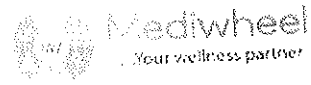


Mediwheel <wellness@mediwheel.in>

Hi 3/29/2024 11:07 PM

To:PHC [Mani 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

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

Contact Details : 9560938008

Appointment Date : 01-04-2024

Confirmation Status : Booking Confirmed

Preferred Time : 9:00am

Member Information		
Booked Member Name	Age	Gender
Anjali singh	31 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.

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भारत सरकार
Government of India



अंजली सिंह
Anjali Singh
जन्म तिथि / DOB : 25/05/1992
महिला / Female



3151 6457 4497

आधार - आम आदमी का अधिकार

भारत सरकार
GOVT. OF INDIA

आयकर विभाग
INCOME TAX DEPARTMENT



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
IRTPS2737A



नाम / Name
ANJALI SINGH

पिता का नाम / Father's Name
MAHIDAL SINGH

जन्म तिथि / Date of Birth
25/05/1992

अंजली सिंह
हस्ताक्षर / Signature

04082017



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एनडीए आईडी एनडीए प्रमाणिकरण
Unique Identification Authority of India

पता:
आत्मजा: महिपाल सिंह, एलआईजी
59, स्वर्ण जयन्ती नगर रामघाट
मार्ग, कोल, अलीगढ़, अलीगढ़, उत्तर
प्रदेश, 202001

Address:
D/O: Mahipal Singh, LIG 59a,
swarn jaynti nagar ramghat road,
Koil, Aligarh, Aligarh, Uttar
Pradesh, 202001

