

Patient Name : Mr.RAVI NALLANI	Collected : 12/Aug/2023 08:45AM
Age/Gender : 51 Y 2 M 12 D/M	Received : 12/Aug/2023 03:01PM
UHID/MR No : CASR.0000181979	Reported : 12/Aug/2023 04:16PM
Visit ID : CASROPV210614	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 689487	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89.9	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,570	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	61.2	%	40-80	Electrical Impedence
LYMPHOCYTES	31.3	%	20-40	Electrical Impedence
EOSINOPHILS	1.5	%	1-6	Electrical Impedence
MONOCYTES	5.9	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3408.84	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1743.41	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	83.55	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	328.63	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	5.57	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	234000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

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



SIN No:BED230190568

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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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology



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UHID/MR No : CASR.0000181979	Reported : 12/Aug/2023 06:25PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	101	mg/dL	70-100	GOD - POD
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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 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	115	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.

Ref: Marks medical biochemistry and clinical approach

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	123	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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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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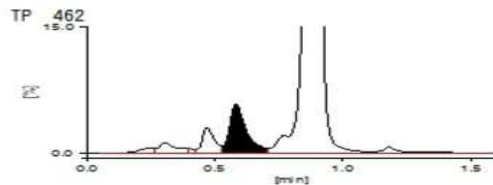
Chromatogram Report

HLC72368 V5.28.1 2023-08-12 17:10:40
 ID EDT230074301
 Sample No. 08120227 SL 0003 - 02
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
ATA	0.4	0.24	6.84
A1B	1.1	0.31	16.29
F	0.1	0.40	2.27
LA1C+	1.8	0.47	27.09
SA1C	5.9	0.58	70.07
AO	92.1	0.88	1403.61
H-V0			
H-V1			
H-V2			

Total Area 1526.17

HbA1c 5.9 % **IFCC 41 mmol/mol**
 HbA1 7.4 % HbF 0.1 %



SIN No:PLF02012881,PLP1358534,EDT230074301

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	213	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	144.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.18		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.



SIN No:SE04449842

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.23	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	79.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.58	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.07	g/dL	2.0-3.5	Calculated
A/G RATIO	2.18		0.9-2.0	Calculated



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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.99	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	24.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.23	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.39	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.82	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	104	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	79.00	U/L	30-120	IFCC
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	0.99	ng/mL	0.87-1.78	CLIA
Thyroxine (T4, TOTAL)	9.68	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	1.035	µIU/mL	0.38-5.33	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



SIN No: SPL23114729

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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)

Address: A-12, # 1-9-71/A/12b, Rishab Heights, Rukminipuri Housing Colony, A 5 Rao Nagar, Hyderabad, Telangana, India - 500062

1860 500 7788
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Patient Name : Mr.RAVI NALLANI	Collected : 12/Aug/2023 08:45AM
Age/Gender : 51 Y 2 M 12 D/M	Received : 12/Aug/2023 03:23PM
UHID/MR No : CASR.0000181979	Reported : 12/Aug/2023 04:04PM
Visit ID : CASROPV210614	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 689487	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN D (25 - OH VITAMIN D) , SERUM	8.97	ng/mL	30 -100	CLIA
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Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.

VITAMIN B12 , SERUM	95.1	pg/mL	107.2-653.3	CLIA
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Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Patient Name : Mr.RAVI NALLANI	Collected : 12/Aug/2023 08:45AM
Age/Gender : 51 Y 2 M 12 D/M	Received : 12/Aug/2023 03:23PM
UHID/MR No : CASR.0000181979	Reported : 12/Aug/2023 04:04PM
Visit ID : CASROPV210614	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 689487	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.610	ng/mL	0-4	CLIA



SIN No:SPL23114729

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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A 5 Rao Nagar, Hyderabad, Telangana, India - 500062



APOLLO CLINICS NETWORK

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Patient Name : Mr.RAVI NALLANI	Collected : 12/Aug/2023 08:45AM
Age/Gender : 51 Y 2 M 12 D/M	Received : 12/Aug/2023 04:42PM
UHID/MR No : CASR.0000181979	Reported : 12/Aug/2023 06:07PM
Visit ID : CASROPV210614	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 689487	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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

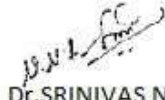
***** End Of Report *****

Result/s to Follow:

PERIPHERAL SMEAR, COMPLETE URINE EXAMINATION (CUE)



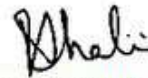
Dr. Shalini Singh
M.B.B.S, M.D(Pathology)
Consultant Pathologist



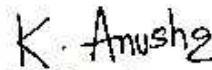
Dr. SRINIVAS N.S. NORI
M.B.B.S, M.D(Pathology)
CONSULTANT PATHOLOGY



Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist



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



Dr. K. Anusha
M.B.B.S, M.D(Biochemistry)
Consultant Biochemist



SIN No: UPP015301, UF009242

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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APOLLO CLINICS NETWORK

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Apollo Clinic
PHYSICAL EXAMINATION FORM



