Mediwneel <wellness@mediwheel.in>

Thu 3/7/2024 3:53 PM

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



011-41195959

Dear Manipal Hospital

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Name

: MR. YASHANSHU

Contact Details

: 9818069643

Hospital Package

Name

Mediwheel Full Body Health Checkup Female Below 40

Location

NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf

Links Aparment

Appointment Date

: 08-03-2024

- 1	Member Information	
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- 1	Manhaulat	
- 1	Member Information	
- 1	Booked Member Name	
- 1	pooked Membel Name	
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- 1	Laxmi rge Gender	
	ke ((A(III)	
-	l32 year Female	
	oz year iremale	

Tests included in this Package -

- Pap Smear
- · Stool Test
- Gynae Consultation
- · Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- · Blood Group
- Blood Glucose (Post Prandial)
- · Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks, Mediwheel Team Please Download Mediwheel App





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तक्ष्मी Laxmi जन्म तिथि / DOB : 07/07/1991 महिला / Female





9763 2863 4814

मेरा आधार, मेरी पहचान

Laroni



वास्ताय जिल्हा प्रत्यान आचिकरण



पताः यशंशु, 1102, विभाग 9 पुराना विजय नगर, गाज़ियाबाद, गाजियाबाद, उत्तर प्रदेश, 201009

Address: W/O Yashanshu, 1102, Sector 9 Old Vijay Nagar, Ghaziabad, Ghaziabad, Uttar Pradesh, 201009



9763 2863 4814











NAME	MISS LAXMI	STUDY DATE	08/03/2024 11:53AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH010624600
ACCESSION NO.	R7015658	MODALITY	CR
REPORTED ON	08/03/2024 3:33PM	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:

No significant abnormality seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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





NAME	MISS LAXMI	STUDY DATE	08/03/2024 12:02PM
AGE / SEX	32 y / F	HOSPITAL NO.	MH010624600
ACCESSION NO.	R7015659	MODALITY	US
REPORTED ON	08/03/2024 12:43PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 140 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 89 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10 mm. COMMON BILE DUCT: Appears normal in size and measures 3 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 100 x 38 mm.

Left Kidney: measures 109 x 41 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

UTERUS: Uterus is anteverted, normal in size (measures 79 x 56 x 42 mm), shape and echotexture.

Endometrial thickness measures 5.1 mm. Cervix appears normal.

OVARIES: Right ovary is normal in size (measures 29 x 26 x 19 mm with volume 7.5 cc), shape and echotexture. Rest normal.

Left ovary is obscured.

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*****





Name

MISS LAXMI

Age

32 Yr(s) Sex :Female

Registration No

MH010624600

Lab No

202403000927

Patient Episode

H18000001876

Collection Date:

08 Mar 2024 11:02

Referred By

HEALTH CHECK MGD

Receiving Date

Reporting Date:

08 Mar 2024 13:34

08 Mar 2024 11:02

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

1.240	ng/ml	[0.610-1.630]
6.300	ug/ dl	[4.680-9.360]
3.290	µIU/mL	[0.250-5.000]
	6.300	1.240 ng/ml 6.300 ug/ dl 3.290 µIU/mL

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.

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Name

MISS LAXMI

Registration No

MH010624600

Patient Episode

H18000001876

Referred By

HEALTH CHECK MGD

Receiving Date

08 Mar 2024 11:02

Age

32 Yr(s) Sex: Female

Lab No

202403000927

Collection Date:

08 Mar 2024 11:02

Reporting Date:

08 Mar 2024 13:28

BLOOD BANK

TEST

RESULT

----END OF REPORT----

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 /

Page 2 of 2

NOTE:

- Abnormal Values

Dr. Charu Agarwal **Consultant Pathologist**







LABORATORY REPORT

Name

: MISS LAXMI

Registration No

: MH010624600

Patient Episode

: H18000001876

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Mar 2024 11:02

Age

32 Yr(s) Sex :Female

Lab No

202403000927

Collection Date:

08 Mar 2024 11:02

Reporting Date:

08 Mar 2024 13:22

HAEMATOLOGY

TEST	RESULT	UNIT BIOLOGI	UNIT BIOLOGICAL REFERENCE INTERVAL		
COMPLETE BLOOD COUNT (AUTOMATE	D)	SPECIMEN-EDTA Whol	e Blood		
RBC COUNT (IMPEDENCE)	4.79	millions/cumm	[3.80-4.80]		
HEMOGLOBIN	12.1	g/dl	[12.0-15.0]		
Method:cyanide free SLS-colori	metry				
HEMATOCRIT (CALCULATED)	39.2	%	[36.0-46.0]		
MCV (DERIVED)	81.8 #	fL	[83.0-101.0]		
MCH (CALCULATED)	25.3	pg	[25.0-32.0]		
MCHC (CALCULATED)	30.9 #	g/dl	[31.5-34.5]		
RDW CV% (DERIVED)	15.4 #	8	[11.6-14.0]		
Platelet count	364	\times 10 3 cells/cumm	[150-410]		
Method: Electrical Impedance					
MPV (DERIVED)	10.8				
WBC COUNT (TC) (IMPEDENCE)	6.40	x 10³ cells/cumm	[4.00-10.00]		
DIFFERENTIAL COUNT		40			
(VCS TECHNOLOGY/MICROSCOPY)					
Neutrophils	71.0	9	[40.0-80.0]		
Lymphocytes	22.0	90	[20.0-40.0]		
Monocytes	5.0	8	[2.0-10.0]		
Eosinophils	2.0	00	[1.0-6.0]		
Basophils	0.0	8	[0.0-2.0]		
ESR	26.0 #	mm/1sthour	-0.0]		

