

Health Check up Booking Confirmed Request(22S38674),Package Code-, Beneficiary Code-250797

From Mediwheel <wellness@mediwheel.in>

Date Thu 11/14/2024 1:44 PM

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

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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

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

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

Contact Details : 7417318132

Appointment Date : 15-11-2024

Confirmation Status : Booking Confirmed

Preferred Time : 08:30 AM - 09:00 AM

Member Information		
Booked Member Name	Age	Gender
Saransh Agarwal	34 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

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भारत सरकार
Government of India



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7878 8227
Suresh Agarwal
मेल ID/DOB: (7-11-2019)
SEX: MALE

UID: 8199 7368 7192 6746

7878 8227 4802

UID: 8199 7368 7192 6746

मेरा आभार, मेरी पहचान

Suresh

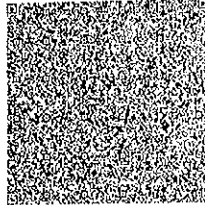


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
श्री: नवनील कुमार अग्रवाल, ए-810, गौर हाइट्स,
सेक्टर-4 वैशाली, आई.ई.साहिबाबाद, गाजियाबाद,
उत्तर प्रदेश - 201010

Address:
C/O: Navneet Kumar Agarwal, A-810, Gaur
Heights, Sector-4 Vaishali, I.E.Sahibabad,
Ghaziabad,
Uttar Pradesh - 201010



7878 8227 4802

VID : 9154 7368 7192 6746



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help@uidai.gov.in

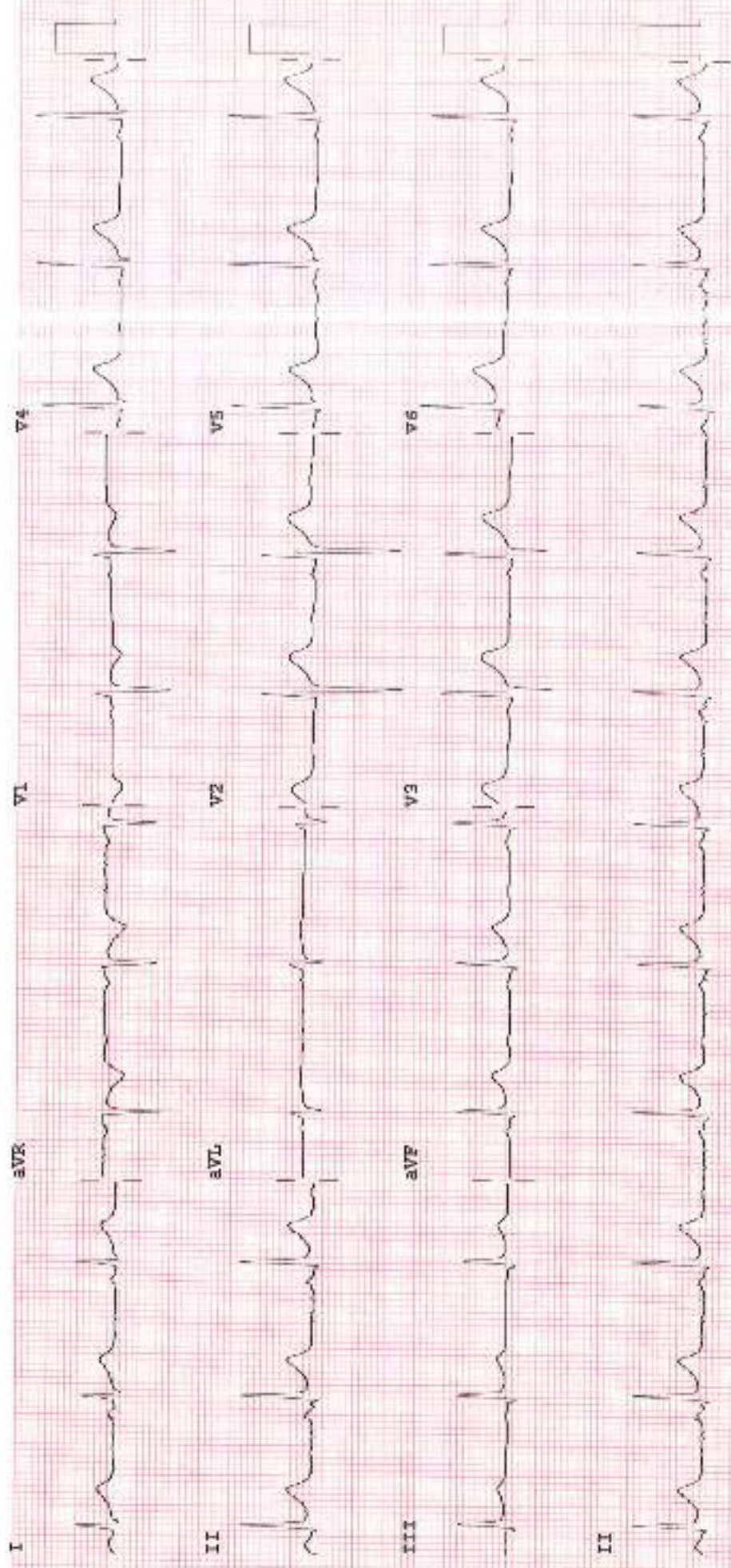


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MIC

Unconfirmed Diagnosis

- ABNORMAL ECG -



Dev: Speed: 25 mm/sec Limb: 10 mm/mv Chest: 10.0 mm/mv

F 50~ 0.15-100 Hz

PH1009 CL P7



TMT INVESTIGATION REPORT

Patient Name	MR SRANSH AGARWAL	Location	: Ghaziabad
Age/Sex	: 34 Year(s)/male	Visit No	: V0003000031-GHZN
MKN No	NH010741264	Order Date	: 15/11/2024
Ref. Doctor	: H/C	Report Date	: 15/11/2024

Protocol	: Bruce	MPHR	: 186BPM
Duration of exercise	: 9min 05sec	85% of MPHR	: 158BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 182BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg Peak BP : 140/80mmHg	% Target HR	: 97%
		METS	: 10.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	71	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	128	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	153	140/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	182	140/90	Nil	No ST changes seen	Nil
STAGE 4	0:05	181	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:41	102	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

Dr. Sudhanshu Mishra
Cardiology Registrar

Dr. Geetesh Govil
MD, D. Card, PGDCC, MAAC, M. Med, MIMA, FAGE
Sr. Consultant Cardiology

Manipal Hospital, Ghaziabad

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P: +91 80 4936 0300 Einfo@manipalhospitals.com www.manipalhospitals.com



LABORATORY REPORT

Name : MR SARANSH AGARWAL
Registration No : MH010741264
Patient Episode : H18000003226
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 08:51

Age : 34 Yr(s) Sex : Male
Lab No : 202411002840
Collection Date : 15 Nov 2024 08:51
Reporting Date : 15 Nov 2024 13:14

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.310	ng/ml	[0.610-2.630]
T4 - Thyroxine (ELFA)	7.540	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.620	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.

NOTE:

↓ - Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR SARANSH AGARWAL
Registration No : MH010741264
Patient Episode : H18000003226
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 08:51

Age : 34 Yr(s) Sex : Male
Lab No : 202411002840
Collection Date : 15 Nov 2024 08:51
Reporting Date : 15 Nov 2024 13:45

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:

A&O grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 1 of 1

NOTE:

+ - Abnormal Values

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

Dr. Churu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR SARANSH AGARWAL	Age	: 34 Yr(s) Sex :Male
Registration No	: MH010741264	Lab No	: 202411002840
Patient Episode	: H18000003226	Collection Date	: 15 Nov 2024 08:51
Referred By	: HEALTH CHECK MGD	Reporting Date	: 15 Nov 2024 13:17
Receiving Date	: 15 Nov 2024 08:51		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.57 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	16.1	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	47.8	%	[40.0-50.0]
MCV (DERIVED)	86.0	fl.	[83.0-101.0]
MCH (CALCULATED)	28.9	pg	[25.0-32.0]
MCHC (CALCULATED)	33.6	g/dl	[31.5-34.5]
RW CV% (DERIVED)	12.9	%	[11.6-14.0]
Platelet count	183	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.40	fl.	
WBC COUNT (TC) (IMPEDENCE)	5.26	x 10 ⁶ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	52.0	%	[40.0-80.0]
Lymphocytes	39.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-5.0]
Basophils	0.0	%	[0.0-2.0]
ESR	9.0	mm/1athour	[0.0-10.0]



LABORATORY REPORT

Name : MR SARANSH AGARWAL
Registration No : MH010741264
Patient Episode : H18000303226
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 08:51

Age : 34 Yr(s) Sex : Male
Lab No : 202411002840
Collection Date : 15 Nov 2024 08:51
Reporting Date : 15 Nov 2024 14:47

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.6	%	[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)	114	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)	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)



LABORATORY REPORT

Name	: MR SARANSH AGARWAL	Age	: 34 Yr(s) Sex : Male
Registration No	: MH010741264	Lab No	: 202411002840
Patient Episode	: H18000003226	Collection Date	: 15 Nov 2024 08:59
Referred By	: HEALTH CHECK MGD	Reporting Date	: 15 Nov 2024 13:51
Receiving Date	: 15 Nov 2024 08:59		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION(Automated/Manual)

