



Customer Service <customerservice@adityalabs.com>

Health Check up Booking Request(bobS8043),Package Code(PKG10000251),Beneficiary Code(8645)

1 message

Mediwheel <santosh@policywheel.com>

13 February 2022 at 16:04

To: "customerservice@adityalabs.com" <customerservice@adityalabs.com>

Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Aditya Diagnostics And Research Laboratories,
City : Hyderabad . Location : .KPHB COLONY,

We have received the following request for Health Check up from

Name : THAKUR NANDA KUMARI
Age : 48
Gender : Female
Member Relations : Spouse
Package Name : Mediwheel Metro Full Body Health Checkup Female Above 40
Package Code : PKG10000251
User Location : Telangana,ISNAPUR,502319
Contact Details : 8500524262
Booking Date : 13-02-2022
Appointment Date : 26-02-2022

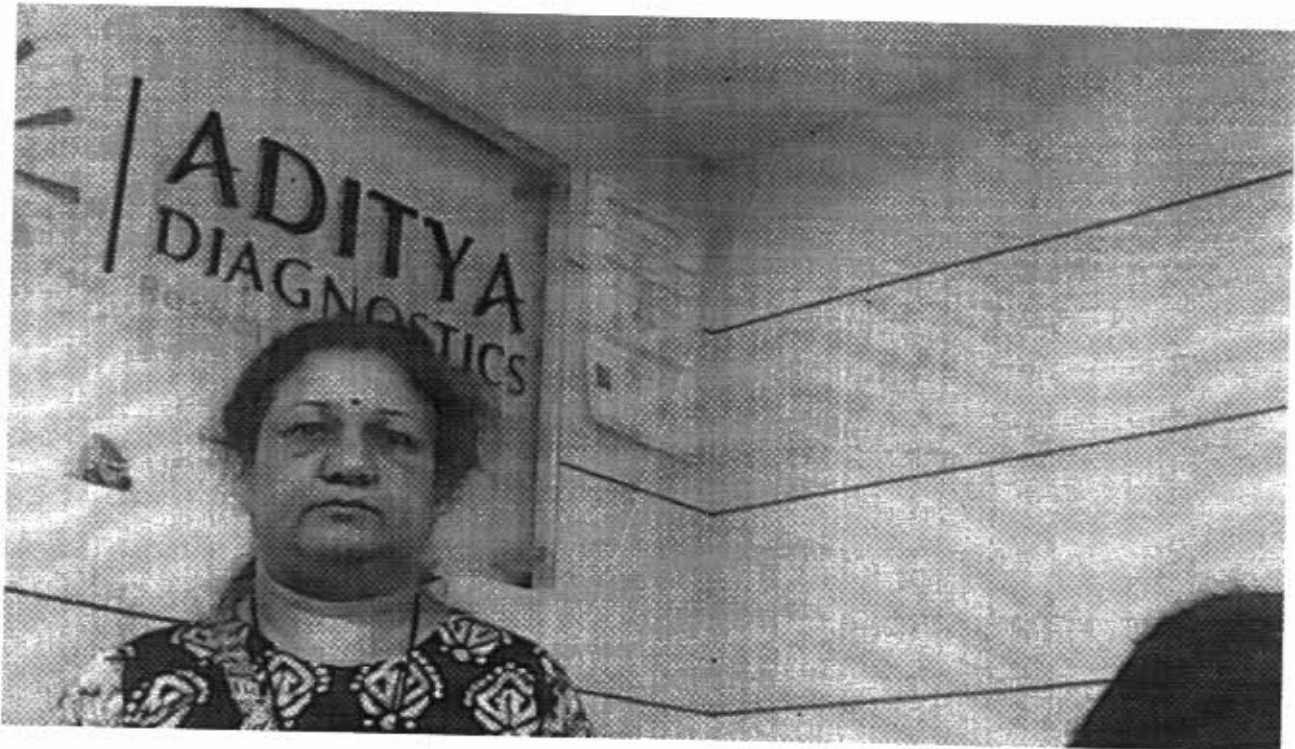
Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
THAKUR NANDA KUMARI	48	Female	Cashless
Total amount to be paid			Cashless

Please login to your account to confirm the same. Also you mail us for confirmation

Package Name : Mediwheel Metro Full Body Health Checkup Female Above 40 - Includes (42)Tests

