308525

Mediwheel <wellness@mediwheel.in>

Fri 2/23/2024 1:27 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,**

We have received the confirmation for the following booking. Please provide your confirmation by clicking on the yes and no button.

Hospital Package Name	:	Mediwheel Full Body Health Checkup Female Above 40
Patient Package Name	:	Mediwheel Full Body Health Checkup Female Above 40
Package Code	:	PKG10000477
Contact Details	:	9971938392
Email	:	rajeshwarbob@gmail.com
Booking Date	:	23-02-2024
Appointment Date	:	24-02-2024
Confirmation Status	:	Booking Confirmed
Preferred Time	:	8:30am

Member Information		
Booked Member Name	Age	Gender
Anupama Singh	51 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

ANUPAMA SINGH

HOSHIAR SINGH

20/07/1972

Permanent Account Number

CTOPS1018P

Anupma

Signature

02062010

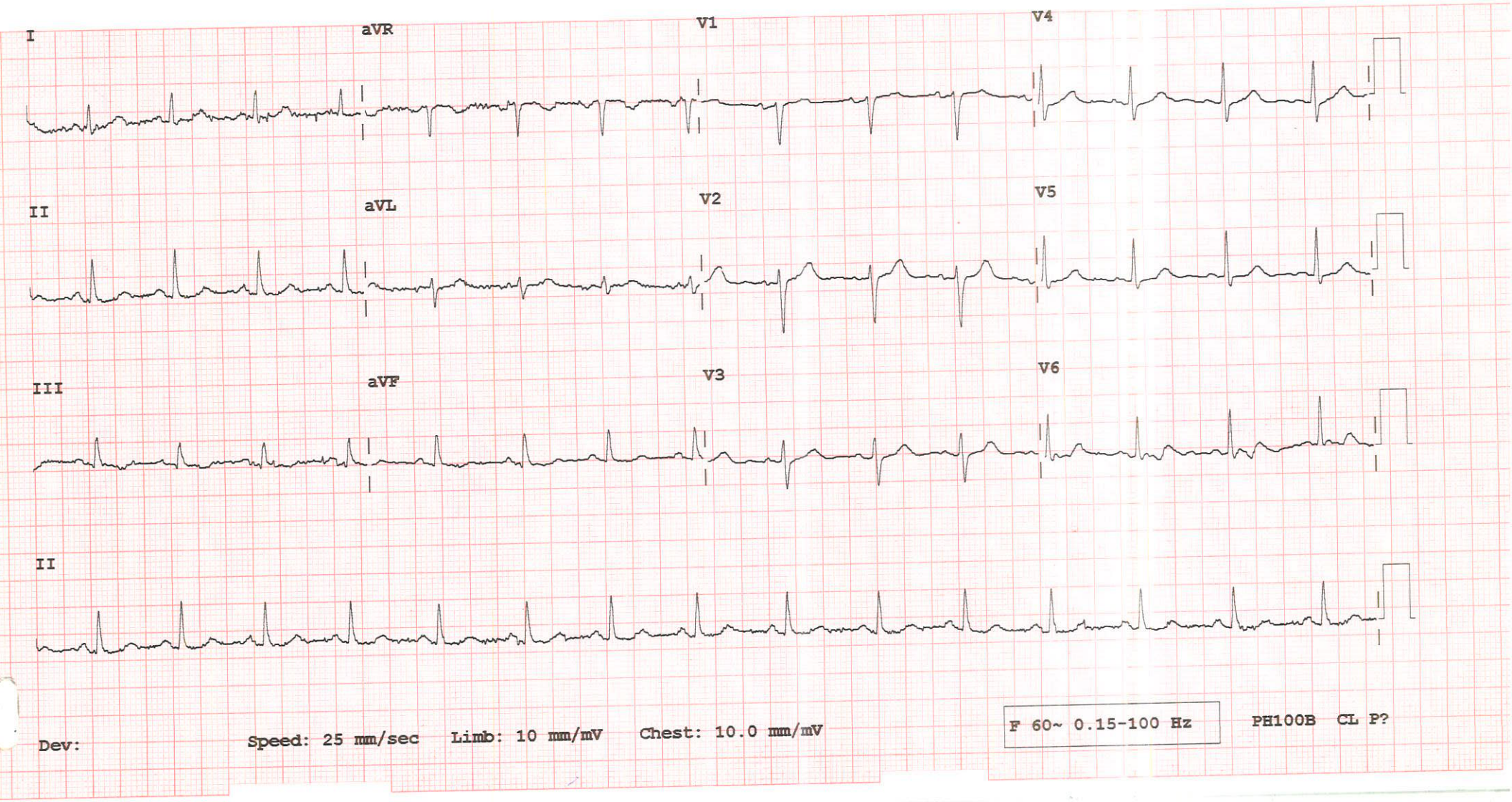
24/02/2024 11:44:14

726203

(Anupama Singh)

- 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?

