

Mediwheel <wellness@mediwheel.in>

Wed 10/11/2023 2:16 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Email:wellness@mediwheel.in

Dear Manipal Hospitals,

City : Ghaziabad . Address : NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft Golf Links Apartment,

We have received the confirmation for the following booking .

Name : Aishwarya garg  
Age : 26  
Gender : Male  
Package Name : Medi-Wheel Metro Full Body Health Checkup Female Below 40  
Contact Details : 9650678973  
Booking Date : 11-10-2023  
Appointment Date : 14-10-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Aishwarya garg	26	Female	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Medi-Wheel Metro Full Body Health Checkup Female Below 40 - Includes (37)Tests

Tests included in this Package : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin



भारत सरकार

Government of India

Issue Date: 30/12/2011



ऐश्वर्या गर्ग  
AISHWARYA GARG  
जन्म तिथि / DOB : 08/05/1997  
महिला / Female



4587 6080 0071

मेरा आधार, मेरी पहचान

9650678973

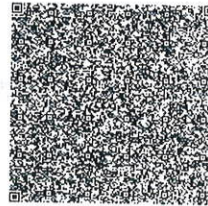


भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: सागर गर्ग, के ७०६ केडीपी गैंड सावना, राज  
नगर एक्सटेंशन, गज़ियाबाद, उत्तर प्रदेश,  
201017  
Address: C/O Sagar Garg, K 706 KDP Grand  
Savana, Raj Nagar Extension, Ghaziabad,  
Uttar Pradesh, 201017

Print Date: 15/11/2021



4587 6080 0071



1947



help@uidai.gov.in



www.uidai.gov.in



26years  
Female Asian

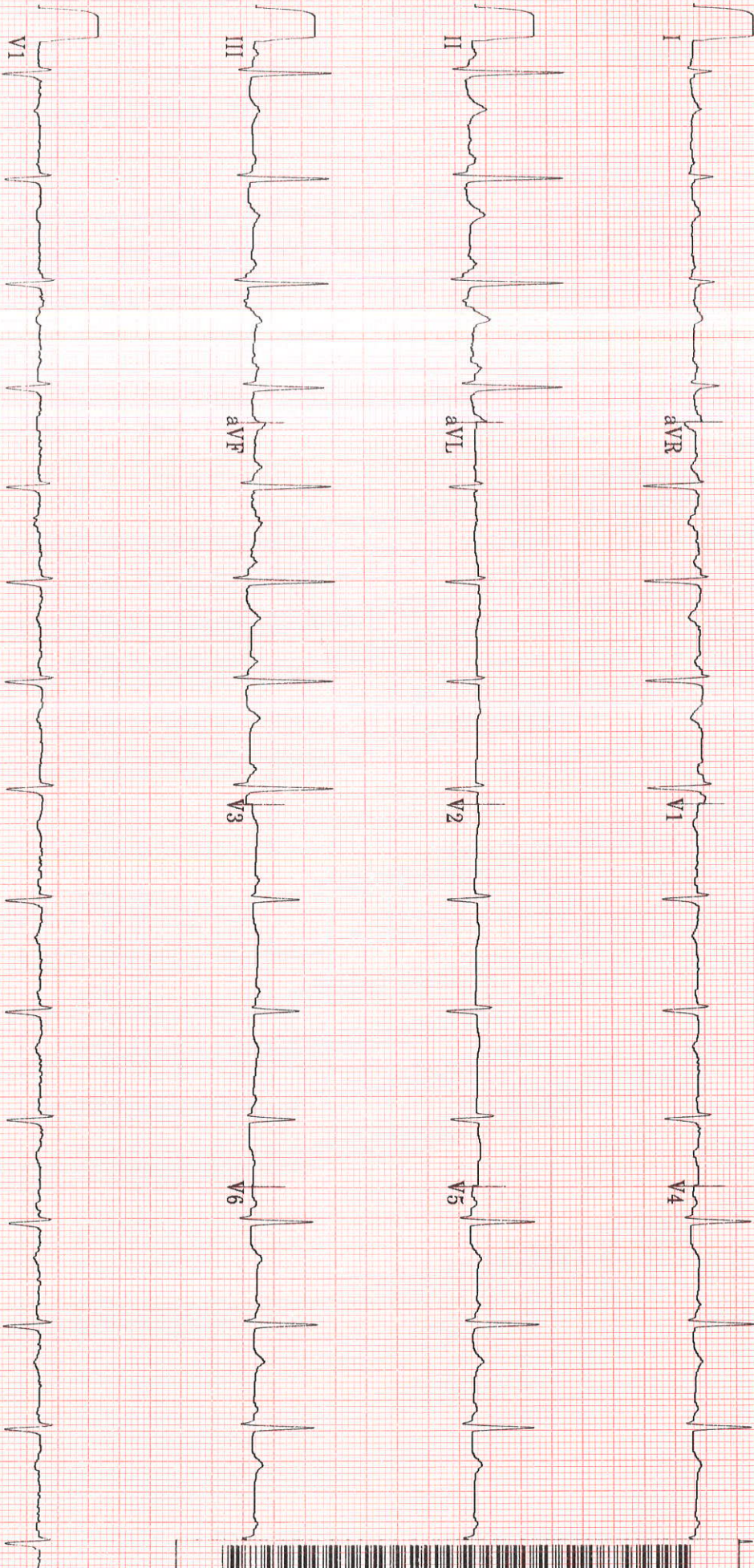
Vent. rate 87 bpm  
PR interval 126 ms  
QRS duration 78 ms  
QT/QTc 360/433 ms  
P-R-T axes 65 78 50

