

Mediwheel <wellness@mediwheel.in>

Mon 3/18/2024 5:36 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 40 To 50

Contact Details : 9910750747

Appointment Date : 19-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
KAPIL KUMAR	44 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

Please Download Mediwheel App



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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - GHAZIABAD
GHAZIABAD,, GHAZIABAD,, Uttar
Pradesh, - 0

To,
The Chief Medical Officer
M/S Mediwheel
https://mediwheel.in/signup011-
41195959(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

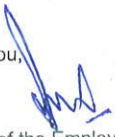
Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male

Shri/Smt./Kum. KAPIL KUMAR,.

P.F. No.	635071	Designation	Single Window Operator-A
Checkup for Financial Year	2023-2024	Approved Charges Rs.	3500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned



Indian Union Driving Licence
Issued by Uttar Pradesh



UP14 20220067754



Issue Date 26-11-2022 Validity (NT) 25-11-2032 Validity(TR)*



Holder's Signature

Date of First Issue (26-11-2022)

Name: KAPIL KUMAR

Date of Birth: 07-07-1979 Blood Group:

Organ Donor: N

Son/Daughter/Wife of: NAWAB SINGH

Address:
House Number -330 Vivekanand Nagar
Ghaziabad Ghaziabad Uttar Pradesh 201002

DL No: UP14 20220067754

UPDL000009739789



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	UP14	UP14	26-11-2022	NT			
LMV	UP14	UP14	26-11-2022	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number





LABORATORY REPORT

Name	: MR KAPIL KUMAR	Age	: 40 Yr(s) Sex :Male
Registration No	: MH011784990	Lab No	: 202403002787
Patient Episode	: H18000001943	Collection Date	: 19 Mar 2024 09:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 12:13
Receiving Date	: 19 Mar 2024 09:03		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)	110.0	mg/dl	[70.0-110.0]
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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, 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 KAPIL KUMAR	Age	: 40 Yr(s) Sex :Male
Registration No	: MH011784990	Lab No	: 202403002788
Patient Episode	: H18000001943	Collection Date	: 19 Mar 2024 12:35
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 13:57
Receiving Date	: 19 Mar 2024 12:35		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	169.0 #	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. Charu Agarwal
Consultant Pathologist



Name : MR KAPIL KUMAR
Registration No : MH011784990
Patient Episode : H18000001943
Referred By : HEALTH CHECK MGD
Receiving Date : 19 Mar 2024 09:03
Age : 40 Yr(s) Sex : Male
Lab No : 202403002786
Collection Date : 19 Mar 2024 09:03
Reporting Date : 19 Mar 2024 11:23

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.61 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.5	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	47.4	%	[40.0-50.0]
MCV (DERIVED)	84.5	fL	[83.0-101.0]
MCH (CALCULATED)	27.6	pg	[25.0-32.0]
MCHC (CALCULATED)	32.7	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.1 #	%	[11.6-14.0]
Platelet count	245	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11	fL	
WBC COUNT (TC) (IMPEDENCE)	7.13	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	42.0	%	[40.0-80.0]
Lymphocytes	43.0 #	%	[20.0-40.0]
Monocytes	9.0	%	[2.0-10.0]
Eosinophils	6.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	7.0	mm/1sthour	[0.0-



Name : MR KAPIL KUMAR
Registration No : MH011784990
Patient Episode : H18000001943
Referred By : HEALTH CHECK MGD
Receiving Date : 19 Mar 2024 09:03

Age : 40 Yr(s) Sex : Male
Lab No : 202403002786
Collection Date : 19 Mar 2024 09:03
Reporting Date : 19 Mar 2024 11:23

