

Health Check up Booking Confirmed Request(22S38980),Package Code-, Beneficiary Code-294748

From Mediwheel <wellness@mediwheel.in>

Date Thu 11/14/2024 2:42 PM

To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

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**Mediwheel**  
...Your wellness partner

**011-41195959**

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

**Hospital**

**Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Patient Package Name**

: Mediwheel Full Body Health Checkup Male Below 40

**Contact Details** : 7575820319

**Appointment Date**

: 15-11-2024

**Confirmation Status**

: Booking Confirmed

**Preferred Time** : 08:30 AM - 09:00 AM

Member Information		
Booked Member Name	Age	Gender
Shashank yadav	35 year	Male

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team

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 भारत सरकार  
GOVERNMENT OF INDIA

 आ धार

ISSUE DATE: 27/02/2012



शशांक यादव  
Shashank Yadav  
जन्म तिथि / DOB: 24/05/1989  
पुरुष / MALE  
Mobile No.: 9958084867  
**4880 3329 0216**  
VID : 9170 5272 5436 8057

मेरा आधार, मेरी पहचान

Shashank



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता  
S/O रविन्द्र यादव, 276, बारी खा चोक्क,, जलेशर, एटा,  
उत्तर प्रदेश - 207302

Address:  
S/O Ravindra Yadav, 276, bari kha  
chowk,, Jalesar, Etah, Uttar Pradesh -  
207302



Download Date: 14/11/2022

4880 3329 0216  
VID : 9170 5272 5436 8057



1947



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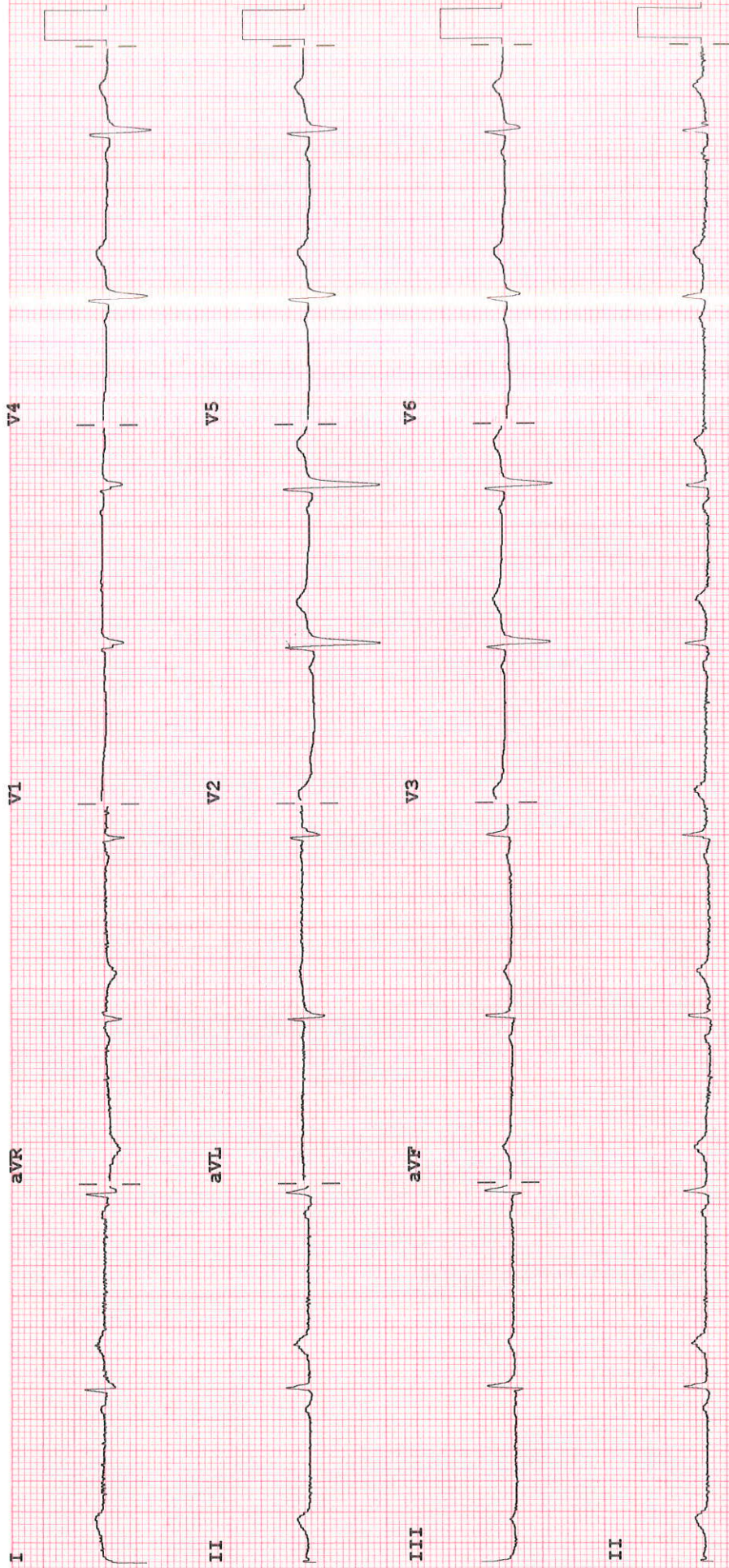
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(MC)

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



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

F 60~ 0.15-100 Hz

PH100B CL P?

Dev:





## TMT INVESTIGATION REPORT

Patient Name	MR SHASHANK YADAV	Location	: Ghaziabad
Age/Sex	: 35Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH014279067	Order Date	: 15/11/2024
Ref. Doctor	: H/C	Report Date	: 15/11/2024

**Protocol** : Bruce  
**Duration of exercise** : 6min 11sec  
**Reason for termination** : THR achieved  
**Blood Pressure (mmHg)** : Baseline BP : 120/80mmHg  
Peak BP : 140/80mmHg

**MPHR** : 185BPM  
**85% of MPHR** : 157BPM  
**Peak HR Achieved** : 189BPM  
**% Target HR** : 102%  
**METS** : 7.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	75	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	144	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	177	140/80	Nil	No ST changes seen	Nil
STAGE 3	0:11	189	140/80	Nil	No ST changes seen	Nil
RECOVERY	3:14	95	130/80	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY),FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY),MNAMS  
Sr.Consultant Cardiology

**Dr. Sudhanshu Mishra**  
Cardiology Registrar

**Dr. Geetesh Govil**  
MD,D.Card,PGDCC,MAAC,M.Med,MIMA,FAGE  
Jr. Consultant Cardiology

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad,Uttar Pradesh - 201 002

P: 0120-3535353

Manipal Health Enterprises Private Limited

CIN:U85110KA2003PTC033055

Regd. Off.The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P+91 80 4936 0300 Einfo@manipalhospitals.com www.manipalhospitals.com



LABORATORY REPORT

Name : MR SHASHANK YADAV  
Registration No : MH014279067  
Patient Episode : H18000003228  
Referred By : HEALTH CHECK MGD  
Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male  
Lab No : 202411002846  
Collection Date : 15 Nov 2024 09:07  
Reporting Date : 15 Nov 2024 13:45

**BLOOD BANK**

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

**Technical note:**

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

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**NOTE:**

# - Abnormal Values

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

Dr. Charu Agarwal  
Consultant Pathologist



**LABORATORY REPORT**

Name : MR SHASHANK YADAV  
Registration No : MH014279067  
Patient Episode : H18000003228  
Referred By : HEALTH CHECK MGD  
Receiving Date : 15 Nov 2024 13:12

Age : 35 Yr(s) Sex : Male  
Lab No : 202411002848  
Collection Date : 15 Nov 2024 13:12  
Reporting Date : 16 Nov 2024 12:53

**BIOCHEMISTRY**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	124.1	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





**LABORATORY REPORT**

**Name** : MR SHASHANK YADAV  
**Registration No** : MH014279067  
**Patient Episode** : H18000003228  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 15 Nov 2024 09:07

**Age** : 35 Yr(s) Sex :Male  
**Lab No** : 202411002846  
**Collection Date** : 15 Nov 2024 09:07  
**Reporting Date** : 15 Nov 2024 13:14

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Specimen Type : Serum</b>			
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ELFA)	1.130	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.780	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.300	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.



**LABORATORY REPORT**

Name : MR SHASHANK YADAV  
Registration No : MH014279067  
Patient Episode : H18000003228  
Referred By : HEALTH CHECK MGD  
Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex :Male  
Lab No : 202411002846  
Collection Date : 15 Nov 2024 09:07  
Reporting Date : 15 Nov 2024 13:17

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.81	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.8	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.2	%	[40.0-50.0]
MCV (DERIVED)	87.7	fL	[83.0-101.0]
MCH (CALCULATED)	28.7	pg	[25.0-32.0]
MCHC (CALCULATED)	32.7	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.0	%	[11.6-14.0]
Platelet count	277	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.30	fL	
WBC COUNT (TC) (IMPEDENCE)	5.84	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	49.0	%	[40.0-80.0]
<b>Lymphocytes</b>	<b>43.0 #</b>	%	<b>[20.0-40.0]</b>
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>25.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-10.0]</b>



