

Health Check up Booking Request(bobS47741), Beneficiary Code-26935

Mediwheel <wellness@mediwheel.in>

Sat 10/7/2023 11:55 AM

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 : Sneha Srivastava

Age :

Gender : Male

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

Contact Details : 7738890826

Booking Date : 07-10-2023

Appointment Date : 14-10-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Sneha Srivastava	30	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

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भारत सरकार
GOVERNMENT OF INDIA

Download Date: 20/11/2020



स्नेहा श्रीवास्तव
Sneha Srivastava
जन्म तिथि / DOB: 05/07/1991
महिला / FEMALE
Mobile No.: 9044135194

Issue Date: 03/10/2018

5924 4099 8373

मेरा आधार, मेरी पहचान

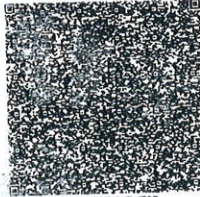
Sneha

भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
पत्नी श्री अभिषेक श्रीवास्तव, बैरीहावा, सत्यवती विद्या
के सामने, गांधीनगर अमहट, अमहटा, बस्ती,
उत्तर प्रदेश - 272001

Address:
W/o Mr ABHISHEK SRIVASTAVA, Bairihawa,
opposite satyawati school, Gandhinagar
Amhut, Amhut, Basti, Uttar Pradesh - 272001



5924 4099 8373



1947
1800 300 1947

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www
P.O. Box No. 1947,
Bengaluru-560 001

sneha srivastava
32years Female
Asian

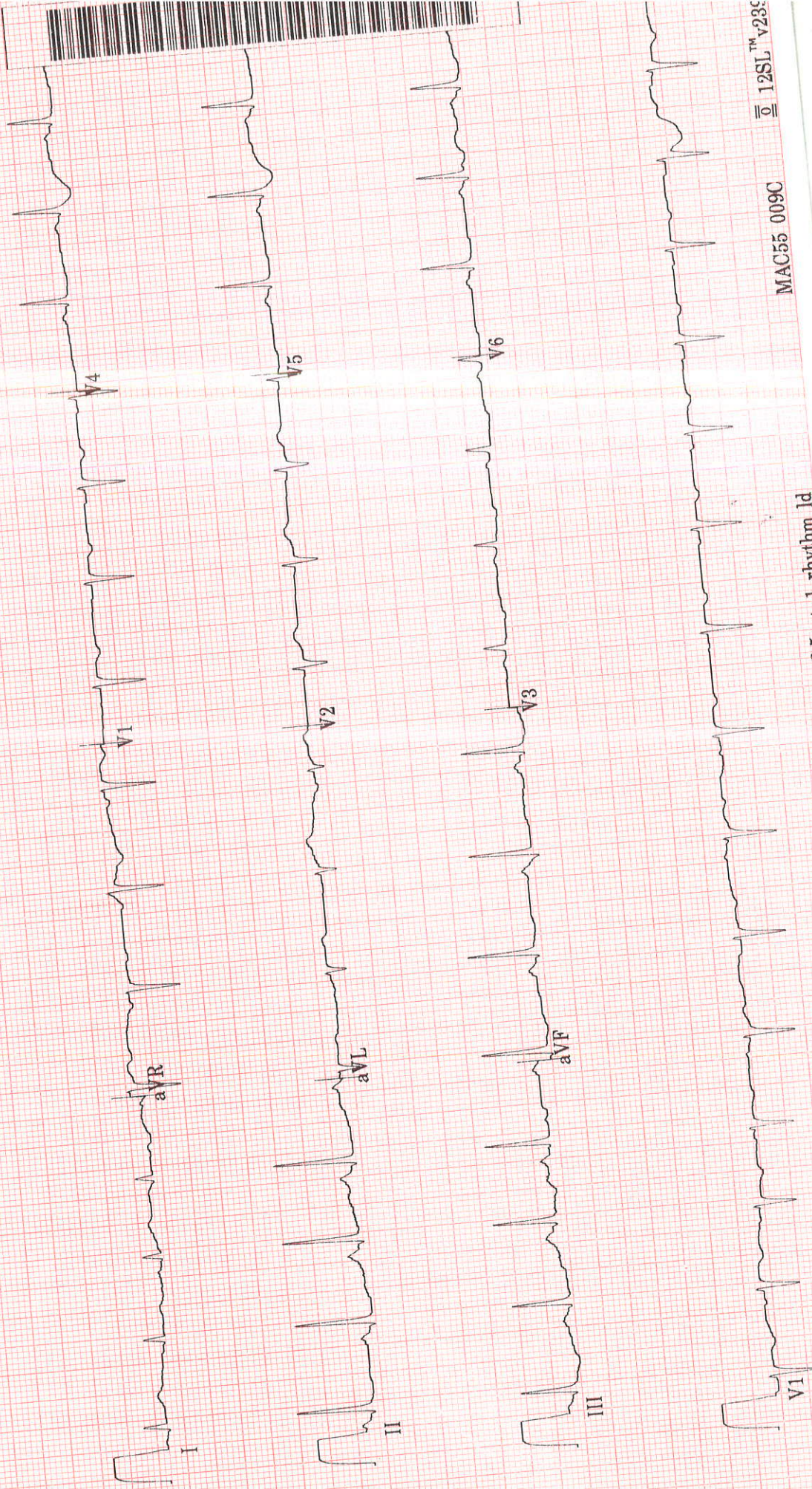
Vent. rate 91 m
PR interval 138 ms
QRS duration 68 ms
QT/QTc 334/410 ms
P-R-T axes 76 69 -18

