Mediwheel <wellness@mediwheel.in>
Fri 2/23/2024 11:33 AM
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 for the details are following. Please provide your confirmation by clicking on the yes button.

Are you sure to confirm the booking?

Name	: MR. SINGH RAJESHWAR
Package Name	: Mediwheel Full Body Health Checkup Male Above 40
Package Code	:
Location	: NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Contact Details	: 9971938392
E-mail id	: rajeshwarbob@gmail.com
Booking Date	: 23-02-2024
Appointment Date	: 24-02-2024

Member Information		
Booked Member Name	Age	Gender
MR. SINGH RAJESHWAR	57 year	Male

Please login to your account to confirm the same. Also you mail us for confirmation

Hospital Package Name	: Mediwheel Full Body Health Checkup Male Above 40
User Package Name	: Mediwheel Full Body Health Checkup Male Above 40

22 Tests included in this Package :

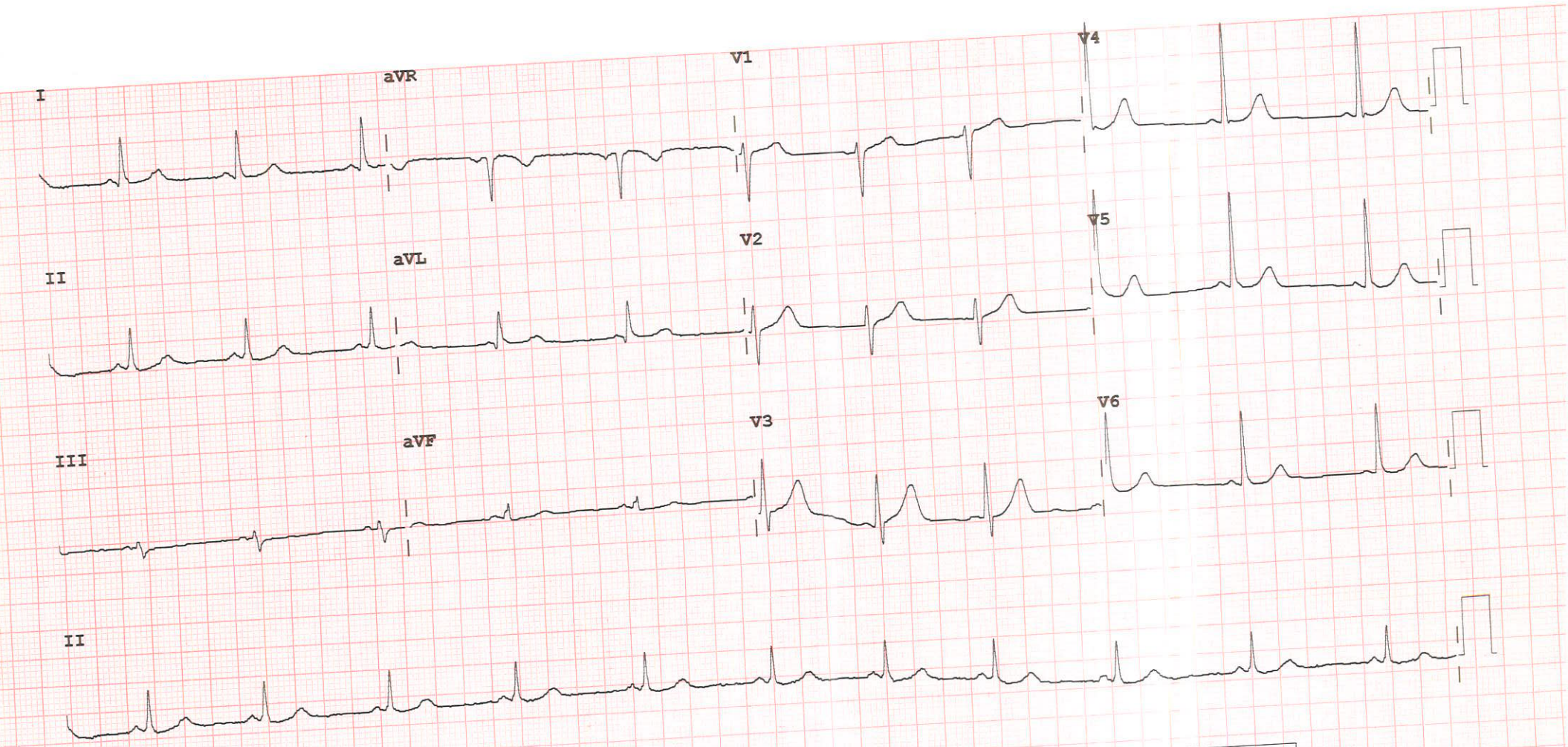
- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)

Thanks,
Mediwheel Team

011726150 24/02/2024 11:48:26

RADESHVAR SINGH

- 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?

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INVESTIGATION REPORT

Patient Name	MR RAJESHWAR SINGH	Location	Ghaziabad
Age/Sex	57Year(s)/male	Visit No	: V00000000001-GHZB
MRN No	MH11726150	Order Date	:24/02/2024
Ref. Doctor	Dr. BHUPENDRA SINGH	Report Date	:24/02/2024

Echocardiography

Final Interpretation

1. No RWMA, LVEF=55%.
2. Normal CCD.
3. Trivial MR, Trivial AR.
4. Trivial TR, Normal PASP.
5. No intracardiac clot/mass/pericardial pathology.
6. 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:** Aorto-sclerosis.
- **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.

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RADIOLOGY REPORT

NAME	MR Rajeshwar SINGH	STUDY DATE	24/02/2024 12:15PM
AGE / SEX	57 y / M	HOSPITAL NO.	MH011726150
ACCESSION NO.	R6939812	MODALITY	US
REPORTED ON	24/02/2024 1:27PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: appears normal in size (measures 146 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 83 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 8.4 mm.
COMMON BILE DUCT: Appears normal in size and measures 3.5 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 101 x 43 mm. It shows a calculus measuring 7.4 mm at mid calyx.
Left Kidney: measures 98 x 40 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 39 x 34 x 25 mm with volume 18 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.
-Right renal calculus.

Recommend clinical correlation.

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

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

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RADIOLOGY REPORT

NAME	MR Rajeshwar SINGH	STUDY DATE	24/02/2024 11:25AM
AGE / SEX	57 y / M	HOSPITAL NO.	MH011726150
ACCESSION NO.	R6939811	MODALITY	CR
REPORTED ON	24/02/2024 12:59PM	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******

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LABORATORY REPORT

Name	:	MR RAJESHWAR SINGH	**Age**	:	57 Yr(s) Sex :Male
Registration No	:	MH011726150	**Lab No**	:	202402004102
Patient Episode	:	H18000001836	**Collection Date :**		24 Feb 2024 10:53
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		25 Feb 2024 13:13
Receiving Date	:	24 Feb 2024 10:53			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			**Specimen Type : Serum**
T3 - Triiodothyronine (ELFA)	1.040	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.680	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.650	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.

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LABORATORY REPORT

Name	:	MR RAJESHWAR SINGH	**Age**	:	57 Yr(s) Sex :Male
Registration No	:	MH011726150	**Lab No**	:	202402004102
Patient Episode	:	H18000001836	**Collection Date :**		24 Feb 2024 10:53
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		25 Feb 2024 13:13
Receiving Date	:	24 Feb 2024 10:53			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN(PSA-Total):	0.910	ng/mL	[<3.500]
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

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LABORATORY REPORT

Name	:	MR RAJESHWAR SINGH	**Age**	:	57 Yr(s) Sex :Male
Registration No	:	MH011726150	**Lab No**	:	202402004102
Patient Episode	:	H18000001836	**Collection Date :**		24 Feb 2024 10:53
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		25 Feb 2024 13:08
Receiving Date	:	24 Feb 2024 10:53			

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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.

NOTE:
- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist

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LABORATORY REPORT

Name	: MR RAJESHWAR SINGH	**Age** :	57 Yr(s) Sex :Male
Registration No	: MH011726150	**Lab No** :	202402004102
Patient Episode	: H18000001836	**Collection Date :**	24 Feb 2024 10:53
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 13:15
Receiving Date	: 24 Feb 2024 10:53		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		**SPECIMEN-EDTA Whole Blood**	
RBC COUNT (IMPEDENCE)	**5.54 #**	**millions/cumm**	**[4.50-5.50]**
HEMOGLOBIN	15.8	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	48.0	%	[40.0-50.0]
MCV (DERIVED)	86.6	fL	[83.0-101.0]
MCH (CALCULATED)	28.5	pg	[25.0-32.0]
MCHC(CALCULATED)	32.9	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.6	%	[11.6-14.0]
Platelet count	160	x 10^3 cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	----		
WBC COUNT(TC)(IMPEDENCE)	8.14	x 10^3 cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	61.0	%	[40.0-80.0]
Lymphocytes	27.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	5.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	8.0	mm/1sthour	[0.0-

Name	: MR RAJESHWAR SINGH	**Age** :	57 Yr(s) Sex :Male
Registration No	: MH011726150	**Lab No** :	202402004102
Patient Episode	: H18000001836	**Collection Date :**	24 Feb 2024 12:46
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	25 Feb 2024 13:38
Receiving Date	: 24 Feb 2024 12:46		

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	2-4 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

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LABORATORY REPORT

Name	: MR RAJESHWAR SINGH	**Age**	: 57 Yr(s) Sex :Male
Registration No	: MH011726150	**Lab No**	: 202402004102
Patient Episode	: H18000001836	**Collection Date :**	24 Feb 2024 10:53
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 14:04
Receiving Date	: 24 Feb 2024 10:53		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	**5.9 #**	%	**[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)	123	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 Method:Oxidase,esterase, peroxide	173	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	78	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	56.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	16	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	101.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

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LABORATORY REPORT

Name	: MR RAJESHWAR SINGH	**Age** :	57 Yr(s) Sex :Male
Registration No	: MH011726150	**Lab No** :	202402004102
Patient Episode	: H18000001836	**Collection Date :**	24 Feb 2024 10:53
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 12:21
Receiving Date	: 24 Feb 2024 10:53		

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)	2.0		<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	22.5	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	10.5	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.97	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	7.3	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	140.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.93	mmol/L	[3.60-5.10]
SERUM CHLORIDE	108.8	mmol/L	[101.0-111.0]
Method: ISE Indirect			

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LABORATORY REPORT

Name	: MR RAJESHWAR SINGH	**Age** :	57 Yr(s) Sex :Male
Registration No	: MH011726150	**Lab No** :	202402004102
Patient Episode	: H18000001836	**Collection Date :**	24 Feb 2024 10:53
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 12:21
Receiving Date	: 24 Feb 2024 10:53		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	85.2	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*	0.84	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT *Method: DPD*	0.16	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) *Method: Calculation*	0.68	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) *Method: BIURET*	6.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) *Method: BCG*	4.15	g/dl	[3.50-5.20]
GLOBULINS (SERUM) *Method: Calculation*	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO *Method: Calculation*	1.57		[1.00-2.50]
AST(SGOT) (SERUM) *Method: IFCC W/O P5P*	22.00	U/L	[0.00-40.00]

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LABORATORY REPORT

Name	: MR RAJESHWAR SINGH	**Age**	: 57 Yr(s) Sex :Male
Registration No	: MH011726150	**Lab No**	: 202402004102
Patient Episode	: H18000001836	**Collection Date :**	24 Feb 2024 10:53
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 12:21
Receiving Date	: 24 Feb 2024 10:53		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) *Method: IFCC W/O P5P*	**16.70 #**	**U/L**	**[17.00-63.00]**
Serum Alkaline Phosphatase *Method: AMP BUFFER IFCC)*	85.0	IU/L	[32.0-91.0]
GGT	16.0	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

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LABORATORY REPORT

Name	: MR RAJESHWAR SINGH	**Age** :	57 Yr(s) Sex :Male
Registration No	: MH011726150	**Lab No** :	202402004103
Patient Episode	: H18000001836	**Collection Date :**	24 Feb 2024 10:53
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 12:21
Receiving Date	: 24 Feb 2024 10:53		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	105.0	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.

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

Dr. Alka Dixit Vats
Consultant Pathologist

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LABORATORY REPORT

Name	: MR RAJESHWAR SINGH	**Age** :	57 Yr(s) Sex :Male
Registration No	: MH011726150	**Lab No** :	202402004104
Patient Episode	: H18000001836	**Collection Date :**	24 Feb 2024 15:52
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	25 Feb 2024 13:20
Receiving Date	: 24 Feb 2024 15:52		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	134.0	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

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

Dr. Charu Agarwal
Consultant Pathologist