

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?

Name : RACHIT SRIVASTAVA
Contact Details : 9451903190
Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Apartment
Appointment Date : 12-03-2024

Member Information		
Booked Member Name	Age	Gender
MR. SRIVASTAVA RACHIT	36 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

Thanks,
Mediwheel Team

Please Download Mediwheel App



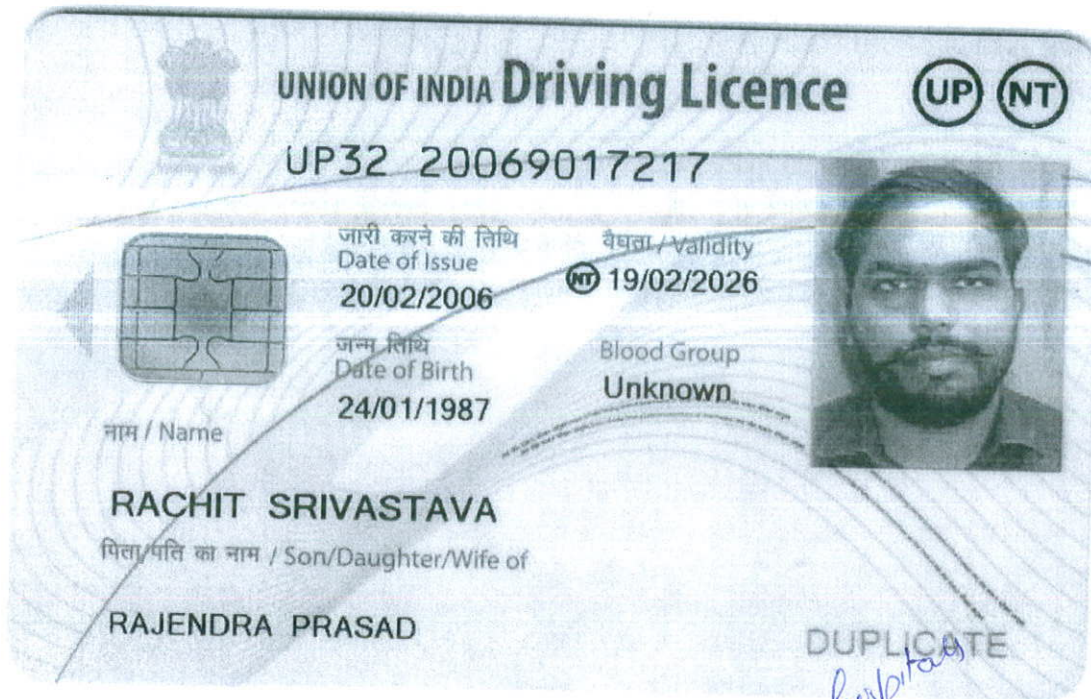
You have received this mail because your e-mail ID is registered with Arcofemi Healthcare Limited This is a system-generated e-mail please don't reply to this message.


Rachit Srivastava <rachit.2410@gmail.com>

Tue 3/12/2024 9:12 AM

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

You don't often get email from rachit.2410@gmail.com. [Learn why this is important](#)



for Manipal Hospital

12/3/24

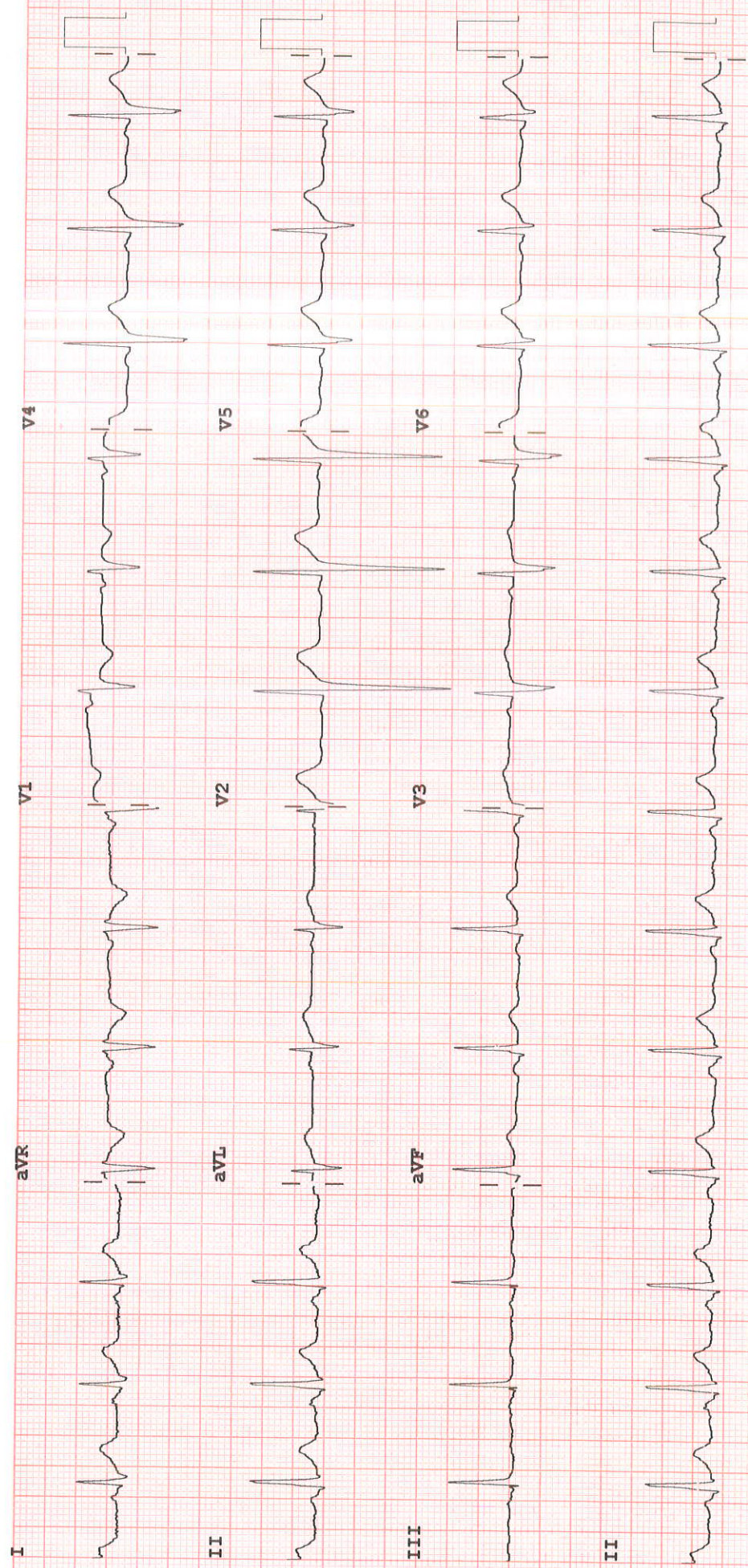
Thanks & Regards

Rachit Srivastava
Senior Manager
Bank of Baroda-Contact Center
Noida
+91-9451903190
mail: rachit.srivastava@bankofbaroda.com

"Holding on to anger is like grasping a hot coal with intent of throwing it at someone else, You are the one who gets burned : Buddha"

- NORMAL ECG -

Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?

Dev:



INVESTIGATION REPORT

Patient Name : Mr Rachit SRIVASTAVA	Location	Ghaziabad
Age/Sex : 36Year(s)/male	Visit No	: V0000000001-GHZZ
MRN No : MH10820277	Order Date	: 12/03/2024
Ref. Doctor : DR BHUPENDRA SINGH	Report Date	: 12/03/2024

EchocardiographyFinal Interpretation

1. **ACHD**- Perimembranous restrictive VSD.
2. No RWMA, LVEF=60%.
3. Grade I LV diastolic dysfunction.
4. No MR, No AR.
5. Trace TR, Mild PAH (PASP = 31mmHg).
6. No intracardiac clot/mass/pericardial pathology.

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:** Trace TR, Mild PAH (PASP = 31mmHg).
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- Perimembranous restrictive VSD L to R shunt (size-5.5mm), PG=85-90mmHg.

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 Rachit SRIVASTAVA	Location	Ghaziabad
Age/Sex 36Year(s)/male	Visit No	: V0000000001-GHZZ
MRN No :MH10820277	Order Date	12/03/2024
Ref. Doctor : DR BHUPENDRA SINGH	Report Date	:12/03/2024

EchocardiographyMeasurements (mm):

	Observed values	Normal values
Aortic root diameter	29	20-36 (22mm/M ²)
Aortic valve opening	19	15-26
Left atrium size	35	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	49	34	(ED=37-56:Es=22-40)
Interventricular septum	11	15	(ED=6-12)
Posterior wall thickness	11	14	(ED=5-10)

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

Color & Doppler evaluation:

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-85/92 DT-	Nil
Aortic	119	Nil
Tricuspid	23	Trace
Pulmonary	143	Nil

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

Dr. Sudhanshu Mishra
Cardiology Registrar

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Manipal Hospital, Ghaziabad
NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002
P : 0120-3535353

Page 2 of 2

**RADIOLOGY REPORT**

NAME	MR Rachit SRIVASTAVA	STUDY DATE	12/03/2024 10:11AM
AGE / SEX	36 y / M	HOSPITAL NO.	MH010820277
ACCESSION NO.	R7038238	MODALITY	CR
REPORTED ON	12/03/2024 10:24AM	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. Prabhakar Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MR Rachit SRIVASTAVA	STUDY DATE	12/03/2024 9:44AM
AGE / SEX	36 y / M	HOSPITAL NO.	MH010820277
ACCESSION NO.	R7038239	MODALITY	US
REPORTED ON	12/03/2024 10:21AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears enlarged in size (measures 153 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 112 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.7 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 105 x 58 mm.

Left Kidney: measures 118 x 47 mm.

