

Mediwheel <wellness@mediwheel.in>

Tue 3/5/2024 2:59 PM

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?**

Name : MS. DWIVEDI RITIKA  
Contact Details : 8917007525  
Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40  
Appointment Date : 09-03-2024

Member Information		
Booked Member Name	Age	Gender
MS. DWIVEDI RITIKA	34 year	Female

**Tests included in this Package -**

- Pap Smear
- 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
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,  
Mediwheel Team

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भारत सरकार  
Government of India



रितिका द्विवेदी  
Ritu Dwivedi  
पता कोड: 226011, उत्तर प्रदेश  
मोबा: 989600



2437 0257 5464

- आम आदमी का अधिकार

Unique Identification Authority of India

पता:  
D/O: एस.के. द्विवेदी, बी548/250,  
विक्रम नगर मानक नगर, सेंट्रल  
विद्यालय के पीछे, मानकनगर,  
लखनऊ, मानकनगर, उत्तर प्रदेश,  
226011

Address:  
D/O: S.K. Dwivedi, B548/250,  
vikram nagar manak nagar,  
behind central school,  
Manaknagar, Lucknow,  
Manaknagar, Uttar Pradesh,  
226011

2437 0257 5464

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**LABORATORY REPORT**

<b>Name</b>	: MRS RITIKA DWIVEDI	<b>Age</b>	: 34 Yr(s) Sex :Female
<b>Registration No</b>	: MH011761145	<b>Lab No</b>	: 202403001106
<b>Patient Episode</b>	: H18000001895	<b>Collection Date</b>	: 09 Mar 2024 10:26
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 10 Mar 2024 12:51
<b>Receiving Date</b>	: 09 Mar 2024 10:26		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>THYROID PROFILE, Serum</b>			
			<b>Specimen Type : Serum</b>
T3 - Triiodothyronine (ELFA)	0.920	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.990	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.070	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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Receiving Date : 09 Mar 2024 10:26

Age : 34 Yr(s) Sex :Female  
Lab No : 202403001106  
Collection Date : 09 Mar 2024 10:26  
Reporting Date : 09 Mar 2024 12:22

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.70	millions/cumm	[3.80-4.80]
<b>HEMOGLOBIN</b>	<b>11.5 #</b>	<b>g/dl</b>	<b>[12.0-15.0]</b>
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	37.8	%	[36.0-46.0]
<b>MCV (DERIVED)</b>	<b>80.4 #</b>	<b>fL</b>	<b>[83.0-101.0]</b>
<b>MCH (CALCULATED)</b>	<b>24.5 #</b>	<b>pg</b>	<b>[25.0-32.0]</b>
<b>MCHC (CALCULATED)</b>	<b>30.4 #</b>	<b>g/dl</b>	<b>[31.5-34.5]</b>
<b>RDW CV% (DERIVED)</b>	<b>17.2 #</b>	<b>%</b>	<b>[11.6-14.0]</b>
<b>Platelet count</b>	<b>417 #</b>	<b>x 10<sup>3</sup> cells/cumm</b>	<b>[150-410]</b>
Method: Electrical Impedance			
MPV (DERIVED)	12.1		
WBC COUNT (TC) (IMPEDENCE)	8.39	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	57.0	%	[40.0-80.0]
Lymphocytes	36.0	%	[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]
<b>ESR</b>	<b>29.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-</b>



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**Receiving Date** : 09 Mar 2024 10:26

**Age** : 34 Yr(s) Sex :Female  
**Lab No** : 202403001106  
**Collection Date** : 09 Mar 2024 10:26  
**Reporting Date** : 09 Mar 2024 16:40

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.1	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults $\geq 18$ years $< 5.7$			
Prediabetes (At Risk) 5.7-6.4			
Diagnosing Diabetes $\geq 6.5$			
Estimated Average Glucose (eAG)	100	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 glyceemic 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	1.010	(1.003-1.035)

**CHEMICAL EXAMINATION**

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



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<b>Patient Episode</b>	: H18000001895	<b>Collection Date</b>	: 09 Mar 2024 10:36
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 09 Mar 2024 12:25
<b>Receiving Date</b>	: 09 Mar 2024 10:36		

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

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

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	171	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	75	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	55	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	15	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	101.0	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.8		<3 Optimal 3-4 Borderline >6 High Risk







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Age : 34 Yr(s) Sex :Female  
Lab No : 202403001106  
Collection Date : 09 Mar 2024 10:26  
Reporting Date : 09 Mar 2024 11:14

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.40	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.07	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.33	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.49	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.40		[1.00-2.50]
<b>AST (SGOT) (SERUM)</b> Method: IFCC W/O P5P	<b>42.00 #</b>	<b>U/L</b>	<b>[0.00-40.00]</b>
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	37.70	U/L	[14.00-54.00]
<b>Serum Alkaline Phosphatase</b> Method: AMP BUFFER IFCC)	<b>143.0 #</b>	<b>IU/L</b>	<b>[32.0-91.0]</b>
GGT	70.0 #	U/L	[7.0-50.0]



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Patient Episode : H18000001895 Collection Date : 09 Mar 2024 10:26  
Referred By : HEALTH CHECK MGD Reporting Date : 09 Mar 2024 11:14  
Receiving Date : 09 Mar 2024 10:26

**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-----

Dr. Alka Dixit Vats  
Consultant Pathologist



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Patient Episode : H18000001895  
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Receiving Date : 09 Mar 2024 10:26

Age : 34 Yr(s) Sex :Female  
Lab No : 202403001109  
Collection Date : 09 Mar 2024 10:26  
Reporting Date : 09 Mar 2024 13:31

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	90.0	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. Alka Dixit Vats**  
Consultant Pathologist



NAME	MRS Ritika DWIVEDI	STUDY DATE	09/03/2024 10:55AM
AGE / SEX	34 y / F	HOSPITAL NO.	MH011761145
ACCESSION NO.	R7022734	MODALITY	CR
REPORTED ON	09/03/2024 3:18PM	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\*\*\*\*\*