

Patient Name : Mr.VIKAS TOMER	Collected : 09/Mar/2024 10:32AM
Age/Gender : 36 Y 1 M 7 D/M	Received : 09/Mar/2024 01:16PM
UHID/MR No : CMAR.0000342978	Reported : 09/Mar/2024 04:55PM
Visit ID : CMAROPV784709	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 200264	

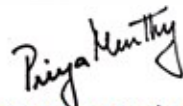
DEPARTMENT OF HAEMATOLOGY

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	16.2	g/dL	13-17	Spectrophotometer
PCV	48.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.34	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.5	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,390	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	42.8	%	40-80	Electrical Impedence
LYMPHOCYTES	45.7	%	20-40	Electrical Impedence
EOSINOPHILS	1.4	%	1-6	Electrical Impedence
MONOCYTES	9.9	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1450.92	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1549.23	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	47.46	Cells/cu.mm	20-500	Calculated
MONOCYTES	335.61	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.78	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.94		0.78- 3.53	Calculated
PLATELET COUNT	170000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				



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SIN No:BED240063466

This test has been performed at Apollo Health & Lifestyle Lab, BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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)

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RBCs: are normocytic normochromic

WBCs: are decreased in total number with relative increase in lymphocytes.

PLATELETS: appear adequate in number.

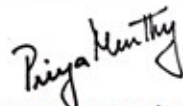
HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH LEUCOPENIA.

Kindly correlate clinically.



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



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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	90	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)	110	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				

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SIN No:EDT240028931

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HBA1C, GLYCATED HEMOGLOBIN	5.7	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL	Calculated


Comment:

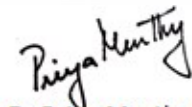
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	100	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	106.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.44		0-4.97	Calculated

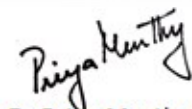
Comment:

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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SIN No:SE04656071

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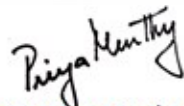
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	108.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.03	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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CONSULTANT BIOCHEMIST



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Consultant Pathologist



SIN No:SE04656071

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Patient Name : Mr.VIKAS TOMER	Collected : 09/Mar/2024 10:32AM
Age/Gender : 36 Y 1 M 7 D/M	Received : 09/Mar/2024 12:57PM
UHID/MR No : CMAR.0000342978	Reported : 09/Mar/2024 03:31PM
Visit ID : CMAROPV784709	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 200264	

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	0.93	mg/dL	0.67-1.17	Jaffe's, Method
UREA	22.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.27	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.83	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.03	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated



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APOLLO CLINICS NETWORK

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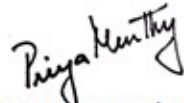
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	<55	IFCC



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Patient Name : Mr.VIKAS TOMER	Collected : 09/Mar/2024 10:32AM
Age/Gender : 36 Y 1 M 7 D/M	Received : 09/Mar/2024 12:55PM
UHID/MR No : CMAR.0000342978	Reported : 09/Mar/2024 02:41PM
Visit ID : CMAROPV784709	Status : Final Report
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Emp/Auth/TPA ID : 200264	

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)	0.7	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.261	µIU/mL	0.34-5.60	CLIA

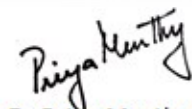
Comment:

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

- 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


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SIN No:SPL24042198

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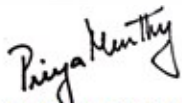
DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



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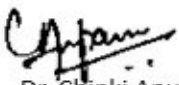
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DEPARTMENT OF CLINICAL PATHOLOGY

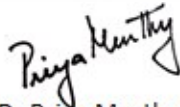
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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	DOUBLE INDICATOR
SP. GRAVITY	1.020		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	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15



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SIN No:UR2301665

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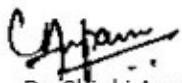
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Patient Name : Mr.VIKAS TOMER	Collected : 09/Mar/2024 10:32AM
Age/Gender : 36 Y 1 M 7 D/M	Received : 09/Mar/2024 05:09PM
UHID/MR No : CMAR.0000342978	Reported : 09/Mar/2024 10:21PM
Visit ID : CMAROPV784709	Status : Final Report
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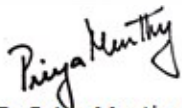
DEPARTMENT OF CLINICAL PATHOLOGY

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



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SIN No:UPP016955

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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

