

Health Check up Booking Re Schedule Request(bobE48892),Package Code-
PKG10000242, Beneficiary Code-19944

Mediwheel <wellness@mediwheel.in>

Sat 12/9/2023 10:07 AM

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

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



011-41195959

Email:wellness@mediwheel.in

Dear Manipal Hospitals,

Diagnostic/Hospital Location :NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft
Golf Links Apartment,City:Ghaziabad

We regret to state that following request for Health check up appointment has been Re
Scheduled by you. Please let us know if request had not been Re Schedule from your end.
We will ask the user to make a fresh request for the same.

Booking Code : bobE48892

Appointment Date : 09-12-2023

Appointment Time : 8:00am-8:30am

Beneficiary Name : MR. KUMAR PAWAN

Package Name : Medi-Wheel Metro Full Body Health Checkup Male Above 40

Member Age : 41

Member Relation : Employee

Member Gender : Male

Address of Diagnostic/Hospital : NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft Golf Links
Apartment

City : Ghaziabad

State : Uttar Pradesh

Pincode : 201002

Contact Details : 8130672204

Email : phc.ghaziabad@manipalhospitals.com

Please login to your account to confirm the same. Also you mail us for confirmation.

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pawan kumar
ID: 010450782
9-Dec-2023
12:49:08

