





Patient Name : Mr.ABHISHEK KUMAR

Age/Gender : 37 Y 5 M 12 D/M UHID/MR No : CINR.0000151767

Visit ID : CINROPV194079

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9916436194 Collected : 13/May/2023 09:28AM Received : 13/May/2023 10:40AM Reported : 13/May/2023 12:30PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
| | | | | |

| HAEMOGLOBIN | 15.2 | g/dL | 13-17 | Spectrophotometer |
|--------------------------------------|---------|----------------------------|---------------|--------------------------------|
| PCV | 46.20 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.32 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 86.7 | fL | 83-101 | Calculated |
| MCH | 28.6 | pg | 27-32 | Calculated |
| MCHC | 32.9 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.8 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,870 | cells/cu.mm | 4000-10000 | Electrical Impedanc |
| DIFFERENTIAL LEUCOCYTIC COUNT (D | LC) | | | |
| NEUTROPHILS | 48.8 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 35 | % | 20-40 | Electrical Impedanc |
| EOSINOPHILS | 8.7 | % | 1-6 | Electrical Impedanc |
| MONOCYTES | 6.8 | % | 2-10 | Electrical Impedanc |
| BASOPHILS | 0.7 | % | <1-2 | Electrical Impedanc |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2864.56 | Cells/cu.mm | 2000-7000 | Electrical Impedanc |
| LYMPHOCYTES | 2054.5 | Cells/cu.mm | 1000-3000 | Electrical Impedanc |
| EOSINOPHILS | 510.69 | Cells/cu.mm | 20-500 | Electrical Impedanc |
| MONOCYTES | 399.16 | Cells/cu.mm | 200-1000 | Electrical Impedanc |
| BASOPHILS | 41.09 | Cells/cu.mm | 0-100 | Electrical Impedanc |
| PLATELET COUNT | 292000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 4 | mm at the end of 1 hour | 0-15 | Modified Westergre |

RBCs: are normocytic normochromic

WBCs: are normal in total number with increase in eosinophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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DEPARTMENT OF HAEMATOLOGY

Test Name Result Unit Bio. Ref. Range Method

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH EOSINOPHILIA.

Page 2 of 11











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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | |
|--|--------|------|-----------------|--------|
| Test Name | Result | Unit | Bio. Ref. Range | Method |

| BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD-EDTA | | | |
|---|----------|-----------------------------|--|
| BLOOD GROUP TYPE | AB | Microplate Hemagglutination | |
| Rh TYPE | Positive | Microplate Hemagglutination | |

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Visit ID : CINROPV194079

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9916436194 Collected : 13/May/2023 09:28AM

Received : 13/May/2023 11:00AM Reported : 13/May/2023 12:03PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | |
|--|--------|------|-----------------|--------|--|
| Test Name | Result | Unit | Bio. Ref. Range | Method | |

Comment:

As per American Diabetes Guidelines

| Fasting Glucose Values in mg/d L | Interpretation |
|----------------------------------|----------------|
| <100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |

| GLUCOSE, POST PRANDIAL (PP), 2 | 84 | mg/dL | 70-140 | HEXOKINASE |
|--------------------------------|----|-------|--------|------------|
| HOURS , NAF PLASMA | | | | |

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.

Ref: Marks medical biochemistry and clinical approach









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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | |
|--|--------|-------|-----------------|------------|--|
| Test Name | Result | Unit | Bio. Ref. Range | Method | |
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA | 6.8 | % | | HPLC | |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA | 148 | mg/dL | | Calculated | |

Comment:

Reference Range as per American Diabetes Association (ADA):

| REFERENCE GROUP | HBA1C IN % |
|-------------------------------|------------|
| NON DIABETIC ADULTS >18 YEARS | <5.7 |
| AT RISK (PREDIABETES) | 5.7 – 6.4 |
| DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

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Patient Name : Mr.ABHISHEK KUMAR

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Visit ID : CINROPV194079

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9916436194 Collected : 13/May/2023 09:28AM

Received : 13/May/2023 01:18PM Reported : 13/May/2023 04:15PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | | |
|--|--------|------|-----------------|--------|--|
| Test Name | Result | Unit | Bio. Ref. Range | Method | |

| LIPID PROFILE , SERUM | | | | |
|-----------------------|------|-------|--------|-------------------------------|
| TOTAL CHOLESTEROL | 116 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 124 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 32 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 84 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 58.9 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 24.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.62 | | 0-4.97 | 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 |
| | Optimal < 100 Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| INCNEHDI 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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SIN No:SE04371077









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Emp/Auth/TPA ID : 9916436194

Collected

: 13/May/2023 09:28AM

Received

: 13/May/2023 01:18PM

Reported

: 13/May/2023 05:08PM

Status : Final Report Sponsor Name : ARCOFEMI F

e : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWHEEL - F | ULL BODY ANNUAL | PLUS MALE - | 2D ECHO - PAN INDIA | - FY2324 | |
|--------------------------|-----------------|-------------|---------------------|----------|--|
| Test Name | Result | Unit | Bio. Ref. Range | Method | |

| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
|--|-------|-------|---------|-----------------------|
| BILIRUBIN, TOTAL | 0.71 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.14 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.57 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 31 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 23.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 79.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.03 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.26 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.77 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.54 | | 0.9-2.0 | Calculated |

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UHID/MR No

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Visit ID

: CINROPV194079

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9916436194 Collected

: 13/May/2023 09:28AM

Received

: 13/May/2023 01:18PM

Reported Status : 13/May/2023 04:15PM

Olalus

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

| ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | | | | |
|--|--------|------|-----------------|--------|
| Test Name | Result | Unit | Bio. Ref. Range | Method |

| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | | |
|--|-------|--------|-------------|-----------------------------|--|
| CREATININE | 0.79 | mg/dL | 0.72 – 1.18 | JAFFE METHOD | |
| UREA | 14.30 | mg/dL | 17-43 | GLDH, Kinetic Assay | |
| BLOOD UREA NITROGEN | 6.7 | mg/dL | 8.0 - 23.0 | Calculated | |
| URIC ACID | 4.93 | mg/dL | 3.5–7.2 | Uricase PAP | |
| CALCIUM | 9.50 | mg/dL | 8.8-10.6 | Arsenazo III | |
| PHOSPHORUS, INORGANIC | 2.56 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex | |
| SODIUM | 136 | mmol/L | 136–146 | ISE (Indirect) | |
| POTASSIUM | 3.9 | mmol/L | 3.5–5.1 | ISE (Indirect) | |
| CHLORIDE | 101 | mmol/L | 101–109 | ISE (Indirect) | |

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Age/Gender

: 37 Y 5 M 12 D/M

UHID/MR No

: CINR.0000151767

Visit ID

: CINROPV194079

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9916436194 Collected

: 13/May/2023 09:28AM

Received

: 13/May/2023 01:18PM : 13/May/2023 04:15PM

Reported Status

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

| DEPA | RTMENT | OF BIOCH | FMISTRY |
|------|----------------|----------|---------|
| | VLZ I IAITIA I | | |

| ARCOFEMI - MEDIWHEEL - FU | LL BODY ANNUAL PLUS MALE | - 2D ECHO - PAN INDIA - FY2324 |
|---------------------------|--------------------------|--------------------------------|
| | | |

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| GAMMA GLUTAMYL TRANSPEPTIDASE | 29.00 | U/L | <55 | IFCC | |
|-------------------------------|-------|-----|-----|------|--|
| (GGT), SERUM | | | | | |

Page 9 of 11







Emp/Auth/TPA ID





Patient Name : Mr.ABHISHEK KUMAR

Age/Gender : 37 Y 5 M 12 D/M

UHID/MR No : CINR.0000151767 Visit ID : CINROPV194079

: 9916436194

Ref Doctor : Dr.SELF

Collected : 13/May/2023 09:28AM Received : 13/May/2023 01:21PM Reported : 13/May/2023 04:44PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

| ARCOFEMI - MEDIWHEEL - F | ULL BODY ANNUAL | L PLUS MALE - | 2D ECHO - PAN INDIA | - FY2324 |
|--------------------------|-----------------|---------------|---------------------|----------|
| Test Name | Result | Unit | Bio. Ref. Range | Method |

| THYROID PROFILE TOTAL (T3, T4, TSH), SERUM | | | | |
|--|-------|--------|------------|------|
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.96 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 7.12 | μg/dL | 6.09-12.23 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.174 | μIU/mL | 0.34-5.60 | CLIA |

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

| 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 | | |

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: Mr.ABHISHEK KUMAR

Age/Gender

: 37 Y 5 M 12 D/M

UHID/MR No Visit ID

: CINR.0000151767

Ref Doctor

: CINROPV194079

Emp/Auth/TPA ID

: 9916436194

: Dr.SELF

Collected

: 13/May/2023 09:28AM

Received

: 13/May/2023 02:10PM

Reported

: 13/May/2023 03:48PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

Test Name Result Unit Bio. Ref. Range Method

URINE GLUCOSE(POST PRANDIAL) **NEGATIVE NEGATIVE** Dipstick

URINE GLUCOSE(FASTING) **NEGATIVE NEGATIVE** Dipstick

*** End Of Report ***

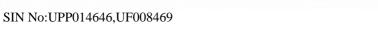
Result/s to Follow: PERIPHERAL SMEAR

Dr. Prasanna M.B.B.S, M.D

Consultant Pathologist

Dr.Anita Shobha Flynn M.B.B.S MD (Pathology) Consultant Pathologist

Page 11 of 11





Name : Mr. Abhishek Kumar

Age: 37 Y

Sex: M

Address: Bangalore

Plan

: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN

INDIA OP AGREEMENT

UHID:CINR.0000151767

OP Number:CINROPV194079
Bill No :CINR-OCR-84824

Date : 13.05.2023 09:10

| 6 | Serive Type/ServiceName | Department |
|----------|--|------------|
| Sno 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY | 2324 |
| 1 | URINE GLUCOSE(FASTING) | |
| | GAMMA GLUTAMYL TRANFERASE (GGT) | |
| | HIDAIC, GLYCATED HEMOGLOBIN | |
| | 2D ECHO | |
| | LIVER FUNCTION TEST (LFT) | |
| | X-RAY CHEST PA 0 | |
| | GLUCOSE, FASTING | |
| | BUEMOGRAM + PERIPHERAL SMEAR | |
| | ENT CONSULTATION | |
| - | FITNESS BY GENERAL PHYSICIAN | |
| 1 | I DIET CONSULTATION | |
| 1 | 2 COMPLETE URINE EXAMINATION | |
| 1 | SURINE GLUCOSE(POST PRANDIAL) | |
| 1 | 4 PERIPHERAL SMEAR | |
| U | SHEET 6 | |
| له | 6 BLOOD GROUP ABO AND RH FACTOR | |
| | LIPID PROFILE | |
| u | 8 BODY MASS INDEX (BMI) | |
| | POPTHAL BY GENERAL PHYSICIAN - Jaliwile | |
| | ORENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| | TULTRASOUND - WHOLE ABDOMEN | |
| 3 | 2 PHYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |
| | DENTAL CONSULTATION — | |
| 1 | 24 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) \2:00 | |





Date

13-05-2023

Department

: GENERAL

MR NO

CINR.0000151767

Doctor

Name

: Mr. Abhishek Kumar

Registration No

Qualification

Age/ Gender

37 Y / Male

Consultation Timing: Temp:

Weight: Pulse: 00

ВМІ: Resp:

Waist Circum: B.P : 15

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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: www.apolloclinic.com

OPTHAL PRESCRIPTION

PATIENT NAME: Mar. Abhisher Kumar DATE: 13/5/23

UHID NO: 151767

AGE: 374

OPTOMETRIST NAME: Mr Gowtham M H

GENDER: M

This is to certify that I have examined

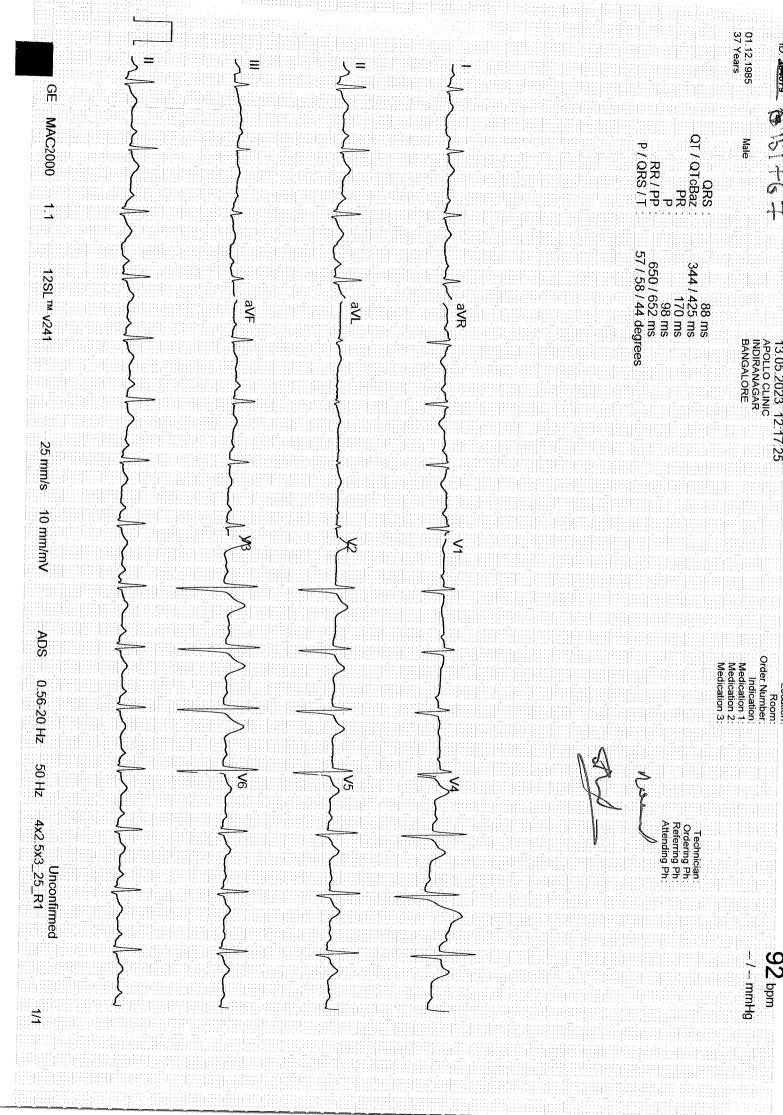
years and findings of his/her eye examination are as follows,

| | T | | | | | | | |
|----------|-----------|-----|-------|-------|--|------|---------|------|
| | RIGHT EYE | | | | | | | |
| | SPH | CYL | AXIS | DOM | | L | EFT EYE | |
| Distance | - | 00 | AAIS | BCVA | SPH | CYL | AXIS | BCVA |
| Add | | PXO | Lho - | - 6/6 | | Play | 10- | 6/ |
| | | | ALG T | | Administration of the Control of the | | CG - | |

PD-RE: 30 SLE: 310

Colour Vision: Normal BE

Apollo clinic Indiranagar







| NAME: MR ABHISHEK KUMAR | AGE/SEX: 37Y/M | OP NUMBER: 151767 |
|-------------------------|------------------|-------------------|
| Ref By: SELF | DATE: 13-05-2023 | |

M mode and doppler measurements:

| CM | M/sec | |
|---------------|--|---|
| IVS(D): 1.4 | MV: E Vel: 0.8 | A Vel : 0.7 |
| LVIDD(D): 4.4 | AV Peak: 0.9 | |
| LVPW(D): 1.4 | PV Peak: 0.7 | |
| IVS(S): 1.6 | | |
| LVID(S): 2.8 | | |
| LVPW(S): 1.6 | | |
| LVEF: 65% | | |
| TAPSE: 2.0 | | |
| | IVS(D): 1.4 LVIDD(D): 4.4 LVPW(D): 1.4 IVS(S): 1.6 LVID(S): 2.8 LVPW(S): 1.6 LVEF: 65% | IVS(D): 1.4 MV: E Vel: 0.8 LVIDD(D): 4.4 AV Peak: 0.9 LVPW(D): 1.4 PV Peak: 0.7 IVS(S): 1.6 LVID(S): 2.8 LVPW(S): 1.6 LVEF: 65% |

Descriptive findings:

| Left Ventricle | Cncentric LVH |
|----------------------------|--|
| Right Ventricle: | Normal |
| Left Atrium: | Normal |
| Right Atrium: | Normal |
| Mitral Valve: | Normal |
| Aortic Valve: | Normal |
| Pulmonary Valve: | Normal |
| IAS: | Normal |
| IVS: | Normal |
| Pericardium: | Normal menonental and a second a se |
| the sand tifactyle Limited | |

Apollo Health and Lifestyle Limited

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016. (CIN - U85110TG2000PLC115819) Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

From: Wellness: Mediwheel: New Delhi <wellness@mediwheel.in>

Sent: 10 May 2023 12:03

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Customer Care : Mediwheel : New Delhi <customercare@mediwheel.in>; Network : Mediwheel : New Delhi

<network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Booking Appointment No. 08

Dear Team

Please note the following booking and confirm the same.

Arcofemi/Mediwheel/MALE/ Arcofemi MediWheel Full Body Annual Plus 6 Male 2D ECHO (Metro) bobE39059 MR. KU

Thanks & Regards Lav Gupta



Patient Name: Mr. Abhishek KumarAge/Gender: 37 Y/M

UHID/MR No.

: CINR.0000151767

OP Visit No

: CINROPV194079

Sample Collected on

: RAD1997639

: 9916436194

Reported on

: 13-05-2023 19:04

Ref Doctor Emp/Auth/TPA ID

LRN#

: SELF

: SELF

Specimen

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

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

Dr. DHANALAKSHMI B MBBS, DMRD

Radiology



Patient Name : Mr. Abhishek Kumar Age/Gender : 37 Y/M

UHID/MR No. : CINR.0000151767 **OP Visit No** : CINROPV194079

Sample Collected on : Reported on : 13-05-2023 16:37

Ref Doctor : SELF **Emp/Auth/TPA ID** : 9916436194

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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: Moderately distended. Shows a small polyp noted measuring 4mm. No evidence of abnormal wall thickening noted.

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

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

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

URINARY BLADDER: 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.

IMPRESSION:

GALL BLADDER POLYP.

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