


Patient Name : Mr.MUDDADA ROHAN KARTHIK	Collected : 09/Mar/2024 09:01AM
Age/Gender : 32 Y 2 M 2 D/M	Received : 09/Mar/2024 11:43AM
UHID/MR No : CCHA.0000168006	Reported : 09/Mar/2024 02:46PM
Visit ID : CCHAOPV325802	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115685	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	45.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.98	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.8	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,260	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.1	%	40-80	Electrical Impedence
LYMPHOCYTES	30.7	%	20-40	Electrical Impedence
EOSINOPHILS	3	%	1-6	Electrical Impedence
MONOCYTES	8	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4218.06	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2228.82	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	217.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	580.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.89		0.78- 3.53	Calculated
PLATELET COUNT	312000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	MODIFIED WESTERGRENS
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				



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

SIN No:BED240062638

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PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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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
GLUCOSE, FASTING , NAF PLASMA	98	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	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.

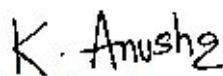
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE	114	mg/dL		Calculated



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(eAG)

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

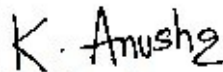
Note: Dietary preparation or fasting is not required.

- 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)



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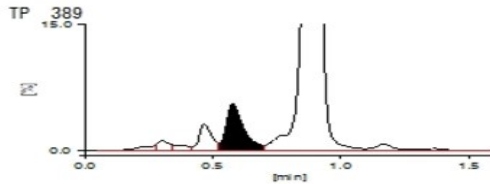
Chromatogram Report

HLC72368 V5.28 1 2024-03-09 12:52:30
 ID EDT240028434
 Sample No. 03090076 SL 0001 - 10
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.23	9.15
A1B	0.6	0.30	11.10
F	0.4	0.39	8.15
LA1C+	1.8	0.47	33.17
SA1C	5.6	0.58	81.58
AO	92.6	0.88	1685.90
H-V0			
H-V1			
H-V2			

Total Area 1829.05

HbA1c 5.6 % **IFCC 38 mmol/mol**
 HbA1 6.7 % HbF 0.4 %



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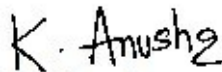
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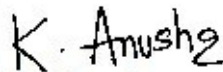
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	185	mg/dL	<200	CHO-POD
TRIGLYCERIDES	136	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	141	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.2	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.

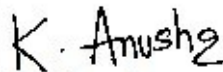
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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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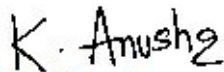
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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

Patient Name : Mr.MUDDADA ROHAN KARTHIK	Collected : 09/Mar/2024 09:01AM
Age/Gender : 32 Y 2 M 2 D/M	Received : 09/Mar/2024 11:56AM
UHID/MR No : CCHA.0000168006	Reported : 09/Mar/2024 01:41PM
Visit ID : CCHAOPV325802	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 115685	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.24	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.27	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	39	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	59.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.33	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

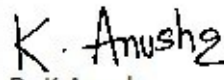
2. Cholestatic Pattern:

- 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.


Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist


Dr.K.Anusha
 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist

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SIN No:SE04655198

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DEPARTMENT OF BIOCHEMISTRY

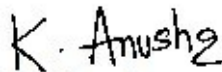
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	17.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.41	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.54	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.02	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.33	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



Dr.E.Maruthi Prasad
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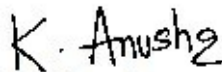
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	38.00	U/L	<55	IFCC



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Emp/Auth/TPA ID : 115685	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.98	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.049	µIU/mL	0.38-5.33	CLIA

Comment:

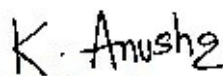
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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.
- 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.
- 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.
- 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



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SIN No:SPL24041528

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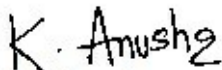
DEPARTMENT OF IMMUNOLOGY

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



Dr.E.Maruthi Prasad
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Dr.K.Anusha
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Age/Gender : 32 Y 2 M 2 D/M	Received : 09/Mar/2024 02:44PM
UHID/MR No : CCHA.0000168006	Reported : 09/Mar/2024 03:48PM
Visit ID : CCHAOPV325802	Status : Final Report
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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No: UR2300899

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Patient Name	: Mr.MUDDADA ROHAN KARTHIK	Collected	: 09/Mar/2024 12:51PM
Age/Gender	: 32 Y 2 M 2 D/M	Received	: 09/Mar/2024 05:58PM
UHID/MR No	: CCHA.0000168006	Reported	: 09/Mar/2024 07:00PM
Visit ID	: CCHAOPV325802	Status	: Final Report
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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)	NEGATIVE		NEGATIVE	Dipstick

Dr. Srinivas N.S. Nori
Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UPP017033

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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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:UF011022

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Mr. MUDDADA ROHAN KARTHIK on 09/03/24 After reviewing
the medical history on clinical examination it has been found that he/she is

Medically Fit	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---------------	---	-----------------------------

Fit with restrictions/recommendations

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

- 1.....
- 2.....
- 3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after

Currently Unfit.

