



Mediwheel
...Your wellness partner

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? Yes No

Name : MR. JOSHI ANIL KUMAR
Contact Details : 8750104424
Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 13-04-2024

Member Information		
Booked Member Name	Age	Gender
MR. JOSHI ANIL KUMAR	49 year	Male

Tests included in this Package -

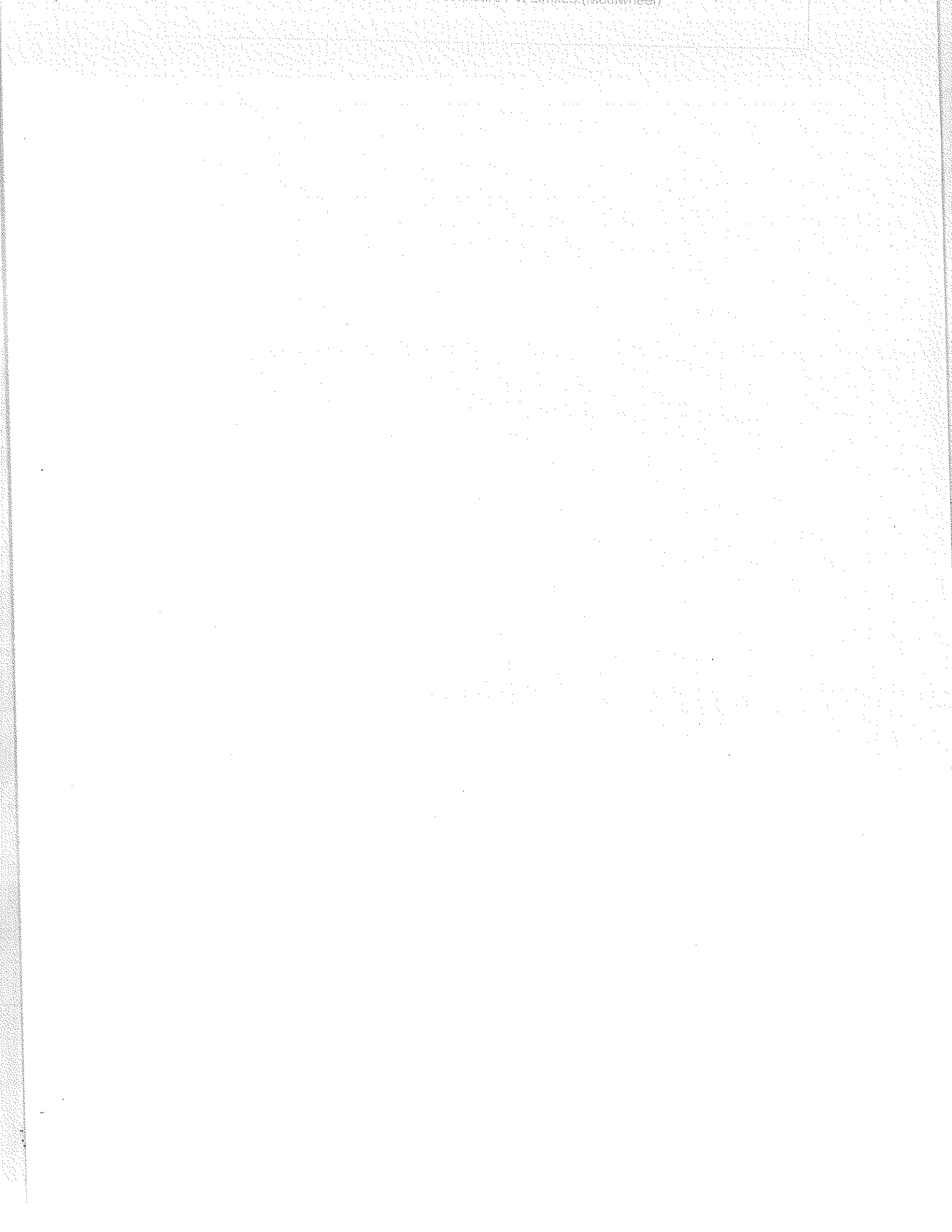
- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis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

Thanks,
Mediwheel Team

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UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O नविन चन्द्र जोशी, जी-६६१
जी ब्लॉक, गोविन्दपुरम स.ओ,
गाज़ियाबाद, उत्तर प्रदेश, 201013

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भारत सरकार
GOVERNMENT OF INDIA



अनिल कुमार जोशी
Anil Kumar Joshi

जन्म वर्ष / Year of Birth : 1975
पुरुष / Male



7892 4626 0361

आधार — आम आदमी का अधिकार

A Joshi

OUTPATIENT RECORD

Hospital No: MH013287133 Visit No: H1800002103
Name: MR ANIL KUMAR JOSHI Age/Sex: 48 Yrs/Male
Doctor Name: HEALTH CHECK MGD Specialty: HC SERVICE MGD
Date: 13/04/2024 08:47AM
BP Systolic: 133 mmHg BP Diastolic: 68 mmHg Pulse Rate: 66beats per minute
Saturation(Oxygen): 98% Height: 167cm Weight : 106kg
BMI: 38.01 Pain Score: 00 Fall Risk: 01
Vulnerable: 01

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECKUP
SYSTEMIC/ OPHTHALMIC HISTORY - N/C

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6P
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	16	18
FUNDUS EXAMINATION		
OPTIC DISC	C:D 0.3	C:D 0.3
MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

ADVISE / TREATMENT
E/D NISOL 4 TIMES DAILY BE
REVIEW AFTER 6 MTH

HEALTH CHECK MGD



LABORATORY REPORT

Name : MR ANIL KUMAR JOSHI
Registration No : MH013287133
Patient Episode : H18000002103
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Apr 2024 12:50

Age : 48 Yr(s) Sex :Male
Lab No : 202404002041
Collection Date : 13 Apr 2024 12:50
Reporting Date : 14 Apr 2024 10:30

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	138.0	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

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR ANIL KUMAR JOSHI
Registration No : MH013287133
Patient Episode : H1800002103
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Apr 2024 09:02

Age : 48 Yr(s) Sex :Male
Lab No : 202404002039
Collection Date : 13 Apr 2024 09:02
Reporting Date : 13 Apr 2024 10:32

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	106.7	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	1.19	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.20	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.99 #	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	3.78	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.21		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	28.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name : MR ANIL KUMAR JOSHI
Registration No : MH013287133
Patient Episode : H18000002103
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Apr 2024 09:02

Age : 48 Yr(s) Sex :Male
Lab No : 202404002039
Collection Date : 13 Apr 2024 09:02
Reporting Date : 13 Apr 2024 10:32

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	4.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	3.2		<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	18.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.7	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.78	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.2	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.60	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.29	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name : MR ANIL KUMAR JOSHI
Registration No : MH013287133
Patient Episode : H18000002103
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Apr 2024 09:02

Age : 48 Yr(s) Sex :Male
Lab No : 202404002039
Collection Date : 13 Apr 2024 09:02
Reporting Date : 13 Apr 2024 13:11

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.6	%	[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)	114	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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	218 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	150 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	45	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	30	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	143.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

**LABORATORY REPORT**

Name	: MR ANIL KUMAR JOSHI	Age	: 48 Yr(s) Sex :Male
Registration No	: MH013287133	Lab No	: 202404002039
Patient Episode	: H18000002103	Collection Date	: 13 Apr 2024 10:31
Referred By	: HEALTH CHECK MGD	Reporting Date	: 13 Apr 2024 12:24
Receiving Date	: 13 Apr 2024 10:31		

CLINICAL PATHOLOGY**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	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

**LABORATORY REPORT**

Name : MR ANIL KUMAR JOSHI
Registration No : MH013287133
Patient Episode : H18000002103
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Apr 2024 09:02

Age : 48 Yr(s) Sex :Male
Lab No : 202404002039
Collection Date : 13 Apr 2024 09:02
Reporting Date : 13 Apr 2024 12:27

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.59	millions/cumm	[4.50-5.50]
HEMOGLOBIN	12.8 #	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.3	%	[40.0-50.0]
MCV (DERIVED)	90.0	fL	[83.0-101.0]
MCH (CALCULATED)	27.9	pg	[25.0-32.0]
MCHC (CALCULATED)	31.0 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.2 #	%	[11.6-14.0]
Platelet count	196	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.70	fL	
WBC COUNT (TC) (IMPEDENCE)	7.95	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	53.0	%	[40.0-80.0]
Lymphocytes	34.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	5.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	33.0 #	mm/1sthour	[0.0-

**LABORATORY REPORT**

Name : MR ANIL KUMAR JOSHI **Age** : 48 Yr(s) Sex :Male
Registration No : MH013287133 **Lab No** : 202404002039
Patient Episode : H18000002103 **Collection Date** : 13 Apr 2024 09:02
Referred By : HEALTH CHECK MGD **Reporting Date** : 13 Apr 2024 13:09
Receiving Date : 13 Apr 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



LABORATORY REPORT

Name	: MR ANIL KUMAR JOSHI	Age	: 48 Yr(s) Sex :Male
Registration No	: MH013287133	Lab No	: 202404002039
Patient Episode	: H18000002103	Collection Date	: 13 Apr 2024 09:02
Referred By	: HEALTH CHECK MGD	Reporting Date	: 13 Apr 2024 10:43
Receiving Date	: 13 Apr 2024 09:02		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.020	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.450	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.760	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 ANIL KUMAR JOSHI
Registration No : MH013287133
Patient Episode : H18000002103
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Apr 2024 09:02
Age : 48 Yr(s) Sex :Male
Lab No : 202404002039
Collection Date : 13 Apr 2024 09:02
Reporting Date : 13 Apr 2024 10:32

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	29.20	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	85.0	IU/L	[32.0-91.0]
GGT	34.0	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.

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

Dr. Alka Dixit Vats
Consultant Pathologist

**LABORATORY REPORT**

Name	: MR ANIL KUMAR JOSHI	Age	: 48 Yr(s) Sex :Male
Registration No	: MH013287133	Lab No	: 202404002040
Patient Episode	: H18000002103	Collection Date	: 13 Apr 2024 09:02
Referred By	: HEALTH CHECK MGD	Reporting Date	: 13 Apr 2024 10:32
Receiving Date	: 13 Apr 2024 09:02		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma			
GLUCOSE, FASTING (F) Method: Hexokinase	87.0	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.

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

Dr. Alka Dixit Vats
Consultant Pathologist

NAME	MR , ANIL KUMAR VERMA	STUDY DATE	13/04/2024 9:17AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH013287133
ACCESSION NO.	R7229650	MODALITY	CR
REPORTED ON	13/04/2024 9:23AM	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*****

**RADIOLOGY REPORT**

NAME	MR Anil kumar JOSHI	STUDY DATE	13/04/2024 10:12AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH013287133
ACCESSION NO.	R7229651	MODALITY	US
REPORTED ON	13/04/2024 11:09AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears enlarged in size (measures 151 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade III fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 102 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 4.9 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 97 x 44 mm.

Left Kidney: measures 96 x 46 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 40 x 35 x 29 mm with volume 21 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade III fatty infiltration in liver.

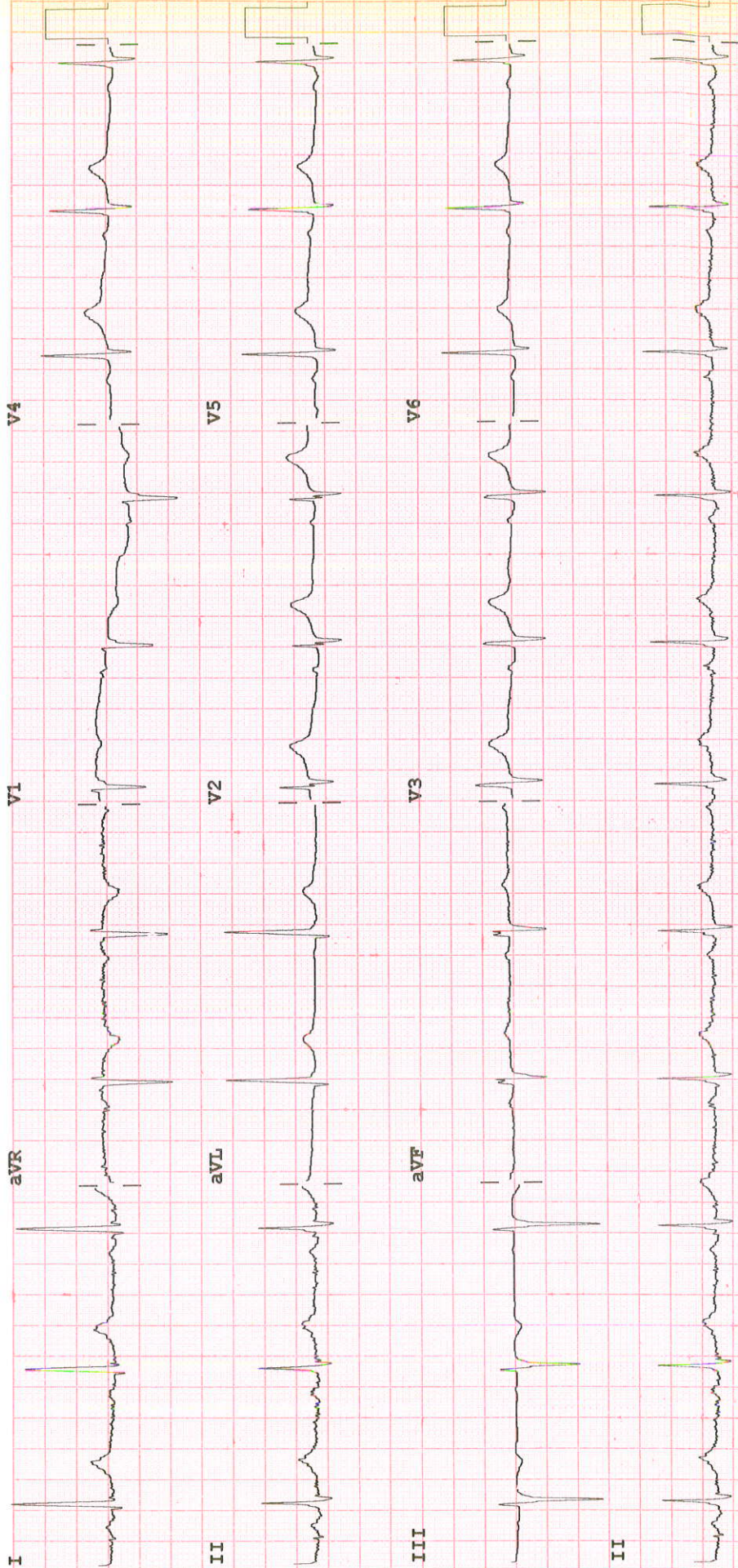
Recommend clinical correlation.

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

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

- 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?

