

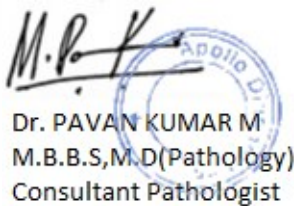
Patient Name	: Mr.YATHISH V H	Collected	: 09/Nov/2024 08:47AM
Age/Gender	: 39 Y 3 M 12 D/M	Received	: 09/Nov/2024 10:10AM
UHID/MR No	: AHMYS.0000293515	Reported	: 09/Nov/2024 11:53AM
Visit ID	: CMYSOPV131296	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E37796		

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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

SIN No:MYS241100402



Patient Name : Mr.YATHISH V H	Collected : 09/Nov/2024 08:47AM
Age/Gender : 39 Y 3 M 12 D/M	Received : 09/Nov/2024 10:10AM
UHID/MR No : AHMYS.0000293515	Reported : 09/Nov/2024 01:15PM
Visit ID : CMYSOPV131296	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>17.6</b>	g/dL	13-17	Spectrophotometer
PCV	<b>53.00</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>6.11</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.8	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>11.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	4	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3591	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2268	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	126	Cells/cu.mm	20-500	Calculated
MONOCYTES	252	Cells/cu.mm	200-1000	Calculated
BASOPHILS	63	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.58		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	229000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>20</b>	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.  
**Platelets:** Adequate 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:MYS241100402







Patient Name : Mr.YATHISH V H	Collected : 09/Nov/2024 11:34AM
Age/Gender : 39 Y 3 M 12 D/M	Received : 09/Nov/2024 02:36PM
UHID/MR No : AHMYS.0000293515	Reported : 09/Nov/2024 03:04PM
Visit ID : CMYSOPV131296	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37796	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	303	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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	401	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. PAVAN KUMAR M  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:MYS241100485



Patient Name : Mr.YATHISH V H	Collected : 09/Nov/2024 08:47AM
Age/Gender : 39 Y 3 M 12 D/M	Received : 09/Nov/2024 12:41PM
UHID/MR No : AHMYS.0000293515	Reported : 09/Nov/2024 02:07PM
Visit ID : CMYSOPV131296	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37796	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	<b>10.7</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	260	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**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:MYS241100405









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Age/Gender : 39 Y 3 M 12 D/M	Received : 09/Nov/2024 10:10AM
UHID/MR No : AHMYS.0000293515	Reported : 09/Nov/2024 01:31PM
Visit ID : CMYOPV131296	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37796	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.64	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/l	0-35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	101.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	<b>8.80</b>	g/dl	6.4-8.3	Biuret
ALBUMIN	4.50	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	<b>4.30</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.05		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.



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UHID/MR No : AHMYS.0000293515	Reported : 09/Nov/2024 02:33PM
Visit ID : CMYOPV131296	Status : Final Report
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Emp/Auth/TPA ID : 22E37796	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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>0.60</b>	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	19.02	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.10	mg/dL	3.5-7.2	Uricase
CALCIUM	9.80	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.71	mg/dl	2.7-4.5	Molybdate
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	<b>8.80</b>	g/dl	6.4-8.3	Biuret
ALBUMIN	4.50	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	<b>4.30</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.05		0.9-2.0	Calculated



Dr. PAVAN KUMAR M  
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Consultant Pathologist

SIN No:MYS241100404

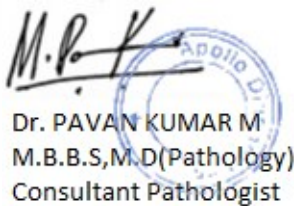


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UHID/MR No : AHMYS.0000293515	Reported : 09/Nov/2024 01:28PM
Visit ID : CMYSOPV131296	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	48.00	U/l	0-55	IFCC



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UHID/MR No : AHMYS.0000293515	Reported : 09/Nov/2024 11:37AM
Visit ID : CMYOPV131296	Status : Final Report
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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. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.13	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.86	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	5.100	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

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**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Consultant Pathologist

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Patient Name : Mr.YATHISH V H	Collected : 09/Nov/2024 08:47AM
Age/Gender : 39 Y 3 M 12 D/M	Received : 09/Nov/2024 11:12AM
UHID/MR No : AHMYS.0000293515	Reported : 09/Nov/2024 02:07PM
Visit ID : CMYOPV131296	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37796	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	POSITIVE +++		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	POSITIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	4 - 6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.



