

Certificate No: MC-5597

Patient Name : Mr.SANDESH SURESH GARUD	Collected : 20/Jan/2024 09:09AM
Age/Gender : 38 Y 6 M 0 D/M	Received : 20/Jan/2024 12:44PM
UHID/MR No : CKHA.0000071324	Reported : 20/Jan/2024 02:34PM
Visit ID : CKHAOPV108316	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74585	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.3	g/dL	13-17	Spectrophotometer
PCV	46.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.15	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89.4	fL	83-101	Calculated
MCH	31.6	pg	27-32	Calculated
MCHC	35.3	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,430	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66.7	%	40-80	Electrical Impedance
LYMPHOCYTES	25.7	%	20-40	Electrical Impedance
EOSINOPHILS	0.9	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4288.81	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1652.51	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	57.87	Cells/cu.mm	20-500	Calculated
MONOCYTES	405.09	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.72	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	277000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist





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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Apollo Clinic Kharadi
 Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No.102,
 Shivajinagar, Shivajinagar, Kharadi, SCAPES, Opp. Reliance Mall,
 Kharadi, Pune-411024



Certificate No: MC-5697

Patient Name : Mr.SANDESH SURESH GARUD	Collected : 20/Jan/2024 09:09AM
Age/Gender : 38 Y 6 M 0 D/M	Received : 20/Jan/2024 01:03PM
UHID/MR No : CKHA.0000071324	Reported : 20/Jan/2024 02:14PM
Visit ID : CKHAOPV108316	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 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

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.



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M.B.B.S,M.D(Pathology)
Consultant Pathologist



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Patient Name : Mr.SANDESH SURESH GARUD	Collected : 20/Jan/2024 11:39AM
Age/Gender : 38 Y 6 M 0 D/M	Received : 20/Jan/2024 02:34PM
UHID/MR No : CKHA.0000071324	Reported : 20/Jan/2024 04:49PM
Visit ID : CKHAOPV108316	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 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	77	mg/dL	70-140	HEXOKINASE

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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Patient Name : Mr.SANDESH SURESH GARUD	Collected : 20/Jan/2024 09:09AM
Age/Gender : 38 Y 6 M 0 D/M	Received : 20/Jan/2024 12:41PM
UHID/MR No : CKHA.0000071324	Reported : 20/Jan/2024 03:00PM
Visit ID : CKHAOPV108316	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. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	82	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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UHID/MR No : CKHA.0000071324	Reported : 20/Jan/2024 03:18PM
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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	127	mg/dL	<200	CHO-POD
TRIGLYCERIDES	116	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	92	mg/dL	<130	Calculated
LDL CHOLESTEROL	68.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.13	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.59		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.



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.95	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.34	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.61	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.35	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.1	U/L	<50	IFCC
ALKALINE PHOSPHATASE	71.96	U/L	30-120	IFCC
PROTEIN, TOTAL	6.95	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		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 > 1In 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.77	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	15.83	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.99	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.28	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.03	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106.18	mmol/L	101–109	ISE (Indirect)



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.14	U/L	<55	IFCC



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UHID/MR No : CKHA.0000071324	Reported : 20/Jan/2024 02:37PM
Visit ID : CKHAOPV108316	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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.12	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.420	µIU/mL	0.34-5.60	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

- 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.
- 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.
- 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.
- 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



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Certificate No: MC-5697

Patient Name : Mr.SANDESH SURESH GARUD	Collected : 20/Jan/2024 09:09AM
Age/Gender : 38 Y 6 M 0 D/M	Received : 20/Jan/2024 02:36PM
UHID/MR No : CKHA.0000071324	Reported : 20/Jan/2024 03:00PM
Visit ID : CKHAOPV108316	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 74585	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
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

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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)	NEGATIVE		NEGATIVE	Dipstick

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

*** End Of Report ***



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Sandesh S Garud on 22/1/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<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> <p>1.....</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>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. **Lily Dube**
 MBBS General Physician
 Reg. No. - 1002104/0739

This certificate is not meant for medico-legal purposes

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

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Date : 20-01-2024 Department : GENERAL
 MR NO : CKHA.0000071324 Doctor :
 Name : Mr. Sandesh Suresh Garud Registration No :
 Age/ Gender : 38 Y / Male Qualification :

Consultation Timing: 08:56

120-90

Height : 163	Weight : 68.8	BMI : 25	Waist Circum : 70
Temp : 97.2 f	Pulse : 81	Resp : 20	B.P : 118/78

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains - GI disorder .

Comorbidity - Nil

Allergies - Nil

Surgical H/O Nil

Family H/O CAD (father)
HTN DM

DM (mother)

Addiction - Nil.

