Health Check up Booking Confirmed Request(22S35624), Package Code-, Beneficiary Code-298803

From Mediwheel <wellness@mediwheel.in>

Date Wed 10/16/2024 3:30 PM

To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc customercare@mediwheel.in <customercare@mediwheel.in>

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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

Contact Details: 8383035120

Appointment

Date

: 19-10-2024

Cost

: 0

Confirmation

Status

: Booking Confirmed

Preferred Time: 07:00 AM - 07:30 AM

Memb	er Information	
Booked Member Name Khushboo pandey	Age	Gender
We request your factor	36 year	Female

We request you to facilitate the employee on priority.

Thanks, Mediwheel Team

Please Download Mediwheel App



or Todo , Beneficiary Code-298803 - PHC [MH-Ghaziabad] - O...



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भारत सरकार GOVERNMENT OF INDIA

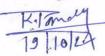


Khushboo Pandey जन्म वर्ष / Year of Birth : 1988 महिला / Female



3828 1603 0501

आयार — आम आदमी का अधिकार





मारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: DIO मधुसूदन पाण्डेय, ३६६, मारुती धर्म कांटा, असलातनगर,

Address: D/O Madhusudan Pandey, 366, Maruti Dharam मुरादनगर, मुराद नगर, गाजियाबाद, उत्तर Kanta, AsalatNagar, Muradnagar, प्रदेश, 201206 Murad Nagar, Ghaziabad, Uttar Pradesh, 201206



www









Patient Name MRS KHUSHBOO PANDEY

Location

: Ghaziabad

A ge/Sex

: 36Year(s)/Female

Visit No

: V000000001-GHZB

MRN No

MH010185625

Order Date

: 19/10/2024

Ref. Doctor : H/C

Report Date

: 19/10/2024

Protocol

: Bruce

MPHR

: 184BPM

Duration of exercise

: 04min 47sec

85% of MPHR

Reason for termination : THR achieved

Peak HR Achieved : 172BPM

: 156BPM

Blood Pressure (mmHg) : Baseline BP : 120/80mmHg

% Target HR

: 93%

Peak BP

: 140/90mmHg

METS

: 6.7METS

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	147	130/80	Nil	No ST changes seen	Nil
STAGE 2	1:47	172	140/90	Dyspnea	No ST changes seen	Nil
RECOVERY	6:14	91	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

Cardiology Registrar

Dr. Geetesh Govil

MD,D.Card,PGDCC,MAAC,M.Med,MIMA,FAGE Jr. Consultant Cardiology

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@maninalhospitals.com www.maninalhospitals.com

10185625

19/10/2024 11:45:51

khushboo pandey





Name

MRS KHUSHBOO PANDEY

Age

36 Yr(s) Sex : Female

Registration No

MH010185625 RefHosp No.:

Lab No

202410003523

Patien Episode

ghzb-0000174786

Collection Date:

19 Oct 2024 10:42

Referred By

H18000003115

HEALTH CHECK MGD

Reporting Date:

19 Oct 2024 13:09

Receiving Date

19 Oct 2024 10:42

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ELFA) T4 - Thyroxine (ELFA)

ng/ml ug/ dl

µIU/mL

[0.610-1.630]

[4.680-9.360]

Thyroid Stimulating Hormone

7.860 2.520

0.800

[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 2





Name

: MRS KHUSHBOO PANDEY

MH010185625 RefHosp No.:

ghzb-0000174786

Patient Episode

Registration No

H18000003115

Referred By

: HEALTH CHECK MGD

Receiving Date

: 19 Oct 2024 10:42

Age

36 Yr(s) Sex :Female

Lab No

202410003523

Collection Date:

19 Oct 2024 10:42

Reporting Date:

19 Oct 2024 16:43

BLOOD BANK

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood Blood Group & Rh typing AB Rh(D) Positive

Technical note:

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

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats Consultant Pathologist







LABORATORY REPORT

Name

: MRS KHUSHBOO PANDEY

Registration No

: MH010185625 RefHosp No. :

ghzb-0000174786

Patient Episode

: H18000003115

Referred By Receiving Date : HEALTH CHECK MGD

: 19 Oct 2024 10:42

Age

36 Yr(s) Sex :Female

Lab No

202410003523

Collection Date:

19 Oct 2024 10:42

Reporting Date:

19 Oct 2024 14:20

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

Method: HPLC

HbAlc (Glycosylated Hemoglobin)

5.7 #

[0.0-5.6]

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)

mg/dl

Comments : HbAlc 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

Appearance Reaction[pH]

CLEAR 6.5

(4.6 - 8.0)

Specific Gravity

1.005

(1.003 - 1.035)

(Pale Yellow - Yellow)

CHEMICAL EXAMINATION

Protein/Albumin

NEGATIVE

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies Urobilinogen

Negative

(NEGATIVE)

Normal

(NORMAL)







LABORATORY REPORT

Name

: MRS KHUSHBOO PANDEY

Registration No

: MH010185625 RefHosp No. :

ghzb-0000174786

Patient Episode

: H18000003115

Referred By Receiving Date : HEALTH CHECK MGD

: 19 Oct 2024 11:33

Age

36 Yr(s) Sex :Female

Lab No

202410003523

Collection Date:

19 Oct 2024 11:33

Reporting Date:

19 Oct 2024 17:09

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells

2-3/hpf

(0-5/hpf)

RBC

0-1/hpf4-6

(0-2/hpf)

Epithelial Cells

CASTS Crystals Bacteria

NIL NIL

NIL

OTHERS

NIL

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

Colour

BROWN

/hpf

Consistency

Semi Solid

Blood

Absent Absent

Mucus Occult Blood

NEGATIVE

Microscopic Description

Ova

Cyst

Absent

Absent

Fat Globules

Absent

Pus Cells

NIL

RBC

NIL

Others

NIL

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LABORATORY REPORT

Name

: MRS KHUSHBOO PANDEY

Registration No

: MH010185625 RefHosp No. :

ghzb-0000174786

Patient Episode

: H18000003115

Referred By
Receiving Date

: HEALTH CHECK MGD

: 19 Oct 2024 10:42

Age

36 Yr(s) Sex :Female

Lab No

202410003523

Collection Date :

19 Oct 2024 10:42

Reporting Date:

19 Oct 2024 12:42

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Serum LIPID PROFILE

Selom LIPID PROFILE			
Serum TOTAL CHOLESTEROL	136	mg/dl	[<200]
Method:Oxidase, esterase, peroxide			Moderate risk:200-239
TRIGLYCERIDES (GPO/POD)	61	mg/dl	High risk:>240 [<150]
	0.1	mg/ ar	Borderline high:151-199
			High: 200 - 499
UDI GUOI DOMEDDOT			Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	58	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	12		
CHOLESTEROL, LDL, CALCULATED	66.0	mg/dl mg/dl	[0-35] [<120.0]
		mg/ ar	Near/
Above optimal-100-129			-
			Borderline High: 130-159
T.Chol/HDL.Chol ratio(Calculated)	2.3		High Risk:160-189
romor, mbr. onor racto (carculated)	2.3		<4.0 Optimal
			4.0-5.0 Borderline >6 High Risk
			o nigh Kisk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.1		<3 Optimal
		Ħ	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 disease and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

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LABORATORY REPORT

Name

: MRS KHUSHBOO PANDEY

Registration No

: MH010185625 RefHosp No. :

ghzb-0000174786

Patient Episode

: H18000003115

Referred By Receiving Date : HEALTH CHECK MGD

: 19 Oct 2024 10:42

Age

36 Yr(s) Sex :Female

Lab No

202410003523

Collection Date:

ml/min/1.73sq.m

-02110003525

Reporting Date :

19 Oct 2024 10:42 19 Oct 2024 12:42

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

KIDNEY PROFILE

eGFR (calculated)

Technical Note

Specimen: Serum			
UREA	22.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay BUN, BLOOD UREA NITROGEN	100	37	
Method: Calculated	10.3	mg/dl	[8.0-20.0]
CREATININE, SERUM	0.73	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardizatio		V 22	
Method:uricase PAP	4.1	mg/dl	[4.0-8.5]
		196	
SODIUM, SERUM	138.00	mm = 1 /T	
	130.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	3.51 #	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	103.7	mmol/L	[101.0-111.0]
Method, 15E indirect			

106.3

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 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.

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LABORATORY REPORT

Name

: MRS KHUSHBOO PANDEY

Registration No

: MH010185625 RefHosp No. :

ghzb-0000174786

Patient Episode

: H18000003115

Referred By

: HEALTH CHECK MGD

Receiving Date

: 19 Oct 2024 10:42

Age

36 Yr(s) Sex :Female

Lab No

202410003523

Collection Date :

19 Oct 2024 10:42

Reporting Date:

19 Oct 2024 12:43

BIOCHEMISTRY

TEST	RESULT	UNIT BIO	LOGICAL REFERENCE INTERV	AL
LIVER FUNCTION TEST				
BILIRUBIN - TOTAL Method: D P D	0.96	mg/dl	[0.30-1.20]	
BILIRUBIN - DIRECT Method: DPD	0.23	mg/dl	[0.00-0.30]	
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.73	mg/dl	[0.10-0.90]	
TOTAL PROTEINS (SERUM) Method: BIURET	7.00	gm/dl	[6.60-8.70]	
ALBUMIN (SERUM) Method: BCG	4.24	g/dl	[3.50-5.20]	
GLOBULINS (SERUM) Method: Calculation	2.80	gm/dl	[1.80-3.40]	
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.54		[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	14.90	U/L	[14.00-54.00]	
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	66.0	IU/L	[32.0-91.0]	
GGT	16.0	U/L	[7.0-50.0]	

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LABORATORY REPORT

Name

: MRS KHUSHBOO PANDEY

Registration No.

: MH010185625 RefHosp No. :

ghzb-0000174786

Patient Episode

: H18000003115

Referred By
Receiving Date

: HEALTH CHECK MGD

: 19 Oct 2024 10:42

Age

36 Yr(s) Sex :Female

Lab No

202410003523

Collection Date:

19 Oct 2024 10:42

Reporting Date:

19 Oct 2024 12:43

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.

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

Dr. Alka Dixit Vats

Consultant Pathologist







Age

Lab No

Collection Date:

Reporting Date:

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

36 Yr(s) Sex :Female

202410003524

19 Oct 2024 10:41

19 Oct 2024 12:43

LABORATORY REPORT

Name

: MRS KHUSHBOO PANDEY

Registration No

: MH010185625 RefHosp No.:

ghzb-0000174786

Patient Episode

: H18000003115

Referred By

: HEALTH CHECK MGD

Receiving Date

: 19 Oct 2024 10:41

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)
Method: Hexokinase

88.0

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), brugs-

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Alka Dixit Vats Consultant Pathologist







LABORATORY REPORT

Name

: MRS KHUSHBOO PANDEY

Registration No

: MH010185625 RefHosp No. :

ghzb-0000174786

Patient Episode

: H18000003115

Referred By

: HEALTH CHECK MGD

Receiving Date : 19 Oct 2024 14:48 Age

36 Yr(s) Sex :Female

Lab No

202410003525

Collection Date:

19 Oct 2024 14:48

Reporting Date:

19 Oct 2024 16:18

BIOCHEMISTRY

TEST

RESULT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

114.0

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 8 of 8

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

Dr. Alka Dixit Vats **Consultant Pathologist**





NAME	KHUSHBOO PANDEY	STUDY DATE	19/10/2024 10:32AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH010185625
ACCESSION NO.	R8418085	MODALITY	CR
REPORTED ON	19/10/2024 12:04PM	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: Shadow of post cholecystectomy surgical clips are seen in right hypochondrial

region.Rest normal.

VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.

Recommend clinical correlation.

Dr. Monica Shekhawat

Maria.

MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)

CONSULTANT RADIOLOGIST

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





NAME	KHUSHBOO PANDEY	STUDY DATE	19/10/2024 11:22AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH010185625
ACCESSION NO.	R8418086	MODALITY	US
REPORTED ON	19/10/2024 11:44AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size, shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size, shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size.

COMMON BILE DUCT: Appears normal in size.

IVC, HEPATIC VEINS: Normal. BILIARY SYSTEM: Normal.

GALL BLADDER: not seen (surgically removed - post cholecystectomy status). 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.

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, normal in size (measures 74 x 52 x 42 mm), shape and echotexture.

Endometrial thickness measures 3.1 mm. Cervix appears normal.

Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- No significant abnormality noted.

Recommend clinical correlation.

Dr. Anurag singh

Radiodiagnosis (UPMC reg no - 23534)

CONSULTANT RADIOLOGIST

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