

Patient Name : Mr.ASHIQUE HUSSAIN
Age/Gender : 33 Y 2 M 13 D/M
UHID/MR No : SALW.0000142705
Visit ID : SALWOPV220006
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31582

Collected : 24/Aug/2024 09:55AM
Received : 24/Aug/2024 10:58AM
Reported : 24/Aug/2024 11:40AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:BED240217545

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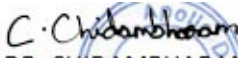
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DEPARTMENT OF HAEMATOLOGY

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	14.8	g/dL	13-17	Spectrophotometer
PCV	42.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.3	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,850	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.2	%	40-80	Electrical Impedance
LYMPHOCYTES	40.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	4.0	%	2-10	Electrical Impedance
BASOPHILS	1.3	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2995.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2375.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	169.65	Cells/cu.mm	20-500	Calculated
MONOCYTES	234	Cells/cu.mm	200-1000	Calculated
BASOPHILS	76.05	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.26		0.78- 3.53	Calculated
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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DR. CHIDAMBHARAM C
M.D., D.N.B.
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M.D., D.N.B.
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Patient Name : Mr.ASHIQUE HUSSAIN	Collected : 24/Aug/2024 09:55AM
Age/Gender : 33 Y 2 M 13 D/M	Received : 24/Aug/2024 04:03PM
UHID/MR No : SALW.0000142705	Reported : 24/Aug/2024 05:11PM
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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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



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

SIN No:HA07516518

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



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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, FASTING , NAF PLASMA	119	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry

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:

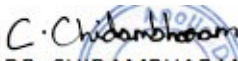
- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	117	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

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLP1483533




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preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


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Age/Gender : 33 Y 2 M 13 D/M	Received : 24/Aug/2024 04:03PM
UHID/MR No : SALW.0000142705	Reported : 24/Aug/2024 06:02PM
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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)



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:EDT240088048

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DEPARTMENT OF BIOCHEMISTRY

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

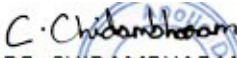
Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	208	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	61	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	50	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	145.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.16		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04814364




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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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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	0.60	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	66.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.30	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		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:

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

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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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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.91	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	32.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	15.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	8.90	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	146	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.9	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	99	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.30	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.80	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.00	U/L	16-73	catalytic activity- reflectance spectrophotometry


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Patient Name : Mr.ASHIQUE HUSSAIN	Collected : 24/Aug/2024 09:55AM
Age/Gender : 33 Y 2 M 13 D/M	Received : 24/Aug/2024 03:52PM
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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	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.053	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

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DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24135006

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office:No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

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DEPARTMENT OF IMMUNOLOGY

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

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



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24135006

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.ASHIQUE HUSSAIN
Age/Gender : 33 Y 2 M 13 D/M
UHID/MR No : SALW.0000142705
Visit ID : SALWOPV220006
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31582

Collected : 24/Aug/2024 09:55AM
Received : 24/Aug/2024 12:35PM
Reported : 24/Aug/2024 12:59PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

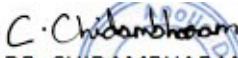
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Refractometric
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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		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.

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2407164




Patient Name : Mr.ASHIQUE HUSSAIN
Age/Gender : 33 Y 2 M 13 D/M
UHID/MR No : SALW.0000142705
Visit ID : SALWOPV220006
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31582

Collected : 24/Aug/2024 09:55AM
Received : 24/Aug/2024 12:35PM
Reported : 24/Aug/2024 12:59PM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:UR2407164

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Patient Name : Mr.ASHIQUE HUSSAIN
Age/Gender : 33 Y 2 M 13 D/M
UHID/MR No : SALW.0000142705
Visit ID : SALWOPV220006
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31582

Collected : 24/Aug/2024 09:55AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


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

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

*** End Of Report ***


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UF012063

Page 19 of 19



Patient Name : Mr.ASHIQUE HUSSAIN
Age/Gender : 33 Y 2 M 13 D/M
UHID/MR No : SALW.0000142705
Visit ID : SALWOPV220006
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S31582

Collected : 24/Aug/2024 09:55AM
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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. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST



SIN No:UF012063

Mail Contacts Calendar Preferences Search Your appointment

Close Reply Reply to All Forward Delete Spam Actions View

Your appointment is confirmed

Dear Ashique Hussain ,

Greetings from Apollo Clinics,

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

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMIT
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as company ID card and or voucher as per company or sponsor."

