

Mediwheel <wellness@mediwheel.in>

Tue 3/5/2024 11:18 AM

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 Below 40

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

Contact Details : 8006785501

Appointment Date : 07-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
Anita verma	35 year	Female

We request you to facilitate the employee on priority.

Thanks,

Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with Arcofemi Healthcare Limited This is a system-generated e-mail please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.



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 : MR. KUMAR JITENDRA
Contact Details : 8006785501
Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40
Appointment Date : 07-03-2024

Member Information		
Booked Member Name	Age	Gender
Anita verma	35 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
Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with Arcofemi Healthcare Limited This is a system-generated e-mail please don't reply to this message.



NAME	MRS Anita VERMA	STUDY DATE	07/03/2024 9:18AM
AGE / SEX	35 y / F	HOSPITAL NO.	MH010842964
ACCESSION NO.	R7007765	MODALITY	CR
REPORTED ON	07/03/2024 9:39AM	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.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

Manipal Hospital, Ghaziabad
 NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002
 P : 0120-616 5666

Manipal Health Enterprises Private Limited
 CIN: U85110KA2003PTC033055
 Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017
 P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com



NAME	MRS Anita VERMA	STUDY DATE	07/03/2024 9:25AM
AGE / SEX	35 y / F	HOSPITAL NO.	MH010842964
ACCESSION NO.	R7007766	MODALITY	US
REPORTED ON	07/03/2024 10:06AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: Liver is normal in size (measures 132 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 83 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 9 mm.
 COMMON BILE DUCT: Appears normal in size and measures 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 91 x 46 mm.
 Left Kidney: measures 96 x 39 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 75 x 55 x 39 mm), shape and echotexture. Endometrial thickness measures 10.6 mm. *Cervix shows a nabothian cyst within measuring 7 mm.*
 OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.
 Right ovary measures 35 x 35 x 22 mm with volume 14 cc.
 Left ovary measures 35 x 25 x 25 mm with volume 11.8 cc.
 Bilateral adnexa is clear.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

Recommend clinical correlation.

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

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

Manipal Hospital, Ghaziabad
NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002
P : 0120-616 5666

Manipal Health Enterprises Private Limited
CIN: U85110KA2003PTC033055
Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017
P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com



LABORATORY REPORT

Name : MRS ANITA VERMA
Registration No : MH010842964
Patient Episode : H18000001865
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 13:22

Age : 35 Yr(s) Sex :Female
Lab No : 202403000750
Collection Date : 07 Mar 2024 13:22
Reporting Date : 07 Mar 2024 15:25

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	108.0	mg/dl	[80.0-140.0]

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS ANITA VERMA
Registration No : MH010842964
Patient Episode : H18000001865
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:53

Age : 35 Yr(s) Sex :Female
Lab No : 202403000749
Collection Date : 07 Mar 2024 08:53
Reporting Date : 07 Mar 2024 12:02

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	88.0	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



LABORATORY REPORT

Name : MRS ANITA VERMA
Registration No : MH010842964
Patient Episode : H18000001865
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:53

Age : 35 Yr(s) Sex :Female
Lab No : 202403000748
Collection Date : 07 Mar 2024 08:53
Reporting Date : 07 Mar 2024 12:02

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. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS ANITA VERMA
Registration No : MH010842964
Patient Episode : H18000001865
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:53

Age : 35 Yr(s) Sex :Female
Lab No : 202403000748
Collection Date : 07 Mar 2024 08:53
Reporting Date : 07 Mar 2024 12:02

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.46	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.08	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.38	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.32	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.32		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	22.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	10.70 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	57.0	IU/L	[32.0-91.0]
GGT	10.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MRS ANITA VERMA
Registration No : MH010842964
Patient Episode : H18000001865
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:53

Age : 35 Yr(s) Sex :Female
Lab No : 202403000748
Collection Date : 07 Mar 2024 08:53
Reporting Date : 07 Mar 2024 12:01

