

Health Check up Booking Request(22E56926)

From Mediwheel <wellness@mediwheel.in>
Date: Fri 3/7/2025 12:03 PM
To: PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc: customercare@mediwheel.in <customercare@mediwheel.in>

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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 SAURABH

Contact Details : 7383554477

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 SAURABH	41 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



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आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SAURABH KUMAR

JAGDISH PRASAD SHARMA

16/02/1984

Permanent Account Number

DDEPK6644G

Saurabh Kumar

Signature



02/07/2013



बैंक ऑफ बरोडा
Bank of Baroda



नाम
Name Saurabh Kumar

कर्मचारी कूट क्र.
Employee Code No. 106781

जारीकर्ता प्राधिकारी
Issuing Authority

Saurabh Kumar

धारक के हस्ताक्षर
Signature of Holder

फिलिंग पर, निम्नलिखित की शीटें
मुख्य प्रबंधक (सुरक्षा)
बैंक ऑफ बरोडा, अहमदाबाद जंक्शन,
चौथी मंज, बैंक ऑफ बरोडा टॉवर्स, लॉ गार्डन के सामने, एलिफंटा.
अहमदाबाद - 380 006, गुजरात, भारत
फोन : 91 079 26473041 फैक्स : 91 079 26467916

If found, please return to
Chief Manager (Security)
Bank of Baroda, Ahmedabad Zone,
4th Floor, Bank of Baroda Towers, Opp. Law Garden, Ellisbridge,
Ahmedabad - 380 006, Gujarat, India.
Phone : 91 079 26473041 Fax : 91 079 26467916

रक्त समूह Blood Group : A⁺⁺

पहचान चिह्न Identification Marks : A Mole on the Right Temple

PRIN
क्र.नं.

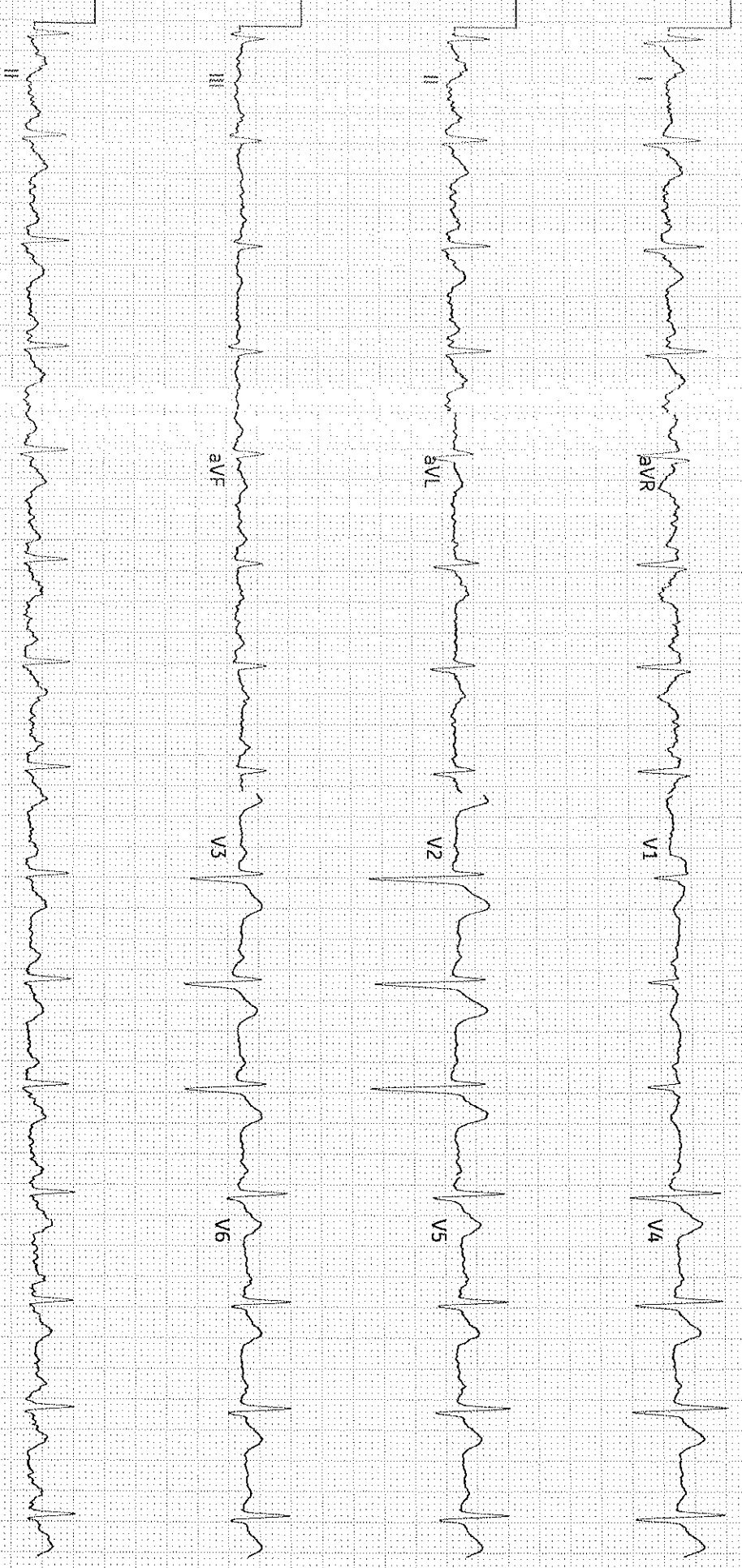
Saurabh kumar
Male
(41 years)

