

Physical Examination			
Name Mr / Mrs / Miss		Mr. Praveen Chitradey.	
Age / Gender		33 yrs	Male / Female
DATE OF CHECK UP			
HEIGHT	170		Cms
WEIGHT	110.1		Kgs
BLOOD PRESSURE (if above 140/90 need 3 readings)	1)	130/90	MmHg
	2)		
	3)		
BMI		38.6	
WAIST		115	
HIP		119.	
WAIST HIP RATIO		0.96	Min
RESPIRATORY RATE		18	Min
PULSE		98.	
CHEST	INSPIRATION	Ins:	Cms
	EXPIRATION	Exp:	Cms

OPHTHAL EXAMINATION					COLOUR VISION		
VISION	FAR VISION RIGHT	FAR VISION LEFT	NEAR VISION RIGHT	NEAR VISION LEFT	RIGHT	LEFT	
WITHOUT GLASS							
WITH GLASS							
REMARKS IF ANY							

APOLLO MEDICAL CENTER  
 Door No 1174, Sivaprakasam Street, T.Nagar,  
 Chennai - 600017.  
 Ph No 044 24321986 / 24335345 / 46 / 18 / 19

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TAMILNADU

Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery)

TO BOOK AN APPOINTMENT

1860 500 7788

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mr. Praveen Chitrakar, 33 y/o on 11/03/2024

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

<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<p align="center">Tick</p>
<ul style="list-style-type: none"> <li>• Fit with restrictions / recommendations</li> </ul> <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>4. ....</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	<p align="center"><input checked="" type="checkbox"/></p>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after</p> <p>.....</p> <p>.....recommended</p>	<p align="center"><input type="checkbox"/></p>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<p align="center"><input type="checkbox"/></p>

  
**Dr. HARI K, MBBS.,**  
 Medical Officer, The Apollo Hospital Physician  
 (Apollo Pharmacy)  
 Reg. No. 151903

*This certificate is not meant for medico-legal purposes*

Mr. Praveen Chandra 33/m

Height:	Weight:	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P.:

General Examination / Allergies  
History

Hx: Less than 1 year - 1 year

Hx: Heart +

Hx: nasal block

also: Ind to @/3:1, low

see / 2/2019: NB

Hx  
RTA

**APOLLO MEDICAL CENTER**  
Door No 11/4, Sivaprakasam Street, T.Nagar,  
Chennai - 600017.  
9/3/2019  
Ph No 044-24341066 / 24335315 / 16/18/19

Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Rx

Date: 9.3.24.

Mr. - Praveen Chitlada

1. Stolin gum paint → ⊕  
0-0-1 x 7 days

2. Yoni floss → ⊕

Dr. Alwaraja



MC-2439

Patient Name	: Mr.PRAVEEN CHITRADA	Collected	: 09/Mar/2024 09:19AM
Age/Gender	: 33 Y 5 M 20 D/M	Received	: 09/Mar/2024 10:54AM
UHID/MR No	: CTNA.0000206101	Reported	: 09/Mar/2024 12:34PM
Visit ID	: CTNAOPV195407	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 507456180962/109384		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.

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







MC-2439

Patient Name : Mr.PRAVEEN CHITRADA  
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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. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.1	g/dL	13-17	Spectrophotometer
PCV	44.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.28	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.7	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.3	%	40-80	Electrical Impedance
LYMPHOCYTES	31.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	8.4	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4838.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2597.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	116.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	697.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	49.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.86		0.78- 3.53	Calculated
PLATELET COUNT	226000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	mm/hour	0-15	Capillary photometry
<b>PERIPHERAL SMEAR</b>				

METHODOLOGY : Microscopic.

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



SIN No:BED240062827

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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. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Negative			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





Patient Name : Mr.PRAVEEN CHITRADA	Collected : 09/Mar/2024 12:28PM
Age/Gender : 33 Y 5 M 20 D/M	Received : 09/Mar/2024 05:43PM
UHID/MR No : CTNA.0000206101	Reported : 09/Mar/2024 07:18PM
Visit ID : CTNAOPV195407	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>102</b>	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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	100	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.



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





MC-2439

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UHID/MR No : CTNA.0000206101	Reported : 09/Mar/2024 12:16PM
Visit ID : CTNAOPV195407	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. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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)

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>238</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>185</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>43</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>195</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>158</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>37</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.53</b>		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. 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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.46	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>75</b>	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’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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SIN No:SE04655392

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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.97	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.90</b>	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i></b>	44.00	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. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.12	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.692	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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
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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SIN No:SPL24041690

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Emp/Auth/TPA ID	: 507456180962/109384		

**DEPARTMENT OF IMMUNOLOGY**

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

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



SIN No:SPL24041690

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



MC-2439

Patient Name : Mr.PRAVEEN CHITRADA	Collected : 09/Mar/2024 09:18AM
Age/Gender : 33 Y 5 M 20 D/M	Received : 12/Mar/2024 12:45PM
UHID/MR No : CTNA.0000206101	Reported : 12/Mar/2024 01:11PM
Visit ID : CTNAOPV195407	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 507456180962/109384	

## DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15

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



SIN No:UR2301070

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

Patient Name	: Mr.PRAVEEN CHITRADA	Collected	: 09/Mar/2024 12:28PM
Age/Gender	: 33 Y 5 M 20 D/M	Received	: 09/Mar/2024 04:47PM
UHID/MR No	: CTNA.0000206101	Reported	: 09/Mar/2024 07:36PM
Visit ID	: CTNAOPV195407	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 507456180962/109384		

**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



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



SIN No:UPP017023

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

Patient Name	: Mr.PRAVEEN CHITRADA	Collected	: 09/Mar/2024 09:33AM
Age/Gender	: 33 Y 5 M 20 D/M	Received	: 09/Mar/2024 12:13PM
UHID/MR No	: CTNA.0000206101	Reported	: 09/Mar/2024 01:15PM
Visit ID	: CTNAOPV195407	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 507456180962/109384		

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



Dr.MARQUESS RAJ  
M.D,DipRCPath,D.N.B(PATH)  
Consultant Pathologist

SIN No:UF011060

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



Patient Name : Mr. Praveen Chitrada  
UHID : CTNA.0000206101  
Reported on : 09-03-2024 18:53  
Adm/Consult Doctor :

Age : 33 Y M  
OP Visit No : CTNAOPV195407  
Printed on : 12-03-2024 19:52  
Ref Doctor : SELF

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND - WHOLE ABDOMEN

**Liver shows increase in echogenicity suggestive of fatty changes.**

Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.

Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 10.1 cms.

Portal and splenic veins appear normal.

No evidence of ascites or lymphadenopathy. Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Aorta and IVC appear normal.

Right kidney measures 9.8 x 4.7 cms.

Left kidney measures 10.3 x 4.8 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.9 x 3.5 x 3.4 cms ( volume 24 cc ) and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour. Both iliac fossae appear normal.

**IMPRESSION:**

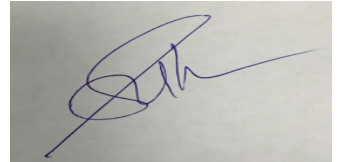


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**Fatty Liver ( Grade I).**

Printed on:09-03-2024 18:53

---End of the Report---

A rectangular box containing a handwritten signature in blue ink. The signature is stylized and appears to be 'Kavitha S'.

**Dr. KAVITHA S**  
MBBS,DNB(Radio diagnosis)  
Radiology

Patient Name : Mr. Praveen Chitrada  
 UHID : CTNA.0000206101  
 Conducted By: : Dr. ASHA MAHILMARAN  
 Referred By : SELF

Age : 33 Y/M  
 OP Visit No : CTNAOPV195407  
 Conducted Date : 09-03-2024 14:58

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	3.0 CM
LA (es)	3.5 CM
LVID (ed)	4.5 CM
LVID (es)	2.7 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	64.00%
%FD	34.00%
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



Patient Name	: Mr. Praveen Chitrada	Age	: 33 Y/M
UHID	: CTNA.0000206101	OP Visit No	: CTNAOPV195407
Conducted By:	: Dr. ASHA MAHILMARAN	Conducted Date	: 09-03-2024 14:58
Referred By	: SELF		

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### **DOPPLER STUDIES**

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.9m/sec A: 0.8m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO 0.4m/sec

VELOCITY ACROSS THE AV UPTO 1.0m/sec

### **IMPRESSION:**

**NO REGIONAL WALL MOTION ABNORMALITIES**

**NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION**

**NORMAL LEFT VENTRICULAR IN SIZE**

**NO : PE/PAH**





Patient Name : Mr. Praveen Chitrada  
UHID : CTNA.0000206101  
Conducted By: : Dr. ASHA MAHILMARAN  
Referred By : SELF

Age : 33 Y/M  
OP Visit No : CTNAOPV195407  
Conducted Date : 09-03-2024 14:58

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Patient Name : Mr. Praveen Chitrada  
UHID : CTNA.0000206101  
Conducted By: : Dr. ASHA MAHILMARAN  
Referred By : SELF

Age : 33 Y/M  
OP Visit No : CTNAOPV195407  
Conducted Date : 09-03-2024 14:58

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Patient Name : Mr. Praveen Chitrada  
UHID : CTNA.0000206101  
Conducted By: : Dr. ASHA MAHILMARAN  
Referred By : SELF

Age : 33 Y/M  
OP Visit No : CTNAOPV195407  
Conducted Date : 09-03-2024 14:58

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Patient Name : Mr. Praveen Chitrada  
UHID : CTNA.0000206101  
Conducted By: : Dr. ASHA MAHILMARAN  
Referred By : SELF

Age : 33 Y/M  
OP Visit No : CTNAOPV195407  
Conducted Date : 09-03-2024 14:58

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Patient Name : Mr. Praveen Chitrada  
UHID : CTNA.0000206101  
Reported By: : Dr. HARI K  
Referred By : SELF

Age : 33 Y/M  
OP Visit No : CTNAOPV195407  
Conducted Date : 09-03-2024 16:22

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**ECG REPORT**

**Impression:**

NORMAL SINUS RHYTHM

NORMAL ECG.

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



Dr. HARI K

Patient Name : Mr. Praveen Chitrada  
UHID : CTNA.0000206101  
Reported on : 11-03-2024 13:26  
Adm/Consult Doctor :

Age : 33 Y M  
OP Visit No : CTNAOPV195407  
Printed on : 12-03-2024 19:56  
Ref Doctor : SELF

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

Normal study.

Printed on:11-03-2024 13:26

---End of the Report---



**Dr. RASHEED ARAFATH HIDAYATHULLAH**  
**MBBS, DNB (RD)**  
Radiology