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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RBC COUNT (IMPEDENCE)	5.61 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.5	g/dl	[13.0-17.0]
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Neutrophils	42.0	%	[40.0-80.0]
Lymphocytes	43.0 #	%	[20.0-40.0]
Monocytes	9.0	%	[2.0-10.0]
Eosinophils	6.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	7.0	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR KAPIL KUMAR	Age	: 40 Yr(s) Sex :Male
Registration No	: MH011784990	Lab No	: 202403002786
Patient Episode	: H18000001943	Collection Date	: 19 Mar 2024 10:07
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 16:48
Receiving Date	: 19 Mar 2024 10:07		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.5	(4.6-8.0)
Specific Gravity	1.005	(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	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: MR KAPIL KUMAR	Age	: 40 Yr(s) Sex :Male
Registration No	: MH011784990	Lab No	: 202403002786
Patient Episode	: H18000001943	Collection Date	: 19 Mar 2024 09:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 18:18
Receiving Date	: 19 Mar 2024 09:03		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)	5.7 #	%	[0.0-5.6]
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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) 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 glycemc control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	215 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	161 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	67 #	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	32	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	116.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name	: MR KAPIL KUMAR	Age	: 40 Yr(s) Sex :Male
Registration No	: MH011784990	Lab No	: 202403002786
Patient Episode	: H18000001943	Collection Date	: 19 Mar 2024 09:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 12:12
Receiving Date	: 19 Mar 2024 09:03		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.2		<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	21.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.9	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.71	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.8	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	136.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.45	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.2	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name	: MR KAPIL KUMAR	Age	: 40 Yr(s) Sex :Male
Registration No	: MH011784990	Lab No	: 202403002786
Patient Episode	: H18000001943	Collection Date	: 19 Mar 2024 09:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 12:12
Receiving Date	: 19 Mar 2024 09:03		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	117.4	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	1.05	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.21	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.84	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.48	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.39		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	53.00 #	U/L	[0.00-40.00]



LABORATORY REPORT

Name	: MR KAPIL KUMAR	Age	: 40 Yr(s) Sex :Male
Registration No	: MH011784990	Lab No	: 202403002786
Patient Episode	: H18000001943	Collection Date	: 19 Mar 2024 09:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 16:36
Receiving Date	: 19 Mar 2024 09:03		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.220	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.070	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.150	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 KAPIL KUMAR	Age	: 40 Yr(s) Sex :Male
Registration No	: MH011784990	Lab No	: 202403002786
Patient Episode	: H18000001943	Collection Date	: 19 Mar 2024 09:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 12:13
Receiving Date	: 19 Mar 2024 09:03		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN(PSA-Total):	0.960	ng/mL	[<2.000]

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

**RADIOLOGY REPORT**

NAME	MR Kapil KUMAR	STUDY DATE	19/03/2024 9:15AM
AGE / SEX	40 y / M	HOSPITAL NO.	MH011784990
ACCESSION NO.	R7081133	MODALITY	CR
REPORTED ON	19/03/2024 9:19AM	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 Kapil KUMAR	STUDY DATE	19/03/2024 9:43AM
AGE / SEX	40 y / M	HOSPITAL NO.	MH011784990
ACCESSION NO.	R7081134	MODALITY	US
REPORTED ON	19/03/2024 11:25AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 136 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 82 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 4 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 116 x 45 mm.

Left Kidney: measures 105 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 40 x 34 x 32 mm with volume 23 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade II fatty infiltration in liver.

