

Patient Name	: Mr.PRASHANT SONKAR	Collected	: 09/Nov/2024 10:13AM
Age/Gender	: 33 Y 1 M 11 D/M	Received	: 09/Nov/2024 12:48PM
UHID/MR No	: FSIN.0000014127	Reported	: 09/Nov/2024 03:35PM
Visit ID	: CMAROPV881906	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37632		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr.Nisha  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



SIN No: CHI 241101485  
THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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APOLLO CLINICS NETWORK

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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.9	g/dL	13-17	Spectrophotometer
PCV	37.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.39	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85.4	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,440	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	64.3	%	40-80	Electrical Impedence
LYMPHOCYTES	27.6	%	20-40	Electrical Impedence
EOSINOPHILS	0.8	%	1-6	Electrical Impedence
MONOCYTES	6.7	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4783.92	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2053.44	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	59.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	498.48	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.64	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.33		0.78- 3.53	Calculated
PLATELET COUNT	156000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
Methodology	: Microscopic			
RBC	: Normocytic Normochromic			

Page 2 of 16



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

WBC	:	Normal in number, morphology and distribution. No abnormal cells seen
Platelets	:	Adequate in Number
Parasites	:	No Haemoparasites seen
IMPRESSION	:	Normocytic normochromic blood picture
Note/Comment	:	Please Correlate clinically



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**Consultant Pathologist**



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Visit ID	: CMAROPV881906	Status	: Final Report
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



**Dr. Varsha Narayanan**  
**M.B.B.S., M.D (Pathology)**  
**Consultant Pathologist**



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Patient Name	: Mr.PRASHANT SONKAR	Collected	: 09/Nov/2024 10:13AM
Age/Gender	: 33 Y 1 M 11 D/M	Received	: 09/Nov/2024 11:31AM
UHID/MR No	: FSIN.0000014127	Reported	: 09/Nov/2024 01:48PM
Visit ID	: CMAROPV881906	Status	: Final Report
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Emp/Auth/TPA ID	: 22E37632		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	80	mg/dL	70-110	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



*Varsha*

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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

SIN No: CHE241101487

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Patient Name : Mr.PRASHANT SONKAR	Collected : 11/Nov/2024 12:40PM
Age/Gender : 33 Y 1 M 11 D/M	Received : 11/Nov/2024 03:34PM
UHID/MR No : FSIN.0000014127	Reported : 11/Nov/2024 04:21PM
Visit ID : CMAROPV881906	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37632	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	113	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.  
 Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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SIN No: CHI 241101853  
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Patient Name	: Mr.PRASHANT SONKAR	Collected	: 09/Nov/2024 10:13AM
Age/Gender	: 33 Y 1 M 11 D/M	Received	: 09/Nov/2024 11:45AM
UHID/MR No	: FSIN.0000014127	Reported	: 09/Nov/2024 03:10PM
Visit ID	: CMAROPV881906	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No: CHI 241101482  
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Patient Name : Mr.PRASHANT SONKAR	Collected : 09/Nov/2024 10:13AM
Age/Gender : 33 Y 1 M 11 D/M	Received : 09/Nov/2024 11:44AM
UHID/MR No : FSIN.0000014127	Reported : 09/Nov/2024 03:25PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	151	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	55	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.06	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.22		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.76	mg/dl	0.2-1.2	Diazotized Sulfanilic
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	0-0.4	Diazotized Sulfanilic
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.51	U/L	0-49	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.5	U/L	0-46	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	72.87	U/L	35-104	IFCC (Kinetic)
PROTEIN, TOTAL	6.44	g/dL	5.7-8.0	Biuret
ALBUMIN	3.55	g/dL	3.2-4.6	Bromocresol Green
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.\*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



Dr.Nisha  
 M.B.B.S,MD(Pathology)  
 Consultant Pathologist



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Patient Name	: Mr.PRASHANT SONKAR	Collected	: 09/Nov/2024 10:13AM
Age/Gender	: 33 Y 1 M 11 D/M	Received	: 09/Nov/2024 11:44AM
UHID/MR No	: FSIN.0000014127	Reported	: 09/Nov/2024 03:25PM
Visit ID	: CMAROPV881906	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37632		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.73	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	23.99	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.62	mg/dL	3.5-8.5	Uricase
CALCIUM	<b>8.39</b>	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	<b>2.25</b>	mg/dL	2.5-4.5	PMA Phenol
SODIUM	143.23	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103.25	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.44	g/dL	6.3-8.2	Biuret
ALBUMIN	3.55	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated



**Dr. Nisha**  
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Consultant Pathologist



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Age/Gender : 33 Y 1 M 11 D/M	Received : 09/Nov/2024 11:44AM
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Visit ID : CMAROPV881906	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	13.37	U/L	10-45	Szasz



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.15	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	<b>15.56</b>	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.138	µIU/mL	0.38-5.33	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

Page 12 of 16



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Consultant Pathologist



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Patient Name	: Mr.PRASHANT SONKAR	Collected	: 09/Nov/2024 10:13AM
Age/Gender	: 33 Y 1 M 11 D/M	Received	: 09/Nov/2024 11:44AM
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Visit ID	: CMAROPV881906	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37632		

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**Consultant Pathologist**



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Patient Name : Mr.PRASHANT SONKAR	Collected : 09/Nov/2024 10:13AM
Age/Gender : 33 Y 1 M 11 D/M	Received : 09/Nov/2024 01:18PM
UHID/MR No : FSIN.0000014127	Reported : 09/Nov/2024 01:31PM
Visit ID : CMAROPV881906	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	NIL			Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

  
**Dr. Varsha Narayanan**  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist



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Patient Name	: Mr.PRASHANT SONKAR	Collected	: 09/Nov/2024 10:13AM
Age/Gender	: 33 Y 1 M 11 D/M	Received	: 12/Nov/2024 10:28AM
UHID/MR No	: FSIN.0000014127	Reported	: 12/Nov/2024 10:29AM
Visit ID	: CMAROPV881906	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37632		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>URINE GLUCOSE(POST PRANDIAL)</b>	<b>NEGATIVE</b>		<b>NEGATIVE</b>	<b>GOD-POD</b>



*Varsha*

**Dr. Varsha Narayanan**  
**M.B.B.S.,M.D(Pathology)**  
**Consultant Pathologist**

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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

\*\*\* End Of Report \*\*\*



*Varsha*

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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

  
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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034



Patient Name	: Mr. PRASHANT SONKAR	Age	: 33Yrs 1Mths 12Days
UHID	: FSIN.0000014127	OP Visit No.	: CMAROPV881906
Printed On	: 09-11-2024 06:43 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E37632		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND – WHOLE ABDOMEN MALE

**LIVER:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Partially distended. and shows two tiny non mobile echogenic foci adjacent to wall largest measuring 4mm. No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Head and body appears normal. Rest obscured by bowel gas.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.1cm and parenchymal thickness measures 1.6cm.

8Left kidney measures 11.2cm and parenchymal thickness measures 1.7cm.

**URINARY BLADDER:** Partially distended and appears normal. No evidence of abnormal wall thickening noted.

**PROSTATE:** Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

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Visualized bowel loops appears normal.

**IMPRESSION:**

**GALLBLADDER POLYPS.**

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

---End Of The Report---



Dr. NAVEEN KUMAR K  
MBBS, DMRD Radiology, (DNB)  
85518  
Radiology

Patient Name	: Mr. PRASHANT SONKAR	Age	: 33Yrs 1Mths 12Days
UHID	: FSIN.0000014127	OP Visit No.	: CMAROPV881906
Printed On	: 09-11-2024 11:16 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E37632		

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## DEPARTMENT OF RADIOLOGY

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### X-RAY CHEST PA VIEW

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

#### CONCLUSION :

**No obvious abnormality seen**

For clinical correlation.

---End Of The Report---



Dr.NAVEEN KUMAR K  
MBBS, DMRD Radiology, (DNB)  
85518  
Radiology

Patient Name	: Mr. PRASHANT SONKAR	Age	: 33Yrs 1Mths 14Days
UHID	: FSIN.0000014127	OP Visit No.	: CMAROPV881906
Printed On	: 11-11-2024 01:47 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E37632		

## DEPARTMENT OF CARDIOLOGY

### 2D ECHO& COLOUR DOPPLER

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	33mm	25 - 37 mm	IVS(ed)	10mm	06 - 11 mm
LA(es)	35mm	19 - 40 mm	LVPW(ed)	09mm	06 - 11 mm
RVID(ed)	14mm	07 - 21 mm	EF	60 %	(50 - 70 %)
LVID(ed)	51mm	35 - 55 mm	%FD	30%	(25 - 40%)
LVID(es)	32mm	24 - 42 mm			

### MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

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LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
	Normal cardiac chambers
	Normal valves
	Normal LV Systolic function
IMPRESSION	No pulmonary hypertension
	No RWMA at rest
	Normal pericardium,
	No intracardiac masses / thrombi

---End Of The Report---



Dr.KAPIL RANGAN  
MBBS,MD,DM (CARDIOLOGY)  
KMC NO.88625  
Cardiology

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Prashant on 09/11/2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr.   
**Medical Officer**

*This certificate is not meant for medico-legal purposes*





Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

09.11.2024 11:06:54  
APOLLO MEDICAL CENTRE  
KUNDALAHALLI  
BANGALORE

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

91 bpm  
-- / -- mmHg

QRS : 80 ms  
QT / QTcbaz : 344 / 423 ms  
PR : 124 ms  
P : 78 ms  
RR / PP : 656 / 659 ms  
P / QRS / T : 57 / 27 / 26 degrees  
Normal sinus rhythm  
Normal ECG

