Tue 4/2/2024 5:10 PM

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



011-41195959

Hi Manipal Hospital,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital

Package Name

: Mediwheel Full Body Health Checkup Female Below 40

Patient Package

Name

: Mediwheel Full Body Health Checkup Female Below 40

Hospital

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

Address Aparment

Contact Details : 8210120927

Appointment

Date

: 06-04-2024

Confirmation

Status

: Booking Confirmed

Preferred Time

: 8:00am-8:30am

Member	Information	
Booked Member Name	Age	Gender
MS. SINHA SURBHI	32 year	Female

We request you to facilitate the employee on priority.

Thanks, Mediwheel Team Please Download Mediwheel App





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GOVERNMENT OF INDIA भारत सरकार

101

Surbhi Sinha मुर्गि मिहा

महिला / Female जन्म वर्ष / Year of Birth 1992



2214 2113 9946



UNIQUE IDENTIFICATION AUTHORITY OF INDIA मारतीय विशिष्ट पहचान प्राधिकरण आम आदमी का अधिकार

अक्षर

पास, जामलाहा, जामताहा, जामताहा, कार राष्ट्र, जामताहा क्लिन आमताहा के TITI DIO. THE SHITE HIPT, ATT - 14. Address DIO Ramesh Kumar Sinha, WARD - 14, COURT ROAD, NEAR JAMTARA COLLEGE JAMTARA, JAMTARA Jamtera, JAMTARA, Jnerkhand, 815351

सारखण्ड, 815351



help & udal gov.in 図

MINNOS INDIANAM MANA

P.O. Box No. 1947, Bengalaru 560 901

Down, Said





NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

RADIOLOGY REPORT

NAME	SURBHI SINHA	STUDY DATE	06/04/2024 12:40PM
AGE / SEX	32 y / F	HOSPITAL NO.	MH010619643
ACCESSION NO.	R7191650	MODALITY	CR
REPORTED ON	06/04/2024 2:20PM	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.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

Marian

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





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RADIOLOGY REPORT

NAME	SURBHI SINHA	STUDY DATE	06/04/2024 10:07AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH010619643
ACCESSION NO.	R7191651	MODALITY	US
REPORTED ON	06/04/2024 11:35AM	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 83 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.8 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.2 mm.

IVC, HEPATIC VEINS: Normal. BILIARY SYSTEM: Normal.

GALL BLADDER: Well distended with normal walls (~ 2.1 mm). Its lumen demonstrates multiple mobile calculi

within with the largest one measuring ~ 11.3 mm. 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 94 x 35 mm. Left Kidney: measures 94 x 39 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged. FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is distended. Wall thickness is normal and lumen is echofree. Rest normal.

UTERUS: Uterus is anteverted, normal in size (measures 74 x 40 x 32 mm), shape and echotexture.

Endometrial thickness measures 5 mm. Cervix appears normal.

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

Right ovary measures 31 x 28 x 15 mm with volume 6.6 cc.

Left ovary measures 34 x 33 x 15 mm with volume 9.0 cc.

Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Cholelithiasis.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

Marica.

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





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LABORATORY REPORT

Name

SURBHI SINHA

Age

32 Yr(s) Sex :Female

Registration No

MH010619643

Lab No

202404000945

Patient Episode

H18000002067

Collection Date:

06 Apr 2024 09:54

Referred By

HEALTH CHECK MGD

06 Apr 2024 11:57

Reporting Date:

Receiving Date

06 Apr 2024 09:54

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ELFA) T4 - Thyroxine (ELFA) Thyroid Stimulating Hormone

0.850 6.730

3.550

ng/ml ug/ dl uIU/mL [0.610 - 1.630][4.680-9.360]

[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.

Page 1 of 2





LABORATORY REPORT

Name

: SURBHI SINHA

Age

32 Yr(s) Sex :Female

Registration No

MH010619643

Lab No

202404000945

Patient Episode

: H18000002067

Collection Date:

06 Apr 2024 09:54

Referred By

Reporting Date:

06 Apr 2024 13:48

Receiving Date

: HEALTH CHECK MGD 06 Apr 2024 09:54

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.

Page 2 of 2

NOTE:

- Abnormal Values

____END OF REPORT-----

Dr. Alka Dixit Vats Consultant Pathologist







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LABORATORY REPORT

Name

: SURBHI SINHA

Registration No

: MH010619643

Patient Episode

: H18000002067

Referred By

: HEALTH CHECK MGD

Receiving Date

: 06 Apr 2024 09:54

Age

32 Yr(s) Sex :Female

Lab No

202404000945

Collection Date:

06 Apr 2024 09:54

Reporting Date:

06 Apr 2024 11:54

HAEMATOLOGY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

COMPLETE BLOOD COUNT (AUTOMATED)

SPECIMEN-EDTA Whole Blood

COMPLETE BROOD COOM! (MOLOHALED)	,		
RBC COUNT (IMPEDENCE) HEMOGLOBIN	4.92 # 12.7	millions/cumm g/dl	[3.80-4.80] [12.0-15.0]
Method:cyanide free SLS-colorime HEMATOCRIT (CALCULATED) MCV (DERIVED) MCH (CALCULATED) MCHC (CALCULATED) RDW CV% (DERIVED) Platelet count	40.6 82.5 # 25.8 31.3 # 15.2 # 259	fL pg g/dl % x 10 ³ cells/cumm	[36.0-46.0] [83.0-101.0] [25.0-32.0] [31.5-34.5] [11.6-14.0] [150-410]
Method: Electrical Impedance MPV(DERIVED)	11.70	fL	
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT	7.90	\times 10 3 cells/cumm	[4.00-10.00]
(VCS TECHNOLOGY/MICROSCOPY) Neutrophils Lymphocytes Monocytes Eosinophils Basophils	73.0 20.0 6.0 1.0 0.0	00 00 00 00	[40.0-80.0] [20.0-40.0] [2.0-10.0] [1.0-6.0] [0.0-2.0]
ESR	26.0 #	mm/1sthour	-0.0]

Page 1 of 7







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LABORATORY REPORT

Name

: SURBHI SINHA

: MH010619643

Registration No Patient Episode

: H18000002067

Referred By

: HEALTH CHECK MGD

Receiving Date

: 06 Apr 2024 09:54

Age

32 Yr(s) Sex: Female

Lab No

202404000945

Collection Date:

06 Apr 2024 09:54

Reporting Date:

06 Apr 2024 13:04

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbAlc (Glycosylated Hemoglobin)

5.1

[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)

100

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

CLEAR

(4.6 - 8.0)

Reaction[pH] Specific Gravity 5.0 1.025

(1.003 - 1.035)

CHEMICAL EXAMINATION

Protein/Albumin

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies Urobilinogen

Negative

(NEGATIVE)

Normal

(NORMAL)

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LABORATORY REPORT

Name

: SURBHI SINHA

Registration No

: MH010619643

Patient Episode

: H18000002067

Referred By Receiving Date : HEALTH CHECK MGD

: 06 Apr 2024 09:54

Age

32 Yr(s) Sex :Female

Lab No

202404000945

Collection Date:

06 Apr 2024 09:54

Reporting Date:

06 Apr 2024 13:07

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Auto Pus Cells RBC Epithelial Cells CASTS Crystals Bacteria OTHERS	1-2 /hpf NIL	al) /hpf	(0-5/hpf) (0-2/hpf)	
Serum LIPID PROFILE				
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, pe	roxide	167	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)		239 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	h ih ih i on	47	mg/dl	[35-65]
Method: Enzymatic Immunoim VLDL- CHOLESTEROL (Calculat CHOLESTEROL, LDL, CALCULATE	.ed)	48 # 72.0	mg/dl mg/dl	[0-35] [<120.0] Near/
Above optimal-100-129				Borderline High: 130-159
T.Chol/HDL.Chol ratio(Calc	culated)	3.6		High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline
				>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Ca.	Lculated)	1.5		<pre><3 Optimal 3-4 Borderline >6 High Risk</pre>

Page 3 of 7







LABORATORY REPORT

Name

: SURBHI SINHA

Age

32 Yr(s) Sex :Female

Registration No

: MH010619643

Lab No

202404000945

Patient Episode

: H18000002067

Collection Date:

06 Apr 2024 09:54

Referred By

: HEALTH CHECK MGD

Reporting Date:

ml/min/1.73sq.m

06 Apr 2024 11:57

Receiving Date

: 06 Apr 2024 09:54

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 JREA Method: GLDH, Kinatic assay BUN, BLOOD UREA NITROGEN Method: Calculated CREATININE, SERUM Method: Jaffe rate-IDMS Standardization URIC ACID Method:uricase PAP	8.0 0.64 #	mg/dl mg/dl mg/dl	[15.0-40.0] [8.0-20.0] [0.70-1.20] [4.0-8.5]
SODIUM, SERUM POTASSIUM, SERUM SERUM CHLORIDE Method: ISE Indirect	135.90 # 4.50 106.8	mmol/L mmol/L	[3.60-5.10] [101.0-111.0]

eGFR (calculated) 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.

118.5

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[>60.0]







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LABORATORY REPORT

Name

: SURBHI SINHA

Registration No

: MH010619643

Patient Episode

: H18000002067

Referred By Receiving Date : HEALTH CHECK MGD

: 06 Apr 2024 09:54

Age

32 Yr(s) Sex :Female

Lab No

202404000945

Collection Date:

06 Apr 2024 09:54

Reporting Date:

06 Apr 2024 11:57

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE	CE INTERVAL
LIVER FUNCTION TEST				
BILIRUBIN - TOTAL Method: D P D	0.39	mg/d	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.06	mg/	dl [0.00-0.30	1
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.33	mg/	/dl [0.10-0.90	j = -
TOTAL PROTEINS (SERUM) Method: BIURET	6.70	gm/	/dl [6.60-8.70)]
ALBUMIN (SERUM) Method: BCG	4.30	g/d	13.50-5.20)]
GLOBULINS (SERUM) Method: Calculation	2.40	gm	/dl [1.80-3.40)]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.79		[1.00-2.50	0]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	20.00	. U/	[0.00-40.	00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	17.50	U/	L [14.00-54.	00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	71.0	IU	/L [32.0-91.0]
GGT	16.0		U/L [7.0-50.	0]
001			• Pag	ge5 of 7







LABORATORY REPORT

Name

: SURBHI SINHA

Registration No

: MH010619643

Patient Episode

: H18000002067

Referred By Receiving Date : HEALTH CHECK MGD

: 06 Apr 2024 09:54

Age

: 32 Yr(s) Sex :Female

Lab No

202404000945

Collection Date:

06 Apr 2024 09:54

Reporting Date:

06 Apr 2024 11:57

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.

Page 6 of 7

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

Alla

Dr. Alka Dixit Vats Consultant Pathologist







LABORATORY REPORT

Name

: SURBHI SINHA

Registration No

: MH010619643

Patient Episode

: H18000002067

Referred By Receiving Date : HEALTH CHECK MGD

: 06 Apr 2024 09:54

Age

32 Yr(s) Sex :Female

Lab No

202404000946

Collection Date :

06 Apr 2024 09:54

Reporting Date:

06 Apr 2024 11:57

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

Method: Hexokinase

94.0

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.

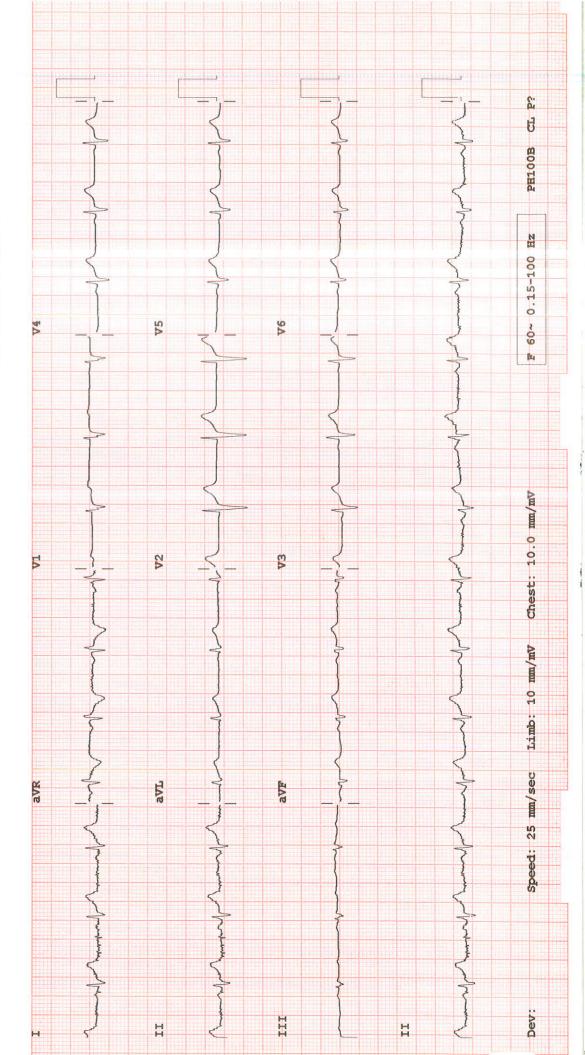
Page 7 of 7

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

Dr. Alka Dixit Vats Consultant Pathologist

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



manipalhospitals



LIFE'S ON TMT INVESTIGATION REPORT

Patient Name SURBHI SINHA

Location

: Ghaziabad

Age/Sex

: 32Year(s)/Female

Visit No

: V000000001-GHZB

MRN No

MH010619643

Order Date

: 06/04/2024

Ref. Doctor : DR ABHISHEK SINGH

Report Date

: 06/04/2024

Protocol

: Bruce

MPHR

: 188BPM

Duration of exercise

: 08min 47sec

85% of MPHR

: 159BPM

Reason for termination : THR achieved

Peak HR Achieved : 166BPM

Blood Pressure (mmHg) : Baseline BP : 120/80mmHg

% Target HR

: 88%

Peak BP

: 140/90mmHg

METS

: 10.1METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	87	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	123	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	144	140/90	Nil	No ST changes seen	Nil
STAGE 3	2:47	164	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:14	107	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

Dr. Sudhanshu Mishra

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

Cardiology Registrar

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

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