

Patient Name	: Mr.RAVEESH KALI	Collected	: 16/Sep/2024 11:20AM
Age/Gender	: 38 Y 4 M 0 D/M	Received	: 16/Sep/2024 12:08PM
UHID/MR No	: CMYS.0000062140	Reported	: 16/Sep/2024 01:02PM
Visit ID	: CMYSOPV129437	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33176		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:MYS240900824



Patient Name	: Mr.RAVEESH KALI	Collected	: 16/Sep/2024 11:20AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	49.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>6.87</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>72.6</b>	fL	83-101	Calculated
MCH	<b>23</b>	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>11.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,420	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	39	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	4	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2818.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2113.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	216.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	216.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	54.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.33		0.78- 3.53	Calculated
PLATELET COUNT	230000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

R.B.C: Majority are normocytic normochromic. Also seen are microcytes

W.B.C: normal in number with normal morphology and distribution.

Platelets: normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

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Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:MYS240900824



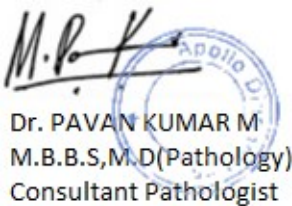
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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Note : Suggested clinical correlation



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M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



**Dr. PAVAN KUMAR M**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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Patient Name : Mr.RAVEESH KALI	Collected : 16/Sep/2024 12:14PM
Age/Gender : 38 Y 4 M 0 D/M	Received : 16/Sep/2024 01:55PM
UHID/MR No : CMYS.0000062140	Reported : 16/Sep/2024 02:21PM
Visit ID : CMYSOPV129437	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	89	mg/dl	74-106	GOD, POD

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:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	120	mg/dl	70-140	GOD, POD

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.



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:MYS240900834



Patient Name : Mr.RAVEESH KALI	Collected : 16/Sep/2024 11:20AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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)



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	174	mg/dl	0-200	CHOD
TRIGLYCERIDES	59	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	44	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>118.24</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.84	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.96		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<0.11	Calculated

**Comment:**

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

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

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

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



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.52	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/l	0-35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	90.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.40	g/dl	6.4-8.3	Biuret
ALBUMIN	4.20	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



Dr. PAVAN KUMAR M  
 M.B.B.S,M.D(Pathology)  
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M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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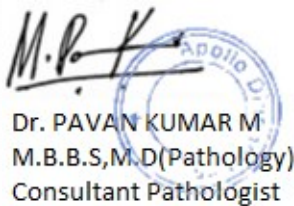


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	17.93	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.80</b>	mg/dL	3.5-7.2	Uricase
CALCIUM	8.80	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.23	mg/dl	2.7-4.5	Molybdate
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.40	g/dl	6.4-8.3	Biuret
ALBUMIN	4.20	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated



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M.B.B.S,M.D(Pathology)  
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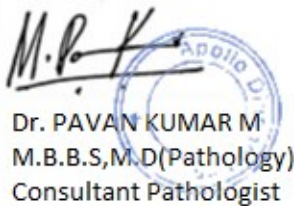
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Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	90.00	U/l	53-128	IFCC (AMP buffer)

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	29.00	U/l	0-55	IFCC



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M.B.B.S,M.D(Pathology)  
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.09	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.5	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.500	µIU/mL	0.38-5.33	CLIA

Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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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Dr. PAVAN KUMAR M  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**APOLLO CLINICS NETWORK**

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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	12.73	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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UHID/MR No : CMYS.0000062140	Reported : 16/Sep/2024 01:34PM
Visit ID : CMYSOPV129437	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33176	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	133	pg/mL	120-914	CLIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.460	ng/mL	0-4	CLIA



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No: MYS240900822



Patient Name : Mr.RAVEESH KALI	Collected : 16/Sep/2024 11:20AM
Age/Gender : 38 Y 4 M 0 D/M	Received : 16/Sep/2024 12:58PM
UHID/MR No : CMYS.0000062140	Reported : 16/Sep/2024 02:08PM
Visit ID : CMYSOPV129437	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33176	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/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

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



**Dr. PAVAN KUMAR M**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:MYS240900825





Patient Name : Mr.RAVEESH KALI	Collected : 16/Sep/2024 11:20AM
Age/Gender : 38 Y 4 M 0 D/M	Received : 16/Sep/2024 12:58PM
UHID/MR No : CMYS.0000062140	Reported : 16/Sep/2024 02:09PM
Visit ID : CMYSOPV129437	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33176	

