Fwd: Health Check up Booking Confirmed Request(bobE48787), Package Code-PKG10000240, Beneficiary Code-74609

Bharat
bharatrsagar@gmail.com>

Fri 20-10-2023 05:44 PM

To:NRI New Delhi Branch, South Delhi Region <NRIDEL@bankofbaroda.com>

प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें. OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS Y

----- Forwarded message -----

From: Mediwheel < wellness@mediwheel.in >

Date: Fri, 20 Oct, 2023, 11:55 am

Subject: Health Check up Booking Confirmed Request(bobE48787), Package Code-PKG10000240,

Beneficiary Code-74609

To:

bharatrsagar@gmail.com> Cc: < customercare@mediwheel.in>

> 011-41195959 Email:wellness@mediwheel.in

Dear MR. SAGAR BHARAT,

Please find the confirmation for following request.

Booking Date

: 20-10-2023

Package Name

: Medi-Wheel Metro Full Body Health Checkup Male Below 40

Name of

Diagnostic/Hospital: Manipal Hospitals

Address of

NH-24 Hapur Road, Oppo. Bahmeta Village, Near Lancroft Golf Links

Diagnostic/Hospital Apartment

Contact Details

: 8979619531

City

: Ghaziabad

State

: Uttar Pradesh

Pincode

: 201002

Appointment Date: 21-10-2023

Confirmation

Status

: Confirmed

Preferred Time

: 8:00am-8:30am

Comment

: APPOINTMENT TIME 8:30AM

Instructions to undergo Health Check:

Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

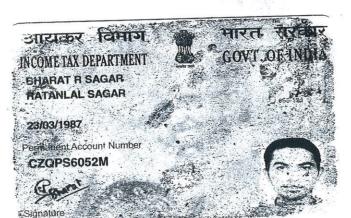
INCOMETAX DEPARTMENT GOVT OF INDIA

BHARAT R SAGAR
HATANLAL SAGAR

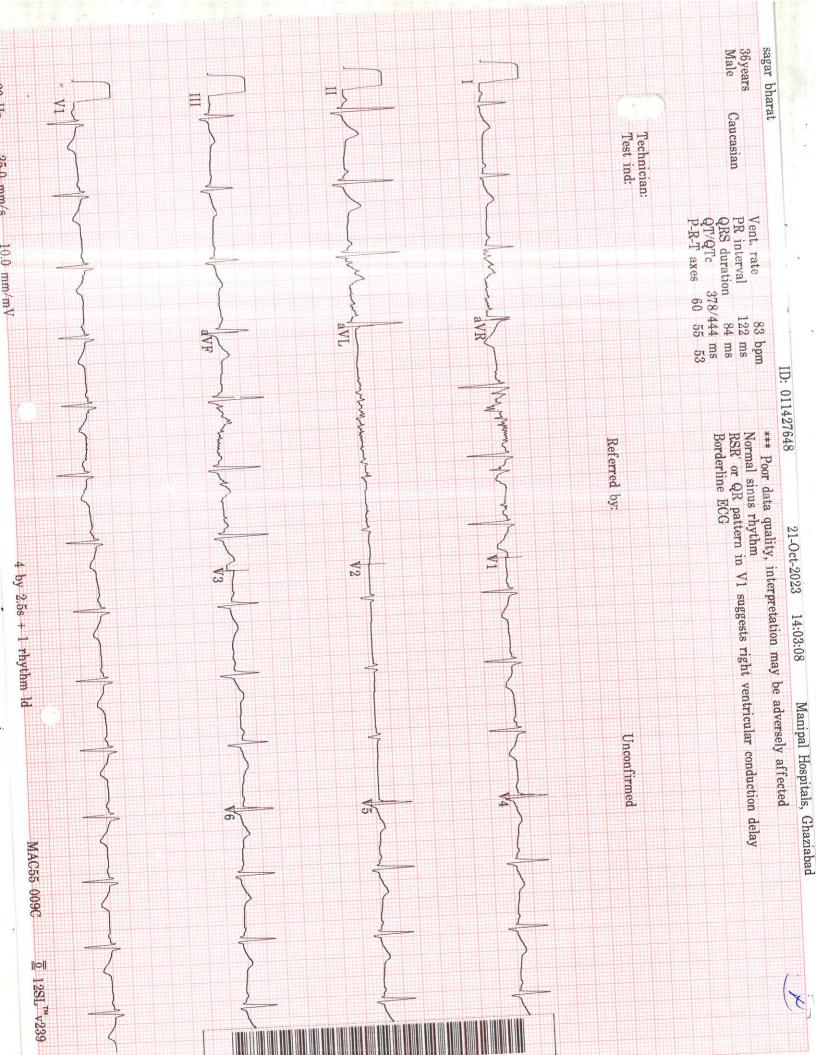
23/03/1987

Permanent Account Number
CZOPS6052M

Dozarar













TMT INVESTIGATION REPORT

Patient Name SAGAR BHARAT

Location

: Ghaziabad

Age/Sex

: 36Year(s)/male

Visit No

: V000000001-GHZB

MRN No

MH011427648

Order Date

: 21/10/2023

Ref. Doctor : HCP

Report Date

: 21/10/2023

Protocol

: Bruce

MPHR

: 184BPM

Duration of exercise

: 7min 37sec

85% of MPHR

: 156BPM

Reason for termination

: THR achieved

Peak HR Achieved : 158BPM

Blood Pressure (mmHg) : Baseline BP : 110/64mmHg

% Target HR

: 85%

Peak BP

: 130/70mmHg

METS

: 9.5METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	77	110/64	Nil	No ST changes seen	Nil
STAGE 1	3:00	119	118/64	Nil	No ST changes seen	Nil
STAGE 2	3:00	138	124/70	Nil	No ST changes seen	Nil
STAGE 3	1:37	158	130/70	Nil	No ST changes seen	Nil
RECOVERY	3:17	100	114/70	Nil	No ST changes seen	Nil

COMMENTS:

No ST changes in base line ECG.

No ST changes during test and recovery.

Normal chronotropic response.

Normal blood pressure response.

IMPRESSION:

Treadmill test is negative for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DM (CARDIOLOGY), FACC MD, DNB (CARDIOLOGY), MNAMS MD Sr. Consultant Cardiology

Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

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

P: 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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





LABORATORY REPORT

Name

MR SAGAR BHARAT

36 Yr(s) Sex: Male Age

Lab No

Registration No

MH011427648

202310004411

BIOLOGICAL REFERENCE INTERVAL

Patient Episode

Referred By

H18000001359

Collection Date: 21 Oct 2023 10:27

HEALTH CHECK MGD

Reporting Date: 21 Oct 2023 11:57

Receiving Date

TEST

21 Oct 2023 14:40

HAEMATOLOGY

RESULT

UNIT

		46		
COMPLETE BLOOD COUNT (AUTOMATED))	SPECIMEN-EDTA Whole	Blood	
RBC COUNT (IMPEDENCE)	3.31 #	millions/cumm	[4.50-5.50]	
HEMOGLOBIN	13.4	g/dl	[13.0-17.0]	
Method:cyanide free SLS-colorim	netry			
HEMATOCRIT (CALCULATED)	40.2	90	[40.0-50.0]	
MCV (DERIVED)	121.5 #	fL	[83.0-101.0]	
MCH (CALCULATED)	40.5 #	pg	[25.0-32.0]	
MCHC (CALCULATED)	33.3	g/dl	[31.5 - 34.5]	
RDW CV% (DERIVED)	14.4 #	%	[11.6-14.0]	
Platelet count	334	x 10³ cells/cumm	[150-410]	
Method: Electrical Impedance				
MPV (DERIVED)	9.5			
WBC COUNT (TC) (IMPEDENCE)	10.11 #	x 10 ³ cells/cumm	[4.00-10.00]	
DIFFERENTIAL COUNT				
(VCS TECHNOLOGY/MICROSCOPY)				
Neutrophils	71.0	00	[40.0-80.0]	
Lymphocytes	20.0	9	[20.0-40.0]	
Monocytes	7.0	O.	[2.0-10.0]	
Eosinophils	2.0	8	[1.0-6.0]	
Basophils	0.0	of the state of th	[0.0-2.0]	
ESR	20.0 #	mm/1sthour		0.0-

Page 1 of 8





LABORATORY REPORT

Name

MR SAGAR BHARAT

Age

36 Yr(s) Sex: Male

Registration No

MH011427648

Lab No

202310004411

Patient Episode

H18000001359

Collection Date:

21 Oct 2023 10:27

Referred By

HEALTH CHECK MGD

Reporting Date:

22 Oct 2023 11:09

Receiving Date

21 Oct 2023 14:40

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA.

