

Patient Name : Mr.REHAAN BUKHSH	Collected : 05/Nov/2024 11:43AM
Age/Gender : 46 Y 10 M 30 D/M	Received : 05/Nov/2024 01:21PM
UHID/MR No : CMYS.0000062518	Reported : 05/Nov/2024 04:50PM
Visit ID : CMYSOPV131164	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37643	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.9	g/dL	13-17	Spectrophotometer
PCV	43.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.1	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.6	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,430	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	3	%	1-6	Electrical Impedance
MONOCYTES	4	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2658	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1417.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	132.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	177.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.88		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	174000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	06	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: normal in number with normal morphology and distribution.  
Platelets: normal in number and are seen in singles and clumps.  
Hemoparasites: Not seen.



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

SIN No:MYS241100159




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**DEPARTMENT OF HAEMATOLOGY**

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

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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

SIN No: MYS241100159

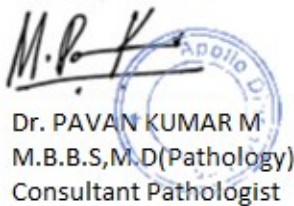


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UHID/MR No : CMYS.0000062518	Reported : 05/Nov/2024 02:20PM
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	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



Dr. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
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SIN No:MYS241100159



Patient Name : Mr.REHAAN BUKHSH	Collected : 06/Nov/2024 08:55AM
Age/Gender : 46 Y 10 M 30 D/M	Received : 06/Nov/2024 10:12AM
UHID/MR No : CMYS.0000062518	Reported : 06/Nov/2024 10:47AM
Visit ID : CMYSOPV131164	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	93	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:**

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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Patient Name : Mr.REHAAN BUKHSH	Collected : 05/Nov/2024 11:43AM
Age/Gender : 46 Y 10 M 30 D/M	Received : 05/Nov/2024 04:00PM
UHID/MR No : CMYS.0000062518	Reported : 05/Nov/2024 04:15PM
Visit ID : CMYSOPV131164	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37643	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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)



Dr. PAVAN KUMAR M  
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SIN No: MYS241100162



Patient Name : Mr.REHAAN BUKHSH	Collected : 06/Nov/2024 08:55AM
Age/Gender : 46 Y 10 M 30 D/M	Received : 06/Nov/2024 10:12AM
UHID/MR No : CMYS.0000062518	Reported : 06/Nov/2024 11:10AM
Visit ID : CMYSOPV131164	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37643	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	213	mg/dl	0-200	CHOD
TRIGLYCERIDES	114	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	67	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	122.93	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.9	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.17		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<0.11	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220



Dr. PAVAN KUMAR M  
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SIN No: MYS241100190



Patient Name : Mr.REHAAN BUKHSH	Collected : 05/Nov/2024 11:43AM
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UHID/MR No : CMYS.0000062518	Reported : 05/Nov/2024 02:14PM
Visit ID : CMYSOPV131164	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.44	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.29	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>64</b>	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>42.0</b>	U/l	0-35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	106.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.80	g/dl	6.4-8.3	Biuret
ALBUMIN	4.30	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		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. 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 Patten:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



Dr. PAVAN KUMAR M  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.66</b>	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	22.77	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	10.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.30</b>	mg/dL	3.5-7.2	Uricase
CALCIUM	9.10	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	<b>2.24</b>	mg/dl	2.7-4.5	Molybdate
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.80	g/dl	6.4-8.3	Biuret
ALBUMIN	4.30	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated



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

SIN No: MYS241100161



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Reported	: 05/Nov/2024 02:11PM
Status	: Final Report
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/l	0-55	IFCC

**Dr. PAVAN KUMAR M**  
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Consultant Pathologist

SIN No:MYS241100161



Patient Name : Mr.REHAAN BUKHSH	Collected : 05/Nov/2024 11:43AM
Age/Gender : 46 Y 10 M 30 D/M	Received : 05/Nov/2024 01:33PM
UHID/MR No : CMYS.0000062518	Reported : 05/Nov/2024 02:47PM
Visit ID : CMYSOPV131164	Status : Final Report
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Emp/Auth/TPA ID : 22E37643	

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	<b>15.37</b>	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	3.200	µIU/mL	0.38-5.33	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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



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



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**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**Dr. PAVAN KUMAR M**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:MYS241100160







