Mediwheel <wellness@mediwheel.in>
Thu 2/22/2024 12:25 PM

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. SOLANKI DIGAMBER KUMAR
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	:	9920542632
E-mail id	:	DIGAMBER.SOLANKI@bankofbaroda.com
Booking Date	:	22-02-2024
Appointment Date	:	24-02-2024

Member Information		
Booked Member Name	Age	Gender
MR. SOLANKI DIGAMBER KUMAR	44 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

भारत सरकार
GOVERNMENT OF INDIA

दिगम्बर कुमार सोलंकी
Digamber Kumar Solanki
जन्म तिथि/ DOB: 18/06/1979
पुरुष / MALE

2450 9674 5878

-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O: के. पी. एस. सोलंकी,
मकान न. 258, डी. एम. रोड,
आवास विकास कॉलोनी,
बुलंदशहर, बुलंदशहर,
उत्तर प्रदेश - 203001

Address:
S/O: K. P. S. Solanki, House No. 258,
D. M. Road, Avas Vikas Colony,
Bulandshahr, Bulandshahr,
Uttar Pradesh - 203001

2450 9674 5878

-Aam Admi ka Adhikar

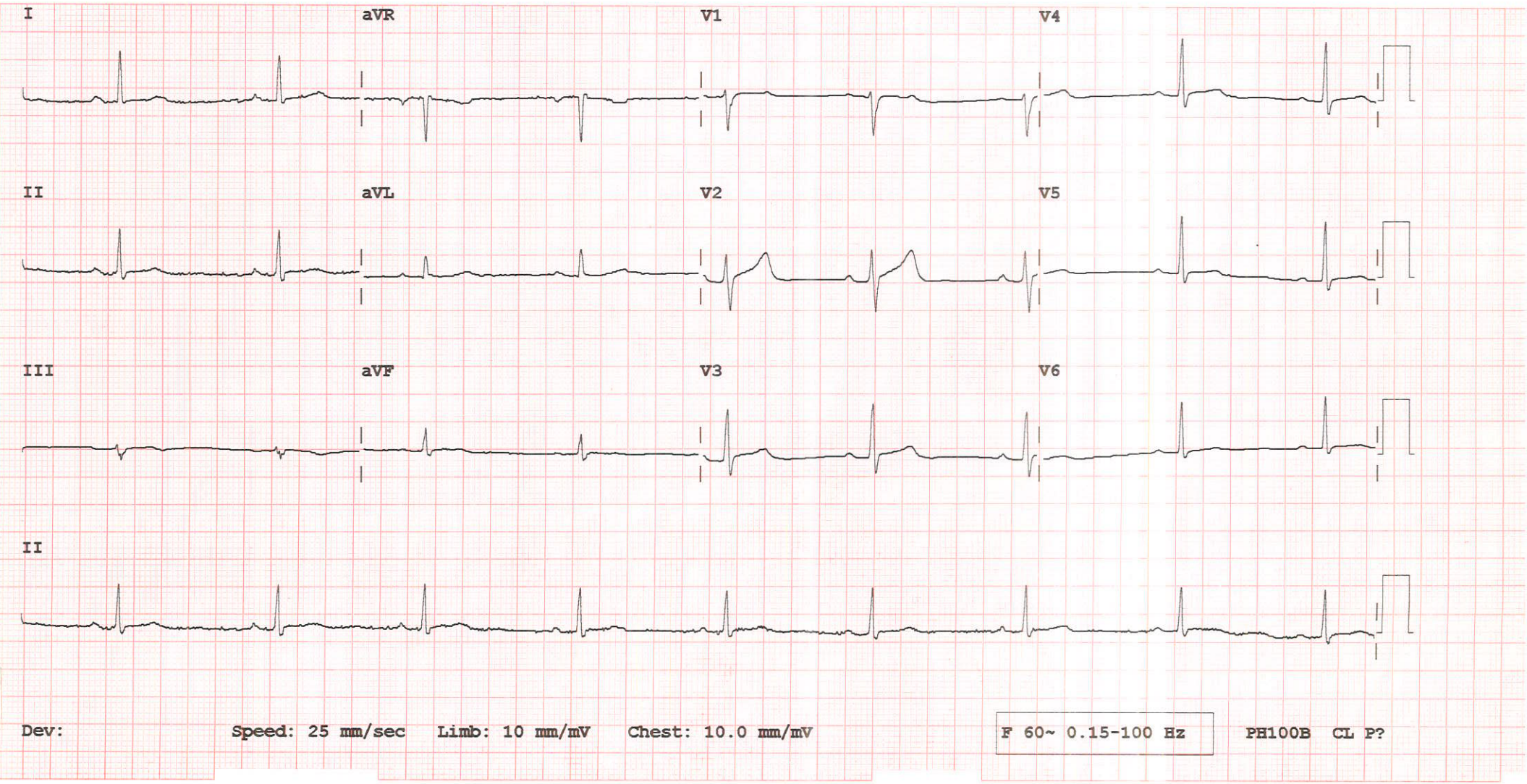
24/02/2024 09:57:12

Manipal Hospitals, Ghaziabad

Digamber kumar Sulanki

- NORMAL 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?

