

Health Check up Booking Request(22S57038)

message

Mediwheel <wellness@mediwheel.in>
o: yashanshu.singh1109@gmail.com
c: customer.care@mediwheel.in

Fri, 7 Mar, 2025 at 4:06 pm



Dear MR. YASHANSHU,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

[Upload HRM Letter](#)

User Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Manipal Hospital

Address of Diagnostic/Hospital : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links
Aparment, Ghaziabad, Uttar Pradesh - 201002

Appointment Date : 08-03-2025

Preferred Time : 09:30 AM - 10:00 AM

Member Information		
Booked Member Name	Age	Gender
Laxmi	33 year	Female

Note - Do not pay any amount to the hospital

Tests included in this Package

- Stool Test
- Urine Analysis
- Liver Profile
- Lipid Profile
- HbA1c
- CBC
- Blood Glucose (Post Prandial)
- Blood Glucose (Fasting)
- ESR
- Thyroid Profile
- Pap Smear
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Chest X-ray
- ECG
- USG Whole Abdomen
- General Physician Consultation
- Eye Check-up Consultation
- Dental Consultation
- Gynae Consultation

Thanks,



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भारत सरकार
Government of India



Issue Date: 07/03/2012



लक्ष्मी
Laxmi
जन्म तिथि / DOB : 07/07/1991
महिला / Female



9763 2863 4814

मेरा आधार, मेरी पहचान



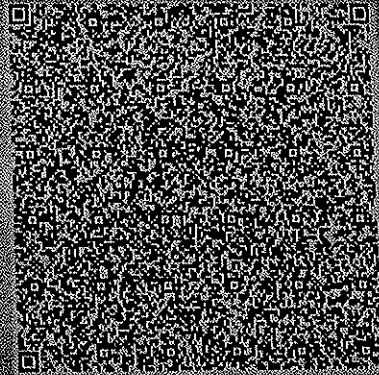
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पत्ता: यशंशु, 1102, विभाग 9 पुराना विजय
नगर, गाजियाबाद, गाजियाबाद, उत्तर प्रदेश,
201009

Print Date: 02/03/2022

Address: W/O Yashanshu, 1102, Sector 9
Old Vijay Nagar, Ghaziabad, Ghaziabad,
Uttar Pradesh, 201009



9763 2863 4814



1947



help@uidai.gov.in



www.uidai.gov.in

Laxmi
Female
(33 Years)

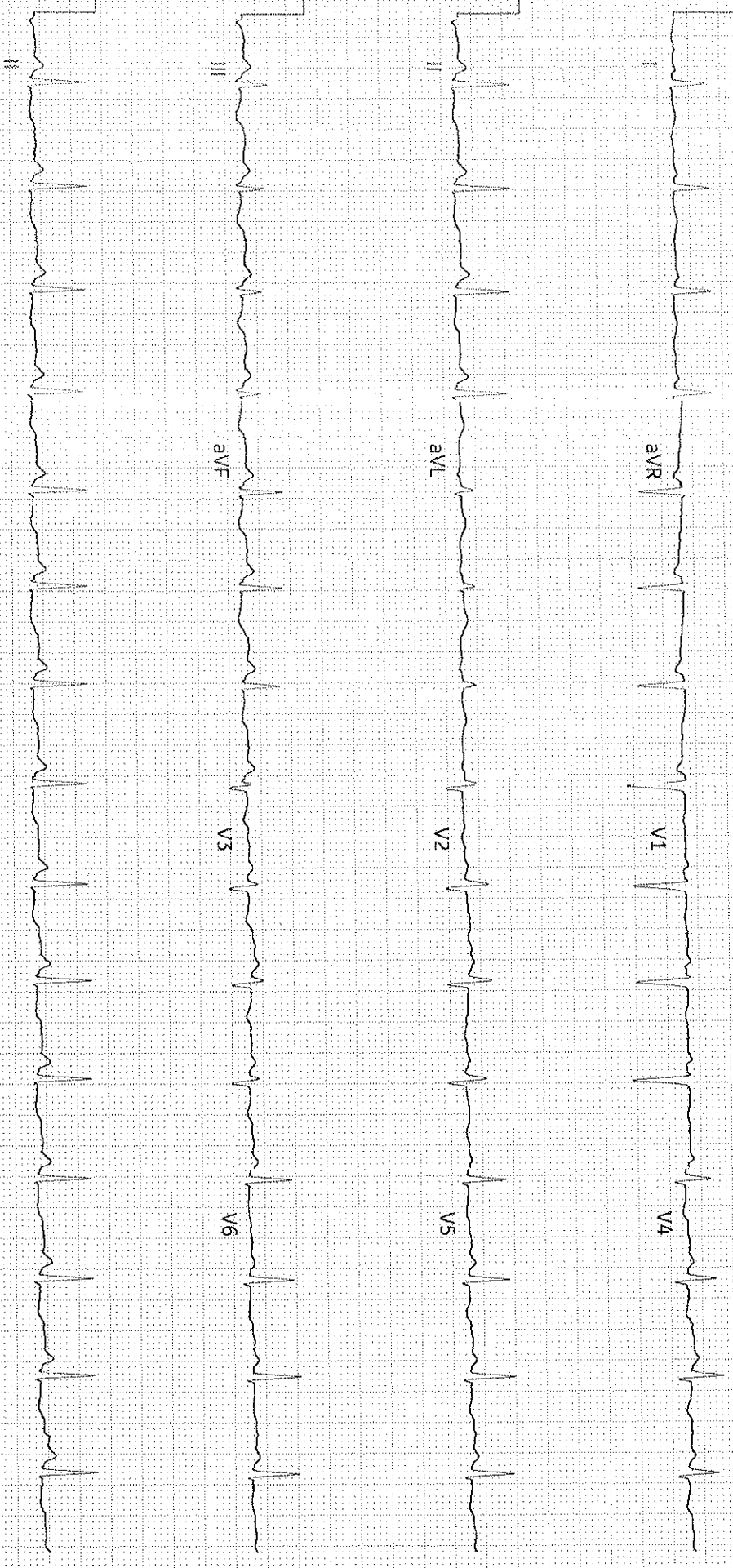
Vital Signs™ 226 166 05

Vent rate 93 BPM
PR interval 130 ms
QRS duration 74 ms
QT/QTc-Baz 332/412 ms
P-R-T axes 73 58 -54

HL

08/03/2025 12:48:19 PM
Manipal Hospital

Unconfirmed





Patient Name	MRS LAXMI	Location	Ghaziabad
Age/Sex	33Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH010624600	Order Date	:08/03/2025
Ref.Doctor	H/C	Report Date	:08/03/2025

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. Normal MIP.
4. Trace MR, No AR.
5. Trace TR, Normal PASP.
6. No intracardiac clot/vegetation/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 is normal sized.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal, Trace MR.
- **Tricuspid Valve:** Trace TR.
- **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 0300E info@manipalhospitals.com www.manipalhospitals.com

**LABORATORY REPORT**

Name : MISS LAXMI
 Registration No : MH010624600
 Patient Episode : H18000003903
 Referred By : HEALTH CHECK MGD
 Receiving Date : 08 Mar 2025 10:03

Age : 33 Yr(s) Sex :Female
 Lab No : 202503001226
 Collection Date : 08 Mar 2025 10:03
 Reporting Date : 09 Mar 2025 10:16

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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. Charu Agarwal
 Consultant Pathologist



LABORATORY REPORT

Name : MISS LAXMI
 Registration No : MH010624600
 Patient Episode : H18000003903
 Referred By : HEALTH CHECK MGD
 Receiving Date : 08 Mar 2025 10:03

Age : 33 Yr(s) Sex :Female
 Lab No : 202503001226
 Collection Date : 08 Mar 2025 10:03
 Reporting Date : 08 Mar 2025 15:38

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST

RESULT

UNIT

Specimen Type : Serum

THYROID PROFILE, Serum

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T3 - Triiodothyronine (ELFA)	0.980	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.130	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.110	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 : MISS LAXMI
Registration No : MH010624600
Patient Episode : H18000003903
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 14:09

Age : 33 Yr(s) Sex :Female
Lab No : 202503001228
Collection Date : 08 Mar 2025 14:09
Reporting Date : 09 Mar 2025 09:39

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	87.5	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. Charu Agarwal
Consultant Pathologist

Printed On : 10 Mar 2025 12:18



LABORATORY REPORT

Name	: MISS LAXMI	Age	: 33 Yr(s) Sex :Female
Registration No	: MH010624600	Lab No	: 202503001226
Patient Episode	: H18000003903	Collection Date	: 08 Mar 2025 10:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 12:38
Receiving Date	: 08 Mar 2025 10:03		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.64	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.2	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.4	%	[36.0-46.0]
MCV (DERIVED)	82.8 #	fL	[83.0-101.0]
MCH (CALCULATED)	26.3	pg	[25.0-32.0]
MCHC (CALCULATED)	31.8	g/dl	[31.5-34.5]
RDW CV% (Calculated)	15.3 #	%	[11.6-14.0]
Platelet count	365	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.40	fL	
WBC COUNT(TC) (Flow Cytometry/ Manual)	5.04	x 10 ³ cells/	
cumm	[4.00-10.00]		
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	59.0	%	[40.0-80.0]
Lymphocytes	29.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	6.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	30.0 #	mm/1sthour	[0.0-20.0]



LABORATORY REPORT

Name	: MISS LAXMI	Age	: 33 Yr(s) Sex :Female
Registration No	: MH010624600	Lab No	: 202503001226
Patient Episode	: H18000003903	Collection Date	: 08 Mar 2025 10:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 15:45
Receiving Date	: 08 Mar 2025 10:03		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.5	%	[0.0-5.6]
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)	111	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.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	
pH(indicators)	6.5	(4.6-8.0)
Specific Gravity(Dip stick-ion)	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin(Dip stick)	NEGATIVE	(NEGATIVE)
Glucose(GOP/POD/Manual-Benedicts)	NIL	(NIL)
Ketone Bodies(Dip stick)	Negative	(NEGATIVE)
Urobilinogen(Dip stick)	Normal	(NORMAL)



LABORATORY REPORT

Name : MISS LAXMI
Registration No : MH010624600
Patient Episode : H18000003903
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:35

Age : 33 Yr(s) Sex :Female
Lab No : 202503001226
Collection Date : 08 Mar 2025 11:35
Reporting Date : 08 Mar 2025 15:46

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	20-30 /hpf	(0-5/hpf)
RBC	2 - 5/HPF	(0-2/hpf)
Epithelial Cells	10-12 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	161	mg/dl	[<200]
Method:Oxidase,esterase,peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	79	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)	16	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	95.0	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)	3.2		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.9		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name : MISS LAXMI
Registration No : MH010624600
Patient Episode : H18000003903
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 10:03

Age : 33 Yr(s) Sex :Female
Lab No : 202503001226
Collection Date : 08 Mar 2025 10:03
Reporting Date : 08 Mar 2025 15:38

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	17.8	mg/dl	[15.0-40.0]
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Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN	8.3	mg/dl	[8.0-20.0]
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Method: Calculated

CREATININE, SERUM	0.51 #	mg/dl	[0.70-1.20]
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Method: Jaffe rate-IDMS Standardization

URIC ACID	3.1 #	mg/dl	[4.0-8.5]
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Method:uricase PAP

SODIUM, SERUM	128.00 #	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	3.80	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	94.8 #	mmol/L	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	126.7	ml/min/1.73sq.m	[>60.0]
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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.



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Receiving Date : 08 Mar 2025 10:03

Age : 33 Yr(s) Sex :Female
Lab No : 202503001226
Collection Date : 08 Mar 2025 10:03
Reporting Date : 08 Mar 2025 15:38

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.07	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.21	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.86	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.24	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.50 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.23		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	25.75	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	17.90	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	93.9 #	IU/L	[32.0-91.0]
GGT	57.4 #	U/L	[7.0-50.0]

**LABORATORY REPORT**

Name	: MISS LAXMI	Age	: 33 Yr(s) Sex :Female
Registration No	: MH010624600	Lab No	: 202503001226
Patient Episode	: H18000003903	Collection Date	: 08 Mar 2025 10:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 15:38
Receiving Date	: 08 Mar 2025 10:03		

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

Printed On : 09 Mar 2025 05:40



LABORATORY REPORT

Name : MISS LAXMI
Registration No : MH010624600
Patient Episode : H18000003903
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 10:03

Age : 33 Yr(s) Sex :Female
Lab No : 202503001227
Collection Date : 08 Mar 2025 10:03
Reporting Date : 08 Mar 2025 11:47

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	97.1	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

Printed On : 09 Mar 2025 05:40



RADIOLOGY REPORT

NAME	LAXMI	STUDY DATE	08/03/2025 10:26AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH010624600
ACCESSION NO.	R9496640	MODALITY	CR
REPORTED ON	08/03/2025 11:03AM	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: Note is made of bilateral rudimentary cervical ribs. Rest normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted in chest.
Note made of bilateral rudimentary cervical ribs.
Recommend clinical correlation.



Dr. Monica Shekhawat
MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)
CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

NAME	LAXMI	STUDY DATE	08/03/2025 11:25AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH010624600
ACCESSION NO.	R9496641	MODALITY	US
REPORTED ON	08/03/2025 5:20PM	REFERRED BY	HEALTH CHECK MGD

ULTRASOUND – WHOLE ABDOMEN

CHEST: There is no evidence of basal pleural effusion on either side. Both hemi diaphragms show normal symmetrical diaphragmatic excursions. There is no pericardial effusion seen.

LIVER- Liver is normal in size, shape, outline and echotexture with smooth surface. There is no abnormal focal intrahepatic solid or cystic mass seen. There is no liver abscess seen. There is no diffuse parenchymal lesion noted. Intra hepatic biliary radicals are normal. **Portal vein** is normal in course and caliber. **Hepatic veins and IVC** are normal.

GALL BLADDER- GB is normal, distended and shows echofree lumen. There is no intra luminal calculus or mass lesion seen. Gall bladder wall is normal in thickness.

CBD is normal in course and caliber. There is no IHBRD seen.

PANCREAS - Pancreas is normal in size, shape, outline and echotexture. There is no focal mass, calcification, cyst or abscess seen. PD is not dilated. Peripancreatic fat is normal.

NODES: There are no significantly enlarged lymph nodes seen. Major abdominal vessels are normal.

SPLEEN - Spleen is normal in size and echotexture. There is no abnormal cyst, abscess, calcification or solid mass lesion seen. Splenic vessels are normal.

KIDNEYS - Both kidneys are normal in size, shape, position, outline and echotexture with maintained cortico-medullary differentiation. There is no focal solid mass seen. There is no renal cortical cyst noted. There is no obstructive hydronephrosis or any large renal calculus seen on either side. (Tiny renal concretions cannot be ruled out). **Ureters** are not seen dilated on either side.

URINARY BLADDER: is partially distended with echo-free lumen. There is no intra-luminal mass lesion or calculus seen. Bladder wall thickness is normal.

BOWEL: Bowel loops are unremarkable & show normal bowel wall thickness. There is no abnormal bowel mass seen. There are no features suggesting intestinal obstruction or perforation.

UTERUS: is normal in size, shape, outline and echotexture. There is no focal fibroid or mass lesion seen. Endometrial thickness is 6 mms. Uterine cavity is empty. Cervix is normal.

**RADIOLOGY REPORT**

NAME	LAXMI	STUDY DATE	08/03/2025 11:25AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH010624600
ACCESSION NO.	R9496641	MODALITY	US
REPORTED ON	08/03/2025 5:20PM	REFERRED BY	HEALTH CHECK MGD

OVARIES: Both ovaries are normal in size and echopattern, showing few small follicles. There is no abnormal adnexal / pelvic mass lesion noted.

FLUID: There is no free fluid noted in the pelvis.

IMPRESSION- USG findings reveal no significant sonological abnormality and normal study of the abdominal viscera. Bowel mucosal pathology cannot be ruled out (Gastritis / IBS)

ADVISED – clinical correlation, lab investigations and follow up



Dr. Jai Hari Agarwal

MD

CONSULTANT RADIOLOGIST

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