

 Outlook

Re: Health Check up Booking Request(22E35207)

From PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
 Date Wed 10/9/2024 12:34 PM
 To Arun Kumar [MH-Ghaziabad] <arun.k@manipalhospitals.com>
 Cc Neha Sharma [MH-Ghaziabad] <neha.sharma2@manipalhospitals.com>; Lokendra S <lokendra.s@manipalhospitals.com>; Virendra Chauhan [MH-Ghaziabad] <virendra.chauhan@manipalhospitals.com>

Dear Arun,

Please confirm are we have taking Medi wheels candidates for health checkup.

Thanks & Regards
Pratiksha Singh

From: Mediwheel <wellness@mediwheel.in>
 Sent: Wednesday, October 9, 2024 10:58 AM
 To: PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
 Cc: customercare@mediwheel.in <customercare@mediwheel.in>
 Subject: Health Check up Booking Request(22E35207)

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011-41195959

Dear **Manipal Hospital**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : Anamika Astik

Contact Details : 7974123036

Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40

Location : NH-24, Hapur Road, Oppo. Bahmlieta village, Near Landcraft Gon
Links Aparment

Appointment Date : 09-11-2024

Member Information		
Booked Member Name	Age	Gender
MS. ASTIK ANAMIKA	37 year	Female

Tests included in this Package

- Blood Group
- Stool Test
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver Profile
- Blood Glucose (Post Prandial)
- Thyroid Profile
- Pap Smear
- Urine Sugar Fasting
- Urine Sugar PP
- ESR
- Blood Glucose (Fasting)
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Chest X-ray
- ECG
- USG Whole Abdomen
- Gynae Consultation
- Eye Check-up Consultation
- Dental Consultation
- General Physician Consultation

Thanks,
Mediwheel Team

Please Download Mediwheel App



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List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation



प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MRS. ASTIK ANAMIKA
क.कू.संख्या	168319
पदनाम	BRANCH HEAD
कार्य का स्थान	GHAZIABAD, SHAHPUR BAMATA
जन्म की तारीख	16-11-1986
स्वास्थ्य जांच की प्रस्तावित तारीख	09-11-2024
बुकिंग संदर्भ सं.	24D168319100117822E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 21-10-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

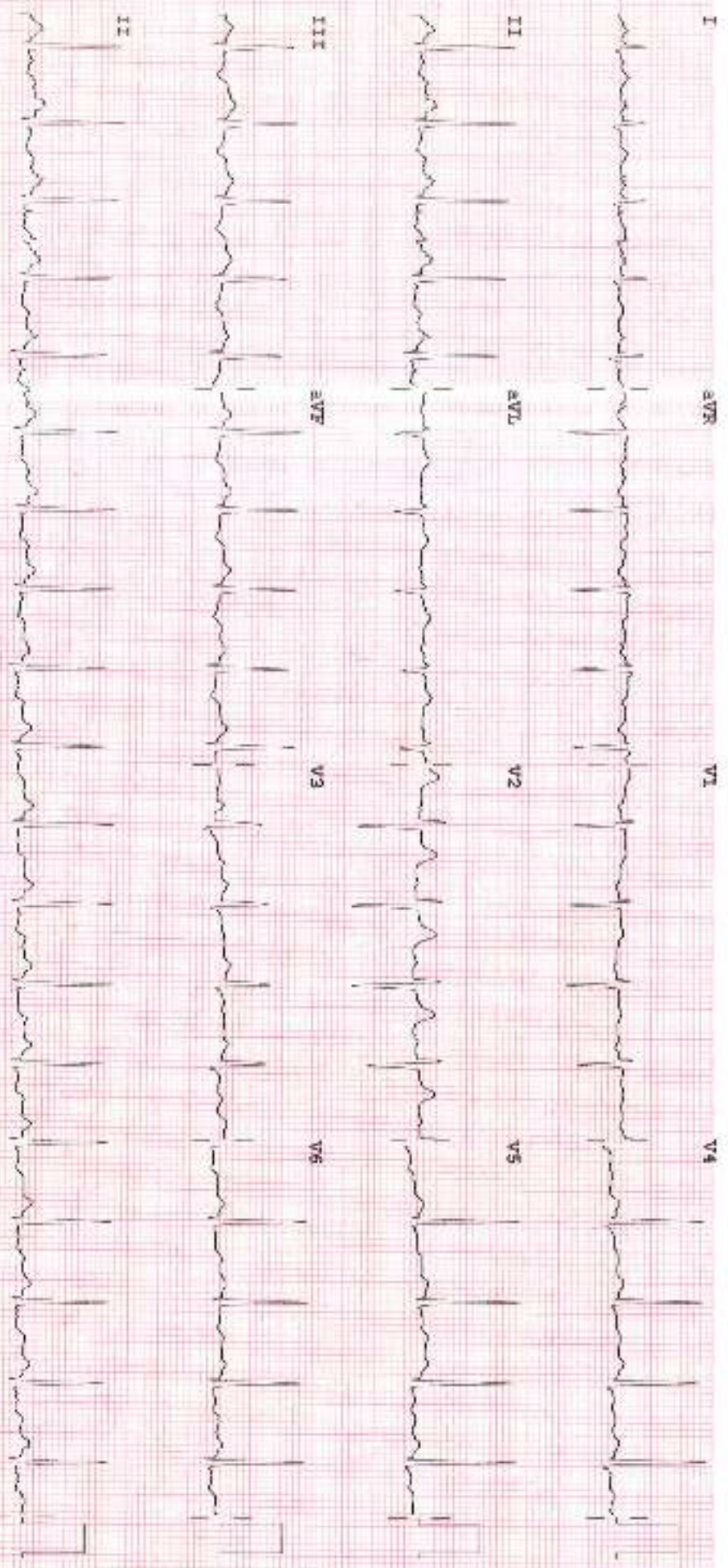
बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)

