Mediwheel <wellness@mediwheel.in>

Fri 4/5/2024 4:50 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

NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf Links

Address

Aparment

Contact Details : 7827812454

Appointment

Date

: 06-04-2024

Confirmation

Status

: Booking Confirmed

Preferred Time

: 8:30am-9:00am

Member	r Information	
Booked Member Name	Age	Gender
Santosh srivastava	41 year	Male

We request you to facilitate the employee on priority.

Thanks, Mediwheel Team Please Download Mediwheel App





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(0: 2024 - 25. Arcofemi Hoaffhcore Pvl Limited (Mediwheel)









LABORATORY REPORT

Name

: MR SANTOSH SRIVASTAVA

Registration No

: MH013270502

Patient Episode

: H18000002068

Referred By

: HEALTH CHECK MGD

Receiving Date

: 06 Apr 2024 14:55

Age

41 Yr(s) Sex: Male

Lab No

202404000954

Collection Date:

06 Apr 2024 14:55

07 Apr 2024 11:17

Reporting Date:

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

125.0

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

Page 1 of 1

----END OF REPORT----

Dr. Charu Agarwal **Consultant Pathologist**





LABORATORY REPORT

Name

MR SANTOSH SRIVASTAVA

Age

41 Yr(s) Sex :Male

Registration No

MH013270502

202404000952

Lab No

Patient Episode

H18000002068

Collection Date:

06 Apr 2024 10:18

Referred By

HEALTH CHECK MGD

Reporting Date:

06 Apr 2024 14:27

Receiving Date

06 Apr 2024 10:18

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ELFA)	0.690	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.530	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.980	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.

Page 1 of 3





LABORATORY REPORT

Name

: MR SANTOSH SRIVASTAVA

Age

41 Yr(s) Sex: Male

Registration No

: MH013270502

Lab No

202404000952

Patient Episode

: H18000002068

Collection Date:

06 Apr 2024 10:18

Referred By

: HEALTH CHECK MGD

Reporting Date:

06 Apr 2024 17:27

Receiving Date

: 06 Apr 2024 10:18

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

PROSTATE SPECIFIC ANTIGEN (PSA-Total): 1.280

ng/mL

[<2.500]

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

Page 2 of 3





LABORATORY REPORT

Name

MR SANTOSH SRIVASTAVA

Age

41 Yr(s) Sex :Male

Registration No

MH013270502

Lab No

202404000952

Patient Episode

H18000002068

Collection Date:

06 Apr 2024 10:18

Referred By

HEALTH CHECK MGD

Reporting Date:

06 Apr 2024 13:47

Receiving Date

06 Apr 2024 10:18

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.

Page 3 of 3

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats **Consultant Pathologist**







LABORATORY REPORT

Name

: MR SANTOSH SRIVASTAVA

Registration No

: MH013270502

Patient Episode

: H18000002068

Referred By

: HEALTH CHECK MGD

Receiving Date

ESR

: 06 Apr 2024 10:18

Age

41 Yr(s) Sex :Male

Lab No

202404000952

Collection Date:

06 Apr 2024 10:18

Reporting Date:

06 Apr 2024 11:54

HAEMATOLOGY

	HAEMATO			
TEST	RESULT	UNIT BIOLOG	GICAL REFERENCE INTERVAL	
COMPLETE BLOOD COUNT (AUTOMA	red)	SPECIMEN-EDTA Who	le Blood	
RBC COUNT (IMPEDENCE) HEMOGLOBIN	4.69 9.3 #	millions/cumm g/dl	[4.50-5.50] [13.0-17.0]	
Method:cyanide free SLS-colo HEMATOCRIT (CALCULATED) MCV (DERIVED) MCH (CALCULATED) MCHC (CALCULATED) RDW CV% (DERIVED) Platelet count	32.4 # 69.1 # 19.8 # 28.7 # 18.9 #	% fL pg g/dl % x 10 ³ cells/cumm	[40.0-50.0] [83.0-101.0] [25.0-32.0] [31.5-34.5] [11.6-14.0] [150-410]	
Method: Electrical Impedance MPV(DERIVED)	10.90	fL	*	
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT	5.27	\times 10 3 cells/cumm	[4.00-10.00]	
(VCS TECHNOLOGY/MICROSCOPY) Neutrophils Lymphocytes Monocytes Eosinophils Basophils	65.0 26.0 6.0 3.0 0.0	00 00 00 00 00	[40.0-80.0] [20.0-40.0] [2.0-10.0] [1.0-6.0] [0.0-2.0]	
ESR	32.0 #	mm/1sthour	0.0])-

