

Mediwheel <wellness@mediwheel.in>

Fri 3/8/2024 9:33 AM

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 Above 40

Patient Package
Name : Mediwheel Full Body Health Checkup Male Above 40

Contact Details : 8279690978

Appointment
Date : 09-03-2024

Confirmation
Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
Ashok Singh Martoliya	48 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT OF INDIA

ASHOK SINGH MARTOLIA

KUNDAN SINGH MARTOLIA

08/07/1975
Permanent Account Number

APEPM2796L

Signature



02012008



LABORATORY REPORT

Name : MR ASHOK MARTOLIA
Registration No : MH011761105
Patient Episode : H18000001892
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:21

Age : 48 Yr(s) Sex :Male
Lab No : 202403001089
Collection Date : 09 Mar 2024 10:21
Reporting Date : 09 Mar 2024 14:20

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.050	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.990	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.830	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 ASHOK MARTOLIA	Age	: 48 Yr(s) Sex :Male
Registration No	: MH011761105	Lab No	: 202403001089
Patient Episode	: H18000001892	Collection Date	: 09 Mar 2024 10:21
Referred By	: HEALTH CHECK MGD	Reporting Date	: 10 Mar 2024 12:50
Receiving Date	: 09 Mar 2024 10:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

PROSTATE SPECIFIC ANTIGEN (PSA-Total):	0.750	ng/mL	[<2.500]
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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



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Receiving Date : 09 Mar 2024 10:21

Age : 48 Yr(s) Sex :Male
Lab No : 202403001089
Collection Date : 09 Mar 2024 10:21
Reporting Date : 10 Mar 2024 13:48

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	A 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 : MR ASHOK MARTOLIA
Registration No : MH011761105
Patient Episode : H18000001892
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:21

Age : 48 Yr(s) Sex : Male
Lab No : 202403001089
Collection Date : 09 Mar 2024 10:21
Reporting Date : 09 Mar 2024 12:22

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.96	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.4	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.5	%	[40.0-50.0]
MCV (DERIVED)	87.7	fL	[83.0-101.0]
MCH (CALCULATED)	27.0	pg	[25.0-32.0]
MCHC (CALCULATED)	30.8 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.3	%	[11.6-14.0]
Platelet count	163	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.7		
WBC COUNT (TC) (IMPEDENCE)	3.99 #	x 10³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	77.0	%	[40.0-80.0]
Lymphocytes	12.0 #	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	22.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MR ASHOK MARTOLIA
Registration No : MH011761105
Patient Episode : H18000001892
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 11:38

Age : 48 Yr(s) Sex :Male
Lab No : 202403001089
Collection Date : 09 Mar 2024 11:38
Reporting Date : 10 Mar 2024 13:11

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	8.0	(4.6-8.0)
Specific Gravity	1.005	(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 ASHOK MARTOLIA
Registration No : MH011761105
Patient Episode : H18000001892
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:21

Age : 48 Yr(s) Sex : Male
Lab No : 202403001089
Collection Date : 09 Mar 2024 10:21
Reporting Date : 09 Mar 2024 16:40

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.1	%	[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)	100	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	152	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	90	mg/dl	[<150]
Borderline high:151-199			
High: 200 - 499			
Very high:>500			
HDL- CHOLESTEROL	40	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	18	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	94.0	mg/dl	[<120.0]
Near/			
Borderline High:130-159			
High Risk:160-189			

Above optimal-100-129



LABORATORY REPORT

Name : MR ASHOK MARTOLIA
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Patient Episode : H18000001892
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:21

Age : 48 Yr(s) Sex : Male
Lab No : 202403001089
Collection Date : 09 Mar 2024 10:21
Reporting Date : 09 Mar 2024 12:12

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.4		<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 Method: GLDH, Kinatic assay	21.3	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	10.0	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	1.09	mg/dl	[0.70-1.20]
URIC ACID Method: uricase PAP	5.6	mg/dl	[4.0-8.5]
SODIUM, SERUM	136.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.22	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	104.0	mmol/L	[101.0-111.0]



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Receiving Date : 09 Mar 2024 10:21

