Mediwheel <wellness@mediwheel.in>
Mon 3/18/2024 1:57 PM
To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc:customercare@mediwheel.in <customercare@mediwheel.in>

Mediwheel
Your wellness partner

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

Contact Details : 8800663811

Appointment Date : 23-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
Neha gupta	35 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App

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भारत सरकार
GOVERNMENT OF INDIA

नेहा गुप्ता
Neha Gupta
DOB: 25-09-1988
Gender:Female

2192 5100 3715

भारतीय विशिष्ट पहचान प्राधिकरण
GOVERNMENT OF INDIA

आधार

गौरव कुमार, कृष्णापुरी मार्ग न 2,
चुटिया, रांची, रांची जि.पि.ओ., रांची
जी.पी.ओ., राँची, झारखण्ड, 834001

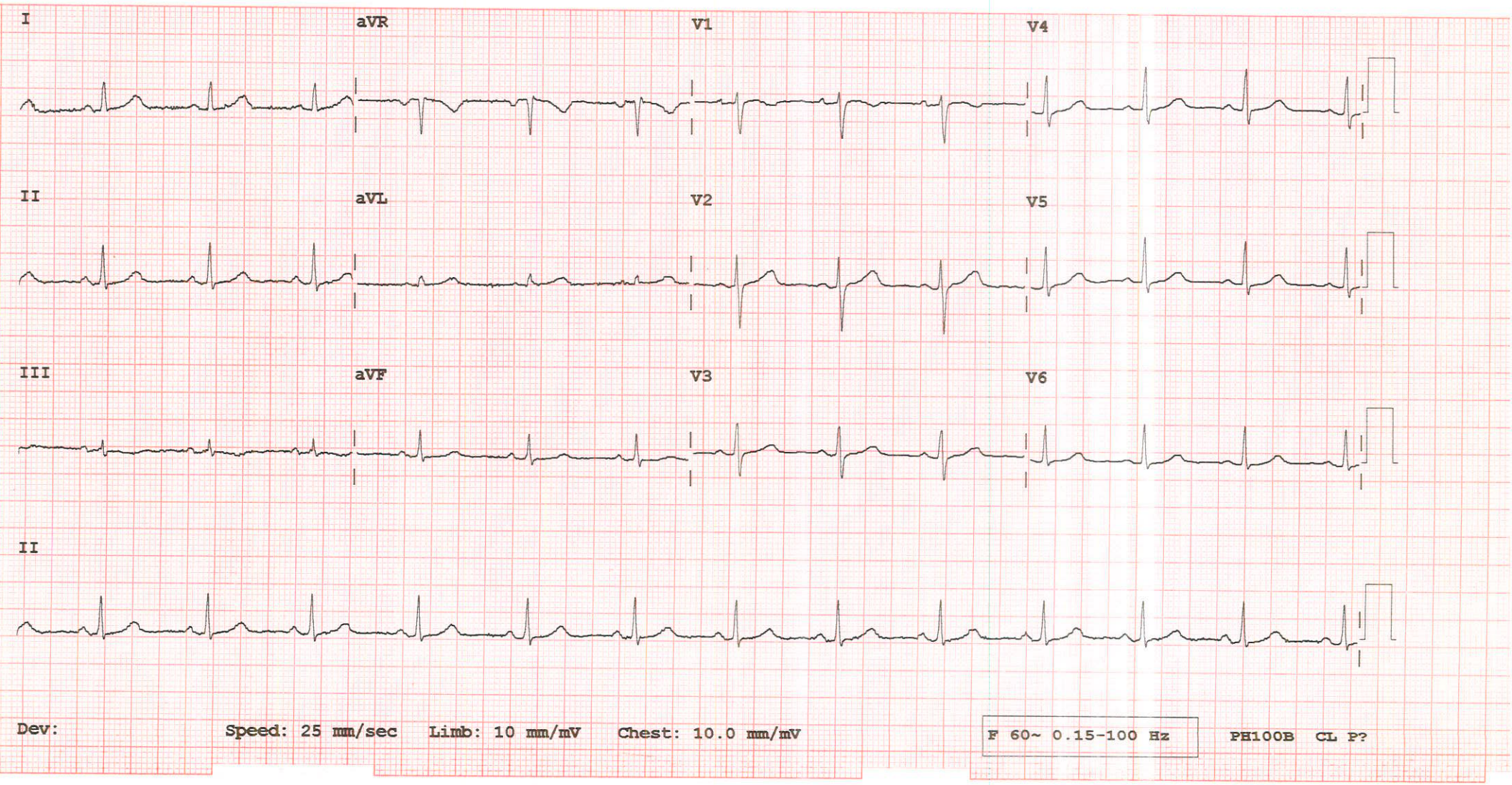
Address:
W/o, Gaurav Kumar, Krishnapuri
Road No 2, Chutia, Ranchi, Ranchi
G.p.o., Ranchi G.p.o., Ranchi,
Jharkhand, 834001

