

HC 48131  
33 Years

AKHIL BUDHLAKOTI  
Male

3/16/2024 10:49:10 AM

Rate 70 . Sinus rhythm.....normal P axis, V-rate 50- 99  
. ST elev, probable normal early repol pattern.....ST elevation, age<55  
PR 147  
QRSD 88  
QT 383  
QTc 414

8

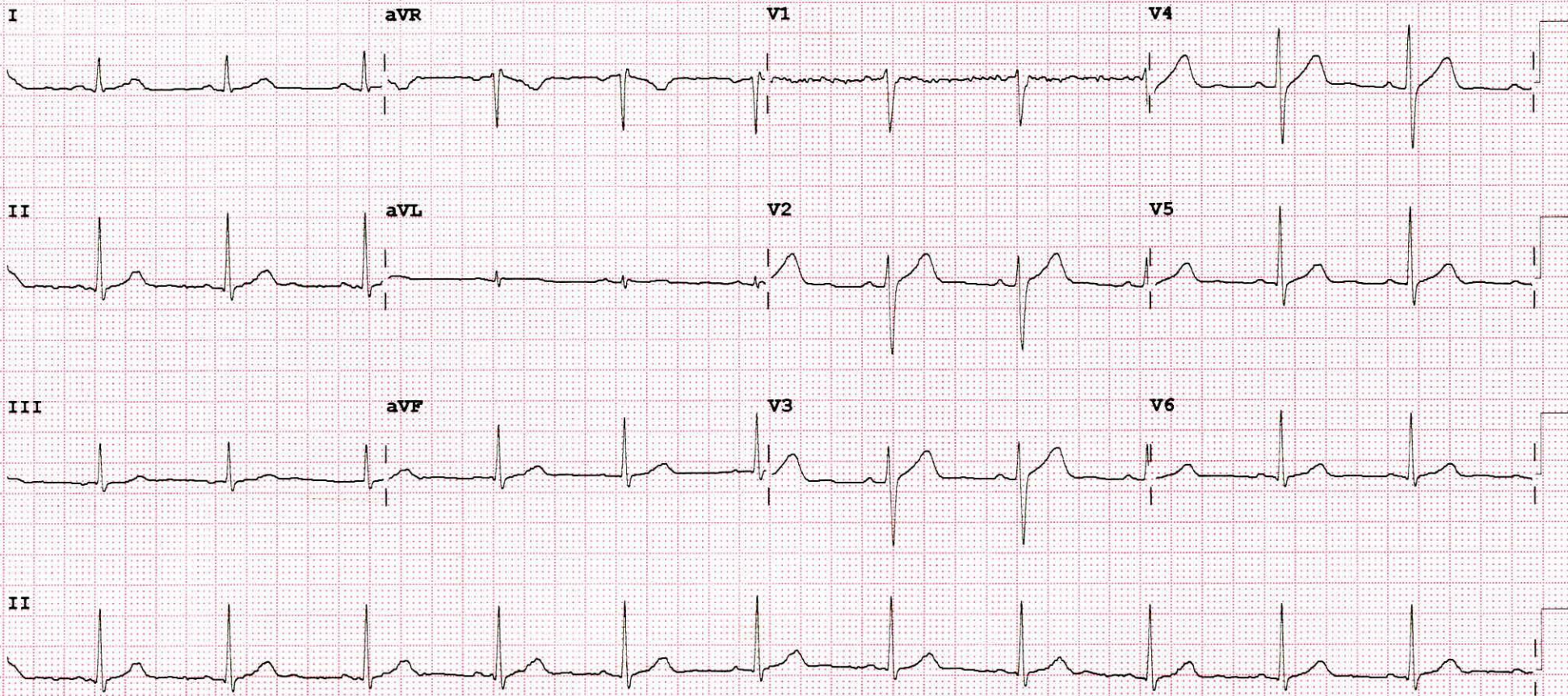
--AXIS--

P 19  
QRS 54  
T 48

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15~ 40 Hz

100B CL

P?



**MEDICOVER  
HOSPITALS**

# MEDICOVER HOSPITALS

## MEDICAL HEALTH CHECK- UP ASSESSMENT FORM

NAME : Mr /Mrs Akhil Budhtakoti

DATE: 16/3/24

AGE : 33/yr.

SEX: Male/ Female  
 Male

NMU: NMU000 48131

DOCTOR'S NAME:

Healthy Package

TEMP :	<u>97.2</u> ° f	BP :	<u>120/80</u> mmHg
PULSE :	<u>86</u> b/m	HEIGHT :	<u>174</u> cm
RR :	<u>20</u> b/m	WEIGHT :	<u>91.7</u> kg
SPO2 :	<u>98</u> % RA	HGT:	<u>-</u>

REMARK:

## 2 D Transthoracic Echocardiography and Color Doppler

NAME	UMR No	REF. BY
MR. AKHIL BUDHLAKOTI	48131	HEALTH CHECK UP

DATE	AGE	SEX
16/03/2024	33 YRS.	MALE

### ECHO FINDINGS :

No RWMA.

LVEF is 60%.

No LV Diastolic Dysfunction.

Trivial mitral regurgitation.

No aortic regurgitation. No aortic stenosis.

No tricuspid regurgitation. No pulmonary hypertension.

IAS & IVS Are Intact.

No Thrombus/ Vegetation/ Pericardial Effusion.

Normal RV systolic function. No hepatic congestion.



**DR ANUP V MAHAJANI**

MBBS, MD (MED), DNB (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

REG NO 2013/05/1759



**MEDICOVER**  
HOSPITALS

NAVI MUMBAI

**M-MODE MEASUREMENTS (in Cm)**

LA	3.3
AORTA	2.8
LVID (d)	4.3
LVID (s)	3.1
IVS (d)	1.0
PW (d)	1.0
LVEF %	60

**COLOUR DOPPLER**

Mitral Velocity	AJV	PJV	MS	MR	AS	AR	TR
A < E	1.5	0.5	Nil	Trivial	Nil	Nil	Nil

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

**DR ANUP V MAHAJANI**

MBBS, MD (MED), DNB (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

REG NO 2013/05/1759





# DEPARTMENT OF OPHTHALMOLOGY

# MEDICOVER HOSPITALS

DATE: 16/03/24

PATIENT NAME: Mr. Akhil Budhlakoti AGE / SEX: 33/M NAVI MUMBAI

UMR NO: NMU 008 813/

	RE	LE
VA (DISTANCE)	6/6 <u>ang</u>	6/6 <u>ang</u>
VA (NEAR)	N6 <u>ang</u>	N6 <u>ang</u>
COLOUR VISION	Normal	Normal

		SPHERE	CYLINDER	AXIS	VA
MRx	O D Ⓟ	-200			6/6 <u>ang</u>
	O S Ⓞ	-5.00	-0.50	170	6/6 <u>ang</u>

### HISTORY :

No h/o HT / DM / Thyroid.

No spectacle use since 2001

No h/o ocular Trauma.

OCULAR FINDINGS : - No eardrum perforation in left ear last year

(BE) - Ant seg WNL

(undilated) Disc  $\leftarrow$  0.3  
0.3

### ADVICE:

- Refresh Tears eld tid 177 X 1month.
- Dilated Fundus Examination (BE)

- ENT reference.

CDR. ANUSHREE VAN KARKI



<b>Patient ID:</b>	<b>NMU0048131</b>	<b>Patient Name:</b>	<b>AKHIL BUDHLAKOTI</b>
<b>Age:</b>	<b>33 Years</b>	<b>Sex:</b>	<b>M</b>
<b>Accession Number:</b>	<b>NMBC62205</b>	<b>Modality:</b>	<b>US</b>
<b>Referring Physician:</b>	<b>DR.DMO</b>	<b>Study:</b>	<b>USG ABDOMEN WHOLE</b>
<b>Study Date:</b>	<b>16-Mar-2024</b>	<b>Study Time:</b>	<b>10:34:02</b>

**USG WHOLE ABDOMEN**

LIVER is normal in size, normal in shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears partially distended with normal wall thickness. There is no obvious calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

Urinary Bladder is adequately distended; no e/o wall thickening or mass or calculi seen. Post-void residue is not significant.

PROSTATE is normal in size, shape & echotexture.

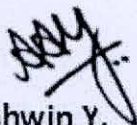
Visualised bowel loops appear normal. There is no free fluid seen.

*NB:- This scan does not rule out all pathologies related to bowel and appendix.*

**IMPRESSION –**

- **No significant abnormality detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.



**Dr. Ashwin Y.**  
M.D. (Radio-Diagnosis)

<b>Patient ID:</b>	NMU0048131	<b>Patient Name:</b>	AKHIL BUDHLAKOTI
<b>Age:</b>	33 Years	<b>Sex:</b>	M
<b>Accession Number:</b>	NMBC62205	<b>Modality:</b>	DX
<b>Referring Physician:</b>	DR.DMO	<b>Study:</b>	CHEST
<b>Study Date:</b>	16-Mar-2024	<b>Study Time:</b>	10:30:00

**X RAY CHEST PA VIEW**

Both lungs are clear.

The frontal cardiac dimensions are normal.

The pleural spaces are clear.

Both hilar shadows are normal in position and density.

Eventration of both domes of diaphragm.

The soft tissues and bony thorax are normal.



DR. ANUPKUMAR AGRAWAL  
Consultant & HOD Radiology  
MBBS, MD

Date: 16-Mar-2024 14:26:26



**DEPARTMENT OF LABORATORY**

**NAVI MUMBAI**

<b>Patient Name</b> : Mr. AKHIL BUDHLAKOTI	<b>Age / Gender</b> : 33 Y(s)/Male
<b>Bill No/ UMR No</b> : NMBC62205/NMU0048131	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 16-Mar-24 09:46 am	<b>Report Date</b> : 18-Mar-24 09:36 am

**FINAL REPORT**

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
<b>CUE (COMPLETE URINE EXAMINATION)</b>				
<b><u>PHYSICAL EXAMINATION</u></b>				
<b>VOLUME</b>	Urine	20 ml		
<b>COLOUR</b>		PALE YELLOW	PALE YELLOW	
<b>APPEARANCE</b>		SLIGHTLY HAZY	CLEAR	
<b>DEPOSIT</b>		ABSENT	ABSENT	
<b><u>CHEMICAL EXAMINATION</u></b>				
<b>SPECIFIC GRAVITY</b>	Urine	1.020	1.000 - 1.030	Dipstick
<b>PH</b>		6.0	5.0 - 8.0	Dipstick
<b>PROTEIN</b>		NEGATIVE	NEGATIVE	Dipstick/Heat coagulation test
<b>GLUCOSE</b>		ABSENT	ABSENT	Dipstick/Benedict's test
<b>UROBILINOGEN</b>		NORMAL	NORMAL	Dipstick
<b>KETONE</b>		NEGATIVE	NEGATIVE	Dipstick/Rothera's Nitroprusside test.
<b>BILIRUBIN</b>		NEGATIVE	NEGATIVE	Dipstick/Fouchet's test
<b>BILE SALT</b>		NEGATIVE	NEGATIVE	Hay's sulphur powder test
<b>BILE PIGMENT</b>		NEGATIVE	NEGATIVE	Fouchet test
<b>NITRITE</b>		NEGATIVE	NEGATIVE	Dipstick
<b>LEUCOCYTE ESTERASE</b>		NEGATIVE	NEGATIVE	
<b><u>MICROSCOPIC EXAMINATION</u></b>				
<b>PUS CELLS</b>	Urine	8-10	0 - 5 /hpf	MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION
<b>RBC</b>		5-7	0 - 5 /hpf	
<b>EPITHELIAL CELLS</b>		2-3	0 - 5 /hpf	
<b>CRYSTALS</b>		NIL	NIL	
<b>CASTS</b>		NIL	NIL	
<b>BACTERIA</b>		Occasional		
<b>YEAST</b>		ABSENT		
<b>NOTE</b>		Microscopic examination of urine is carried out on centrifuged urinary sediment.		

