

Patient Name : Mr.AUROBINDA DASH	Collected : 23/Dec/2023 09:19AM
Age/Gender : 47 Y 6 M 8 D/M	Received : 23/Dec/2023 03:45PM
UHID/MR No : CUPP.0000084225	Reported : 23/Dec/2023 05:11PM
Visit ID : CUPPOPV126946	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 688825	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	46.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.57	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	101.7	fL	83-101	Calculated
MCH	34.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,790	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	63.2	%	40-80	Electrical Impedence
LYMPHOCYTES	27.7	%	20-40	Electrical Impedence
EOSINOPHILS	1	%	1-6	Electrical Impedence
MONOCYTES	7.8	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	0-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4923.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2157.83	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	77.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	607.62	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.37	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	299000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	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:BED230318697

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UHID/MR No	: CUPP.0000084225	Reported	: 23/Dec/2023 07:05PM
Visit ID	: CUPPOPV126946	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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Patient Name : Mr.AUROBINDA DASH	Collected : 23/Dec/2023 09:19AM
Age/Gender : 47 Y 6 M 8 D/M	Received : 23/Dec/2023 03:04PM
UHID/MR No : CUPP.0000084225	Reported : 23/Dec/2023 06:01PM
Visit ID : CUPPOPV126946	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	151	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

HBA1C, GLYCATED HEMOGLOBIN	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
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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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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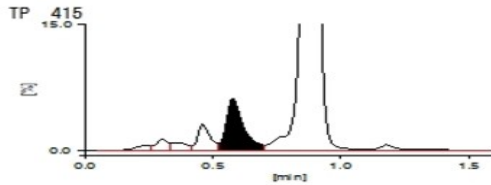
Chromatogram Report

1 V5.28 1 2023-12-23 16:19:20
 ID EDT230117933
 Sample No. 12230182 SL 0003 - 09
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.4	0.24	9.25
A1B	0.8	0.30	16.46
F	0.7	0.36	14.22
LA1C+	1.8	0.46	37.93
SA1C	6.2	0.58	104.76
AO	92.0	0.87	1936.05
H-V0			
H-V1			
H-V2			

Total Area 2118.67

HbA1c 6.2 % **IFCC 44 mmol/mol**
 HbA1 7.4 % HbF 0.7 %



SIN No:PLF02078028,PLP1400961,EDT230117933

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Visit ID : CUPPOPV126946	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

TOTAL CHOLESTEROL	206	mg/dL	<200	CHO-POD
TRIGLYCERIDES	150	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	124	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.96		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04579995

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	103.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.05	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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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SIN No:SE04579995

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APOLLO CLINICS NETWORK

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	16.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.77	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.35	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.82	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	71.00	U/L	<55	IFCC



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APOLLO CLINICS NETWORK

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Age/Gender : 47 Y 6 M 8 D/M	Received : 23/Dec/2023 03:26PM
UHID/MR No : CUPP.0000084225	Reported : 23/Dec/2023 05:58PM
Visit ID : CUPPOPV126946	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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)	0.9	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.83	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.928	µIU/mL	0.38-5.33	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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



SIN No:SPL23189023

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.340	ng/mL	0-4	CLIA



SIN No:SPL23189023

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Visit ID : CUPPOPV126946	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	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



SIN No:UR2248275

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

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Age/Gender : 47 Y 6 M 8 D/M	Received : 23/Dec/2023 04:30PM
UHID/MR No : CUPP.0000084225	Reported : 23/Dec/2023 05:42PM
Visit ID : CUPPOPV126946	Status : Final Report
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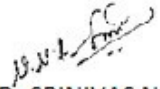
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

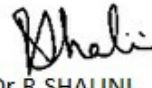
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick


*** End Of Report ***

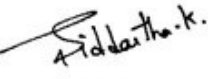
Result/s to Follow:
PERIPHERAL SMEAR


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


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



Patient Name	: Mr. AUROBINDA DASH	Age/Gender	: 47 Y/M
UHID/MR No.	: CUPP.0000084225	OP Visit No	: CUPPOPV126946
Sample Collected on	:	Reported on	: 23-12-2023 15:16
LRN#	: RAD2188301	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 688825		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 129 mm and **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 in size 105 mm. 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.

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

Right kidney : 100 x 51 mm.

Left kidney : 105 x 58 mm.

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

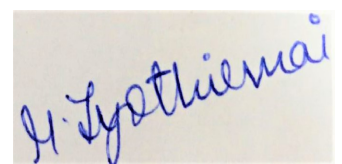
Prostate is normal in size 35 x 32 x 29 mm and echo texture. Volume measure 17 cc. No evidence of necrosis/calcification seen.

IMPRESSION:-

*** GRADE I FATTY LIVER.**

Suggest – clinical correlation.

(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. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Patient Name : Mr. AUROBINDA DASH

Age/Gender : 47 Y/M

UHID/MR No. : CUPP.0000084225

OP Visit No : CUPPOPV126946

Sample Collected on :

Reported on : 23-12-2023 14:54

LRN# : RAD2188301

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 688825

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. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

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भारत सरकार का उपक्रम A Government of India Undertaking



नाम : अरविंद दाश
Name : **Aurobinda Dash**
पदनाम : वरिष्ठ प्रबंधक (मा.सं.प्र)
Designation : **Senior Manager (HRM)**
कर्मचारी सं/Employee No. : **688825**
जन्म तिथि / Date of Birth : **15/06/1976**
रक्त समूह / Blood Group : **B + ve**

अरविंद दाश

हस्ताक्षर
Signature

जारी कर्ता प्राधिकारी
Issuing Authority

Name: Mr. AUROBINDA DASH
Age/Gender: 47 Y/M
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: CUPP.0000084225
Visit ID: CUPPOPV126946
Visit Date: 23-12-2023 09:16
Discharge Date:
Referred By: SELF

Doctor's Signature

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Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000084225
Visit ID: CUPPOPV126946
Visit Date: 23-12-2023 09:16
Discharge Date:
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. AUROBINDA DASH
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Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-12-2023 12:28	105 Beats/min	120/80 mmHg	22 Rate/min	98.6 F	171 cms	75 Kgs	%	%	Years	25.65	cms	cms	cms		AHLL09781

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

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Established Patient: No

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Patient Name : Mr. AUROBINDA DASH Age : 47 Y/M
UHID : CUPP.0000084225 OP Visit No : CUPPOPV126946
Conducted By: : HARSHINI REDDY K Conducted Date : 25-12-2023 09:20
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.3 CM
LA (es)	2.8 CM
LVID (ed)	4.4 CM
LVID (es)	2.9 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	68.00%
%FD	33.00%
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

Patient Name : Mr. AUROBINDA DASH Age : 47 Y/M
UHID : CUPP.0000084225 OP Visit No : CUPPOPV126946
Conducted By: : HARSHINI REDDY K Conducted Date : 25-12-2023 09:20
Referred By : SELF

COLOUR AND DOPPLER STUDIES:

AJV -120cm/sec

PJV - 90cm /sec

DOPPLER VELOCITIES.

A>E a'>'e

IMPRESSION:

NO RWMA

NORMAL LV / FUNCTION

GRADE-I DIASTOLIC DYSFUNCTION.

NO MS/ MR/MR/AS /AR

NO TR/ PAH

NO PE /VEG/CLOT

GOOD RV/ FUNCTION.

HARSHINI
REDDY K

Patient Name : Mr. AUROBINDA DASH
UHID : CUPP.0000084225
Conducted By: : HARSHINI REDDY K
Referred By : SELF

Age : 47 Y/M
OP Visit No : CUPPOPV126946
Conducted Date : 25-12-2023 09:20

Patient Name	: Mr. AUROBINDA DASH	Age	: 47 Y/M
UHID	: CUPP.0000084225	OP Visit No	: CUPPOPV126946
Reported By:	: Dr. VINAY KUMAR GUPTA	Conducted Date	: 23-12-2023 17:37
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 63beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL ECG.

CORRELATE CLINICALLY.

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

Dr. VINAY KUMAR GUPTA