Note: Video recording or taking photos inside the clinic is not allowed and would attract legal action.

Patient Name	: Mr. Ashique Hussain	Age/Gender	: 33 Y/M
UHID/MR No.	: SALW.0000142705	OP Visit No	: SALWOPV220006
Sample Collected on	:	Reported on	: 26-08-2024 13:01
LRN#	: RAD2407572	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S31582		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver measures about 15.4cm , Shows fatty changes (Grade I).
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas appears normal.

Spleen measures 9.1cm and shows uniform echotexture.

Visualised aorta and IVC are normal.
No evidence of ascites or lymphadenopathy.

Right kidney measures 9.6 x 4.1cm.
Left kidney measures 10.8 x 5.3cm.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.7 x 3.0 x 2.8cm (Vol-12ml).

Bladder is normal in contour.

IMPRESSION:

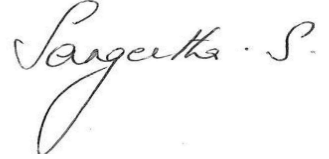
FATTY LIVER.

- SUGGESTED CLINICAL CORRELATION.

Patient Name : Mr. Ashique Hussain

Age/Gender : 33 Y/M

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



Dr. S SANGEETHA
MBBS., TRAINED IN ULTRASONOGRAPHY
Radiology


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MR. Ashique Hussain on 24/08/24

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.....</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. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	


Dr. RAJMADHANGI .D
 M.D. INTERNAL MEDICINE
 GENERAL PHYSICIAN
 APOLLO SPECTRA HOSPITALS
 Alwarpet, REG No: 104481
 Apollo Spectra Alwarpet

This certificate is not meant for medico-legal purposes

Patient Name : Mr. Ashique Hussain
UHID : SALW.0000142705
Conducted By :
Referred By : SELF

Age : 33 Y/M
OP Visit No : SALWOPV220006
Conducted Date : 24-08-2024 15:23

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.7 CM
LA (es)	2.4 CM
LVID (ed)	4.0 CM
LVID (es)	2.4 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	0.9 CM
EF	69%
%FD	38%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES

PWD: A<E AT MITRAL INFLOW

E/A-E: 0.7m/sec A: 0.3m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
0.8m/sec

VELOCITY ACROSS THE AV UPTO 1.1m/sec

TR VELOCITY UPTO 1.9m/sec 15mmHg

IMPRESSION

NO REGIONAL WALL MOTION ABNORMALITY
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION(LVEF-69%)
TRIVIAL MITRAL REGURGITATION
TRIVIAL TRICUSPID REGURGITATION
NO PULMONARY ARTERY HYPERTENSION
NORMAL RIGHT VENTRICULAR SYSTOLIC FUNCTION
NO PERICARDIAL EFFUSION / CLOT.

Done By Mrs. KALAIYARASI

DR CECILY MARY MAJELLA MD DM (Cardio)



OPHTHALMIC RECORD



NAME :

AGE : Mr. Ashique Hussain
SALW.0000142705 33/M

DATE : 24/8/24

I.D. No. :

REFERRAL DETAILS :

MHe

ALLERGIES :

not aware

OCULAR HISTORY :

oo : no specific ocular h/o.

SYSTEMIC ILLNESS :

ne

CURRENT MEDICATION :

ne

INVESTIGATIONS :

ne

MAIN DIAGNOSIS

TREATMENT GIVEN

Patient Name	: Mr. Ashique Hussain	Age/Gender	: 33 Y/M
UHID/MR No.	: SALW.0000142705	OP Visit No	: SALWOPV220006
Sample Collected on	:	Reported on	: 24-08-2024 15:09
LRN#	: RAD2407572	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S31582		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic 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.



Dr. ARUN KUMAR S
MBBS, DMRD, DNB
Radiology