3151 6457 4497



1947
1800 300 1947



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WWW

www.uidai.gov.in

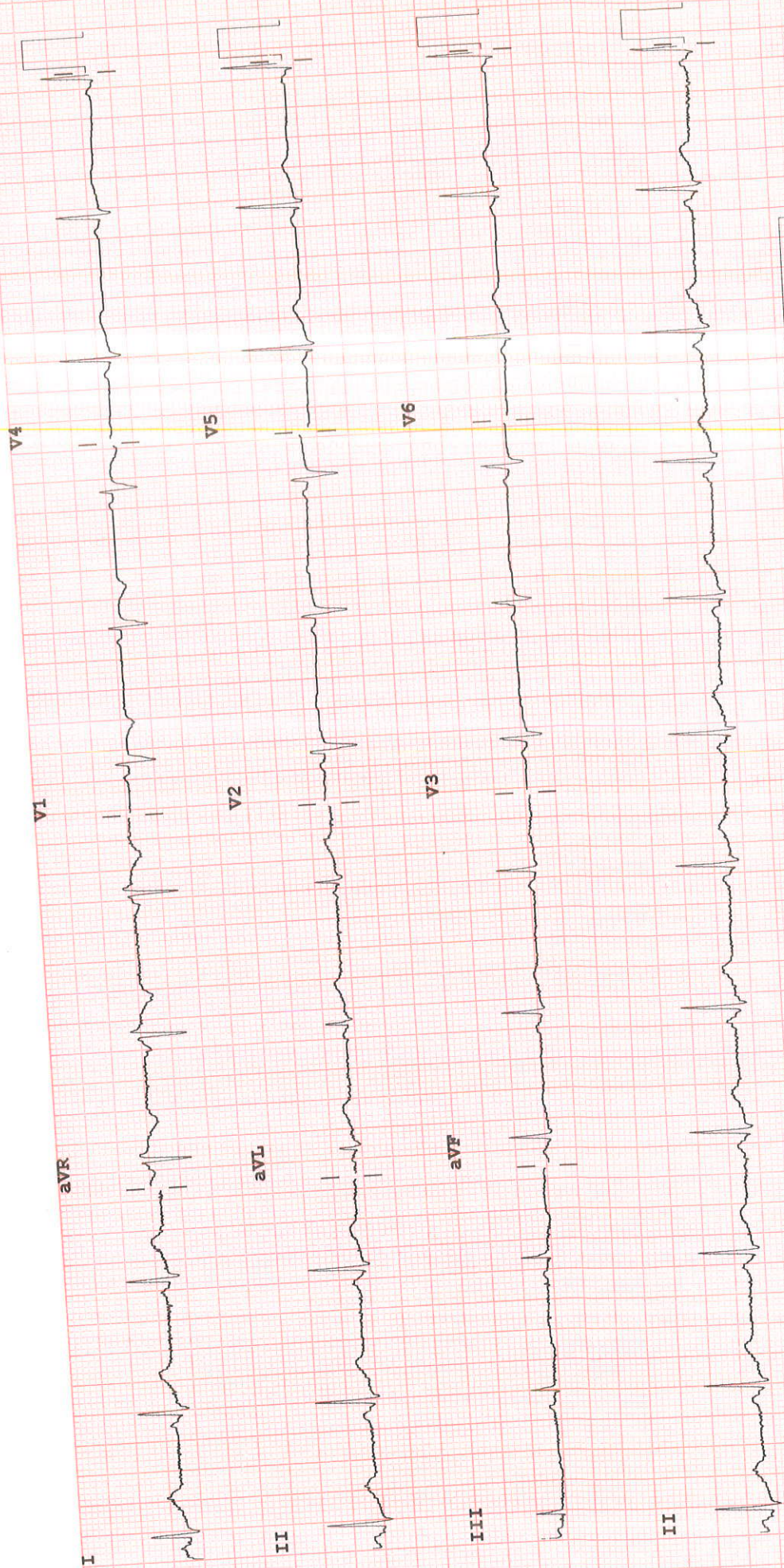
ANJALI SINGH

13:00:13

13258098

Unconfirmed Diagnosis

- OTHERWISE NORMAL ECG -



F 60~ 0.15-100 Hz

PH100B CL P?

Speed: 25 mm/sec

Lim: 10 mm/mV

Chest: 10.0 mm/mV

Dev:



Patient Name	MRS ANJALI SINGH	Location	: Ghaziabad
Age/Sex	:32 Year(s)/Female	Visit No	: V000000001-GHZZ
MRN No	MH03258098	Order Date	: 01/04/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 01/04/2024

Protocol	: Bruce	MPHR	: 188BPM
Duration of exercise	: 4min 09sec	85% of MPHR	: 160BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 170BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg Peak BP : 140/90mmHg	% Target HR	: 95%
		METS	: 5.9METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	92	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	164	130/80	Nil	No ST changes seen	Nil
STAGE 2	1:09	176	140/90	Nil	No ST changes seen	Nil
RECOVERY	3:18	97	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

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

**RADIOLOGY REPORT**

NAME	MRS Anjali SINGH	STUDY DATE	01/04/2024 4:38PM
AGE / SEX	31 y / F	HOSPITAL NO.	MH013258098
ACCESSION NO.	R7158737	MODALITY	US
REPORTED ON	01/04/2024 5:12PM	REFERRED BY	HEALTH CHECK MGD

US- ABDOMEN AND PELVIS - FEMALE**FINDINGS**

LIVER: Normal.

SPLEEN: Normal.

PORTAL VENOUS SYSTEM: Normal.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM AND GALL BLADDER: Normal.

PANCREAS: Normal.

KIDNEYS: Normal.

PELVI-CALYCEAL SYSTEMS: Normal.

BLADDER: Normal.

NODES: not enlarged

FLUID: nil

UTERUS: Normal.

Endometrial Thickness: 7 mms

OVARIES: Normal.

BOWEL: Unremarkable

IMPRESSION: Normal USG study of abdomen and pelvis; no significant abnormality noted

Recommend clinical correlation and follow up.

**Dr. Jai Hari Agarwal MD
CONSULTANT RADIOLOGIST**

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

**RADIOLOGY REPORT**

NAME	MRS Anjali SINGH	STUDY DATE	01/04/2024 11:01AM
AGE / SEX	31 y / F	HOSPITAL NO.	MH013258098
ACCESSION NO.	R7158736	MODALITY	CR
REPORTED ON	01/04/2024 11:37AM	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*******



LABORATORY REPORT

Name : MRS ANJALI SINGH Age : 31 Yr(s) Sex :Female
Registration No : MH013258098 Lab No : 202404000071
Patient Episode : H18000002039 Collection Date : 01 Apr 2024 10:48
Referred By : HEALTH CHECK MGD Reporting Date : 02 Apr 2024 08:52
Receiving Date : 01 Apr 2024 10:48

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.120	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.220	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.670	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.

