

Mediwheel <wellness@mediwheel.in>

Tue 2/13/2024 3:22 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi **Manipal Hospital**,

We have received the confirmation for the following booking. Please provide your confirmation by clicking on the yes and no button.

Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Package Code : PKG10000475

Contact Details : 8882974136

Email : saurabh.chaudhary@bankofbaroda.com

Booking Date : 13-02-2024

Appointment Date : 24-02-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
Preeti bana	32 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

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भारत निर्वाचन आयोग
पहचान पत्र
ELECTION COMMISSION OF INDIA
IDENTITY CARD

UTX1770841



निर्वाचक का नाम :

प्रीति बाना

Elector's Name

PREETI BANA

पिता का नाम : इन्द्रजीत

Father's Name INDRAJIT

लिंग : महिला

अवधि : 25/03/2014

Preeti

UTX1770841

पता - म.सं. 1
जटव बस्ती में, अचपल गड्डी
पिलाखुवा देहात,
थाना-पिलाखुवा,
दहसील-धोलाना, जिला-हापुड
पिनकोड -245304

Address- HNo.1,
JATAV BASTI MO, ACHPAL GADHI
(PILAKHUVA DEHAT),
PS-Pilakhuva,
TEH-Dholaana, DIST-Hapur
Pincode-245304 Date: 14-3-2014

058 - धोलाना निर्वाचन क्षेत्र के
निर्वाचक रजिस्ट्रार/अधिकारी के
हस्ताक्षर की अनुकृति

Facsimile Signature of the Electoral
Registration Officer for 058 - Dholana
Constituency

55/630

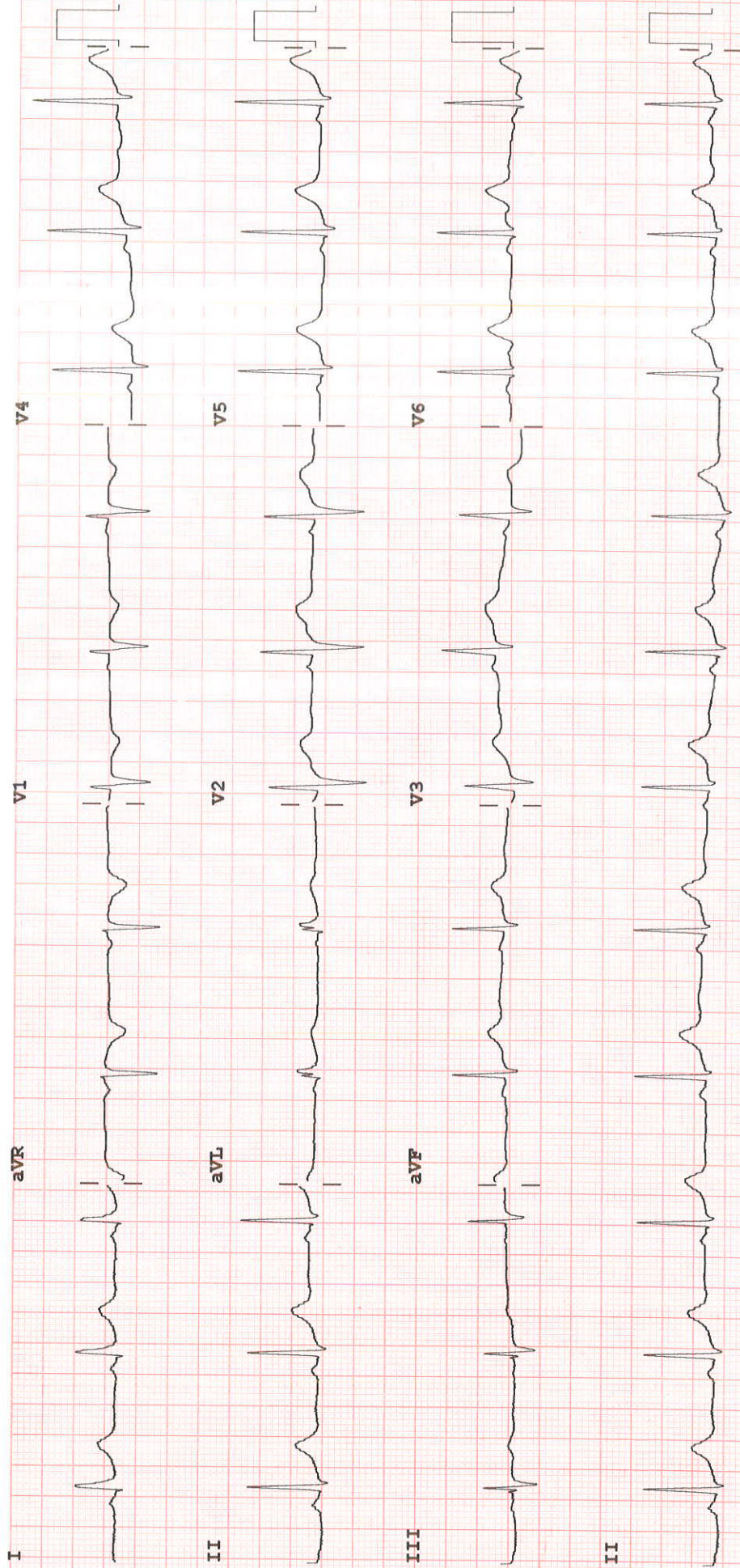
पता बदलने पर, नये पते पर अपना
नाम निर्वाचक नामावली में दर्ज करवाने
तथा उस पते पर इसी नम्बर का कार्ड
पाने के लिए सम्बंधित फार्म में यह
कार्ड नम्बर अवश्य लिखें

