

Sat 3/30/2024 1:34 PM

To:Mediwheel <wellness@mediwheel.in>;Crm : Mediwheel : New Delhi <crm@mediwheel.in>;Mediwheel Wellness <report@mediwheel.in>; network@mediwheel.in <network@mediwheel.in>;Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>
Cc:Mudit Garg [MH-Ghaziabad] <mudit.garg@manipalhospitals.com>

Dear Team,

Mobile number showing in 9 digit pls send complete number.

Thanks
Pratiksha Singh

From: Mediwheel <wellness@mediwheel.in>
Sent: Saturday, March 30, 2024 11:57 AM
To: PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc: customercare@mediwheel.in <customercare@mediwheel.in>
Subject: Health Check up Booking Request(bobE19466)



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? Yes No

Name : MS. RAWAT NEERU
Contact Details : 639744348
Hospital Package Name : Mediwheel Full Body Health Checkup Female Above 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 05-04-2024

Member Information		
Booked Member Name	Age	Gender
MS. RAWAT NEERU	48 year	Female

Tests included in this Package -

- Mammography
- 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
- Linid Profile

Thanks,
Mediwheel Team

Please Download Mediwheel App



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भारत निर्वाचन आयोग
ELECTION COMMISSION OF INDIA
भवदाया फोटो पहचान पत्र - Elector Photo Identity Card

ZMR4339495



नाम / नाम / Name
Name: Neeru Rawat
पति का नाम / पति का नाम / Husband's Name
Husband's Name: Dhuvan Singh
लिंग / लिंग / महिला / Female
Sex / लिंग / महिला / Female
जन्म तिथि / जन्म तिथि / Date of Birth / Age
Date of Birth / Age: 03-04-1985



Neeru Rawat

Neeru Rawat



पता: ए-15, लोहिया नगर, ए ब्लॉक, गाजियाबाद, नवसुग मार्केट, गाजियाबाद, गाजियाबाद, उत्तर प्रदेश- 201001

Address: A-15, LOHIA NAGAR, A BLOCK, GHAZIABAD, NAVSUG MARKET, GHAZIABAD, GHAZIABAD, UTTAR PRADESH- 201001

निर्वाचन अधिकारी कार्यालय, 54 - मुरादनगर
Electoral Registration Officer, 54 - Muradnagar

Issue Date: 28-11-2023

022-134566

1) निर्वाचन प्रक्रिया के दौरान, कृपया जांच करें कि आपका नाम वर्तमान मतदाता सूची में मौजूद है या नहीं।
Before every Election, please check that your name exists in current electoral roll.

2) यह कार्ड केवल उम्र के प्रमाण के लिए ही उपयोग किया जा सकता है।
This card is not a proof of age except for purpose of Election.

ZMR4339495



LABORATORY REPORT

Name : MRS NEERU RAWAT
Registration No : MH013268523
Patient Episode : H18000002060
Referred By : HEALTH CHECK MGD
Receiving Date : 05 Apr 2024 08:42

Age : 39 Yr(s) Sex :Female
Lab No : 202404000747
Collection Date : 05 Apr 2024 08:42
Reporting Date : 05 Apr 2024 11:18

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.67	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.4	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.6	%	[36.0-46.0]
MCV (DERIVED)	91.2	fL	[83.0-101.0]
MCH (CALCULATED)	28.7	pg	[25.0-32.0]
MCHC (CALCULATED)	31.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.2	%	[11.6-14.0]
Platelet count	198	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.20	fL	
WBC COUNT (TC) (IMPEDENCE)	4.93	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	62.0	%	[40.0-80.0]
Lymphocytes	26.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	6.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	30.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MRS NEERU RAWAT	Age	: 39 Yr(s) Sex :Female
Registration No	: MH013268523	Lab No	: 202404000747
Patient Episode	: H18000002060	Collection Date	: 05 Apr 2024 10:28
Referred By	: HEALTH CHECK MGD	Reporting Date	: 05 Apr 2024 11:40
Receiving Date	: 05 Apr 2024 10:28		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION (Automated/Manual)

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



LABORATORY REPORT

Name : MRS NEERU RAWAT
Registration No : MH013268523
Patient Episode : H18000002060
Referred By : HEALTH CHECK MGD
Receiving Date : 05 Apr 2024 08:42

Age : 39 Yr(s) Sex :Female
Lab No : 202404000747
Collection Date : 05 Apr 2024 08:42
Reporting Date : 05 Apr 2024 12:37

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	226 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	100	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	61	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	20	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	145.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name : MRS NEERU RAWAT
Registration No : MH013268523
Patient Episode : H18000002060
Referred By : HEALTH CHECK MGD
Receiving Date : 05 Apr 2024 08:42

Age : 39 Yr(s) Sex :Female
Lab No : 202404000747
Collection Date : 05 Apr 2024 08:42
Reporting Date : 05 Apr 2024 09:47

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.4		<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	17.9	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.4	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.68 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.6	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	139.10	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.76	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.7	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name : MRS NEERU RAWAT
Registration No : MH013268523
Patient Episode : H18000002060
Referred By : HEALTH CHECK MGD
Receiving Date : 05 Apr 2024 08:42

Age : 39 Yr(s) Sex :Female
Lab No : 202404000747
Collection Date : 05 Apr 2024 08:42
Reporting Date : 05 Apr 2024 09:47

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated) Technical Note	110.5	ml/min/1.73sq.m	[>60.0]
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 Method: D P D	0.81	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.67	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.32	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.89		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	47.00 #	U/L	[0.00-40.00]



LABORATORY REPORT

Name : MRS NEERU RAWAT
Registration No : MH013268523
Patient Episode : H18000002060
Referred By : HEALTH CHECK MGD
Receiving Date : 05 Apr 2024 08:42
Age : 39 Yr(s) Sex :Female
Lab No : 202404000747
Collection Date : 05 Apr 2024 08:42
Reporting Date : 05 Apr 2024 09:47

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	59.80 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	131.0 #	IU/L	[32.0-91.0]
GGT	48.0	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-----

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Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS NEERU RAWAT
Registration No : MH013268523
Patient Episode : H18000002060
Referred By : HEALTH CHECK MGD
Receiving Date : 05 Apr 2024 08:42

Age : 39 Yr(s) Sex :Female
Lab No : 202404000748
Collection Date : 05 Apr 2024 08:42
Reporting Date : 05 Apr 2024 09:47

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	106.0	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 NEERU RAWAT
Registration No : MH013268523
Patient Episode : H1800002060
Referred By : HEALTH CHECK MGD
Receiving Date : 05 Apr 2024 14:43

Age : 39 Yr(s) Sex :Female
Lab No : 202404000749
Collection Date : 05 Apr 2024 14:43
Reporting Date : 05 Apr 2024 16:24

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	91.0	mg/dl	[80.0-140.0]

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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS NEERU RAWAT Age : 39 Yr(s) Sex :Female
Registration No : MH013268523 Lab No : 202404000747
Patient Episode : H18000002060 Collection Date : 05 Apr 2024 08:42
Referred By : HEALTH CHECK MGD Reporting Date : 05 Apr 2024 11:35
Receiving Date : 05 Apr 2024 08:42

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.

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NOTE:

- Abnormal Values

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



Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MRS NEERU RAWAT	Age	: 39 Yr(s) Sex :Female
Registration No	: MH013268523	Lab No	: 202404000747
Patient Episode	: H18000002060	Collection Date	: 05 Apr 2024 08:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 05 Apr 2024 11:50
Receiving Date	: 05 Apr 2024 08:42		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.190	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.650	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	4.560	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 Neeru RAWAT	STUDY DATE	05/04/2024 3:21PM
AGE / SEX	39 y / F	HOSPITAL NO.	MH013268523
ACCESSION NO.	R7187212	MODALITY	US
REPORTED ON	05/04/2024 3:41PM	REFERRED BY	Referral Doctor MGD

US- BREASTS BILATERAL**FINDINGS****RIGHT BREAST**

Right breast shows dense fibro-glandular parenchymal echotexture.

No abnormal mass lesion noted.

No dilated ducts seen. Ductal caliber measures 1.9 mm.

Nipple, areola and retro-areolar structures appear normal.

Skin and subcutaneous tissues appear normal.

Few small right axillary lymph nodes are seen with preserved fatty hilum and with the largest one measuring ~ 10 x 3 mm.

LEFT BREAST

Left breast shows dense fibro-glandular parenchymal echotexture.

No abnormal mass lesion noted.

No dilated ducts seen. Ductal caliber measures 2.1 mm.

Nipple, areola and retroareolar structures appear normal.

Skin and subcutaneous tissues appear normal.

Few small left axillary lymph nodes are seen with preserved fatty hilum and with the largest one measuring ~ 13 x 7 mm.

IMPRESSION: 39 Years old lady with present US- BREASTS BILATERAL study demonstrates:-

No significant abnormality noted.

ACR BIRADS assessment category: CATEGORY I

ASSESSMENT: NORMAL

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

NAME	MRS Neeru RAWAT	STUDY DATE	05/04/2024 10:12AM
AGE / SEX	39 y / F	HOSPITAL NO.	MH013268523
ACCESSION NO.	R7183957	MODALITY	US
REPORTED ON	05/04/2024 10:41AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears enlarged in size (measures 187 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 41 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears upper limit of normal in size and measures 13 mm.
COMMON BILE DUCT: Appears normal in size and measures 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 97 x 41 mm.
Left Kidney: measures 94 x 40 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, bulky in size (measures 98 x 45 x 28 mm) and shows coarse myometrial echotexture. Evidence of previous operation scar is seen.
Endometrial thickness is thin and measure measures 3.9 mm. Cervix appears normal.
OVARIES: Both ovaries are small in size and show atrophic changes. Rest normal.
Right ovary measures 20 x 18 x 9 mm with volume 1.6 cc.
Left ovary measures 29 x 29 x 7 mm with volume 3.2 cc.
Bilateral adnexa is clear.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Hepatomegaly with diffuse grade II fatty infiltration in liver.
- Bulky uterus with coarse myometrial echotexture.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MRS Neeru RAWAT	STUDY DATE	05/04/2024 9:21AM
AGE / SEX	39 y / F	HOSPITAL NO.	MH013268523
ACCESSION NO.	R7183956	MODALITY	CR
REPORTED ON	05/04/2024 9:54AM	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 seen.

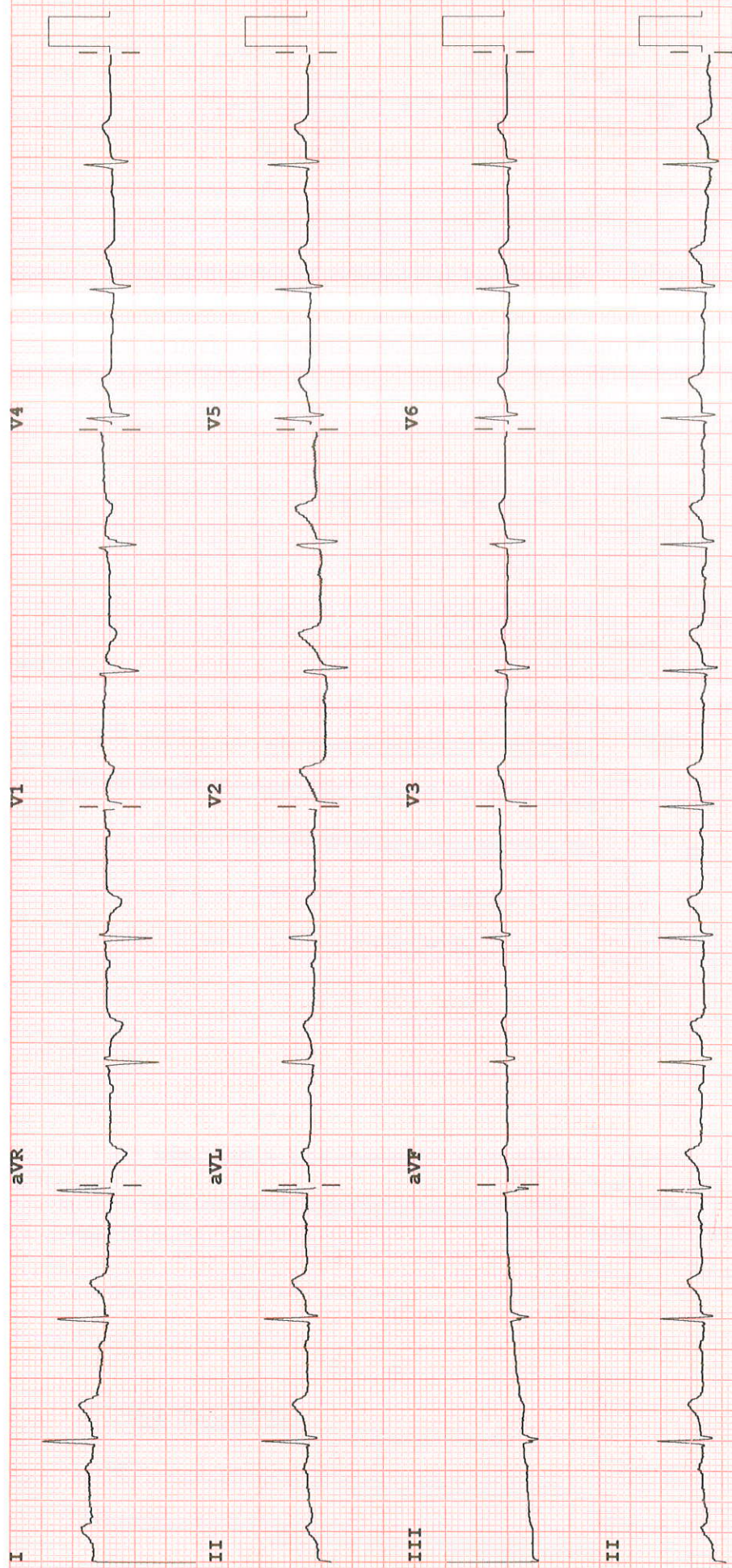
Please correlate clinically



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

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

- OTHERWISE NORMAL ECG -
Unconfirmed Diagnosis



PH100B CL P?
F 60~ 0.15-100 Hz

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Dev:

