

Mediwheel <wellness@mediwheel.in>

Wed 3/6/2024 5:04 PM

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

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



011-41195959

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?

Name : MR. MATHUR GAURAV
Contact Details : 8007602296
Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40
Appointment Date : 09-03-2024

Member Information		
Booked Member Name	Age	Gender
MR. MATHUR GAURAV	36 year	Male

Tests included in this Package -

- Stool Test
- **Thyroid Profile**
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,
Mediwheel Team

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भारत सरकार
Government of India



गौरव माथुर
Gaurav Mathur
जन्म तिथि/ DOB: 22/05/1987
पुरुष / MALE



8788 5071 8425

मेरा आधार, मेरी पहचान

Mathur



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: प्रवीण कुमार माथुर, एच.न.
3सी/412, बुद्धि विहार, एलआईसी
ऑफिस के पास, मझोला, मुरादाबाद,
मुरादाबाद,
उत्तर प्रदेश - 244001

Address:
S/O: Praveen Kumar Mathur,
H.No. 3C/412, Buddhi Vihar,
Near LIC Office, Majhola,
Moradabad, Moradabad,
Uttar Pradesh - 244001

8788 5071 8425



1947



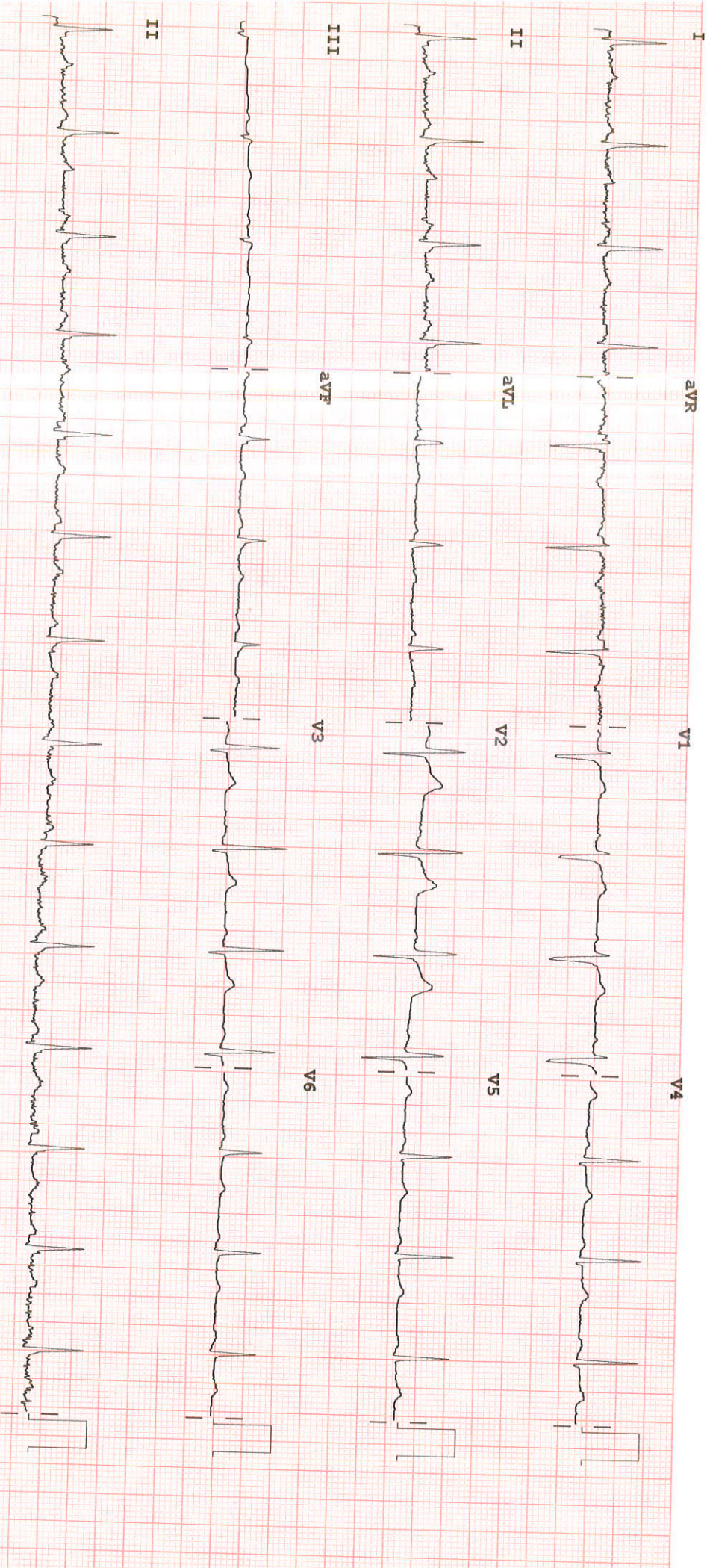
help@uidai.gov.in



www.uidai.gov.in

- NORMAL ECG -

Unconfirmed Diagnosis



Dev:

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

F 60 ~ 0.15-100 Hz

PH100B CL P?