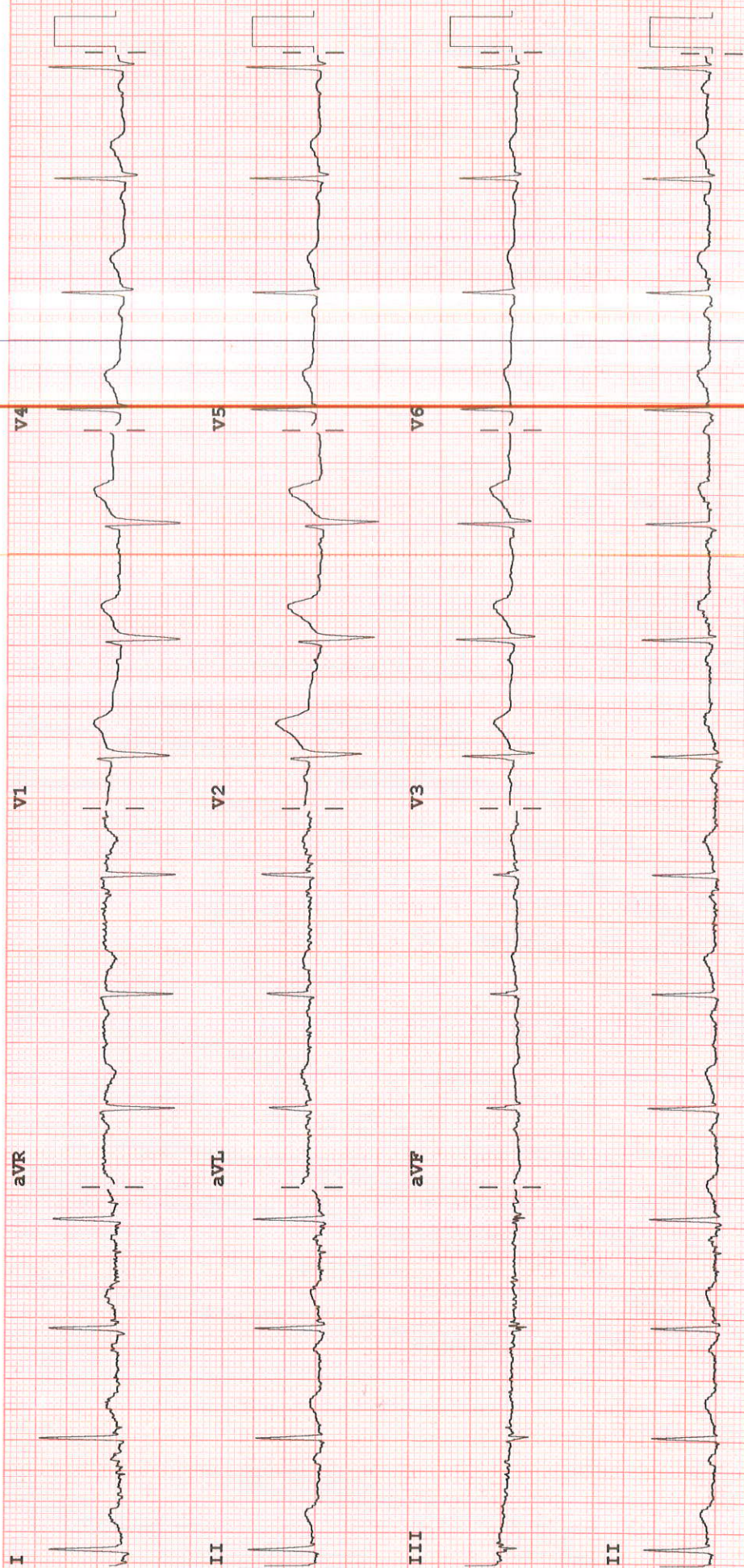
Recommend clinical correlation.

Dr. Prabhath 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 KAPIL KUMAR	Location	: Ghaziabad
Age/Sex	: 40Year(s)/male	Visit No	: V0000000001-GHZZ
MRN No	MH011784990	Order Date	: 19/03/2024
Ref. Doctor	: DR ABHISHEK SINGH	Report Date	: 19/03/2024

Protocol	: Bruce	MPHR	: 180BPM
Duration of exercise	: 9min 26sec	85% of MPHR	: 153BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 198BPM
Blood Pressure (mmHg)	: Baseline BP : 140/80mmHg	% Target HR	: 111%
	Peak BP : 160/90mmHg	METS	: 10.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	87	140/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	137	150/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	168	150/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	193	160/90	Nil	No ST changes seen	Nil
STAGE 4	0:26	198	160/90	Nil	No ST changes seen	Nil
RECOVERY	8:14	121	140/80	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
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
MD
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 E info@manihospitals.com www.manipalhospitals.com