Review after.....

Recommended Unfit

Dr.  **Dr. BOLLINI MAANASA JAYARAM**
Reg No: TSMC/FMR/00039
Qualification: M.B.B.S, M.Sc (Perfusion)
Medical Officer
The Apollo Clinic, Chandanagar



This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

THE APOLLO CLINIC
PHYSICAL EXAMINATION FORM

AYCOPMI

BILL DATE : 9.3.24 UHID: 168006

BILL NO: 85178

PATIENT NAME : M.Y. M. Rohan Kaythik AGE: 32y

Weight : 110 kgs

Height : 179 Cms

Chest Measurement : (in) (out)

Abdomen :

Pulse : 74 / bpm

B.P : 130/70 / mm Hg

HIP : - 126 cm

waist : - 115 cm

SpO₂ : - 98%

BMI : - 34

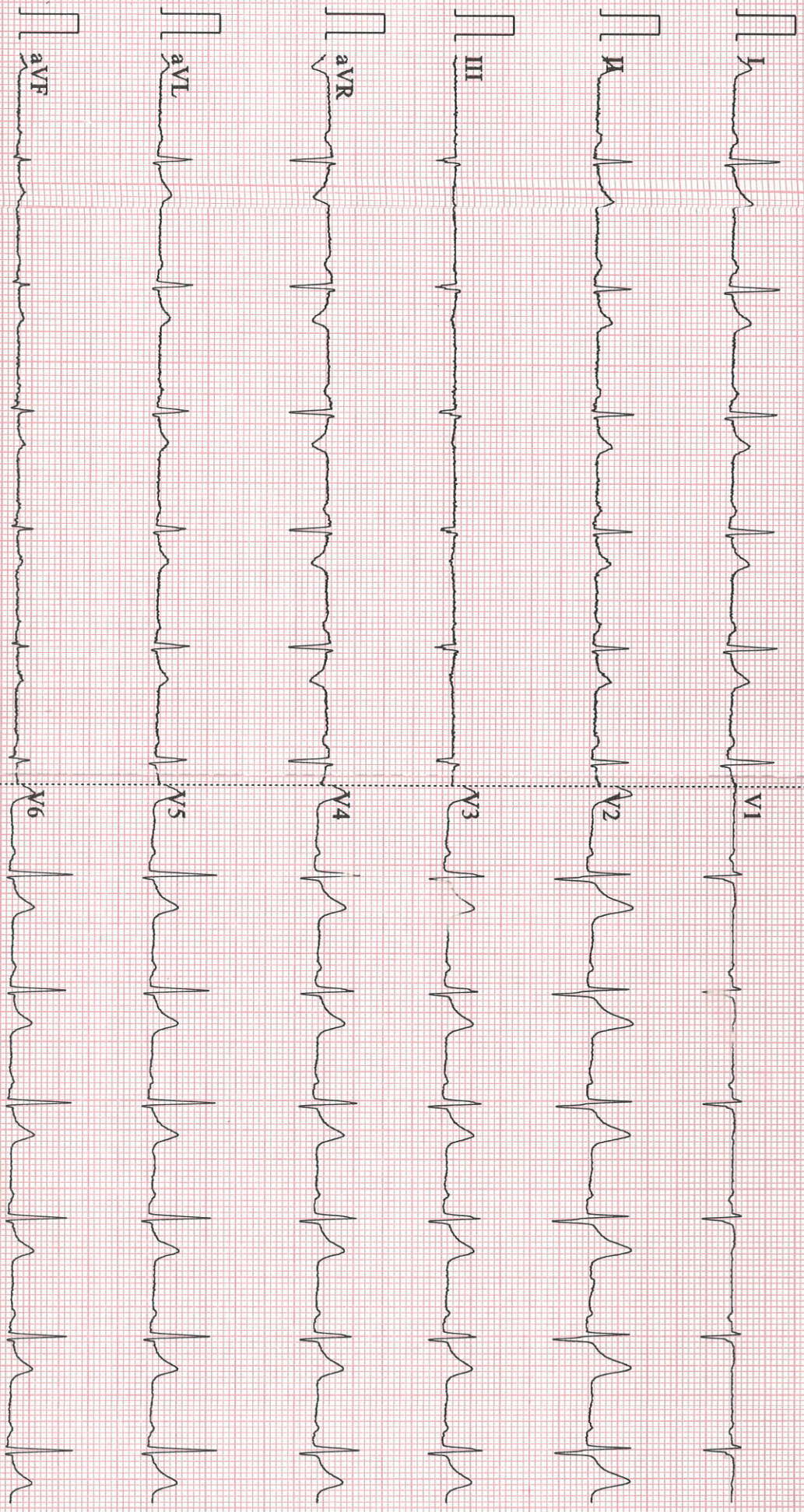
MUDDADA ROJAN KRANTHI
Male 32 Years
Req. No. :

