

Patient Name	: Mr.SOUDHANI CHARANRAJ	Collected	: 23/Dec/2023 08:54AM
Age/Gender	: 31 Y 5 M 3 D/M	Received	: 23/Dec/2023 01:59PM
UHID/MR No	: CASR.0000184564	Reported	: 23/Dec/2023 03:27PM
Visit ID	: CASROPV217985	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 305282/114628		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	16.3	g/dL	13-17	Spectrophotometer
PCV	47.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.85	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	81.9	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,870	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	5	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	0	%	0-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4612.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2927.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	443.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	887	Cells/cu.mm	200-1000	Calculated

PLATELET COUNT	331000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	33	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230318522

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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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
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<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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DEPARTMENT OF BIOCHEMISTRY

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GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	mg/dL	70-140	HEXOKINASE
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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.

HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7

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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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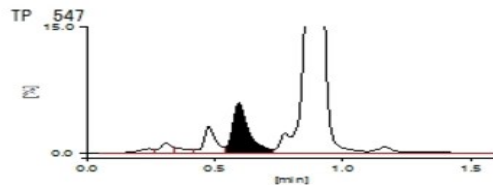
Chromatogram Report

HLC723G8 V5.28 1 2023-12-23 14:26:38  
 ID EDT230117855  
 Sample No. 12230087 SL 0001 - 01  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
ATA	0.4	0.24	6.59
A1B	0.7	0.31	11.58
F	0.5	0.39	7.67
LA1C+	1.9	0.48	30.93
SA1C	6.0	0.59	77.18
AO	92.4	0.89	1532.31
H-V0			
H-V1			
H-V2			

Total Area 1666.26

**HbA1c 6.0 %** **IFCC 42 umol/mol**  
 HbA1 7.1 % HbF 0.5 %



SIN No:PLF02077851,PLP1401454,EDT230117855

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	234	mg/dL	<200	CHO-POD
TRIGLYCERIDES	167	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	186	mg/dL	<130	Calculated
LDL CHOLESTEROL	152.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.88		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:SE04579804

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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.86	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	83.00	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>9.30</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	4.86	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>4.44</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.09		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'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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.92	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	21.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.46	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.91	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.11	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)



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Emp/Auth/TPA ID	: 305282/114628		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	64.00	U/L	<55	IFCC



SIN No:SE04579804

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address: A-12, # 1-S-71/A/12b, Rishab Heights, Rukminipuri Housing Colony, A S Rao Nagar, Hyderabad, Telangana, India - 500062



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai ( Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery ) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

Patient Name : Mr.SOUDHANI CHARANRAJ	Collected : 23/Dec/2023 08:54AM
Age/Gender : 31 Y 5 M 3 D/M	Received : 23/Dec/2023 02:00PM
UHID/MR No : CASR.0000184564	Reported : 23/Dec/2023 04:58PM
Visit ID : CASROPV217985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 305282/114628	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.55	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.54	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.527	µIU/mL	0.38-5.33	CLIA

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

- 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.
- 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.
- 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.
- 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:SPL23188887

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A S Rao Nagar, Hyderabad, Telangana, India - 500062

**1860 500 7788**  
www.apolloclinic.com

**APOLLO CLINICS NETWORK**  
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mr.SOUDHANI CHARANRAJ	Collected : 23/Dec/2023 08:54AM
Age/Gender : 31 Y 5 M 3 D/M	Received : 24/Dec/2023 09:58AM
UHID/MR No : CASR.0000184564	Reported : 24/Dec/2023 12:10PM
Visit ID : CASROPV217985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 305282/114628	

**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 (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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	SODIUM NITRO PRUSSIDE
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



SIN No:UR2248115

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

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**1860 500 7788**  
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Patient Name : Mr.SOUDHANI CHARANRAJ	Collected : 23/Dec/2023 08:54AM
Age/Gender : 31 Y 5 M 3 D/M	Received : 24/Dec/2023 09:58AM
UHID/MR No : CASR.0000184564	Reported : 24/Dec/2023 12:08PM
Visit ID : CASROPV217985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 305282/114628	

**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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



Dr. RAJESH BATTINA  
PhD.(Biochemistry)  
Consultant Biochemist



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



Dr. E. Maruthi Prasad  
Msc, PhD(Biochemistry)  
Consultant Biochemist



Dr. KASULA SIDDARTHA  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist



**Patient Name** : Mr. SOUDHANI CHARANRAJ

**Age/Gender** : 31 Y/M

**UHID/MR No.** : CASR.0000184564

**OP Visit No** : CASROPV217985

**Sample Collected on** :

**Reported on** : 25-12-2023 09:35

**LRN#** : RAD2187975

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 305282/114628

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

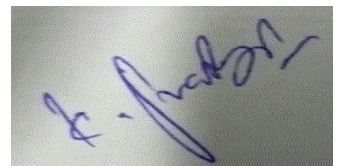
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. PRAVEEN BABU KAJA**  
Radiology