Patient Name	: Mr.REHAAN BUKHSH	Collected	: 06/Nov/2024 08:55AM
Age/Gender	: 46 Y 10 M 30 D/M	Received	: 06/Nov/2024 11:49AM
UHID/MR No	: CMYS.0000062518	Reported	: 06/Nov/2024 01:10PM
Visit ID	: CMYSOPV131164	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37643		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

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



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

SIN No:MYS241100192







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Patient Name	: Mr. REHAAN BUKHSH	Age	: 46Yrs 11Mths 3Days
UHID	: CMYS.0000062518	OP Visit No.	: CMYSOPV131164
Printed On	: 08-11-2024 10:26 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E37643		

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### DEPARTMENT OF RADIOLOGY

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**LIVER:** It is normal in size with diffuse increase in echotecture . No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

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

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS:** It is normal in size, outline and echopattern.

**RIGHT KIDNEY:** It measures 9.8 cm with parenchymal thickness of 1.6 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 11.3 cm with parenchymal thickness of 1.2 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

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

**PROSTATE:** Measures~30cc mildly enlarged in size with normal echotecture .

No e/o free fluid in the abdomen.

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**IMPRESSION:**

- GRADE I FATTY LIVER .
- GRADE I PROSTATOMEGALY

---End Of The Report---



Dr.CHETAN HOLEPPAGOL  
MBBS, DNB(RADIO DIAGNOSIS)  
90037  
Radiology

Patient Name	: Mr. REHAAN BUKHSH	Age	: 46Yrs 11Mths 9Days
UHID	: CMYS.0000062518	OP Visit No.	: CMYSOPV131164
Printed On	: 14-11-2024 07:41 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E37643		

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## DEPARTMENT OF CARDIOLOGY

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### 2D ECHOCARDIOGRAPHY STUDY

#### Impression:

Normal chambers and valves  
No regional wall motion abnormality  
Normal left ventricular systolic function. EF 62 %  
No clots. No pericardial effusion

??????

#### Findings

Left Ventricle: No RWMA  
Right Ventricle Normal  
Left Atrium Normal  
Right Atrium Normal  
Aorta Normal  
Pulmonary Artery Normal  
IAS Intact  
IVS Intact  
Valves Normal  
Pericardium Normal  
Doppler Normal

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**Patient's Name : Mr Rehan Bukhsh Age & Sex; 46Yrs /Male**

