

Mediwheel <wellness@mediwheel.in>

Sun 3/17/2024 12:47 PM

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 Above 40

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

Contact Details : 9412844504

Appointment Date : 23-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
Hema Mahendra	52 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

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भारत सरकार

Government of India



हेमा महेंद्रा

HEMA MAHENDRA

जन्म तिथि / DOB : 28/07/1971

महिला / Female

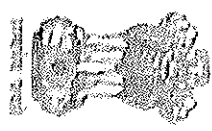
आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

3796 6434 5051

Hema

3796 6434 5051

मेरा आधार, मेरी पहचान

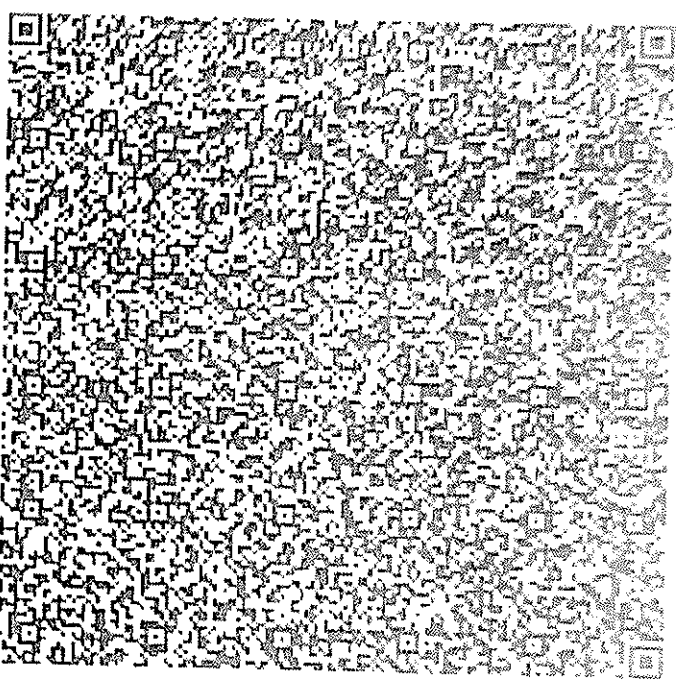


भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: संबोधित राजीव कुमार, डी-१४ कृष्णा गार्डन,
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201013



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INVESTIGATION REPORT

Patient Name	MRS HEMA MAHENDRA	Location	Ghaziabad
Age/Sex	52 Year(s)/Female	Visit No	: V00000000001-GHZB
MRN No	MH010712542	Order Date	: 23/03/2024
Ref. Doctor	Dr. BHUPENDRA SINGH	Report Date	: 23/03/2024

Echocardiography

Final Interpretation

1. No RWMA, LVEF=55-60%.
2. Normal CCD.
3. Grade I LV diastolic dysfunction.
4. Trace MR, No AR.
5. Mild TR, PASP-20mmHg, Normal PASP.
6. No intracardiac clot/mass/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal. Trace MR.
- **Tricuspid Valve:** Mild TR, PASP-20mmHg, Normal PASP.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

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

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INVESTIGATION REPORT

Patient Name	MRS HEMA MAHENDRA	Location	Ghaziabad
Age/Sex	52Year(s)/Female	Visit No	: V0000000001-GHZB
	MH010712542	Order Date	23/03/2024
Ref. Doctor	: Dr.BHUPENDRA SINGH	Report Date	23/03/2024

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	31	20-36 (22mm/M ²)
Aortic valve opening	20	15-26
Left atrium size	36	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	48	31	(ED=37-50:Es=22-40)
Interventricular septum	10	13	(ED=6-12)
Posterior wall thickness	09	12	(ED=5-10)

LV Ejection Fraction (%)	55-60%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-73/96 DT-	Trace
Aortic	117	Nil
Tricuspid	20	Mild
Pulmonary	66	Nil


Dr. Bhupendra Singh
 MD, DM (CARDIOLOGY),FACC
 Sr. Consultant Cardiology

Dr. Abhishek Singh
 MD, DNB (CARDIOLOGY),MNAMS
 Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
 Cardiology Registrar