Age : 48 Yr(s) Sex : Male
Lab No : 202403001089
Collection Date : 09 Mar 2024 10:21
Reporting Date : 09 Mar 2024 12:12

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	79.8	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.			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	1.00	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.20	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.80	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.16	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	1.41		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	25.00	U/L	[0.00-40.00]



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Receiving Date : 09 Mar 2024 10:21

Age : 48 Yr(s) Sex : Male
Lab No : 202403001089
Collection Date : 09 Mar 2024 10:21
Reporting Date : 09 Mar 2024 12:12

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	19.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	135.0 #	IU/L	[32.0-91.0]
GGT	14.0	U/L	[7.0-50.0]

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-----

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MR ASHOK MARTOLIA	Age	: 48 Yr(s) Sex :Male
Registration No	: MH011761105	Lab No	: 202403001090
Patient Episode	: H18000001892	Collection Date	: 09 Mar 2024 10:21
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 13:31
Receiving Date	: 09 Mar 2024 10:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	90.0	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-----

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR ASHOK MARTOLIA
Registration No : MH011761105
Patient Episode : H18000001892
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 15:21

Age : 48 Yr(s) Sex : Male
Lab No : 202403001091
Collection Date : 09 Mar 2024 15:21
Reporting Date : 10 Mar 2024 12:51

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS 113.0 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

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

Dr. Charu Agarwal
Consultant Pathologist



NAME	MR Ashok Singh MARTOLIA	STUDY DATE	09/03/2024 10:42AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH011761105
ACCESSION NO.	R7022543	MODALITY	CR
REPORTED ON	09/03/2024 10:47AM	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. Prabhath Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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



NAME	MR Ashok Singh MARTOLIA	STUDY DATE	09/03/2024 11:09AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH011761105
ACCESSION NO.	R7022544	MODALITY	US
REPORTED ON	09/03/2024 2:39PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: Liver is normal in size (measures 139 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 56 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 9 mm.
 COMMON BILE DUCT: Appears normal in size and measures 4 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 97 x 41 mm.
 Left Kidney: measures 104 x 53 mm.
 PELVI-CALYCEAL SYSTEMS: There is mild prominence of right pelvicalyceal system likely extra renal pelvis. Mild to moderate left sided hydroureteronephrosis is seen.
 NODES: Not enlarged.
 FLUID: Nil significant.
 URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal. Few echoes are seen in urinary bladder lumen. Rest normal.
 PROSTATE: Prostate is normal in size, shape and echotexture. It measures 45 x 26 x 25 mm with volume 15 cc. Rest normal.
 SEMINAL VESICLES: Normal.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- There is mild prominence of right pelvicalyceal system likely extra renal pelvis.
- Mild to moderate left sided hydroureteronephrosis is seen.
- Few echoes seen in urinary bladder lumen (ADV: Urine Routine and Microscopy for further evaluation).

ADV: NCCT KUB for further evaluation.

Recommend clinical correlation.



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


Manipal Hospital Ghaziabad

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

HEALTH CHECK RECORD

Hospital No: MH011761105	Visit No: H18000001892
Name: MR ASHOK SINGH MARTOLIA	Age/Sex: 48 Yrs/Male
Doctor Name: DR.SHISHIR NARAIN	Specialty: HC SERVICE MGD
Date: 09/03/2024 12:17PM	

OPD Notes :

 PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECKUP
 SYSTEMIC/ OPHTHALMIC HISTORY - THD X 10 YRS

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	15	16
FUNDUS EXAMINATION		
A) VITREOUS		
B) OPTIC DISC	C:D 0.5	C:D 0.4
C) MACULAR AREA	FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT	
D) VESSELS/ PERIPHERY		

REFRACTION: POWER OF GLASS
Right eye: PLANO -6/6
Left eye: PLANO -6/6
NEAR ADD BE +1.50 DSPH N/6
DIAGNOSIS: DRY EYES
ADVISE / TREATMENT
E/D NISOL 4 TIMES DAILY
REVIEW AFTER
DR.SHISHIR NARAIN

Reg. No.: 9538