



Certificate No: MO-5597

Patient Name : Mr.RISHIKESH RAMESHCHANDRA RATHEE	Collected : 24/Aug/2024 10:28AM
Age/Gender : 39 Y 6 M 0 D/M	Received : 24/Aug/2024 01:42PM
UHID/MR No : CKHA.0000075873	Reported : 24/Aug/2024 02:22PM
Visit ID : CKHAOPV118948	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31574	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, PH No: 040-49047777, Fax No: 49047744

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	46.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.1	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,810	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48	%	40-80	Electrical Impedance
LYMPHOCYTES	37.4	%	20-40	Electrical Impedance
EOSINOPHILS	5	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3268.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2546.94	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	340.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	585.66	Cells/cu.mm	200-1000	Calculated
BASOPHILS	68.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.28		0.78- 3.53	Calculated
PLATELET COUNT	361000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
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Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist





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UHID/MR No : CKHA.0000075873	Reported : 24/Aug/2024 03:33PM
Visit ID : CKHAOPV118948	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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



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M.B.B.S,M.D(Pathology)
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Patient Name : Mr.RISHIKESH RAMESHCHANDRA RATHEE	Collected : 24/Aug/2024 01:25PM
Age/Gender : 39 Y 6 M 0 D/M	Received : 24/Aug/2024 04:47PM
UHID/MR No : CKHA.0000075873	Reported : 24/Aug/2024 05:11PM
Visit ID : CKHAOPV118948	Status : Final Report
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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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	118	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.



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Patient Name : Mr.RISHIKESH RAMESHCHANDRA RATHEE	Collected : 24/Aug/2024 10:28AM
Age/Gender : 39 Y 6 M 0 D/M	Received : 24/Aug/2024 07:04PM
UHID/MR No : CKHA.0000075873	Reported : 24/Aug/2024 08:11PM
Visit ID : CKHAOPV118948	Status : Final Report
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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. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	268	mg/dL	<200	CHO-POD
TRIGLYCERIDES	164	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	213	mg/dL	<130	Calculated
LDL CHOLESTEROL	180.07	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.84		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.11		<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.



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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. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.97	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.2	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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 diseases, Cirrhosis, but the increase is usually not >2.

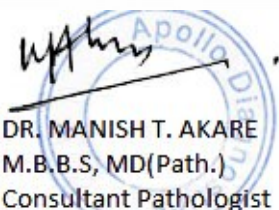
2. Cholestatic Pattern:

*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.



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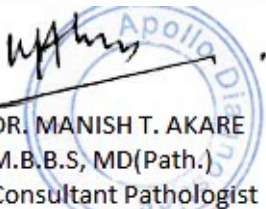
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.48	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.90	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.78	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100.82	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.93	U/L	<55	IFCC




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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.11	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.24	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.211	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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DEPARTMENT OF IMMUNOLOGY

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



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Age/Gender : 39 Y 6 M 0 D/M	Received : 24/Aug/2024 05:55PM
UHID/MR No : CKHA.0000075873	Reported : 24/Aug/2024 06:21PM
Visit ID : CKHAOPV118948	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. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Refractometric
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	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.


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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. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



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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. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Sneha Shah
Dr Sneha Shah
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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 Sneha Shah
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SIN No:UF012066

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	: Mr. RISHIKESH RAMESHCHANDRA RATHEE	Age/Gender	: 39 Y/M
UHID/MR No.	: CKHA.0000075873	OP Visit No	: CKHAOPV118948
Sample Collected on	:	Reported on	: 27-08-2024 15:46
LRN#	: RAD2407666	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S31574		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

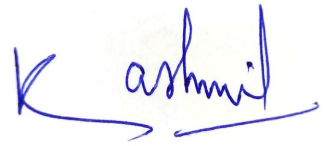
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

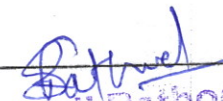
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rishikesh Rathee on 26/08/24

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

	Tick
<ul style="list-style-type: none"> • 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. <u>Hyperlipidemia</u></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. Shivali Rathod
 Medical Officer
 Apollo Clinic, Khairatabad
 MBBS General Physician
 Reg. No. 2015/08/4599

This certificate is not meant for medico-legal purposes

Date : 24-08-2024

Department : GENERAL

MR NO : CKHA.0000075873

Doctor :

Name : Mr. RISHIKESH RAMESHCHANDI

Registration No :

Age/ Gender : 39 Y / Male

Qualification :

Consultation Timing: 10:14

Height : 165	Weight : 66.2	BMI : 24	Waist Circum : 96 ⁹⁸
Temp : 97.6	Pulse : 88	Resp : 20	B.P : 120/82

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: *mr. Rishikesh Rathee*

GENDER: M/F

DATE: *24/8/24*

AGE: *39/17*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		<i>-0.50</i>	<i>50</i>	<i>6/6</i>
NEAR				<i>N.6</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		<i>-0.50</i>	<i>130°</i>	<i>6/6</i>
NEAR				<i>N.6.</i>

INSTRUCTIONS:

Colour vision within normal condition


SIGNATURE

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

ID: 75873

rushikesh rathee

Male 39Years

kg / mmHg

Req. No. :

24-08-2024 13:56:12

HR : 83 bpm

P : 116 ms

PR : 142 ms

QRS : 98 ms

QT/QTcBz : 364/428 ms

P/QRS/T : 62/70/16 °

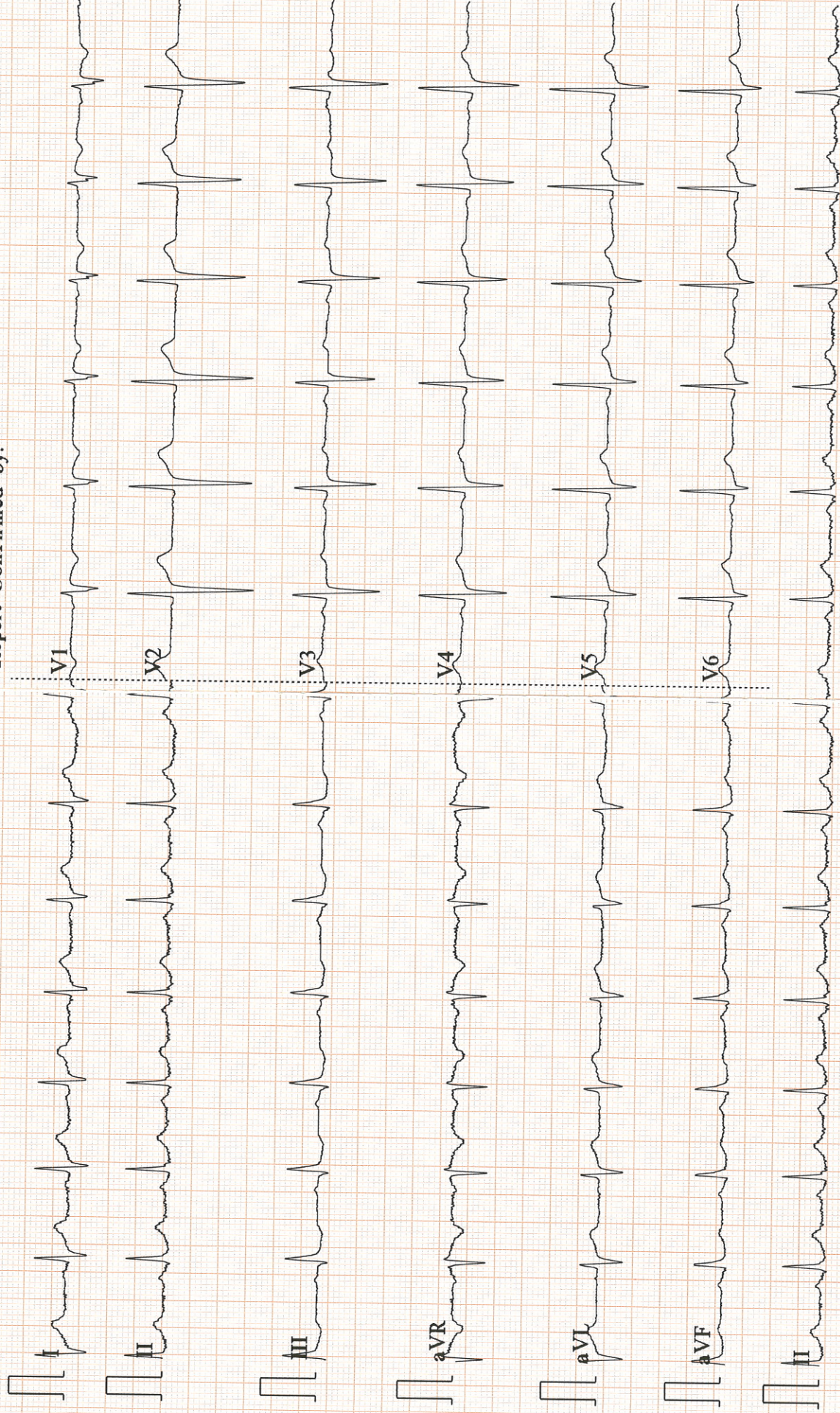
RV5/SV1 : 1.106/0.420 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



Patient Name : Mr. RISHIKESH RAMESHCHANDRA RATHEE Age : 39 Y M
UHID : CKHA.0000075873 OP Visit No : CKHAOPV118948
Reported on : 24-08-2024 19:33 Printed on : 26-08-2024 14:17
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size, shape and **shows minimally raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: is partially distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

Spleen: appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas: appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Prostate: appears normal in size and echotexture

Visualised bowel loops appear normal. No wall edema or mass noted.

IMPRESSION :

- **Early fatty changes in liver.**

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Patient Name : Mr. RISHIKESH RAMESHCHANDRA RATHEE Age : 39 Y M
UHID : CKHA.0000075873 OP Visit No : CKHAOPV118948
Reported on : 24-08-2024 19:33 Printed on : 26-08-2024 14:17
Adm/Consult Doctor : Ref Doctor : SELF

Clinical correlation suggested....

(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.

Printed on:24-08-2024 19:33

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name: Mr. Rishikesh Rathee
Age/ Sex: 39 Yrs / M

Date: 24/08/2024

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	22	PULMONARY VE(m/sec)	1.3
LEFT ATRIUM (mm)	25	PG (mmHg)	7.9
		AORTIC VEL (m/sec)	1.2
IVS - D (mm)	9	PG (mmHg)	5.6
LVIDD - D (mm)	42	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.6
LVPW - D (mm)	9		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
No regional wall motion abnormality.
Normal LV systolic function.
Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
No tricuspid regurgitation.. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION:

Normal PA pressures.

Normal LV systolic function, No RWMA. LVEF 60%.

V.K.

DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



भारत सरकार
Government of India



Issue Date: 20/06/2013



ऋषिकेश रमेशचंद्र राठी
Rishikesh Rameshchandra Raihee
जन्म तारीख / DOB : 13/08/1985
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



5800 8859 8764

मेरा आधार, मेरी पहचान

Kharadi Apollo Clinic

From: noreply@apolloclinics.info
Sent: Tuesday, August 20, 2024 04:44 PM
To: binalohiya@yahoo.co.in
Cc: Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M
Subject: Your appointment is confirmed



Dear RISHIKESH RAMESHCHANDRA RATHEE,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KHARADI clinic** on **2024-08-24** at **08:00-08:15**.

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

"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.

Patient Name	: Mr. RISHIKESH RAMESHCHANDRA RATHEE	Age/Gender	: 39 Y/M
UHID/MR No.	: CKHA.0000075873	OP Visit No	: CKHAOPV118948
Sample Collected on	:	Reported on	: 24-08-2024 19:34
LRN#	: RAD2407666	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S31574		

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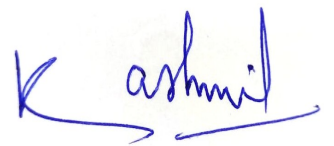
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