

<b>Patient Name</b>	: Mr. MAGESH N	<b>Age/Gender</b>	: 43 Y/M
<b>UHID/MR No.</b>	: CVAL.0000059663	<b>OP Visit No</b>	: CVALOPV112713
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 22-06-2024 15:59
<b>LRN#</b>	: RAD2358755	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 35E7059		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver : enlarged in size measures 16.7 cm with increased fatty infiltration.**

No evidence of any focal lesion.No INBR or EHBR dilation.

No portal vein and hepatic veins appear normal.

**Gall bladder : Distended with normal contour and wall thickness.**

No evidence of calculus or focal lesion is seen.

**CBD : Normal in size and echo pattern.**

**Pancreas : Head , body and tail normal in size and echotexture.**

No evidence of focal lesion / calcification / duct dilatation.

**Spleen : Appears normal in size measures 9.5 cm.**

No focal lesion is seen.Splenic vein appears normal.

**Right kidney : Appears normal in size measures 10.4 x 4.4 cm and normal echopattern.**

No evidence of calculus or PCS dilatation in right kidney.

**Left kidney : Appears normal in size measures 10.1 x 4.7 cm and normal echopattern.**

No evidence of calculus or PCS dilatation in left kidney.

**Para - aortic : No evidence of any enlarged nodes. IVC & Aorta appear normal.**

**Urinary bladder : Distended with normal contour and wall thickness.**

No evidence any abnormality detected.

**Prostate is normal in size measures 3.3 x 3.0 x 3.1 cm vol – 16.5 cc and echo texture.**

No evidence of necrosis/calcification seen.

**RIF & LIF : appears normal.**

### **IMPRESSION :**

- **Hepatomegaly with grade I fatty liver.**

**Patient Name** : Mr. MAGESH N

**Age/Gender** : 43 Y/M

---



**Dr. PASUPULETI SANTOSH KUMAR**  
M.B.B.S., DNB (RADIODIAGNOSIS)  
Radiology

22/06/24

Dental op

Mr. N. Magesh.  
43/M.

IOE:-

Missing -  $\frac{6}{6} \mid \frac{6}{67}$

DC -  $\frac{7}{1}$

Grossly Decayed  $\frac{1}{6}$

ADV:-

- Adv. opG

- hij  
22/6/24

Date : 22-06-2024  
Department : GENERAL PHYSICIAN  
MR NO : CVAL.0000059663  
Doctor : DR. PADMINI M

Name : MR. MAGESH N  
Registration No : 25154  
Qualification : MD

Age/Gender : 43 Y / Male

Consultation Timing: 08:23

168  
97.5  
1140/110  
89

no complaint  
HBM (K) 50  
OCPM TRM and see (11)

mm

8/11/24  
Aventy

Magesh

# OPHTHALMOLOGY

Name <b>Magesh. N.</b>	Date <b>22/6/24</b>
Age <b>43</b>	UHID No. <b>59663</b>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

## OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	6/6	6/6
DV-BCVA :	-	-
NEAR VISION :	N6 (+1.25DS)	N6 (+1.25DS)
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :	Ⓝ	Ⓝ
E O M :	Full, Free, Painless	Full, Free, Painless
COLOUR VISION :	Ⓝ	Ⓝ
FUNDUS :		
IMPRESSION :		
ADVICE :		

MR. MAGESH 43/M.

22/6/24

Nil ENT Complaints

O/E:

Ear

Nose

Throat

NAD.

Neck - No mass -  
TFT Weber



Imp:  
ENT Clinically ~~NAD~~

*[Signature]*

MR. MAGESH N  
ID: CVAL

43 Years  
Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 90 ms  
QT / QTcBaz : 372 / 432 ms  
PR : 136 ms  
p : 102 ms  
RR / PP : 736 / 740 ms  
P / QRS / T : 31 / 21 / 40 degrees

