

Mediwheel <wellness@mediwheel.in>

Wed 3/27/2024 2:08 PM

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

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



Mediwheel
...Your wellness partner

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. SINGHAL VISHAKHA

Contact Details : 9650360609

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

Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment

Appointment Date : 29-03-2024

Member Information		
Booked Member Name	Age	Gender
MS. SINGHAL VISHAKHA	32 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

INFORMATION SYSTEMS
Department

VISHAKHA SINGHAL
Name

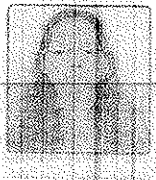
PHONE NO. 110100
E.C. No.

Vishakha

Vishakha

INFORMATION SYSTEMS
Department

INFORMATION SYSTEMS
Department



**LABORATORY REPORT**

Name : MRS VISHAKHA SINGHAL Age : 32 Yr(s) Sex :Female
 Registration No : MH011809671 Lab No : 202403004274
 Patient Episode : H18000002015 Collection Date : 29 Mar 2024 10:42
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 16:21
 Receiving Date : 29 Mar 2024 10:42

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.000	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.240	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.180	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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Registration No : MH011809671 Lab No : 202403004274
Patient Episode : H18000002015 Collection Date : 29 Mar 2024 10:42
Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 16:35
Receiving Date : 29 Mar 2024 10:42

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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.

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NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MRS VISHAKHA SINGHAL	Age	: 32 Yr(s) Sex :Female
Registration No	: MH011809671	Lab No	: 202403004274
Patient Episode	: H18000002015	Collection Date	: 29 Mar 2024 10:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 14:28
Receiving Date	: 29 Mar 2024 10:42		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.09	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.1	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	37.7	%	[36.0-46.0]
MCV (DERIVED)	92.2	fL	[83.0-101.0]
MCH (CALCULATED)	29.6	pg	[25.0-32.0]
MCHC (CALCULATED)	32.1	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.6	%	[11.6-14.0]
Platelet count	275	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.00	fL	
WBC COUNT (TC) (IMPEDEANCE)	5.45	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	66.0	%	[40.0-80.0]
Lymphocytes	27.0	%	[20.0-40.0]
Monocytes	4.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	52.0 #	mm/1sthour	[0.0-



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Patient Episode	: H18000002015	Collection Date	: 29 Mar 2024 10:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:29
Receiving Date	: 29 Mar 2024 10:42		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)	5.1	%	[0.0-5.6]
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Method: HPLC

As per American Diabetes Association (ADA)
HbA1c in %
Non diabetic adults ≥ 18 years < 5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes ≥ 6.5

Estimated Average Glucose (eAG)	100	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	144	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	53	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	62	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	11	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	71.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



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Patient Episode	: H18000002015	Collection Date	: 29 Mar 2024 10:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 13:58
Receiving Date	: 29 Mar 2024 10:42		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	2.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.1		<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	16.7	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	7.8 #	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.64 #	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	3.5 #	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	137.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.43	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.2	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			



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Patient Episode	: H18000002015	Collection Date	: 29 Mar 2024 10:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 13:57
Receiving Date	: 29 Mar 2024 10:42		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	118.5	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.			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL <i>Method: D P D</i>	0.47	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.37	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.23	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.38		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	19.00	U/L	[0.00-40.00]

**LABORATORY REPORT**

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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	13.00 #		[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	60.0	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.

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

Dr. Charu Agarwal
Consultant Pathologist



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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	94.0	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 Vishakha SINGHAL	STUDY DATE	29/03/2024 11:12AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH011809671
ACCESSION NO.	R7143692	MODALITY	CR
REPORTED ON	29/03/2024 4:11PM	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.
THORACTIC 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 Vishakha SINGHAL	STUDY DATE	29/03/2024 2:50PM
AGE / SEX	32 y / F	HOSPITAL NO.	MH011809671
ACCESSION NO.	R7143695	MODALITY	US
REPORTED ON	29/03/2024 3:05PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: Liver is mildly enlarged in size (measures 152 mm) but normal in shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 75 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 9.5 mm.
 COMMON BILE DUCT: Appears normal in size and measures 3.4 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 96 x 33 mm.
 Left Kidney: measures 86 x 47 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 retroverted, normal in size (measures 62 x 36 mm), shape and echotexture. Endometrial thickness measures 6.5 mm. Cervix appears normal.
 OVARIES: Right ovary is normal in size (measures 29 x 27 x 14 mm with volume 5.9 cc), shape and echotexture. Rest normal.
 Left ovary shows a small well-defined anechoic cystic lesion with no internal septations/reticulations/calcifications/abnormal vascularity within and measuring 28 x 25 x 18 mm with volume ~ 6.6 cc. Findings suggest small simple/physiological left ovarian cyst.
 Trace free fluid is seen in cul-de-sac.
 Bilateral adnexa is clear.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Mild hepatomegaly (ADV: LFT Correlation).
- Small simple/physiological left ovarian cyst.
- Trace free fluid seen in cul-de-sac.

