

Physical Medical Examination Format

NAME:- <u>N. Madhu</u>	DATE:- <u>25/3/23</u>
DESIGNATION:-	AGE:- <u>45</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:-MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	<u>nil</u>
Personal /family history	<u>nil</u>
Past Medical /Occupational History	<u>nil</u>
Sensitivity/Allergy (if any)	<u>nil</u>
Heart	<u>normal</u>
Any other Conditions	<u>nil</u>

Height:- <u>176</u>	Weight:- <u>81</u>	BMI <u>26.15</u>	Pulse <u>90</u>
Temp:- <u>98.6</u>	Pulse <u>90</u>	Resp:- <u>18</u>	B.P <u>100/60</u>

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms.....N. Madhu.....for pre-employment

/periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically.....fit.....

Fit

Unfit

Temporarily Unfit

Signature Of Employee

Signature & Seal Of Medical Examiner With

Registration No. Regd.No. 63148

Dr. G. INDIA PRIYADARSHINI
M.B.B.S.
Apollo Family Physician
Apollo Clinic, Seethammagpet, Vizag

Patient Name	: Mr.NADUPURU MADHU	Collected	: 25/Mar/2023 10:32AM
Age/Gender	: 45 Y 6 M 0 D/M	Received	: 25/Mar/2023 02:45PM
UHID/MR No	: CVIS.0000115587	Reported	: 25/Mar/2023 05:18PM
Visit ID	: CVISOPV108990	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 33922		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
 TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
 PLATELETS ARE ADEQUATE.
 NO HEMOPARASITES SEEN



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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	42.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.96	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.1	%	40-80	Electrical Impedance
LYMPHOCYTES	36.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4741.1	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3285.1	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	354.9	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	718.9	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	352000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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UHID/MR No : CVIS.0000115587	Reported : 25/Mar/2023 05:57PM
Visit ID : CVISOPV108990	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 33922	

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	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Age/Gender : 45 Y 6 M 0 D/M	Received : 25/Mar/2023 02:45PM
UHID/MR No : CVIS.0000115587	Reported : 25/Mar/2023 04:59PM
Visit ID : CVISOPV108990	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 33922	

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

GLUCOSE, FASTING , NAF PLASMA	122	mg/dL	70-100	GOD - POD
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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	282	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.

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	7.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	171	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



Patient Name : Mr.NADUPURU MADHU	Collected : 25/Mar/2023 10:32AM
Age/Gender : 45 Y 6 M 0 D/M	Received : 25/Mar/2023 03:03PM
UHID/MR No : CVIS.0000115587	Reported : 25/Mar/2023 05:01PM
Visit ID : CVISOPV108990	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY				
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Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	139	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	46	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.20		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	71.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		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	0.60	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	20.00	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	3.5-8.5	Uricase
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.70	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	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	22.00	U/L	15-73	Glycylcycine Nitoranalide



Patient Name : Mr.NADUPURU MADHU	Collected : 25/Mar/2023 10:32AM
Age/Gender : 45 Y 6 M 0 D/M	Received : 25/Mar/2023 02:59PM
UHID/MR No : CVIS.0000115587	Reported : 25/Mar/2023 06:55PM
Visit ID : CVISOPV108990	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 33922	

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)	1.33	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	77.50	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	2.170	µIU/mL	0.3-4.5	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



Patient Name : Mr.NADUPURU MADHU	Collected : 25/Mar/2023 10:32AM
Age/Gender : 45 Y 6 M 0 D/M	Received : 26/Mar/2023 01:41PM
UHID/MR No : CVIS.0000115587	Reported : 26/Mar/2023 03:47PM
Visit ID : CVISOPV108990	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 33922	

