

Patient Name : Mr.BHARGHAVA K	Collected : 15/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/M	Received : 15/Feb/2024 04:42PM
UHID/MR No : CMAN.0000026701	Reported : 15/Feb/2024 06:14PM
Visit ID : CMANOPV194674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 354964	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.3	g/dL	13-17	Spectrophotometer
PCV	47.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.31	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.9	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,410	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	43.3	%	40-80	Electrical Impedance
LYMPHOCYTES	36.7	%	20-40	Electrical Impedance
EOSINOPHILS	10.4	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2775.53	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2352.47	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	666.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	583.31	Cells/cu.mm	200-1000	Calculated
BASOPHILS	32.05	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.18		0.78- 3.53	Calculated
PLATELET COUNT	263000	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 NORMOCYTIC NORMOCHROMIC
WBC - MILD EOSINOPHILIA
PLATELETS ARE ADEQUATE ON SMEAR



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Consultant Pathologist

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SIN No:BED240038322

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NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA



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DEPARTMENT OF HAEMATOLOGY

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ 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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	mg/dL	70-140	HEXOKINASE

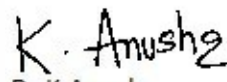
Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated


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SIN No:EDT240016800

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DEPARTMENT OF BIOCHEMISTRY

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

Comment:

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

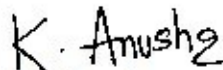
REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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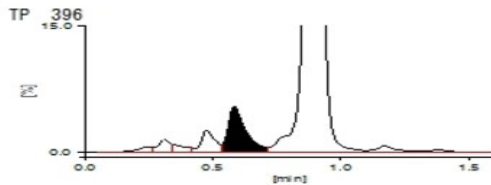
Chromatogram Report

HLC723G8 V5.28 1 2024-02-15 17:39:00
 ID EDT240016800
 Sample No. 02150167 SL 0003 - 07
 Patient ID
 Name
 Comment

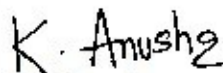
CALIB Name	%	Time	Area
ATA	0.4	0.24	5.86
A1B	0.8	0.31	11.31
F	0.5	0.39	7.84
LA1C+	1.6	0.47	23.37
SA1C	5.5	0.58	63.19
AO	93.0	0.88	1376.03
H-V0			
H-V1			
H-V2			

Total Area 1487.60

HbA1c 5.5 % **IFCC 37 mmol/mol**
 HbA1 6.7 % HbF 0.5 %




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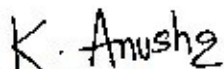
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	125	mg/dL	<200	CHO-POD
TRIGLYCERIDES	56	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	87	mg/dL	<130	Calculated
LDL CHOLESTEROL	75.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.29		0-4.97	Calculated

Comment:

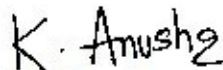
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04629756

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.13	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.23	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	92.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.44	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

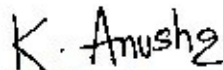
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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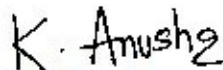
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.81	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	17.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.42	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.92	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.23	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	15.00	U/L	<55	IFCC

Maruthi...

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

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Patient Name : Mr.BHARGHAVA K	Collected : 15/Feb/2024 08:37AM
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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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.93	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.566	µIU/mL	0.38-5.33	CLIA

Comment:

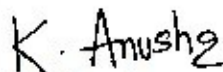
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- 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



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

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SIN No:SPL24025048

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

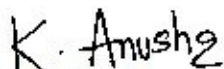
Patient Name : Mr.BHARGHAVA K	Collected : 15/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/M	Received : 15/Feb/2024 04:59PM
UHID/MR No : CMAN.0000026701	Reported : 15/Feb/2024 06:32PM
Visit ID : CMANOPV194674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 354964	

DEPARTMENT OF IMMUNOLOGY

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



Dr. RAJESH BATTINA
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SIN No:SPL24025048


This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.BHARGHAVA K	Collected : 15/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/M	Received : 15/Feb/2024 03:36PM
UHID/MR No : CMAN.0000026701	Reported : 15/Feb/2024 06:06PM
Visit ID : CMANOPV194674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 354964	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


 Dr.KASULA SIDDARTHA
 M.B.B.S,DNB(Pathology)
 Consultant Pathologist

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SIN No:UR2282993

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.BHARGHAVA K	Collected : 15/Feb/2024 08:37AM
Age/Gender : 31 Y 7 M 17 D/M	Received : 15/Feb/2024 03:37PM
UHID/MR No : CMAN.0000026701	Reported : 15/Feb/2024 05:13PM
Visit ID : CMANOPV194674	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 354964	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:UF010586

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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Patient Name : Mr. BHARGHAVA K
UHID : CMAN.0000026701
Reported By: Dr. TRIPTI DEB .
Referred By : SELF

Age : 31 Y/M
OP Visit No : CMANOPV194674
Conducted Date : 15-02-2024 11:48

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 62beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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



Dr. TRIPTI DEB .