Tests included in this Package

Ecg, Blood Group & Rh Factor, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Gynec Consultation, Blood *Sugar Postprandial, Dental Consultation, Blood Urea Nitrogen (bun), Serum, Total Cholesterol, Triglycerides, Pap Smear, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Mammography, Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, Stool Routine, Skin/ENT 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, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin



ADITYA DIAGNOSTICS &
RESEARCH LABORATORIES
MIG-28, Lower, 10-wars,
Road No. 4, K.P.H.B. Colony
Hyderabad-500 072



భారత ప్రభుత్వం

తాకూర్ నంద కుమారి
Thakur Nanda Kumari
పుట్టిన తేదీ / DOB: 22/05/1973
స్త్రీ / Female



5492 7063 5722

నా ఆధార్, నా గుర్తింపు



Name : MRS. THAKUR NANDA KUMARI
Age /Sex : 48 Y / F
Ref. By : BANK OF BARODA (MW)

Reg. No : O22-2830
Registration Date : 26-02-2022
Alt ID :

<u>Investigation</u>	<u>Result</u>	<u>Normal Ranges</u>
<u>HAEMOGRAM</u>		
Investigation	Result	Normal Range
Haemoglobin	13.5 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm %
R B C mil/cmm	4.6 mil/cmm	Children : 12 - 14 gm % Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	37 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	81 Cubic microns	76 - 96 Cubic microns
MCH	29 Picograms	27- 32 Picograms
MCHC	36 gm%	30 - 36 gm%
WBC (Total)	5,700 cells/cmm	4,000 - 11,000 cells/cmm
<u>DIFFERENTIAL COUNT</u>		
Neutrophils (Polymorphs)	62 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	33 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	03 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	1,85,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	09 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.7 %	0.5 - 1.0 %
<u>PERIPHERAL SMEAR EXAMINATION</u>		
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

Verified By

Dr K Mahesh Kumar MD
Consultant Pathologist



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Department of Biochemistry

Investigation

Result

Reference Range

Fasting Plasma Glucose *

Blood Sugar

Method GOD-POD

104 mg/dl

70 - 110 mg/dl

Post Prandial Glucose *

(Blood Sugar)

Method GOD-POD

133 mg/dl

70 - 160 mg/dl

*End of Report *

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Consultant Pathologist



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Investigation	Result	Reference Range
Liver Function Tests		
Total Bilirubin (Method: Walter &Gerarde)	0.51 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	0.2 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	0.31 mg/dl	
Alkaline Phosphatase (Method: GSCC)	60 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
S G P T (Method: IFCC)	14 IU/L	UP TO 55 IU/L
S G O T (Method: IFCC)	22 IU/L	UP TO 55 IU/L
Total Proteins (Method: Biuret)	6.9 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	3.8 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	3.1 gm/dl	
A/G Ratio	1.23	
Gamma GT IFCC Method	26 U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L
Lab Incharge		

*End of Report *

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Chief Biochemist

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Consultant Pathologist



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Investigation	Result	Reference Range
Blood Urea * Method GLDH	18 mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen * Calculated	8.04 mg/dl	6 - 25.5 mg/dl

*End of Report *

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Department of Biochemistry

Investigation

Result

Reference Range

Serum Creatinine *
Method Enzymatic

0.78 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

4.2 mg/dl

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

*End of Report *

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Chief Biochemist

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Department of Biochemistry

Investigation

Result

Reference Range

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

5.4 %

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

Intpretation :

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 with in 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.

*End of Report *

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Chief Biochemist

Dr K Mahesh Kumar, MD
Consultant Pathologist



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<u>Investigation</u>	<u>Result</u>	<u>Normal Ranges</u>
Trilodothyronine Total (TT3)	1.44 ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	11.23 mg/dL	3.5 - 12.6 mg/dL
Thyroid Stimulating Hormone(TSH) Method: C.L.I.A	5.48 μ IU/ml	0.35 - 5.50 μ IU/ml

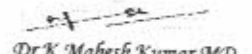
Interpretation

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


Verified By


Dr K. Mahesh Kumar 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	: 1.020
CHEMICAL EXAMINATION	
Albumin	: Nil
Glucose	: Nil
MICROSCOPIC EXAMINATION	
Pus Cells	: 1 - 2 /HPF
Epithelial Cells	: 1 - 2 /HPF
RBC	: Nil /HPF
Crystals	: Nil
Casts	: Nil
Bacteria	: Nil
Others	: Nil

End of report

Dr K Mahesh Kumar, MD
Consultant Pathologist

Verified by

Dr Rajani Gutha
Chief Biochemist

ADITYA DIAGNOSTICS & RESEARCH LABS ECG REPORT

ID : 1492 Years : 81 Male cm kg / mmHg Race: Unknown Room No.: Department: Exam Room: Medication:

Diagnosis Information:

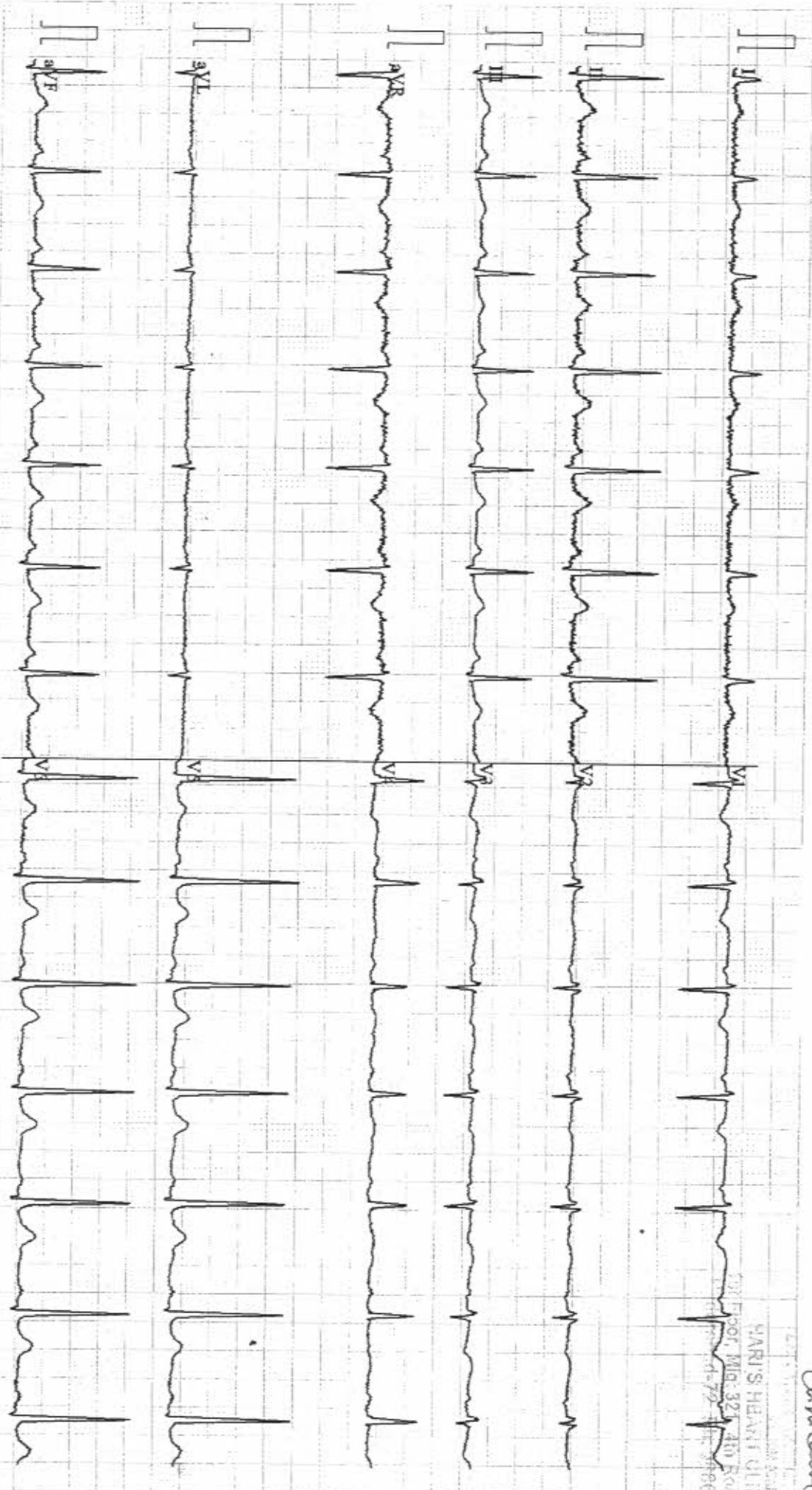
Sinus Rhythm
 Slight ST Elevation(V5, V6)
 Low T Wave(V4)

