

Mediwheel <wellness@mediwheel.in>

Tue 4/2/2024 11:59 AM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc:customercare@mediwheel.in <customercare@mediwheel.in>



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 : ALOK JAISWAL
Contact Details : 9810221445
Hospital Package Name : Mediwheel Full Body Health Checkup Female Above 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 03-04-2024

Member Information		
Booked Member Name	Age	Gender
Anshu jaiswal	46 year	Female

Tests included in this Package -

- Mammography
- Stool Test
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- Lipid Profile
- Kidney Profile
- Liver profile

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Mediwheel Team
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भारत सरकार



Issue Date: 30/08/2014



अंशु जैसवाल
Anshu Jaiswal
जन्म तिथि / DOB: 06/07/1977
महिला / FEMALE



2223 1073 0848

मेरा आधार, मेरी पहचान

Anshu
3/4/24



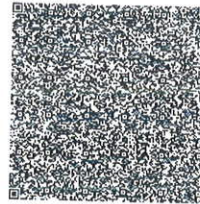
भारतीय विशिष्ट पहचान प्राधिकरण



Print Date: 06/03/2021

पता: द्वारा: अलोक जैसवाल, ए-2305, जस्मीन टॉवर, वसंत
विहार, ठाणे वेस्ट, ठाणे, ठाणे, महाराष्ट्र, 400601

Address: C/O: Alok Jaiswal, A-2305,
Jasmine Tower, Vasant Vihar, Thane West,
Thane, Thane, Maharashtra, 400601



2223 1073 0848



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LABORATORY REPORT

Name : MRS ANSHU JAISWAL Age : 46 Yr(s) Sex :Female
 Registration No : MH013263426 Lab No : 202404000425
 Patient Episode : H18000002052 Collection Date : 03 Apr 2024 09:15
 Referred By : HEALTH CHECK MGD Reporting Date : 03 Apr 2024 13:04
 Receiving Date : 03 Apr 2024 09:15

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
Specimen Type : Serum			
T3 - Triiodothyronine (ELFA)	1.120	ng/mL	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.340	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	4.820	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 ANSHU JAISWAL Age : 46 Yr(s) Sex :Female
Registration No : MH013263426 Lab No : 202404000425
Patient Episode : H18000002052 Collection Date : 03 Apr 2024 09:15
Referred By : HEALTH CHECK MGD Reporting Date : 03 Apr 2024 13:35
Receiving Date : 03 Apr 2024 09:15

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Negative		

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. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS ANSHU JAISWAL
Registration No : MH013263426
Patient Episode : H18000002052
Referred By : HEALTH CHECK MGD
Receiving Date : 03 Apr 2024 09:15

Age : 46 Yr(s) Sex :Female
Lab No : 202404000425
Collection Date : 03 Apr 2024 09:15
Reporting Date : 03 Apr 2024 10:45

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.36	millions/cumm	[3.80-4.80]
HEMOGLOBIN	10.4 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	34.5 #	%	[36.0-46.0]
MCV (DERIVED)	79.1 #	fL	[83.0-101.0]
MCH (CALCULATED)	23.9 #	pg	[25.0-32.0]
MCHC (CALCULATED)	30.1 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.8	%	[11.6-14.0]
Platelet count	277	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.40	fL	
WBC COUNT (TC) (IMPEDEANCE)	6.57	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	76.0	%	[40.0-80.0]
Lymphocytes	15.0 #	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	62.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MRS ANSHU JAISWAL	Age	: 46 Yr(s) Sex :Female
Registration No	: MH013263426	Lab No	: 202404000425
Patient Episode	: H18000002052	Collection Date	: 03 Apr 2024 10:18
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 12:53
Receiving Date	: 03 Apr 2024 10:18		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	4-6 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: MRS ANSHU JAISWAL	Age	: 46 Yr(s) Sex :Female
Registration No	: MH013263426	Lab No	: 202404000425
Patient Episode	: H18000002052	Collection Date	: 03 Apr 2024 09:15
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 16:14
Receiving Date	: 03 Apr 2024 09:15		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)	5.6	%	[0.0-5.6]
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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)	114	mg/dl
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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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	176	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239

TRIGLYCERIDES (GPO/POD)	97	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500

HDL- CHOLESTEROL	52	mg/dl	[35-65]
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Method : Enzymatic Immunoimhibition

VLDL- CHOLESTEROL (Calculated)	19	mg/dl	[0-35]
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CHOLESTEROL, LDL, CALCULATED	105.0	mg/dl	[<120.0]
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Near/

