

Mediwheel <wellness@mediwheel.in>

Thu 3/28/2024 2:30 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 Above 40
Patient Package Name : Mediwheel Full Body Health Checkup Female Above 40
Hospital Address : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Apartment
Contact Details : 9654018698
Appointment Date : 29-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 9:00am

Member Information		
Booked Member Name	Age	Gender
Sangeeta	40 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



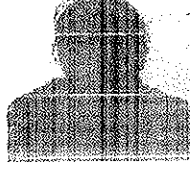
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भारत सरकार

GOVERNMENT OF INDIA



संगीता

Sangeeta

जन्म तिथि/DOB: 01/01/1984

महिला / FEMALE



8206 0309 7026

-आम आदमी का अधिकार

संगीता



भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

W/O: बोधी, 577, शाहपुर
बहिटा-4, गाजियाबाद,
गाजियाबाद,
उत्तर प्रदेश - 201002

Address:

W/O: Bohi, 577, Shahpur
Baheta-4, Ghazabad,
Uttar Pradesh - 201002

8206 0309 7026

-Aam Admi ka Adhikar



LABORATORY REPORT

Name : MRS SANGEETA
Registration No : MH011808207
Patient Episode : H18000002018
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 17:00

Age : 40 Yr(s) Sex :Female
Lab No : 202403004303
Collection Date : 29 Mar 2024 17:00
Reporting Date : 30 Mar 2024 10:29

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	102.0	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



LABORATORY REPORT

Name : MRS SANGEETA
Registration No : MH011808207
Patient Episode : H1800002018
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 17:00

Age : 40 Yr(s) Sex :Female
Lab No : 202403004301
Collection Date : 29 Mar 2024 17:00
Reporting Date : 30 Mar 2024 10:37

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	20-30 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	25-30 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

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

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS SANGEETA Age : 40 Yr(s) Sex :Female
Registration No : MH011808207 Lab No : 202403004301
Patient Episode : H18000002018 Collection Date : 29 Mar 2024 11:40
Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 16:35
Receiving Date : 29 Mar 2024 11:40

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.

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NOTE:

- Abnormal Values

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



Dr. Alka Dixit Vats
Consultant Pathologist

Name	: MRS SANGEETA	Age	: 40 Yr(s) Sex :Female
Registration No	: MH011808207	Lab No	: 202403004301
Patient Episode	: H18000002018	Collection Date	: 29 Mar 2024 11:40
Referred By	: HEALTH CHECK MGD	Reporting Date	: 30 Mar 2024 10:25
Receiving Date	: 29 Mar 2024 11:40		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.220	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.710	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	7.470 #	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.

NOTE:

- Abnormal Values

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

Alka

**Dr. Alka Dixit Vats
Consultant Pathologist**



LABORATORY REPORT

Name : MRS SANGEETA
Registration No : MH011808207
Patient Episode : H18000002018
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 11:40

Age : 40 Yr(s) Sex :Female
Lab No : 202403004301
Collection Date : 29 Mar 2024 11:40
Reporting Date : 29 Mar 2024 14:26

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.40	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.6 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	37.1	%	[36.0-46.0]
MCV (DERIVED)	84.3	fL	[83.0-101.0]
MCH (CALCULATED)	26.4	pg	[25.0-32.0]
MCHC (CALCULATED)	31.3 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.8 #	%	[11.6-14.0]
Platelet count	200	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.10	fL	
WBC COUNT (TC) (IMPEDENCE)	8.72	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	67.0	%	[40.0-80.0]
Lymphocytes	25.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	22.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MRS SANGEETA
Registration No : MH011808207
Patient Episode : H18000002018
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 11:40

Age : 40 Yr(s) Sex :Female
Lab No : 202403004301
Collection Date : 29 Mar 2024 11:40
Reporting Date : 29 Mar 2024 13:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	167	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	172 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	52	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	34	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	81.0	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189
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)	1.6		<3 Optimal 3-4 Borderline >6 High Risk

