

011-41195959

Dear Manipal Hospital

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Name : Surya pratap
Contact Details : 9560938008
Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 01-04-2024

Member Information		
Booked Member Name	Age	Gender
MR. PRATAP SURYA	34 year	Male

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

Thanks,
Mediwheel Team

Please Download Mediwheel App





Government of India

31122014

Issue Date: 31/12/2014



सूर्य प्रताप
Surya Pratap
जन्म तिथि / DOB : 04/12/1989
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

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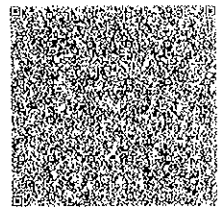
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Print Date: 28/08/2023

पता: C/O सुनीता देवी, 1195, आजाद नगर,
शेरनाथ मंदिर के पीछे, कासगंज, कासगंज, उत्तर
प्रदेश, 207123
Address: C/O Suneeta Devi, 1195, azad
nagar, shernath mandir ke piche, Kasganj,
Kasganj, Uttar Pradesh, 207123



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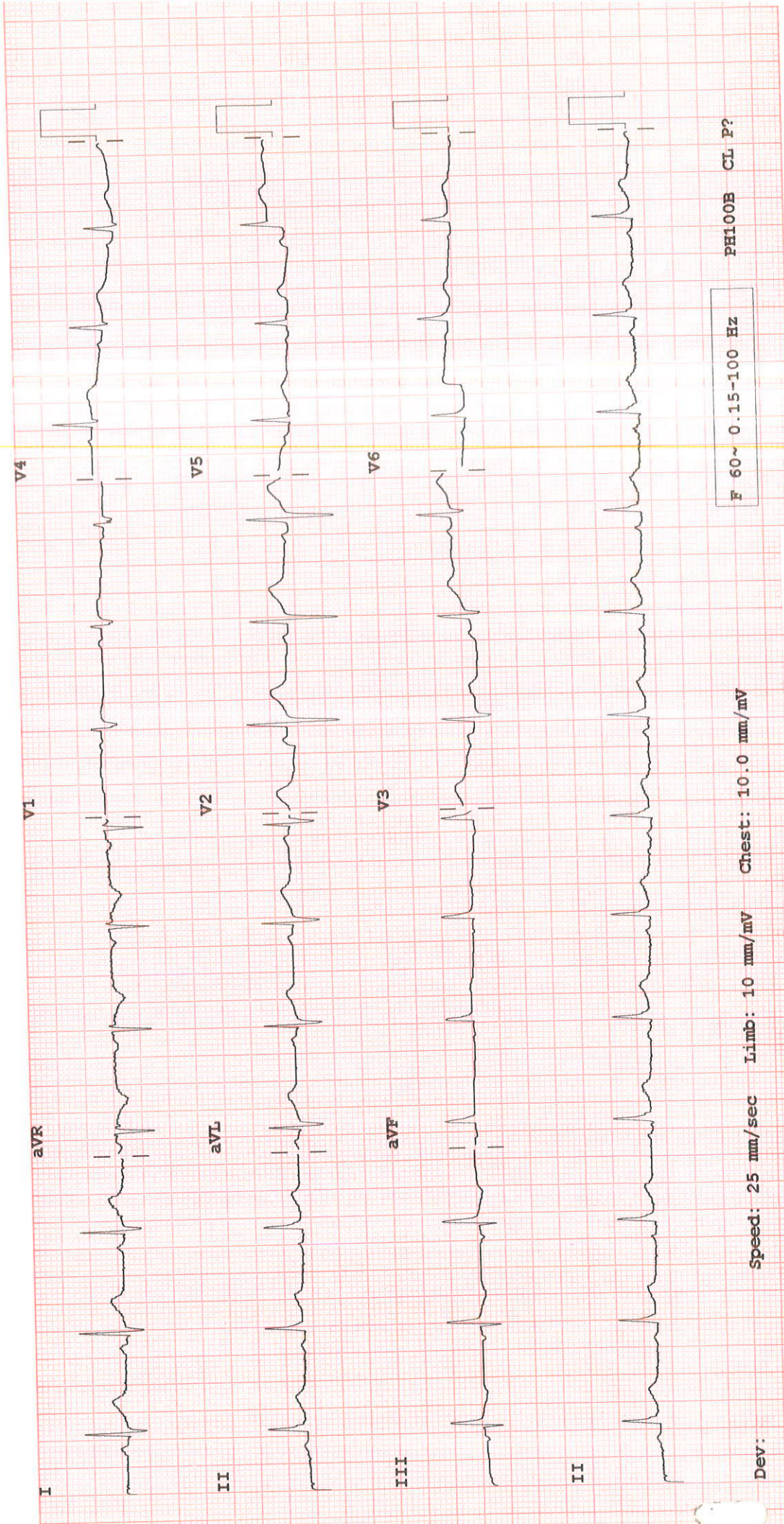
help@uidai.gov.in



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- NORMAL ECG -

Unconfirmed Diagnosis





Patient Name	MR SURYA PRATAP	Location	: Ghaziabad
Age/Sex	: 35Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH013258039	Order Date	: 01/04/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 01/04/2024

Protocol	: Bruce	MPHR	: 185BPM
Duration of exercise	: 6min 32sec	85% of MPHR	: 157BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 162BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg Peak BP : 150/90mmHg	% Target HR	: 87%
		METS	: 7.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	103	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	130	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	153	150/90	Nil	No ST changes seen	Nil
STAGE 3	0:32	162	150/90	Nil	No ST changes seen	Nil
RECOVERY	3:13	110	140/90	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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**RADIOLOGY REPORT**

NAME	MR , SURYA PRATAP	STUDY DATE	01/04/2024 4:35PM
AGE / SEX	34 y / M	HOSPITAL NO.	MH013258039
ACCESSION NO.	R7158653	MODALITY	US
REPORTED ON	01/04/2024 5:14PM	REFERRED BY	HEALTH CHECK MGD

US- ABDOMEN AND PELVIS - MALE**FINDINGS**

LIVER: is enlarged in size and shows diffuse increase in liver echotexture ~ grade II fatty infiltration. Rest normal.

SPLEEN: Normal.

PORTAL VENOUS SYSTEM: Normal.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM AND GALL BLADDER: Normal.

PANCREAS: Normal.

KIDNEYS: Normal.

PELVI-CALYCEAL SYSTEMS: Normal.

BLADDER: Normal.

NODES: not enlarged

FLUID: nil

PROSTATE: Normal.

SEMINAL VESICLES: Normal.

BOWEL: Unremarkable

A small anterior abdominal wall umbilical hernia noted due to defect of ~ 1 cm

IMPRESSION: USG study of abdomen and pelvis findings reveal:-

Hepatomegaly with diffuse grade II fatty infiltration in liver.

A small anterior abdominal wall umbilical hernia noted

Recommend clinical correlation and follow up.



Dr. Jai Hari Agarwal MD
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MR , SURYA PRATAP	STUDY DATE	01/04/2024 10:55AM
AGE / SEX	34 y / M	HOSPITAL NO.	MH013258039
ACCESSION NO.	R7158652	MODALITY	CR
REPORTED ON	01/04/2024 9:10PM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Small radioopacity is seen in left upper zone likely a small fibrotic nodule

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:

Small radioopacity is seen in left upper zone likely a small fibrotic nodule

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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



LABORATORY REPORT

Name : MR SURYA PRATAP
Registration No : MH013258039
Patient Episode : H18000002038
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 14:57

Age : 34 Yr(s) Sex :Male
Lab No : 202404000069
Collection Date : 01 Apr 2024 14:57
Reporting Date : 02 Apr 2024 08:52

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	157.0 #	mg/dl	[80.0-140.0]
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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



LABORATORY REPORT

Name	: MR SURYA PRATAP	Age	: 34 Yr(s) Sex :Male
Registration No	: MH013258039	Lab No	: 202404000067
Patient Episode	: H18000002038	Collection Date	: 01 Apr 2024 10:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 01 Apr 2024 12:48
Receiving Date	: 01 Apr 2024 10:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.410	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.540	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.520	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 SURYA PRATAP
Registration No : MH013258039
Patient Episode : H18000002038
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 10:32

Age : 34 Yr(s) Sex :Male
Lab No : 202404000067
Collection Date : 01 Apr 2024 10:32
Reporting Date : 01 Apr 2024 12:22

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.27	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.5	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	45.0	%	[40.0-50.0]
MCV (DERIVED)	85.4	fL	[83.0-101.0]
MCH (CALCULATED)	27.5	pg	[25.0-32.0]
MCHC (CALCULATED)	32.2	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	247	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.20	fL	
WBC COUNT (TC) (IMPEDENCE)	8.17	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	57.0	%	[40.0-80.0]
Lymphocytes	32.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	5.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	26.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR SURYA PRATAP	Age	: 34 Yr(s) Sex :Male
Registration No	: MH013258039	Lab No	: 202404000067
Patient Episode	: H18000002038	Collection Date	: 01 Apr 2024 10:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 01 Apr 2024 18:08
Receiving Date	: 01 Apr 2024 10:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	6.5 #	%	[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)	140	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]	5.0	(4.6-8.0)
Specific Gravity	1.025	(1.003-1.035)

CHEMICAL EXAMINATION

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



LABORATORY REPORT

Name	: MR SURYA PRATAP	Age	: 34 Yr(s) Sex :Male
Registration No	: MH013258039	Lab No	: 202404000067
Patient Episode	: H18000002038	Collection Date	: 01 Apr 2024 14:57
Referred By	: HEALTH CHECK MGD	Reporting Date	: 01 Apr 2024 17:00
Receiving Date	: 01 Apr 2024 14:57		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

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

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	198	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	166 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500 [35-65]
HDL- CHOLESTEROL	44	mg/dl	[0-35]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	33	mg/dl	[<120.0]
CHOLESTEROL, LDL, CALCULATED	121.0 #	mg/dl	Near/ Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	4.5		<3 Optimal 3-4 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.8		



LABORATORY REPORT

Name : MR SURYA PRATAP
Registration No : MH013258039
Patient Episode : H1800002038
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 10:32

Age : 34 Yr(s) Sex : Male
Lab No : 202404000067
Collection Date : 01 Apr 2024 10:32
Reporting Date : 01 Apr 2024 12:47

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 these 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	23.4	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	10.9	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.81	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.9	mg/dl	[4.0-8.5]
Method: uricase PAP			

SODIUM, SERUM	133.80 #	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.71	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.4	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	116.0	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 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 SURYA PRATAP
Registration No : MH013258039
Patient Episode : H18000002038
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 10:32

Age : 34 Yr(s) Sex :Male
Lab No : 202404000067
Collection Date : 01 Apr 2024 10:32
Reporting Date : 01 Apr 2024 12:48

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>	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.47	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.43	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.60		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	79.00 #	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	97.30 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	126.0 #	IU/L	[32.0-91.0]
GGT	51.0 #	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MR SURYA PRATAP
Registration No : MH013258039
Patient Episode : H18000002038
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 10:32

Age : 34 Yr(s) Sex : Male
Lab No : 202404000067
Collection Date : 01 Apr 2024 10:32
Reporting Date : 01 Apr 2024 12:48

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.

Page 6 of 7

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR SURYA PRATAP	Age	: 34 Yr(s) Sex :Male
Registration No	: MH013258039	Lab No	: 202404000068
Patient Episode	: H18000002038	Collection Date	: 01 Apr 2024 10:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 01 Apr 2024 11:56
Receiving Date	: 01 Apr 2024 10:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	108.0	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-----

Dr. Charu Agarwal
Consultant Pathologist