

Patient Name	: Mr.VIKASH KUMAR SINGH	Collected	: 27/Jan/2024 10:14AM
Age/Gender	: 34 Y 3 M 19 D/M	Received	: 27/Jan/2024 11:43AM
UHID/MR No	: SCHI.0000017599	Reported	: 27/Jan/2024 04:38PM
Visit ID	: SCHIOPV25362	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: GSDGS		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

...



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240019970



Patient Name : Mr.VIKASH KUMAR SINGH  
Age/Gender : 34 Y 3 M 19 D/M  
UHID/MR No : SCHI.0000017599  
Visit ID : SCHIOPV25362  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : GSDGS

Collected : 27/Jan/2024 10:14AM  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	16.2	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	49.20	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96	fL	83-101	Calculated
MCH	31.5	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,970	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	53.2	%	40-80	Electrical Impedance
LYMPHOCYTES	32.9	%	20-40	Electrical Impedance
EOSINOPHILS	5.6	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3176.04	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1964.13	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	334.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	441.78	Cells/cu.mm	200-1000	Calculated
BASOPHILS	53.73	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	174000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBCs ARE NORMOCYTIC NORMOCHROMIC.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240019970



Patient Name : Mr.VIKASH KUMAR SINGH  
Age/Gender : 34 Y 3 M 19 D/M  
UHID/MR No : SCHI.0000017599  
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Collected : 27/Jan/2024 10:14AM  
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**DEPARTMENT OF HAEMATOLOGY**

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

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240019970



Patient Name : Mr.VIKASH KUMAR SINGH	Collected : 27/Jan/2024 10:14AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 27/Jan/2024 11:43AM
UHID/MR No : SCHI.0000017599	Reported : 27/Jan/2024 05:27PM
Visit ID : SCHIOPV25362	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSDGS	

**DEPARTMENT OF HAEMATOLOGY**

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

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240019970



Patient Name : Mr.VIKASH KUMAR SINGH	Collected : 27/Jan/2024 10:14AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 27/Jan/2024 11:45AM
UHID/MR No : SCHI.0000017599	Reported : 27/Jan/2024 12:28PM
Visit ID : SCHIOPV25362	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSDGS	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	85	mg/dL	70-100	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.



Dr. SHWETA GUPTA  
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Consultant Pathology  
SIN No:PLF02095564



Patient Name	: Mr.VIKASH KUMAR SINGH	Collected	: 27/Jan/2024 02:30PM
Age/Gender	: 34 Y 3 M 19 D/M	Received	: 27/Jan/2024 03:09PM
UHID/MR No	: SCHI.0000017599	Reported	: 27/Jan/2024 06:50PM
Visit ID	: SCHIOPV25362	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: GSDGS		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	91	mg/dL	70-140	GOD - POD

**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.



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:PLP1412341



Patient Name : Mr.VIKASH KUMAR SINGH	Collected : 27/Jan/2024 10:14AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 27/Jan/2024 11:39AM
UHID/MR No : SCHI.0000017599	Reported : 27/Jan/2024 01:31PM
Visit ID : SCHIOPV25362	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSDGS	

**DEPARTMENT OF BIOCHEMISTRY**

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	184	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>362</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	<b>38</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>146</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>72.4</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.84		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.



**Dr. SHWETA GUPTA**  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04611049





Patient Name : Mr.VIKASH KUMAR SINGH	Collected : 27/Jan/2024 10:14AM
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UHID/MR No : SCHI.0000017599	Reported : 27/Jan/2024 01:31PM
Visit ID : SCHIOPV25362	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSDGS	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	53.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	71.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>8.30</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		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:**

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

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology

SIN No:SE04611049





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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: GSDGS		

**DEPARTMENT OF BIOCHEMISTRY**

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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04611049



Patient Name : Mr.VIKASH KUMAR SINGH	Collected : 27/Jan/2024 10:14AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 27/Jan/2024 11:39AM
UHID/MR No : SCHI.0000017599	Reported : 27/Jan/2024 01:31PM
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Emp/Auth/TPA ID : GSDGS	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	19.80	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	3.5-8.5	Uricase
CALCIUM	9.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>147</b>	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE



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Age/Gender : 34 Y 3 M 19 D/M	Received : 27/Jan/2024 11:39AM
UHID/MR No : SCHI.0000017599	Reported : 27/Jan/2024 01:04PM
Visit ID : SCHIOPV25362	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSDGS	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	39.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:SE04611049



Patient Name : Mr.VIKASH KUMAR SINGH	Collected : 27/Jan/2024 10:14AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 27/Jan/2024 12:08PM
UHID/MR No : SCHI.0000017599	Reported : 27/Jan/2024 05:21PM
Visit ID : SCHIOPV25362	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSDGS	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP 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	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UR2269552



Patient Name : Mr.VIKASH KUMAR SINGH	Collected : 27/Jan/2024 10:14AM
Age/Gender : 34 Y 3 M 19 D/M	Received : 27/Jan/2024 12:10PM
UHID/MR No : SCHI.0000017599	Reported : 27/Jan/2024 05:21PM
Visit ID : SCHIOPV25362	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : GSDGS	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP 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. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF010375



Name : Mr. VIKASH KUMAR SINGH

Age: 34 Y

UHID: SCHI.0000017599

Sex: M



OP Number: SCHIOPV25362

Address : SHEIKH SARAI

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : SCHI-OCR-9191

Date : 27.01.2024 10:05

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE (FASTING) ✓	
2	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
3	D ECHO ✓ 1.10pm	
4	LIVER FUNCTION TEST (LFT) ✓	
5	X-RAY CHEST PA ✓	
6	GLUCOSE, FASTING ✓	
7	HEMOGRAM + PERIPHERAL SMEAR ✓	
8	ENT CONSULTATION	
9	FITNESS BY GENERAL PHYSICIAN	
10	HFA SPEECH AUDIOMETRY	
11	DIET CONSULTATION After report ✓	
12	COMPLETE URINE EXAMINATION ✓	
13	URINE GLUCOSE (POST PRANDIAL) ✓	
14	PERIPHERAL SMEAR ✓	
15	ECG ✓	
16	BLOOD GROUP ABO AND RH FACTOR ✓	
17	LIPID PROFILE ✓	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN Pending ✓	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
21	ULTRASOUND - WHOLE ABDOMEN ✓	
22	DENTAL CONSULTATION ✓	
23	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ 2.10pm	

Height: 166cm  
 Weight: 73.3kg  
 B.P: 106/70  
 Pulse: 62b/m

Sp02 99





बैंक ऑफ बड़ोदा  
Bank of Baroda

नाम : विकास कुमार सिंह  
Name : VIKASH KUMAR SINGH  
कर्मचारी कूट नं : 169500  
E.C. No. : 168500



Vikash Kumar Singh

धारक के हस्ताक्षर  
Signature of Holder

आर.के.सी.ना  
उप महाप्रबंधक  
क्षेत्रीय प्रमुख

Booking ID	EMP-NAME	AGE	GENDER
bobS5864	madhuri kumari singh	39 year	Female
bobE5863	MR. SINGH VIKASH KUMAR	34 year	Male
bobS5860	Swati tomar	35 year	Female
bobE5859	MR. CHAUHAN RAVI KUMAR SINGH	35 year	Male
bobS5855	Noor maleha iqbal	25 year	Female
bobE5854	MR. RASUL AAMIR	38 year	Male



## PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Vikash Kumar</u>	UHID No : <u>17599</u>
AGE / GENDER :- <u>34YM</u>	RECEIPT No :-
PANEL : <u>Arcofemi Mediwheel</u>	EXAMINED ON :- <u>27/1/24</u>

**Chief Complaints:**

R/c  
No Suxico H/O

**Past History:**

DM	:	<del>Nil</del>	CVA	:	<del>Nil</del>
Hypertension	:	<del>Nil</del>	Cancer	:	<del>Nil</del>
CAD	:	<del>Nil</del>	Other	:	<del>Nil</del>

**Personal History:**

Alcohol	:	<u>Occ</u>	Activity	:	<u>Active</u>
Smoking	:	<u>Nil</u>	Allergies	:	<u>Nil</u>

**Family History:** NS

**General Physical Examination:**

Height	<u>166</u>	:	cms	Pulse	<u>67/m</u>	bpm
Weight	<u>73.3</u>	:	Kgs	BP	<u>106/20</u>	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	<u>Normal</u>
Respiratory system	:	<u>Normal</u>
Abdominal system	:	<u>Normal</u>
CNS	:	<u>Normal</u>
Others	:	<u>Normal</u>



## PREVENTIVE HEALTH CARE SUMMARY

NAME :-	<i>Vikas</i>	UHID No :
AGE :-	SEX :	RECEIPT No :-
PANEL :		EXAMINED ON :-

### Investigations:

- All the reports of tests and investigations are attached herewith

*Ta 362*

### Recommendation:

- *low fat diet*  
*Cap a Active once a day x 3 months*  
*My vite D3 60 k once a week*  
*6-12 weeks*

*Navneet Kaur*  
Dr. Navneet Kaur  
Consultant Physician





**Dr. Prachi Sharma**

BDS, MDS - Prosthodontics and Crown & Bridge  
DDC No: A-14151



Specialists in Surgery

For Appointment : +91 11 4046 5555

Mob.: +91 9910995018

Email: drusha.maheshwari@apollospectra.com

Mr. Vikash Kumar Singh  
34Y / Male.

O/C :- Regular Dental Check up,

M/H :- N-R,

PDH :- Restoration, RET; Extraction done previously  
10 years back.

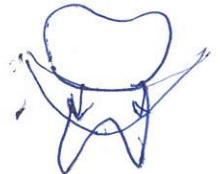
O/E :- Calculus ++.

Stains + sat

Caries  $\frac{6}{67}$

Gingival Recession  $\frac{6}{6}$

Faulty Restoration  $\frac{8}{}$



Advised :- X-Ray  $\frac{8}{67}$   
✓ Scaling

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ps

<b>NAME :</b>	<b>VIKASH KUMAR SINGH</b>	<b>AGE/SEX:</b>	<b>34</b>	<b>YRS./M</b>
<b>UHID :</b>	<b>17599</b>			
<b>REF BY :</b>	<b>APOLLO SPECTRA</b>	<b>DATE:-</b>	<b>27.01.2024</b>	

### **ULTRASOUND WHOLE ABDOMEN**

**Liver:** Appears normal in size, and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Prostate:** normal in size, weight 16.5 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

### **IMPRESSION: FATTY CHANGES IN LIVER GRADE I**

**Please correlate clinically and with lab. Investigations.**

  
DR. MONICA CHHABRA  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

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ID: 17599

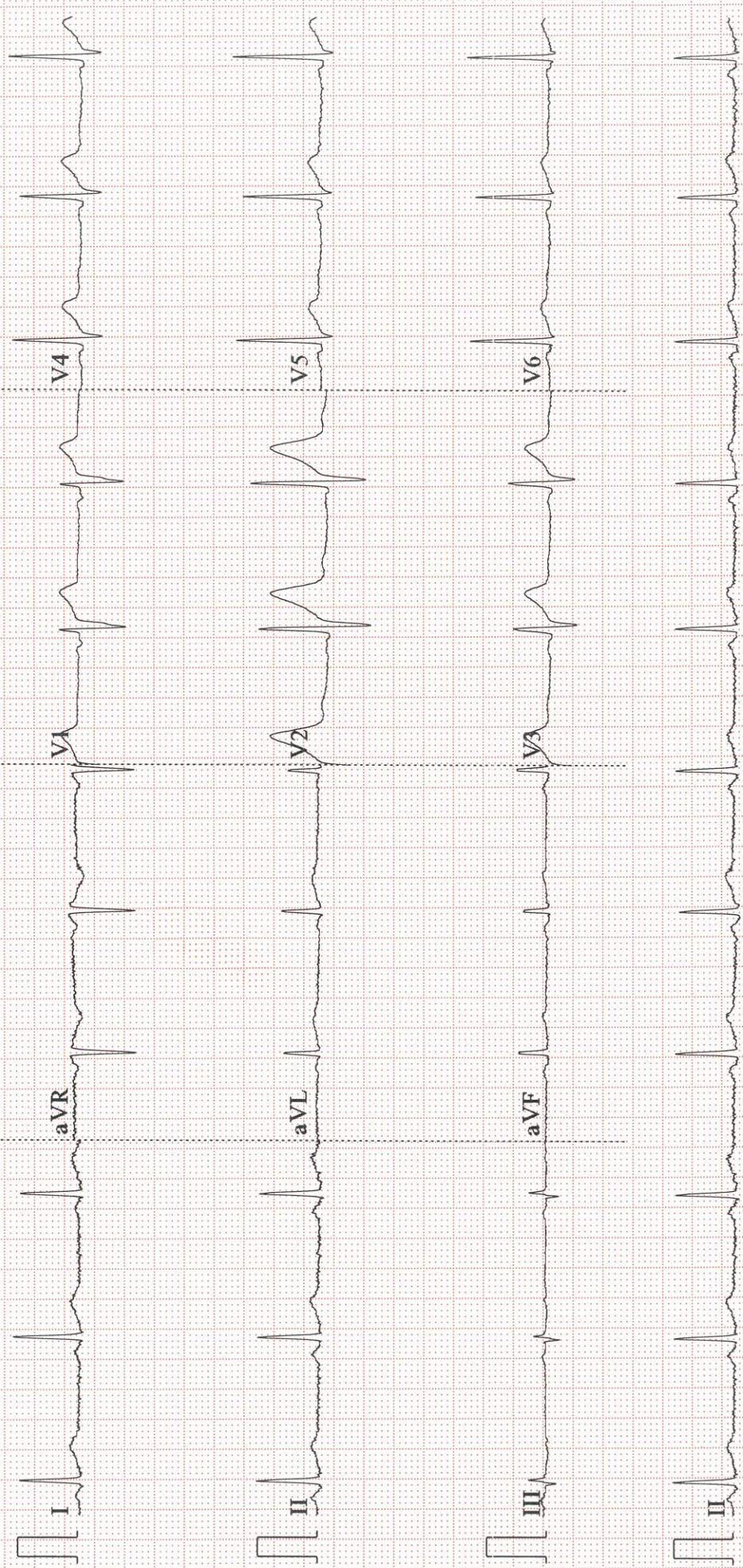
27-01-2024 11:10:06

Vikash kumar singh  
Male 34Years  
Req. No. :

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

HR : 63 bpm  
P : 119 ms  
PR : 147 ms  
QRS : 81 ms  
QT/QTcBz : 376/385 ms  
P/QRS/T : 54/30/21 °  
RV5/SVI : 1.396/0.747 mV

Report Confirmed by:





## DIGITAL X-RAY REPORT

NAME: VIKAS	DATE: 27.01.2024
UHID NO : 17599	AGE: 34YRS/ SEX: M

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

  
**DR. MONICA CHHABRA**

Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
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Patient Name : Mr. VIKASH KUMAR SINGH Age : 34 Y/M  
 UHID : SCHL0000017599 OP Visit No : SCHIOPV25362  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 27-01-2024 16:14  
 Referred By : SELF

**MITRAL VALVE**

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_  
 Doppler Normal/Abnormal E>A **E>A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent** RR interval \_\_\_\_\_ msec.  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg  
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_ msec. Pred. RVSP=RAP+ \_\_\_\_\_ mmHg

**PULMONARY VALVE**

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.  
 Doppler **Normal**/Abnormal.  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Pulmonary annulus \_\_\_\_\_ mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_ mmHg. End diastolic gradient \_\_\_\_\_ mmHg

**AORTIC VALVE**

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/3/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements	Normal Values	Measurements	Normal values
Aorta	2.6 (2.0 - 3.7cm)	LA es	3.1 (1.9 - 4.0cm)
LV es	2.5 (2.2 - 4.0cm)	LV ed	4.4 (3.7 - 5.6cm)
IVS ed	0.9 (0.6 - 1.1cm)	PW (LV)	0.8 (0.6 - 1.1cm)
RV ed	(0.7 - 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVd (ml)	
EF	65% (54%-76%)	IVS motion	<b>Normal</b> /Flat/Paradoxical

**CHAMBERS :**

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy  
 Contraction **Normal**/Reduced  
 Regional wall motion abnormality **Absent**  
 LA **Normal**/Enlarged/**Clear**/Thrombus  
 RA **Normal**/Enlarged/**Clear**/Thrombus  
 RV **Normal**/Enlarged/**Clear**/Thrombus

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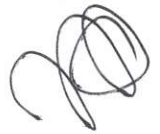
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## PERICARDIUM

### COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal-pericardium
- v No pericardial effusion



*Dr. M K Gupta*  
*M.B.B.S, MD, FIACM*  
*Senior Consultant Cardiologist*