manipal hospitals

LIFE'S ON

TMT INVESTIGATION REPORT

Patient Name	MR DIGAMBER KUMAR SOLANKI	Location	: Ghaziabad
Age/Sex	: 44Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011725749	Order Date	: 24/02/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 24/02/2024

Protocol : Bruce
Duration of exercise : 10min 20sec
Reason for termination : THR achieved
Blood Pressure (mmHg) : Baseline BP : 140/90mmHg
Peak BP : 160/90mmHg

MPHR : 176BPM
85% of MPHR : 149BPM
Peak HR Achieved : 167BPM
% Target HR : 94%
METS : 12.3METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	56	140/90	Nil	No ST changes seen	Nil
STAGE 1	3:00	96	140/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	111	150/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	142	160/90	Nil	No ST changes seen	Nil
STAGE 4	1:20	167	160/90	Nil	No ST changes seen	Nil
RECOVERY	4:15	93	146/88	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

Manipal Health Enterprises Private Limited
CIN: U85110KA2003PTC033055
Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017
P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com

manipal hospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

RADIOLOGY REPORT

NAME	MR Digamber Kumar SOLANKI	STUDY DATE	24/02/2024 11:22AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH011725749
ACCESSION NO.	R6938869	MODALITY	US
REPORTED ON	24/02/2024 12:11PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: appears normal in size (measures 138 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 82 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 8 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: Both kidneys are normal in size and shape but show raised renal cortical echotexture. Cortico-medullary differentiation is however maintained. Rest normal.
Right Kidney: measures 92 x 53 mm with parenchymal thickness 13.9 mm.
Left Kidney: measures 93 x 49 mm with parenchymal thickness 12.1 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 28 x 23 x 22 mm with volume 7 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.
-Bilateral raised renal cortical echotexture (ADV:RFT correlation)

Recommend clinical correlation.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

manipalhospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

RADIOLOGY REPORT

NAME	MR Digamber Kumar SOLANKI	STUDY DATE	24/02/2024 9:47AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH011725749
ACCESSION NO.	R6938868	MODALITY	CR
REPORTED ON	24/02/2024 10:37AM	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******

manipal hospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

LABORATORY REPORT

Name	:	MR DIGAMBER SOLANKI	**Age**	:	44 Yr(s) Sex :Male
Registration No	:	MH011725749	**Lab No**	:	202402004060
Patient Episode	:	H18000001830	**Collection Date :**		24 Feb 2024 09:38
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		25 Feb 2024 13:11
Receiving Date	:	24 Feb 2024 09:38			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			**Specimen Type : Serum**
T3 - Triiodothyronine (ELFA)	1.150	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.340	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.900	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.

manipalhospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

LABORATORY REPORT

Name	:	MR DIGAMBER SOLANKI	**Age**	:	44 Yr(s) Sex :Male
Registration No	:	MH011725749	**Lab No**	:	202402004060
Patient Episode	:	H18000001830	**Collection Date**	:	24 Feb 2024 09:38
Referred By	:	HEALTH CHECK MGD	**Reporting Date**	:	25 Feb 2024 13:10
Receiving Date	:	24 Feb 2024 09:38			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

PROSTATE SPECIFIC ANTIGEN(PSA-Total):	0.620	ng/mL	[<2.500]

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

manipal hospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

LABORATORY REPORT

Name	:	MR DIGAMBER SOLANKI	**Age**	:	44 Yr(s) Sex :Male
Registration No	:	MH011725749	**Lab No**	:	202402004060
Patient Episode	:	H18000001830	**Collection Date :**		24 Feb 2024 09:38
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		25 Feb 2024 13:06
Receiving Date	:	24 Feb 2024 09:38			

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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.