\*\*\* End Of Report \*\*\*







# MEDICOVER HOSPITALS

## DEPARTMENT OF LABORATORY

NAVI MUMBAI

<b>Patient Name</b> : Mr. AKHIL BUDHLAKOTI	<b>Age / Gender</b> : 33 Y(s)/Male
<b>Bill No/ UMR No</b> : NMBC62205/NMU0048131	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 16-Mar-24 09:46 am	<b>Report Date</b> : 18-Mar-24 09:36 am

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In Method</u>
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**DEPARTMENT OF LABORATORY**

**NAVI MUMBAI**

<b>Patient Name</b> : Mr. AKHIL BUDHLAKOTI	<b>Age /Gender</b> : 33 Y(s)/Male
<b>Bill No/ UMR No</b> : NMBC62205/NMU0048131	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 16-Mar-24 09:46 am	<b>Report Date</b> : 16-Mar-24 01:37 pm

**FINAL REPORT**

**Parameter Specimen Result Values Biological Reference Method**

**COMPLETE BLOOD COUNT**

**RBC**

R B C COUNT	Blood	4.48	4.5 - 5.5 $10^6/\mu\text{L}$
HEMOGLOBIN		13.5	13.0 - 17.0 g/dl
PCV/HCT		40.0	40 - 50 % 36 - 46 %
MCV		89	83 - 101 fl 83 - 101 fl
MCH		30.1	27 - 32 pg
MCHC		33.7	31.5 - 34.5 g/dL
RDW(cv)		12.2	11.6 - 14.0 %

**PLATELETS**

PLATELET COUNT	Blood	133	150 - 400 $10^3/\mu\text{L}$
MPV		11.3	7.5 - 11.5 fl

**WBC**

TC (TOTAL LEUCOCYTE COUNT)	Blood	6.1	4.0 - 11.0 $10^3/\mu\text{l}$
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**DIFFERENTIAL COUNT**

NEUTROPHILS	Blood	41	40 - 80 %
LYMPHOCYTES		44	20 - 40 %
MONOCYTES		09	02 - 10 %
EOSINOPHILS		06	00 - 06 %
BASOPHILS		00	00 - 01 %

**PERIPHERAL SMEAR EXAMINATION**

RBC : Predominantly normocytic normochromic.  
WBC : Normal morphology.  
PLATELETS : Mildly reduced in smear. Macroplatelets and giant platelets are also seen.

<b>ESR</b>	CITRATED BLOOD	14	0 - 10 mm/1st hour	WESTERGREN'S METHOD
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\*\*\* End Of Report \*\*\*





# MEDICOVER HOSPITALS

## DEPARTMENT OF LABORATORY

NAVI MUMBAI

<b>Patient Name</b> : Mr. AKHIL BUDHLAKOTI	<b>Age /Gender</b> : 33 Y(s)/Male
<b>Bill No/ UMR No</b> : NMBC62205/NMU0048131	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 16-Mar-24 09:46 am	<b>Report Date</b> : 16-Mar-24 12:39 pm

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In Method</u>
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**DEPARTMENT OF LABORATORY**

NAVI MUMBAI

<b>Patient Name</b> : Mr. AKHIL BUDHLAKOTI	<b>Age /Gender</b> : 33 Y(s)/Male
<b>Bill No/ UMR No</b> : NMBC62205/NMU0048131	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 16-Mar-24 09:47 am	<b>Report Date</b> : 16-Mar-24 12:54 pm

