

Mediwheel <wellness@mediwheel.in>

Tue 3/5/2024 11:17 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 Below 40

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

Contact Details : 8006785501

Appointment Date : 07-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR JITENDRA	33 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

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भारत सरकार
GOVERNMENT OF INDIA



जितेन्द्र कुमार
Jitendra Kumar
जन्म तारीख/DOB:01/09/1990
पुरुष Male



5271 7703 7914

मेरा आधार, मेरी पहचान

8
07/3/24



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज: सुन्दर लाल, 235 खेड़ा,
पिलखोऊवा पोस्ट ऑफिस, हापड़
उत्तर प्रदेश, 245304

Address:

S/O: Sundar Lal, 235 Khera,
Pilkhauwa Post Office, Hapur
Uttar Pradesh, 245304

5271 7703 7914

MERA AADHAAR, MERI PEHACHAN



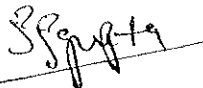
NAME	MR Jitendra KUMAR	STUDY DATE	07/03/2024 9:14AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH010842911
ACCESSION NO.	R7007716	MODALITY	CR
REPORTED ON	07/03/2024 9:21AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Prominent bronchovascular markings are seen in both lung fields.
 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:

Prominent bronchovascular markings are seen in both lung fields.
There is mild cardiomegaly.
Please correlate clinically



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

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

Manipal Hospital, Ghaziabad
 NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002
 P : 0120-616 5666

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



NAME	MR Jitendra KUMAR	STUDY DATE	07/03/2024 9:13AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH010842911
ACCESSION NO.	R7007717	MODALITY	US
REPORTED ON	07/03/2024 10:07AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: appears normal in size (measures 131 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 75 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 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 37 mm.

Left Kidney: measures 105 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 normal in size, shape and echotexture. It measures 36 x 33 x 20 mm with volume 12 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.

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

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

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LABORATORY REPORT

Name : MR JITENDRA KUMAR
Registration No : MH010842911
Patient Episode : H18000001864
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:58

Age : 33 Yr(s) Sex : Male
Lab No : 202403000746
Collection Date : 07 Mar 2024 08:58
Reporting Date : 07 Mar 2024 12:01

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	100.0	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



LABORATORY REPORT

Name : MR JITENDRA KUMAR
Registration No : MH010842911
Patient Episode : H18000001864
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 13:12

Age : 33 Yr(s) Sex : Male
Lab No : 202403000747
Collection Date : 07 Mar 2024 13:12
Reporting Date : 07 Mar 2024 15:25

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	159.0 #	mg/dl	[80.0-140.0]

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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR JITENDRA KUMAR
Registration No : MH010842911
Patient Episode : H18000001864
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:58

Age : 33 Yr(s) Sex : Male
Lab No : 202403000745
Collection Date : 07 Mar 2024 08:58
Reporting Date : 07 Mar 2024 12:01

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 : MR JITENDRA KUMAR
Registration No : MH010842911
Patient Episode : H18000001864
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:58

Age : 33 Yr(s) Sex :Male
Lab No : 202403000745
Collection Date : 07 Mar 2024 08:58
Reporting Date : 07 Mar 2024 12:01

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.51	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.06	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.45	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.89	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.48		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	30.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	47.20	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	101.0 #	IU/L	[32.0-91.0]
GGT	66.0 #	U/L	[7.0-50.0]



LABORATORY REPORT

Name	: MR JITENDRA KUMAR	Age	: 33 Yr(s) Sex :Male
Registration No	: MH010842911	Lab No	: 202403000745
Patient Episode	: H18000001864	Collection Date	: 07 Mar 2024 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Mar 2024 12:00
Receiving Date	: 07 Mar 2024 08:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA	24.2	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	11.3	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.83	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	6.8	mg/dl	[4.0-8.5]
<i>Method: uricase PAP</i>			
SODIUM, SERUM	136.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.71	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.3	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			
eGFR (calculated)	115.6	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.			



