



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. JINDAL PRABHAT  
**Contact Details** : 9897902123  
**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. JINDAL PRABHAT	41 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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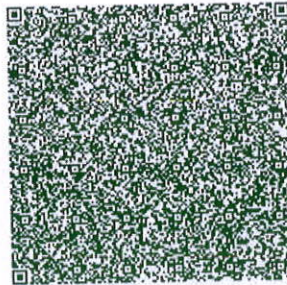


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00129/56239

To  
प्रभात जिंदल  
Prabhat Jindal  
Jai Bhagwan Jindal,  
1633,  
Basant Lane 2,  
New Shivpuri,  
VTC: Hapur,  
PO: Hapur,  
District: Hapur,  
State: Uttar Pradesh,  
PIN Code: 245101,  
Mobile: 9897902123



Signature Not Verified  
Digitally signed by Prabhat Jindal  
Unique Identification Authority of India 05  
Date: 2023.12.07 09:48:44  
GMT+0530

आपका आधार क्रमांक / Your Aadhaar No. :  
**3992 2334 5258**  
मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Aadhaar no issued: 06/10/2014



प्रभात जिंदल  
Prabhat Jindal  
जन्म तिथि/ DOB: 07/06/1982  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).**

**3992 2334 5258**

मेरा आधार, मेरी पहचान



सत्यमेव जयते  
Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जी-ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). It is based on information supported by proof of DOB document specified regulations, submitted by Aadhaar number holder.
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- Entities seeking Aadhaar are obligated to seek consent.



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
जय भगवन जिंदल, १६३३, बसंत लेन २, नई शिवपुरी,  
हापुड, हापुड, हापुड,  
उत्तर प्रदेश - 245101

Address:  
Jai Bhagwan Jindal, 1633, Basant Lane 2,  
New Shivpuri, Hapur, PO: Hapur, DIST:  
Hapur,  
Uttar Pradesh - 245101

Details as on: 07/12/2023



**3992 2334 5258**

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प्रभात जिंदल



**OUTPATIENT RECORD**

Hospital No: MH013287330	Visit No: H18000002106
Name: MR PRABHAT JINDAL	Age/Sex: 41 Yrs/Male
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD
Date: 13/04/2024 09:37AM	

**OPD Notes :**

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECKUP  
SYSTEMIC/ OPHTHALMIC HISTORY - DM X 3 YRS

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/12
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	20	21
FUNDUS EXAMINATION		
OPTIC DISC	C:D 0.5	C:D 0.6
MACULAR AREA	FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT	

ADVISE / TREATMENT  
GLAUCOMA WORKUP  
E/D AQUALINA 4 TIMES DAILY BE  
GLASSES

**HEALTH CHECK MGD**



**LABORATORY REPORT**

**Name** : MR PRABHAT JINDAL  
**Registration No** : MH013287330  
**Patient Episode** : H18000002106  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 13 Apr 2024 13:26

**Age** : 41 Yr(s) Sex :Male  
**Lab No** : 202404002055  
**Collection Date** : 13 Apr 2024 13:26  
**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	200.0 #	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-----

*Charu*  
 Dr. Charu Agarwal  
 Consultant Pathologist



**LABORATORY REPORT**

<b>Name</b>	: MR PRABHAT JINDAL	<b>Age</b>	: 41 Yr(s) Sex :Male
<b>Registration No</b>	: MH013287330	<b>Lab No</b>	: 202404002053
<b>Patient Episode</b>	: H18000002106	<b>Collection Date</b>	: 13 Apr 2024 09:52
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 13 Apr 2024 13:11
<b>Receiving Date</b>	: 13 Apr 2024 09:52		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>THYROID PROFILE, Serum</b>			<b>Specimen Type : Serum</b>
T3 - Triiodothyronine (ELFA)	0.900	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.190	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.800	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 PRABHAT JINDAL **Age** : 41 Yr(s) Sex :Male  
**Registration No** : MH013287330 **Lab No** : 202404002053  
**Patient Episode** : H18000002106 **Collection Date** : 13 Apr 2024 09:52  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 13 Apr 2024 12:23  
**Receiving Date** : 13 Apr 2024 09:52

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

PROSTATE SPECIFIC ANTIGEN(PSA-Total):	0.380	ng/mL	[<2.500]
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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 PRABHAT JINDAL Age : 41 Yr(s) Sex :Male  
Registration No : MH013287330 Lab No : 202404002053  
Patient Episode : H18000002106 Collection Date : 13 Apr 2024 09:52  
Referred By : HEALTH CHECK MGD Reporting Date : 13 Apr 2024 13:09  
Receiving Date : 13 Apr 2024 09:52

**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**

<b>Name</b>	: MR PRABHAT JINDAL	<b>Age</b>	: 41 Yr(s) Sex :Male
<b>Registration No</b>	: MH013287330	<b>Lab No</b>	: 202404002053
<b>Patient Episode</b>	: H18000002106	<b>Collection Date</b>	: 13 Apr 2024 09:52
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 13 Apr 2024 12:27
<b>Receiving Date</b>	: 13 Apr 2024 09:52		

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.75	millions/cumm	[4.50-5.50]
<b>HEMOGLOBIN</b>	<b>12.9 #</b>	<b>g/dl</b>	<b>[13.0-17.0]</b>
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	40.7	%	[40.0-50.0]
MCV (DERIVED)	85.7	fL	[83.0-101.0]
MCH (CALCULATED)	27.2	pg	[25.0-32.0]
MCHC (CALCULATED)	31.7	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.4	%	[11.6-14.0]
Platelet count	188	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.30	fL	
WBC COUNT (TC) (IMPEDENCE)	4.86	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	54.0	%	[40.0-80.0]
Lymphocytes	38.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>16.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-</b>





**LABORATORY REPORT**

<b>Name</b>	: MR PRABHAT JINDAL	<b>Age</b>	: 41 Yr(s) Sex :Male
<b>Registration No</b>	: MH013287330	<b>Lab No</b>	: 202404002053
<b>Patient Episode</b>	: H18000002106	<b>Collection Date</b>	: 13 Apr 2024 11:06
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 13 Apr 2024 12:24
<b>Receiving Date</b>	: 13 Apr 2024 11:06		

**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)
Glucose	+	(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 PRABHAT JINDAL **Age** : 41 Yr(s) Sex :Male  
**Registration No** : MH013287330 **Lab No** : 202404002053  
**Patient Episode** : H18000002106 **Collection Date** : 13 Apr 2024 09:52  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 13 Apr 2024 13:11  
**Receiving Date** : 13 Apr 2024 09:52

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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**Glycosylated Hemoglobin**

Specimen: EDTA

<b>HbA1c (Glycosylated Hemoglobin)</b>	8.0 #	%	[0.0-5.6]
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Method: HPLC

As per American Diabetes Association (ADA)

HbA1c in %

Non diabetic adults  $\geq 18$  years  $< 5.7$ 

Prediabetes (At Risk) 5.7-6.4

Diagnosing Diabetes  $\geq 6.5$ 

Estimated Average Glucose (eAG)	183	mg/dl	
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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 glyceemic control.

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	128	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	149	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	36	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	30	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	62.0	mg/dl	[<120.0]
			Near/
			Borderline High:130-159
			High Risk:160-189

Above optimal-100-129

**LABORATORY REPORT**

Name : MR PRABHAT JINDAL  
 Registration No : MH013287330  
 Patient Episode : H18000002106  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 13 Apr 2024 09:52

Age : 41 Yr(s) Sex : Male  
 Lab No : 202404002053  
 Collection Date : 13 Apr 2024 09:52  
 Reporting Date : 13 Apr 2024 12:00

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.6		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.7		<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 23.8 mg/dl [15.0-40.0]  
 Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN 11.1 mg/dl [8.0-20.0]  
 Method: Calculated

**CREATININE, SERUM 0.63 # 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 137.60 mmol/L [136.00-144.00]

POTASSIUM, SERUM 4.36 mmol/L [3.60-5.10]

SERUM CHLORIDE 104.0 mmol/L [101.0-111.0]  
 Method: ISE Indirect



**LABORATORY REPORT**

<b>Name</b>	: MR PRABHAT JINDAL	<b>Age</b>	: 41 Yr(s) Sex :Male
<b>Registration No</b>	: MH013287330	<b>Lab No</b>	: 202404002053
<b>Patient Episode</b>	: H18000002106	<b>Collection Date</b>	: 13 Apr 2024 09:52
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 13 Apr 2024 12:00
<b>Receiving Date</b>	: 13 Apr 2024 09:52		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	122.4	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	0.53	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.43	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.40	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.91		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	40.00	U/L	[0.00-40.00]



**LABORATORY REPORT**

**Name** : MR PRABHAT JINDAL **Age** : 41 Yr(s) Sex :Male  
**Registration No** : MH013287330 **Lab No** : 202404002053  
**Patient Episode** : H18000002106 **Collection Date** : 13 Apr 2024 09:52  
**Referred By** : HEALTH CHECK MGD. **Reporting Date** : 13 Apr 2024 12:00  
**Receiving Date** : 13 Apr 2024 09:52

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	58.90	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	70.0	IU/L	[32.0-91.0]
GGT	29.0	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.

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

**Dr. Alka Dixit Vats**  
Consultant Pathologist



## LABORATORY REPORT

<b>Name</b>	: MR PRABHAT JINDAL	<b>Age</b>	: 41 Yr(s) Sex :Male
<b>Registration No</b>	: MH013287330	<b>Lab No</b>	: 202404002054
<b>Patient Episode</b>	: H18000002106	<b>Collection Date</b>	: 13 Apr 2024 09:49
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 13 Apr 2024 11:59
<b>Receiving Date</b>	: 13 Apr 2024 09:49		

## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma			
<b>GLUCOSE, FASTING (F)</b>	145.0 #	mg/dl	[70.0-110.0]
<i>Method: Hexokinase</i>			

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



## RADIOLOGY REPORT

NAME	MR Prabhat JINDAL	STUDY DATE	13/04/2024 10:51AM
AGE / SEX	41 y / M	HOSPITAL NO.	MH013287330
ACCESSION NO.	R7230426	MODALITY	CR
REPORTED ON	13/04/2024 11:13AM	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: Bilateral cervical ribs are seen.  
 VISUALIZED SOFT TISSUES: Normal.  
 DIAPHRAGM: Normal.  
 VISUALIZED ABDOMEN: Normal.  
 VISUALIZED NECK: Normal.

## IMPRESSION:

**Bilateral lung fields are clear**  
**Bilateral cervical ribs are seen.**

*Please correlate clinically*

**Dr. Prabhat Prakash Gupta MBBS, DNB, (MNA)MS**  
**CONSULTANT RADIOLOGIST**

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



### RADIOLOGY REPORT

<b>NAME</b>	MR Prabhat JINDAL	<b>STUDY DATE</b>	13/04/2024 10:56AM
<b>AGE / SEX</b>	41 y / M	<b>HOSPITAL NO.</b>	MH013287330
<b>ACCESSION NO.</b>	R7230427	<b>MODALITY</b>	US
<b>REPORTED ON</b>	13/04/2024 11:11AM	<b>REFERRED BY</b>	HEALTH CHECK MGD

#### USG ABDOMEN & PELVIS FINDINGS

**LIVER:** appears enlarged in size (measures 169 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 94 mm), shape and echotexture. Rest normal.

**PORTAL VEIN:** Appears dilated and measures 13.3 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 98 x 45 mm.

Left Kidney: measures 110 x 52 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 41 x 31 x 22 mm with volume 15 cc. Rest normal.

**SEMINAL VESICLES:** Normal.

**BOWEL:** Visualized bowel loops appear normal.

#### IMPRESSION

-Hepatomegaly with diffuse grade III fatty infiltration in liver.

-Dilated portal vein

Recommend clinical correlation.

