

Patient Name	: Mr.GANESH H G	Collected	: 28/Sep/2024 07:53AM
Age/Gender	: 58 Y 9 M 20 D/M	Received	: 28/Sep/2024 10:13AM
UHID/MR No	: CMYS.0000062221	Reported	: 28/Sep/2024 12:52PM
Visit ID	: CMYSOPV129889	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7646		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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Dr. PAVAN KUMAR M
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:MYS240901429



Patient Name : Mr.GANESH H G	Collected : 28/Sep/2024 07:53AM
Age/Gender : 58 Y 9 M 20 D/M	Received : 28/Sep/2024 10:13AM
UHID/MR No : CMYS.0000062221	Reported : 28/Sep/2024 02:35PM
Visit ID : CMYSOPV129889	Status : Final Report
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Emp/Auth/TPA ID : 35E7646	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.1	g/dL	13-17	Spectrophotometer
PCV	40.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.86	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	58.5	fL	83-101	Calculated
MCH	19.2	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,110	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53	%	40-80	Electrical Impedance
LYMPHOCYTES	37	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2708.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1890.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	51.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	408.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.43		0.78- 3.53	Calculated
PLATELET COUNT	126000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic with microcytic hypochromic.

W.B.C: Are normal in number,morphology and distribution.

Platelets: Reduced in number and are seen in singles and clumps.

Hemoparasites: Not seen.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH THROMBOCYTOPENIA.



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Patient Name : Mr.GANESH H G	Collected : 28/Sep/2024 07:53AM
Age/Gender : 58 Y 9 M 20 D/M	Received : 28/Sep/2024 10:13AM
UHID/MR No : CMYS.0000062221	Reported : 28/Sep/2024 01:46PM
Visit ID : CMYSOPV129889	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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



Dr. PAVAN KUMAR M
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SIN No:MYS240901429



Patient Name : Mr.GANESH H G	Collected : 28/Sep/2024 10:25AM
Age/Gender : 58 Y 9 M 20 D/M	Received : 28/Sep/2024 12:49PM
UHID/MR No : CMYS.0000062221	Reported : 28/Sep/2024 02:46PM
Visit ID : CMYSOPV129889	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	422	mg/dl	74-106	GOD, POD

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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	488	mg/dl	70-140	GOD, POD

Result is rechecked. Kindly correlate clinically

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:MYS240901607



Patient Name : Mr.GANESH H G	Collected : 28/Sep/2024 07:53AM
Age/Gender : 58 Y 9 M 20 D/M	Received : 28/Sep/2024 01:56PM
UHID/MR No : CMYS.0000062221	Reported : 28/Sep/2024 02:00PM
Visit ID : CMYSOPV129889	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7646	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	15.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	390	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:MYS240901432



Patient Name : Mr.GANESH H G	Collected : 28/Sep/2024 07:53AM
Age/Gender : 58 Y 9 M 20 D/M	Received : 28/Sep/2024 10:25AM
UHID/MR No : CMYS.0000062221	Reported : 28/Sep/2024 02:37PM
Visit ID : CMYOPV129889	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7646	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	232	mg/dl	0-200	CHOD
TRIGLYCERIDES	548	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	33	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	199	mg/dL	<130	Calculated
VLDL CHOLESTEROL	109.56	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.01		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.86		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Patient Name	: Mr.GANESH H G	Collected	: 28/Sep/2024 12:44PM
Age/Gender	: 58 Y 9 M 20 D/M	Received	: 28/Sep/2024 12:44PM
UHID/MR No	: CMYS.0000062221	Reported	: 28/Sep/2024 01:23PM
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Test Name	Result	Unit	Bio. Ref. Interval	Method
LDL CHOLESTEROL - (DIRECT LDL)	98.52	mg/dl	0-100	Direct method



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	91	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	52.0	U/l	0-35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	73.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.40	g/dl	6.4-8.3	Biuret
ALBUMIN	3.90	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		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, Wilson's'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. PAVAN KUMAR M
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324



Dr. PAVAN KUMAR M
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	91	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	52.0	U/l	0-35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	73.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.40	g/dl	6.4-8.3	Biuret
ALBUMIN	3.90	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	112.00	U/l	0-55	IFCC

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:



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DEPARTMENT OF BIOCHEMISTRY

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*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.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.92	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	38.43	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	18.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	3.5-7.2	Uricase
CALCIUM	9.70	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.11	mg/dl	2.7-4.5	Molybdate
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.40	g/dl	6.4-8.3	Biuret
ALBUMIN	3.90	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated



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Visit ID	: CMYSOPV129889	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	73.00	U/l	53-128	IFCC (AMP buffer)



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Visit ID	: CMYOPV129889	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.72	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.25	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.300	µIU/mL	0.38-5.33	CLIA

Comment:

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

1. 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.
2. 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.
3. 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.
4. 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

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Dr. PAVAN KUMAR M
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SIN No: MYS240901426

Patient Name	: Mr.GANESH H G	Collected	: 28/Sep/2024 07:53AM
Age/Gender	: 58 Y 9 M 20 D/M	Received	: 28/Sep/2024 10:25AM
UHID/MR No	: CMYS.0000062221	Reported	: 28/Sep/2024 12:55PM
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Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7646		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Dr. PAVAN KUMAR M
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No: MYS240901426



Patient Name : Mr.GANESH H G	Collected : 28/Sep/2024 07:53AM
Age/Gender : 58 Y 9 M 20 D/M	Received : 28/Sep/2024 10:25AM
UHID/MR No : CMYS.0000062221	Reported : 28/Sep/2024 12:54PM
Visit ID : CMYSOPV129889	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7646	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	12.19	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.



Dr. PAVAN KUMAR M
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:MYS240901426



Patient Name : Mr.GANESH H G	Collected : 28/Sep/2024 07:53AM
Age/Gender : 58 Y 9 M 20 D/M	Received : 28/Sep/2024 10:25AM
UHID/MR No : CMYS.0000062221	Reported : 28/Sep/2024 12:54PM
Visit ID : CMYSOPV129889	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7646	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	472	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.140	ng/mL	0-4	CLIA



Dr. PAVAN KUMAR M
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No: MYS240901426



Patient Name : Mr.GANESH H G	Collected : 28/Sep/2024 07:53AM
Age/Gender : 58 Y 9 M 20 D/M	Received : 28/Sep/2024 11:43AM
UHID/MR No : CMYS.0000062221	Reported : 28/Sep/2024 02:45PM
Visit ID : CMYSOPV129889	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7646	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	POSITIVE +++		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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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. PAVAN KUMAR M
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:MYS240901431



Patient Name : Mr.GANESH H G	Collected : 28/Sep/2024 07:53AM
Age/Gender : 58 Y 9 M 20 D/M	Received : 28/Sep/2024 11:40AM
UHID/MR No : CMYS.0000062221	Reported : 28/Sep/2024 02:40PM
Visit ID : CMYSOPV129889	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7646	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (++++)		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	POSITIVE (+++)		NEGATIVE	Dipstick

*** End Of Report ***



Dr. PAVAN KUMAR M
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No: MYS240901430



Patient Name : Mr.GANESH H G
Age/Gender : 58 Y 9 M 20 D/M
UHID/MR No : CMYS.0000062221
Visit ID : CMYSOPV129889
Ref Doctor : Self
Emp/Auth/TPA ID : 35E7646

Collected : 28/Sep/2024 07:53AM
Received : 28/Sep/2024 11:40AM
Reported : 28/Sep/2024 02:40PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

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.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No: MYS240901430

Patient Name	: Mr. GANESH H G	Age	: 58Yrs 9Mths 22Days
UHID	: CMYS.0000062221	OP Visit No.	: CMYSOPV129889
Printed On	: 29-09-2024 09:38 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35E7646		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 90 beats per minutes.

Impression:

NORMAL RESTING ECG.

---End Of The Report---



Dr. GURU PRASAD B V
MBBS, PGDCC
69949
Cardiology



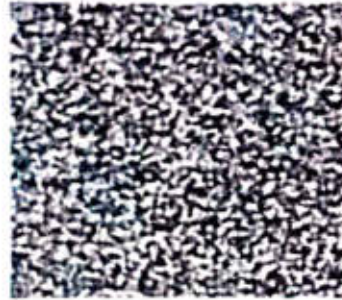
ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ರೋಲರ್‌ದ ಸಂಖ್ಯೆ Enrolment No.: 1189/10071/04891

To
ಗಣೇಶ್ ಹೆಚ್ ಎಚ್
Ganesh H G
S/O H P Giddalah
508
Somavarpet Taluk
1st Block Indra Badavane
Kushalnagara
Kodagu Karnataka - 571234
9900931925