**Date : 07.11.2024**

**UHID No:62518**

#### Measurements

AO:2.4 cm

LA :2.4 cm

RV :2.6 cm

LVIDd 5.33 cm

LVIDs :3.52 cm

IVSd :0.95 cm

---

IVSs :1.24 cm

PWd :0.73cm

PWs :1.24 cm

EF : 62.0 %

FS : 33.0 %

Doppler

MV TV AV PV

E :0.72m/sE --- m/sV max1.13m/sV max0.85m/s

A: 0.59m/sA --- m/s

MR Nil TR Nil AR Nil PR Nil

---End Of The Report---

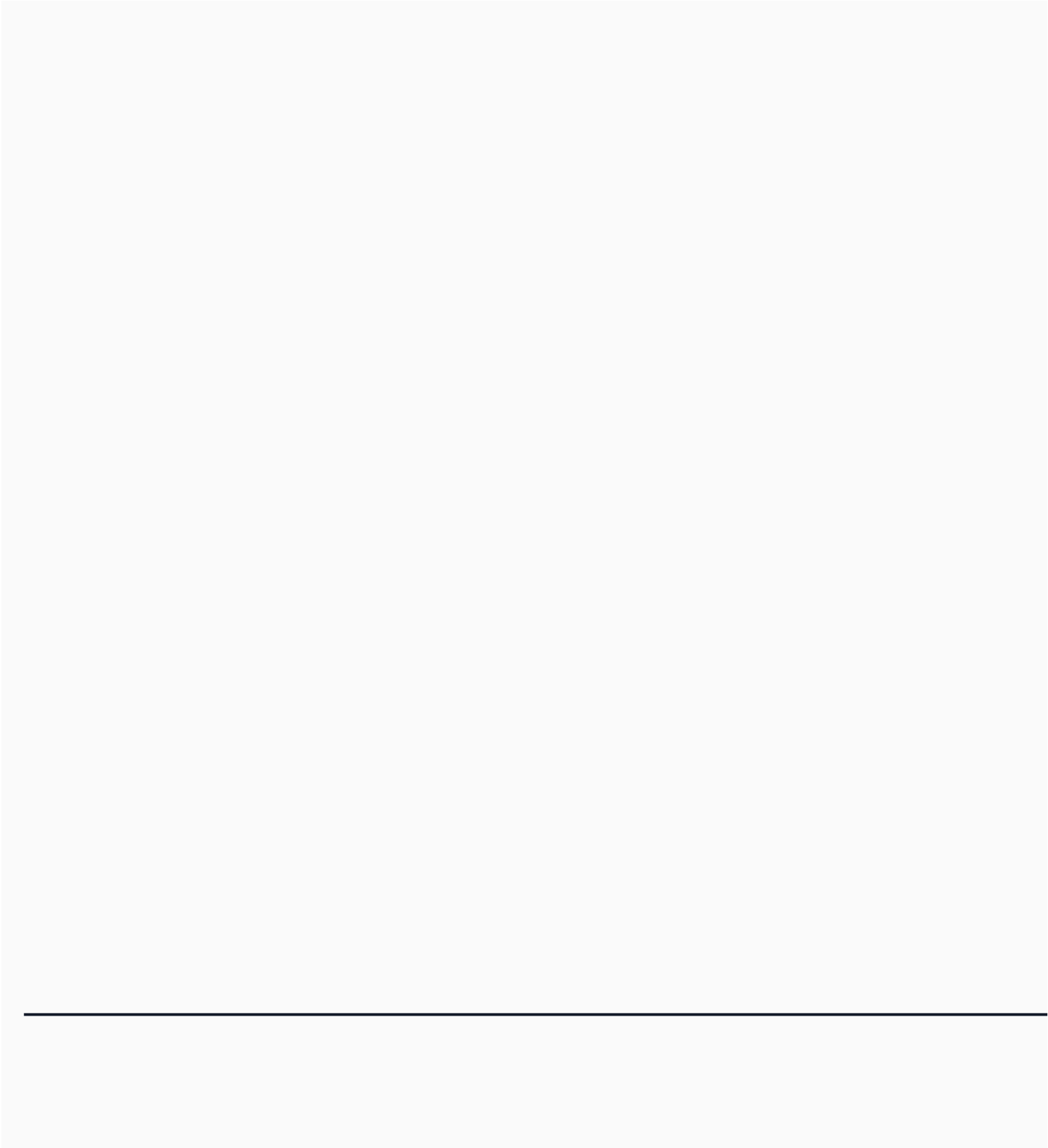


Dr. GURU PRASAD B V  
MBBS, PGDCC

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69949

Cardiology



Patient Name	: Mr. REHAAN BUKHSH	Age	: 46Yrs 11Mths 1Days
UHID	: CMYS.0000062518	OP Visit No.	: CMYSOPV131164
Printed On	: 06-11-2024 11:06 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E37643		

## DEPARTMENT OF RADIOLOGY

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION: NORMAL STUDY .**

---End Of The Report---



Dr.CHETAN HOLEPPAGOL  
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90037  
Radiology

Patient Name	: Mr. REHAAN BUKHSH	Age	: 46Yrs 11Mths 1Days
UHID	: CMYS.0000062518	OP Visit No.	: CMYSOPV131164
Printed On	: 06-11-2024 02:30 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E37643		

## DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 65 beats per minutes.

**Impression:**

NORMAL RESTING ECG.

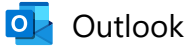
---End Of The Report---



Dr. GURU PRASAD B V  
MBBS, PGDCC  
69949  
Cardiology







## Your appointment is confirmed

**From** noreply@apolloclinics.info <noreply@apolloclinics.info>

**Date** Mon 04-11-2024 15:23

**To** rehaanbukhsh@gmail.com <rehaanbukhsh@gmail.com>

**Cc** Mysore Apolloclinic <mysore@apolloclinic.com>; Yogeesh KV <mkt.mysore@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



**Dear MR. BUKHSH REHAAN,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-11-05** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**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 be followed for a 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 alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.

3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, 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.

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

**Clinic Address: 23, KALIDASA ROAD, VV MOHLLA, MYSORE.**

**Contact No: (0821) 400 6040 - 41.**

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.

Warm Regards,  
Apollo Clinic