**FINAL REPORT**

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
<b>FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE)</b>				
FASTING BLOOD GLUCOSE		97	Normal Range : 70 - 99 mg/dL	Hexokinase
FASTING URINE SUGAR		Nil		
<b>T3,T4 AND TSH</b>				
T3		164.2	70 - 204 ng/dL	Method : ECLIA
T4		7.86	5.1 - 14.1 ug/dL	Method : ECLIA
TSH(THYROID STIMULATING HORMONE)		1.65	0.270 - 4.20 uIU/mL	Method : ECLIA
<b>SERUM CREATININE</b>				
CREATININE		0.75	0.8 - 1.3 mg/dl	Method : jaffe
<b>BUN / CREATININE RATIO</b>				
BUN (Blood Urea Nitrogen.)		13	7.0 - 21.0 mg/dL	Calculated
SERUM CREATININE		0.75	0.8 - 1.3 mg/dL	
BUN / CREATININE RATIO		17.3	10 - 20	
<b>LFT(LIVER FUNCTION TEST)</b>				
TOTAL BILIRUBIN		0.5	< 1.2 mg/dL	Method : Diazo Method
DIRECT BILIRUBIN		0.2	<= 0.20 mg/dL	Method: Diazo Method
INDIRECT BILIRUBIN		0.3	<= 1.0 mg/dL	
SGPT (ALT)		44	<= 41 U/L	Method : UV without P5P
SGOT (AST)		25	<= 40 U/L	Method : UV without P5P
ALKALINE PHOSPHATASE (ALP)		75	40 - 129 U/L 35 - 105 U/L	Method : PNPP, AMP Buffer - IFCC Ref.
TOTAL PROTEINS		7.9	6.0 - 8.0 g/dL	Method : Biuret method
SERUM ALBUMIN		4.8	3.5 - 5.2 g/dL	Method : Bromcresol Green (BCG)
GLOBULINS		3.1	2.5 - 3.5 g/dL	
A/G RATIO		1.55	1.2 - 2.5	
GAMMA GLUTAMYL TRANSFERASE(GGT)		17	10 - 71 U/L	Method : G-glutamyl-carboxy-nitr oanilide - IFCC Ref.
<b>BUN(BLOOD UREA NITROGEN)</b>				
BUN (Blood Urea Nitrogen.)		13	7.0 - 21.0 mg/dL	Calculated
<b>TOTAL PROTEIN</b>				





**DEPARTMENT OF LABORATORY**

**NAVI MUMBAI**

<b>Patient Name</b> : Mr. AKHIL BUDHLAKOTI	<b>Age /Gender</b> : 33 Y(s)/Male
<b>Bill No/ UMR No</b> : NMBC62205/NMU0048131	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 16-Mar-24 09:46 am	<b>Report Date</b> : 16-Mar-24 04:02 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
TOTAL PROTEINS		7.9	6.0 - 8.0 g/dL	Method : Biuret method
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL		190	Desirable : : < 200 mg/dL Borderline High : : 200 - 239 mg/dL High risk : > 240 mg/dL	METHOD : Enzymatic colorimetric
HDL CHOLESTEROL		37	Low : : < 40 mg/dL High : : > 60 mg/dL	Homogeneous enzymatic colorimetric
LDL CHOLESTEROL		131	Optimal : - < 100 mg/dL Near Optimal : 100 - 129 mg/dL Borderline High : 130 - 159 mg/dL High : 160 - 189 mg/dL Very High : - > 190 mg/dL	Direct-Enzymatic colorimetric
VLDL		27		
SERUM TRYGLYCERIDES		135	< 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL	METHOD: Enzymatic colorimetric
CHO/HDL RATIO		5.14	Normal : - < 3.5 High Risk : - > 5.0	
LDL/HDL RATIO		3.54		
SERUM URIC ACID		6.3	3.4 - 7.0 mg/dL	uricase
<b>HBA1C (GLYCOSYLATED HAEMOGLOBIN)</b>				
HBA1C		5.6	< 5.7 Normal Prediabetic 5.7 - 6.4 & >=6.5 Diabetic %	TINIA
MPG(Mean Plasma Glucose)		114	Excellent Control : 90 - 120 mg/dL Good Control : 121 - 150 mg/dL	
<b>PLBS (POST LUNCH BLOOD SUGAR WITH URINE SUGAR)</b>				
PLBS (POST LUNCH BLOOD GLUCOSE)		70	110 - 180 mg/dL	Hexokinase
URINE SUGAR		NIL		Dipstick

\*\*\* End Of Report \*\*\*





# MEDICOVER HOSPITALS

## DEPARTMENT OF LABORATORY

NAVI MUMBAI

<b>Patient Name</b> : Mr. AKHIL BUDHLAKOTI	<b>Age /Gender</b> : 33 Y(s)/Male
<b>Bill No/ UMR No</b> : NMBC62205/NMU0048131	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 16-Mar-24 12:17 pm	<b>Report Date</b> : 18-Mar-24 08:23 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
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Lab Incharge

Dr. VISHAL MEHROTRA, MD Pathology  
Head, Laboratory Services

Verified By : : 022315

Test results related only to the item tested.

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