234040

Mediwheel <wellness@mediwheel.in>
Tue 3/26/2024 4:55 PM
To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc:customercare@mediwheel.in <customercare@mediwheel.in>

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
Hospital Address	:	NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Contact Details	:	8802628339
Appointment Date	:	29-03-2024
Confirmation Status	:	Booking Confirmed
Preferred Time	:	8:30am

Member Information		
Booked Member Name	Age	Gender
MR. GHANSHYAM	32 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

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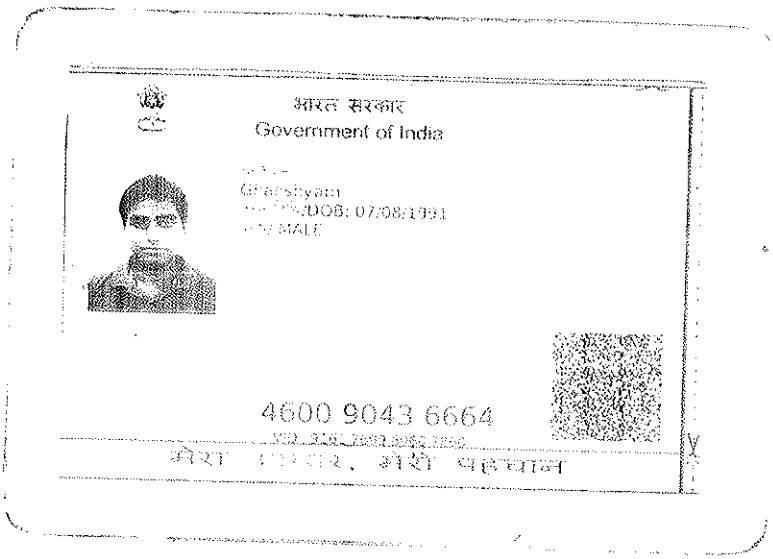
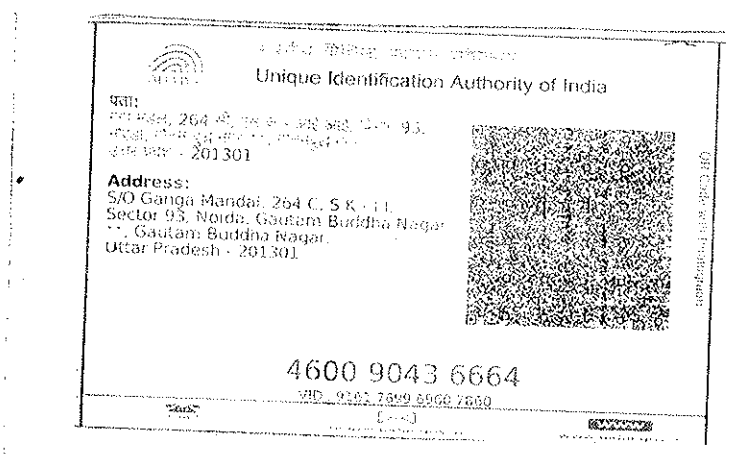


भारत सरकार
Government of India

Ghanshyam
DOB: 07/08/1991
MALE

4600 9043 6664

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:
264, ..., 95,
... - 201301

Address:
S/O Ganga Mandal, 264 C, S K - 11,
Sector 95, Noida, Gautam Buddha Nagar,
..., Gautam Buddha Nagar,
Uttar Pradesh - 201301

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RADIOLOGY REPORT

NAME	MR , GHANSHYAM	STUDY DATE	29/03/2024 1:38PM
AGE / SEX	39 y / M	HOSPITAL NO.	MH011808190
ACCESSION NO.	R7143214	MODALITY	US
REPORTED ON	29/03/2024 2:04PM	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 92 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 10.9 mm.
COMMON BILE DUCT: Appears normal in size and measures 2.7 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 94 x 42 mm.
Left Kidney: measures 108 x 55 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 30 x 23 x 21 mm with volume 7 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II fatty infiltration in liver.

