

Patient Name : Mr.RAVI B M	Collected : 06/Jan/2024 08:41AM
Age/Gender : 39 Y 4 M 11 D/M	Received : 06/Jan/2024 10:32AM
UHID/MR No : CMYS.0000059135	Reported : 06/Jan/2024 12:16PM
Visit ID : CMYSOPV121075	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8108441721897	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

SIN No:BED240003773



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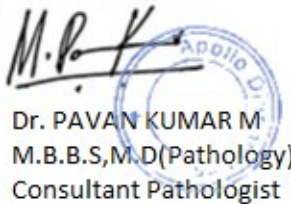
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	46.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.15	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	11.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.7	%	40-80	Electrical Impedance
LYMPHOCYTES	35.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	4.8	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3899	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2471	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	273	Cells/cu.mm	20-500	Calculated
MONOCYTES	336	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	254000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

R.B.C: Majority are normocytic normochromic.

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

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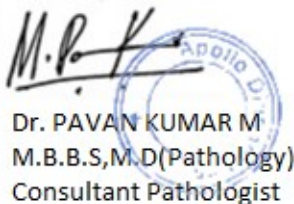
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Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

  
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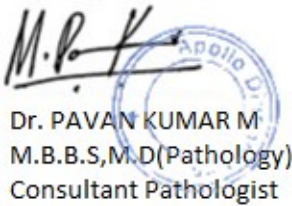


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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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
GLUCOSE, FASTING , NAF PLASMA	102	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)	93	mg/dL	70-140	GOD - POD

Result is rechecked. Kindly correlate clinically

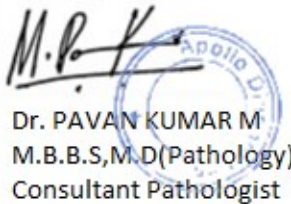
Comment:

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				

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

HBA1C, GLYCATED HEMOGLOBIN	<b>6.0</b>	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated

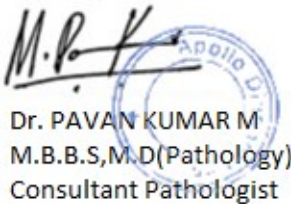
**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>253</b>	mg/dl	0-200	CHOD
TRIGLYCERIDES	<b>168</b>	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	<b>37</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>216</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>182.36</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>33.54</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.82</b>		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.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.65	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	90.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.20	g/dl	6.4-8.3	Biuret
ALBUMIN	4.35	g/dl	3.5-5.2	Bromocresol Green
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		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:**

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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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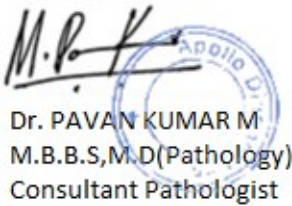


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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	14.37	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	6.7	mg/dl	6-20	Urease, UV
URIC ACID	<b>9.00</b>	mg/dL	3.5-8.5	Uricase
CALCIUM	<b>10.31</b>	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.55	mg/dl	2.7-4.5	Molybdate
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE



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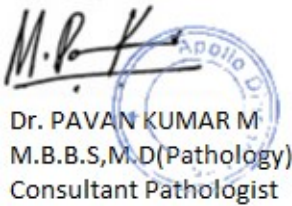
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>79.00</b>	U/l	0-55	IFCC

Result is rechecked. Kindly correlate clinically



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DEPARTMENT OF IMMUNOLOGY

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

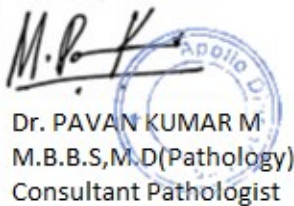
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.37	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.010	µIU/mL	0.35-4.94	CMIA

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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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2258142



Patient Name : Mr.RAVI B M	Collected : 06/Jan/2024 08:41AM
Age/Gender : 39 Y 4 M 11 D/M	Received : 06/Jan/2024 10:35AM
UHID/MR No : CMYS.0000059135	Reported : 06/Jan/2024 12:45PM
Visit ID : CMYSOPV121075	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8108441721897	

**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

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

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



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

SIN No:UF010125





Date : 06-01-2024  
 MR NO : CMYS.0000059135  
 Name : Mr. RAVI B M  
 Age/ Gender : 39 Y / Male

Department : GENERAL Dietetics  
 Doctor : Madhura. B.P  
 Registration No :  
 Qualification : M.Sc Nutrition & Dietetics  
 PhD\*

Consultation Timing: 08:34

IBW - 68 kg

Height : 172	Weight : 77.8	BMI : 26.3 kg/m <sup>2</sup>	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/90