Normal sinus rhythm  
Normal ECG

Technician:  
Test ind:

Referred by: hcp

Unconfirmed







Department of Laboratory Medicine  
**LABORATORY REPORT**

**Name** : MRS AISHWARYA GARG **Age** : 26 Yr(s) Sex :Female  
**Registration No** : MH011410511 **Lab No** : 202310003025  
**Patient Episode** : H18000001335 **Collection Date** : 14 Oct 2023 10:12  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 14 Oct 2023 14:40  
**Receiving Date** : 14 Oct 2023 10:12

**HAEMATOLOGY**

**COMPLETE BLOOD COUNT (AUTOMATED)**

**SPECIMEN-EDTA Whole Blood**

RBC COUNT (IMPEDEANCE)	5.29 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.8	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.8	%	[36.0-46.0]
MCV (DERIVED)	79.0 #	fL	[83.0-101.0]
MCH (CALCULATED)	24.2 #	pg	[25.0-32.0]
MCHC (CALCULATED)	30.6 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.2 #	%	[11.6-14.0]
Platelet count	266	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.1		
WBC COUNT (TC) (IMPEDEANCE)	7.20	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	60.0	%	[40.0-80.0]
Lymphocytes	28.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	4.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	22.0 #	mm/1sthour	[0.0-20.0]

Department **LABORATORY REPORT**

Name : MRS AISHWARYA GARG Age : 26 Yr(s) Sex :Female  
Registration No : MH011410511 Lab No : 202310003025  
Patient Episode : H18000001335 Collection Date : 14 Oct 2023 10:12  
Referred By : HEALTH CHECK MGD Reporting Date : 14 Oct 2023 16:48  
Receiving Date : 14 Oct 2023 10:12

**BIOCHEMISTRY**

**Glycosylated Hemoglobin**

Specimen: EDTA

**HbA1c (Glycosylated Hemoglobin) 5.8 # % [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) 120 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.

**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.*

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

**Dr. Alka Dixit Vats**  
Consultant Pathologist



Department of Laboratory Medicine  
**LABORATORY REPORT**

**Name** : MRS AISHWARYA GARG **Age** : 26 Yr(s) Sex :Female  
**Registration No** : MH011410511 **Lab No** : 32231005961  
**Patient Episode** : R03000055145 **Collection Date** : 14 Oct 2023 19:21  
**Referred By** : MANIPAL HOSPITALS GHAZIABAD **Reporting Date** : 14 Oct 2023 20:26  
**Receiving Date** : 14 Oct 2023 19:42

**BIOCHEMISTRY**

**THYROID PROFILE, Serum**

**Specimen Type : Serum**

T3 - Triiodothyronine (ECLIA)	1.400	ng/ml	[0.800-2.040]
T4 - Thyroxine (ECLIA)	9.720	µg/dl	[5.500-11.000]
Thyroid Stimulating Hormone (ECLIA)	1.320	µIU/mL	[0.340-4.250]
1st Trimester:0.6 - 3.4	micIU/mL		
2nd Trimester:0.37 - 3.6	micIU/mL		
3rd Trimester:0.38 - 4.04	micIU/mL		

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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

**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**





## LABORATORY REPORT

**Name** : MRS AISHWARYA GARG  
**Registration No** : MH011410511  
**Patient Episode** : H18000001335  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 14 Oct 2023 10:12

**Age** : 26 Yr(s) Sex :Female  
**Lab No** : 202310003025  
**Collection Date** : 14 Oct 2023 10:12  
**Reporting Date** : 14 Oct 2023 15:22

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Serum LIPID PROFILE</b>			
<b>Serum TOTAL CHOLESTEROL</b> Method:Oxidase,esterase, peroxide	229 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
<b>TRIGLYCERIDES (GPO/POD)</b>	88	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
<b>HDL- CHOLESTEROL</b> Method : Enzymatic Immunoimhibition	52.0	mg/dl	[35.0-65.0]
<b>VLDL- CHOLESTEROL (Calculated)</b>	18	mg/dl	[0-35]
<b>CHOLESTEROL, LDL, CALCULATED</b>	159.0 #	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
<b>T.Chol/HDL.Chol ratio(Calculated)</b>	4.4		
<b>LDL.CHOL/HDL.CHOL Ratio(Calculated)</b>	3.1		<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 too 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