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Consultant Pathologist

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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. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (++++)		NEGATIVE	GOD-POD

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

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



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

SIN No:MYS241100407

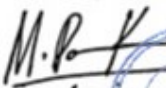




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**TERMS AND CONDITIONS GOVERNING THIS REPORT**

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

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



SIN No:MYS241100407





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Patient	Mr. YATHISH V H	Doctor	SUJATHA T R	Appt ID	CMYSAPT1434
Age/Gender	39Y   Male	Qualification	MBBS, PGDMCH	Consult Date	10 Nov 2024
UHID	AHMYS.0000293515	Reg. No.	69649	Order Bill ID	CMYS-OCR-24658
				Visit Display ID	CMYSOPV131296

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## VITALS

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Weight : 77.9Kgs	Height : 175Cms
Pulse : 64 BPM	Spo2 : 98%
BP : 120 / 80 MmHg	Respiratory Rate : 20 BPM
Temperature : 98 °F	

SUJATHA T R  
**Doctor's Signature**

**Apollo Health and Lifestyle Limited**

(CIN-U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7\* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

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Patient Name	: Mr. YATHISH V H	Age	: 39Yrs 3Mths 14Days
UHID	: AHMYS.0000293515	OP Visit No.	: CMYSOPV131296
Printed On	: 10-11-2024 04:49 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E37796		

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### DEPARTMENT OF RADIOLOGY

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**LIVER:** It is normal in size, outline and is increased in echotexture. 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 11.0cm with parenchymal thickness of 1.4 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 11.2 cm with parenchymal thickness of 1.7 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:** It is normal in size, outline and echotexture.

No e/o free fluid in the abdomen.

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**IMPRESSION:**

**. GRADE I FATTY LIVER .**

---End Of The Report---



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

Patient Name	: Mr. YATHISH V H	Age	: 39Yrs 3Mths 18Days
UHID	: AHMYS.0000293515	OP Visit No.	: CMYSOPV131296
Printed On	: 14-11-2024 07:38 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E37796		

---

## DEPARTMENT OF CARDIOLOGY

---

### 2D ECHOCARDIOGRAPHY STUDY

#### Impression:

Normal chambers and valves  
No regional wall motion abnormality  
Normal left ventricular systolic function. EF 65 %  
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

