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Health Check up Booking Confirmed Request(bobE9748),Package Code-PKG10000248, Beneficiary Code-16040

1 message

Mediwheel <santosh@policywheel.com>

10 March 2022 at 17:53

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

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 .

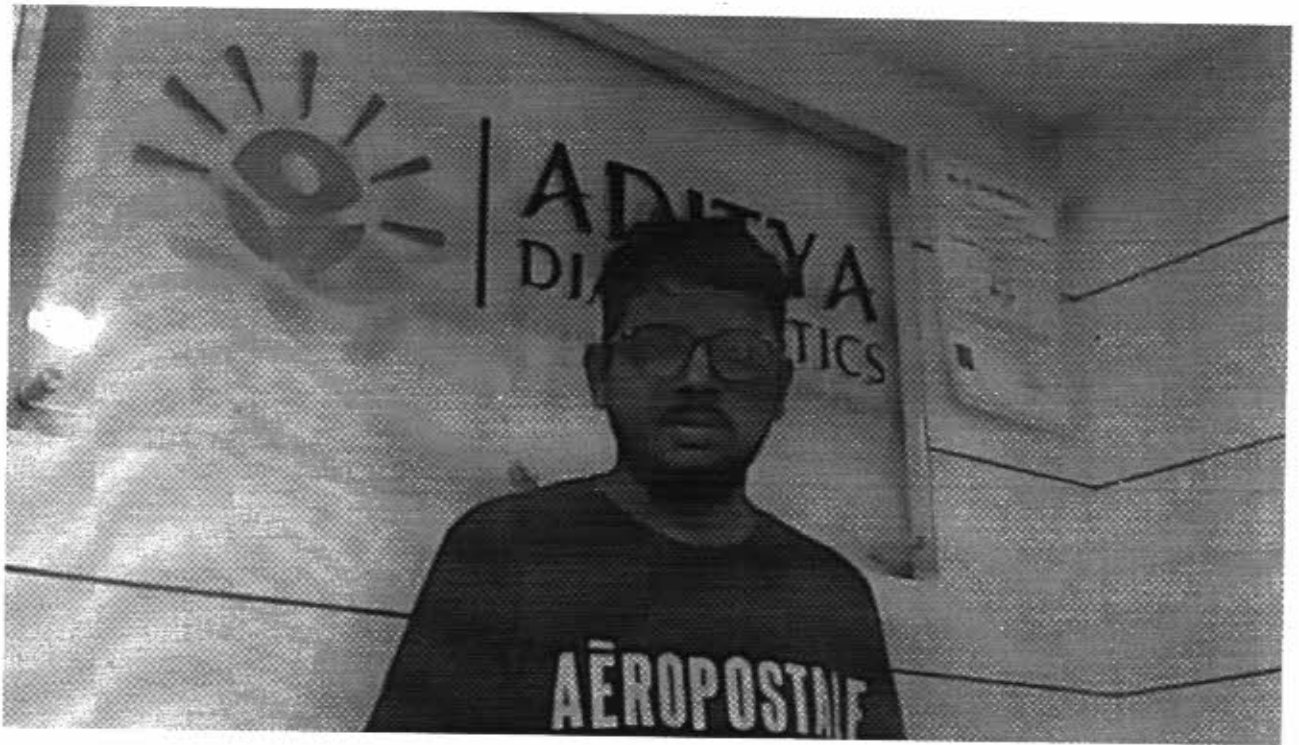
Beneficiary Name : PKG10000248**Beneficiary Name** : MR. DEVANABOINA HANUMANTARAO**Member Age** : 34**Member Gender** : Male**Member Relation** : Employee**Package Name** : Mediwheel Metro Full Body Health Checkup Male Below 40**Location** : SURYAPET,Telangana-508213**Contact Details** : 9666695676**Booking Date** : 10-03-2022**Appointment Date** : 13-03-2022**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.