in case of change in address, mention this Card
No. in the relevant Form for including your
name in the roll at the changed address and to
obtain the card with the same number.

Freeh. Bang

- 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:



TMT INVESTIGATION REPORT

Patient Name	MRS PREETI BANA	Location	: Ghaziabad
Age/Sex	: 32Year(s)/Female	Visit No	: V0000000001-GHZZ
MRN No	MH010856556	Order Date	: 24/02/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 24/02/2024

Protocol	: Bruce	MPHR	: 188BPM
Duration of exercise	: 8min 33sec	85% of MPH	: 159BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 171BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg	% Target HR	: 90%
	Peak BP : 140/90mmHg	METS	: 10.1METS

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	122	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	141	140/90	Nil	No ST changes seen	Nil
STAGE 3	2:33	168	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:16	93	130/88	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



RADIOLOGY REPORT

NAME	MRS Preeti BANA	STUDY DATE	24/02/2024 11:33AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH010856556
ACCESSION NO.	R6940149	MODALITY	CR
REPORTED ON	24/02/2024 1:23PM	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 PREETI BANA Age : 32 Yr(s) Sex :Female
 Registration No : MH010856556 Lab No : 202402004130
 Patient Episode : H18000001841 Collection Date : 24 Feb 2024 11:14
 Referred By : HEALTH CHECK MGD Reporting Date : 25 Feb 2024 13:50
 Receiving Date : 24 Feb 2024 11:14

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
Specimen Type : Serum			
T3 - Triiodothyronine (ELFA)	0.790	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.650	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.340	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 PREETI BANA Age : 32 Yr(s) Sex :Female
Registration No : MH010856556 Lab No : 202402004130
Patient Episode : H18000001841 Collection Date : 24 Feb 2024 11:14
Referred By : HEALTH CHECK MGD Reporting Date : 25 Feb 2024 13:09
Receiving Date : 24 Feb 2024 11:14

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	A Rh(D) Positive		

Technical note:

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

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS PREETI BANA
Registration No : MH010856556
Patient Episode : H18000001841
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 11:14

Age : 32 Yr(s) Sex :Female
Lab No : 202402004130
Collection Date : 24 Feb 2024 11:14
Reporting Date : 24 Feb 2024 12:47

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.66	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.5	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.8	%	[36.0-46.0]
MCV (DERIVED)	91.8	fL	[83.0-101.0]
MCH (CALCULATED)	29.0	pg	[25.0-32.0]
MCHC (CALCULATED)	31.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.6	%	[11.6-14.0]
Platelet count	175	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.3		
WBC COUNT (TC) (IMPEDENCE)	7.05	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	71.0	%	[40.0-80.0]
Lymphocytes	23.0	%	[20.0-40.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	65.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MRS PREETI BANA
Registration No : MH010856556
Patient Episode : H18000001841
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 11:14

Age : 32 Yr(s) Sex :Female
Lab No : 202402004130
Collection Date : 24 Feb 2024 11:14
Reporting Date : 24 Feb 2024 14:05

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.3	%	[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)	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.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction [pH]	6.0	(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 PREETI BANA	Age	: 32 Yr(s) Sex :Female
Registration No	: MH010856556	Lab No	: 202402004130
Patient Episode	: H18000001841	Collection Date	: 24 Feb 2024 15:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Feb 2024 13:39
Receiving Date	: 24 Feb 2024 15:17		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	2-3 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	153	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	52	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	57.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	10	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	86.0	mg/dl	[<120.0]
			Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	2.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.5		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name : MRS PREETI BANA Age : 32 Yr(s) Sex :Female
 Registration No : MH010856556 Lab No : 202402004130
 Patient Episode : H18000001841 Collection Date : 24 Feb 2024 11:14
 Referred By : HEALTH CHECK MGD Reporting Date : 24 Feb 2024 13:01
 Receiving Date : 24 Feb 2024 11:14

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	23.2	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	10.8	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.64 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.8	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	139.10	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.23	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	118.5	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.



LABORATORY REPORT

Name : MRS PREETI BANA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010856556 **Lab No** : 202402004130
Patient Episode : H18000001841 **Collection Date** : 24 Feb 2024 11:14
Referred By : HEALTH CHECK MGD **Reporting Date** : 24 Feb 2024 13:01
Receiving Date : 24 Feb 2024 11:14

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.78 #	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.32 #	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	1.46 #	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.43	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.79		[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	10.20 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC	43.0	IU/L	[32.0-91.0]
GGT	12.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MRS PREETI BANA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010856556 **Lab No** : 202402004130
Patient Episode : H18000001841 **Collection Date** : 24 Feb 2024 11:14
Referred By : HEALTH CHECK MGD **Reporting Date** : 24 Feb 2024 13:01
Receiving Date : 24 Feb 2024 11:14

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.

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

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS PREETI BANA Age : 32 Yr(s) Sex : Female
 Registration No : MH010856556 Lab No : 202402004131
 Patient Episode : H18000001841 Collection Date : 24 Feb 2024 11:14
 Referred By : HEALTH CHECK MGD Reporting Date : 24 Feb 2024 13:02
 Receiving Date : 24 Feb 2024 11:14

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma	92.0	mg/dl	[70.0-110.0]
GLUCOSE, FASTING (F) 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-----

Alka
Dr. Alka Dixit Vats
 Consultant Pathologist



LABORATORY REPORT

Name : MRS PREETI BANA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010856556 **Lab No** : 202402004132
Patient Episode : H18000001841 **Collection Date** : 24 Feb 2024 15:13
Referred By : HEALTH CHECK MGD **Reporting Date** : 25 Feb 2024 13:18
Receiving Date : 24 Feb 2024 15:13

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	91.0	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

Charu

Dr. Charu Agarwal
Consultant Pathologist

1. Any query from the referring doctor pertaining to this report should be directed to the Laboratory, Manipal Hospitals.

2. In the event the results are withheld for the purpose of correction or verification by assay, the response 'Results Held For Assay' will appear against the test name and the report will bear a 'Preliminary' status. This response will be replaced by the results on finalisation and the report will then bear a 'Final' status.

3. A report that carries a 'Preliminary' status signifies that results are yet to be reported for one or more of the tests, or else as the case with many microbiology tests, a 'Final' culture, culture, identification or drug susceptibility result might be pending. In such cases, the descriptor 'Result Pending' will be listed alongside the test name in the 'Results' column and will be replaced by the test results whenever the same is ready. The report will, when completed, acquire a 'Final' status.

4. A test requested might yield 'Invalid Results' for various technical reasons and this response will appear against the test name followed by a brief explanation of the test at the end of the report. It is expected that a fresh specimen will be sent for the purpose of retesting on the same parameters.

5. Assays are performed using standardised methods and quality control measures are followed. All investigations have their methods, equipment used, method specificity, sensitivity and the quality of specimen(s) received. All investigations have their limitations and isolated laboratory investigations may not confirm the final diagnosis of disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and related investigations. The reports are therefore expected to be interpreted taking into consideration the mentioned facts.