





Age/Gender : 41 Y 10 M 14 D/M UHID/MR No : CASR.0000179049 Visit ID : CASROPV203006

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 162622

Collected : 25/Mar/2023 08:47AM Received : 25/Mar/2023 12:53PM

Reported : 25/Mar/2023 03:25PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF HAEMATOLOGY** ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Result Unit Bio. Ref. Range Method

Status

HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	43.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.25	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	81.9	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,930	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	53.8	%	40-80	Electrical Impedance
LYMPHOCYTES	32.1	%	20-40	Electrical Impedance
EOSINOPHILS	6	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5342.34	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3187.53	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	595.8	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	724.89	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	79.44	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	208000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergren

RBC NORMOCYTIC NORMOCHROMIC

WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 1 of 12





This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad









Patient Name

: Mr.CHILUKOTI NARENDHARREDDY

Age/Gender

: 41 Y 10 M 14 D/M

UHID/MR No Visit ID

: CASR.0000179049 : CASROPV203006

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 162622

Collected : 25/Mar/2023 08:47AM Received

: 25/Mar/2023 12:53PM

Reported : 25/Mar/2023 05:29PM

Status : Final Report

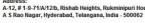
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY						
ARCOFEMI - MEDIWHEEL - F	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	0		Microplate technology		
Rh TYPE	Positive		Microplate technology		

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 : 41 Y 10 M 14 D/M

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Emp/Auth/TPA ID : 162622

Collected : 25/Mar/2023 08:47AM

Received : 25/Mar/2023 12:56PM Reported : 25/Mar/2023 03:37PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF BIOCHEMISTRY**

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

GLUCOSE, FASTING, NAF PLASMA 88 mg/dL 70-100 HEXOKINASE

### **Comment:**

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

			,	,
GLUCOSE, POST PRANDIAL (PP), 2	105	mg/dL	70-140	HEXOKINASE
HOURS, NAF PLASMA				

### **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.

Ref: Marks medical biochemistry and clinical approach

5.5	%	HPLC
111	mg/dL	Calculated

### **Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7

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Patient Name

: Mr.CHILUKOTI NARENDHARREDDY

Age/Gender

: 41 Y 10 M 14 D/M

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: CASR.0000179049 : CASROPV203006

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### **DEPARTMENT OF BIOCHEMISTRY** ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Result Unit Bio. Ref. Range Method

AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control







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Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF BIOCHEMISTRY**

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

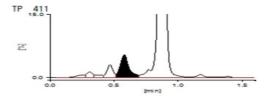
**Test Name** Result Unit Bio. Ref. Range Method

### Chromatogram Report

HLC723G8 2023-03-25 15:07:48 EDT230030935 ID Sample No. Patient ID 03250128 SL 0009 - 04

CALIB	Y	Y =1. 1210X + 0. 7280				
Name	%	Time	Area			
A1A	0.5	0. 23	7. 64			
A1B	0.6	0.31	9.85			
F	0.4	0.39	6. 68			
LA1C+	1.6	0.47	24. 85			
SA1C	5. 5	0.58	64.97			
AO	93.0	0.88	1418.58			
H-VO						
H-V1						
H-V2						

1532.57 Total Area HbA1c 5.5 % IFCC 37 mol/mol HbA1 6.6 % HbF 0.4 %



25-03-2023 15:07:48 APOLLO

APOLLO DIAGNOSTICS GLOBAL BALANAGER

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1/1













Age/Gender : 41 Y 10 M 14 D/M UHID/MR No : CASR.0000179049 Visit ID : CASROPV203006

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 162622

Collected : 25/Mar/2023 08:47AM Received : 25/Mar/2023 01:21PM

Reported : 25/Mar/2023 04:41PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF BIOCHEMISTRY** ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Result Unit Bio. Ref. Range Method

Status

LIPID PROFILE , SERUM						
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD		
TRIGLYCERIDES	223	mg/dL	<150	GPO-POD		
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition		
NON-HDL CHOLESTEROL	134	mg/dL	<130	Calculated		
LDL CHOLESTEROL	89.4	mg/dL	<100	Calculated		
VLDL CHOLESTEROL	44.6	mg/dL	<30	Calculated		
CHOL / HDL RATIO	4.44		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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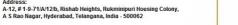
### **DEPARTMENT OF BIOCHEMISTRY** ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 **Test Name** Result Unit Bio. Ref. Range Method

