

Health Check up Booking Confirmed Request(22E35622),Package Code-, Beneficiary Code-298803

From Mediwheel <wellness@mediwheel.in>
Date Wed 10/16/2024 12:32 PM
To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
CC customercare@mediwheel.in <customercare@mediwheel.in>

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Mediwheel
...Your wellness partner

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

Contact Details : 8383035120

Appointment Date : 19-10-2024

Cost : 0

Confirmation Status : Booking Confirmed

Preferred Time : 07:00 AM - 07:30 AM

Member Information		
Booked Member Name	Age	Gender
MR. VARDHAN AKASH	34 year	Male

We request you to facilitate the employee on priority.


Thanks,
Mediwheel Team
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 ଭାରତ ସରକାର
 Government of India


 ଭାରତୀୟ唯識唯 ପରିଚୟ ପ୍ରାଧିକରଣ
 Unique Identification Authority of India

Issue Date: 27/10/2011


 ଆକାଶ ବର୍ଧନ
 Akash Vardhan
 ଜନ୍ମ ତାରିଖ / DOB: 05/08/1990
 ପୁରୁଷ / MALE

9801 0155 2512
 VID : 9185 9663 8230 5857
 ମୋ ଆଧାର, ମୋ ପରିଚୟ


 ଭାରତୀୟ唯識唯 ପରିଚୟ ପ୍ରାଧିକରଣ
 Unique Identification Authority of India


 ଭାରତୀୟ唯識唯 ପରିଚୟ ପ୍ରାଧିକରଣ
 Unique Identification Authority of India

Download Date: 20/05/2012

ଠିକଣା:
 ମାଧ୍ୟମ: ଶକ୍ତି ବର୍ଧନ, ଫ୍ଲାଟ ନଂ ସି 606 6ଥ ଫ୍ଲୋର,
 ଟାୱର ସି ବ୍ଲକ୍ 3 ରାଜନଗର ରେସିଡେନ୍ସି,
 ଘାଜିଆବାଦ, ରାଜ୍ୟ ନଗର ଏକସ୍ତେନ୍ସନ୍,
 ଉତ୍ତର ପ୍ରଦେଶ - 201017

Address:
 C/O: Shakti Vardhan, FLAT NO C 606 6TH
 FLOOR, TOWER C BLOCK 3 RAJNAGAR
 RESIDENCY, GHAZIABAD, Raj Nagar
 Extension, Ghaziabad,
 Uttar Pradesh - 201017