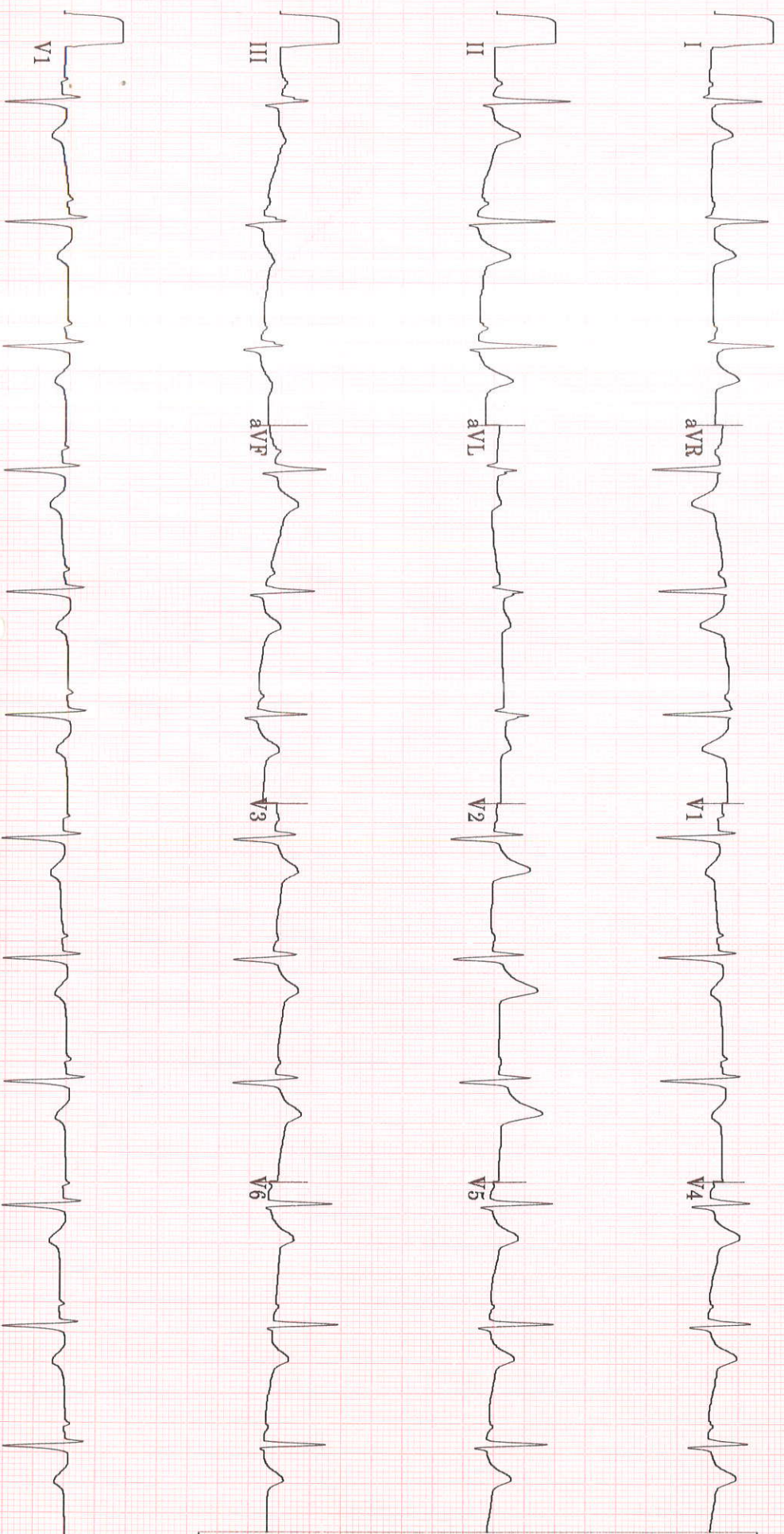
74bpm
BP: 110/70

PRETEST
SUPINE
0:08

BRUCE
**.*mph
**.*%

12 LEAD REPORT

Manipal Hospitals, Ghaziabad



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46 4 by 2.5s + 1 rhytm ld MAC55 009C





TMT INVESTIGATION REPORT

Patient Name	PAWAN KUMAR	Location	: Ghaziabad
Age/Sex	: 44Year(s)/male	Visit No	: V0000000001-GHZZ
MRN No	10450782	Order Date	: 09/12/2023
Ref. Doctor	: HCP	Report Date	: 09/12/2023

Protocol : Bruce **MPHR** : 176BPM
Duration of exercise : 6min 50sec **85% of MPHR** : 149BPM
Reason for termination : THR achieved **Peak HR Achieved** : 153BPM
Blood Pressure (mmHg) : Baseline BP : 110/70mmHg **% Target HR** : 86%
Peak BP : 126/70mmHg **METS** : 8.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	77	110/70	Nil	No ST changes seen	Nil
STAGE 1	3:00	104	116/70	Nil	No ST changes seen	Nil
STAGE 2	3:00	133	120/70	Nil	No ST changes seen	Nil
STAGE 3	0:50	153	126/70	Nil	No ST changes seen	Nil
RECOVERY	3:03	91	120/70	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 SinghMD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology**Dr. Sudhanshu Mishra**MD
Cardiology Registrar



LABORATORY REPORT

Name	: PAWAN KUMAR	Age	: 44 Yr(s) Sex :Male
Registration No	: MH010450782	Lab No	: 32231204291
Patient Episode	: H18000001526	Collection Date	: 09 Dec 2023 18:07
Referred By	: HEALTH CHECK MGD	Reporting Date	: 10 Dec 2023 22:52
Receiving Date	: 09 Dec 2023 19:56		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	2.270	ng/mL	[<2.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

NOTE:

- Abnormal Values

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

Neelam Singal

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



LABORATORY REPORT

Name	: PAWAN KUMAR	Age	: 44 Yr(s) Sex :Male
Registration No	: MH010450782	Lab No	: 202312001120
Patient Episode	: H18000001526	Collection Date	: 09 Dec 2023 10:51
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Dec 2023 12:55
Receiving Date	: 09 Dec 2023 11:00		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.04	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.2	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	44.1	%	[40.0-50.0]
MCV (DERIVED)	87.5	fL	[83.0-101.0]
MCH (CALCULATED)	30.2	pg	[25.0-32.0]
MCHC (CALCULATED)	34.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.9	%	[11.6-14.0]
Platelet count	165	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.8		
WBC COUNT (TC) (IMPEDENCE)	7.03	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	60.0	%	[40.0-80.0]
Lymphocytes	32.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	13.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: PAWAN KUMAR	Age	: 44 Yr(s) Sex :Male
Registration No	: MH010450782	Lab No	: 202312001120
Patient Episode	: H18000001526	Collection Date	: 09 Dec 2023 10:51
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Dec 2023 13:20
Receiving Date	: 09 Dec 2023 11:00		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.0	%	[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)	97	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.

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.