<b>Patient Name</b>	: Mr. SOUDHANI CHARANRAJ	<b>Age/Gender</b>	: 31 Y/M
<b>UHID/MR No.</b>	: CASR.0000184564	<b>OP Visit No</b>	: CASROPV217985
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-12-2023 14:57
<b>LRN#</b>	: RAD2187975	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 305282/114628		

**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.

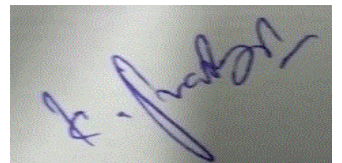
**Right kidney : 100x42mm** Normal in size and shows tiny solid concretions in the lower pole measuring **2mm**

**Left kidney : 104x44mm** Normal in size and shows tiny solid concretions in the mid pole measuring **2mm**

**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 Lower Pole Of Right Kidney**  
**Tiny Solid Concretions In The Mid Pole Of Left Kidney**  
**Suggested clinical correlation and further evaluation if necessary.**



**Dr. PRAVEEN BABU KAJA**  
Radiology



# Apollo Clinic

## PHYSICAL EXAMINATION FORM



Date 28.12.23

UHID 184564

Name Ms. Soukhani . C

Age 34 (M)

Height

168 Cms

Weight

78.4 Kgs

Chest Measurement

         (in)cm

         (out)cm

Waist

         cm

HIP

Pulse

88 Bt/Min

BMI

27 kgs/cm<sup>2</sup>

BP

120/70 mm/Hg

SPO2

99 %

Apollo Clinic, A.S. Rao Nagar.



# POWER PRESCRIPTION

NAME: Charanraj Coludhanti

GENDER: M/F

DATE: 23/12/23

AGE: 31

UHID:

## RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-2.00	-	-	6/6
NEAR	-	-	-	N6

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-3.00	-	-	6/6
NEAR	-	-	-	N6

COLOUR VISION :

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :

*Charanraj*

SIGNATURE

ORAL EXAMINATION FORM



Date: 23/12/2023

Patient ID: \_\_\_\_\_ MHC

Patient Name: Mr. Charanraj Age: 31 Sex: Male  Female

Chief Complaint: General checkup.

Medical History:

Drug Allergy:

Medication currently taken by the Guest:

Initial Screenign Findings:

Dental Caries:

Missing Teeth:

Impacted Teeth:

Attrition / Abrasion:

Bleeding: +ve

Pockets / Recession: 2/2  
2b/2

Calculus / Stains: ++

Mobility:

Restored Teeth: RCT 6/

Non - restorable Teeth for extraction / Root Stumps:

Malocclusion:

Others:

all

Advice:- ① Advised oral prophylaxis & follow up

Doctor Name & Signature: Dr. Mounika

184564  
31 Years

MR. SOUDHANI .C  
Male

11-Jan-23 00:18:38  
Apollo Clinic A B Rao

*SV  
no specific party*

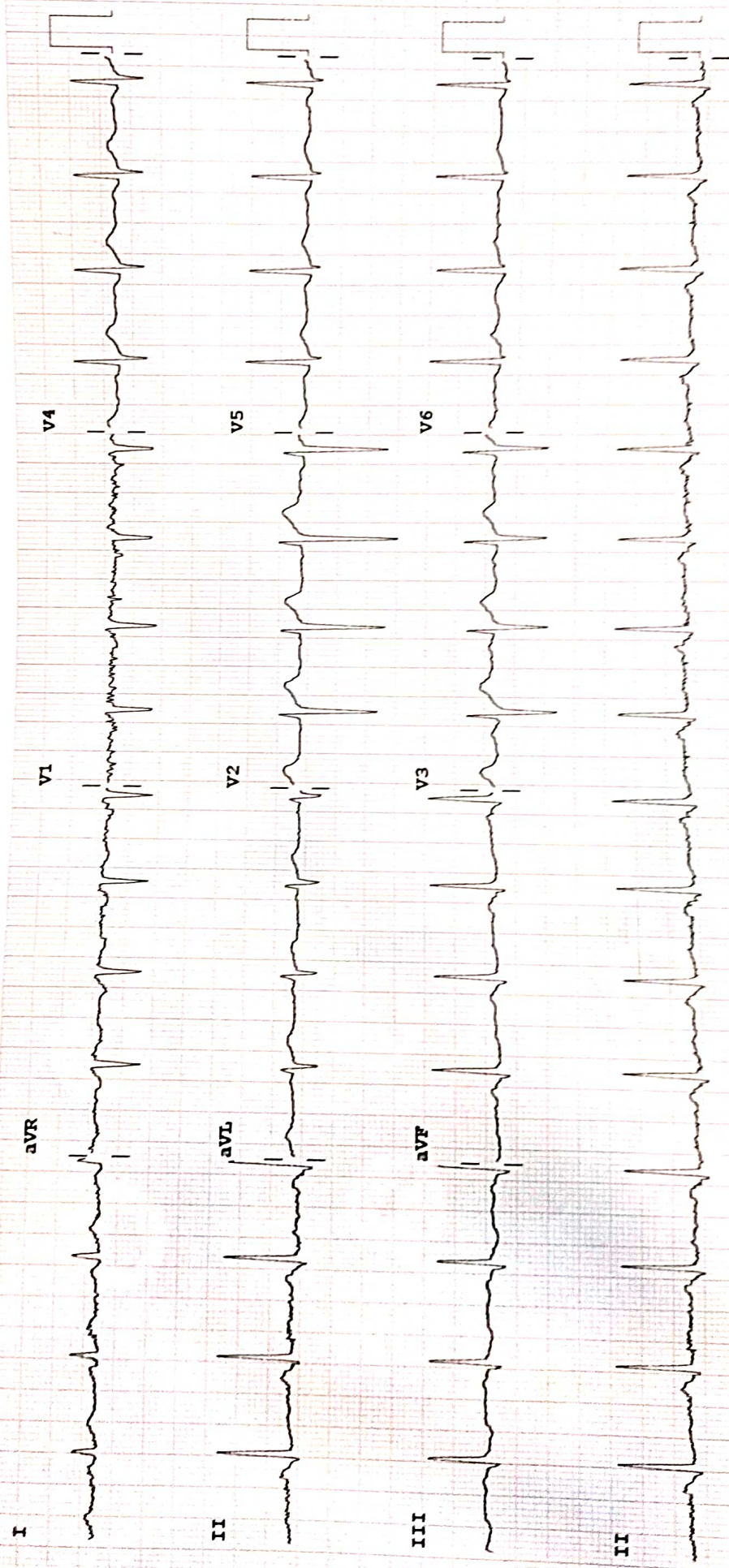
Rate 98 . Sinus rhythm.....  
 PR 142 . Probable left atrial enlargement.....normal P axis, V-rate 50- 99  
 QRS 77 . Borderline T wave abnormalities.....P >50ms, <-0.10mV V1  
 QT 313 . Baseline wander in lead(s) V6.....T/QRS ratio < 1/20 or flat T  
 QTc 400

--AXIS--

P 63  
QRS 66  
T 11

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

100B CL

P?

PHILIPS

RECORDER MALTA/ORA

Patient Name : Mr. SOUDHANI CHARANRAJ Age : 31 Y/M  
UHID : CASR.0000184564 OP Visit No : CASROPV217985  
Conducted By: : Dr. MRINAL . Conducted Date : 25-12-2023 13:28  
Referred By : SELF

---

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.8 CM
LA (es)	2.8 CM
LVID (ed)	4.4 CM
LVID (es)	2.4 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	65 %
%FD	32 %
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
MITRAL: E: 0.7 m/sec A: 0.6 m/sec	
AJV:1.2 m/sec	
PJV:0.8 m/sec	

Patient Name : Mr. SOUDHANI CHARANRAJ  
UHID : CASR.0000184564  
Conducted By: : Dr. MRINAL .  
Referred By : SELF

Age : 31 Y/M  
OP Visit No : CASROPV217985  
Conducted Date : 25-12-2023 13:28

---

**IMPRESSION:**

NORMAL CHAMBERS.

NO RWMA.


GOOD LV FUNCTION.

NO MR/AR.

TRIVIAL TR/ NO PAH.

NO LA/LV CLOTS.

NO PERICARDIAL EFFUSION.



DR.MRINAL

Patient Name	: Mr. SOUDHANI CHARANRAJ	Age	: 31 Y/M
UHID	: CASR.0000184564	OP Visit No	: CASROPV217985
Reported By:	: Dr. MRINAL .	Conducted Date	: 23-12-2023 20:47
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 98 beats per minutes.
3. No pathological Q wave or ST changes seen.
4. Normal P,QRS waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen .

#### **Impression:**

NORMAL SINUS RHYTHM.

NON SPECIFIC 'T' WAVE CHANGES.

TO CORRELATE CLINICALLY.

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

Dr. MRINAL .