Signature
EVAAS



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9793 0258 2087

VID : 9107 9007 0157 0969

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



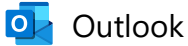
ಗಣೇಶ್ ಹೆಚ್ ಎಚ್
Ganesh H G
ಜನ್ಮ ದಿನಾಂಕ/DOB: 08/12/1965
ಪುರುಷ/ MALE

Issue Date: 08/08/2012

9793 0258 2087

VID : 9107 9007 0157 0969

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



Your appointment is confirmed

From noreply@apolloclinics.info <noreply@apolloclinics.info>

Date Fri 27-09-2024 11:35

To bhavanihg87@gmail.com <bhavanihg87@gmail.com>

Cc Mysore Apolloclinic <mysore@apolloclinic.com>; Yogeesh KV <mkt.mysore@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear H G GANESH,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-09-28** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a 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 alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.

3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, 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.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: 23, KALIDASA ROAD, VV MOHLLA, MYSORE.

Contact No: (0821) 400 6040 - 41.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic



91, 12⁺ eye

HE + 159 W6 - 54.5 kg

BMI + 21.3

BP + 120/80



Name : Mr. GANESH H G

Age : 58Y 9M 20D

UHID : CMNS1000492221

Address : Mysore Mysore Karnataka INDIA 570001

sex : Male



Plan : ARCOFEMI MEDIWHEEL AHC CREDIT PLAN
INDIA OP AGREEMENT

OP No : CMNS-OP-2009
Bill No : CMNS-OP-10-1477
Date : Sep 29th, 2024, 7:48 AM

Sno.	Service Type/Service Name	Department
1	ARCOFEMI - MEDIWHEEL FULL BODY ADVANCED AHC AND VITAMIN MALE - 2D ECHO - PAN INDIA FY24	
1	RENAL PROFILE-RENAL FUNCTION TEST (RFT)	Biochemistry
2	BLOOD GROUP & ABG ANTIBODY TITR	Biochemistry
3	THINSLX BY GENERAL PHYSICIAN - P	Consultation
4	DENTAL CONSULTATION	Consultation
<input checked="" type="checkbox"/>	HEIGHT	General
<input checked="" type="checkbox"/>	WEIGHT	General
<input checked="" type="checkbox"/>	BPM MEASUREMENT	General
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	General
9	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry
10	URINE GLUCOSE (FASTING)	Clinical Pathology
11	DIET CONSULTATION - P	General
12	ECG	Cardiology
13	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	Biochemistry
14	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry
15	URINE GLUCOSE (POST PRANDIAL)	Clinical Pathology
16	LIVER FUNCTION TEST (LFT) WITH GGT	Biochemistry
17	ENT CONSULTATION - P	Consultation
18	VITAMIN B12	Biochemistry
19	ULTRASOUND - WHOLE ABDOMEN	Ultrasonid Radiology
20	VITAMIN D - 25 HYDROXY (D2+D3)	Biochemistry
21	X-RAY CHEST PA	X Ray Pathology
22	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry
23	GLUCOSE, FASTING	Biochemistry
24	LIPID PROFILE	Biochemistry
25	ALKALINE PHOSPHATASE - SERUM PLASMA	Biochemistry
26	COMPLETE URINE EXAMINATION	Clinical Pathology
27	LIVER FUNCTION TEST (LFT)	Biochemistry
28	HEMOGRAM + PERIPHERAL SMEAR	Haematology
29	PERIPHERAL SMEAR	Haematology
<input checked="" type="checkbox"/>	2D ECHO	Cardiology
31	OPHTHAL BY GENERAL PHYSICIAN	Consultation

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mr. Ganesh, H.G. on 28/9/24.

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1... <u>Diabetes Mellitus</u></p> <p>2... <u>Dyslipidemia</u></p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>1 month</u></p>	
<ul style="list-style-type: none"> <u>Currently Unfit.</u> <p>Review after <u>1 month</u> recommended</p>	
<ul style="list-style-type: none"> Unfit <p><u>Requires rest for week.</u></p>	

Dr. Jusant
Medical Officer
Apollo Clinic
The Apollo Clinic, Mysore
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph: 0821-4006040/41

Apollo Health and Lifestyle Limited

City: 085110702000PLC115819

Regd Office: 1, 10-10-62, Anhoka Raghupathi Ch. *This certificate is not meant for medico-legal purposes*

Ph: No. (081) 4904 7777 Fax No. 4904 7744; [email] enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore | Saravahajudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarajur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Mr. Aramesh . H . G .
58 yrs .

