



Emp/Auth/TPA ID	: 75911					
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED			
Visit ID	: CKONOPV585203	Status	: Final Report			
UHID/MR No	: CCHA.0000105827	Reported	: 15/Jun/2023 12:44PM			
Age/Gender	: 39 Y 10 M 10 D/M	Received	: 15/Jun/2023 10:45AM			
Patient Name	: Mr.SNEHIL SRIVASTAV	Collected	: 15/Jun/2023 09:17AM			

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

%       Million/cu.mm       fL       pg       g/dL       %       cells/cu.mm       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %	40-50 4.5-5.5 83-101 27-32 31.5-34.5 11.6-14 4000-10000 40-80 20-40 1-6 2-10	Electronic pulse & Calculation Electrical Impedence Calculated Calculated Calculated Calculated Electrical Impedance Electrical Impedance Electrical Impedance
fL           pg           g/dL           %           cells/cu.mm           %           %           %           %           %           %           %           %           %           %           %           %           %           %           %           %           %           %	83-101 27-32 31.5-34.5 11.6-14 4000-10000 40-80 20-40 1-6	Calculated Calculated Calculated Calculated Electrical Impedance Electrical Impedance Electrical Impedance
pg           g/dL           %           cells/cu.mm           %           %           %           %           %           %           %           %           %           %           %           %           %           %           %	27-32 31.5-34.5 11.6-14 4000-10000 40-80 20-40 1-6	Calculated Calculated Calculated Electrical Impedance Electrical Impedance Electrical Impedance
g/dL % cells/cu.mm % % % %	31.5-34.5 11.6-14 4000-10000 40-80 20-40 1-6	Calculated Calculated Electrical Impedance Electrical Impedance Electrical Impedance Electrical Impedance
% cells/cu.mm % % % %	11.6-14 4000-10000 40-80 20-40 1-6	Calculated Electrical Impedance Electrical Impedance Electrical Impedance Electrical Impedance
cells/cu.mm           %           %           %           %           %           %           %	4000-10000 40-80 20-40 1-6	Electrical Impedance Electrical Impedance Electrical Impedance Electrical Impedance
% % %	40-80 20-40 1-6	Electrical Impedance Electrical Impedance Electrical Impedance
% % %	20-40 1-6	Electrical Impedance
% % %	20-40 1-6	Electrical Impedance
%	1-6	Electrical Impedance
%	. •	
	2-10	Electrical Inco e de se
%		Electrical Impedance
	<1-2	Electrical Impedance
Cells/cu.mm	2000-7000	Electrical Impedance
Cells/cu.mm	1000-3000	Electrical Impedance
Cells/cu.mm	20-500	Electrical Impedance
Cells/cu.mm	200-1000	Electrical Impedance
cells/cu.mm	150000-410000	Electrical impedence
mm at the end of 1 hour	0-15	Modified Westergree
	Cells/cu.mm Cells/cu.mm cells/cu.mm mm at the end	Cells/cu.mm         20-500           Cells/cu.mm         200-1000           cells/cu.mm         150000-410000           mm at the end         0-15

RBC :Normocytic Normochromic,

WBC : TLC and DLC Within normal limits.

PLATELETS : Adequate on the smear

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#### SIN No:BED230137525

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APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal ) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA					
BLOOD GROUP TYPE	0	Forward & Reverse Grouping with Slide/Tube Aggluti			
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination			

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		DEPARTMENT OF	BIOCHEMISTR	Y	
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Visit ID	: CKONOPV585203		Status	: Final Report	
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Patient Name	: Mr.SNEHIL SRIVASTAV		Collected	: 15/Jun/2023 11:30AM	

GLUCOSE, FASTING , NAF PLASMA	117	mg/dL	70-100	GOD - POD
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	109	mg/dL	70-140	GOD - POD
HOURS , NAF PLASMA				

Post Prandial blood sugar is less than Fasting level due to the following causes. Inappropriate Insulin release. Post absorptive hypoglycemia Please ensure that you had taken adequate meal after giving fasting sample. Please provide clinical details.

