

info Aakash <info@aakashhospital.com>

Health Check up Booking Request(bobE38273), Beneficiary Code-34545

Mediwheel <wellness@mediwheel.in>

To: info@aakashhospital.com Cc: customercare@mediwheel.in Fri, Apr 21, 2023 at 11:42 AM



011-41195959 Email:wellness@mediwheel.in

Dear Aakash Hospital,

City: Delhi . Address: 90/43 Malviya Nagar New Delhi,

We have received the confirmation for the following booking .

Name

: MS. PINKI

Age

: 26

Gender

: Female

Package Name

: Mediwheel Metro Full Body Health Checkup Female Below 40

User Location

: STATION ROAD, SHIKOHABAD, Uttar Pradesh, 205141

Contact Details

: 8750221090

Booking Date

: 21-04-2023

Appointment Date: 22-04-2023

	Member Infor	mation	
Booked Member Name	Age	Gender	Cost(In INR)
MS. PINKI	26	Female	Cashless
Tota	amount to be paid	Cashless	Todomoo

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

Package Name

: Mediwheel Metro Full Body Health Checkup Female Below 40 -(39)Tests

Ecg, Blood Group & Rh Factor, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol,

Tests included in this Package

Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, Skin/ENT 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

HRIM

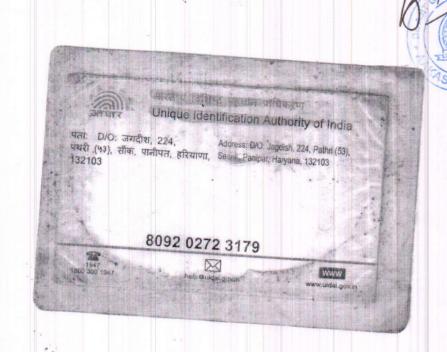
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Care with concern



(A unit of Dr. Gaba & Associates Medicare Pvt. Ltd.)

CIN No. U85110DL2004PTC125538

90/43, Malviya Nagar, New Delhi-110017 #+91-11-40501000 (100 Lines), 9871027922 info@aakashhospital.com, wwww.aakashhospital.com

Patient Name: Mrs. Pinki

Ref. By

· Solf

: Self

Sampling Date : 22/04/2023 15:48:36

Age/Sex

: 28 Y / Female

UHID

: 50125

Req. No.

: 2266/OPD - 3012

Reg. At

: 22/04/2023

Reporting Date : 22/04/2023 16:03:59

14:57:18

BIOCHEMISTRY

Sample type : BLOOD

Report Type : Final

BLOOD GLUCOSE (PP)

Test Name Results Units Bio. Ref. Interval Method
BLOOD SUGAR PP 164 | H mg/dL 80 - 140 GOD-PAP

BLOOD GROUP

Blood Group	'O"	Bio. Ref. Interval	Method
	0		Slide Method
RH TYPING	POSITIVE.		Haemagglutination

LFT (LIVER FUNCTION TEST)

			I DIACHON IE	:31)
Test Name	Results	Units	Bio. Ref. Interval	Method
Bilirubin Total	0.5	mg/dL	0-2	MODIFIED TAB
Direct Bilirubin	0.2	mg/dL	0 - 0.4	MODIFIED TAB
Indirect Bilirubin	0.3	mg/dL	0.2 - 1.2	Calculated
Protein Total - Serum	6.1 L	g/dL	6.2 - 8	DIRECT BIURET
Albumin - Serum	3.6	g/dL	3.5 - 5.5	BCG
Globulin - Serum	2.5	g/dL	1.8 - 3.6	Calculated
A/G Ratio	1.44 H		0.8 - 1.2	Calculated
SGOT	21	U/L	0-46	IFCC without P5P
SGPT	34	IU/L	0 - 49	IFCC
Alkaline Phosphatase - Mrs. Valsa	67 L mma kurian	U/L	82 - 306	DGKC-SCE Approved By

Created By

1/8

Dr. Meena Metre

MBBS, MD Consultant Pathologist



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Serum

GGTP

43 | H

U/L 0-38

Glupa-c

INTERPRETATION:

In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

URIC ACID (SERUM)

Method						
I lei a A -i -l C	Test Name	Results	Units	Bio. Ref. Interval	Method	
Uric Acid - Serum 2.7 mg/dL 2.5 - 6.8 Uricase	Uric Acid - Serum	2.7	mg/dL	2.5 - 6.8		

S. Uric Acid - Uric Acid- Elevated in renal dysfunction, gout, leukemia, polycythemia, diabetes, hypothyroidism. Decreased in Wilson's disease.

UREA SERUM

	Results U	nits Bio. Ref. Interval	Method
Blood Urea 1		g/dL 18-45	Urease

CREATININE

Test Name	Results	Units	Bio. Ref. Interval		
Creatining Com				Method	
Creatinine - Serum	1.0	mg/dL	0.6 - 1.1	Enzymatic GLDH	

S.Creatinine - Creatinine- Increased in acute and chronic renal disease.

