

Patient Name : Mr.MAYANK VIJYA	Collected : 08/Jul/2023 11:16AM
Age/Gender : 34 Y 5 M 3 D/M	Received : 08/Jul/2023 02:36PM
UHID/MR No : CSAR.0000130773	Reported : 08/Jul/2023 06:30PM
Visit ID : CSAROPV300201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9893666751.	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	44.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.38	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	82.6	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,790	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	59	%	40-80	Electrical Impedence
LYMPHOCYTES	29.4	%	20-40	Electrical Impedence
EOSINOPHILS	3.1	%	1-6	Electrical Impedence
MONOCYTES	8	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5186.1	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2584.26	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	272.49	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	703.2	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	43.95	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	308000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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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. Range	Method



SIN No:BED230158289

Patient Name : Mr.MAYANK VIJYA	Collected : 08/Jul/2023 11:16AM
Age/Gender : 34 Y 5 M 3 D/M	Received : 08/Jul/2023 02:36PM
UHID/MR No : CSAR.0000130773	Reported : 08/Jul/2023 08:35PM
Visit ID : CSAROPV300201	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. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230158289

Patient Name : Mr.MAYANK VIJYA	Collected : 08/Jul/2023 11:16AM
Age/Gender : 34 Y 5 M 3 D/M	Received : 08/Jul/2023 04:41PM
UHID/MR No : CSAR.0000130773	Reported : 08/Jul/2023 07:03PM
Visit ID : CSAROPV300201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9893666751.	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	HEXOKINASE
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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 HOURS , NAF PLASMA	96	mg/dL	70-140	HEXOKINASE
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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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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	6.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	140	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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 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.
- 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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	148	mg/dL	<200	CHO-POD
TRIGLYCERIDES	130	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	79.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.51		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
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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.96	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.78	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	76.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.75		0.9-2.0	Calculated



SIN No:SE04417644

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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. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.71	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	26.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.56	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)



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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. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<55	IFCC



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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. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.99	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.208	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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Age/Gender : 34 Y 5 M 3 D/M	Received : 08/Jul/2023 05:37PM
UHID/MR No : CSAR.0000130773	Reported : 08/Jul/2023 06:47PM
Visit ID : CSAROPV300201	Status : Final Report
Ref Doctor : Dr.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. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
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	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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2143607

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UHID/MR No : CSAR.0000130773	Reported : 08/Jul/2023 06:47PM
Visit ID : CSAROPV300201	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9893666751.	


DEPARTMENT OF CLINICAL PATHOLOGY

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

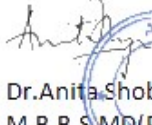
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



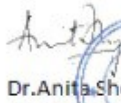
Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



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



DR. SHIV ARAJA SHETTY
M.B.B.S, M.D(Biochemistry)
CONSULTANT BIOCHEMIST



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



Patient Name	: Mr. Mayank Vijya	Age/Gender	: 34 Y/M
UHID/MR No.	: CSAR.0000130773	OP Visit No	: CSAROPV300201
Sample Collected on	:	Reported on	: 09-07-2023 11:21
LRN#	: RAD2042138	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9893666751.		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

NAME: MAYANK VIJAY Age & Sex: 34 / M Date: 08.07.2023

Ref. By: CHC

Thanks for reference

ULTRASOUND (ABDOMEN) REPORT

Liver Normal in size and diffuse increased parenchymal echotexture. PV, HV & IVC are normal. No definite mass seen. Intrahepatic biliary radicles are not dilated. CBD is not dilated.

Gall Bladder Minimally distended. No mass or calculus seen.

Pancreas Normal bulk and echopattern. No focal mass.
No duct dilatation / calculi.

Spleen Normal span. No focal lesion. Splenic vein normal.

Renals Normal size (RK:11.3 x 5.5 cms, LK: 10.5 x 4.6 cms) and echopattern. Two cysts noted in right kidney largest measuring 4.3 x 4.0 cm in upper pole. No e/o internal echoes/septations/calcifications
Cortical contour and CM differentiation maintained.
No significant pelvicalyceal dilatation.
No obvious intrarenal mass / calculi.

Urinary Bladder Well distended. Normal wall thickness. Bladder is uniformly transonic, with no focal mass/intravesical calculi.

Prostate Normal in size and echotexture. (Volume -13.9 cc)

No para aortic lymphadenopathy.

No ascites.

IMPRESSION: - GRADE – I FATTY LIVER

RIGHT SIMPLE RENAL CYSTS AS DESCRIBED.

