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Tue 3/26/2024 6:06 PM

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

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Mediwheel
...Your wellness partner

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 : MS. MALIK KAMNA
Contact Details : 09654367794
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 : 27-03-2024

| Member Information | | |
|--------------------|---------|--------|
| Booked Member Name | Age | Gender |
| DARPAN GANDHI | 30 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
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भारत सरकार

Government of India



दर्पण गाँधी
Darpan Gandhi
जन्म तिथि / DOB : 12/10/1993
पुरुष / Male



2382 7949 0271

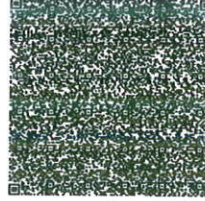
मेरा आधार, मेरी पहचान

*For Health
Checkup
Manipal Hospital
Patna.*



आधार प्राधिकरण
Unique Identification Authority of India

पता: बी69, दूसरा फ्लोर, वीकय रुमल हाउस,
बिहारी नगर नव्युग मार्केट के पास, गाज़ियाबाद,
गाज़ियाबाद, गाज़ियाबाद, उत्तर प्रदेश, 201001



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Pradesh, 201001

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1947



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**RADIOLOGY REPORT**

| | | | |
|---------------|--------------------|--------------|--------------------|
| NAME | MR Darpan GANDHI | STUDY DATE | 27/03/2024 11:56AM |
| AGE / SEX | 30 y / M | HOSPITAL NO. | MH011804719 |
| ACCESSION NO. | R7130635 | MODALITY | CR |
| REPORTED ON | 27/03/2024 12:14PM | 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: 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

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

**RADIOLOGY REPORT**

| | | | |
|---------------|-------------------|--------------|--------------------|
| NAME | MR Darpan GANDHI | STUDY DATE | 27/03/2024 12:34PM |
| AGE / SEX | 30 y / M | HOSPITAL NO. | MH011804719 |
| ACCESSION NO. | R7130636 | MODALITY | US |
| REPORTED ON | 27/03/2024 2:07PM | REFERRED BY | HEALTH CHECK MGD |

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 139 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 96 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8 mm.

COMMON BILE DUCT: Appears normal in size and measures 3 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 96 x 34 mm. It shows a concretion measuring 2.5 mm at mid calyx.

Left Kidney: measures 97 x 47 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 26 x 24 mm with volume 10 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

-Right renal concretion.

Recommend clinical correlation.



**Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST**

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



| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR DARPAN GANDHI | Age | : 30 Yr(s) Sex :Male |
| Registration No | : MH011804719 | Lab No | : 202403003896 |
| Patient Episode | : H18000001993 | Collection Date | : 27 Mar 2024 11:46 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 27 Mar 2024 14:17 |
| Receiving Date | : 27 Mar 2024 11:46 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|------------------------------------|----------------|---------------|-------------------------------|
| THYROID PROFILE, Serum | | | Specimen Type : Serum |
| T3 - Triiodothyronine (ELFA) | 1.170 | ng/ml | [0.610-1.630] |
| T4 - Thyroxine (ELFA) | 6.680 | ug/ dl | [4.680-9.360] |
| Thyroid Stimulating Hormone | 5.050 # | 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 DARPAN GANDHI
Registration No : MH011804719
Patient Episode : H18000001993
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Mar 2024 11:46

Age : 30 Yr(s) Sex : Male
Lab No : 202403003896
Collection Date : 27 Mar 2024 11:46
Reporting Date : 27 Mar 2024 15:00

BLOOD BANK

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

Technical note:

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

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



Name : MR DARPAN GANDHI
Registration No : MH011804719
Patient Episode : H1800001993
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Mar 2024 11:46

Age : 30 Yr(s) Sex :Male
Lab No : 202403003896
Collection Date : 27 Mar 2024 11:46
Reporting Date : 27 Mar 2024 14:20

HAEMATOLOGY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|----------------------------------|-------------------------------|
| COMPLETE BLOOD COUNT (AUTOMATED) | | SPECIMEN-EDTA Whole Blood | |
| RBC COUNT (IMPEDENCE) | 5.67 # | millions/cumm | [4.50-5.50] |
| HEMOGLOBIN | 14.0 | g/dl | [13.0-17.0] |
| Method:cyanide free SLS-colorimetry | | | |
| HEMATOCRIT (CALCULATED) | 45.5 | % | [40.0-50.0] |
| MCV (DERIVED) | 80.2 # | fL | [83.0-101.0] |
| MCH (CALCULATED) | 24.7 # | pg | [25.0-32.0] |
| MCHC (CALCULATED) | 30.8 # | g/dl | [31.5-34.5] |
| RDW CV% (DERIVED) | 14.3 # | % | [11.6-14.0] |
| Platelet count | 201 | x 10 ³ cells/cumm | [150-410] |
| Method: Electrical Impedance | | | |
| MPV (DERIVED) | 11.90 | fL | |
| WBC COUNT (TC) (IMPEDENCE) | 5.97 | x 10 ³ cells/cumm | [4.00-10.00] |
| DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY) | | | |
| Neutrophils | 60.0 | % | [40.0-80.0] |
| Lymphocytes | 30.0 | % | [20.0-40.0] |
| Monocytes | 8.0 | % | [2.0-10.0] |
| Eosinophils | 2.0 | % | [1.0-6.0] |
| Basophils | 0.0 | % | [0.0-2.0] |
| ESR | 10.0 | mm/1sthour | [0.0- |



| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR DARPAN GANDHI | Age | : 30 Yr(s) Sex :Male |
| Registration No | : MH011804719 | Lab No | : 202403003896 |
| Patient Episode | : H18000001993 | Collection Date | : 27 Mar 2024 11:46 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 27 Mar 2024 17:06 |
| Receiving Date | : 27 Mar 2024 11:46 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-------|-------------------------------|
| Glycosylated Hemoglobin | | | |
| Specimen: EDTA | | | |
| HbA1c (Glycosylated Hemoglobin) | 4.9 | % | [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) | 94 | 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 glyceimic 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

| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR DARPAN GANDHI | Age | : 30 Yr(s) Sex :Male |
| Registration No | : MH011804719 | Lab No | : 202403003896 |
| Patient Episode | : H18000001993 | Collection Date | : 27 Mar 2024 12:45 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 27 Mar 2024 17:45 |
| Receiving Date | : 27 Mar 2024 12:45 | | |

CLINICAL PATHOLOGY

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 | |

Serum LIPID PROFILE

| | | | |
|--------------------------------------|-------|-------|--|
| Serum TOTAL CHOLESTEROL | 183 | mg/dl | [<200] Moderate risk:200-239 High risk:>240 |
| Method:Oxidase,esterase, peroxide | | | |
| TRIGLYCERIDES (GPO/POD) | 117 | mg/dl | [<150] Borderline high:151-199 High: 200 - 499 Very high:>500 |
| HDL- CHOLESTEROL | 53 | mg/dl | [35-65] |
| Method : Enzymatic Immunoimhibition | | | |
| VLDL- CHOLESTEROL (Calculated) | 23 | mg/dl | [0-35] |
| CHOLESTEROL, LDL, CALCULATED | 107.0 | mg/dl | [<120.0] Near/ Borderline High:130-159 High Risk:160-189 |
| Above optimal-100-129 | | | |
| T.Chol/HDL.Chol ratio (Calculated) | 3.5 | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio (Calculated) | 2.0 | | <3 Optimal 3-4 Borderline >6 High Risk |



Name : MR DARPAN GANDHI **Age** : 30 Yr(s) Sex :Male
Registration No : MH011804719 **Lab No** : 202403003896
Patient Episode : H18000001993 **Collection Date** : 27 Mar 2024 11:46
Referred By : HEALTH CHECK MGD **Reporting Date** : 27 Mar 2024 17:06
Receiving Date : 27 Mar 2024 11:46

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 | 15.9 | mg/dl | [15.0-40.0] |
| <i>Method: GLDH, Kinatic assay</i> | | | |
| BUN, BLOOD UREA NITROGEN | 7.4 # | mg/dl | [8.0-20.0] |
| <i>Method: Calculated</i> | | | |
| CREATININE, SERUM | 0.99 | mg/dl | [0.70-1.20] |
| <i>Method: Jaffe rate-IDMS Standardization</i> | | | |
| URIC ACID | 7.6 | mg/dl | [4.0-8.5] |
| <i>Method:uricase PAP</i> | | | |

| | | | |
|----------------------|-----------------|---------------|------------------------|
| SODIUM, SERUM | 135.80 # | mmol/L | [136.00-144.00] |
|----------------------|-----------------|---------------|------------------------|

| | | | |
|-----------------------------|-------|--------|---------------|
| POTASSIUM, SERUM | 4.37 | mmol/L | [3.60-5.10] |
| SERUM CHLORIDE | 102.0 | mmol/L | [101.0-111.0] |
| <i>Method: ISE Indirect</i> | | | |

| | | | |
|-------------------|-------|-----------------|---------|
| eGFR (calculated) | 101.8 | 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.



