



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

## Health Check up Booking Request(bobE10616),Package Code(),Beneficiary Code()

1 message

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

21 February 2024 at 09:12



**Mediwheel**  
 ....Your wellness partner

011-41195959

Dear Aditya Diagnostics And Research Laboratories

We have received a booking request for the details are following. Please provide your confirmation by clicking on the yes button.

**Are you sure to confirm the booking?**      Yes      No

**Name** : MR. GUNDETI NARENDRA  
**Package Name** : Mediwheel Full Body Health Checkup Male Below 40  
**Package Code** :  
**Location** : Road No. 4, KPHB Colony,  
**Contact Details** : 8019238332  
**E-mail id** : narendra.gundeti@gmail.com  
**Booking Date** : 21-02-2024  
**Appointment Date** : 24-02-2024

Member Information		
Booked Member Name	Age	Gender
MR. GUNDETI NARENDRA	37 year	Male

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

**Hospital Package Name** : Mediwheel Full Body Health Checkup Male Below 40  
**User Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**21 Tests included in this Package** :

- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation

भारत सरकार  
Government of India

आधार

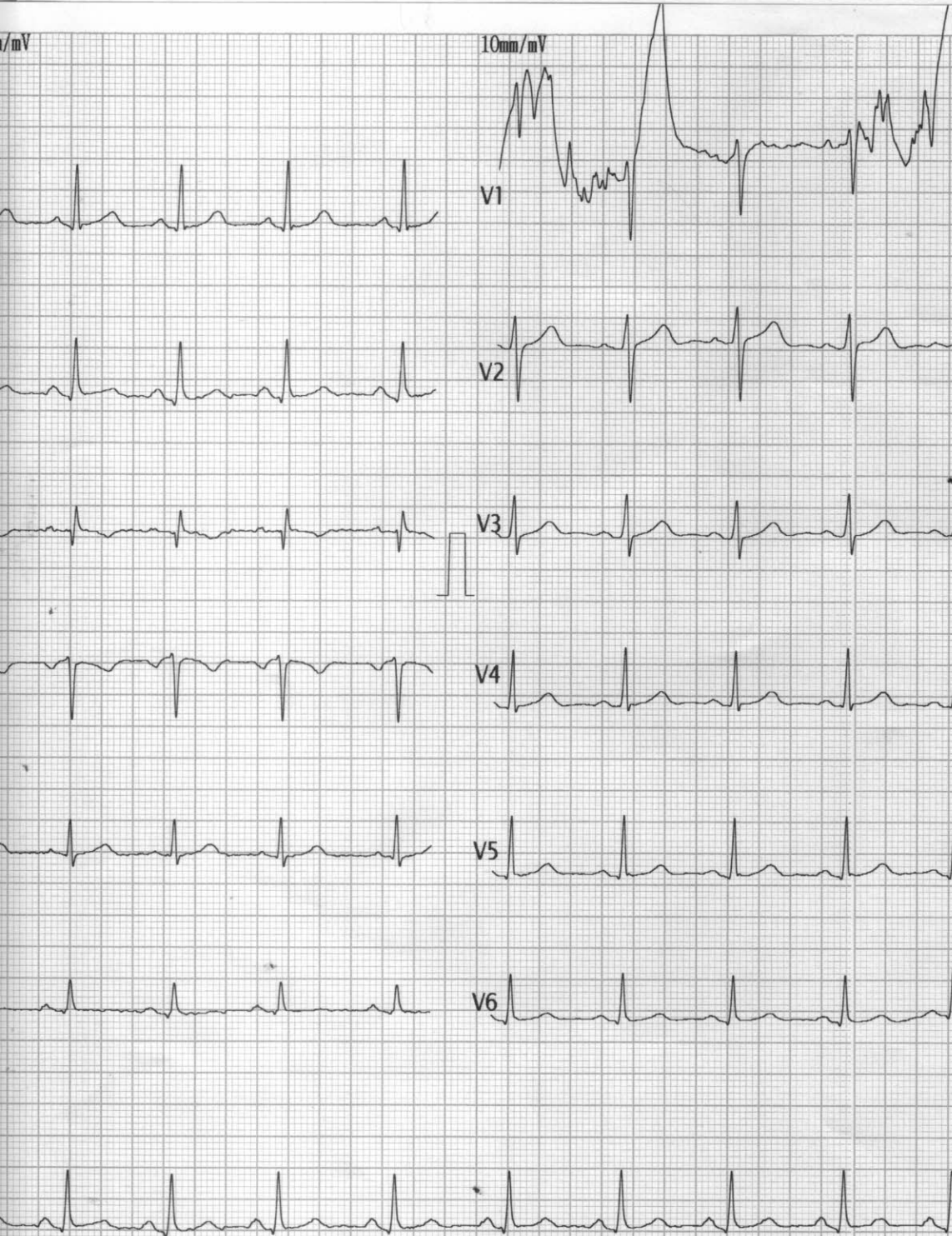
नरेंद्र गुंडेटी  
Narendra Gundeti  
पुष्पिन तडी / DOB : 14/04/1986  
पुरुषुदु / Male