LABORATORY REPORT

Name	: MR JITENDRA KUMAR	Age	: 33 Yr(s) Sex :Male
Registration No	: MH010842911	Lab No	: 202403000745
Patient Episode	: H18000001864	Collection Date	: 07 Mar 2024 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Mar 2024 12:00
Receiving Date	: 07 Mar 2024 08:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	268 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	184 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	69 #	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	37 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	162.0 #	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.3		<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



LABORATORY REPORT

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Registration No : MH010842911
Patient Episode : H18000001864
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:58

Age : 33 Yr(s) Sex : Male
Lab No : 202403000745
Collection Date : 07 Mar 2024 08:58
Reporting Date : 07 Mar 2024 17:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.6	%	[0.0-5.6]
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)	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 glyceimic control.

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)



LABORATORY REPORT

Name	: MR JITENDRA KUMAR	Age	: 33 Yr(s) Sex :Male
Registration No	: MH010842911	Lab No	: 202403000745
Patient Episode	: H18000001864	Collection Date	: 07 Mar 2024 09:51
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Mar 2024 14:15
Receiving Date	: 07 Mar 2024 09:51		

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	

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

Colour	BROWNISH YELLOW
Consistency	Semi Solid
Blood	Absent
Mucus	Absent
Occult Blood	NEGATIVE

Microscopic Description

Ova	Absent
Cyst	Absent
Fat Globules	Absent
Pus Cells	0-1 /hpf
RBC	NIL
Others	NIL



LABORATORY REPORT

Name : MR JITENDRA KUMAR Age : 33 Yr(s) Sex :Male
Registration No : MH010842911 Lab No : 202403000745
Patient Episode : H18000001864 Collection Date : 07 Mar 2024 08:58
Referred By : HEALTH CHECK MGD Reporting Date : 07 Mar 2024 12:18
Receiving Date : 07 Mar 2024 08:58

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) Negative		

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



LABORATORY REPORT

Name : MR JITENDRA KUMAR
Registration No : MH010842911
Patient Episode : H18000001864
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:58

Age : 33 Yr(s) Sex : Male
Lab No : 202403000745
Collection Date : 07 Mar 2024 08:58
Reporting Date : 07 Mar 2024 11:45

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	5.18	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.8	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.2	%	[40.0-50.0]
MCV (DERIVED)	89.2	fL	[83.0-101.0]
MCH (CALCULATED)	28.6	pg	[25.0-32.0]
MCHC (CALCULATED)	32.0	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.9	%	[11.6-14.0]
Platelet count	270	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.9		
WBC COUNT (TC) (IMPEDEANCE)	7.33	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	53.0	%	[40.0-80.0]
Lymphocytes	31.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	8.0 #	%	[1.0-6.0]
Basophils	0.8	%	[0.0-2.0]
ESR	24.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

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Registration No : MH010842911
Patient Episode : H18000001864
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:58

Age : 33 Yr(s) Sex : Male
Lab No : 202403000745
Collection Date : 07 Mar 2024 08:58
Reporting Date : 07 Mar 2024 13:30

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.120	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.120	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.530	μIU/mL	[0.250-5.000]

NOTE:

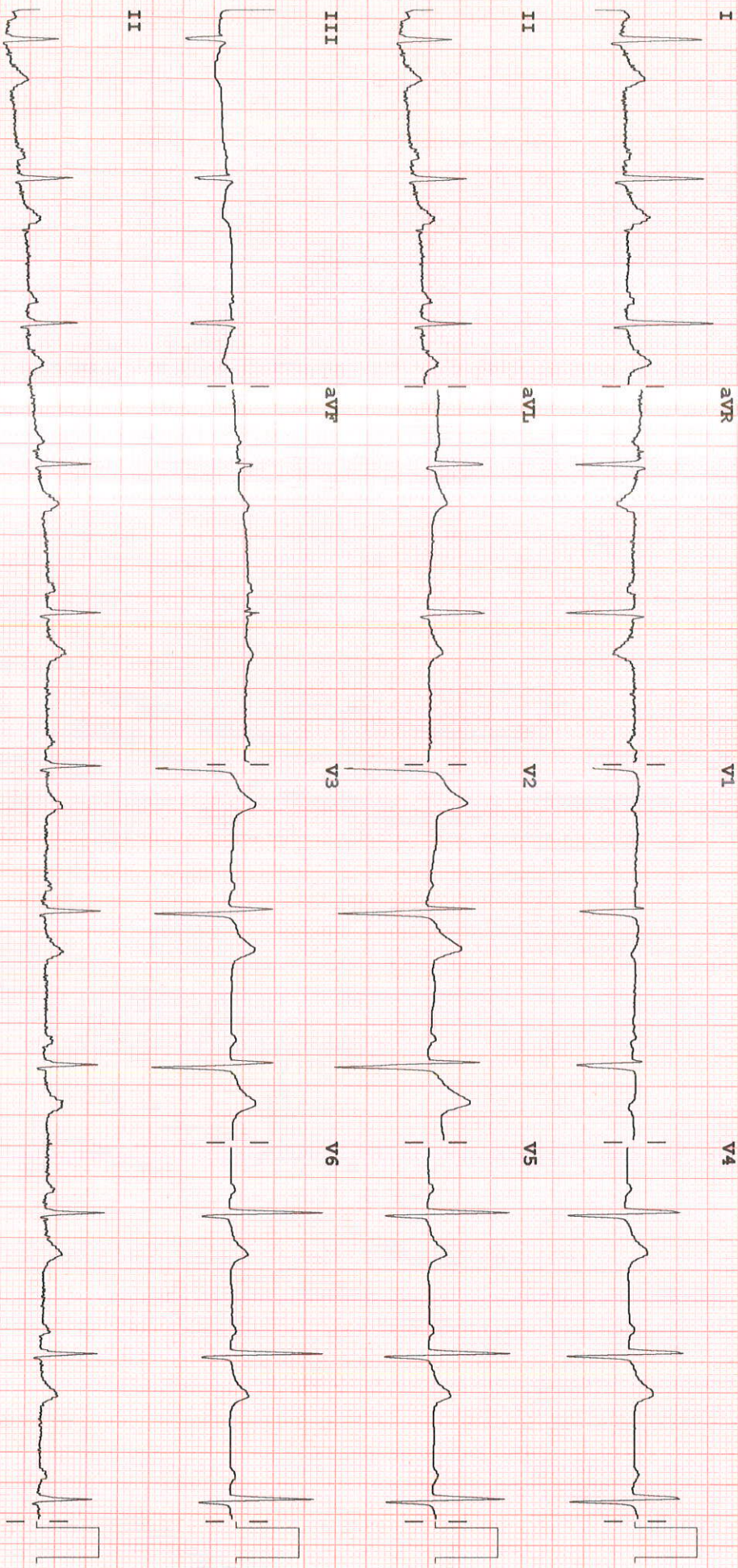
TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones 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.

HCP

- 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 JITENDRA KUMAR	Location	: Ghaziabad
Age/Sex	: 33Year(s)/male	Visit No	: V0000000001-GHZZ
MRN No	MH010842911	Order Date	: 07/03/2024
Ref. Doctor	: DR ABHISHEK SINGH	Report Date	: 07/03/2024

Protocol	: Bruce	MPHR	: 187BPM
Duration of exercise	: 6min 22sec	85% of MPHR	: 158BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 165BPM
Blood Pressure (mmHg)	: Baseline BP : 140/80mmHg Peak BP : 150/90mmHg	% Target HR	: 88%
		METS	: 7.5METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	78	140/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	132	140/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	155	150/80	Nil	No ST changes seen	Nil
STAGE 3	0:22	164	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:14	94	130/80	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 SinghMD, 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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