



DR. CHARU HEALTH CHECK UP <insurancedckc234@gmail.com>

Health Check up Booking Request(bobE12734), Beneficiary Code-148650

Mediwheel <wellness@mediwheel.in>
 To: insurancedckc234@gmail.com
 Cc: customercare@mediwheel.in

2 March 2024 at 16:18



011-41195959

Dear Dr. Charu Kohli Clinic

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Name : MR. RAY SAWALI
 Hospital Package Name : Mediwheel Full Body Annual Plus Above 50 Male
 Appointment Date : 03-03-2024

| Member Information | | |
|--------------------|---------|--------|
| Booked Member Name | Age | Gender |
| MR. RAY SAWALI | 53 year | Male |

Tests included in this Package -

- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)

→ Ando
 → ADP
 → PP

NAME : SAWALI RAY

AGE/SEX : 53Y/M

DATE : 03.03.2024

| Height | Weight | BP | BMI |
|---------------|--------------|-------------|------|
| 168 cm | 74 kg | 112/70 mmHg | 26.2 |
| 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

| Eye / Vision | DISTANCE VISION | | NEAR VISION | | COLOUR VISION | GLASSES |
|--------------|-----------------|--------|-------------|--------|---------------|---------|
| | RT Eye | LT Eye | RT Eye | LT Eye | | |
| | 6/9 | 6/12 | N/18 | N/18 | | |


Signature of Medical Examiner: **DR. CHARU KOHLI**
CONSULTANT MBBE
DMC-8388

NAME: SAWALI RAY
DATE: March 3, 2024

WHOLE ABDOMEN SCAN

Liver is normal in size and echotexture is maintained. Normal intrahepatic biliary radicles and normal appearing venous channels noted. No focal lesion in either lobes. Portal vein is normal. No sub-diaphragmatic collection or pleural effusion.

Gall bladder is normal distended and shows echofree lumen.
CBD: not dilated ; apparently echofree.

Both the kidneys are normal in size, position and echopattern with normal corticomedullary differentiation.

RK: 11.02 x 4.42 cm.
LK: 9.59 x 5.98 cm

Pancreas is of normal size & echopattern. No focal lesion or peri-pancreatic collection.

Spleen is of normal size and echopattern. No focal lesion or calcification. Splenic vein is not dilated.

Aorta and IVC are normal. No retroperitoneal lymphadenopathy.

Urinary bladder shows normal distension and shows normal wall-thickness. No calculus or mass.

Prostate is normal in size measures 2.96 x 4.48 x 3.31 cm ~ vol-21.47. cc, echopattern is homogenous.

Bowel loops are normal.

No free fluid is seen in abdomen.

IMPRESSION:

Sonological study is within normal limits. [*early prostatic enlargement noted*]

Hkl
Dr Charu Kohli
MBBS DMRD
DMC8388

DR. CHARU KOHLI
CONSULTANT RADIOLOGIST
DMC - 8388
DR. CHARU KOHLI'S CLINIC
C-234, DEFENCE COLONY, NEW DELHI-110024

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 Medicolegal aspect.
Every modern technology has its own limitations , in case of discrepancy/difference in opinion advised- repeat scan/ second opinion



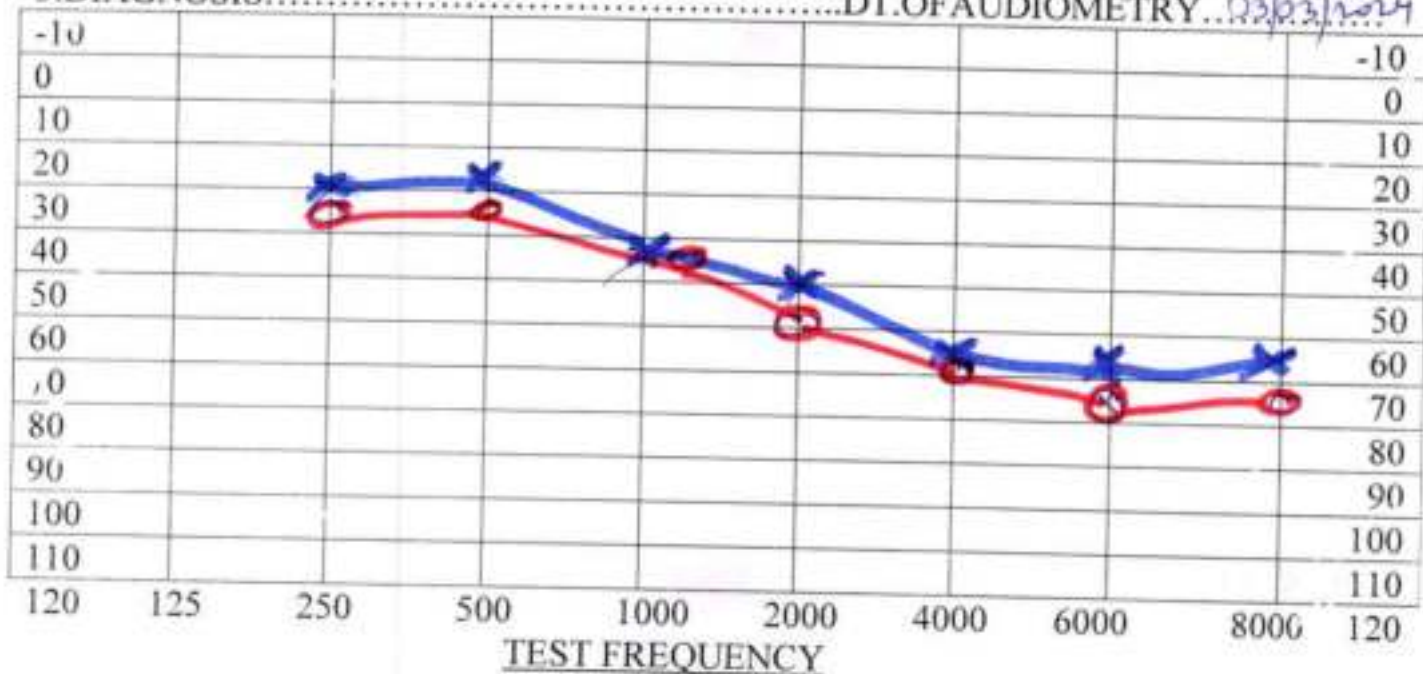
AUDIOLOGICAL EVALUATION

1. NAME Ray Sawali AGE 53 SEX M

2. ADDRESS

..... OCCUPATION

3. DIAGNOSIS DT. OF AUDIOMETRY 23/03/2024



AIR X = LEFT EAR --- Rinne ----- Hearing Loss for Speech R L _____
 O = RIGHT EAR -----

BONE < = LEFT EAR --- weber ----- DISCRIMINATION SCORE R L _____

No Response
 Audiologists remarks



- 0dB-20dB...normal hearing at ear
- 20dB-40dB...mild hearing loss both ear
- 40dB-55dB...moderate hearing loss
- 55dB-70dB...moderately severe hearing loss
- 70dB-90dB...sever hearing loss
- >90dB.....profound hearing loss

DR. CHARU KOHLI CLINIC

C-234, Defence Colony, New Delhi

Mr. SAWALLI RAY
 Age/Sex : 53M
 Recorded : 3-3-2024 10:19
 Ref. by :
 Indication :

ID : 74
 H/W : 169/74

TREADMILL TEST SUMMARY REPORT
 Protocol: BRUCE
 History :
 Medication :

| PHASE | PHASE TIME | STAGE TIME | SPEED (KM/H) | GRADE (%) | H.R. (BPM) | BP (mmHg) | RPP (X100) | II | ST LEVEL (mm) V2 | V5 | METS |
|---------------|------------|------------|--------------|-----------|------------|-----------|------------|------|------------------|------|-------|
| SUPTINE | | | | | | | | | | | |
| HYPERVENT | 0:25 | 0:25 | | | 77 | 112/70 | 86 | 2.0 | 7.6 | 2.8 | |
| VALSALVA | | | | | 81 | 112/70 | 90 | 2.2 | 7.5 | 3.3 | |
| STANDING | | | | | 65 | 112/70 | 72 | 1.4 | 7.5 | 3.1 | |
| | | | | | 97 | 112/70 | 108 | 1.2 | 8.7 | 3.0 | |
| STAGE 1 | 2:59 | 2:59 | 2.70 | 10.00 | 103 | 116/70 | 119 | 1.4 | 9.9 | 3.1 | 4.80 |
| STAGE 2 | 5:59 | 2:59 | 4.00 | 12.00 | 119 | 124/74 | 146 | -0.9 | 7.9 | -0.7 | 7.10 |
| STAGE 3 | 8:59 | 2:59 | 5.40 | 14.00 | 139 | 136/78 | 191 | -3.2 | 7.2 | -4.2 | 10.00 |
| STAGE 4 | 9:29 | 0:29 | 6.70 | 16.00 | 146 | 136/78 | 201 | -3.7 | 7.5 | -5.3 | 10.65 |
| PEAK EXERCISE | 9:33 | 0:33 | | | 147 | 136/78 | 202 | -3.7 | 7.5 | -5.3 | 10.74 |
| RECOVERY | 2:59 | 2:59 | 0.00 | 0.00 | 90 | 132/72 | 118 | -2.4 | 4.6 | -2.5 | |
| RECOVERY | 5:59 | 5:59 | 0.00 | 0.00 | 88 | 114/70 | 100 | -0.5 | 4.9 | -0.1 | |

RESULTS
 Exercise Duration : 9:33 Minutes
 Max Heart Rate : 147 bpm, 86 % of target heart rate 167 bpm
 Max Blood Pressure : 136/78 mmHg
 Max Work Load : 10.74 METS
 Reason of Termination :

THAT NEGATIVE FOR ANI

kg

Cardiologist
 DR. D. R. RAJIV
 MBBBS, MD
 DMC-48748
 CONSULTANT CARDIOLOGIST

Mr. SAWALI RAY

ID : 74

AGE/SEX : 53/M

RECORDED : 3-3-2024 10:19

DR. CHARU KOHLI CLINIC

SUPINE

PRETEST

— 300 —

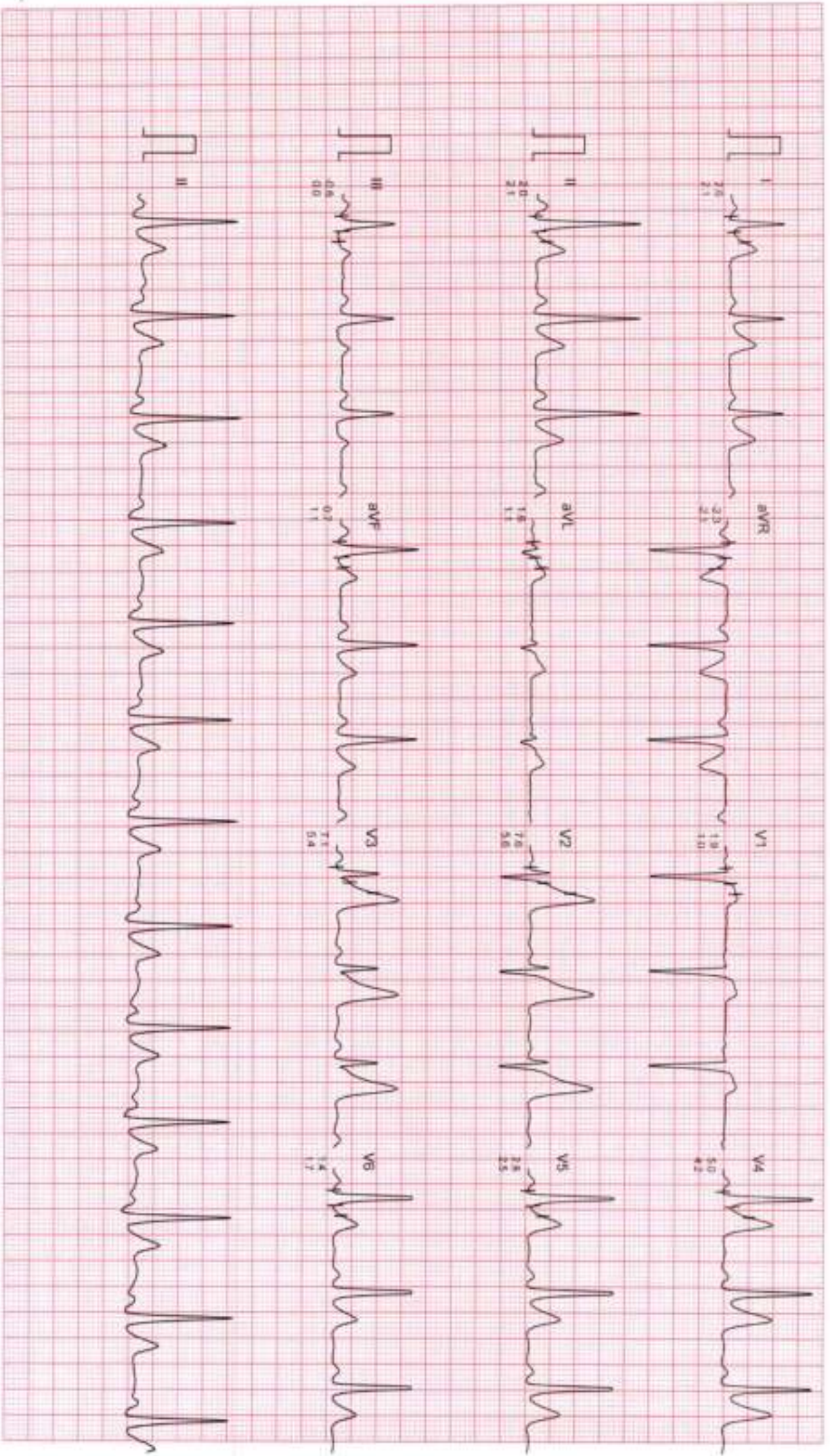
ST @ 10mm/mV
80ms PostL

RATE : 77 BPM
B.P. : 112/70 mmHg

DR. P. C. RAJIV
MBBS, MD
CCU, SSKM

CONSULTANT

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardioCom, INDIA Ph. 091-731-2620740, Telefax 091-731-2431214

Mr SAWALI RAY

ID : 74

AGE/SEX : 53/M

RECORDED : 3-3-2024 10.19

RATE : 81 BPM

B.P : 112/70 mmHg

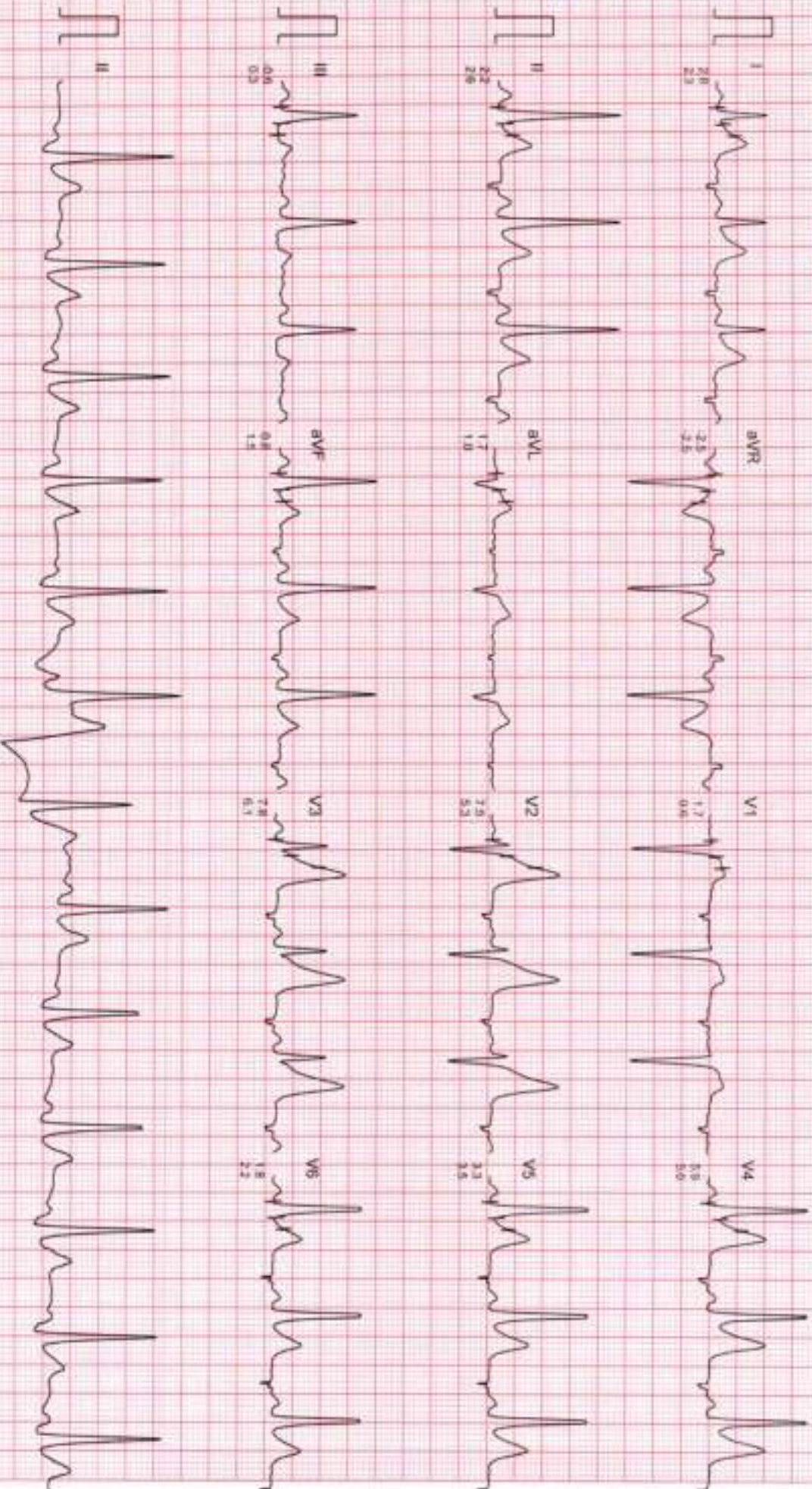
DR. CHARU KOHLI CLINIC

HYPERVENTILATION
PRETEST

STAGE TIME : 0.25

ST @ 10mm/mV
80ms PostU

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740, T. 091-731-2431214

MR. SAWALI RAY

I.D. : 74

AGE/SEX : 53/M

RECORDED : 3-3-2024 10-19

DR. CHARU KOHLI CLINIC

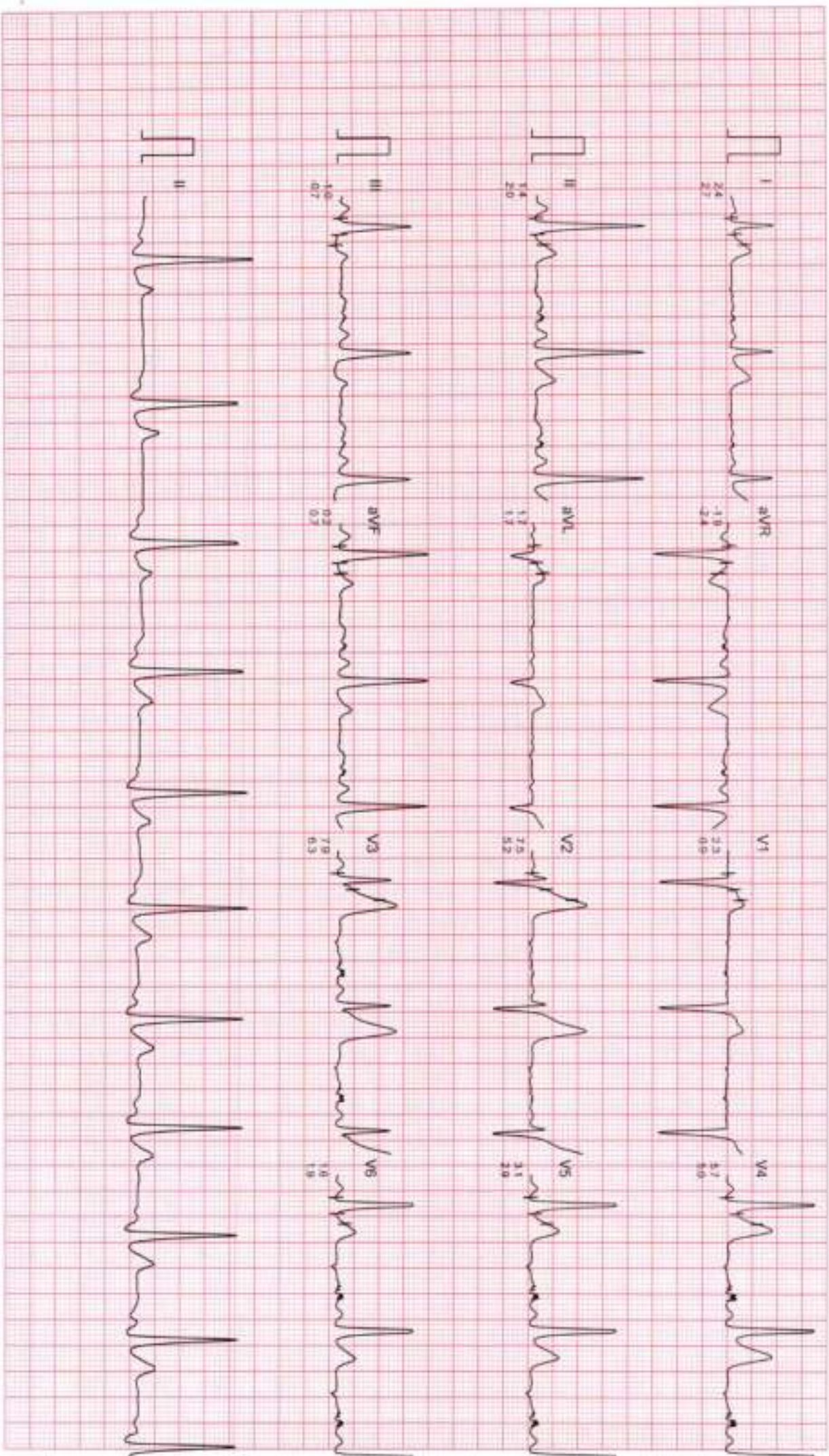
VAI.SALVA
PRETEST

ST @ 10mm/mV
80ms PostU

RATE : 66 BPM

B.P. : 112/70 mmHg

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph.-091-731-2620740, T.091-731-2431214

Mr. SAWALI RAY

ID : 74

AGE/SEX : 53/M

RECORDED : 3-3-2024 10:19

DR. CHARU KOHLI CLINIC

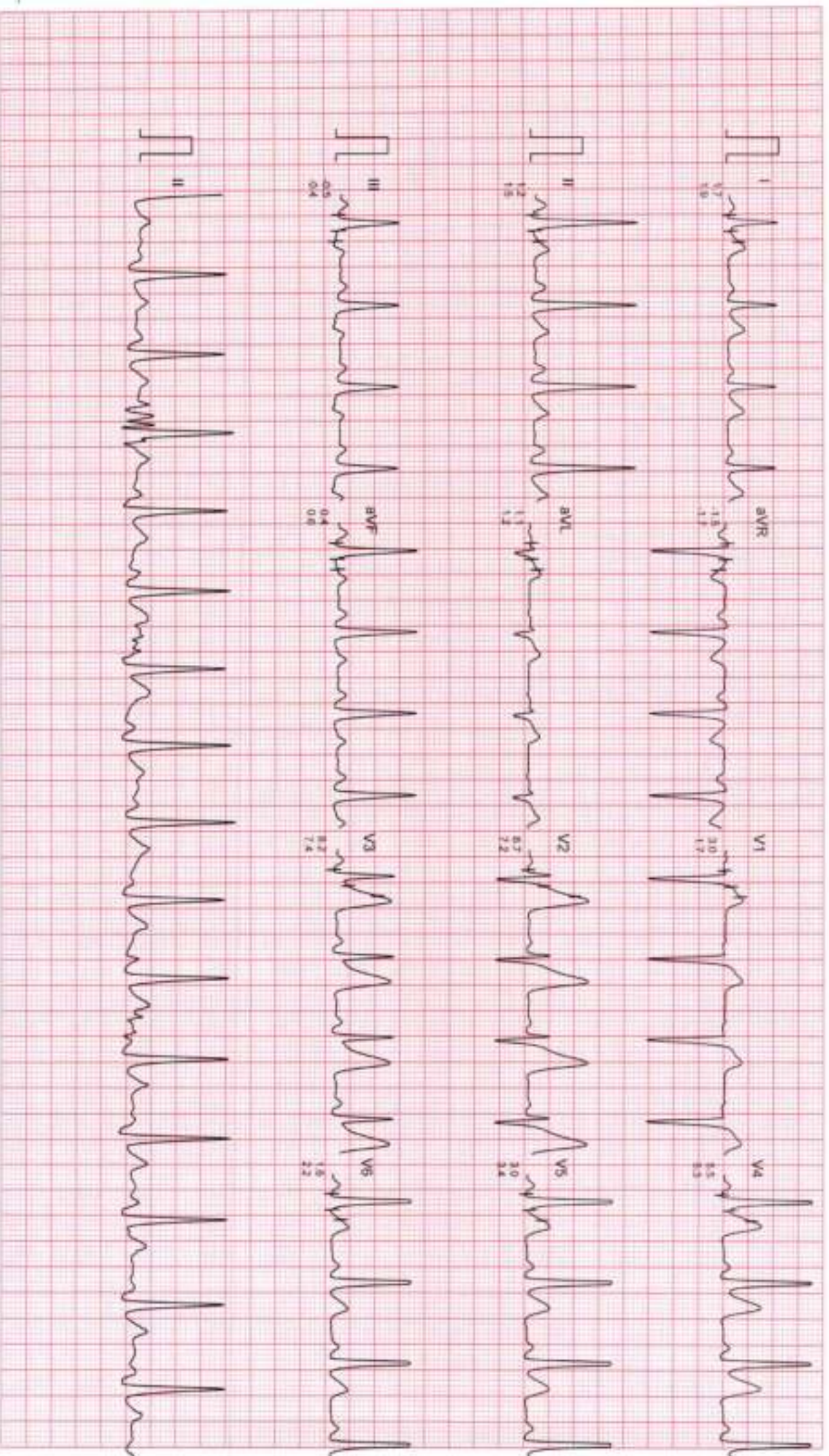
STANDING
PRETEST

ST @ 10mm/mV
80ms PostJ

RATE : 97 BPM

B.P. : 112/70 mmHg

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardCom, INDIA Ph. 091-731-2620740, Telefax: 091-731-2431214

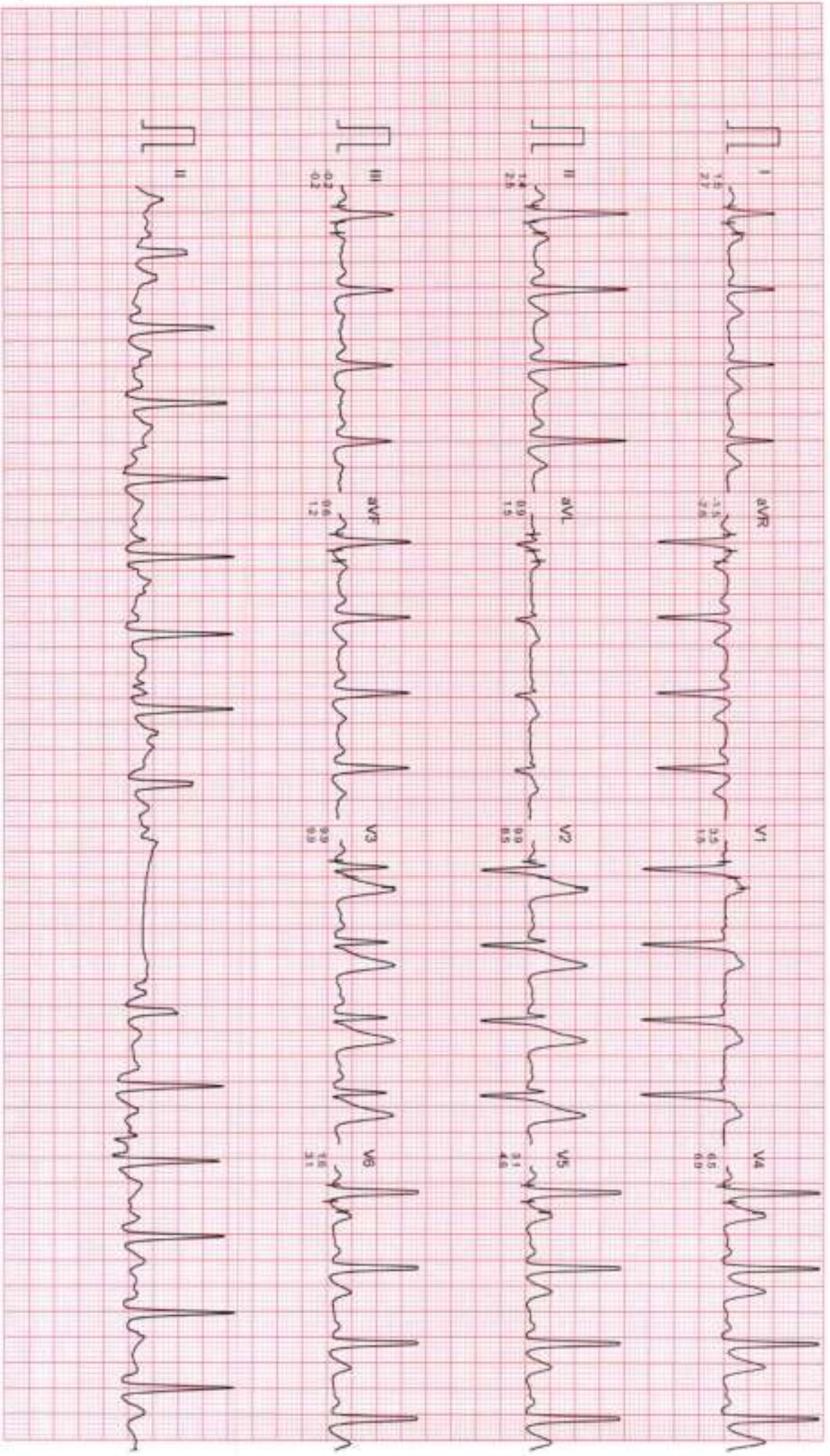
DR. CHARU KOHLI CLINIC

Mr. SAWALI RAY
I.D. : 74
AGE/SEX : 53/M
RECORDED : 3-3-2024 10-19

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 2.7 Km./Hr.
GRADE : 10.0 %

LINKED MEDIAN



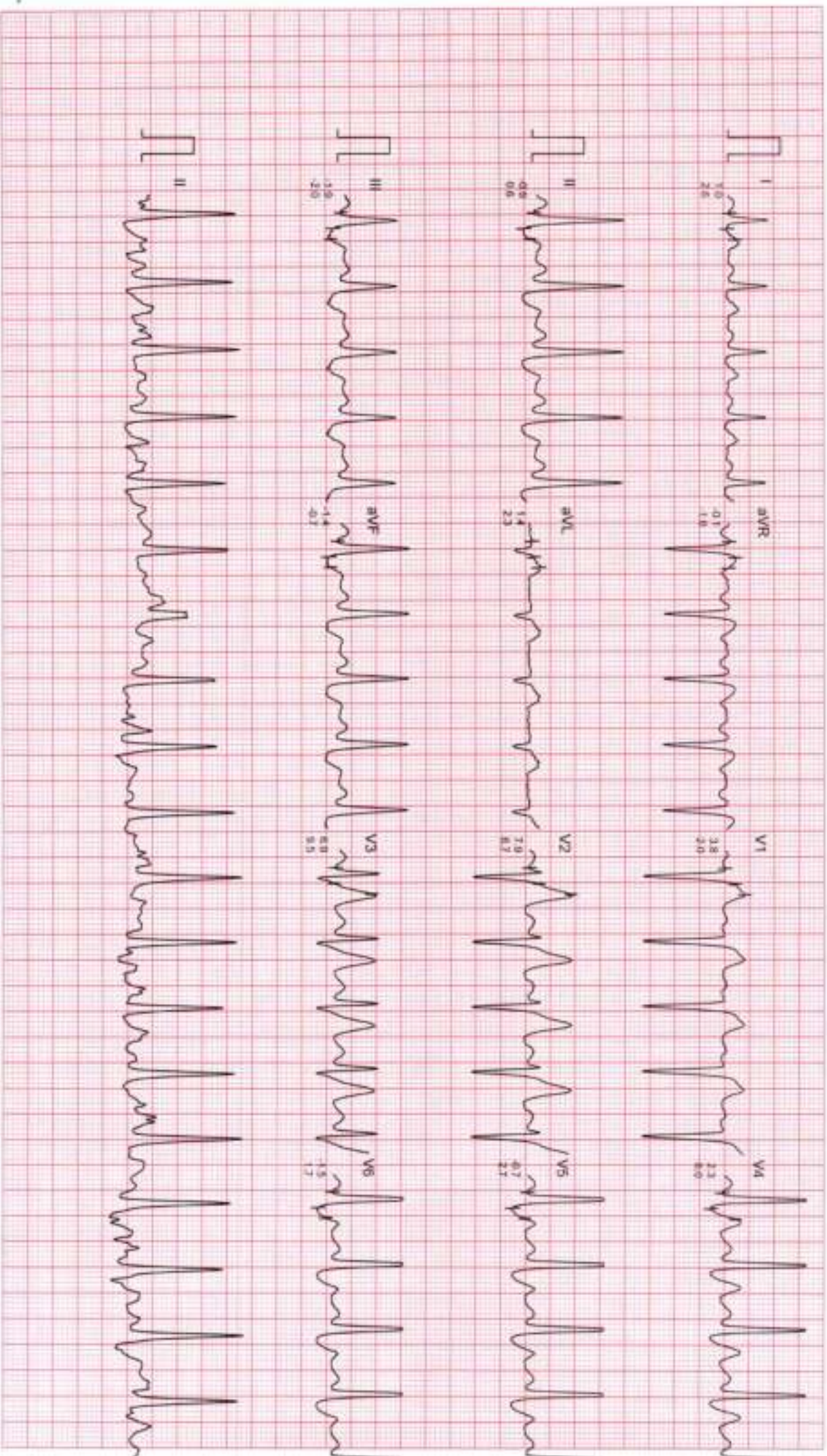
DR. CHARU KOHLI CLINIC

Mr. SAWALI RAY
ID : 74
AGE/SEX : 53/M
RECORDED : 3-3-2024 10-19

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km/Hr
GRADE : 12.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

Zimmerac 10mm/mV

CardiCom, INDIA, Ph. 081-731-2620740, TeleFax 091-731-2431214

DR. CHARU KOHLI CLINIC

Mr. SAWALI RAY

ID : 74

AGE/SEX : 53/M

RECORDED : 3-3-2024 10:19

RATE : 139 BPM

B.P. : 138/78 mmHg

BRUCE

EXERCISE 3

PHASE TIME : 8:59

STAGE TIME : 2:59

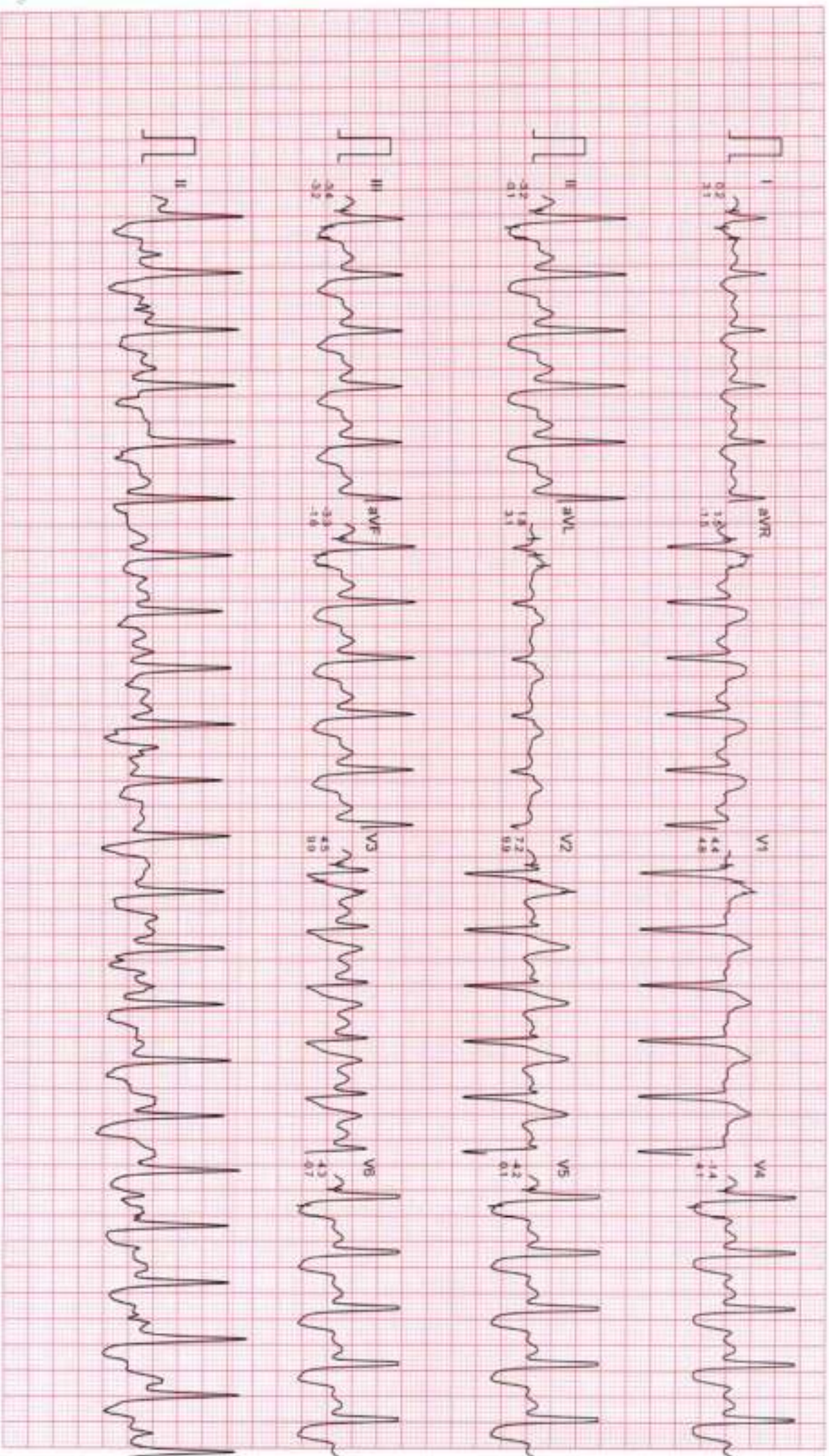
ST @ 10min/kv

80ms PostU

SPEED : 5.4 Km/Hr

GRADE : 14.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740, TollFree: 091-731-2431214

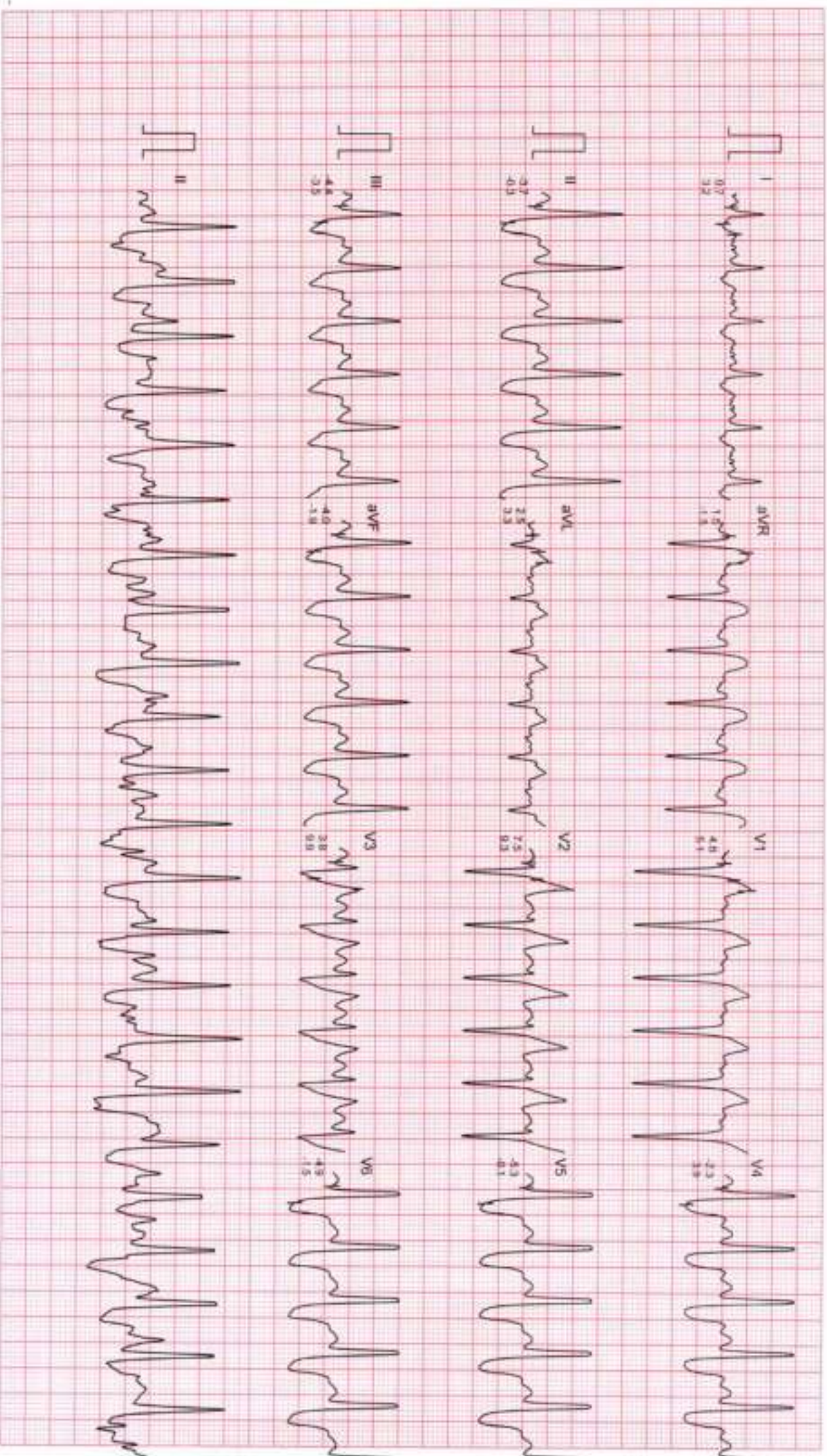
DR. CHARU KOHLI CLINIC

Mr. SAWALI RAY
ID : 74
AGE/SEX : 53/M
RECORDED : 3-3-2024 10:19

BRUCE
EXERCISE 4
PHASE TIME : 9:29
STAGE TIME : 0:29

ST @ 10mm/mV
80ms PostJ
SPEED : 6.7 Km/Hr
GRADE : 16.0 %

LINKED MEDIAN



Filtered

Computer Connected Baseline

25mm/sec 10mm/mV

CardCom, INCIA Ph. 061-731-2630740, TeleFax 091-731-2431214

DR. CHARU KOHLI CLINIC

Mr. SAWALI RAY

ID : 74

AGE/SEX : 53/M

RECORDED : 3-3-2024 10:19

RATE : 147 BPM

B.P. : 138/78 mmHg

BRUCE

PEAK EXERCISE

PHASE TIME : 9.33

STAGE TIME : 0.33

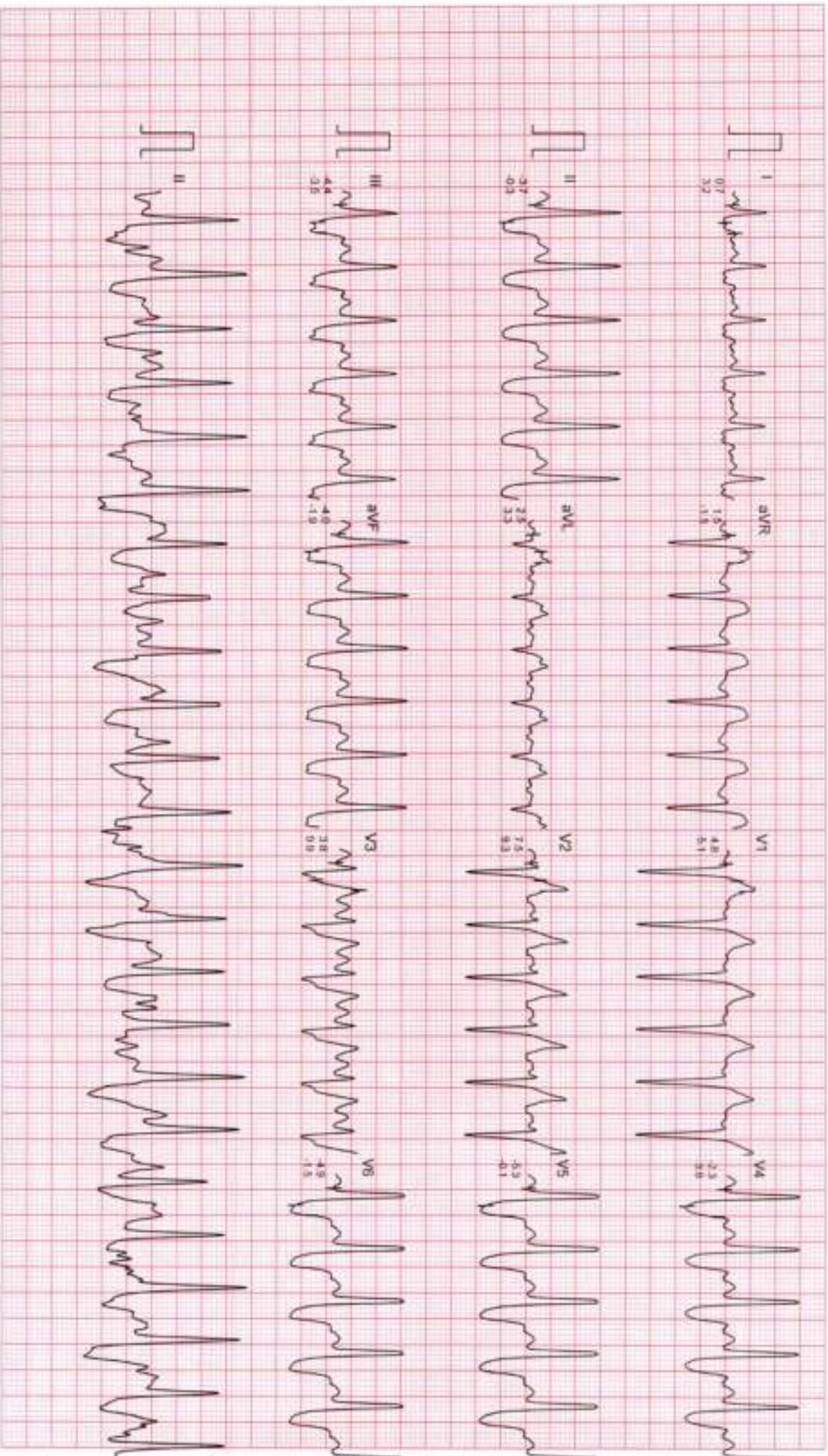
ST @ 10min/IV

80ms PostJ

SPEED : 5.7 Km/HR

GRADE : 16.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

Zimmersec 10mm/mV

CardiCom, MOVA Ph. 091-731-2620740, T. 091-731-2431214

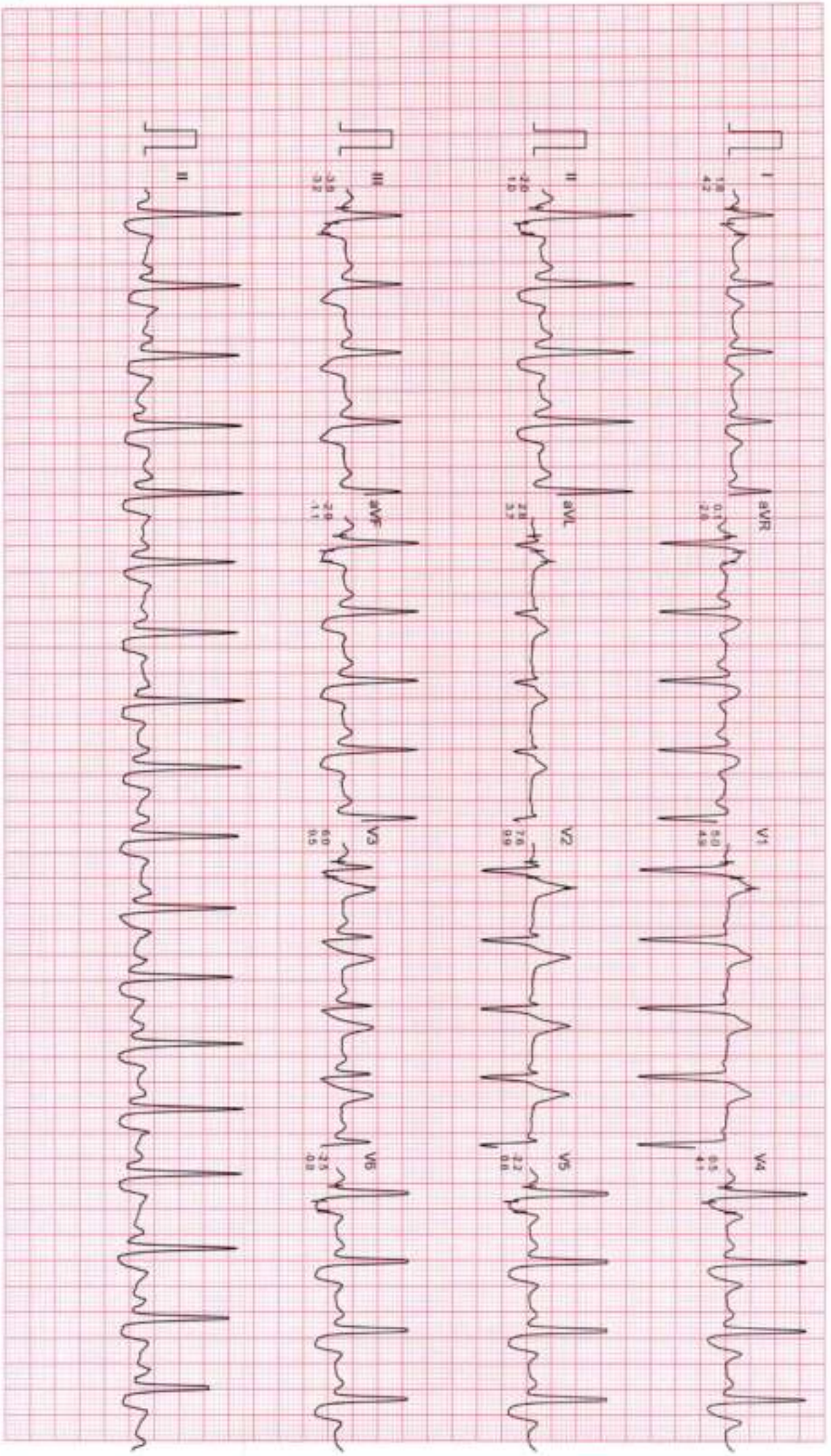
DR. CHARU KOHLI CLINIC

Mr. SAWALI RAY
ID : 74
AGE/SEX : 53/M
RECORDED : 3-3-2024 10:19

BRUCE
RECOVERY
PHASE TIME : 0:59

ST @ 10mm/mV
80ms PostU
SPEED : 0.0 Km/Hr
GRADE : 0.0 %

LINKED MEDIAN



Mr. SAWALI RAY

I.D. : 74

AGE/SEX : 53/M

RECORDED : 3-3-2024 10:19

RATE : 80 BPM

B.P. : 132/72 mmHg

DR. CHARU KOHLI CLINIC

BRUCE

RECOVERY

PHASE TIME : 2:59

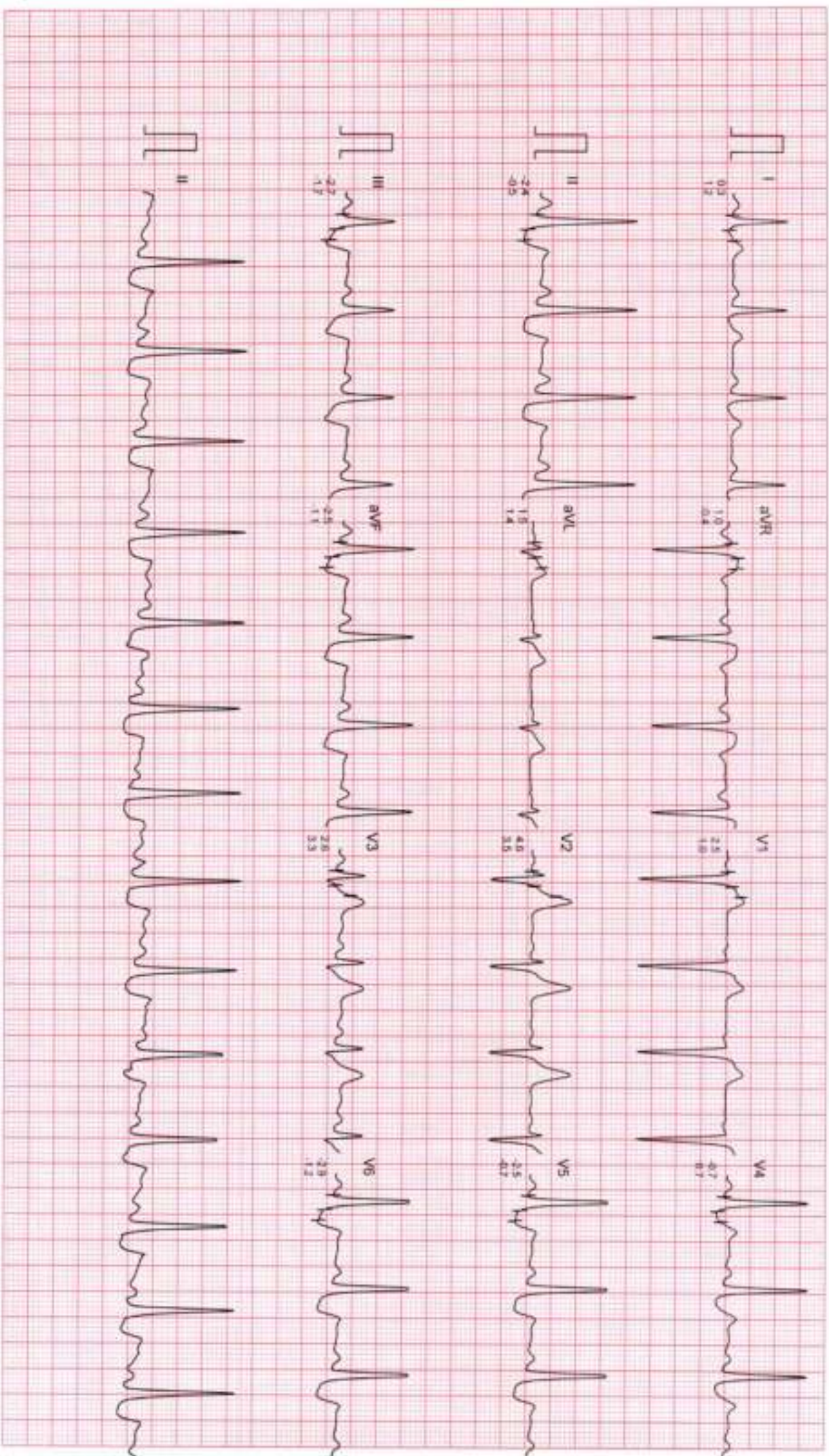
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2020740, Telex: 9X091-731-2431214

DR. CHARU KOHLI CLINIC

Mr. SAWALI RAY

ID : 74

AGE/SEX : 53M

RECORDED : 3-3-2024 10:19

RATE : 88 BPM

B.P. : 114/70 mmHg

BRUCE

RECOVERY

PHASE TIME : 5:59

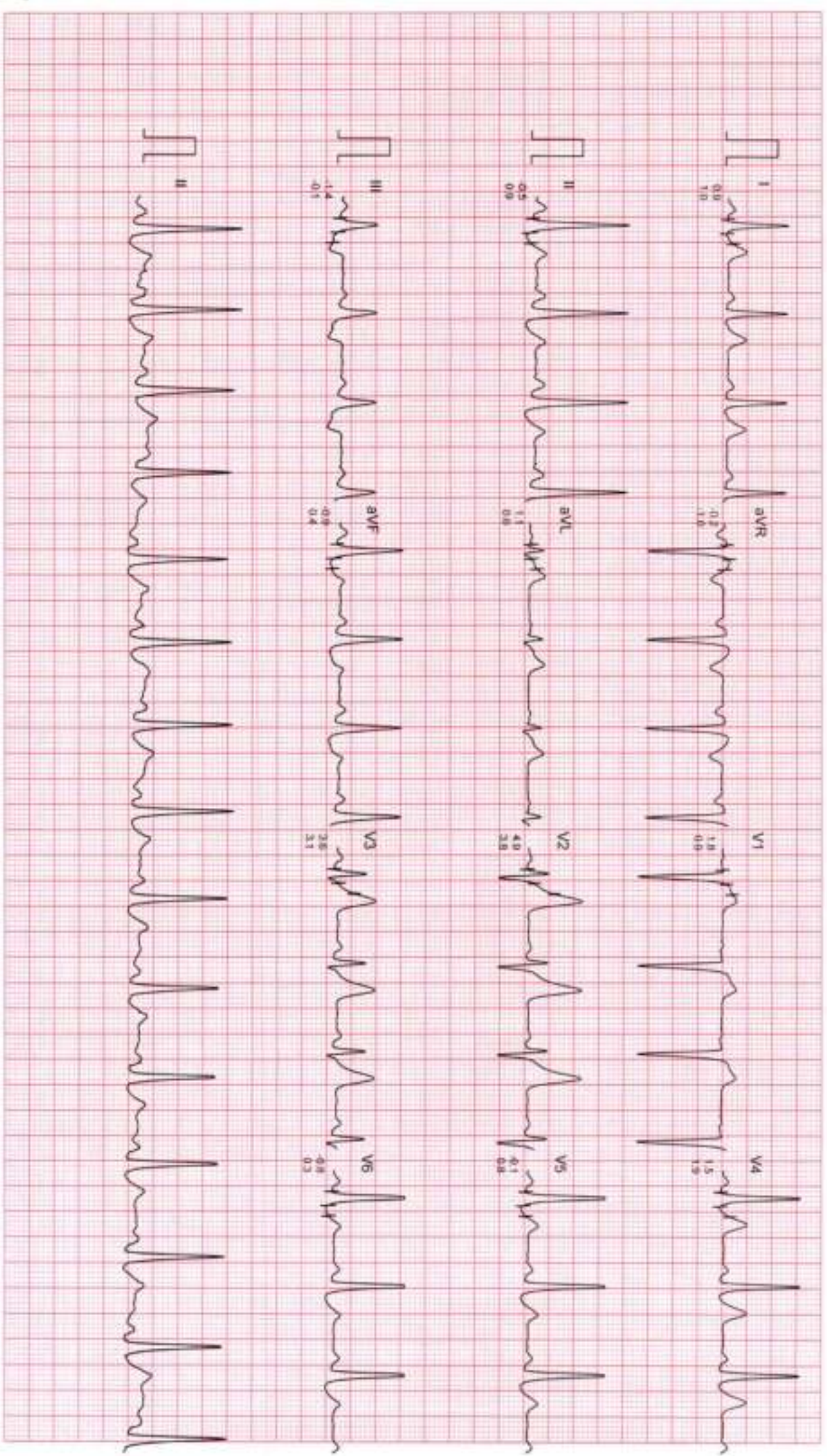
ST @ 10mm/mV

ECGs PostU

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIUM



Filtered

Computer Corrected Baseline

Zoom/sec 10mm/mV

CardCom, INDIA, Ph. 091-731-2620740, Telefax-091-731-2431214



Dr. Charu Kohli's Clinic
C-234 Defence Colony, New Delhi-1 10024
Ph 41550792, 24336960, 24332759
E-mail: drcharukohli@yahoo.com

NAME : SAWALI RAY

AGE/SEX : 53Y/M

DATE : 03.03.2024

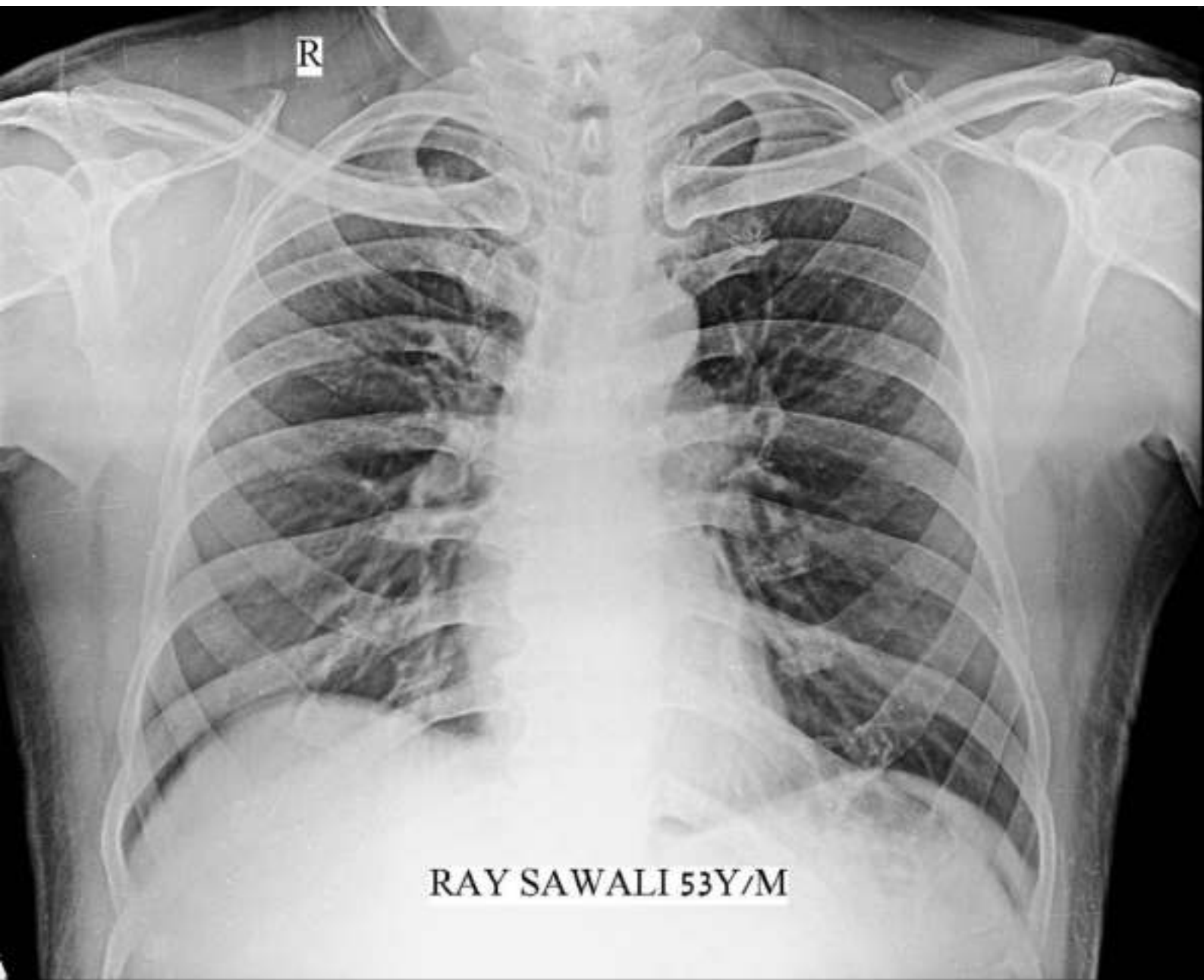
X - RAY CHEST PA VIEW :

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

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.



RAY SAWALI 53Y/M



| | | | |
|-------------------------|-----------------------|----------------------------|---------------------|
| Registration No. | 102320598 | Mobile No. | 9818521106 |
| Patient Name | Mr. SAWALI RAY | Registration Date/Time | 03/03/2024 09:13:40 |
| Age / Sex | 53 Yrs Male | Sample Collected Date/Time | 03/03/2024 09:18:16 |
| Ref By / Hospital | Others MEDI WHEEL | Report Date/Time | 03/03/2024 12:20:56 |
| Collected At | DCKC | Printed Date/Time | 03/03/2024 16:59:53 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

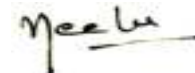
HAEMATOLOGY

Complete Blood Count (CBC)

| | | | |
|--|--------|---------------------|-----------------|
| Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i> | 13.0 | g/dL | 13.0 - 17.0 |
| Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i> | 05.4 | 10 ⁹ /L | 04.0 - 11.0 |
| Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i> | 4.64 | 10 ⁶ /uL | 4.50 - 5.50 |
| Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i> | 41.4 | % | 40.0 - 50.0 |
| Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i> | 89.2 | fL | 83.0 - 101.0 |
| Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i> | 28.1 | pg | 27.0 - 32.0 |
| Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i> | 31.5 | g/dL | 31.5 - 34.5 |
| Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i> | 162.00 | 10 ³ /uL | 150.00 - 410.00 |
| RDW- CV% ,EDTA | 13.8 | % | 11.6 - 14.0 |
| Differential Leucocyte Count <i>Method : Microscopy</i> | | | |
| Neutrophil ,EDTA | 64.0 | % | 40.0 - 80.0 |
| Lymphocyte ,EDTA | 27.0 | % | 20.0 - 45.0 |
| Eosinophil ,EDTA | 3.0 | % | 1.0 - 6.0 |
| Monocyte ,EDTA | 6.0 | % | 2.0 - 10.0 |
| Basophil ,EDTA | 0.0 | % | 0.0 - 2.0 |
| ESR ,EDTA <i>Method : Westergreen</i> | 12 | mm/Ist hr. | 00 - 15 |

Page No: 1 of 10

Checked By :- POOJA



DR. NEELU CHHABRA
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 | DEKA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



| | | | |
|-------------------------|-----------------------|----------------------------|---------------------|
| Registration No. | 102320598 | Mobile No. | 9818521106 |
| Patient Name | Mr. SAWALI RAY | Registration Date/Time | 03/03/2024 09:13:40 |
| Age / Sex | 53 Yrs Male | Sample Collected Date/Time | 03/03/2024 09:18:16 |
| Ref By / Hospital | Others MEDI WHEEL | Report Date/Time | 03/03/2024 15:01:21 |
| Collected At | DCKC | Printed Date/Time | 03/03/2024 16:59:53 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

Blood Group ABO ,EDTA

Method : Forward Grouping

"O"

Rh Typing ,EDTA

Method : Forward Grouping

NEGATIVE

HbA1c ,EDTA

Method : Photometric method

6.1 %

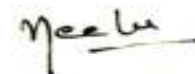
INTERPRETATIONS:-

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 preceding 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.





| | | | |
|-------------------------|-----------------------|----------------------------|---------------------|
| Registration No. | 102320598 | Mobile No. | 9818521106 |
| Patient Name | Mr. SAWALI RAY | Registration Date/Time | 03/03/2024 09:13:40 |
| Age / Sex | 53 Yrs Male | Sample Collected Date/Time | 03/03/2024 09:18:16 |
| Ref By / Hospital | Others MEDI WHEEL | Report Date/Time | 03/03/2024 15:06:45 |
| Collected At | DCKC | Printed Date/Time | 03/03/2024 16:59:53 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

BIOCHEMISTRY

LIPID PROFILE

| | | | |
|--|-------------|-------|--------------|
| Total Lipids ,Serum Plain | 390 | mg/dl | 400 - 700 |
| Serum Cholesterol ,Serum Plain <i>Method : CHOD-POD</i> | 146 | mg/dl | 0 - 200 |
| Serum Triglycerides ,Serum Plain <i>Method : GPO-POD</i> | 98 | mg/dl | 60 - 165 |
| Serum HDL Cholesterol ,Serum Plain <i>Method : Direct Method</i> | 38 | mg/dl | 40 - 70 |
| Serum LDL Cholesterol ,Serum Plain <i>Method : Calculated</i> | 88.4 | mg/dl | 30.0 - 100.0 |
| Serum VLDL Cholesterol ,Serum Plain <i>Method : Calculated</i> | 19.6 | mg/dl | 24.0 - 45.0 |
| Total CHO/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i> | 3.84 | | |
| LDL/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i> | 2.33 | | |

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.

Triglycerides
Female 40 - 140
Male 60 - 165

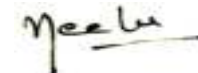
Adult levels:

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

KIDNEY FUNCTION TEST (KFT)

| | | | |
|---|------|-------|-------------|
| Blood Urea ,Serum Plain <i>Method : Urease -UV</i> | 19.9 | mg/dl | 15.0 - 45.0 |
| Serum Creatinine ,Serum Plain <i>Method : Modified Jaffe's</i> | 0.86 | mg/dl | 0.40 - 1.50 |

Checked By :- POOJA



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MD. PATHOLOGIST

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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. | 102320598 | Mobile No. | 9818521106 |
| Patient Name | Mr. SAWALI RAY | Registration Date/Time | 03/03/2024 09:13:40 |
| Age / Sex | 53 Yrs Male | Sample Collected Date/Time | 03/03/2024 09:18:16 |
| Ref By / Hospital | Others MEDI WHEEL | Report Date/Time | 03/03/2024 14:47:42 |
| Collected At | DCKC | Printed Date/Time | 03/03/2024 16:59:53 |

| Test Name | Value | Unit | Biological Ref Interval |
|--|--------|--------|---|
| Serum Uric Acid ,Serum Plain <i>Method : Uricase- POD</i> | 5.30 | mg/dl | 3.40 - 7.00 |
| Serum Sodium ,Serum Plain <i>Method : ISE Direct</i> | 139.0 | mmol/L | 135.0 - 148.0 |
| Serum Potassium ,Serum Plain <i>Method : ISE Direct</i> | 4.20 | mmol/L | 3.50 - 5.00 |
| Serum Chloride ,Serum Plain <i>Method : ISE DIRECT</i> | 100.00 | mmol/L | 97.00 - 107.00 |
| Serum Calcium ,Serum Plain <i>Method : Arsenazo III</i> | 10.30 | mg/dl | New Born : 7.8 - 11.2 mg/dl Adult : 8.2 - 10.6 mg/dl |

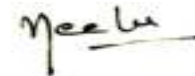


| | | | |
|-------------------------|-----------------------|----------------------------|---------------------|
| Registration No. | 102320598 | Mobile No. | 9818521106 |
| Patient Name | Mr. SAWALI RAY | Registration Date/Time | 03/03/2024 09:13:40 |
| Age / Sex | 53 Yrs Male | Sample Collected Date/Time | 03/03/2024 09:18:16 |
| Ref By / Hospital | Others MEDI WHEEL | Report Date/Time | 03/03/2024 15:06:45 |
| Collected At | DCKC | Printed Date/Time | 03/03/2024 16:59:53 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

LIVER PROFILE / LFT

| | | | |
|---|--------------|-------|--|
| Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i> | 0.45 | mg/dl | 0.00 - 1.20 |
| Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i> | 0.17 | mg/dl | 0.00 - 0.30 |
| Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i> | 0.28 | mg/dl | 0.00 - 0.60 |
| SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i> | 32.7 | IU/l | Males : Upto 46 IU/l Females : Upto 40 IU/l |
| SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i> | 33.4 | IU/l | Upto 49 IU/l |
| Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i> | 176.0 | IU/l | 30.0 - 120.0 |
| Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i> | 8.50 | gm/dl | 6.00 - 8.50 |
| Serum Albumin ,Serum Plain <i>Method : BCG Method</i> | 4.60 | 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> | 23.0 | U/L | 0.0 - 50.0 |





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| Age / Sex | 53 Yrs Male | Sample Collected Date/Time | 03/03/2024 09:18:16 |
| Ref By / Hospital | Others MEDI WHEEL | Report Date/Time | 03/03/2024 15:06:45 |
| Collected At | DCKC | Printed Date/Time | 03/03/2024 16:59:53 |

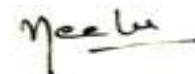
| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

| | | | |
|--|------|-------|--------------|
| Blood Sugar (Fasting) ,Plasma F <i>Method : GOD POD</i> | 98.9 | mg/dl | 70.0 - 110.0 |
|--|------|-------|--------------|

| | | | |
|--|--------------|-------|--------------|
| Blood Sugar (PP) ,Plasma PP <i>Method : GOD POD</i> | 202.8 | mg/dl | 70.0 - 140.0 |
|--|--------------|-------|--------------|

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..





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|-------------------------|-----------------------|----------------------------|---------------------|
| Registration No. | 102320598 | Mobile No. | 9818521106 |
| Patient Name | Mr. SAWALI RAY | Registration Date/Time | 03/03/2024 09:13:40 |
| Age / Sex | 53 Yrs Male | Sample Collected Date/Time | 03/03/2024 09:18:16 |
| Ref By / Hospital | Others MEDI WHEEL | Report Date/Time | 03/03/2024 16:29:13 |
| Collected At | DCKC | Printed Date/Time | 03/03/2024 16:59:53 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

IMMUNOASSAY

TOTAL THYROID PROFILE

| | | | |
|-----------------------|------|--------|--------------|
| Total T3 ,Serum Plain | 1.15 | ng/mL | 0.69 - 2.15 |
| Total T4 ,Serum Plain | 9.33 | ug/dl | 5.20 - 12.70 |
| TSH | 1.78 | 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 |

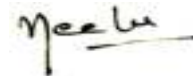
Adults

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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| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

Total PSA ,Serum Plain 0.64 ng/ml 0.00 - 4.00

Increased Value is seen in Benign Prostatic Hypertrophy(BPH), Prostatitis, or Prostate Cancer .

When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low.

When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended.

The Total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the Free:Total PSA ratio helps to determine the relative risk of prostate cancer.

Therefore, some urologists recommend using the Free:Total ratio to help select which men should undergo biopsy.

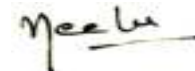
However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer.

Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

| Free PSA as a percent of Total PSA | Probabilty of carcinoma prostate when Total PSA is 4.1 - 10.0 ng / ml |
|------------------------------------|---|
| >= | 26 8 % |
| 20 - 25 | 16 % |
| 15 - 20 | 20 % |
| 10 - 15 | 28 % |
| 0 - 10 | 56 % |

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding.Results obtained with different assay kits cannot be used interchangeably.All results should be corelated with clinical findings and results of other investigations





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| Age / Sex | 53 Yrs Male | Sample Collected Date/Time | 03/03/2024 09:18:16 |
| Ref By / Hospital | Others MEDI WHEEL | Report Date/Time | 03/03/2024 13:23:59 |
| Collected At | DCKC | Printed Date/Time | 03/03/2024 16:59:53 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

| | | |
|-------------------|-------------|-------------|
| Colour ,URINE | Pale Yellow | Pale Yellow |
| Volume ,URINE | 20 mL | |
| Appearance ,URINE | Clear | Clear |

URE CHEMICAL EXAMINATION

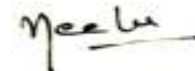
| | | |
|-------------------------------|--------|--------|
| Reaction ,URINE | Acidic | Acidic |
| Ph (Strip Method) ,URINE | 6.0 | 5.0 |
| Specific Gravity ,URINE | 1.030 | 1.000 |
| Protein (Strip Method) ,URINE | Nil | Nil |
| Glucose (Strip Method) ,URINE | Nil | Nil |

URE MICROSCOPY EXAMINATION

| | | |
|-------------------------|------------|--------|
| Pus Cells ,URINE | 1 - 2 /HPF | 0 - 1 |
| Epithelial Cells ,URINE | 2 - 3 /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 | |

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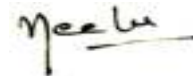


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|-------------------------|-----------------------|----------------------------|---------------------|
| Registration No. | 102320598 | Mobile No. | 9818521106 |
| Patient Name | Mr. SAWALI RAY | Registration Date/Time | 03/03/2024 09:13:40 |
| Age / Sex | 53 Yrs Male | Sample Collected Date/Time | 03/03/2024 09:18:16 |
| Ref By / Hospital | Others MEDI WHEEL | Report Date/Time | 03/03/2024 13:24:08 |
| Collected At | DCKC | Printed Date/Time | 03/03/2024 16:59:53 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

URE SUGAR (FASTING) , URINE NIL

*** End of Report ***



03-03-2024 10:53:05

12.20 s
78.00 kV
8.00 mA

R



03-03-2024 10:53:05

12.20 s
78.00 kV
8.00 mA

R

