

2D ECHOCARDIOGRAPHY REPORT

NAME	MR. Valluri Sudarshan		DATE:23/09/2023
AGE	35YRS	KRM NUMBER	190063
GENDER	MALE	REFERRED BY	DR.SELF

DIMENSIONS:

AORTA:2.6 cms	IVSD: 1.0 cms	LVDd: 3.8 cms	LVPWD :1.0 cms
LA : 2.7 cms	IVSS : 1.1 cms	LVDs:2.6 cms	LVPWS:1.1 cms
EF : 60%			EDV :63 ML
			ESV :25 ML

VALVES:

MITRAL : NORMAL.
TRICUSPID : NORMAL.
AORTIC : NORMAL.
PULMONARY : NORMAL.

2D – ECHO:

IAS : Intact.
IVS : Intact.
RA : Normal.
RV : Normal.
LA : NORMAL.
LV : NORMAL;
IVC, AORTA AND PULMONARY ARTERY: NORMAL.
PERICARDIUM : NORMAL.

DOPPLER DAT

Mitral valve : E-0.61M/sec A-0.51 m/sec, NO MR.
Tricuspid valve : NO TR
Aortic valve : V max –1.0 m /sec
Pulmonary valve : NO PR.

FINAL IMPRESSION:

NORMAL CHAMBERS AND VALVES
NO LV REGIONAL WALL MOTION ABNORMALITIES AT REST
NORMAL LV & RV SYSTOLIC FUNCTION, EF- 60%
NO PERICARDIAL EFFUSION/CLOT/ VEGETATION.

DR. MOHAN MURALI
Consultant Cardiologist

Pt. Name: MR. VALLURI SUDARSHAN	Age/Sex: 35 Y / M
Ref By: H.C	Date: 23 - 09 - 2023

ULTRASOUND ABDOMEN AND PELVIS

- LIVER:** Normal in size measures 13.3 cms and increase in echotexture.
No focal lesion is seen. No IHBR dilatation is seen.
Portal vein and CBD are normal.
- GALL BLADDER:** Is well distended with normal wall thickness.
No pericholecystic collection is seen.
No intraluminal content or calculi are seen.
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen.
Peri-pancreatic fat planes are well preserved:
- SPLEEN:** Normal in size measures 11.0 cms and normal in echotexture.
No focal lesion is seen. Splenic vein is normal.
- KIDNEYS:** Right Kidney measures 10.2 x 4.8 cms, Left Kidney measures 10.4 x 5.2 cms.
Both kidneys are normal in size, shape, position, contour and echotexture.
Cortico-medullary differentiation is well maintained
No calculi / hydronephrosis are seen.
- URINARY BLADDER:** Is well-distended with normal wall thickness.
No intraluminal content or calculi are seen.
- PROSTATE:** Normal in size and echotexture. No focal lesion is seen.

No lymphadenopathy or ascites are seen.

IMPRESSION: FATTY CHANGES IN LIVER.

Thanks for reference.



Dr. R. K. KALYANI
M.B.B.S., D.N.B.
CONSULTANT RADIOLOGIST

Pt. Name: MR. VALLURI SUBARSHAN	Age/Sex: 35 Y/ M
Ref By: H C	Date: 23-09-2023

X-RAY CHEST PA VIEW

Both the lung parenchyma appears normal.
Heart and mediastinum are unremarkable
Trachea and main stem bronchi are unremarkable.
Pulmonary vasculature is normal.
Both the cardiophrenic and costophrenic angles are clear.
Soft tissues and bony thorax are unremarkable.

IMPRESSION: NORMAL STUDY.

Please correlate clinically.

Thanks for reference.



Dr. R. K. KALYANI

M.B.B.S., D.N.B.

CONSULTANT RADIOLOGIST

Dr. Manaswini Ramachandra, MBBS, MS (ENT)

Consultant ENT and Head & Neck Surgeon

Fellowship in Endoscopic Sinus Surgery

Trained in Allergy (AASC)

Email : manaswiniramachandra@gmail.com



Mr. Sudasnan
=

23-9-23

Health Check
=

Ear : B/E TMS (M)

Nose : DAS E Spun

Op/or : NS

A large, stylized handwritten signature in black ink, likely belonging to Dr. Manaswini Ramachandra.

Dr. Roma Haider

Dental Surgeon

Certified in Esthetic Dentistry & Implantology

Email : roma.haider@yahoo.com

Consultation : Monday to Saturday 10 am to 7 pm



M. 8296500865

23/9/2023

- Restorative Procedures

MR. VOLLURI SUDHARSH 35YM

- Root canal treatment

- Teeth replacement - fixed and removable dentures

TMS → HAD.

- Oral surgery

Hard tissue → HAD. / Impacted 3rd molar

- Orthodontics

crowding with low anterior.

- Preventive dentistry

Soft tissue HAD

- Dental Implants

- Pedodontics

- Esthetics & smile design

- Tooth Jewellery

- Periodontics

Patient Name : Mr.VALLURI SUDARSHAN
 Age/Gender : 35 Y 3 M 17 D/M
 UHID/MR No : SKOR.0000190063
 Visit ID : SKOROPV264791
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 101556

Collected : 23/Sep/2023 08:18 AM
 Received : 23/Sep/2023 09:06 AM
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DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic.
 WBCs are normal in number with normal distribution and morphology.
 Platelets are adequate.
 No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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

HAEMOGLOBIN	16.8	g/dL	13-17	Spectrophotometer
PCV	49.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.98	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4503	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2844	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	79	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	474	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	274000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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Test Name	Result	Unit	Bio. Ref. Range	Method

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	266	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:

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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	370	mg/dL	70-140	GOD - POD
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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.



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 TOUCHING LIVES
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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. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	12.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	306	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.

- 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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230087245

Patient Name : Mr.VALLURI SUDARSHAN Age Gender : 35 Y 3 M 17 D/M TOUCHING LIVES UHID/MR No : SKOR.0000190063 Visit ID : SKOROPV264791 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 101556	Collected : 23/Sep/2023 08:48AM Received : 23/Sep/2023 09:06AM Reported : 23/Sep/2023 10:38AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	198	mg/dL	<150	
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	144	mg/dL	<130	Calculated
LDL CHOLESTEROL	104.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	39.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.11		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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:SE04489717

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	69.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2.08		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, Wilsons’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.

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Test Name	Result	Unit	Bio. Ref. Range	Method

• Correlation with PT (Prothrombin Time) helps.



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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.62	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	16.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	93	mmol/L	98 - 107	Direct ISE



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Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	30.00	U/L	16-73	Glycylglycine Kinetic method
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DEPARTMENT OF IMMUNOLOGY				
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Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.16	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.69	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.970	µIU/mL	0.35-4.94	CMIA

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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



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Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma.
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SIN No:SPL23135281

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 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 101556

Collected : 23/Sep/2023 08:48 AM
 Received : 23/Sep/2023 09:06 AM
 Reported : 23/Sep/2023 11:06 AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	5.8		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+)		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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	5 - 6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY



Age/Gender	: 35 Y 3 M 17 D/M
UHID/MR No	: SKOR.0000190063
Visit ID	: SKOROPV264791
Ref Doctor	: Dr.SELF
Emp/Auth/TPA ID	: 101556


Collected	: 23/Sep/2023 08:48 AM
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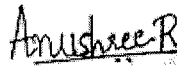
DEPARTMENT OF CLINICAL PATHOLOGY

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)	POSITIVE (+)		NEGATIVE	Dipstick

*** End Of Report ***


DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST


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



35 Years Male

QRS : 88 ms
QT / QTcBaz : 314 / 377 ms
PR : 118 ms
P : 98 ms
RR / PP : 690 / 689 ms
P / QRS / T : 60 / 62 / 33 degrees

Normal sinus rhythm
Normal ECG

BP - 134 / 88 mmHg

