

Health Check up Booking Request(bobE5150), Beneficiary Code-161789

Mediwheel <wellness@mediwheel.in>

Fri 1/12/2024 1:41 PM

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

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



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? Yes

Name : MR. PANWAR VIPIN KUMAR
Package Name : Mediwheel Full Body Health Checkup Male Below 40
Package Code : PKG10000474
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Contact Details : 9759650789
E-mail id : VIPIN.PANWAR@bankofbaroda.com
Booking Date : 12-01-2024
Appointment Date : 13-01-2024

Member Information		
Booked Member Name	Age	Gender
MR. PANWAR VIPIN KUMAR	37 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 Below 40

User Package Name : Mediwheel Full Body Health Checkup Male Below 40

Are you sure to confirm the booking?

Yes

21 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

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

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UK-0820060054308



04-08-2006

03-08-2026

09-08-1986

B+



MR VIPIN KUMAR PANWAR

MR BABU RAM

Handwritten signature in blue ink

UK-0820060054308



04-08-2006

04-08-2006

*****0789

Engin No

26-02-2021

Engin No

UK08 /DLD/0000416/2021



Form 7 Rule 16(2)

S-414 SHIVALIK NAGAR B H E L
HARDWAR,
RANIPUR RANGE, HARDWAR, 249403

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SUB RTO, HARIDWAR

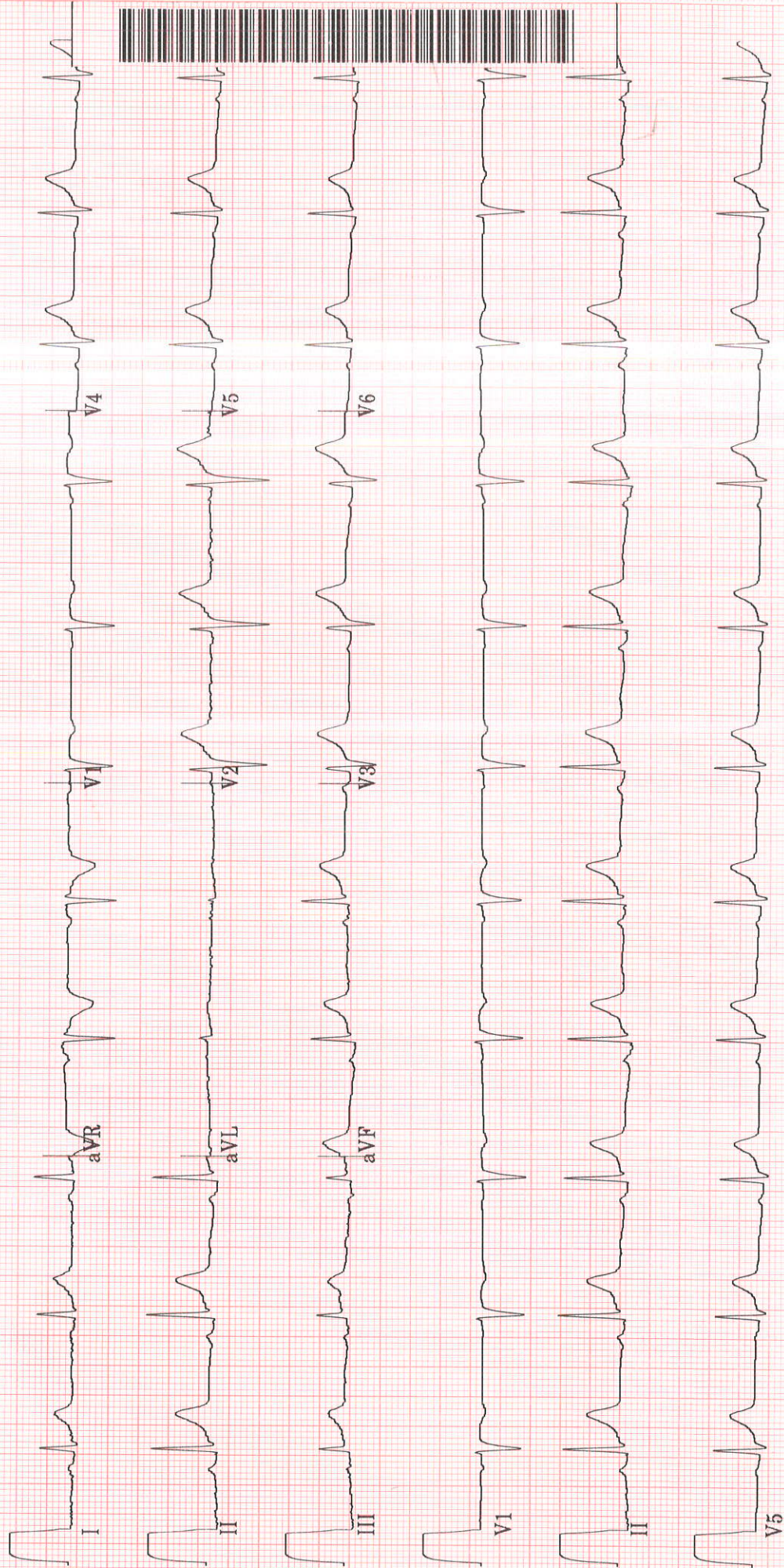
Vent. rate 75 bpm
 PR interval 169 ms
 QRS duration 88 ms
 QT/QTc 362/376 ms
 P-R-T axes 47 57 60

