





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

*Self*

Dr. Ch. Kiran  
MD(Gen. Med)  
Regd. No: 4716

	<b>बैंक ऑफ बड़ौदा</b> <b>Bank of Baroda</b>	
नाम के. प्रवीण कुमार	Name <b>K.PRAVEEN KUMAR</b>	
	EC No. 157102	
	जारीकर्ता प्राधिकारी Issuing Authority	
		धारक क हस्ताक्षर Signature of Holder



Customer Service &lt;customerservice@adityalabs.com&gt;

**Health Check up Booking Confirmed Request(bobE10962),Package Code-PKG10000250, Beneficiary Code-66953**

1 message

Mediwheel &lt;customercare@policywheel.com&gt;

26 March 2022 at 18:08

To: "customerservice@adityalabs.com" &lt;customerservice@adityalabs.com&gt;

Cc: Mediwheel CC &lt;customercare@mediwheel.in&gt;, Mediwheel CC &lt;mediwheelwellness@gmail.com&gt;

**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 :** PKG10000250**Beneficiary Name :** MR. KULAKARNI PRAVEEN KUMAR**Member Age :** 50**Member Gender :** Male**Member Relation :** Employee**Package Name :** Mediwheel Metro Full Body Health Checkup Male Above 40**Location :** HYDERABAD,Maharashtra-400051**Contact Details :** 9666366214**Booking Date :** 24-03-2022**Appointment Date :** 28-03-2022**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.

# ADITYA DIAGNOSTICS & RESEARCH LABS ECG REPORT

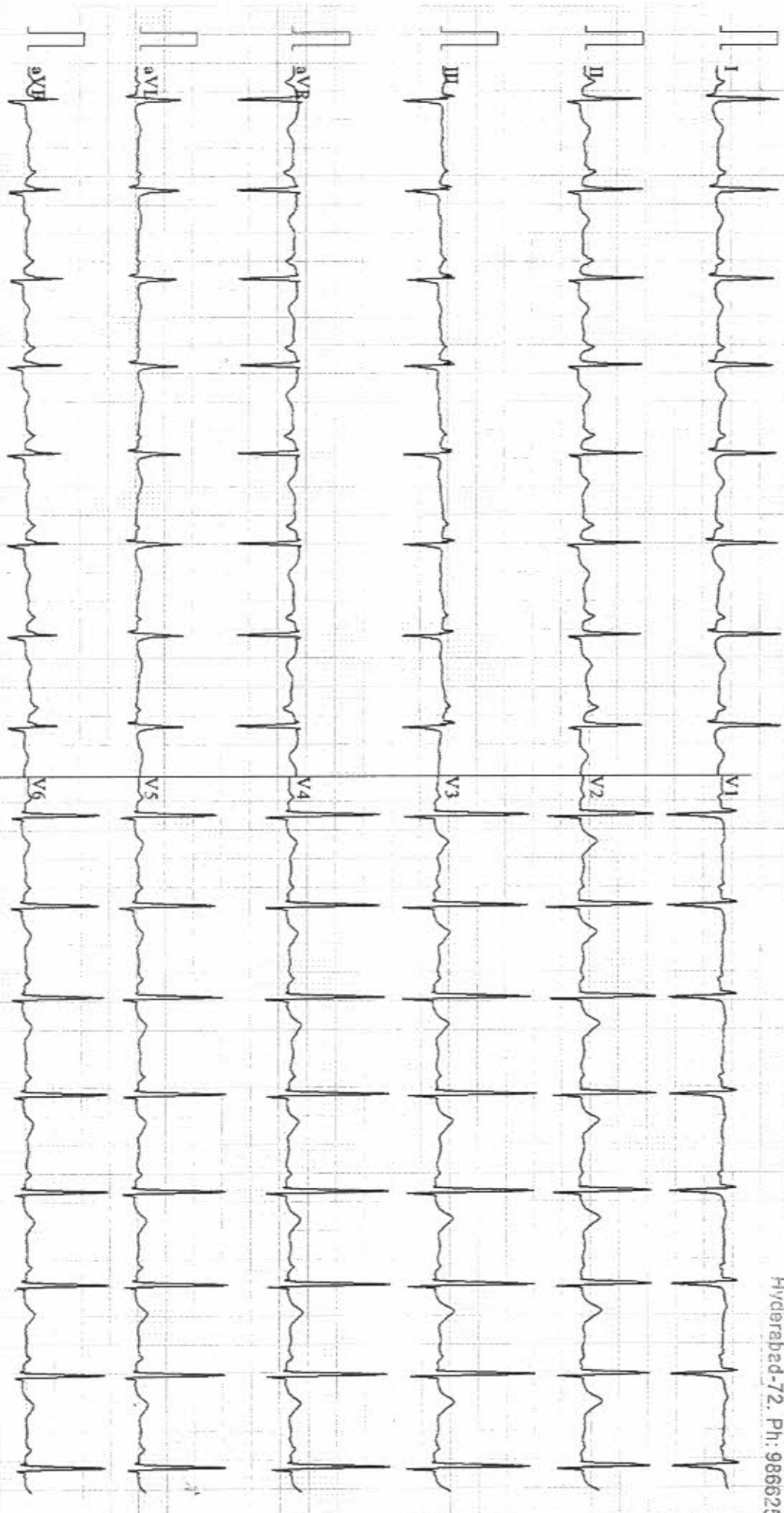
ID : 1838      Years : 93      Male      cm      kg      mmHg      Race: Unknown      Room No.:      Department:      Exam Room:      Medication:

HR : 93 bpm      **Diagnosis Information:**  
 P : 86 ms      Sinus Rhythm  
 PR : 134 ms      Low T Wave(V5,V6)  
 QRS : 79 ms  
 QT/QTc : 335/419 ms  
 P/QRS/T : 61/11/26 °  
 RV5/SV1 : 1.463/0.904 mV

O22-3126  
 MR. K. PRAVEEN KUMAR      M/52 y  
 Aditya Diagnostics 27-03-2022

Technician :  
 Ref-Phys. :  
 Report Confirmed by:

*[Signature]*  
**DR. V. HARRIRAM**  
 M.D., DM (CARD)  
**HARI'S HEART CLINIC**  
 1st Floor, Mig. 321, 4th Road, KPHS,  
 Hyderabad-72. Ph: 9866253911.





Name : MR. K.PRAVEEN KUMAR  
Age /Sex : 52 Y / M  
Ref. By : BANK OF BARODA (MW)

Reg. No : O22-3126  
Registration Date : 27-03-2022  
Alt ID : 9666366214

### 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**  
Radiologist



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**Investigation**

**Result**

**Normal Ranges**

**HAEMOGRAM**

<b>Investigation</b>	<b>Result</b>	<b>Normal Range</b>
Haemoglobin	15.0 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R B C mil/cmm	5.0 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	45 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	80 Cubic microns	76 - 96 Cubic microns
MCH	28 Picograms	27- 32 Picograms
MCHC	35 gm%	30 - 36 gm%
WBC ( Total )	10,900 cells/cmm	4,000 - 11,000 cells/cmm

**DIFFERENTIAL COUNT**

Neutrophils (Polymorphs)	69 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	26 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	03 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	3,13,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	29 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.9 %	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 \*

105 mg/dl

70 - 110 mg/dl

Blood Sugar

Method GOD-POD

Post Prandial Glucose \*

193 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
% HbA1c (Glycosylated Haemoglobin) <i>(Method: HPLC-NGSP Certified)</i>	5.8 %	< 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 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 \*

  
Dr Rajini G, Phd  
Chief Biochemist

  
Dr K Mahesh Kumar, MD  
Consultant Pathologist



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### Department of Biochemistry

Investigation	Result	Reference Range
<b>Liver Function Tests</b>		
Total Bilirubin (Method: Walter &Gerarde)	0.82 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	0.13 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	0.69 mg/dl	
Alkaline Phosphatase (Method: GSCC)	58 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)	27 IU/L	UP TO 55 IU/L
Total Proteins (Method: Biuret)	7.3 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	4.1 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	3.2 gm/dl	
A/G Ratio	1.28	
Gamma GT IFCC Method	19 U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L
Lab Incharge		

\*End of Report \*

*Dr. Rajna G, PhD*  
Chief Biochemist

*Dr K Mahesh Kumar, MD*  
Consultant Pathologist





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### Department of Biochemistry

Investigation	Result	Reference Range
<b>Lipid Profile</b>		
Total Cholesterol * Method CHOD-POD	233 mg/dL	Normal : < 200 mg/dL Borderline High : 200 - 239 mg/dL High : > 240 mg/dL
Serum Triglycerides * Method GPO - POD	100 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	43 mg/dL	Low : < 40 High : > 60
L D L Cholesterol * Method Calculated	170 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	20 mg/dL	10 - 30 mg/dL
TC / HDL Cholesterol Ratio * Method Calculated	5.4 Ratio	3.0 - 5.0 Ratio
LDL / HDL Ratio * Method Calculated	3.9 Ratio	1.5 - 3.5 Ratio

\*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**

Serum Creatinine \*  
Method Enzymatic

0.7 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

\*End of Report \*

  
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**Department of Biochemistry**

**Investigation**

**Result**

**Reference Range**

Blood Urea \*

17 mg/dl

10 - 50 mg/dl

Method GLDH


Blood Urea Nitrogen \*


7.9 mg/dl

6 - 25.5 mg/dl

Calculated

\*End of Report \*

  
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### Department of Biochemistry

#### Investigation

#### Result

#### Reference Range

Serum Uric Acid \*  
Method:Uricase POD


5.3 mg/dl

Male : 3.5 - 7.2 mg/dl

Female : 2.6 - 6.0 mg/dl

\*End of Report \*

  
Dr Rajitha 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)	1.18 ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	13.6 mg/dL	3.5 - 12.6 mg/dL
Thyroid Stimulating Hormone(TSH) Method: C.L.I.A	3.72 $\mu$ IU/ml	0.35 - 5.50 $\mu$ 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 : 2 - 3 /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




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Ultrasound Scan Abdomen

- Liver** Size ( 121 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** Partially distended wall thickness normal . No calculus or no mass lesions are seen.
- Spleen** Size : 80 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 : 95 X 35 mm  
Left kidney Measures : 91 X 38 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** EMPTY
- Prostate** Sub optimal window
- Others** Aorta and IVC are normal. No lymphadenopathy. No ascitis.
- Impression** - No sonological abnormality detected at the time of scan.

  
DR AZAM  
Consultant Radiologist





ADITYA DIAGNOSTICS  
27/03/22 13:09:55

MR K PRAVEEN KUMAR,  
ADM 3126

Mi 6.8 To 8.1 40

Abdomen

B	CM
g- Pq	4.0 MHz
Sn	48
SM	20
MW	ADC
D	18.0 cm
DR	66
FR	30 Hz
AD	100%

0:1800 (0.0:34.1 s)

Abdomen

L2

- (C) % Stenosis
- (X) Volume
- (C) Angle
- (V) Renal Volume
- (L) A/B Ratio
- (L) Aorta Diameter
- (V) Renal Length

Worksheet Direct Rep.

L	12.13 cm
d	3.88 cm
L	0.00 cm

