



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 : Reena yadav  
Contact Details : 9896953665  
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
MRS. YADAV REENA	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





Issue Date: 20/08/2013



रीना यादव

Reena Yadav

जन्म तिथि / DOB: 30/03/1991

महिला / FEMALE

Mobile No.: 9896953665

5556 2441 9886

मेरा आधार, मेरी पहचान

GOVERNMENT



Reena Yadav  
30/03/1991



भारतीय विशिष्ट डाक

Unique Identification Number

संख्या

Ministry of India



पता:

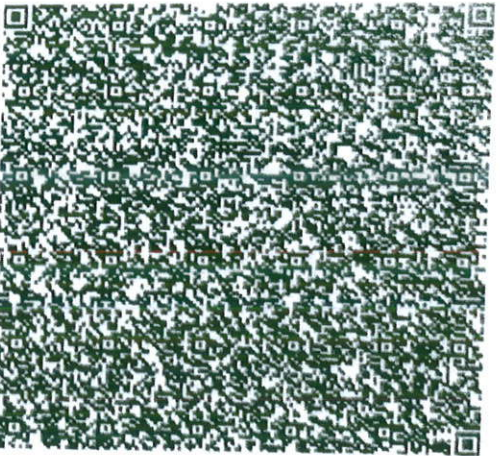
W/O राकेश यादव, हाउस न 406, सीका, वॉटर टैंक के पास, मंदाणा, महेंद्रगढ़, हरियाणा - 123001

Print Date: 26/05/2024

Address:

W/O Rakesh Yadav, House no 406, seka, Near water tank, Mandhana, Mahendragarh, Haryana - 123001

5556 2441 9886



1947

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*Reevay  
29/10/2024*



**LABORATORY REPORT**

Name : MRS REENA YADAV  
Registration No : MH011809730  
Patient Episode : H18000002016  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 10:55

Age : 32 Yr(s) Sex :Female  
Lab No : 202403004280  
Collection Date : 29 Mar 2024 10:55  
Reporting Date : 29 Mar 2024 13:57

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> 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 REENA YADAV  
Registration No : MH011809730  
Patient Episode : H18000002016  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 14:52

Age : 32 Yr(s) Sex :Female  
Lab No : 202403004281  
Collection Date : 29 Mar 2024 14:52  
Reporting Date : 30 Mar 2024 10:27

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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#### PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	104.0	mg/dl	[80.0-140.0]
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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

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

Dr. Alka Dixit Vats  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS REENA YADAV  
Registration No : MH011809730  
Patient Episode : H1800002016  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 10:55

Age : 32 Yr(s) Sex :Female  
Lab No : 202403004279  
Collection Date : 29 Mar 2024 10:55  
Reporting Date : 29 Mar 2024 13:56

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.58	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.47	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.23	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.47		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	25.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	30.70	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	59.0	IU/L	[32.0-91.0]
GGT	14.0	U/L	[7.0-50.0]



## LABORATORY REPORT

Name : MRS REENA YADAV  
Registration No : MH011809730  
Patient Episode : H1800002016  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 10:55

Age : 32 Yr(s) Sex :Female  
Lab No : 202403004279  
Collection Date : 29 Mar 2024 10:55  
Reporting Date : 29 Mar 2024 13:56

### 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-----

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Dr. Charu Agarwal  
Consultant Pathologist





## LABORATORY REPORT

<b>Name</b>	: MRS REENA YADAV	<b>Age</b>	: 32 Yr(s) Sex :Female
<b>Registration No</b>	: MH011809730	<b>Lab No</b>	: 202403004279
<b>Patient Episode</b>	: H18000002016	<b>Collection Date</b>	: 29 Mar 2024 10:55
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 29 Mar 2024 13:56
<b>Receiving Date</b>	: 29 Mar 2024 10:55		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	15.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	7.1 #	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.59 #	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	136.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.56	mmol/L	[3.60-5.10]
SERUM CHLORIDE	101.9	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	121.7	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 REENA YADAV  
Registration No : MH011809730  
Patient Episode : H18000002016  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 10:55

Age : 32 Yr(s) Sex :Female  
Lab No : 202403004279  
Collection Date : 29 Mar 2024 10:55  
Reporting Date : 29 Mar 2024 16:35

**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 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. Alka Dixit Vats  
Consultant Pathologist



## LABORATORY REPORT

Name : MRS REENA YADAV  
Registration No : MH011809730  
Patient Episode : H1800002016  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 10:55

Age : 32 Yr(s) Sex :Female  
Lab No : 202403004279  
Collection Date : 29 Mar 2024 10:55  
Reporting Date : 29 Mar 2024 14:28

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>			
<b>SPECIMEN-EDTA Whole Blood</b>			
RBC COUNT (IMPEDEANCE)	4.33	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.2	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.9	%	[36.0-46.0]
MCV (DERIVED)	89.8	fL	[83.0-101.0]
MCH (CALCULATED)	28.2	pg	[25.0-32.0]
<b>MCHC (CALCULATED)</b>	<b>31.4 #</b>	<b>g/dl</b>	<b>[31.5-34.5]</b>
RDW CV% (DERIVED)	13.7	%	[11.6-14.0]
Platelet count	189	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.90	fL	
WBC COUNT (TC) (IMPEDEANCE)	4.25	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	63.0	%	[40.0-80.0]
Lymphocytes	27.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>25.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-</b>



## LABORATORY REPORT

Name : MRS REENA YADAV  
Registration No : MH011809730  
Patient Episode : H18000002016  
Referred By : HEALTH CHECK MGD  
Receiving Date : 29 Mar 2024 10:55

Age : 32 Yr(s) Sex :Female  
Lab No : 202403004279  
Collection Date : 29 Mar 2024 10:55  
Reporting Date : 29 Mar 2024 16:29

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.5	%	[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)	111	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	1.015	(1.003-1.035)

#### CHEMICAL EXAMINATION

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



**LABORATORY REPORT**

<b>Name</b>	: MRS REENA YADAV	<b>Age</b>	: 32 Yr(s) Sex :Female
<b>Registration No</b>	: MH011809730	<b>Lab No</b>	: 202403004279
<b>Patient Episode</b>	: H18000002016	<b>Collection Date</b>	: 29 Mar 2024 11:49
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 29 Mar 2024 16:20
<b>Receiving Date</b>	: 29 Mar 2024 11:49		

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	184	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	60	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
<b>HDL- CHOLESTEROL</b>	<b>68 #</b>	<b>mg/dl</b>	<b>[35-65]</b>
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	12	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	104.0	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)	2.7		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.5		<3 Optimal 3-4 Borderline >6 High Risk

**LABORATORY REPORT**

Name : MRS REENA YADAV  
 Registration No : MH011809730  
 Patient Episode : H18000002016  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 29 Mar 2024 10:55

Age : 32 Yr(s) Sex :Female  
 Lab No : 202403004279  
 Collection Date : 29 Mar 2024 10:55  
 Reporting Date : 29 Mar 2024 16:10

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>THYROID PROFILE, Serum</b>			
			<b>Specimen Type : Serum</b>
T3 - Triiodothyronine (ELFA)	1.070	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.870	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.250	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.

**RADIOLOGY REPORT**

NAME	MRS Reena YADAV	STUDY DATE	29/03/2024 11:15AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH011809730
ACCESSION NO.	R7143838	MODALITY	CR
REPORTED ON	29/03/2024 5:20PM	REFERRED BY	HEALTH CHECK MGD

**X-RAY CHEST – PA VIEW****FINDINGS:****Fibro-cystic lesions seen in left upper zone**

Rest bilateral lung fields appear normal

Cardia appears normal.

Both costophrenic angles appear normal.

Both domes of the diaphragm appear normal.

Bony cage appear normal.

**IMPRESSION: Fibro-cystic lesions seen in left upper zone**

Needs correlation with clinical findings and other investigations.



Dr. Jai Hari Agarwal MD  
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MRS Reena YADAV	STUDY DATE	29/03/2024 11:40AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH011809730
ACCESSION NO.	R7143839	MODALITY	US
REPORTED ON	29/03/2024 12:05PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS  
FINDINGS**

LIVER: appears normal in size (measures 139 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 86 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.7 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.5 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 90 x 45 mm. It shows a concretion measuring 2.9 mm at mid calyx.

Left Kidney: measures 98 x 35 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 76 x 46 x 34 mm), shape and echotexture.

Endometrial thickness measures 6.5 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 23 x 22 x 14 mm with volume 3.7 cc.

Left ovary measures 28 x 25 x 20 mm with volume 7.3 cc.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Diffuse grade I fatty infiltration in liver.**

**-Right renal concretion.**

Recommend clinical correlation.

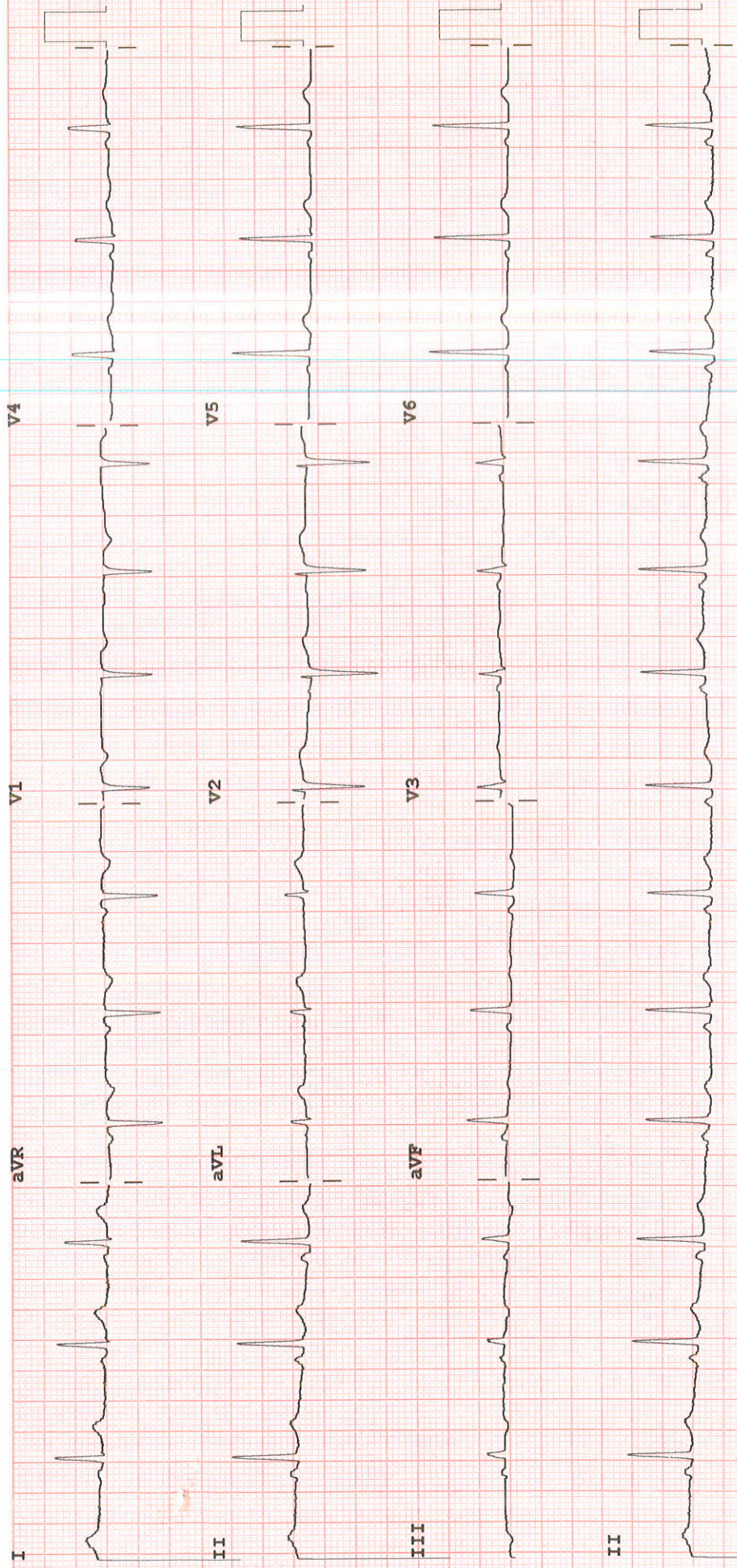


**Dr. Monica Shekhawat MBBS, DNB  
CONSULTANT RADIOLOGIST**

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



- OTHERWISE NORMAL ECG -  
Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV  
F 60~ 0.15-100 Hz PH100B CL P?

Dev:



Patient Name	MRS REENA YADAV	Location	: Ghaziabad
Age/Sex	: 32Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH011809730	Order Date	: 29/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 29/03/2024

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 188BPM
<b>Duration of exercise</b>	: 5min 35sec	<b>85% of MPHR</b>	: 159BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 187BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 120/80mmHg Peak BP : 140/90mmHg	<b>% Target HR</b>	: 99%
		<b>METS</b>	: 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	95	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	171	130/90	Nil	No ST changes seen	Nil
STAGE 2	2:35	182	130/90	Nil	No ST changes seen	Nil
RECOVERY	4:15	117	130/84	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  
Cardiology Registrar

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