Mediwheel <wellness@mediwheel.in>
Mon 3/18/2024 9:43 AM
To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc:customercare@mediwheel.in <customercare@mediwheel.in>

Mediwheel
....Your wellness partner

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	:	MS. SHARMA DEEPTI
Contact Details	:	9267938411
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	:	23-03-2024

Member Information		
Booked Member Name	Age	Gender
MS. SHARMA DEEPTI	30 year	Female

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

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Figure 2-25. Acoustic Absorption Per Linear Foot (Modified).

भारत सरकार
Government of India

दीप्ती शर्मा
Deepti Sharma
जन्म तिथि / DOB : 06/11/1993
महिला / Female

7411 9502 2158

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
D/O: सर्वेश कुमार, धूम मानिकपुर, धूम मानिकपुर, दादरी, गौतमबुद्ध नगर, उत्तर प्रदेश, 203207

Address:
D/O: Sarvesh Kumar, dhoom manikpur, Dhoom Manikpur, Dadri, Gautam Buddha Nagar, Uttar Pradesh, 203207

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TMT INVESTIGATION REPORT

Patient Name	DEEPTI SHARMA	Location	: Ghaziabad
Age/Sex	: 30Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH011792279	Order Date	: 23/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 23/03/2024

Protocol : Bruce
Duration of exercise : 6min 46sec
Reason for termination : THR achieved
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg
Peak BP : 140/90mmHg

MPHR : 190BPM
85% of MPHR : 161BPM
Peak HR Achieved : 192BPM
% Target HR : 101%
METS : 8.1METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	61	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	139	120/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	184	130/90	Nil	No ST changes seen	Nil
STAGE 3	0:46	190	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:14	105	130/80	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in 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
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LABORATORY REPORT

Name	:	MS DEEPTI SHARMA	**Age**	:	30 Yr(s) Sex :Female
Registration No	:	MH011792279	**Lab No**	:	202403003436
Patient Episode	:	H18000001981	**Collection Date :**		23 Mar 2024 10:07
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		23 Mar 2024 12:58
Receiving Date	:	23 Mar 2024 10:07			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			**Specimen Type : Serum**
T3 - Triiodothyronine (ELFA)	0.900	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.750	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.950	µIU/mL	[0.250-5.000]

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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LABORATORY REPORT

Name	:	MS DEEPTI SHARMA	**Age**	:	30 Yr(s) Sex :Female
Registration No	:	MH011792279	**Lab No**	:	202403003436
Patient Episode	:	H18000001981	**Collection Date :**		23 Mar 2024 10:07
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		23 Mar 2024 12:46
Receiving Date	:	23 Mar 2024 10:07			

BLOOD BANK

TEST	RESULT	UNIT	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.

NOTE:

\# - Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist

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LABORATORY REPORT

Name	: MS DEEPTI SHARMA	**Age** :	30 Yr(s) Sex :Female
Registration No	: MH011792279	**Lab No** :	202403003436
Patient Episode	: H18000001981	**Collection Date :**	23 Mar 2024 10:07
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	23 Mar 2024 12:15
Receiving Date	: 23 Mar 2024 10:07		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		**SPECIMEN-EDTA Whole Blood**	
RBC COUNT (IMPEDENCE)	4.41	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.8	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.7	%	[36.0-46.0]
MCV (DERIVED)	94.6	fL	[83.0-101.0]
MCH (CALCULATED)	31.3	pg	[25.0-32.0]
MCHC(CALCULATED)	33.1	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	215	x 10^3 cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	11.00	fL	
WBC COUNT(TC)(IMPEDENCE)	4.87	x 10^3 cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	49.0	%	[40.0-80.0]
Lymphocytes	**42.0 #**	**%**	**[20.0-40.0]**
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	15.0	mm/1sthour	[0.0-

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Name	: MS DEEPTI SHARMA	**Age** :	30 Yr(s) Sex :Female
Registration No	: MH011792279	**Lab No** :	202403003436
Patient Episode	: H18000001981	**Collection Date :**	23 Mar 2024 10:07
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	23 Mar 2024 12:50
Receiving Date	: 23 Mar 2024 10:07		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	4.9	%	[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)	94	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	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.015	(1.003-1.035)
CHEMICAL EXAMINATION		
Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

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LABORATORY REPORT

Name	: MS DEEPTI SHARMA	**Age**	: 30 Yr(s) Sex :Female
Registration No	: MH011792279	**Lab No**	: 202403003436
Patient Episode	: H18000001981	**Collection Date**	: 23 Mar 2024 10:50
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 23 Mar 2024 12:18
Receiving Date	: 23 Mar 2024 10:50		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION(Automated/Manual)

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

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	**214 #**	**mg/dl**	**[<200]**
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	106	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	47	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	**146.0 #**	**mg/dl**	**[<120.0]** Near/ Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	4.6		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.1		<3 Optimal 3-4 Borderline >6 High Risk

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LABORATORY REPORT

Name	: MS DEEPTI SHARMA	**Age**	: 30 Yr(s) Sex :Female
Registration No	: MH011792279	**Lab No**	: 202403003436
Patient Episode	: H18000001981	**Collection Date**	: 23 Mar 2024 10:07
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 24 Mar 2024 12:30
Receiving Date	: 23 Mar 2024 10:07		

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	17.4	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.1	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.95	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	**3.9 #**	**mg/dl**	**[4.0-8.5]**
Method:uricase PAP			
SODIUM, SERUM	143.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.40	mmol/L	[3.60-5.10]
SERUM CHLORIDE	108.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	80.6	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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LABORATORY REPORT

Name	: MS DEEPTI SHARMA	**Age**	: 30 Yr(s) Sex :Female
Registration No	: MH011792279	**Lab No**	: 202403003436
Patient Episode	: H18000001981	**Collection Date :**	23 Mar 2024 10:07
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Mar 2024 12:30
Receiving Date	: 23 Mar 2024 10:07		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL *Method: D P D*	1.06	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT *Method: DPD*	0.29	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) *Method: Calculation*	0.77	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) *Method: BIURET*	7.93	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) *Method: BCG*	4.42	g/dl	[3.50-5.20]
GLOBULINS (SERUM) *Method: Calculation*	**3.50 #**	**gm/dl**	**[1.80-3.40]**
PROTEIN SERUM (A-G) RATIO *Method: Calculation*	1.30		[1.00-2.50]
AST(SGOT) (SERUM) *Method: IFCC W/O P5P*	35.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) *Method: IFCC W/O P5P*	38.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase *Method: AMP BUFFER IFCC)*	**234.0 #**	**IU/L**	**[32.0-91.0]**
GGT	43.0	U/L	[7.0-50.0]

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LABORATORY REPORT

Name	: MS DEEPTI SHARMA	**Age** :	30 Yr(s) Sex :Female
Registration No	: MH011792279	**Lab No** :	202403003436
Patient Episode	: H18000001981	**Collection Date :**	23 Mar 2024 10:07
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Mar 2024 12:30
Receiving Date	: 23 Mar 2024 10:07		

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.

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

Dr. Alka Dixit Vats
Consultant Pathologist

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LABORATORY REPORT

Name	: MS DEEPTI SHARMA	**Age**	: 30 Yr(s) Sex :Female
Registration No	: MH011792279	**Lab No**	: 202403003437
Patient Episode	: H18000001981	**Collection Date :**	23 Mar 2024 10:07
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Mar 2024 12:30
Receiving Date	: 23 Mar 2024 10:07		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL	L
GLUCOSE-Fasting				
Specimen: Plasma				
GLUCOSE, FASTING (F)	88.0	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, adrenocortica 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. Charu Agarwal
Consultant Pathologist

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RADIOLOGY REPORT

NAME	MS Deepti SHARMA	STUDY DATE	23/03/2024 10:29AM
AGE / SEX	30 y / F	HOSPITAL NO.	MH011792279
ACCESSION NO.	R7108838	MODALITY	US
REPORTED ON	23/03/2024 11:20AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 118 mm), shape and echotexture. Rest normal.
SPLEEN: Spleen is normal in size (measures 79 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 11 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 90 x 38 mm.
Left Kidney: measures 90 x 38 mm.
PELVI-CALYCEAL SYSTEMS: Compact.
NODES: Not enlarged.
FLUID: Nil significant.
URINARY BLADDER: Urinary bladder is partially distended. Wall thickness is normal and lumen is echofree. Rest normal.
UTERUS: Uterus is anteverted, normal in size (measures 61 x 51 x 49 mm), shape and echotexture.
Endometrial thickness measures 3.7 mm. Cervix appears normal.
OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.
Right ovary measures 26 x 25 x 17 mm with volume 5.8 cc.
Left ovary measures 30 x 28 x 21 mm with volume 8.9 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******

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RADIOLOGY REPORT

NAME	MS Deepti SHARMA	STUDY DATE	23/03/2024 10:16AM
AGE / SEX	30 y / F	HOSPITAL NO.	MH011792279
ACCESSION NO.	R7108837	MODALITY	CR
REPORTED ON	23/03/2024 10:31AM	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 noted.
Recommend clinical correlation.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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