Health Check up Booking Confirmed Request(bobS38818), Package Code-PKG10000241, Beneficiary Code-42966

X DELETE

← REPLY

REPLY ALL

-> FORWARD



Mediwheel <wellness@mediwheel.in>

Mark as unread

Sat 5/6/2023 4:58 PM

To: PHC [MH-Ghaziabad];

Cc: customercare@mediwheel.in;

Action Items

• Get more apps



011-41195959 Email:wellness@mediwheel.in

Hi Manipal Hospitals.

Diagnostic/Hospital Location : NH-24 Hapur Road, Oppo. Bahmeta Village, Near Lancroft Golf Links Apartment, City: Ghaziabad

We have received the confirmation for the following booking .

Beneficiary

Name

: PKG10000241

Beneficiary

Name

: NISHA

Member Age

: 22

Member Gender: Female

Member Relation: Spouse

Package Name

: Medi-Wheel Metro Full Body Health Checkup Female Below 40

Location

: GHAZIABAD, Uttar Pradesh-NULL

Contact Details

: 8920786640

Booking Date

: 06-05-2023

Appointment

Date

: 13-05-2023

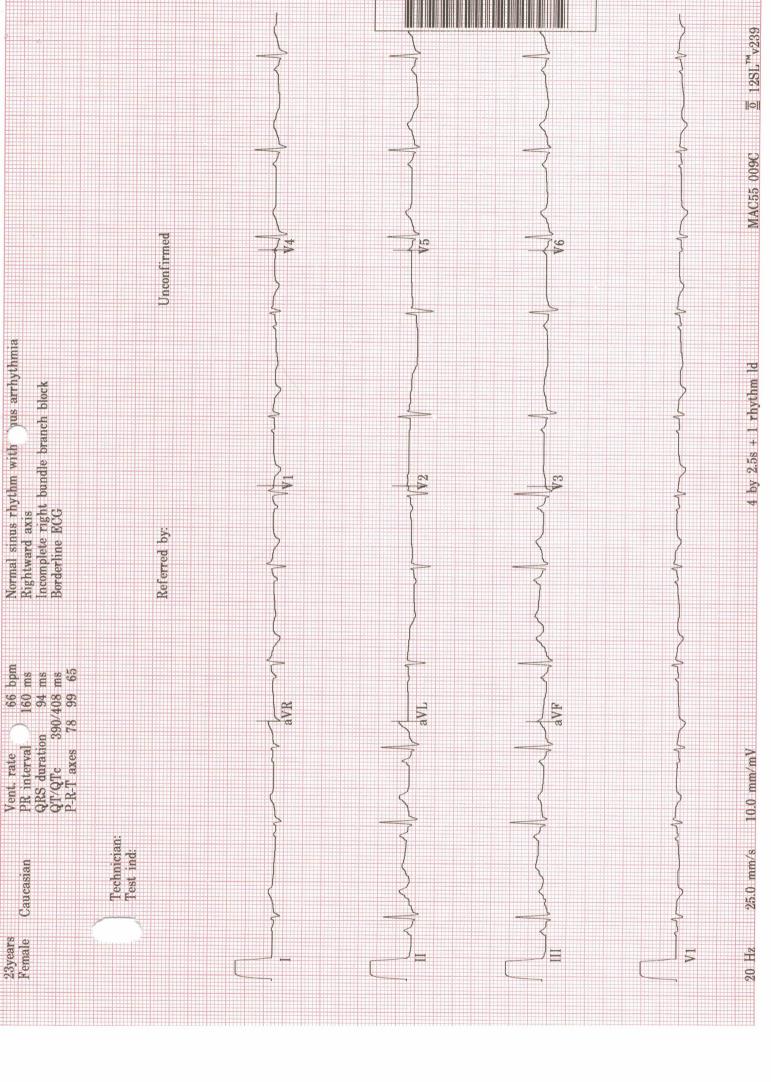
Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
- 4. Please bring all your medical prescriptions and previous health medical records with you.
- 5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any Health Check during menstrual cycle.











TMT INVESTIGATION REPORT

Patient Name: NISHA

Location

: Ghaziabad

Age/Sex

: 23Year(s)/Female

Visit No

: V000000001-GHZB

MRN No

Order Date

: 13/05/2023

Ref. Doctor : HCP

Report Date

: 13/05/2023

Protocol

: Bruce

MPHR

: 197BPM

Duration of exercise

: 4min 24sec

85% of MPHR Peak HR Achieved : 178BPM

: 167BPM

Reason for termination: Patient fatigue Blood Pressure (mmHg) : Baseline BP : 100/60mmHg

% Target HR

: 90%

Peak BP

: 110/60mmHg

METS

: 6.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	99	100/60	Nil	No ST changes seen	Nil
STAGE 1	3:00	157	106/60	Nil	No ST changes seen	Nil
STAGE 2	1:24	178	110/60	Nil	No ST changes seen	Nil
RECOVERY	3:08	90	100/60	Nil	No ST changes seen	Nil
	1					

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during exercise and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Poor effort tolerance.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

Sr. Consultant Cardiology

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DM (CARDIOLOGY), FACC

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

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-616 5666

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 0300 E info@manihospitals.com www.manipalhospitals.com

Page 1 of 2



RADIOLOGY REPORT

	Day Selection of the se	Modality	US
Name	NISHA		R5532275
		Accession No	K5532275
Patient ID	MH010991991	Comp Pate	13-05-2023 09:57:09
	F / 24Y 3M 1D	Scan Date	
		Report Date	13-05-2023 10:42:05
Ref. Phys	Dr. HEALTH CHECK MGD		

USG ABDOMEN & PELVIS

LIVER: Liver is enlarged in size (measures 162 mm) but normal in shape and echotexture. Rest normal.

SPLEEN: Spleen is normal in size (measures 106 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8.9 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.4 mm.

IVC, HEPATIC VEINS: 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 93 x 38 mm. Left Kidney: measures 88 x 51 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

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 78 x 43 x 35 mm), shape and echotexture. Evidence of previous

operation scar is seen.

Endometrial thickness measures 6.1 mm. Cervix appears normal.

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

Right ovary measures 24 x 23 x 14 mm with volume 4.1 cc.

Left ovary measures 23 x 23 x 14 mm with volume 3.9 cc.

Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly (ADV: LFT Correlation).

Recommend clinical correlation.

This document is digitally signed and hence no manual signature is required

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This report is subject to the terms and conditions mentioned overleaf

Page 1 of 2



RADIOLOGY REPORT

Name	NISHA	Modality	DX
Patient ID	MH010991991	Accession No	R5532274
Gender/Age	F / 24Y 3M 1D	Scan Date	13-05-2023 09:38:39
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	13-05-2023 11:19:08

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:

No significant abnormality noted. Recommend clinical correlation.

(Marica)

Dr. Monica Shekhawat, MBBS, DNB, Consultant Radiologist, Reg No MCI 11 10887

This document is digitally signed and hence no manual signature is required

Teleradiology services provided by Manipal Hospitals Radiology Group

Page 1 of 1

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

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Name

MRS NISHA

Age

24 Yr(s) Sex :Female

Registration No

MH010991991

Lab No

32230504692

Patient Episode

H18000000556

Collection Date:

13 May 2023 13:16

Referred By

HEALTH CHECK MGD

Reporting Date:

13 May 2023 15:16

Receiving Date

13 May 2023 14:07

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)

1.20

ng/ml

[0.70-2.04]

T4 - Thyroxine (ECLIA)
Thyroid Stimulating Hormone (ECLIA)

4.690 #

µg/dl µIU/mL [4.60-12.00] [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

3rd Trimester:0.38 - 4.04

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

Page 1 of 9

----END OF REPORT

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Neelan Sugal



Name

MRS NISHA

Age : 24 Yr(s) Sex :Female

Registration No

MH010991991

202305001515

Patient Episode

H18000000556

Collection Date: 13 May 2023 09:16

Referred By

HEALTH CHECK MGD

12.16 2022 17.05

Receiving Date

13 May 2023 09:16

Reporting Date: 13 May 2023 17:05

HAEMATOLOGY

η	1	17	C	T
901		r.	0	

RESULT

UNIT

Lab No

BIOLOGICAL REFERENCE INTERVAL

COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole	Blood
RBC COUNT (IMPEDENCE) HEMOGLOBIN	3.76 # 9.9 #	millions/cumm g/dl	[3.80-4.80] [12.0-16.0]
Method:cyanide free SLS-colorime HEMATOCRIT (CALCULATED) MCV (DERIVED) MCH (CALCULATED) MCHC (CALCULATED) RDW CV% (DERIVED)	31.8 # 84.6 26.3 # 31.1 # 16.3 #	% fL pg g/dl %	[36.0-46.0] [83.0-101.0] [27.0-32.0] [31.5-34.5] [11.6-14.0]
Platelet count MPV(DERIVED)	179 13.7	x 10³ cells/cumm	[150-400]
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT	7.56	x 10 ³ cells/cumm	[4.00-10.00]
(VCS TECHNOLOGY/MICROSCOPY) Neutrophils Lymphocytes Monocytes Eosinophils Basophils	60.0 32.0 5.0 3.0 0.0	00 00 00 00 00	[40.0-80.0] [17.0-45.0] [2.0-10.0] [2.0-7.0] [0.0-2.0]
ESR	25.0 #	/1sthour	mines versil signification (

Page 2 of 9



Name

MRS NISHA

Age

24 Yr(s) Sex :Female

Registration No

MH010991991

Lab No

202305001515

Patient Episode

H18000000556

Collection Date:

13 May 2023 09:16

Referred By

HEALTH CHECK MGD

Reporting Date :

13 May 2023 17:57

Receiving Date

: 13 May 2023 09:16

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbAlc (Glycosylated Hemoglobin)

5.3

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADF HbAlc in % Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk)5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

105

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 5.0

(4.6 - 8.0)

Reaction[pH]
Specific Gravity

1.020

(1.003 - 1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Т

(NEGATIVE)

Glucose

NIL

(NEGATIVE)

Ketone Bodies Urobilinogen Negative Normal

(NORMAL)

(NIL)

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Name Registration No MRS NISHA

MH010991991

Patient Episode

H18000000556

Referred By

HEALTH CHECK MGD

Receiving Date

13 May 2023 10:18

Age

24 Yr(s) Sex :Female

Lab No

(0-5/hpf)(0-2/hpf) 202305001515

Collection Date:

13 May 2023 10:18

Reporting Date:

13 May 2023 12:46

MICROSCOPIC	EXAMINATION	(Automated/Manual)	

Pus Cells	1-2 /hpf	
RBC	2-4 /hpf	
Epithelial Cells	4-6 /1	1
CASTS	NIL	
Crystals	NIL	

Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL	197	mg/dl	[<200] Moderate risk:200-239
TRIGLYCERIDES (GPO/POD)	109	mg/dl	High risk:>240 [<150] Borderline high:151-199 High: 200 - 499
HDL- CHOLESTEROL	64.0	mg/dl	Very high:>500 [35.0-65.0]
Method: Enzymatic Immunoimhibition VLDL- CHOLESTEROL (Calculated) CHOLESTEROL, LDL, CALCULATED	22 111.0	mg/dl mg/dl	[0-35] [<120.0] Near/
Above optimal-100-129			Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
			A STATE OF THE STA
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.7		<3 Optimal 3-4 Borderline

Note:

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Name

MRS NISHA

Age

24 Yr(s) Sex :Female

Registration No

MH010991991

Lab No

202305001515

Patient Episode

H18000000556

Collection Date:

13 May 2023 09:16

Referred By

· HEALTH CHECK MGD

Reporting Date:

13 May 2023 12:19

Receiving Date

: 13 May 2023 09:16

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum UREA	25.5	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay BUN, BLOOD UREA NITROGEN	11.9	mg/dl	[8.0-20.0]
Method: Calculated CREATININE, SERUM	0.58 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardiza URIC ACID	stion 5.9	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	138.10	mmol/L	[136.00-144.00]
POTASSIUM, SERUM SERUM CHLORIDE Method: ISE Indirect	4.23	mmol/L mmol/l	[3.60-5.10] [101.0-111.0]
eGFR (calculated)	129.4	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 to1.73 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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Name

MRS NISHA

24 Yr(s) Sex :Female Age

Registration No

MH010991991

Lab No 202305001515

Reporting Date:

Patient Episode

H18000000556

Collection Date: 13 May 2023 09:16

Referred By

HEALTH CHECK MGD

13 May 2023 12:19

Receiving Date

13 May 2023 09:16

TEST	RESULT	UNIT BIOL	OGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
	0.86	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.16	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) Method: Calculation	0.70	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.60	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	1.53		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	17.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	17.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	70.0	IU/L	[40.0-98.0]
GGT state-pgt/lemme/d-mattered	10.0		[7.0-50.0]

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Name

MRS NISHA

Age

24 Yr(s) Sex :Female

Registration No

MH010991991

Lab No

202305001515

Patient Episode

H18000000556

Collection Date:

13 May 2023 09:16

Referred By

HEALTH CHECK MGD

Reporting Date:

13 May 2023 17:44

Receiving Date

13 May 2023 09:16

BLOOD BANK

BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Specimen-Blood

Blood Group & Rh typing B 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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Dr. Alka Dixit Vats **Consultant Pathologist**



Name

MRS NISHA

Age

24 Yr(s) Sex: Female

Registration No

MH010991991

Lab No

202305001516

Patient Episode

H18000000556

Collection Date:

13 May 2023 09:16

Referred By

Reporting Date:

13 May 2023 12:20

Receiving Date

HEALTH CHECK MGD 13 May 2023 09:16

BIOCHEMISTRY

RESULT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F) 88.0 mg/dl

Method: Hexokinase

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

Dr. Charu Agarwal **Consultant Pathologist**

MANIPAL HOSPITALS

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Name

MRS NISHA

Age

24 Yr(s) Sex : Female

Registration No

MH010991991

Lab No

202305001517

Patient Episode

H18000000556

Collection Date:

13 May 2023 13:55

Referred By

Reporting Date:

13 May 2023 15:48

Receiving Date

HEALTH CHECK MGD 13 May 2023 13:55

BIOCHEMISTRY

RESULT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS 88.0 mg/dl

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**

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Manipal Hospital

Ghaziabad

Patient Name

NISHA,,

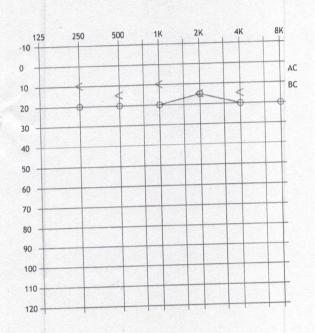


Date of birth

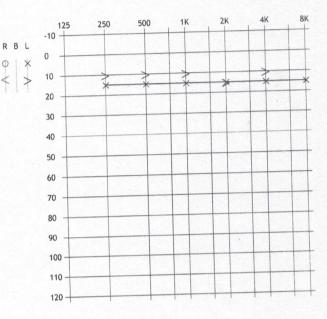
09-02-1999

Test date:

13-05-2023







Report comments:

Bilateral Normal hearing Sensitivity

Recommendation: Aural Hygiene

Fallow up

Name Audiologist 13-05-2023