

Patient Name	: Mr.B N SATHISH BALIGA	Collected	: 16/Mar/2024 08:18AM
Age/Gender	: 59 Y 10 M 16 D/M	Received	: 16/Mar/2024 10:19AM
UHID/MR No	: CMYS.0000060069	Reported	: 16/Mar/2024 11:51AM
Visit ID	: CMYSOPV123478	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 155798		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

-


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

SIN No:BED240070028



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UHID/MR No	: CMYS.0000060069	Reported	: 16/Mar/2024 12:47PM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	41.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.68	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.3	%	40-80	Electrical Impedance
LYMPHOCYTES	37	%	20-40	Electrical Impedance
EOSINOPHILS	2.4	%	1-6	Electrical Impedance
MONOCYTES	4.9	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3705.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2479	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	160.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	328.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.49		0.78- 3.53	Calculated
PLATELET COUNT	331000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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DEPARTMENT OF HAEMATOLOGY

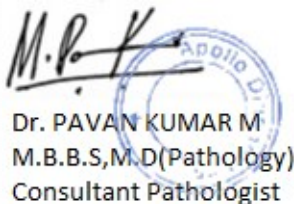
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

W.B.C: Are normal in number,morphology and distribution.

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mr.B N SATHISH BALIGA	Collected : 16/Mar/2024 08:18AM
Age/Gender : 59 Y 10 M 16 D/M	Received : 16/Mar/2024 10:58AM
UHID/MR No : CMYS.0000060069	Reported : 16/Mar/2024 12:01PM
Visit ID : CMYSOPV123478	Status : Final Report
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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
GLUCOSE, FASTING , NAF PLASMA	94	mg/dl	74-106	GOD, POD

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)	100	mg/dl	70-140	GOD, POD

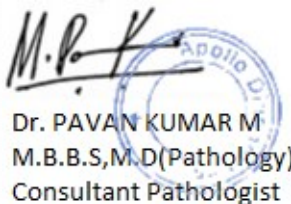
Comment:

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	5.9	%		HPLC

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SIN No:EDT240031953



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

ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL	Calculated
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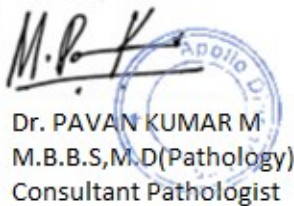
Comment:

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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	240	mg/dl	0-200	CHOD
TRIGLYCERIDES	214	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	39	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	201	mg/dL	<130	Calculated
LDL CHOLESTEROL	158.57	mg/dL	<100	Calculated
VLDL CHOLESTEROL	42.9	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.23		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.39		<0.11	Calculated

Comment:

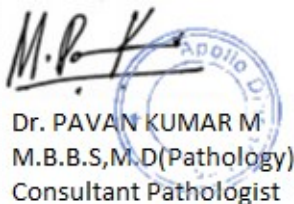
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.

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

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.86	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.35	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	1.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	76.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.40	g/dl	6.4-8.3	Biuret
ALBUMIN	4.32	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.08	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:

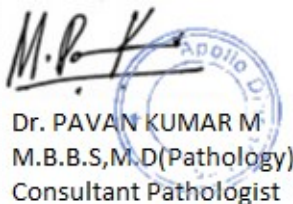
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.16	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	19.90	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	9.3	mg/dl	6-20	Urease, UV
URIC ACID	6.20	mg/dL	3.5-7.2	Uricase
CALCIUM	10.20	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.49	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.40	g/dl	6.4-8.3	Biuret
ALBUMIN	4.32	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated



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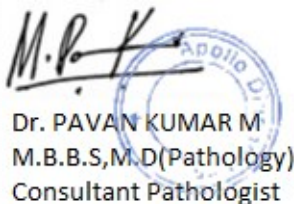


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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/l	0-55	IFCC



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SIN No:SE04662953



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DEPARTMENT OF IMMUNOLOGY

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

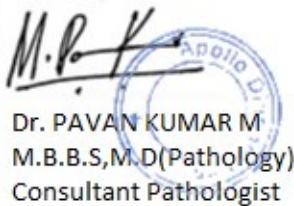
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.19	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.62	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	5.420	µIU/mL	0.35-4.94	CMIA