Normal sinus rhythm with sinus arrhythmia
Nonspecific T wave abnormality
Abnormal ECG

Technician:
Test ind:

Referred by: hcp

Unconfirmed





TMT INVESTIGATION REPORT

Patient Name	SNEHA SRIVASTAVA	Location	: Ghaziabad
Age/Sex	: 32Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH011410892	Order Date	: 14/10/2023
Ref. Doctor	: HCP	Report Date	: 14/10/2023

Protocol : Bruce **MPHR** : 188BPM
Duration of exercise : 4min 10sec **85% of MPHR** : 159BPM
Reason for termination : THR achieved **Peak HR Achieved** : 180BPM
Blood Pressure (mmHg) : Baseline BP : 124/74mmHg **% Target HR** : 95%
Peak BP : 140/74mmHg **METS** : 6.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	91	124/74	Nil	No ST changes seen	Nil
STAGE 1	3:00	144	134/74	Nil	No ST changes seen	Nil
STAGE 2	1:10	180	140/74	Nil	No ST changes seen	Nil
RECOVERY	3:08	88	128/74	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during test and 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
MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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Department Of Laboratory Medicine

Name : MRS SNEHA SRIVASTAVA Age : 32 Yr(s) Sex :Female
 Registration No : MH011410892 Lab No : 32231005948
 Patient Episode : R03000055134 Collection Date : 14 Oct 2023 19:23
 Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 15 Oct 2023 18:04
 Receiving Date : 14 Oct 2023 19:41

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

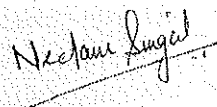
T3 - Triiodothyronine (ECLIA)	1.320	ng/ml	[0.800-2.040]
T4 - Thyroxine (ECLIA)	9.750	µg/dl	[5.500-11.000]
Thyroid Stimulating Hormone (ECLIA)	1.870	µIU/mL	[0.340-4.250]
1st Trimester:0.6 - 3.4	micIU/mL		
2nd Trimester:0.37 - 3.6	micIU/mL		
3rd Trimester:0.38 - 4.04	micIU/mL		

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 SNEHA SRIVASTAVA
Registration No : MH011410892
Patient Episode : H18000001337
Referred By : HEALTH CHECK MGD
Receiving Date : 14 Oct 2023 10:51

Age : 32 Yr(s) Sex :Female
Lab No : 202310003042
Collection Date : 14 Oct 2023 10:51
Reporting Date : 14 Oct 2023 14:42

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.36	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.3	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.0	%	[36.0-46.0]
MCV (DERIVED)	87.2	fL	[83.0-101.0]
MCH (CALCULATED)	28.2	pg	[25.0-32.0]
MCHC (CALCULATED)	32.4	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.1 #	%	[11.6-14.0]
Platelet count	216	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.9		
WBC COUNT (TC) (IMPEDENCE)	6.61	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	51.0	%	[40.0-80.0]
Lymphocytes	42.0 #	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	7.0	mm/1sthour	[0.



LABORATORY REPORT

Name	: MRS SNEHA SRIVASTAVA	Age	: 32 Yr(s) Sex :Female
Registration No	: MH011410892	Lab No	: 202310003042
Patient Episode	: H18000001337	Collection Date	: 14 Oct 2023 13:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 14 Oct 2023 16:09
Receiving Date	: 14 Oct 2023 13:47		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	DARK YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	4-6 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name : MRS SNEHA SRIVASTAVA **Age** : 32 Yr(s) Sex :Female
Registration No : MH011410892 **Lab No** : 202310003042
Patient Episode : H18000001337 **Collection Date** : 14 Oct 2023 10:51
Referred By : HEALTH CHECK MGD **Reporting Date** : 14 Oct 2023 16:49
Receiving Date : 14 Oct 2023 10:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	4.7	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (A HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk)5.7-6.4 Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	88	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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	196	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	88	mg/dl	[<150]
Borderline high:151-199			
High: 200 - 499			
Very high:>500			
HDL- CHOLESTEROL	44.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	18	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	134.0 #	mg/dl	[<120.0]
Near/			
Above optimal-100-129			
Borderline High:130-159			
High Risk:160-189			



LABORATORY REPORT

Name : MRS SNEHA SRIVASTAVA Age : 32 Yr(s) Sex :Female
 Registration No : MH011410892 Lab No : 202310003042
 Patient Episode : H18000001337 Collection Date : 14 Oct 2023 10:51
 Referred By : HEALTH CHECK MGD Reporting Date : 14 Oct 2023 15:25
 Receiving Date : 14 Oct 2023 10:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	4.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	3.0		<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

KIDNEY PROFILE

Specimen: Serum

UREA	26.7	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	12.5	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.76	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	4.3	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	138.60	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.16	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.2	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			



LABORATORY REPORT

Name : MRS SNEHA SRIVASTAVA **Age** : 32 Yr(s) Sex :Female
Registration No : MH011410892 **Lab No** : 202310003042
Patient Episode : H18000001337 **Collection Date** : 14 Oct 2023 10:51
Referred By : HEALTH CHECK MGD **Reporting Date** : 14 Oct 2023 15:24
Receiving Date : 14 Oct 2023 10:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	104.1	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.

LIVER FUNCTION TEST

BILIRUBIN - TOTAL <i>Method: D P D</i>	0.77	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.63	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	6.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.55	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	2.02		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	17.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name : MRS SNEHA SRIVASTAVA Age : 32 Yr(s) Sex :Female
Registration No : MH011410892 Lab No : 202310003042
Patient Episode : H18000001337 Collection Date : 14 Oct 2023 10:51
Referred By : HEALTH CHECK MGD Reporting Date : 14 Oct 2023 15:25
Receiving Date : 14 Oct 2023 10:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	11.10 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	59.0	IU/L	[40.0-98.0]
GGT	11.0	U/L	[7.0-50.0]

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.

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



LABORATORY REPORT

Name : MRS SNEHA SRIVASTAVA Age : 32 Yr(s) Sex :Female
Registration No : MH011410892 Lab No : 202310003043
Patient Episode : H18000001337 Collection Date : 14 Oct 2023 10:51
Referred By : HEALTH CHECK MGD Reporting Date : 14 Oct 2023 15:25
Receiving Date : 14 Oct 2023 10:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	90.0	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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS SNEHA SRIVASTAVA
Registration No : MH011410892
Patient Episode : H18000001337
Referred By : HEALTH CHECK MGD
Receiving Date : 14 Oct 2023 16:24

Age : 32 Yr(s) Sex :Female
Lab No : 202310003044
Collection Date : 14 Oct 2023 16:24
Reporting Date : 14 Oct 2023 18:14

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	120.0	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. Alka Dixit Vats
Consultant Pathologist

RADIOLOGY REPORT

NAME	MRS Sneha SRIVASTAVA	STUDY DATE	14/10/2023 1:30PM
AGE / SEX	32 y / F	HOSPITAL NO.	MH011410892
ACCESSION NO.	R6252008	MODALITY	US
REPORTED ON	14/10/2023 10:05PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: Liver is normal in size (measures 120 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 98 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 9.6 mm.
 COMMON BILE DUCT: Appears normal in size and measures 3.2 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 35 mm.
 Left Kidney: measures 92 x 39 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 61 x 44 x 29 mm), shape and echotexture.
 Endometrial thickness measures 3.1 mm. Cervix appears normal.
 OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.
 Right ovary measures 33 x 29 x 21 mm with volume 10.8 cc.
 Left ovary measures 27 x 22 x 21 mm with volume 7.0 cc.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

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

This report is subject to the terms and conditions mentioned overleaf

RADIOLOGY REPORT

NAME	MRS Sneha SRIVASTAVA	STUDY DATE	14/10/2023 11:14AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH011410892
ACCESSION NO.	R6252007	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*****

MANIPAL HOSPITALS

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

www.manipalhospitals.com

This report is subject to the terms and conditions mentioned overleaf

Name	: MRS SNEHA SRIVASTAVA	Age	: 32 Yr(s) Sex :Female
Registration No	: MH011410892	Lab No	: 202310003042
Patient Episode	: H18000001337	Collection Date	: 14 Oct 2023 13:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 14 Oct 2023 16:09
Receiving Date	: 14 Oct 2023 13:47		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	DARK YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	4-6 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Name : MRS SNEHA SRIVASTAVA
Registration No : MH011410892
Patient Episode : H18000001337
Referred By : HEALTH CHECK MGD
Receiving Date : 14 Oct 2023 10:51

Age : 32 Yr(s) Sex :Female
Lab No : 202310003042
Collection Date : 14 Oct 2023 10:51
Reporting Date : 14 Oct 2023 15:25

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	196	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	88	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	44.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	18	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	134.0 #	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)	4.5		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.0		<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 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

Name : MRS SNEHA SRIVASTAVA
Registration No : MH011410892
Patient Episode : H18000001337
Referred By : HEALTH CHECK MGD
Receiving Date : 14 Oct 2023 10:51

Age : 32 Yr(s) Sex :Female
Lab No : 202310003042
Collection Date : 14 Oct 2023 10:51
Reporting Date : 14 Oct 2023 15:24

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA <i>Method: GLDH, Kinatic assay</i>	26.7	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN <i>Method: Calculated</i>	12.5	mg/dl	[8.0-20.0]
CREATININE, SERUM <i>Method: Jaffe rate-IDMS Standardization</i>	0.76	mg/dl	[0.70-1.20]
URIC ACID <i>Method:uricase PAP</i>	4.3	mg/dl	[4.0-8.5]
SODIUM, SERUM	138.60	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.16	mmol/L	[3.60-5.10]
SERUM CHLORIDE <i>Method: ISE Indirect</i>	105.2	mmol/L	[101.0-111.0]
eGFR (calculated)	104.1	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.

Name : MRS SNEHA SRIVASTAVA
Registration No : MH011410892
Patient Episode : H18000001337
Referred By : HEALTH CHECK MGD
Receiving Date : 14 Oct 2023 10:51

Age : 32 Yr(s) Sex :Female
Lab No : 202310003042
Collection Date : 14 Oct 2023 10:51
Reporting Date : 14 Oct 2023 15:25

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.77	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.63	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	6.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.55	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	2.02		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	17.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	11.10 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	59.0	IU/L	[40.0-98.0]
GGT	11.0	U/L	[7.0-50.0]

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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

Name : MRS SNEHA SRIVASTAVA
Registration No : MH011410892
Patient Episode : H18000001337
Referred By : HEALTH CHECK MGD
Receiving Date : 14 Oct 2023 10:51

Age : 32 Yr(s) Sex :Female
Lab No : 202310003043
Collection Date : 14 Oct 2023 10:51
Reporting Date : 14 Oct 2023 15:25

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	90.0	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. Alka Dixit Vats
Consultant Pathologist

Name : MRS SNEHA SRIVASTAVA
Registration No : MH011410892
Patient Episode : H18000001337
Referred By : HEALTH CHECK MGD
Receiving Date : 14 Oct 2023 16:24

Age : 32 Yr(s) Sex :Female
Lab No : 202310003044
Collection Date : 14 Oct 2023 16:24
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	120.0	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