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INVESTIGATION REPORT

Patient Name	MRS ANUPAMA SINGH	Location	Ghaziabad
Age/Sex	51Year(s)/Female	Visit No	: V00000000001-GHZB
MRN No	MH11726203	Order Date	:24/02/2024
Ref. Doctor	Dr. BHUPENDRA SINGH	Report Date	:24/02/2024

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. Grade I LV diastolic dysfunction.
4. No MR, No AR.
5. No TR, Normal PASP.
6. No intracardiac clot/mass/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

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RADIOLOGY REPORT

NAME	MRS Anupama SINGH	STUDY DATE	24/02/2024 11:58AM
AGE / SEX	51 y / F	HOSPITAL NO.	MH011726203
ACCESSION NO.	R6939887	MODALITY	US
REPORTED ON	24/02/2024 1:28PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: appears enlarged in size (measures 160 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.
SPLEEN: Spleen is normal in size (measures 101 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 11.8 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 100 x 43 mm.
Left Kidney: measures 103 x 43 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 is anteverted and measures 60 x 49 x 38 mm. It shows postmenopausal changes.
An intramural fibroid is seen in anterior myometrium measuring 17 x 14 mm but no increased vascularity seen within and not seen in indenting the endometrium.
Endometrium is thickened and echogenic, measuring 7.1 mm, suggesting endometrial hyperplasia.
Cervix appears normal.
Both ovaries are not seen probably atrophied.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II fatty infiltration in liver.
-Intramural uterine fibroid.
-Thickened and echogenic endometrium suggesting endometrial hyperplasia.

ADV: US-TVS for better assessment of uterus and bilateral adnexa.
Recommend clinical correlation.

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

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

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RADIOLOGY REPORT

NAME	MRS Anupama SINGH	STUDY DATE	24/02/2024 11:23AM
AGE / SEX	51 y / F	HOSPITAL NO.	MH011726203
ACCESSION NO.	R6939886	MODALITY	CR
REPORTED ON	24/02/2024 1:53PM	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 on left side. There is blunting of right costophrenic angle concerning for trace right-sided pleural effusion/pleural thickening.
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:

Prominent bronchovascular markings in bilateral lung fields.
Blunting of right costophrenic angle concerning for trace right pleural effusion/pleural thickening.
Recommend clinical correlation.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

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LABORATORY REPORT

Name	:	MRS ANUPAMA SINGH	**Age**	:	51 Yr(s) Sex :Female
Registration No	:	MH011726203	**Lab No**	:	202402004106
Patient Episode	:	H18000001837	**Collection Date :**		24 Feb 2024 10:56
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		25 Feb 2024 13:13
Receiving Date	:	24 Feb 2024 10:56			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			**Specimen Type : Serum**
T3 - Triiodothyronine (ELFA)	1.110	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.480	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.390	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 ANUPAMA SINGH	**Age**	:	51 Yr(s) Sex :Female
Registration No	:	MH011726203	**Lab No**	:	202402004106
Patient Episode	:	H18000001837	**Collection Date :**		24 Feb 2024 10:56
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		25 Feb 2024 13:08
Receiving Date	:	24 Feb 2024 10:56			

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.

NOTE:
- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist

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LABORATORY REPORT

Name	: MRS ANUPAMA SINGH	**Age** :	51 Yr(s) Sex :Female
Registration No	: MH011726203	**Lab No** :	202402004106
Patient Episode	: H18000001837	**Collection Date :**	24 Feb 2024 10:56
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 13:15
Receiving Date	: 24 Feb 2024 10:56		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	**5.38 #**	**millions/cumm**	**[3.80-4.80]**
HEMOGLOBIN	13.5	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	44.1	%	[36.0-46.0]
MCV (DERIVED)	**82.0 #**	**fL**	**[83.0-101.0]**
MCH (CALCULATED)	25.1	pg	[25.0-32.0]
MCHC(CALCULATED)	**30.6 #**	**g/dl**	**[31.5-34.5]**
RDW CV% (DERIVED)	13.5	%	[11.6-14.0]
Platelet count	181	x 10^3 cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	13.6		
WBC COUNT(TC)(IMPEDENCE)	6.82	x 10^3 cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	54.0	%	[40.0-80.0]
Lymphocytes	32.0	%	[20.0-40.0]
Monocytes	10.0	%	[2.0-10.0]
Eosinophils	4.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	17.0	mm/1sthour	[0.0-

