

Health Check up Booking Confirmed Request(22S37867),Package Code-PKG10000377, Beneficiary Code-290182

1 message

Mediwheel <wellness@mediwheel.in>
To: bcfagra@gmail.com
Cc: customercare@mediwheel.in

Thu, Nov 7, 2024 at 10:07 AM



Mediwheel
...Your wellness partner

011-41195959

Hi **Blossoms 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 Annual Plus Check
- Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40
- Contact Details** : 7976057599
- Appointment Date** : 08-11-2024
- Confirmation Status** : Booking Confirmed
- Preferred Time** : 10:00 AM - 10:30 AM

Member Information		
Booked Member Name	Age	Gender
Ranjita	30 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

Please Download Mediwheel App



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भारत सरकार
Government of India

रंजीता
Ranjita
जन्म तिथि/DOB: 05/12/1993
महिला/ FEMALE

9936 6900 5978
VID : 9187 2694 2330 9779

मेरा आधार, मेरी पहचान

रंजीता

1947

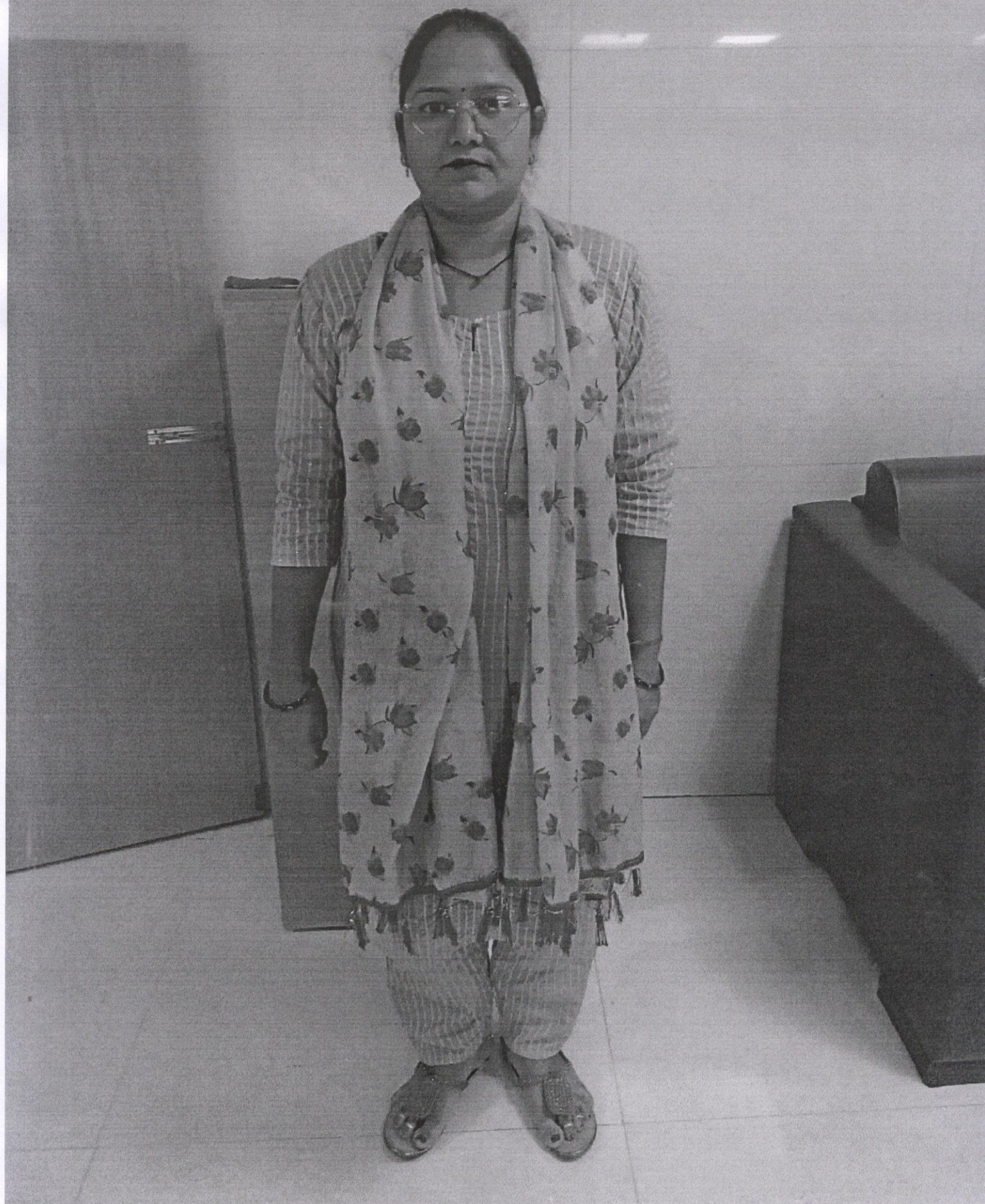
help@uidai.gov.in | www.uidai.gov.in

9936 6900 5978
VID : 9187 2694 2330 9779

Address:
D/O: Rajesh Kumar, Village Chingawan,
Chingawan, Etah,
Uttar Pradesh - 207302