Dr. Ch. Varaprasad
M.B.B.S.
Regd. No: APMC/FMR/88766

ADITYA DIAGNOSTICS &
RESEARCH LABORATORIES
MIG-256-258, S.R. Towers,
Road No: 4, K.P.H.B. Colony,
Hyderabad-500 072



बैंक ऑफ बड़ौदा
Bank of Baroda

नाम
Name **D Hanumantha Rao**

E.C. No. **96298**

जारीकर्ता प्राधिकारी
Issuing Authority



धारक के हस्ताक्षर
Signature of Holder



Name : MR. D HANUMANTA RAO
Age /Sex : 34 Y / M
Ref. By : BANK OF BARODA (MW)

Reg. No : 022-2979
Registration Date : 13-03-2022
Alt ID : PKG10000248

MEDICAL CHECK UP FORM

Physical Examination :

Height (Cms): 174 Weight (KG) 76
Body Mass Index (BMI) :
Pulse Rate : 88b/min /Min Regular / Abnormal
B P : 140/90 mmHg
Skin : Normal
Nails : Normal
Oral Hygienic : Good
Complaints if any : _____

Personal History

Smoking : Yes / No ✓
Alcoholism : Yes / No ✓
Diabetes : Yes / No ✓
Hypertension : Yes / No ✓
Allergy : Yes / No ✓

Family History : Family Hx. DM & HPT for mother & father on medication.

Systemic Examination - Abnormality - If Yes Please explain)

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

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

* Complete Blood Picture & ESR -
* Blood Grouping and RH(D) Typing -
* Fasting Blood Sugar -
* S.G.P.T -
* Serum Creatinine -
* Complete Urine Examination -
* X-Ray Chest PA View -
* Audiometry -
* Color Vision -

Diagnosis (if any)

S. Pr - 271 + ldl
known case of Hypertension on 25mg
Physician

PHYSICIAN SIGNATURE & STAMP

Dr. Ch. Varaprasad

M.B.B.S.

Regd. No: APMC/FMR/88766

Recommendations / Impression :

- Candidate is fit for the employment
- Candidate is unfit for the employment
- For discussion with H R D



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VISUAL ACUITY

	Right Eye	Left Eye
Distant Vision Without Glasses	—	—
With Glasses	6/6	6/6
Near Vision Without Glasses	nl6	nl6
With Glasses	—	—
Colour Vision Opinion / Advise	Normal	

Optician

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Investigation

Result

Normal Ranges

HAEMOGRAM

Investigation

Result

Normal Range

Haemoglobin	13.1 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R B C mil/cmm	4.2 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	72 Cubic microns	76 - 96 Cubic microns
MCH	24 Picograms	27- 32 Picograms
MCHC	34 gm%	30 - 36 gm%
WBC (Total)	7,200 cells/cmm	4,000 - 11,000 cells/cmm

DIFFERENTIAL COUNT

Neutrophils (Polymorphs)	59 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	36 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	03 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	3,40,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	33 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.7 %	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 *

103 mg/dl

70 - 110 mg/dl

Blood Sugar

Method GOD-POD

Post Prandial Glucose *

142 mg/dl

70 - 160 mg/dl

(Blood Sugar)

Method GOD-POD

*End of Report *

Dr Rajini G, PhD
Chief Biochemist


Dr K Mahesh Kumar, MD
Consultant Pathologist



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Department of Biochemistry

Investigation

Result

Reference Range

Blood Urea * <i>Method GLDH</i>	26 mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen * <i>Calculated</i>	12.1 mg/dl	6 - 25.5 mg/dl
Serum Creatinine * <i>Method Enzymatic</i>	0.9 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 * <i>Method:Uricase POD</i>	4.0 mg/dl	Male : 3.5 - 7.2 mg/dl Female : 2.6 - 6.0 mg/dl
	*End of Report *	

Dr Rajini G. PhD
Chief Biochemist

Dr K Mahesh Kumar, MD
Consultant Pathologist



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Department of Biochemistry

Investigation

Result

Reference Range

Lipid Profile

Total Cholesterol * Method CHOD-POD	<u>204</u> mg/dL	Normal : < 200 mg/dL Borderline High : 200 - 239 mg/dL High : > 240 mg/dL
Serum Triglycerides * Method GPO - POD	<u>271</u> mg/dL	Normal : < 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL Very High : =/> 500 mg/dL
H D L Cholesterol * Method Direct CHOD-PAD	38 mg/dL	Low : < 40 High : > 60
L D L Cholesterol * Method Calculated	112 mg/dL	Optimal : < 100 Near Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : =/> 190
V L D L Cholesterol * Method Calculated	54 mg/dL	10 - 30 mg/dL
TC / HDL Cholesterol Ratio * Method Calculated	5.3 Ratio	3.0 - 5.0 Ratio
LDL / HDL Ratio * Method Calculated	2.9 Ratio	1.5 - 3.5 Ratio

