

Health Check up Booking Request(22E56241)

From Mediwheel <wellness@mediwheel.in>
Date Wed 3/5/2025 1:59 PM
To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc customercare@mediwheel.in <customercare@mediwheel.in>

EXTERNAL EMAIL - This email was sent by a person from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.



Dear **Manipal Hospital**

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

You confirm this booking? Yes No

Name : MR. KUMAR SUBODH

Contact Details : 9540322264

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

Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment, Ghaziabad, Uttar Pradesh - 201002

Appointment Date : 08-03-2025

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR SUBODH	43 year	Male

Tests included in this Package

- Thyroid Profile
- Urine Analysis
- Prostate Specific Antigen (PSA Male)
- Liver Profile
- Lipid Profile
- HbA1c
- CBC
- Blood Glucose (Post Prandial)
- Blood Glucose (Fasting)
- ESR
- Stool Test

- Chest X-ray
- ECG
- USG Whole Abdomen
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Eye Check-up Consultation
- Dental Consultation
- General Physician Consultation

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.

Please visit to our Terms & Conditions for more informaion. [Click here to unsubscribe.](#)

© 2025 - 26, Arcofemi Healthcare PVT Limited.(Mediwheel)



भारत सरकार
GOVERNMENT OF INDIA



सुबोध कुमार
Subodh Kumar
जन्म तिथि/ DOB: 21/07/1981
पुरुष / MALE



7468 2601 1659

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता:

Address


S/O राम नारायण, हाउस
नंबर 1/218, सेक्टर -एच,
जानकीपुरम, लखनऊ,
लखनऊ,
उत्तर प्रदेश - 226021


S/O Ram Narayan, House
Number 1/218, sec -h,
jankipuram, Lucknow,
Lucknow, Uttar Pradesh -
226021

7468 2601 1659


1947
1800 300 1947


help@uidai.gov.in


www.uidai.gov.in


P.O. Box No.1947,
Bengaluru-560 001

Subodh Kumar Vital Signs™
Male
(43 Years)

226 136 05

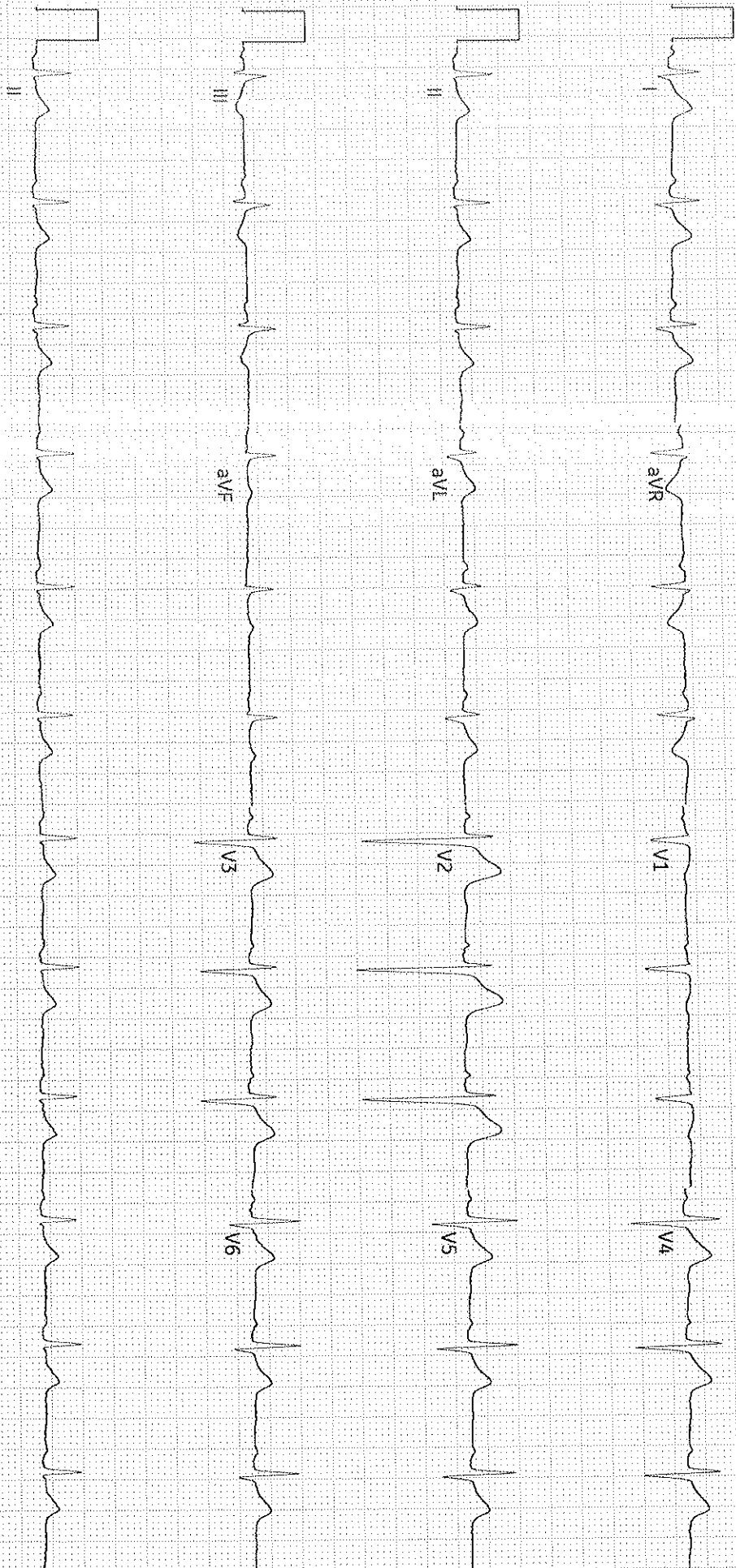
Vent. rate
PR interval
QRS duration
QT/QTc-Baz
P-R-T axes

72 BPM
144 ms
84 ms
360/394 ms
-11 63 15

H/C

08/03/2025 08:50:52 AM
Manipal Hospital

Unconfirmed



25mm/s 10.0mm/mV

0.56-20 Hz ZPD

50 Hz

MAC™ 5.101 SP01

12SL V24

4 by 2.55 + 1 rhythm Id

Page 1 of 1



LABORATORY REPORT

Name : MR SUBODH KUMAR
Registration No : MH015982395
Patient Episode : H18000003891
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 08:39

Age : 43 Yr(s) Sex : Male
Lab No : 202503001187
Collection Date : 08 Mar 2025 08:39
Reporting Date : 09 Mar 2025 10:18

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

Technical note:

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

Page 1 of 1

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR SUBODH KUMAR
Registration No : MH015982395
Patient Episode : H18000003891
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 08:39

Age : 43 Yr(s) Sex : Male
Lab No : 202503001188
Collection Date : 08 Mar 2025 08:39
Reporting Date : 08 Mar 2025 15:44

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	95.8	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.

Page 1 of 1

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

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 10 Mar 2025 12:34



LABORATORY REPORT

Name : MR SUBODH KUMAR
Registration No : MH015982395
Patient Episode : H18000003891
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 08:39

Age : 43 Yr(s) Sex : Male
Lab No : 202503001187
Collection Date : 08 Mar 2025 08:39
Reporting Date : 09 Mar 2025 09:42

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN (PSA-Total) :	0.810	ng/mL	[<2.500]
Method : ELFA			
<p>Note : 1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels. 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity</p>			

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal



LABORATORY REPORT

Name : MR SUBODH KUMAR
Registration No : MH015982395
Patient Episode : H18000003891
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 08:39

Age : 43 Yr(s) Sex : Male
Lab No : 202503001187
Collection Date : 08 Mar 2025 08:39
Reporting Date : 08 Mar 2025 12:32

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.730	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.570	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.510	μIU/mL	[0.250-5.000]

Specimen Type : Serum

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.



LABORATORY REPORT

Name : MR SUBODH KUMAR
Registration No : MH015982395
Patient Episode : H18000003891
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 08:39

Age : 43 Yr(s) Sex : Male
Lab No : 202503001187
Collection Date : 08 Mar 2025 08:39
Reporting Date : 08 Mar 2025 12:41

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	5.54 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.8	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.2	%	[40.0-50.0]
MCV (DERIVED)	78.0 #	fL	[83.0-101.0]
MCH (CALCULATED)	24.9 #	pg	[25.0-32.0]
MCHC (CALCULATED)	31.9	g/dl	[31.5-34.5]
RDW CV% (Calculated)	16.1 #	%	[11.6-14.0]
Platelet count	198	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	0.00	fL	
WBC COUNT (TC) (Flow Cytometry/ Manual)		8.33 x 10 ³ cells/	
cumm	[4.00-10.00]		
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	65.0	%	[40.0-80.0]
Lymphocytes	28.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	15.0 #	mm/1sthour	[0.0-10.0]



LABORATORY REPORT

Name	: MR SUBODH KUMAR	Age	: 43 Yr(s) Sex :Male
Registration No	: MH015982395	Lab No	: 202503001187
Patient Episode	: H18000003891	Collection Date	: 08 Mar 2025 08:39
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 15:48
Receiving Date	: 08 Mar 2025 08:39		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	(4.6-8.0)
pH (Indicators)	6.0	(1.003-1.035)
Specific Gravity (Dip stick-ion)	1.010	

