

Patient Name	: Mr.NAGARAJU M C	Collected	: 11/Nov/2023 09:02AM
Age/Gender	: 53 Y 9 M 16 D/M	Received	: 11/Nov/2023 10:29AM
UHID/MR No	: CMYS.0000058479	Reported	: 11/Nov/2023 12:34PM
Visit ID	: CMYSOPV119156	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: TS01020220006094		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	16.5	g/dL	13-17	Spectrophotometer
PCV	<b>50.10</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.72</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	63.4	%	40-80	Electrical Impedence
LYMPHOCYTES	26.8	%	20-40	Electrical Impedence
EOSINOPHILS	4	%	1-6	Electrical Impedence
MONOCYTES	5.3	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4311.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1822.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	272	Cells/cu.mm	20-500	Calculated
MONOCYTES	360.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34	Cells/cu.mm	0-100	Calculated

**PLATELET COUNT**

PLATELET COUNT	337000	cells/cu.mm	150000-410000	Electrical impedence
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-15	Modified Westergren
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**PERIPHERAL SMEAR**

R.B.C: Majority are normocytic normochromic.  
W.B.C: normal in number with normal morphology and distribution.  
Platelets: normal in number and are seen in singles and clumps.  
Hemoparasites: Not seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

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<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230277126

Patient Name : Mr.NAGARAJU M C	Collected : 11/Nov/2023 09:02AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>115</b>	mg/dl	74-106	GOD, POD
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**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.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>142</b>	mg/dL	70-140	GOD - POD
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**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.

<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	<b>5.8</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	120	mg/dL		Calculated

**Comment:**

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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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
  - HbF >25%
  - Homozygous Hemoglobinopathy.  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	217	mg/dl	0-200	CHOD
TRIGLYCERIDES	274	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	176	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	54.77	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.26		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04537341

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.00	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	75.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	6.20	g/dl	6.4-8.3	Biuret
ALBUMIN	4.31	g/dl	3.5-5.2	Bromocresol Green
GLOBULIN	1.89	g/dL	2.0-3.5	Calculated
A/G RATIO	2.28		0.9-2.0	Calculated

Result is rechecked. Kindly correlate clinically

**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.



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• Correlation with PT (Prothrombin Time) helps.



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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.83	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	17.81	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.30	mg/dL	3.5-8.5	Uricase
CALCIUM	10.06	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.39	mg/dl	2.7-4.5	Molybdate
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE



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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	27.00	U/l	0-55	IFCC



SIN No:SE04537341

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.15	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	10.17	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.820	µIU/mL	0.35-4.94	CMIA

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
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



SIN No:SPL23159067

Patient Name : Mr.NAGARAJU M C	Collected : 11/Nov/2023 09:02AM
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UHID/MR No : CMYS.0000058479	Reported : 12/Nov/2023 03:24PM
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.460	ng/mL	<4	CMIA



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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick

**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	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	3 - 4	/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



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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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\*\*\* End Of Report \*\*\*

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

  
 DR.SHIVARAJA SHETTY  
 M.B.B.S,M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST



Date : 11-11-2023  
 MR NO : CMYS.0000058479  
 Name : Mr. NAGARAJU M C  
 Age/ Gender : 53 Y / Male

Department : GENERAL  
 Doctor : Dr. Munim HB  
 Registration No : 67083  
 Qualification : M.B.B.S. MD

Consultation Timing: 08:39

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse : 70/1	Resp : 20	B.P : 120/80

General Examination /  
 Allergies History

C/S  
 R/S  
 P/A | N/A

Clinical Diagnosis & Management Plan

ADU  
 Regular Exercise  
 wt reduction

T- Act D3 60k Once (3)  
 a w w

Follow up date :

**Apollo Clinic**  
 # 23, 1st Floor,  
 Kalidasa Road, Mysore - 02  
 Ph : 0821-4006040/41

*[Signature]*  
 Doctor Signature



Date : 11-11-2023  
MR NO : CMYS.0000058479

Department : GENERAL Medicine  
Doctor : Madhura L.P

Name : Mr. NAGARAJU M.C

Registration No :

Age/ Gender : 53 Y / Male

Qualification : M.D. in Nutrition & Dietetics  
PHD

Consultation Timing: 08:39

HT - 69cm

Height : 1.69 m	Weight : 84.2 kg	BMI : 29.2	Waist Circum : 100 cm
Temp : 37.5	Pulse : 72	Resp : 18	B.P : 130/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

FBS - 115  
PPES - 145  
HbA1c - 5.2%  
Total cholesterol - 247  
Triglycerides - 374  
Non HDL - 176  
LDL - 130.97  
VLDL - 54.77  
Chol / HDL - 5.26

dx - Grade I fatty liver, cholelithiasis.  
⇒ \*Advised low fat, diabetic diet with complex carbohydrates and avoid simple sugars.  
⇒ Take small frequent meals. Do not skip meals.  
⇒ Include nuts like Almonds & walnuts daily.  
⇒ Include seeds like flax seeds, sunflower seeds, watermelon seeds and sesame seeds - 1 teaspoon each, dry roasted.  
⇒ Cooking oil - 1/2 liter / person / month. Use the combination of oils like Rice bran oil, Groundnut oil, Gingelly oil, Mustard oil, coconut oil & Ghee. But do not mix the oils.  
⇒ \*Avoid favorite like ~~Apple, Banana, Mango, Custard apple & Big Banana~~  
Follow up date : 11/11/2023  
Doctor Signature: Madhura L.P

Date : 11-11-2023  
MR NO : CMYS.0000058479  
Name : Mr. NAGARAJU M C  
Age/ Gender : 53 Y / Male

Department : GENERAL Dental  
Doctor : Dr. Jyothishree  
Registration No :  
Qualification :

Consultation Timing: 08:39

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

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

O/G

~~4/~~ Deep caries

Adv! - R-XR F/W by  
treatment

Ca +r, S+r

76 5 / 367 PFM down present

Jyothishree

Follow up date :

Doctor Signature

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Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Date : 11-11-2023  
MR NO : CMYS.0000058479

Department : GENERAL  
Doctor :

Name : Mr. NAGARAJU M C  
Age/ Gender : 53 Y / Male

Registration No : N Praveen Kumar  
Qualification : M.D (ENT)

Consultation Timing: 08:39

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

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Care for irregular hearing

Ear: Bilateral TM - @

Nose - Nasal mucosa @

oral cavity & oropharynx @

neck @

AS

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Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Follow up date :

Doctor Signature 

Date : 11-11-2023  
MR NO : CMYS.0000058479  
Name : Mr. NAGARAJU M C  
Age/ Gender : 53 Y / Male

Department : GENERAL  
Doctor :  
Registration No :  
Qualification :

Consultation Timing: 08:39

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

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Distance Vn

Right eye

Left eye

6/6 2 glass

6/6 2 glass.

Near Vn

NG 2 glass

NG 2 glass.

Colour Vn.

NORMAL

NORMAL

Follow up date :

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# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41  
Doctor Signature

Patient Name : Mr. NAGARAJU M C  
UHID : CMYS.0000058479  
Reported on : 11-11-2023 16:27  
Adm/Consult Doctor :

Age : 53 Y M  
OP Visit No : CMYSOPV119156  
Printed on : 11-11-2023 16:28  
Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

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.

**IMPRESSION : NORMAL STUDY.**

*Pradeep*

Printed on: 11-11-2023 16:27

---End of the Report---

**Dr. PRADEEP KUMAR C N**  
**MBBS DNB( RADIOLOGY)**  
Radiology

**Apollo Health and Lifestyle Limited**

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PH: No. 040 4904 7777 Fax No. 4904 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

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Koramangala | Marjapur Kriadi | Mysore | VV Mohalla |  
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient's Name : Mr. Nagaraju M C	Age & Sex; 53Yrs /Male
Date : 11.11.2023	UHID No: 58479

## 2D ECHOCARDIOGRAPHY STUDY

### Impression:

- Normal chamber volumes
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 64 %
- Grade I LV diastolic dysfunction
- Mild MR/ TR
- No clots. No pericardial effusion

### Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Grade I LVDD. Mild MR/ TR

### **Apollo Health and Lifestyle Limited**

REGD. OFFICE: 11, Dittal Road, Anand Nagar, Kalyan Nagar, 5th Floor, Bengaluru, Karnataka - 560 016  
 Ph: No: 080 4304 7777 Fax No: 4304 7744 | Email: [enquiry@apollohi.com](mailto:enquiry@apollohi.com) | [www.apollohi.com](http://www.apollohi.com)

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TO BOOK AN APPOINTMENT

**1860 500 7788**

<b>Patient's Name : Mr. Nagaraju M C</b>	<b>Age &amp; Sex; 53Yrs /Male</b>
<b>Date : 11.11.2023</b>	<b>UHID No: 58479</b>

Measurements

AO : 2.8 cm  
 LA : 2.6 cm  
  
 RV : 2.5 cm  
 LVIDd : 4.29 cm  
 LVIDs : 2.27 cm  
 IVSd : 0.89 cm  
 IVSs : 1.33 cm  
 PWd : 1.11 cm  
 PWs : 1.27 cm  
 EF : 64.0 %  
 FS : 34.0 %

Doppler

MV : 0.68 m/s      TV      AV      PV  
 E : 0.68 m/s      E<sub>2</sub> --- m/s      V max 0.95 m/s      V max 1.91 m/s

A: 0.85 m/s      A --- m/s

MR 1/4      TR 1/4      AR Nil      PR Nil

**Dr. GURU PRASAD. B. V, MBBS, PGDCC**  
**CONSULTANT - NON INVASIVE CARDIOLOGY**

**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name: Mr. Nagaraju M C	Date: 11.11.2023	Referring Doctor: Self
Age / Sex :53yrs /Male	UHID :058479	
<b>ULTRASONOGRAPHY – ABDOMEN &amp; PELVIS</b>		

**LIVER:** It is normal in size, outline and is increased echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is distended and shows a calculus measuring 9mm.

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal in size, outline and echopattern.

**RIGHT KIDNEY:** It measures 9.6x4.1 cm with parenchymal thickness of 1.2 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen. Simple cortical cyst measuring 5.6 x 3.7 cm is seen in the lower pole.

**LEFT KIDNEY:** It measures 10.4x4.9 cm with parenchymal thickness of 1.7 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**URINARY BLADDER:** It is well distended. The UB wall is normal. No e/o calculi.

**PROSTATE:** It is normal in size, outline and echotexture.

No e/o free fluid in the abdomen.

**IMPRESSION:**

- **GRADE I FATTY LIVER.**
- **CHOLELITHIASIS.**

**Dr. Chetan H, DNB**  
Consultant Radiologist.

**Apollo Health and Lifestyle Limited**

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TO BOOK AN APPOINTMENT

**1860 500 7788**



MR NAGARAJU M C

Male 53Years

169cm 84kg 120/80 mmHg

Diagnosis Information:

Unconfirmed Report.

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