

Patient Name : Mr.S S MURTHY	Collected : 14/Apr/2023 09:33AM
Age/Gender : 53 Y 9 M 8 D/M	Received : 14/Apr/2023 12:06PM
UHID/MR No : CBAS.0000037624	Reported : 14/Apr/2023 01:16PM
Visit ID : CBASOPV91183	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 62497	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

HAEMOGLOBIN	16.2	g/dL	13-17	Spectrophotometer
PCV	46.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.07	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.7	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,510	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	58.9	%	40-80	Electrical Impedance
LYMPHOCYTES	31.5	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5012.39	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2680.65	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	255.3	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	519.11	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	42.55	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	289000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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Age/Gender : 53 Y 9 M 8 D/M	Received : 14/Apr/2023 12:06PM
UHID/MR No : CBAS.0000037624	Reported : 14/Apr/2023 02:44PM
Visit ID : CBASOPV91183	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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:BED230093030

Patient Name : Mr.S S MURTHY	Collected : 14/Apr/2023 09:33AM
Age/Gender : 53 Y 9 M 8 D/M	Received : 14/Apr/2023 12:18PM
UHID/MR No : CBAS.0000037624	Reported : 14/Apr/2023 02:20PM
Visit ID : CBASOPV91183	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 62497	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	250	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	331	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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	10.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	255	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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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	114	mg/dL	<200	CHO-POD
TRIGLYCERIDES	387	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	26	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	88	mg/dL	<130	Calculated
LDL CHOLESTEROL	79	mg/dL	<100	Calculated
VLDL CHOLESTEROL	77.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.39		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.



Patient Name : Mr.S S MURTHY	Collected : 14/Apr/2023 12:57PM
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UHID/MR No : CBAS.0000037624	Reported : 14/Apr/2023 02:23PM
Visit ID : CBASOPV91183	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 62497	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	79.00	mg/dL	<100	Enzymatic Selective Protection



SIN No:SE04348827

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Age/Gender : 53 Y 9 M 8 D/M	Received : 14/Apr/2023 12:21PM
UHID/MR No : CBAS.0000037624	Reported : 14/Apr/2023 12:56PM
Visit ID : CBASOPV91183	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 62497	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.98	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.81	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	97.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.89	g/dL	6.6-8.3	Biuret
ALBUMIN	4.17	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.75	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	19.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.26	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.25	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	131	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	33.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.57	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	8.00	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	1.865	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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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.890	ng/mL	0-4	CLIA



Patient Name : Mr.S S MURTHY	Collected : 14/Apr/2023 09:32AM
Age/Gender : 53 Y 9 M 8 D/M	Received : 14/Apr/2023 01:48PM
UHID/MR No : CBAS.0000037624	Reported : 14/Apr/2023 03:42PM
Visit ID : CBASOPV91183	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 62497	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		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	POSITIVE ++		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	10-15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result Rechecked



SIN No:UR2097564

Patient Name : Mr.S S MURTHY	Collected : 14/Apr/2023 09:32AM
Age/Gender : 53 Y 9 M 8 D/M	Received : 14/Apr/2023 01:48PM
UHID/MR No : CBAS.0000037624	Reported : 14/Apr/2023 02:12PM
Visit ID : CBASOPV91183	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

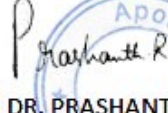
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE ++++		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	POSITIVE (++)		NEGATIVE	Dipstick

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


Result/s to Follow:
PERIPHERAL SMEAR



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



DR. PRASHANTH. R
M.B.B.S, MD
Consultant Pathologist



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



MR S S MURTHY
ID: 007624

53years
158cm
Asian
73kg
Meds: DIABETIC

Male

Referred by: ARCOFEMI
Test ind:

BRUCE
Max HR: 165bpm 98% of max predicted 167bpm
Max BP: 150/90
Total Exercise time: 9:00
Maximum workload: 10.1METS

Reason for Termination:
Comments: GOOD EFFORT TOLERANCE
NORMAL BP AND HR RESPON
NO ANGINA OR ARRHYTHMIA DURING EXERCISE
NO SIGANFIACANT ST T CHANGES
TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:15	***	***	1.0	99	134/90	133
	STANDING	0:14	***	***	1.0	99	134/90	133
	HYPERVENT	3:42	0.8	0.0	1.3	105	134/90	141
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	113		
	STAGE 2	3:00	2.5	12.0	7.0	136	140/90	190
	STAGE 3	3:00	3.4	14.0	10.1	160	150/90	240
RECOVERY	Post	2:01	***	***	1.0	111	150/90	167

Normal

[Signature]

Technician:

THE APOLLO CLINIC, BASAVANGUDI, BANGALOR
Unconfirmed

MAG55 009A

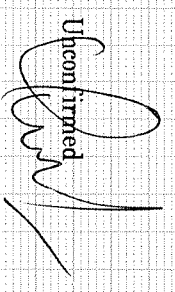
59years
Male
158cm
Asian
73kg

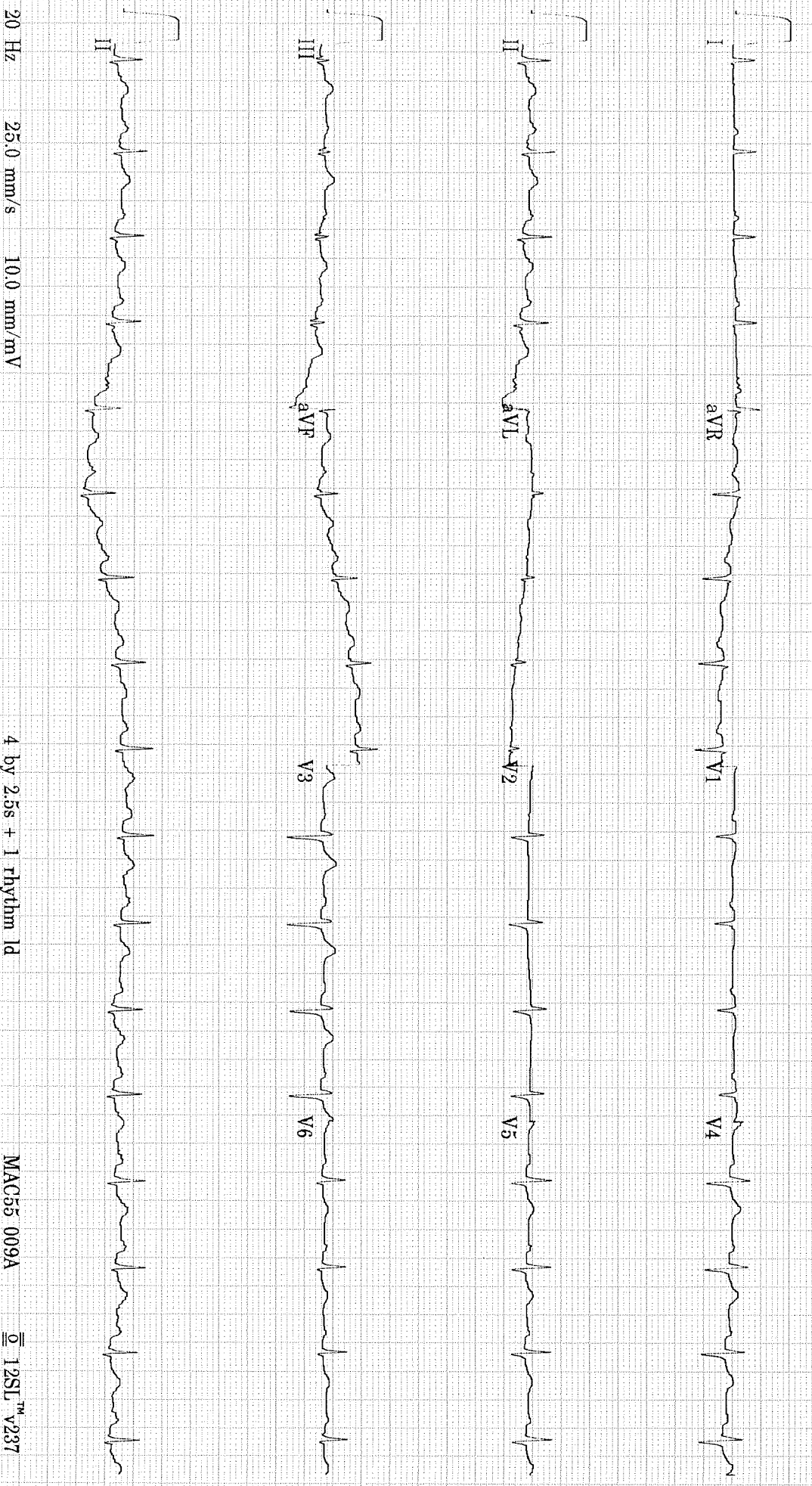
Vent. rate 100 bpm
PR interval 162 ms
QRS duration 72 ms
QT/QTc 320/412 ms
P-R-T axes 58 50 79
BP 134/90mmHg

Technician:
Test Ind:
Meds: DIABETIC

Normal sinus rhythm
Normal ECG

Referred by: ARCOFEMI

Uheon firmid




ECHOCARDIOGRAPHY REPORT

Name: MR S S MURTHY

Age: 53YEARS

GENDER: MALE

Consultant: Dr.VISHAL KUMAR.H.

Date : 14/04/2023

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S , MILD
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact ,

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.48	m/sec	A	0.71	m/sec	No MR
Tricuspid Valve	E	0.58	m/sec	A	0.61	m/sec	NO TR
Aortic Valve	Vmax	1.48	m/sec				No AR
Pulmonary Valve	Vmax	1.08	m/sec				No PR
Diastolic Dysfunction	GRADE I LVDD						

M-Mode Measurements

Parameter	Observed Value	Normal Range	
Aorta	2.7	2.6-3.6	cm
Left Atrium	3.6	2.7-3.8	cm
Aortic Cusp Separation	1.5	1.4-1.7	cm
IVS - Diastole	1.0	0.9-1.1	cm
Left Ventricle-Diastole	4.6	4.2-5.9	cm
Posterior wall-Diastole	1.2	0.9-1.1	cm
IVS-Systole	1.3	1.3-1.5	cm
Left Ventricle-Systole	2.8	2.1-4.0	cm
Posterior wall-Systole	1.3	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.6	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
- **MILD LVH+**
- **GRADE I LVDD**

DR. VISHAL KUMAR .H

CARDIOLOGIST

Personal Details

UHID: 01P3FGAT6K90UQN
PatientID: 37624
Name: MR S S MURTHY
Age: 53
Gender: Male
Mobile: 636333333333333

**Pre-Existing Medical-
Conditions**

Symptoms

Vitals

Measurements

HR : 94 BPM
PR: 170 ms
PD: 114 ms
QRS: 80 ms
QRS Axis: 29 deg
QT/QTc: 323/405 ms

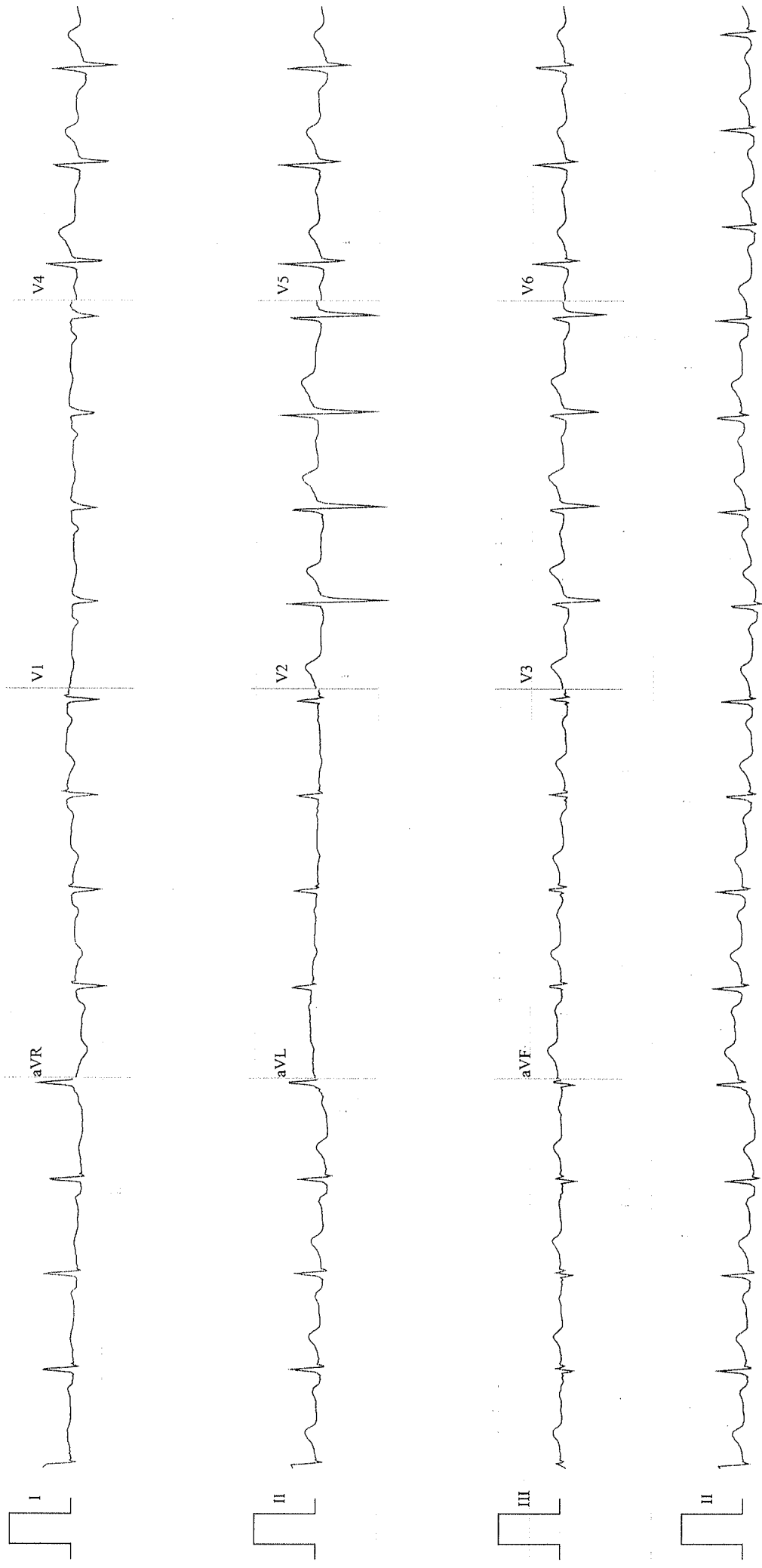
Interpretation

Sinus Rhythm Regular
No Significant ST-T Changes
Normal Axis

Author:
Dr. Yogesh

Dr. Yogesh
MD DNB
Reg No- K

This trace is generated by: KardiaScreen; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDTRIX



Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.
Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. clinical correlation is important.

Mr. SS Murthy 53/M 37624 14/4/23

EYE CHECK UP REPORT

Vision Acuity
6/18 → 6/6
6/36 → 6/6

Digital IOP
2
2

Near Vision
N18 → marked N6p
N18 → marked N6
N18

Colour Vision
Normal
Normal

• Fundus: Normal @ study

• Ant. Segment :- WNL

• Media: Normal

• Pupil: N/A

BE Myopic Presbyopia, fully corrected for D.V., Adv to use glass for D.V. only.

PHS

SPB/ENT

14/4/23

Mr. S. S. Murthy

53/M

Came for Routine check up
K/c/o DM and on Rf ... 7-8 years.

O/E: Ear
Nose
Throat } NAD.

Adv: Regular follow up

2f
Dr Ankitha
114400

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. S S MURTHY

Age/Gender : 53 Y/M

UHID/MR No. : CBAS.0000037624

OP Visit No : CBASOPV91183

Sample Collected on :

Reported on : 15-04-2023 08:07

LRN# : RAD1976504

Specimen :

Ref Doctor : DR NEELAM

Emp/Auth/TPA ID : 62497

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

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DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (14.5 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 10.4x4.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained. non obstructive right renal calculi measuring 3.9 mm

Left kidney appear normal in size 9.0 x4.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained. non obstructive left renal calculi measuring 3.5 mm in mid pole

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size measuring 3.5x3.9x3.4 cm (volume 13 cc) and echo texture.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

Grade I Fatty Liver.

Bilateral Renal Calculi

Suggested clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

**DR BHARATH
RADIOLOGIST**