228 168 05
Vent. rate 87 BPM
PR interval 162 ms
QRS duration 86 ms
QT/QTc-Baz 338/406 ms
p-R-T axes 51 60 36

H/C

08/03/2025 01:16:32 PM
Manipal Hospital

Unconfirmed





Patient Name	MR SAURABH KUMAR	Location	Ghaziabad
AgeSex	41Year(s)/male	Visit No	: V00000000001-GHZB
MRN No	MH015983623	Order Date	:08/03/2025
RefDoctor	H/C	Report Date	:08/03/2025

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Concentric LVH.
3. Grade I LV diastolic dysfunction.
4. Trace MR, No AR.
5. Trace TR, Normal PASP.
6. No intracardiac clot/vegetation/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It is normal sized.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal, Trace MR.
- **Tricuspid Valve:** Trace TR.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

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 0300E info@manipalhospitals.com www.manipalhospitals.com



Patient Name	MR SAURABH KUMAR	Location	Ghaziabad
Age/Sex	41 Year(s)/male	Visit No	: V0000000001-GHZB
	MH015983623	Order Date	08/03/2025
Ref. Doctor	: H/C	Report Date	08/03/2025

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	24	20-36 (22mm/M ²)
Aortic valve opening	19	15-26
Left atrium size	26	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	42	29	(ED=37-53:Es=22-40)
Interventricular septum	13	15	(ED=6-12)
Posterior wall thickness	12	14	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-89/97 DT-	Trace
Aortic	180	Nil
Tricuspid	41	Trace
Pulmonary	74	Nil

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

Dr. Sudhanshu Mishra
Cardiology Registrar

Manipal Hospital, Ghaziabad

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

P : 0120-3535353

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

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

Page 2 of 2

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**RADIOLOGY REPORT**

NAME	Saurabh KUMAR	STUDY DATE	08/03/2025 11:32AM
AGE / SEX	41 y / M	HOSPITAL NO.	MH015983623
ACCESSION NO.	R9498498	MODALITY	US
REPORTED ON	08/03/2025 5:02PM	REFERRED BY	HEALTH CHECK MGD

ULTRA SOUND - WHOLE ABDOMEN

CHEST: There is no evidence of basal pleural effusion on either side. Both hemi diaphragms show normal symmetrical diaphragmatic excursions. There is no pericardial effusion seen.

LIVER- Liver is enlarged in size and shows diffuse grade ii fatty changes; normal in shape, outline and echotexture with smooth surface. There is no abnormal focal intrahepatic solid or cystic mass seen. There is no liver abscess seen. Intra hepatic biliary radicals are normal. Portal vein is normal in course and caliber. Hepatic veins and IVC are normal.

GALL BLADDER- GB is normal, distended and shows echofree lumen. There is no intra luminal calculus or mass lesion seen. Gall bladder wall is normal in thickness. CBD is normal in course and caliber. There is no IHBRD seen.

PANCREAS - Pancreas is normal in size, shape, outline and echotexture. There is no focal mass, calcification, cyst or abscess seen. PD is not dilated. Peripancreatic fat is normal.

NODES: There are no significantly enlarged lymph nodes seen. Major abdominal vessels are normal.

SPLEEN - Spleen is normal in size and echotexture. There is no abnormal cyst, abscess, calcification or solid mass lesion seen. Splenic vessels are normal.

KIDNEYS - Both kidneys are normal in size, shape, position, outline and echotexture with maintained cortico-medullary differentiation. There is no focal solid mass seen. There is no renal cortical cyst noted. There is no obstructive hydronephrosis or any large renal calculus seen on either side. Tiny renal concretions cannot be ruled out. Ureters are not seen dilated on either side.

