

Patient Name : Mr.SUDHINDRA GANAPATI JOSHI	Collected : 09/Mar/2024 09:06AM
Age/Gender : 35 Y 4 M 16 D/M	Received : 09/Mar/2024 12:37PM
UHID/MR No : CBAS.0000051958	Reported : 09/Mar/2024 05:01PM
Visit ID : CBASOPV100920	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 381919	

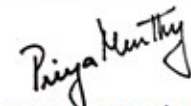
DEPARTMENT OF HAEMATOLOGY

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	13.4	g/dL	13-17	Spectrophotometer
PCV	39.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.51	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.8	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,010	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.9	%	40-80	Electrical Impedence
LYMPHOCYTES	36.2	%	20-40	Electrical Impedence
EOSINOPHILS	6.1	%	1-6	Electrical Impedence
MONOCYTES	6.3	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3059.09	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2175.62	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	366.61	Cells/cu.mm	20-500	Calculated
MONOCYTES	378.63	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.05	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.41		0.78- 3.53	Calculated
PLATELET COUNT	247000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				



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SIN No:BED240062691

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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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 normal in total number with normal distribution and morphology.

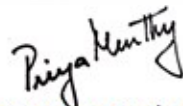
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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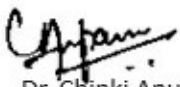
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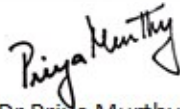
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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	87	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)	122	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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HBA1C, GLYCATED HEMOGLOBIN	6.0	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated


Comment:

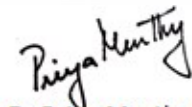
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	232	mg/dL	<200	CHO-POD
TRIGLYCERIDES	207	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	188	mg/dL	<130	Calculated
LDL CHOLESTEROL	146.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	41.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.17		0-4.97	Calculated


Comment:

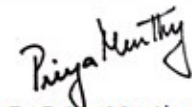
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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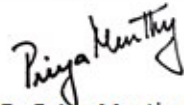
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.61	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	72	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	42.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	46.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.64	g/dL	6.6-8.3	Biuret
ALBUMIN	4.68	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.96	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		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.


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Dr Priya Murthy
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SIN No:SE04655248

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.SUDHINDRA GANAPATI JOSHI	Collected : 09/Mar/2024 09:06AM
Age/Gender : 35 Y 4 M 16 D/M	Received : 09/Mar/2024 03:42PM
UHID/MR No : CBAS.0000051958	Reported : 09/Mar/2024 07:14PM
Visit ID : CBASOPV100920	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 381919	

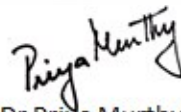
DEPARTMENT OF BIOCHEMISTRY

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	0.80	mg/dL	0.67-1.17	Jaffe's, Method
UREA	21.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.83	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.65	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.64	g/dL	6.6-8.3	Biuret
ALBUMIN	4.68	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.96	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated



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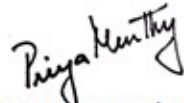
DEPARTMENT OF BIOCHEMISTRY

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	41.00	U/L	<55	IFCC



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Patient Name : Mr.SUDHINDRA GANAPATI JOSHI	Collected : 09/Mar/2024 09:06AM
Age/Gender : 35 Y 4 M 16 D/M	Received : 09/Mar/2024 03:51PM
UHID/MR No : CBAS.0000051958	Reported : 09/Mar/2024 06:49PM
Visit ID : CBASOPV100920	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 381919	

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)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.002	µIU/mL	0.34-5.60	CLIA

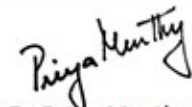
Comment:

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

1. 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.
2. 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.
3. 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.
4. 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:SPL24041573

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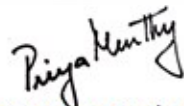
DEPARTMENT OF IMMUNOLOGY

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

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



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Patient Name : Mr.SUDHINDRA GANAPATI JOSHI	Collected : 09/Mar/2024 09:05AM
Age/Gender : 35 Y 4 M 16 D/M	Received : 09/Mar/2024 02:41PM
UHID/MR No : CBAS.0000051958	Reported : 09/Mar/2024 04:38PM
Visit ID : CBASOPV100920	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

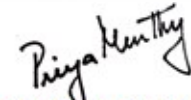
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	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 14



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SIN No:UR2300944

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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 ***

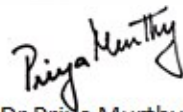
Result/s to Follow:

PERIPHERAL SMEAR, GLUCOSE (POST PRANDIAL) - URINE

Page 14 of 14



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SIN No:UF011028

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Customer Pending Tests
DIET,DENTAL,ENT,FITNESS BY GP PENDING

