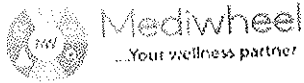


Mediwheel &lt;wellness@mediwheel.in&gt;

Fri 3/29/2024 4:02 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 Address** : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links  
Apartment

**Contact Details** : 9897884256

**Appointment Date** : 01-04-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:00am-8:30am

Member Information		
Booked Member Name	Age	Gender
MS. AARTI	33 year	Female

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team  
Please Download Mediwheel App



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आरती  
Aarti  
जन्म तिथि / DOB : 04/03/1991  
महिला / Female



2972 9446 5607

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
संबोधित: राम कुमार, 790/3, होली  
चौक के पास, मोहल्ला रामपुरी,  
मुजफ्फरनगर, मुजफ्फरनगर, उत्तर  
प्रदेश, 251001

Address:  
D/O: Ram Kumar, 790/3, near holi  
chowk, Mohalla rampuri,  
Muzaffarnagar, Muzaffarnagar,  
Uttar Pradesh, 251001

2972 9446 5607

1947  
1800 300 1947

help@uidai.gov.in

www  
www.uidai.gov.in

Aarti


**बैंक ऑफ बरोडा**  
**Bank of Baroda**

एप्टी -  
 Name: **AARTI**

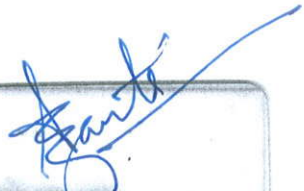
एमएमसी एन नं.  
 E.C. No. **104094**





जारीकर्ता अधिकारी (जी.ए.एम.)  
 Issuing Authority (J.A.M.)

धारक की हस्ताक्षर  
 Signature of Holder



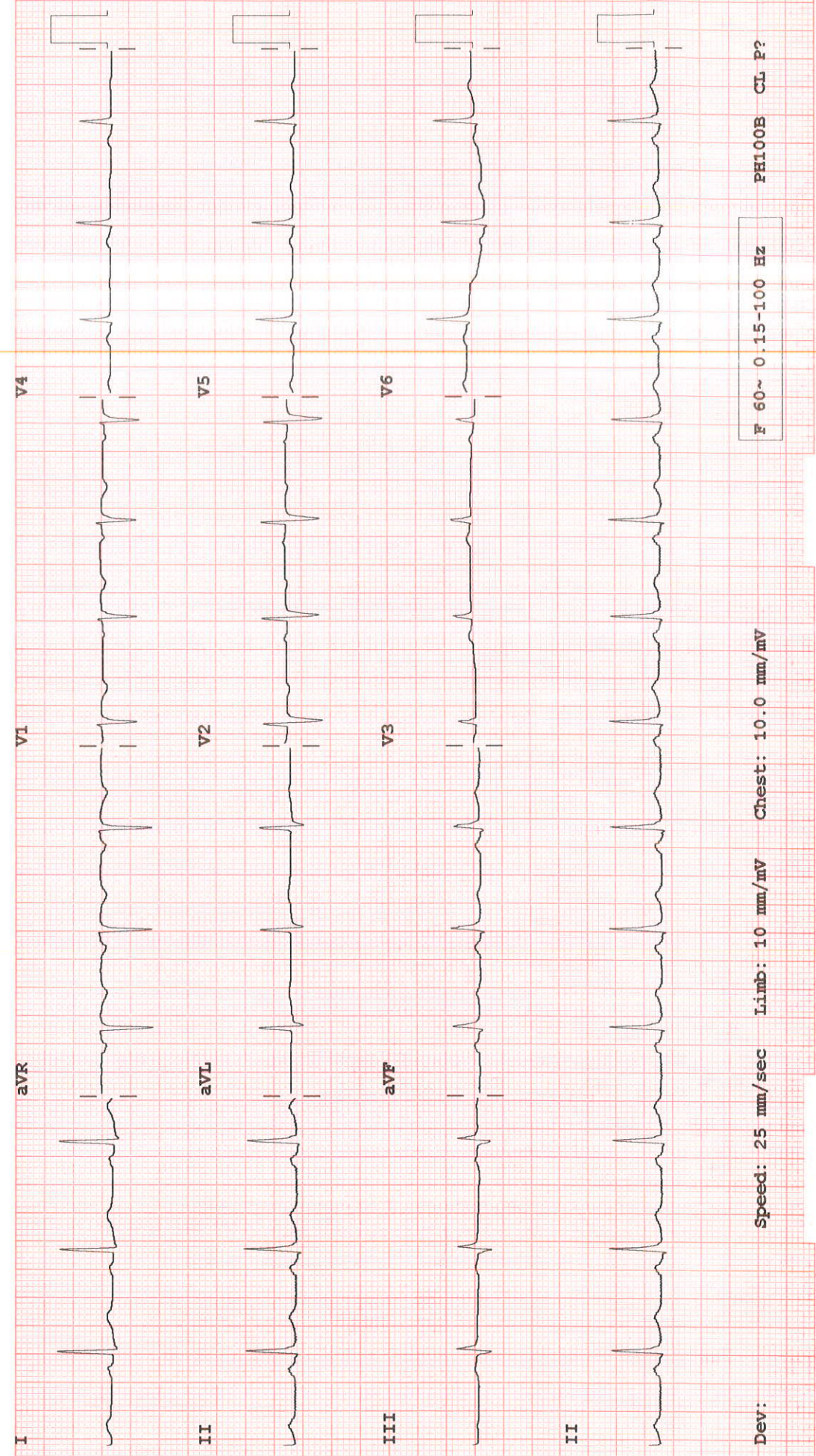
बैंक ऑफ बरोडा, सुरक्षा अधिकारी (एप्टी)  
 बैंक ऑफ बरोडा, सुरक्षा अधिकारी (एप्टी)  
 सी - 20, गी स्टॉक, बंधु रवि चंदन, मुंबई 400 051, इंडिया  
 फोन - 91 22 6688 5196 - फैक्स - 91 22 2652 5747