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

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	22.3	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	10.4	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.62 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	3.7 #	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	135.50 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.35	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	117.2	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 ANITA VERMA
Registration No : MH010842964
Patient Episode : H18000001865
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 09:51

Age : 35 Yr(s) Sex :Female
Lab No : 202403000748
Collection Date : 07 Mar 2024 09:51
Reporting Date : 07 Mar 2024 14:15

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	6-8 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	2-4 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	205 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	123	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	59	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	25	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	121.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	3.5		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.1		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name : MRS ANITA VERMA
Registration No : MH010842964
Patient Episode : H18000001865
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:53

Age : 35 Yr(s) Sex :Female
Lab No : 202403000748
Collection Date : 07 Mar 2024 08:53
Reporting Date : 07 Mar 2024 17:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.0	%	[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)	97	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.

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	1.000	(1.003-1.035)

CHEMICAL EXAMINATION

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



LABORATORY REPORT

Name : MRS ANITA VERMA
Registration No : MH010842964
Patient Episode : H18000001865
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:53

Age : 35 Yr(s) Sex :Female
Lab No : 202403000748
Collection Date : 07 Mar 2024 08:53
Reporting Date : 07 Mar 2024 11:46

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	3.67 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.2 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	35.0 #	%	[36.0-46.0]
MCV (DERIVED)	95.4	fL	[83.0-101.0]
MCH (CALCULATED)	30.5	pg	[25.0-32.0]
MCHC (CALCULATED)	32.0	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.6 #	%	[11.6-14.0]
Platelet count	218	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.8		
WBC COUNT (TC) (IMPEDENCE)	7.85	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	65.0	%	[40.0-80.0]
Lymphocytes	24.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	5.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	76.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MRS ANITA VERMA
Registration No : MH010842964
Patient Episode : H18000001865
Referred By : HEALTH CHECK MGD
Receiving Date : 07 Mar 2024 08:53

Age : 35 Yr(s) Sex :Female
Lab No : 202403000748
Collection Date : 07 Mar 2024 08:53
Reporting Date : 07 Mar 2024 12:18

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	AB 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. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MRS ANITA VERMA	Age	: 35 Yr(s) Sex :Female
Registration No	: MH010842964	Lab No	: 202403000748
Patient Episode	: H18000001865	Collection Date	: 07 Mar 2024 08:53
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Mar 2024 13:00
Receiving Date	: 07 Mar 2024 08:53		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.180	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.580	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.450	µIU/mL	[0.250-5.000]

