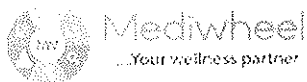


Mediwheel <wellness@mediwheel.in>

Mon 3/18/2024 5:47 PM

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 50 To 60

Contact Details : 9582846362

Appointment Date : 19-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
OMVEER SINGH	54 year	Male

We request you to facilitate the employee on priority.

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.

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Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - GHAZIABAD
GHAZIABAD,, GHAZIABAD,, Uttar
Pradesh, - 0

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 50-60 Male

Shri/Smt./Kum. SINGH,OMVEER

P.F. No. 607896 Designation : ASSISTANT MANAGER(RCoC)

Checkup for Financial Year 2023-2024 Approved Charges Rs. 4000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Sanctioned





भारत सरकार



ओमवीर सिंह
Omveer Singh
जन्म तिथि/DOB: 15/03/1970
पुरुष/ MALE



7134 4091 2099
VID : 9153 7152 3885 3293

MEERA AADHAAR, MERI PEHCHAN

Or. h

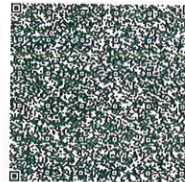


भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
C/O गजराज सिंह, एच नू बी-114, महादेव गली, नई कर्हेरा
कोलोनी, मोहन नगर, गाजियाबाद,
उत्तर प्रदेश - 201007

Address :
C/O Gajraj Singh, h no b-114, mahadev
gali, new karhera colony, Mohan Nagar,
Ghaziabad,
Uttar Pradesh - 201007