Assistant General Manager (Security)  
 Bank of Baroda, Baroda Corporate Centre  
 C-20, G-Block, Bhandra Ravi Chandra Complex, Mumbai 400 051, India  
 Phone 91 22 6688 5196 Fax 91 22 2652 5747

रक्त समूह / Blood Group : **AB+**  
 पहचान चिह्न / Identification Mark :

- BORDERLINE ECG -

Unconfirmed Diagnosis



PH100B CL P?

F 60~ 0.15-100 Hz

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

Dev:



Patient Name	MRS AARTI	Location	: Ghaziabad
Age/Sex	: 33Year(s)/Female	Visit No	: V0000000001-GHZZ
MRN No	MH013257846	Order Date	: 01/04/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 01/04/2024

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 187BPM
<b>Duration of exercise</b>	: 4min 08sec	<b>85% of MPHR</b>	: 158BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 186BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 120/80mmHg Peak BP : 140/90mmHg	<b>% Target HR</b>	: 99%
		<b>METS</b>	: 5.9METS

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	167	130/90	Nil	No ST changes seen	Nil
STAGE 2	1:08	184	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:24	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**  
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

**RADIOLOGY REPORT**

NAME	MRS , AARTI	STUDY DATE	01/04/2024 10:15AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH013257846
ACCESSION NO.	R7158202	MODALITY	CR
REPORTED ON	01/04/2024 10:59AM	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	MRS , AARTI	STUDY DATE	01/04/2024 11:50AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH013257846
ACCESSION NO.	R7158203	MODALITY	US
REPORTED ON	01/04/2024 9:15PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS****FINDINGS**

LIVER: Liver is normal in size (measures 147 mm), shape. Two heteroechoic lesions are seen in segment V and VIII of liver but no increased vascularity seen within measuring 40 x 34 mm at segment V of liver and 37 x 33 mm in segment VIII of liver; possibility of ?nature / hemangioma.

SPLEEN: Spleen is normal in size (measures 108 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 7.8 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.1 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is contracted.

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 96 x 43 mm.

Left Kidney: measures 95 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 normal.

UTERUS: Uterus is anteverted, bulky in size (measures 90 x 70 x 50mm), and coarse myometrial echotexture along with an intramural fibroid is seen in anterior myometrium measuring 42 x 31 mm, which is also seen in indenting the endometrium but no increased vascularity seen within. Another fundal intramural fibroid is seen measuring 40 x 35 mm but no increased vascularity seen within and not seen in indenting the endometrium. Endometrial thickness measures 5.3 mm. Cervix appears normal and shows a nabothian cyst within measuring 4 mm.

Right ovary are normal in size, shape and echotexture. Rest normal.

Right ovary measures 29 x 27 x 18 mm with volume 7.2 cc.

