

Mediwheel <wellness@mediwheel.in>

Wed 4/10/2024 5:35 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 : 8630133693
Appointment Date : 13-04-2024
Confirmation Status : Booking Confirmed
Preferred Time : 9:00am-9:30am

Member Information		
Booked Member Name	Age	Gender
Ankit Sharma	32 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



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UP34 20090000716 UP03149004MT

MV 7/12/2009 MCWG 17/12/2009

UP

Form 7 (Rule 16(2))

Address
LOHAR BAG
ITAPUR

Holder's Signature जारीकर्ता / Issuing Authority Sign
ITAPUR

UNION OF INDIA Driving Licence (UPI)

UP34 20090000716

जारी करने की तिथि / Date of Issue: 17/12/2009

वैधता / Validity: 16/12/2029

जन्म तिथि / Date of Birth: 17/04/1991

Blood Group: Unknown

नाम / Name: ANKIT SHARMA

पिता/पत्नी का नाम / Son/Daughter/Wife of: ANIL SHARMA

Ankit Sharma

**OUTPATIENT RECORD**

Hospital No: MH008905391	Visit No: H18000002093
Name: ANKIT SHARMA	Age/Sex: 32 Yrs/Male
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD
Date: 11/04/2024 10:54AM	

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECKUP

SYSTEMIC/ OPHTHALMIC HISTORY - DM X 2 YRS & COLOR BLINDNESS

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	17	17
FUNDUS EXAMINATION		
OPTIC DISC	C:D 0.3	C:D 0.3
MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

NO DIABETIC RETINOPATHY BOTH EYES

ADVISE / TREATMENT

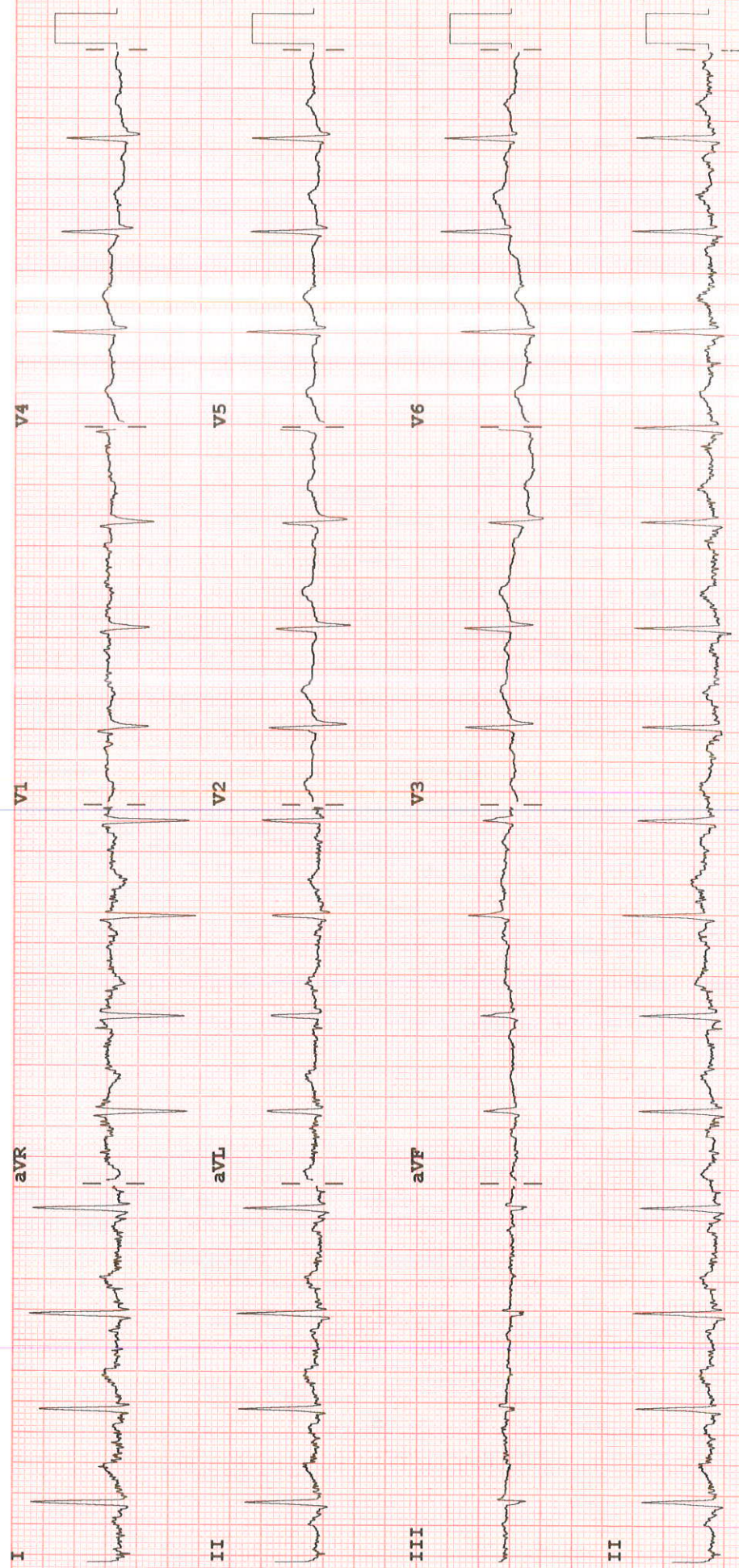
E/D NISOL 4 TIMES DAILY BE

REVIEW AFTER 6 MTH

HEALTH CHECK MGD

- BORDERLINE 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 ANKIT SHARMA	Location	: Ghaziabad
Age/Sex	: 32Year(s)/male	Visit No	: V0000000001-GHZZ
MRN No	MH008905391	Order Date	: 11/04/2024
Ref. Doctor	: HCP	Report Date	: 11/04/2024

Protocol	: Bruce	MPHR	: 188BPM
Duration of exercise	: 04min 02sec	85% of MPHR	: 160BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 172BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg Peak BP : 150/90mmHg	% Target HR	: 91%
		METS	: 5.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	97	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	157	140/90	Nil	No ST changes seen	Nil
STAGE 2	1:02	172	150/90	Nil	No ST changes seen	Nil
RECOVERY	5:16	102	136/84	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 SinghMD, 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

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**RADIOLOGY REPORT**

NAME	, ANKIT SHARMA	STUDY DATE	11/04/2024 11:19AM
AGE / SEX	32 y / M	HOSPITAL NO.	MH008905391
ACCESSION NO.	R7217797	MODALITY	CR
REPORTED ON	11/04/2024 11:27AM	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	, ANKIT SHARMA	STUDY DATE	11/04/2024 1:18PM
AGE / SEX	32 y / M	HOSPITAL NO.	MH008905391
ACCESSION NO.	R7217798	MODALITY	US
REPORTED ON	11/04/2024 3:43PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears enlarged in size (measures 195 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade III fatty infiltration. Rest normal.

SPLEEN: appears enlarged in size (measures 140 mm) but normal in shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11 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 106 x 43 mm.

Left Kidney: measures 111 x 39 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 37 x 31 x 16 mm with volume 10 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade III fatty infiltration in liver.

-Splenomegaly.

Recommend clinical correlation.

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

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



LABORATORY REPORT

Name : ANKIT SHARMA Age : 32 Yr(s) Sex : Male
Registration No : MH008905391 Lab No : 202404001711
Patient Episode : H18000002093 Collection Date : 11 Apr 2024 11:06
Referred By : HEALTH CHECK MGD Reporting Date : 11 Apr 2024 16:52
Receiving Date : 11 Apr 2024 11:06

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.000	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.790	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.330	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 : ANKIT SHARMA
Registration No : MH008905391
Patient Episode : H18000002093
Referred By : HEALTH CHECK MGD
Receiving Date : 11 Apr 2024 11:06

Age : 32 Yr(s) Sex : Male
Lab No : 202404001711
Collection Date : 11 Apr 2024 11:06
Reporting Date : 11 Apr 2024 16:22

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

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NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : ANKIT SHARMA
Registration No : MH008905391
Patient Episode : H18000002093
Referred By : HEALTH CHECK MGD
Receiving Date : 11 Apr 2024 11:06

Age : 32 Yr(s) Sex : Male
Lab No : 202404001711
Collection Date : 11 Apr 2024 11:06
Reporting Date : 11 Apr 2024 14:08

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	13.0	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.8	%	[40.0-50.0]
MCV (DERIVED)	85.8	fL	[83.0-101.0]
MCH (CALCULATED)	26.7	pg	[25.0-32.0]
MCHC (CALCULATED)	31.1 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.4 #	%	[11.6-14.0]
Platelet count	250	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.40	fL	
WBC COUNT (TC) (IMPEDENCE)	5.77	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	68.0	%	[40.0-80.0]
Lymphocytes	27.0	%	[20.0-40.0]
Monocytes	4.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	50.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : ANKIT SHARMA
Registration No : MH008905391
Patient Episode : H18000002093
Referred By : HEALTH CHECK MGD
Receiving Date : 11 Apr 2024 11:06

Age : 32 Yr(s) Sex :Male
Lab No : 202404001711
Collection Date : 11 Apr 2024 11:06
Reporting Date : 11 Apr 2024 16:35

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	8.5 #	%	[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)	197	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	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

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



LABORATORY REPORT

Name : ANKIT SHARMA
Registration No : MH008905391
Patient Episode : H18000002093
Referred By : HEALTH CHECK MGD
Receiving Date : 11 Apr 2024 12:54

Age : 32 Yr(s) Sex :Male
Lab No : 202404001711
Collection Date : 11 Apr 2024 12:54
Reporting Date : 11 Apr 2024 14:14

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	142	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	113	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	46	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	23	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	73.0	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio (Calculated)	3.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.6		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name	: ANKIT SHARMA	Age	: 32 Yr(s) Sex :Male
Registration No	: MH008905391	Lab No	: 202404001711
Patient Episode	: H18000002093	Collection Date	: 11 Apr 2024 11:06
Referred By	: HEALTH CHECK MGD	Reporting Date	: 11 Apr 2024 13:17
Receiving Date	: 11 Apr 2024 11:06		

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	17.3	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	8.1	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.84	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	4.8	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			

SODIUM, SERUM	136.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.38	mmol/L	[3.60-5.10]
SERUM CHLORIDE	101.4	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			

eGFR (calculated)	115.9	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.



LABORATORY REPORT

Name : ANKIT SHARMA
Registration No : MH008905391
Patient Episode : H18000002093
Referred By : HEALTH CHECK MGD
Receiving Date : 11 Apr 2024 11:06

Age : 32 Yr(s) Sex : Male
Lab No : 202404001711
Collection Date : 11 Apr 2024 11:06
Reporting Date : 11 Apr 2024 13:49

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.55	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.44	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.00	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	3.82	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.20		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	41.00 #	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	42.10	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	110.0 #	IU/L	[32.0-91.0]
GGT	71.0 #	U/L	[7.0-50.0]



LABORATORY REPORT

Name	: ANKIT SHARMA	Age	: 32 Yr(s) Sex :Male
Registration No	: MH008905391	Lab No	: 202404001711
Patient Episode	: H18000002093	Collection Date	: 11 Apr 2024 11:06
Referred By	: HEALTH CHECK MGD	Reporting Date	: 11 Apr 2024 13:49
Receiving Date	: 11 Apr 2024 11:06		

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.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : ANKIT SHARMA Age : 32 Yr(s) Sex : Male
Registration No : MH008905391 Lab No : 202404001712
Patient Episode : H18000002093 Collection Date : 11 Apr 2024 11:06
Referred By : HEALTH CHECK MGD Reporting Date : 11 Apr 2024 13:49
Receiving Date : 11 Apr 2024 11:06

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma			
GLUCOSE, FASTING (F)	181.0 #	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, 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



LABORATORY REPORT

Name : ANKIT SHARMA Age : 32 Yr(s) Sex :Male
Registration No : MH008905391 Lab No : 202404001713
Patient Episode : H18000002093 Collection Date : 11 Apr 2024 16:12
Referred By : HEALTH CHECK MGD Reporting Date : 11 Apr 2024 17:36
Receiving Date : 11 Apr 2024 16:12

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS 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	244.0 #	mg/dl	[80.0-140.0]

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

Dr. Alka Dixit Vats
Consultant Pathologist