NOTE:
- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist

manipal hospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

LABORATORY REPORT

Name	: MR DIGAMBER SOLANKI	**Age** :	44 Yr(s) Sex :Male
Registration No	: MH011725749	**Lab No** :	202402004060
Patient Episode	: H18000001830	**Collection Date :**	24 Feb 2024 09:38
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 12:44
Receiving Date	: 24 Feb 2024 09:38		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		**SPECIMEN-EDTA Whole Blood**	
RBC COUNT (IMPEDENCE)	5.31	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.6	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	47.6	%	[40.0-50.0]
MCV (DERIVED)	89.6	fL	[83.0-101.0]
MCH (CALCULATED)	29.4	pg	[25.0-32.0]
MCHC(CALCULATED)	32.8	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	**14.7 #**	**%**	**[11.6-14.0]**
Platelet count	176	x 10^3 cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	13.5		
WBC COUNT(TC)(IMPEDENCE)	6.01	x 10^3 cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	51.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[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	10.0	mm/1sthour	[0.0-

manipalhospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

LABORATORY REPORT

Name	: MR DIGAMBER SOLANKI	**Age** :	44 Yr(s) Sex :Male
Registration No	: MH011725749	**Lab No** :	202402004060
Patient Episode	: H18000001830	**Collection Date :**	24 Feb 2024 15:49
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	25 Feb 2024 13:39
Receiving Date	: 24 Feb 2024 15:49		

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	2-3/hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

manipalhospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

LABORATORY REPORT

Name	: MR DIGAMBER SOLANKI		
Registration No	: MH011725749	**Age**	: 44 Yr(s) Sex :Male
Patient Episode	: H18000001830	**Lab No**	: 202402004060
Referred By	: HEALTH CHECK MGD	**Collection Date :**	24 Feb 2024 09:38
Receiving Date	: 24 Feb 2024 09:38	**Reporting Date :**	25 Feb 2024 13:29

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	182	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	110	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	58.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	22	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	102.0	mg/dl	[<120.0]
Above optimal-100-129			Near/
			Borderline High:130-159
			High Risk:160-189

manipalhospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

LABORATORY REPORT

Name	: MR DIGAMBER SOLANKI	**Age**	: 44 Yr(s) Sex :Male
Registration No	: MH011725749	**Lab No**	: 202402004060
Patient Episode	: H18000001830	**Collection Date**	: 24 Feb 2024 09:38
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 24 Feb 2024 12:16
Receiving Date	: 24 Feb 2024 09:38		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.8		<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 *Method: GLDH, Kinatic assay*	18.8	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN *Method: Calculated*	8.8	mg/dl	[8.0-20.0]
CREATININE, SERUM *Method: Jaffe rate-IDMS Standardization*	0.83	mg/dl	[0.70-1.20]
URIC ACID *Method:uricase PAP*	5.8	mg/dl	[4.0-8.5]
SODIUM, SERUM	139.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.96	mmol/L	[3.60-5.10]
SERUM CHLORIDE *Method: ISE Indirect*	107.3	mmol/L	[101.0-111.0]

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

LABORATORY REPORT

Name	: MR DIGAMBER SOLANKI	**Age**	: 44 Yr(s) Sex :Male
Registration No	: MH011725749	**Lab No**	: 202402004060
Patient Episode	: H18000001830	**Collection Date :**	24 Feb 2024 09:38
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 12:16
Receiving Date	: 24 Feb 2024 09:38		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	107.0	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*	0.59	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT *Method: DPD*	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) *Method: Calculation*	0.48	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) *Method: BIURET*	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) *Method: BCG*	4.63	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*	1.87		[1.00-2.50]
AST(SGOT) (SERUM) *Method: IFCC W/O P5P*	26.00	U/L	[0.00-40.00]

manipal hospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

LABORATORY REPORT

Name	: MR DIGAMBER SOLANKI	**Age**	: 44 Yr(s) Sex :Male
Registration No	: MH011725749	**Lab No**	: 202402004060
Patient Episode	: H18000001830	**Collection Date :**	24 Feb 2024 09:38
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 12:16
Receiving Date	: 24 Feb 2024 09:38		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) *Method: IFCC W/O P5P*	41.20	U/L	[17.00-63.00]
Serum Alkaline Phosphatase *Method: AMP BUFFER IFCC)*	63.0	IU/L	[32.0-91.0]
GGT	32.0	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

manipal hospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

LABORATORY REPORT

Name	: MR DIGAMBER SOLANKI	**Age** :	44 Yr(s) Sex :Male
Registration No	: MH011725749	**Lab No** :	202402004061
Patient Episode	: H18000001830	**Collection Date :**	24 Feb 2024 09:38
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 12:17
Receiving Date	: 24 Feb 2024 09:38		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	99.0	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

manipal hospitals
LIFE'S ON

NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

LABORATORY REPORT

Name	: MR DIGAMBER SOLANKI	**Age**	: 44 Yr(s) Sex :Male
Registration No	: MH011725749	**Lab No**	: 202402004062
Patient Episode	: H18000001830	**Collection Date :**	24 Feb 2024 15:48
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	25 Feb 2024 13:19
Receiving Date	: 24 Feb 2024 15:48		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	101.0	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