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LABORATO

Name

: MISS LAXMI

Registration No

: MH010624600

Patient Episode

: H18000001876

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Mar 2024 11:02

Age

32 Yr(s) Sex : Female

Lab No

202403000927

Collection Date:

08 Mar 2024 11:02

Reporting Date:

08 Mar 2024 17:15

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbAlc (Glycosylated Hemoglobin)

5.5

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18 years <5.7

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

Estimated Average Glucose (eAG)

111

mg/dl

Comments : HbAlc 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

SLIGHTLY TURBID Reaction[pH]

7.0

(4.6 - 8.0)

Specific Gravity

1.005

(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies

Negative

(NEGATIVE)

Urobilinogen

Normal

(NORMAL)

Page 2 of 8







LABORATORY REPORT

Name

: MISS LAXMI

Registration No

: MH010624600

Patient Episode

: H18000001876

MICROSCOPIC EXAMINATION (Automated/Manual)

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Mar 2024 12:14

Age

32 Yr(s) Sex :Female

Lab No

202403000927

Collection Date:

Conceilon Date

08 Mar 2024 12:14

Reporting Date:

08 Mar 2024 14:00

CLINICAL PATHOLOGY

THE THE PROPERTY OF THE PROPER	ma ced/ Ma	nual)			
Pus Cells	10-15 /	hpf		(0-5/hpf)	6
RBC	NIL	-		(0-2/hpf)	
Epithelial Cells	8-10	/hpf		(= ,)	
CASTS	NIL	,			
Crystals	NIL				
Bacteria	NIL				
OTHERS	NIL				
Serum LIPID PROFILE					
Serum TOTAL CHOLESTEROL		152	20	mg/dl	[<200]
Method: Oxidase, esterase, pero	oxide				Moderate risk:200-239
					High risk:>240
TRIGLYCERIDES (GPO/POD)		70		mg/dl	[<150]
				(3)	Borderline high:151-199
				#	High: 200 - 499
					Very high:>500
HDL- CHOLESTEROL		46		mg/dl	[35-65]
Method: Enzymatic Immunoimh				7.0	
VLDL- CHOLESTEROL (Calculated		14		mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED		92.0		mg/dl	[<120.0]
					Near/
Above optimal-100-129					
					Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calcul	lated)	3.3			<4.0 Optimal
					4.0-5.0 Borderline
				0	>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calcu	lated)	2.0			2 Ontino
		۵.0			<pre><3 Optimal 3-4 Borderline</pre>
					- DOLGELTINE

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>6 High Risk







Name

: MISS LAXMI

Registration No

: MH010624600

Patient Episode

: H18000001876

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Mar 2024 11:02

Age

32 Yr(s) Sex :Female

Lab No

202403000927

Collection Date:

08 Mar 2024 11:02

Reporting Date:

08 Mar 2024 12:49

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

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	19.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay BUN, BLOOD UREA NITROGEN	9.2	mg/dl	[8.0-20.0]
Method: Calculated CREATININE, SERUM	0.59 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization URIC ACID Method:uricase PAP	3.7 #	mg/dl	[4.0-8.5]
SODIUM, SERUM	135.10 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM SERUM CHLORIDE Method: ISE Indirect	3.97 102.1	mmol/L mmol/L	[3.60-5.10] [101.0-111.0]
eGFR (calculated)	121.7	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

: MISS LAXMI

Registration No

: MH010624600

Patient Episode

: H18000001876

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Mar 2024 11:02

Age

32 Yr(s) Sex :Female

Lab No

202403000927

Collection Date:

08 Mar 2024 11:02

Reporting Date:

08 Mar 2024 12:49

BIOCHEMISTRY

TEST		RESULT	UNIT BIOLO	BIOLOGICAL REFERENCE INTERVAL		
	LIVER FUNCTION TEST					
	BILTRUBIN - TOTAL Method: D P D	1.17	mg/dl	[0.30-1.20]		
	BILIRUBIN - DIRECT Method: DPD	0.22	mg/dl	[0.00-0.30]		
	INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.95 #	mg/dl	[0.10-0.90]		
	TOTAL PROTEINS (SERUM) Method: BIURET	7.20	gm/dl	[6.60-8.70]		
	ALBUMIN (SERUM) Method: BCG	4.24	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	1.43		[1.00-2.50]		
	AST (SGOT) (SERUM) Method: IFCC W/O P5P	51.00 #	U/L	[0.00-40.00]		
	ALT(SGPT) (SERUM) Method: IFCC W/O P5P	61.50 #	U/L	[14.00-54.00]		
	Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	110.0 #	IU/L	[32.0-91.0]		
	GGT	91.0 #	U/L	[7.0-50.0]		
				Page 5 of	8	