Page 1 of 1

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS ANJALI SINGH Age : 31 Yr(s) Sex :Female
Registration No : MH013258098 Lab No : 202404000071
Patient Episode : H18000002039 Collection Date : 01 Apr 2024 10:48
Referred By : HEALTH CHECK MGD Reporting Date : 01 Apr 2024 12:35
Receiving Date : 01 Apr 2024 10:48

BLOOD BANK

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing B Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 1 of 1

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS ANJALI SINGH
Registration No : MH013258098
Patient Episode : H18000002039
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 10:48

Age : 31 Yr(s) Sex :Female
Lab No : 202404000071
Collection Date : 01 Apr 2024 10:48
Reporting Date : 01 Apr 2024 12:22

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.44	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.5	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	39.9	%	[36.0-46.0]
MCV (DERIVED)	89.9	fL	[83.0-101.0]
MCH (CALCULATED)	28.2	pg	[25.0-32.0]
MCHC (CALCULATED)	31.3 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.4 #	%	[11.6-14.0]
Platelet count	256	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.10	fL	
WBC COUNT (TC) (IMPEDENCE)	7.12	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	65.0	%	[40.0-80.0]
Lymphocytes	25.0	%	[20.0-40.0]
Monocytes	9.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	25.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MRS ANJALI SINGH
Registration No : MH013258098
Patient Episode : H18000002039
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 10:48

Age : 31 Yr(s) Sex :Female
Lab No : 202404000071
Collection Date : 01 Apr 2024 10:48
Reporting Date : 01 Apr 2024 18:08

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin) 5.3 %

Method: HPLC

[0.0-5.6]

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) 105 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 glycemc control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL

Method:Oxidase,esterase, peroxide

249 # mg/dl

[<200]

Moderate risk:200-239

High risk:>240

[<150]

Borderline high:151-199

High: 200 - 499

Very high:>500

[35-65]

HDL- CHOLESTEROL

Method : Enzymatic Immunoimhibition

75 # mg/dl

VLDL- CHOLESTEROL (Calculated)

24 mg/dl

[0-35]

CHOLESTEROL, LDL, CALCULATED

150.0 # mg/dl

[<120.0]

Near/

Borderline High:130-159

High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name : MRS ANJALI SINGH
Registration No : MH013258098
Patient Episode : H18000002039
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 10:48

Age : 31 Yr(s) Sex :Female
Lab No : 202404000071
Collection Date : 01 Apr 2024 10:48
Reporting Date : 01 Apr 2024 11:56

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.0		<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	18.2	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.5	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	3.0 #	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	136.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.81	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.1	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name : MRS ANJALI SINGH
Registration No : MH013258098
Patient Episode : H18000002039
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 10:48

Age : 31 Yr(s) Sex :Female
Lab No : 202404000071
Collection Date : 01 Apr 2024 10:48
Reporting Date : 01 Apr 2024 11:56

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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eGFR (calculated)	122.5	ml/min/1.73sq.m	[>60.0]
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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	0.54	mg/dl	[0.30-1.20]
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BILIRUBIN - DIRECT Method: DPD	0.09	mg/dl	[0.00-0.30]
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INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.45	mg/dl	[0.10-0.90]
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TOTAL PROTEINS (SERUM) Method: BIURET	7.00	gm/dl	[6.60-8.70]
--	------	-------	-------------

ALBUMIN (SERUM) Method: BCG	4.53	g/dl	[3.50-5.20]
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GLOBULINS (SERUM) Method: Calculation	2.50	gm/dl	[1.80-3.40]
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PROTEIN SERUM (A-G) RATIO Method: Calculation	1.83		[1.00-2.50]
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AST (SGOT) (SERUM) Method: IFCC W/O P5P	23.00	U/L	[0.00-40.00]
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LABORATORY REPORT

Name : MRS ANJALI SINGH
Registration No : MH013258098
Patient Episode : H18000002039
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 10:48

Age : 31 Yr(s) Sex :Female
Lab No : 202404000071
Collection Date : 01 Apr 2024 10:48
Reporting Date : 01 Apr 2024 11:56

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	15.90	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	101.0 #	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.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS ANJALI SINGH
Registration No : MH013258098
Patient Episode : H18000002039
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 10:48

Age : 31 Yr(s) Sex :Female
Lab No : 202404000072
Collection Date : 01 Apr 2024 10:48
Reporting Date : 01 Apr 2024 12:47

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



LABORATORY REPORT

Name : MRS ANJALI SINGH
Registration No : MH013258098
Patient Episode : H18000002039
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 15:16

Age : 31 Yr(s) Sex :Female
Lab No : 202404000073
Collection Date : 01 Apr 2024 15:16
Reporting Date : 01 Apr 2024 16:53

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS 101.0 mg/dl [80.0-140.0]

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

Page 7 of 7

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

Dr. Alka Dixit Vats
Consultant Pathologist