Recommend clinical correlation.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

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RADIOLOGY REPORT

NAME	MR , GHANSHYAM	STUDY DATE	29/03/2024 10:21AM
AGE / SEX	39 y / M	HOSPITAL NO.	MH011808190
ACCESSION NO.	R7143213	MODALITY	CR
REPORTED ON	29/03/2024 10:36AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Bronchovascular markings appear prominent.
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:

Prominent bronchovascular markings in bilateral lung fields.
Recommend clinical correlation.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

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LABORATORY REPORT

Name	: MR GHANSHYAM	**Age**	: 33 Yr(s) Sex :Male
Registration No	: MH011808190	**Lab No**	: 202403004251
Patient Episode	: H18000002008	**Collection Date :**	29 Mar 2024 16:03
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	30 Mar 2024 10:28
Receiving Date	: 29 Mar 2024 16:03		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	233.0 #	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. Alka Dixit Vats
Consultant Pathologist

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LABORATORY REPORT

Name	:	MR GHANSHYAM	**Age**	:	33 Yr(s) Sex :Male
Registration No	:	MH011808190	**Lab No**	:	202403004249
Patient Episode	:	H18000002008	**Collection Date :**		29 Mar 2024 10:10
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		29 Mar 2024 14:05
Receiving Date	:	29 Mar 2024 10:10			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			**Specimen Type : Serum**
T3 - Triiodothyronine (ELFA)	0.910	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.570	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	0.770	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.

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LABORATORY REPORT

Name	:	MR GHANSHYAM	**Age**	:	33 Yr(s) Sex :Male
Registration No	:	MH011808190	**Lab No**	:	202403004249
Patient Episode	:	H18000002008	**Collection Date :**		29 Mar 2024 10:10
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		29 Mar 2024 16:37
Receiving Date	:	29 Mar 2024 10:10			

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood			
Blood Group & Rh typing	AB 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

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LABORATORY REPORT

Name	: MR GHANSHYAM	**Age** :	33 Yr(s) Sex :Male
Registration No	: MH011808190	**Lab No** :	202403004249
Patient Episode	: H18000002008	**Collection Date :**	29 Mar 2024 10:10
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	29 Mar 2024 14:32
Receiving Date	: 29 Mar 2024 10:10		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		**SPECIMEN-EDTA Whole Blood**	
RBC COUNT (IMPEDENCE)	4.87	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.9	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.6	%	[40.0-50.0]
MCV (DERIVED)	95.7	fL	[83.0-101.0]
MCH (CALCULATED)	30.6	pg	[25.0-32.0]
MCHC(CALCULATED)	32.0	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	**14.4 #**	**%**	**[11.6-14.0]**
Platelet count	**120 #**	**x 10^3 cells/cumm**	**[150-410]**
Method: Electrical Impedance			
WBC COUNT(TC)(IMPEDENCE)	7.05	x 10^3 cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	50.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	4.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	**16.0 #**	**mm/1sthour**	[0.0-

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LABORATORY REPORT

Name	: MR GHANSHYAM	**Age** :	33 Yr(s) Sex :Male
Registration No	: MH011808190	**Lab No** :	202403004249
Patient Episode	: H18000002008	**Collection Date :**	29 Mar 2024 11:42
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	29 Mar 2024 14:20
Receiving Date	: 29 Mar 2024 11:42		

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	1.015	(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	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

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LABORATORY REPORT

Name	: MR GHANSHYAM	**Age**	: 33 Yr(s) Sex :Male
Registration No	: MH011808190	**Lab No**	: 202403004249
Patient Episode	: H18000002008	**Collection Date :**	29 Mar 2024 10:10
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	29 Mar 2024 14:04
Receiving Date	: 29 Mar 2024 10:10		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	199	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	129	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	59	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	26	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	114.0	mg/dl	[<120.0] Near/ Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.9		<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	: MR GHANSHYAM	**Age**	: 33 Yr(s) Sex :Male
Registration No	: MH011808190	**Lab No**	: 202403004249
Patient Episode	: H18000002008	**Collection Date :**	29 Mar 2024 10:10
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	29 Mar 2024 14:04
Receiving Date	: 29 Mar 2024 10:10		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA	21.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.9	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.89	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.5	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.22	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.9	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	107.7	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.

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LABORATORY REPORT

Name	: MR GHANSHYAM	**Age**	: 33 Yr(s) Sex :Male
Registration No	: MH011808190	**Lab No**	: 202403004249
Patient Episode	: H18000002008	**Collection Date**	: 29 Mar 2024 10:10
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 29 Mar 2024 14:04
Receiving Date	: 29 Mar 2024 10:10		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL *Method: D P D*	**1.27 #**	**mg/dl**	**[0.30-1.20]**
BILIRUBIN - DIRECT *Method: DPD*	0.19	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) *Method: Calculation*	**1.08 #**	**mg/dl**	**[0.10-0.90]**
TOTAL PROTEINS(SERUM) *Method: BIURET*	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) *Method: BCG*	4.47	g/dl	[3.50-5.20]
GLOBULINS (SERUM) *Method: Calculation*	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO *Method: Calculation*	1.58		[1.00-2.50]
AST(SGOT) (SERUM) *Method: IFCC W/O P5P*	**64.00 #**	**U/L**	**[0.00-40.00]**
ALT(SGPT) (SERUM) *Method: IFCC W/O P5P*	**85.10 #**	**U/L**	**[17.00-63.00]**
Serum Alkaline Phosphatase *Method: AMP BUFFER IFCC)*	79.0	IU/L	[32.0-91.0]
GGT	**75.0 #**	**U/L**	**[7.0-50.0]**

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LABORATORY REPORT

Name	: MR GHANSHYAM	**Age**	: 33 Yr(s) Sex :Male
Registration No	: MH011808190	**Lab No**	: 202403004249
Patient Episode	: H18000002008	**Collection Date :**	29 Mar 2024 10:10
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	29 Mar 2024 14:04
Receiving Date	: 29 Mar 2024 10:10		

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

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LABORATORY REPORT

Name	: MR GHANSHYAM	**Age** :	33 Yr(s) Sex :Male
Registration No	: MH011808190	**Lab No** :	202403004250
Patient Episode	: H18000002008	**Collection Date :**	29 Mar 2024 10:10
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	29 Mar 2024 14:05
Receiving Date	: 29 Mar 2024 10:10		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	101.0	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. Charu Agarwal
Consultant Pathologist

Manipal Hospital Ghaziabad
NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002
0120 3535 353 / +91 88609 45566

URN : MH011808190

HEALTH CHECK RECORD

Hospital No:	MH011808190	Visit No:	H18000002008
Name:	MR GHANSHYAM	Age/Sex:	39 Yrs/Male
Doctor Name:	DR.SHISHIR NARAIN	Specialty:	HC SERVICE MGD
Date:	29/03/2024 10:48AM		

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECK UP
SYSTEMIC/ OPHTHALMIC HISTORY - NIL
NO FAMILY H/O GLAUCOMA

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	18	18
FUNDUS EXAMINATION		
A) VITREOUS		
B) OPTIC DISC	C:D 0.3	C:D 0.3
C) MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

POWER OF GLASS
Right eye: PLANO/ +0.75Dcyl x 90 degree -6/6
Left eye: PLANO/ +0.50Dcyl x 90 degree -6/6

DIAGNOSIS: DRY EYES .

ADVISE / TREATMENT
E/D NST 4 TIMES DAILY BE
REVIEW AFTER 6 MONTHS

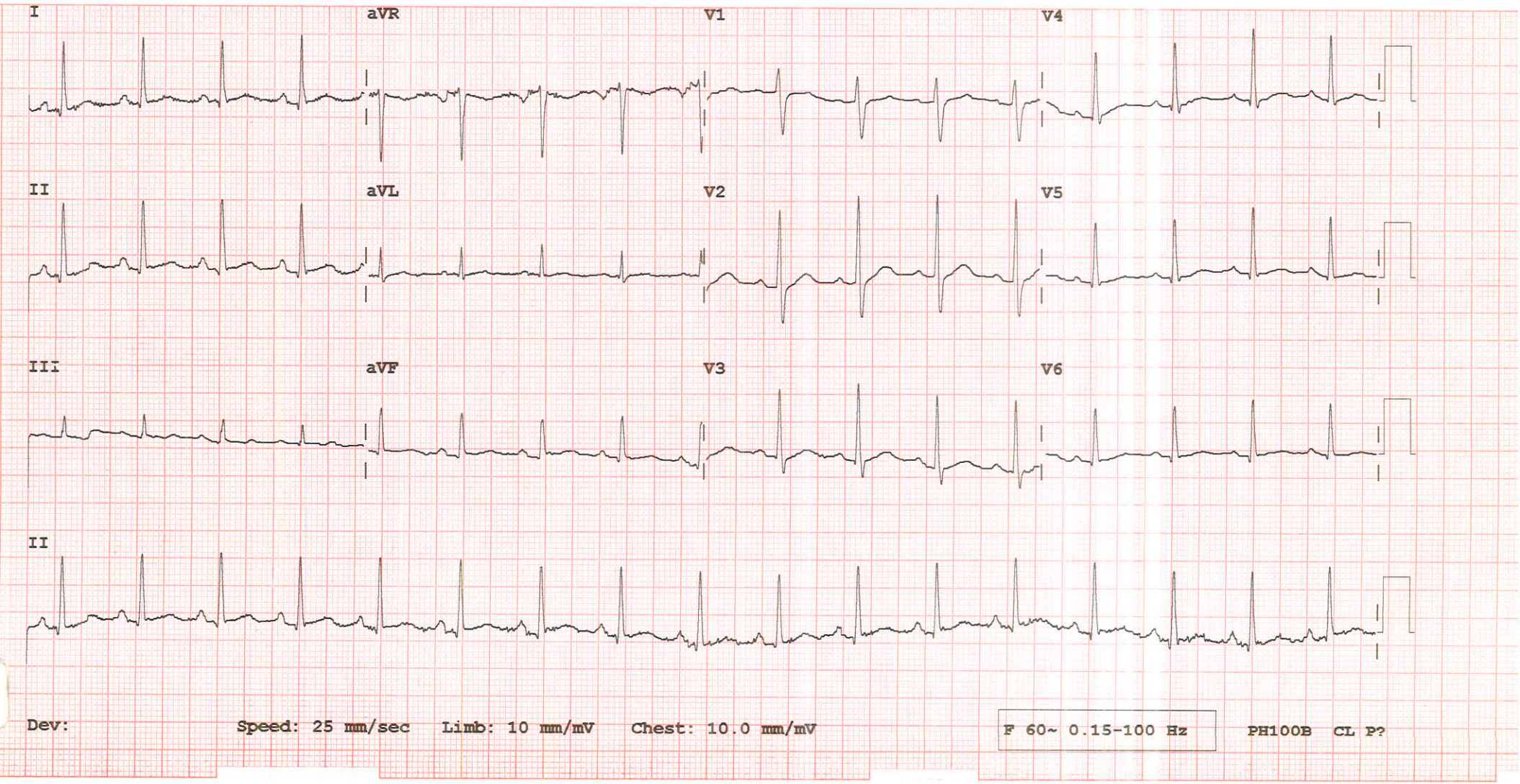
DR.SHISHIR NARAIN
Reg. No.: 9538

11808190 29/03/2024 11:23:46 GHANSHYAM

Manipal Hospitals, Ghaziabad

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



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TMT INVESTIGATION REPORT

Patient Name	MR GHANSHYAM	Location	: Ghaziabad
Age/Sex	: 32Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011808190	Order Date	: 29/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 29/03/2024

Protocol : Bruce
Duration of exercise : 7min 49sec
Reason for termination : THR achieved
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg
Peak BP : 140/90mmHg

MPHR : 188BPM
85% of MPHR : 159BPM
Peak HR Achieved : 161BPM
% Target HR : 85%
METS : 9.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	96	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	132	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	152	140/90	Nil	No ST changes seen	Nil
STAGE 3	1:49	160	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:58	113	120/90	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

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