*End of Report *

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Department of Biochemistry

Investigation

Result

Reference Range

Liver Function Tests

Total Bilirubin (Method: Walter &Gerarde)	0.4 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	0.15 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	0.25 mg/dl	
Alkaline Phosphatase (Method: GSCC)	91 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
SGPT (Method: IFCC)	11 IU/L	UP TO 55 IU/L
SGOT (Method: IFCC)	18 IU/L	UP TO 55 IU/L
Total Proteins (Method: Biuret)	7.4 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	4.2 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	3.2 gm/dl	
A/G Ratio	1.31	
Gamma GT IFCC Method	32 U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L
Lab Incharge		

*End of Report *

Dr Rajini G, PhD
Chief Biochemist

Dr K Mahesh Kumar, MD
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Department of Biochemistry

Investigation

Result

Reference Range

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

5.5 %

< 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 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 *

Dr Rajini G, PhD
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)	0.92 ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	9.03 mg/dL	3.5 - 12.6 mg/dL
Thyroid Stimulating Hormone(TSH) Method: C.L.I.A	2.93 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 Gutta, 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 : 1.030

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

End of report

Dr K Mahesh Kumar, MD
Consultant Pathologist

Verified by

Dr Rajani Guttha
Chief Biochemist

ADITYA DIAGNOSTICS & RESEARCH LABS ECG REPORT

ID : 1679 **Years** **Male** **cm** **kg** **mmHg** **Race:** Unknown **Room No.:** **Department:** **Exam. Room:** **Medication:**

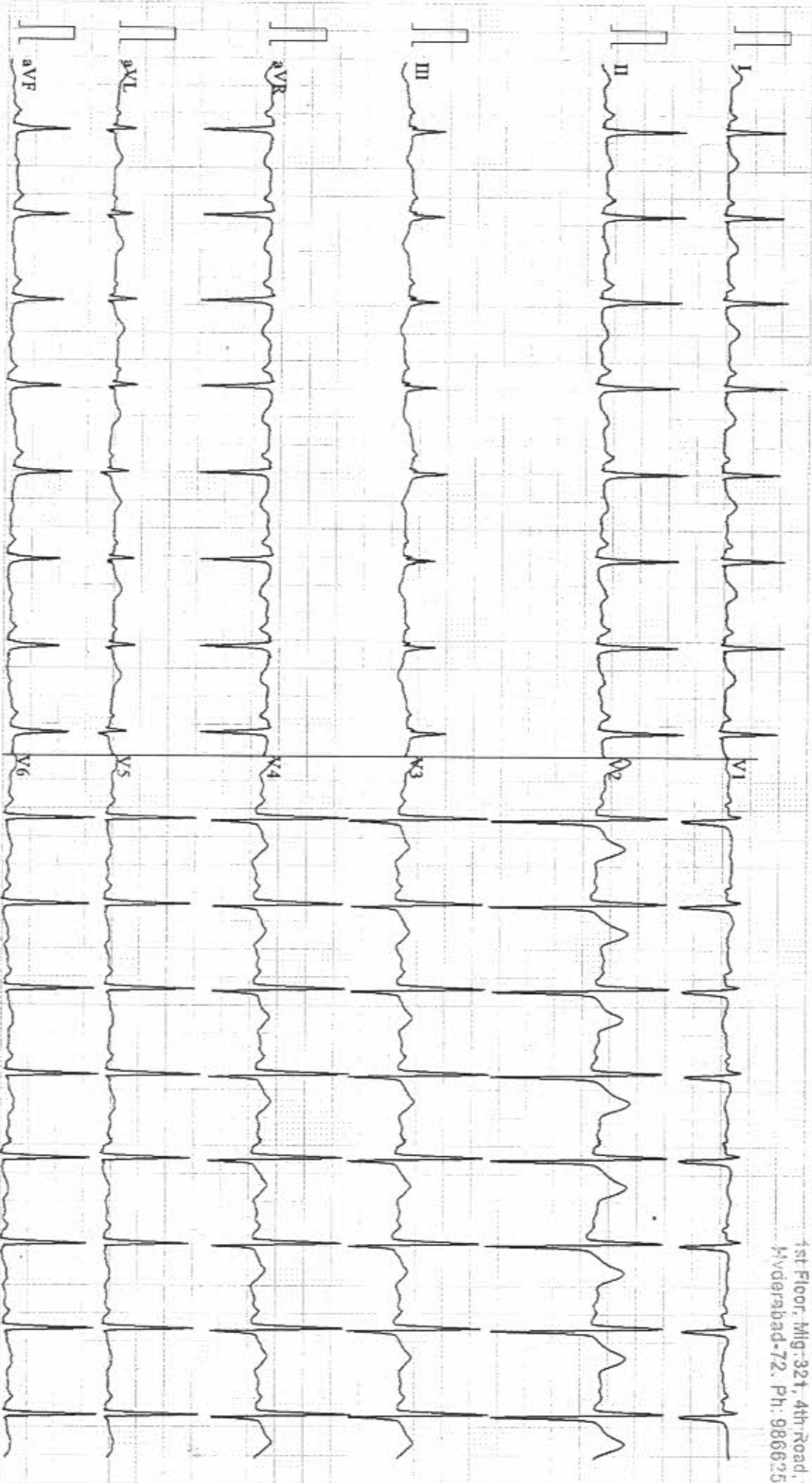
HR : 97 bpm **Diagnosis Information:**
P : 94 ms Sinus Rhythm
PR : 129 ms Low T Wave(V5,V6)
QRS : 89 ms
QT/QTc : 346/441 ms
P/QRS/T : 50/56/0 °
RV5/SV1 : 1.58/1.0.800 mV

O22-2978 M/34 Y
 MR D HANUMANTA RAO D
 Aditya Diagnostics 13-03-2022

Technician :
 Ref-Phys. :
 Report Confirmed by:

NSR
 H.

Dr. V. ...
 HARI'S HEART CLINIC
 1st Floor, Mig-324, 4th Road, K.P.L.
 Hyderabad-72. Ph: 9866290111



0.67-100Hz ACS50 25mm/s 10mm/mV 2*5s 97 SE-301 V105 SEMIP V181

13-03-2022 10:30:51 AM



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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**


Radiologist



Name : MR. D HANUMANTA RAO
Age /Sex : 34 Y / M
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Reg. No : - 022-2979
Registration Date : 13-03-2022
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Ultrasound Scan 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 are normal. Wall thickness Partially distended. No calculus or no mass lesions are seen.
- Spleen** Size : 81 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 : 100 x 43 mm
Left kidney Measures : 97 x 54 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** Minimally distended, Normal wall thickness. No evidence of calculi. No focal lesions.
- Prostate** Size : 23 x 25 x 32 mm, Echotexture normal. No calcification seen. Volume - 11 cc.
- Others** Aorta and IVC are normal. No lymphadenopathy. No ascitis.
- Impression** * *NORMAL STUDY*

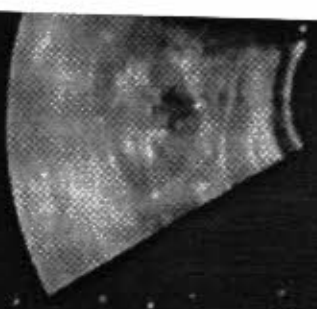

Dr Azam

Consultant Radiologist



ADITYA DIAGNOSTICS MR D HANUMANTA RAO,
 13/03/22 12:43:02 ADM 2979

MI 0.6 TIS 0.1 4C



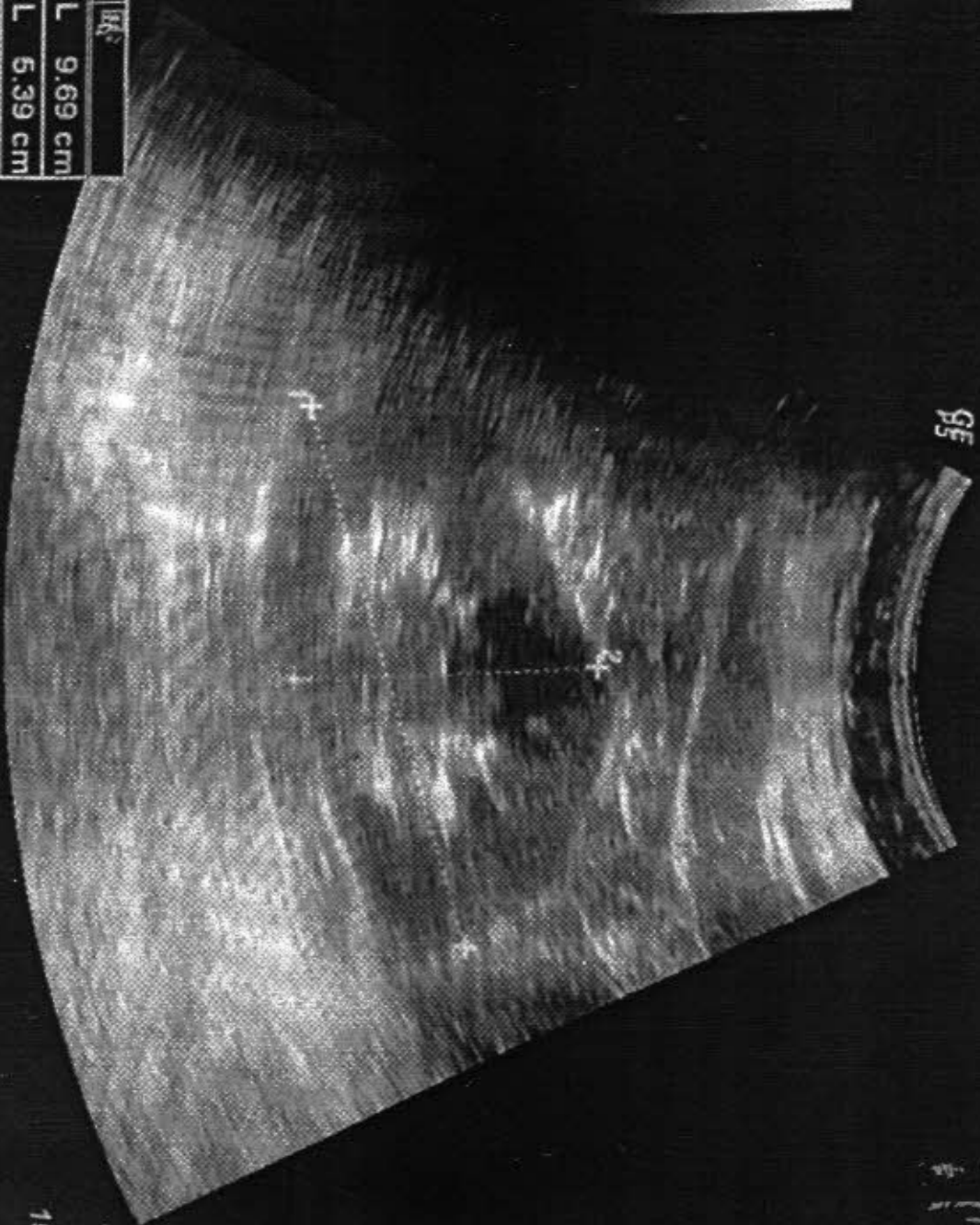
1

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Abdomen

Lt

-) % Stenosis
 -) Volume
 -) Angle
 -) Renal Volume
 -) A/B Ratio
 -) Aorta Diameter
 -) Renal Length
- Worksheet Direct Rep.



1 L	9.69 cm
2 L	5.39 cm
+-d	10.55 cm
L	0.00 cm



15--

10--

5--

M

B
 0--Frq
 Gn
 E/A
 Map J/O
 D 16
 DR 6
 FR 3
 AO 10

Abdo

Dynamic Range

SRI HD

Focus Position



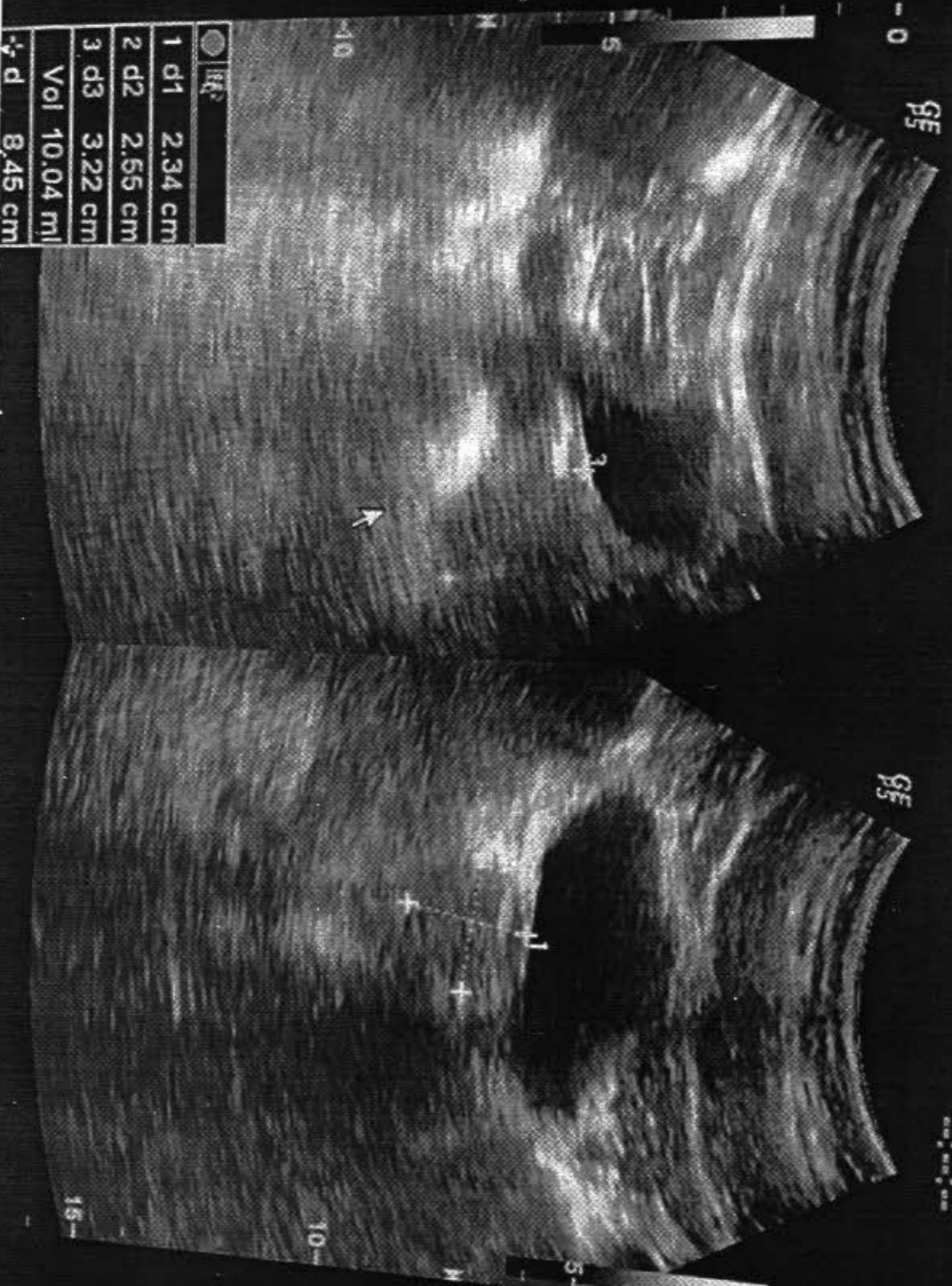


ADITYA DIAGNOSTICS
 13/03/22 12:44:24 ADM 2979

MIR D HANUMANTA RAO,
 MI 0.6 TIS 0.1 4C

Abdomen

B CH
 0-Frq 4.0
 Gn 46
 E/A 2/3
 Map J10/0
 D 16.0 c
 DR 66
 FR 30 H
 AO 100%



(0.0:64.1 s)

Lt

Diagnosis

Flow

Flow Volume

Ratio

Flow Diameter

Flow Length

Flow Direct Rep.

1 d1	2.34 cm
2 d2	2.55 cm
3 d3	3.22 cm
Vol	10.04 ml
Flow d	8.45 cm

15-



Patient Name : HANUMANTH RAO

Date :18/03/2022

Age/Gender: MALE

INDICATIONS:-

MITRAL VALVE	: Normal		
AORTIC VALVE	:Normal		
TRICUSPID VALVE	: Normal		
PULMONARY VALVE	:Normal		
LEFT VENTRICLE	: No RWMA		
	EDD :5.0 cm	ESD :3.1 cm	EF : 67 %
	IVS : 0.94 cm	PW :1.16 cm	FS : 38 %
LEFT ATRIUM	: 3.1cm		
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 - 1.0 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 LV FILLING PATTREN

NORMAL SIZE CARDIAC CHAMBERS

NO MR / NO AR / NO TR / NO PAH

NO LA / LV CLOTS

NO PERICARDIAL EFFUSION


DR.V.HARIRAM
CARDIOLOGIST

