

Health Check up Booking Confirmed Request(22S55267), Package Code-, Beneficiary Code-297990

From Mediwheel <wellness@mediwheel.in>  
Date Sat 3/1/2025 4:42 PM  
To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>  
Cc customercare@mediwheel.in <customercare@mediwheel.in>

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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 Female Below 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Contact Details** : 8882974136

**Appointment Date** : 08-03-2025

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 08:30 AM - 09:00 AM

Member Information		
Booked Member Name	Age	Gender
Preeti bana	33 year	Female

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team  
Please Download Mediwheel App



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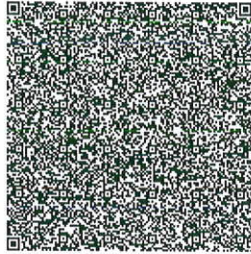
भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00783/41568

To  
प्रीती बाना  
Preeti Bana  
C/O Saurabh Chaudhary,  
D 335,  
Street No 8,  
VTC: Govindpuram,  
PO: Govindpuram,  
District: Ghaziabad,  
State: Uttar Pradesh,  
PIN Code: 201013,  
Mobile: 7530956489

Signature Not Verified  
Digitally signed by Unique  
Identification Authority of India  
Date: 2025.03.09 08:32:09  
IST



आपका आधार क्रमांक / Your Aadhaar No. :  
4875 3140 5949  
VID : 9170 2954 8327 2736

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Aadhaar no. issued: 05/04/2015



प्रीती बाना  
Preeti Bana  
जन्म तिथि/DOB: 29/03/1991  
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

4875 3140 5949

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
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भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
सी/ओ सौरभ चौधरी, डी 335, स्ट्रीट न 8, गोविंदपुरम,  
गोविंदपुरम, गाजियाबाद,  
उत्तर प्रदेश - 201013

Address:  
C/O Saurabh Chaudhary, D 335, Street No 8,  
Govindpuram, PO: Govindpuram, DIST: Ghaziabad,  
Uttar Pradesh - 201013

Details as on: 08/03/2020



4875 3140 5949

VID : 9170 2954 8327 2736

1947

help@uidai.gov.in

www.uidai.gov.in

Preeti bana  
Female  
(33 Years)