---

**Patient's Name : Mr. YATHISH V H Age & Sex;39Yrs /Male**

**Date : 09.11.2024**

**UHID No: 293515**

Measurements

AO:2.5 cm

LA :2.4 cm

RV :2.6 cm

LVIDd 4.60 cm

LVIDs :2.95 cm

IVSd :0.92 cm

---

IVSs :1.14 cm

PWd :1.17 cm

PWs :1.37 cm

EF : 65.0 %

FS : 37.0 %

Doppler

MV TV AV PV

E : 0.61 m/s E --- m/s V max 0.88 m/s V max 0.82 m/s

A : 0.48 m/s A --- m/s

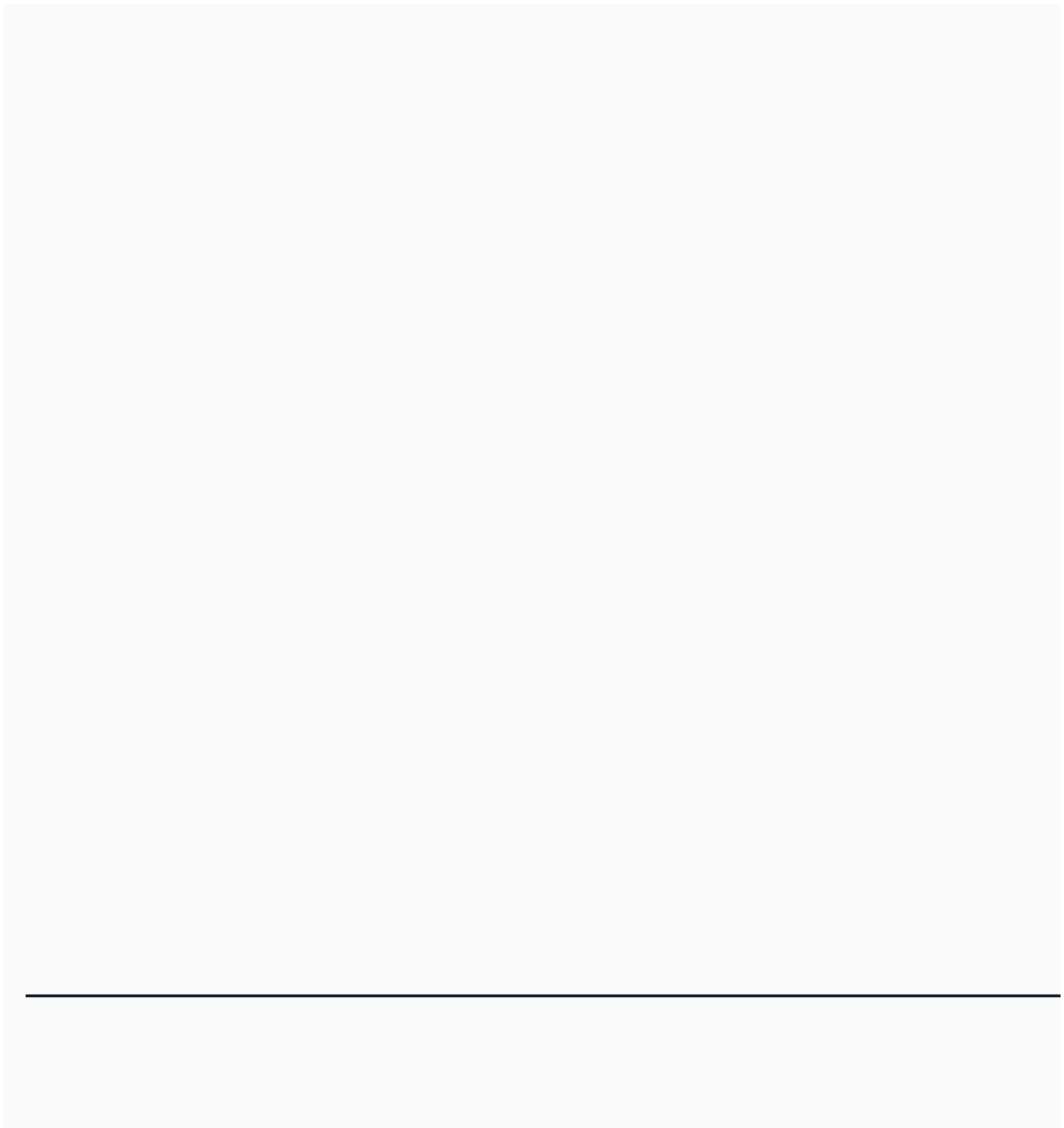
---End Of The Report---



Dr. GURU PRASAD B V

---

MBBS, PGDCC  
69949  
Cardiology



Patient Name	: Mr. YATHISH V H	Age	: 39Yrs 3Mths 14Days
UHID	: AHMYS.0000293515	OP Visit No.	: CMYSOPV131296
Printed On	: 10-11-2024 03:48 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E37796		

---

### DEPARTMENT OF CARDIOLOGY

---

Observation :-

1. Sinus Rhythm.
2. Heart rate is 104 beats per minutes.

**Impression:**

NORMAL RESTING ECG.

---End Of The Report---



Dr. GURU PRASAD B V  
MBBS, PGDCC  
69949  
Cardiology



8.9.

Name : Mr. YATHISH V H  
Address : Mysore Mysore Karnataka INDIA 570001  
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

H → 175  
W → 77.9  
BP → 120/80  
Age: 39Y 3M 12D  
Sex: Male

UHID : AHMYS.0000293515



OP No: CMYSOPV131296  
Bill No: CMYS-OCR-24658  
Date: Nov 9th, 2024, 8:37 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	Consultation	<input type="checkbox"/>
<del>1</del>	<del>DENTAL CONSULTATION</del>	Consultation	<input type="checkbox"/>
<del>2</del>	<del>ENT CONSULTATION → skip</del>	Consultation	<input type="checkbox"/>
<del>3</del>	<del>FITNESS BY GENERAL PHYSICIAN → P</del>	Consultation	<input type="checkbox"/>
<del>4</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del>	Biochemistry	<input type="checkbox"/>
<del>5</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	Biochemistry	<input type="checkbox"/>
<del>6</del>	<del>LIPID PROFILE</del>	Biochemistry	<input type="checkbox"/>
<del>7</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	Biochemistry	<input type="checkbox"/>
<del>8</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	Biochemistry	<input type="checkbox"/>
<del>9</del>	<del>GLUCOSE, FASTING</del>	Haematology	<input type="checkbox"/>
<del>10</del>	<del>PERIPHERAL SMEAR</del>	Haematology	<input type="checkbox"/>
<del>11</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	Blood Bank	<input type="checkbox"/>
<del>12</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	Clinical Pathology	<input type="checkbox"/>
<del>13</del>	<del>COMPLETE URINE EXAMINATION</del>	Biochemistry	<input type="checkbox"/>
<del>14</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	Biochemistry	<input type="checkbox"/>
<del>15</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	Ultrasound Radiology	<input type="checkbox"/>
<del>16</del>	<del>ULTRASOUND - WHOLE ABDOMEN → P</del>	X Ray Radiology	<input type="checkbox"/>
<del>17</del>	<del>X-RAY CHEST PA</del>	Clinical Pathology	<input type="checkbox"/>
<del>18</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	Clinical Pathology	<input type="checkbox"/>
<del>19</del>	<del>URINE GLUCOSE(FASTING)</del>	Biochemistry	<input type="checkbox"/>
<del>20</del>	<del>LIVER FUNCTION TEST (LFT)</del>	Cardiology	<input type="checkbox"/>
<del>21</del>	<del>2 D ECHO → P</del>	Cardiology	<input type="checkbox"/>
<del>22</del>	<del>ECG</del>	General	<input type="checkbox"/>
<del>23</del>	<del>BODY MASS INDEX (BMI)</del>	General	<input type="checkbox"/>
<del>24</del>	<del>DIET CONSULTATION → P</del>		<input type="checkbox"/>

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Yateesh on 09/11/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Strict Glycemic control</u></p> <p>2. ....</p> <p>3. ....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. [Signature]  
Medical Officer  
The Apollo Clinic, Mysore.

*This certificate is not meant for medico-legal purposes*

**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph: 0821-4906040/41

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Mr. Yathish V H

39 yrs Male

Height: 175 cm	Weight: 77.9 kg	BMI:	Waist Circum:
Temp:	Pulse: 84	Resp: 20/min	B.P: 120/80

General Examination /  
Allergies History

WZ /  
RS /  
PB /

Cherry  
NBS

Clinical Diagnosis & Management Plan

Yo T2DM

- T- Pantamine plus 570 - (30)
- T- ALI- D3 Gok Sme a - (10)  
Week
- T- Op NA-MET 5 x 12 1000  
T 0 0 (30)
- T- Voglicard M 0.2/500 00 (30)
- T- Pantocid D T 0 1 21 (10)

Regular Enrow /

Follow up date :

  
Doctor Signature

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

Date : 11/9/2024 Department : ENT  
 Patient Name : Mr. YATHISH V H Doctor : Dr. PRAVEEN KUMAR R  
 UHID : AHMYS.0000293515 Registration No. : 66012  
 Age / Gender : 39Yrs 3Mths 12Days/ Male Qualification : MBBS, MS (ENT)  
 Consultation Timing : 10:02 AM

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

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Cause for regular headache checkup

---

Eof Bilateral Gm - normal

Nose - nasal mucosa - normal

oral cavity & oropharynx. (n)

neck. (n)

As

Reassure

Plc

Follow up date :

Doctor Signature

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

Date : 11/9/2024 Department : Dental  
Patient Name : Mr. YATHISH V H Doctor : Dr. JYOTHISHREE P V  
UHID : AHMYS.0000293515 Registration No. : 33268A  
Age / Gender : 39Yrs 3Mths 12Days/ Male Qualification : B.D.S.[Bachelor of Dental Surgery]  
Consulation Timing : 9:57 AM

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

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

O/E

T<sub>11</sub> Hb RCT

Adv. - crown.

Gen. Teeth attrition noted

Follow up date :

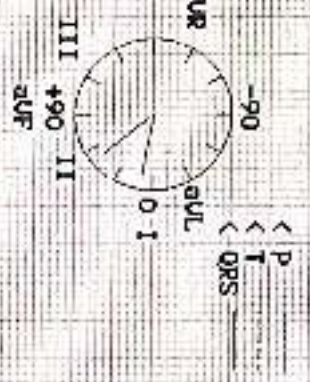
*Jyothishree*

Doctor Signature

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

AGE: 39 NO:

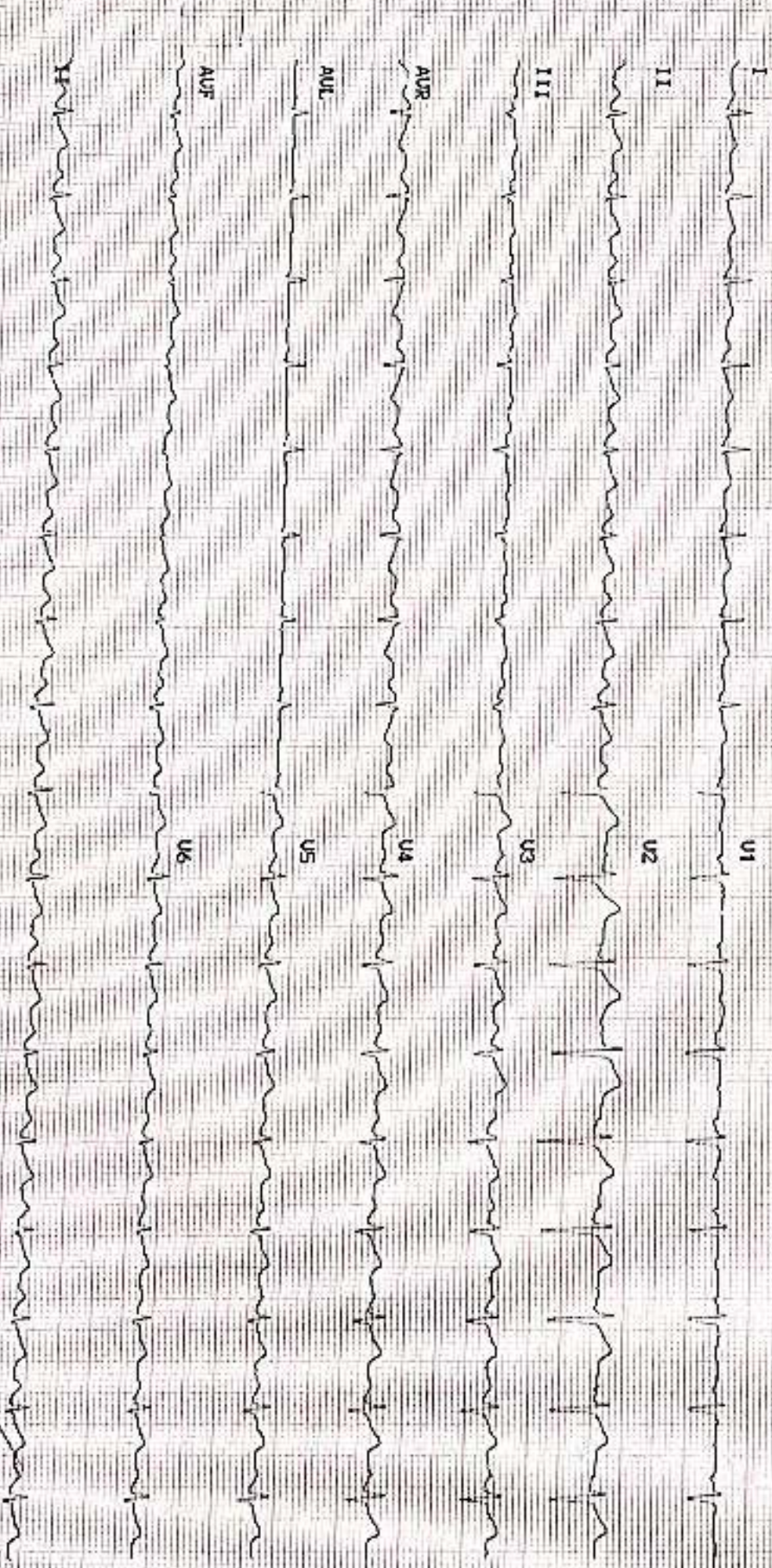
Measurement Results:  
QRS : 92 ms  
QT/QTcB : 342 / 451 ms  
PR : 146 ms  
P : 118 ms  
RR/PP : 576 / 590 ms  
P/QRS/T : 50 / 10 / 50 degrees  
QTd/QTcBd : 42 / 55 ms  
Sokolow : 0.7 mV  
NK : 15



Interpretation:

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

Unconfirmed report.



Patient Name	: Mr. YATHISH V H	Age	: 39Yrs 3Mths 12Days
UHID	: AHMYS.0000293515	OP Visit No.	: CMYSOPV131295
Printed On	: 09-11-2024 12:42 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E37798		

**DEPARTMENT OF RADIOLOGY**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

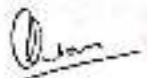
Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION: NORMAL STUDY .**

---End Of The Report---



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

<b>Patient Name: Mr. YATHISH V H</b>	<b>Date:09.11 .2024</b>	<b>Referring Doctor: Self</b>
<b>Age / Sex : 39yrs /Male</b>	<b>UHID :293515</b>	
<b>ULTRASONOGRAPHY – ABDOMEN &amp; PELVIS</b>		

**LIVER:** It is normal in size, outline and is increased in echotexture. 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 11.0cm with parenchymal thickness of 1.4 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 11.2 cm with parenchymal thickness of 1.7 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:** It is normal in size, outline and echotexture.

No e/o free fluid in the abdomen.

**IMPRESSION:**

**GRADE I FATTY LIVER.**

*K. H. V.*  
**Dr. Karthik H V MDRD , DNB**  
Consultant Radiologist.

**Apollo Health and Lifestyle Limited**

ICN : U65101G2000PLC1158191

Regd Office : 10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph No: 461 4604 7777 Fax No: 4604 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Koramangala | Sarjapur Road | Mysore (VV Mahale)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**



Patient's Name : Mr. YATHISH V H	Age & Sex; 39 Yrs / Male
Date : 09.11.2024	UHID No: 293515

## 2D ECHOCARDIOGRAPHY STUDY

### Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 65 %
- 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

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Online appointments: www.apolloclinics.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient's Name : Mr. YATHISH V H	Age & Sex; 39Yrs /Male
Date : 09.11.2024	UHID No: 293515

Measurements

AO : 2.5 cm  
LA : 2.4 cm

RV : 2.6 cm  
LVIDd : 4.60 cm  
LVIDs : 2.95 cm  
IVSd : 0.92 cm  
IVSs : 1.14 cm  
PWd : 1.17 cm  
PWs : 1.37 cm  
EF : 65.0 %  
FS : 37.0 %

Doppler

MV	TV	AV	PV
E 0.61 m/s	E --- m/s	V max 0.88 m/s	V max 0.82 m/s
A: 0.48 m/s	A --- m/s		

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

**Apollo Health and Lifestyle Limited**

CIN: U85110TG2009PLC1158191  
Regd. Office: 110-40 B2, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
Ph. No: (040) 4904 7777 Fax No: 4904 7744 | Email: enquiry@apolloh.com | www.apolloh.com

**APOLLO CLINICS NETWORK KARNATAKA**

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**





# Apollo Clinic

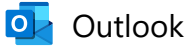
## CONSENT FORM

Patient Name: Mr. Yathish U.H. Age: 39 y / Male  
 UHID Number: 293515 Company Name: \_\_\_\_\_

I Mr/Mrs/Ms Yathish. U. H. Employee of Archatemi  
 (Company) Want to inform you that I am not interested in getting Dent con. Teliconsultation  
 Tests done which is a part of my routine health check package.  
 And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 21/11/2024

<p>ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :  <b>5938 0590 6050</b>          ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು</p>	
 <p>ಭಾರತ ಸರ್ಕಾರ          Government of India</p>	 <p>Unique Identification Authority of India</p>
 <p>V H Yathish          ಐಪಿ ದಿನಾಂಕ/DOB: 28/07/1985          ಪುರುಷ/ MALE</p>	<p>Address:          S/O Hanumanthaih V, #29, 2nd          Cross, Tavarekere, Bangalore          South, Bangalore,          Karnataka, 560029</p>
<p>5938 0590 6050</p> 	<p>5938 0590 6050</p>
<p>ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು</p>	



**Fwd: Health Check up Booking Confirmed Request(22E37796),Package Code-PKG10000366, Beneficiary Code-322777**

**From** yathish yathish <yathish.yathish730@gmail.com>  
**Date** Sat 09-11-2024 08:39  
**To** Mysore Apolloclinic <mysore@apolloclinic.com>

----- Forwarded message -----

**From:** **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>  
**Date:** Fri, 8 Nov 2024 at 1:21 PM  
**Subject:** Health Check up Booking Confirmed Request(22E37796),Package Code-PKG10000366, Beneficiary Code-322777  
**To:** <[Yathish.yathish730@gmail.com](mailto:Yathish.yathish730@gmail.com)>  
**Cc:** <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

**011-41195959**

Dear **MR. H YATHISH V**,

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Annual Plus  
**Name of Diagnostic/Hospital** : Apollo clinic - VV Mohalla  
**Address of Diagnostic/Hospital-** : Apollo Clinic, [23, Kalidasa Road, VV Mohalla, Mysore - 570002](#)  
**City** : Mysore  
**State** : Karnataka  
**Pincode** : 570002  
**Appointment Date** : 09-11-2024  
**Confirmation Status** : Booking Confirmed  
**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. H YATHISH V	39 year	Male

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.

- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

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

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

---

Thanks,  
Mediwheel Team  
Please Download Mediwheel App

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