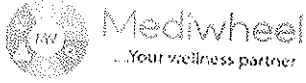


Mediwheel <wellness@mediwheel.in>

Tue 3/26/2024 4:35 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 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 Apartment
Contact Details : 9759650789
Appointment Date : 29-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
Neetu Panwar	32 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.

Please visit to our **Terms & Conditions** for more informaion. [Click here](#) to unsubscribe.

भारत सरकार
Government of India

नीतू पंवार
Neetu Panwar
जन्म तिथि/DOB: 25/01/1992
महिला/ FEMALE

Issue Date: 06/03/2012

9324 5983 1083
VID : 9100 1918 5452 3654

मेरा आधार, मेरी पहचान

Neetu

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
W/O विपिन कुमार पंवार, एच.न.एस 414, शिवालिक नगर,
बीएसईएल, हरिद्वार, हरिद्वार,
उत्तराखण्ड - 249403

Address:
W/O Vipin Kumar Panwar, H.No-S
414, Shivalik Nagar, BHEL, Haridwar, Haridwar,
Uttarakhand - 249403

Download Date: 23/07/2022

9324 5983 1083
VID : 9100 1918 5452 3654

1947 | help@uidai.gov.in | www.uidai.gov.in



LABORATORY REPORT

Name : MRS NEETU PANWAR
Registration No : MH011809075
Patient Episode : H18000002001
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 08:53

Age : 32 Yr(s) Sex :Female
Lab No : 202403004214
Collection Date : 29 Mar 2024 08:53
Reporting Date : 29 Mar 2024 14:35

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.26	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.5 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	36.8	%	[36.0-46.0]
MCV (DERIVED)	86.4	fL	[83.0-101.0]
MCH (CALCULATED)	27.0	pg	[25.0-32.0]
MCHC (CALCULATED)	31.3 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	268	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.10	fL	
WBC COUNT (TC) (IMPEDENCE)	7.87	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	58.0	%	[40.0-80.0]
Lymphocytes	35.0	%	[20.0-40.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	59.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MRS NEETU PANWAR	Age	: 32 Yr(s) Sex :Female
Registration No	: MH011809075	Lab No	: 202403004214
Patient Episode	: H18000002001	Collection Date	: 29 Mar 2024 08:53
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 14:14
Receiving Date	: 29 Mar 2024 08:53		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.150	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.690	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	5.140 #	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.

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MRS NEETU PANWAR	Age	: 32 Yr(s) Sex :Female
Registration No	: MH011809075	Lab No	: 202403004214
Patient Episode	: H18000002001	Collection Date	: 29 Mar 2024 09:08
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 14:21
Receiving Date	: 29 Mar 2024 09:08		

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	144	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	65	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	51	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	13	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	80.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	2.8		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.6		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name : MRS NEETU PANWAR Age : 32 Yr(s) Sex :Female
 Registration No : MH011809075 Lab No : 202403004214
 Patient Episode : H18000002001 Collection Date : 29 Mar 2024 08:53
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 16:44
 Receiving Date : 29 Mar 2024 08:53

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.1	%	[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) 100 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]	7.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

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



LABORATORY REPORT

Name	: MRS NEETU PANWAR	Age	: 32 Yr(s) Sex :Female
Registration No	: MH011809075	Lab No	: 202403004216
Patient Episode	: H18000002001	Collection Date	: 29 Mar 2024 13:13
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:04
Receiving Date	: 29 Mar 2024 13:13		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	104.0	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

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

Dr. Alka Dixit Vats
Consultant Pathologist

**LABORATORY REPORT**

Name : MRS NEETU PANWAR Age : 32 Yr(s) Sex :Female
 Registration No : MH011809075 Lab No : 202403004215
 Patient Episode : H18000002001 Collection Date : 29 Mar 2024 08:53
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 09:41
 Receiving Date : 29 Mar 2024 08:53

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma			
GLUCOSE, FASTING (F)	96.0	mg/dl	[70.0-110.0]
Method: Hexokinase			

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.

Page 7 of 8

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

Dr. Charu Agarwal
 Consultant Pathologist



LABORATORY REPORT

Name : MRS NEETU PANWAR **Age** : 32 Yr(s) Sex :Female
Registration No : MH011809075 **Lab No** : 202403004214
Patient Episode : H18000002001 **Collection Date** : 29 Mar 2024 08:53
Referred By : HEALTH CHECK MGD **Reporting Date** : 29 Mar 2024 09:41
Receiving Date : 29 Mar 2024 08:53

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.41	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.06	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.35	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.34	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.60 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.22		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	32.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	40.50	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	80.0	IU/L	[32.0-91.0]
GGT	25.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MRS NEETU PANWAR
Registration No : MH011809075
Patient Episode : H18000002001
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 08:53

Age : 32 Yr(s) Sex :Female
Lab No : 202403004214
Collection Date : 29 Mar 2024 08:53
Reporting Date : 29 Mar 2024 09:41

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

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	18.6	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.7	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.54 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	1.9 #	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	136.60	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.23	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated) 125.3 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.

**RADIOLOGY REPORT**

NAME	MRS Neetu PANWAR	STUDY DATE	29/03/2024 10:46AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH011809075
ACCESSION NO.	R7142077	MODALITY	US
REPORTED ON	29/03/2024 11:19AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: Liver is normal in size (measures 131 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 100 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 11.5 mm.
 COMMON BILE DUCT: Appears normal in size and measures 2.4 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 106 x 41 mm.
 Left Kidney: measures 101 x 46 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 61 x 43 x 37 mm), shape and echotexture. Endometrial thickness measures 8.8 mm. Cervix appears normal.
 OVARIES: Right ovary is normal in size (measures 31 x 27 x 12 mm with volume 5.1 cc), shape and echotexture. Rest normal.
 Left ovary is obscured.
 Bilateral adnexa is clear.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

ADV: US-TVS with Doppler for better assessment of uterus and bilateral adnexa.

Recommend clinical correlation.



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

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

**RADIOLOGY REPORT**

NAME	MRS Neetu PANWAR	STUDY DATE	29/03/2024 9:03AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH011809075
ACCESSION NO.	R7142076	MODALITY	CR
REPORTED ON	29/03/2024 9:44AM	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 noted.

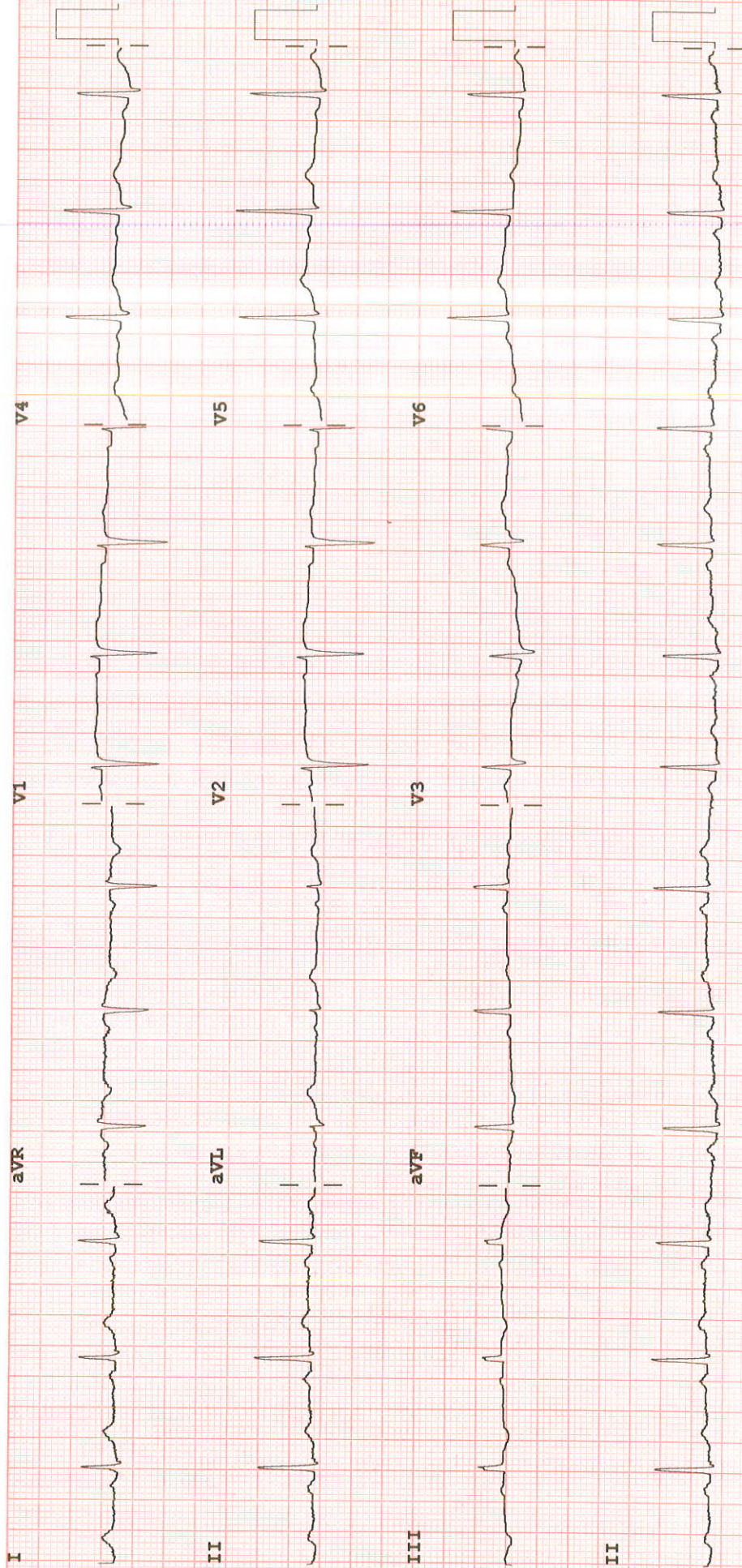
Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

- 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?



TMT INVESTIGATION REPORT

Patient Name	NEETU PANWAR	Location	: Ghaziabad
Age/Sex	: 32Year(s)/Female	Visit No	: V000000001-GHZB
MRN No	MH011809075	Order Date	: 29/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 29/03/2024

Protocol : Bruce
Duration of exercise : 8min 42sec
Reason for termination : THR achieved
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg
 Peak BP : 150/90mmHg

MPHR : 188BPM
85% of MPHR : 159BPM
Peak HR Achieved : 182BPM
% Target HR : 96%
METS : 10.1METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	76	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	141	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	160	140/90	Nil	No ST changes seen	Nil
STAGE 3	2:42	182	150/90	Nil	No ST changes seen	Nil
RECOVERY	7:34	119	120/80	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