LABORATORY REPORT

Name

: MISS LAXMI

Registration No

: MH010624600

Patient Episode

: H18000001876

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Mar 2024 11:02

Age

32 Yr(s) Sex :Female

Lab No

202403000927

Collection Date:

08 Mar 2024 11:02

Reporting Date:

08 Mar 2024 12:49

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

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







LABORATORY REPORT

Name

: MISS LAXMI

Registration No

: MH010624600

Patient Episode

: H18000001876

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Mar 2024 11:02

Age

32 Yr(s) Sex: Female

Lab No

202403000928

Collection Date:

08 Mar 2024 11:02

Reporting Date:

08 Mar 2024 12:49

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma GLUCOSE, FASTING (F)

Method: Hexokinase

103.0

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, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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____EPORT--

Dr. Charu Agarwal **Consultant Pathologist**







Name

: MISS LAXMI

Registration No

: MH010624600

Patient Episode

: H18000001876

Referred By

: HEALTH CHECK MGD

Receiving Date

: 08 Mar 2024 15:07

Age

32 Yr(s) Sex: Female

Lab No

202403000929

Collection Date:

08 Mar 2024 15:07

Reporting Date:

08 Mar 2024 16:08

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

107.0

mg/dl

[80.0-140.0]

Method: Hexokinase

Conditions which can lead to lower postprandial glucose levels as compared to

fasting glucose are excessive insulin release, rapid gastric emptying,

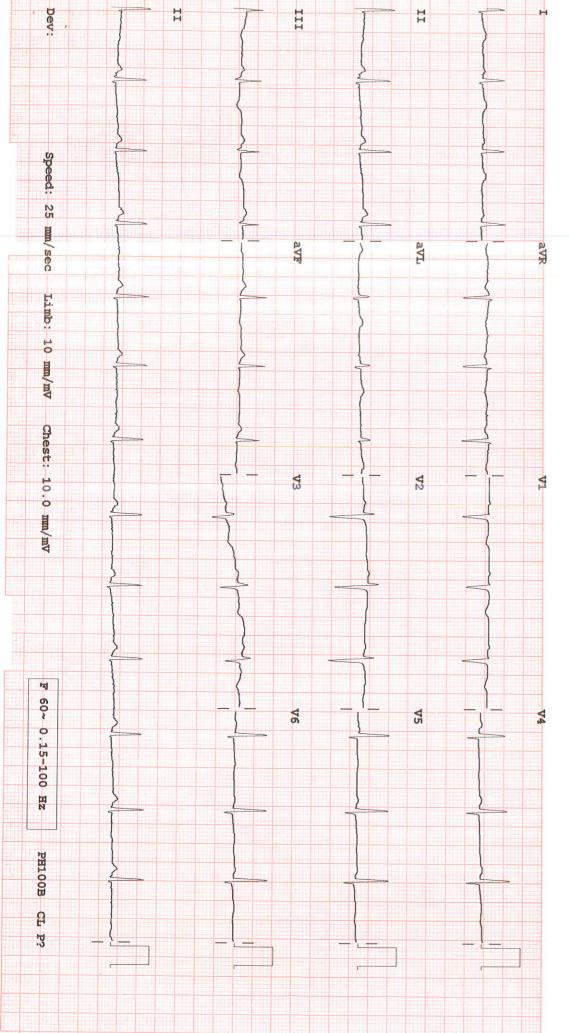
brisk glucose absorption , post exercise

Page 8 of 8

____END OF REPORT--

Dr. Alka Dixit Vats Consultant Pathologist

Unconfirmed Diagnosis









INVESTIGATION REPORT

Patient Name

Location

Ghaziabad

Age/Sex

MRS LAXMI 32Year(s)/male

Visit No

: V0000000001-GHZB

MRN No

MH10624600

Order Date

:08/03/2024

Ref. Doctor

Dr. ABHISHEK SINGH

Report Date

:08/03/2024

Echocardiography

Final Interpretation

- 1. No RWMA, LVEF=60%.
- 2. Normal CCD.
- 3. No MR, No AR.
- 4. No TR, Normal PASP.
- 5. No intracardiac clot/mass/pericardial pathology.
- 6. IVC normal

Chambers & valves:

- Left Ventricle: It is normal sized.
- **Left Atrium:** It is normal sized.
- Right Atrium: It is normal sized.
- Right Ventricle: It is normal sized.
- **Aortic Valve:** It appears normal.
- Mitral Valve: Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- Pulmonic Valve: It appears normal.
- Main Pulmonary artery & its branches: Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

LV is normal size with normal contractility.

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