

Mediwheel <wellness@mediwheel.in>

Thu 4/18/2024 2:31 PM

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

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



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 Above 40

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Hospital Address : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links
Aparment

Contact Details : 9868512200

Appointment Date : 27-04-2024

Confirmation Status : Booking Confirmed

Preferred Time : 9:00am

Member Information		
Booked Member Name	Age	Gender
MR. NATH KARTAR	56 year	Male

We request you to facilitate the employee on priority.

Thanks,
 Mediwheel Team
 Please Download Mediwheel App



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Election Commission of India

भारत निर्वाचन आयोग

IDENTITY CARD

पहचान पत्र

DL\04\041\219413



Elector's Name : KARTAR NATH SHARMA

निर्वाचक का नाम करतार नाथ शर्मा

Father's/Mother's/

Husband's Name : TARA CHAND SHARMA

पिता/माता/

पति का नाम

तारा चंद शर्मा

Sex / लिंग :

MALE / पुरुष

Age as on 1.1.1994 :

1.1.1994 को आयु :

26

Mamuel Plash...

Address :

B-30, GALI NO. B6

RAJGARH COLONY

GANDHI NAGAR, DELHI

पता :

बी-30, गली न. बी6

राजगढ़ कॉलोनी

गाँधी नगर, दिल्ली

G. S. Meena

G. S. MEENA

Electoral Registration Officer

निर्वाचक रजिस्ट्रीकरण आफिसर

GANDHI NAGAR Assembly Constituency

गाँधी नगर विधानसभा निर्वाचन क्षेत्र

Place : DELHI

स्थान : दिल्ली

Date :