The Apollo Clinic- Manikonda
PHYSICAL EXAMINATION FORM

DATE 15/02/24

UHID CMAN. 26701

Name Mr Bharghava K,

Age 31y/M

Height cm

Weight kg

Chest Measurement cm (In) cm (Out)

Waist cm Hip

Pulse Bt/Mn BMI

BP mm/Hg SPO2

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 90 ms
QT / QTcBaz : 384 / 389 ms
PR : 160 ms
P : 110 ms
RR / PP : 960 / 967 ms
P / QRS / T : 61 / 67 / 39 degrees

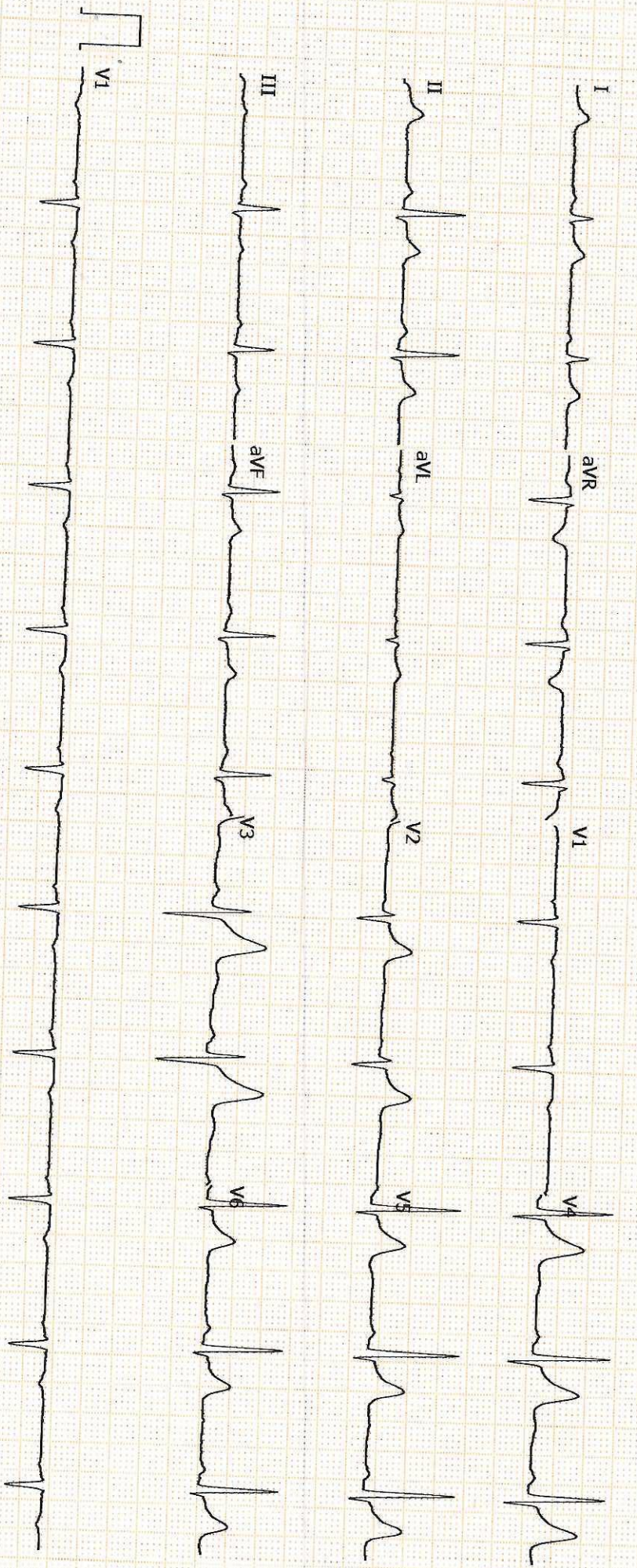
Normal sinus rhythm
Early repolarization
Normal ECG

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

62 bpm
-- / -- mmHg

MNL



Patient Name : Mr. BHARGHAVA K
UHID : CMAN.0000026701
Conducted By: : Dr. TRIPTI DEB .
Referred By : SELF

Age : 31 Y/M
OP Visit No : CMANOPV194674
Conducted Date : 15-02-2024 11:38

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.15 CM
LA (es)	2.95 CM
LVID (ed)	2.8 CM
LVID (es)	1.77 CM
IVS (Ed)	1.13 CM
LVPW (Ed)	1.08 CM
EF	68.00%
%FD	36.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	2INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

AJV = 0.65 NORMAL COLOUR DOPPLER
PJV = 0.71

E = 0.72 NORMAL DIASTOLIC COMPLIANCE.
A = 0.60

IMPRESSION.

NORMAL ECHO STUDY.

[Handwritten signature]

Name <u>Mr. Bharghava K.</u>	Date <u>15/02/20</u>
Age <u>31</u>	UHID No. <u>CHAN. 26701</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	

Allergic Rx

DR. TRIP TI DEB.

