



Outlook

Health Check up Booking Confirmed Request(22E57099), Package Code-, Beneficiary Code-295094

From Mediwheel <wellness@mediwheel.in>  
Date Sat 3/8/2025 3:24 PM  
To PHC [MH-Ghazabad] <phc.ghazabad@manipalhospitals.com>  
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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** : 8368127985  
**Appointment Date** : 10-03-2025  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 08:30 AM - 09:00 AM

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR RAKESH	33 year	Male

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team

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भारत सरकार  
GOVERNMENT OF INDIA



राकेश कुमार

Rakesh Kumar

जन्म तिथि/DOB: 23/08/1991

पुरुष / MALE



7632 2825 1881



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज: श्री हरी हर चौहान,  
एसएफ-1/245, गान खंड-1,  
इन्दिरापुरम पब्लिक  
विद्यालय के पास,  
इन्दिरापुरम, शिपरा सुन  
सिटी, गाजियाबाद,  
उत्तर प्रदेश - 201014

Address

S/O: Shri Hari Har Chauhan,  
SF- 1/245, Gyan Khand-1,  
Near Indrapuram Public  
School, Indrapuram, Shipra  
Sun City, Ghaziabad,  
Uttar Pradesh - 201014



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1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,  
Bengaluru-560 004

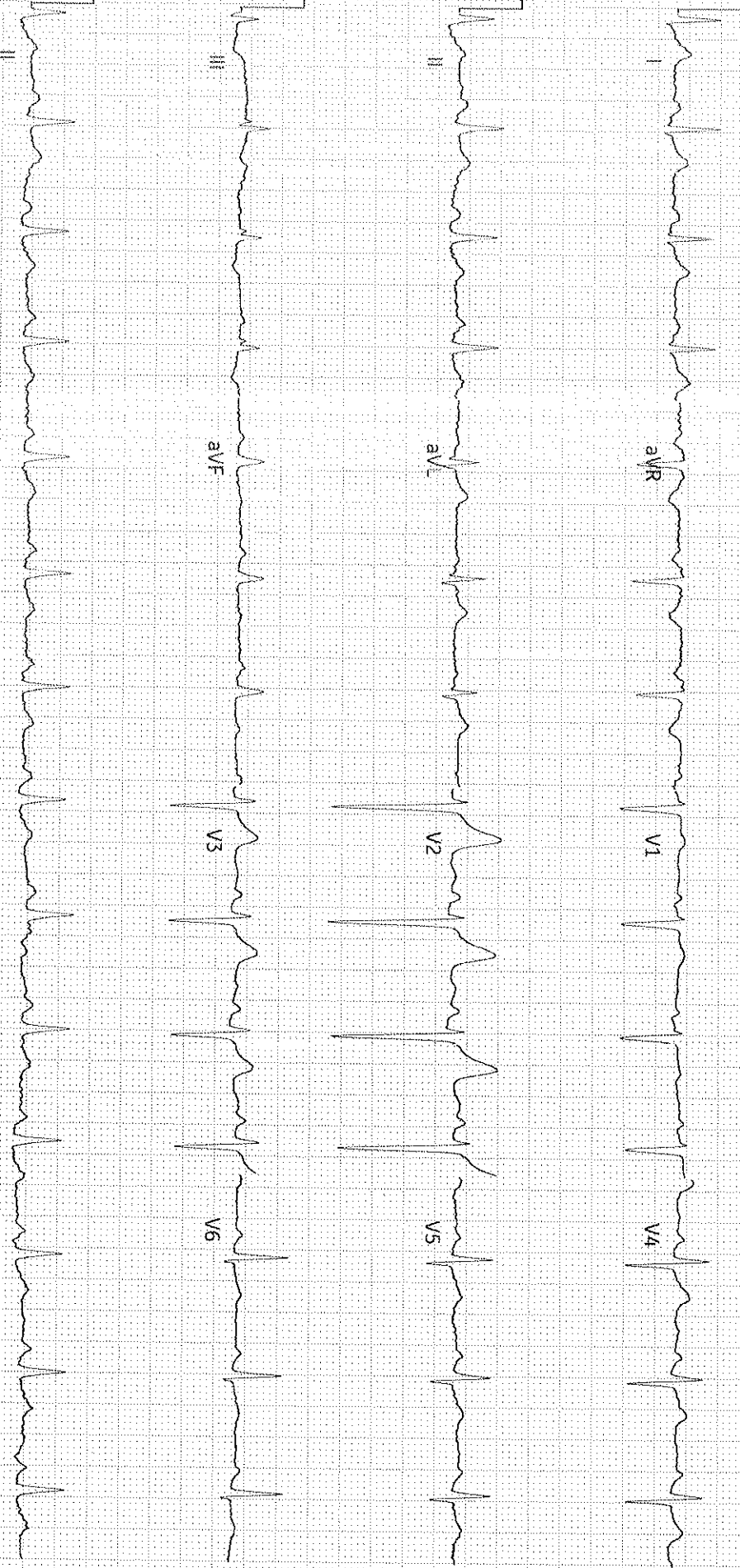
Male  
(33 Years)

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

82 BPM  
154 ms  
82 ms  
352/411 ms  
38 45 7

R/C

Unconfirmed





Patient Name	MR RAKESH KUMAR	Location	: Ghaziabad
Age/Sex	: 33Year(s)/male	Visit No	: V0000000001-GHZZB
MRN No	MH015990004	Order Date	: 10/03/2025
Ref. Doctor	: H/C	Report Date	: 10/03/2025

**Protocol** : Bruce **MPHR** : 187BPM  
**Duration of exercise** : 06min 35sec **85% of MPHR** : 159BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 169BPM  
**Blood Pressure (mmHg)** : Baseline BP : 120/80mmHg **% Target HR** : 90%  
 Peak BP : 140/80mmHg **METS** : 7.9METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	92	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	130	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	157	140/80	Nil	No ST changes seen	Nil
STAGE 3	0:35	169	140/80	Nil	No ST changes seen	Nil
RECOVERY	4:14	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 0300 E info@manipalhospitals.com www.manipalhospitals.com

**LABORATORY REPORT**

Name : MR RAKESH KUMAR Age : 33 Yr(s) Sex : Male  
Registration No : MH015990004 Lab No : 202503001519  
Patient Episode : H18000003923 Collection Date : 10 Mar 2025 10:30  
Referred By : HEALTH CHECK MGD Reporting Date : 10 Mar 2025 15:25  
Receiving Date : 10 Mar 2025 10:30

**BLOOD BANK**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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 2 of 2

**NOTE:**

# - Abnormal Values

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

Dr. Charu Agarwal  
Consultant Pathologist

**LABORATORY REPORT**

Name : MR RAKESH KUMAR Age : 33 Yr(s) Sex :Male  
 Registration No : MH015990004 Lab No : 202503001519  
 Patient Episode : H18000003923 Collection Date : 10 Mar 2025 10:30  
 Referred By : HEALTH CHECK MGD Reporting Date : 10 Mar 2025 13:27  
 Receiving Date : 10 Mar 2025 10:30

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>THYROID PROFILE, Serum</b>			<b>Specimen Type : Serum</b>
T3 - Triiodothyronine (ELFA)	1.070	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.130	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	0.970	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 RAKESH KUMAR  
Registration No : MH015990004  
Patient Episode : H18000003923  
Referred By : HEALTH CHECK MGD  
Receiving Date : 10 Mar 2025 10:30

Age : 33 Yr(s) Sex : Male  
Lab No : 202503001519  
Collection Date : 10 Mar 2025 10:30  
Reporting Date : 10 Mar 2025 15:16

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	6.62 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.0	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	48.2	%	[40.0-50.0]
MCV (DERIVED)	72.8 #	fL	[83.0-101.0]
MCH (CALCULATED)	22.7 #	pg	[25.0-32.0]
MCHC (CALCULATED)	31.1 #	g/dl	[31.5-34.5]
RDW CV% (Calculated)	16.5 #	%	[11.6-14.0]
Platelet count	176	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	0.00	fL	
WBC COUNT (TC) (Flow Cytometry/ Manual)	7.30	x 10 <sup>3</sup> cells/	
cumm	[4.00-10.00]		
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	73.0	%	[40.0-80.0]
<b>Lymphocytes</b>	<b>19.0 #</b>	<b>%</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]
ESR	10.0	mm/1sthour	[0.0-10.0]



**LABORATORY REPORT**

<b>Name</b>	: MR RAKESH KUMAR	<b>Age</b>	: 33 Yr(s) Sex :Male
<b>Registration No</b>	: MH015990004	<b>Lab No</b>	: 202503001519
<b>Patient Episode</b>	: H18000003923	<b>Collection Date</b>	: 10 Mar 2025 10:30
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 10 Mar 2025 14:28
<b>Receiving Date</b>	: 10 Mar 2025 10:30		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.5	%	[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)	111	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	
pH(indicators)	5.0	(4.6-8.0)
Specific Gravity(Dip stick-ion)	1.015	(1.003-1.035)

**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**

<b>Name</b>	: MR RAKESH KUMAR	<b>Age</b>	: 33 Yr(s) Sex :Male
<b>Registration No</b>	: MH015990004	<b>Lab No</b>	: 202503001519
<b>Patient Episode</b>	: H18000003923	<b>Collection Date</b>	: 10 Mar 2025 11:02
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 10 Mar 2025 13:41
<b>Receiving Date</b>	: 10 Mar 2025 11:02		

**CLINICAL PATHOLOGY**

**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	

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	190	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
<b>TRIGLYCERIDES (GPO/POD)</b>	<b>190 #</b>	<b>mg/dl</b>	<b>[&lt;150]</b> Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	45	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
<b>VLDL- CHOLESTEROL (Calculated)</b>	<b>38 #</b>	<b>mg/dl</b>	<b>[0-35]</b>
CHOLESTEROL, LDL, CALCULATED	106.0	mg/dl	[<120.0] 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)	4.2		
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.4		<3 Optimal 3-4 Borderline >6 High Risk

Note:



**LABORATORY REPORT**

<b>Name</b>	: MR RAKESH KUMAR	<b>Age</b>	: 33 Yr(s) Sex :Male
<b>Registration No</b>	: MH015990004	<b>Lab No</b>	: 202503001519
<b>Patient Episode</b>	: H18000003923	<b>Collection Date</b>	: 10 Mar 2025 10:30
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 10 Mar 2025 11:36
<b>Receiving Date</b>	: 10 Mar 2025 10:30		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	24.8	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	11.6	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
<b>CREATININE, SERUM</b>	<b>1.22 #</b>	<b>mg/dl</b>	<b>[0.70-1.20]</b>
<i>Method: Jaffe rate-IDMS Standardization</i>			
<b>URIC ACID</b>	<b>9.9 #</b>	<b>mg/dl</b>	<b>[4.0-8.5]</b>
<i>Method:uricase PAP</i>			
<b>SODIUM, SERUM</b>	<b>135.90 #</b>	<b>mmol/L</b>	<b>[136.00-144.00]</b>
POTASSIUM, SERUM	4.63	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.2	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			
eGFR (calculated)	77.4	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 RAKESH KUMAR  
Registration No : MH015990004  
Patient Episode : H18000003923  
Referred By : HEALTH CHECK MGD  
Receiving Date : 10 Mar 2025 10:30

Age : 33 Yr(s) Sex : Male  
Lab No : 202503001519  
Collection Date : 10 Mar 2025 10:30  
Reporting Date : 10 Mar 2025 11:37

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.55	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.13	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.42	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.94	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.73		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	25.37	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	32.30	U/L	[17.00-63.00]
<b>Serum Alkaline Phosphatase</b> Method: AMP BUFFER IFCC	<b>97.0 #</b>	<b>IU/L</b>	<b>[32.0-91.0]</b>
GGT	24.2	U/L	[7.0-50.0]



**LABORATORY REPORT**

Name : MR RAKESH KUMAR  
Registration No : MH015990004  
Patient Episode : H18000003923  
Referrred By : HEALTH CHECK MGD  
Receiv ing Date : 10 Mar 2025 10:30

Age : 33 Yr(s) Sex :Male  
Lab No : 202503001519  
Collection Date : 10 Mar 2025 10:30  
Reporting Date : 10 Mar 2025 11:37

**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 8

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

**Dr. Charu Agarwal**  
Consultant Pathologist

Printed On : 11 Mar 2025 02:28



**LABORATORY REPORT**

<b>Name</b>	: MR RAKESH KUMAR	<b>Age</b>	: 33 Yr(s) Sex :Male
<b>Registration No</b>	: MH015990004	<b>Lab No</b>	: 202503001520
<b>Patient Episode</b>	: H18000003923	<b>Collection Date</b>	: 10 Mar 2025 10:30
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 10 Mar 2025 13:27
<b>Receiving Date</b>	: 10 Mar 2025 10:30		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	107.3	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 : 11 Mar 2025 02:28



**LABORATORY REPORT**

Name : MR RAKESH KUMAR  
Registration No : MH015990004  
Patient Episode : H18000003923  
Referred By : HEALTH CHECK MGD  
Receiving Date : 10 Mar 2025 14:40

Age : 33 Yr(s) Sex : Male  
Lab No : 202503001521  
Collection Date : 10 Mar 2025 14:40  
Reporting Date : 10 Mar 2025 18:28

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	131.4	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

Page 8 of 8

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

**Dr. Alka Dixit Vats**  
Consultant Pathologist

Printed On : 11 Mar 2025 02:28



**RADIOLOGY REPORT**

NAME	Rakesh KUMAR	STUDY DATE	10/03/2025 10:49AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH015990004
ACCESSION NO.	R9512719	MODALITY	US
REPORTED ON	10/03/2025 11:17AM	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 normal in size, shape, outline and echotexture with smooth surface. There is no abnormal focal intrahepatic solid or cystic mass seen. There is no liver abscess seen. There is no diffuse parenchymal lesion noted. 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. Periprostic fat is normal. **Seminal vesicles** are normal in size and echotexture.

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



**RADIOLOGY REPORT**

NAME	Rakesh KUMAR	STUDY DATE	10/03/2025 10:49AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH015990004
ACCESSION NO.	R9512719	MODALITY	US
REPORTED ON	10/03/2025 11:17AM	REFERRED BY	HEALTH CHECK MGD

**IMPRESSION-** USG findings reveal no significant sonological abnormality and normal study of the 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	Rakesh KUMAR	STUDY DATE	10/03/2025 10:42AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH015990004
ACCESSION NO.	R9512718	MODALITY	CR
REPORTED ON	10/03/2025 10:50AM	REFERRED BY	HEALTH CHECK MGD

**X RAY CHEST PA VIEW**

**FINDINGS:**

LUNGS: Normal.  
TRACHEA: Normal.  
PLEURA: Normal.

HEART: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.

THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal

DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal  
VISUALIZED NECK: Normal

**IMPRESSION**

No significant abnormality.

Dr. Vijayakumar G B  
MBBS, DMRD, DNB (Reg No. 57249)  
CONSULTANT RADIOLOGIST

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

**OUTPATIENT RECORD**

Hospital No: MH015990004	Visit No: H18000003923	
Name: MR RAKESH KUMAR	Age/Sex: 33 Yrs/Male	
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD	
Date: 10/03/2025 10:18AM		
BP Systolic: 202 mmHg	BP Diastolic: 109 mmHg	Pulse Rate: 87beats per minute
Saturation(Oxygen): 99%	Height: 162.5cm	Weight: 77kg
BMI: 29.16	Pain Scale, Numerical 11-Point: 00	Fall Risk: 01
Vulnerable: 01		

PRESENT OPHTHALMIC COMPLAINS -health checkup

SYSTEMIC/ OPHTHLMIC HISTORY -HIGH BP

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	16
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**



## HEALTH CHECK RECORD

Hospital No: MH015990004		Visit No: H18000003923																														
Name: MR RAKESH KUMAR		Age/Sex: 33 Yrs/Male																														
Doctor Name: DR. ANANT VIR JAIN		Specialty: HC SERVICE MGD																														
Date: 10/03/2025 12:34PM																																
BP Systolic: 202 mmHg	BP Diastolic: 109 mmHg	Pulse Rate: 87beats per minute																														
Saturation(Oxygen): 99%	Height: 162.5cm	Weight: 77kg																														
BMI: 29.16	Pain Scale, Numerical 11-Point: 00	Fall Risk: 01																														
Vulnerable: 01																																
<p>OPD Notes :</p> <p>PRESENT OPHTHALMIC COMPLAINS -health checkup</p> <p>SYSTEMIC/ OPHTHALMIC HISTORY -HIGH BP</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">EXAMINATION DETAILS</th> <th style="text-align: center;">RIGHT EYE</th> <th style="text-align: center;">LEFT EYE</th> </tr> </thead> <tbody> <tr> <td>VISION</td> <td style="text-align: center;">6/6</td> <td style="text-align: center;">6/6</td> </tr> <tr> <td>CONJ</td> <td style="text-align: center;">NORMAL</td> <td style="text-align: center;">NORMAL</td> </tr> <tr> <td>CORNEA</td> <td style="text-align: center;">CLEAR</td> <td style="text-align: center;">CLEAR</td> </tr> <tr> <td>LENS</td> <td style="text-align: center;">CLEAR</td> <td style="text-align: center;">CLEAR</td> </tr> <tr> <td>OCULAR MOVEMENTS</td> <td style="text-align: center;">FULL</td> <td style="text-align: center;">FULL</td> </tr> <tr> <td>NCT</td> <td style="text-align: center;">14</td> <td style="text-align: center;">16</td> </tr> <tr> <td>FUNDUS EXAMINATION</td> <td></td> <td></td> </tr> <tr> <td>OPTIC DISC</td> <td style="text-align: center;">C:D 0.3</td> <td style="text-align: center;">C:D 0.3</td> </tr> <tr> <td>MACULAR AREA</td> <td style="text-align: center;">FOVEAL REFLEX PRESENT</td> <td style="text-align: center;">FOVEAL REFLEX PRESENT</td> </tr> </tbody> </table> <p>ADVISE / TREATMENT</p> <p>E/D AQUALINA 4 TIMES DAILY BE</p> <p>REVIEW AFTER 6 MTH</p>			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	16	FUNDUS EXAMINATION			OPTIC DISC	C:D 0.3	C:D 0.3	MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT
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Anant Vir Jain

**DR. ANANT VIR JAIN**

"MBBS,MS (Ophthalmology)"

Reg. No.: 18126