



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 : SANTOSH KUMAR SINHA
Contact Details : 8318863955
Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40
Appointment Date : 08-03-2024

Member Information		
Booked Member Name	Age	Gender
SANTOSH KUMAR SINHA	43 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
- Prostate Specific Antigen (PSA Male)

Thanks,
Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with Arcofemi Healthcare Limited This is a system-generated e-mail please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.



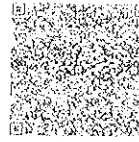
भारत सरकार
GOVERNMENT OF INDIA

मंतोष कुमार सिन्हा

Santosh Kumar Sinha

जन्म तिथि/DOB: 01/03/1981

पुरुष / MALE



9105 5270 0877

-मेरा आधार, मेरी पहचान

Santosh



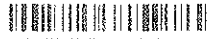
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: अबिनाश कुमार
सिन्हा, प्लॉट न-173, सेकेंड
फ्लोर, फ्रंट साइड, एलेक्ट्रिक
ट्रान्सफॉर्मर के पास, मेन
मार्केट मोलारबंद एक्सटेंशन,
मोलार बंद, दक्षिण दिल्ली,
दिल्ली - 110044

Address:

S/O: Abinash Kumar Sinha, Plot
no-173, Second Floor, Front Side,
Near Electric Transformer,
Main Market Molarband Extension,
MOLAR BAND, South Delhi, Delhi -
110044



1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001

**RADIOLOGY REPORT**

NAME	MR Santosh Kumar SINHA	STUDY DATE	08/03/2024 9:16AM
AGE / SEX	43 y / M	HOSPITAL NO.	MH011757897
ACCESSION NO.	R7014408	MODALITY	CR
REPORTED ON	08/03/2024 10:30AM	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 seen.

Please correlate clinically



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MR Santosh Kumar SINHA	STUDY DATE	08/03/2024 9:30AM
AGE / SEX	43 y / M	HOSPITAL NO.	MH011757897
ACCESSION NO.	R7014409	MODALITY	US
REPORTED ON	08/03/2024 9:54AM	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 101 mm), 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 103 x 51 mm.

Left Kidney: measures 98 x 45 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 enlarged in size (measures 42 x 40 x 33 mm with volume 29 cc) but normal in shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.
-Prostatomegaly.

Recommend clinical correlation.



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

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



LABORATORY REPORT

Name	: MR SANTOSH SINHA	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757897	Lab No	: 202403000896
Patient Episode	: H18000001870	Collection Date	: 08 Mar 2024 09:06
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 14:02
Receiving Date	: 08 Mar 2024 09:06		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type :	Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total):	0.850	ng/mL	[<2.500]

Method :ELFA

Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend

**LABORATORY REPORT**

Name : MR SANTOSH SINHA Age : 43 Yr(s) Sex : Male
Registration No : MH011757897 Lab No : 202403000896
Patient Episode : H18000001870 Collection Date : 08 Mar 2024 09:06
Referred By : HEALTH CHECK MGD Reporting Date : 08 Mar 2024 13:27
Receiving Date : 08 Mar 2024 09:06

BLOOD BANK

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

Technical note:

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

Page 3 of 3

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR SANTOSH SINHA	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757897	Lab No	: 202403000896
Patient Episode	: H18000001870	Collection Date	: 08 Mar 2024 09:06
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 13:18
Receiving Date	: 08 Mar 2024 09:06		

HAEMATATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.71	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.2	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.9	%	[40.0-50.0]
MCV (DERIVED)	93.2	fL	[83.0-101.0]
MCH (CALCULATED)	30.1	pg	[25.0-32.0]
MCHC (CALCULATED)	32.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.4 #	%	[11.6-14.0]
Platelet count	167	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	14.3		
WBC COUNT (TC) (IMPEDEANCE)	4.70	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	71.0	%	[40.0-80.0]
Lymphocytes	16.0 #	%	[20.0-40.0]
Monocytes	10.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	40.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR SANTOSH SINHA	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757897	Lab No	: 202403000896
Patient Episode	: H18000001870	Collection Date	: 08 Mar 2024 09:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 13:59
Receiving Date	: 08 Mar 2024 09:42		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.000	(1.003-1.035)

CHEMICAL EXAMINATION

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

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	



LABORATORY REPORT

Name	: MR SANTOSH SINHA	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757897	Lab No	: 202403000896
Patient Episode	: H18000001870	Collection Date	: 08 Mar 2024 09:06
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 17:16
Receiving Date	: 08 Mar 2024 09:06		

BIOCHEMISTRY

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

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)	4.6	%	[0.0-5.6]
---------------------------------	-----	---	-----------

Method: HPLC

As per American Diabetes Association(ADA)
HbA1c in %

Non diabetic adults ≥ 18 years < 5.7

Prediabetes (At Risk) 5.7-6.4

Diagnosing Diabetes ≥ 6.5

Estimated Average Glucose (eAG)	85	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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	195	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	106	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	50	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	124.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name	: MR SANTOSH SINHA	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757897	Lab No	: 202403000896
Patient Episode	: H1800001870	Collection Date	: 08 Mar 2024 09:06
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 12:40
Receiving Date	: 08 Mar 2024 09:06		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.5		<3 Optimal 3-4 Borderline >6 High Risk

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	19.5	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.1	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.99	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.2	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	137.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.39	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.1	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name : MR SANTOSH SINHA
Registration No : MH011757897
Patient Episode : H18000001870
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2024 09:06

Age : 43 Yr(s) Sex : Male
Lab No : 202403000896
Collection Date : 08 Mar 2024 09:06
Reporting Date : 08 Mar 2024 12:40

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	92.9	ml/min/1.73sq.m	[>60.0]
<p>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.</p>			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.92	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.18	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.74	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.66	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.59		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	23.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name	: MR SANTOSH SINHA	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757897	Lab No	: 202403000897
Patient Episode	: H18000001870	Collection Date	: 08 Mar 2024 09:05
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 12:41
Receiving Date	: 08 Mar 2024 09:05		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	99.0	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

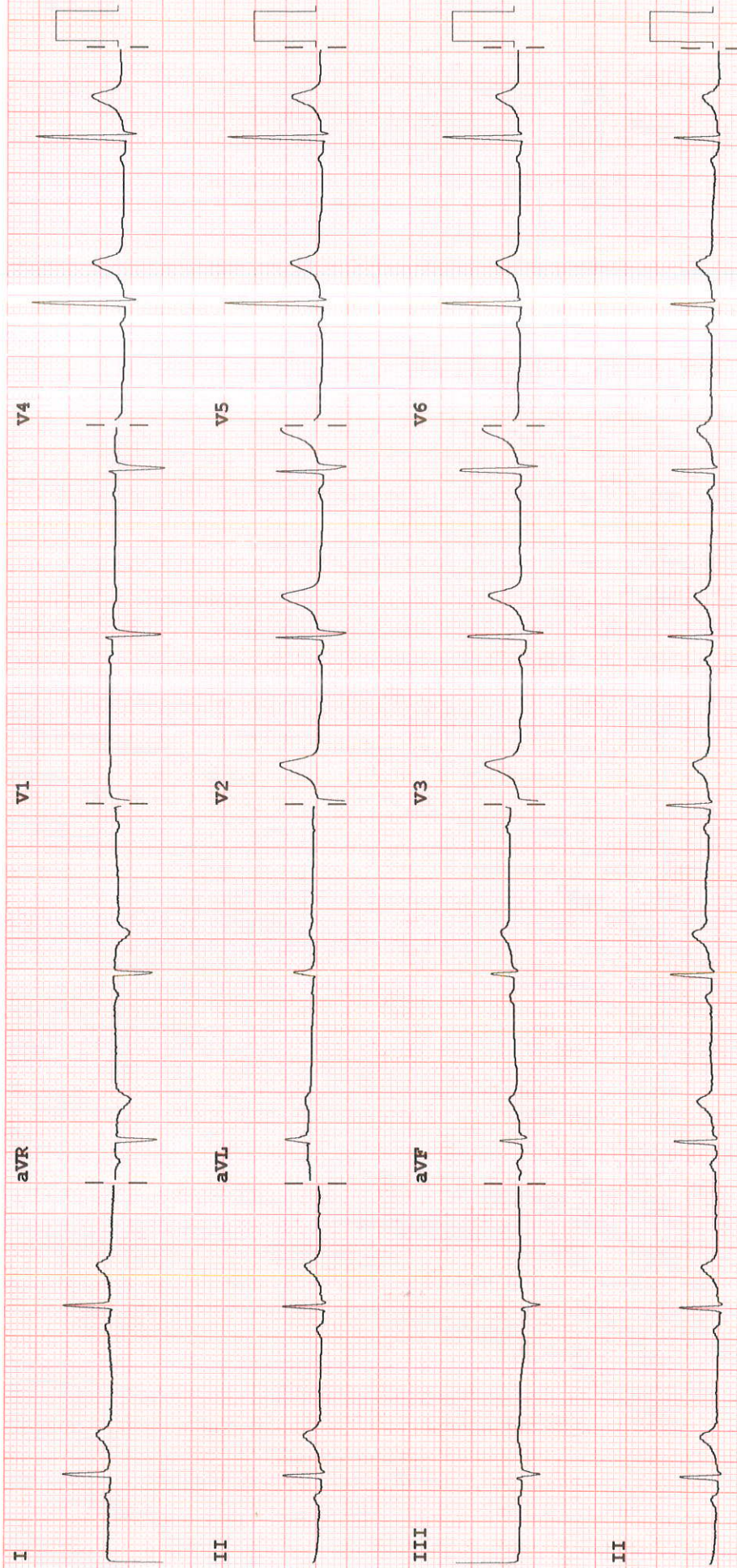
Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal
Consultant Pathologist

- OTHERWISE NORMAL 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 SANTOSH KUMAR SINHA	Location	: Ghaziabad
Age/Sex	: 43Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011757897	Order Date	: 08/03/2024
Ref. Doctor	: DR ABHISHEK SINGH	Report Date	: 08/03/2024

Protocol	: Bruce	MPHR	: 186BPM
Duration of exercise	: 6min 58sec	85% of MPHR	: 150BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 177BPM
Blood Pressure (mmHg)	: Baseline BP : 126/90mmHg	% Target HR	: 105%
	Peak BP : 140/96mmHg	METS	: 8.4METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	61	124/74	Nil	No ST changes seen	Nil
STAGE 1	3:00	118	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	150	140/96	Nil	No ST changes seen	Nil
STAGE 3	0:58	167	140/96	Nil	No ST changes seen	Nil
RECOVERY	6:28	86	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

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

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com