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



LABORATORY REPORT

Name	: MRS SANGEETA	Age	: 40 Yr(s) Sex :Female
Registration No	: MH011808207	Lab No	: 202403004301
Patient Episode	: H18000002018	Collection Date	: 29 Mar 2024 11:40
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 13:54
Receiving Date	: 29 Mar 2024 11:40		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA	13.2 #	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	6.2 #	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.74	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	3.0 #	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	137.70	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	3.80	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.3	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			
eGFR (calculated)	100.2	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 SANGEETA
Registration No : MH011808207
Patient Episode : H18000002018
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 11:40

Age : 40 Yr(s) Sex :Female
Lab No : 202403004301
Collection Date : 29 Mar 2024 11:40
Reporting Date : 29 Mar 2024 13:55

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.56	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.09	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.47	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.28	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.47		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	25.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	20.30	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	101.0 #	IU/L	[32.0-91.0]
GGT	17.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MRS SANGEETA Age : 40 Yr(s) Sex :Female
Registration No : MH011808207 Lab No : 202403004301
Patient Episode : H18000002018 Collection Date : 29 Mar 2024 11:40
Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 13:55
Receiving Date : 29 Mar 2024 11:40

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS SANGEETA Age : 40 Yr(s) Sex :Female
Registration No : MH011808207 Lab No : 202403004302
Patient Episode : H18000002018 Collection Date : 29 Mar 2024 11:40
Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 13:55
Receiving Date : 29 Mar 2024 11:40

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	99.0	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.

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

Dr. Charu Agarwal
Consultant Pathologist

**RADIOLOGY REPORT**

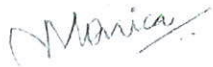
NAME	MRS , SANGEETA	STUDY DATE	29/03/2024 3:35PM
AGE / SEX	42 y / F	HOSPITAL NO.	MH011808207
ACCESSION NO.	R7144383	MODALITY	CR
REPORTED ON	29/03/2024 3:59PM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Bronchovascular markings appear prominent.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: There is cardiomegaly.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Aortic knuckle calcification is seen. Rest normal.
THORACIC SPINE: Degenerative changes are seen in the dorsal spine.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

Prominent bronchovascular markings in bilateral lung fields.
Cardiomegaly.
Degenerative changes seen in the dorsal spine.
Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MRS , SANGEETA	STUDY DATE	29/03/2024 3:01PM
AGE / SEX	42 y / F	HOSPITAL NO.	MH011808207
ACCESSION NO.	R7144384	MODALITY	US
REPORTED ON	29/03/2024 3:16PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears enlarged in size (measures 156 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 90 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8.0 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.3 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 93 x 37 mm.

Left Kidney: measures 96 x 44 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 83 x 45 x 30 mm), shape and echotexture.

Endometrium is thickened and measures 9.9 mm. Cervix appears normal.

OVARIES: Right ovary shows a well defined anechoic cystic lesion with no internal septations/reticulations/calcifications/abnormal vascularity within and measuring 29 x 28 x 23 mm with volume ~ 10.2 cc. Findings suggest simple/physiological right ovarian cyst.

Left ovary is normal in size (measures 23 x 22 x 10 mm with volume 2.7 cc), shape and echotexture. Rest normal.

Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade I fatty infiltration in liver.

-Thickened endometrium.

-Simple/physiological right ovarian cyst.

ADV: US-TVS with Doppler for better assessment of uterus and bilateral adnexa.

Recommend clinical correlation.