Manipal Hospital, Ghaziabad

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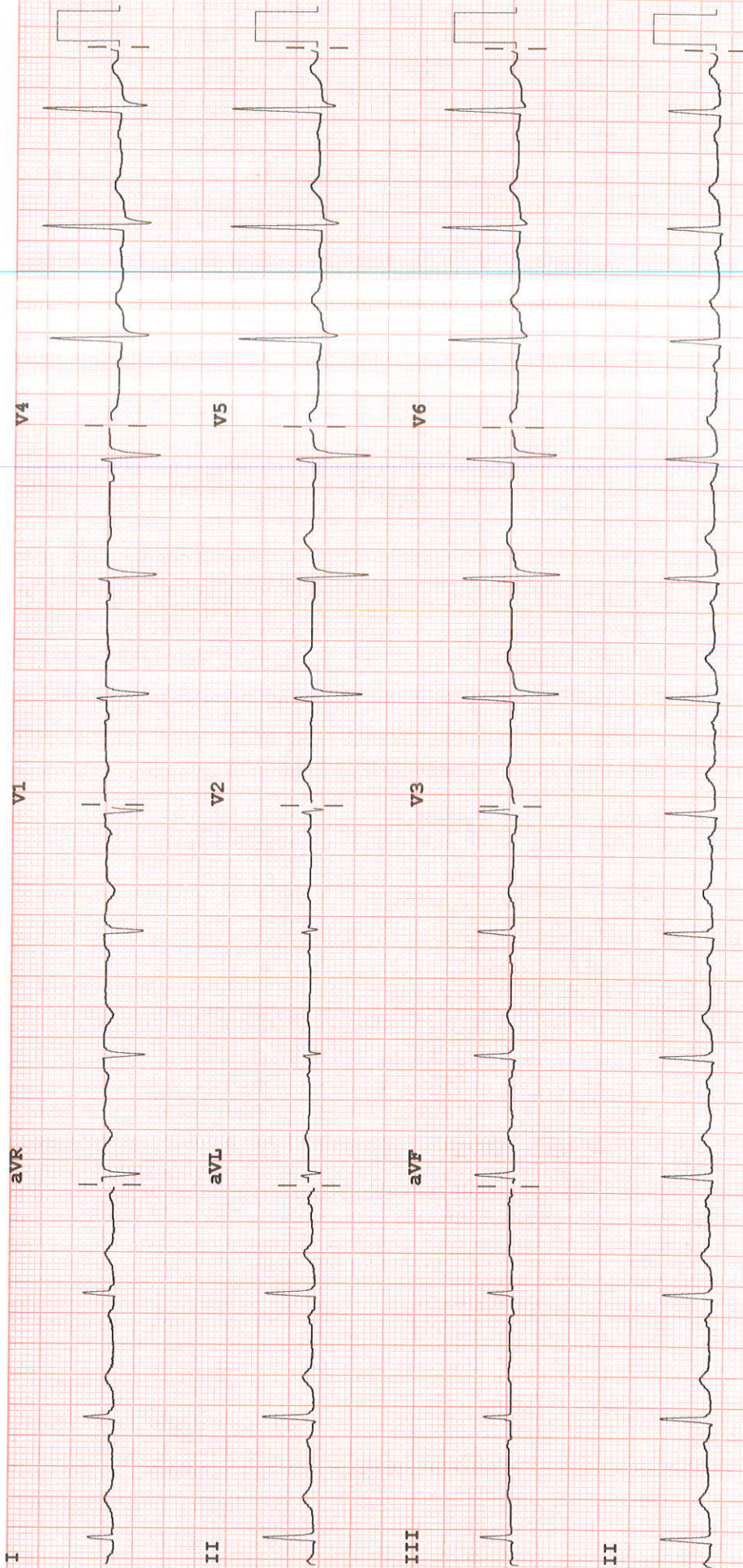
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- NORMAL ECG -

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:



LABORATORY REPORT

Name	: MRS HEMA MAHENDRA	Age	: 52 Yr(s) Sex :Female
Registration No	: MH010712542	Lab No	: 202403003414
Patient Episode	: H18000001975	Collection Date	: 23 Mar 2024 09:16
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:22
Receiving Date	: 23 Mar 2024 09:16		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.260	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.100	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.100	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.



LABORATORY REPORT

Name : MRS HEMA MAHENDRA
Registration No : MH010712542
Patient Episode : H18000001975
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:16

Age : 52 Yr(s) Sex :Female
Lab No : 202403003414
Collection Date : 23 Mar 2024 09:16
Reporting Date : 23 Mar 2024 12:13

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	3.93	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.8 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.1	%	[36.0-46.0]
MCV (DERIVED)	96.9	fL	[83.0-101.0]
MCH (CALCULATED)	30.0	pg	[25.0-32.0]
MCHC (CALCULATED)	31.0 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.7	%	[11.6-14.0]
Platelet count	154	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.30	fL	
WBC COUNT(TC) (IMPEDENCE)	4.33	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	60.0	%	[40.0-80.0]
Lymphocytes	31.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	50.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MRS HEMA MAHENDRA	Age	: 52 Yr(s) Sex :Female
Registration No	: MH010712542	Lab No	: 202403003414
Patient Episode	: H18000001975	Collection Date	: 23 Mar 2024 09:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 12:17
Receiving Date	: 23 Mar 2024 09:47		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	8.0	(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)

MICROSCOPIC EXAMINATION (Automated/Manual)

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



LABORATORY REPORT

Name : MRS HEMA MAHENDRA
Registration No : MH010712542
Patient Episode : H18000001975
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:16

Age : 52 Yr(s) Sex :Female
Lab No : 202403003414
Collection Date : 23 Mar 2024 09:16
Reporting Date : 23 Mar 2024 12:49

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.6	%	[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)	114	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	153	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	74	mg/dl	[<150]
Borderline high:151-199			
High: 200 - 499			
Very high:>500			
HDL- CHOLESTEROL	38	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	15	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	100.0	mg/dl	[<120.0]
Near/			
Above optimal-100-129			
Borderline High:130-159			
High Risk:160-189			



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Name : MRS HEMA MAHENDRA
Registration No : MH010712542
Patient Episode : H18000001975
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:16

Age : 52 Yr(s) Sex :Female
Lab No : 202403003414
Collection Date : 23 Mar 2024 09:16
Reporting Date : 24 Mar 2024 12:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.0		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.6		<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 21.9 mg/dl [15.0-40.0]
Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN 10.2 mg/dl [8.0-20.0]
Method: Calculated

CREATININE, SERUM 1.10 mg/dl [0.70-1.20]
Method: Jaffe rate-IDMS Standardization

URIC ACID 4.2 mg/dl [4.0-8.5]
Method:uricase PAP

SODIUM, SERUM 142.00 mmol/L [136.00-144.00]

POTASSIUM, SERUM 4.60 mmol/L [3.60-5.10]

SERUM CHLORIDE 108.0 mmol/L [101.0-111.0]
Method: ISE Indirect



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Registration No : MH010712542
Patient Episode : H18000001975
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:16

Age : 52 Yr(s) Sex :Female
Lab No : 202403003414
Collection Date : 23 Mar 2024 09:16
Reporting Date : 24 Mar 2024 12:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	57.9 #	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 Method: D P D	0.70	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.35 #	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.35	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.11	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	4.50 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	0.90 #		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	16.00	U/L	[0.00-40.00]

**LABORATORY REPORT**

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Registration No : MH010712542
Patient Episode : H18000001975
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:16

Age : 52 Yr(s) Sex :Female
Lab No : 202403003414
Collection Date : 23 Mar 2024 09:16
Reporting Date : 24 Mar 2024 12:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	13.00 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	226.0 #	IU/L	[32.0-91.0]
GGT	6.0 #	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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS HEMA MAHENDRA
Registration No : MH010712542
Patient Episode : H18000001975
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:15

Age : 52 Yr(s) Sex :Female
Lab No : 202403003415
Collection Date : 23 Mar 2024 09:15
Reporting Date : 24 Mar 2024 12:23

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma			
GLUCOSE, FASTING (F) Method: Hexokinase	103.0	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 HEMA MAHENDRA	STUDY DATE	23/03/2024 9:22AM
AGE / SEX	52 y / F	HOSPITAL NO.	MH010712542
ACCESSION NO.	R7108020	MODALITY	US
REPORTED ON	23/03/2024 11:19AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears enlarged in size (measures 172 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 97 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11 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 86 x 31 mm.

Left Kidney: measures 99 x 38 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. A small diverticulum is seen in left lateral wall of urinary bladder measures 9 x 8 mm. Rest normal.

UTERUS: Uterus is anteverted and measures 57 x 40 x 20 mm. It shows postmenopausal atrophic changes. Endometrial thickness measures 4.6 mm. Cervix appears normal.

Both ovaries are not seen probably atrophied.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II fatty infiltration in liver.

-Small diverticulum seen in left lateral wall of urinary bladder.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MRS HEMA MAHENDRA	STUDY DATE	23/03/2024 9:18AM
AGE / SEX	52 y / F	HOSPITAL NO.	MH010712542
ACCESSION NO.	R7108019	MODALITY	CR
REPORTED ON	23/03/2024 9:47AM	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: Scoliosis of the lower dorsal spine is seen showing convexity towards left side.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted in chest.
Scoliosis of the lower dorsal spine seen showing convexity towards left side.
Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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