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	0.930	ng/mL	0-4	CLIA
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Patient Name : Mr.NADUPURU MADHU	Collected : 25/Mar/2023 10:32AM
Age/Gender : 45 Y 6 M 0 D/M	Received : 25/Mar/2023 06:25PM
UHID/MR No : CVIS.0000115587	Reported : 25/Mar/2023 08:05PM
Visit ID : CVISOPV108990	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 33922	

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

COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY




Patient Name : Mr.NADUPURU MADHU	Collected : 25/Mar/2023 10:32AM
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Test Name	Result	Unit	Bio. Ref. Range	Method


URINE GLUCOSE(POST PRANDIAL)	POSITIVE (+++)		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	POSITIVE (++)		NEGATIVE	Dipstick
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*** End Of Report ***



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



DR. SHALINI SINGH
M.B.B.S, MD
Consultant Pathologist



Patient Name	: Mr. NADUPURU MADHU	Age	: 45 Y M
UHID	: CVIS.0000115587	OP Visit No	: CVISOPV108990
Reported on	: 27-03-2023 10:37	Printed on	: 27-03-2023 10:37
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:27-03-2023 10:37

---End of the Report---



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

Patient Name	: Mr. NADUPURU MADHU	Age	: 45 Y/M
UHID	: CVIS.0000115587	OP Visit No	: CVISOPV108990
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 25-03-2023 16:28
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.4 CM
LA (es)	3.7 CM
LVID (ed)	3.8 CM
LVID (es)	2.3 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	62.00%
%FD	33.00%

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:

INFERIOR WALL HYPOKINESIA.

MILD REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES :

PF:0.7m/sec.

MF:E>A

AF:0.8m/sec.

IMPRESSION :
NORMA CARDIAC SIZE
RWMA+
GOOD LV/ RV FUNCTION.
TRIVIALMR/NO AR/NO TR/NO PAH. NO CLOT.
NO PERICARDIAL EFFUSION.
LVEF:58%.

Dr. SHASHANKA
CHUNDURI

Dr.D.CHIRANJEEVI M.S, MCH.

Patient Name:

N Madhu

Age/sex:

45 Y / M

Date:

25/3/23

XRAY CHECKUP

BOTH EARS

EAR }
TM } NAD

HEARING - WNL

NOSE

SEPTUM - DEVIATED

TURBINATES - NORMAL

THROAT

MUCOSA - NORMAL



ID: 115384

25-03-2023

11:36:00

HR : 90 bpm

P : 112 ms

PR : 156 ms

QRS : 76 ms

QT/QTcBz : 342/419 ms

P/QRS/T : 36/0/-4 °

RV5/SV1 : 0.380/0.445 mV

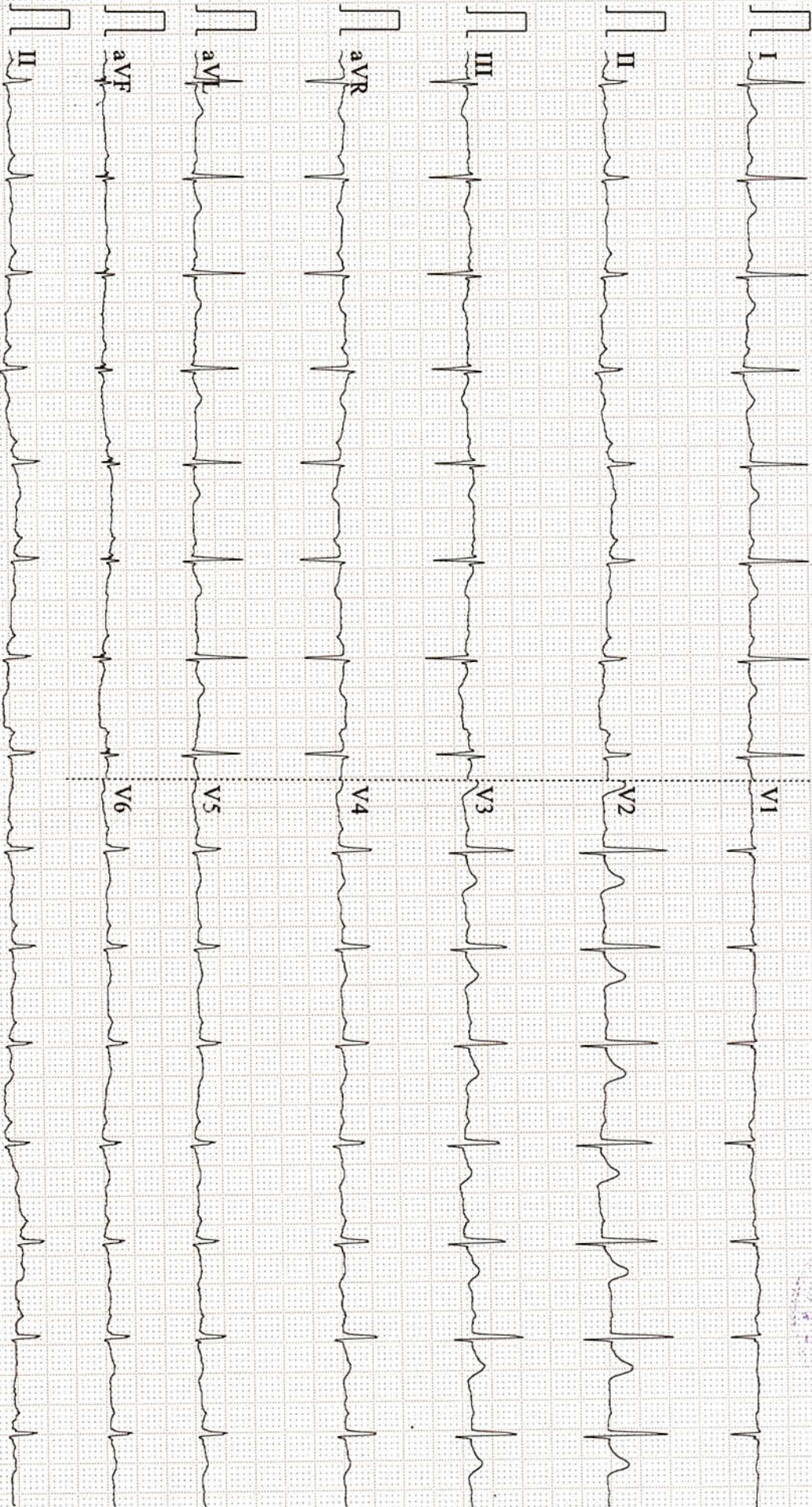
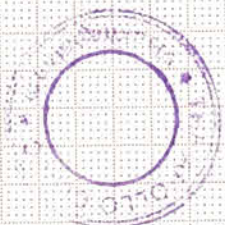
Diagnosis Information:

Sinus rhythm

Inferior T wave abnormality is nonspecific

Borderline ECG

Report Confirmed by:



0.6 100Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9108 D V1.46 Glasgow V28.6.7 APOLLO CLINIC VIZAG

BANK OF BARODA

Apollo Clinic
Expertise. Closer to you.

Name: *MR. N. MADHU*

Gender: *M*

Age: *45*

Years:

Test Done Date: *25/3/23*

*P418 II
AmA1.5*

OPHTHALMOLOGY SCREENING REPORT

VISION : *600 6/6* *650 6/6*

DISTANCE :
NEAR VISION : *26* *26*

COLOUR VISION : *WNL*

ANT. SEGMENT:

Conjunctiva : *clear*
Cornea : *clear*
Pupil : *RCHP*

FUNDUS : *WNL*

IMPRESSION :

M. Iyer

Signature

Apollo Health and Lifestyle Limited

ICIN: U85110TN2000PLC(046089) Regd. Office: 19 Bishop Gardens, R.A. Puram, Chennai 600 028, Tamilnadu, India / Email Id: info@apollohi.com

APOLLO CLINICS NETWORK TELANGANA

Hyderabad (AS Rao Nagar/ Chanda Nagar/ Jubilee Hills/ Kondapur/ Manikonda/ Nallakunta/ Nizzampet/Uppal)

Online appointments : WWW.APOLLOCLINIC.COM

TO BOOK AN APPOINTMENT

Name: Mr. NADUPURU MADHU
 Age/Gender: 45 Y/M
 Address: VIZAG
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_03122022
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000115587
 Visit ID: CVISOPV108990
 Visit Date: 25-03-2023 09:54
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
25-03-2023 15:25	90 Beats/min	100/60 mmHg	18 Rate/min	98.6 F	175 cms	81 Kgs	%	%	Years	26.45	cms	cms	cms		AHLL06520

Patient Name	: Mr. NADUPURU MADHU	Age	: 45 Y/M
UHID	: CVIS.0000115587	OP Visit No	: CVISOPV108990
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 25-03-2023 15:26
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 90 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:

NORMAL RESTING ECG.

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

Dr. SHASHANKA CHUNDURI

Patient Name	: Mr. NADUPURU MADHU	Age	: 45 Y M
UHID	: CVIS.0000115587	OP Visit No	: CVISOPV108990
Reported on	: 25-03-2023 18:47	Printed on	: 25-03-2023 20:21
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : appears normal in size and increased in echotexture. No focal lesion is seen. PV and CBD 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 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 : 10.2 x 4.7 cm

Left kidney : 10.8 x 4.9 cm

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 :Increased in size and normal in echo texture.No evidence of necrosis/calcification seen. its volume 28 cc

PVRV:Nil.

There is no evidence of ascites/ pleural effusion seen.

Patient Name : Mr. NADUPURU MADHU
UHID : CVIS.0000115587
Reported on : 25-03-2023 18:47
Adm/Consult Doctor :

Age : 45 Y M
OP Visit No : CVISOPV108990
Printed on : 25-03-2023 20:21
Ref Doctor : SELF

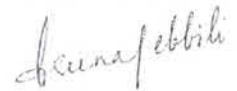
IMPRESSION:-
FATTY INFILTRATION OF LIVER.
PROSTATOMEGALY.

For clinico-lab correlation / follow - up / further work up.

This is only a screening test.

Printed on:25-03-2023 18:47

---End of the Report---



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

Fwd: Health Check up Booking Confirmed Request(bobE34935),Package Code-PKG10000307, Beneficiary Code-33922

Nadupuru Madhu <nmadhu713@gmail.com>

Sat 3/25/2023 9:21 AM

To: Vizag Apolloclinic <vizag@apolloclinic.com>

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Wed, Mar 22, 2023, 16:19

Subject: Health Check up Booking Confirmed Request(bobE34935),Package Code-PKG10000307, Beneficiary Code-33922

To: <nmadhu713@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear **MR. NADUPURU MADHU**,

Please find the confirmation for following request.

Booking Date : 21-03-2023
Package Name : Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D ECHO
Name of Diagnostic/Hospital : Apollo Clinic
Address of Diagnostic/Hospital : 50, Plot 5, Sheethammampeta, Beside BVK college, Dwaraka Nagar, Vishakapatnam,
Contact Details : (0891) 258 5511 - 12
City : Visakhapatnam
State : Andhra Pradesh
Pincode : 530016
Appointment Date : 25-03-2023
Confirmation Status : Confirmed
Preferred Time : 08:00:AM
Comment : APPOINTMENT TIME 9:00AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.



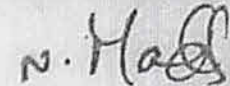
बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम NADUPURU MADHU
Name

कर्मचारी कूट क्र 126696
E.C. No.


अधिकृत प्राधिकारी
Issuing Authority




धारक का हस्ताक्षर
Signature of Holder