Above optimal-100-129

Borderline High:130-159
High Risk:160-189



LABORATORY REPORT

Name : MRS ANSHU JAISWAL
Registration No : MH013263426
Patient Episode : H18000002052
Referred By : HEALTH CHECK MGD
Receiving Date : 03 Apr 2024 09:15

Age : 46 Yr(s) Sex :Female
Lab No : 202404000425
Collection Date : 03 Apr 2024 09:15
Reporting Date : 03 Apr 2024 11:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.0		<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

KIDNEY PROFILE

Specimen: Serum

UREA Method: GLDH, Kinatic assay	10.4 #	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	4.9 #	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.69 #	mg/dl	[0.70-1.20]
URIC ACID Method:uricase PAP	3.8 #	mg/dl	[4.0-8.5]
SODIUM, SERUM	138.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.18	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	106.1	mmol/L	[101.0-111.0]



LABORATORY REPORT

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Registration No : MH013263426
Patient Episode : H18000002052
Referred By : HEALTH CHECK MGD
Receiving Date : 03 Apr 2024 09:15

Age : 46 Yr(s) Sex :Female
Lab No : 202404000425
Collection Date : 03 Apr 2024 09:15
Reporting Date : 03 Apr 2024 11:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	104.7	ml/min/1.73sq.m	[>60.0]
<p>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.</p>			
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.47	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.09	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.38	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.07	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	1.49		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	21.00	U/L	[0.00-40.00]



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Registration No : MH013263426
Patient Episode : H18000002052
Referred By : HEALTH CHECK MGD
Receiving Date : 03 Apr 2024 09:15

Age : 46 Yr(s) Sex :Female
Lab No : 202404000425
Collection Date : 03 Apr 2024 09:15
Reporting Date : 03 Apr 2024 11:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	14.80	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	52.0	IU/L	[32.0-91.0]
GGT	10.0	U/L	[7.0-50.0]

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 ANSHU JAISWAL
Registration No : MH013263426
Patient Episode : H18000002052
Referred By : HEALTH CHECK MGD
Receiving Date : 03 Apr 2024 12:58

Age : 46 Yr(s) Sex :Female
Lab No : 202404000427
Collection Date : 03 Apr 2024 12:58
Reporting Date : 03 Apr 2024 13:48

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS 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	127.0	mg/dl	[80.0-140.0]

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS ANSHU JAISWAL
Registration No : MH013263426
Patient Episode : H18000002052
Referred By : HEALTH CHECK MGD
Receiving Date : 03 Apr 2024 09:15

Age : 46 Yr(s) Sex :Female
Lab No : 202404000426
Collection Date : 03 Apr 2024 09:15
Reporting Date : 03 Apr 2024 10:37

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	95.0	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

**RADIOLOGY REPORT**

NAME	MRS Anshu JAISWAL	STUDY DATE	03/04/2024 9:23AM
AGE / SEX	46 y / F	HOSPITAL NO.	MH013263426
ACCESSION NO.	R7171893	MODALITY	CR
REPORTED ON	03/04/2024 9:34AM	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*****

**RADIOLOGY REPORT**

NAME	MRS Anshu JAISWAL	STUDY DATE	03/04/2024 10:04AM
AGE / SEX	46 y / F	HOSPITAL NO.	MH013263426
ACCESSION NO.	R7171894	MODALITY	US
REPORTED ON	03/04/2024 11:21AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: Liver is normal in size (measures 138 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 97 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 10 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 95 x 46 mm. A simple anechoic cortical cyst measuring 13 x 12 mm is seen at lower pole.
 Left Kidney: measures 94 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 70 x 63 x 45 mm), shape and echotexture.
 An intramural fibroid is seen in anterior myometrium measuring 33 x 23 mm which is also seen indenting the endometrium.
 Endometrial thickness measures 6 mm. Cervix appears normal.
 OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.
 Right ovary measures 30 x 28 x 26 mm with volume 11.4 cc.
 Left ovary measures 29 x 26 x 22 mm with volume 9 cc.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Intramural uterine fibroid, which is also seen indenting the endometrium.

Recommend clinical correlation.