CHEMICAL EXAMINATION

Protein/Albumin (Dip stick)	+	(NEGATIVE)
Glucose (GOP/POD/Manual-Benedicts)	++++	(NIL)
Ketone Bodies (Dip stick)	Negative	(NEGATIVE)
Urobilinogen (Dip stick)	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	



LABORATORY REPORT

Name : MR SUBODH KUMAR
Registration No : MH015982395
Patient Episode : H18000003891
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 08:39

Age : 43 Yr(s) Sex :Male
Lab No : 202503001187
Collection Date : 08 Mar 2025 08:39
Reporting Date : 08 Mar 2025 15:45

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	6.2 #	%	[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)	131	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.			
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL	131	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	53	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	47	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	11	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	73.0	mg/dl	[<120.0] Near/
Above optimal-100-129			Borderline High:130-159 High Risk:160-189



LABORATORY REPORT

Name : MR SUBODH KUMAR
Registration No : MH015982395
Patient Episode : H18000003891
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 08:39

Age : 43 Yr(s) Sex : Male
Lab No : 202503001187
Collection Date : 08 Mar 2025 08:39
Reporting Date : 08 Mar 2025 15:44

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	2.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.6		<3 Optimal 3-4 Borderline >6 High Risk

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	35.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	16.4	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.86	mg/dl	>6 High Risk [0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.2	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	136.70	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	3.75	mmol/L	[3.60-5.10]
SERUM CHLORIDE	101.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name : MR SUBODH KUMAR
Registration No : MH015982395
Patient Episode : H18000003891
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 08:39

Age : 43 Yr(s) Sex : Male
Lab No : 202503001187
Collection Date : 08 Mar 2025 08:39
Reporting Date : 08 Mar 2025 15:43

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	106.2	ml/min/1.73sq.m	[>60.0]
<p>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.</p>			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.68	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.54	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.25	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.31		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	20.26	U/L	[0.00-40.00]



LABORATORY REPORT

Name : MR SUBODH KUMAR
Registration No : MH015982395
Patient Episode : H18000003891
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 08:39

Age : 43 Yr(s) Sex : Male
Lab No : 202503001187
Collection Date : 08 Mar 2025 08:39
Reporting Date : 08 Mar 2025 15:44

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	21.10	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	62.0	IU/L	[32.0-91.0]
GGT	14.0	U/L	[7.0-50.0]

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.

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

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 09 Mar 2025 05:27

cell damage LFT helps in evaluating severity monitoring therapy and assessing prognosis



LABORATORY REPORT

Name : MR SUBODH KUMAR
Registration No : MH015982395
Patient Episode : H18000003891
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 08:39

Age : 43 Yr(s) Sex : Male
Lab No : 202503001188
Collection Date : 08 Mar 2025 08:39
Reporting Date : 08 Mar 2025 15:44

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	95.8	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.

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

Charu

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 09 Mar 2025 05:27



RADIOLOGY REPORT

NAME	Subodh KUMAR	STUDY DATE	08/03/2025 9:37AM
AGE / SEX	43 y / M	HOSPITAL NO.	MH015982395
ACCESSION NO.	R9494787	MODALITY	US
REPORTED ON	08/03/2025 10:39AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: Liver is enlarged in size (measures 159 mm) but normal in shape and echotexture. Rest normal.
SPLEEN: Spleen is normal in size (measures 105 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 11.5 mm.
COMMON BILE DUCT: Appears normal in size and measures 3.4 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 101 x 48 mm.
Left Kidney: measures 118 x 48 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 34 x 31 x 30 mm with volume 17 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops are not dilated and show normal peristalsis.

IMPRESSION

- Hepatomegaly (ADV: LFT Correlation).

Recommend clinical correlation.

Dr. Monica Shekhawat
MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)
CONSULTANT RADIOLOGIST

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



NAME	Subodh KUMAR	STUDY DATE	08/03/2025 9:06AM
AGE / SEX	43 y / M	HOSPITAL NO.	MH015982395
ACCESSION NO.	R9494786	MODALITY	CR
REPORTED ON	08/03/2025 9:30AM	REFERRED BY	HEALTH CHECK MGD

X-RAY CHEST – PA VIEW

FINDINGS:

Lung fields appear normal on both sides.
Cardia appears normal.
Both costophrenic angles appear normal.
Both domes of the diaphragm appear normal.
Bony cage appear normal.

IMPRESSION:

No significant abnormality noted.



Dr. Rahul Suhas Whatkar

MBBS,DMRD,DNB Radiology Reg No. MMC 2009/04/1858

CONSULTANT RADIOLOGIST

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