Name : Mr. SUDHINDRA GANAPATI JOSHI Address : BENGALURU Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 35 Y Sex : M	UHID :CBAS.0000051958  <small>*CBAS.0000051958*</small> OP Number :CBASOPV100920 Bill No :CBAS-OCR-61239 Date : 09.03.2024 08:28
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION - Skip	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION - Pendi	
18	FITNESS BY GENERAL PHYSICIAN - Pendi	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY-MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Physio -
Dental -

HT - 167 cm
 wt - 73.8 kg
 BP - 88 cm
 WP - 91 cm
 BP - 130/70 mmHg
 PR - 85 bpm

Date: IST: 2024-03-09 11:19:34

Personal Details

UHID: 01P3FGAT6TF0VG7
PatientID: 35788
Name: MR SUDHINDRA
Age: 35
Gender: Male
Mobile: 7524686585868

**Pre-Existing Medical-
Conditions**

Vitals

Measurements

HR: 90 BPM
PR: 159 ms
PD: 119 ms
QRSD: 86 ms
QRS Axis: 42 deg
QT/QTc: 347/347 ms

Interpretation

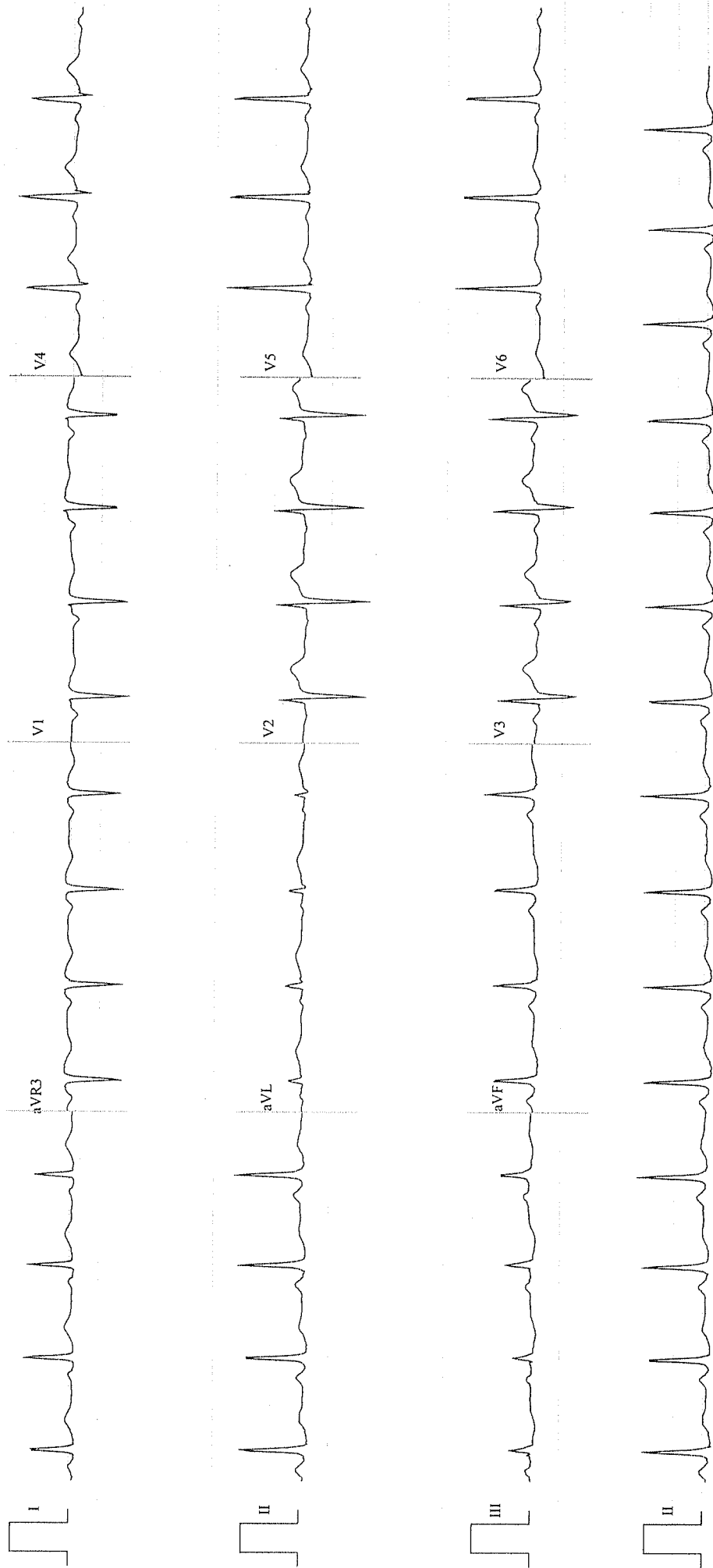
Normal sinus rhythm
Normal axis

Report ID: AHLLP_01P3FGAT6TF0VG7_V6TF0VGM

Authorized by

Yogesh

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg No- KMC 44065



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history. Symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.
2. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. Clinical correlation is important.