HR : 81 bpm
 P : 96 ms
 PR : 156 ms
 QRS : 84 ms
 QT/QTc : 363/422 ms
 P/QRS/T : 83/65/65 °
 RV5/SV1 : 2.056/0.762 mV

022-2830 F / 48 Y
 MRS. THAKUR NANDA KUMARI
 Aditya Diagnostics 26-02-2022

Technician :
 Ref-Phys :
 Report Confirmed by:

NSR
 T/J and report lead
 To be completed
 clinically



0.67~100Hz AC50 25mm/s 10mm/mV 2*5s 81 SE-301 V1.05 SEMIP V1.81

26-02-2022 10:46:52 AM



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Ultrasound Scan Of Abdomen

- Liver** Size (146 mm), Shape, contour normal . Echotexture increased. No localized or diffused mass lesions are seen. Intrahepatic vascular system, Portal vein, C.B.D and biliary radicals are normal
- Gall Bladder** Size, shape and wall thickness are normal. No calculus or no mass lesions are seen.
- Spleen** Size : 99 mm, 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 : 103 X 44 mm
Left kidney Measures : 101 X 52 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** Partially distended, Normal wall thickness. No evidence of calculi. No focal lesions.
- Uterus & Ovarie** Sub optimal window due to bowel gases.
- Others** Aorta and IVC are normal. No lymphadenopathy. No ascitis.
- Impression:** * *Fatty Liver*

DR ABDUR
Consultant Radiologist



ADITYA DIAGNOSTICS

26/02/22 18:23:49

NANDA KUMARI,
ADM 2545424

M 0.6 TIS 0.1 4C

NEWAB

B	CHI
0-Frq	4.0 MHz
Gn	66
E/A	2/3
Map	H000
D	16.0 cm
DR	78
FR	20 Hz
AO	100 %

0:2014 (0.1:70.7 s)

