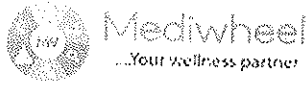


Mediwheel <wellness@mediwheel.in>

Wed 3/6/2024 7:19 PM

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

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



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

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

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

Contact Details : 8917007525

Appointment Date : 09-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
Anurag shukla	32 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

Please Download Mediwheel App



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भारतीय विज्ञान प्रौद्योगिकी प्राधिकरण

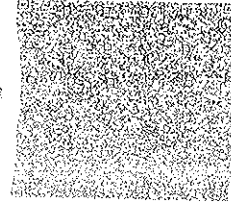
भारत सरकार
Government of India

पता:

S/O सुरेश शुक्ला, 35-एच, सेक्टर-एक कानपुर रोड, एल
डी ए कॉलोनी गी.डी, लखनऊ
उत्तर प्रदेश - 226012

Address:

S/O Rakesh Shukla L-193, SECTOR-I KANPUR
ROAD, L D A Colony G. D. Lucknow,
Uttar Pradesh - 226012



5549 6971 8939

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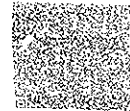


भारत सरकार

Government of India



अनुराग शुक्ला
Anurag Shukla
जन्म तिथि/DOB: 01/12/1981
पुरुष/MALE



5549 6971 8939

मेरा आधार, मेरी पहचान



LABORATORY REPORT

Name : MR ANURAG SHUKLA
Registration No : MH011761152
Patient Episode : H18000001893
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:27

Age : 32 Yr(s) Sex : Male
Lab No : 202403001096
Collection Date : 09 Mar 2024 10:27
Reporting Date : 10 Mar 2024 12:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.900	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.790	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.950	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 ANURAG SHUKLA	Age	: 32 Yr(s) Sex :Male
Registration No	: MH011761152	Lab No	: 202403001096
Patient Episode	: H18000001893	Collection Date	: 09 Mar 2024 10:27
Referred By	: HEALTH CHECK MGD	Reporting Date	: 10 Mar 2024 13:45
Receiving Date	: 09 Mar 2024 10:27		

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 ANURAG SHUKLA
Registration No : MH011761152
Patient Episode : H18000001893
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:27

Age : 32 Yr(s) Sex : Male
Lab No : 202403001096
Collection Date : 09 Mar 2024 10:27
Reporting Date : 09 Mar 2024 12:23

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)			
SPECIMEN-EDTA Whole Blood			
RBC COUNT (IMPEDENCE)	4.55	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.5	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.5	%	[40.0-50.0]
MCV (DERIVED)	91.2	fL	[83.0-101.0]
MCH (CALCULATED)	29.7	pg	[25.0-32.0]
MCHC (CALCULATED)	32.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	182	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.3		
WBC COUNT (TC) (IMPEDENCE)	7.05	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	53.0	%	[40.0-80.0]
Lymphocytes	38.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	19.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR ANURAG SHUKLA	Age	: 32 Yr(s) Sex :Male
Registration No	: MH011761152	Lab No	: 202403001096
Patient Episode	: H18000001893	Collection Date	: 09 Mar 2024 10:27
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 14:14
Receiving Date	: 09 Mar 2024 10:27		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.8 #	%	[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)	120	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]	8.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

CHEMICAL EXAMINATION

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



LABORATORY REPORT

Name : MR ANURAG SHUKLA
Registration No : MH011761152
Patient Episode : H18000001893
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:33

Age : 32 Yr(s) Sex :Male
Lab No : 202403001096
Collection Date : 09 Mar 2024 10:33
Reporting Date : 09 Mar 2024 12:28

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	224 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	166 #	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	61	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	33	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	130.0 #	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	3.7		<3 Optimal 3-4 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.1		



LABORATORY REPORT

Name	: MR ANURAG SHUKLA	Age	: 32 Yr(s) Sex :Male
Registration No	: MH011761152	Lab No	: 202403001096
Patient Episode	: H18000001893	Collection Date	: 09 Mar 2024 10:27
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 12:12
Receiving Date	: 09 Mar 2024 10:27		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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 <i>Method: GLDH, Kinatic assay</i>	19.3	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN <i>Method: Calculated</i>	9.0	mg/dl	[8.0-20.0]
CREATININE, SERUM <i>Method: Jaffe rate-IDMS Standardization</i>	0.81	mg/dl	[0.70-1.20]
URIC ACID <i>Method:uricase PAP</i>	7.3	mg/dl	[4.0-8.5]

SODIUM, SERUM	136.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.40	mmol/L	[3.60-5.10]
SERUM CHLORIDE <i>Method: ISE Indirect</i>	100.9 #	mmol/L	[101.0-111.0]

eGFR (calculated) Technical Note	117.6	ml/min/1.73sq.m	[>60.0]
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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 ANURAG SHUKLA
Registration No : MH011761152
Patient Episode : H18000001893
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:27

Age : 32 Yr(s) Sex :Male
Lab No : 202403001096
Collection Date : 09 Mar 2024 10:27
Reporting Date : 09 Mar 2024 12:12

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.57	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.08	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.49	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.73	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.60	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.84		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	30.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	41.10	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	86.0	IU/L	[32.0-91.0]
GGT	27.0	U/L	[7.0-50.0]

**LABORATORY REPORT**

Name : MR ANURAG SHUKLA
Registration No : MH011761152
Patient Episode : H18000001893
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:27

Age : 32 Yr(s) Sex : Male
Lab No : 202403001096
Collection Date : 09 Mar 2024 10:27
Reporting Date : 09 Mar 2024 12:12

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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-----

Page 6 of 7

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR ANURAG SHUKLA
Registration No : MH011761152
Patient Episode : H18000001893
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:27

Age : 32 Yr(s) Sex : Male
Lab No : 202403001097
Collection Date : 09 Mar 2024 10:27
Reporting Date : 09 Mar 2024 12:12

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	95.0	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-----

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



NAME	MR Anurag SHUKLA	STUDY DATE	09/03/2024 10:52AM
AGE / SEX	32 y / M	HOSPITAL NO.	MH011761152
ACCESSION NO.	R7022635	MODALITY	CR
REPORTED ON	09/03/2024 11:19AM	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*****