Issue Date: 30/06/2013

आधार पहचान का प्रमाण है, नागरिकता का नहीं।  
Aadhaar is a proof of identity, not of citizenship.

2908 2322 6457

मेरा आधार, मेरी पहचान



Mr. Gundeti Narendra(K-8115) /  
37 Y

24019900007794  
24/02/2024 09:22

IDNO : 1423  
NAME :  
GENDER : --/--  
NATION :  
DATE : 2024-02-24 11:13:56  
CARDNO :  
DOCTOR :  
VERSION : V2.5.17

HR(BPM) : 87  
P\_R(ms) : 142  
QRS(ms) : 88  
Axis(Deg) : 37  
P/T(ms) : 114 / 173  
QT/QTc(ms) : 351 / 422  
RV1/SV5(mV) : 0.34 / 0.01  
RV5/SV1(mV) : 0.94 / 0.84

=== Interpretation ===  
800 Sinus Rhythm  
\*\*\* Normal ECG \*\*\*

NOTE: Report needs clinician review





Name : MR. GUNDETI NARENDRA  
Id : K-8115  
Age/Gender : 37 years 10 months /M  
DOB : 14/04/1986  
Referred By : MEDIWHEEL  
Vid : OPI2324-8478  
Collected On : 24/02/2024 09:22  
Reported On : 24/02/2024 18:14  
Barcode :

Parameter	Result	Bio. Ref. Interval
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**DEPARTMENT OF HAEMATOLOGY**

**COMPLETE BLOOD COUNT - CBC ( SAMPLE TYPE - BLOOD EDTA)**

HAEMOGLOBIN-HB (Method: Colorometric Method)	14.4 gm%	13.0 - 17.0
RBC (Method: Electrical Impedance)	4.6 Million/cmm	4.5 - 5.5
PCV (Method: Cumulative Pulse Height)	43 %	40 - 50
MCV (Method: Automated Calculation)	89 fl	83 - 101
MCH (Method: Calculated)	31 pg	27 - 32
MCHC (Method: Calculated)	33 %	31.5 - 34.5
TOTAL WBC COUNT - TC (Method: Electrical Impedance)	6400 Cells/cumm	4000 - 11000
<b>DIFFERENTIAL COUNT</b> (Method: Flow cytometry/ Microscopy)		
NEUTROPHIL	54 %	40 - 80
LYMPHOCYTES	37 %	20 - 40
EOSINOPHILS	04 %	1 - 6
MONOCYTES	05 %	2 - 10
BASOPHILS	00 %	< 2
PLATELET COUNT (Method: Electrical Impedance)	305000 cells/cmm	150000 - 410000
ERYTHROCYTE SEDIMENTATION RATE - ESR (Method: Manual Modified Westergren method)	08 mm/hr	1 - 13
RETICULOCYTE COUNT (Method: Microscopic)	0.9 %	0.0 - 2.5
ABSOLUTE NEUTROPHIL COUNT	3456 cells/micro L	2000 - 7000
ABSOLUTE LYMPHOCYTE COUNT	2368	1000 - 4000
ABSOLUTE EOSINOPHIL COUNT (Method: Fluorescent Flow Cytometr)	256.0 Cells/microL	40 - 440
ABSOLUTE MONOCYTE COUNT	320.0 cells/micro L	200 - 1000
ABSOLUTE BASOPHIL COUNT	0.0 cells/micro L	< 150
<b>PERIPHERAL SMEAR STUDY</b> (Method: Microscopic)		
RBC'S	Normocytic/ Normochromic	
WBC'S	Within Normal Limits	
PLATELETS	Adequate	
<b>BLOOD GROUP AND RH TYPING</b> (Method: Hemagglutination)		
Blood group	"O"	



**ADITYA**  
**DIAGNOSTICS**  
Research Laboratories  
*Results You Trust*




K.P.H.B. COLONY : MIG 256-258, S.R. Towers, Road No. 4,  
Hyderabad - 500072. Tel : +91-40-4350 0918

ERRAGADDA : Deccan Chambers, Above Punjab National Bank,  
Hyderabad - 500018. Tel: +91-40-2381 7362

e-mail: customerservice@adityalabs.com | website: www.adrl.co.in

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VERIFIED BY

*Ramadevi*

Dr. S RAMADEVI M.B.B.S  
MD PATHOLOGIST  
APPROVED BY



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**DEPARTMENT OF BIOCHEMISTRY**

**FASTING AND POST LUNCH BLOOD SUGAR WITH CORRESPONDING URINE**

Glucose Fasting (Method: GOD-POD)	137 mg/dl	↑↑	70 - 110
Urine Sugar	NIL		
Glucose - PP (Method: GOD-POD)	159 mg/dl		70 - 160
Urine Sugar	NIL		
GLYCOSYLATED HAEMOGLOBIN - HbA1c (Method: HPLC)	7.0 %		Normal: < 5.7 Diabetic: > 6.5 Pre Diabetic: 5.7 - 6.4 Good Control: 6.5 - 7 Weak Control: > 7.8 Poor Control: > 8

**INTERPRETATION**

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 HbA1c 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.

**LIVER FUNCTION TEST ( SAMPLE TYPE - SERUM)**

BILIRUBIN TOTAL (Method: Diazo - Endpoint)	0.48 mg/dl	0.3 - 1.2
BILIRUBIN DIRECT (Method: Diazo - Endpoint)	0.12 mg/dl	0.0 - 0.20
BILIRUBIN INDIRECT (Method: Calculated)	0.36 mg/dl	0.25 - 1
SGOT - AST (Method: IFCC without P5P KINETIC)	11 U/L	Upto - 55
SGPT - ALT (Method: IFCC without P5P KINETIC)	19 U/L	Upto - 55
ALKALINE PHOSPHATASE (Method: AMP Optimised IFCC Kinetic)	70 U/L	53 - 128
TOTAL PROTEIN (Method: BIURET)	6.4 gm/dl	6.0 - 8.3
ALBUMIN (Method: Bromo Cresol Green)	3.8 gm/dl	3.5 - 5.2



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A/G RATIO (Method: Calculated)	1.46	1 - 2

**RENAL FUNCTION TEST ( SAMPLE TYPE- SERUM)**

UREA (Method: Urease GLDH)	18 mg/dl	10 - 50
URIC ACID (Method: URICASE/PEROXIDASE)	5.6 mg/dl	3.5 - 7.2
SERUM CREATININE (Method: Enzymatic)	0.9 mg/dl	0.7 - 1.3

**LIPID PROFILE ( SAMPLE TYPE - SERUM )**

TOTAL CHOLESTEROL (Method: CHOD-POD)	173 mg/dl	Normal: < 200 Borderline High: 200 - 239 High: > 240
TRIGLYCERIDES (Method: GPO-POD End Point)	121 mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500
HDL CHOLESTEROL (Method: DIRECT ENZYMATIC)	32 mg/dl	Low: < 40 High: > 60
LDL CHOLESTEROL (Method: CALCULATED)	<b>116.8</b> mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: =/> 190
VLDL (Method: CALCULATED)	24.2 mg/dL	10 - 30
LDL / HDL RATIO (Method: Calculated)	<b>3.65</b>	1.5 - 3.5
CHOL / HDL RATIO	<b>5.41</b>	3.9 - 5
TGL / HDL RATIO	<b>3.78</b>	< 2


  
VERIFIED BY



Dr.Rajani Gutha Ph.D  
Chief Biochemist  
APPROVED BY





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**DEPARTMENT OF ENDOCRINOLOGY**

**THYROID FUNCTION TEST**

<b>TOTAL TRIIODOTHYRONINE - T3</b> (Method: CLIA)	0.92 ng/ml	Adult: 0.60 - 1.78 2weeks-4 months: 1.2 - 2.4 1-14 years: 1.05 - 2.45 New borns: 0.73 - 2.88 Pregnancy-1st trimester: 1.21 - 3.08 2nd & 3rd Trimester: 1.52 - 3.62
<b>TOTAL THYROXINE - T4</b> (Method: CLIA)	9.25 ug/dl	Adult: 4.82 - 15.65 2 weeks-4 months: 7 - 15 1-14 years: 6.4 - 13.3 Pregnancy- 1st trimester: 7.8 - 46.2 2nd&3rd trimester: 9.1 - 18.3
<b>THYROID STIMULATING HORMONE - TSH</b> (Method: CLIA)	5.45 uIU/ml	Adult: 0.35 - 5.50 New borns: 0.70 - 15.2 2weeks-4 months: 1.7 - 9.1 <12 months: 1.36 - 8.8 1-6 years: 0.85 - 6.5 7-12 years: 0.28 - 4.3 Pregnancy- 1st trimester: 0.1 - 2.5 2nd &3rd Trimester: 0.2 - 3.0

**INTERPRETATION**

*In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated and in primary hyperthyroidism, TSH levels will be low. In Hypothyroidism there is decreased production of thyroid hormones by the thyroid hence the person may experience symptoms such as weight gain, dry skin, constipation, cold intolerance, and fatigue. Iodine deficiency and Hashimoto thyroiditis is the most common cause of hypothyroidism. If the thyroid releases inappropriately large amounts of T4 and T3, the affected person may experience symptoms associated with Hyperthyroidism, such as rapid heart rate, weight loss, nervousness, hand tremors, irritated eyes, and difficulty in sleeping. Graves disease is the most common cause of hyperthyroidism. Several medications including dopamine and glucocorticoids or excessive use of dietary supplements containing Biotin may affect TSH results. For diagnostic purpose a test result should always be assessed in conjunction with the individual's medical history, clinical examination and other findings.*

  
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**STOOL ROUTINE**

**PHYSICAL EXAMINATION**

COLOUR	BROWNISH
APPEARANCE	SEMI-SOLID
MUCUS	ABSENT
BLOOD	ABSENT
REACTION	ALKALINE

**MICROSCOPIC EXAMINATION**

OVA	NIL
CYSTS	NIL
PUS CELLS	3-5 /hpf
RBC	NIL /hpf
EPITHELIAL CELLS	1-2

**COMPLETE URINE EXAMINATION**

(Method: MANUAL)

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW
APPEARANCE	CLEAR
REACTION	ACIDIC
SPECIFIC GRAVITY	1.025

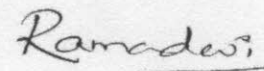
**BIOCHEMICAL EXAMINATION**

ALBUMIN	NIL
GLUCOSE	NIL

**MICROSCOPIC EXAMINATION**

PUS CELLS	2-4 /hpf
EPITHELIAL CELLS	3-4 /hpf
RBC	NIL /hpf
CASTS	NIL
CRYSTALS	NIL

  
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