Page1 of 7







LABORATORY REPORT

Name

: MR SANTOSH SRIVASTAVA

Age

41 Yr(s) Sex :Male

Registration No

: MH013270502

Lab No

202404000952

Patient Episode

: H18000002068

Collection Date:

06 Apr 2024 11:36

Referred By

: HEALTH CHECK MGD

Reporting Date:

06 Apr 2024 13:08

Receiving Date

: 06 Apr 2024 11:36

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour

PALE YELLOW

(Pale Yellow - Yellow)

Appearance

CLEAR

(4.6-8.0)

Reaction[pH]

6.5 1.005

(1.003 - 1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Specific Gravity

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies

Negative

(NEGATIVE)

Urobilinogen Normal

(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells

1-2 /hpf 0-1/hpf

/hpf

(0-5/hpf)

RBC Epithelial Cells

NIL

(0-2/hpf)

CASTS

Crystals

NIL

NIL

NIL

Bacteria NOTHERS N

NIL

Page 2 of 7







LABORATORY REPORT

Name

: MR SANTOSH SRIVASTAVA

Age

41 Yr(s) Sex: Male

Registration No

: MH013270502

Lab No

202404000952

Patient Episode

: H18000002068

Collection Date:

06 Apr 2024 10:18

Referred By

: HEALTH CHECK MGD

Receiving Date

: 06 Apr 2024 10:18

Reporting Date:

06 Apr 2024 13:05

BIOCHEMISTRY

TEST

RESULT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)

5.4

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

108

mg/dl

Comments : HbAlc 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	139	mg/dl	[<200]
Method:Oxidase, esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	64	mg/dl	[<150]
			Borderline high:151-199
		*.	High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	38	mg/dl	[35-65]
Method: Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	13	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	88.0	mg/dl	[<120.0]
			Near/

Above optimal-100-129

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

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LABORATORY REPORT

Name

: MR SANTOSH SRIVASTAVA

Age

41 Yr(s) Sex :Male

Registration No

: MH013270502

Lab No

202404000952

Patient Episode

: H18000002068

Collection Date:

06 Apr 2024 10:18

Referred By

: HEALTH CHECK MGD

Reporting Date:

06 Apr 2024 11:46

Receiving Date

: 06 Apr 2024 10:18

BIOCHEMISTRY

TEST	RESULT		UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol	ratio(Calculated)	3.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL	Ratio(Calculated)	2.3		<pre><3 Optimal 3-4 Borderline >6 High Risk</pre>

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	20.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.4	mg/dl	[8.0-20.0]
Method: Calculated	. 40. 10449400	11.00	
CREATININE, SERUM	0.72	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization	-		
URIC ACID	5.0	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.16	mmol/L	[3.60-5.10]
SERUM CHLORIDE	107.7	mmol/L	[101.0-111.0]
Method: ISE Indirect			

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LABORATORY REPORT

Name

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Age

41 Yr(s) Sex :Male

Registration No

: MH013270502

Lab No

202404000952

Patient Episode

: H18000002068

Collection Date:

06 Apr 2024 10:18

Referred By

: HEALTH CHECK MGD

Reporting Date:

06 Apr 2024 11:46

Receiving Date

: 06 Apr 2024 10:18

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

eGFR (calculated)

115.9

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.

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.58	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.47	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.14	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.68		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	30.00	U/L	[0.00-40.00]

Page 5 of 7







LABORATORY REPORT

Name

: MR SANTOSH SRIVASTAVA

Age

41 Yr(s) Sex :Male

Registration No

: MH013270502

Lab No

202404000952

Patient Episode

: H18000002068

Collection Date:

06 Apr 2024 10:18

Referred By

: HEALTH CHECK MGD

Reporting Date:

06 Apr 2024 11:46

Receiving Date

: 06 Apr 2024 10:18

BIOCHEMISTRY

TEST	RESULT	UNIT BIOL	OGICAL REFERENCE INTE	RVAL
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	37.40	U/L	[17.00-63.00]	
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	62.0	IU/L	[32.0-91.0]	
GGT	26.0	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 SANTOSH SRIVASTAVA

Age

41 Yr(s) Sex: Male

Registration No

: MH013270502

Lab No

202404000953

Patient Episode

: H18000002068

Collection Date:

06 Apr 2024 10:18

Referred By

: HEALTH CHECK MGD

Reporting Date:

Receiving Date

: 06 Apr 2024 10:18

06 Apr 2024 11:19

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

92.0

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.