10843247 23/03/2024 12:11:21 NEHA GUPTA

Manipal Hospitals, Ghaziabad

- NORMAL ECG -

Unconfirmed Diagnosis



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LIFE'S ON

TMT INVESTIGATION REPORT

Patient Name	MRS NEHA GUPTA	Location	: Ghaziabad
Age/Sex	: 35Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH001084324	Order Date	: 23/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 23/03/2024

Protocol : Bruce
Duration of exercise : 7min 21sec
Reason for termination : THR achieved
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg
Peak BP : 150/90mmHg

MPHR : 185BPM
85% of MPHR : 157BPM
Peak HR Achieved : 172BPM
% Target HR : 92%
METS : 9.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	96	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	141	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	157	140/90	Nil	No ST changes seen	Nil
STAGE 3	1:21	172	150/90	Nil	No ST changes seen	Nil
RECOVERY	5:28	95	140/80	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

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LABORATORY REPORT

Name	: MRS NEHA GUPTA		**Age**	:	35 Yr(s) Sex :Female
Registration No	: MH010843247		**Lab No**	:	202403003440
Patient Episode	: H18000001982		**Collection Date :**		23 Mar 2024 10:14
Referred By	: HEALTH CHECK MGD		**Reporting Date :**		23 Mar 2024 12:58
Receiving Date	: 23 Mar 2024 10:14				

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			**Specimen Type : Serum**
T3 - Triiodothyronine (ELFA)	1.040	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	9.060	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.310	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	:	MRS NEHA GUPTA	**Age**	:	35 Yr(s) Sex :Female
Registration No	:	MH010843247	**Lab No**	:	202403003440
Patient Episode	:	H18000001982	**Collection Date :**		23 Mar 2024 10:14
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		23 Mar 2024 12:47
Receiving Date	:	23 Mar 2024 10:14			

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.

NOTE:
\# - Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist

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LABORATORY REPORT

Name	: MRS NEHA GUPTA	**Age** :	35 Yr(s) Sex :Female
Registration No	: MH010843247	**Lab No** :	202403003440
Patient Episode	: H18000001982	**Collection Date :**	23 Mar 2024 10:14
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	23 Mar 2024 12:16
Receiving Date	: 23 Mar 2024 10:14		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		**SPECIMEN-EDTA Whole Blood**	
RBC COUNT (IMPEDENCE)	3.81	millions/cumm	[3.80-4.80]
HEMOGLOBIN	**11.6 #**	**g/dl**	**[12.0-15.0]**
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	36.8	%	[36.0-46.0]
MCV (DERIVED)	96.6	fL	[83.0-101.0]
MCH (CALCULATED)	30.4	pg	[25.0-32.0]
MCHC(CALCULATED)	31.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	**15.2 #**	**%**	**[11.6-14.0]**
Platelet count	181	x 10^3 cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	14.00	fL	
WBC COUNT(TC)(IMPEDENCE)	6.34	x 10^3 cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	71.0	%	[40.0-80.0]
Lymphocytes	22.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	**32.0 #**	**mm/1sthour**	[0.0-

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LABORATORY REPORT

Name	: MRS NEHA GUPTA	**Age** :	35 Yr(s) Sex :Female
Registration No	: MH010843247	**Lab No** :	202403003440
Patient Episode	: H18000001982	**Collection Date :**	23 Mar 2024 10:14
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	23 Mar 2024 12:50
Receiving Date	: 23 Mar 2024 10:14		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	4.6	%	[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)	85	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)

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LABORATORY REPORT

Name	: MRS NEHA GUPTA	**Age**	: 35 Yr(s) Sex :Female
Registration No	: MH010843247	**Lab No**	: 202403003440
Patient Episode	: H18000001982	**Collection Date :**	23 Mar 2024 11:21
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	23 Mar 2024 13:02
Receiving Date	: 23 Mar 2024 11:21		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION(Automated/Manual)

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

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	156	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	87	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	44	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	17	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	95.0	mg/dl	[<120.0] Near/ Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.2		<3 Optimal 3-4 Borderline >6 High Risk