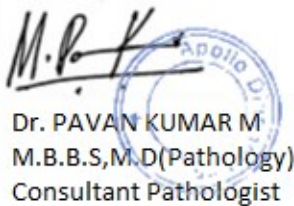
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



**Dr. PAVAN KUMAR M**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:MYS240900827



Patient Name : Mr.RAVEESH KALI  
Age/Gender : 38 Y 4 M 0 D/M  
UHID/MR No : CMYS.0000062140  
Visit ID : CMYSOPV129437  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E33176

Collected : 16/Sep/2024 11:20AM  
Received : 16/Sep/2024 12:58PM  
Reported : 16/Sep/2024 02:09PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.


Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.

  
Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:MYS240900827

---

Patient Name	: Mr. RAVEESH KALI	Age	: 38Yrs 4Mths 2Days
UHID	: CMYS.0000062140	OP Visit No.	: CMYSOPV129437
Printed On	: 17-09-2024 05:25 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E33176		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND WHOLE ABDOMEN

**LIVER:** It is normal in size, outline and is increased in echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is contracted .

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal in size, outline and echopattern.

**RIGHT KIDNEY:** It measures 11.7x3.8 cm with parenchymal thickness of 1.8 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 11.1x4.8 cm with parenchymal thickness of 1.6 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**URINARY BLADDER:** It is well distended. The UB wall is normal. No e/o calculi.

**PROSTATE:** It is normal in size, outline and echotexture.

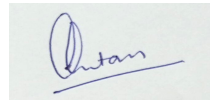
---

No e/o free fluid in the abdomen.

**IMPRESSION: GRADE I FATTY LIVER .**

**Dr. Chetan H, DNB  
Consultant Radiologist.**

---End Of The Report---



**Dr.CHETAN HOLEPPAGOL**  
**MBBS, DNB(RADIO DIAGNOSIS)**  
90037  
Radiology

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Patient	Mr. RAVEESH KALI	Doctor	JYOTHISHREE P V	Appt ID	CMYSAPT442
Age/Gender	38Y   Male	Qualification	B.D.S[Bachelor of Dental Surgery]	Consult Date	17 Sep 2024
UHID	CMYS.0000062140	Reg. No.	33268A	Order Bill ID	CMYS-OCR-24161
				Visit Display ID	CMYSOPV129437

---

## VITALS

---

Weight : 64Kgs	Height : 150Cms
Pulse : 64 BPM	Spo2 : 97%
BP : 100 / 72 MmHg	Respiratory Rate : 20 BPM
Temperature : 97 °F	

JYOTHISHREE P V  
**Doctor's Signature**

**Apollo Health and Lifestyle Limited**

(CIN-U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7\* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

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Patient	Mr. RAVEESH KALI	Doctor	SUJATHA T R	Appt ID	CMYSAPT443
Age/Gender	38Y   Male	Qualification	MBBS, PGDMCH	Consult Date	17 Sep 2024
UHID	CMYS.0000062140	Reg. No.	69649	Order Bill ID	CMYS-OCR-24161
				Visit Display ID	CMYSOPV129437

---

## VITALS

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Weight : 83.2Kgs	Height : 180Cms
Pulse : 66 BPM	Spo2 : 97%
BP : 120 / 80 MmHg	Respiratory Rate : 20 BPM
Temperature : 97 °F	

SUJATHA T R  
Doctor's Signature

**Apollo Health and Lifestyle Limited**

(CIN-U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7\* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

Patient Name	: Mr. RAVEESH KALI	Age	: 38Yrs 4Mths 2Days
UHID	: CMYS.0000062140	OP Visit No.	: CMYSOPV129437
Printed On	: 17-09-2024 07:29 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E33176		

## DEPARTMENT OF CARDIOLOGY

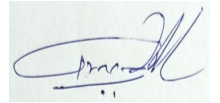
Observation :-

1. Sinus Rhythm.
2. Heart rate is 70 beats per minutes.

**Impression:**

NORMAL RESTING ECG.

---End Of The Report---



Dr. GURU PRASAD B V  
MBBS, PGDCC  
69949  
Cardiology

---

Patient Name	: Mr. RAVEESH KALI	Age	: 38Yrs 4Mths 2Days
UHID	: CMYS.0000062140	OP Visit No.	: CMYSOPV129437
Printed On	: 17-09-2024 05:38 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E33176		

---

## DEPARTMENT OF CARDIOLOGY

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### Impression:

Concentric left ventricular hypertrophy  
Normal left ventricular systolic function. EF 61%  
LV diastolic dysfunction  
No regional wall motion abnormality  
Normal valves  
No clots. No pericardial effusion

### Findings

Left Ventricle: Concentric LVH  
Right Ventricle Normal  
Left Atrium Normal  
Right Atrium Normal  
Aorta Normal  
Pulmonary Artery Normal  
IAS Intact  
IVS Intact  
Valves Normal  
Pericardium Normal  
Doppler LV diastolic dysfunction

---



**Dr. C.B. KESHAVAMURTHY MD, DM, DNB**  
**CONSULTANT CARDIOLOGIST**

**Patient's Name : Mr. RAVEESH KALI Age & sex : 38Yrs /Male**  
**Date : 16.09.2024 UHID No :62140**

Measurements

AO:2.76 cm  
LA :3.11 cm

---

RV :2.05 cm  
LVIDd:4.67 cm  
LVIDs:3.17 cm  
IVSd :1.30 cm  
IVSs :1.46 cm  
PWd :1.27 cm  
PWs :1.45 cm  
EF :61.0 %  
FS :32.0 %

#### Doppler

MV TV AV PV

E :0.57 m/s E 0.51 m/s V max 1.07 m/s V max 0.88 m/s

A: 0.79 m/s A 0.40 m/s

MR Nil TR Nil AR Nil PR Nil

**Dr. C.B. KESHAVAMURTHY MD, DM, DNB**  
**CONSULTANT CARDIOLOGIST**

---

---End Of The Report---



Dr.KESHAVAMURTHY C B  
MBBS,MD,DNB  
30211  
Cardiology

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Patient Name	: Mr. RAVEESH KALI	Age	: 38Yrs 4Mths 1Days
UHID	: CMYS.0000062140	OP Visit No.	: CMYSOPV129437
Printed On	: 16-09-2024 11:43 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E33176		

## DEPARTMENT OF RADIOLOGY

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

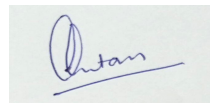
Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION: NORMAL STUDY .**

---End Of The Report---



Dr.CHETAN HOLEPPAGOL  
MBBS, DNB(RADIO DIAGNOSIS)  
90037  
Radiology







## Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Thu 12-09-2024 11:30

To:raveesh4kali@gmail.com <raveesh4kali@gmail.com>

Cc:Mysore Apolloclinic <mysore@apolloclinic.com>;Yogeesh KV <mkt.mysore@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear MR. RAVEESH KALI ,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-09-16** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

### Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.



**For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

**For further assistance, please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: 23, KALIDASA ROAD, VV MOHLLA, MYSORE.**

**Contact No: (0821) 400 6040 - 41.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,  
Apollo Clinic



**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mr Raveesh. Kale on 16/09/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr.   
Medical Officer

The Apollo Clinic, Mysore.

**Apollo Health and Lifestyle Limited**

CIN: U85110TG2000PLC115819  
 Regd. Office: 11D/60/62, Ashoka Raghupathi Street, 6th Cross, 6th Stage, Koramangala, Bangalore - 560095  
 Ph. No: (08) 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

**APOLLO CLINICS NETWORK KARNATAKA**

Bangalore: Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore: (VV Mohalla)

Online appointments: www.apolloclinic.com

*This certificate is not meant for medico-legal purposes*

TO BOOK AN APPOINTMENT

**1860 500 7788**

Scanned with CamScanner  
 #23, 1st Floor,  
 Apollo Clinic  
 Kalidasa Road, Mysore - 02  
 0823-406940/41

Date : 9/16/2024  
 Patient Name : Mr. RAVEESH KALI ✓  
 UHID : CMYS.0000062140  
 Age / Gender : 38Yrs 4Mths / Male  
 Consultation Timing : 11:48 AM

Department  
 Doctor  
 Registration No.  
 Qualification

~~ENT~~ General Medicine  
 Uresh. MB  
 : Dr. PRAVEEN KUMAR  
 : ~~67082~~ 67084.  
 : MBBS, MD (~~ENT~~) (Internal  
 Medicine)

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse : 70w	Resp : 20w	B.P : 120/70

General Examination /  
 Allergies History

Wz  
 ag  
 Pr / nms

Clinical Diagnosis & Management Plan

Adv

T- Omlinest 20mg - (30) -  
 T 00

T ALI- D3 Calc once a wk (10)

T- Bentamine plus 30 (30)

WT reduct<sup>n</sup>

Follow up date :

  
 Doctor Signature

**Apollo Clinic**  
 # 23, 1st Floor,  
 Kalidasa Road, Mysore - 02  
 Ph : 0821-4006040/41

Date : 9/16/2024  
 Patient Name : Mr. RAVEESH KALI  
 UHID : CMYS.0000062140  
 Age / Gender : 38Yrs 4Mths / Male  
 Consultation Timing : 7:26 PM

Department  
 Doctor  
 Registration No.  
 Qualification

: ~~Dental~~ ENT  
 : Dr. ~~Praveen Kumar R~~  
 : ~~33265A~~ 66012  
 : B.D.S (Bachelor of Dental  
 Surgery) ~~MBBS, MS (ENT)~~

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /  
 Allergies History

Clinical Diagnosis & Management Plan

Came for regular checkup

Ear - Bilateral GM - normal

Nose - Normal nose (N)

oral cavity in compliance (N)

neck (N)

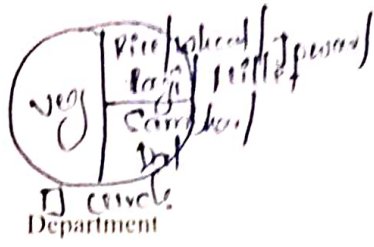
Ad

Received

*Dr*

Follow up date :

Doctor Signature  
**Apollo Clinic**  
 # 23, 1st Floor,  
 Kalldasa Road, Mysore - 02  
 Ph : 0821-4006040/41



Date : 9/16/2024 Department : Nutrition & Dietetics  
 Patient Name : Mr. RAVEESH KALI Doctor : Miss MADHURA B.P  
 UHID : CMYS.0000062140 Registration No. : A104102  
 Age / Gender : 38Yrs 4Mths / Male Qualification : M.Sc. Nutrition and Dietetics  
 Consultation Timing : 11:49 AM *phd*

*I BM - 6.7 kg*

Height : 167	Weight : 90.5	BMI : <i>32 kg/m<sup>2</sup></i>	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

**General Examination / Allergies History**

HbA<sub>1c</sub> - 5.7%  
 LDL - 118.24  
 Uric acid - 7.80  
 Vitamin D - 12.73  
 Vitamin B<sub>12</sub> - 133

**Clinical Diagnosis & Management Plan**

- ⇒ Advised low caloric diet with fiber rich foods.
- ⇒ Take small frequent meals, do not skip meals.
- ⇒ Include all variety of seasonal fruits, vegetables and green leafy vegetables.
- ⇒ Include nuts like Almond & walnuts, dry fruits like dried dates & raisins regularly.
- ⇒ Avoid red meat.
- ⇒ Avoid maida, sugar, too much of salt, bakery soda & creams completely.
- ⇒ Avoid bakery products, chats, junk foods, deep fried foods, packed & processed foods.
- ⇒ Regular physical exercise is compulsory.
- ⇒ \* Avoid Potatoes, Tomatoes, Bell pepper &

Follow up date : *Bringal.*

**Apollo Clinic**  
 # 23, 1st Floor,  
 Kalidasa Road, Mysore - 02  
 Ph : 0821-4006040/41

Doctor Signature  
*M.A. B.P*  
 16/9/2024

Date : 9/16/2024 Department : Dental  
 Patient Name : Mr. RAVEESH KALI Doctor : Dr. JYOTHISHREE P V  
 UHID : CMYS.0000062140 Registration No. : 33268A  
 Age / Gender : 38Yrs 4Mths / Male Qualification : B.D.S[Bachelor of Dental Surgery]  
 Consultation Timing : 11:37 AM

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /  
 Allergies History

Clinical Diagnosis & Management Plan

O/G

Catt, St +

Adv - Oral Prophylaxis

⊥. E11 is class II fracture

Adv - Restoration



Doctor Signature

Follow up date :

**Apollo Clinic**  
 # 23, 1st Floor,  
 Kalidasa Road, Mysore - 02  
 Ph : 0821-4006040/41

Date : 9/16/2024 Department : General Practice [opthal]

Patient Name : Mr. RAVEESH KALI Doctor : Dr. SUJATHA T R

UHID : CMYS.0000062140 Registration No. : 69649

Age / Gender : 38Yrs 4Mths / Male Qualification : MBBS, PGDMCH

Consulation Timing : 11:48 AM

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Distance  
vision

vn  $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

near  
vision

— nb

Colour  
vision

— (npl)

Colour  
vision

— (cv) = normal

prescribe single BRFL + Photomatic  
lenses.

Atteeba  
Khan  
Doctor Signature

Follow up date : 15/9/24

**Apollo Clinic**  
# 23, 1st Floor,  
Kalldasa Road, Mysore - 02  
Ph : 0821-4006040/41



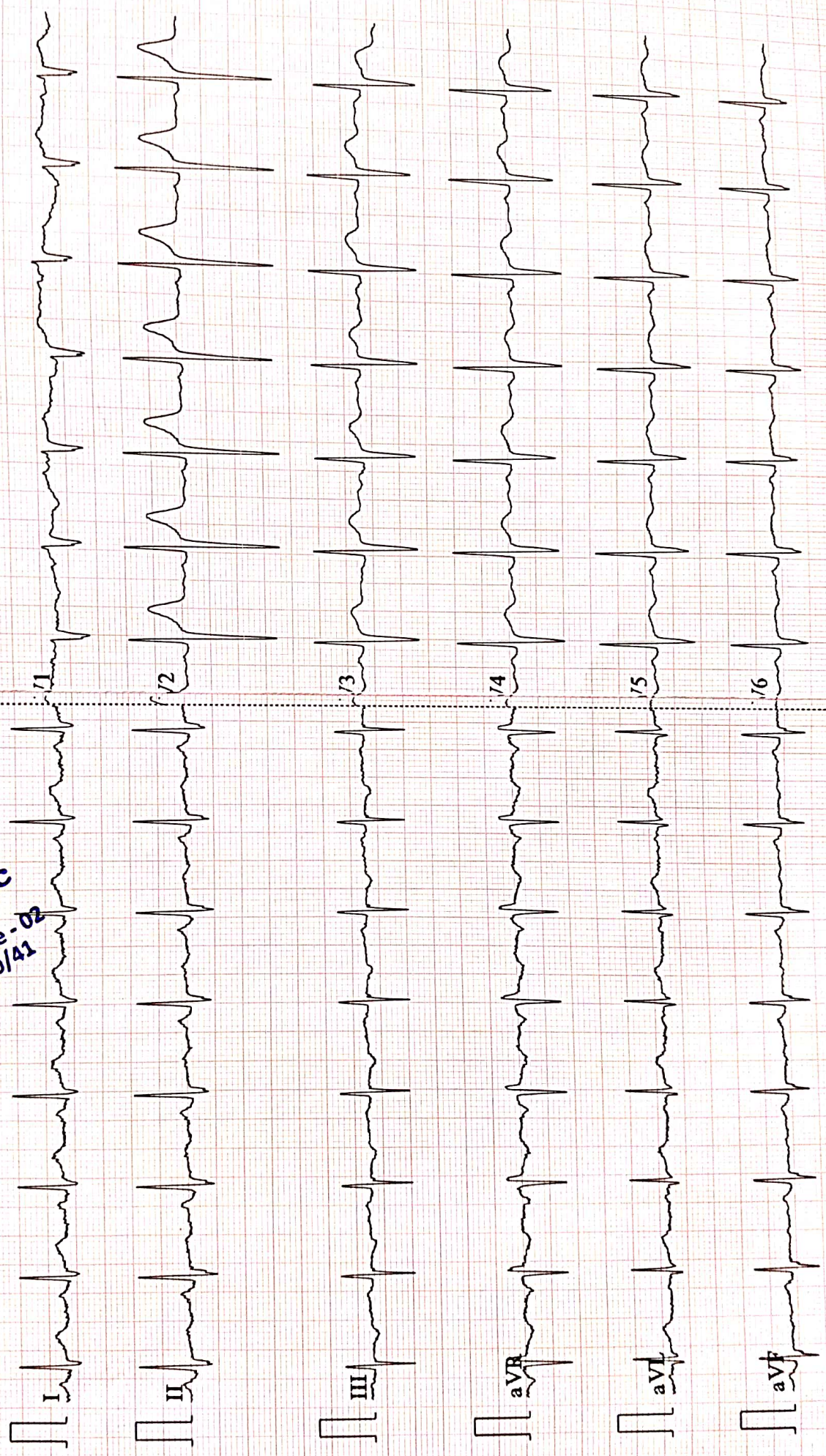
16-09-2024 12:12:38 PM

ID: 62140  
MR RAVEESH KALI  
Male 38Years  
167cm 90kg 120/90 mmHg

**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Diagnosis Information:

Unconfirmed Report.



0.5~45Hz AC50 25mm/s 10mm/mV 2\*5.0s ♥90 CARDIART 9 [REDACTED] V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU

Patient Name	: Mr. RAVEESH KALI	Age	: 38Yrs 4Mths
UHID	: CMYS.0000062140	OP Visit No.	: CMYSOPVI29437
Printed On	: 16-09-2024 05:13 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E33176		

### DEPARTMENT OF RADIOLOGY

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION: NORMAL STUDY .**

---End Of The Report---



Dr. CHETAN HOLEPPAGOL  
MBBS, DNB(RADIO DIAGNOSIS)

90037

Radiology

<b>Patient Name: Mr. RAVEESH KALI</b>	<b>Date: 16.09.2024</b>	<b>Referring Doctor: Self</b>
<b>Age / Sex : 38yrs /Male</b>	<b>UHID :62140</b>	
<b>ULTRASONOGRAPHY – ABDOMEN &amp; PELVIS</b>		

**LIVER:** It is normal in size, outline and is increased in echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is contracted .

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal in size, outline and echopattern.

**RIGHT KIDNEY:** It measures 11.7x3.8 cm with parenchymal thickness of 1.8 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 11.1x4.8 cm with parenchymal thickness of 1.6 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**URINARY BLADDER:** It is well distended. The UB wall is normal. No e/o calculi.

**PROSTATE:** It is normal in size, outline and echotexture.

No e/o free fluid in the abdomen.

**IMPRESSION: GRADE I FATTY LIVER.**

**Dr. Chetan H, DNB**  
Consultant Radiologist.

**Apollo Health and Lifestyle Limited**

(CIN: U85110TG2000PLC115819)

Regd. Office: T-10/60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No. (04) 4304 7777 | Fax No. 4904 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

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TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient's Name : Mr. RAVEESH KALI

Age & sex : 38Yrs /Male

Date : 16.09.2024

UHID No :62140

**2D ECHOCARDIOGRAPHY STUDY**

**Impression:**

- Concentric left ventricular hypertrophy
- Normal left ventricular systolic function. EF 61%
- LV diastolic dysfunction
- No regional wall motion abnormality
- Normal valves
- No clots. No pericardial effusion

**Findings**

Left Ventricle:	Concentric LVH ✓
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	LV diastolic dysfunction

**Dr. C.B. KESHAVAMURTHY MD, DM, DNB**  
**CONSULTANT CARDIOLOGIST**

**Apollo Health and Lifestyle Limited**

CIN : U85110TG2000PLC115819

Regd Office: 110-60-02, Ashoka Rajgopathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph No: (040) 4204 7777 | Fax No: 4204 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Date : 16.09.2024

Age & sex : 38Yrs /Male

UHID No :62140

Measurements

AO : 2.76 cm  
LA : 3.11 cm

RV : 2.05 cm  
LVIDd : 4.67 cm  
LVIDs : 3.17 cm  
IVSd : 1.30 cm  
IVSs : 1.46 cm  
PWd : 1.27 cm  
PWs : 1.45 cm  
EF : 61.0 %  
FS : 32.0 %

Doppler

MV	TV	AV	PV
E: 0.57 m/s	E 0.51 m/s	V max 1.07 m/s	V max 0.88 m/s
A: 0.79 m/s	A 0.40 m/s		
MR Nil	TR Nil	AR Nil	PR Nil

 Dr. C.B. KESHAVAMURTHY MD, DM, DNB  
CONSULTANT CARDIOLOGIST

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