Left ovary is obscured

Trace free fluid is seen in cul-de-sac.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

-Two heteroechoic lesions seen in segment V and VIII of liver but no increased vascularity seen within possibility of ?nature / hemangioma.

-Coarse myometrial echotexture of uterus along with two intramural uterine fibroids, one of which is also seen in indenting the endometrium.

-Trace free fluid seen in cul-de-sac.

**ADV: CECT Triple phase abdomen for further evaluation.**

Recommend clinical correlation.



**RADIOLOGY REPORT**

NAME	MRS , AARTI	STUDY DATE	01/04/2024 11:50AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH013257846
ACCESSION NO.	R7158203	MODALITY	US
REPORTED ON	01/04/2024 9:15PM	REFERRED BY	HEALTH CHECK MGD

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS  
CONSULTANT RADIOLOGIST

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





**LABORATORY REPORT**

<b>Name</b>	: MRS AARTI	<b>Age</b>	: 33 Yr(s) Sex :Female
<b>Registration No</b>	: MH013257846	<b>Lab No</b>	: 202404000057
<b>Patient Episode</b>	: H18000002034	<b>Collection Date</b>	: 01 Apr 2024 09:58
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 01 Apr 2024 12:49
<b>Receiving Date</b>	: 01 Apr 2024 09:58		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			<b>Specimen Type : Serum</b>
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.140	ng/ml	[0.610-1.630]
<b>T4 - Thyroxine (ELFA)</b>	<b>10.900 #</b>	<b>ug/ dl</b>	<b>[4.680-9.360]</b>
Thyroid Stimulating Hormone	1.070	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 AARTI  
Registration No : MH013257846  
Patient Episode : H18000002034  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 09:58  
Age : 33 Yr(s) Sex :Female  
Lab No : 202404000057  
Collection Date : 01 Apr 2024 09:58  
Reporting Date : 01 Apr 2024 12:36

**BLOOD BANK**

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing AB 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. Charu Agarwal  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS AARTI  
Registration No : MH013257846  
Patient Episode : H18000002034  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 09:58

Age : 33 Yr(s) Sex :Female  
Lab No : 202404000057  
Collection Date : 01 Apr 2024 09:58  
Reporting Date : 01 Apr 2024 12:23

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.19	millions/cumm	[3.80-4.80]
<b>HEMOGLOBIN</b>	<b>11.6 #</b>	<b>g/dl</b>	<b>[12.0-15.0]</b>
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	37.0	%	[36.0-46.0]
MCV (DERIVED)	88.3	fL	[83.0-101.0]
MCH (CALCULATED)	27.7	pg	[25.0-32.0]
<b>MCHC (CALCULATED)</b>	<b>31.4 #</b>	<b>g/dl</b>	<b>[31.5-34.5]</b>
RDW CV% (DERIVED)	12.7	%	[11.6-14.0]
Platelet count	284	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.40	fL	
WBC COUNT (TC) (IMPEDEANCE)	6.50	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	70.0	%	[40.0-80.0]
Lymphocytes	20.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>60.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-</b>



**LABORATORY REPORT**

**Name** : MRS AARTI  
**Registration No** : MH013257846  
**Patient Episode** : H18000002034  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 01 Apr 2024 09:58

**Age** : 33 Yr(s) Sex :Female  
**Lab No** : 202404000057  
**Collection Date** : 01 Apr 2024 09:58  
**Reporting Date** : 01 Apr 2024 18:07

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b> Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	4.8	%	[0.0-5.6]
As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults $\geq 18$ years $< 5.7$ Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes $\geq 6.5$			
Estimated Average Glucose (eAG)	91	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 AARTI  
Registration No : MH013257846  
Patient Episode : H18000002034  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 12:06

Age : 33 Yr(s) Sex :Female  
Lab No : 202404000057  
Collection Date : 01 Apr 2024 12:06  
Reporting Date : 01 Apr 2024 16:55

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

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

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	149	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
<b>TRIGLYCERIDES (GPO/POD)</b>	<b>156 #</b>	<b>mg/dl</b>	<b>[&lt;150]</b> Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	47	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	31	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	71.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
T.Chol/HDL.Chol ratio (Calculated)	3.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.5		<3 Optimal 3-4 Borderline >6 High Risk



**LABORATORY REPORT**

Name : MRS AARTI Age : 33 Yr(s) Sex :Female  
 Registration No : MH013257846 Lab No : 202404000057  
 Patient Episode : H18000002034 Collection Date : 01 Apr 2024 09:58  
 Referred By : HEALTH CHECK MGD Reporting Date : 01 Apr 2024 11:57  
 Receiving Date : 01 Apr 2024 09:58

**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

<b>UREA</b>	12.8 #	mg/dl	[15.0-40.0]
-------------	--------	-------	-------------

Method: GLDH, Kinatic assay

<b>BUN, BLOOD UREA NITROGEN</b>	6.0 #	mg/dl	[8.0-20.0]
---------------------------------	-------	-------	------------

Method: Calculated

<b>CREATININE, SERUM</b>	0.57 #	mg/dl	[0.70-1.20]
--------------------------	--------	-------	-------------

Method: Jaffe rate-IDMS Standardization

<b>URIC ACID</b>	5.0	mg/dl	[4.0-8.5]
------------------	-----	-------	-----------

Method:uricase PAP

<b>SODIUM, SERUM</b>	137.20	mmol/L	[136.00-144.00]
----------------------	--------	--------	-----------------

<b>POTASSIUM, SERUM</b>	4.31	mmol/L	[3.60-5.10]
-------------------------	------	--------	-------------

<b>SERUM CHLORIDE</b>	105.5	mmol/L	[101.0-111.0]
-----------------------	-------	--------	---------------

Method: ISE Indirect

<b>eGFR (calculated)</b>	122.2	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 AARTI  
Registration No : MH013257846  
Patient Episode : H18000002034  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 09:58

Age : 33 Yr(s) Sex :Female  
Lab No : 202404000057  
Collection Date : 01 Apr 2024 09:58  
Reporting Date : 01 Apr 2024 11:57

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.47	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.37	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.28	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	1.42		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	24.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	31.20	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	66.0	IU/L	[32.0-91.0]
GGT	35.0	U/L	[7.0-50.0]



**LABORATORY REPORT**

Name : MRS AARTI  
Registration No : MH013257846  
Patient Episode : H18000002034  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 09:58

Age : 33 Yr(s) Sex :Female  
Lab No : 202404000057  
Collection Date : 01 Apr 2024 09:58  
Reporting Date : 01 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.

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

**Dr. Charu Agarwal**  
Consultant Pathologist





**LABORATORY REPORT**

Name : MRS AARTI  
Registration No : MH013257846  
Patient Episode : H18000002034  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 09:58

Age : 33 Yr(s) Sex :Female  
Lab No : 202404000058  
Collection Date : 01 Apr 2024 09:58  
Reporting Date : 01 Apr 2024 12:49

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	96.0	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 AARTI  
Registration No : MH013257846  
Patient Episode : H18000002034  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 15:22

Age : 33 Yr(s) Sex :Female  
Lab No : 202404000059  
Collection Date : 01 Apr 2024 15:22  
Reporting Date : 01 Apr 2024 16:53

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

**PLASMA GLUCOSE**

Specimen: Plasma  
GLUCOSE, POST PRANDIAL (PP), 2 HOURS 119.0 mg/dl [80.0-140.0]  
Method: Hexokinase

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

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

**Dr. Alka Dixit Vats**  
Consultant Pathologist



**OUTPATIENT RECORD**

Hospital No: MH013257846	Visit No: H18000002034
Name: MRS AARTI	Age/Sex: 33 Yrs/Female
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD
Date: 01/04/2024 09:39AM	

BP Systolic: 110 mmHg	BP Diastolic: 76 mmHg	Pulse Rate: 90beats per minute
Saturation(Oxygen): 99%	Pain Score: 00	Fall Risk: 01
Vulnerable: 01	Mean Arterial Pressure-MAP: 87 mmHg	MEWS Total: 0points

**OPD Notes :**

PRESENT OPHTHALMIC COMPLAINS - ROUTINE EYE CHECK UP  
SYSTEMIC/ OPHTHALMIC HISTORY - NIL  
NO FAMILY H/O GLAUCOMA

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/9	6/6P
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS		
OCULAR MOVEMENTS	FULL	FULL
NCT	.16	16
FUNDUS EXAMINATION		
A) VITREOUS		
B) OPTIC DISC	C:D 0.2	C:D 0.2
C) MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT  
E/D NISOL 4 TIMES DAILY BE  
REVIEW AFTER 6 MONTHS OR SOS

HEALTH CHECK MGD

**Manipal Health Enterprises Pvt. Ltd.**

CIN: U85110KA2010PTC052540

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