

Health Check up Booking Confirmed Request(bobE29922),Package Code-PKG10000240,  
Beneficiary Code-64666

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Hi Manipal Hospitals,

Diagnostic/Hospital Location :NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft  
Golf Links Apartment,City:Ghaziabad

We have received the confirmation for the following booking .

**Beneficiary Name** : PKG10000240

**Beneficiary Name** : MR. RAJ SHAILESH

**Member Age** : 28

**Member Gender** : Male

**Member Relation**: Employee

**Package Name** : Medi-Wheel Metro Full Body Health Checkup Male Below 40

**Location** : DELHI,Delhi-110051

**Contact Details** : 9540236641

**Booking Date** : 17-02-2023

**Appointment Date** : 24-02-2023

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

## RADIOLOGY REPORT

<b>Name</b>	RAJ SHAILESH	<b>Modality</b>	US
<b>Patient ID</b>	MH010803056	<b>Accession No</b>	R5204028
<b>Gender/Age</b>	M / 30Y 9M	<b>Scan Date</b>	24-02-2023 10:24:01
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	24-02-2023 10:52:23

**USG ABDOMEN & PELVIS****FINDINGS**

**LIVER:** appears normal in size (measures 143 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

**SPLEEN:** Spleen is normal in size (measures 113 mm), shape and echotexture. Rest normal.

**PORTAL VEIN:** Appears normal in size and measures 8.8 mm.

**COMMON BILE DUCT:** Appears normal in size and measures 3.4 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 96 x 44 mm.

Left Kidney: measures 93 x 45 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 30 x 25 x 23 mm with volume 9 cc. Rest normal.

**SEMINAL VESICLES:** Normal.

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

**IMPRESSION**

**-Diffuse grade I fatty infiltration in liver.**

Recommend clinical correlation.



Dr. Monica Shekhawat, MBBS, DNB,  
Consultant Radiologist, Reg No MCI 11 10887

**MANIPAL HOSPITALS**

NH-24, Hanur Road, Near Landcraft Golflinks, Ghaziabad - 201002  
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[www.manipalhospitals.com](http://www.manipalhospitals.com)

This report is subject to the terms and conditions mentioned overleaf

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**RADIOLOGY REPORT**

<b>Name</b>	RAJ SHAILESH	<b>Modality</b>	DX
<b>Patient ID</b>	MH010803056	<b>Accession No</b>	R5204027
<b>Gender/Age</b>	M / 30Y 9M	<b>Scan Date</b>	24-02-2023 09:49:00
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	24-02-2023 10:25:23


**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, Reg No MCI 11 10887

**MANIPAL HOSPITALS**

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## LABORATORY REPORT

<b>Name</b>	: MR RAJ SHAILESH	<b>Age</b>	: 30 Yr(s) Sex :Male
<b>Registration No</b>	: MH010803056	<b>Lab No</b>	: 32230209300
<b>Patient Episode</b>	: H18000000265	<b>Collection Date</b>	: 24 Feb 2023 12:28
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 15:15
<b>Receiving Date</b>	: 24 Feb 2023 12:32		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.49	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	8.56	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	4.990 #	μIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

## LABORATORY REPORT

<b>Name</b>	: MR RAJ SHAILESH	<b>Age</b>	: 30 Yr(s) Sex :Male
<b>Registration No</b>	: MH010803056	<b>Lab No</b>	: 32230209300
<b>Patient Episode</b>	: H18000000265	<b>Collection Date</b>	: 24 Feb 2023 12:28
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 13:41
<b>Receiving Date</b>	: 24 Feb 2023 12:32		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Test Name</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
TOTAL PSA, Serum (ECLIA)	1.160	ng/mL	[<2.000]

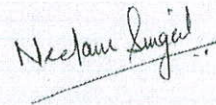
Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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



**Dr. Neelam Singal**  
CONSULTANT BIOCHEMISTRY

## LABORATORY REPORT

<b>Name</b>	: MR RAJ SHAILESH	<b>Age</b>	: 30 Yr(s) Sex :Male
<b>Registration No</b>	: MH010803056	<b>Lab No</b>	: 202302002599
<b>Patient Episode</b>	: H18000000265	<b>Collection Date</b>	: 24 Feb 2023 09:37
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 16:05
<b>Receiving Date</b>	: 24 Feb 2023 10:39		

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.03	millions/cu mm	[4.50-5.50]
<b>HEMOGLOBIN</b>	<b>16.1 #</b>	<b>g/dl</b>	<b>[12.0-16.0]</b>
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	48.1	%	[40.0-50.0]
MCV (DERIVED)	95.6	fL	[83.0-101.0]
MCH (CALCULATED)	32.0	pg	[27.0-32.0]
MCHC (CALCULATED)	33.5	g/dl	[31.5-34.5]
<b>RDW CV% (DERIVED)</b>	<b>15.0 #</b>	<b>%</b>	<b>[11.6-14.0]</b>
Platelet count	190	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	13.6		
WBC COUNT (TC) (IMPEDENCE)	5.05	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	63.0	%	[40.0-80.0]
Lymphocytes	30.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
<b>Eosinophils</b>	<b>1.0 #</b>	<b>%</b>	<b>[2.0-7.0]</b>
Basophils	0.0	%	[0.0-2.0]
ESR	8.0	/1sthour	[0.0-

## LABORATORY REPORT

<b>Name</b>	: MR RAJ SHAILESH	<b>Age</b>	: 30 Yr(s) Sex :Male
<b>Registration No</b>	: MH010803056	<b>Lab No</b>	: 202302002599
<b>Patient Episode</b>	: H18000000265	<b>Collection Date</b>	: 24 Feb 2023 10:39
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 16:42
<b>Receiving Date</b>	: 24 Feb 2023 10:39		

### 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	1.005	(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	0-1 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	nil	
Crystals	nil	
OTHERS	nil	



## LABORATORY REPORT

<b>Name</b>	: MR RAJ SHAILESH	<b>Age</b>	: 30 Yr(s) Sex :Male
<b>Registration No</b>	: MH010803056	<b>Lab No</b>	: 202302002599
<b>Patient Episode</b>	: H18000000265	<b>Collection Date</b>	: 24 Feb 2023 09:37
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 17:21
<b>Receiving Date</b>	: 24 Feb 2023 10:39		

### BIOCHEMISTRY

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

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)	5.6	%	[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)	114	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 glycemc control.

#### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	222 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	117	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	54.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	23	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	145.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

## LABORATORY REPORT

<b>Name</b>	: MR RAJ SHAILESH	<b>Age</b>	: 30 Yr(s) Sex :Male
<b>Registration No</b>	: MH010803056	<b>Lab No</b>	: 202302002599
<b>Patient Episode</b>	: H18000000265	<b>Collection Date</b>	: 24 Feb 2023 09:37
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 12:08
<b>Receiving Date</b>	: 24 Feb 2023 10:39		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

### KIDNEY PROFILE

Specimen: Serum

UREA	15.7	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
<b>BUN, BLOOD UREA NITROGEN</b>	7.3 #	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.96	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	6.8	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			

SODIUM, SERUM	140.9	mmol/L	[136.0-144.0]
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POTASSIUM, SERUM	4.42	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	106.8	mmol/l	[101.0-111.0]
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*Method: ISE Indirect*

eGFR (calculated)	105.6	ml/min/1.73sq.m	[>60.0]
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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.

## LABORATORY REPORT

<b>Name</b>	: MR RAJ SHAILESH	<b>Age</b>	: 30 Yr(s) Sex :Male
<b>Registration No</b>	: MH010803056	<b>Lab No</b>	: 202302002599
<b>Patient Episode</b>	: H18000000265	<b>Collection Date</b>	: 24 Feb 2023 09:37
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### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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.			
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	1.09	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.23	mg/dl	[0.00-0.30]
<b>INDIRECT BILIRUBIN (SERUM)</b> Method: Calculation	0.86 #	mg/dl	[0.10-0.30]
TOTAL PROTEINS (SERUM) Method: BIURET	7.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.60	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.64		[1.00-2.50]
<b>AST (SGOT) (SERUM)</b> Method: IFCC W/O P5P	65.00 #	U/L	[0.00-40.00]
<b>ALT (SGPT) (SERUM)</b> Method: IFCC W/O P5P	113.00 #	U/L	[17.00-63.00]
<b>Serum Alkaline Phosphatase</b> Method: AMP BUFFER IFCC)	94.0 #	IU/L	[32.0-91.0]

## LABORATORY REPORT

<b>Name</b>	: MR RAJ SHAILESH	<b>Age</b>	: 30 Yr(s) Sex :Male
<b>Registration No</b>	: MH010803056	<b>Lab No</b>	: 202302002599
<b>Patient Episode</b>	: H18000000265	<b>Collection Date</b>	: 24 Feb 2023 09:37
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 12:08
<b>Receiving Date</b>	: 24 Feb 2023 10:39		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	83.0	#	[7.0-50.0]

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing AB 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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-----END OF REPORT-----

*Alka*

**Dr. Alka Dixit Vats**  
Consultant Pathologist

## LABORATORY REPORT


<b>Name</b>	: MR RAJ SHAILESH	<b>Age</b>	: 30 Yr(s) Sex :Male
<b>Registration No</b>	: MH010803056	<b>Lab No</b>	: 202302002600
<b>Patient Episode</b>	: H18000000265	<b>Collection Date</b>	: 24 Feb 2023 09:37
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2023 12:09
<b>Receiving Date</b>	: 24 Feb 2023 09:37		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma			
GLUCOSE, FASTING (F) Method: Hexokinase	100.0	mg/dl	[70.0-110.0]

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



**Dr. Charu Agarwal**  
Consultant Pathologist

raj shailish

30years  
Male  
Caucasian

Vent. rate	75 bpm
PR interval	122 ms
QRS duration	82 ms
QT/QTc	370/413 ms
P-R-T axes	72 84 74

Technician:  
Test ind:

ID:

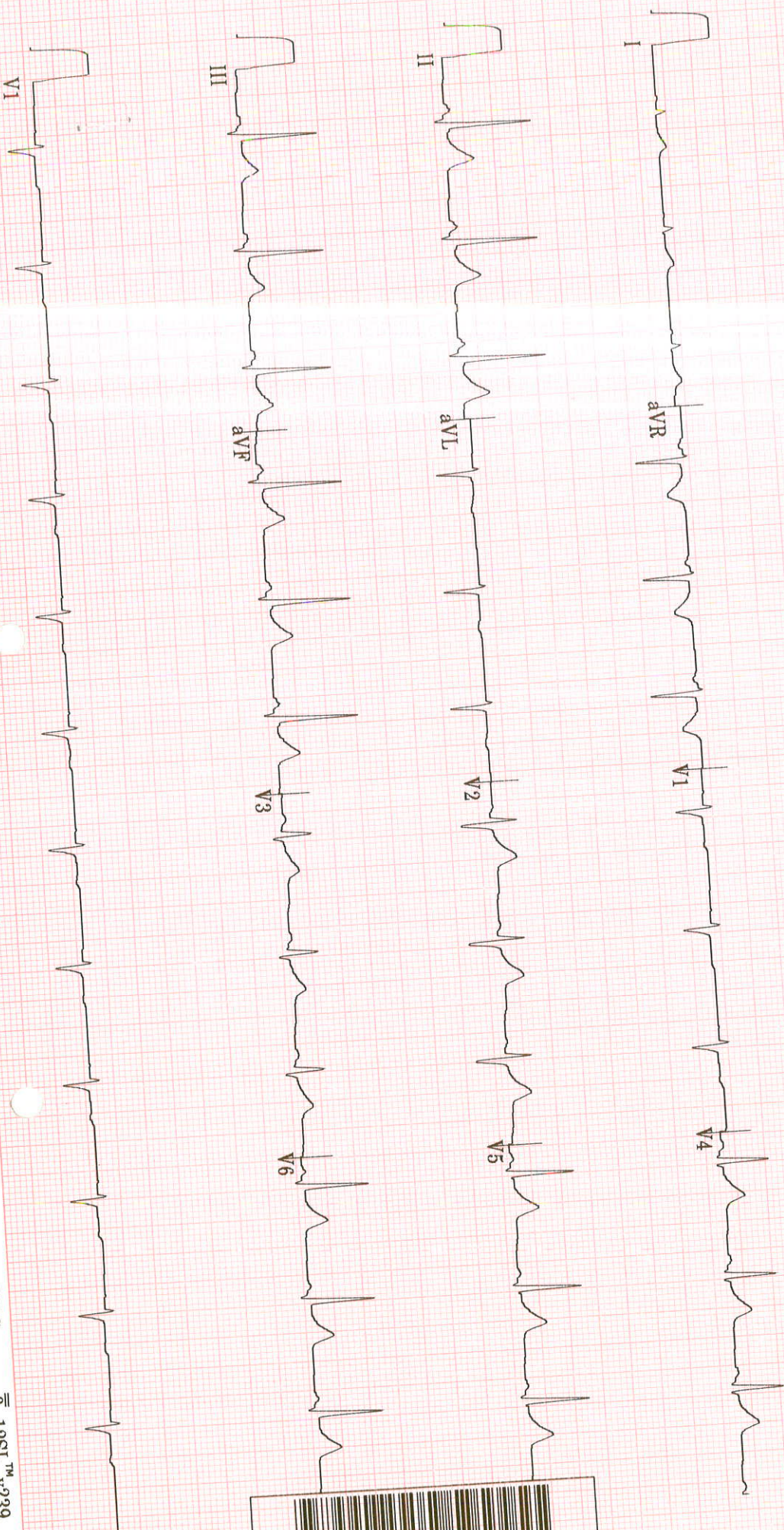
Normal sinus rhythm  
Early repolarization  
Normal ECG

24-Feb-2023 11:48:29

Manipal Hospitals, Chazalabad

Referred by:

Unconfirmed



10.0 mm/mV

4 hv 2.5s + 1 rhvthm ld

MAC55 009C

12SL™ V239



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## TMT INVESTIGATION REPORT

Patient Name : Mr. RAJ SHAIKESH	Location : Ghaziabad
Age/Sex : 30Year(s)/male	Visit No : V0000000001-GHZB
MRN No : <u>MH010803056</u>	Order Date : 24/02/2023
Ref. Doctor : HCP	Report Date : 24/02/2023

<b>Protocol</b> : Bruce	<b>MPHR</b> : 190BPM
<b>Duration of exercise</b> : 7min 51sec	<b>85% of MPHR</b> : 161BPM
<b>Reason for termination</b> : THR achieved	<b>Peak HR Achieved</b> : 164BPM
<b>Blood Pressure (mmHg)</b> : Baseline BP : 122/84mmHg	<b>% Target HR</b> : 86%
Peak BP : 130/90mmHg	<b>METS</b> : 9.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	79	122/84	Nil	No ST changes seen	Nil
STAGE 1	3:00	119	122/84	Nil	No ST changes seen	Nil
STAGE 2	3:00	135	130/90	Nil	No ST changes seen	Nil
STAGE 3	1:51	164	130/90	Nil	No ST changes seen	Nil
RECOVERY	3:05	106	126/90	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during exercise and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

**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

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Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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