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: PAWAN KUMAR	Age	: 44 Yr(s) Sex :Male
Registration No	: MH010450782	Lab No	: 202312001120
Patient Episode	: H18000001526	Collection Date	: 09 Dec 2023 11:00
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Dec 2023 13:40
Receiving Date	: 09 Dec 2023 11:00		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.0	(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)

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	



LABORATORY REPORT

Name	: PAWAN KUMAR	Age	: 44 Yr(s) Sex :Male
Registration No	: MH010450782	Lab No	: 202312001120
Patient Episode	: H18000001526	Collection Date	: 09 Dec 2023 10:51
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Dec 2023 14:01
Receiving Date	: 09 Dec 2023 11:00		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ECLIA)	0.920	ng/ml	[0.700-2.040]
T4 - Thyroxine (ECLIA)	6.870	µg/dl	[4.600-12.000]
Thyroid Stimulating Hormone (ECLIA)	2.490	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	157	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	81	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	42.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	16	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	99.0	mg/dl	[<120.0]
			Near/
Above optimal-100-129			Borderline High:130-159
			High Risk:160-189



LABORATORY REPORT

Name : PAWAN KUMAR
Registration No : MH010450782
Patient Episode : H18000001526
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Dec 2023 11:00

Age : 44 Yr(s) Sex : Male
Lab No : 202312001120
Collection Date : 09 Dec 2023 10:51
Reporting Date : 09 Dec 2023 13:12

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.4		<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	18.8	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.8	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.79	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.0	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	134.40 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.10	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name	: PAWAN KUMAR	Age	: 44 Yr(s) Sex :Male
Registration No	: MH010450782	Lab No	: 202312001120
Patient Episode	: H18000001526	Collection Date	: 09 Dec 2023 10:51
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Dec 2023 13:11
Receiving Date	: 09 Dec 2023 11:00		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	109.2	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.			
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.53	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.42	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.40 #	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.14	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.83		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	29.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name : PAWAN KUMAR Age : 44 Yr(s) Sex : Male
Registration No : MH010450782 Lab No : 202312001120
Patient Episode : H18000001526 Collection Date : 09 Dec 2023 10:51
Referred By : HEALTH CHECK MGD Reporting Date : 09 Dec 2023 13:12
Receiving Date : 09 Dec 2023 11:00

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	18.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	74.0	IU/L	[32.0-91.0]
GGT	15.0	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.

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : PAWAN KUMAR Age : 44 Yr(s) Sex : Male
Registration No : MH010450782 Lab No : 202312001121
Patient Episode : H18000001526 Collection Date : 09 Dec 2023 10:51
Referred By : HEALTH CHECK MGD Reporting Date : 09 Dec 2023 11:49
Receiving Date : 09 Dec 2023 10:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	88.0	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 diabetec mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonyleureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : PAWAN KUMAR
Registration No : MH010450782
Patient Episode : H18000001526
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Dec 2023 13:16

Age : 44 Yr(s) Sex : Male
Lab No : 202312001122
Collection Date : 09 Dec 2023 13:16
Reporting Date : 10 Dec 2023 10:39

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS 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	88.0	mg/dl	[80.0-140.0]

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

Dr. Charu Agarwal
Consultant Pathologist

RADIOLOGY REPORT

NAME	PAWAN KUMAR	STUDY DATE	09/12/2023 10:35AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH010450782
ACCESSION NO.	R6523866	MODALITY	US
REPORTED ON	09/12/2023 1:09PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: Liver is normal in size (measures 147 mm), shape and echotexture. 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 96 x 40 mm.
Left Kidney: measures 100 x 39 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 38 x 30 x 28 mm with volume 17 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

Recommend clinical correlation.



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

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

RADIOLOGY REPORT

NAME	PAWAN KUMAR	STUDY DATE	09/12/2023 10:23AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH010450782
ACCESSION NO.	R6523865	MODALITY	CR
REPORTED ON	09/12/2023 10:43AM	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: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.
Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

**Manipal Hospital Ghaziabad**

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002

0120 3535 353 / +91 88609 45566



URN : MH010450782

OUTPATIENT RECORD

Hospital No: MH010450782	Visit No: O18000055378
Name: PAWAN KUMAR	Age/Sex: 44 Yrs/Male
Doctor Name: DR. RATN RANJAN PANDEY	Specialty: DENTAL MEDICINE MGD
Date: 09/12/2023 12:16PM	

OPD Notes :

PHC PATIENT.
NO DENTAL COMPLAINTS.

ADV:
-TWICE BRUSHING DAILY
-USE OF DENTAL FLOSS AFTER MEALS
-USE OF SOFT TOOTH BRUSH
-REGULAR DENTAL CHECK UP EVERY 6 MONTHS.

Rx
-LUPIDENT MOUTHWASH TWICE DAILY

FOR 4 WEEKS

DR. RATN RANJAN PANDEY

BDS

Reg. No.: 8295

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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