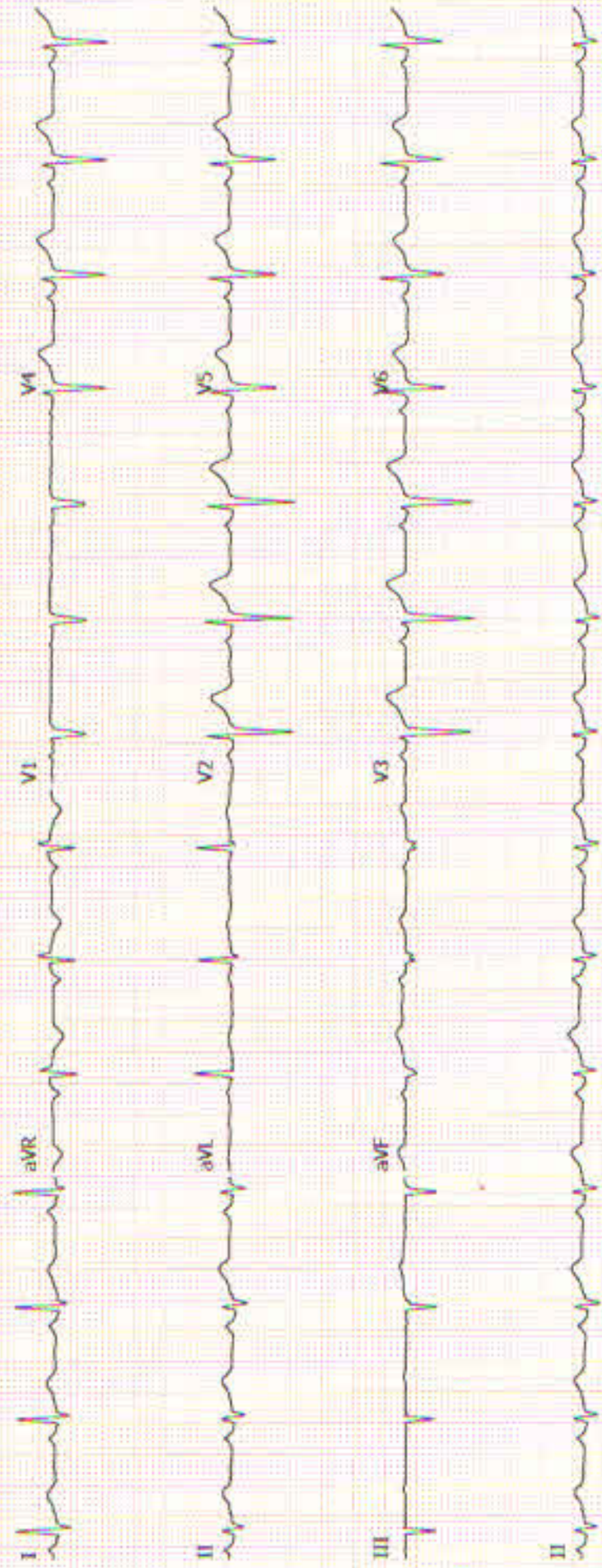
22.06.2024 8:46:28 AM  
apollo clinic  
velizhavanakkam  
chennai

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

Room:

81 bpm  
- / - mmHg

Ⓜ



**Fwd: Health Check up Booking Confirmed Request(35E7059),Package Code-PKG10000367, Beneficiary Code-309438**

MAGESH NEELAKANDAN <magechit@gmail.com>

Fri 6/21/2024 3:05 PM

To:Bh - Ashoknagar [Union Bank Of India] <ubin0800198@unionbankofindia.bank>

**कृपया सावधानी बरतें एवं ध्यान दें:** यह ई-मेल बाहर से प्राप्त हुई है. कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही नहीं). प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न का न खोलें और पहचान की दी गई सामग्री सुरक्षित है अथवा नहीं. संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank) पर रिपोर्ट करें

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----- Forwarded message -----

From: **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>

Date: Fri, 21 Jun, 2024, 3:00 pm

Subject: Health Check up Booking Confirmed Request(35E7059),Package Code-PKG10000367, Beneficiary Code-309438

To: <[magechit@gmail.com](mailto:magechit@gmail.com)>

Cc: <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

**011-41195959**

Dear **N. MAGESH**,

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Annual Plus Above 50 Male

**Patient Package Name** : MediWheel Full Body Health Checkup Male 40 To 50

**Name of Diagnostic/Hospital** : Apollo Clinic - Valasaravakkam

**Address of Diagnostic/Hospital-** : Near Mc.Donalds, Prakasam Salai, Valasaravakkam, Chennai - 600087

**City** : Chennai

**State** : Tamil Nadu

**Pincode** : 600087

**Appointment Date** : 22-06-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

**Booking Status** : Booking Confirmed



Member Information		
Booked Member Name	Age	Gender
N. MAGESH	43 year	Male

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,  
Mediwheel Team  
Please Download Mediwheel App

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भारत सरकार



आधार

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இந்திய அரசாங்கம்

Unique Identification Authority of India  
Government of India

பதிவு அடையாளம் / Enrollment No.: 1111/80156/50422

To  
மகேஷ் நீ  
Magesh N  
S/O: Neelakandan  
55 RAJIV GANDHI NAGAR  
M G R MAIN ROAD  
Porur  
Porur  
Ambattur Tiruvallur  
Tamil Nadu 600116  
9841322989

08/07/2014  
10/1091698



ML010916984FT



உங்கள் ஆதார் எண் / Your Aadhaar No. :

**2571 0009 8328**

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அரசாங்கம்

Government of India



மகேஷ் நீ  
Magesh N  
பிறந்த நாள் / DOB : 20/07/1980  
ஆண்பால் / Male



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भारत सरकार



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இந்திய அரசாங்கம்

Government of India



மகேஷ் நீ  
Magesh N  
பிறந்த நாள் / DOB : 20/07/1980  
ஆண்பால் / Male



**2571 0009 8328**

ஆதார் - சாதாரண மனிதனின் அதிகாரம்

Patient Name : Mr. MAGESH N Age : 43 Y/M  
UHID : CVAL.0000059663 OP Visit No : CVALOPV112713  
Conducted By: : Dr. S NISHANTH . Conducted Date : 22-06-2024 13:18  
Referred By : SELF

---

### **2D-ECHO WITH COLOUR DOPPLER**

#### **Dimensions:**

<b>Ao (ed)</b>	<b>3.0 CM</b>
<b>LA (es)</b>	<b>3.5 CM</b>
<b>LVID (ed)</b>	<b>4.2 CM</b>
<b>LVID (es)</b>	<b>2.6 CM</b>
<b>IVS (Ed)</b>	<b>1.2/1.7 CM</b>
<b>LVPW (Ed)</b>	<b>1.0/1.8 CM</b>
<b>EF</b>	<b>68.00%</b>
<b>%FD</b>	<b>38.00%</b>
<b>MITRAL VALVE :</b>	<b>NORMAL</b>
<b>AML</b>	<b>NORMAL</b>
<b>PML</b>	<b>NORMAL</b>
<b>AORTIC VALVE</b>	<b>NORMAL</b>
<b>TRICUSPID VALVE</b>	<b>NORMAL</b>
<b>RIGHT VENTRICLE</b>	<b>NORMAL</b>
<b>INTER ATRIAL SEPTUM</b>	<b>INTACT</b>
<b>INTER VENTRICULAR SEPTUM</b>	<b>INTACT</b>
<b>AORTA</b>	<b>NORMAL</b>
<b>RIGHT ATRIUM</b>	<b>NORMAL</b>
<b>LEFT ATRIUM</b>	<b>NORMAL</b>
<b>Pulmonary Valve</b>	<b>NORMAL</b>
<b>PERICARDIUM</b>	<b>NORMAL</b>
<b>LEFT VENTRICLE:</b>	<b>NORMAL</b>

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Conducted By: : Dr. S NISHANTH . Conducted Date : 22-06-2024 13:18  
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---

## COLOUR AND DOPPLER STUDIES

**PWD: A>E AT MITRAL INFLOW**

**E/A-E: 0.5m/sec A: 0.7m/sec**

**VELOCITY ACROSS THE PULMONIC VALVE UPTO  
1.2/6m/sec**

**VELOCITY ACROSS THE AV UPTO 1.4/8m/sec**

**TR VELOCITY UPTO 1.4/8m/sec**

## IMPRESSION :

**SUB OPTIMAL ECHO WINDOW  
NO REGIONAL WALL MOTION ABNORMALITY  
STRUCTURALLY VALVES ARE NORMAL  
NORMAL LV SYSTOLIC FUNCTION  
GRADE I DIASTOLIC DYSFUNCTION  
NORMAL CHAMBERS DIMENSIONS  
NO PERICARDIAL EFFUSION/CLOT/PAH**



**Dr. S  
NISHANTH**

Patient Name	: Mr. MAGESH N	Age	: 43 Y/M
UHID	: CVAL.0000059663	OP Visit No	: CVALOPV112713
Reported By:	: Dr. PADMINI M	Conducted Date	: 22-06-2024 14:09
Referred By	: SELF		

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### **ECG REPORT**

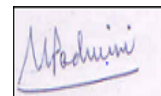
#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 82beats per minutes.

#### **Impression:**

**WITHIN NORMAL LIMITS**

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



Dr. PADMINI M