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LIPID PROFILE

Test Name	Results	Units	Bio. Ref. Interval	Method
Total Cholesterol	144	mg/dL		CHOD-PAP
Triglycerides	94.9	mg/dL	40 - 140	GPO-TRINDER
HDL Cholesterol	54.6	mg/dL	42 - 88	Selective Inhibition
LDL Cholesterol	70.42	mg/dL	70 - 100	Calculated
VLDL cholesterol	18.98	mg/dL	15 - 30	Calculated
LDL/HDL CHOLESTEROL RATIO	2.64		0 - 3.55	Calculated
TOTAL CHOLESTEROL/HDL RATIO	0.35		0 - 4.97	

INTERPRETATION:

NATIONAL LIPID ASSOCIATION RECOMMENDATION	TOTAL CHOLESTROL in mg/dl	TRIGLYCERIDE in mg/dl in mg/	CHOLESTROL in mg/dl	NON HDL CHOLESTROL(NLA-2014)
OPTIMAL	<200	<150	<100	<130
ABOVE OPTIMAL			100-129	130-159
BORDERLINE HIGH	200239	150-199	130159	160189
HIGH	>=240	200499	9 160189	190219
VERY HIGH		>=500	> =190	>=220

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A lipid panel is a common blood test that healthcare providers use to monitor and screen for your risk of cardiovascular disease. The panel includes three measurements of your cholesterol levels and a measurement

SPECIAL NOTE: 12 HRS FASTING REQUIRED

BLOOD GLUCOSE FASTING (FBS)

Test Name	Results	Units Bio. Ref. Interval	Motherd	
BLOOD SUGAR	120 14	mg/dL 70 - 110	Method	
FASTING	120 Н	111g/dL 70-110	GOD-PAP	

HBA1C (GLYCOSYLATED HEMOGLOBIN)

			- LI CI LILIVIO	GLODIN)
Test Name	Results	Units	Bio. Ref. Interval	Method
HBA1C	5.8	%	4-6	Immunoturbidimetric
				minariotar bidimetric

EXPECTED VALUES:

Metabolicaly healthy patients

4.8 - 5.5 % HbAIC

Good Control

5.5 - 6.8 % HbAIC

Fair Control

6.8-8.2 % HbAIC

Poor Control

>8.2

% HbAIC

REMARKS:-

In vitro quantitative determination of **HbAIC** in whole blood is utilized in long term monitoring of glycemia . The **HbAIC** level correlates with the mean glucose concentration prevailing in the course of the patient"'s recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbAIC** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of **HbAIC** should be assessed in conjunction with the patient"'s medical history, clinical examinations and other findings.

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Req. At

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HAEMATOLOGY

Sample type: EDTA Whole Blood

COMPLETE HAEMOGRAM

Report Type: Final

		THILL O CHALLA	
Results	Units	Bio. Ref. Interval	Method
12.3 L	gm/dL	13 - 16.6	Calorimetric Method
13100 H	/CUMM	4000 - 11000	Impedence
yte Count(D	LC)		
80 H	%	40 - 75	Microscopy
16 L	%	20 - 45	Microscopy
01	%	1-6	Microscopy
03	%	2-10	Microscopy
00	%	0-2	Microscopy
4.2 L	millions/cumm	4.5 - 5.5	Microscopy
35.1 L	%	36 - 46	RBC PULSE HEIGHT DETECTION
82.7	gm/dL	76 - 96	Calculated
29.0	Picogram	27 - 32	Calculated
35.0 H	gm/dL	31.5 - 34.3	Calculated
2.21	Lakh/cmm	1.5 - 4	AUTOMATED IMPEDANCE
12.8	%	12 - 15	Histogram
55 H	mm II Hr.	0 - 20	Westergren
	12.3 L 13100 H syte Count(D) 80 H 16 L 01 03 00 4.2 L 35.1 L 82.7 29.0 35.0 H 2.21 12.8	12.3 L gm/dL 13100 H /CUMM Syte Count(DLC) 80 H % 16 L % 01 % 03 % 00 % 4.2 L millions/cumm 35.1 L % 82.7 gm/dL 29.0 Picogram 35.0 H gm/dL 2.21 Lakh/cmm 12.8 %	12.3 L gm/dL 13-16.6 13100 H /CUMM 4000-11000 Eyte Count(DLC) 80 H % 40-75 16 L % 20-45 01 % 1-6 03 % 2-10 00 % 0-2 4.2 L millions/cumm 4.5-5.5 35.1 L % 36-46 82.7 gm/dL 76-96 29.0 Picogram 27-32 35.0 H gm/dL 31.5-34.3 2.21 Lakh/cmm 1.5-4 12.8 % 12-15

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Report Type: Final

Sampling Date : 22/04/2023 15:48:36

Reporting Date : 22/04/2023 16:03:59

14:57:18

Un-categorized

Sample type: BLOOD

BUN

Units Bio. Ref. Interval

Method

Blood Urea Nitrogen

7.4

Results

mg/dL 6-20

Calculated

(BUN)

