

Fw: Health Check up Booking Confirmed Request(22E55266), Package Code-, Beneficiary Code-297990

From Saurabh Chaudhary <SAURABH.CHAUDHARY@bankofbaroda.com>

Date Fri 2025-03-07 5:40 PM

To SIDRTH Branch, Noida Region <SIDRTH@bankofbaroda.com>

From: Mediwheel <wellness@mediwheel.in>

Sent: Saturday, March 1, 2025 4:43 PM

To: Saurabh Chaudhary <SAURABH.CHAUDHARY@bankofbaroda.com>

Cc: customercare@mediwheel.in <customercare@mediwheel.in>

Subject: Health Check up Booking Confirmed Request(22E55266), Package Code-, Beneficiary Code-297990

मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना  
HIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK O

Dear **MR. CHAUDHARY SAURABH,**

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Health Checkup Male Below 40  
**Name of Diagnostic/Hospital** : Manipal Hospital  
**Address of Diagnostic/Hospital-** : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment, Ghaziabad, Uttar Pradesh - 201002  
**City** : Ghaziabad  
**State** : Uttar Pradesh  
**Pincode** : 201002  
**Appointment Date** : 08-03-2025  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 08:30 AM - 09:00 AM  
**Booking Status** : Booking Confirmed

**Member Information**

Booked Member Name	Age	Gender
MR. CHAUDHARY SAURABH	32 year	Male

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

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

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,  
Mediwheel Team

Please Download Mediwheel App



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)

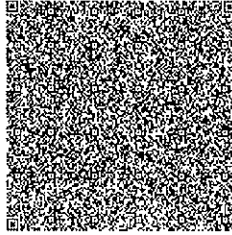


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00858/99891

To  
सौरभ चौधरी  
Saurabh Chaudhary  
Manvir Chaudhary,  
D-335, Gali No.8,  
VTC: Govindpuram,  
PO: Govindpuram,  
District: Ghaziabad,  
State: Uttar Pradesh,  
PIN Code: 201013,  
Mobile: 8882974136



Signature Not Verified  
Digitally signed by Unique  
Identification Authority of India  
Date: 2024.02.18 08:42  
GMT+05:30

आपका आधार क्रमांक / Your Aadhaar No. :

6928 9409 6737

VID : 9122 0994 0963 7069

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Aadhaar no. issued: 06/12/2011



सौरभ चौधरी  
Saurabh Chaudhary  
जन्म तिथि/DOB: 20/11/1992  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑनलाइन एक्सएनएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of Identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

6928 9409 6737

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in).
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



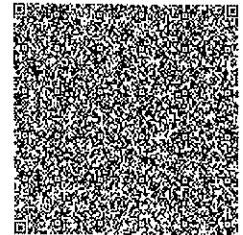
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
मनवीर चौधरी, डी-३३५, गली नं.८, गोविंदपुरम, गोविंदपुरम,  
गाज़ियाबाद,  
उत्तर प्रदेश - 201013

Address:  
Manvir Chaudhary, D-335, Gali No.8,  
Govindpuram, PO: Govindpuram, DIST:  
Ghaziabad,  
Uttar Pradesh - 201013

Details as on: 23/02/2024



6928 9409 6737

VID : 9122 0994 0963 7069



1947



[help@uidai.gov.in](mailto:help@uidai.gov.in)