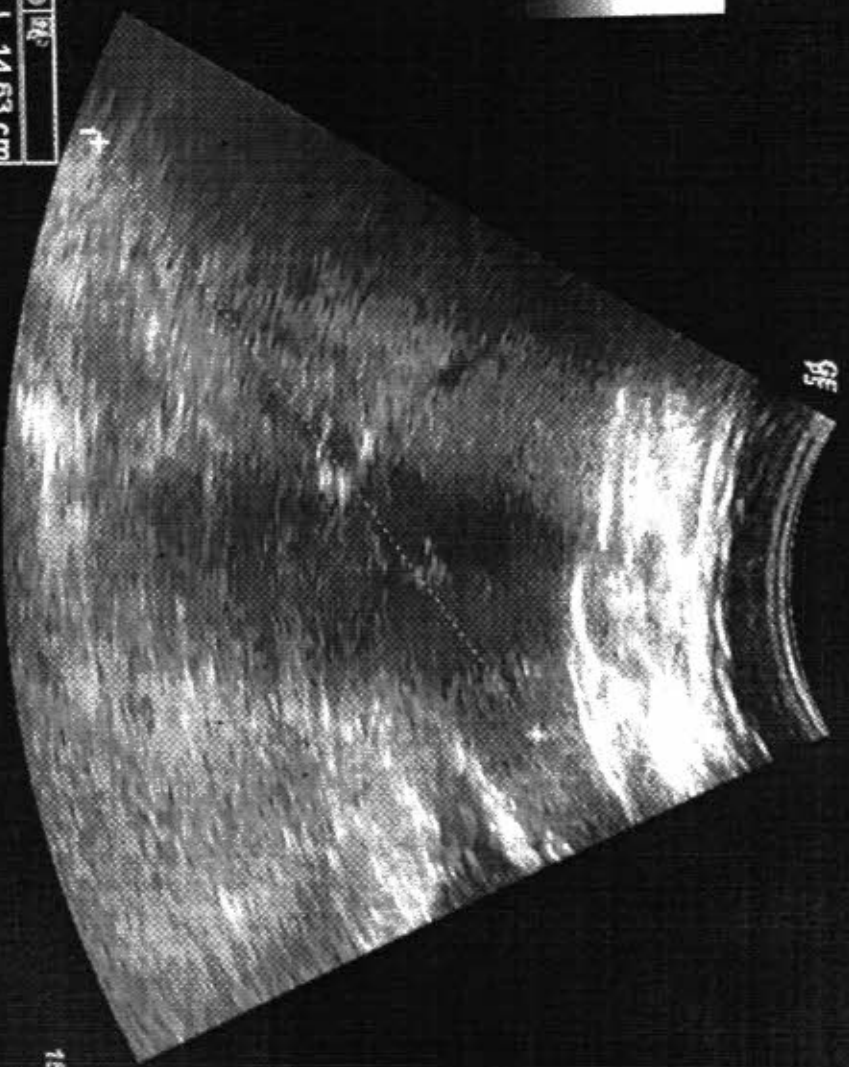
OB-1

RT Lt

- (Z) Gs(Hellman)
- (X) CRL(Hadlock)
- (C) BPD(Hadlock)
- (V) FL(Hadlock)
- (B) NT
- (N) NB
- (M) Cervix
- (.) OV

Worksheet Direct Rep.

1 L	14.63 cm
d	5.27 cm
L	0.00 cm



Frequency

CrossBeats

Dynamic Range

SRQ HD

Parallell

Focus Position

Focus Number

Menu





ADITYA DIAGNOSTICS
 26/02/22 18:24:08
 NANDA KUMARI,
 ADM 2545424

MI 0.6 TIS 0.1 4C

NEWAB

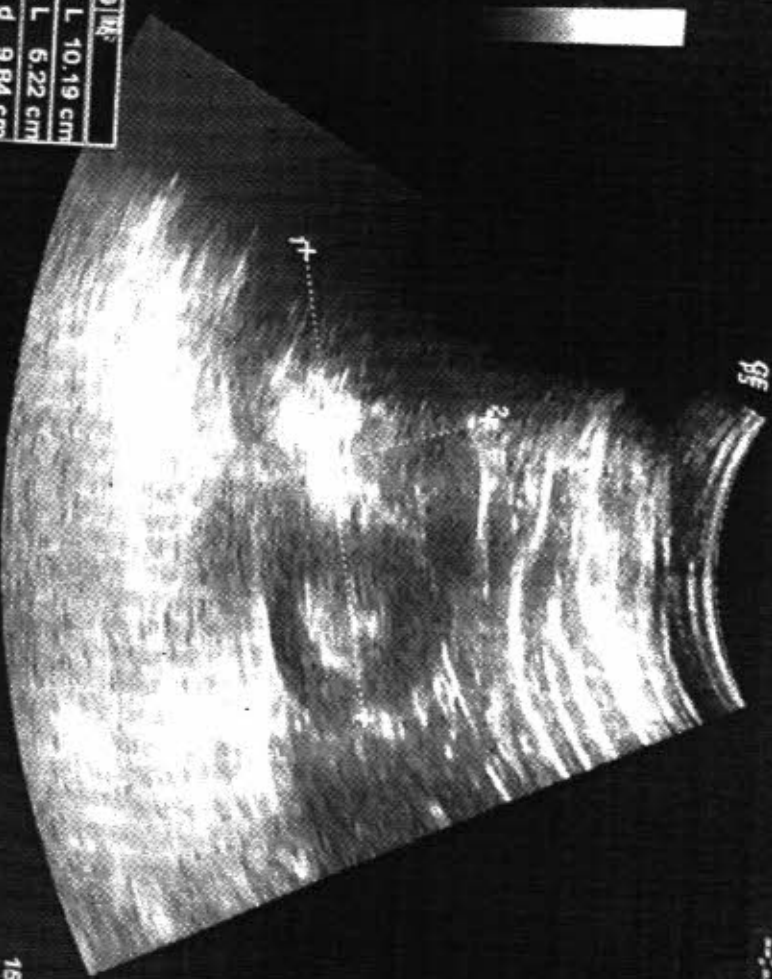
B CHI
 0-Frq 4.0 MHz
 Gn 66
 E/A 2/3
 Map H00
 D 16.0 cm
 DR 78
 FR 20 Hz
 AO 100 %

0:2014 (0.1:70.7 s)
 OB-1

Rt Lt

- (Z) GS(Hellman)
 - (X) CRL(Hadlock)
 - (C) BPD(Hadlock)
 - (V) FL(Hadlock)
 - (B) NT
 - (N) NB
 - (M) Cervix
 - (I) OV
- Worksheet DirectRep.

IL	10.19 cm
Z L	6.22 cm
d	9.84 cm
L	0.00 cm



Mode B

26/02/22 18:26:06



Frequency Virtual Convex
 CrossBeam
 Dynamic Range Gray Map
 SRU HD Rotation
 Focus Position Focus Number



Menu