



Customer Service <customerservice@adityalabs.com>

Health Check up Booking Request(bobS27398), Beneficiary Code-5322

1 message

Mediwheel <wellness@mediwheel.in>
 To: customerservice@adityalabs.com
 Cc: mediwheelwellness@gmail.com

30 January 2023 at 19:35



011-41195959

Email:wellness@mediwheel.in

Dear **Aditya Diagnostics And Research Laboratories,**
City : Hyderabad . **Address :** G-1,MIG 256-258,RD NO 4,CANRA BANK,
 We have received the confirmation for the following booking .

Name : A.SREE KRISHNA
Age : 46
Gender : Female
Package Name : Mediwheel Metro Full Body Health Checkup Male Above 40
User Location : ROAD NO 7,HYDERABAD,Telangana,500034
Contact Details : 8099322746
Booking Date : 30-01-2023
Appointment Date : 02-02-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
A.SREE KRISHNA	49	Male	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Mediwheel Metro Full Body Health Checkup Male Above 40 - Includes (37)Tests

Tests included in this Package : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

Aditya Labs Limited.



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chemistry and
rate medical
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Objectives are
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ADITYA DIAGNOSTICS

Research Laboratories

ADITYA DIAGNOSTICS & RESEARCH LABS ECG REPORT

ID : 3376 Years Male cm kg mmHg Race: Unknown Room No.: Department: Exam Room: Medication:

HR : 70 bpm
P : 98 ms
PR : 148 ms
QRS : 91 ms
QT/QTc : 360/389 ms
P/QRS/T : 19/20/22 °
RV5/SV1 : 1.314/0.864 mV

Diagnosis Information:

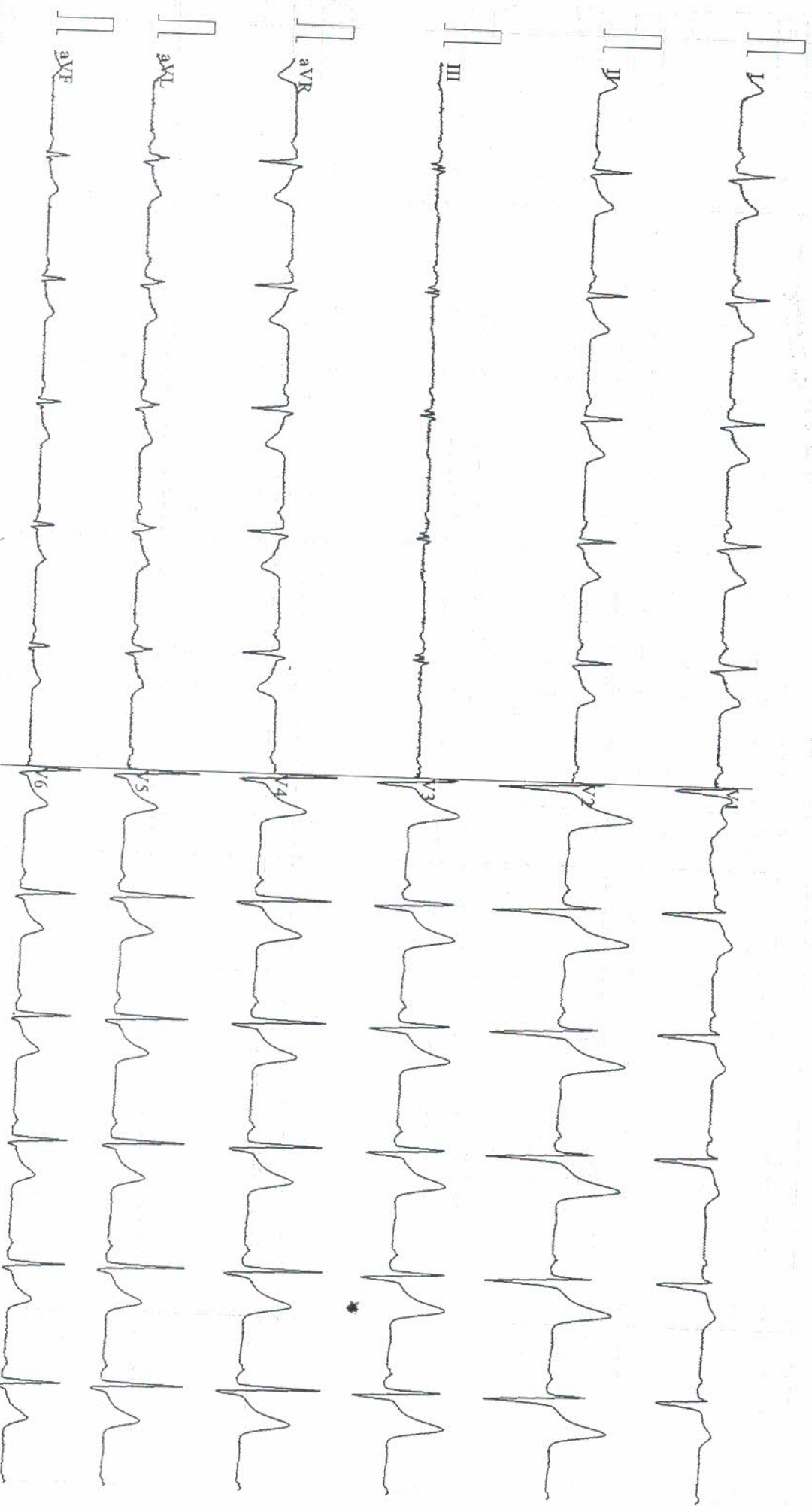
Sinus Rhythm
Abnormal q Wave(III)

A. Sree kishna .

2989

Technician :
Ref-Phys. :
Report Confirmed by:

**TO BE CORRELATED
CLINICALLY**



0.67~100Hz AC50 25mm/s 10mm/mV 2*5s 70 SE-301 V105 SEMIP V1.81

HARI'S HEART CLINIC

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2D ECHO AND COLOUR DOPPLER REPORT

Patient Name : SRI KRISHNA

Date : 02/02/2023

Age/Gender: MALE

INDICATIONS:-

MITRAL VALVE : Normal
AORTIC VALVE : Normal
TRICUSPID VALVE : Normal
PULMONARY VALVE : Normal
LEFT VENTRICLE : No RWMA
EDD : 4.8cm ESD : 2.7 cm EF : 74 %
IVS : 1.09 cm PW : 0.80 cm FS : 43 %
LEFT ATRIUM : 3.2cm
AORTA : 3.1cm
RIGHT ATRIUM : Normal
RIGHT VENTRICLE : Normal
PULMONARY ARTERY : Normal
IVS : Intact
IAS : Intact
PERICARDIUM : Normal
IVC/SVC : Normal

OTHER

DOPPLER :-

MITRAL FLOW : E - 0.9 m/s A - 0.6 m/s
PJV : 0.8m/s
AJV : 0.9 m/s
TRICUSPID FLOW : m/s

COLOUR FLOW :

NO MR / NO AR / NO TR / NO PAH

CONCLUSION :--

NO RWMA
GOOD LV SYSTOLIC FUNCTION
NORMAL FILLING PATTERN
NORMAL SIZE CARDIAC CHAMBERS
NO MR / NO AR / NO TR / NO PAH
NO LA / LV CLOTS
NO PERICARDIAL EFFUSION


Dr. V. HARIRAM

M.D., D.M.
Cardiologist
Hari's Heart Clinic

VALID FOR 1 REVIEW VISIT IN 2 WEEKS

1st Floor, MIG-321, 4th Rodad, KPHB Colony,
Kukatpally, Hyderabad - 500 072.

TIMINGS
6:00 PM to 8:00 PM

FOR APPOINTMENT : 040-4850 0235, 4011 6269, 9866253911



Name : MR. A SREE KRISHNA
Age /Sex : 49 Y /M
Ref. By : BANK OF BARODA (MA)

Reg. No : 023-2989
Registration Date : 02-02-2023
Alt ID : 8179636487

Ultrasound Scan Abdomen

- Liver** Size (147 mm), Shape, contour and echotexture normal. No localized or diffused mass lesions are seen. Intrahepatic vascular system, Portal vein, C.B.D and biliary radicals are normal
- Gall Bladder** Contracted.
- Spleen** Size , Shape and echotexture normal, No abnormal calcifications seen.
- Pancreas** Head, body and tail echotexture are normal. Pancreatic duct normal. No mass or cystic lesions seen. No calcifications are seen.
- Kidneys** Right kidney Measures : 119 X 42 mm
Left kidney Measures : 119 X 50 mm
Peri renal areas normal, Renal capsule normal, Cortical thickness, Cortical echopattern and corticomedullary differentiation are normal. Pelvicalyceal system normal. No calculus or no mass lesions are seen.
- Urinary Bladder** Well distended, Normal wall thickness. No evidence of calculi. No focal lesions.
- Prostate** Size , Echotexture normal. No calcification seen.
Volume - 25 cc.
- Others** Aorta and IVC are normal. No lymphadenopathy. No ascitis.
- Impression** *No Sonological Abnormality detected at the time of Scan*
Advice - Clinical correlation.


Dr Azam
Radiologist



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X-RAY CHEST PA VIEW

- Hilar regions are normal.
- Both C P angles are free.
- Domes of diaphragms are normal.
- Bony cage is normal
- Cardio thoracic ratio is normal.
- Lung - clear. No Evidence of any Signs of active Tuberculosis

IMPRESSION :

**** NORMAL STUDY**


Dr Ravi Krishna
Consultant Radiologist



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Investigation

Result

Normal Ranges

HAEMOGRAM

Investigation

Result

Normal Range

Haemoglobin	12.4 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R B C mil/cmm	4.3 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	38 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	89 Cubic microns	76 - 96 Cubic microns
MCH	30 Picograms	27- 32 Picograms
MCHC	34 gm%	30 - 36 gm%
WBC (Total)	8,000 cells/cmm	4,000 - 11,000 cells/cmm

DIFFERENTIAL COUNT

Neutrophils (Polymorphs)	72 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	20 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	03 %	1 - 6 %
Monocytes	05 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	2,78,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	06 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.8 %	0.5 - 1.0 %

PERIPHERAL SMEAR EXAMINATION

RBC's Morphology	Normocytic / Normochromic
WBC	With in normal limits
Plateletes	Adequate
Abnormal Cells	Nil

Method : Automated Cellcounter&Microscopy

Dr Rajani Gutha, PhD
Chief Biochemist

* End of Report *

Verified by

Dr S Ramadevi, MD
Consultant Pathologist



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Investigation

Result

Reference Range

Fasting Plasma Glucose *
Blood Sugar
Method GOD-POD

116 mg/dl

70 - 110 mg/dl

Post Prandial Glucose *
(Blood Sugar)
Method GOD-POD

148 mg/dl

70 - 160 mg/dl

Dr Rajini G, PhD
Chief Biochemist

* End of Report *

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Dr S Ramadevi MD
Consultant Pathologist



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Investigation

Result

Reference Range

Blood Urea *
Method GLDH

16 mg/dl

10 - 50 mg/dl

Blood Urea Nitrogen *
Calculated

7.4 mg/dl

6 - 25.5 mg/dl

Serum Creatinine *
Method Enzymatic

0.6 mg/dl

Male : 0.7 - 1.3 mg/dl
Female : 0.6 - 1.1 mg/dl
New Born 1 - 4 days : 0.3 - 1.0 mg/dl
Infant (upto 1year) : 0.2 - 0.4 mg/dl
Children : 0.3 - 0.7 mg/dl

Serum Uric Acid *
Method:Uricase POD

4.4 mg/dl

Male : 3.5 - 7.2 mg/dl
Female : 2.6 - 6.0 mg/dl

Dr Rajini G, PhD
Chief Biochemist

* End of Report *

Verified by

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Consultant Pathologist



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Investigation

Result

Reference Range

Lipid Profile

Total Cholesterol *
 Method CHOD-POD

170 mg/dL

Normal : < 200 mg/dL
 Borderline High : 200 - 239 mg/dL
 High : > 240 mg/dL

Serum Triglycerides *
 Method GPO - POD

123 mg/dL

Normal : < 150 mg/dL
 Borderline High : 150 - 199 mg/dL
 High : 200 - 499 mg/dL
 Very High : \geq 500 mg/dL

H D L Cholesterol *
 Method Direct CHOD-PAD

38 mg/dL

Low : < 40
 High : > 60

L D L Cholesterol *
 Method Calculated

107.4 mg/dL

Optimal : < 100
 Borderline High : 130 - 159
 High : 160 - 189
 Very High : \geq 190

V L D L Cholesterol *
 Method Calculated

24.6 mg/dL

10 - 30 mg/dL

TC / HDL Cholesterol Ratio *
 Method Calculated

4.47 Ratio

3.0 - 5.0 Ratio

LDL / HDL Ratio *
 Method Calculated

2.83 Ratio

1.5 - 3.5 Ratio

* End of Report *

Dr Rajini G, Phd
 Chief Biochemist

Verified by

Dr S Ramadevi MD
 Consultant Pathologist



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Investigation

Result

Reference Range


Liver Function Tests

Total Bilirubin (Method: Walter &Gerarde)	: 0.53 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	: 0.11 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	: 0.42 mg/dl	
Alkaline Phosphatase (Method: GSCC)	: 98 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
S G P T (Method: IFCC)	: 39 IU/L	UP TO 55 IU/L
S G O T (Method: IFCC)	: 27 IU/L	UP TO 55 IU/L
Total Proteins (Method: Biuret)	: 7 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	: 4 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	: 3 gm/dl	
A/G Ratio	1.33	
Gamma GT IFCC Method	U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L
Lab Incharge		


Dr Rajini G, PhD
Chief Biochemist

* End of Report *


Verified by


Dr S Ramadevi M.D
Consultant Pathologist



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<u>Investigation</u>	<u>Result</u>	<u>Normal Ranges</u>
Trilodothyronine Total (TT3)	1.04 ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	9.62 mg/dL	3.5 - 12.6 mg/dL
Thyroid Stimulating Hormone(TSH) <i>Method: C.L.I.A</i>	2.20 μ IU/ml	0.35 - 5.50 μ IU/ml

Interpretation

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration is more sensitive to certain thyroid conditions than T4. While T4 levels are a sensitive (and superior) indicator of hypothyroidism, T3 blood levels better define hyperthyroidism. Because T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good.

It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Dr Rajani Gutha, PhD
Chief Biochemist

* End of Report *

Verified by

Dr S Ramadevi, MD
Consultant Pathologist



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Investigation

Result

Reference Range

% HbA1c (Glycosylated Haemoglobin)
(Method: HPLC-NGSP Certified)

6.8 %

< 6.0 : Pre Diabetic
6-7 : Good Control
7-8 : Weak Control
> 8.0 : Poor Control

Intrepretation :

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3)

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only .81 (1.0 would be a straight line, which has "perfect" correlation...) This means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

Dr Rajini G, PhD
Chief Biochemist

* End of Report *

Verified by

Dr S Ramadevi MD
Consultant Pathologist



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Investigation

Result

Complete Urine Examination

Investigation

Result

PHYSICAL EXAMINATION

Colour : Pale Yellow
 Apperance : Clear
 Reaction : Acidic
 Specific Gravity : 1.030

CHEMICAL EXAMINATION

Albumin : Nil
 Glucose : Nil

MICROSCOPIC EXAMINATION

Pus Cells : 1 - 2 /HPF
 Epithelial Cells : 2 - 3 /HPF
 RBC : Nil /HPF
 Crystals : Nil
 Casts : Nil
 Bacteria : Nil
 Others : Nil

Dr Rajani Gutha
 Chief Biochemist

* End of report *

Verified by

D RS Ramadevi, MD
 Consultant Pathologist