Mediwheel <wellness@mediwheel.in>
Mon 3/18/2024 1:58 PM
To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc:customercare@mediwheel.in <customercare@mediwheel.in>

Mediwheel
Your wellness partner

011-41195959

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	:	8800663811
Appointment Date	:	23-03-2024
Confirmation Status	:	Booking Confirmed
Preferred Time	:	8:30am

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR GAURAV	38 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

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भारत सरकार
Government of India

गौरव कुमार
Gaurav Kumar
जन्म तिथि/ DOB: 31/05/1985
पुरुष / MALE

7944 4664 4440

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

पता:
S/O राजन गुप्ता, एस . बी.
राय मार्ग, एस . पी . जी बैंक
के पास देवघर, देवघर ,
झारखण्ड - 814112

Address:
S/O,Rajan Gupta, S . B. Roy Road,
Near S . P . G Bank, Deoghar,
Deoghar,
Jharkhand - 814112

7944 4664 4440

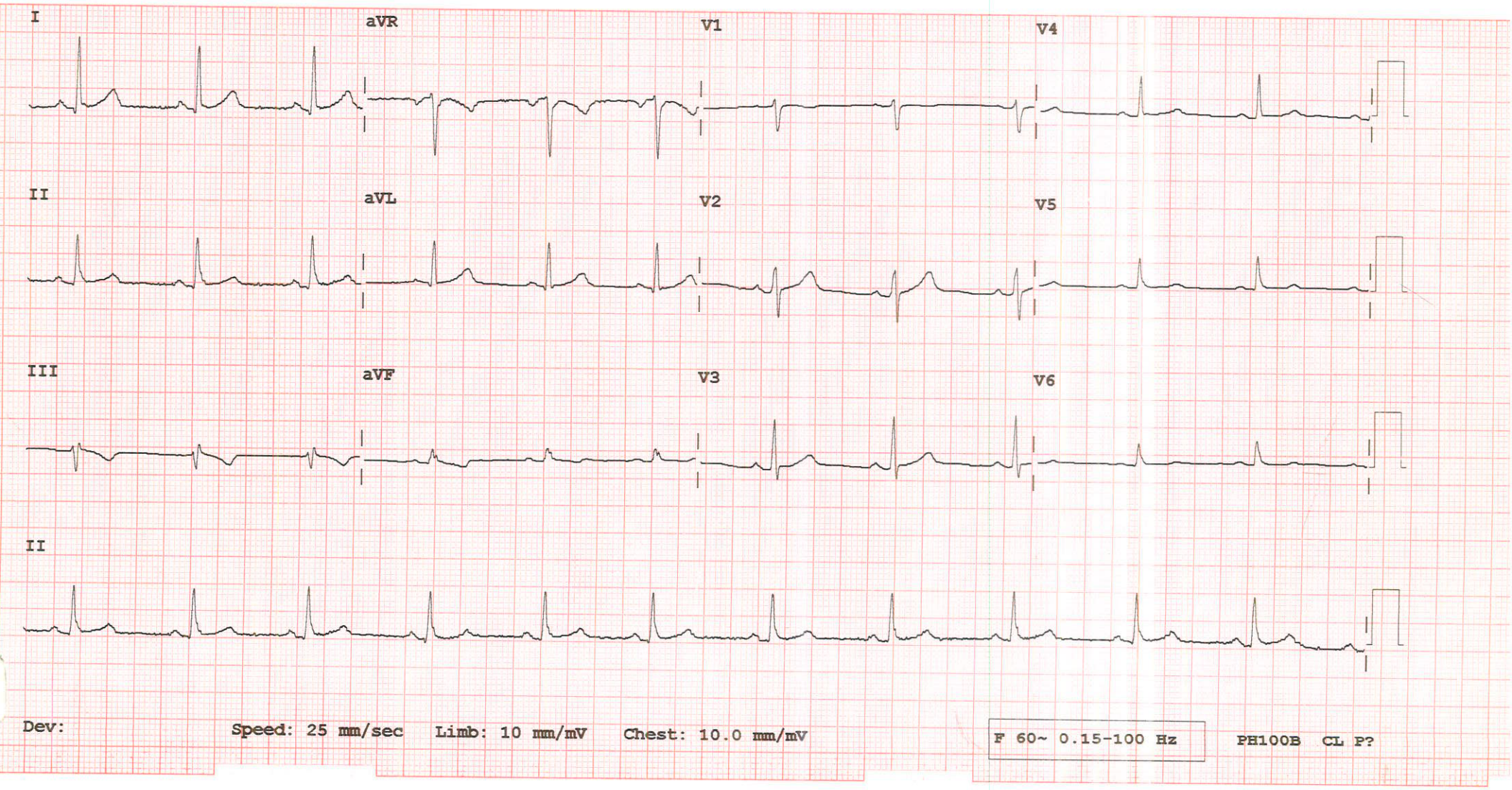
1947 help@uidai.gov.in www.uidai.gov.in

23/03/2024 12:05:26 GAURAV KUMAR

Manipal Hospitals, Ghaziabad

- ABNORMAL 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?

