

Mediwheel <wellness@mediwheel.in>

Fri 4/5/2024 4:50 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 Aparment

Contact Details : 7827812454

Appointment Date : 06-04-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am-9:00am

Member Information		
Booked Member Name	Age	Gender
MRS. SRIVASTAVA KRITIKA	39 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



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आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

KRITIKA

OM PRAKASH SRIVASTAVA

29/11/1984
Permanent Account Number
BXKPK2390F

Kritika
Signature

04022011

Kritika



LABORATORY REPORT

Name : MRS KRITIKA SRIVASTAVA Age : 39 Yr(s) Sex :Female
Registration No : MH013270508 Lab No : 202404000957
Patient Episode : H18000002069 Collection Date : 06 Apr 2024 14:52
Referred By : HEALTH CHECK MGD Reporting Date : 07 Apr 2024 11:18
Receiving Date : 06 Apr 2024 14:52

BIOCHEMISTRY

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

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

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MRS KRITIKA SRIVASTAVA	Age	: 39 Yr(s) Sex :Female
Registration No	: MH013270508	Lab No	: 202404000955
Patient Episode	: H18000002069	Collection Date	: 06 Apr 2024 10:13
Referred By	: HEALTH CHECK MGD	Reporting Date	: 06 Apr 2024 13:39
Receiving Date	: 06 Apr 2024 10:13		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.070	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.760	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	4.080	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 KRITIKA SRIVASTAVA Age : 39 Yr(s) Sex :Female
Registration No : MH013270508 Lab No : 202404000955
Patient Episode : H18000002069 Collection Date : 06 Apr 2024 10:13
Referred By : HEALTH CHECK MGD Reporting Date : 06 Apr 2024 13:48
Receiving Date : 06 Apr 2024 10:13

BLOOD BANK

TEST	RESULT	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 / gel technique.

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NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MRS KRITIKA SRIVASTAVA	Age	: 39 Yr(s) Sex :Female
Registration No	: MH013270508	Lab No	: 202404000955
Patient Episode	: H1800002069	Collection Date	: 06 Apr 2024 10:13
Referred By	: HEALTH CHECK MGD	Reporting Date	: 06 Apr 2024 11:54
Receiving Date	: 06 Apr 2024 10:13		

HAEMATATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.30	millions/cumm	[3.80-4.80]
HEMOGLOBIN	10.8 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	34.8 #	%	[36.0-46.0]
MCV (DERIVED)	80.9 #	fL	[83.0-101.0]
MCH (CALCULATED)	25.1	pg	[25.0-32.0]
MCHC (CALCULATED)	31.0 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.6 #	%	[11.6-14.0]
Platelet count	152	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.20	fL	
WBC COUNT (TC) (IMPEDEANCE)	6.50	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	66.0	%	[40.0-80.0]
Lymphocytes	25.0	%	[20.0-40.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	4.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	23.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MRS KRITIKA SRIVASTAVA	Age	: 39 Yr(s) Sex :Female
Registration No	: MH013270508	Lab No	: 202404000955
Patient Episode	: H18000002069	Collection Date	: 06 Apr 2024 10:13
Referred By	: HEALTH CHECK MGD	Reporting Date	: 06 Apr 2024 13:04
Receiving Date	: 06 Apr 2024 10:13		

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 glycemc control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
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)



LABORATORY REPORT

Name	: MRS KRITIKA SRIVASTAVA	Age	: 39 Yr(s) Sex :Female
Registration No	: MH013270508	Lab No	: 202404000955
Patient Episode	: H18000002069	Collection Date	: 06 Apr 2024 11:30
Referred By	: HEALTH CHECK MGD	Reporting Date	: 06 Apr 2024 13:07
Receiving Date	: 06 Apr 2024 11:30		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/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	138	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	77	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)	15	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	76.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
T.Chol/HDL.Chol ratio (Calculated)	2.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.6		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name	: MRS KRITIKA SRIVASTAVA	Age	: 39 Yr(s) Sex :Female
Registration No	: MH013270508	Lab No	: 202404000955
Patient Episode	: H18000002069	Collection Date	: 06 Apr 2024 10:13
Referred By	: HEALTH CHECK MGD	Reporting Date	: 06 Apr 2024 11:19
Receiving Date	: 06 Apr 2024 10:13		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	17.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.0	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.61 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.2	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.80	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	3.93	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.4	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	114.6	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 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 KRITIKA SRIVASTAVA
Registration No : MH013270508
Patient Episode : H18000002069
Referred By : HEALTH CHECK MGD
Receiving Date : 06 Apr 2024 10:13

Age : 39 Yr(s) Sex :Female
Lab No : 202404000955
Collection Date : 06 Apr 2024 10:13
Reporting Date : 06 Apr 2024 11:19

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.50	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.39	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	6.30 #	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	3.97	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>	1.70		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	30.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	30.70	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	71.0	IU/L	[32.0-91.0]
GGT	27.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MRS KRITIKA SRIVASTAVA Age : 39 Yr(s) Sex :Female
Registration No : MH013270508 Lab No : 202404000955
Patient Episode : H18000002069 Collection Date : 06 Apr 2024 10:13
Referred By : HEALTH CHECK MGD Reporting Date : 06 Apr 2024 11:19
Receiving Date : 06 Apr 2024 10:13

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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS KRITIKA SRIVASTAVA
Registration No : MH013270508
Patient Episode : H18000002069
Referred By : HEALTH CHECK MGD
Receiving Date : 06 Apr 2024 10:12

Age : 39 Yr(s) Sex :Female
Lab No : 202404000956
Collection Date : 06 Apr 2024 10:12
Reporting Date : 06 Apr 2024 11:19

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	88.0	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. Alka Dixit Vats
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MRS Kritika SRIVASTAVA	STUDY DATE	06/04/2024 10:34AM
AGE / SEX	39 y / F	HOSPITAL NO.	MH013270508
ACCESSION NO.	R7191953	MODALITY	CR
REPORTED ON	06/04/2024 10:38AM	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 Kritika SRIVASTAVA	STUDY DATE	06/04/2024 11:05AM
AGE / SEX	39 y / F	HOSPITAL NO.	MH013270508
ACCESSION NO.	R7191954	MODALITY	US
REPORTED ON	06/04/2024 11:40AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 129 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 104 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8 mm.