Test Name

URINE SUGAR PP

Test Name				
rescivanie	Results	Units Bio. Ref. Interval	Method	
URINE SUGER PP	Nogative		Mediod	
- I SO GENTT	Negative	Negative	MANUAL	

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Sampling Date : 22/04/2023 15:48:36

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14:57:18

CLINICAL PATHOLOGY

Sample type: URINE

Report Type: Final

URINE RO	UTINE	AND	MICR	OSCOPY
----------	-------	-----	------	--------

Test Name	Resu	lts	Units	Bio. Ref. Interval	Method	
Physical Examination				The state of the s	Wediod	
Volume	10		ml		MANUAL	
COLOUR/APPEARANCE	Pale	Yellow		Pale yellow	MANUAL	
Transparency	S.Tur	bid		Clear		
рН	7.0			6 - 7.5	Manual Reagent Strip (double indicator)	
Specific Gravity	1.015			1.005 - 1.03	Manual Reagent Strip (double indicator)	
Chemical Examination						
URINE GLUCOSE	Nega	tive		Negative	GOD POD	
URINE PROTEIN	Negat	tive		Negative	Tetrabromophenol blue	
URINE KETONE BODIES/ACETONE	Negat	tive		Negative	Sodium nitropurrside	
BLOOD	Negat	tive		Negative	Peroxidase	
LEUKOCYTES	Negat	tive		Nagetive	Esterase	
NITRITE	Negat	ive		Negative	Tetrahydrbenzo(h) quinolin	
BILIRUBIN	Negat	ive		Negative	Diazotized dichloraniline	
UROBILINOGEN	1.0			0.2 - 1	Ehrlich reaction	
MICROSCOPIC EXAMINA	TION					
PUS CELLS	2-4		/Hpf	0-9	Microscopy	
RBC'S	NIL		/HPF	0-4	Microscopy	
Epithelial Cells	8-10	Н	/HPF	0-4	Microscopy	
BACTERIA	Preser	nt	%	Absent	Microscopy	
CRYSTALS	Absen	t		Absent	Microscopy	

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14:57:18

CASTS

Ref. By

Absent

Absent

NIL

/LPF

Absent

Absent

Microscopy

Microscopy

Nil

Microscopy

Sample type: BLOOD

OTHERS

YEAST CELL

URINE SUGAR FASTING

Report Type: Final

Test Name	Results	Units	Bio. Ref. Interval	Method	
URINE SUGAR FASTING	Negative		Negative	curou	

End of Report

Mrs. Valsamma kurian Created By

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Care with concern





90/43, Malviya Nagar, New Delhi-110017 #+91-11-40501000 (100 Lines), 9871027922 info@aakashhospital.com, wwww.aakashhospital.com

Name

: Mrs.PINKI

Age/Gender : 28 Y(s) /Female

Reg No

: 2204233439

Lab ID No

: KP0229507

Sample ID

: 220248162

Sample Type : Serum

Location

: KPL A43

Registered On : 22-04-2023 15:48

Collected On

: 22-04-2023 15:48

Reported On

: 22-04-2023 18:10

Refered By

: SELF

Reference Range

0.92 - 2.79

65 - 138.0

Client Name

: AAKASH HOSPITAL

Reference No :

Test

T3

Method : CLIA

T4

Method: CLIA

TSH

Method : CLIA

Result

: 2.14

: 124.20

: 1.87

uIU/mL

Unit

nmol/L

nmol/L

0.35 - 5.5

Reference Range for Children

1-4 days

: 1.00 -39.0

5 days-5 months

: 1.70 - 9.10 5 months - 20 years : 0.70 - 6.40

- (1) 4.2 to 15 μIU/mL Correlate clinically as physiological and other factors may falsely elevate TSH levels. (2) TSH Values may be transiently altered because of non-thyroidal illness.
- (3) Some drugs may decrease TSH values, e.g., L-dopa, Glucocorticoids.
- (4) Some drugs may increase TSH values, e.g., lodine, Lithium, and Amiodarone. Abbreviations.

Below mentioned are the guidelines for pregnancy related reference ranges for TSH.

PREGNANCY

REFERENCE RANGE FOR TSH IN uIU/mL

(As per American Thyroid Association)

1 st Trimester

0.10 - 2.50

2 nd Trimester

0.20 - 3.00

3 rd Trimester

0.30 - 3.00





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Dr.Sherry Khanna D.N.B. (Pathology) Head-Lab Operations. DMC Reg.No-25315

Print Date: 24-04-2023 17:06

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Age/Gender

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Reg No

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Lab ID No

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Sample ID

: 220248162

Sample Type : Serum

Location

: KPL A43

Registered On : 22-04-2023 15:48

Collected On

Reported On

Refered By

: SELF

Client Name : AAKASH HOSPITAL Reference No :

Note: 1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

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



rint Date: 24-04-2023 17:06



Page 2 of 2

Jhn Khans

Dr.Sherry Khanna D.N.B. (Pathology) Head-Lab Operations. DMC Reg.No-25315

I have come for health checkup. Due to bragmency I will not be able to do am not willing for time, ulbrasound, x-Ray test.

22/03/23