HbA1c (Glycosylated Hemoglobin)

4.8

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

mg/dl

Comments: HbAlc 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]

5.0

(4.6 - 8.0)

Specific Gravity

1.015

(1.003 - 1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE)

Glucose

NIL .

(NIL)

Ketone Bodies Urobilinogen

Negative

(NEGATIVE)

Normal

(NORMAL)

Page 2 of 8





Name : MR SAGAR BHARAT Age : 36 Yr(s) Sex :Male

Patient Episode : H18000001359 Collection Date : 21 Oct 2023 11:23

Referred By : HEALTH CHECK MGD Reporting Date : 21 Oct 2023 13:02

Receiving Date : 21 Oct 2023 11:23

MICROSCOPIC EXAMINATION (Automated/Manual)

CLINICAL PATHOLOGY

Pus Cells	0-1 /hp	f			(0-5/h)	pf)		
RBC	NIL				(0-2/h)	pf)		
Epithelial Cells	NIL	/hpf						
CASTS	NIL							
Crystals	NIL							
Bacteria	NIL							
OTHERS	NIL							
Serum LIPID PROFILE								6
Serum TOTAL CHOLESTER	OL		172		mg/dl		[<200]	(4)
Method: Oxidase, estera	se, peroxide					3750	Moderate risk:200-2	239
	2						High risk:>240	
TRIGLYCERIDES (GPO/PO	D)		266	#	mg/dl		[<150]	
3	1.0			8 / 12	¥		Borderline high:151	-199
							High: 200 - 499	
							Very high:>500	
HDL- CHOLESTEROL		6	41.0		mg/dl		[35.0-65.0]	
Method: Enzymatic Im	munoimhibition				1 mg			
VLDL- CHOLESTEROL (Ca.			53	#	mg/dl		[0-35]	
CHOLESTEROL, LDL, CAL	CULATED		78.0		mg/dl		[<120.0]	
*		li					Near/	
Above optimal-100-129								
							Borderline High:	130-159
							High Risk: 160-189	9
T.Chol/HDL.Chol rati	o(Calculated)		4.2				<4.0 Optimal	
	,						4.0-5.0 Borderlin	nė
							>6 High Risk	
LDL.CHOL/HDL.CHOL Rat	io(Calculated)		1.9				<3 Optimal	
	ene na europe estante au meterope a caba de mas de la fill (Pedia)						3-4 Borderline	

Page 3 of 8

>6 High Risk





LABORATORY REPORT

Name : MR SAGAR BHARAT

Age : 36 Yr(s) Sex :Male

Registration No

: MH011427648

Lab No : 202310004411

Patient Episode

H18000001359

Collection Date: 21 Oct 2023 10:27

Referred By

: HEALTH CHECK MGD

Reporting Date : 21 Oct 2023 12:09

Receiving Date : 21 Oct 2023 14:40

BIOCHEMISTRY

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			
UREA	15.8	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	7.4 #	mg/dl	[8.0-20.0]
Method: Calculated		30	
CREATININE, SERUM	0.82	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization	on		
URIC ACID	6.1	mg/dl	[4.0-8.5]
Method:uricase PAP			
	*		
SODIUM, SERUM	137.70	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.37	mmol/L	[3.60-5.10]
SERUM CHLORIDE	101.9	mmol/L	[101.0-111.0]
Method: ISE Indirect	No. of the second		
eGFR (calculated)	113.8	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 to1.73 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.

Page 4 of 8





LABORATORY REPORT

Name

MR SAGAR BHARAT

Age 36 Yr(s) Sex :Male

Registration No

MH011427648

202310004411

Patient Episode

H18000001359

Referred By

Collection Date: 21 Oct 2023 10:27

HEALTH CHECK MGD

Receiving Date

21 Oct 2023 14:40

Reporting Date:

Lab No

21 Oct 2023 12:10

Page 5 of 8

BIOCHEMISTRY

TEST	RESULT	UNIT BIO	LOGICAL REFERENCE INTERVAL	
LIVER FUNCTION TEST				
BILIRUBIN - TOTAL Method: D P D	0.52	mg/dl	[0.30-1.20]	
BILIRUBIN - DIRECT Method: DPD	0.09	mg/dl	[0.00-0.30]	
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.43	mg/dl	[0.10-0.90]	
TOTAL PROTEINS (SERUM) Method: BIURET	6.30 #	gm/dl	[6.60-8.70]	
ALBUMIN (SERUM) Method: BCG	4.04	g/dl	[3.50-5.20]	10
GLOBULINS (SERUM) Method: Calculation	2.30	gm/dl	[1.80-3.40]	
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.79		[1.00-2.50]	
AST(SGOT) (SERUM) Method: IFCC W/O P5P	39.00	U/L	[0.00-40.00]	
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	54.40	U/L	[17.00-63.00]	
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	182.0 #	IU/L	[32.0-91.0]	
GGT	24.0	U/L	[7.0-50.0]	





LABORATORY REPORT

MR SAGAR BHARAT Name

Age

36 Yr(s) Sex: Male

Registration No

MH011427648

202310004411 Lab No

Patient Episode

H18000001359

Collection Date:

21 Oct 2023 10:27

Referred By

: HEALTH CHECK MGD

Reporting Date:

21 Oct 2023 12:10

Receiving Date

21 Oct 2023 14:40

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.

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 6 of 8

----END OF REPORT-

Dr. Alka Dixit Vats **Consultant Pathologist**





LABORATORY REPORT

Name

MR SAGAR BHARAT

36 Yr(s) Sex : Male Age

Registration No

MH011427648

202310004412

Patient Episode

H18000001359

Lab No **Collection Date:**

Referred By

21 Oct 2023 10:27

HEALTH CHECK MGD

Reporting Date:

21 Oct 2023 11:35

Receiving Date

21 Oct 2023 10:27

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

82.0

mg/dl

[70.0-110.0]

Method: Hexokinase

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, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

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

Dr. Alka Dixit Vats **Consultant Pathologist**





Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.mar.ipalhospitals.com

LABORATORY REPORT

Name

MR SAGAR BHARAT

Age

36 Yr(s) Sex :Male

Registration No

MH011427648

Lab No

202310004413

Patient Episode

H18000001359

Collection Date:

21 Oct 2023 14:28

Referred By

HEALTH CHECK MGD

Reporting Date:

22 Oct 2023 10:15

Receiving Date

21 Oct 2023 14:28

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

74.0 #

mg/dl

[80.0-140.0]

Method: Hexokinase

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

E MECICAL CHARITABLE INHEA, Hapur Road, Near Landcraft Golflinks. Ghaziabad - 201002 red Office: Sector-6, Dwarka, New Delhi 110 075

> LIFE'S ON Department Of Laboratory Medicine

Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

LABORATORY REPORT

Name

: MR SAGAR BHARAT

Age

36 Yr(s) Sex: Male

Registration No

: MH011427648

Lab No

32231009026

Patient Episode

: O03001200851

Collection Date:

21 Oct 2023 18:50

Referred By

: REFERRAL DOCTOR

Reporting Date:

23 Oct 2023 09:09

Receiving Date

: 21 Oct 2023 19:15

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.280	ng/ml	[0.800-2.040]
T4 - Thyroxine (ECLIA)	8.740	µg/dl	[4.600-10.500]
Thyroid Stimulating Hormone (ECLIA)	4.150	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

Page 1 of 1

----END OF REPORT----

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY





RADIOLOGY REPORT

NAME	MR Sagar BHARAT	STUDY DATE	21/10/2023 11:07AM
AGE / SEX	36 y / M	HOSPITAL NO.	MH011427648
ACCESSION NO.	R6285418	MODALITY	US
REPORTED ON	21/10/2023 11:47AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 140 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 106 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8.8 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.1 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 95 x 39 mm. It shows a concretion measuring 2.5 mm at lower calyx.

Left Kidney: measures 95 x 42 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 32 x 30 mm with volume 19 cc.

Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Right renal concretion.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com



RADIOLOGY REPORT

NAME	MR Sagar BHARAT	STUDY DATE	21/10/2023 10:39AM
AGE / SEX	36 y / M	HOSPITAL NO.	MH011427648
ACCESSION NO.	R6285417	MODALITY	CR
REPORTED ON	21/10/2023 11:58AM	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 seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com