HR

- BORDERLINE 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 P9



Patient Name	MRS ANAMIKA ASTIK	Location	: Ghaziabad
Age/Sex	: 37Year(s)/Female	Visit No	: VC000000001-GH2B
MRY No	MH014111463	Order Date	: 09/11/2024
Ref.Doctor	: H/C	Report Date	: 09/11/2024

Protocol : Bruce **MPHR** : 183BPM
Duration of exercise : 04min 23sec **85% of MPHR** : 156BPM
Reason for termination : THR achieved **Peak HR Achieved** : 186BPM
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg **% Target HR** : 101%
 Peak BP : 140/80mmHg **METS** : 6.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	93	120/80	Nil	"T" wave inverted seen in leads II,III,avf,V3-V6	Nil
STAGE 1	3:00	175	130/80	Nil	No ST changes seen	Nil
STAGE 2	1:23	186	140/80	Nil	No ST changes seen	Nil
RECOVERY	5:57	116	120/80	Nil	No ST changes seen	Nil

COMMENTS:

- "T" wave inverted seen in leads II,III,avf,V3-V6.
- 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
 Cardiology Registrar

Dr. Geetesh Govil
 MD,D.Card,PGDCC,MAAC,M.Med,MIMA,FAGE
 Jr. Consultant Cardiology

Manipal Hospital, Ghaziabad

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Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexo, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017



RADIOLOGY REPORT

NAME	Anamika ASTIK	STUDY DATE	09/11/2024 2:02PM
AGE / SEX	37 y / F	HOSPITAL NO.	MH014111463
ACCESSION NO.	R8550511	MODALITY	US
REPORTED ON	09/11/2024 2:21PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 140 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 91 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 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 90 x 34 mm. It shows a concretion measuring 2.5 mm at mid calyx.
 Left Kidney: measures 90 x 43 mm. It shows a concretion measuring 2.2 mm at mid calyx.
 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 76 x 44 x 31 mm) and shape but shows coarse myometrial echotexture. Evidence of previous operation scar is seen.
 Endometrial thickness measures 4.4 mm. Cervix appears normal.
 OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.
 Right ovary measures 24 x 23 x 23 mm with volume 6.5 cc.
 Left ovary measures 29 x 26 x 15 mm with volume 5.7 cc.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Diffuse grade I fatty infiltration in liver.
- Bilateral renal concretions.
- Coarse myometrial echotexture of uterus.

Recommend clinical correlation.

Monica

Dr. Monica Shekhawat
 MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)
 CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

NAME	Anamika ASTIK	STUDY DATE	09/11/2024 11:53AM
AGE / SEX	37 y / F	HOSPITAL NO.	MH014111463
ACCESSION NO.	R8550510	MODALITY	CR
REPORTED ON	09/11/2024 12:37PM	REFERRED BY	HEALTH CHECK MGD

X-RAY CHEST – PA VIEW

FINDINGS:

Prominent bronchovascular markings are seen on right side.
Homogeneous opacity is seen in the left upper zone likely left upper lobe collapse.
Resultant left sided volume loss is noted with elevation of the left hemidiaphragm.
Cardia appears normal. Mediastinal shift towards the left noted.
Both costophrenic angles appear normal.
Both domes of the diaphragm appear normal.
Bony cage appears normal.

Needs correlation with clinical findings and Further evaluation with CT.

Dr. Esha Agarwal
MBBS, DNB Radio Diagnosis (Reg no. 2018051611)
CONSULTANT RADIOLOGIST

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



LABORATORY REPORT

Name : MRS ANAMIKA ASTIK
Registration No : MH014111463
Patient Episode : H18000003203
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 11:36

Age : 37 Yr(s) Sex :Female
Lab No : 202411001787
Collection Date : 09 Nov 2024 11:36
Reporting Date : 09 Nov 2024 15:30

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.073	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	9.560	# ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.673	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 ANAMIKA ASTIK
Registration No : MH014111463
Patient Episode : H18000003203
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 11:36

Age : 37 Yr(s) Sex : Female
Lab No : 202411001787
Collection Date : 09 Nov 2024 11:36
Reporting Date : 09 Nov 2024 16:20

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.