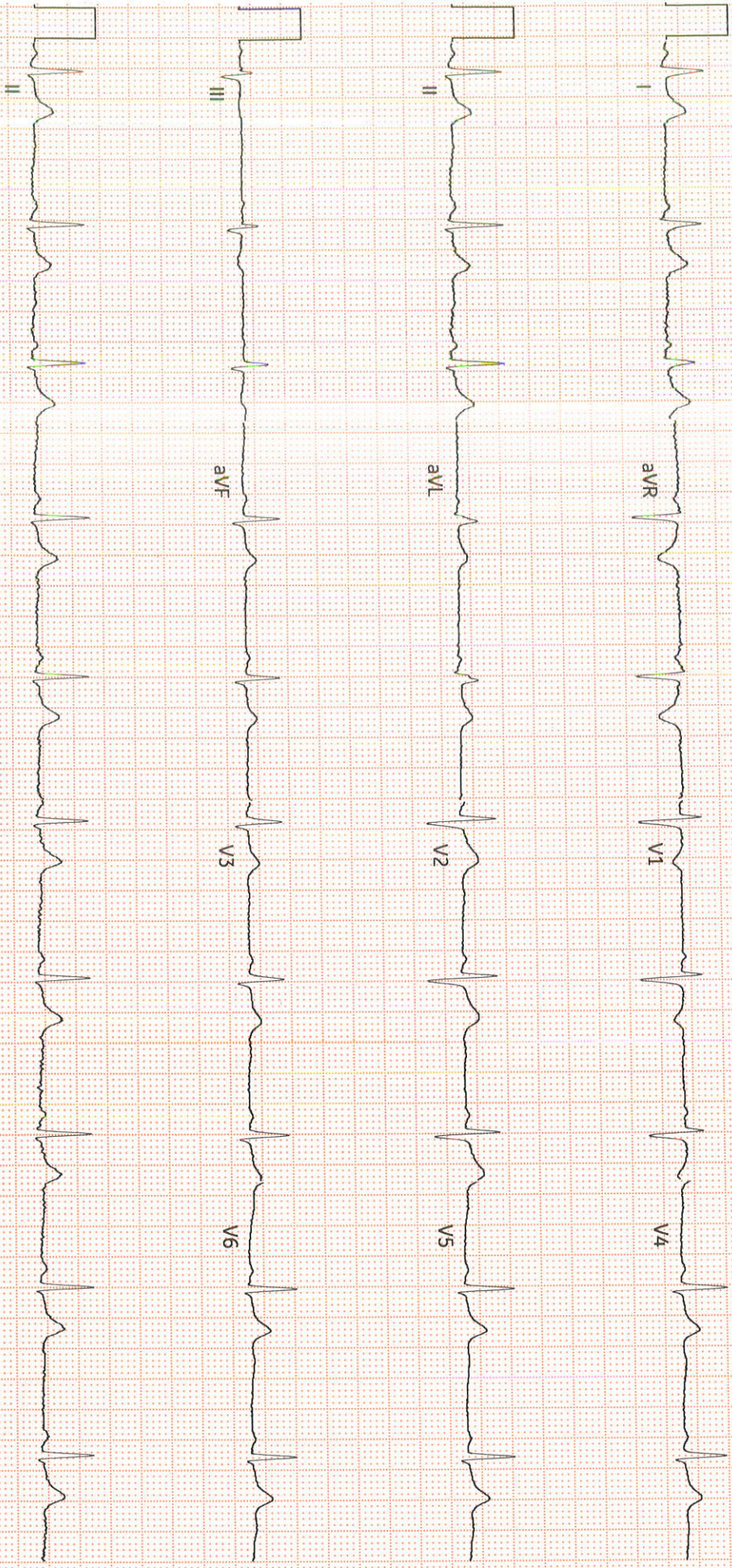
Vital Signs™ 226/166/05

Vent. rate	59	BPM
PR interval	140	ms
QRS duration	80	ms
QT/QTc-Baz	402/397	ms
P-R-T axes	45 41 22	

H/C

08/03/2025 10:27:35 AM  
Manipal Hospital

Unconfirmed





Patient Name	MRS PREETI BANA	Location	: Ghaziabad
Age/Sex	: 33Year(s)/Female	Visit No	: V0000000001-GHZZB
MRN No	MH010856556	Order Date	: 08/03/2025
Ref. Doctor	: H/C	Report Date	: 08/03/2025

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 187BPM
<b>Duration of exercise</b>	: 05min 19sec	<b>85% of MPHR</b>	: 159BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 165BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 120/80mmHg Peak BP : 140/80mmHg	<b>% Target HR</b>	: 88%
		<b>METS</b>	: 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	97	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	139	130/80	Nil	No ST changes seen	Nil
STAGE 2	2:19	165	140/80	Nil	No ST changes seen	Nil
RECOVERY	3:35	87	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. Sudhanshu Mishra**  
Cardiology Registrar

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

  
**Dr. Geetesh Govil**  
MD, D. Card, PGDCC, MAAC, M. Med, MIMA, FAGE  
Jr. Consultant Cardiology

### 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



NAME	Preeti BANA	STUDY DATE	08/03/2025 9:32AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH010856556
ACCESSION NO.	R9495519	MODALITY	CR
REPORTED ON	08/03/2025 9:42AM	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.

Dr. Rahul Suhas Whatkar

MBBS,DMRD,DNB Radiology Reg No. MMC 2009/04/1858

CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	Preeti BANA	STUDY DATE	08/03/2025 9:48AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH010856556
ACCESSION NO.	R9495520	MODALITY	US
REPORTED ON	08/03/2025 10:38AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS****FINDINGS**

LIVER: appears enlarged in size (measures 153 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 114 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11.3 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.6 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 92 x 34 mm.