Page 7 of 7

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

Dr. Alka Dixit Vats **Consultant Pathologist**







NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

NAME	MR Santosh SRIVASTAVA	CTUDY DATE	
ACE / CEV		STUDY DATE	06/04/2024 10:45AM
AGE / SEX	41 y / M	HOSPITAL NO	MH013270502
ACCESSION NO.	R7191863	MODALITY	
REPORTED ON	06/04/2024 40 50 444		CR
ILLI OILIED OIL	06/04/2024 10:50AM	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*****





		STUDY DATE	06/04/2024 11:16AM
IAME		HOSPITAL NO.	MH013270502
AGE / SEX	41 y / M	THORAL ITY	US
LOCECCION NO	R7191864	REFERRED BY	HEALTH CHECK MGD
REPORTED ON	06/04/2024 1:13PM	T Charles and The Control of the Con	

USG ABDOMEN & PELVIS

LIVER: Liver is normal in size (measures 136 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 110 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10 mm.

COMMON BILE DUCT: Appears normal in size and measures 3 mm.

IVC, HEPATIC VEINS: 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 45 mm. Left Kidney: measures 110 x 41 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest

PROSTATE: Prostate is borderline enlarged in size (measures 44 x 33 x 30 mm with volume 23 cc) but normal

in shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Borderline prostatomegaly.

Recommend clinical correlation.

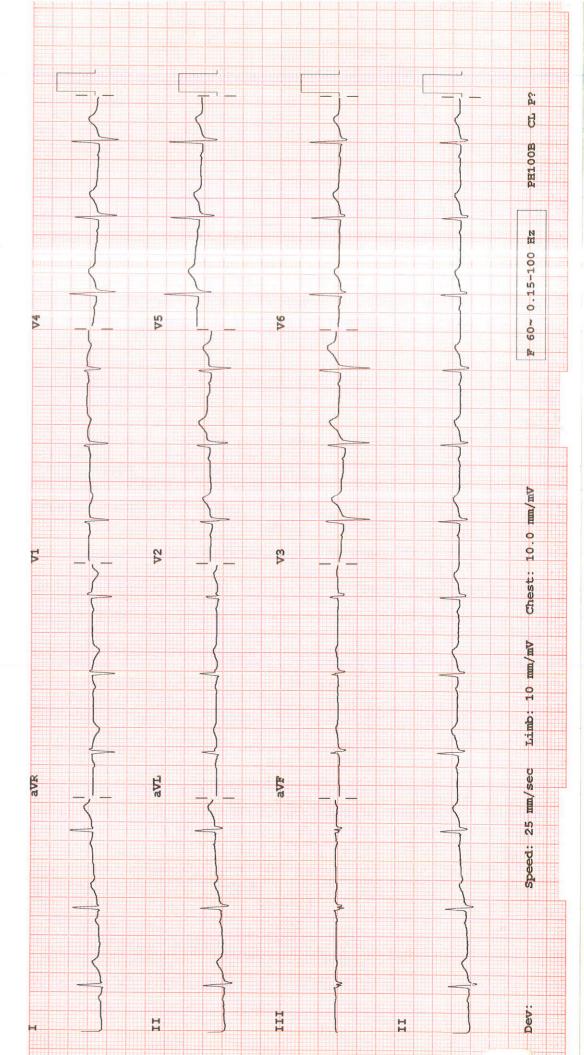
Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

- NORMAL ECG -

Unconfirmed Diagnosis



manipalhospitals





TMT INVESTIGATION REPORT

Patient Name MR SANTOSH SRIVASTAVA

Location

Age/Sex

: 41 Year(s)/male

Visit No

: V000000001-GHZB

MRN No

MH013170502

Order Date

: 06/04/2024

: Ghaziabad

Ref. Doctor : DR ABHISHEK SINGH

Report Date

: 06/04/2024

Protocol

: Bruce

MPHR

: 179BPM

Duration of exercise

: 6min 10sec

85% of MPHR

: 152BPM

Reason for termination

: THR achieved

Peak HR Achieved : 161BPM

Blood Pressure (mmHg) : Baseline BP : 120/80mmHg

% Target HR

: 89%

Peak BP

: 150/90mmHg

METS

: 7.2METS

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	138	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	161	140/90	Nil	No ST changes seen	Nil
STAGE 3	0:10	160	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:14	94	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 Singh

MD, DM (CARDIOLOGY), FACC

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

Sr. Consultant Cardiology

MD, DNB (CARDIOLOGY), MNAMS MD Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 Einfo@manihospitals.com www.manipalhospitals.com