ECHOCARDIOGRAPHY REPORT

Name: MR SUDHINDRA G J

Age: 35 YEARS

GENDER: MALE

Consultant: Dr.VISHAL KUMAR.H.

Date : 09/03/2024

Findings

2D Echo cardiography

Chambers

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

Septa

- IVS: Intact
- IAS: Intact

Valves

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

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.68	m/sec	A	0.43	m/sec	No MR
Tricuspid Valve	E	0.62	m/sec	A	0.28	m/sec	MILD TR
Aortic Valve	Vmax	1.01	m/sec				No AR
Pulmonary Valve	Vmax	0.86	m/sec				No PR
astolic Dysfunction							

METRIC MEASUREMENTS

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.8	2.6-3.6	cm
LI	left Atrium	3.6	2.7-3.8	cm
A	Aortic Cusp Separation	1.7	1.4-1.7	cm
II	IVS - Diastole	1.0	0.9-1.1	cm
L	left Ventricle-Diastole	4.3	4.2-5.9	cm
P	Posterior wall-Diastole	1.0	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	2.9	2.1-4.0	cm
P	Posterior wall-Systole	1.0	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.5	2.0-3.3	cm

Impression -

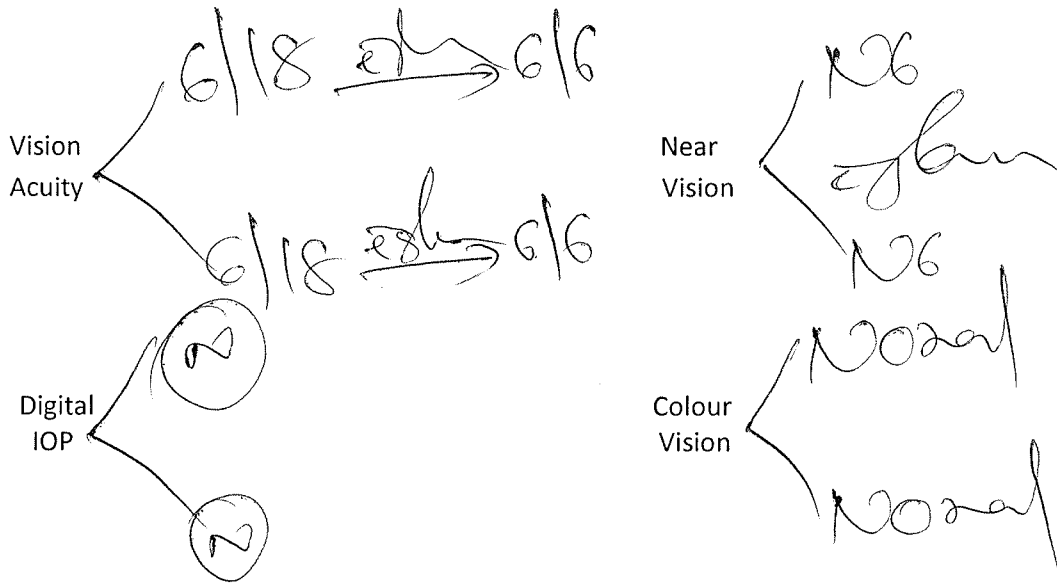
- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- TR- MILD
- No Pericardial Effusion/Vegetation/Clot
- **GRADE I LVDD**

DR. VISHAL KUMAR .H

CLINICAL CARDIOLOGIST

Mr. Sudhindra 35/M 51958 9/3/24

EYE CHECK UP REPORT



• Fundus: Normal @ study

• Ant. Segment :- normal

• Media: Normal

• Pupil: normal

BE Myopic Astigmatism, fully corrected by glass.