9801 0155 2512
 VID : 9185 9663 8230 5857

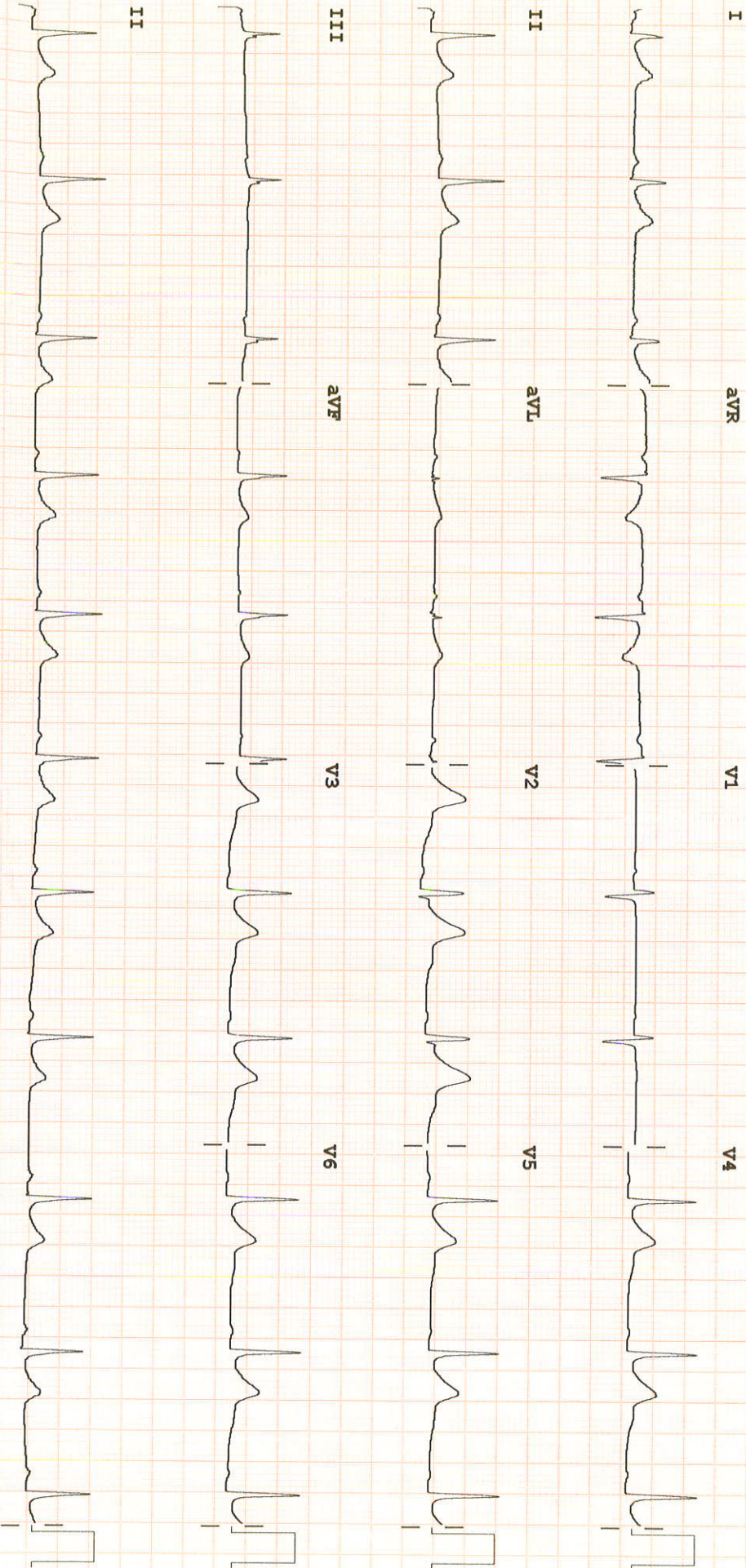
1947 | help@uidai.gov.in | www.uidai.gov.in

Akash Vardhan

CH/C

- BORDERLINE ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

PHILIPS

REORDER M3708A

F 60~ 0.15-100 Hz

PH100B CL P?



TMT INVESTIGATION REPORT

Patient Name	MR AKASH VARDHAN	Location	: Ghaziabad
Age/Sex	: 34Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH010185532	Order Date	: 19/10/2024
Ref. Doctor	: H/C	Report Date	: 19/10/2024

Protocol : Bruce **MPHR** : 186BPM
Duration of exercise : 09min 46sec **85% of MPRH** : 158BPM
Reason for termination : THR achieved **Peak HR Achieved** : 173BPM
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg **% Target HR** : 93%
 Peak BP : 140/80mmHg **METS** : 11.3METS

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	121	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	141	130/80	Nil	No ST changes seen	Nil
STAGE 3	3:00	152	140/80	Nil	No ST changes seen	Nil
STAGE 4	0:46	173	140/80	Nil	No ST changes seen	Nil
RECOVERY	3:32	95	130/80	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

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Dr. Geetesh Govil

MD, D. Card, PGDCC, MAAC, M. Med, MIMA, FAGE
Jr. Consultant Cardiology

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LABORATORY REPORT

Name	: MR AKASH VARDHAN	Age	: 34 Yr(s) Sex :Male
Registration No	: MH010185532 RefHosp No. : ghzb-0000174783	Lab No	: 202410003517
Patient Episode	: H18000003114	Collection Date	: 19 Oct 2024 10:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Oct 2024 13:09
Receiving Date	: 19 Oct 2024 10:47		

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)	8.170	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.560	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 AKASH VARDHAN
Registration No : MH010185532 RefHosp No. :
ghzb-0000174783
Patient Episode : H18000003114
Referred By : HEALTH CHECK MGD
Receiving Date : 19 Oct 2024 10:47
Age : 34 Yr(s) Sex : Male
Lab No : 202410003517
Collection Date : 19 Oct 2024 10:47
Reporting Date : 19 Oct 2024 16:43

BLOOD BANK

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

Technical note:

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

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MR AKASH VARDHAN	Age	: 34 Yr(s) Sex :Male
Registration No	: MH010185532 RefHosp No. : ghzb-0000174783	Lab No	: 202410003517
Patient Episode	: H1800003114	Collection Date	: 19 Oct 2024 10:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Oct 2024 14:20
Receiving Date	: 19 Oct 2024 10:47		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.1	%	[0.0-5.6]
			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.

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	1.015	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	NEGATIVE	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



LABORATORY REPORT

Name : MR AKASH VARDHAN
Registration No : MH010185532 RefHosp No. :
ghzb-0000174783
Patient Episode : H1800003114
Referred By : HEALTH CHECK MGD
Receiving Date : 19 Oct 2024 11:59
Age : 34 Yr(s) Sex :Male
Lab No : 202410003517
Collection Date : 19 Oct 2024 11:59
Reporting Date : 19 Oct 2024 16:36

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL	/hpf
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

Colour	BROWN
Consistency	Semi Solid
Blood	Absent
Mucus	Absent
Occult Blood	NEGATIVE

Microscopic Description

Ova	Absent
Cyst	Absent
Fat Globules	Absent
Pus Cells	NIL
RBC	NIL
Others	NIL



LABORATORY REPORT

Name	: MR AKASH VARDHAN	Age	: 34 Yr(s) Sex :Male
Registration No	: MH010185532 RefHosp No. : ghzb-0000174783	Lab No	: 202410003517
Patient Episode	: H18000003114	Collection Date	: 19 Oct 2024 10:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Oct 2024 12:41
Receiving Date	: 19 Oct 2024 10:47		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	205 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	152 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	43	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	30	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	132.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	4.8		<3 Optimal 3-4 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.1		

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



LABORATORY REPORT

Name	: MR AKASH VARDHAN	Age	: 34 Yr(s) Sex :Male
Registration No	: MH010185532 RefHosp No. : ghzb-0000174783	Lab No	: 202410003517
Patient Episode	: H18000003114	Collection Date	: 19 Oct 2024 10:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Oct 2024 12:40
Receiving Date	: 19 Oct 2024 10:47		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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			
CREATININE, SERUM	0.91	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	9.5 #	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	138.30	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.23	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	109.6	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.



LABORATORY REPORT

Name : MR AKASH VARDHAN
 Registration No : MH010185532 RefHosp No. :
 ghzb-0000174783
 Patient Episode : H18000003114
 Referred By : HEALTH CHECK MGD
 Receiving Date : 19 Oct 2024 10:47

Age : 34 Yr(s) Sex : Male
 Lab No : 202410003517
 Collection Date : 19 Oct 2024 10:47
 Reporting Date : 19 Oct 2024 12:41

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.17	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.20	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.97 #	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.55	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.54		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	25.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	27.60	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	103.0 #	IU/L	[32.0-91.0]
GGT	27.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name	: MR AKASH VARDHAN	Age	: 34 Yr(s) Sex :Male
Registration No	: MH010185532 RefHosp No. : ghzb-0000174783	Lab No	: 202410003519
Patient Episode	: H18000003114	Collection Date	: 19 Oct 2024 10:46
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Oct 2024 13:09
Receiving Date	: 19 Oct 2024 10:46		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	88.0	mg/dl	[70.0-110.0]
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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-----

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR AKASH VARDHAN
Registration No : MH010185532 RefHosp No. :
ghzb-0000174783
Patient Episode : H18000003114
Referred By : HEALTH CHECK MGD
Receiving Date : 19 Oct 2024 14:49
Age : 34 Yr(s) Sex :Male
Lab No : 202410003520
Collection Date : 19 Oct 2024 14:49
Reporting Date : 19 Oct 2024 16:17

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	100.0	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 8 of 8

Dr. Alka Dixit Vats
Consultant Pathologist



RADIOLOGY REPORT

NAME	AKASH VARDHAN	STUDY DATE	19/10/2024 10:26AM
AGE / SEX	34 y / M	HOSPITAL NO.	MH010185532
ACCESSION NO.	R8418027	MODALITY	CR
REPORTED ON	19/10/2024 2:22PM	REFERRED BY	HEALTH CHECK MGD

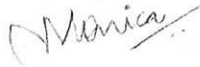
XR- CHEST PA VIEW

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, CCFRG, ACFRG (Reg No MCI 11-10887)
CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

NAME	AKASH VARDHAN	STUDY DATE	19/10/2024 11:51AM
AGE / SEX	34 y / M	HOSPITAL NO.	MH010185532
ACCESSION NO.	R8418028	MODALITY	US
REPORTED ON	19/10/2024 12:49PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size 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 100 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size.

COMMON BILE DUCT: Appears normal in size.

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.

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. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



Dr. Anurag Singh

Radiodiagnosis (UPMC reg no - 23534)

CONSULTANT RADIOLOGIST

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