Generation Date: 24/09/2018

19.3.24



1947



help@uidai.gov.in

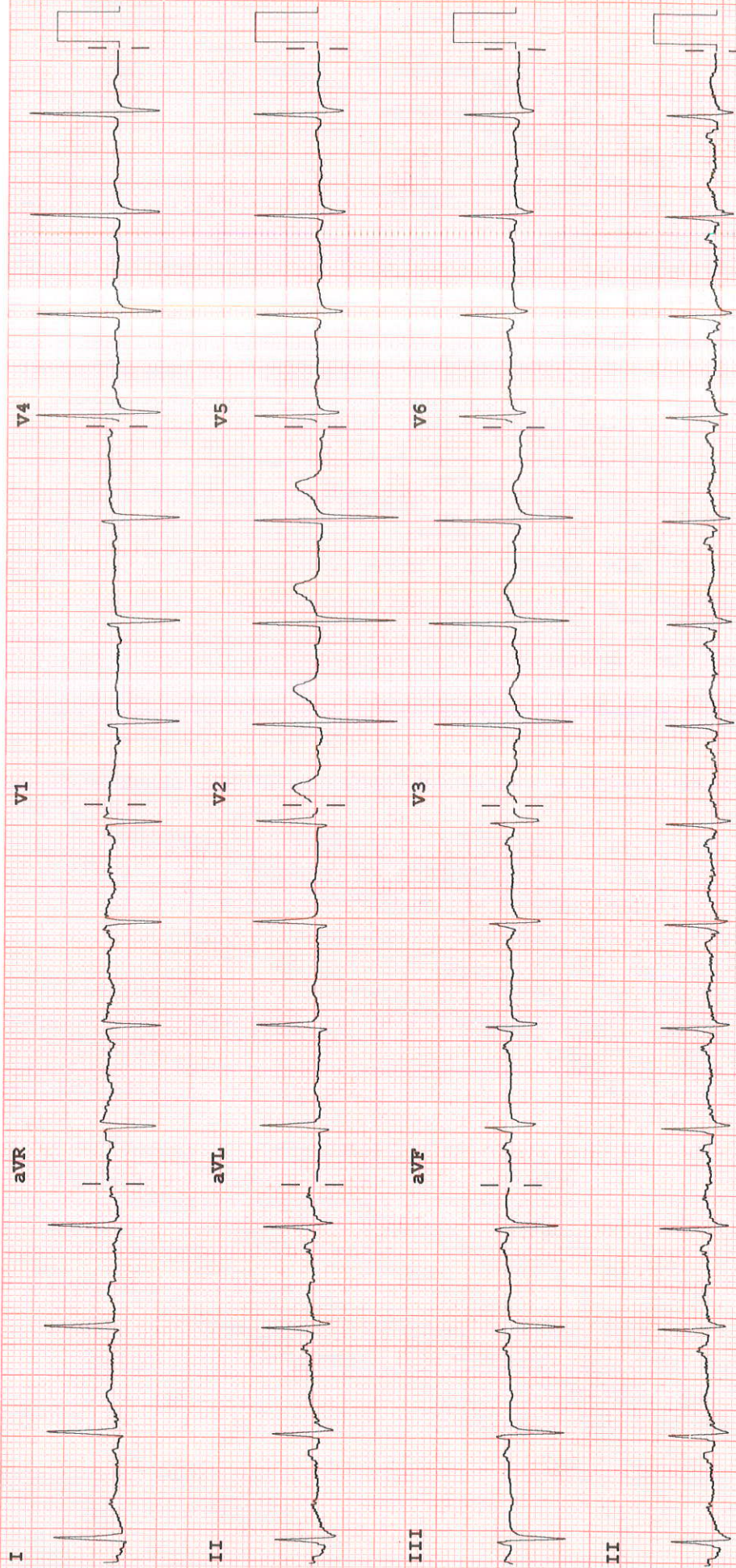
WWW

www.uidai.gov.in

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

- 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?



INVESTIGATION REPORT

Patient Name	MR OMVEER SINGH	Location	Ghaziabad
Age/Sex	54Year(s)/male	Visit No	: V00000000001-GHZZ
MRN No	MH011785026	Order Date	:19/03/2024
Ref. Doctor	Dr. ABHISHEK SINGH	Report Date	:19/03/2024

EchocardiographyFinal Interpretation

1. No RWMA, LVEF=60%.
2. Mild concentric LVH.
3. Grade I LV diastolic dysfunction.
4. No MR, No AR.
5. Trace TR, Normal PASP.
6. No intracardiac clot/mass/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** Trace TR, Normal PASP.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

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



LABORATORY REPORT

Name : MR OMVEER SINGH Age : 54 Yr(s) Sex : Male
Registration No : MH011785026 Lab No : 202403002782
Patient Episode : H18000001942 Collection Date : 19 Mar 2024 08:55
Referred By : HEALTH CHECK MGD Reporting Date : 19 Mar 2024 16:23
Receiving Date : 19 Mar 2024 08:55

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.240	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.520	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.700	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 OMVEER SINGH	Age	: 54 Yr(s) Sex :Male
Registration No	: MH011785026	Lab No	: 202403002782
Patient Episode	: H18000001942	Collection Date	: 19 Mar 2024 08:55
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 12:13
Receiving Date	: 19 Mar 2024 08:55		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN (PSA-Total):	0.430	ng/mL	[<3.500]

Method :ELFA

- Note :1.This is a recommended test for detection of prostate cancer along with Digital Rectal 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 OMVEER SINGH **Age** : 54 Yr(s) Sex :Male
Registration No : MH011785026 **Lab No** : 202403002782
Patient Episode : H18000001942 **Collection Date** : 19 Mar 2024 08:55
Referred By : HEALTH CHECK MGD **Reporting Date** : 19 Mar 2024 11:23
Receiving Date : 19 Mar 2024 08:55

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.72	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.1	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.3	%	[40.0-50.0]
MCV (DERIVED)	91.7	fL	[83.0-101.0]
MCH (CALCULATED)	29.9	pg	[25.0-32.0]
MCHC (CALCULATED)	32.6	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.1	%	[11.6-14.0]
Platelet count	234	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12	fL	
WBC COUNT (TC) (IMPEDENCE)	8.37	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	54.0	%	[40.0-80.0]
Lymphocytes	36.0	%	[20.0-40.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	5.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	20.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MR OMVEER SINGH Age : 54 Yr(s) Sex :Male
Registration No : MH011785026 Lab No : 202403002782
Patient Episode : H18000001942 Collection Date : 19 Mar 2024 09:32
Referred By : HEALTH CHECK MGD Reporting Date : 19 Mar 2024 16:47
Receiving Date : 19 Mar 2024 09:32

CLINICAL PATHOLOGY

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)

MICROSCOPIC EXAMINATION (Automated/Manual)

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



LABORATORY REPORT

Name	: MR OMVEER SINGH	Age	: 54 Yr(s) Sex :Male
Registration No	: MH011785026	Lab No	: 202403002782
Patient Episode	: H18000001942	Collection Date	: 19 Mar 2024 10:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 18:00
Receiving Date	: 19 Mar 2024 10:03		

CLINICAL PATHOLOGY

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

Colour	BROWN
Consistency	Semi Solid
Blood	Absent
Mucus	Absent
Occult Blood	NEGATIVE

Microscopic Description

Ova	Absent
Cyst	Absent
Fat Globules	Absent
Pus Cells	NIL
RBC	NIL



LABORATORY REPORT

Name	: MR OMVEER SINGH	Age	: 54 Yr(s) Sex :Male
Registration No	: MH011785026	Lab No	: 202403002782
Patient Episode	: H18000001942	Collection Date	: 19 Mar 2024 08:55
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 18:18
Receiving Date	: 19 Mar 2024 08:55		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	6.3 #	%	[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)	134	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 glycemc control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	194	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	164 #	mg/dl	[<150]
Borderline high:151-199			
High: 200 - 499			
Very high:>500			
HDL- CHOLESTEROL	56	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	33	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	105.0	mg/dl	[<120.0]
Near/			
Borderline High:130-159			
High Risk:160-189			

Above optimal-100-129



LABORATORY REPORT

Name	: MR OMVEER SINGH	Age	: 54 Yr(s) Sex :Male
Registration No	: MH011785026	Lab No	: 202403002782
Patient Episode	: H18000001942	Collection Date	: 19 Mar 2024 08:55
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 12:13
Receiving Date	: 19 Mar 2024 08:55		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	104.0	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	0.56	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.46	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.45	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.46		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	34.00	U/L	[0.00-40.00]



LABORATORY REPORT



Name	: MR OMVEER SINGH	Age	: 54 Yr(s) Sex :Male
Registration No	: MH011785026	Lab No	: 202403002782
Patient Episode	: H18000001942	Collection Date	: 19 Mar 2024 08:55
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 12:13
Receiving Date	: 19 Mar 2024 08:55		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	48.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	70.0	IU/L	[32.0-91.0]
GGT	31.0	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-----

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR OMVEER SINGH Age : 54 Yr(s) Sex : Male
Registration No : MH011785026 Lab No : 202403002784
Patient Episode : H18000001942 Collection Date : 19 Mar 2024 11:51
Referred By : HEALTH CHECK MGD Reporting Date : 19 Mar 2024 15:04
Receiving Date : 19 Mar 2024 11:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS	193.0 #	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



LABORATORY REPORT

Name	: MR OMVEER SINGH	Age	: 54 Yr(s) Sex :Male
Registration No	: MH011785026	Lab No	: 202403002782
Patient Episode	: H18000001942	Collection Date	: 19 Mar 2024 08:55
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Mar 2024 12:13
Receiving Date	: 19 Mar 2024 08:55		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	194	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	164 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	56	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	33	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	105.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	3.5		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.9		<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

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

Dr. Charu Agarwal
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MR Omveer SINGH	STUDY DATE	19/03/2024 9:09AM
AGE / SEX	54 y / M	HOSPITAL NO.	MH011785026
ACCESSION NO.	R7081046	MODALITY	CR
REPORTED ON	19/03/2024 9:17AM	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 Omveer SINGH	STUDY DATE	19/03/2024 9:06AM
AGE / SEX	54 y / M	HOSPITAL NO.	MH011785026
ACCESSION NO.	R7081047	MODALITY	US
REPORTED ON	19/03/2024 11:29AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 144 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 89 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10 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 93 x 37 mm.

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 enlarged in size (measures 51 x 36 x 32 mm with volume 31 cc) but normal in shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade II fatty infiltration in liver.

-Prostatomegaly.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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