Normal sinus rhythm
 Normal ECG

Technician:
 Test ind.

Unconfirmed

Referred by:





TMT INVESTIGATION REPORT

Patient Name	Vipin KUMAR PANWAR	Location	: Ghaziabad
Age/Sex	: 37Year(s)/male	Visit No	: V0000000001-GHZZ
MRN No	11624578	Order Date	: 13/01/2024
Ref. Doctor	: HCP	Report Date	: 13/01/2024

Protocol : Bruce **MPHR** : 183BPM
Duration of exercise : 7min 58sec **85% of MPHR** : 155BPM
Reason for termination : THR achieved **Peak HR Achieved** : 157BPM
Blood Pressure (mmHg) : Baseline BP : 134/94mmHg **% Target HR** : 85%
Peak BP : 140/94mmHg **METS** : 10.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	83	134/94	Nil	No ST changes seen	Nil
STAGE 1	3:00	120	134/94	Nil	No ST changes seen	Nil
STAGE 2	3:00	145	140/94	Nil	No ST changes seen	Nil
STAGE 3	1:58	157	140/94	Nil	No ST changes seen	Nil
RECOVERY	4:07	105	136/94	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

Page 1 of 2

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RADIOLOGY REPORT

NAME	MR Vipin PANWAR	STUDY DATE	13/01/2024 10:37AM
AGE / SEX	37 y / M	HOSPITAL NO.	MH011624578
ACCESSION NO.	R6711071	MODALITY	US
REPORTED ON	13/01/2024 11:20AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears normal in size (measures 126 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 91 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 12 mm.

COMMON BILE DUCT: Appears normal in size and measures 3 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 107 x 45 mm.

Left Kidney: measures 111 x 39 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 35 x 30 x 26 mm with volume 15 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

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This report is subject to the terms and conditions mentioned overleaf

RADIOLOGY REPORT

NAME	MR Vipin PANWAR	STUDY DATE	13/01/2024 9:35AM
AGE / SEX	37 y / M	HOSPITAL NO.	MH011624578
ACCESSION NO.	R6711070	MODALITY	CR
REPORTED ON	13/01/2024 9:56AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Prominent bronchovascular markings are seen in both lung fields.

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:

Prominent bronchovascular markings are seen in both lung fields.

Please correlate clinically



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

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Name : Mr VIPIN PANWAR
Reg No : MH011624578
Episode No : H18000001655

LABORATORY REPORT : 37 Yr(s) / Male
Referred By : HEALTH CHECK MGD

TEST	RESULT	UNITS	REFERENCE
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Collection Date/ Time : 13/01/2024 09:26

Authorised by Dr. Alka Dixit Vats on 13/01/2024 at 18:00

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

Blood Group & Rh typing B Rh(D) Positive

Technical note:

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

Collection Date/ Time : 13/01/2024 09:26

Authorised by Dr. Alka Dixit Vats on 13/01/2024 at 15:34

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	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.77	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.89		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	38.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	59.90	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	74.0	IU/L	[32.0-91.0]
GGT	29.0	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.

Name : Mr. VIKAS ONWAR
 Reg No : MH011624578
 Episode No : H18000001655

Age [year(s)] / Sex : 37 Yr(s) / Male
 Referred By : HEALTH CHECK MGD
LABORATORY REPORT

TEST	RESULT	UNITS	REFERENCE
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Collection Date/ Time : 13/01/2024 09:26

Authorised by Dr. Alka Dixit Vats on 13/01/2024 at 15:34

KIDNEY PROFILE

Specimen: Serum			
UREA	19.3	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.0	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.78	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	7.0	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	137.60	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.08	mmol/L	[3.60-5.10]
SERUM CHLORIDE	99.7 #	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	115.3	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.			