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.85	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.71	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	64.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.78	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name Result Unit Bio. Ref. Range Method				

RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT), SERUM					
CREATININE	0.85	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic	
UREA	20.70	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	6.52	mg/dL	3.5–7.2	Uricase PAP	
CALCIUM	9.55	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	2.99	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	138	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	3.4	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)	

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Age/Gender : 41 Y 10 M 14 D/M UHID/MR No : CASR.0000179049 Visit ID : CASROPV203006

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Collected : 25/Mar/2023 08:47AM Received : 25/Mar/2023 01:21PM

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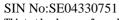
DEPARTMENT OF BIOCHEMISTRY					
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
Test Name Result Unit Bio. Ref. Range Method					

Status

GAMMA GLUTAMYL TRANSPEPTIDASE	17.00	U/L	<55	IFCC	
(GGT) , SERUM					

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This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad









Patient Name

: Mr.CHILUKOTI NARENDHARREDDY

Age/Gender

: 41 Y 10 M 14 D/M

UHID/MR No

: CASR.0000179049

Visit ID

: CASROPV203006

Ref Doctor

: Dr.SELF

**Test Name** 

Emp/Auth/TPA ID : 162622 Collected : 25/Mar/2023 08:47AM

Received

: 25/Mar/2023 01:22PM

Reported

: 25/Mar/2023 02:37PM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY					
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Posult	Unit	Rio Pef Pange	Method	

THYROID PROFILE (TOTAL T3, TOTAL T4, TSH), SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.27	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	9.57	μg/dL	6.09-12.23	CLIA	
THYROID STIMULATING HORMONE (TSH)	2.221	μIU/mL	0.34-5.60	CLIA	

### **Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

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

### Note:

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

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SIN No:SPL23049710







 Age/Gender
 : 41 Y 10 M 14 D/M

 UHID/MR No
 : CASR.0000179049

 Visit ID
 : CASROPV203006

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 162622 Collected : 25/Mar/2023 08:47AM

Received : 25/Mar/2023 02:32PM Reported : 25/Mar/2023 03:51PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

COMPLETE URINE EXAMINATION, URINE	=			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
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	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT	AND MICROSCOPY			
PUS CELLS	2-3	/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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 $This test has been performed at Apollo \ Health \ \& \ Lifestyle \ Ltd, Global \ Reference \ Laboratory, Hyderabad$ 









Age/Gender : 41 Y 10 M 14 D/M UHID/MR No : CASR.0000179049 Visit ID : CASROPV203006

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 162622

Collected : 25/Mar/2023 08:47AM

Received : 25/Mar/2023 02:33PM Reported : 25/Mar/2023 05:34PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF C	LINICAL	PATHOL	.OGY
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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	

URINE GLUCOSE(FASTING) **NEGATIVE NEGATIVE** Dipstick

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

Result/s to Follow: PERIPHERAL SMEAR

SHALINI SINGH

M.B.B.S, MD Consultant Pathologist Dr.SRINIVAS N.S.NORI M.B.B.S, M.D(PATHOLOGY) CONSULTANT PATHOLOGIST Dr. RAJESH BATTINA PhD. (Biochemistry) Consultant Biochemist MBBS, MD(Pathology) Consultant Pathologist

Page 12 of 12







A-12, # 1-9-71/A/12/b, Rishab Heights, Rukminipuri Ho A S Rao Nagar, Hyderabad, Telangana, India - 500062

Name:Mr. CHILUKOTI NARENDHARREDDYMR No:CASR.0000179049Age/Gender:41 Y/MVisit ID:CASROPV203006

Address: hyd Visit Date: 25-03-2023 08:34

Location: HYDERABAD, TELANGANA Discharge Date:

Doctor: Referred By: SELF
Department: GENERAL

Rate Plan: AS RAO NAGAR\_03122022

Sponsor: ARCOFEMI HEALTHCARE LIMITED

# Vitals:

Date	Pulse (Beats/min)	Resp (Rate/min)	Temp (F)	Height (cms)	(Kge)	Percentage	Visceral Fat Level (%)	Body Age (Years)	вмі	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
27-03-2023 15:41	I .	 20 Rate/min	-	174 cms	67 Kgs	%	%	Years	22.13	cms	cms	cms		AHLL00331



Patient Name : Mr. CHILUKOTI NARENDHARREDDY Age/Gender : 41 Y/M

Sample Collected on : Reported on : 26-03-2023 15:56

LRN# : RAD1958548 Specimen :
Ref Doctor : SELF

## DEPARTMENT OF RADIOLOGY

## X-RAY CHEST PA

Both lung fields and hila are normal.

: 162622

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.

# **CONCLUSION:**

Emp/Auth/TPA ID

No obvious abnormality seen



**Dr. PRAVEEN BABU KAJA**Radiology





# Mr. ch Nasendhaz

Health checkup

EN ? NOR WILL That

No medicelan

B

 $(CIN-U85110TG2000PLC046089) \ Regd. Office: 7-1-617/A, 7^{th}\ Floor, Imperial\ Towers, Ameerpet, Hyderabad-500016, Telangana.\ |\ Email\ ID:\ enquiry@apollohl.com$ 





# **Apollo Clinic**

Apollo Clinic

PHYSICAL EXAMINATION FORM

Date Name C. Harrendhoir 25/03/23

179049

Height

Cms

たるなる

Age , 41/M,

Weight

67 8 Kgs

**Chest Measurement** 

(in)cm

(out)cm

Waist

Pulse

cm

HP

BMI

+2 Bt/Min

BP

mm/Hg SPO2

%

kgs/cm2

Apollo Clinic, A.S. Rao Nagar.

# ORVAL JEXXAMMAVAXIONALJEONAMI



Date: 25 3 (2013	
Patient ID :	MHC MHC
Patient Name: <u>CH Naundhau Y</u> Chief Complaint: Cenual	Peddy Age: 41 Sex: Male Female
Medical History :	
Drug Allergy :	
Medication currently taken by the Guest :	
Initial Screenign Findings :	
Dental Caries :	Missing Teeth:
Impacted Teeth:	Attrition / Abrasion :
Bleeding: — NL	Pockets / Recession :
Calculus / Stains:	Mobility:
Restored Teeth:	Non - restorable Teeth for extraction / Root Stumps :
Malocclusion:	noot stumps.
Λ (	Others:

Advice: Deal graphy

Lollow up

Advice: Hollow up

Name & Signature: Do Malling,



# POWER PRESCRIPTION

NAME: Mr. CH. Navendhar Reddy GENDER: M/F

DATE: 25/03/23

AGE: ul UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	0.50			6/6
AR L	t 0.50			N6

LEFT EYE

SPH	CYL	AXIS	VISION
6:50	(		6/6
f. 0.50			W6

COLOUR VISION :

NOVmey

DIAGNOSÍS

OTHER FINDINGS:

INSTRUCTIONS

SIGNATURE



Patient Name : Mr. CHILUKOTI NARENDHARREDDY Age : 41 Y/M

UHID : CASR.0000179049 OP Visit No : CASROPV203006 Reported By: : Dr. T NAVEEN Conducted Date : 26-03-2023 09:15

Referred By : SELF

# **ECG REPORT**

# **Observation:**

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 70 beats per minutes.
- 3. No pathological Q wave or ST-T changes seen.
- 4. Normal P,QRS,T waves and axis.
- 5. No evidence of chamber, hypertrophy or enlargement see

# **Impression:**

NORMAL RESTING ECG.

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

Dr. T NAVEEN



Patient Name	: Mr. CHILUKOTI NARENDHARREDDY	Age/Gender	: 41 Y/M	
UHID/MR No.	: CASR.0000179049	OP Visit No	: CASROPV203006	
Sample Collected on	:	Reported on	: 25-03-2023 13:53	
LRN#	: RAD1958548	Specimen	:	
Ref Doctor	: SELF			

## DEPARTMENT OF RADIOLOGY

### **ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney: 99x42mm** Normal in size and shows Tiny Solid Concretions In The mid and lower pole measuring **2mm** 

**Left kidney: 101x41mm N**ormal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality.

**Prostate** is normal in size and echo texture. No evidence of necrosis/calcification seen.

IMPRESSION:-Tiny Solid Concretions In The Mid And Lower Pole Of Right Kidney. Suggested clinical correlation and further evaluation if necessary.



Dr. PRAVEEN BABU KAJA Radiology

Emp/Auth/TPA ID

: 162622