RA/B

Fwd: Health Check up Booking Confirmed Request(bobS13822),Package Code-PKG10000377, Beneficiary Code-301421

Sudhindra G Joshi <joshi.sudhindra88@gmail.com>

Sat 3/9/2024 8:33 AM

To:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

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

From: **Sudhindra G Joshi** <joshi.sudhindra88@gmail.com>

Date: Sat, 9 Mar, 2024, 8:19 am

Subject: Fwd: Health Check up Booking Confirmed Request(bobS13822),Package Code-PKG10000377, Beneficiary Code-301421

To: <Basavangudi@apolloclinic.com>

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

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

Date: Fri, 8 Mar, 2024, 1:25 pm

Subject: Health Check up Booking Confirmed Request(bobS13822),Package Code-PKG10000377, Beneficiary Code-301421

To: <joshi.sudhindra88@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **Sudhindra G Joshi**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Apollo Clinic - Basavanagudi
Address of Diagnostic/Hospital- Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019
City : Bangalore
State :
Pincode : 560019
Appointment Date : 09-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am

RE: Health Check-up Bookings No. 112 (Annual)

Corporate Apollo Clinic <corporate@apolloclinic.com>

Thu 3/7/2024 2:24 PM

To:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Cc:Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>;Network : Mediwheel : New Delhi <network@mediwheel.in>;

deepak <deepak.c@apolloclinic.com>;Tnagar Apolloclinic <tnagar@apolloclinic.com>;Aundh Apolloclinic

<aundh@apolloclinic.com>;Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>;Chandanagar Apolloclinic

<chandanagar@apolloclinic.com>;Hsr Apolloclinic <hsr@apolloclinic.com>;Indiranagar Apolloclinic

<indiranagar@apolloclinic.com>;JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>;Mysore Apolloclinic

<mysore@apolloclinic.com>;Kharadi Apollo Clinic <kharadi@apolloclinic.com>;Nigdi Apolloclinic <nigdi@apolloclinic.com>;

Sarjapur Apolloclinic <sarjapur@apolloclinic.com>;Apollo Clinic Uppal <uppal@apolloclinic.com>;Vimannagar Apolloclinic

<vimannagar@apolloclinic.com>;Vizag Apolloclinic <vizag@apolloclinic.com>;Wanowrie Apolloclinic

<wanowrie@apolloclinic.com>;ITPL CLINIC <itpl@apolloclinic.com>;FO Cradle <fo.indira@apollocradle.com>

📎 1 attachments (27 KB)

07032024 Bookings.xlsx;

Namaste Team,

Greetings from Apollo Clinics,

Please find the attachment for appointments status.

Thanks & Regards,

Anvesh M | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Sent: Thursday, March 7, 2024 10:08 AM

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Health Check-up Bookings No. 112 (Annual)

Dear Team,

Please find the attached Health Checkup Bookings file and confirm the same.

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in

NO. KA-5 2016007914
NAME SUDHINDRA GANAPATI JOSHI
D.O.B 24/10/1988 B.G. C
VALID TILL 18/04/2016(NT)

VALID THROUGHOUT INDIA
COV: MCWG 18/04/2016
LMV 18/04/2016

GANAPATI W JOSHI
146, THENDEL THOTA KAMA AMMA
LAYOUT CAPTANIO, KANKANADY POST,
MANGALURU D.K-575002

Sign Licencing Authority
MANGALORE-KA

DOI: 18/04/2016

Patient Name : Mr. SUDHINDRA GANAPATI JOSHI

Age/Gender : 35 Y/M

UHID/MR No. : CBAS.0000051958

OP Visit No : CBASOPV100920

Sample Collected on :

Reported on : 09-03-2024 19:08

LRN# : RAD2260991

Specimen :

Ref Doctor : Dr.sanjana

Emp/Auth/TPA ID : 381919

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

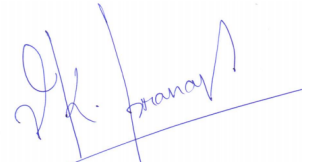
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Patient Name	: Mr. SUDHINDRA GANAPATI JOSHI	Age/Gender	: 35 Y/M
UHID/MR No.	: CBAS.0000051958	OP Visit No	: CBASOPV100920
Sample Collected on	:	Reported on	: 09-03-2024 16:30
LRN#	: RAD2260991	Specimen	:
Ref Doctor	: Dr.sanjana		
Emp/Auth/TPA ID	: 381919		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver:appears normal in size (14.1 cm)and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is contracted.

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

Pancreas is obscured.

Right kidney appear normal in size 9.8x1.3 cm,shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 9.5x1.4 cm,shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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

Prostate is normal in size measuring 3.6x3.0x3.1 cm(volume 17 cc)and echo texture.

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

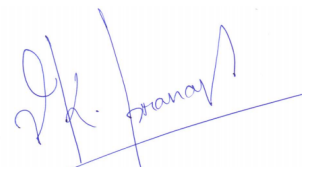
-

IMPRESSION:-

GRADE I FATTY LIVER.

Suggested clinical correlation.

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



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology