

Patient Name : Mr.PRAVEEN KUMAR	Collected : 23/Sep/2023 08:06AM
Age/Gender : 40 Y 7 M 1 D/M	Received : 23/Sep/2023 12:19PM
UHID/MR No : CASR.0000143001	Reported : 23/Sep/2023 02:44PM
Visit ID : CASROPV213066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 176267	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	11.4	g/dL	13-17	Spectrophotometer
PCV	34.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.41	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	63.4	fL	83-101	Calculated
MCH	21.1	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	18.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,280	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	48.7	%	40-80	Electrical Impedance
LYMPHOCYTES	40.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3545.36	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2962.96	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	240.24	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	502.32	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	29.12	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	355000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC- MICROCYTIC HYPOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE



SIN No:BED230230548

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Microplate technology
Rh TYPE	Positive			Microplate technology



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GLUCOSE, FASTING , NAF PLASMA	180	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)	255	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	9.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	223	mg/dL		Calculated

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Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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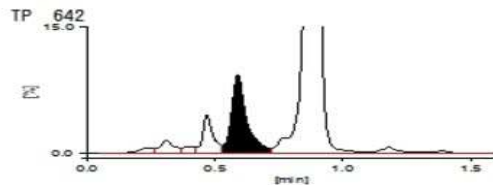
Chromatogram Report

1 V5.28 1 2023-09-23 13:47:47
 ID EDT230087217
 Sample No. 09230106 SL 0006 - 04
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
ATA	0.6	0.24	9.09
A1B	1.2	0.31	18.97
F	0.5	0.40	8.69
LA1C+	2.6	0.47	42.67
SA1C	9.4	0.59	125.60
AO	87.8	0.88	1418.95
H-V0			
H-V1			
H-V2			

Total Area 1623.97

HbA1c 9.4 % IFCC 79 mmol/mol
HbA1 11.1 % HbF 0.5 %



SIN No:PLF02031086,PLP1371624,EDT230087217

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	138	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	139	mg/dL	<130	Calculated
LDL CHOLESTEROL	111.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.66		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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SIN No:SE04489672

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.45	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.51	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.05	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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.

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3. Synthetic function impairment:

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



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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.79	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	19.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.51	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.89	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.00	U/L	<55	IFCC



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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

Patient Name : Mr.PRAVEEN KUMAR	Collected : 23/Sep/2023 08:06AM
Age/Gender : 40 Y 7 M 1 D/M	Received : 23/Sep/2023 12:40PM
UHID/MR No : CASR.0000143001	Reported : 23/Sep/2023 01:41PM
Visit ID : CASROPV213066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 176267	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	1.14	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.65	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.812	µIU/mL	0.38-5.33	CLIA

Comment:

Note:

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

Patient Name : Mr.PRAVEEN KUMAR	Collected : 23/Sep/2023 08:06AM
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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23135246

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address: A-12, # 1-9-71/A/12b, Rishab Heights, Rukminipuri Housing Colony, A 5 Rao Nagar, Hyderabad, Telangana, India - 500062

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Patient Name : Mr.PRAVEEN KUMAR	Collected : 23/Sep/2023 08:06AM
Age/Gender : 40 Y 7 M 1 D/M	Received : 23/Sep/2023 03:32PM
UHID/MR No : CASR.0000143001	Reported : 23/Sep/2023 04:56PM
Visit ID : CASROPV213066	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 176267	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		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	2-4	/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:UR2188916

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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DEPARTMENT OF CLINICAL PATHOLOGY

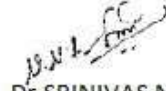
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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


*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR


Dr. Shalini Singh
M.B.B.S, M.D(Pathology)
Consultant Pathologist


Dr. SRINIVAS N.S. NORI
M.B.B.S, M.D(Pathology)
CONSULTANT PATHOLOGY


Dr. R. SHALINI
M.B.B.S, M.D(Pathology)
Consultant Pathologist


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





భారత ప్రభుత్వం
GOVERNMENT OF INDIA



పండిట్ ప్రవీణ్ కుమార్
Pandit Praveen Kumar

పుట్టిన సంవత్సరం / Year of Birth: 1983
పురుషుడు / Male



9481 4362 4418

ఆధార్ - సామాన్యని హక్కు

week prior
week prior

Apollo Clinic
PHYSICAL EXAMINATION FORM
Apollo Clinic
Laxmi, Chaitanya, Hyderabad

Date 23/9/23

Name Mrs. Parveen Kumar UHID 143001

Height 172 cms Age 40/m

Weight 74.6 Kgs

Chest Measurement [] (in)cm [] (out)cm

Waist [] cm

Pulse 74 Bt/Min HIP []

BP 100/60 mm/Hg BMI 25

SPO2 93 kgs/cm2

%

Apollo Clinic, A.S. Rao Nagar.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Praveen Kumar on 25/9/23

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	
<ul style="list-style-type: none"> Fit with Restrictions/ Recommendations <p>Though following restrictions have been revealed in my opinion, these are not impediments to the job.</p> <ol style="list-style-type: none"> <u>Sugar high Adv: Polhemup</u> <p>However the candidate should follow the advice medication that has been communicated to him/her.</p> <p>Review after</p>	✓
<ul style="list-style-type: none"> Currently Unfit. <p>Review after.....recommended.</p>	
<ul style="list-style-type: none"> Unfit 	



Dr. VIVEK BELDE
MBBS, DFM(UK)
Regd. No : 24141
CONSULTANT PHYSICIAN
Dr. Vivek Belde
Reg No :24141
Consultant physic
Apollo Clinic
A S Rao Nagar

Patient Name	: Mr. Praveen Kumar	Age	: 40 Y/M
UHID	: CASR.0000143001	OP Visit No	: CASROPV213066
Reported By:	: Dr. MRINAL .	Conducted Date	: 25-09-2023 13:20
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 69 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL RESTING ECG.

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



Dr. MRINAL .

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK TELANGANA & AP

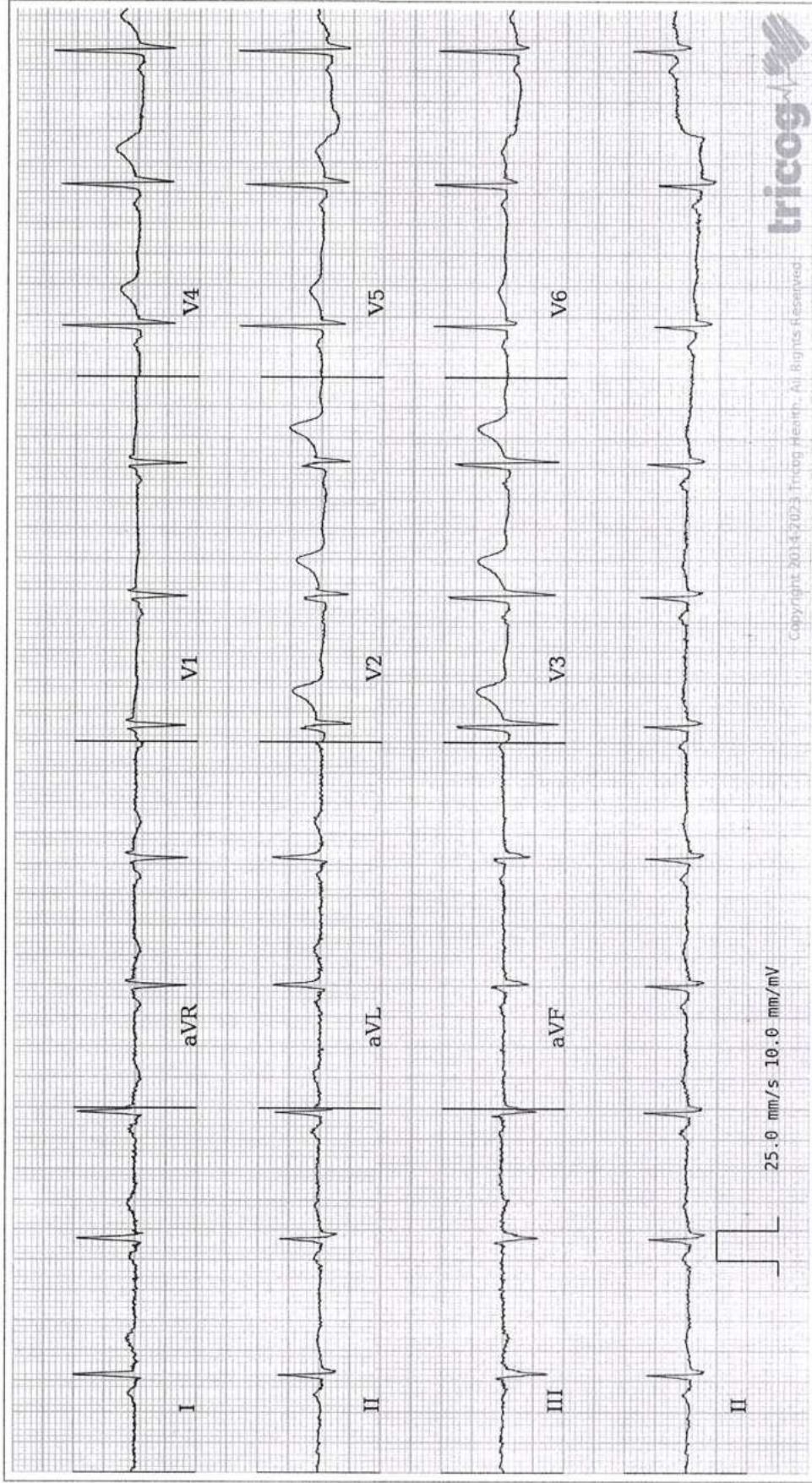
Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



AR: 69bpm VR: 69bpm QRS: 92ms QT: 380ms QTcB: 407ms PRI: 134ms P-R-T: 38° -4° NA

ECG Within Normal Limits: Sinus rhythm, Normal ECG, correlate clinically. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY



Apollo Hospitals, Secunderabad

POWER PRESCRIPTION

NAME: *P. Sankar Kumar*

GENDER: M/F

DATE: *23/08/23*

AGE: *40*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-0.50</i>	<i>-</i>	<i>-</i>	<i>6/6</i>
NEAR	<i>+1.00</i>	<i>-</i>	<i>-</i>	<i>N6</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-0.50</i>	<i>-</i>	<i>-</i>	<i>6/6</i>
NEAR	<i>+1.00</i>	<i>-</i>	<i>-</i>	<i>N6</i>

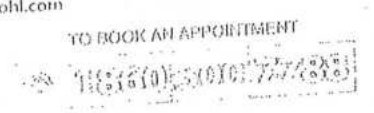
COLOUR VISION : *Normal*

DIAGNOSIS :

OTHER FINDINGS :

INSTRUCTIONS :

The Eye
SIGNATURE



ORAL EXAMINATION FORM



Date: 23/9/2023

Patient ID: _____ MHC

Patient Name: Mr. Raveen Age: 40 Sex: Male Female

Chief Complaint: General checkup.

Medical History :

Drug Allergy :

Medication currently taken by the Guest :

Initial Screenign Findings :

Dental Caries :

Missing Teeth :

Impacted Teeth :

Attrition / Abrasion :

Bleeding : ++

Pockets / Recession :

Calculus / Stains : ++
++

Mobility :

Restored Teeth :

Non - restorable Teeth for extraction /
Root Stumps :

Malocclusion :

Others :

Dep

Advice :- ① advised oral prophylaxis &

follow up

Doctor

Name & Signature: D. Navin

Patient Name	: Mr. Praveen Kumar	Age	: 40 Y/M
UHID	: CASR.0000143001	OP Visit No	: CASROPV213066
Reported By:	: Dr. MRINAL .	Conducted Date	: 25-09-2023 13:20
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5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL RESTING ECG.

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

Dr. MRINAL .

Patient Name : Mr. Praveen Kumar Age : 40 Y/M
UHID : CASR.0000143001 OP Visit No : CASROPV213066
Conducted By: : Dr. MRINAL . Conducted Date : 24-09-2023 15:03
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.6 CM
LA (es)	3.1 CM
LVID (ed)	4.5 CM
LVID (es)	2.7 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.1 CM
EF	61 %
%FD	30 %
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
MITRAL -E: 0.7m/sec	A 0.6 m/sec
PJV- 0.8 m/sec	
AJV- 1.2 m/sec	

Patient Name : Mr. Praveen Kumar
UHID : CASR.0000143001
Conducted By: : Dr. MRINAL .
Referred By : SELF

Age : 40 Y/M
OP Visit No : CASROPV213066
Conducted Date : 24-09-2023 15:03

IMPRESSION;

NORMAL CHAMBERS.

NO RWMA.

GOOD LV FUNCTION.

NO MR/AR/TR/PAH.

NO LA /LV CLOTS.

NO PERICARDIAL EFFUSION.

Dr. MRINAL .

Patient Name : Mr. Praveen Kumar

Age/Gender : 40 Y/M

UHID/MR No. : CASR.0000143001

OP Visit No : CASROPV213066

Sample Collected on :

Reported on : 23-09-2023 17:40

LRN# : RAD2106088

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 176267

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

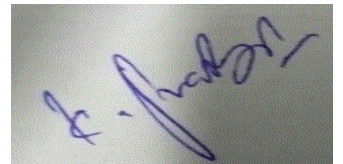
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mr. Praveen Kumar	Age/Gender	: 40 Y/M
UHID/MR No.	: CASR.0000143001	OP Visit No	: CASROPV213066
Sample Collected on	:	Reported on	: 23-09-2023 11:28
LRN#	: RAD2106088	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 176267		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with 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. 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.

Right kidney : 102x42mm Normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Left kidney : 106x44mm Normal in size and shows tiny solid concretions in the mid and upper pole measuring **2mm**

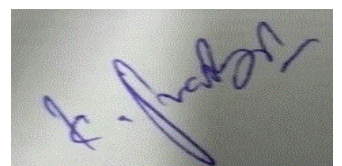
Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Prostate is normal in size and echo texture.No evidence of necrosis/calcification seen.

IMPRESSION:-Grade 1 Fatty Liver.

Tiny Solid Concretions In The Mid And Upper Pole Of Left Kidney.

Suggested clinical correlation and further evaluation if necessary .



Dr. PRAVEEN BABU KAJA
Radiology