Left Kidney: measures 111 x 40 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.

UTERUS: Uterus is anteverted, bulky in size (measures 96 x 54 x 50 mm) but normal in shape and shows coarse myometrial echotexture.

Endometrium is thickened and echogenic, measuring 16.8 mm, suggesting endometrial hyperplasia.

Cervix appears normal.

OVARIES: Both ovaries are bulky in size and show multiple (~20) tiny follicles arranged peripherally with central echogenic stroma suggesting bilateral polycystic appearing ovaries.

RIGHT OVARY: measures 41 x 40 x 20 mm with volume 17.2 cc. The largest follicle measures 7 x 4 mm.

LEFT OVARY: measures 46 x 44 x 19 mm with volume 20.1 cc. The largest follicle measures 5 x 3 mm.

Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

- **Hepatomegaly with diffuse grade I fatty infiltration in liver.**
- **Bulky uterus with coarse myometrial echotexture**
- **Thickened and echogenic endometrium suggesting endometrial hyperplasia.**
- **Bulky bilateral polycystic appearing ovaries.**

**ADV: Serum LH/FSH estimation for further evaluation, if clinically indicated.**

Recommend clinical correlation.

*Monica*

**RADIOLOGY REPORT**

NAME	Preeti BANA	STUDY DATE	08/03/2025 9:48AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH010856556
ACCESSION NO.	R9495520	MODALITY	US
REPORTED ON	08/03/2025 10:38AM	REFERRED BY	HEALTH CHECK MGD

Dr. Monica Shekhawat

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

CONSULTANT RADIOLOGIST

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



**LABORATORY REPORT**

Name : MRS PREETI BANA  
 Registration No : MH010856556  
 Patient Episode : H18000003896  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 09:24

Age : 33 Yr(s) Sex :Female  
 Lab No : 202503001200  
 Collection Date : 08 Mar 2025 09:24  
 Reporting Date : 09 Mar 2025 10:18

**BLOOD BANK**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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 : MRS PREETI BANA  
 Registration No : MH010856556  
 Patient Episode : H18000003896  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 09:24

Age : 33 Yr(s) Sex :Female  
 Lab No : 202503001200  
 Collection Date : 08 Mar 2025 09:24  
 Reporting Date : 08 Mar 2025 15:42

### BIOCHEMISTRY

### BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Specimen Type : Serum</b>			
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ELFA)	0.850	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.650	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.360	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 PREETI BANA  
Registration No : MH010856556  
Patient Episode : H18000003896  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:24

Age : 33 Yr(s) Sex :Female  
Lab No : 202503001200  
Collection Date : 08 Mar 2025 09:24  
Reporting Date : 08 Mar 2025 15:41

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	1.09	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.21	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.88	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.65	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.58		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	17.40	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	11.70 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	46.2	IU/L	[32.0-91.0]
GGT	12.9	U/L	[7.0-50.0]

**LABORATORY REPORT**

Name : MRS PREETI BANA  
 Registration No : MH010856556  
 Patient Episode : H18000003896  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 09:24

Age : 33 Yr(s) Sex :Female  
 Lab No : 202503001200  
 Collection Date : 08 Mar 2025 09:24  
 Reporting Date : 08 Mar 2025 15:41

**BIOCHEMISTRY****BIOLOGICAL REFERENCE INTERVAL****TEST****RESULT****UNIT**

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 : 10 Mar 2025 11:16



**LABORATORY REPORT**

Name : MRS PREETI BANA  
Registration No : MH010856556  
Patient Episode : H18000003896  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:24

Age : 33 Yr(s) Sex :Female  
Lab No : 202503001201  
Collection Date : 08 Mar 2025 09:24  
Reporting Date : 08 Mar 2025 11:47

**BIOCHEMISTRY**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	92.7	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 : 10 Mar 2025 11:16



**LABORATORY REPORT**

Name : MRS PREETI BANA  
Registration No : MH010856556  
Patient Episode : H18000003896  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 12:56