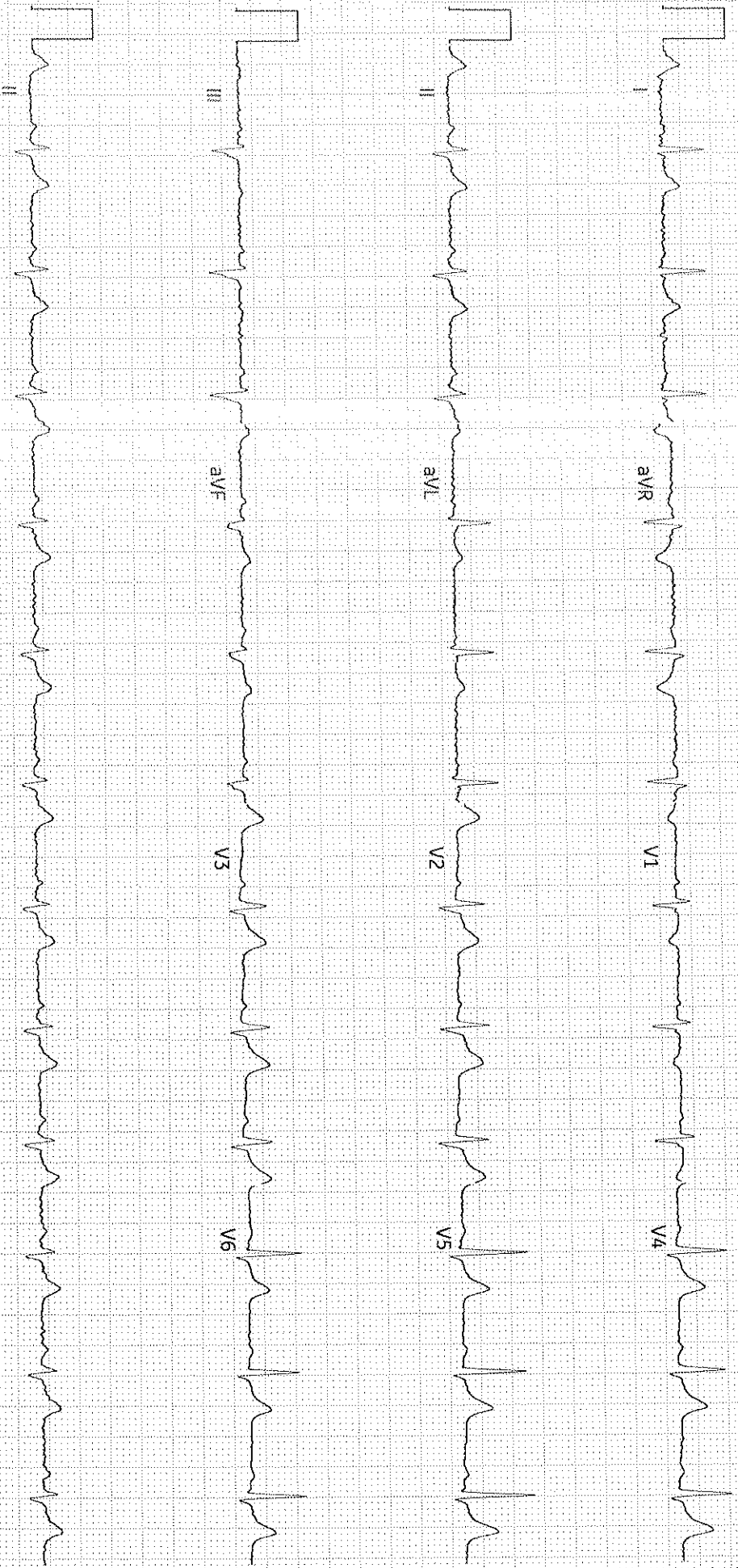
[www.uidai.gov.in](http://www.uidai.gov.in)

Saurabh Chaudhary  
Male  
(32 years)

228 106 05

Vent rate 75 BPM  
PR interval 142 ms  
QRS duration 88 ms  
QT/QTc Baz 364/406 ms  
P-R-T axes 63 -21 24

HL



Unconfirmed

08/03/2025 10:24:23 AM  
Manipal Hospital



Patient Name	MR SAURABH CHAUDHARY	Location	: Ghaziabad
Age/Sex	: 32Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH010856523	Order Date	: 08/03/2025
Ref. Doctor	: H/C	Report Date	: 08/03/2025

**Protocol** : Bruce **MPHR** : 188BPM  
**Duration of exercise** : 06min 08sec **85% of MPHR** : 160BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 181BPM  
**Blood Pressure (mmHg)** : Baseline BP : 120/80mmHg **% Target HR** : 96%  
 Peak BP : 140/80mmHg **METS** : 7.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	91	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	137	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	170	140/80	Nil	No ST changes seen	Nil
STAGE 3	0:08	171	140/80	Nil	No ST changes seen	Nil
RECOVERY	3:14	110	120/80	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 0300E info@manipalhospitals.com [www.manipalhospitals.com](http://www.manipalhospitals.com)

**RADIOLOGY REPORT**

NAME	MR Saurabh CHAUDHARY	STUDY DATE	08/03/2025 9:35AM
AGE / SEX	32 y / M	HOSPITAL NO.	MH010856523
ACCESSION NO.	R9495217	MODALITY	CR
REPORTED ON	08/03/2025 9:42AM	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\*\*\*\*\*



### RADIOLOGY REPORT

NAME	MR Saurabh CHAUDHARY	STUDY DATE	08/03/2025 9:51AM
AGE / SEX	32 y / M	HOSPITAL NO.	MH010856523
ACCESSION NO.	R9495218	MODALITY	US
REPORTED ON	08/03/2025 10:39AM	REFERRED BY	HEALTH CHECK MGD

#### USG ABDOMEN & PELVIS FINDINGS

**LIVER:** appears enlarged in size (measures 170 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

**SPLEEN:** Spleen is normal in size (measures 110 mm), shape and echotexture. Rest normal.

**PORTAL VEIN:** Appears normal in size and measures 9.4 mm.

**COMMON BILE DUCT:** Appears normal in size and measures 4.3 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 97 x 40 mm. It shows a concretion measuring 3.2 mm at upper calyx.