General Examination /  
 Allergies History

HbA1c - 6.0  
 Total cholesterol - 223  
 Triglycerides - 168  
 HDL - (37)  
 NON HDL - 216  
 LDL - 182.36  
 VLDL - 33.54  
 Chol/HDL - 6.82  
 uric acid - 9.00

Clinical Diagnosis & Management Plan

Dis - Fatty liver

ICD10 - Pre-diabetic

- Adviced low fat, diabetic diet with complex carbohydrates and avoid simple sugars.
- Take small frequent meals. Do not skip meals
- Include all variety of seasonal vegetables and green leafy vegetables.
- Avoid fruits like Mango, papaya, Jackfruit, custard apple & big banana.
- Include nuts like Almonds & walnuts daily
- Include seeds like Flaxseeds, Pumpkin seeds, Sunflower seeds, Sesame seeds & watermelon seeds - 1 teaspoon each.
- cooking oil - 1/2 litre/person/month. Use combination of oil like Groundnut oil, Rice bran oil, mustard oil, coconut oil, Olive oil & Ghee.
- But do not mix the oils & boil it.
- Avoid alcohol, sugar, too much of salt, sodas & any form of creams.

Follow up date:

Doctor Signature

Madhura. B.P  
 06/01/2024

ID: 59135

06-01-2024

12:34:31 PM

MR RAVI B M

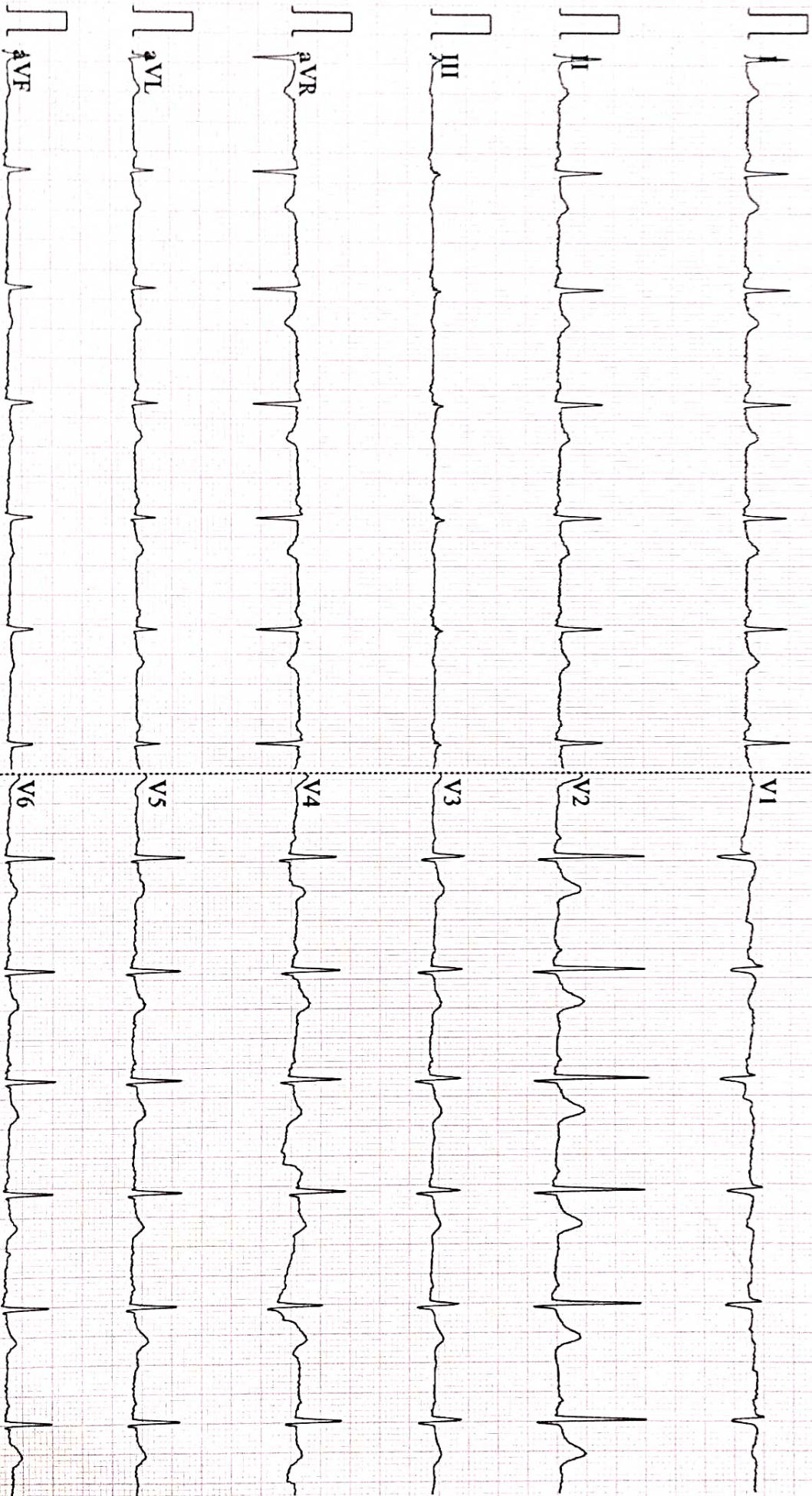
Male 39Years

172cm 77kg 120/90 mmHg

Diagnosis Information:

**Apollo Clinic**  
# 23, 1st Floor,  
Kallidasa Road, Mysore - 02  
Ph : 0821-4006079/41

Unconfirmed Report.