Name : MR DARPAN GANDHI
Registration No : MH011804719
Patient Episode : H18000001993
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Mar 2024 11:46

Age : 30 Yr(s) Sex :Male
Lab No : 202403003896
Collection Date : 27 Mar 2024 11:46
Reporting Date : 27 Mar 2024 17:06

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|--------|-------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| BILIRUBIN - TOTAL <i>Method: D P D</i> | 1.07 | mg/dl | [0.30-1.20] |
| BILIRUBIN - DIRECT <i>Method: DPD</i> | 0.21 | mg/dl | [0.00-0.30] |
| INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i> | 0.86 | mg/dl | [0.10-0.90] |
| TOTAL PROTEINS (SERUM) <i>Method: BIURET</i> | 7.50 | gm/dl | [6.60-8.70] |
| ALBUMIN (SERUM) <i>Method: BCG</i> | 4.60 | g/dl | [3.50-5.20] |
| GLOBULINS (SERUM) <i>Method: Calculation</i> | 2.90 | gm/dl | [1.80-3.40] |
| PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i> | 1.59 | | [1.00-2.50] |
| AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i> | 37.00 | U/L | [0.00-40.00] |
| ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i> | 41.60 | U/L | [17.00-63.00] |
| Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i> | 85.0 | IU/L | [32.0-91.0] |
| GGT | 15.0 | U/L | [7.0-50.0] |



Name : MR DARPAN GANDHI
Registration No : MH011804719
Patient Episode : H18000001993
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Mar 2024 11:46

Age : 30 Yr(s) Sex :Male
Lab No : 202403003896
Collection Date : 27 Mar 2024 11:46
Reporting Date : 27 Mar 2024 17:06

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



Name : MR DARPAN GANDHI
Registration No : MH011804719
Patient Episode : H18000001993
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Mar 2024 11:46

Age : 30 Yr(s) Sex :Male
Lab No : 202403003897
Collection Date : 27 Mar 2024 11:46
Reporting Date : 27 Mar 2024 13:12

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|--------|-------|-------------------------------|
| GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase | 95.0 | 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



Name : MR DARPAN GANDHI
Registration No : MH011804719
Patient Episode : H18000001993
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Mar 2024 15:47

Age : 30 Yr(s) Sex : Male
Lab No : 202403003898
Collection Date : 27 Mar 2024 15:47
Reporting Date : 27 Mar 2024 17:09

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|------|--------|------|-------------------------------|
|------|--------|------|-------------------------------|

PLASMA GLUCOSE

| | | | |
|--------------------------------------|------|-------|--------------|
| Specimen: Plasma | | | |
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS | 89.0 | 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

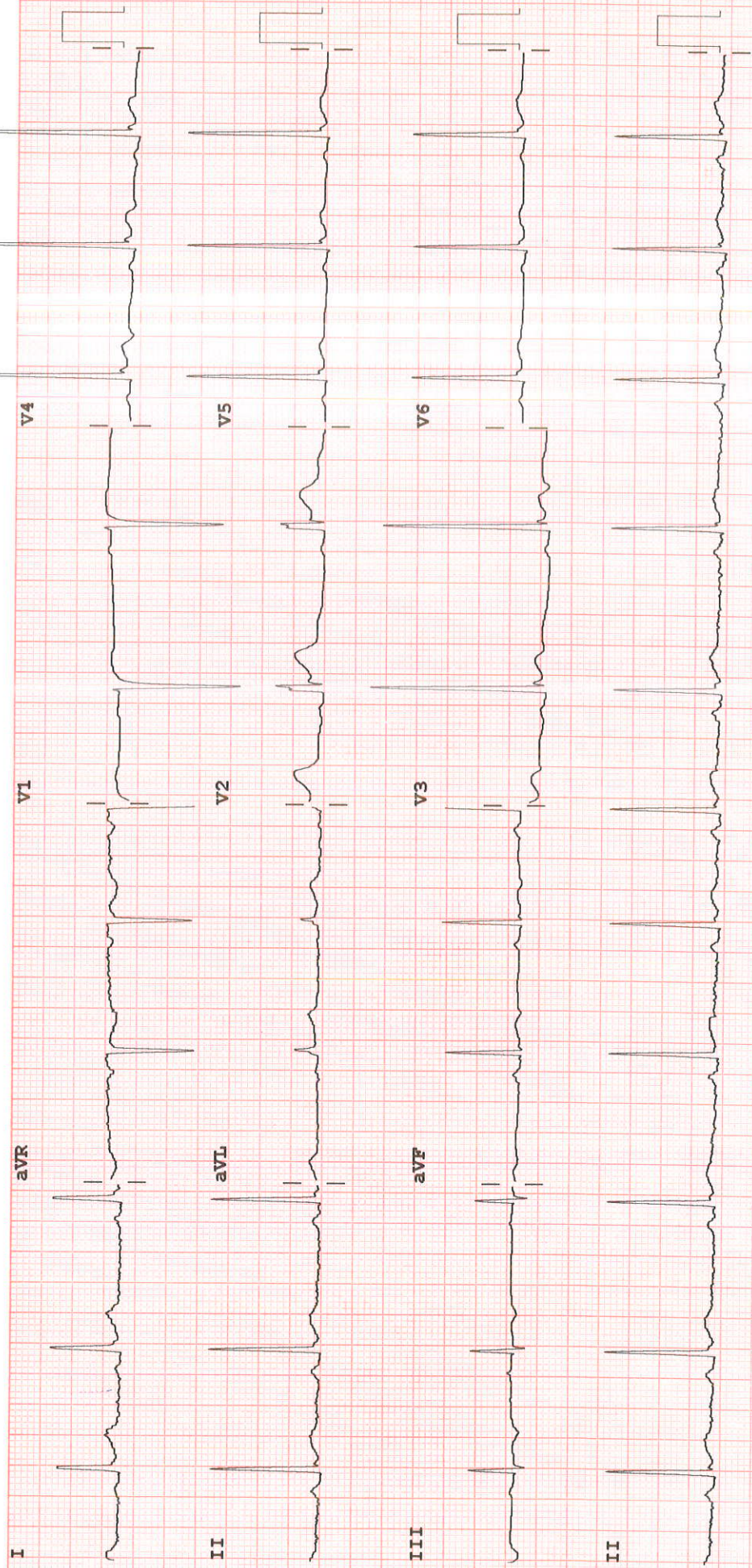
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-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist

- ABNORMAL ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?



TMT INVESTIGATION REPORT

| | | | |
|--------------|---------------------|-------------|-------------------|
| Patient Name | MR DARPAN GANDHI | Location | : Ghaziabad |
| Age/Sex | : 30Year(s)/male | Visit No | : V000000001-GHZB |
| MRN No | MH011804719 | Order Date | : 27/03/2024 |
| Ref. Doctor | : DR ABHISHEK SINGH | Report Date | : 27/03/2024 |

| | | | |
|-------------------------------|----------------------------|-------------------------|------------|
| Protocol | : Bruce | MPHR | : 190BPM |
| Duration of exercise | : 10min 22sec | 85% of MPHR | : 161BPM |
| Reason for termination | : THR achieved | Peak HR Achieved | : 175BPM |
| Blood Pressure (mmHg) | : Baseline BP : 120/80mmHg | % Target HR | : 92% |
| | Peak BP : 150/90mmHg | METS | : 12.3METS |

| STAGE | TIME (min) | H.R (bpm) | BP (mmHg) | SYMPTOMS | ECG CHANGES | ARRHYTHMIA |
|-----------|------------|-----------|-----------|----------|--------------------|------------|
| PRE- EXC. | 0:00 | 77 | 120/80 | Nil | No ST changes seen | Nil |
| STAGE 1 | 3:00 | 112 | 130/90 | Nil | No ST changes seen | Nil |
| STAGE 2 | 3:00 | 127 | 140/90 | Nil | No ST changes seen | Nil |
| STAGE 3 | 3:00 | 149 | 140/90 | Nil | No ST changes seen | Nil |
| STAGE 4 | 1:22 | 175 | 150/90 | Nil | No ST changes seen | Nil |
| RECOVERY | 4:39 | 86 | 120/80 | 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
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
MD
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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 NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002
 0120 3535 353 / +91 88609 45566



URN : MH011804719

HEALTH CHECK RECORD

| | |
|--------------------------------|---------------------------|
| Hospital No: MH011804719 | Visit No: H18000001993 |
| Name: MR DARPAN GANDHI | Age/Sex: 30 Yrs/Male |
| Doctor Name: DR.SHISHIR NARAIN | Specialty: HC SERVICE MGD |
| Date: 27/03/2024 02:31PM | |

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - PHC
 SYSTEMIC/ OPHTHALMIC HISTORY - NIL
 NO FAMILY H/O GLAUCOMA

| EXAMINATION DETAILS | RIGHT EYE | LEFT EYE |
|------------------------|-----------------------|-----------------------|
| VISION | 6/C | 6/C |
| CONJ | NORMAL | NORMAL |
| CORNEA | CLEAR | CLEAR |
| ANTERIOR CHAMBER/ IRIS | N | N |
| LENS | | |
| OCULAR MOVEMENTS | FULL | FULL |
| NCT | 14 | 15 |
| FUNDUS EXAMINATION | | |
| A) VITREOUS | | |
| B) OPTIC DISC | C:D 0.3 | C:D 0.3 |
| C) MACULAR AREA | FOVEAL REFLEX PRESENT | FOVEAL REFLEX PRESENT |

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT
 E/D NISOL 4 TIMES DAILY BE
 REVIEW AFTER 6 MONTHS OR SOS

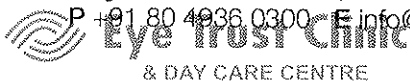
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