**Left Kidney:** measures 108 x 44 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 23 x 21 mm with volume 8 cc. Rest normal.

**SEMINAL VESICLES:** Normal.

**BOWEL:** Visualized bowel loops are not dilated and show normal peristalsis.

#### IMPRESSION

- Hepatomegaly with diffuse grade I fatty infiltration in liver.
- Right renal concretion.

Recommend clinical correlation.

*Monica*

Dr. Monica Shekhawat

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

CONSULTANT RADIOLOGIST

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

**LABORATORY REPORT**

Name	: MR SAURABH CHAUDHARY	Age	: 32 Yr(s) Sex :Male
Registration No	: MH010856523	Lab No	: 202503001196
Patient Episode	: H18000003893	Collection Date	: 08 Mar 2025 09:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2025 10:18
Receiving Date	: 08 Mar 2025 09:17		

**BLOOD BANK****BIOLOGICAL REFERENCE INTERVAL**

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

**Technical note:**

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

Page 2 of 2

**NOTE:**

# - Abnormal Values

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

Dr. Charu Agarwal  
Consultant Pathologist



**LABORATORY REPORT**

Name	: MR SAURABH CHAUDHARY	Age	: 32 Yr(s) Sex :Male
Registration No	: MH010856523	Lab No	: 202503001196
Patient Episode	: H18000003893	Collection Date	: 08 Mar 2025 09:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 15:42
Receiving Date	: 08 Mar 2025 09:17		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.010	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.490	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.880	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 CHAUDHARY  
Registration No : MH010856523  
Patient Episode : H18000003893  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:17

Age : 32 Yr(s) Sex : Male  
Lab No : 202503001196  
Collection Date : 08 Mar 2025 09:17  
Reporting Date : 08 Mar 2025 12:40

### HAEMATOLOGY

### BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>			
RBC COUNT (IMPEDENCE)	5.28	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.4	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.3	%	[40.0-50.0]
<b>MCV (DERIVED)</b>	<b>82.0 #</b>	<b>fL</b>	<b>[83.0-101.0]</b>
MCH (CALCULATED)	27.3	pg	[25.0-32.0]
MCHC (CALCULATED)	33.3	g/dl	[31.5-34.5]
RDW CV% (Calculated)	13.0	%	[11.6-14.0]
Platelet count	275	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.30	fL	
WBC COUNT (TC) (Flow Cytometry/ Manual)	5.39	x 10 <sup>3</sup> cells/	
cumm	[4.00-10.00]		
<b>DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)</b>			
Neutrophils	49.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[20.0-40.0]
Monocytes	9.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>15.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-10.0]</b>



**LABORATORY REPORT**

Name : MR SAURABH CHAUDHARY  
 Registration No : MH010856523  
 Patient Episode : H18000003893  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 09:17

Age : 32 Yr(s) Sex : Male  
 Lab No : 202503001196  
 Collection Date : 08 Mar 2025 09:17  
 Reporting Date : 08 Mar 2025 15:42

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.7 #	%	[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)	117	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	(4.6-8.0)
pH(indicators)	6.0	(1.003-1.035)
Specific Gravity(Dip stick-ion)	1.015	

**CHEMICAL EXAMINATION**

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



## LABORATORY REPORT

Name : MR SAURABH CHAUDHARY  
 Registration No : MH010856523  
 Patient Episode : H18000003893  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 10:06

Age : 32 Yr(s) Sex : Male  
 Lab No : 202503001196  
 Collection Date : 08 Mar 2025 10:06  
 Reporting Date : 08 Mar 2025 15:48

### CLINICAL PATHOLOGY

#### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

#### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL  
 Method:Oxidase,esterase, peroxide

257 # mg/dl

[<200]  
 Moderate risk:200-239  
 High risk:>240

TRIGLYCERIDES (GPO/POD)

271 # mg/dl

[<150]  
 Borderline high:151-199  
 High: 200 - 499  
 Very high:>500  
 [35-65]

