

Health Check up Booking Request(22E38673)

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Mediwheel
...Your wellness partner

011-41195959

Dear **Manipal Hospital**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : Prachi Agrawal
Contact Details : 7417318132
Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 15-11-2024

Member Information		
Booked Member Name	Age	Gender
MS. AGRAWAL PRACHI	32 year	Female

Tests included in this Package

- Stool Test
- Liver Profile
- Kidney Profile
- Lipid Profile

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

Thanks,
Mediwheel Team

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भारत सरकार
Government of India



Issue Date: 09/01/2012



प्राची अग्रवाल
Prachi Agrawal
जन्म तिथि/DOB: 27/01/1992
महिला/ FEMALE

7137 8870 8003

VID : 9150 5090 1890 6014

मेरा आधार, मेरी पहचान

Prachi

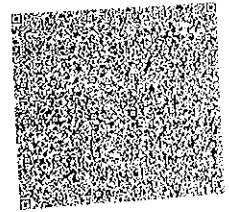


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: द्वारा: सारंश अग्रवाल, ए-810, गौर हाइट्स, सेक्टर-4,
वैशाली, आई.ए.साहिबाबाद, गाजियाबाद,
उत्तर प्रदेश - 201010

Address:
C/O: Saransh Agarwal, A-810, GAUR
HEIGHTS, SECTOR-4, VAISHALI,
I.E.Sahibabad, Ghazabad,
Uttar Pradesh - 201010