Monica



RADIOLOGY REPORT

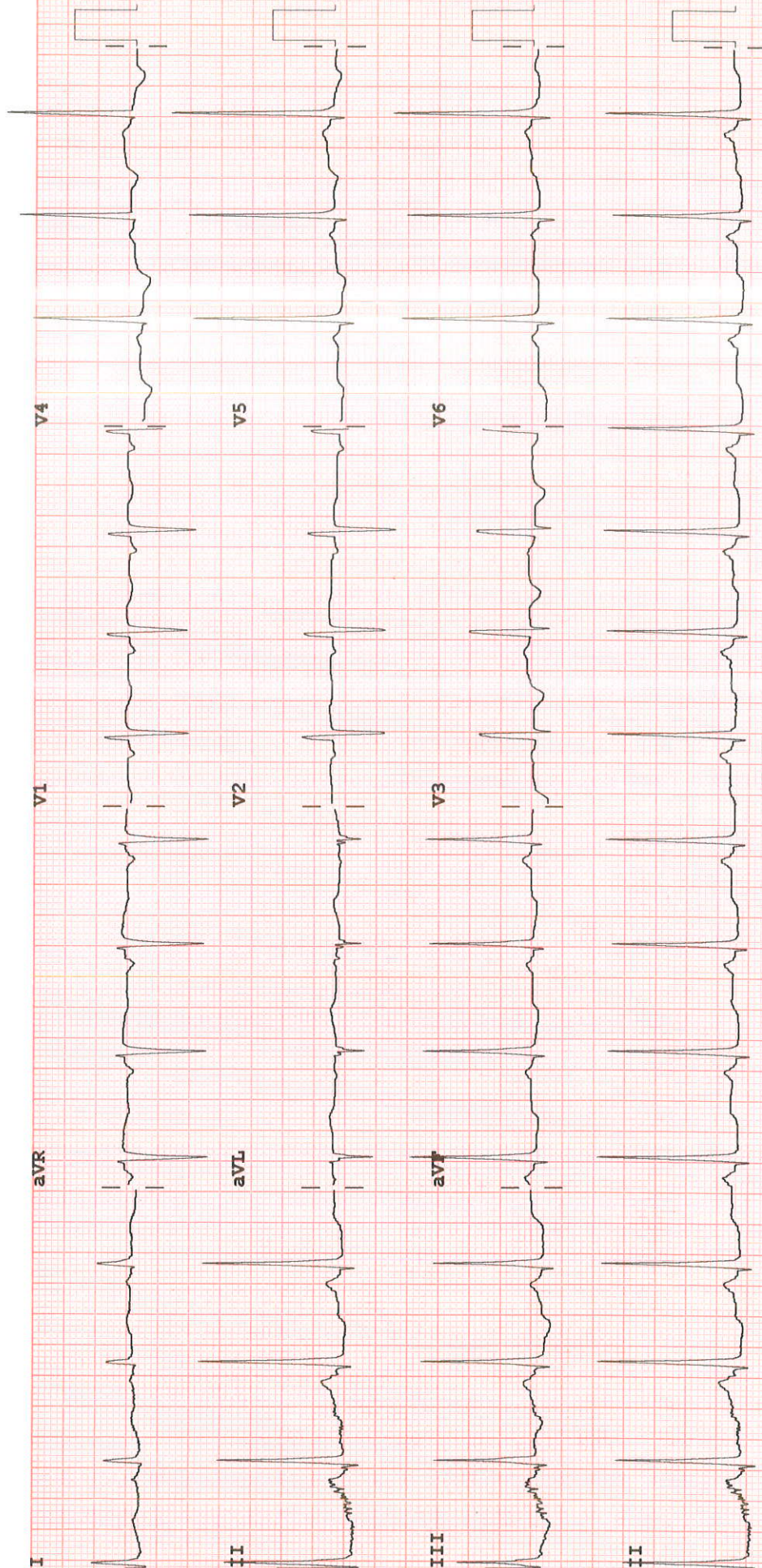
NAME	MRS , SANGEETA	STUDY DATE	29/03/2024 3:01PM
AGE / SEX	42 y / F	HOSPITAL NO.	MH011808207
ACCESSION NO.	R7144384	MODALITY	US
REPORTED ON	29/03/2024 3:16PM	REFERRED BY	HEALTH CHECK MGD

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

- 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?



Patient Name	MRS SANGEETA	Location	: Ghaziabad
Age/Sex	: 40Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH011808207	Order Date	: 29/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 29/03/2024

Protocol	: Bruce	MPHR	: 180BPM
Duration of exercise	: 5min 18sec	85% of MPHR	: 153BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 153BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg	% Target HR	: 85%
	Peak BP : 140/90mmHg	METS	: 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	101	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	136	130/90	Nil	No ST changes seen	Nil
STAGE 2	2:18	153	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
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
MD
Cardiology Registrar

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