HR : 74 bpm
P : 118 ms
PR : 168 ms
QRS : 76 ms
QT/QTcBz : 352/391 ms
P/QRS/T : 28/16/21 °
RV5/SV1 : 1.064/0.500 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:

N.S.



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s CARDIART 9108 P

V147 Glasgow V28.6.7 APOLLO CLINIC CHANDA NAGAR

CARDIART

PRESCRIPTION

Besaid Bata Show Room ,Madinaguda opp SBI Bank Hyderabad .040-23046745

M ROHAN KARTHIK

Date:

09-03-2024

Age:

32

UHID:

PH NO

	SPHE	CYL	AXIS	ADD	CVA
RIGHT	PL				20/20
LEFT	PL				20/20

Single Vision
Glass

Biofocal

Progressive
Normal Progressive

CR-39

D- Biofocal

Internal Progressive

Polycarbonate

(Glass/CR)

ARC

High Index

Photochromic

Contact Lenses:

Daily Disposables

Monthly Disposables

Quarterly Disposables

Yearly

Tori- ca

Cosmetics

Colour Vision Test:

RE: NORMAL

LE: NORMAL

NEXT EXAMINATIONS :

1

Month / Year

Signature

Name <u>Mr Rohan Kumar</u>	Date <u>9/3/29</u>
Age <u>32</u>	UHID No. <u>168006</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis <u>ARCOFEM</u>	

Echocardiogram Report

Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>2.9</u> cm	(1.5cm / m ²)	IVS (Ed) <u>1.0</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.6</u> cm	(1.5cm / m ²)	LVPW (Ed) <u>1.0</u> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m ²)	EF <u>62</u>	(0.62 - 0.85)
LVID (ed) <u>4.4</u> cm	(2.6 - 3.4 cm / m ²)	% FD <u>31</u>	(2.8% - 42%)
LVID (es) <u>2.6</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML _____	Interatrial septum _____
	PML _____	Interventricular septum _____
Aortic Valve		Pulmonary artery _____
Tricuspid valve	<u>(N)</u>	Aorta _____
Pulmonary valve		Right atrium _____
Right ventricle		Left atrium _____

Patient Name	: Mr. MUDDADA ROHAN KARTHIK	Age/Gender	: 32 Y/M
UHID/MR No.	: CCHA.0000168006	OP Visit No	: CCHAOPV325802
Sample Collected on	:	Reported on	: 09-03-2024 13:20
LRN#	: RAD2261173	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 115685		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size .**Increased Echogenicity**. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals. **Liver measures : 14.5 cm .**

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. **Spleen measures : 8 cm .**

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 hydronephrosis seen on either side.

Right kidney measures : 107 x 45 mm . , Left kidney measures : 107 x 45 mm .

Calculus seen in Left kidney it measures : 2 mm . Right kidney normal .

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 volume - 19 cc .

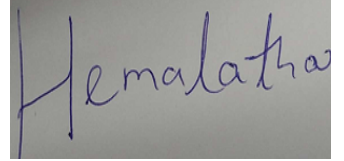
IMPRESSION:-

- 1 . GRADE - I FATTY LIVER .**
- 2 . NON OBSTRUCTIVE LEFT RENAL CALCULUS .**

(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.

Patient Name : Mr. MUDDADA ROHAN KARTHIK

Age/Gender : 32 Y/M



Dr. G HEMALATHA
MBBS, DNB
Radiology

Patient Name : Mr. MUDDADA ROHAN KARTHIK

Age/Gender : 32 Y/M

UHID/MR No. : CCHA.0000168006

OP Visit No : CCHAOPV325802

Sample Collected on :

Reported on : 09-03-2024 11:44

LRN# : RAD2261173

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 115685

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

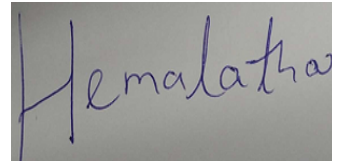
Bilateral Hilar Lymphnodes seen .

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.



Dr. G HEMALATHA
MBBS,DNB
Radiology



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. MUDDADA ROHAN KARTHIK
EC NO.	115685
DESIGNATION	BRANCH HEAD
PLACE OF WORK	NUSTULPUR
BIRTHDATE	07-01-1992
PROPOSED DATE OF HEALTH CHECKUP	09-03-2024
BOOKING REFERENCE NO.	23M115685100097092E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **06-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	ESR
ESR	Blood Group & RH Factor
Blood Group & RH Factor	Blood and Urine Sugar Fasting
Blood and Urine Sugar Fasting	Blood and Urine Sugar PP
Blood and Urine Sugar PP	Stool Routine
Stool Routine	Lipid Profile
Lipid Profile	Total Cholesterol
Total Cholesterol	HDL
HDL	LDL
LDL	VLDL
VLDL	Triglycerides
Triglycerides	HDL / LDL ratio
HDL / LDL ratio	Liver Profile
Liver Profile	AST
AST	ALT
ALT	GGT
GGT	Bilirubin (total, direct, indirect)
Bilirubin (total, direct, indirect)	ALP
ALP	Proteins (T, Albumin, Globulin)
Proteins (T, Albumin, Globulin)	Kidney Profile
Kidney Profile	Serum creatinine
Serum creatinine	Blood Urea Nitrogen
Blood Urea Nitrogen	Uric Acid
Uric Acid	HBA1C
HBA1C	Routine urine analysis
Routine urine analysis	USG Whole Abdomen
USG Whole Abdomen	General Tests
General Tests	X Ray Chest
X Ray Chest	ECG
ECG	2D/3D ECHO / TMT
2D/3D ECHO / TMT	Thyroid Profile (T3, T4, TSH)
Stress Test	Mammography (above 40 years) and Pap Smear (above 30 years).
PSA Male (above 40 years)	Dental Check-up consultation
Thyroid Profile (T3, T4, TSH)	Physician Consultation
Dental Check-up consultation	Eye Check-up consultation
Physician Consultation	Skin/ENT consultation
Eye Check-up consultation	Gynaec Consultation
Skin/ENT consultation	



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಮುದ್ದಾದ ರೋನ್ ಕಾರ್ತಿಕ
Muddada Rohan Karthik
ಪುರುಷ/DOB: 07/01/1992
ಶುಭಕುಡು/ MALE

5981 9477 0960

ನಂ. ೨೦೨೨೨೨, ನಾ. ಗುಡುಮು



Patient Name : Mr. MUDDADA ROHAN KARTHIK Age : 32 Y/M
UHID : CCHA.0000168006 OP Visit No : CCHAOPV325802
Conducted By: : Dr. A RAVINDRA Conducted Date : 09-03-2024 15:10
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.9 CM
LA (es) 3.6 CM
LVID (ed) 4.4 CM
LVID (es) 2.6 CM
IVS (Ed) 1.0 CM
LVPW (Ed) 1.0 CM
EF 62.00%
%FD 31.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NO EFFUSION

LEFT VENTRICLE: NO RWMA

Patient Name : Mr. MUDDADA ROHAN KARTHIK Age : 32 Y/M
UHID : CCHA.0000168006 OP Visit No : CCHAOPV325802
Conducted By: : Dr. A RAVINDRA Conducted Date : 09-03-2024 15:10
Referred By : SELF

COLOUR AND DOPPLER STUDIES:- TRIVIAL MR / TR/NO AR

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.5m/sec A: 0.7m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.0m/sec

VELOCITY ACROSS THE AV UPTO 1.3m/sec

IMPRESSION:-

NORMAL CARDIAC CHAMBERS,

NO RWMA,

GOOD LV / RV FUNCTION,

GRADE- I LV DIASTOLIC DYSFUNCTION,

TRIVIAL MR/ TR/ NO AR/ PR,

NO PE/ CLOT / VEG.



Dr. A
RAVINDRA

Patient Name : Mr. MUDDADA ROHAN KARTHIK Age : 32 Y/M
UHID : CCHA.0000168006 OP Visit No : CCHAOPV325802
Reported By: : Dr. A RAVINDRA Conducted Date : 09-03-2024 18:56
Referred By : SELF

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 74 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 see

Impression:

NORMAL RESTING ECG.

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



Dr. A RAVINDRA