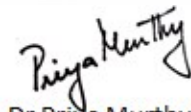
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 15 of 15



Dr. Vidya Aniket Gore
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SIN No:UF011094

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बैंक ऑफ बड़ोदा
Bank of Baroda



नाम विकास तोमर


Name VIKAS TOMER

E.C.NO. 200264

B.G. O+


जारीकर्ता प्राधिकारी

Issuing Authority


धारक के हस्ताक्षर

Signature of Holder

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Vilas Kumar on 09-03-2024

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. _____
Medical Officer



This certificate is not meant for medico-legal purposes

Date : 09-03-2024
MR NO : CMAR.0000342978

Department : GENERAL
Doctor :

Name : Mr. VIKAS TOMER

Registration No :

Age/ Gender : 36 Y / Male

Qualification :

Consultation Timing: 10:21

Height : 176cm	Weight : 68 kg	BMI :	Waist Circum :
Temp :	Pulse : 86 bpm	Resp :	B.P : 150/70 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

CPK / TB ENT

B/c Fx 1st @
Nas 1 Pnt @
Ther 2 @

AS

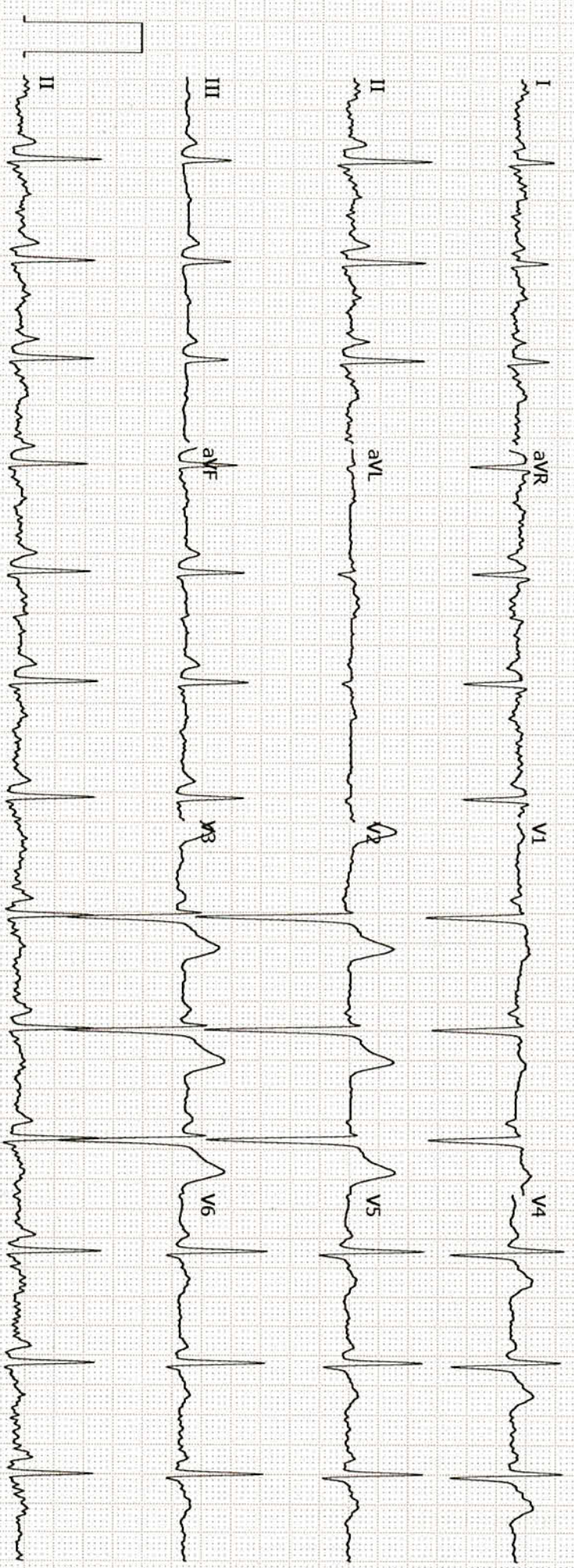
Follow up date:

Doctor Signature

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 360 / 420 ms
PR : 134 ms
P : 106 ms
RR / PP : 736 / 731 ms
P / QRS / T : 68 / 69 / 58 degrees

Normal sinus rhythm
Normal ECG



Patient Name	: Mr. VIKAS TOMER	Age	: 36 Y M
UHID	: CMAR.0000342978	OP Visit No	: CMAROPV784709
Reported on	: 09-03-2024 20:06	Printed on	: 09-03-2024 20:08
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Minimally distended.

SPLEEN: Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained.

Right kidney measures 11.2 x 4.9 cm

Left kidney measures 9.8 x 5.7 cm

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

IMPRESSION:

A calculus seen in right kidney measuring 4.7 mm

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Report disclaimer :


1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Patient Name : Mr. VIKAS TOMER
UHID : CMAR.0000342978
Reported on : 09-03-2024 20:06
Adm/Consult Doctor :

Age : 36 Y M
OP Visit No : CMAROPV784709
Printed on : 09-03-2024 20:08
Ref Doctor : SELF

Printed on:09-03-2024 20:06

---End of the Report---



Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mr. VIKAS TOMER Age : 36 Y/M
 UHID : CMAR.0000342978 OP Visit No : CMAROPV784709
 Conducted By: : Dr. PRASHANT RAMDAS WANKHADE Conducted Date : 09-03-2024 19:12
 Referred By : SELF

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	28mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	30mm	19 - 40 mm	LVPW(ed)	09mm	06 - 11 mm
LVID(ed)	44mm	35 - 55 mm	EF	60%	(50 - 70 %)
LVID(es)	29mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE- 0.52m/s, MVA- 0.42m/s, MVE/A-1.22
Aortic Valve	Normal, 1.02m/s
Tricuspid Valve	Normal, Trace TR PASP- 18+10=28mmHg
Pulmonary Valve	Normal, 0.74m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus

IMPRESSION

Normal cardiac chambers
Normal valves
No RWMA at rest
Normal LV Systolic function
No pulmonary hypertension
Normal pericardium,
No intracardiac masses / thrombi

Dr. Prashant Ramdas
Consultant Cardiologist
DMC No. 53011

ing Request(bobE10585), Beneficiary Code-169269

nediwheel.in>

er@bankofbaroda.com>

ael.in <customercare@mediwheel.in>

n wellness@mediwheel.in. [Learn why this is important](#)

क्लिक ना करें या अटैचमेंट ना खोलें.

CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

011-41195959

ar VIKAS TOMER,

e have received your booking request for the following health checkup, please upload HRM letter as soon as possible.

Upload HRM Letter

Booking Date : 20-02-2024

Member Package Name : Mediwheel Full Body Health Checkup Male Below 40

Hospital Package Name : Mediwheel Full Body Annual Plus

Health Check Code :

Name of Diagnostic/Hospital : Apollo Clinic

Address of Diagnostic/Hospital- : Apollo Clinic, 673/A, Shriram Samruddhi Apartments, Varthur Road, Near Kundalahalli Signal, Whitefield, BEML Layout, Brookefield - 560066

Appointment Date : 24-02-2024

Preferred Time : 8:00am

Member Information

Booked Member Name	Age	Gender
VIKAS TOMER	36 year	Male

Patient Name	: Mr. VIKAS TOMER	Age/Gender	: 36 Y/M
UHID/MR No.	: CMAR.0000342978	OP Visit No	: CMAROPV784709
Sample Collected on	:	Reported on	: 09-03-2024 20:08
LRN#	: RAD2262112	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 200264		

DEPARTMENT OF RADIOLOGY

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Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mr. VIKAS TOMER

Age/Gender : 36 Y/M

UHID/MR No. : CMAR.0000342978

OP Visit No : CMAROPV784709

Sample Collected on :

Reported on : 09-03-2024 18:03

LRN# : RAD2262112

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 200264

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

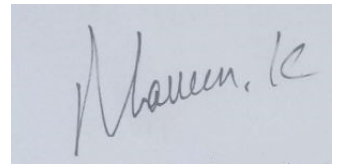
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mr. VIKAS TOMER Age : 36 Y/M
 UHID : CMAR.0000342978 OP Visit No : CMAROPV784709
 Conducted By: : Dr. PRASHANT RAMDAS WANKHADE Conducted Date : 09-03-2024 19:12
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Patient Name : Mr. VIKAS TOMER Age : 36 Y/M
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Conducted By: : Dr. PRASHANT RAMDAS WANKHADE Conducted Date : 09-03-2024 19:12
Referred By : SELF

Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves No RWMA at rest Normal LV Systolic function No pulmonary hypertension Normal pericardium, No intracardiac masses / thrombi

Dr. Prashant Ramdas
Consultant Cardiologist
DMC No. 53011