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



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SIN No:SPL24046718



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DEPARTMENT OF IMMUNOLOGY

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Patient Name : Mr.B N SATHISH BALIGA	Collected : 16/Mar/2024 08:18AM
Age/Gender : 59 Y 10 M 16 D/M	Received : 16/Mar/2024 11:12AM
UHID/MR No : CMYS.0000060069	Reported : 16/Mar/2024 12:42PM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	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 - 6	/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. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2306268



Patient Name : Mr.B N SATHISH BALIGA	Collected : 16/Mar/2024 08:18AM
Age/Gender : 59 Y 10 M 16 D/M	Received : 16/Mar/2024 11:18AM
UHID/MR No : CMYS.000060069	Reported : 16/Mar/2024 12:45PM
Visit ID : CMYSOPV123478	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 155798	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

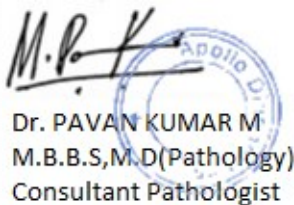
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:

PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)

Page 15 of 15



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

SIN No:UF011180



Name : Mr. B N SATHISH BALIGA

Age: 59 Y

Sex: M

UHID: CMYS.0000060069



OP Number: CMYSOPV123478

Bill No : CMYS-OCR-22667

Date : 16.03.2024 08:16

Address : MYSORE
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2D ECHO → P	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION → P	H → 153
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	H → 58.1
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	BP → 120/90
15	URINE GLUCOSE (FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA	
18	ENT CONSULTATION → P	
19	FITNESS BY GENERAL PHYSICIAN → P	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN → P	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

PSA - pending 2 days

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr B. N. S. Ashish Sulega on 16/03/24

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

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

Dr. *B. N. S. Ashish Sulega*
Medical Officer
The Apollo Clinic, Mysore.

Apollo Health and Lifestyle Limited

(CIN: UR511070200000115819)

Regd Office: T-10/60/02, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph No: 040 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

This certificate is not meant for medico-legal purposes.

Apollo Clinic

23, 1st Floor,

Kalidasa Road, Mysore - 02

Ph : 0821-4006940/41

1860 500 7788

Date : 16-03-2024

Department : GENERAL

MR NO : CMYS.0000060069

Doctor :

Name : Mr. B N SATHISH BALIGA

Registration No :

Age/ Gender : 59 Y / Male

Qualification :

Consultation Timing: 08:16

Height : 153	Weight : 58.1	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/90

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Come for regular ENT checkup

Ear - (R) TM - (N)

(L) Ev wax - removed

TM - (N)

nose - nasal mucosa (N)

oral cavity & oropharynx (N)

neck (N)

As learned

Follow up date :

Doctor Signature
Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4000040/41

Date : 16-03-2024
MR NO : CMYS.0000060069

Department : GENERAL
Doctor : Dr. Umesh HB

Name : Mr. B N SATHISH BALIGA

Registration No : 67084

Age/ Gender : 59 Y / Male

Qualification : MBBS MD

Consultation Timing: 08:16

Height : 153	Weight : 58.1	BMI :	Waist Circum :
Temp :	Pulse : 74	Resp : 22/w	B.P : 120/90

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Cos
RS
AD / 203

Ad

Regular Exercise / Dieting

T- Bentamun plus - (20)
010

T- ALT D₃ 60k one (10)
U/W

Follow up date :

Doctor Signature

Apollo Clinic

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

Date : 16-03-2024

Department : GENERAL

MR NO : CMYS.0000060069

Doctor :

Name : Mr. B N SATHISH BALIGA

Registration No :

Age/ Gender : 59 Y / Male

Qualification :

Consultation Timing: 08:16

Height : 153	Weight : 58.1	BMI :	Waist Circum :
Temp : No	Pulse : 90/min	Resp : 20/min	B.P : 120/90

General Examination / Allergies History

Clinical Diagnosis & Management Plan .

- NO -

16/4/24

Wearing Spectacle. - Since 2006 onwards.

No fresh complaints.

vision	(R)	(L)
Far	6/6	6/6
Near	wearing Spectacles	
colour	(N)	(N)

Follow up date :

Doctor Signature

Regular Eye check up required

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

Date : 16-03-2024
MR NO : CMYS.0000060069

Department : GENERAL Dietetics
Doctor : M. Madhura. B.P

Name : Mr. B N SATHISH BALIGA

Registration No :
Qualification : M.Sc Nutrition & Dietetics
PhD⁺

Age/ Gender : 59 Y / Male

Consultation Timing: 08:16

7BW - 53kg

Height : 153	Weight : 58-1	BMI : 28 g/m ²	Waist Circum :
Temp :	Pulse :	Resp : 12	B.P : 120/90


General Examination /
Allergies History

ESR - 30
HBA1C - 5.9
Total cholesterol - 240
Triglycerides - 214
HDL - 39
NON HDL - 201
LDL - 158.57
VLDL - 42.9
chol/HDL - 6.23
TSH - 5.420

Clinical Diagnosis & Management Plan

- Advised low fat, diabetic diet with fiber rich foods.
- Avoid fruits like mango, sapota, Jack fruits, custard apple & big banana.

Follow up date :


Doctor Signature 16/3/2024
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 16-03-2024
MR NO : CMYS.0000060069

Department : GENERAL Dental
Doctor : Dr. Syobhisheer

Name : Mr. B N SATHISH BALIGA

Registration No :

Age/ Gender : 59 Y / Male

Qualification :

Consultation Timing: 08:16

Height : 153	Weight : 58.1	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

O/E

6/ R-S.

Adv:- Extraction.

~~15608~~

Missing Bridge present

Ca++ , St+

Adv:- Oral Prophylaxis

Follow up date :

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

Patient Name : Mr. B N SATHISH BALIGA

Age : 59 Y M

UHID : CMYS.0000060069

OP Visit No : CMYSOPV123478

Reported on : 16-03-2024 15:46

Printed on : 16-03-2024 15:47

Adm/Consult Doctor :

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. ✓

Printed on:16-03-2024 15:46

---End of the Report---


Dr. CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
Radiology

Apollo Health and Lifestyle Limited

REGD. CO. NO. UBS110TG200091C115819

Regd. Office: 1, 10th & 12, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

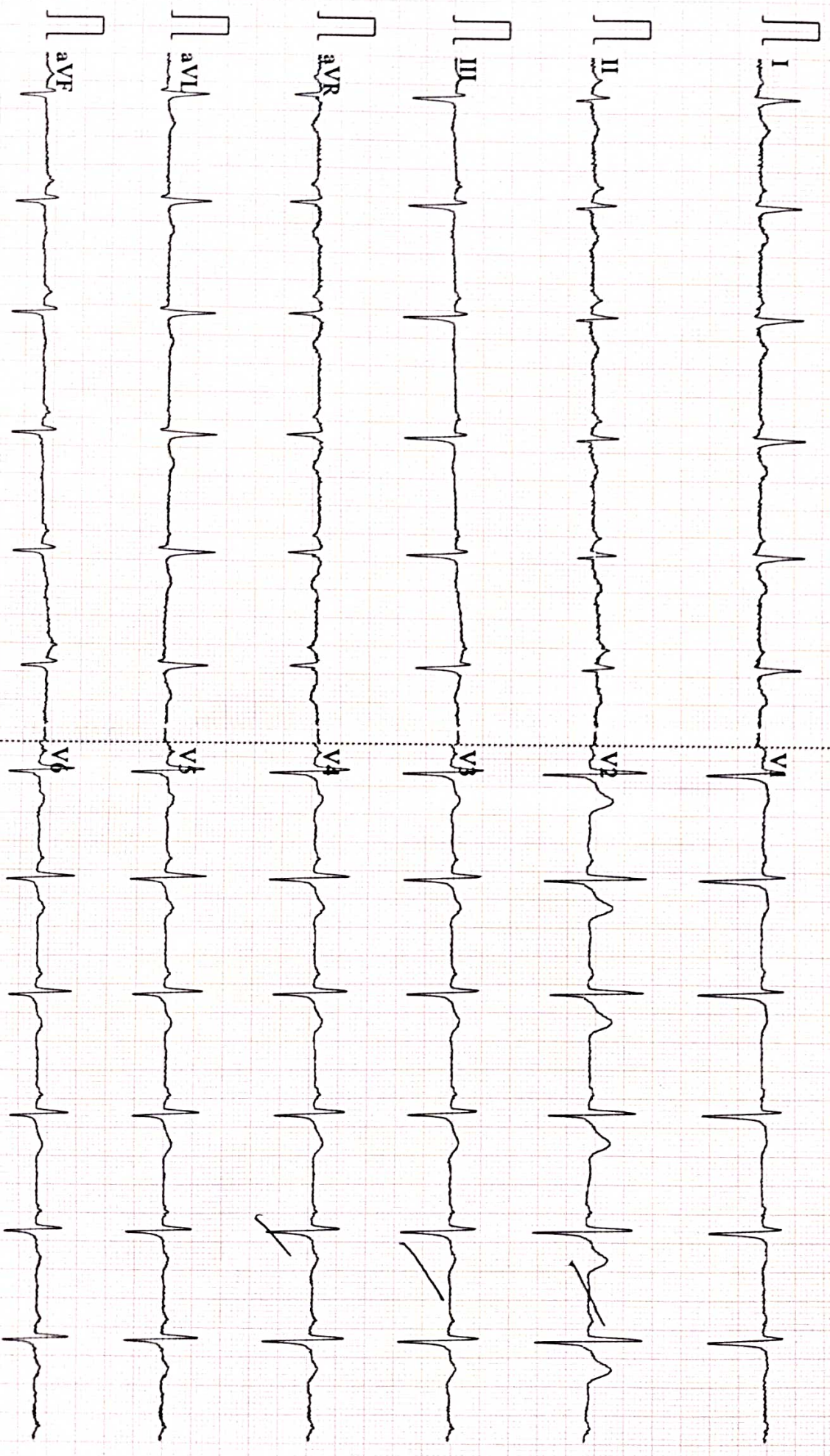
ID: 60069
MR SATHISH BALIGA
Male 59Years
153cm 58kg 120/90 mmHg

16-03-2024 10:44:14 AM

Diagnosis Information:

Unconfirmed Report.

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



0.5~45Hz AC50 25mm/s 10mm/mV 2*5.0s 73 CARDIART 8 D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU

Patient Name: Mr. B N SATHISH BALIGA	Date:16.03.2024	Referring Doctor: Self
Age / Sex :59yrs /Male	UHID :060069	
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

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

GALL BLADDER: It is distended and normal. No evidence of calculi.

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 9.1x3.9cm with parenchymal thickness of 1.1 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

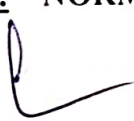
LEFT KIDNEY: It measures 8.8x3.9cm with parenchymal thickness of 1.2 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

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: NORMAL STUDY.



Dr. Chetan H, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

(CIN: URS110TG2000PLC115R19)

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1860 500 7788

Patient's Name : MrSathish Baliga B N	Age & Sex: 59Yrs /Male
Date :16/03/2024	UHID No:60069

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chamber volumes
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 64 %
- 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	Normal.

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1860 500 7788

Patient's Name : MrSathish Baliga B N	Age & Sex: 59Yrs /Male
Date :16/03/2024	UHID No:60069

Measurements

AO : 2.4 cm
 LA : 2.6 cm

 RV : 2.1 cm
 LVIDd : 4.01 cm
 LVIDs : 2.61 cm
 IVSd : 0.77 cm
 IVSs : 1.40 cm
 PWd : 0.99 cm
 PWs : 1.14 cm

 EF : 64.0 %
 FS : 34.0 %

Doppler
 MV TV AV PV
 E: 0.80 m/s E --- m/s V max 1.30 m/s V max 0.98 m/s
 A: 0.64 m/s A --- m/s
 MR Nil TR Nil AR Nil PR Nil

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

Dr. GURU PRASAD. B. V
 MBBS, PGDCC (CARDIO)
 CCMH, CRFC (CCPR), PGCC, CCEBDM
 Cardiology, Non-Invasive Cardiology
 KMC No 69949

Apollo Health and Lifestyle Limited

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