Mediwheel <wellness@mediwheel.in>

Tue 1/23/2024 12:24 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?

Name

: MS, KUSHWAHA SHWETA

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

: 9099650281

E-mail id

: SHWETA.KUSHWAHA2@bankofbaroda.com

Booking Date

: 23-01-2024

Appointment Date

: 27-01-2024

Member Info		
Booked Member Name	Age	Gender
Pravin Kumar	33 year	Male

Please login to your account to confirm the same. Also you mail us for confirmation

Hospital Package

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?

- Stool Test
- Thyroid Profile
- **ESR**
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- **Blood Group**
- Blood Glucose (Post Prandial)
- Chest X-ray

21 Tests included in this Package

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

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₡ 2024 - 25, Arcofemi Healthcare Pvt Limited (Mediwheel)



भारतः सरकार Government of India



प्रवीन कुभार Pravin Kumar जन्म तिथि / DOB : 20/08/1991 पुरुष / Male





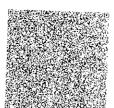
9498 1208 5671

मेरा अवस्त, मेरी पहचान



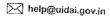
भारतीय विशिष्ट पहचान प्राधिकरण Unique identification Authority of India

पताः भेघ सिंह, फ्लैट न 114, टवर 3, स्क सिंगनात्रे होस्स, राज नगर विस्तार, गाजियाबाद, उत्तर प्रदेश, 201017 Address: Megh Singh, Fiat no 114, Tower 3, MCC Signature Homes, Raj Nagar Extension, Ghaziabad, Uttar Pradesh.



9498 1208 5671







			10.01.10		13/13/20
ıcasian	Vent. rate 86 bpm PR interval 150 ms QRS duration 82 ms QT/QTc 332/397 ms P-R-T axes 61 79 58	Normal sinus rh Normal ECG		rianipal tioppioais, Cilatiana	IIaziawau
Technician: Test ind:		y			
		Referred by:		Unconfirmed	
	avR			V ₄	
-	>				
	aVL	V2		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	>				
	aVF			V ₆	
V	V		\ \	<	







TMT INVESTIGATION REPORT

Patient Name PRAVIN KUMAR

Location

: Ghaziabad

Age/Sex

: 32Year(s)/male

Visit No

: V000000001-GHZB

MRN No

MH010242663

Order Date

: 27/01/2024

Ref. Doctor : HCP

Report Date

: 27/01/2024

Protocol

: Bruce

MPHR

: 188BPM

Duration of exercise

: 7min 47sec

85% of MPHR

: 159BPM

Reason for termination

: THR achieved

Peak HR Achieved

: 170BPM

Blood Pressure (mmHg) : Baseline BP : 126/80mmHg

% Target HR

: 90%

Peak BP

: 140/80mmHg

METS

: 9.7METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	88	126/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	120	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	144	140/80	Nil	No ST changes seen	. Nil
STAGE 3	1:47	170	140/80	Nil	No ST changes seen	Nil
RECOVERY	3:02	103	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

Dr. Sudhanshu Mishra

MD, DNB (CARDIOLOGY), MNAMS MD

Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com



RADIOLOGY REPORT

NAME	. PRAVIN KUMAR	STUDY DATE	27/01/2024 10:15AM
AGE / SEX	32 y / M	HOSPITAL NO.	MH010242663
ACCESSION NO.	R6778987	MODALITY	US
REPORTED ON	27/01/2024 11:15AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: appears enlarged in size (measures 173 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 73 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: Gali 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 43 mm. It shows a concretion measuring 2.5 mm at lower calyx.

Left Kidney: measures 105 x 57 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

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 34 x 28 x 25 mm with volume 13 cc.

Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade I fatty infiltration in liver.

-Right renal concretion.

Maria.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

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RADIOLOGY REPORT

	. PRAVIN KUMAR	STUDY DATE	27/01/2024 10:01AM
NAME		HOSPITAL NO.	MH010242663
AGE / SEX	32 y / M R6778986	MODALITY	CR
ACCESSION NO.	27/01/2024 10:06AM	REFERRED BY	HEALTH CHECK MGD
REPORTED ON	2//01/2024 TO.00AW	IXEI EIXIX	

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 noted.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

Maria.

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

MANIPAL HOSPITALS

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

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LABORATORY REPORT

Name

: PRAVIN KUMAR

Registration No

: MH010242663

Patient Episode

: H18000001717

Referred By

ESR

: HEALTH CHECK MGD

Receiving Date

: 27 Jan 2024 10:06

Age

32 Yr(s) Sex: Male

Dr. Alka Dixit Vats 202401003455 Consultant Pathologist

Collection Date:

27 Jan 2024 10:06

Reporting Date:

27 Jan 2024 15:08

BIOLOGICAL REFERENCE INTERVAL

HAEMATOLOGY

35.0 #

TEST	RESULT	UNIT BIOLOGICA	AL REFERENCE INTERV	VAL
COMPLETE BLOOD COUNT (AUTOMAT	PED)	SPECIMEN-EDTA Whole	Blood	
RBC COUNT (IMPEDENCE)	4.66	millions/cumm	[4.50-5.50]	
HEMOGLOBIN	13.8	g/dl	[13.0-17.0]	
Method:cyanide free SLS-color	rimetry			
HEMATOCRIT (CALCULATED)	42.2	9	[40.0-50.0]	
MCV (DERIVED)	90.6	fL	[83.0-101.0]	
MCH (CALCULATED)	29.6	pg	[25.0-32.0]	
MCHC (CALCULATED)	32.7	g/dl	[31.5-34.5]	
RDW CV% (DERIVED)	12.8	%	[11.6-14.0]	
Platelet count	188	\times 10 3 cells/cumm	[150-410]	
Method: Electrical Impedance				
MPV (DERIVED)	11.8	*		
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT	6.69	\times 10 3 cells/cumm	[4.00-10.00]	
(VCS TECHNOLOGY/MICROSCOPY)	7 WES #		[40.0-80.0]	
Neutrophils	52.0	90	[20.0-40.0]	
Lymphocytes	37.0	96	[2.0-10.0]	
Monocytes	8.0	90	[1.0-6.0]	
Eosinophils	3.0	00	[0.0-2.0]	
Basophils	0.0	8	[0.0-2.0]	
ngp	35.0 #	mm/1sthour		-0.0]

Page1 of 9





LABORATORY REPORT

Name

: PRAVIN KUMAR

Registration No

: MH010242663

Patient Episode

: H18000001717

Referred By

: HEALTH CHECK MGD

Receiving Date

: 27 Jan 2024 10:06

Age

32 Yr(s) Sex: Male

Lab No

202401003455

Collection Date:

27 Jan 2024 10:06

Reporting Date:

27 Jan 2024 18:27

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

Method: HPLC

HbA1c (Glycosylated Hemoglobin)

5.9 #

[0.0-5.6]

As per American Diabetes Association (ADA

HbAlc 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 : HbAlc 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]

5.0

(4.6 - 8.0)

1.025

(1.003 - 1.035)

Specific Gravity

CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE) (NIL)

Glucose Ketone Bodies Urobilinogen

NIL

(NEGATIVE)

Negative

Normal

(NORMAL)

Page 2 of 9







LABORATORY REPORT

Name : PRAVIN KUMAR

Registration No : MH010242663

Patient Episode : H18000001717

Referred By : HEALTH CHECK MGD

Receiving Date : 27 Jan 2024 11:08

Age : 32 Yr(s) Sex :Male

Lab No : 202401003455

Collection Date: 27 Jan 2024 11:08

Reporting Date: 27 Jan 2024 18:45

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells 1-2 /hpf (0-5/hpf)
RBC NIL (0-2/hpf)

Epithelial Cells 0-1 /hpf

CASTS NIL Crystals NIL

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

Colour BROWN
Consistency Semi Solid
Blood Absent
Mucus Absent
Occult Blood NEGATIVE

Microscopic Description

Ova Absent
Cyst Absent
Fat Globules Absent
Pus Cells NIL
RBC NIL

Page 3 of 9





Name

: PRAVIN KUMAR

Registration No

: MH010242663

Patient Episode

: H18000001717

Referred By

: HEALTH CHECK MGD

Receiving Date

: 27 Jan 2024 10:06

Age

32 Yr(s) Sex: Male

Lab No

202401003455

Collection Date:

27 Jan 2024 10:06

Reporting Date:

27 Jan 2024 16:15

BIOCHEMISTRY

UNIT BIOLOGICAL REFERENCE INTERVAL RESULT TEST

Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	166	mg/dl	[<200] Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	61	mg/dl	[<150]
· Y			Borderline high:151-199 High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	46.0	mg/dl	[35.0-65.0]
Method: Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	12	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	108.0	mg/dl	[<120.0] Near/
Above optimal-100-129			(90)
			Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.6		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
× .			
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.3		<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

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LABORATORY REPORT

Name

: PRAVIN KUMAR

Registration No

: MH010242663

Patient Episode

: H18000001717

Referred By

: HEALTH CHECK MGD

Receiving Date

: 27 Jan 2024 10:06

Age

32 Yr(s) Sex: Male

Lab No

202401003455

Collection Date:

27 Jan 2024 10:06

27 Jan 2024 16:15

Reporting Date:

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

KIDNEY PROFILE

Specimen: Serum	10.1		[15.0-40.0]
UREA	19.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay	0 0	/ -1.7	[8.0-20.0]
BUN, BLOOD UREA NITROGEN	8.9	mg/dl	[0.0-20.0]
Method: Calculated	0 74	/-17	[0.70-1.20]
CREATININE, SERUM	0.74	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization	4.9	mg/dl	[4.0-8.5]
URIC ACID	4.9	mg/di	[4.0 0.5]
Method:uricase PAP			
SODIUM, SERUM	137.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.25	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.1	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	122.0	ml/min/1.73sq.m	[>60.0]
m landani Nata			

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.

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LABORATORY REPORT

Name

: PRAVIN KUMAR

Registration No

: MH010242663

Patient Episode

: H18000001717

Referred By

: HEALTH CHECK MGD

Receiving Date

: 27 Jan 2024 10:06

Age

32 Yr(s) Sex :Male

Lab No

202401003455

Collection Date:

27 Jan 2024 10:06

Reporting Date:

27 Jan 2024 16:16

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BIOCHEMISTRY

TEST	RESULT	UNIT BIOLO	OGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.49	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.38	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.12	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.26		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	20.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	40.50	U/L	[17,00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	90.0	IU/L	[32.0-91.0]
GGT	29.0	U/L	[7.0-50.0]







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LABORATORY REPORT

Name

: PRAVIN KUMAR

Registration No

: MH010242663

Patient Episode

: H18000001717

Referred By

: HEALTH CHECK MGD

Receiving Date

: 27 Jan 2024 10:06

Age

32 Yr(s) Sex: Male

Lab No

202401003455

Collection Date:

27 Jan 2024 10:06

Reporting Date:

27 Jan 2024 16:16

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.

Page 7 of 9

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

Dr. Alka Dixit Vats **Consultant Pathologist**







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LABORATORY REPORT

Name

: PRAVIN KUMAR

: MH010242663

Registration No Patient Episode

: H18000001717

Referred By

: HEALTH CHECK MGD

Receiving Date

: 27 Jan 2024 10:05

Age

32 Yr(s) Sex: Male

Lab No

202401003456

Collection Date:

27 Jan 2024 10:05

Reporting Date:

27 Jan 2024 16:15

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

Method: Hexokinase

92.0

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, 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

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

Dr. Alka Dixit Vats **Consultant Pathologist**







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LABORATORY REPORT

Name

: PRAVIN KUMAR

Registration No

: MH010242663

Patient Episode

: H18000001717

Referred By

: HEALTH CHECK MGD

Receiving Date

: 27 Jan 2024 14:11

Age

32 Yr(s) Sex: Male

Lab No

202401003457

Collection Date:

27 Jan 2024 14:11

Reporting Date:

27 Jan 2024 16:24

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

120.0

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

Page 9 of 9

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

Dr. Alka Dixit Vats

Consultant Pathologist





Name : PRAVIN KUMAR

Age: 31 Yr(s) Sex: Male

Registration No

MH010242663

Lab No : 32220809456

Collection Date:

Patient Episode

: R03000042638

. 32220809430

Referred By

: MANIPAL HOSPITALS GHAZIABAD

27 Aug 2022 14:04

Receiving Date

: 27 Aug 2022 14:15

Reporting Date: 27 Aug 2022 16:53

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.450	ng/ml	[0.700-2.040]
T4 - Thyroxine (ECLIA)	9.530	µg/dl	[4.600-12.000]
Thyroid Stimulating Hormone (ECLIA)	2.290	µIU/mL	[0.340-4.250]

Note: TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m. and at a minimum between 6-10 pm. Factors such as change of seasons hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness affect TSH results.

- * References ranges recommended by the American Thyroid Association
- 1) Thyroid. 2011 Oct; 21(10):1081-125.PMID .21787128
- 2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

Page 1 of 1

NOTE:

- Abnormal Values

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

Dr. Neelam Singal

· CONSULTANT BIOCHEMISTRY





Name

PRAVIN KUMAR

Age

31 Yr(s) Sex: Male

Registration No

MH010242663

Lab No

32220809456

Patient Episode

R03000042638

Collection Date: 27 Aug 2022 14:04

Referred By

MANIPAL HOSPITALS GHAZIABAD

Reporting Date:

Receiving Date

27 Aug 2022 14:15

27 Aug 2022 16:53

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Test Name

Result

Unit

Biological Ref. Interval

TOTAL PSA, Serum (ECLIA)

0.651

ng/mL

[<2.000]

Note: PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution: Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating antianimal

antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Page 1 of 1

NOTE:

- Abnormal Values

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

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY





Name

: PRAVIN KUMAR

Registration No

MH010242663.

Patient Episode

: H18000001717

Referred By

: HEALTH CHECK MGD

Receiving Date

: 27 Jan 2024 10:06

Age

32 Yr(s) Sex :Male

Lab No

202401003455

Collection Date:

27 Jan 2024 10:06

Reporting Date:

27 Jan 2024 18:16

BLOOD BANK

TEST

RESULT

----END OF REPORT-

UNIT

BIOLOGICAL REFERENCE INTERVAL

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

Blood Group & Rh typing

A Rh(D) Positive

Technical note:

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

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NOTE:

- Abnormal Values

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