URINARY BLADDER: is partially distended with echo-free lumen. There is no intra-luminal mass lesion or calculus seen. Bladder wall thickness is normal.

BOWEL: Visualized bowel loops are unremarkable & show normal bowel wall thickness. There is no abnormal bowel mass seen. There are no features suggesting intestinal obstruction or perforation.

PROSTATE: is normal in size, shape, outline and echotexture. There is no abnormal focal mass, cyst or abscess seen. Periprostatic fat is normal. Seminal vesicles are normal in size and echotexture.

**RADIOLOGY REPORT**

NAME	Saurabh KUMAR	STUDY DATE	08/03/2025 11:32AM
AGE / SEX	41 y / M	HOSPITAL NO.	MH015983623
ACCESSION NO.	R9498498	MODALITY	US
REPORTED ON	08/03/2025 5:02PM	REFERRED BY	HEALTH CHECK MGD

FLUID: There is no free fluid noted in the pelvis.

IMPRESSION- USG findings reveal mild hepatomegaly with diffuse grade ii fatty changes in liver; otherwise no significant sonological abnormality and normal study of rest abdominal viscera. Bowel mucosal pathology cannot be ruled out (Gastritis / IBS)

ADVISED – clinical correlation, lab investigations and follow up



Dr. Jai Hari Agarwal
MD
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	Saurabh KUMAR	STUDY DATE	08/03/2025 11:25AM
AGE / SEX	41 y / M	HOSPITAL NO.	MH015983623
ACCESSION NO.	R9498497	MODALITY	CR
REPORTED ON	08/03/2025 12:59PM	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.

Mild elevated right dome of the diaphragm. Left appears normal.
Bony cage appear normal.

IMPRESSION:

No significant abnormality noted in lung fields.

Needs correlation with clinical findings and other investigations.

Anilkumarr Swammy

Dr. Anilkumarr swammy

Consultant Radiology

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



LABORATORY REPORT

Name	: MR SAURABH KUMAR	Age	: 41 Yr(s) Sex :Male
Registration No	: MH015983623	Lab No	: 202503001291
Patient Episode	: H18000003916	Collection Date	: 08 Mar 2025 14:30
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2025 09:39
Receiving Date	: 08 Mar 2025 14:30		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	168.8 #	mg/dl	[80.0-140.0]
Method: Hexokinase			

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. Charu Agarwal
Consultant Pathologist

Printed On : 10 Mar 2025 12:23



LABORATORY REPORT

Name : MR SAURABH KUMAR
Registration No : MH015983623
Patient Episode : H18000003916
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:09

Age : 41 Yr(s) Sex : Male
Lab No : 202503001289
Collection Date : 08 Mar 2025 11:09
Reporting Date : 09 Mar 2025 09:41

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total)	0.410	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 SAURABH KUMAR
Registration No : MH015983623
Patient Episode : H18000003916
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:09

Age : 41 Yr(s) Sex : Male
Lab No : 202503001289
Collection Date : 08 Mar 2025 11:09
Reporting Date : 08 Mar 2025 15:33

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.630	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.220	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	4.430	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 SAURABH KUMAR
Registration No : MH015983623
Patient Episode : H18000003916
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:09

Age : 41 Yr(s) Sex : Male
Lab No : 202503001289
Collection Date : 08 Mar 2025 11:09
Reporting Date : 08 Mar 2025 15:28

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.95	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.4	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.1	%	[40.0-50.0]
MCV (DERIVED)	87.1	fL	[83.0-101.0]
MCH (CALCULATED)	29.1	pg	[25.0-32.0]
MCHC (CALCULATED)	33.4	g/dl	[31.5-34.5]
RDW CV% (Calculated)	14.5 #	%	[11.6-14.0]
Platelet count	232	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.50	fL	
WBC COUNT (TC) (Flow Cytometry/ Manual)	7.89	x 10 ³ cells/	
cumm	[4.00-10.00]		
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	69.0	%	[40.0-80.0]
Lymphocytes	21.0	%	[20.0-40.0]
Monocytes	9.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	10.0	mm/1sthour	[0.0-10.0]



LABORATORY REPORT

Name : MR SAURABH KUMAR
Registration No : MH015983623
Patient Episode : H1800003916
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:48

Age : 41 Yr(s) Sex : Male
Lab No : 202503001289
Collection Date : 08 Mar 2025 11:48
Reporting Date : 08 Mar 2025 15:46