Echocardiogram Report

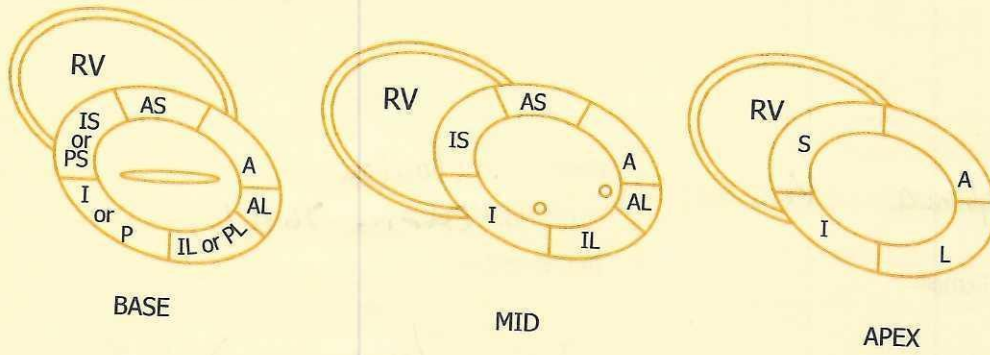
Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS		NORMAL	DIMENSIONS		NORMAL
Ao (ed)	<u>3.15</u> cm	(1.5cm / m2)	IVS (Ed)	<u>1.13</u> cm	(0.6 - 1.2 cm)
LA (es)	<u>2.95</u> cm	(1.5cm / m2)	LVPW (Ed)	<u>1.08</u> cm	(0.6 - 1.1 cm)
RVID (ed)	<u>2.3</u> cm	(0.9 cm / m2)	EF	<u>68</u> %	(0.62 - 0.85)
LVID (ed)	<u>2.8</u> cm	(2.6 - 3.4 cm / m2)	% FD	<u>36</u> %	(2.8% - 42%)
LVID (es)	<u>1.77</u>				

MORPHOLOGICAL DATA

Mitral Valve	AML <u>N</u>	Interatrial septum <u>Intact</u>
	PML <u>N</u>	Interventricular septum <u> </u>
Aortic Valve	<u>N</u>	Pulmonary artery <u>N</u>
Tricuspid valve	<u>N</u>	Aorta <u>N</u>
Pulmonary valve	<u>N</u>	Right atrium <u>N</u>
Right ventricle	<u>N</u>	Left atrium <u>N</u>

Left ventricle : LV WALL MOTION ANALYSIS



1. Normal
2. Hypokinesia
3. Akinesia
4. Dyskinesia
5. Aneurysmal

Pericardium

Normal

Doppler studies

ASV = 0.65
 PSV = 0.71
 E = 0.72
 A = 0.60

*Normal - colour
 Doppler*

Impression

*E/A normal - Diastolic
 Compliance*

Normal echo study

[Signature]
 Done by

[Signature]
 Checked by

[Signature]
 Signature
 Consultant - Cardiology

POWER PRESCRIPTION

NAME: *Bhaagavan - K*

GENDER: *M/F*

DATE: *15/02/24*

AGE: *31*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>+</i>	<i>-1.00</i>	<i>90°</i>	<i>6/6</i>
NEAR	<i>—————</i>			<i>N6</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>+</i>	<i>-0.25</i>	<i>90°</i>	<i>6/6</i>
NEAR	<i>—————</i>			<i>N6</i>

INSTRUCTIONS:

- BB - MV*
- colour vision - normal*
- single vision - BAFCL*

[Signature]
SIGNATURE

Patient Name : Mr. BHARGHAVA K

Age/Gender : 31 Y/M

UHID/MR No. : CMAN.0000026701

OP Visit No : CMANOPV194674

Sample Collected on :

Reported on : 15-02-2024 15:52

LRN# : RAD2236820

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 354964

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Cardia is normal .

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

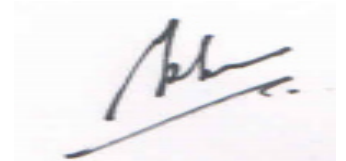
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MD RAHEEMUDDIN QURESHI
Radiology

Patient Name : Mr. BHARGHAVA K

Age/Gender : 31 Y/M

UHID/MR No. : CMAN.0000026701

OP Visit No : CMANOPV194674

Sample Collected on :

Reported on : 15-02-2024 13:55

LRN# : RAD2236820

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 354964

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 12.65 cm and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal in size 8.55 cm. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right Kidney : 8.7 x 4.1 cm.

Left Kidney : 9.3 x 5.0 cm.

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

Prostate is normal in size 2.9 x 3.6 x 3.7 cm and echo texture. Volume measuring 21.33 cm.

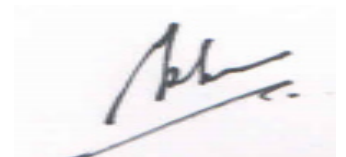
No evidence of necrosis/calcification seen.

IMPRESSION:-

- No significant abnormality detected.

Suggest – clinical correlation.

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



Dr. MD RAHEEMUDDIN QURESHI



Patient Name : Mr. BHARGHAVA K

Age/Gender : 31 Y/M

Radiology