

Mediwheel &lt;wellness@mediwheel.in&gt;

Thu 4/4/2024 12:45 PM

To:PHC [MH-Ghaziabad] &lt;phc.ghaziabad@manipalhospitals.com&gt;

Cc:customercare@mediwheel.in &lt;customercare@mediwheel.in&gt;



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 Apartment

**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 Marital Use

Government of India



तुषार कान्त  
Tushar Kant  
जन्म तिथि / DOB : 20/04/1986  
पुरुष / Male



2350 8974 7003

आधार - आम आदमी का अधिकार

for Marital Hospital Use



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:  
S/O: अरुण मिश्रा, सी-1/38, बी/एच  
पार्क प्लाजा होटल, सेक्टर 55,  
नॉएडा, नोएडा, गौतमबुद्ध नगर, उत्तर  
प्रदेश, 201301

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

2350 8974 7003

1947  
1800 300 1947

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www  
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Tushar Kant











**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
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.6	%	[0.0-5.6]
Method: HPLC			
			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]	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)



**LABORATORY REPORT**

<b>Name</b>	: MR TUSHAR KANT	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH010871928	<b>Lab No</b>	: 202404001172
<b>Patient Episode</b>	: H18000002075	<b>Collection Date</b>	: 08 Apr 2024 11:26
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 08 Apr 2024 13:37
<b>Receiving Date</b>	: 08 Apr 2024 11:26		

**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	
Bacteria	NIL	
OTHERS	NIL	

**Serum LIPID PROFILE**

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

Above optimal-100-129



**LABORATORY REPORT**

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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
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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	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	4.63	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.2	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	83.5	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.





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<b>Patient Episode</b>	: H18000002075	<b>Collection Date</b>	: 08 Apr 2024 10:48
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 08 Apr 2024 12:17
<b>Receiving Date</b>	: 08 Apr 2024 10:48		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.44	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.07	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.37	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	6.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.26	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.60	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.61		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	27.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	37.20	U/L	[17.00-63.00]
<b>Serum Alkaline Phosphatase</b> <i>Method: AMP BUFFER IFCC)</i>	<b>105.0 #</b>	<b>IU/L</b>	<b>[32.0-91.0]</b>
GGT	34.0	U/L	[7.0-50.0]









**RADIOLOGY REPORT**

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. Prabhath Prakash Gupta MBBS, DNB, MNAMS  
CONSULTANT RADIOLOGIST**

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



**RADIOLOGY 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.

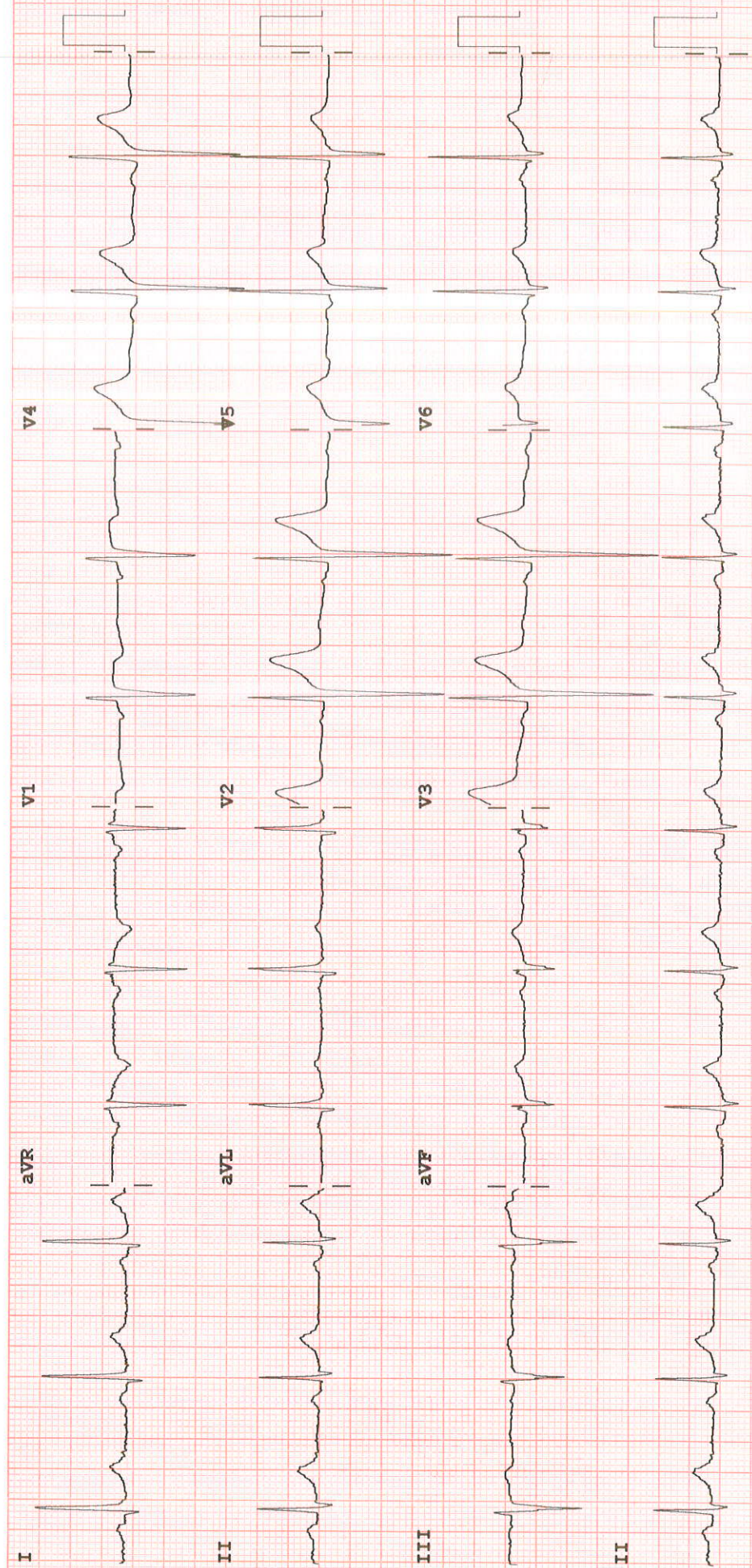
**Dr. Monica Shekhawat MBBS, DNB  
CONSULTANT RADIOLOGIST**

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



- ABNORMAL ECG -

Unconfirmed Diagnosis



PH100B CL P?  
F 60~ 0.15-100 Hz

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Dev:





Patient Name	MR TUSHAR KANT	Location	: Ghaziabad
Age/Sex	: 37Year(s)/male	Visit No	: V000000001-GHZB
MRN No	MH010871928	Order Date	: 08/04/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 08/04/2024

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 183BPM
<b>Duration of exercise</b>	: 9min 10sec	<b>85% of MPHR</b>	: 156BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 156BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 120/80mmHg	<b>% Target HR</b>	: 85%
	Peak BP : 150/90mmHg	<b>METS</b>	: 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**  
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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