Age : 33 Yr(s) Sex :Female  
Lab No : 202503001202  
Collection Date : 08 Mar 2025 12:56  
Reporting Date : 08 Mar 2025 16:17

**BIOCHEMISTRY**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	63.9 #	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 11:16



**LABORATORY REPORT**

Name	: MRS PREETI BANA	Age	: 33 Yr(s) Sex :Female
Registration No	: MH010856556	Lab No	: 202503001200
Patient Episode	: H18000003896	Collection Date	: 08 Mar 2025 09:24
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 15:41
Receiving Date	: 08 Mar 2025 09:24		

**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	24.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.5	mg/dl	[8.0-20.0]
Method: Calculated			
<b>CREATININE, SERUM</b>	<b>0.61 #</b>	<b>mg/dl</b>	<b>[0.70-1.20]</b>
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.9	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	136.70	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.14	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.9	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	119.5	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 : MRS PREETI BANA  
 Registration No : MH010856556  
 Patient Episode : H18000003896  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 10:06

Age : 33 Yr(s) Sex :Female  
 Lab No : 202503001200  
 Collection Date : 08 Mar 2025 10:06  
 Reporting Date : 08 Mar 2025 15:48

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

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

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	162	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	87	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	46	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	17	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	98.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	3.5		<3 Optimal 3-4 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.1		





**LABORATORY REPORT**

<b>Name</b>	: MRS PREETI BANA	<b>Age</b>	: 33 Yr(s) Sex :Female
<b>Registration No</b>	: MH010856556	<b>Lab No</b>	: 202503001200
<b>Patient Episode</b>	: H18000003896	<b>Collection Date</b>	: 08 Mar 2025 09:24
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 09 Mar 2025 09:42
<b>Receiving Date</b>	: 08 Mar 2025 09:24		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.4	%	[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)	108	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	
pH(indicators)	7.0	(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 : MRS PREETI BANA  
 Registration No : MH010856556  
 Patient Episode : H18000003896  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 09:24

Age : 33 Yr(s) Sex :Female  
 Lab No : 202503001200  
 Collection Date : 08 Mar 2025 09:24  
 Reporting Date : 08 Mar 2025 12:40

### HAEMATOLOGY

### BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>			
RBC COUNT (IMPEDENCE)	4.42	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.8	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	39.6	%	[36.0-46.0]
MCV (DERIVED)	89.6	fL	[83.0-101.0]
MCH (CALCULATED)	29.0	pg	[25.0-32.0]
MCHC (CALCULATED)	32.3	g/dl	[31.5-34.5]
RDW CV% (Calculated)	12.7	%	[11.6-14.0]
Platelet count	155	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	0.00	fL	
WBC COUNT (TC) (Flow Cytometry/ Manual)	5.97	x 10 <sup>3</sup> cells/	
cumm [4.00-10.00]			
<b>DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)</b>			
Neutrophils	70.0	%	[40.0-80.0]
Lymphocytes	24.0	%	[20.0-40.0]
Monocytes	3.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	20.0	mm/1sthour	[0.0-20.0]



## OUTPATIENT RECORD

Hospital No:	MH010856556	Visit No:	H18000003896
Name:	MRS PREETI BANA	Age/Sex:	33 Yrs/Female
Doctor Name:	HEALTH CHECK MGD	Specialty:	HC SERVICE MGD
Date:	08/03/2025 08:57AM		

PRESENT OPHTHALMIC COMPLAINS - ROUTINE EYE CHECKUP  
SYSTEMIC/ OPHTHALMIC HISTORY - N/C

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	14	16
FUNDUS EXAMINATION		
OPTIC DISC	C:D 0.3	C:D 0.3
MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

ADVISE / TREATMENT  
E/D NISOL 4 TIMES DAILY  
REVIEW AFTER 6 MTH

HEALTH CHECK MGD

1 of 1

## Manipal Health Enterprises Pvt. Ltd.

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