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
pH (indicators)	6.0	(4.6-8.0)
Specific Gravity (Dip stick-ion)	1.020	(1.003-1.035)

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	1-2 /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 SAURABH KUMAR
Registration No : MH015983623
Patient Episode : H18000003916
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:09

Age : 41 Yr(s) Sex : Male
Lab No : 202503001289
Collection Date : 08 Mar 2025 11:09
Reporting Date : 08 Mar 2025 15:33

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	6.5 #	%	[0.0-5.6]
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)	140	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 Method:Oxidase,esterase, peroxide	204 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	211 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	45	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated) CHOLESTEROL, LDL, CALCULATED	42 # 116.0	mg/dl mg/dl	[0-35] [<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name : MR SAURABH KUMAR
Registration No : MH015983623
Patient Episode : H18000003916
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:09

Age : 41 Yr(s) Sex : Male
Lab No : 202503001289
Collection Date : 08 Mar 2025 11:09
Reporting Date : 08 Mar 2025 15:33

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	4.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.6		<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	28.8	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	13.5	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	1.04	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	7.2	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	135.70 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.49	mmol/L	[3.60-5.10]
SERUM CHLORIDE	101.7	mmol/L	[101.0-111.0]
Method: ISE Indirect			



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Receiving Date : 08 Mar 2025 11:09

Age : 41 Yr(s) Sex : Male
Lab No : 202503001289
Collection Date : 08 Mar 2025 11:09
Reporting Date : 08 Mar 2025 15:33

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	88.8	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	0.74	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.17	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.57	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.94	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	1.56		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	29.63	U/L	[0.00-40.00]

**LABORATORY REPORT**

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Receiving Date : 08 Mar 2025 11:09

Age : 41 Yr(s) Sex : Male
Lab No : 202503001289
Collection Date : 08 Mar 2025 11:09
Reporting Date : 08 Mar 2025 15:33

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	37.60	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	75.5	IU/L	[32.0-91.0]
GGT	25.9	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.

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

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 09 Mar 2025 05:36



LABORATORY REPORT

Name : MR SAURABH KUMAR
Registration No : MH015983623
Patient Episode : H18000003916
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:09

Age : 41 Yr(s) Sex : Male
Lab No : 202503001290
Collection Date : 08 Mar 2025 11:09
Reporting Date : 08 Mar 2025 16:17

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	124.5 #	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

Printed On : 09 Mar 2025 05:36



OUTPATIENT RECORD

Hospital No:	MH015983623	Visit No:	H1800003916
Name:	MR SAURABH KUMAR	Age/Sex:	41 Yrs/Male
Doctor Name:	HEALTH CHECK MGD	Specialty:	HC SERVICE MGD
Date:	08/03/2025 10:57AM		

PRESENT OPHTHALMIC COMPLAINS - PHC
SYSTEMIC/ OPHTHALMIC HISTORY - DIABETES X 2 YEARS
NO FAMILY H/O GLAUCOMA

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	17	18

FUNDUS EXAMINATION
A) VITREOUS
B) OPTIC DISC
C) MACULAR AREA

C:D 0.3 C:D 0.3
FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT
NO DIABETIC RETINOPATHY

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT
NO DIABETIC RETINOPATHY
E/DNST 4 TIMES DAILY BE
REVIEW AFTER 6 MONTHS

HEALTH CHECK MGD

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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

P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com



In association with
Manipal Hospitals - Ghaziabad

Dr. Anant Vir Jain, MS, Fellow Aravind Eye Care Systems, Madurai. Cataract, Cornea & Glaucoma

Dr. Shishir Narain, MS, FRCSEd FRCOphth, Fellow Sankara Nethralaya, Retina & Uveitis

Helpline: 99996 51125



OUTPATIENT RECORD

Hospital No:	MH015983718	Visit No:	H18000003917
Name:	MRS KRITIKA SINGH	Age/Sex:	32 Yrs/Female
Doctor Name:	HEALTH CHECK MGD	Specialty:	HC SERVICE MGD
Date:	08/03/2025 11:05AM		

PRESENT OPHTHALMIC COMPLAINS - PHC
SYSTEMIC/ OPHTHALMIC HISTORY - NOT KNOWN DIABETIC
NO FAMILY H/O GLAUCOMA

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	16	16

FUNDUS EXAMINATION
A) VITREOUS
B) OPTIC DISC C:D 0.4 C:D 0.4
C) MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT
E/D NIRS/ REFRESH TEARS 4 TIMES DAILY BE
REVIEW AFTER 6 MONTHS

HEALTH CHECK MGD

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