HDL- CHOLESTEROL  
 Method : Enzymatic Immunoimhibition  
 VLDL- CHOLESTEROL (Calculated)  
 CHOLESTEROL, LDL, CALCULATED

42 mg/dl

54 # mg/dl  
 160.0 # mg/dl

[0-35]  
 [<120.0]  
 Near/

Above optimal-100-129

Borderline High:130-159  
 High Risk:160-189  
 <4.0 Optimal  
 4.0-5.0 Borderline  
 >6 High Risk

T.Chol/HDL.Chol ratio(Calculated)

6.1

LDL.CHOL/HDL.CHOL Ratio(Calculated)

3.8

<3 Optimal  
 3-4 Borderline  
 >6 High Risk



## LABORATORY REPORT

Name : MR SAURABH CHAUDHARY  
Registration No : MH010856523  
Patient Episode : H18000003893  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:17

Age : 32 Yr(s) Sex : Male  
Lab No : 202503001196  
Collection Date : 08 Mar 2025 09:17  
Reporting Date : 08 Mar 2025 15:42

### BIOCHEMISTRY

### BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

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	28.7	mg/dl	[15.0-40.0]
UREA			
Method: GLDH, Kinatic assay	13.4	mg/dl	[8.0-20.0]
BUN, BLOOD UREA NITROGEN			
Method: Calculated	1.20	mg/dl	[0.70-1.20]
CREATININE, SERUM			
Method: Jaffe rate-IDMS Standardization	9.2 #	mg/dl	[4.0-8.5]
URIC ACID			
Method: uricase PAP			
SODIUM, SERUM	137.60	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.55	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	79.5	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.



## LABORATORY REPORT

Name : MR SAURABH CHAUDHARY  
Registration No : MH010856523  
Patient Episode : H18000003893  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:17

Age : 32 Yr(s) Sex : Male  
Lab No : 202503001196  
Collection Date : 08 Mar 2025 09:17  
Reporting Date : 08 Mar 2025 15:42

TEST	BIOCHEMISTRY		BIOLOGICAL REFERENCE INTERVAL
	RESULT	UNIT	
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.44	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.04	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.40	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.00	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.73	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	1.45		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	30.97	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	66.10 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC	66.3	IU/L	[32.0-91.0]
GGT	51.3 #	U/L	[7.0-50.0]



## LABORATORY REPORT

Name : MR SAURABH CHAUDHARY  
Registration No : MH010856523  
Patient Episode : H18000003893  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:17

Age : 32 Yr(s) Sex : Male  
Lab No : 202503001196  
Collection Date : 08 Mar 2025 09:17  
Reporting Date : 08 Mar 2025 15:42

### BIOCHEMISTRY

#### TEST

#### RESULT

#### UNIT

#### BIOLOGICAL REFERENCE INTERVAL

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 8

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

Dr. Charu Agarwal  
Consultant Pathologist

Printed On : 10 Mar 2025 11:18



**LABORATORY REPORT**

Name : MR SAURABH CHAUDHARY  
Registration No : MH010856523  
Patient Episode : H18000003893  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:17

Age : 32 Yr(s) Sex :Male  
Lab No : 202503001197  
Collection Date : 08 Mar 2025 09:17  
Reporting Date : 08 Mar 2025 11:47

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	93.5	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 : 10 Mar 2025 11:18





**LABORATORY REPORT**

Name : MR SAURABH CHAUDHARY  
Registration No : MH010856523  
Patient Episode : H18000003893  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 12:58

Age : 32 Yr(s) Sex : Male  
Lab No : 202503001198  
Collection Date : 08 Mar 2025 12:58  
Reporting Date : 09 Mar 2025 09:41

**BIOCHEMISTRY**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	92.8	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 11:18



**OUTPATIENT RECORD**

Hospital No:	MH010856523	Visit No:	H18000003893
Name:	MR SAURABH CHAUDHARY	Age/Sex:	32 Yrs/Male
Doctor Name:	HEALTH CHECK MGD	Specialty:	HC SERVICE MGD
Date:	08/03/2025 08:49AM		

PRESENT OPHTHALMIC COMPLAINS - PHC  
SYSTEMIC/ OPHTHALMIC HISTORY - N/C

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	14	18
FUNDUS EXAMINATION		
OPTIC DISC	C:D 0.3	C:D 0.3
MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

ADVISE/ TREATMENT  
E/D AQUALINA 4 TIMES DAILY BE  
REVIEW AFTER 6 MTH

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