Dr. J. MUKUND
MBBS, MD (Internal
Medicine)

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80 mmHg .

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Kidney Diabetes → Uncontrolled
HTN .

↓
CKD AC-15.2)

FBS-422

PPBS-488 .

Vit D - 12.19

TG - 568 .

BUN .
putting
edema
Ⓢ

O/E vitals
- noted

CNS slow VBS Ⓢ

Advice .

Tab. GEMERSITA IR (2/50/1000)

1-0-0 (after food)

x 1 month .

Tab. CALIMESTAR M3 0-0-1 (b/s)

x 1 month .

Tab. RAZEL - F (5/67) 0-0-1 x

1 month .

Mukund .

Follow up date :

review on . 26/10/24

Doctor Signature
Apollo Clinic

23, 1st Floor,
Kalidas Road, Mysore
Ph : 0821-4006046/41

Date : 9/28/2024 Department : Dental
 Patient Name : Mr. GANESH H G Doctor : Dr. JYOTHI SHREE P V
 UHID : CMYS.0000062221 Registration No. : 33268A
 Age / Gender : 58Yrs 9Mths 20Days / Male Qualification : B.D.S[Bachelor of Dental Surgery]
 Consultation Timing : 2:48 PM

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

C/S/By Dr. Jyothi Shree

O/E

CA++ , SE++
 (chromogenic stain) Adv: Oral prophylaxis
 Green. gingival recession noted

Follow up date :

Jyothi

Doctor Signature
 Kalidasa Road, Mysore - 02
 Ph : 9821-4006040/41

Date : 9/28/2024 Department : ENT
 Patient Name : Mr. GANESH H G Doctor : Dr. PRAVEEN KUMAR R
 UHID : CMYS.0000062221 Registration No. : 66012
 Age / Gender : 58Yrs 9Mths 20Days / Male Qualification : MBBS, MS (ENT)
 Consultation Timing : 2:46 PM

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Cause for regular health check

All. rhinitis

O/E EoV Bilateral TM - normal

Nose - nasal mucosa - normal pale
 DNS to (1)

oral cavity L. crypts - (2)

rec (3)

Rx

T. Odiment LC - 15 days

fluticore RF nasal spray (1)
 1-2 days - 30 days

Follow up date :

1.11

Suresh

Doctor Signature
Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

officer

Date : 9/28/2024 Department : General Practice
 Patient Name : Mr. GANESH H G Doctor : Dr. SUJATHA T R
 UHID : CMYS.0000062221 Registration No. : 69649
 Age / Gender : 58 Yrs 9 Mths 20 Days / Male Qualification : MBBS, PGDMCH
 Consultation Timing : 2:47 PM

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Distance
vision

un $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

near
vision

N6

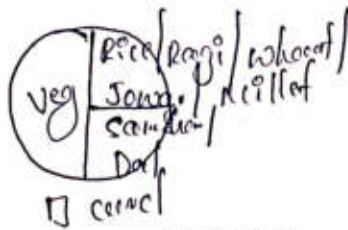
colour
vision

(CV) = normal

(BE) = normal vision

Follow up date : 28/9/24

Dr. Sujatha T R
Kalladasa Signature
Kalladasa Clinic
Mysore - 02
0821-4006040/41



Date : 9/28/2024 Department : Nutrition & Dietetics
 Patient Name : Mr. GANESH H G Doctor : Miss.MADIHURA B P
 UHID : CMYS.0000062221 Registration No. : A104102
 Age / Gender : 58Yrs 9Mths 20Days / Male Qualification : M.Sc. Nutrition and Dietetics
 Consultation Timing : 2:46 PM **PhD***

Height : 159	Weight : 54.5kg	BMI : 21.6kg/m ²	Waist Circum : 100cm
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

FBS - 422
 PPBS - 488
 HSA1C - 15.2%
 Total cholesterol - 232
 Triglycerides - 548
 HDL - 33
 NON HDL - 199
 VLDL - 109.56
 Chol/HDL - 7.01
 T₃ Total - 0.72
 TSH - 0.300
 Vitamin D - 12.19

Clinical Diagnosis & Management Plan

- ⇒ Advise low fat, salt restricted diabetic diet with fiber rich foods.
- ⇒ Take small frequent meals, do not skip meals.
- ⇒ Fruits like Apple, Papaya, Muskmelon, Orange, Mosambi & Guava can be taken regular. If FBS is below 100mg/dl. For next 40-50 days avoid fruits.
- ⇒ Avoid root vegetables like Potato, sweet potato, Yam & Arbi.
- ⇒ Dietary guideline chart to be given.

Rtcm - T₂ DM, HTN.

Follow up date :

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph: 9843166040/41

28/9/2024

Patient Name: Mr. GANESH H G	Date: 28.09.2024	Referring Doctor: Self
Age / Sex : 58yrs /Male	UHID :62221	
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

LIVER: It is normal in size, outline and echotexture. No focal lesions seen. IIBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is distended and normal. No evidence of calculi.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal in size, outline and echopattern.

RIGHT KIDNEY: It measures 10.4 cm with parenchymal thickness of 1.2 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 10.8 cm with parenchymal thickness of 1.2cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

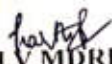
URINARY BLADDER: It is well distended with few floating internal echoes noted within the lumen. The UB wall is normal. No e/o calculi.

PROSTATE: It is normal in size and echotexture

No e/o free fluid in the abdomen.

IMPRESSION:

-Cystitis .


Dr. Karthik H V MDRD , DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

CIN: U65101TG2005PLC115819
Regd. Office: 1-10-10-02, Ashoka Nagar, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph. No. 4404 4344 Fax No. 4404 7744 E-mail: enquiry@apolloh.com | www.apolloh.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore: Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala | Sarjun Road | Mysore: VV Mohalla

Online appointments: www.apolloh.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Apollo
HOSPITALS
Patient's Name : Mr. Ganesh
Date : 28.09.2024

Apollo Clinic
Expertise Closer to you

Age & sex : 59Yrs /Male

UHID No :


2D ECHOCARDIOGRAPHY STUDY

Impression:

- Concentric left ventricular hypertrophy
- Normal left ventricular systolic function. EF 60%
- LV diastolic dysfunction
- No regional wall motion abnormality
- Normal valves
- No clots. No pericardial effusion

Findings

Left Ventricle:	Concentric LVH
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	LV diastolic dysfunction


Dr. C.B. KESHAVAMURTHY MD, DM, DNB
CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

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Mysore - Mysore Road | Mysore - KV Mahalaxi

Online appointments: www.apollohospitals.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Scanned with CamScanner

Patient's Name : Mr. Ganesh

Age & sex : 59Yrs /Male

Date : 28.09.2024

UHID No :


Measurements

AO : 2.65 cm
LA : 2.86 cm

RV : 1.97 cm
LVIDd : 4.03 cm
LVIDs : 2.75 cm
IVSd : 1.30 cm
IVSs : 1.46 cm
PWd : 1.22 cm
PWs : 1.50 cm
EF : 60.0 %
FS : 30.0 %

Doppler

MV	TV	AV	PV
E: 0.52 m/s	E 0.50 m/s	V max 1.01 m/s	V max 0.72 m/s
A: 0.63 m/s	A 0.42 m/s		
MR Nil	TR Nil	AR Nil	PR Nil


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Koramangala | Sarajal Road | Mysore: SV Mohalla

Online appointments: www.apollohospitals.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. GANESH H G
UHID : CMYS.0000062221
Printed On : 28-09-2024 04:16 PM
Department : Radiology
Referred By : Self
Employer Id : 35E7646

Age : 58Yrs 9Mths 20Days
OP Visit No. : CMYSOPVI29889
Advised/Pres Doctor : --
Qualification : --
Registration No : --

DEPARTMENT OF RADIOLOGY

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

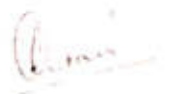
Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION: NORMAL STUDY .

---End Of The Report---



Dr.CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
90037
Radiology

GE MAC1200 ST
Male, 159 cm, 54.0 kg/120/80 mmHg

MR GANESH H G, APOLLO CLINIC

HR 83 bpm

Apollo Clinic
2, 1st Floor,
Kallidasa Road, Mysore - 02
Ph: 0821-4006040/41

AGE: _____ NO: _____

Measurement Results:

QRS	:	84 ms
QT/QTcB	:	356 / 421 ms
PR	:	146 ms
P	:	116 ms
RR/PP	:	714 / 710 ms
P/QRS/T	:	75/ 75/ 85 degrees
QTd/QTcBd	:	16 / 19 ms
Sokolow	:	2.8 mV
NK	:	11

Interpretation:



Unconfirmed report.