Dr. C G NADAGOUD DMRD DNB (Radiodiagnosis)

(Consultant Radiologist)

Patient Name : Mr. Mayank Vijya

Age/Gender : 34 Y/M

UHID/MR No. : CSAR.0000130773

OP Visit No : CSAROPV300201

Sample Collected on :

Reported on : 09-07-2023 09:06

LRN# : RAD2042138

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9893666751.

DEPARTMENT OF RADIOLOGY


X-RAY CHEST PA

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION : No obvious gross abnormality noted in the x-ray.

DR. RAMESH G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

Name : Mr. Mayank Vijya Address : sjp Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 34 Y Sex : M	UHID :CSAR.0000130773  <small>*CSAR.0000130773*</small> OP Number :CSAROPV300201 Bill No :CSAR-OCR-40878 Date : 08.07.2023 11:04
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA 9	
7	GLUCOSE, FASTING 8	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION 3	Pending
10	FITNESS BY GENERAL PHYSICIAN	
11	DIET CONSULTATION	
12	COMPLETE URINE EXAMINATION	
13	URINE GLUCOSE(POST PRANDIAL)	
14	PERIPHERAL SMEAR	
15	ECG 10	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN	Pending
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
21	ULTRASOUND - WHOLE ABDOMEN	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
23	DENTAL CONSULTATION 15	Pending
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 8	

आयकर विभाग
INCOME TAX DEPARTMENT
SRASHTI VIJAY VARGIYA
RAMESH VIJAY VARGIYA
05/10/1988
Permanent Account Number
APSPV2836G
Signature 

भारत सरकार
GOVT. OF INDIA


18052012

आयकर विभाग
INCOME TAX DEPARTMENT
MAYANK VIJAY
KAILASH VIJAY
05/02/1989
Permanent Account Number
AQTPV8018J
Signature 

भारत सरकार
GOVT. OF INDIA


09102012

Health checkup booking confirmation - MRS. VARGIYA SRASHTI VIJAY & MR. Mayank Vijya



Customer Care :Mediwheel : New Delhi
To: Sarjapur Apolloclinic; Kiran Gowda <kirangowdak02@gmail.com>; Rahul Rai +3 others
Cc: v.srishti510@gmail.com



Sat 08-07-2023 09:04

Dear Team,

Please note the following bookings and confirm the same.

The centre Apollo Clinic(Sarjapur , Bangalore) is ready for health checkup and the candidate is also at the centre so please confirmed the appointment.

APPOINTMENT DATE - 08-JULY-2023

NAME	PHONE NO.	PACKAGE NAME	HOSPITAL NAME
MRS. VARGIYA SRASHTI VIJAY	9893666751	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)	Apollo Clinic(Sarjapur , Bangalore)
Mayank Vijya	9893666751	Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)	Apollo Clinic(Sarjapur , Bangalore)

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
Ph No. 011-41195959
Email : customercare@mediwheel.in; | Web: www.mediwheel.in

↶ Reply ↶ Reply all ↷ Forward

2D ECHO CARDIOGRAPHY REPORT

PATIENT NAME: MRS. SRISHTI

AGE 34/YEARS/FEMALE

Date: 08.07.2023

M-MODE MEASUREMENTS

AORTA : 2.4cm LV (D) 4.0cm IVS (D) : 0.9cm
LA : 3.0 cm LV (S) : 2.6cm PW (S): 0.8 cm
EF : 62 %

VALVES

MITRAL VALVE : NORMAL
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL

CHAMBERS

LEFT ATRIUM : NORMAL SIZED
RIGHT ATRIUM : NORMAL SIZED
LEFT VENTRICLE : NORMAL SIZED, NORMAL LV SYSTOLIC FUNCTION
RIGHT VENTRICLE : NORMAL SIZED, TAPSE-18 MM, NORMAL RV FUNCTION

SEPTAE

IAS : INTACT
IVS : INTACT

GREAT ARTERIES

AORTA : NORMAL
PULMONARY ARTERY : NORMAL

PERICARDIUM : NORMAL

DOPPLER FLOW VELOCITIES

MITRAL FLOW - E/A 0.8/0.5 m/sec, Normal LV Diastolic function, MR- Trivial
AORTIC FLOW PG-06 mmHg, AR-Trivial
TRICUSPID FLOW PASP 21 mmHg, TR-Trivial
PULMONARY FLOW PG-05mmHg

REGIONAL WALL MOTION: NO RWMA

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

OTHER FINDINGS

IVC -13 MM, NORMAL SIZED, COLLAPSING, NORMAL RA PRESSURE

IMPRESSION

NORMAL CHAMBER DIMENSIONS
NORMAL VALVES
NORMAL PA PRESSURE
NO REGIONAL WALL MOTION ABNORMALITY
NORMAL LV SYSTOLIC FUNCTION
NO CLOT / EFFUSION / VEGETATION

DR MAGESH BALAKRISHNAN
CONSULTANT INTERVENTIONAL CARDIOLOGY

PRAŞAD
CARDIAC SONOGRAPHER

Note: investigations have their limitations solitary pathological/ Radiological and investigations never confirm the final diagnosis they are help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly ,this report is not for medico-legal Purpose

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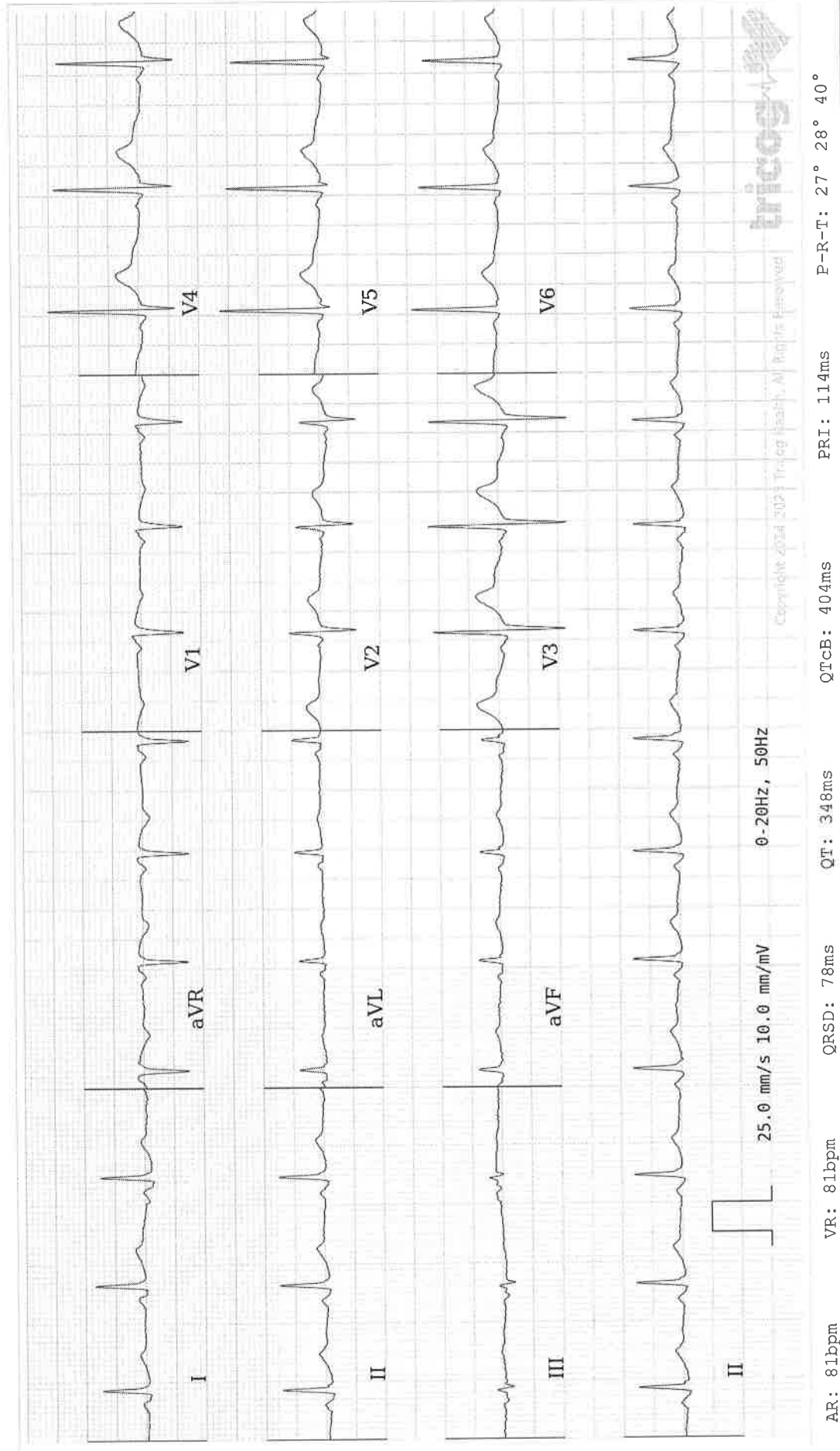
 **1860 500 7788**



Apollo clinic, Sarjapur road

Age / Gender: 35/Male
Patient ID: MAYANK

Date and Time: 20th Jun 23 9:13 AM



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