LABORATORY REPORT

Name	: MR GAURAV MATHUR	Age	: 36 Yr(s) Sex :Male
Registration No	: MH010839237	Lab No	: 202403001040
Patient Episode	: H18000001878	Collection Date	: 09 Mar 2024 09:02
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 13:36
Receiving Date	: 09 Mar 2024 09:02		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.430	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.360	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.030	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 GAURAV MATHUR Age : 36 Yr(s) Sex :Male
Registration No : MH010839237 Lab No : 202403001040
Patient Episode : H18000001878 Collection Date : 09 Mar 2024 09:02
Referred By : HEALTH CHECK MGD Reporting Date : 10 Mar 2024 13:37
Receiving Date : 09 Mar 2024 09:02

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	O 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. Alka Dixit Vats
Consultant Pathologist



Name : MR GAURAV MATHUR
Registration No : MH010839237
Patient Episode : H18000001878
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 09:02

Age : 36 Yr(s) Sex : Male
Lab No : 202403001040
Collection Date : 09 Mar 2024 09:02
Reporting Date : 09 Mar 2024 12:18

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)			
SPECIMEN-EDTA Whole Blood			
RBC COUNT (IMPEDEANCE)	5.03	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.9	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	44.4	%	[40.0-50.0]
MCV (DERIVED)	88.3	fL	[83.0-101.0]
MCH (CALCULATED)	27.6	pg	[25.0-32.0]
MCHC (CALCULATED)	31.3 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.5	%	[11.6-14.0]
Platelet count	276	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	9.8		
WBC COUNT (TC) (IMPEDEANCE)	5.94	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	66.0	%	[40.0-80.0]
Lymphocytes	24.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	29.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR GAURAV MATHUR	Age	: 36 Yr(s) Sex :Male
Registration No	: MH010839237	Lab No	: 202403001040
Patient Episode	: H18000001878	Collection Date	: 09 Mar 2024 09:02
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 16:42
Receiving Date	: 09 Mar 2024 09:02		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.7 #	%	[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)	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	
Reaction[pH]	8.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

CHEMICAL EXAMINATION

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



LABORATORY REPORT

Name	: MR GAURAV MATHUR	Age	: 36 Yr(s) Sex :Male
Registration No	: MH010839237	Lab No	: 202403001040
Patient Episode	: H18000001878	Collection Date	: 09 Mar 2024 09:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 12:29
Receiving Date	: 09 Mar 2024 09:58		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-4 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	148	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	87	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	33 #	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	17	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	98.0	mg/dl	[<120.0]
			Near/ Borderline High:130-159 High Risk:160-189
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)	3.0		<3 Optimal 3-4 Borderline >6 High Risk

Above optimal-100-129



LABORATORY REPORT

Name	: MR GAURAV MATHUR	Age	: 36 Yr(s) Sex :Male
Registration No	: MH010839237	Lab No	: 202403001040
Patient Episode	: H18000001878	Collection Date	: 09 Mar 2024 09:02
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 12:08
Receiving Date	: 09 Mar 2024 09:02		

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	16.4	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	7.7 #	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.80	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	6.1	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			

SODIUM, SERUM	139.30	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.11	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.0	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			

eGFR (calculated)	114.9	ml/min/1.73sq.m	[>60.0]
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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 GAURAV MATHUR
Registration No : MH010839237
Patient Episode : H18000001878
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 09:02

Age : 36 Yr(s) Sex : Male
Lab No : 202403001040
Collection Date : 09 Mar 2024 09:02
Reporting Date : 09 Mar 2024 12:08

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.70	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.56	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.08	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.60	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	28.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	39.80	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	85.0	IU/L	[32.0-91.0]
GGT	25.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MR GAURAV MATHUR
Registration No : MH010839237
Patient Episode : H18000001878
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 09:02

Age : 36 Yr(s) Sex : Male
Lab No : 202403001040
Collection Date : 09 Mar 2024 09:02
Reporting Date : 09 Mar 2024 12:08

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.

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

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MR GAURAV MATHUR	Age	: 36 Yr(s) Sex :Male
Registration No	: MH010839237	Lab No	: 202403001041
Patient Episode	: H18000001878	Collection Date	: 09 Mar 2024 09:02
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 10:26
Receiving Date	: 09 Mar 2024 09:02		

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	100.0	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-----

Alka
Dr. Alka Dixit Vats
Consultant Pathologist



NAME	MR Gaurav MATHUR	STUDY DATE	09/03/2024 9:28AM
AGE / SEX	36 y / M	HOSPITAL NO.	MH010839237
ACCESSION NO.	R7021270	MODALITY	CR
REPORTED ON	09/03/2024 4:47PM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.

TRACHEA: Normal.

CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal.

HEART: Normal.

RIGHT HEART BORDER: Normal.

LEFT HEART BORDER: Normal.

PULMONARY BAY: Normal.

PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Note is made of left cervical rib. Rest normal.

VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal.

VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted in chest.

Left cervical rib.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MR Gaurav MATHUR	STUDY DATE	09/03/2024 9:39AM
AGE / SEX	36 y / M	HOSPITAL NO.	MH010839237
ACCESSION NO.	R7021271	MODALITY	US
REPORTED ON	09/03/2024 1:04PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 124 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 91 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10 mm.

COMMON BILE DUCT: Appears normal in size and measures 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 108 x 42 mm.

Left Kidney: measures 101 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 37 x 33 x 30 mm with volume 19 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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