0.5~45Hz AC50 25mm/s 10mm/mV 2\*5.0s 76 CARDIART

D VI.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU

Date : 06-01-2024  
MR NO : CMYS.0000059135  
Name : Mr. RAVI B M  
Age/ Gender : 39 Y / Male

Department : GENERAL  
Doctor :  
Registration No :  
Qualification :

Consultation Timing: 08:34

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

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

	<u>Rt eye</u>	<u>lf eye</u>
Near vism.	n/6	n/6
Distant vism.	6/9	6/6
Colour vism.	(2)	(2)

Follow up date :

Doctor Signature

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

Patient Name: Mr .Ravi B M	Date:06.01.2024	Doctor:Dr. Self
Age / Sex : 39yrs /Male	UHID No : 59135	OP:
<b>ULTRASONOGRAPHY – ABDOMEN &amp; PELVIS</b>		

**LIVER:** It is increased in size(16.4 cm) and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

**GALL BLADDER:** It is well distended and normal. No e/o 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 110x49mm with parenchymal thickness of 16 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 117x52mm with parenchymal thickness of 16mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

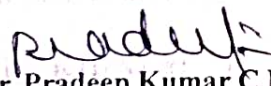
**URINARY BLADDER:** It is well distended. The UB wall is normal. No e/o calculi.

**PROSTATE:** It measures 31x33x34 mm with a volume of 19 cc. It is normal in size, outline and echotexture. The vascularity of prostate is normal.

**RIF:** No evidence of focal collection or mass lesion seen. Appendix is not visualized.

**OTHERS:** No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

**IMPRESSION: FATTY LIVER.**

  
Dr. Pradeep Kumar C N, DNB  
Consultant Radiologist.

**Apollo Health and Lifestyle Limited**

CIN: U65110TG2000PLC1158191

Regd. Office: 11D/40/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
Ph: No: 040 4504 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

**APOLLO CLINICS NETWORK KARNATAKA**

Bangalore: Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name : Mr. RAVI B M  
UHID : CMYS.0000059135  
Reported on : 06-01-2024 16:20  
Adm Consult Doctor :

Age : 39 Y M  
OP Visit No : CMYSOPV121075  
Printed on : 06-01-2024 16:20  
Ref Doctor : SELF

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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.

**IMPRESSION :NORMAL STUDY.**



Printed on:06-01-2024 16:20

---End of the Report---

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

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**Apollo Health and Lifestyle Limited**

(CIN: U65110TG2000PLC115819)

Regd. Office: 11D-60-62, Aunika Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apollohealth.com

TO BOOK AN APPOINTMENT

**1860/500 7788**

Patient's Name : Mr. Ravi B M	Age & Sex; 39Yrs /Male
Date : 06.01.2024	UHID No:59135

**2D ECHOCARDIOGRAPHY STUDY**

**Impression:**

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 68 %
- 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

**Apollo Health and Lifestyle Limited**

(CIN: UHS1107G2000PLC115819)  
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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient's Name : Mr. Ravi B M	Age & Sex; 39Yrs /Male
Date : 06.01.2024	UHID No:59135

Measurements

AO : 2.6 cm  
LA : 2.2 cm

RV : 2.4 cm  
LVIDd 4.67 cm  
LVIDs : 2.89 cm  
IVSd : 0.73 cm  
IVSs : 1.02 cm  
PWd : 0.98 cm  
PWs : 1.21 cm  
EF : 68.0 %  
FS : 38.0 %

Doppler  
MV TV AV PV  
E 0.72 m/s E --- m/s V max 1.23 m/s V max 1.10 m/s  
:  
A: 0.36 m/s A --- m/s

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

**Apollo Health and Lifestyle Limited**

(CIN: U65110TG2000PLC115R19)  
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Koramangala | Sarjapur Road | Mysore (VV Mohalla)  
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Informed Consent/Declaration For Test Exclusion

Patient Name: Ravi B.M Age: 39 Years

UHID Number: 59135

Please tick and sign the relevant part

I certify that I will skip Dental+physician consultation + ENT Consultation Test from my own. -on

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature [Signature] Date 06/01/24

Witness signature: Nikitha P Date: 06/01/24