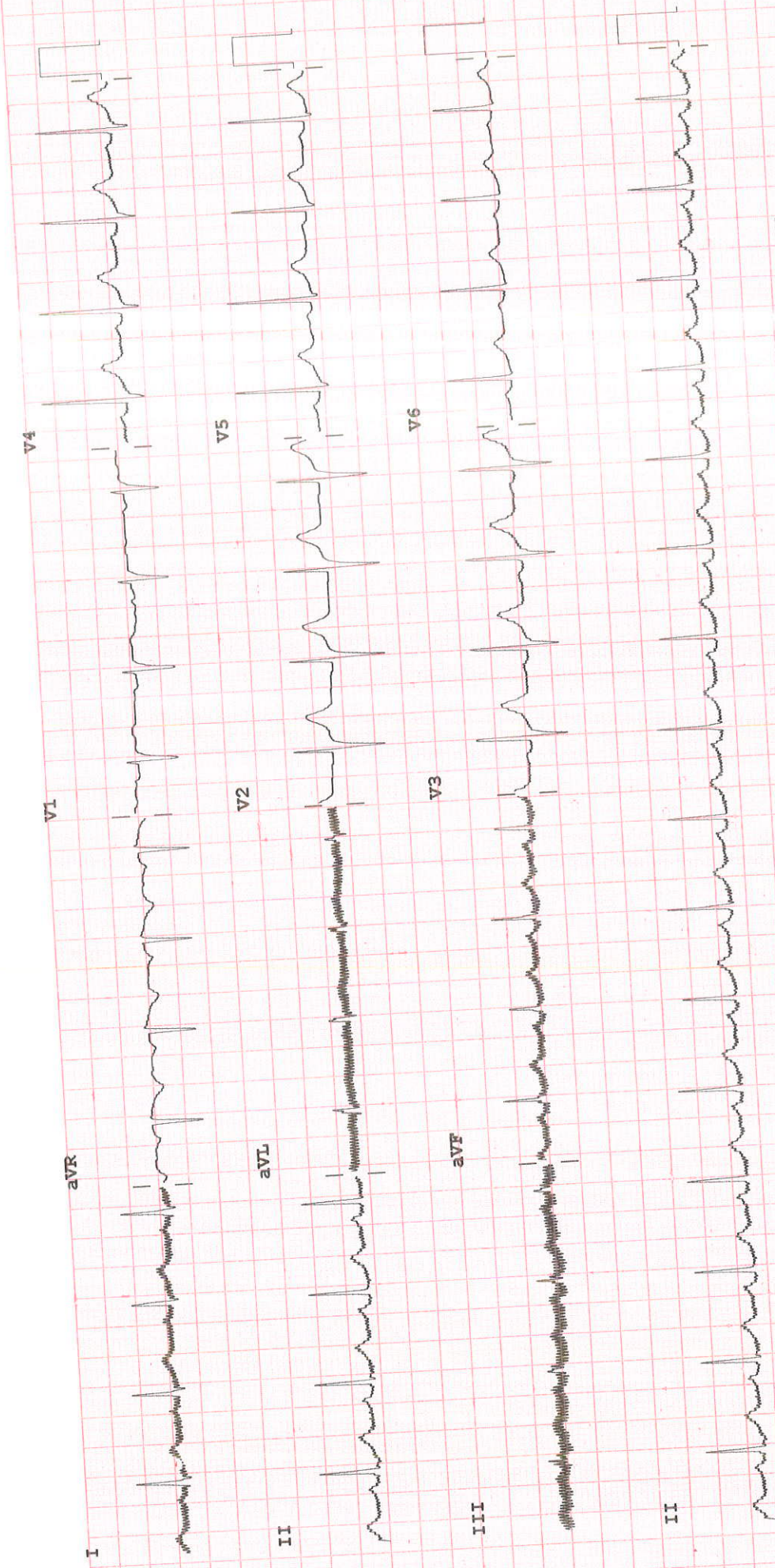
16-04-1995

दिनांक :

**This card may be used as an Identity card
under different Government schemes.**

**यह पत्र सरकार की विविध योजनाओं के अन्तर्गत
पहचान पत्र के रूप में प्रयोग किया जा सकता है**

- NORMAL ECG - Unconfirmed Diagnosis



F 60~ 0.15-100 HZ

PH100B CL P?

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Dev:



TMT INVESTIGATION REPORT

Patient Name	MR KARTAR NATH	Location	: Ghaziabad
Age/Sex	: 56Year(s)/male	Visit No	: V0000000001-GHZZB
MRN No	MH013350787	Order Date	: 06/05/2024
Ref. Doctor	: HCP	Report Date	: 06/05/2024

Protocol	: Bruce	MPHR	: 164BPM
Duration of exercise	: 06min 16sec	85% of MPHR	: 139BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 160BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg	% Target HR	: 97%
	Peak BP : 140/90mmHg	METS	: 7.4METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	96	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	129	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	156	140/90	Nil	No ST changes seen	Nil
STAGE 3	0:16	159	140/90	Nil	No ST changes seen	Nil
RECOVERY	5:18	98	130/90	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
Cardiology Registrar

Dr. Geetesh Govil
MD,D.Card,PGDDC,MAAC,M.Med,MIMA,FAGE
Jr. Consultant Cardiology

Manipal Hospital, Ghaziabad

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RADIOLOGY REPORT

NAME	MR Kartar NATH	STUDY DATE	06/05/2024 11:44AM
AGE / SEX	56 y / M	HOSPITAL NO.	MH013350787
ACCESSION NO.	R7359361	MODALITY	CR
REPORTED ON	06/05/2024 11:54AM	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*****



LABORATORY REPORT

Name : MR KARTAR NATH
Registration No : MH013350787
Patient Episode : H18000002175
Referred By : HEALTH CHECK MGD
Receiving Date : 06 May 2024 10:19

Age : 56 Yr(s) Sex : Male
Lab No : 202405000828
Collection Date : 06 May 2024 10:19
Reporting Date : 06 May 2024 12:55

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	13.50 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	50.0	IU/L	[32.0-91.0]
GGT	18.0	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. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR KARTAR NATH
Registration No : MH013350787
Patient Episode : H18000002175
Referred By : HEALTH CHECK MGD
Receiving Date : 06 May 2024 10:19

Age : 56 Yr(s) Sex : Male
Lab No : 202405000828
Collection Date : 06 May 2024 10:19
Reporting Date : 06 May 2024 12:53

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	73.0	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	0.61	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.51	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.38	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.61		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	15.00	U/L	[0.00-40.00]



LABORATORY REPORT

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Receiving Date : 06 May 2024 10:19

Age : 56 Yr(s) Sex : Male
Lab No : 202405000828
Collection Date : 06 May 2024 10:19
Reporting Date : 06 May 2024 12:53

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.2		<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	19.4	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	9.1	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	1.10	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	7.9	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	140.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.75	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.4	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			



LABORATORY REPORT

Name	: MR KARTAR NATH	Age	: 56 Yr(s) Sex :Male
Registration No	: MH013350787	Lab No	: 202405000828
Patient Episode	: H18000002175	Collection Date	: 06 May 2024 10:19
Referred By	: HEALTH CHECK MGD	Reporting Date	: 06 May 2024 14:08
Receiving Date	: 06 May 2024 10:19		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	6.0 #	%	[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) 126 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 Method:Oxidase,esterase, peroxide	136	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	167 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	33 #	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	33	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	70.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name : MR KARTAR NATH
 Registration No : MH013350787
 Patient Episode : H1800002175
 Referred By : HEALTH CHECK MGD
 Receiving Date : 06 May 2024 11:37
 Age : 56 Yr(s) Sex :Male
 Lab No : 202405000828
 Collection Date : 06 May 2024 11:37
 Reporting Date : 06 May 2024 12:34

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	1.020	(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	1-2 /hpf	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name : MR KARTAR NATH
Registration No : MH013350787
Patient Episode : H18000002175
Referred By : HEALTH CHECK MGD
Receiving Date : 06 May 2024 10:19

Age : 56 Yr(s) Sex : Male
Lab No : 202405000828
Collection Date : 06 May 2024 10:19
Reporting Date : 06 May 2024 13:19

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.68	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.1	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.4	%	[40.0-50.0]
MCV (DERIVED)	90.6	fL	[83.0-101.0]
MCH (CALCULATED)	28.0	pg	[25.0-32.0]
MCHC (CALCULATED)	30.9 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.9	%	[11.6-14.0]
Platelet count	165	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.10	fL	
WBC COUNT (TC) (IMPEDENCE)	8.18	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	71.0	%	[40.0-80.0]
Lymphocytes	22.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	30.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MR KARTAR NATH
Registration No : MH013350787
Patient Episode : H18000002175
Referred By : HEALTH CHECK MGD
Receiving Date : 06 May 2024 10:19

Age : 56 Yr(s) Sex : Male
Lab No : 202405000828
Collection Date : 06 May 2024 10:19
Reporting Date : 06 May 2024 14:08

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
Specimen Type : Serum			
T3 - Triiodothyronine (ELFA)	1.130	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.940	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.870	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 KARTAR NATH Age : 56 Yr(s) Sex : Male
 Registration No : MH013350787 Lab No : 202405000828
 Patient Episode : H18000002175 Collection Date : 06 May 2024 10:19
 Referred By : HEALTH CHECK MGD Reporting Date : 06 May 2024 15:44
 Receiving Date : 06 May 2024 10:19

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total)	0.770	ng/mL	[<3.500]

Method :ELFA

- Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta 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



LABORATORY REPORT

Name : MR KARTAR NATH
Registration No : MH013350787
Patient Episode : H18000002175
Referred By : HEALTH CHECK MGD
Receiving Date : 06 May 2024 10:19
Age : 56 Yr(s) Sex :Male
Lab No : 202405000828
Collection Date : 06 May 2024 10:19
Reporting Date : 06 May 2024 13:47

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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.

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR KARTAR NATH
Registration No : MH013350787
Patient Episode : H18000002175
Referred By : HEALTH CHECK MGD
Receiving Date : 06 May 2024 10:19

Age : 56 Yr(s) Sex : Male
Lab No : 202405000829
Collection Date : 06 May 2024 10:19
Reporting Date : 06 May 2024 12:55

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	97.0	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



LABORATORY REPORT

Name : MR KARTAR NATH
Registration No : MH013350787
Patient Episode : H18000002175
Referred By : HEALTH CHECK MGD
Receiving Date : 06 May 2024 14:37

Age : 56 Yr(s) Sex : Male
Lab No : 202405000830
Collection Date : 06 May 2024 14:37
Reporting Date : 06 May 2024 15:50

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	106.0	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-----

Alka

Dr. Alka Dixit Vats
Consultant Pathologist