



Balaji Medical Centre

An ISO 9001:2015 Accredited Organization
info@balajimedicalcentre.com, dr@balajimedicalcentre.com



CHENNAI : No.5 (3/2), Jagadeeswaran Street, T.Nagar, Chennai-600 017. INDIA ☎: 044-24364651 / 52 / 53
No.38, Manikodi Srinivasan Nagar Main Road, Rajiv Gandhi Salai, Perungudi, Chennai-600 096. INDIA ☎: 044-29865513 / 14
TUTICORIN : Plot No.51, Door No.20/10, Roche Colony, South Beach Road, Tuticorin - 628 001.INDIA ☎: 0461-2332719 / 20
KOCHI : No.66/2345A, Veekshnam Road, Ernakulam, Kochi-682018 . INDIA ☎: 0484-2395006 / 07 / 08
VIZAG : Door No.39-11- 63/4-1, Murali Nagar, Visakhapatnam, Andhra Pradesh-530 007. INDIA ☎: 0891-2710299 / 399
MANGALORE : Shop No.5, Door No.1-65/31, Kulur-Kavoor Airport Road, Vivek Nagar, Panjimogaru, Mangalore-575 013.INDIA ☎: 0824-2972719 / 20.

REG. NO: MA23040000030

DATE:04/04/2023

MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined Mr. ANOOP S NAIK(34/M)

Who is found to be Medically **FIT**.

He is not found to be suffering from any contagious Disease or Ailment.

He is FIT to perform his duty.

Dietary Counseling was provided from our end.


Dr. VIDYA KUMARI
Reg.No. 10306
DGS Approval No. KA/MG/08/2022

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



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PHYSICAL EXAMINATION

Date Of Exam : 04/04/2023 Reg. No:MA23040000030
Name : Mr. ANOOP S NAIK (34/Male)
Type Of Exam : Physical
Reference : Apollo Health and Lifestyle Limited

The doctor has examined this client at Balaji Medical Centre Mangalore for updated Physical examination and found the following.

Temperature : 36.0C
Blood Pressure : 130/90mmHg
Pulse : 80/mt
Respiration Rate : 17/mt
Waist (cm) : 80Cms
Height : 176Cms
Weight : 85.4Kgs
BMI : 27.6kg/m2


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Name: Mr. ANOOP S NAIK

Date:04/04/2023

Reg. No :MA23040000030

Ref : Dr. A . H. Balaji

OPHTHALMIC REPORT

	RIGHT	LEFT
Distant:	6/9	6/12
Near:	N/5	N/5
Colour:	Normal	Normal
Anterior Segment:	Normal	Normal
Intra Ocular Pressure:	Normal	Normal
Fundus:	Normal	Normal


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LABORATORY REPORT

DATE : 04/04/2023 REG. NO : MA23040000030
NAME : MR. ANOOP S NAIK
AGE : 34 YRS SEX : MALE
REF BY : DR.A.H.BALAJI

COMPLETE BLOOD COUNT (CBC)

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ERYTHROCYTE (RBC) COUNT	5.1	mill/cu.mm	4.7-6.0
HAEMOGLOBIN (Hb)	16.4	gm/dl	13.5-18
PCV (PACKED CELL VOLUME)	49.2	%	42-52
MCV (MEAN CORPUSCULAR VOLUME)	83.6	fl	78-100
MCH (MEAN CORPUSCULAR HAEMOGLOBIN)	30.2	pg	27-31
MCHC (MEAN CORPUSCULAR Hb CONC.N.)	35.1	g/dl	32-36
RDW (RED CELL DISTRIBUTION WIDTH)	11.8	%	11.5-14.0
TOTAL LEUCOCYTES (WBC) COUNT	6900	Cells /cu.mm	4000-10500
ABSOLUTE NEUTROPHILS COUNT	3900	/c.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT	2200	/c.mm	1000-3000
ABSOLUTE MONOCYTE COUNT	470	/c.mm	200-1000
ABSOLUTE EOSINOPHIL COUNT	200	/c.mm	20-500
ABSOLUTE BASOPHIL COUNT	60	/c.mm	20-100
NEUTROPHILS	55.0	%	40-80
LYMPHOCYTES	37.0	%	20-40
MONOCYTES	4.0	%	2-10
EOSINOPHILS	3.0	%	1-6
BASOPHILS	1.0	%	0-2
PLATELET COUNT	2.6	10 ³ /μl	1.50-4.50
MPV (MEAN PLATELET VOLUME)	7.9	fL	6-9.5
PCT (PLATELET HAEMATOCRIT)	0.2	%	0.2-0.5
PDW (PLATELET DISTRIBUTION WIDTH)	15.7	%	9-17

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NAME : MR. ANOOP S NAIK
AGE : 34YRS SEX : MALE
REF BY : DR.A.H.BALAJI

ROUTINE EXAMINATION URINE

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
<u>GENERAL EXAMINATION:</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	CLEAR		CLEAR
REACTION (pH)	5.5		4.5 - 8
SPECIFIC GRAVITY	1.015		1.010 - 1.030
<u>CHEMICAL EXAMINATION (AUTOMATED DIPSTICK METHOD):</u>			
URINE PROTEIN(ALBUMIN)	ABSENT		ABSENT
URINE GLUCOSE(SUGAR)	ABSENT		ABSENT
URINE KETONES(ACETONE)	ABSENT		ABSENT
BILE SALTS	ABSENT		ABSENT
BILE PIGMENTS	ABSENT		ABSENT
UROBILINOGEN	NORMAL		NORMAL
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPIC EXAMINATION</u>			
RED BLOOD CELLS	NIL	/hpf	0 - 2
PUS CELLS (WBCs)	2-3	/hpf	0 - 5
EPITHELIAL CELLS	0-1	/hpf	0 - 5
CRYSTALS	ABSENT	/hpf	ABSENT
CAST	ABSENT	/hpf	ABSENT
AMORPHOUS DEPOSITS	ABSENT	/hpf	ABSENT
BACTERIA	ABSENT	/hpf	ABSENT

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Date : 04/04/2023 Reg. No : MA23040000030
Name : Mr. ANOOP S NAIK
Age : 34Yrs Sex : Male
_Ref By : DR.A.H.BALAJI

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ESR – Erythrocyte Sedimentation Rate (EDTA Whole Blood, Automated-Capillary photometry aggregation/ Manual – Westergrens method)	04	mm/hr	0-15

Method: Automated Westergren

Interpretation;

1. It indicates presence and intensity of an inflammatory process, never diagnosis of a specific disease, Chance are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation and hypothyroidism.

Remark: ESR Performed using capillary photometric aggregation (for automated analysis) & westergrens (for manual testing).


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Name : Mr. ANOOP S NAIK
Age : 34Yrs Sex : Male
Ref By : DR.A.H.BALAJI

BIOCHEMISTRY

<u>Investigation</u>	<u>Observed value</u>	<u>unit</u>	<u>biological reference interval</u>
HbA1C-Glycated Haemoglobin (HPLC)	5.0	%	non-diabetic: <= 5.6 pre-diabetic: 5.7-6.4 Diabetic : >= 6.5
Estimated Average glucose (e AG)	96.8	mg/dl	

INTERPRETATION & REMARK:

- HbA1c is used for monitoring diabetic control. it reflects the estimated average glucose. (eAG)
- HbA1c has been endorsed by clinical group & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1C are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used:
 $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of haemoglobinopathies in HbA1c estimation.
 - for HbF >25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring Diabetic status.
 - Heterozygous state detected (D10/turbo is corrected for HbS & HbC trait)
- In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control. Excellent control-6 to 7%, fair to good control -7 to 8%, unsatisfactory control -8 to 10 % and poor control -More than 10%

NOTE: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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LABORATORY REPORT

Date : 04/04/2023 Reg. No : MA2304000030
Name : Mr. ANOOP S NAIK
Age : 34Yrs Sex : Male
Reference : Apollo Health and Lifestyle Limited
Ref By : DR. A.H. BALAJI

<u>Tests</u>	<u>Value/Results</u>	<u>Units</u>	<u>Reference Interval</u>
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BIO-CHEMISTRY

Blood Sugar (F)	: 94	mg/dl	70-110
Blood Sugar (PPBS)	: 127	mg/dl	120-140


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Name : Mr. ANOOP S NAIK (34/Male)
Reference : Apollo Health and Lifestyle Limited
Ref. By : DR.A.H.BALAJI
Reported On : 04/04/2023

<u>TEST</u>	<u>Value/Results</u>	<u>Units</u>	<u>REFERENCE INTERVAL</u>
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RENAL FUNCTION TEST

Urea	:	16	mg/dL	15-40
Creatinine	:	0.8	mg/dL	0.2-1.2
BUN	:	7	mg/dL	6-21
Blood Uric Acid	:	5.5	mg/dL	4.7-6.1


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Reference : APOLLO HEALTH AND LIFESTYLE LIMITED
Ref By : DR.A.H. BALAJI

Test Name	Result	Units	Ref.Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol	231.00	mg/dL	(<200.00)
Triglycerides	178.00	mg/dL	(<150.00)
HDL Cholesterol	34.7	mg/dL	(<40.00)
LDL Cholesterol, Calculated	96.2	mg/dL	(<100.00)
VLDL Cholesterol, Calculated	35.6	mg/dL	(<30.00)

Note:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is <400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is >400 mg/dL.

INTERPRETATION	TOTAL CHOLESTEROL in mg/dL	Triglyceride in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	< 200	<150	<100
Above Optimal	-	-	100-129
Boderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	>=190

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Name : Mr. ANOOP S NAIK

Age : 34 yrs Sex : Male

Reference : Apollo Health and Lifestyle Limited

Ref By : DR. A.H. BALAJI

LIVER FUNCTION TEST

TEST	PATIENT'S VALUES	UNITS	NORMAL RANGE	
			FROM	TO
Serum Bilirubin (Total)	0.6	mg/dl	0.1	1.2
Serum Bilirubin (Direct)	0.1	mg/dl	-	<0.3
Serum Bilirubin (Indirect)	0.5	mg/dl	0.1	1
S. Alkaline Phosphatas	62.0	U/L	-	<150
Serum Gamma G.T.	30.0	U/L	4	40
Serum G. P. T.	49.0	U/L	10	40
Serum G. O. T.	42.0	U/L	10	42
Serum Total Proteins	7.3	gm/dl	6.0	7.8
Albumin	4.2	gm/dl	3.5	5.0
Globulin	3.1	gm/dl	2.6	3.5
Albumin: Globulin Ratio	1.3	-	-	-


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LABORATORY REPORT

Reg. No : MA23040000030 Date : 04/04/2023
Name : Mr. ANOOP S NAIK
Age : 34yrs Sex : Male
Ref By : DR.A.H. BALAJI

Test Name	Result	Units	Ref.Range
THYROID PROFILE,TOTAL,SERUM (CLIA)			
T3,Total	105.0	ng/dl	(70-204)
T4,Total	9.05	ug/dL	(5.0-12.5)
TSH	2.50	uIU/ml	(0.45-4.5)

Reference Range for pregnancy:

TSH	REFERENCE RANGE IN Uiu/mL
Pregnancy	
1 st Trimester	0.30-4.50
2 nd Trimester	0.50-4.60
3 rd Trimester	0.80-5.20

Note:1 TSH levels are subject to circadian variation,reaching peak levels between 2-4.a.m.and at a Minimum between 6-10pm.The variation is of the order of 50%,hence time of the day has Influence on the measured serum TSH concentrations.

2 Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3 Physiological rise in Total T3 /T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic-Pituitary hypothyroidism
- Inappropriate TSH secretion
- Non thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood


Dr. VIDYA KUMARI
Reg.No. 10306
DGS Approval No. KA/MG/08/2022

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



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LABORATORY REPORT

Reg. No : MA23040000030 Date: 04/04/2023
Name : Mr. ANOOP S NAIK
Age : 34Yrs Sex: Male
Reference : Apollo Health and Lifestyle Limited
Ref By : DR. A.H. BALAJI

HAEMATOLOGY

Blood Group & Rh Type : "AB" POSITIVE


Dr. VIDYA KUMARI
Reg.No. 10306
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Date: 04/04/2023

Reg. No : MA23040000030

TO WHOMSOEVER IT MAY CONCERN

This is to certify that I have examined **Mr. ANOOP S NAIK (34/M)**
- **BRANCH HEAD** for his Dental Condition. His Dental condition and oral
Hygiene are good

Dr. S. Naresht
BDS
Reg. No.: 11291



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DIGITAL RADIOGRAPH – CHEST PA- VIEW

Date : 04/04/2023 Reg. No : MA23040000030
Name : Mr. ANOOP S NAIK
Age : 34yrs
Sex : Male
Ref By : DR.A.H.BALAJI

The cardio mediastinal silhouette is normal.

The lungs are well inflated. No focal mass lesion, lobar collapse or consolidation is seen.

No pleural effusion is detected.

The soft tissues and bones appear unremarkable.

Conclusion:

- Normal chest radiograph.


Dr. VIDYA KUMARI
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ECG REPORT

Date : 04/04/2023 Reg. No :MA23040000030

Name : Mr. ANOOP S NAIK

Age : 34yrs

Sex : Male

Ref By : DR. A. H. BALAJI

Impression : Normal Sinus Rhythm.


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NAME : MR. ANOOP S NAIK

AGE : 34YRS /M

STUDY DATE : 04/04/2023

REG.NO : MA23040000030

PNDT. REG. NO : 06/2018-19

REF. BY : APOLLO

USG COMPLETE ABDOMEN

LIVER:

Is Normal in size. Hepatic Parenchyma is intrinsically normal.
No focal lesion seen in liver.
IHBR and CBD are normal in caliber. Portal vein is normal

Gall Bladder:

Is well distended and is normal. No calculus seen. No abnormal wall thickening.

Pancreas:

The head, tail and body of the pancreas are normal. No dilatation of pancreatic duct.

Spleen:

Is normal in size. No focal parenchymal lesions.

RT. Kidneys measures 10.4x4.5cms, normal in size.

Cortico medullary differentiation is maintained.

No calculus noted. Pelvicalyceal system is normal.

LT. Kidneys measures 9.5x5.4.6cms, normal in size.

Cortico medullary differentiation is maintained.

No calculus noted. Pelvicalyceal system is normal.

Urinary Bladder:

Is well distended and normal. No abnormal wall thickening.

No intraluminal echoes/calculus.

Prostate:

Normal in size and measures 3.2x2.4x3.0cms (Volume~14.0cc).

Seminal vesicles are normal.

No free fluid in abdomen.

No evidence of any significant lymphadenopathy seen.

Impression:

- Normal Study of Liver, Gall bladder, Spleen, Pancreas, Right kidney, Left kidney, Urinary bladder and Prostate.

Dr. VIDYA KUMARI

Reg.No. 10306

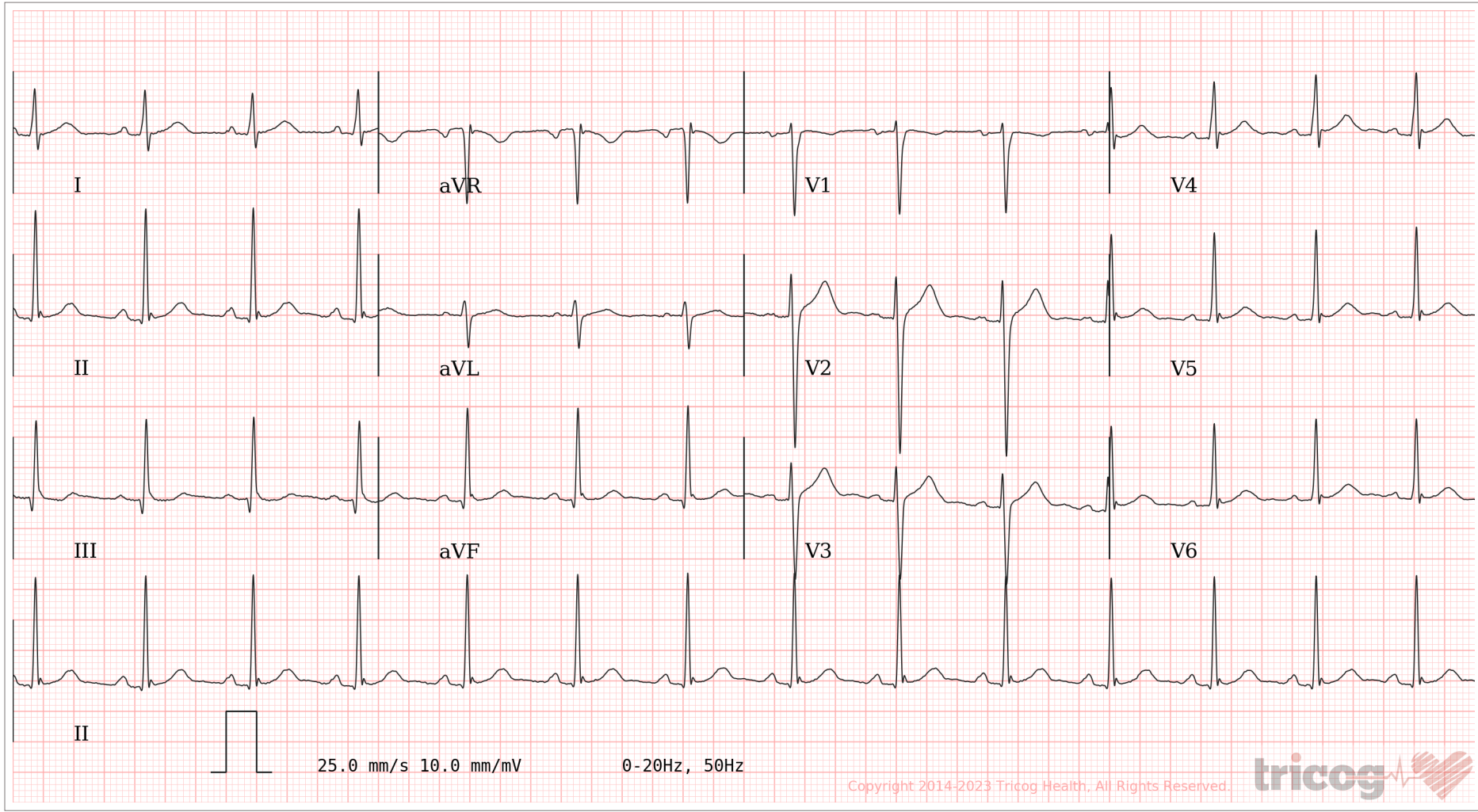
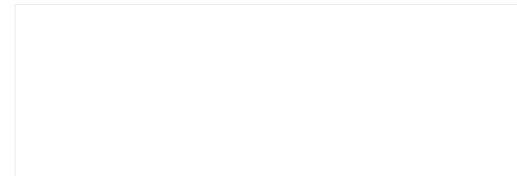
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“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



Age / Gender: 34/Male
Patient ID: MA23040000030

Date and Time: 4th Apr 23 10:32 PM



AR: 86bpm VR: 86bpm QRSD: 88ms QT: 356ms QTcB: 426ms PRI: 166ms P-R-T: 53° 73° 48°

ECG Within Normal Limits: Sinus Rhythm, Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY



Dr Kavitha Girish

Balaji Medical Centre Mangalore

Address: shree Heights building ,Shop no 5, Door no 1-65/31,Kulur-Kavoor,Airport Road Vivek Nagar Panjimogaru, Mangaluru 575013 Karnataka India

Echocardiography Report

PATIENT NAME NAIK ANOOP S	AGE 34 yrs	HEIGHT 176 cm	WEIGHT 85 kg	BSA 2.02 m ²	DATE TIME 2023/04/04 17:23
PATIENT ID MA23040000030	GENDER Male	REFERRING PHYSICIAN DR. VIDYA KUMARI	REPORTED BY DR. JEEVARATHINAM. N		

PROCEDURE

An ECHO exam was performed including 2D, M-mode, Spectral, Color-flow.

SUMMARY

- Normal chamber size and shape
- Normal LV systolic function EF-60%
- No regional wall motion abnormality
- Normal LV diastolic filing pattern
- Trivial tricuspid valve regurgitation
- Low probability of PASP

LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
Systolic Function			Dimensions		
LVEF MOD A4C (%)	60.96	(72-52)	LVIDd (cm)	4.17	(4.2-5.8)
%FS (%)	23.98	(>25)	LVIDd Index (cm/m ²)	2.06	(2.2-3.0)
SV MOD A4C (ml)	53.15	(72-144)	LVIDs (cm)	3.17	(2.5-4.0)
SI MOD A4C (ml/m ²)	26.31	(42-66)	LVIDs Index (cm/m ²)	1.57	(1.3-2.1)
LVEDV MOD A4C (ml)	87.19	(62-150)	IVSd (cm)	1.05	(0.6-1.0)
LVESV MOD A4C (ml)	34.04	(21-61)	LVPWd (cm)	1.03	(0.6-1.0)
LVEDVInd MOD A4C (ml/m ²)	43.16	(34-74)	LVd Mass (g)	143.40	(88-224)
LVESVInd MOD A4C (ml/m ²)	16.85	(11-31)	LVd Mass Index (g/m ²)	70.99	(49-115)
Diastolic Function			LV Area		
MV E Vel (m/s)	0.58	(0.6-0.8)	LV FAC A4C (%)	47.99	(>25)
MV A Vel (m/s)	0.40	(0.2-0.35)	LVAd A4C (cm ²)	26.38	(-)
MV E/A Ratio (-)	1.45	(>=0.8)	LVAs A4C (cm ²)	13.72	(-)

LEFT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
LA Diam (cm)	2.89	(2.0-4.0)	LAESV MOD A4C (ml)	31.60	(-)
LA/Ao (-)	1.12	(<1.3)	LAESVInd MOD A4C (ml/m ²)	15.64	(16-34)

RIGHT ATRIUM

Measurement	Value	Reference
RAAs A4C (cm ²)	14.18	(<=18)
RALs A4C (cm)	4.56	(-)

AORTIC VALVE & AORTA

Measurement	Value	Reference
AV Outflow		

AV Vmax (m/s)	0.81	(<2.6)
AV maxPG (mmHg)	2.62	(<30)
LVOT/ Aorta		
Ao Diam (cm)	2.58	(<3.7)
Ao/LA	1.19	(-)

TRICUSPID VALVE

Measurement	Value	Reference
TR Vmax (m/s)	1.43	(<2.8)
TR maxPG (mmHg)	8.18	(<35)

PULMONARY VALVE AND PULMONARY ARTERY

Measurement	Value	Reference
Pulmonary Outflow		
PV Vmax (m/s)	1.04	(<1.9)
PV maxPG (mmHg)	4.33	(<36)

OBSERVATIONS :

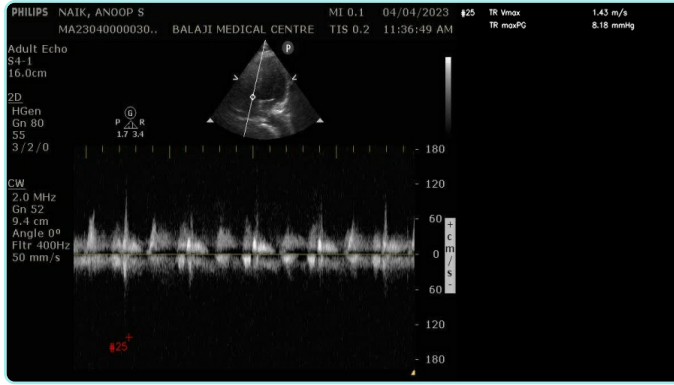
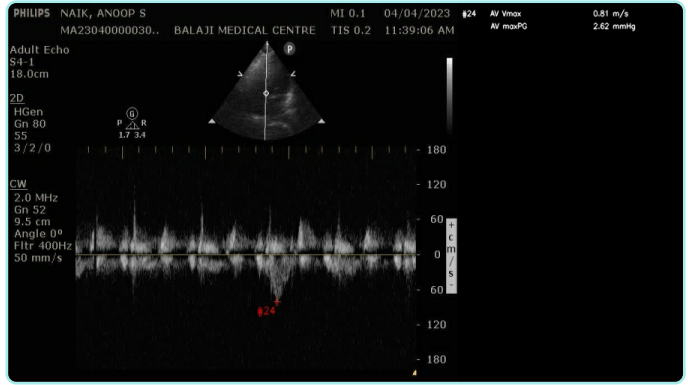
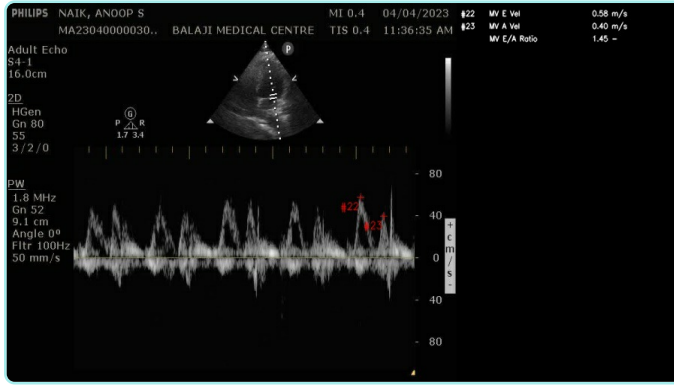
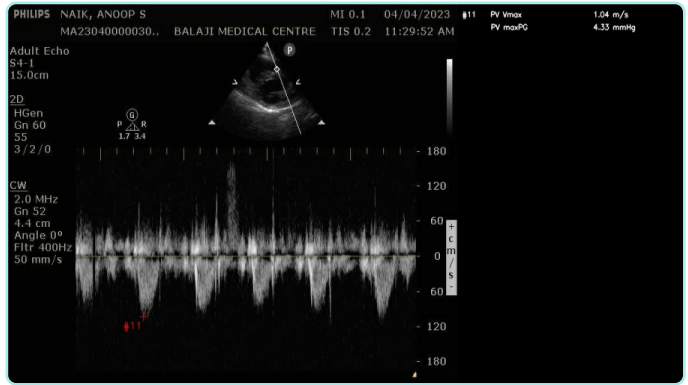
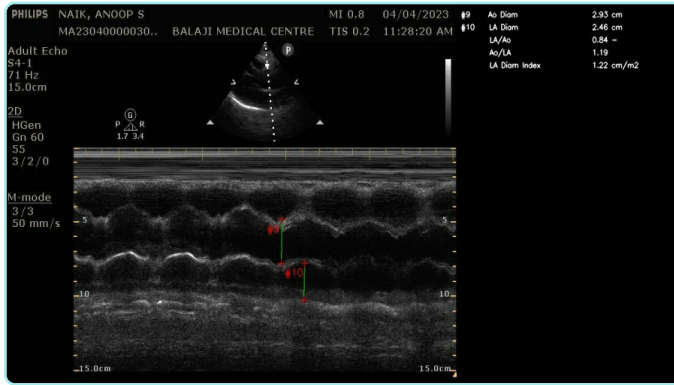
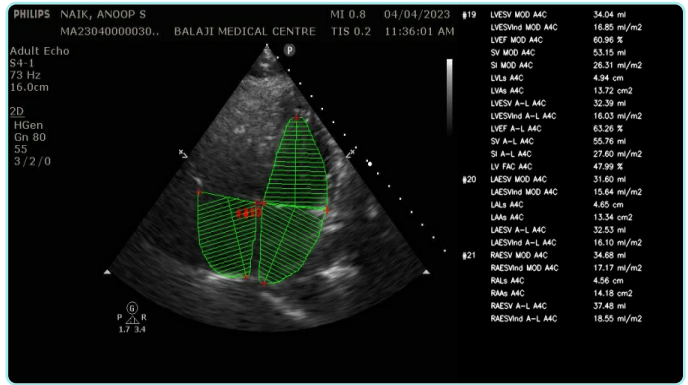
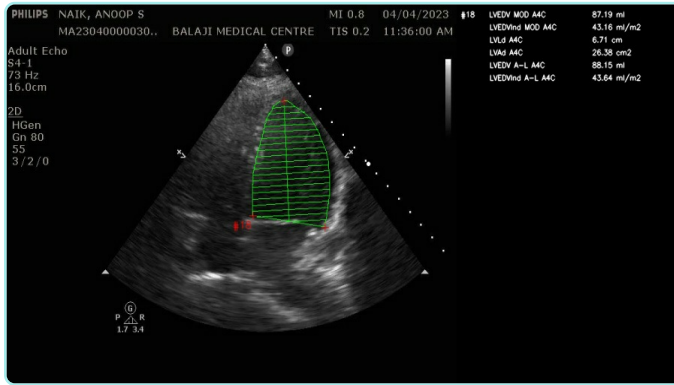
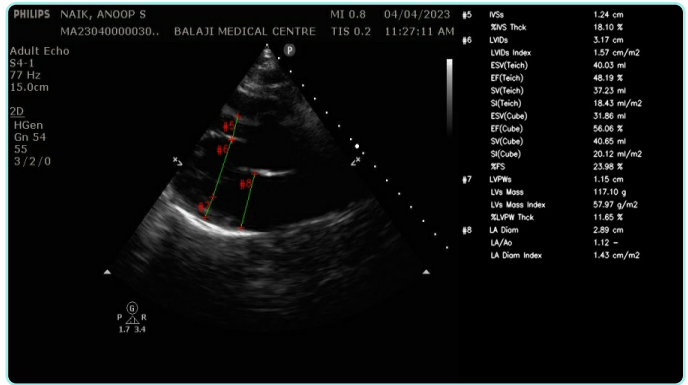
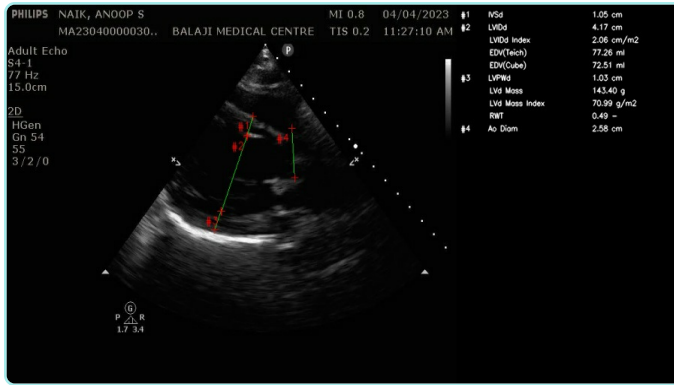
Left Ventricle	LV geometry - Normal LV Systolic function - Normal LV Diastolic Function - Normal
LV Regional Wall Motion	All Left ventricular segments contract normally.
Left Atrium	The left atrium is normal in size and function.
Right Ventricle	The right ventricle is normal in size and function.
Right Atrium	The right atrium is normal in size and function.
Aortic Valve	The aortic valve is trileaflet, and appears structurally normal. No aortic stenosis or regurgitation.
Mitral Valve	The mitral valve is normal.
Tricuspid Valve	Trace tricuspid regurgitation present.
Pulmonic Valve	The pulmonic valve is normal.
Heart Failure	No evidence of Heart Failure with Preserved Ejection Fraction

Disclaimer: This report is generated based on the review of Echocardiography images transmitted and does not consider the patient's current symptoms or medical history. The quality or accuracy of the report is dependent on the quality and accuracy of the Echo images transmitted. The report is not meant or valid for any medico legal purposes



Reported By:
DR. JEEVARATHINAM. N
Clinical Cardiologist

Powered By:
tricog
Tricog Health Pvt. Ltd.





सत्यमेव जयते
भारत सरकार



आधार

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Unique Identification Authority of India

Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 2086/12027/14655

03/03/2017

To
Anoop S Nalk
ಅನೂಪ್ ಎಸ್ ನಾಯ್ಕ್
S/O: Thukaram Nalk
Shri Maya
Prashanth Nagar
Dereball
Mangalore
Ashoknagar(mr),Mangalore,Dakshina Kannada,
Karnataka - 575006
9743293556



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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4150 3264 0662

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

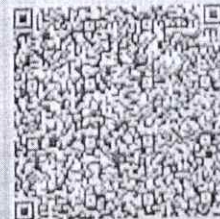


ಅನೂಪ್ ಎಸ್ ನಾಯ್ಕ್
Anoop S Nalk

ಜನ್ಮ ದಿನಾಂಕ / DOB: 04/09/1988

ಪುರುಷ / Male

4150 3264 0662



ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು