



MC-2439

Patient Name : Mr.DHARMARAJ V	Collected : 09/Mar/2024 08:23AM
Age/Gender : 34 Y 5 M 1 D/M	Received : 09/Mar/2024 11:00AM
UHID/MR No : CTNA.0000206089	Reported : 09/Mar/2024 12:38PM
Visit ID : CTNAOPV195386	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID - 200153	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

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



SIN No:BED240062264

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.7	g/dL	13-17	Spectrophotometer
PCV	42.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.21	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>82.3</b>	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>11,100</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54.4	%	40-80	Electrical Impedance
LYMPHOCYTES	36.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6038.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>4018.2</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	155.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	843.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.5		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	310000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

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



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**DEPARTMENT OF HAEMATOLOGY**

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

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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.

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



Patient Name : Mr.DHARMARAJ V	Collected : 09/Mar/2024 11:54AM
Age/Gender : 34 Y 5 M 1 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : CTNA.0000206089	Reported : 09/Mar/2024 07:12PM
Visit ID : CTNAOPV195386	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>144</b>	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

- 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.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>153</b>	mg/dL	70-140	HEXOKINASE

**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.



DR.R.SRIVATSAN  
M.D.(Biochemistry)





MC-2439

Patient Name : Mr.DHARMARAJ V	Collected : 09/Mar/2024 08:23AM
Age/Gender : 34 Y 5 M 1 D/M	Received : 09/Mar/2024 10:59AM
UHID/MR No : CTNA.0000206089	Reported : 09/Mar/2024 01:13PM
Visit ID : CTNAOPV195386	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID - 200153	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	7.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	157	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.  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT240028194

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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Visit ID : CTNAOPV195386  
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Emp/Auth/TPA ID : EMP ID - 200153

Collected : 09/Mar/2024 08:23AM  
Received : 09/Mar/2024 12:32PM  
Reported : 09/Mar/2024 01:56PM  
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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHO-POD
TRIGLYCERIDES	134	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>135</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>108.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.00		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 400 mg/dL. When Triglycerides are more than 400 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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.82	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.67	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	54.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		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 > 1In 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.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- 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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.87	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.70	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.70	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		0.9-2.0	Calculated



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SE04654814

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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	29.00	U/L	<55	IFCC



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M.D.(Biochemistry)



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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	<b>0.64</b>	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.29	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.807	µIU/mL	0.34-5.60	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24041214

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**DEPARTMENT OF IMMUNOLOGY**

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

DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24041214

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UHID/MR No : CTNA.0000206089	Reported : 09/Mar/2024 01:07PM
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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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr.MARQUESS RAJ  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:UR2300552

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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
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (++++)		NEGATIVE	Dipstick



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

SIN No:UPP016997

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mr.DHARMARAJ V	Collected : 09/Mar/2024 08:23AM
Age/Gender : 34 Y 5 M 1 D/M	Received : 09/Mar/2024 12:14PM
UHID/MR No : CTNA.0000206089	Reported : 09/Mar/2024 01:16PM
Visit ID : CTNAOPV195386	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID - 200153	

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



Dr.MARQUESS RAJ  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:UF011000

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name	: Mr. DHARMARAJ V	Age	: 34 Y M
UHID	: CTNA.0000206089	OP Visit No	: CTNAOPV195386
Reported on	: 09-03-2024 20:00	Printed on	: 13-03-2024 11:31
Adm/Consult Doctor	:	Ref Doctor	: SELF

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND - WHOLE ABDOMEN

**Liver shows increase in echogenicity suggestive of fatty changes.**

Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.

Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 8.9 cms.

Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy. Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Aorta and IVC appear normal.

Right kidney measures 10.1 cms.

Left kidney measures 10.2 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.0 x 2.9 x 2.7 cms ( volume 12 cc ) and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour. Both iliac fossae appear normal.



Patient Name : Mr. DHARMARAJ V  
UHID : CTNA.0000206089  
Reported on : 09-03-2024 20:00  
Adm/Consult Doctor :

Age : 34 Y M  
OP Visit No : CTNAOPV195386  
Printed on : 13-03-2024 11:31  
Ref Doctor : SELF

---

**IMPRESSION:**

**Fatty Liver ( Grade I).**

Printed on:09-03-2024 20:00

---End of the Report---



**Dr. RASHEED ARAFATH HIDAYATHULLAH**  
MBBS, DNB (RD)  
Radiology

Patient Name : Mr. DHARMARAJ V  
UHID : CTNA.0000206089  
Reported on : 11-03-2024 13:05  
Adm/Consult Doctor :

Age : 34 Y M  
OP Visit No : CTNAOPV195386  
Printed on : 13-03-2024 11:31  
Ref Doctor : SELF

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

Normal study.

Printed on:11-03-2024 13:05

---End of the Report---



**Dr. RASHEED ARAFATH HIDAYATHULLAH**  
**MBBS, DNB (RD)**  
Radiology

Patient Name : Mr. DHARMARAJ V  
 UHID : CTNA.0000206089  
 Conducted By: : Dr. KIRUBAKARAN .  
 Referred By : SELF

Age : 34 Y/M  
 OP Visit No : CTNAOPV195386  
 Conducted Date : 09-03-2024 13:32

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	3.0 CM
LA (es)	3.0 CM
LVID (ed)	4.0 CM
LVID (es)	2.7 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.8 CM
EF	63.00%
%FD	34.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL



Patient Name : Mr. DHARMARAJ V  
UHID : CTNA.0000206089  
Conducted By: : Dr. KIRUBAKARAN .  
Referred By : SELF

Age : 34 Y/M  
OP Visit No : CTNAOPV195386  
Conducted Date : 09-03-2024 13:32

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## **DOPPLER STUDIES**

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.8m/sec A: 0.7m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.4m/sec

VELOCITY ACROSS THE AV UPTO 1.1m/sec

## **IMPRESSION:**

**NO REGIONAL WALL MOTION ABNORMALITIES**

**NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION**

**NORMAL LEFT VENTRICULAR IN SIZE**

**NO : PE/PAH**



Patient Name : Mr. DHARMARAJ V  
UHID : CTNA.0000206089  
Conducted By: : Dr. KIRUBAKARAN .  
Referred By : SELF

Age : 34 Y/M  
OP Visit No : CTNAOPV195386  
Conducted Date : 09-03-2024 13:32

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DONE BY  
NIRMALA



Dr.KIRUBAKARAN.



Patient Name : Mr. DHARMARAJ V  
UHID : CTNA.0000206089  
Conducted By: : Dr. KIRUBAKARAN .  
Referred By : SELF

Age : 34 Y/M  
OP Visit No : CTNAOPV195386  
Conducted Date : 09-03-2024 13:32

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Patient Name : Mr. DHARMARAJ V  
UHID : CTNA.0000206089  
Conducted By: : Dr. KIRUBAKARAN .  
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Age : 34 Y/M  
OP Visit No : CTNAOPV195386  
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Patient Name : Mr. DHARMARAJ V  
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Patient Name : Mr. DHARMARAJ V  
UHID : CTNA.0000206089  
Conducted By: : Dr. KIRUBAKARAN .  
Referred By : SELF

Age : 34 Y/M  
OP Visit No : CTNAOPV195386  
Conducted Date : 09-03-2024 13:32

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Name <i>DHARMA RAJ V</i>	Date <i>09/03/24</i>
Age <i>34</i>	UHID No. <i>206089</i>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

**OPHTHAL FITNESS CERTIFICATE**

	RE	LE
DV-UCVA :	<i>(6/12)</i>	<i>(6/9)</i>
DV-BCVA :	<i>0.75 / 0.50 x 90 (6/6)</i>	<i>0.75 (6/6)</i>
NEAR VISION :	<i>N6</i>	<i>N6</i>
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	<i>Normal</i>	
FUNDUS :		<i>Normal</i>
IMPRESSION :		
ADVICE :	<i>Ri</i>	<i>cont test</i>

*Shreemayee 3h/m.*

*9/3/24.*

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

**General Examination / Allergies History**

*no specific ENT Complaints.  
Itchy ears.  
Scalp dandruff (+)*

*IR: San: Ble Tm intact.*

*nose } clear.  
throat }*

*TFH: Heavy rhinorr.*

*1 - ENT clinically rhinorr.*

APOLLO MEDICAL CENTER  
Door No 11/4, Sivaprakasam Street, T.Nagar,  
Chennai - 600017.  
Ph No 044-24341066 / 24335315 / 16/18/19



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Physical Examination			
Name <input checked="" type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Miss		Dharmaraj - V	
Age / Gender		34 M	Male / Female
DATE OF CHECK UP			
HEIGHT	164 cm	Cms	
WEIGHT	82.6 kg	Kgs	
BLOOD PRESSURE (if above 140/90 need 3 readings)	1)	120/70 mm Hg	
	2)		
	3)		
BMI	30.7		
WAIST	97		
HIP	98		
WAIST HIP RATIO	0.98	Min	
RESPIRATORY RATE	18	Min	
PULSE	68 b/min		
CHEST	INSPIRATION	Ins:	Cms
	EXPIRATION	Exp:	Cms

OPHTHAL EXAMINATION					COLOUR VISION	
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT
WITHOUT GLASS						
WITH GLASS						
REMARKS IF ANY						

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**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | Email ID: enquiry@apollohl.com

**APOLLO CLINICS NETWORK TAMILNADU**

Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

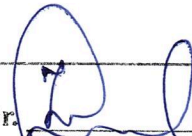
## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Shanmugam V. Srinivasan on 11/03/2024

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions / recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not Impediments to the job.</p> <p>1. <u>11/10 T, DM</u></p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____</p> <p>_____recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

  
**Dr. HARI K. MBBS.,**  
**Medical Officer**  
**The Apollo Clinic (Location)**  
**Apollo Family Physician**  
**Reg. No. 151903**

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