



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. BOBI
Contact Details : 9654018698
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 : 29-03-2024

Member Information		
Booked Member Name	Age	Gender
MR. BOBI	45 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

Please Download Mediwheel App



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आयकर विभाग
INCOME TAX DEPARTMENT

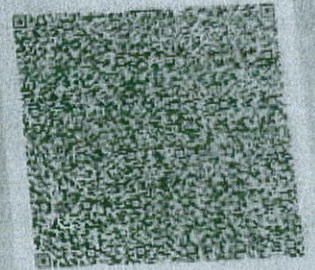


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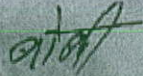
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नाम / Name
BOBI

पिता का नाम / Father's Name
LATOOR

जन्म की तारीख /
Date of Birth
06/07/1978


हस्ताक्षर / Signature

01122018





LABORATORY REPORT

Name : MR BOBI
 Registration No : MH011808200
 Patient Episode : H18000002017
 Referred By : HEALTH CHECK MGD
 Receiving Date : 29 Mar 2024 11:40

Age : 45 Yr(s) Sex : Male
 Lab No : 202403004296
 Collection Date : 29 Mar 2024 11:40
 Reporting Date : 30 Mar 2024 10:25

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN (PSA-Total):	0.810	ng/mL	[<2.500]

Method : ELFA

Note : 1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats



LABORATORY REPORT

Name : MR BOBI Age : 45 Yr(s) Sex : Male
Registration No : MH011808200 Lab No : 202403004296
Patient Episode : H18000002017 Collection Date : 29 Mar 2024 16:59
Referred By : HEALTH CHECK MGD Reporting Date : 30 Mar 2024 10:37
Receiving Date : 29 Mar 2024 16:59

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

Page 1 of 2

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR BOBI
Registration No : MH011808200
Patient Episode : H18000002017
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 16:56
Age : 45 Yr(s) Sex : Male
Lab No : 202403004298
Collection Date : 29 Mar 2024 16:56
Reporting Date : 30 Mar 2024 10:29

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	115.0	mg/dl	[80.0-140.0]
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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-----

Page 2 of 2

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MR BOBI	Age	: 45 Yr(s) Sex :Male
Registration No	: MH011808200	Lab No	: 202403004296
Patient Episode	: H18000002017	Collection Date	: 29 Mar 2024 11:40
Referred By	: HEALTH CHECK MGD	Reporting Date	: 30 Mar 2024 10:25
Receiving Date	: 29 Mar 2024 11:40		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.920	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.850	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	4.350	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 BOBI	Age	: 45 Yr(s) Sex :Male
Registration No	: MH011808200	Lab No	: 202403004296
Patient Episode	: H18000002017	Collection Date	: 29 Mar 2024 11:40
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:34
Receiving Date	: 29 Mar 2024 11:40		

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.

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MR BOBI	Age	: 45 Yr(s) Sex :Male
Registration No	: MH011808200	Lab No	: 202403004296
Patient Episode	: H18000002017	Collection Date	: 29 Mar 2024 11:40
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 14:25
Receiving Date	: 29 Mar 2024 11:40		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.01	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.5	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.1	%	[40.0-50.0]
MCV (DERIVED)	92.0	fL	[83.0-101.0]
MCH (CALCULATED)	28.9	pg	[25.0-32.0]
MCHC (CALCULATED)	31.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.2 #	%	[11.6-14.0]
Platelet count	194	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.00	fL	
WBC COUNT(TC) (IMPEDENCE)	5.16	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	56.0	%	[40.0-80.0]
Lymphocytes	33.0	%	[20.0-40.0]
Monocytes	9.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	8.0	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR BOBI	Age	: 45 Yr(s) Sex :Male
Registration No	: MH011808200	Lab No	: 202403004296
Patient Episode	: H18000002017	Collection Date	: 29 Mar 2024 11:40
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:29
Receiving Date	: 29 Mar 2024 11:40		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.7 #	%	[0.0-5.6]
			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 glyceimic control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	173	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	91	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	74 #	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	18	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	81.0	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189