manipal hospitals

LIFE'S ON

TMT INVESTIGATION REPORT

Patient Name	MR GAURAV KUMAR	Location	: Ghaziabad
Age/Sex	: 38Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH010843095	Order Date	: 23/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 23/03/2024

Protocol : Bruce
Duration of exercise : 09min 24sec
Reason for termination : THR achieved
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg
Peak BP : 150/90mmHg

MPHR : 182BPM
85% of MPHR : 154BPM
Peak HR Achieved : 169BPM
% Target HR : 92%
METS : 10.7METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	79	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	121	120/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	143	130/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	166	150/90	Nil	No ST changes seen	Nil
STAGE 4	0:24	169	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:40	103	130/80	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
MD
Cardiology Registrar

Manipal Hospital, Ghaziabad
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P : 0120-3535353

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LABORATORY REPORT

Name	:	MR GAURAV KUMAR	**Age**	:	38 Yr(s) Sex :Male
Registration No	:	MH010843095	**Lab No**	:	202403003444
Patient Episode	:	H18000001983	**Collection Date :**		23 Mar 2024 10:20
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		23 Mar 2024 12:58
Receiving Date	:	23 Mar 2024 10:20			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			**Specimen Type : Serum**
T3 - Triiodothyronine (ELFA)	1.010	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.880	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.670	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.

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LABORATORY REPORT

Name	:	MR GAURAV KUMAR	**Age**	:	38 Yr(s) Sex :Male
Registration No	:	MH010843095	**Lab No**	:	202403003444
Patient Episode	:	H18000001983	**Collection Date :**		23 Mar 2024 10:20
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		23 Mar 2024 12:47
Receiving Date	:	23 Mar 2024 10:20			

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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

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LABORATORY REPORT

Name	: MR GAURAV KUMAR	**Age** :	38 Yr(s) Sex :Male
Registration No	: MH010843095	**Lab No** :	202403003444
Patient Episode	: H18000001983	**Collection Date :**	23 Mar 2024 10:20
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	23 Mar 2024 12:16
Receiving Date	: 23 Mar 2024 10:20		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		**SPECIMEN-EDTA Whole Blood**	
RBC COUNT (IMPEDENCE)	5.26	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.5	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.8	%	[40.0-50.0]
MCV (DERIVED)	89.0	fL	[83.0-101.0]
MCH (CALCULATED)	29.5	pg	[25.0-32.0]
MCHC(CALCULATED)	33.1	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.9	%	[11.6-14.0]
Platelet count	251	x 10^3 cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	10.90	fL	
WBC COUNT(TC)(IMPEDENCE)	5.70	x 10^3 cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	54.0	%	[40.0-80.0]
Lymphocytes	31.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	**7.0 #**	**%**	**[1.0-6.0]**
Basophils	0.0	%	[0.0-2.0]
ESR	8.0	mm/1sthour	[0.0-

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LABORATORY REPORT

Name	: MR GAURAV KUMAR	**Age**	: 38 Yr(s) Sex :Male
Registration No	: MH010843095	**Lab No**	: 202403003444
Patient Episode	: H18000001983	**Collection Date**	: 23 Mar 2024 10:20
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 23 Mar 2024 12:50
Receiving Date	: 23 Mar 2024 10:20		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	**6.7 #**	**%**	**[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)	146	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]	7.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)
CHEMICAL EXAMINATION		
Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

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LABORATORY REPORT

Name	: MR GAURAV KUMAR	**Age** :	38 Yr(s) Sex :Male
Registration No	: MH010843095	**Lab No** :	202403003444
Patient Episode	: H18000001983	**Collection Date :**	23 Mar 2024 11:34
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	23 Mar 2024 13:01
Receiving Date	: 23 Mar 2024 11:34		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION(Automated/Manual)

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

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	197	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	121	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	**32 #**	**mg/dl**	**[35-65]**
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	24	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	**141.0 #**	**mg/dl**	**[<120.0]** Near/

Above optimal-100-129

Borderline High:130-159
High Risk:160-189

T.Chol/HDL.Chol ratio(Calculated)	6.2	<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	4.4	<3 Optimal 3-4 Borderline >6 High Risk

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LABORATORY REPORT

Name	: MR GAURAV KUMAR	**Age**	: 38 Yr(s) Sex :Male
Registration No	: MH010843095	**Lab No**	: 202403003444
Patient Episode	: H18000001983	**Collection Date**	: 23 Mar 2024 10:20
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 24 Mar 2024 12:32
Receiving Date	: 23 Mar 2024 10:20		

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	23.6	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.0	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	1.08	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.6	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	143.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	5.00	mmol/L	[3.60-5.10]
SERUM CHLORIDE	108.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	86.6	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.

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LABORATORY REPORT

Name	: MR GAURAV KUMAR	**Age** :	38 Yr(s) Sex :Male
Registration No	: MH010843095	**Lab No** :	202403003444
Patient Episode	: H18000001983	**Collection Date :**	23 Mar 2024 10:20
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Mar 2024 12:32
Receiving Date	: 23 Mar 2024 10:20		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL *Method: D P D*	0.64	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT *Method: DPD*	0.30	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) *Method: Calculation*	0.34	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) *Method: BIURET*	8.57	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) *Method: BCG*	4.54	g/dl	[3.50-5.20]
GLOBULINS (SERUM) *Method: Calculation*	**4.00 #**	**gm/dl**	**[1.80-3.40]**
PROTEIN SERUM (A-G) RATIO *Method: Calculation*	1.10		[1.00-2.50]
AST(SGOT) (SERUM) *Method: IFCC W/O P5P*	17.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) *Method: IFCC W/O P5P*	21.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase *Method: AMP BUFFER IFCC)*	**151.0 #**	**IU/L**	**[32.0-91.0]**
GGT	21.0	U/L	[7.0-50.0]

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LABORATORY REPORT

Name	: MR GAURAV KUMAR	**Age**	: 38 Yr(s) Sex :Male
Registration No	: MH010843095	**Lab No**	: 202403003444
Patient Episode	: H18000001983	**Collection Date**	: 23 Mar 2024 10:20
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 24 Mar 2024 12:32
Receiving Date	: 23 Mar 2024 10:20		

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.

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

Dr. Alka Dixit Vats
Consultant Pathologist

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LABORATORY REPORT

Name	: MR GAURAV KUMAR	**Age**	: 38 Yr(s) Sex :Male
Registration No	: MH010843095	**Lab No**	: 202403003445
Patient Episode	: H18000001983	**Collection Date**	: 23 Mar 2024 10:20
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 24 Mar 2024 12:32
Receiving Date	: 23 Mar 2024 10:20		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	**151.0 #**	**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), Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal
Consultant Pathologist

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LABORATORY REPORT

Name	: MR GAURAV KUMAR	**Age** :	38 Yr(s) Sex :Male
Registration No	: MH010843095	**Lab No** :	202403003446
Patient Episode	: H18000001983	**Collection Date :**	23 Mar 2024 15:35
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Mar 2024 12:18
Receiving Date	: 23 Mar 2024 15:35		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	**145.0 #**	**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

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RADIOLOGY REPORT

NAME	MR Gaurav KUMAR	STUDY DATE	23/03/2024 10:34AM
AGE / SEX	38 y / M	HOSPITAL NO.	MH010843095
ACCESSION NO.	R7109135	MODALITY	CR
REPORTED ON	23/03/2024 10:40AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:
LUNGS: Bronchovascular markings appear prominent.
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: Bilateral rudimentary cervical ribs are seen. Rest normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM:Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:
Prominent bronchovascular markings in bilateral lung fields.
Bilateral rudimentary cervical ribs.
Recommend clinical correlation.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

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RADIOLOGY REPORT

NAME	MR Gaurav KUMAR	STUDY DATE	23/03/2024 11:18AM
AGE / SEX	38 y / M	HOSPITAL NO.	MH010843095
ACCESSION NO.	R7109137	MODALITY	US
REPORTED ON	23/03/2024 12:02PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 149 mm), shape and shows increased parenchymal echogenicity suggesting grade II fatty liver. Rest normal.
SPLEEN: Spleen is normal in size (measures 98 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 11 mm.
COMMON BILE DUCT: Appears normal in size and measures 3.7 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 90 x 40 mm.
Left Kidney: measures 92 x 38 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 35 x 29 x 29 mm with volume 15 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

Grade II fatty liver.

Recommend clinical correlation.

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

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