

Mediwheel <wellness@mediwheel.in>

Thu 5/2/2024 12:40 PM

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

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



Mediwheel
...Your wellness partner

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 : VIKAS TYAGI

Contact Details : 9655124429

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 : 25-05-2024

Member Information		
Booked Member Name	Age	Gender
VIKAS TYAGI	43 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)

Please Download Mediwheel App

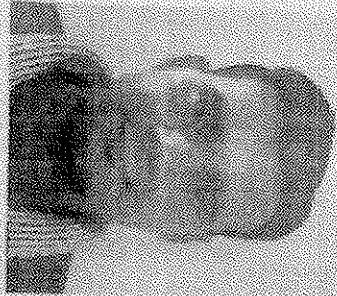
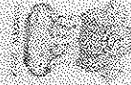


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Aadhaar no. issued 05/07/2012



भारत सरकार
Government of India

Vikas Tyagi
विकास ट्यागी
जन्म तिथि/ DOB: 25/08/1980
पुरुष/ MALE



आधार पुरावान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणिकरण, या क्यूआर कोड/
ऑफलाइन प्रमाणिकरण की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
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authentication, or scanning of QR code / offline XML)

6446 8828 3120

श्री आचार्य, श्री पहचान

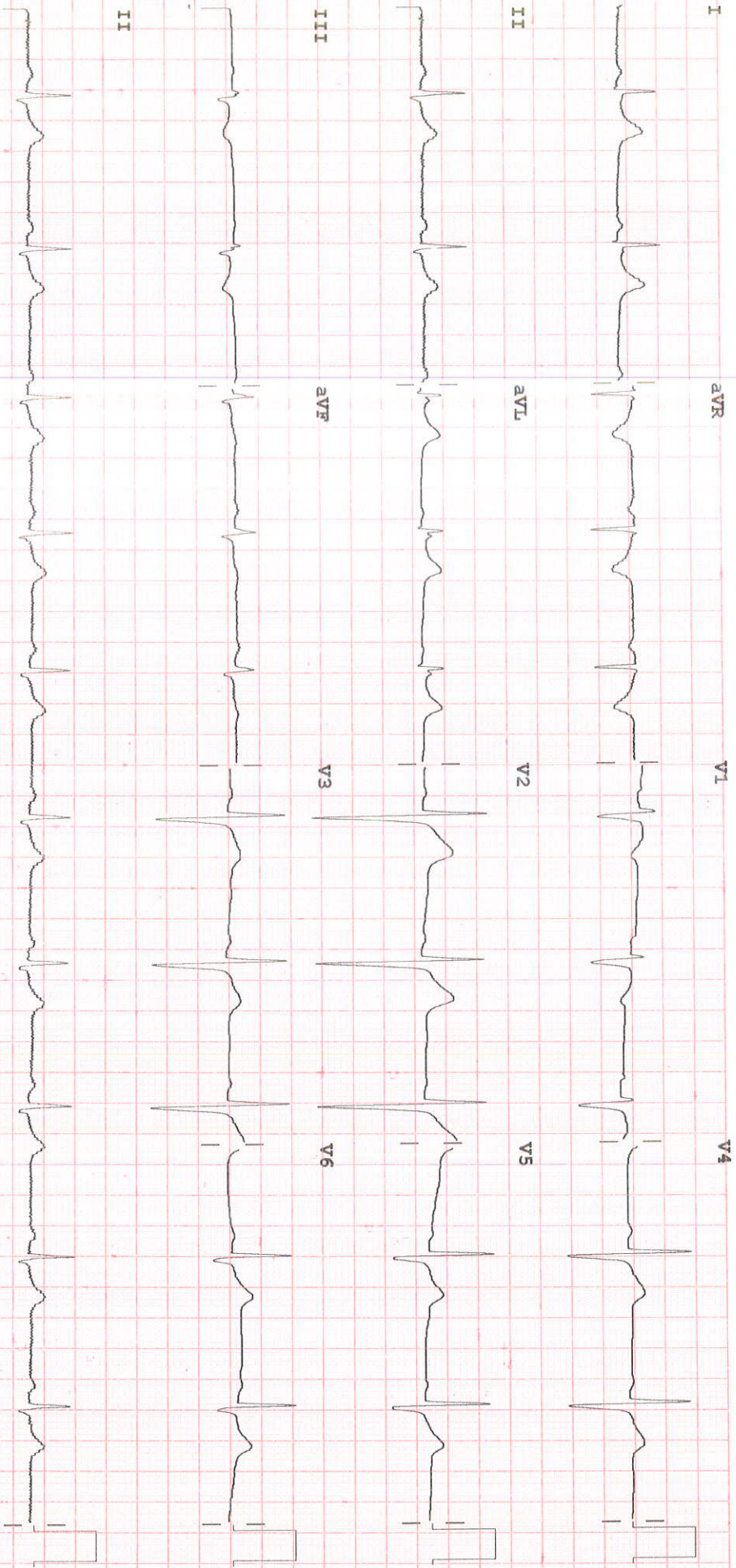
**OUTPATIENT RECORD**

Hospital No: MH010063933	Visit No: H18000002328	
Name: VIKAS TYAGI	Age/Sex: 43 Yrs/Male	
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD	
Date: 22/06/2024 09:14AM		
BP Systolic: 102 mmHg	BP Diastolic: 75 mmHg	Pulse Rate: 82beats per minute
Saturation(Oxygen): 97%	Height: 174cm	Weight : 85kg
BMI: 28.08	Pain Score: 00	Fall Risk: 01
Vulnerable: 01		
OPD Notes :		
PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECKUP		
SYSTEMIC/ OPHTHALMIC HISTORY - N/C		
NO FAMILY H/O GLAUCOMA		
EXAMINATION DETAILS		
	RIGHT EYE	LEFT EYE
VISION	6/6P	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	17	17
FUNDUS EXAMINATION		
A) VITREOUS		
B) OPTIC DISC	C:D 0.2	C:D 0.2
C) MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT
POWER OF GLASS		
Right eye: PLANO / -0.50 Dcyl x 80 degree - 6/6		
Left eye: PLANO / -0.50 Dcyl x 100 degree - 6/6		
NEAR ADD + 1.25 DSP		
DIAGNOSIS: DRY EYES		
ADVISE / TREATMENT		
E/D NST 4 TIMES DAILY BE		
REVIEW AFTER 6 MONTHS		

HEALTH CHECK MGD

- BORDERLINE 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?



INVESTIGATION REPORT

Patient Name	MR VIKAS TYAGI	Location	Ghaziabad
Age/Sex	43Year(s)/male	Visit No	: V00000000001-GHZB
MRN No	MH010063933	Order Date	:22/06/2024
Ref. Doctor	Dr.ABHISHEK SINGH	Report Date	:22/06/2024

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. Normal MIP.
4. No MR, No AR.
5. No TR, Normal PASP.
6. No intracardiac clot/vegetation/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

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

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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INVESTIGATION REPORT

Patient Name	MR VIKAS TYAGI	Location	Ghaziabad
Age/Sex	43Year(s)/male	Visit No	: V0000000001-GHZB
	MH010063933	Order Date	22/06/2024
Ref. Doctor	: Dr.ABHISHEK SINGH	Report Date	22/06/2024

EchocardiographyMeasurements (mm):

	Observed values	Normal values
Aortic root diameter	22	20-36 (22mm/M ²)
Aortic valve opening	18	15-26
Left atrium size	27	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	43	26	(ED=37-50:Es=22-40)
Interventricular septum	09	12	(ED=6-12)
Posterior wall thickness	09	12	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-73/57 DT-	Nil
Aortic	102	Nil
Tricuspid	22	Nil
Pulmonary	82	Nil

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
Cardiology Registrar

Manipal Hospital, Ghaziabad

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

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

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RADIOLOGY REPORT

NAME	VIKAS TYAGI	STUDY DATE	22/06/2024 11:04AM
AGE / SEX	43 y / M	HOSPITAL NO.	MH010063933
ACCESSION NO.	R7653066	MODALITY	CR
REPORTED ON	22/06/2024 11:49AM	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 noted.
Recommend clinical correlation.

**Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST**

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



RADIOLOGY REPORT

NAME	VIKAS TYAGI	STUDY DATE	22/06/2024 9:41AM
AGE / SEX	43 y / M	HOSPITAL NO.	MH010063933
ACCESSION NO.	R7653067	MODALITY	US
REPORTED ON	22/06/2024 1:19PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 141 mm), shape and echotexture. Rest normal.
SPLEEN: Spleen is normal in size (measures 83 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 8 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 95 x 42 mm. It shows a concretion measuring 3.1 mm at mid calyx.
Left Kidney: measures 106 x 40 mm. It shows a concretion measuring 2.9 mm at upper 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. It measures 32 x 32 x 22 mm with volume 12 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- **Bilateral renal concretions.**

Recommend clinical correlation.

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

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



LABORATORY REPORT

Name	: VIKAS TYAGI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH010063933	Lab No	: 202406003246
Patient Episode	: H18000002328	Collection Date	: 22 Jun 2024 09:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 22 Jun 2024 12:56
Receiving Date	: 22 Jun 2024 09:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.1	%	[0.0-5.6]
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)	100	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	204 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	160 #	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	61	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	32	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	111.0	mg/dl	[<120.0]
			Near/
			Borderline High:130-159
			High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name	: VIKAS TYAGI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH010063933	Lab No	: 202406003246
Patient Episode	: H18000002328	Collection Date	: 22 Jun 2024 09:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 22 Jun 2024 10:44
Receiving Date	: 22 Jun 2024 09:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.8		<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	18.8	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.8	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.95	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.2	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	138.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.47	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name	: VIKAS TYAGI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH010063933	Lab No	: 202406003246
Patient Episode	: H18000002328	Collection Date	: 22 Jun 2024 09:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 22 Jun 2024 10:44
Receiving Date	: 22 Jun 2024 09:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	97.6	ml/min/1.73sq.m	[>60.0]
<p>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.</p>			
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.04	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.20	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.84	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.50 #	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	3.87	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.60	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.47		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	22.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name : VIKAS TYAGI Age : 43 Yr(s) Sex : Male
Registration No : MH010063933 Lab No : 202406003246
Patient Episode : H18000002328 Collection Date : 22 Jun 2024 09:25
Referred By : HEALTH CHECK MGD Reporting Date : 22 Jun 2024 10:44
Receiving Date : 22 Jun 2024 09:25

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	17.80	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	77.0	IU/L	[32.0-91.0]
GGT	12.0	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	: VIKAS TYAGI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH010063933	Lab No	: 202406003247
Patient Episode	: H18000002328	Collection Date	: 22 Jun 2024 09:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 22 Jun 2024 10:44
Receiving Date	: 22 Jun 2024 09:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	80.0	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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: VIKAS TYAGI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH010063933	Lab No	: 202406003246
Patient Episode	: H18000002328	Collection Date	: 22 Jun 2024 09:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 22 Jun 2024 12:26
Receiving Date	: 22 Jun 2024 09:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type :	Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total) :	0.500	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



LABORATORY REPORT

Name : VIKAS TYAGI Age : 43 Yr(s) Sex :Male
Registration No : MH010063933 Lab No : 202406003246
Patient Episode : H18000002328 Collection Date : 22 Jun 2024 09:25
Referred By : HEALTH CHECK MGD Reporting Date : 22 Jun 2024 12:54
Receiving Date : 22 Jun 2024 09:25

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: VIKAS TYAGI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH010063933	Lab No	: 202406003246
Patient Episode	: H18000002328	Collection Date	: 22 Jun 2024 09:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 22 Jun 2024 12:46
Receiving Date	: 22 Jun 2024 09:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.780	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.680	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.520	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.