LABORATORY REPORT

Name : MR BOBI
Registration No : MH011808200
Patient Episode : H18000002017
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 11:40

Age : 45 Yr(s) Sex : Male
Lab No : 202403004296
Collection Date : 29 Mar 2024 11:40
Reporting Date : 29 Mar 2024 13:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	2.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.1		<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 Method: GLDH, Kinatic assay	31.9	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	14.9	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.87	mg/dl	[0.70-1.20]
URIC ACID Method: uricase PAP	6.4	mg/dl	[4.0-8.5]

SODIUM, SERUM	135.30 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.08	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	103.5	mmol/L	[101.0-111.0]



LABORATORY REPORT

Name	: MR BOBI	Age	: 45 Yr(s) Sex :Male
Registration No	: MH011808200	Lab No	: 202403004296
Patient Episode	: H18000002017	Collection Date	: 29 Mar 2024 11:40
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 13:54
Receiving Date	: 29 Mar 2024 11:40		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	107.2	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 <i>Method: D P D</i>	1.08	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.24	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.84	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.38	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.61		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	55.00 #	U/L	[0.00-40.00]

**LABORATORY REPORT**

Name : MR BOBI Age : 45 Yr(s) Sex : Male
 Registration No : MH011808200 Lab No : 202403004296
 Patient Episode : H18000002017 Collection Date : 29 Mar 2024 11:40
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 13:54
 Receiving Date : 29 Mar 2024 11:40

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	39.10	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	75.0	IU/L	[32.0-91.0]
GGT	146.0 #	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.

Page 5 of 6

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR BOBI	Age	: 45 Yr(s) Sex :Male
Registration No	: MH011808200	Lab No	: 202403004297
Patient Episode	: H18000002017	Collection Date	: 29 Mar 2024 11:40
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 13:54
Receiving Date	: 29 Mar 2024 11:40		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	98.0	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-----

Dr. Charu Agarwal
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MR , BOBI	STUDY DATE	29/03/2024 3:30PM
AGE / SEX	41 y / M	HOSPITAL NO.	MH011808200
ACCESSION NO.	R7144258	MODALITY	CR
REPORTED ON	29/03/2024 3:58PM	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: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.

IMPRESSION:

Prominent bronchovascular markings in bilateral lung fields.
Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MR , BOBI	STUDY DATE	29/03/2024 1:52PM
AGE / SEX	41 y / M	HOSPITAL NO.	MH011808200
ACCESSION NO.	R7144259	MODALITY	US
REPORTED ON	29/03/2024 2:13PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears enlarged in size (measures 161 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 104 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.5 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.6 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 92 x 46 mm.

Left Kidney: measures 97 x 42 mm. It shows a concretion measuring 2.9 mm at lower calyx.

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. Rest normal.

SEMINAL VESICLES: Normal.

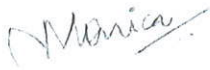
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- **Hepatomegaly with diffuse grade I fatty infiltration in liver.**

- **Left renal concretion.**

Recommend clinical correlation.



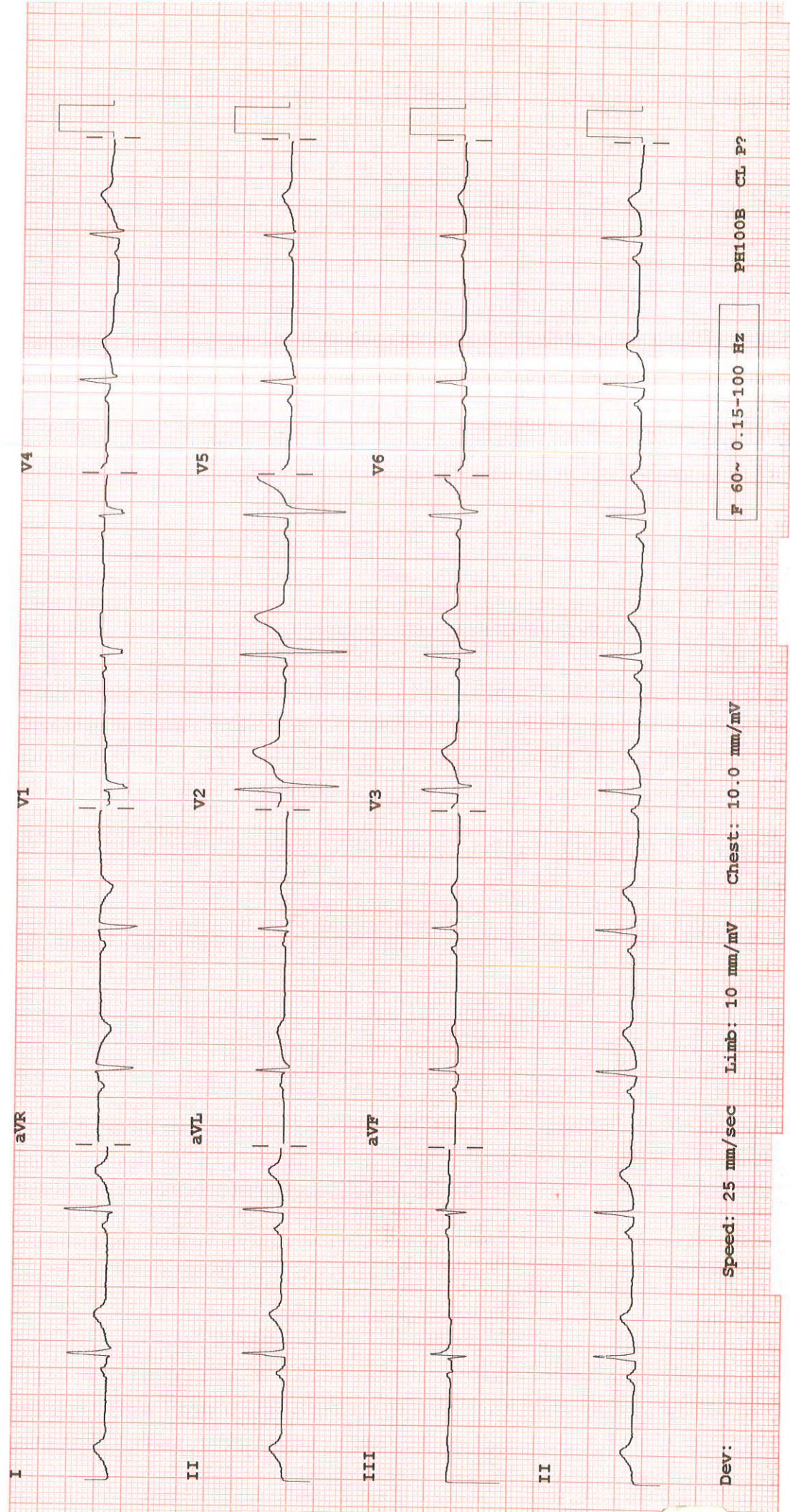
Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

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

- NORMAL ECG -

Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV
F 60~ 0.15-100 Hz PH100B CL P?

Dev:



Patient Name	MR BOBI	Location	: Ghaziabad
Age/Sex	: 41Year(s)/male	Visit No	: V000000001-GHZB
MRN No	MH108096200	Order Date	: 29/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 29/03/2024

Protocol	: Bruce	MPHR	: 179BPM
Duration of exercise	: 7min 41sec	85% of MPHR	: 152BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 167BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg	% Target HR	: 93%
	Peak BP : 140/90mmHg	METS	: 9.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	63	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	102	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	136	140/90	Nil	No ST changes seen	Nil
STAGE 3	1:41	155	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:16	74	120/80	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 SinghMD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology**Dr. Sudhanshu Mishra**MD
Cardiology Registrar