

Mediwheel <wellness@mediwheel.in>

Sat 3/23/2024 11:34 AM

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

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

Contact Details : 9634195398

Appointment Date : 26-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
Reshu	31 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

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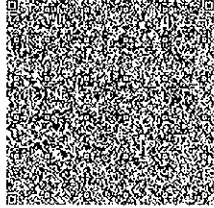


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

सामंजन क्रम/ Enrolment No.: 2906/17091/00867

To
शु सिंह
Reshu Singh
D/O Parashuram,
D-404,
Alaknanda Apartments,
Rampuri,
VIC: Chander Nagar,
PO: Chander Nagar,
District: Ghaziabad,
State: Uttar Pradesh,
PIN Code: 201011,
Mobile: 7011097053



Signature Not Verified
Digitally signed by Reshu Singh
DN: cn=Reshu Singh, o=UIDAI
Date: 2016.03.29 09:23:12
+05'30'

आपका आधार क्रमांक / Your Aadhaar No. :

7336 7947 7709

VID : 9117 3947 8728 2611

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. issued: 1202/2015



शु सिंह
Reshu Singh
जन्म तिथि/DOB: 10/01/1993
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

7336 7947 7709

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को अपडेट के लिए जागरूकता की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार अपडेट कराना चाहिए।
- आधार विशिष्ट सरकारी और गैर-सरकारी फायदा/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
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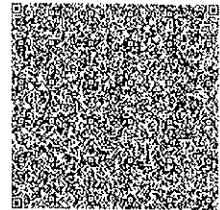


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 29/03/2016

पता:
परशुराम, डी-404, अलकनन्दा अपार्टमेंट्स, रामपुरी, चंदर
नगर, चंदर नगर, गाजियाबाद,
उत्तर प्रदेश - 201011
Address:
D/O Parashuram, D-404, Alaknanda
Apartments, Rampuri, Chander Nagar, PO:
Chander Nagar, DIST: Ghaziabad,
Uttar Pradesh - 201011



7336 7947 7709

VID : 9117 3947 8728 2611



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LABORATORY REPORT

Name : MRS RESHU SINGH **Age** : 31 Yr(s) Sex :Female
Registration No : MH011809411 **Lab No** : 202403004243
Patient Episode : H18000002007 **Collection Date** : 29 Mar 2024 10:06
Referred By : HEALTH CHECK MGD **Reporting Date** : 29 Mar 2024 14:05
Receiving Date : 29 Mar 2024 10:06

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.030	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.990	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.680	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 RESHU SINGH
Registration No : MH011809411
Patient Episode : H18000002007
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 10:06

Age : 31 Yr(s) Sex :Female
Lab No : 202403004243
Collection Date : 29 Mar 2024 10:06
Reporting Date : 29 Mar 2024 14:32

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	3.82	millions/cumm	[3.80-4.80]
HEMOGLOBIN	8.9 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	31.8 #	%	[36.0-46.0]
MCV (DERIVED)	83.2	fL	[83.0-101.0]
MCH (CALCULATED)	23.3 #	pg	[25.0-32.0]
MCHC (CALCULATED)	28.0 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	20.1 #	%	[11.6-14.0]
Platelet count	172	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
WBC COUNT (TC) (IMPEDENCE)	6.17	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	61.0	%	[40.0-80.0]
Lymphocytes	31.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	34.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MRS RESHU SINGH
Registration No : MH011809411
Patient Episode : H18000002007
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 10:06

Age : 31 Yr(s) Sex :Female
Lab No : 202403004243
Collection Date : 29 Mar 2024 10:06
Reporting Date : 29 Mar 2024 14:17

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	154	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	90	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	62	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	18	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	74.0	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	2.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.2		<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



LABORATORY REPORT

Name : MRS RESHU SINGH
Registration No : MH011809411
Patient Episode : H18000002007
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 10:06

Age : 31 Yr(s) Sex :Female
Lab No : 202403004243
Collection Date : 29 Mar 2024 10:06
Reporting Date : 29 Mar 2024 14:18

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.11	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.22	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.89	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.99	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	2.36		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	18.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	11.10 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	52.0	IU/L	[32.0-91.0]
GGT	12.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MRS RESHU SINGH Age : 31 Yr(s) Sex :Female
Registration No : MH011809411 Lab No : 202403004243
Patient Episode : H18000002007 Collection Date : 29 Mar 2024 10:06
Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 14:18
Receiving Date : 29 Mar 2024 10:06

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-----

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS RESHU SINGH
Registration No : MH011809411
Patient Episode : H18000002007
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 10:05

Age : 31 Yr(s) Sex :Female
Lab No : 202403004244
Collection Date : 29 Mar 2024 10:05
Reporting Date : 29 Mar 2024 14:05

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F) 95.0 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.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS RESHU SINGH
Registration No : MH011809411
Patient Episode : H1800002007
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 13:48

Age : 31 Yr(s) Sex :Female
Lab No : 202403004245
Collection Date : 29 Mar 2024 13:48
Reporting Date : 29 Mar 2024 16:03

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	100.0	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

Page 8 of 8

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

Dr. Alka Dixit Vats
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MRS Reshu SINGH	STUDY DATE	29/03/2024 11:06AM
AGE / SEX	31 y / F	HOSPITAL NO.	MH011809411
ACCESSION NO.	R7143113	MODALITY	US
REPORTED ON	29/03/2024 11:21AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears enlarged in size (measures 158 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 103 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Well distended with normal walls (~ 2.4 mm). Few mobile calculi are seen in gallbladder lumen with the largest one measuring ~ 6.7 mm. Low level echoes are also filled in its lumen suggesting sludge 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 100 x 49 mm.

Left Kidney: measures 108 x 49 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 103 x 47 x 45 mm) but normal in shape and echotexture. Evidence of previous operation scar is seen.

Endometrial thickness measures 4.2 mm. Cervix appears normal.

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

Right ovary measures 23 x 22 x 9 mm with volume 2.4 cc.

Left ovary measures 32 x 31 x 13 mm with volume 6.9 cc.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Cholelithiasis with sludge filled in gallbladder lumen.
- Hepatomegaly with diffuse grade I fatty infiltration in liver.
- Bulky uterus.

Recommend clinical and lab.correlation.



Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST



RADIOLOGY REPORT

NAME	MRS Reshu SINGH	STUDY DATE	29/03/2024 11:06AM
AGE / SEX	31 y / F	HOSPITAL NO.	MH011809411
ACCESSION NO.	R7143113	MODALITY	US
REPORTED ON	29/03/2024 11:21AM	REFERRED BY	HEALTH CHECK MGD

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

**RADIOLOGY REPORT**

NAME	MRS Reshu SINGH	STUDY DATE	29/03/2024 10:29AM
AGE / SEX	31 y / F	HOSPITAL NO.	MH011809411
ACCESSION NO.	R7143112	MODALITY	CR
REPORTED ON	29/03/2024 12:50PM	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:

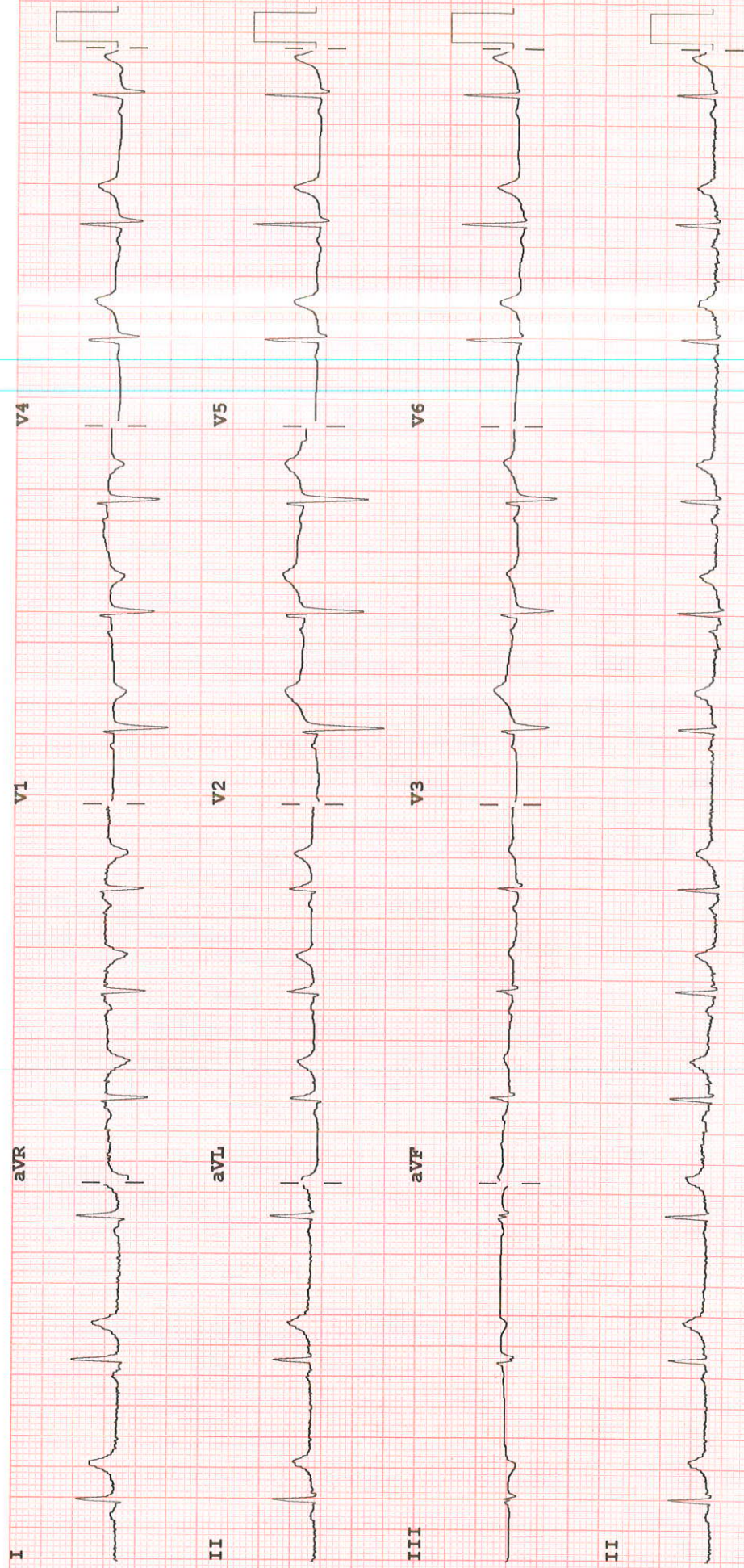
No significant abnormality noted.
Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

- 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:



Patient Name	MRS RESHU SINGH	Location	: Ghaziabad
Age/Sex	: 31Year(s)/Female	Visit No	: V000000001-GHZZ
MRN No	MH011809411	Order Date	: 29/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 29/03/2024

Protocol	: Bruce	MPHR	: 189BPM
Duration of exercise	: 5min 18sec	85% of MPHR	: 160BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 175BPM
Blood Pressure (mmHg)	: Baseline BP : 110/70mmHg Peak BP : 140/90mmHg	% Target HR	: 92%
		METS	: 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	102	110/70	Nil	No ST changes seen	Nil
STAGE 1	3:00	148	120/80	Nil	No ST changes seen	Nil
STAGE 2	2:18	175	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:15	109	140/90	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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P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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