Page 2 of 2

NOTE:

↓ - Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS ANAMIKA ASTIK
Registration No : MH014111463
Patient Episode : H18000003203
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 11:36

Age : 37 Yr(s) Sex : Female
Lab No : 202411001787
Collection Date : 09 Nov 2024 11:36
Reporting Date : 09 Nov 2024 15:31

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)			
RBC COUNT (IMPEDENCE)	5.10 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.5	g/dl	[12.0-15.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.1	%	[36.0-46.0]
MCV (DERIVED)	82.5 #	fL	[83.0-101.0]
MCH (CALCULATED)	26.5	pg	[25.0-32.0]
MCHC (CALCULATED)	32.1	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.8	%	[11.6-14.0]
Platelet count	434 #	$\times 10^3$ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	8.80	fL	
WBC COUNT (TC) (IMPEDENCE)	6.46	$\times 10^3$ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	58.0	%	[40.0-60.0]
Lymphocytes	33.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	47.0 #	mm/1sthour	[0.0-20.0]



LABORATORY REPORT

Name : MRS ANAMIKA ASTIK
Registration No : MH014111463
Patient Episode : H1800003203
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 11:36

Age : 37 Yr(s) Sex :Female
Lab No : 202411001787
Collection Date : 09 Nov 2024 11:36
Reporting Date : 09 Nov 2024 15:30

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.4	%	[0.0-5.6]
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)	109	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 glycaemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(4.6-9.0)
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 ANAMIKA ANTIK
Registration No : MH014111463
Patient Episode : H118000003203
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 14:13

Age : 37 Yr(s) Sex : Female
Lab No : 202411001787
Collection Date : 09 Nov 2024 14:13
Reporting Date : 09 Nov 2024 16:32

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	2-4 /hpf	
CASFS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	204 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	251 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	42	mg/dl	[35-85]
Method : Enzymatic Immuno-inhibition			
VLDL- CHOLESTEROL (Calculated)	50 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	112.6	mg/dl	[<120.0] Near/
Above optimal-100-129			Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	4.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.7		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name : MRS ANAMIKA ASTIK
Registration No : MH014111463
Patient Episode : H18000003203
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 11:36

Age : 37 Yr(s) Sex :Female
Lab No : 202411001787
Collection Date : 09 Nov 2024 11:36
Reporting Date : 09 Nov 2024 14:12

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 Method: GLDH, Kinetic assay	17.5	mg/dL	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	8.2	mg/dL	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.71	mg/dL	[0.70-1.20]
URIC ACID Method: uricase PAP	3.1 #	mg/dL	[4.0-8.5]
SODIUM, SERUM	132.70 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.85	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE indirect	98.3 #	mmol/L	[101.0-111.0]
eGFR (calculated) Technical Note	109.2	mL/min/1.73sq.m	[>60.0]

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 ANAMIKA ASTIK
Registration No : MH014111463
Patient Episode : H18000003203
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 11:36

Age : 37 Yrs Sex :Female
Lab No : 202413001787
Collection Date : 09 Nov 2024 11:36
Reporting Date : 09 Nov 2024 14:13

TEST	BIOCHEMISTRY		BIOLOGICAL REFERENCE INTERVAL
	RESULT	UNIT	
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: O P D	0.65	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.55	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: MUGET	8.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.70	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.70 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.27		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O PSP	19.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O PSP	12.00 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC	86.0	U/L	[32.0-91.0]
GGT	15.0	U/L	[7.0-52.0]



LABORATORY REPORT

Name : MRS ANAMIKA ASTIK
Registration No : MH014111463
Patient Episode : H1800003203
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Receiving Date : 09 Nov 2024 11:36

Age : 37 Yr(s) Sex : Female
Lab No : 202411001787
Collection Date : 09 Nov 2024 11:36
Reporting Date : 09 Nov 2024 14:12

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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MRS ANAMIKA ASTIK	Age	: 37 Yr(s) Sex :Female
Registration No	: MH1014111463	Lab No	: 202411001788
Patient Episode	: H18000003202	Collection Date	: 09 Nov 2024 11:36
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Nov 2024 14:13
Receiving Date	: 09 Nov 2024 11:36		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	104.0	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, tolbutamide, and other oral hypoglycemic agents.

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MRS ANAMIKA ANTIK	Age	: 37 Yr(s) Sex :female
Registration No	: MH014111463	Lab No	: 202411001789
Patient Episode	: H18000003203	Collection Date	: 09 Nov 2024 16:29
Referred By	: HEALTH CHECK MGD	Reporting Date	: 10 Nov 2024 10:04
Receiving Date	: 09 Nov 2024 16:29		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	97.0	mg/dL	[80.0-140.0]
Method: Hexokinase			
<p>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</p>			

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

Dr. Charu Agarwal
Consultant Pathologist