Recommend clinical correlation.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST



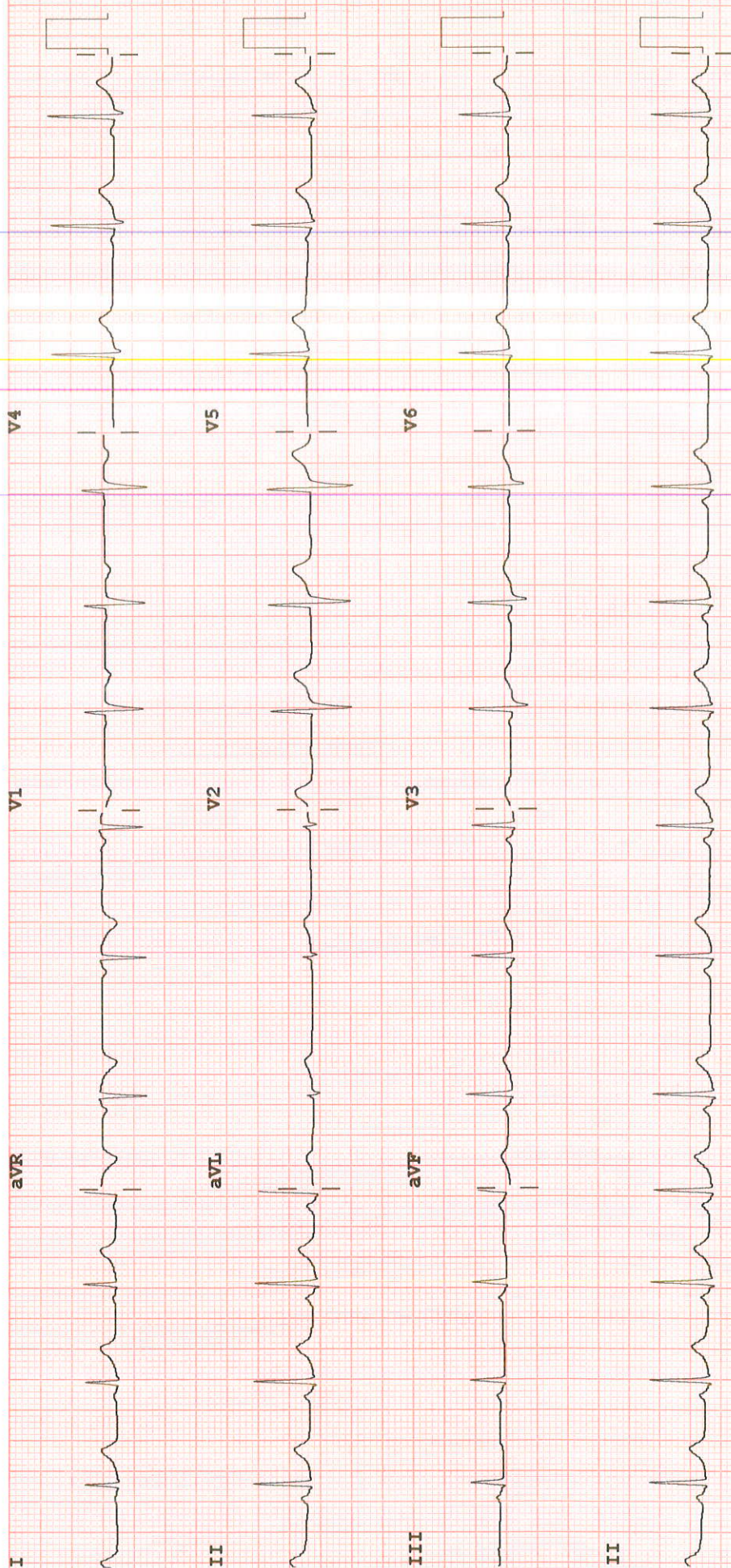
RADIOLOGY REPORT

NAME	MRS Vishakha SINGHAL	STUDY DATE	29/03/2024 2:50PM
AGE / SEX	32 y / F	HOSPITAL NO.	MH011809671
ACCESSION NO.	R7143695	MODALITY	US
REPORTED ON	29/03/2024 3:05PM	REFERRED BY	HEALTH CHECK MGD

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

- OTHERWISE 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?