COMMON BILE DUCT: Appears normal in size and measures 3 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Well distended with normal walls. Its lumen demonstrates a calculus measuring ~ 15.5 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 97 x 49 mm.

Left Kidney: measures 96 x 40 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 84 x 40 x 31 mm), shape and echotexture. Endometrial thickness measures 5.6 mm. Cervix appears normal.

OVARIES: Right ovary is normal in size (measures 22 x 20 x 19 mm with volume 4.3 cc), shape and echotexture. Rest normal.

Left ovary is obscured.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Cholelithiasis.
- Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.

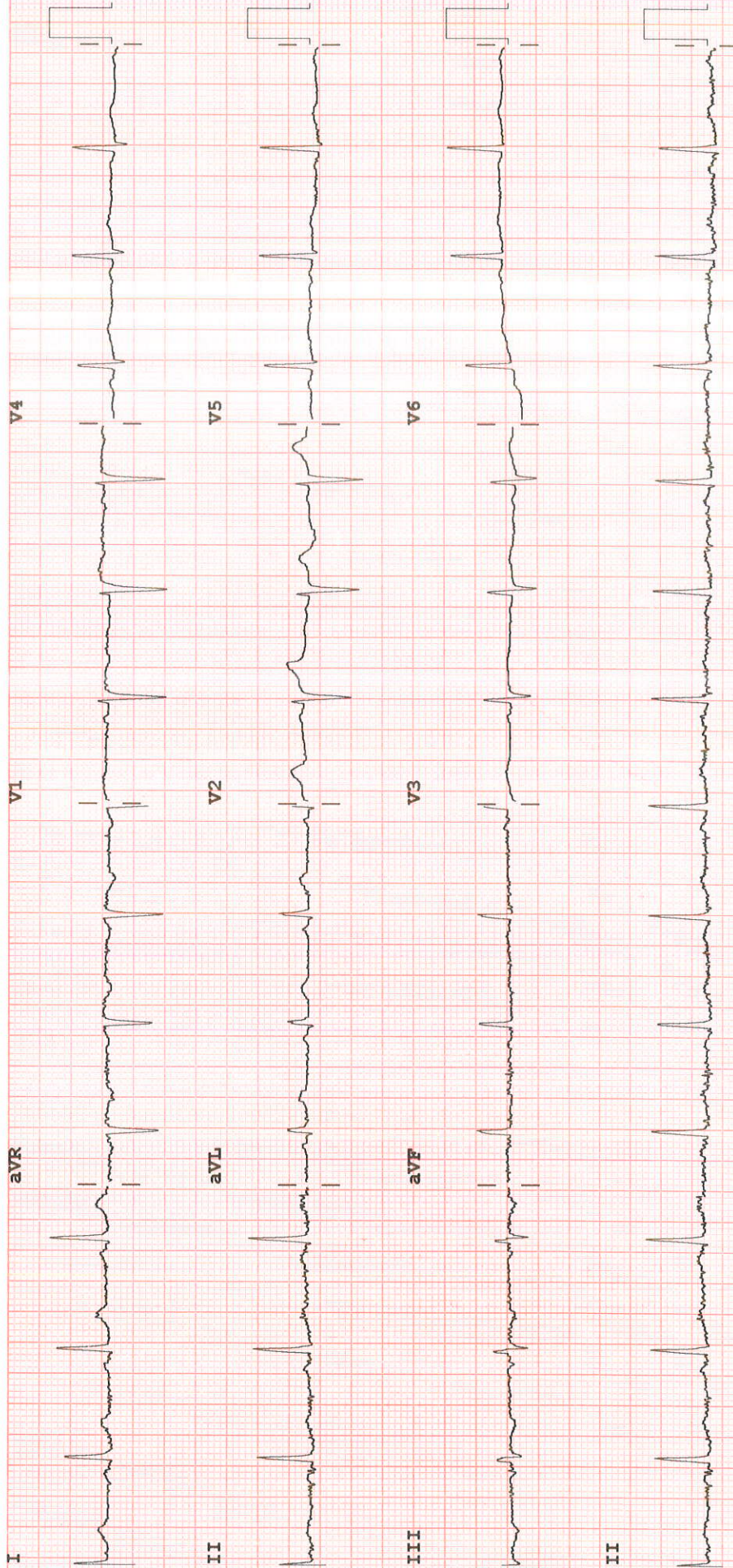


Dr. Prabhath Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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

- NORMAL 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?



TMT INVESTIGATION REPORT

Patient Name	MRS KRITIKA SRIVASTAVA	Location	: Ghaziabad
Age/Sex	: 39Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH013270508	Order Date	: 06/04/2024
Ref. Doctor	: DR ABHISHEK SINGH	Report Date	: 06/04/2024

Protocol	: Bruce	MPHR	: 181BPM
Duration of exercise	: 04min 03sec	85% of MPHR	: 153BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 172BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg Peak BP : 140/90mmHg	% Target HR	: 95%
		METS	: 5.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	93	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	159	130/90	Nil	No ST changes seen	Nil
STAGE 2	1:03	172	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:16	103	120/80	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

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