Collection Date/ Time : 13/01/2024 09:26

Authorised by Dr. Alka Dixit Vats on 13/01/2024 at 15:34

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	273 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	313 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	52.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	63 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	158.0 #	mg/dl	[<120.0] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	5.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.0		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Name : Mr **VIPIN PANWAR**
 Reg No : MH011624578
 Episode No : H18000001655

Age [year(s)] / Sex : 37 Yr(s) / Male
 Referred By : HEALTH CHECK MGD
LABORATORY REPORT

TEST	RESULT	UNITS	REFERENCE
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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

Collection Date/ Time : 13/01/2024 09:26

Authorised by Dr. Alka Dixit Vats on 13/01/2024 at 18:03

THYROID PROFILE, Serum	Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.940 ng/ml [0.610-1.630]
T4 - Thyroxine (ELFA)	6.730 ug/ dl [4.680-9.360]
Thyroid Stimulating Hormone	1.750 μ IU/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.

Collection Date/ Time : 13/01/2024 09:26

Authorised by Dr. Alka Dixit Vats on 13/01/2024 at 15:56

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION		
Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(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	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	

Name : Mr **VIPIN PANWAR**
Reg No : MH011624578
Episode No : H18000001655

Age [year(s)] / Sex : 37 Yr(s) / Male
Referred By : HEALTH CHECK MGD
LABORATORY REPORT

TEST	RESULT	UNITS	REFERENCE
Crystals	NIL		
Bacteria	NIL		
OTHERS	NIL		

Collection Date/ Time : 13/01/2024 09:26

Authorised by Dr. Alka Dixit Vats on 13/01/2024 at 17:53

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin) 5.2 % [0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA)

HbA1c in %

Non diabetic adults ≥ 18 years < 5.7

Prediabetes (At Risk) 5.7-6.4

Diagnosing Diabetes ≥ 6.5

Estimated Average Glucose (eAG) 103 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.

Collection Date/ Time : 13/01/2024 13:05

Authorised by Dr. Alka Dixit Vats on 13/01/2024 at 15:51

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS 102.0 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

Collection Date/ Time : 13/01/2024 09:26

Authorised by Dr. Alka Dixit Vats on 13/01/2024 at 15:35

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F) 92.0 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, adrenocortical

Name : Mr VIKAS PANWAR
Reg No : MH011624578
Episode No : H18000001655

Age [year(s)] / Sex : 37 Yr(s) / Male
Referred By : HEALTH CHECK MGD
LABORATORY REPORT

TEST	RESULT	UNITS	REFERENCE
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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.

Collection Date/ Time : 13/01/2024 09:26

Authorised by Dr. Charu Agarwal on 14/01/2024 at 12:01

COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	5.41	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.8	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	48.3	%	[40.0-50.0]
MCV (DERIVED)	89.3	fL	[83.0-101.0]
MCH (CALCULATED)	29.2	pg	[25.0-32.0]
MCHC (CALCULATED)	32.7	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.4	%	[11.6-14.0]
Platelet count	198	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.1		
WBC COUNT(TC) (IMPEDEANCE)	8.21	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	56.0	%	[40.0-80.0]
Lymphocytes	36.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	5.0	mm/1sthour	[0.0-10.0]



HEALTH CHECK RECORD

Hospital No: MH011624578	Visit No: H18000001655
Name: MR VIPIN KUMAR PANWAR	Age/Sex: 37 Yrs/Male
Doctor Name: DR. ANANT VIR JAIN	Specialty: HC SERVICE MGD
Date: 13/01/2024 11:32AM	

OPD Notes :

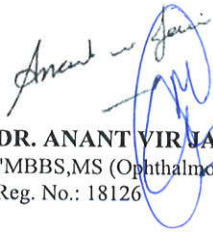
PRESENT OPHTHALMIC COMPLAINS -HC
SYSTEMIC/ OPHTHALMIC HISTORY - NIL, NO F/H/O GLAUCOMA

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION(GLASSES)	6/9	6/9
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	16	18

FUNDUS EXAMINATION
OPTIC DISC C:D 0.6 HNRR C:D 0.4 HNRR
MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

REFRACTION
RE=-1.00 DSPH/ -0.50 CYL X 40 DEGREE - 6/6
LE= -0.50 DSPH/ -0.75 CYL X 160 DEGREE - 6/6

ADVISE / TREATMENT
E/D AQUALINA 4 TIMES DAILY BE X 1 MONTH
REVIEW AFTER 6 MTH


DR. ANANT VIR JAIN
"MBBS,MS (Ophthalmology)"
Reg. No.: 18126