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 Receiving Date : 14 Oct 2023 10:12

Age : 26 Yr(s) Sex :Female  
 Lab No : 202310003025  
 Collection Date : 14 Oct 2023 10:12  
 Reporting Date : 14 Oct 2023 15:22

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>KIDNEY PROFILE</b>			
Specimen: Serum			
UREA Method: GLDH, Kinatic assay	27.0	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	12.6	mg/dl	[8.0-20.0]
<b>CREATININE, SERUM</b> Method: Jaffe rate-IDMS Standardization	<b>0.68 #</b>	<b>mg/dl</b>	<b>[0.70-1.20]</b>
URIC ACID Method:uricase PAP	4.9	mg/dl	[4.0-8.5]
SODIUM, SERUM	136.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.51	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	104.1	mmol/L	[101.0-111.0]
eGFR (calculated)	121.1	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.			



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Registration No : MH011410511  
Patient Episode : H18000001335  
Referred By : HEALTH CHECK MGD  
Receiving Date : 14 Oct 2023 10:12

Age : 26 Yr(s) Sex :Female  
Lab No : 202310003025  
Collection Date : 14 Oct 2023 10:12  
Reporting Date : 14 Oct 2023 15:22

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.35	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.07	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.28	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.20	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.31		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	28.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	40.60	U/L	[14.00-54.00]
<b>Serum Alkaline Phosphatase</b> Method: AMP BUFFER IFCC)	<b>171.0 #</b>	<b>IU/L</b>	<b>[40.0-98.0]</b>
<b>GGT</b>	<b>93.0 #</b>	<b>U/L</b>	<b>[7.0-50.0]</b>





**LABORATORY REPORT**

Name : MRS AISHWARYA GARG  
Registration No : MH011410511  
Patient Episode : H18000001335  
Referred By : HEALTH CHECK MGD  
Receiving Date : 14 Oct 2023 10:12

Age : 26 Yr(s) Sex :Female  
Lab No : 202310003025  
Collection Date : 14 Oct 2023 10:12  
Reporting Date : 14 Oct 2023 15:22

**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.

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

Dr. Alka Dixit Vats  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS AISHWARYA GARG  
Registration No : MH011410511  
Patient Episode : H18000001335  
Referred By : HEALTH CHECK MGD  
Receiving Date : 14 Oct 2023 10:12

Age : 26 Yr(s) Sex :Female  
Lab No : 202310003026  
Collection Date : 14 Oct 2023 10:12  
Reporting Date : 14 Oct 2023 15:22

**BIOCHEMISTRY**

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

**GLUCOSE-Fasting**

Specimen: Plasma

GLUCOSE, FASTING (F)

87.0

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. Alka Dixit Vats  
Consultant Pathologist





**LABORATORY REPORT**

Name : MRS AISHWARYA GARG  
Registration No : MH011410511  
Patient Episode : H18000001335  
Referred By : HEALTH CHECK MGD  
Receiving Date : 14 Oct 2023 16:30

Age : 26 Yr(s) Sex :Female  
Lab No : 202310003027  
Collection Date : 14 Oct 2023 16:30  
Reporting Date : 14 Oct 2023 18:14

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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**PLASMA GLUCOSE**

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	80.0	mg/dl	[80.0-140.0]
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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

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

**Dr. Alka Dixit Vats**  
Consultant Pathologist

## RADIOLOGY REPORT

NAME	MRS Aishwarya GARG	STUDY DATE	14/10/2023 1:06PM
AGE / SEX	26 y / F	HOSPITAL NO.	MH011410511
ACCESSION NO.	R6251413	MODALITY	US
REPORTED ON	14/10/2023 10:07PM	REFERRED BY	HEALTH CHECK MGD

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

LIVER: appears normal in size (measures 138 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 80 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8.5 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.9 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 85 x 42 mm.

Left Kidney: measures 88 x 38 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, normal in size (measures 50 x 48 x 28 mm), shape and echotexture. Evidence of previous operation scar is seen.

Endometrial thickness measures 4 mm. Cervix appears normal.

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

Right ovary measures 26 x 25 x 19 mm with volume 6.6 cc.

Left ovary measures 27 x 25 x 15 mm with volume 5.2 cc.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Diffuse grade I fatty infiltration in liver.**

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

**MANIPAL HOSPITALS**

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com

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CA RAD 10 V2 1 Oct 12



## RADIOLOGY REPORT

NAME	MRS Aishwarya GARG	STUDY DATE	14/10/2023 11:16AM
AGE / SEX	26 y / F	HOSPITAL NO.	MH011410511
ACCESSION NO.	R6251412	MODALITY	CR
REPORTED ON	14/10/2023 4:04PM	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:

XR- CHEST PA VIEW

No significant abnormality seen.

*Please correlate clinically*

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

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