

Mediwheel <wellness@mediwheel.in>

Thu 4/4/2024 12:45 PM

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

Cc:customer@mediwheel.in <customer@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 Address : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links
Aparment

Contact Details : 9910759174

Appointment Date : 08-04-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
MS. JHA NEHA	37 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with Arcofemi Healthcare Limited This is a system-generated e-mail please don't reply to this message.

Please visit to our Terms & Conditions for more informaion. Click here to unsubscribe.

for Navipal Hospital

भारत सरकार

Government of India

नेहा झा

Neha Jha

जन्म तिथि / DOB : 16/06/1986

महिला / Female



7348 7147 3165

आधार - आम आदमी का अधिकार

Neha

for Navipal Hospital Use



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

W/O: तुषार कान्त, सी-1/38, बी/एच
पार्क प्लाज़ा होटल, सेक्टर 55,
नॉएडा, नोएडा, गौतमबुद्ध नगर, उत्तर
प्रदेश, 201301

Address:

W/O: Tushar Kant, C-1/38, B/H
Park Plaza Hotel, Sector 55,
Noida, Noida, Gautam Buddha
Nagar, Uttar Pradesh, 201301

7348 7147 3165

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in



LABORATORY REPORT

Name	: MRS NEHA JHA	Age	: 37 Yr(s) Sex :Female
Registration No	: MH010871888	Lab No	: 202404001169
Patient Episode	: H18000002072	Collection Date	: 08 Apr 2024 10:54
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2024 15:55
Receiving Date	: 08 Apr 2024 10:54		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.960	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.920	ug/ dl.	[4.680-9.360]
Thyroid Stimulating Hormone	2.690	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.



LABORATORY REPORT

Name : MRS NEHA JHA Age : 37 Yr(s) Sex :Female
Registration No : MH010871888 Lab No : 202404001169
Patient Episode : H18000002072 Collection Date : 08 Apr 2024 10:54
Referred By : HEALTH CHECK MGD Reporting Date : 08 Apr 2024 13:25
Receiving Date : 08 Apr 2024 10:54

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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.

Page 2 of 2

NOTE:

- Abnormal Values

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

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MRS NEHA JHA	Age	: 37 Yr(s) Sex :Female
Registration No	: MH010871888	Lab No	: 202404001169
Patient Episode	: H18000002072	Collection Date	: 08 Apr 2024 10:54
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2024 12:25
Receiving Date	: 08 Apr 2024 10:54		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.20	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.4 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	36.5	%	[36.0-46.0]
MCV (DERIVED)	86.9	fL	[83.0-101.0]
MCH (CALCULATED)	27.1	pg	[25.0-32.0]
MCHC (CALCULATED)	31.2 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.2	%	[11.6-14.0]
Platelet count	301	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.10	fL	
WBC COUNT(TC) (IMPEDEANCE)	6.72	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	65.0	%	[40.0-80.0]
Lymphocytes	29.0	%	[20.0-40.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	29.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MRS NEHA JHA	Age	: 37 Yr(s) Sex :Female
Registration No	: MH010871888	Lab No	: 202404001169
Patient Episode	: H18000002072	Collection Date	: 08 Apr 2024 10:54
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2024 16:01
Receiving Date	: 08 Apr 2024 10:54		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.2	%	[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)	103	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]	6.5	(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)



LABORATORY REPORT

Name	: MRS NEHA JHA	Age	: 37 Yr(s) Sex :Female
Registration No	: MH010871888	Lab No	: 202404001169
Patient Episode	: H18000002072	Collection Date	: 08 Apr 2024 11:26
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2024 13:37
Receiving Date	: 08 Apr 2024 11:26		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

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

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	161	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	84	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	45	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	17	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	99.0	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)	3.6		
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.2		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name	: MRS NEHA JHA	Age	: 37 Yr(s) Sex :Female
Registration No	: MH010871888	Lab No	: 202404001169
Patient Episode	: H18000002072	Collection Date	: 08 Apr 2024 10:54
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2024 12:16
Receiving Date	: 08 Apr 2024 10:54		

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			
UREA	20.4	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.5	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	6.7	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	136.30	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.63	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.8	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated) 76.8 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.