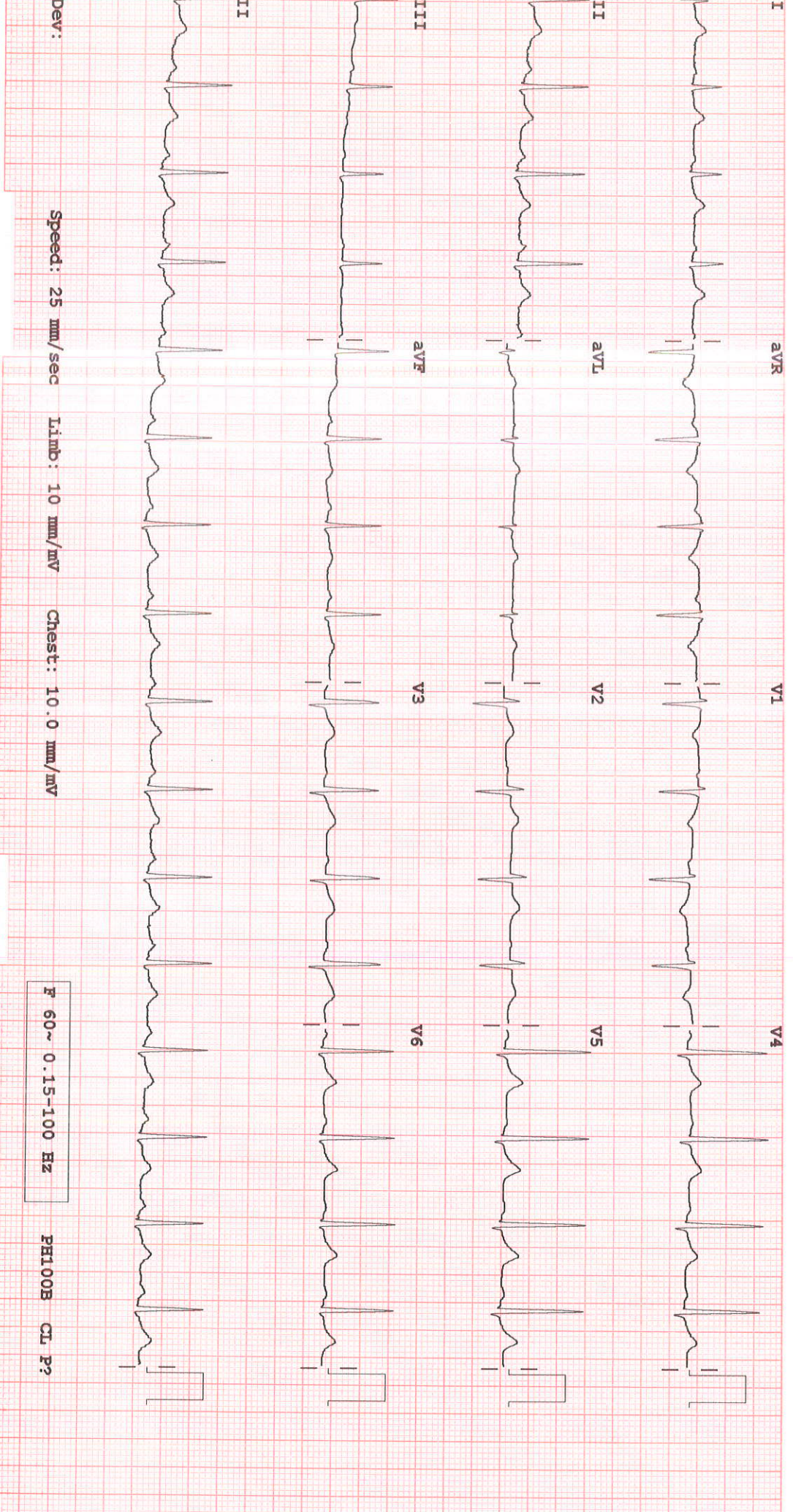


**Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST**

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

- NORMAL ECG -

Unconfirmed Diagnosis





Patient Name	MRS ANSHU JAISWAL	Location	: Ghaziabad
Age/Sex	: 47Year(s)/Female	Visit No	: V000000001-GHZZ
MRN No	MH013263426	Order Date	: 03/04/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 03/04/2024

Protocol	: Bruce	MPHR	: 173BPM
Duration of exercise	: 7min 55sec	85% of MPHR	: 1147BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 162BPM
Blood Pressure (mmHg)	: Baseline BP : 130/90mmHg Peak BP : 150/90mmHg	% Target HR	: 93%
		METS	: 9.9METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	106	130/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	135	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	145	140/90	Nil	No ST changes seen	Nil
STAGE 3	1:55	162	150/90	Nil	No ST changes seen	Nil
RECOVERY	3:40	109	130/90	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
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