

Patient Name	: Mr.TREVIN GODWIN DOVE	Collected	: 23/Sep/2023 09:05AM
Age/Gender	: 34 Y 7 M 26 D/M	Received	: 23/Sep/2023 10:31AM
UHID/MR No	: CMYS.0000058023	Reported	: 23/Sep/2023 11:50AM
Visit ID	: CMYSOPV117774	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 503634250442		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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SIN No:BED230230941

Patient Name : Mr.TREVIN GODWIN DOVE	Collected : 23/Sep/2023 09:05AM
Age/Gender : 34 Y 7 M 26 D/M	Received : 23/Sep/2023 10:31AM
UHID/MR No : CMYS.0000058023	Reported : 23/Sep/2023 12:28PM
Visit ID : CMYSOPV117774	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	16	g/dL	13-17	Spectrophotometer
PCV	48.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.16	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	94	fL	83-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,300	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	58.6	%	40-80	Electrical Impedence
LYMPHOCYTES	34	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	4.9	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5449.8	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	3162	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	167.4	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	455.7	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	65.1	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	241000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

R.B.C: Majority are normocytic normochromic.
W.B.C: Are normal in number,morphology and distribution.
Platelets: Adequate and are seen in singles and clumps.
Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230230941

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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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GLUCOSE, FASTING , NAF PLASMA	106	mg/dl	74-106	GOD, POD
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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.



SIN No:PLF02031427

Patient Name : Mr.TREVIN GODWIN DOVE	Collected : 23/Sep/2023 12:20PM
Age/Gender : 34 Y 7 M 26 D/M	Received : 23/Sep/2023 02:09PM
UHID/MR No : CMYS.0000058023	Reported : 23/Sep/2023 03:24PM
Visit ID : CMYSOPV117774	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	123	mg/dL	70-140	GOD - POD
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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.



Patient Name : Mr.TREVIN GODWIN DOVE	Collected : 23/Sep/2023 09:05AM
Age/Gender : 34 Y 7 M 26 D/M	Received : 23/Sep/2023 01:27PM
UHID/MR No : CMYS.0000058023	Reported : 23/Sep/2023 03:15PM
Visit ID : CMYSOPV117774	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	4.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	80	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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.

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(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:EDT230087394

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UHID/MR No : CMYS.0000058023	Reported : 23/Sep/2023 12:57PM
Visit ID : CMYSOPV117774	Status : Final Report
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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	245	mg/dl	0-200	CHOD
TRIGLYCERIDES	136	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	44	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	201	mg/dL	<130	Calculated
LDL CHOLESTEROL	173.51	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.14	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.52		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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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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SIN No:SE04490063

Patient Name : Mr.TREVIN GODWIN DOVE	Collected : 23/Sep/2023 12:52PM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	186.38	mg/dl	0-100	Direct method



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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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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.08	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.25	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.83	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	99.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.32	g/dl	3.5-5.2	Bromocresol Green
GLOBULIN	2.58	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		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.
- Bilirubin may be elevated.

• 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 diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.

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• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.00	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	13.69	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	3.5-8.5	Uricase
CALCIUM	9.48	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	2.86	mg/dl	2.7-4.5	Molybdate
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	38.00	U/L	15-73	Glycylcysteine Nitoranalide



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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)	1.15	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.74	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.220	µIU/mL	0.35-4.94	CMIA

Comment:

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

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

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Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23135548

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UHID/MR No : CMYS.0000058023	Reported : 23/Sep/2023 05:22PM
Visit ID : CMYSOPV117774	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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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	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1 - 2	/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



SIN No:UR2189263


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Visit ID : CMYSOPV117774	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 503634250442	

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 ***



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



Patient Name : Mr. TREVIN GODWIN DOVE

Age/Gender : 34 Y/M

UHID/MR No. : CMYS.0000058023

OP Visit No : CMYSOPV117774

Sample Collected on :

Reported on : 23-09-2023 15:29

LRN# : RAD2106506

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 503634250442

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

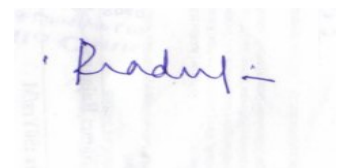
No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

IMPRESSION :NORMAL STUDY.



Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)

Radiology

Name: Mr. TREVIN GODWIN DOVE
Age/Gender: 34 Y/M
Address: MYSORE
Location: MYSORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000058023
Visit ID: CMYSOPV117774
Visit Date: 23-09-2023 09:03
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Annual Health Checkup,

SYSTEMIC REVIEW

**Weight

--->: Stable,

Number of kgs: 100.3,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NILL,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

IMPRESSION

Finding Category : within normal limits,

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Pravin Gobwin Pone on 23/9/2023

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.....</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"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. Pravin
 Medical Officer
 The Apollo Clinic, Mysore

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

This certificate is not meant for medico-legal purposes

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 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**



Date : 23-09-2023
MR NO : CMYS.0000058023

Department : GENERAL
Doctor :

Name : Mr. TREVIN GODWIN DOVE
Age/ Gender : 34 Y / Male

Registration No :
Qualification :

Consultation Timing: 09:03

Height : 169	Weight : 103.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Come for regular health checkup

USG Abdomen & Pelvis - Grades 2 fatty
liver

Blood Sw. - Total cholesterol - 245
LDL 186.38

Urine Rg - Normal


ECG - normal

Chest xray - Normal study

Adv

Life style modification

Follow up date :


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

Date : 23-09-2023
MR NO : CMYS.0000058023

Department : GENERAL
Doctor : Dr. Anetha Benji

Name : Mr. TREVIN GODWIN DOVE

Registration No :
Qualification : MBBS MS(ENT)

Age/ Gender : 34 Y / Male

Consultation Timing: 09:03

Height : 162	Weight : 103.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

no pain over the joint area.

sb

Tenderness (+)
no crepitus.

no joint arthralgia.

Adv.

- 1) T. NUCOXIA MR.
1-0-1 x 3dys.
- 2) T. Pantakind 100 x 3d
to

auth

Follow up date :

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
PH : 0821 80260/41

Date : 23-09-2023
MR NO : CMYS.0000058023

Department : GENERAL Dental
Doctor : Dr. Jyothish Kumar

Name : Mr. TREVIN GODWIN DOVE
Age/ Gender : 34 Y / Male

Registration No :
Qualification :

Consultation Timing: 09:03

Height : 169	Weight : 103.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

O/E

Ca++ , St+

Asu- oral prophylaxis

Follow up date :

Jyothish Kumar
Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821 2330000
Dr. Jyothish Kumar

Date : 23-09-2023
MR NO : CMYS.0000058023

Department : GENERAL
Doctor :

Name : Mr. TREVIN GODWIN DOVE

Registration No :

Age/ Gender : 34 Y / Male

Qualification :

Consultation Timing: 09:03

Height : 169	Weight : 103.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

	<u>Rt eye</u>	<u>Lt eye</u>
Distance	6/6	6/6
Near Vm	N6	N6
Colour Vm	Normal	Normal

[Handwritten Signature]

Follow up date :

Apollo Clinic
422, 1st floor,
K. S. Road, Mysore - 02
Ph: 0821-4006040/41
Doctor Signature

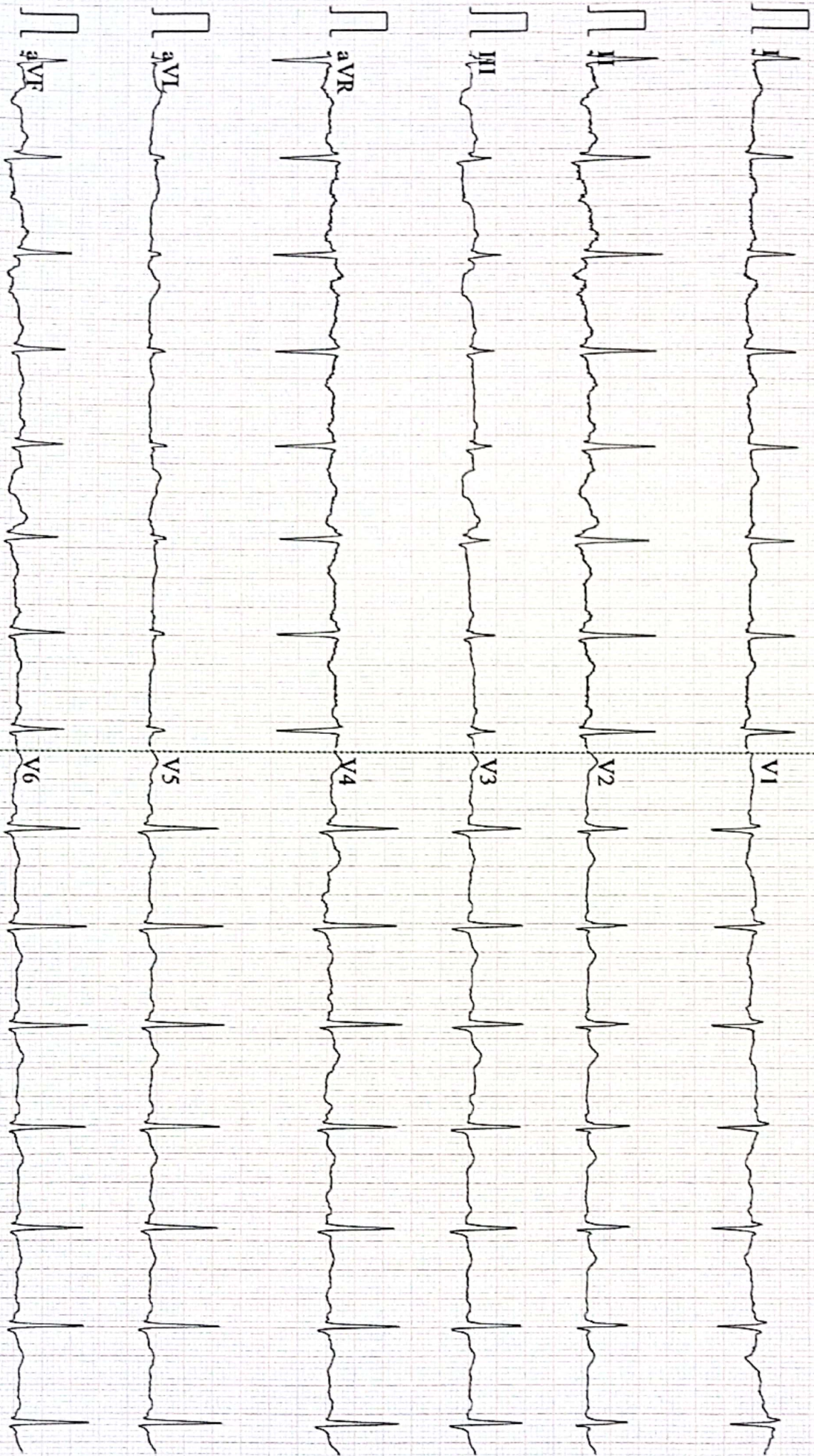
ID: 58023
MR TREVIN GODWIN DOVE
Male 34years
169cm 103kg 120/70 mmHg

23-09-2023 12:02:09 PM

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-4006040/41

Diagnosis Information:

Unconfirmed Report.



0.5-45Hz ACS50 25mm/s 10mm/mV 2*5.0s 86 CARDIART

D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU

Patient Name : Mr. TREVIN GODWIN DOVE
UHID : CMYS.0000058023
Reported on : 23-09-2023 15:29
Adm/Consult Doctor :

Age : 34 Y M
OP Visit No : CMYSOPV117774
Printed on : 23-09-2023 15:29
Ref Doctor : SELF

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.

IMPRESSION :NORMAL STUDY.

Pradeep

Printed on:23-09-2023 15:29

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

(CIN : UR5110TG2000PLC115819)
Regd Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Page 1 of 1

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Patient Name: Mr. TREVIN GODWIN DOVE	Date: 23.03.2023	Referring Doctor: Self
Age / Sex :34yrs /Male	UHID :58023	
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

LIVER: It is normal in size, outline and is increased in echotexture. No focal lesions seen. IHBR 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 11.1x4.5cm with parenchymal thickness of 1.3 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 10.4x5.2 cm with parenchymal thickness of 1.5 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No e/o calculi.

PROSTATE: It is normal in size, outline and echotexture.

No e/o free fluid in the abdomen.

IMPRESSION: GRADE I FATTY LIVER



Dr. Chetan H, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

REGD. OFFICE: 1-10-601/2, A.Viswan. Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
PH. No. (40) 8008 7777 | Fax No. 4004 7744 | Email ID: enquiry@apollohospitals.com | www.apollohospitals.com

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Mysore: Narayana Road | **Mysore (VV Mohalla)**

Online appointment: www.apollohospitals.com

TO BOOK AN APPOINTMENT

1860 500 7788

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Scanned with OKEN Scanner

Patient's Name : Mr.Trevin Godwin Dove

Age & sex : 34Yrs /male

Date : 23.09.2023

UHID No : 58023

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chamber volumes
- Normal left ventricular function. EF 61%
- No regional wall motion abnormality
- Normal valves
- No clots. No pericardial effusion

Findings

Left Ventricle:	Normal
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal


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

Apollo Health and Lifestyle Limited

ICIN: U85110TG2000PLC1158191

Regd. Office: 1-10-10-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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TO BOOK AN APPOINTMENT

 **1860 500 7788**

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Patient's Name : Mr. Trevin Godwin Dove

Date : 23.09.2023

Age & sex : 34Yrs /male

UHID No : 58023


Measurements

AO : 2.70 cm
LA : 3.05 cm

RV : 1.80 cm
LVIDd : 4.32 cm
LVIDs : 2.92 cm
IVSd : 1.00 cm
IVSs : 1.30 cm
PWd : 1.05 cm
PWs : 1.43 cm
EF : 61.0 %
FS : 32.0 %

Doppler

MV	TV	AV	PV
E : 0.66 m/s	E 0.48 m/s	V max 1.00 m/s	V max 1.04 m/s
A: 0.51 m/s	A 0.40 m/s		
MR Nil	TR Nil	AR Nil	PR Nil


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


Apollo Health and Lifestyle Limited

(CIN: URS110TG2000PLC115819)
Regd. Office: 110-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph. No: (040) 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

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Koramangala | Lalbagh Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Apollo

Informed Consent/Declaration For Test Exclusion

Patient Name: Trevin Godwin ^{Dave} Age: 34 year Male
UHID Number: 58023

Please tick and sign the relevant part

I certify that I will skip Diet Consultation ^{will be on Thursday} Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature  Date 23/9/23

Witness signature:  Date: 23/9/23

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-400600/11





ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ನಿರಾಹಾರಕ

ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ಭರ್ತಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrolment No.: 1037/11483/00078

To: Trevin Godwin Dove
(ಟ್ರವಿನ್ ಗಾಡ್ವಿನ್ ಡೌವ್)
S/O Terrenal Dove
#732
12th Cross 2nd Stage
Rajiv Nagar
Mysore
Mysore
Karnataka - 570019

Date: 28/04/2011

EY 05846789 6 IN Ref. No: 28542011 03871

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No.

5036 3425 0442

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
GOVERNMENT OF INDIA



ಟ್ರವಿನ್ ಗಾಡ್ವಿನ್ ಡೌವ್
Trevin Godwin Dove

ಕುಟುಂಬ ವರ್ಷ / Year of Birth : 1989
ವೈರುಧ / Male

5036 3425 0442

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	TREVIN GODWIN DOVE TREVIN GODW
जन्म की तारीख	28-01-1989
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	23-09-2023
बुकिंग संदर्भ सं.	23S163584100069686S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MS. DORESWAMY VINCILLA I
कर्मचारी की क.कू.संख्या	163584
कर्मचारी का पद	BRANCH OPERATIONS
कर्मचारी के कार्य का स्थान	MYSORE, MANDI MOHALLA
कर्मचारी के जन्म की तारीख	20-11-1990

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 19-09-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)