LABORATORY REPORT

Name	: MRS NEHA JHA	Age	: 37 Yr(s) Sex :Female
Registration No	: MH010871888	Lab No	: 202404001169
Patient Episode	: H18000002072	Collection Date	: 08 Apr 2024 10:54
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2024 12:16
Receiving Date	: 08 Apr 2024 10:54		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.41	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.08	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.33	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>	4.46	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>	1.91		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	18.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	20.80	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	76.0	IU/L	[32.0-91.0]
GGT	11.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name	: MRS NEHA JHA	Age	: 37 Yr(s) Sex :Female
Registration No	: MH010871888	Lab No	: 202404001169
Patient Episode	: H18000002072	Collection Date	: 08 Apr 2024 10:54
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2024 12:16
Receiving Date	: 08 Apr 2024 10:54		

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 8

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MRS NEHA JHA	Age	: 37 Yr(s) Sex :Female
Registration No	: MH010871888	Lab No	: 202404001170
Patient Episode	: H18000002072	Collection Date	: 08 Apr 2024 10:54
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2024 13:55
Receiving Date	: 08 Apr 2024 10:54		

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, 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. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MRS NEHA JHA	Age	: 37 Yr(s) Sex :Female
Registration No	: MH010871888	Lab No	: 202404001171
Patient Episode	: H18000002072	Collection Date	: 08 Apr 2024 14:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2024 15:59
Receiving Date	: 08 Apr 2024 14:47		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS <i>Method: Hexokinase</i> 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	93.0	mg/dl	[80.0-140.0]

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

Dr. Alka Dixit Vats
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MRS Neha JHA	STUDY DATE	08/04/2024 11:10AM
AGE / SEX	37 y / F	HOSPITAL NO.	MH010871888
ACCESSION NO.	R7200457	MODALITY	CR
REPORTED ON	08/04/2024 11:16AM	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*****

**RADIOLOGY REPORT**

NAME	MRS Neha JHA	STUDY DATE	08/04/2024 11:14AM
AGE / SEX	37 y / F	HOSPITAL NO.	MH010871888
ACCESSION NO.	R7200458	MODALITY	US
REPORTED ON	08/04/2024 11:32AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears enlarged in size (measures 157 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 86 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.5 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.8 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 99 x 47 mm.

Left Kidney: measures 94 x 51 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 67 x 41 x 35 mm), shape and echotexture.

Endometrial thickness is thin and measures 3.6 mm.

Cervix: Normal and shows few small nabothian cysts within with the largest one measuring 7 x 6 mm.

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

Right ovary measures 29 x 27 x 15 mm with volume 6.3 cc.

Left ovary measures 27 x 27 x 18 mm with volume 6.9 cc.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- **Hepatomegaly with diffuse grade I fatty infiltration in liver.**
- **Thin endometrium.**

Recommend clinical correlation.



**Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST**

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



TMT INVESTIGATION REPORT

Patient Name	MRS NEHA JHA	Location	: Ghaziabad
Age/Sex	: 37Year(s)/Female	Visit No	: V000000001-GHZB
MRN No	MH010871888	Order Date	: 08/04/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 08/04/2024

Protocol	: Bruce	MPHR	: 183BPM
Duration of exercise	: 7min 20sec	85% of MPHR	: 156BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 185BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg	% Target HR	: 101%
	Peak BP : 150/90mmHg	METS	: 9.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	81	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	118	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	173	140/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	185	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:32	115	126/84	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

P : 0120-3535353

Manipal Health Enterprises Private Limited

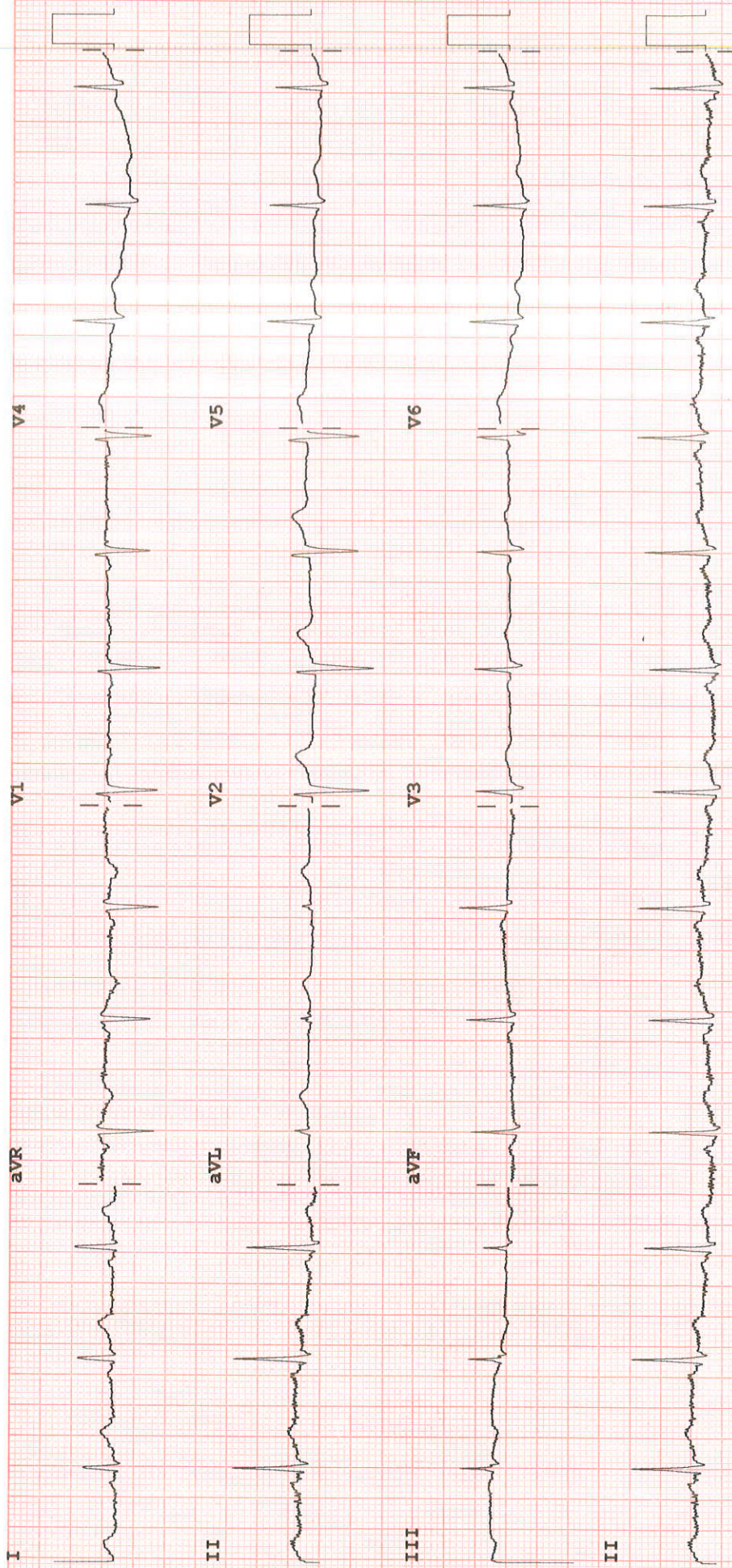
CIN: U85110KA2003PTC033055

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

- ABNORMAL ECG -

Unconfirmed Diagnosis



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?