### **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



SIN No:PLF01985376,PLP1338965

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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	5.8	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	120	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	$\geq 6.5$
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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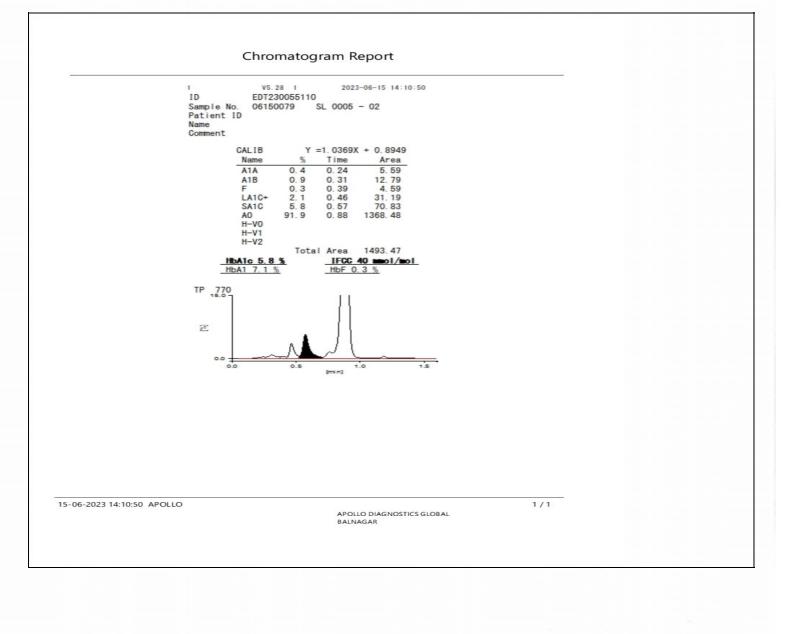






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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method







#### SIN No:EDT230055110

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APOLLO CLINICS NETWORK

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

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	224	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	242	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	181	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	48.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.21		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	$\geq$ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	$\geq$ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	$\geq 60$			
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.



SIN No:SE04396505

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Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	1.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.60	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	81.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM					
CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase	
UREA	22.80	mg/dL	19-43	Urease	
BLOOD UREA NITROGEN	10.6	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	5.50	mg/dL	3.5-8.5	Uricase	
CALCIUM	10.10	mg/dL	8.4 - 10.2	Arsenazo-III	
PHOSPHORUS, INORGANIC	2.60	mg/dL	2.5-4.5	PMA Phenol	
SODIUM	135	mmol/L	135-145	Direct ISE	
POTASSIUM	3.8	mmol/L	3.5-5.1	Direct ISE	
CHLORIDE	99	mmol/L	98 - 107	Direct ISE	

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GAMMA GLUTAMYL TRANSPEPTIDASE	24.00	U/L	15-73	Glyclyclycine
(GGT), SERUM				Nitoranalide

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	: 75911		
Emp/Auth/TPA ID			
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CKONOPV585203	Status	: Final Report
UHID/MR No	: CCHA.0000105827	Reported	: 15/Jun/2023 01:27PM
Age/Gender	: 39 Y 10 M 10 D/M	Received	: 15/Jun/2023 11:40AM
Patient Name	: Mr.SNEHIL SRIVASTAV	Collected	: 15/Jun/2023 09:17AM

ARCOPENII - MEDIWHEEL - FULL BODT ANNUAL FLUS MALE - 2D ECHO - FAN INDIA - F12324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

#### THYROID PROFILE TOTAL (T3, T4, TSH), SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.04	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.45	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.595	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 hypothyroidism,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





#### SIN No:SPL23087064

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Nega. Office: 1-10-00/02, Ashoka Aagnupatin Champers, Sun Froor, begumper, Hyderabad, Heangane - Sc www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal ) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | TNagar | Valasaravakkam | Velachery ) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Guijarat: Ahmedabad (Satellite) Punjab: Ammitsar (Court Road) Haryana: Faridabad (Railway Station Road)