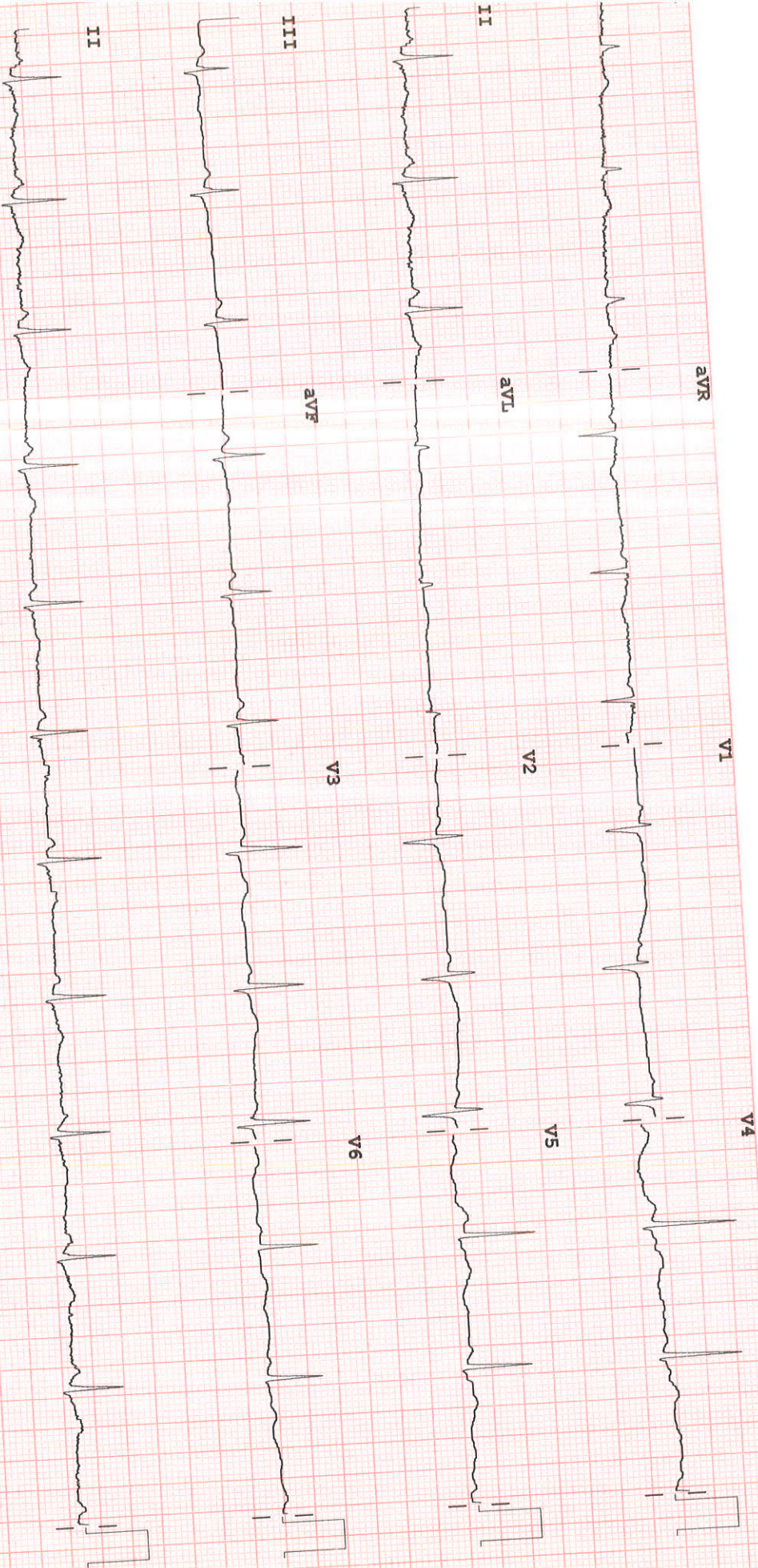
NOTE:

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.

- NORMAL ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec

Limbs: 10 mm/mV

Chest: 10.0 mm/mV

F 60 ~ 0.15-100 Hz

PH100B CL P?



TMT INVESTIGATION REPORT

Patient Name	MR ANITA VERMA	Location	: Ghaziabad
Age/Sex	: 35Year(s)/Female	Visit No	: V000000001-GHZB
MRN No	MH010842964	Order Date	: 07/03/2024
Ref. Doctor	: DR ABHISHEK SINGH	Report Date	: 07/03/2024

Protocol	: Bruce	MPHR	: 185BPM
Duration of exercise	: 6min 40sec	85% of MPHR	: 157BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 175BPM
Blood Pressure (mmHg)	: Baseline BP : 108/62mmHg Peak BP : 130/80mmHg	% Target HR	: 94%
		METS	: 8.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	90	108/62	Nil	No ST changes seen	Nil
STAGE 1	3:00	127	120/62	Nil	No ST changes seen	Nil
STAGE 2	3:00	155	130/80	Nil	No ST changes seen	Nil
STAGE 3	0:40	169	130/80	Nil	No ST changes seen	Nil
RECOVERY	4:14	96	110/70	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 SinghMD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology**Dr. Sudhanshu Mishra**MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com