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LABORATORY REPORT

Name	: MRS NEHA GUPTA	**Age**	: 35 Yr(s) Sex :Female
Registration No	: MH010843247	**Lab No**	: 202403003440
Patient Episode	: H18000001982	**Collection Date :**	23 Mar 2024 10:14
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Mar 2024 12:31
Receiving Date	: 23 Mar 2024 10:14		

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	26.6	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	12.4	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	1.10	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	7.8	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	142.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.30	mmol/L	[3.60-5.10]
SERUM CHLORIDE	107.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	65.2	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 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	: MRS NEHA GUPTA	**Age** :	35 Yr(s) Sex :Female
Registration No	: MH010843247	**Lab No** :	202403003440
Patient Episode	: H18000001982	**Collection Date :**	23 Mar 2024 10:14
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Mar 2024 12:31
Receiving Date	: 23 Mar 2024 10:14		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL *Method: D P D*	0.99	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT *Method: DPD*	**0.33 #**	**mg/dl**	**[0.00-0.30]**
INDIRECT BILIRUBIN(SERUM) *Method: Calculation*	0.66	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) *Method: BIURET*	7.22	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) *Method: BCG*	4.52	g/dl	[3.50-5.20]
GLOBULINS (SERUM) *Method: Calculation*	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO *Method: Calculation*	1.70		[1.00-2.50]
AST(SGOT) (SERUM) *Method: IFCC W/O P5P*	**48.00 #**	**U/L**	**[0.00-40.00]**
ALT(SGPT) (SERUM) *Method: IFCC W/O P5P*	**73.00 #**	**U/L**	**[14.00-54.00]**
Serum Alkaline Phosphatase *Method: AMP BUFFER IFCC)*	**260.0 #**	**IU/L**	**[32.0-91.0]**
GGT	33.0	U/L	[7.0-50.0]

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LABORATORY REPORT

Name	: MRS NEHA GUPTA	**Age**	: 35 Yr(s) Sex :Female
Registration No	: MH010843247	**Lab No**	: 202403003440
Patient Episode	: H18000001982	**Collection Date :**	23 Mar 2024 10:14
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Mar 2024 12:31
Receiving Date	: 23 Mar 2024 10:14		

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----------

Alka

Dr. Alka Dixit Vats
Consultant Pathologist

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LABORATORY REPORT

Name	: MRS NEHA GUPTA	**Age**	: 35 Yr(s) Sex :Female
Registration No	: MH010843247	**Lab No**	: 202403003441
Patient Episode	: H18000001982	**Collection Date :**	23 Mar 2024 10:13
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Mar 2024 12:31
Receiving Date	: 23 Mar 2024 10:13		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	89.0	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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LABORATORY REPORT

Name	: MRS NEHA GUPTA	**Age**	: 35 Yr(s) Sex :Female
Registration No	: MH010843247	**Lab No**	: 202403003442
Patient Episode	: H18000001982	**Collection Date :**	23 Mar 2024 15:36
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Mar 2024 12:18
Receiving Date	: 23 Mar 2024 15:36		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	136.0	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. Charu Agarwal
Consultant Pathologist

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LABORATORY REPORT

Name	:	MRS NEHA GUPTA	**Age**	:	35 Yr(s) Sex :Female
Registration No	:	MH010843247	**Lab No**	:	202403003440
Patient Episode	:	H18000001982	**Collection Date :**		23 Mar 2024 10:14
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		23 Mar 2024 12:58
Receiving Date	:	23 Mar 2024 10:14			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			**Specimen Type : Serum**
T3 - Triiodothyronine (ELFA)	1.040	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	9.060	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.310	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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RADIOLOGY REPORT

NAME	MRS Neha GUPTA	STUDY DATE	23/03/2024 10:54AM
AGE / SEX	35 y / F	HOSPITAL NO.	MH010843247
ACCESSION NO.	R7109040	MODALITY	US
REPORTED ON	23/03/2024 11:40AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: appears enlarged in size (measures 151 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 94 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 4 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 97 x 29 mm.
Left Kidney: measures 111 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, normal in size (measures 54 x 50 x 40 mm), shape and echotexture.
Endometrial thickness measures 3.8 mm. Cervix appears normal.
OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.
Right ovary measures 25 x 20 x 17 mm with volume 4.7 cc.
Left ovary measures 22 x 18 x 18 mm with volume 3.6 cc.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with grade I fatty infiltration in liver.

Recommend clinical correlation.

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

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

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RADIOLOGY REPORT

NAME	MRS Neha GUPTA	STUDY DATE	23/03/2024 10:41AM
AGE / SEX	35 y / F	HOSPITAL NO.	MH010843247
ACCESSION NO.	R7109039	MODALITY	CR
REPORTED ON	23/03/2024 10:44AM	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

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