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LABORATORY REPORT

Name	: MRS ANUPAMA SINGH	**Age** :	51 Yr(s) Sex :Female
Registration No	: MH011726203	**Lab No** :	202402004106
Patient Episode	: H18000001837	**Collection Date :**	24 Feb 2024 12:45
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	25 Feb 2024 13:37
Receiving Date	: 24 Feb 2024 12:45		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.0	(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)

MICROSCOPIC EXAMINATION (Automated/Manual)

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

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LABORATORY REPORT

Name	: MRS ANUPAMA SINGH	**Age**	: 51 Yr(s) Sex :Female
Registration No	: MH011726203	**Lab No**	: 202402004106
Patient Episode	: H18000001837	**Collection Date :**	24 Feb 2024 10:56
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 14:04
Receiving Date	: 24 Feb 2024 10:56		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	**5.7 #**	%	[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)	117	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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	175	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	140	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	54.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	28	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	93.0	mg/dl	[<120.0]
			Near/
Above optimal-100-129			
			Borderline High:130-159
			High Risk:160-189

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LABORATORY REPORT

Name	: MRS ANUPAMA SINGH	**Age**	: 51 Yr(s) Sex :Female
Registration No	: MH011726203	**Lab No**	: 202402004106
Patient Episode	: H18000001837	**Collection Date**	: 24 Feb 2024 10:56
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 24 Feb 2024 12:21
Receiving Date	: 24 Feb 2024 10:56		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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)	1.7		<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	20.9	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.8	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	**0.66 #**	**mg/dl**	**[0.70-1.20]**
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.4	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.80	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.99	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			

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LABORATORY REPORT

Name	: MRS ANUPAMA SINGH	**Age**	: 51 Yr(s) Sex :Female
Registration No	: MH011726203	**Lab No**	: 202402004106
Patient Episode	: H18000001837	**Collection Date**	: 24 Feb 2024 10:56
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 24 Feb 2024 12:21
Receiving Date	: 24 Feb 2024 10:56		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	103.1	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.

LIVER FUNCTION TEST

BILIRUBIN - TOTAL *Method: D P D*	0.51	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT *Method: DPD*	0.08	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) *Method: Calculation*	0.43	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) *Method: BIURET*	7.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) *Method: BCG*	4.17	g/dl	[3.50-5.20]
GLOBULINS (SERUM) *Method: Calculation*	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO *Method: Calculation*	1.38		[1.00-2.50]
AST(SGOT) (SERUM) *Method: IFCC W/O P5P*	21.00	U/L	[0.00-40.00]

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LABORATORY REPORT

Name	: MRS ANUPAMA SINGH	**Age**	: 51 Yr(s) Sex :Female
Registration No	: MH011726203	**Lab No**	: 202402004106
Patient Episode	: H18000001837	**Collection Date :**	24 Feb 2024 10:56
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 12:21
Receiving Date	: 24 Feb 2024 10:56		

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)*	75.0	IU/L	[32.0-91.0]
GGT	17.0	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. Alka Dixit Vats
Consultant Pathologist

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LABORATORY REPORT

Name	: MRS ANUPAMA SINGH	**Age**	: 51 Yr(s) Sex :Female
Registration No	: MH011726203	**Lab No**	: 202402004107
Patient Episode	: H18000001837	**Collection Date :**	24 Feb 2024 10:56
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	24 Feb 2024 12:21
Receiving Date	: 24 Feb 2024 10:56		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	108.0	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. Alka Dixit Vats
Consultant Pathologist

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LABORATORY REPORT

Name	: MRS ANUPAMA SINGH	**Age**	: 51 Yr(s) Sex :Female
Registration No	: MH011726203	**Lab No**	: 202402004108
Patient Episode	: H18000001837	**Collection Date :**	24 Feb 2024 15:52
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	25 Feb 2024 13:20
Receiving Date	: 24 Feb 2024 15:52		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	140.0	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