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Health Check up Booking Confirmed Request(bobS6616),Package Code-PKG1000251, Beneficiary Code-28114

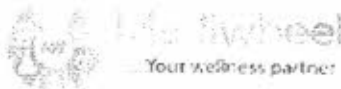
1 message

Mediwheel <santosh@policywheel.com>

13 January 2022 at 11:46

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

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



011-41195959

Email:wellness@mediwheel.in

Hi **Aditya Diagnostics And Research Laboratories,**Diagnostic/Hospital Location : **G-1,MIG 256-258,RD NO 4,CANRA BANK, City:Hyderabad**

We have received the confirmation for the following booking .

Beneficiary Name : PKG1000251**Beneficiary Name** : Dasari prameela**Member Age** : 44**Member Gender** : Female**Member Relation** : Spouse**Package Name** : Mediwheel Metro Full Body Health Checkup Female Above 40**Location** : HYDERABAD,Telangana-500034**Contact Details** : 9701867763**Booking Date** : 12-01-2022**Appointment Date** : 17-01-2022**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:


1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.


We request you to facilitate the employee on priority.

8/1/22, 11:46 AM




✂

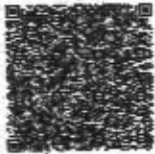




దాని ప్రేమల
Dasari Prameela



పూర్ణిమ సంవత్సరం/Year of Birth: 1978
స్త్రీ / Female



4954 2289 7015

ఆధార్ - సామాన్యని హక్కు



Name : MS. DASARI PRAMEELA
Age /Sex : 43Y / F
Ref. By : BANK OF BARODA (MW)

Reg. No : Q22-2471
Registration Date : 17-01-2022
Alt ID :

MEDICAL CHECK UP FORM

Physical Examination :

Height (Cms): Weight (KG)
Body Mass Index (BMI):
Pulse Rate : /Min Regular / Abnormal
B P :
Skin :
Nails :
Oral Hygenic :

Personal History

Smoking : Yes / No
Alcoholism : Yes / No
Diabetes : Yes / No
Hypertension : Yes / No
Allergy : Yes / No
Accidents if any
Surgeries if any

Complaints if any : _____
Family History : _____

Systemic Examination - Abnormality - If Yes Please explain)

* CVS - Yes / No
* CNS - Yes / No
* GI Tract - Yes / No
* Abdomen - Yes / No
Respiratory Tract - Yes / No

E N T EXAMINATION

Any abnormality

Investigations : (N = Normal; R - See Report)

Diagnosis (if any)

Recommendations / Impression :

PHYSICIAN SIGNATURE & STAMP



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VISUAL ACUITY

Right Eye

Left Eye

Distant Vision
Without Glasses

With Glasses

Near Vision
Without Glasses

With Glasses

Colour Vision
Opinion / Advise

Optician



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Investigation

Result

Normal Ranges

HAEMOGRAM

Investigation

Result

Normal Range

Haemoglobin	13.0 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)	39 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	81 Cubic microns	76 - 96 Cubic microns
MCH	31 Picograms	27- 32 Picograms
MCHC	36 gm%	30 - 36 gm%
WBC (Total)	8,200 cells/cmm	4,000 - 11,000 cells/cmm

DIFFERENTIAL COUNT

Neutrophils (Polymorphs)	65 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	28 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	04 %	1 - 6 %
Monocytes	03 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	3,79,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	35 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

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

96 mg/dl

70 - 110 mg/dl

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

106 mg/dl

70 - 160 mg/dl

*End of Report *

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Chief Biochemist

Dr K Mahesh Kumar, MD
Consultant Pathologist



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Department of Biochemistry

Investigation	Result	Reference Range
Blood Urea * Method GLDH	20 mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen * Calculated	9.3 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	4.9 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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Investigation	Result	Reference Range
Liver Function Tests		
Total Bilirubin (Method: Walter &Gerarde)	0.35 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	0.12 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	0.23 mg/dl	
Alkaline Phosphatase (Method: GSCC)	79 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
S G P T (Method: IFCC)	22 IU/L	UP TO 55 IU/L
S G O T (Method: IFCC)	20 IU/L	UP TO 55 IU/L
Total Proteins (Method: Biuret)	7.4 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	4.1 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	3.3 gm/dl	
A/G Ratio	1.24	
Gamma GT IFCC Method	29 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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Department of Biochemistry

Investigation

Result

Reference Range

% HbA1c (Glycosylated Haemoglobin)

5.6 %

< 6.0 : Pre Diabetic

(Method: HPLC-NGSP Certified)

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 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.

*End of Report *

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<u>Investigation</u>	<u>Result</u>	<u>Normal Ranges</u>
Trilodothyronine Total (TT3)	1.11 ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	8.12 mg/dL	3.5 - 12.6 mg/dL
Thyroid Stimulating Hormone(TSH) Method: C.L.I.A	3.84 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 Gutta
Chief Biochemist

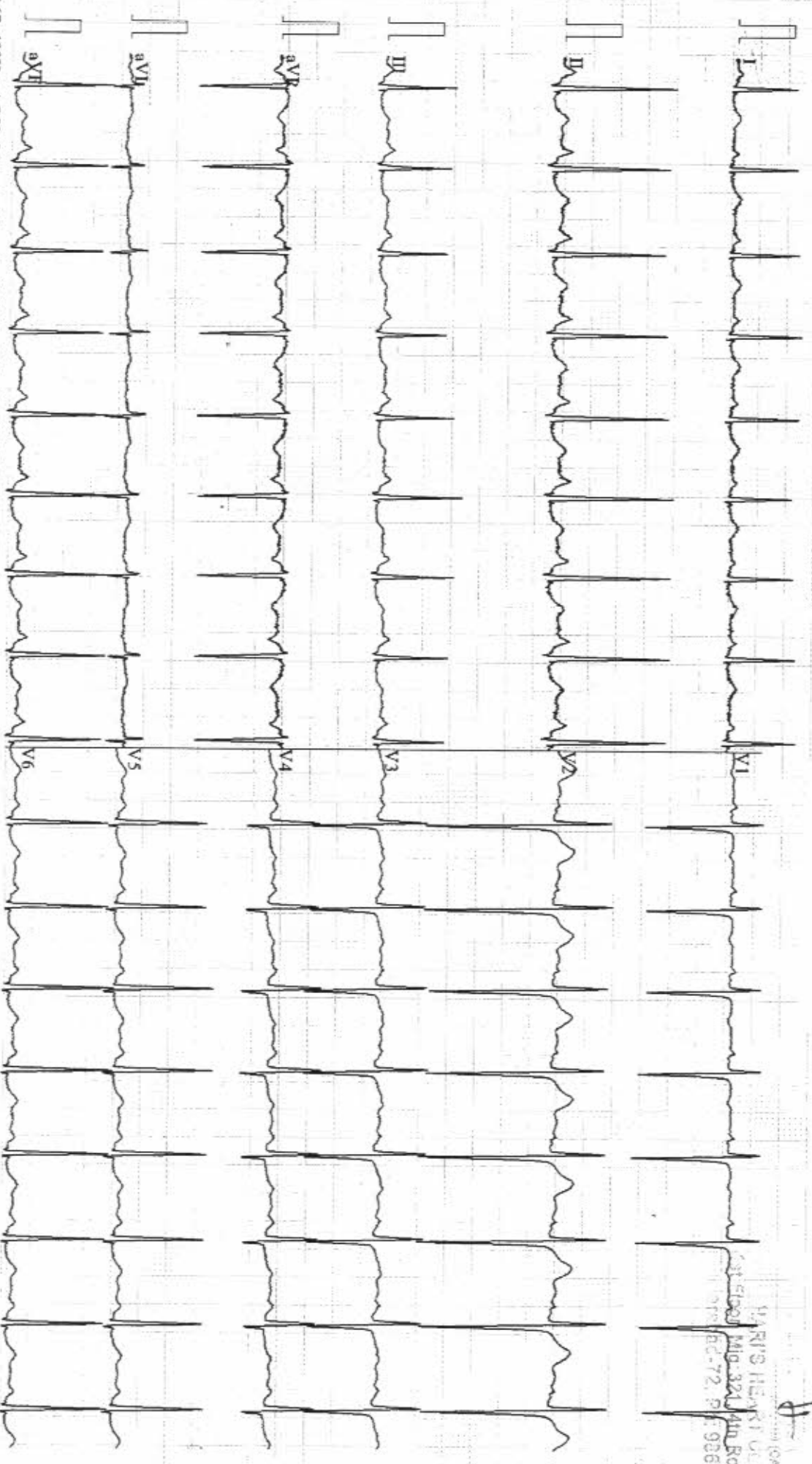
ADITYA DIAGNOSTICS & RESEARCH LABS ECG REPORT

ID : 1203	Years	Male	cm	kg	mmHg	Race: Unknown	Room No.:	Department:	Exam Room:	Medication:
HR	: 101	bpm	✓	Diagnosis Information:						
P	: 97	ms	✓	Sinus Tachycardia						
PR	: 136	ms	✓	Low T Wave(V5,V6)						
QRS	: 75	ms	✓							
QT/QTc	: 327/424	ms								
P/QRS/T	: 72/59/48	°								
RV5/SV1	: 1.642/1.567	mV								

022-2471 F/43 Y
 MS DASARI PRAMEELA
 Aditya Diagnostics 17-01-2022

Technician :
 Ref-Phys :
 Report Confirmed by:

NSR
 Sinus tachy Cardia.
 To be correlated
 clinically



Dr. (GAB)
 SANKU HEART CLINIC
 No. 324/4th Road, KPN
 Sec-72, Ph-986625543



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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. Rahman
Radiologist



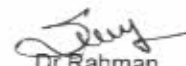
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Ultrasound Scan Of Abdomen

- Liver** Size (142 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** Size, shape and wall thickness are normal. No calculus or no mass lesions are seen.
- Spleen** Size : 93 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 : 89 x 37 mm
Left kidney Measures : 83 x 43 mm
Tiny Cortical cyst 19 x 15 mm in left kidney.
Peri renal areas normal, Renal capsule normal,
Cortical echopattern and corticomedullary differentiation are normal.
Pelvicalyceal system normal. No calculus.
- Urinary Bladder** Well distended, Normal wall thickness. No evidence of calculi. No focal lesions.
- Uterus** Size : 67 x 41 x 35 mm, Echotexture normal,
No calcification seen. Endometrium thickness
- Ovarie** Both ovaries are normal in size, shape and echotexture.
Right Ovary : 22 x 14 mm, Left Ovary : 27 x 15 mm
- Others** Aorta and IVC are normal. No lymphadenopathy. No ascitis.
- Impression:** * *Thickened Endometrium.* ** *Left RENal Cortical cyst.*

Advise Further Evaluation.


Dr Rahman
Radiologist



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ULTRASONOGRAPHY OF BREASTS

Nipple and surrounding tissue appears normal.

No evidence of dilated ducts/cystic lesion noted.

No evidence of SOL.

No evidence of calcification.

Impression: NORMAL STUDY.


Radiologist



ADITYA DIAGNOSTICS

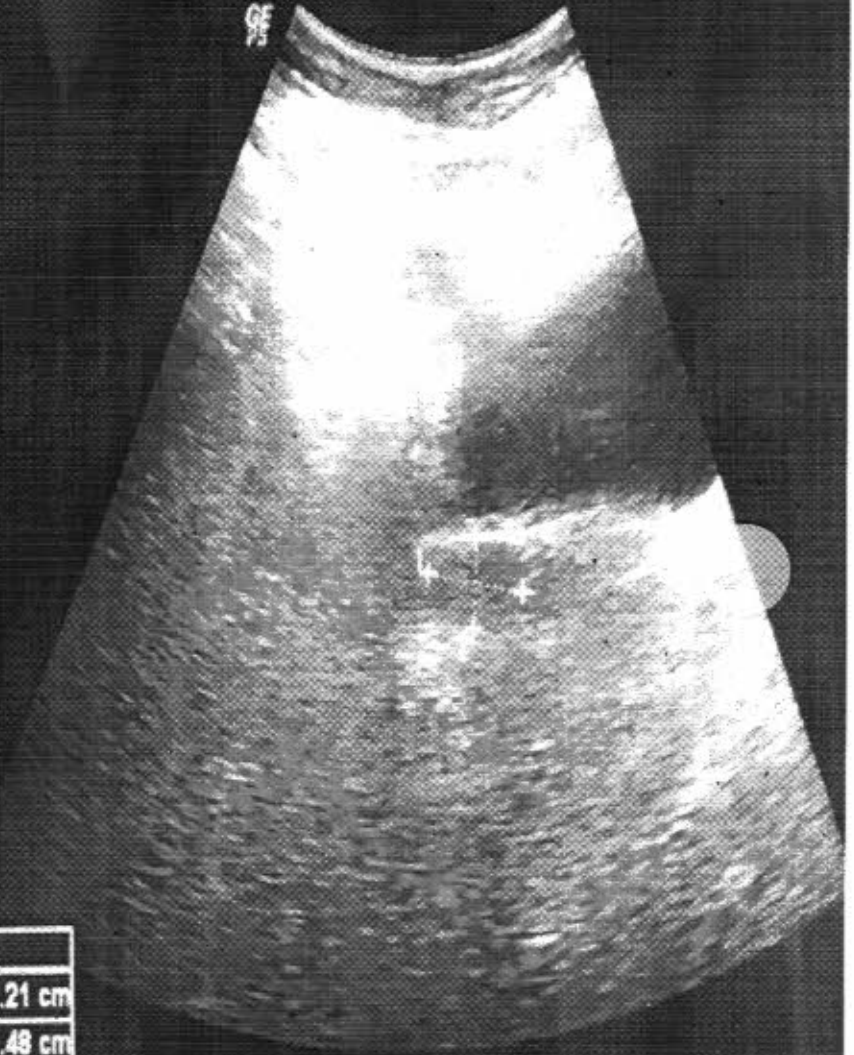
PRAMELA,

MI 0.6

17/01/22 18:30:33

ADM 170122-182654

GE



0:1258 (0.1:06.2 s)

Fetal Heart

- (Z) Dimension
- (X) Area
- (C) Volume
- (V) Mass
- (B) Shunts
- (N) PISA
- (L) LA/Ao
- (I) Mitral Valve
- (J) RV/LV

Worksheet Direct Rep.

1 L 2.21 cm
2 L 1.48 cm
d 7.40 cm
L 0.00 cm



B Mode

Frequency

CurvBeam #

Dynamic Range

SRI NO

Focus P

Virtual Convex

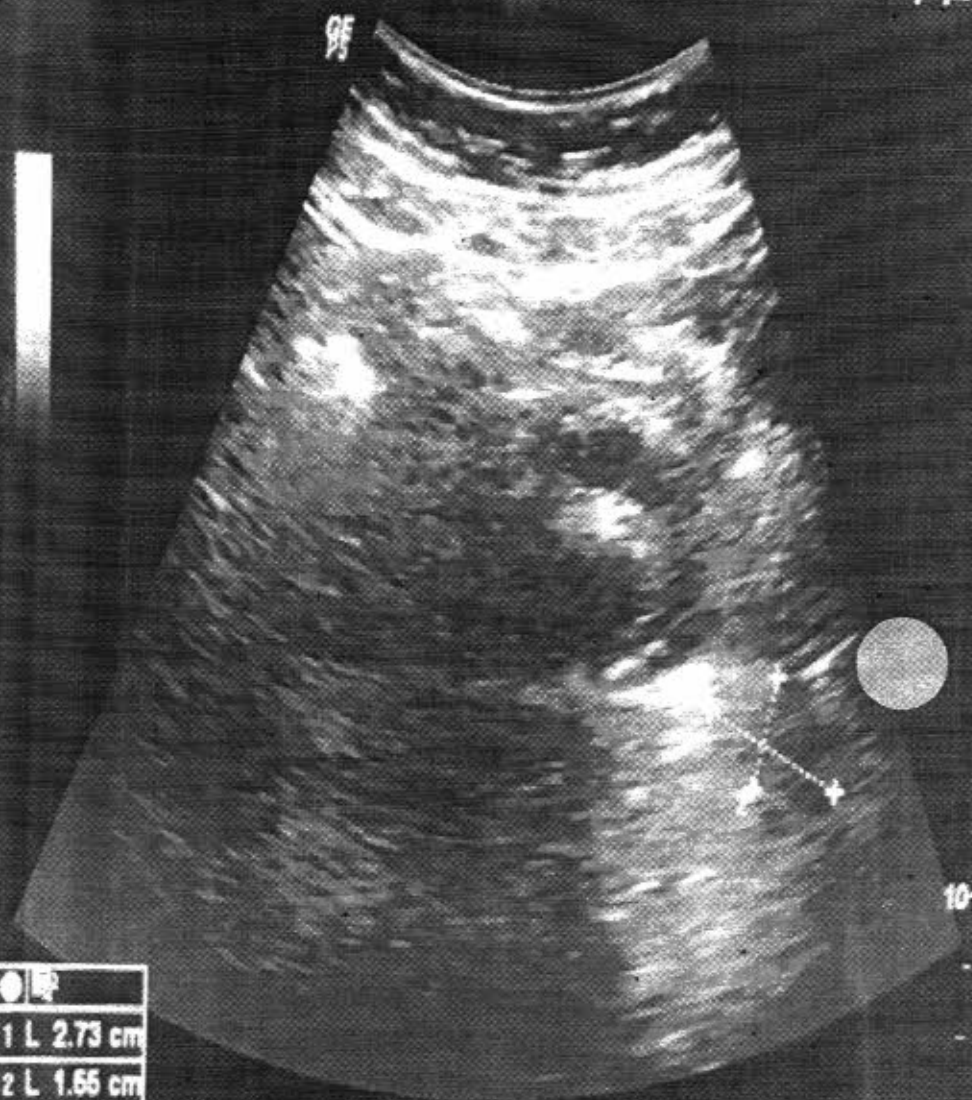
CrossBeam

Gray Map

Rotation

Focus M

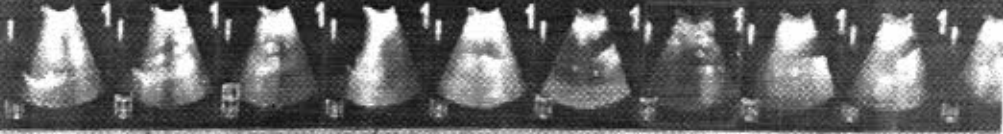
17/01/22 18:38:17



- 0:1259 (0.1:86.2 s)
- ◆ Fetal Heart
 - (Z) Dimension
 - (X) Area
 - (C) Volume
 - (V) Mass
 - (B) Shunts
 - (N) PISA
 - (.) LA/Ao
 - (.) Mitral Valve
 - (.) RV/LV

Worksheet Direct Rep.

1 L	2.73 cm
2 L	1.66 cm
+	d 8.06 cm
L	0.00 cm



B Mode Virtual Convex CrossBeam Dynamic Range Gray Map Rotation Focus Position Focus Number

17/01/22 18:38:13