLYCERIDES Method: GPO PAP	127.00	mg/dl	0.00 - 150.00	
			Optimal: < 150.0 Borderline High Risk: 150.0 - 199.0 High Risk : 200.0 - 499.0 Very High Risk : >500.0	
HDL CHOLESTEROL Method: CHOD-POD	46.30	mg/dl	35.30 - 79.50	
LDL CHOLESTEROL Method: CHOD-POD	97.30	mg/dl	0.00 - 129.00	





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SERUM PROTEIN,SERUM URIC ACID,SUGAR (PP),SUGAR FASTING,T.PROTEIN A/G RATIO

Test Name	Value	Unit	Biological Ref Interval
VLDL CHOLESTEROL Method: Calculated	25.40	mg/dl	25.00 - 40.00 Optimal: < 100.0 Near Optimal: 100.0 - 129.0 Border line High Risk: 130.0 - 159.0 High Risk:160.0 - 189.0 Very High Risk: >190.0
CHOLESTEROL / HDL RATIO Method: Calculated	3.65	mg/dl	0.00 - 4.90 Low Risk: 3.3-4.4 Avg. Risk: 4.5-7.1 Mod. Risk: 7.2-11.0
LDL / HDL RATIO Method: Calculated	2.10	mg/dl	0.00 - 3.50
NON-HDL CHOLESTEROL Method: Calculated	122.70	mg/dl	<130.0
ENDOCRINOLOGY			
FREE TRIIODOTHYRONINE (FT3)	5.39	pmol/l	3.10 - 6.80
FREE THYROXINE (FT4)	1.04	ng/dl	0.89 - 1.76
THYROID STIMULATING HORMONE (TSH)	3.66	uIU/mL	0.27 - 5.50 Adults > 20 Yrs : 0.270 - 5.500 Children 1-3 Days : 5.17 - 14.6 4 - 30 Days : 0.43 - 16.1 2 -12 Months : 0.62 - 8.05 2 - 6 Yrs : 0.54 - 4.53 7 - 11Yrs : 0.66 - 4.14





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Test Name	Value	Unit	Biological Ref Interval
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12 - 19 Yrs : 0.53 - 3.59

The new recommendations for TSH levels during pregnancy are the following:

First trimester: less than 2.5 with a range of 0.1-2.5.

Second trimester: 0.2-3.0

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4 am and at a minimum 6-10 pm
The variation is of the order of 50%, hence time of the day has influence on the measured TSH concentrations.

**** End Of Report ****



Booking Time 16:50:55
Sample Drawn: 23/03/2024 16:53:40
Sample Received: 23/03/2024 16:53:42
Print Date & Time: 23/03/2024 17:16:56



Date: 23/03/2024 Patient ID: 1023101510

Refd by Lab: OUT SIDE SAMPLE

Name : MR. RAJAT KUSH

Age : 41 Yrs

Sex: Male

Ref. By: DR. SACHIN MALHOTRA

Sample Type: EDTA

Investigation : BLOOD GROUP (ABO Rh), COLLECTION

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

BLOOD GROUP (ABO)

'O'

RH TYPING

POSITIVE

The upper agglutination test for grouping has some limitations. It is not a confirmatory method. Before tranfusion of blood, blood group must be checked & confirmed by Blood Bank. For further confirmation Reverse typing card (Dia clon ABO/D) method is suggested.

**** End Of Report ****

