

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

Member Information		
Booked Member Name	Age	Gender
Khushboo pandey	36 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
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भारत सरकार
GOVERNMENT OF INDIA



खुशबू पाण्डेय
Khushboo Pandey


जन्म वर्ष / Year of Birth : 1988
महिला / Female



3828 1603 0501

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता: D/O मधुसूदन पाण्डेय, ३६६,
मारुती धर्म कॉटा, अमलातनगर,
मुरादनगर, मुराद नगर, गाजियाबाद, उत्तर
प्रदेश, 201206

Address: D/O Madhusudan
Pandey, 366, Maruti Dharam
Kanta, AsalatNagar, Muradnagar,
Murad Nagar, Ghaziabad, Uttar
Pradesh, 201206

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

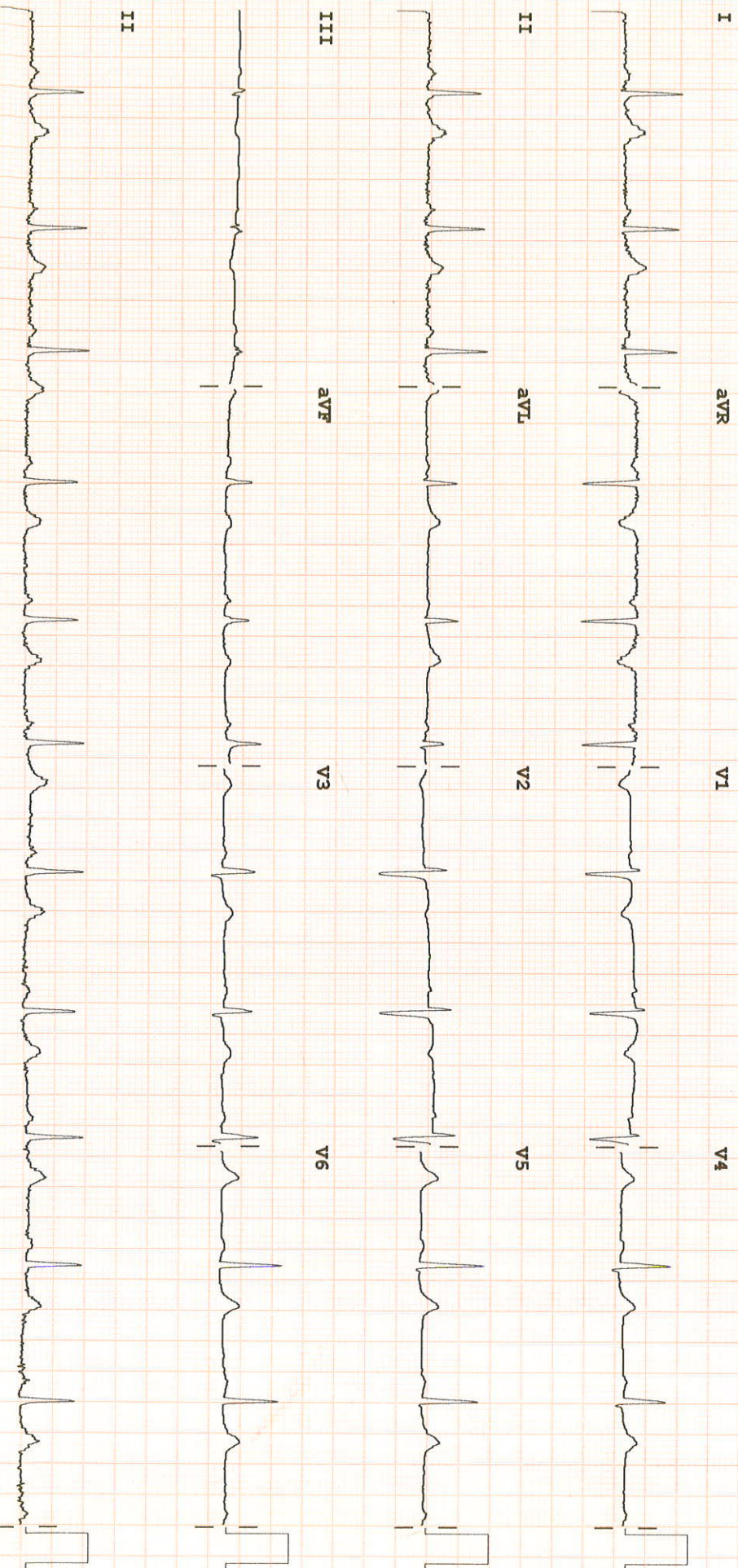
P.O. Box No.1947,
Bangalore-560 001

K. Amaly
19/10/24

HIC

- NORMAL ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

PHILIPS

REORDER M3708A

F 60~ 0.15-100 Hz

PH100B

CL P?



LABORATORY REPORT

Name	: MRS KHUSHBOO PANDEY	Age	: 36 Yr(s) Sex :Female
Registration No	: MH010185625 RefHosp No. : ghzb-0000174786	Lab No	: 202410003523
Patient Episode	: H18000003115	Collection Date	: 19 Oct 2024 10:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Oct 2024 13:09
Receiving Date	: 19 Oct 2024 10:42		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.800	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.860	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.520	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

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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 16:43

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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.

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NOTE:

- Abnormal Values

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



Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MRS KHUSHBOO PANDEY	Age	: 36 Yr(s) Sex :Female
Registration No	: MH010185625 RefHosp No. : ghzb-0000174786	Lab No	: 202410003523
Patient Episode	: H18000003115	Collection Date	: 19 Oct 2024 10:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 19 Oct 2024 12:42
Receiving Date	: 19 Oct 2024 10:42		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA	22.1	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	10.3	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.73	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	4.1	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
 SODIUM, SERUM	 138.00	 mmol/L	 [136.00-144.00]
POTASSIUM, SERUM	3.51 #	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.7	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			
 eGFR (calculated)	 106.3	 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.



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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	BIOLOGICAL REFERENCE INTERVAL
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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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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 KHUSHBOO PANDEY
Registration No : MH010185625 RefHosp No. :
ghzb-0000174786
Patient Episode : H18000003115
Referred By : HEALTH CHECK MGD
Receiving Date : 19 Oct 2024 10:41

Age : 36 Yr(s) Sex :Female
Lab No : 202410003524
Collection Date : 19 Oct 2024 10:41
Reporting Date : 19 Oct 2024 12:43

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

-----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	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS 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	114.0	mg/dl	[80.0-140.0]

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

Dr. Alka Dixit Vats
Consultant Pathologist



RADIOLOGY REPORT

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

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

**RADIOLOGY 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*****