PELVI-CALYCEAL SYSTEMS: Moderate left sided hydronephrosis is seen along with dilated left renal pelvis (the renal pelvis measures ~ 13 mm in AP diameter) suggestive of partial left pelvi-ureteric junction obstruction. No internal echoes are seen within it. Pelvicalyceal system is compact on right side.

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 29 x 23 mm with volume 14 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II fatty infiltration in liver.

-Moderate left sided hydronephrosis along with dilated left renal pelvis suggestive of partial left pelvi-ureteric junction obstruction.

Recommend clinical correlation.



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



RADIOLOGY REPORT

NAME	MR Rachit SRIVASTAVA	STUDY DATE	12/03/2024 9:44AM
AGE / SEX	36 y / M	HOSPITAL NO.	MH010820277
ACCESSION NO.	R7038239	MODALITY	US
REPORTED ON	12/03/2024 10:21AM	REFERRED BY	HEALTH CHECK MGD

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



Name : MR RACHIT SRIVASTAVA
Registration No : MH010820277
Patient Episode : H18000001903
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex :Male
Lab No : 202403001549
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 15:06

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.980	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.430	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.470	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 RACHIT SRIVASTAVA
Registration No : MH010820277
Patient Episode : H18000001903
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex : Male
Lab No : 202403001549
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 18:49

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.

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR RACHIT SRIVASTAVA
Registration No : MH010820277
Patient Episode : H18000001903
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex : Male
Lab No : 202403001549
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 15:17

HAEMATOLOGY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)			
RBC COUNT (IMPEDENCE)	5.61 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.8	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.0	%	[40.0-50.0]
MCV (DERIVED)	82.0 #	fL	[83.0-101.0]
MCH (CALCULATED)	26.4	pg	[25.0-32.0]
MCHC (CALCULATED)	32.2	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.5	%	[11.6-14.0]
Platelet count	228	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.2		
WBC COUNT (TC) (IMPEDENCE)	7.60	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	61.0	%	[40.0-80.0]
Lymphocytes	29.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	11.0 #	mm/1sthour	[0.0



Name : MR RACHIT SRIVASTAVA
Registration No : MH010820277
Patient Episode : H18000001903
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex : Male
Lab No : 202403001549
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 18:36

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST

RESULT

UNIT

Glycosylated Hemoglobin

Specimen: EDTA
HbA1c (Glycosylated Hemoglobin)
Method: HPLC

5.3

%

[0.0-5.6]

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) 105 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
Appearance
Reaction[pH]
Specific Gravity

PALE YELLOW
CLEAR
5.0
1.005

(Pale Yellow - Yellow)
(4.6-8.0)
(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin
Glucose
Ketone Bodies
Urobilinogen

Negative
NIL
Negative
Normal

(NEGATIVE)
(NIL)
(NEGATIVE)
(NORMAL)

LABORATORY REPORT

Name : MR RACHIT SRIVASTAVA
Registration No : MH010820277
Patient Episode : H18000001903
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 10:15

Age : 36 Yr(s) Sex : Male
Lab No : 202403001549
Collection Date : 12 Mar 2024 10:15
Reporting Date : 12 Mar 2024 18:35

CLINICAL PATHOLOGY

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	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	145	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	201 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	25 #	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	40 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	80.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	5.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.2		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name : MR RACHIT SRIVASTAVA
Registration No : MH010820277
Patient Episode : H18000001903
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex : Male
Lab No : 202403001549
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 10:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<p>Note: Reference ranges based on ATP III Classifications.</p> <p>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</p>			

KIDNEY PROFILE

Specimen: Serum			
UREA	14.5 #	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	6.8 #	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.92	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	7.6	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	138.70	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.10	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.9	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	106.6	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.



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Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex : Male
Lab No : 202403001549
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 10:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.90	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.18	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.72	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.54	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	2.01		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	43.00 #	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	53.60	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	91.0	IU/L	[32.0-91.0]
GGT	23.0	U/L	[7.0-50.0]



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Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex : Male
Lab No : 202403001549
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 10:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

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.

Page 6 of 8

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

Dr. Charu Agarwal
Consultant Pathologist



Name : MR RACHIT SRIVASTAVA
Registration No : MH010820277
Patient Episode : H18000001903
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex : Male
Lab No : 202403001550
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 10:52

BIOCHEMISTRY

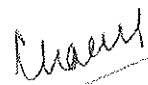
TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	103.0	mg/dl	[70.0-110.0]

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. Charu Agarwal
Consultant Pathologist



Name : MR RACHIT SRIVASTAVA
 Registration No : MH010820277
 Patient Episode : H18000001903
 Referred By : HEALTH CHECK MGD
 Receiving Date : 12 Mar 2024 12:45

Age : 36 Yr(s) Sex :Male
 Lab No : 202403001551
 Collection Date : 12 Mar 2024 12:45
 Reporting Date : 12 Mar 2024 13:40

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	143.0 #	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