Download Date: 03/01/2023



7137 8870 8003

VID : 9150 5090 1890 6014



1847



help@uidai.gov.in

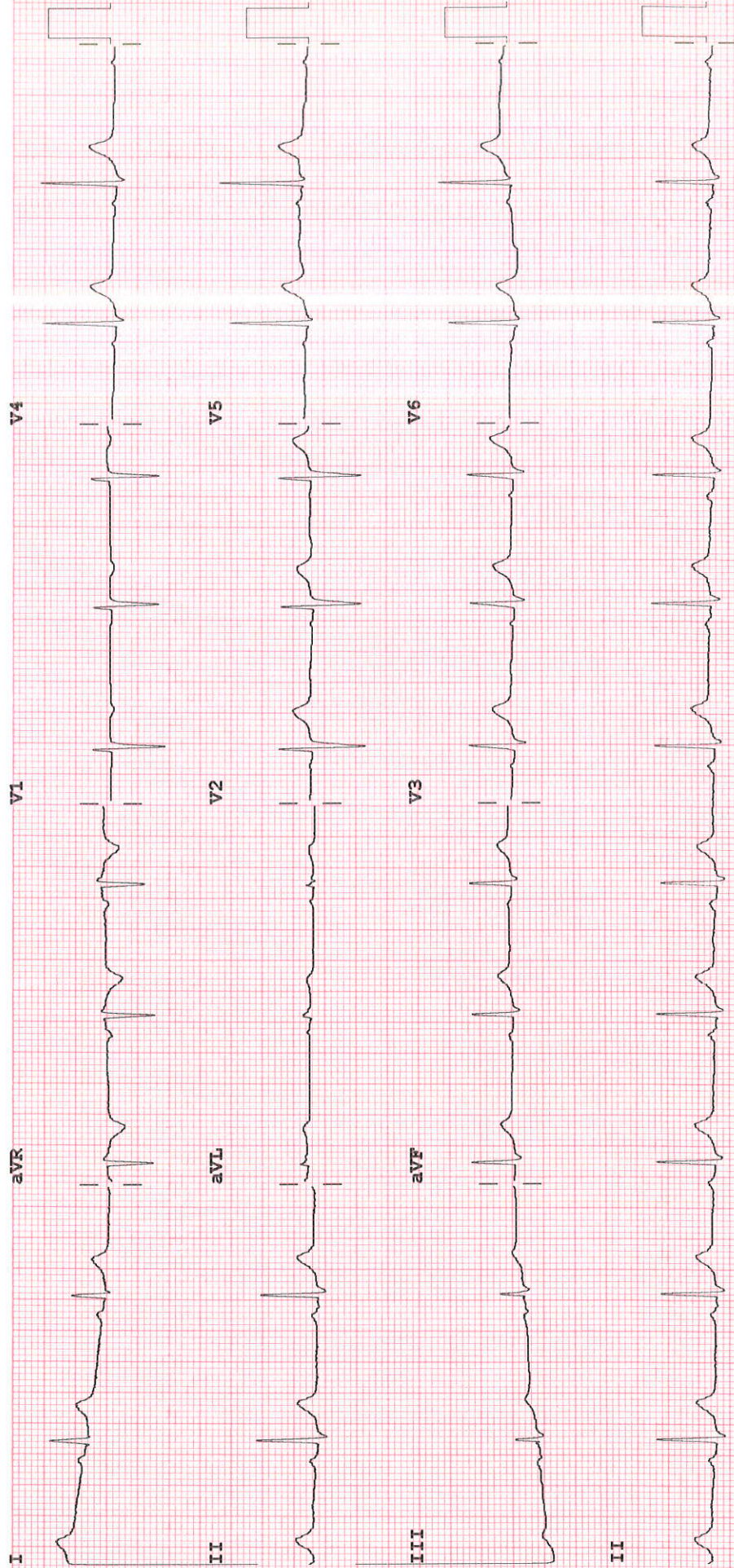


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HLC

- 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	MRS PRACHI AGRAWAL	Location	: Ghaziabad
Age/Sex	: 32Year(s)/Female	Visit No	: V000000001-GHZZB
MRN No	MH010741244	Order Date	: 15/11/2024
Ref.Doctor	: H/C	Report Date	: 15/11/2024

Protocol	: Bruce	MPHR	: 188BPM
Duration of exercise	: 8min 17sec	85% of MPHR	: 160BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 185BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg Peak BP : 150/80mmHg	% Target HR	: 98%
		METS	: 10.1METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	86	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	122	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	163	140/80	Nil	No ST changes seen	Nil
STAGE 3	2:17	185	150/80	Nil	No ST changes seen	Nil
RECOVERY	3:35	104	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 Singh

MD, DM (CARDIOLOGY),FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh

MD, DNB (CARDIOLOGY),MNAMS
Sr.Consultant Cardiology

Dr. Sudhanshu Mishra

Cardiology Registrar

Dr. Geetesh Govil

MD,D.Card,PGDCC,MAAC,M.Med,MIMA,FAGE
Jr. Consultant Cardiology

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P+91 80 4936 0300 Einfo@manipalhospitals.com www.manipalhospitals.com



LABORATORY REPORT

Name : MRS PRACHI AGARWAL
Registration No : MH010741244
Patient Episode : H1800003227
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 12:53

Age : 32 Yr(s) Sex :Female
Lab No : 202411002845
Collection Date : 15 Nov 2024 12:53
Reporting Date : 16 Nov 2024 12:51

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS 92.2 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. Alka Dixit Vats
Consultant Pathologist

**LABORATORY REPORT**

Name : MRS PRACHI AGARWAL Age : 32 Yr(s) Sex :Female
Registration No : MH010741244 Lab No : 202411002843
Patient Episode : H18000003227 Collection Date : 15 Nov 2024 08:50
Referred By : HEALTH CHECK MGD Reporting Date : 15 Nov 2024 13:45
Receiving Date : 15 Nov 2024 08:50

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) 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	: MRS PRACHI AGARWAL	Age	: 32 Yr(s) Sex :Female
Registration No	: MH010741244	Lab No	: 202411002843
Patient Episode	: H18000003227	Collection Date	: 15 Nov 2024 08:50
Referred By	: HEALTH CHECK MGD	Reporting Date	: 15 Nov 2024 13:14
Receiving Date	: 15 Nov 2024 08:50		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.020	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.440	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.710	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 : MRS PRACHI AGARWAL
Registration No : MH010741244
Patient Episode : H18000003227
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 08:50

Age : 32 Yr(s) Sex :Female
Lab No : 202411002844
Collection Date : 15 Nov 2024 08:50
Reporting Date : 15 Nov 2024 10:16

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	87.4	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.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS PRACHI AGARWAL
Registration No : MH010741244
Patient Episode : H18000003227
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 08:50

Age : 32 Yr(s) Sex :Female
Lab No : 202411002843
Collection Date : 15 Nov 2024 08:50
Reporting Date : 15 Nov 2024 13:17

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.69	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.8	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	39.6	%	[36.0-46.0]
MCV (DERIVED)	84.4	fL	[83.0-101.0]
MCH (CALCULATED)	29.4	pg	[25.0-32.0]
MCHC (CALCULATED)	34.8 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.9	%	[11.6-14.0]
Platelet count	199	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.10	fL	
WBC COUNT(TC) (IMPEDEANCE)	4.36	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	62.0	%	[40.0-80.0]
Lymphocytes	30.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	18.0	mm/1sthour	[0.0-20.0]



LABORATORY REPORT

Name : MRS PRACHI AGARWAL
Registration No : MH010741244
Patient Episode : H18000003227
Referred By : HEALTH CHECK MGD
Receiving Date : 15 Nov 2024 08:50

Age : 32 Yr(s) Sex :Female
Lab No : 202411002843
Collection Date : 15 Nov 2024 08:50
Reporting Date : 15 Nov 2024 14:47

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	4.5	%	[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)	82	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	CLEAR	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	NEGATIVE	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



LABORATORY REPORT

Name	: MRS PRACHI AGARWAL	Age	: 32 Yr(s) Sex :Female
Registration No	: MH010741244	Lab No	: 202411002843
Patient Episode	: H18000003227	Collection Date	: 15 Nov 2024 09:00
Referred By	: HEALTH CHECK MGD	Reporting Date	: 15 Nov 2024 13:51
Receiving Date	: 15 Nov 2024 09:00		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	172	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	51	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)	10	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	112.0	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)	3.4		
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.2		<3 Optimal 3-4 Borderline >6 High Risk



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Receiving Date : 15 Nov 2024 08:50

Age : 32 Yr(s) Sex :Female
Lab No : 202411002843
Collection Date : 15 Nov 2024 08:50
Reporting Date : 15 Nov 2024 10:16

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 Method: GLDH, Kinatic assay	13.5 #	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	6.3 #	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.46 #	mg/dl	[0.70-1.20]
URIC ACID Method:uricase PAP	4.2	mg/dl	[4.0-8.5]

SODIUM, SERUM	135.80 #	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.29	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	104.6	mmol/L	[101.0-111.0]

eGFR (calculated)	132.0	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 : 15 Nov 2024 08:50

Age : 32 Yr(s) Sex :Female
Lab No : 202411002843
Collection Date : 15 Nov 2024 08:50
Reporting Date : 15 Nov 2024 10:16

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	1.17	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.25	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.92 #	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.44	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.67		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	20.36	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	20.60	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	48.1	IU/L	[32.0-91.0]
GGT	10.3	U/L	[7.0-50.0]

**LABORATORY REPORT**

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Receiving Date : 15 Nov 2024 08:50

Age : 32 Yr(s) Sex :Female
Lab No : 202411002843
Collection Date : 15 Nov 2024 08:50
Reporting Date : 15 Nov 2024 10:16

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	: MRS PRACHI AGARWAL	Age	: 32 Yr(s) Sex :Female
Registration No	: MH010741244	Lab No	: 202411002844
Patient Episode	: H18000003227	Collection Date	: 15 Nov 2024 08:50
Referred By	: HEALTH CHECK MGD	Reporting Date	: 15 Nov 2024 10:16
Receiving Date	: 15 Nov 2024 08:50		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	87.4	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-----

Dr. Charu Agarwal
Consultant Pathologist



NAME	Prachi AGARWAL	STUDY DATE	15/11/2024 9:49AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH010741244
ACCESSION NO.	R8587322	MODALITY	US
REPORTED ON	15/11/2024 12:44PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: Liver is enlarged in size (measures 176 mm) but normal in shape and echotexture. Rest normal.

SPLEEN: Spleen is normal in size (measures 108 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8.4 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.4 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 95 x 28 mm.

Left Kidney: measures 104 x 48 mm. It shows a concretion measuring 2.6 mm at upper calyx.

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.

UTERUS: Uterus is retroverted, normal in size (measures 76 x 41 x 40 mm), shape and echotexture. Endometrium is thickened and measures 12.7 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 33 x 31 x 12 mm with volume 6.5 cc.

Left ovary measures 40 x 37 x 19 mm with volume 14.8 cc.

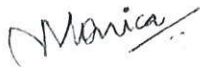
Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- **Hepatomegaly (ADV: LFT Correlation).**
- **Left renal concretion.**
- **Thickened endometrium.**

Recommend clinical correlation.



Dr. Monica Shekhawat

MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)

CONSULTANT RADIOLOGIST

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



NAME	Prachi AGARWAL	STUDY DATE	15/11/2024 9:11AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH010741244
ACCESSION NO.	R8587321	MODALITY	CR
REPORTED ON	15/11/2024 9:23AM	REFERRED BY	HEALTH CHECK MGD

X-RAY CHEST – PA VIEW**FINDINGS:**

Lung fields appear normal on both sides.
Cardia appears normal.
Both costophrenic angles appear normal.
Both domes of the diaphragm appear normal.
Bony cage appear normal.

IMPRESSION:

No significant abnormality noted.
Needs correlation with clinical findings and other investigations.



Dr. Sapna Sharma
MBBS,DNB, Reg No 8191
CONSULTANT RADIOLOGIST

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