Date 12/08/23 UHID 181979

Name Mr. Ravi Nallani Age 51Y 1M

Height 160 Cms

Weight 70.5 Kgs

Chest Measurement 31 (in)cm 31 (out)cm

Waist cm HIP

Pulse 70 Bt/Min BMI 28 kgs/cm²

BP 110/80 mm/Hg SPO₂ 99 %

POWER PRESCRIPTION

NAME: RANI NALLANI

GENDER: M/F

DATE: 12/8/23

AGE: 5

UHID:

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	+ 1.00	-	-	6/6
NEAR	+ 2.25	-	-	N6

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	6/6
NEAR	+ 2.25	-	-	N6

COLOUR VISION : normal

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :

[Signature]
SIGNATURE

Patient Name	: Mr. Ravi Nallani	Age/Gender	: 51 Y/M
UHID/MR No.	: CASR.0000181979	OP Visit No	: CASROPV210614
Sample Collected on	:	Reported on	: 12-08-2023 20:11
LRN#	: RAD2071250	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 689487		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

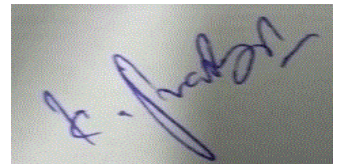
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mr. Ravi Nallani	Age/Gender	: 51 Y/M
UHID/MR No.	: CASR.0000181979	OP Visit No	: CASROPV210614
Sample Collected on	:	Reported on	: 12-08-2023 14:31
LRN#	: RAD2071250	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 689487		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with increased 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 : 97x41mm **Left kidney : 101x42mm**

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

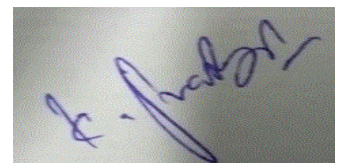
Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

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

IMPRESSION:-Grade 1 Fatty Liver.

Suggested clinical correlation and further evaluation if necessary.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. PRAVEEN BABU KAJA
Radiology

यूनियन बँक Union Bank of India



नाम : नल्लानि रवि
Name : Nallani Ravi

पद : लिपिक
Designation : Clerk

कर्मचारी नं./Employee No. : 689487

जन्म तिथि /Date of Birth : 31.05.1972

रक्त समूह / Blood Group : A + ve

हस्ताक्षर
Signature

जारी करण अधिकारी
Issuing Authority

Asraonagar Apolloclinic

From: noreply@apolloclinics.info
Sent: 11 August 2023 16:10
To: wellness@mediwheel.in
Cc: Asraonagar Apolloclinic; Abdul Khader; Syamsunder M
Subject: Your Apollo order has been confirmed



Dear RAVI NALLANI .,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **A.S. RAO NAGAR clinic** on **2023-08-12** at **08:30-08:35**.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]
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"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

As per agreement terms please carry all relevant documents such as Confirmation mail, valid id proof, company ID card etc.

For further assistance please call us on our Help Line #: 1860 500 7788.

Clinic Address: A-12, # 1-9-71/A/12/B, RISHAB HEIGHTS, RUKMINIPURI HOUSING COLONY, A.S.RAO NAGAR.

Contact No: (040) 48522317.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Note: Speak Freely. Speak Free! Speak to our Doctor from 8:00 PM to 8:00 AM by calling 1860 500 7788 and press #2 on the IVR. Now get all your Health related queries answered by an expert! Service by Apollo Clinic.

Warm Regards,
Apollo Team

Patient Name : Mr. Ravi Nallani Age : 51 Y/M
UHID : CASR.0000181979 OP Visit No : CASROPV210614
Conducted By: : Conducted Date : 12-08-2023 20:24
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 3.0 CM
LA (es) 3.0 CM
LVID (ed) 4.9 CM
LVID (es) 2.5 CM
IVS (Ed) 1.3 CM
LVPW (Ed) 1.2 CM
EF 63 %
%FD 31 %

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: 0.8 m/sec

PJV- 0.8 m/sec

AJV- 1.3 m/sec

Patient Name : Mr. Ravi Nallani Age : 51 Y/M
UHID : CASR.0000181979 OP Visit No : CASROPV210614
Conducted By: : Conducted Date : 12-08-2023 20:24
Referred By : SELF

IMPRESSION;

NORMAL CHAMBERS.

MILD CONCENTRIC LVH.

NO RWMA.

GOOD LV FUNCTION.

GRADE 1 LV DIASTOLIC DYSFUNCTION.

NO MR/AR/TR/PAH.

NO LA/ LV CLOTS.

NO PERICARDIAL EFFUSION.

DR.MRINAL

Patient Name	: Mr. Ravi Nallani	Age	: 51 Y/M
UHID	: CASR.0000181979	OP Visit No	: CASROPV210614
Reported By:	: Dr. MRINAL .	Conducted Date	: 12-08-2023 16:14
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 67 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 seen.

Impression:

NORMAL RESTING ECG.

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

Dr. MRINAL .