The Apollo Medical Centre,2-20/6/A, Kothaguda X Ro Hyderabad, Telangana, India - 500032

Address:





DEPARTMENT OF CLINICAL PATHOLOGY				
Emp/Auth/TPA ID	: 75911		Here is a second s	
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CKONOPV585203	Status	: Final Report	
UHID/MR No	: CCHA.0000105827	Reported	: 15/Jun/2023 12:42PM	
Age/Gender	: 39 Y 10 M 10 D/M	Received	: 15/Jun/2023 10:45AM	
Patient Name	: Mr.SNEHIL SRIVASTAV	Collected	: 15/Jun/2023 09:17AM	

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

COMPLETE URINE EXAMINATION (C	UE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MC	UNT AND MICROSCOPY			
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





SIN No:UR2128791

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DEPARTMENT OF CLINICAL PATHOLOGY					
Emp/Auth/TPA ID	: 75911				
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		
Visit ID	: CKONOPV585203	Status	: Final Report		
UHID/MR No	: CCHA.0000105827	Reported	: 15/Jun/2023 12:41PM		
Age/Gender	: 39 Y 10 M 10 D/M	Received	: 15/Jun/2023 10:45AM		
Patient Name	: Mr.SNEHIL SRIVASTAV	Collected	: 15/Jun/2023 09:17AM		

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.Sukumar Sannidhi MD(Path) Consultant Pathologist Dr E.Maruthi Prasad

MSc,PhD(Biochemistry) Consultant Biochemist

Page 12 of 12



SIN No:UPP014857,UF008690

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15-06-2023 93 11:43 Be	Date	Vitals:	Department: Rate Plan: Sponsor:	Name: Age/Gender: Address: Location:		٤
ats/min	Pulse B.P Resp Ter (Beats/min) (mmHg) (Rate/min) (F)					
100/70 mmHg	B.P (mmHg)		GENERAL KONDAPUR ARCOFEMI	Mrs. SINHA AKH 36 Y/F MADHINAGUDA HYDERABAD, TE		
Rate/min	Resp (Rate/min)		GENERAL KONDAPUR_06042023 ARCOFEMI HEALTHCARE LIMITED	Mrs. SINHA AKHOURI RATI 36 Y/F MADHINAGUDA HYDERABAD, TELANGANA		
-77	Temp (F)		ARE LI	RATI GANA		
167 cms	Height (cms)		MITED			
62.8 Kgs	Weight (Kgs)					
%	Temp         Height         Weight         Body Fat           (F)         (cms)         (Kgs)         Percentage					
%	Visceral Fat Level (%)		Referred By:	MR No: Visit ID: Visit Date: Discharge I		
Years	Body Age (Years)		1 By:	MR No: Visit ID: Visit Date: Discharge Date:		
	BMI					
<u>, , , , , , , , , , , , , , , , , , , </u>	Waist Circum (cms)		SELF	CCHA.0000105826 CKONOPV585205 15-06-2023 09:01		
90 g cms c	Hip (cms)			00001( IOPV58 2023 09		
83 cms	Waist (cms)			05826 \$5205 9:01		
	Waist & Hip Ratio					
AHLL03268	User		·			





Patient Name UHID Reported By: Referred By : Mrs. SINHA AKHOURI RATI : CCHA.0000105826 : Dr. VENKATA RAYUDU NEKKANTI : SELF

Age OP Visit No Conducted Date : 36 Y/F : CKONOPV585205 : 15-06-2023 14:47

# ECG REPORT

# **Observation :-**

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 93 beats per minutes.
- 3. No pathological Q wave or S-T,T changes seen.
- 4. Normal P,Q,R,S,T waves and axis.
- 5. No evidence of chamber, hypertrophy or enlargement seen.