**LABORATORY REPORT**

Name : MR SHASHANK YADAV  
Registration No : MH014279067  
Patient Episode : H18000003228  
Referred By : HEALTH CHECK MGD  
Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male  
Lab No : 202411002846  
Collection Date : 15 Nov 2024 09:07  
Reporting Date : 15 Nov 2024 14:47

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.2	%	[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)	103	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	1.005	(1.003-1.035)

**CHEMICAL EXAMINATION**

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



**LABORATORY REPORT**

<b>Name</b>	: MR SHASHANK YADAV	<b>Age</b>	: 35 Yr(s) Sex :Male
<b>Registration No</b>	: MH014279067	<b>Lab No</b>	: 202411002846
<b>Patient Episode</b>	: H18000003228	<b>Collection Date</b>	: 15 Nov 2024 09:46
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 15 Nov 2024 13:51
<b>Receiving Date</b>	: 15 Nov 2024 09:46		

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

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

**Serum LIPID PROFILE**

<b>Serum TOTAL CHOLESTEROL</b>	<b>217 #</b>	<b>mg/dl</b>	<b>[&lt;200]</b>
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
<b>TRIGLYCERIDES (GPO/POD)</b>	<b>180 #</b>	<b>mg/dl</b>	<b>[&lt;150]</b>
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	56	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
<b>VLDL- CHOLESTEROL (Calculated)</b>	<b>36 #</b>	<b>mg/dl</b>	<b>[0-35]</b>
<b>CHOLESTEROL, LDL, CALCULATED</b>	<b>126.0 #</b>	<b>mg/dl</b>	<b>[&lt;120.0]</b>
			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)	2.3		<3 Optimal 3-4 Borderline >6 High Risk





**LABORATORY REPORT**

Name : MR SHASHANK YADAV  
Registration No : MH014279067  
Patient Episode : H18000003228  
Referred By : HEALTH CHECK MGD  
Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male  
Lab No : 202411002846  
Collection Date : 15 Nov 2024 09:07  
Reporting Date : 15 Nov 2024 10:15

**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	17.4	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.1	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.97	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.7	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	139.30	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.47	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	100.7	ml/min/1.73sq.m	[>60.0]

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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Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male  
Lab No : 202411002846  
Collection Date : 15 Nov 2024 09:07  
Reporting Date : 15 Nov 2024 10:15

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.51	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.06	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.45	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.49	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.40		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	26.01	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	32.70	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	88.1	IU/L	[32.0-91.0]
GGT	20.7	U/L	[7.0-50.0]



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Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male  
Lab No : 202411002846  
Collection Date : 15 Nov 2024 09:07  
Reporting Date : 15 Nov 2024 10:15

**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.

Page 6 of 7

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

Dr. Charu Agarwal  
Consultant Pathologist



**LABORATORY REPORT**

Name : MR SHASHANK YADAV  
Registration No : MH014279067  
Patient Episode : H18000003228  
Referred By : HEALTH CHECK MGD  
Receiving Date : 15 Nov 2024 09:07

Age : 35 Yr(s) Sex : Male  
Lab No : 202411002847  
Collection Date : 15 Nov 2024 09:07  
Reporting Date : 15 Nov 2024 11:17

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	84.5	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-----

**Dr. Charu Agarwal**  
Consultant Pathologist





NAME	Shashank YADAV	STUDY DATE	15/11/2024 9:27AM
AGE / SEX	35 y / M	HOSPITAL NO.	MH014279067
ACCESSION NO.	R8587445	MODALITY	US
REPORTED ON	15/11/2024 10:09AM	REFERRED BY	HEALTH CHECK MGD

### USG ABDOMEN & PELVIS FINDINGS

LIVER: appears grossly enlarged in size (measures 188 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: appears enlarged in size (measures 122 mm) but normal in shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 12.5 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.2 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 103 x 52 mm.

Left Kidney: measures 107 x 50 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 30 x 28 x 25 mm with volume 11 cc.

Prostatic parenchymal calcification is seen. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

### IMPRESSION

- Gross hepatomegaly with diffuse grade I fatty infiltration in liver.
- Splenomegaly.

Recommend clinical correlation.



Dr. Monica Shekhawat

MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)

CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	Shashank YADAV	STUDY DATE	15/11/2024 9:22AM
AGE / SEX	35 y / M	HOSPITAL NO.	MH014279067
ACCESSION NO.	R8587444	MODALITY	CR
REPORTED ON	15/11/2024 9:28AM	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.  
Needs correlation with clinical findings and other investigations.



**Dr. Sapna Sharma**  
**MBBS,DNB, Reg No 8191**  
**CONSULTANT RADIOLOGIST**

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