Mediwheel <wellness@mediwheel.in>

Thu 4/4/2024 12:45 PM

To:PHC [MH-Ghaziabad] < phc.ghaziabad@manipalhospitals.com> Cc:customercare@mediwheel.in < customercare@mediwheel.in >



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

NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf Links

Address Aparment

Contact Details: 9910759174

Appointment

Date

: 08-04-2024

Confirmation

Status

: Booking Confirmed

Preferred Time : 8:30am

Member Information						
Booked Member Name Age Gender						
Tushar kant	37 year	Male				

We request you to facilitate the employee on priority.

Thanks, Mediwheel Team Please Download Mediwheel App





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for nowled nos

Government of India

Tushar Kant जन्म तिथि / DOB : 20/04/1986

पुरुष / Male



2350 8974 7003

आधार - आम आदमी का अधिकार

working use

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

The south S/O: अरुण मिश्रा, सी-1/38, बी/एच पार्क प्लाज़ा होटेल, सेक्टर 55, नॉएडा, नोएडा, गौतमबुद्ध नगर, उत्तर Noida, Noida, Gautam Buddha प्रदेश, 201301

Address:

S/O: Arun Mishra, C-1/38, B/H Park Plaza Hotel, Sector 55, Nagar, Uttar Pradesh, 201301

2350 8974 7003



1947 1800 300 1947



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Toska / Lant.





ar Lariuciait Gollinks, Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

Name

MR TUSHAR KANT

Age

37 Yr(s) Sex :Male

Registration No

MH010871928

Lab No

202404001172

Patient Episode

Referred By

H18000002075

Collection Date:

08 Apr 2024 10:48

HEALTH CHECK MGD

Reporting Date:

08 Apr 2024 15:53

Receiving Date

08 Apr 2024 10:48

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ELFA)

1.200 ng/ml [0.610 - 1.630]

T4 - Thyroxine (ELFA)

7.080 ug/dl [4.680 - 9.360]

Thyroid Stimulating Hormone

5.080 # 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.

Page 1 of 2





Name

: MR TUSHAR KANT

Age

37 Yr(s) Sex: Male

Registration No

: MH010871928

Lab No

202404001172

Patient Episode

: H18000002075

Collection Date:

08 Apr 2024 10:48

Referred By

: HEALTH CHECK MGD

Reporting Date:

08 Apr 2024 13:25

Receiving Date

: 08 Apr 2024 10:48

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 ${\it Rh}$ typing is done by cell and serum grouping by microplate / gel technique.

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats Consultant Pathologist







LABORATORY REPORT

Name

: MR TUSHAR KANT

Age

37 Yr(s) Sex: Male

Registration No

: MH010871928

Lab No

202404001172

Patient Episode

: H18000002075

Collection Date:

08 Apr 2024 10:48

Referred By

: HEALTH CHECK MGD

Reporting Date:

08 Apr 2024 12:25

Receiving Date

: 08 Apr 2024 10:48

HAEMATOLOGY

TEST	RESULT	UNIT BIOLOGICA	AL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMAT)	ED)	SPECIMEN-EDTA Whole	Blood
RBC COUNT (IMPEDENCE)	4.91	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.1	g/dl	[13.0-17.0]
Method:cyanide free SLS-color		9, 41	
HEMATOCRIT (CALCULATED)	43.3	00	[40.0-50.0]
MCV (DERIVED)	88.2	fL	[83.0-101.0]
MCH (CALCULATED)	28.7	pg	[25.0-32.0]
MCHC (CALCULATED)	32.6	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.5	90	[11.6-14.0]
Platelet count	173	\times 10 3 cells/cumm	[150-410]
Method: Electrical Impedance	8		
MPV(DERIVED)	12.90	fL	
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT	7.12	x 10 ³ cells/cumm	[4.00-10.00]
(VCS TECHNOLOGY/MICROSCOPY)	55.0	96	[40.0-80.0]
Neutrophils	33.0	000	[20.0-40.0]
Lymphocytes Monocytes	9.0	000	[2.0-10.0]
Eosinophils	3.0	90	[1.0-6.0]
Basophils	0.0	96	[0.0-2.0]
ESR	25.0 #	mm/1sthour	[0.0-

Page 1 of 8







LABORATORY REPORT

Name

: MR TUSHAR KANT

Age

37 Yr(s) Sex: Male

Registration No

: MH010871928

Lab No

202404001172

Patient Episode

: H18000002075

Collection Date:

08 Apr 2024 10:48

Referred By

: HEALTH CHECK MGD

Reporting Date:

08 Apr 2024 16:01

Receiving Date

: 08 Apr 2024 10:48

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbAlc (Glycosylated Hemoglobin)

5 6

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18 years <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

5.0

(4.6 - 8.0)

Reaction[pH]
Specific Gravity

1.015

(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies Urobilinogen Negative

(NEGATIVE)

Normal

(NORMAL)

Page 2 of 8







LABORATORY REPORT

Name

: MR TUSHAR KANT

: MH010871928

Registration No Patient Episode

: H18000002075

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Apr 2024 11:26

Age

37 Yr(s) Sex: Male

Lab No

202404001172

Collection Date:

08 Apr 2024 11:26

Reporting Date:

08 Apr 2024 13:37

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Ma	inual)		
Pus Cells	1-2 /hp	of	(0-5/1)	*
RBC	NIL		(0-2/1)	npf)
Epithelial Cells	0 - 1	/hpf		
CASTS	NIL			
Crystals	NIL			
Bacteria	NIL			9
OTHERS	NIL			

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase, esterase, peroxide	206	#	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	158	#	mg/dl	[<150] Borderline high:151-199 High: 200 - 499
HDL- CHOLESTEROL	54		mg/dl	Very high:>500 [35-65]
Method: Enzymatic Immunoimhibition VLDL- CHOLESTEROL (Calculated) CHOLESTEROL, LDL, CALCULATED	32 120.0		mg/dl	[0-35] [<120.0] Near/
Above optimal-100-129			e k	Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.8			<4.0 Optimal 4.0-5.0 Borderline
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.2		all	<pre>>6 High Risk <3 Optimal 3-4 Borderline >6 High Risk</pre>

Page 3 of 8







LABORATORY REPORT

Name

: MR TUSHAR KANT

Age

37 Yr(s) Sex: Male

Registration No

: MH010871928

Lab No

202404001172

Patient Episode

: H18000002075

Collection Date:

08 Apr 2024 10:48

Referred By

: HEALTH CHECK MGD

Reporting Date:

08 Apr 2024 12:17

Receiving Date

: 08 Apr 2024 10:48

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

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	23.0	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay BUN, BLOOD UREA NITROGEN	10.7	mg/dl	[8.0-20.0]
Method: Calculated CREATININE, SERUM	1.12	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization URIC ACID	5.3	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	138.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM SERUM CHLORIDE Method: ISE Indirect	4.63	mmol/L	[3.60-5.10] [101.0-111.0]
eGFR (calculated)	83.5	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.

Page 4 of 8







LABORATORY REPORT

Name

: MR TUSHAR KANT

Registration No

: MH010871928

Patient Episode

: H18000002075

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Apr 2024 10:48

Age

37 Yr(s) Sex :Male

Lab No

202404001172

Collection Date:

08 Apr 2024 10:48

Reporting Date:

08 Apr 2024 12:17

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGIC	CAL REFERENCE INTERVAL	
LIVER FUNCTION TEST					
BILIRUBIN - TOTAL Method: D P D	0.44	mg	/dl	[0.30-1.20]	
BILIRUBIN - DIRECT Method: DPD	0.07	m	ng/dl	[0.00-0.30]	
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.37	m	ng/dl	[0.10-0.90]	
TOTAL PROTEINS (SERUM) Method: BIURET	6.90	· g	gm/dl	[6.60-8.70]	
ALBUMIN (SERUM) Method: BCG	4.26	g	g/dl	[3.50-5.20]	
GLOBULINS (SERUM) Method: Calculation	2.60	Ğ	gm/dl	[1.80-3.40]	
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.61			[1.00-2.50]	
AST(SGOT) (SERUM) Method: IFCC W/O P5P	27.00	, τ	J/L	[0.00-40.00]	
ALT(SGPT) (SERUM)	37.20	J	J/L	[17.00-63.00]	
Method: IFCC W/O P5P			88		
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	105.0 #	[]	IU/L	[32.0-91.0]	
GGT	34.0	9	U/L	[7.0-50.0]	
661	51.0		0/11	• Page 5 of 8	
				rages or o	







LABORATORY REPORT

Name

: MR TUSHAR KANT

Registration No

: MH010871928

Patient Episode

: H18000002075

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Apr 2024 10:48

Age

37 Yr(s) Sex :Male

Lab No

202404001172

Collection Date:

08 Apr 2024 10:48

Reporting Date:

08 Apr 2024 12:17

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 6 of 8

----END OF REPORT--

Dr. Charu Agarwal Consultant Pathologist







LABORATORY REPORT

Name

: MR TUSHAR KANT

: MH010871928

Patient Episode Referred By

: H18000002075

Receiving Date

Registration No

: HEALTH CHECK MGD

: 08 Apr 2024 10:48

Age

37 Yr(s) Sex: Male

Lab No

202404001173

Collection Date:

08 Apr 2024 10:48

Reporting Date:

08 Apr 2024 12:17

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

100.0

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),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

----END OF REPORT----

Dr. Charu Agarwal Consultant Pathologist







LABORATORY REPORT

Name

: MR TUSHAR KANT

Registration No

: MH010871928

Patient Episode

: H18000002075

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Apr 2024 14:44

Age

37 Yr(s) Sex :Male

Lab No

202404001174

Collection Date:

08 Apr 2024 14:44

Reporting Date:

08 Apr 2024 15:59

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

129.0

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 8 of 8

----END OF REPORT---

1400

Dr. Alka Dixit Vats Consultant Pathologist





NAME	MR Tushar KANT	STUDY DATE	08/04/2024 11:07AM
AGE / SEX	37 y / M	HOSPITAL NO.	MH010871928
ACCESSION NO.	R7200504	MODALITY	CR
REPORTED ON	08/04/2024 11:17AM	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: There is mild cardiomegaly. 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: Mild cardiomegaly

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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





NAME	MR Tushar KANT	STUDY DATE	08/04/2024 11:19AM
AGE / SEX	37 y / M	HOSPITAL NO.	MH010871928
ACCESSION NO.	R7200505	MODALITY	US
REPORTED ON	08/04/2024 11:35AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: appears enlarged in size (measures 167 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 91 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11.6 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.1 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 111 x 55 mm. Left Kidney: measures 100 x 54 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 32 x 30 x 30 mm with volume 15 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

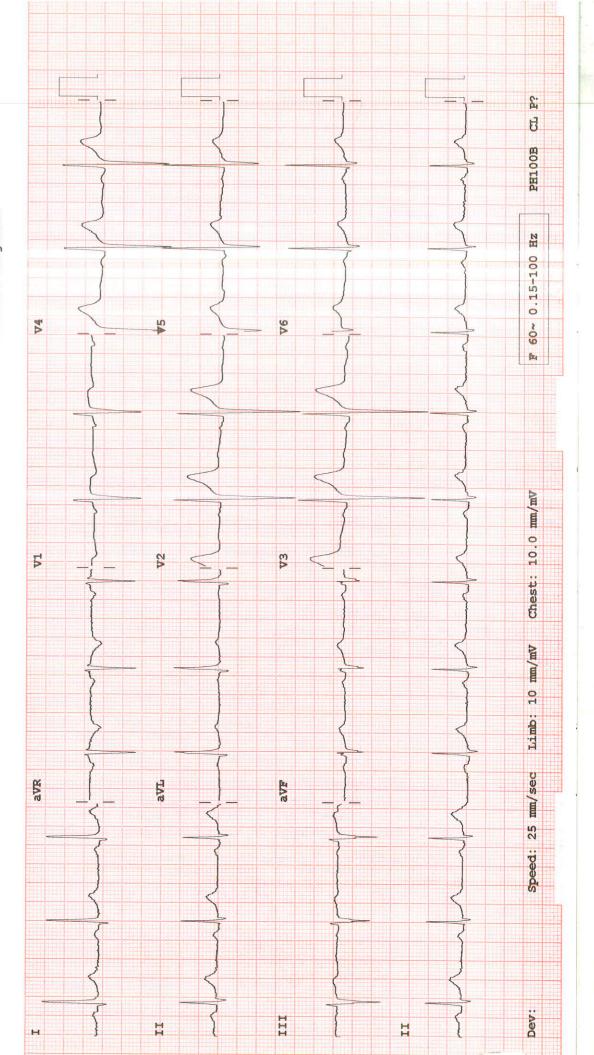
CONSULTANT RADIOLOGIST

Marica

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

- ABNORMAL ECG -

Unconfirmed Diagnosis



manipalhospitals





Patient Name MR TUSHAR KANT

Location

: Ghaziabad

Age/Sex

: 37Year(s)/male

Visit No

: V0000000001-GHZB

MRN No

MH010871928

Order Date

: 08/04/2024

Ref. Doctor : DR BHUPENDRA SINGH

Report Date

: 08/04/2024

Protocol

: Bruce

MPHR

: 183BPM

Duration of exercise

: 9min 10sec

85% of MPHR

: 156BPM

Reason for termination : THR achieved

Peak HR Achieved : 156BPM % Target HR

: 85%

Blood Pressure (mmHg): Baseline BP: 120/80mmHg

Peak BP : 150/90mmHg

METS

: 10.3METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	69	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	117	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	136	140/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	154	140/90	Nil	No ST changes seen	Nil
STAGE 4	0:10	156	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:39	97	126/84	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

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DM (CARDIOLOGY), FACC MD, DNB (CARDIOLOGY), MNAMS MD Sr. Consultant Cardiology

Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

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

P: 0120-3535353

Manipal Health Enterprises Private Limited

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