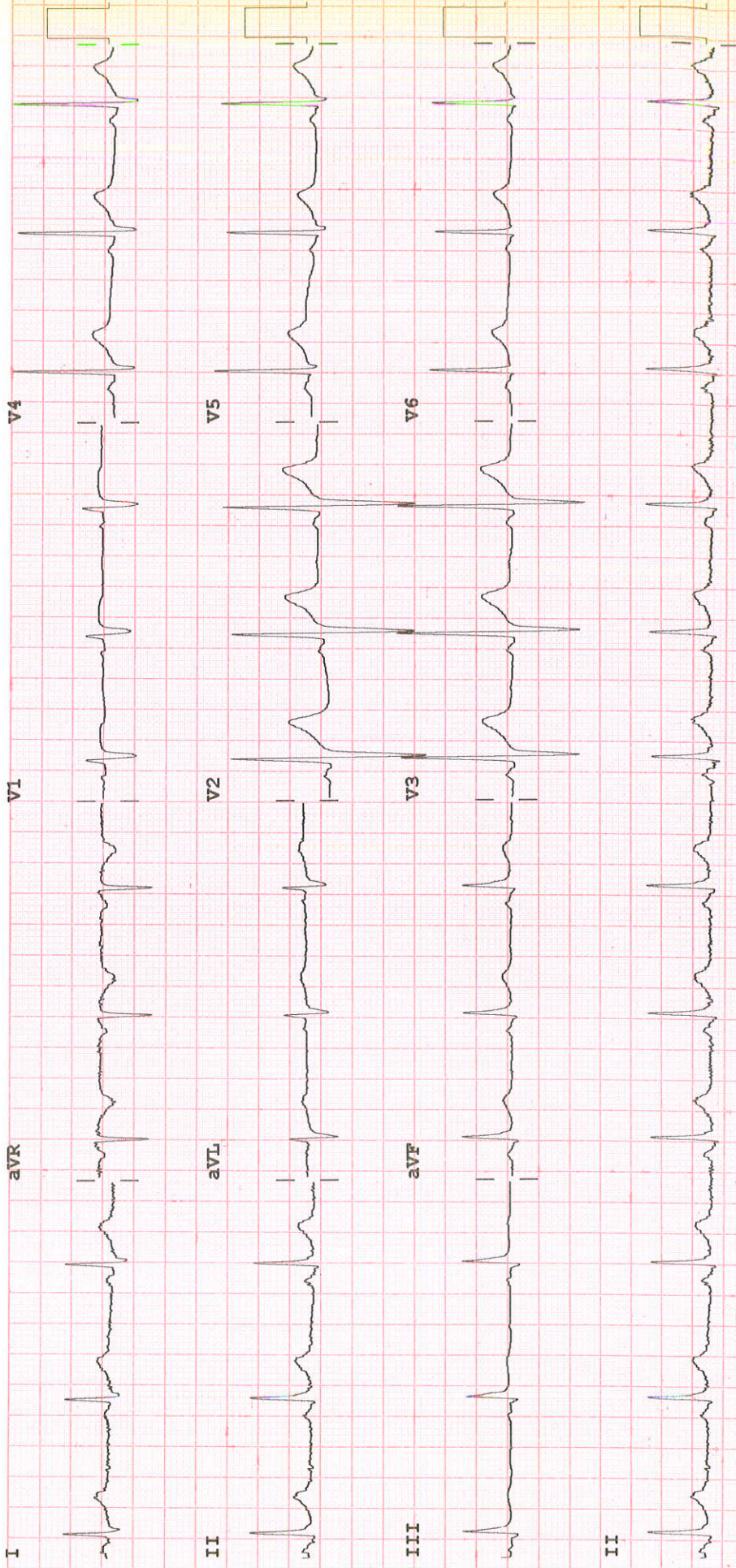
**Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS**  
**CONSULTANT RADIOLOGIST**

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



- OTHERWISE NORMAL 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?



## TMT INVESTIGATION REPORT

Patient Name	MR PRABHAT JINDAL	Location	: Ghaziabad
Age/Sex	: 42Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH013287330	Order Date	: 13/04/2024
Ref. Doctor	: HCP	Report Date	: 13/04/2024

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 178BPM
<b>Duration of exercise</b>	: 06min 54sec	<b>85% of MPHR</b>	: 151BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 171BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 120/80mmHg Peak BP : 140/90mmHg	<b>% Target HR METS</b>	: 88% : 8.3METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	83	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	132	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	156	140/90	Nil	No ST changes seen	Nil
STAGE 3	0:54	169	140/90	Nil	No ST changes seen	Nil
RECOVERY	3:14	94	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  
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