पता:
राजेश कुमार, गाँव चिंगवाण, चिंगवाण, एताह,
उत्तर प्रदेश - 207302

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

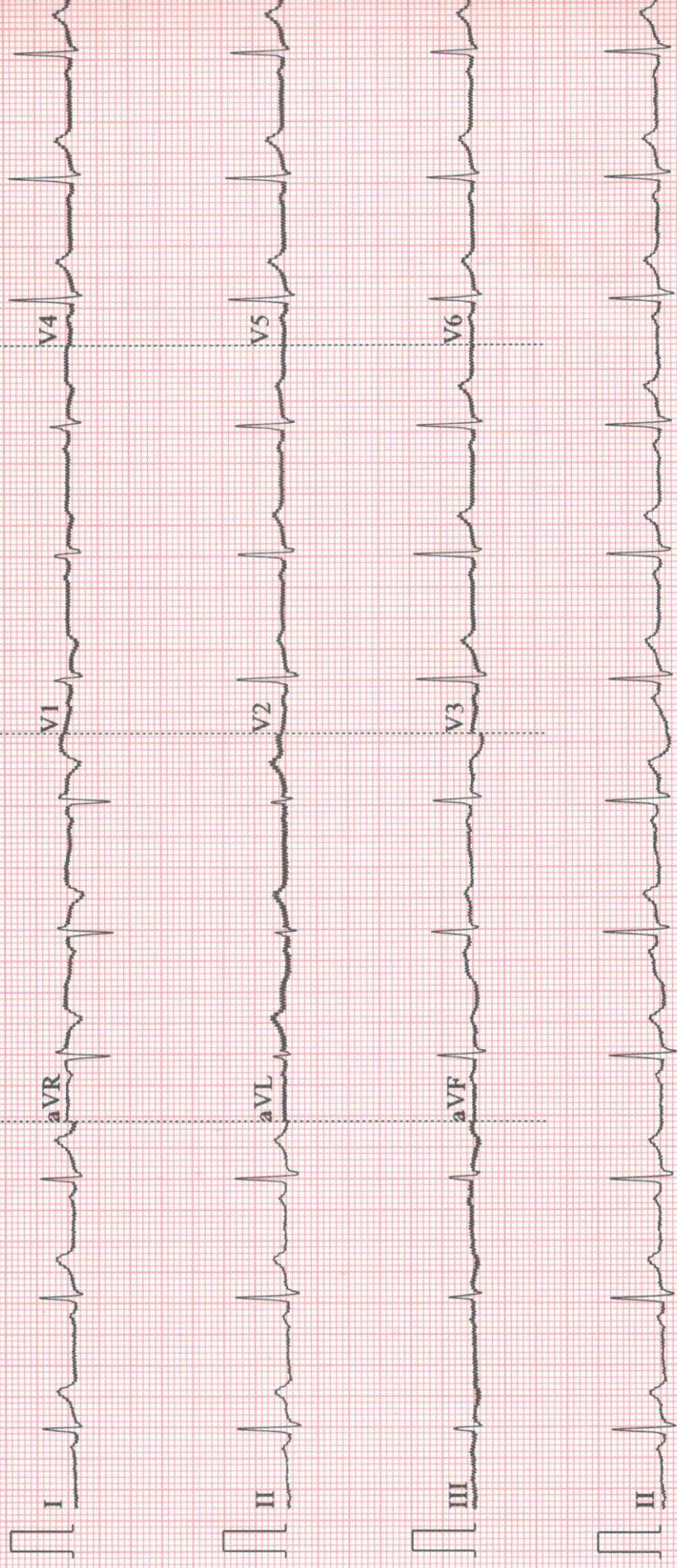


08-11-2024 12:20:55 PM
ID: 14
ran_jita
Female 30Years

HR	: 74	bpm
P	: 109	ms
PR	: 154	ms
QRS	: 87	ms
QT/QTc	: 356/396	ms
P/ORS/T	: 43/49/11	°
RV5/SV1	: 0.884/0.181	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



R



01820 RANJITA 30Y/F 08/11/2024 CHEST AP DR SACHIN MALHOTRA
BLOSSOMS HOSPITAL AGRA



BLOSSOMS HOSPITAL



ULTRASOUND REPORT

NAME – RANJEETA W/O PRAVEEN KUMAR

DATE-08/11/2024

- (1)**LIVER**- is normal in size however echotexture is well maintained. No evidence of any focal space occupying lesion seen. IHBR are not dilated. Hepatic veins are normal. PV is normal in caliber.
- (2)**GALL BLADDER- GB** is normal in size shape & echotexture. No stone or mass present within the lumen of gall bladder. CBD is normal.
- (3)**PANCREAS**- contracted. No stone or mass is evidenced. Main pancreatic duct is not dilated. No evidence of peripancreatic collection.
- (4)**SPLEEN**-appears normal in size shape and echotexture. Splenic vein is normal.
- (5)**BOTH KIDNEYS**- appears normal in size , shape and echotexture. Corticomedullary differentiation is well maintained. There is no evidence of hydronephrosis.no stone or mass present.
- (6)**URINARY BLADDER**-is normally distended with echofree contents and normal wall thickness. No mass lesion or calculus is seen.
- (7)**UTERUS**- is normal in size measuring 7.7x4.5X5.6cm with echogenic myometrium. Endometrial thickness 3.7mm.cervix is normal.
- (8)**BOTH OVARIES**- Both ovaries are normal.
- Mild amount of free fluid present in cul de sac

IMPRESSION –PID.

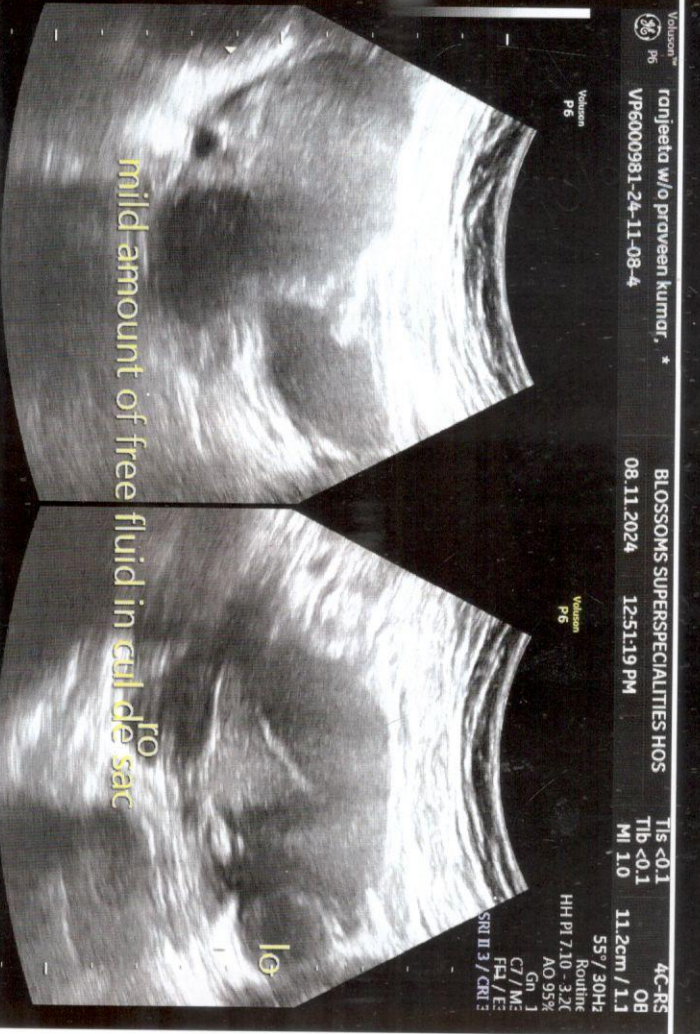
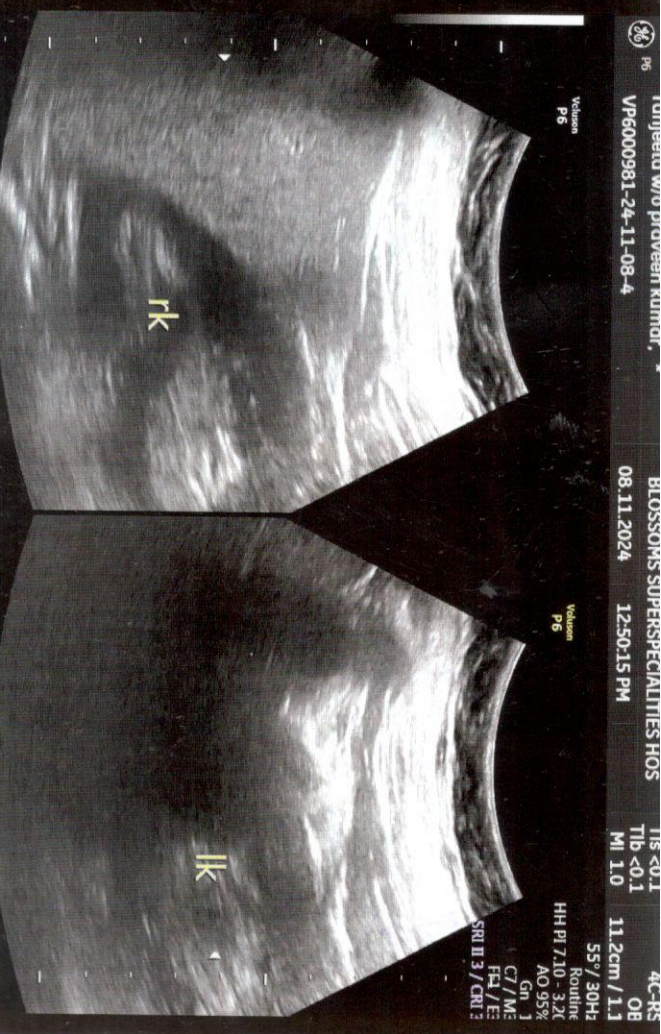

DR.SUNITA MALHOTRA

ULTRASONOLOGIST



Reg. No. UP/AGR/2016/AL/2596

2. Khandari Quarters, Master Plan Road, Agra - 282002



VP6000981-24-11-08-4

08.11.2024

12:49:54 PM

TIs <0.1

Tlb <0.1

MI 1.0

11.2cm / 1.1

55° / 30Hz

Routine

HH PI 7.10 - 3.2C

AO 95%

Gn 1

C7/ME

FH/EE

SRI II 3 / CRI 3

ranjeeta w/o praveen kumar, *

BLOSSOMS SUPERSPECIALITIES HOS

08.11.2024

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Tlb <0.1

MI 1.0

11.2cm / 1.1

ranjeeta w/o praveen kumar, *

BLOSSOMS SUPERSPECIALITIES HOS

08.11.2024

TIs <0.1

Tlb <0.1

MI 1.0

11.2cm / 1.1

mild amount of free fluid in cul de sac

- 1 D 7.72cm
- 2 D 4.54cm
- 3 D 5.61cm



Booking Time 18:39:25
Sample Drawn: 08/11/2024 18:40:37
Sample Received: 08/11/2024 18:40:38
Print Date & Time: 08/11/2024 18:49:48



Date: 08/11/2024 Patient ID: 10246921

Refd by Lab:

Name : MRS. RANJITA

Age :

Sex: Female

Ref. By: BLOSSOM'S SUPER SPECIALITIES HOSPITAL

Sample Type: Urine, SERUM, EDTA, Flouride Fasting

Investigation: C.B.C., E.S.R., FT3, FT4 & TSH, HbA1C, LIPID PROFILE, LIVER FUNCTION TEST, RENAL FUNCTION TEST, SUGAR FASTING

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN (Hb) Method: Non Cyanide.	10.7	gm/dl	12.0 - 15.0
TLC (Total Leucocyte Count) Method: DC Detection	6900	/cu mm	4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT Method: Method: Flowcytometry / Microscopy			
NEUTROPHILS Method: Flow cytometry / Microscopy	64	%	45 - 70
LYMPHOCYTES Method: Flow cytometry / Microscopy	33	%	20 - 45
MONOCYTES Method: Flow cytometry / Microscopy	02	%	00 - 10
EOSINOPHILS Method: Flow cytometry / Microscopy	01	%	01 - 06
R B C (Red Blood Cell Count) Method: DC Detection	3.88	Millions/cm m	3.80 - 4.80
PCV / Hct (Hematocrit) Method: Electrical Impedance	39.0	%	36.0 - 46.0
M C V (Mean Corp Volume) Method: Calculated.	86.1	Femtoliter	82.0 - 101.0
M C H (Mean Corp Hb) Method: Calculated	29.1	Picogram	27.0 - 32.0
M C H C (Mean Corp Hb Conc) Method: Calculated.	33.0	gm/dl	31.5 - 34.5





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Test Name	Value	Unit	Biological Ref Interval
PLATELET COUNT Method: DC Detection & Microscopy	158	X10 ³ /μL	150 - 450
ABSOLUTE NEUTROPHIL COUNT Method: Calculated	4.42	X10 ³ /μL	2.00 - 7.00
ABSOLUTE LYMPHOCYTE COUNT Method: Calculated	2.28	X10 ³ /μL	1.00 - 3.00
ABSOLUTE MONOCYTE COUNT Method: Calculated	0.14	X10 ³ /μL	0.20 - 1.00
ABSOLUTE EOSINOPHIL COUNT Method: Microscopy	0.07	X10 ³ /μL	0.04 - 0.44
E.S.R. (Westergren) Method: Sedimentation	13	mm 1st hr.	00 - 20
GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
GLYCOSYLATED HAEMOGLOBIN (HbA1c)	4.87	%	Non Diabetic : <6.00 Good Control : 6.00 - 7.00 Fair Control : 7.00 - 8.00 Poor Control : >8.00
ESTIMATED AVERAGE GLUCOSE (eAG)	93.07	mg/dl	65.00 - 135.00

REMARKS :

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 8-12 weeks) and therefore provides much more reliable information for glycemia monitoring than determination of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 3-6 months during diabetes





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Sex: Female

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Investigation : C.B.C.,E.S.R.,FT3, FT4 & TSH,HbA1C,LIPID PROFILE,LIVER FUNCTION TEST,RENAL FUNCTION TEST,SUGAR FASTING

Test Name	Value	Unit	Biological Ref Interval
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mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Estimated average glucose (eAG) - There is a predictable relationship between HbA1c and eAG. It helps people with diabetes to correlate their A1c to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation convets the A1c percentage to the same units used by glucometers mg/dl. The following table shows the relationship of eAG and A1c.

HbA1c	eAG (mg/dl)
5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298

BIOCHEMISTRY

BLOOD SUGAR FASTING Method: Hexokinase	83.00	mg/dl	70.00 - 100.00 Glucose Fasting: <100.0 Impaired Glu. Tolerance: 101.0-125.0 Diabeties : >125.0
LIPID PROFILE			
CHOLESTEROL Method: Enzymatic Colorimetric	133.00	mg/dl	82.00 - 200.00 Optimal : < 200.00 Border line High Risk : 200.0 - 239.0 High Risk: >240.0
TRIGLYCERIDES Method: Enzymatic Colorimetric	125.00	mg/dl	0.00 - 150.00





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Test Name	Value	Unit	Biological Ref Interval
HDL CHOLESTEROL Method: CHOD-PAP	79.10	mg/dl	42.00 - 88.00
LDL CHOLESTEROL Method: CHOD-PAP	28.90	mg/dl	0.00 - 129.00
VLDL CHOLESTEROL Method: Calculated	25.00	mg/dl	25.00 - 40.00
CHOLESTEROL / HDL RATIO Method: Calculated	1.68	mg/dl	0.00 - 4.90
LDL / HDL RATIO Method: Calculated	0.37	mg/dl	0.00 - 3.50
NON-HDL CHOLESTEROL Method: Calculated	53.90	mg/dl	<130.0
RENAL FUNCTION TEST			
BLOOD UREA Method: Urease	19.00	mg/dl	17.00 - 43.00

Optimal: < 150.0
Borderline High Risk: 150.0 - 199.0
High Risk : 200.0 - 499.0
Very High Risk : >500.0

Optimal: < 100.0
Near Optimal: 100.0 - 129.0
Border line High Risk: 130.0 - 159.0
High Risk: 160.0 - 189.0
Very High Risk: >190.0

Low Risk: 3.3-4.4
Avg. Risk: 4.5-7.1
Mod. Risk: 7.2-11.0





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Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method: Jaffe's reaction.	0.75	mg/dl	0.00 - 0.90
SERUM URIC ACID Method: Uricase-Peroxidase	4.87	mg/dl	2.30 - 6.10
S. ALKALINE PHOSPHATASE Method: Colorimetric Assay	87.20	U/L	37.00 - 103.00
			Male (Adult): 25.0 - 140.0 Female (Adult): 37.0 - 103.0 Child(10 -17) : 350.0 - 500.0 2-10 Yrs : 100.0 - 350.0 New Born: 1-4 Times the Adult Values
TOTAL PROTEIN Method: Biuret	6.87	gm/dl	6.40 - 8.30
ALBUMIN Method: BCG	4.26	gm/dl	3.47 - 4.94
GLOBULIN Method: Calculated	2.61	gm/dl	1.50 - 6.80
A/G RATIO Method: Calculated	1.63	gm/dl	1.00 - 2.30
SERUM SODIUM Method: Indirect ISE	132.00	mmol/L	132.00 - 146.00
SERUM POTASSIUM Method: Indirect ISE	3.77	mmol /L	3.40 - 5.40
SERUM CALCIUM Method: NM-BAPTA	9.01	mg/dl	8.60 - 10.20





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Sample Type: Urine, SERUM, EDTA, Fluoride Fasting
Investigation : C.B.C., E.S.R., FT3, FT4 & TSH, HbA1C, LIPID PROFILE, LIVER FUNCTION TEST, RENAL FUNCTION TEST, SUGAR FASTING

Test Name	Value	Unit	Biological Ref Interval
SERUM PHOSPHORUS Method: UV Molybdate	3.45	mg/dl	2.50 - 4.50

URINE EXAMINATION REPORT

PHYSICAL

COLOUR
Method: Visual

PALE YELLOW

Pale Yellow

TRANSPARENCY
Method: Visual

CLEAR

Clear

SPECIFIC GRAVITY
Method: Strip

1.020

1.001 - 1.030

PH
Method: pH paper

6.0

5.0 - 8.0

DEPOSIT

ABSENT

Absent

BIOCHEMICAL

ALBUMIN
Method: Heat Coagulation

NIL

Nil

SUGAR
Method: Benedict's

NIL

Nil

BILE SALTS (BS)
Method: Hay's sulphur

ABSENT

Absent

BILE PIGMENT (BP)
Method: Fouchet's

ABSENT

Absent

MICROSCOPIC

PUS CELLS
Method: Microscopy

1-2

/HPF

0 - 5

EPITHELIAL CELLS
Method: Microscopy

2-3

/HPF

0 - 5

RBC'S
Method: Microscopy

NIL

/HPF

0 - 2

CASTS
Method: Microscopy

ABSENT

Absent



Dr. Sakshi Mishra
M.D. (Path.)



MC-5622

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Test Name	Value	Unit	Biological Ref Interval
CRYSTALS Method: Microscopy	NIL		Nil
BACTERIA Method: Microscopy	ABSENT		ABSENT
OTHERS Method: Microscopy	NIL		Nil
BIOCHEMISTRY			
LIVER FUNCTION TEST			
SERUM BILIRUBIN (TOTAL) Method: Colorimetric-Diazo	0.47	mg/dl	0.00 - 1.10
CONJUGATED (Direct) Method: Colorimetric-Diazo	0.29	mg/dl	0.00 - 0.30
UNCONJUGATED (Indirect) Method: Calculated	0.18	mg/dl	0.10 - 1.00
			Full Term Age of New Born 24 hrs : 2 - 6 mg/dl 48 hrs : 6 - 7 mg/dl 3-5 Days: 4 - 12 mg/dl Premature Age of New Born 24 hrs: 1- 6 mg/dl 48 hrs: 6 - 8 mg/dl 3-5 Days: 10 - 15 mg/dl
SGOT /AST Method: without P5P	24.00	U/L	0.00 - 35.00
SGPT /ALT Method: without P5P	16.10	U/L	0.00 - 35.00
GLOBULIN Method: Calculated	2.61	gm/dl	1.50 - 6.80



Page No: 7 of 8

Dr. Sakshi Mishra
M.D. (Path.)

24x7

All tests have technical limitations, Corroborative clinicopathological interpretation is indicated. In case of any disparity including machine error or typing error the test should be repeated immediately. NOT VALID FOR MEDICO LEGAL PURPOSE.

SAMPLE COLLECTION FACILITY AVAILABLE FROM HOME & NURSING HOME.

HELP LINE NO. : Delhi Gate : 7534855577, Rajpur Chungi : 7534955577

E-mail - standardpathology@gmail.com



MC-5622

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Test Name	Value	Unit	Biological Ref Interval
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A/G RATIO
Method: Calculated

1.63 gm/dl

1.00 - 2.30

Gamma GT
Method: Enzymatic colorimetric assay

31.00 U/L

0.00 - 36.00

ENDOCRINOLOGY

FREE TRIIODOTHYRONINE (FT3)

3.88 pmol/l

3.10 - 6.80

FREE THYROXINE (FT4)

1.10 ng/dl

0.89 - 1.76

THYROID STIMULATING HORMONE (TSH)

2.01 uIU/mL

0.27 - 5.50

Adults > 20 Yrs : 0.270 - 5.500
Children
1-3 Days : 5.17 - 14.6
4 - 30 Days : 0.43 - 16.1
2 - 12 Months : 0.62 - 8.05
2 - 6 Yrs : 0.54 - 4.53
7 - 11Yrs : 0.66 - 4.14
12 - 19 Yrs : 0.53 - 3.59

The new recommendations for TSH levels during pregnancy are the following:

First trimester: less than 2.5 with a range of 0.1-2.5.

Second trimester: 0.2-3.0

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4 am and at a minimum 6-10 pm
The variation is of the order of 50%, hence time of the day has influence on the measured TSH concentrations.

**** End Of Report ****

Result Awaited : LIVER FUNCTION TEST(ALKALINE PHOSPHATASE, TOTAL PROTEIN, ALBUMIN)



Page No: 8 of 8

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M.D. (Path.)

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E-mail - standardpathology@gmail.com

**MediWheel Full Body
Health Annual Plus Check**

Test Name

For the most Comprehensive Check of
all Pathology for complete
understanding of your body.
CBC with ESR, Urine analysis Blood Group, BMI

Blood Sugar & Urine Sugar Fasting, Blood Sugar
- Post Prandial, Urine Sugar PP, Hba1c

TSH, T3, T4

Triglycerides, Cholesterol Total, HDL, LDL, VLDL
LDL/HDL Ratio, Cholesterol Total / HDL Ratio

Uric Acid, BUN, Creatinine, BUN/Creatinine
Ratio, Total Protein

Bilirubin Total & Direct and indirect, Alkaline
Phosphatase, , Albumin, Globulin, A:G Ratio,
Serum Protein, GGT, AST/ALT Ratio

ECG, (2D or TMT)

X Ray Chest

Ultrasound

Pap Smear

General, Dental, Eye, ENT, Dietician, Gynec
48 Hours

2500

**MediWheel Full Body
Comprehensive Plus Vitamin
Female**