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

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	223 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	96	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	48	mg/dl	[35-65]
Method : Enzymatic (Immuno-inhibition)			
VLDL- CHOLESTEROL (Calculated)	19	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	156.0 #	mg/dl	[<120,0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<1.0 Optimal 4.0-5.0 Borderline >6 High Risk
I.Chol/HDL.Chol ratio(Calculated)	4.6		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.3		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name : MR SARANSH AGARWAL
Registration No : MH010741264
Patient Episode : H18000303226
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 08:51

Age : 34 Yr(s) Sex : Male
Lab No : 202411002840
Collection Date : 15 Nov 2024 08:51
Reporting Date : 15 Nov 2024 10:16

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 Method: GDH, Kinetic assay	15.6	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	7.3 #	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.73	mg/dl	[0.70-1.20]
URIC ACID Method: uricase PAP	9.4	mg/dl	[4.0-8.5]

SODIUM, SERUM	136.30	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.62	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	103.4	mmol/L	[101.0-111.0]

eGFR (calculated)	121.0	ml/min/1.73sq.m	[>60.0]
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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 SARANSH AGARWAL
Registration No : MH010741264
Patient Episode : H18600003226
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 08:51

Age : 34 Yr(a) Sex : Male
Lab No : 202411002840
Collection Date : 15 Nov 2024 08:51
Reporting Date : 15 Nov 2024 10:16

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.29 #	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.25	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	1.04 #	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: HCG	4.42	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.65		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O PSP	24.08	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O PSP	27.80	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC	79.0	IU/L	[32.0-91.0]
GGT	38.8	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MR SARANSH AGARWAL
Registration No : MH010741264
Patient Episode : H18000003226
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 08:51

Age : 34 Yrs Sex : Male
Lab No : 202411002840
Collection Date : 15 Nov 2024 08:51
Reporting Date : 15 Nov 2024 10:16

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.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR SARANSH AGARWAL	Age	: 34 Yr(s) Sex :Male
Registration No	: MH010741264	Lab No	: 202411002841
Patient Episode	: H18000003226	Collection Date	: 15 Nov 2024 08:51
Referred By	: HEALTH CHECK MGD	Reporting Date	: 15 Nov 2024 10:16
Receiving Date	: 15 Nov 2024 08:51		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	98.2	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, tolbutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal
Consultant Pathologist

**LABORATORY REPORT**

Name : MR SARANSH AGARWAL
 Registration No : MH010741264
 Patient Episode : H18000003226
 Referred By : HEALTH CHECK MGD
 Receiving Date : 15 Nov 2024 12:59

Age : 34 Yr(s) Sex : Male
 Lab No : 202411002842
 Collection Date : 15 Nov 2024 12:59
 Reporting Date : 16 Nov 2024 12:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	91.3	mg/dL	[80.0-140.0]

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

Page 1 of 1

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

Dr. Alka Dixit Vats
 Consultant Pathologist



NAME	Saransh AGARWAL	STUDY DATE	15/11/2024 9:38AM
AGE / SEX	34 y / M	HOSPITAL NO.	MH010741264
ACCESSION NO.	R8587242	MODALITY	US
REPORTED ON	15/11/2024 10:08AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears enlarged in size (measures 161 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 104 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.4 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.5 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 106 x 56 mm.

Left Kidney: measures 99 x 50 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 29 x 27 x 25 mm with volume 11 cc. Rest normal.

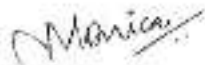
SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Hepatomegaly with diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



Dr. Monica Shekhawat

MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)

CONSULTANT RADIOLOGIST

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



NAME	Saransh AGARWAL	STUDY DATE	15/11/2024 9:09AM
AGE / SEX	34 y / M	HOSPITAL NO.	MH010741264
ACCESSION NO.	R8587241	MODALITY	CR
REPORTED ON	15/11/2024 9:24AM	REFERRED BY	HEALTH CHECK MGD

X-RAY CHEST – PA VIEW**FINDINGS:**

Lung fields appear normal on both sides.
Cardia appears normal.
Both costophrenic angles appear normal.
Both domes of the diaphragm appear normal.
Bony cage appear normal.

IMPRESSION:

No significant abnormality noted.
Needs correlation with clinical findings and other investigations.

Dr. Sapna Sharma
MBBS,DNB, Reg No 8191
CONSULTANT RADIOLOGIST

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