## **Impression:**

WITH IN NORMAL LIMITS.

----- END OF THE REPORT -----

Dr. VENKATA RAYUDU NEKKANTI

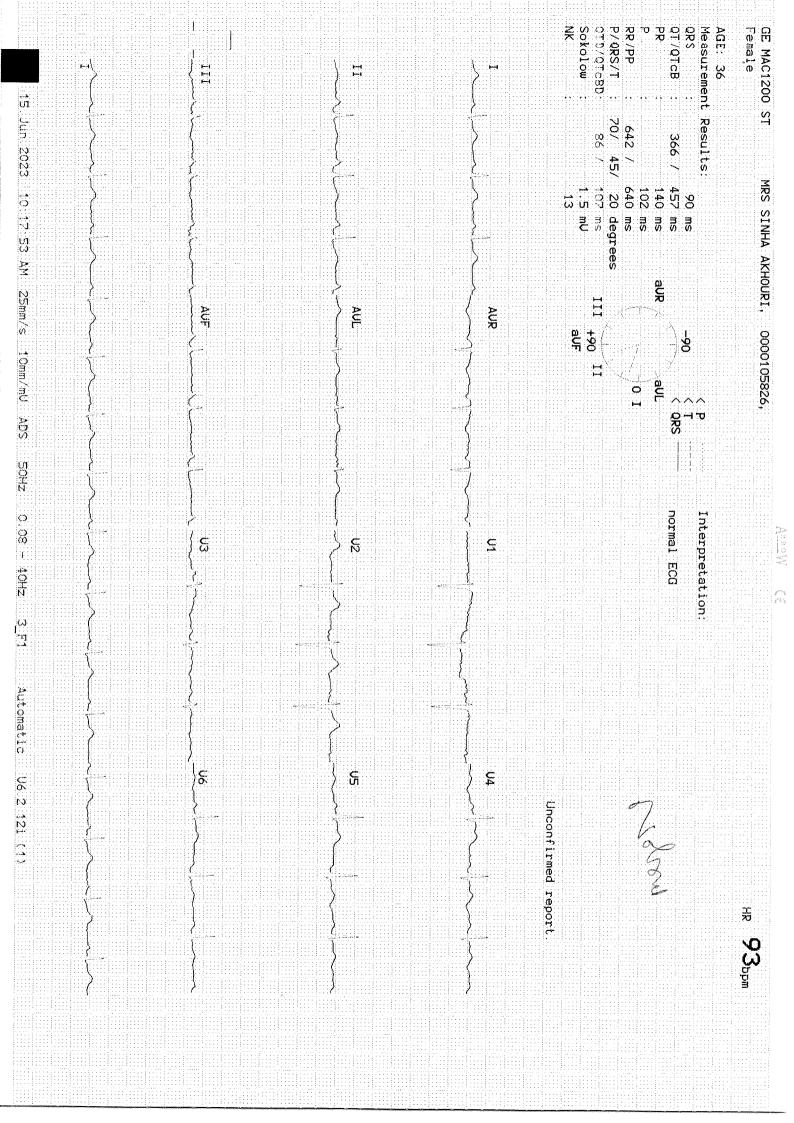
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1860 500 7788







: 36 Y/F

: CKONOPV585205

: 15-06-2023 16:22

Patient Name	
UHID	
Conducted By:	
Referred By	

: Mrs. SINHA AKHOURI RATI
: CCHA.0000105826
: Dr. VARSHA KIRON
: SELF

#### **2D-ECHO WITH COLOUR DOPPLER**

Age OP Visit No

Conducted Date

Dimensions:	
Ao (ed)	2.74 CM
LA (es)	2.76 CM
LVID (ed)	4.76 CM
LVID (es)	2.58 CM
IVS (Ed)	0.8 CM
LVPW (Ed)	0.7 CM
EF	65.00%
%FD	39.00%
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
LEFT VENTRICLE:	

#### NO REGIONAL WALL MOTION ABNORMALITY

#### COLOUR AND DOPPLER STUDIES

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🕗 1860 500 7788





IMPRESSION ;-NORMAL STUDY

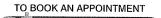
> Dr. VARSHA KIRON

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<sup>am)</sup> 🥑 🕅 1860 500 7788



12



Name Mus. sinha A	Date 15.06.23
Age 36 y	UHID No. 105826
Male     Female	Ref. Physician
Ref. Diagnosis	

# **Echocardiogram Report**

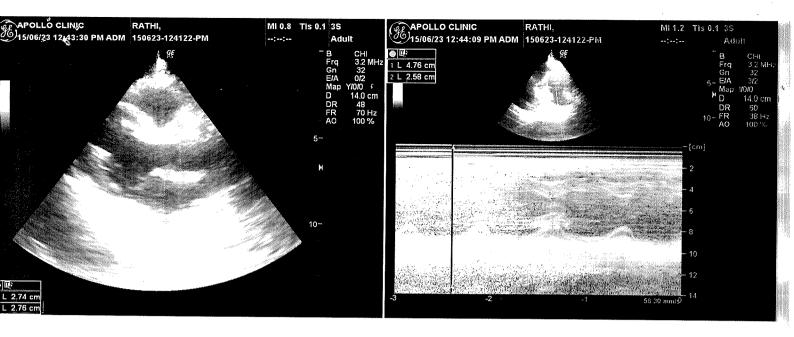
Echogenicity P	oor	Adequate Good	Ht Wt	BSA
DIMENSIONS		NORMAL	DIMENSIONS	NORMAL
Ao (ed) 2. 74	cm	(1.5cm / m2)	IVS (Ed) O.S cm	(0.6 - 1.2 cm)
LA (es) _2.76	cm	(1.5cm / m2)	LVPW (Ed) O.7 cm	(0.6 - 1.1 cm)
RVID (ed)	cm	(0.9 cm / m2)	EF 657	(0.62 - 0.85)
LVID (ed) 4.76	cm	(2.6 - 3.4 cm / m2)	% FD 39-1.	(2.8% - 42%)
LVID (es) 2. 58°				(2.070 - 42%)

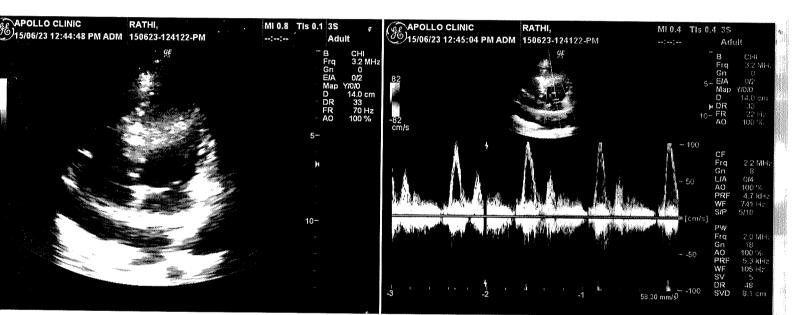
# **MORPHOLOGICAL DATA**

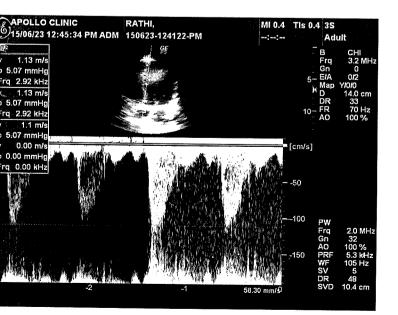
Echonomistu

Mitral Valve	AML	$\overline{}$
	PML	
Aortic Valve		
Tricuspid valve		
Pulmonary valve		$\langle 0 \rangle$
Right ventricle		

Interatrial septum	SOFT
Interventricular septum	5 Julan
Pulmonary artery	
Aorta	
Right atrium	
Left atrium	$\geq$







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# **GLASS PRESCRIPTION**

DATE: 17 06 22

UHID: 105826

PATIENT NAME:

Mos. Sinha Akhouai Rati

7674672215 AGE/GENDER: Jb/F

	UAV	VA	SPH	CYL	AXIS	ADD	BCVA
OD	6	6		1.2T	90		No.
OS	6	6					No

**COLOR VISION :** 

RC N-

**INSTRUCTIONS:** 

Blue nup. Gilter lone.



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Patient Name	: Mrs. SINHA AKHOURI RATI	Age	:36 Y F
UHID	: CCHA.0000105826	OP Visit No	: CKONOPV585205
Reported on	: 15-06-2023 15:23	Printed on	: 15-06-2023 15:23
Adm/Consult Doctor	:	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.

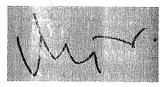
Thoracic wall and soft tissues appear normal.

# **CONCLUSION:**

No obvious abnormality seen

Printed on:15-06-2023 15:23

---End of the Report---



Dr. VIJAYA KUMAR M MBBS, DMRD Consultant Radiologist

Page 1 of 1

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TO BOOK AN APPOINTMENT

13-06-2023 / 1 11:44 Be	Date	Name: Age/Gender: Address: Location: Doctor: Department: Department: Rate Plan: Sponsor: <b>Vitals:</b>
/1 Beats/min	Pulse     B.P     Resp     Ten       (Beats/min)     (mmHg)     (Rate/min)     (F)	
120/80 ៣៣Hខ្	B.P (mmHg)	Mr. SNEHIL SRIV 39 Y/M MADHINAGUDA HYDERABAD, TE HYDERAL GENERAL KONDAPUR_060 ARCOFEMI HEAL
Rate/min	Resp (Rate/min	Mr. SNEHIL SRIVASTAV 39 Y/M MADHINAGUDA HYDERABAD, TELANGANA GENERAL KONDAPUR_06042023 ARCOFEMI HEALTHCARE LIMITED
T)	) (F)	AV AGANA CARE L
184 cms	Height Weigh (cms) (Kgs)	IMITEC
79 Kgs	Weight (Kgs)	
%	TempHeightWeightBody Fat(F)(cms)(Kgs)Percentage(%)(%)(%)	
%	Visceral Fat Level (%)	MR No: Visit ID: Visit Date: Discharge Date: Referred By:
Years	Body Age (Years)	: te: ge Date: I By:
23.33		
23.33 80 cms	BMI Circum (cms)	CCH/ CKOY 15-06 SELF
96 cms	Hip (cms) (cms)	CCHA.0000105827 CKONOPV585203 15-06-2023 08:58 SELF
87 cms	Waist (cms)	05827 85203 8:58
	Waist & Hip Ratio	
AHLL03268	User	

r r





Patient Name UHID Reported By: Referred By : Mr. SNEHIL SRIVASTAV : CCHA.0000105827 : Dr. VENKATA RAYUDU NEKKANTI : SELF Age OP Visit No Conducted Date : 39 Y/M : CKONOPV585203 : 15-06-2023 14:30

# ECG REPORT

# **Observation :-**

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 71 beats per minutes.
- 3. No pathological Q wave or S-T,T changes seen.
- 4. Normal P,Q,R,S,T waves and axis.
- 5. No evidence of chamber, hypertrophy or enlargement seen.

### Impression:

WITH IN NORMAL LIMITS.

----- END OF THE REPORT -----

Dr. VENKATA RAYUDU NEKKANTI

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nic.com

		/ 126 2.4 10	It Results: 390 / 425 ms -90 < T	GE MAC1200 ST MR SNEHIL, SRIVASTAV 0000105827, Male
		Ung	Interpretation: normal ECG	A <sup>a ao</sup> W (E
		Unconfirmed report.	Lag Za	HR





Patient Name UHID Conducted By: Referred By : Mr. SNEHIL SRIVASTAV : CCHA.0000105827 : Dr. VENKATA RAYUDU NEKKANTI : SELF

2D-ECHO WITH COLOUR DOPPLER

Age

OP Visit No

Conducted Date

Dimensions:	
Ao (ed)	3.73CM
LA (es)	2.45 CM
LVID (ed)	4.37 CM
LVID (cs)	3.20 CM
IVS (Ed)	1.23 CM
LVPW (Ed)	1.00 CM
EF	60.00%
%FD	38.00%
MITRAL VALVE :	NORMAL
AMI.	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
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

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Andhra Pradesh: Tirupati (Sankarambadi Circle) Vizag (Seethamma Peta)

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: 39 Y/M : CKONOPV585203 : 15-06-2023 16:40





IMPRESSION :-MILD CONCENTRIC LVII NO RWMA EF 60% NO AS /AR /AR MILD MR NO TR NORMAL DIASTOLIC FUNCTION

> Dr. VENKATA RAYUDU NEKKANTI

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1860 500 7788





	Name Mo snehil. 5	Date is of an
	Age 294	15.06.93
	Male Female	
-		Ref. Physician
L		

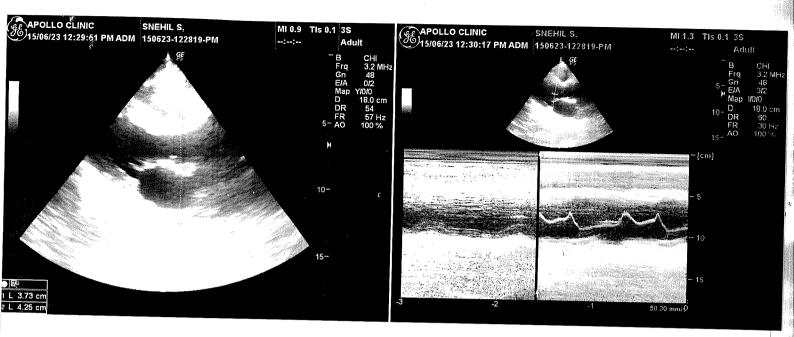
# Echocardiogram Report

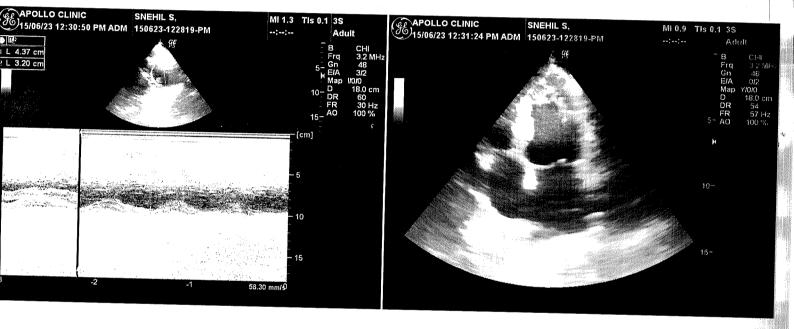
Echogenicity Poor	Adequate Good	Ht Wt	BSA
DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) $3.73$ cm	(1.5cm / m2)	IVS (Ed)	
LA (es) <u> </u>	(1.5cm / m2)	LVPW (Ed)	(0.6 - 1.2 cm)
RVID (ed) cm	(0.9 cm / m2)	$EF \left( \begin{array}{c} 0 \end{array} \right)$	(0.6 - 1.1 cm)
LVID (ed) <u>4.37</u> cm	(2.6 - 3.4 cm / m2)	% FD	(0.62 - 0.85)
LVID (es) <u>3.20</u>	·····		(2.8% - 42%)

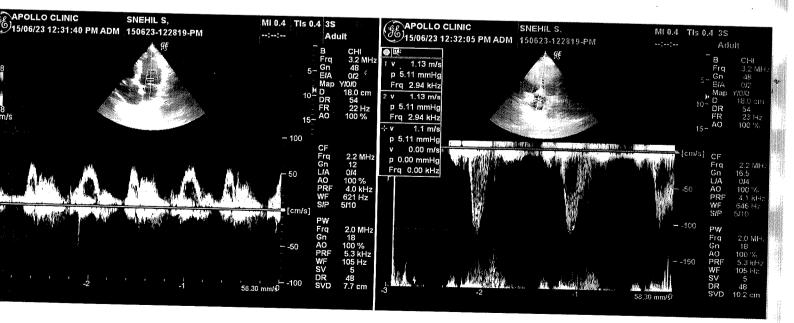
# MORPHOLOGICAL DATA

Mitral Valve	AML	
	PML	$\left( \begin{array}{c} \end{array} \right)$
Aortic Valve		
Tricuspid valve		
Pulmonary valve		(0)
Right ventricle		

Interatrial septum	2
Interventricular septum	$\langle n \rangle$
Pulmonary artery	
Aorta	
Right atrium	
Left atrium	

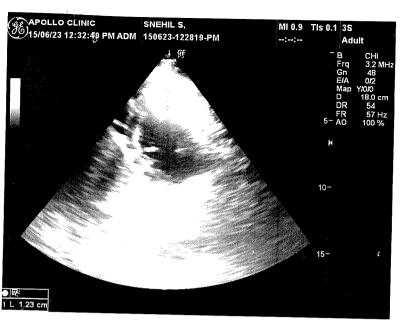






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# **GLASS PRESCRIPTION**

DATE:	11	66	27
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UHID: 105827

PATIENT NAME: Nro. Sochil Sivaster 2106738997) AGE/GENDER: 3910)

	UAVA	SPH	CYL	AXIS	ADD	BCVA
OD	66	<	<			No
OS	66	-58	C			Nb

**COLOR VISION :** 



**INSTRUCTIONS:** 



**Apollo Health and Lifestyle Limited** 

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

Andhra Pradesh: Tirupati (Sankarambadi Circle) Vizag (Seethamma Peta)

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram) Online appointments: www.apolloedoc.in | Online reports: https://phr.apolloclinic.com | www.apolloclinic.com





Patient Name	: Mr. SNEHIL SRIVASTAV	Age/Gender	: 39 Y/M
UHID/MR No.	: CCHA.0000105827	OP Visit No	: CKONOPV585203
Sample Collected on	:	Reported on	: 15-06-2023 15:23
LRN#	: RAD2022512	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: 75911		

# DEPARTMENT OF RADIOLOGY

#### X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

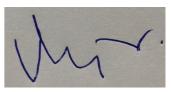
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

# **CONCLUSION :**

No obvious abnormality seen



Dr. VIJAYA KUMAR M MBBS, DMRD Consultant Radiologist



Patient Name	: Mr. SNEHIL SRIVASTAV	Age/Gender	: 39 Y/M
UHID/MR No.	: CCHA.0000105827	<b>OP</b> Visit No	: CKONOPV585203
Sample Collected on	:	<b>Reported on</b>	: 15-06-2023 10:39
LRN#	: RAD2022512	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: 75911		

# DEPARTMENT OF RADIOLOGY

# ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size and mild increased in echotexture.No focal lesion is seen.PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is distended normal.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 echopattern.No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern.Cortical thickness and CM differentiation are maintained.No calculus / hydronephrosis seen on either side.

Right kidney measures 101 x 40 mm.

Left kidney measures 101 x 40 mm.

**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 and echo texture.No evidence of necrosis/calcification seen. Prostate measures 30 x 31 x 32mm,Volume--17cc.



Patient Name : Mr. SNEHIL SRIVASTAV

Age/Gender

: 39 Y/M

# **IMPRESSION:-**

# **\*\*MILD FATTY CHANGES IN LIVER.**

# **Suggest – 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. VIJAYA KUMAR M MBBS, DMRD Consultant Radiologist