OE

CVS-

CNS-

P/A-

Chest- NAD

H/O covid infection - yes

Vaccinated with - both doses

Follow up date:

Doctor Signature

Mr. Sandeesh Suresh Garud;
38 yrs /M.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

pt. came for Routine ENT Health Checkup;

- No active ENT complaints,
- No h/o hearing loss -

O/E BIL EAC - clear; BIL TM - intact;

No DNS;

- Mild congestion of PPW ⊕.

R,

- Steam inhalation;



Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: Mr Sandesh Karad

GENDER: M/F

DATE: 20.1.24

AGE: 38y

UHID: 71324

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	PL	-	.	6/6
NEAR				

	SPH	CYL	AXIS	VISION
DISTANCE	PL	-	.	6/6
NEAR				

INSTRUCTIONS:

SIGNATURE 

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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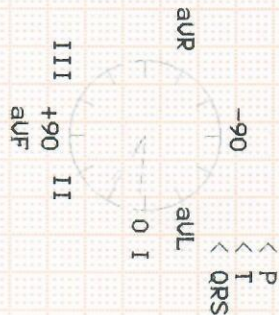
TO BOOK AN APPOINTMENT

 **1860 500 7788**

AGE: 38

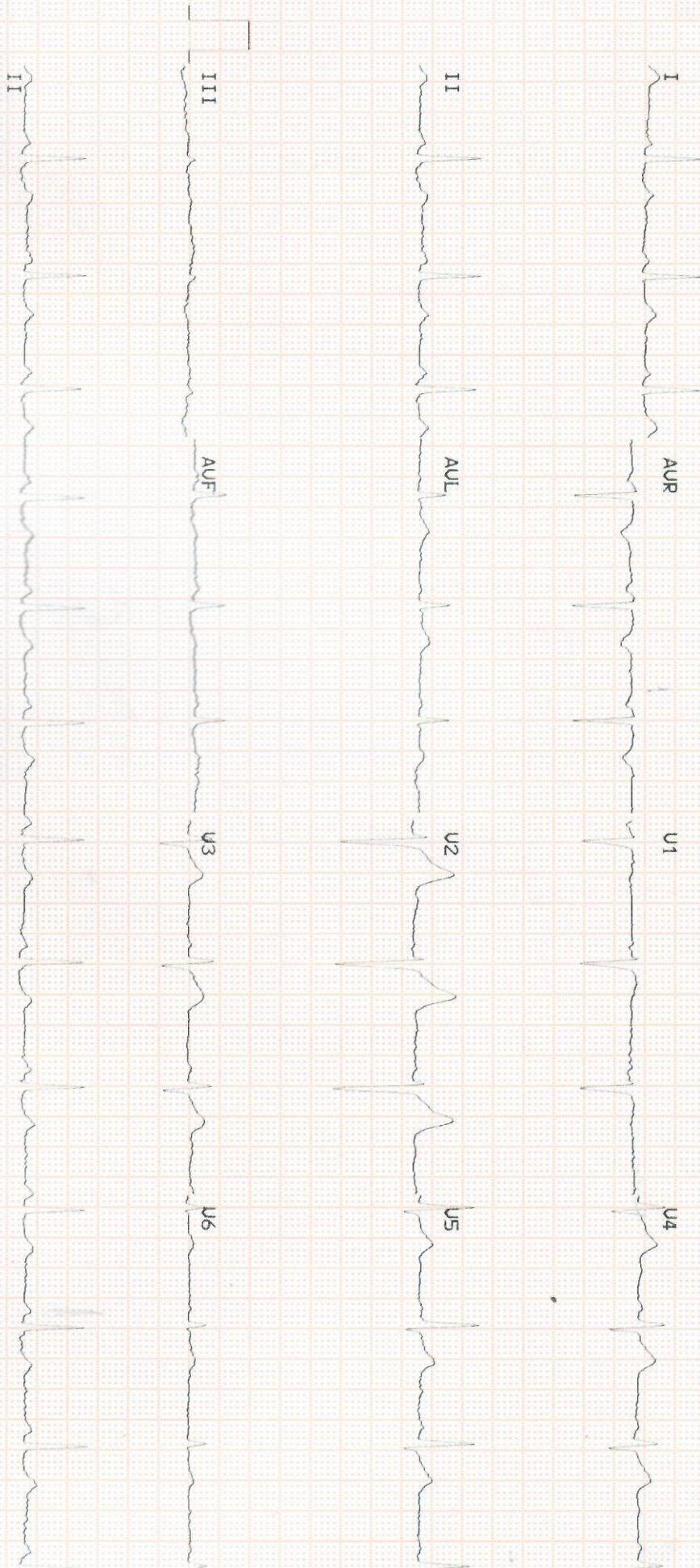
Measurement Results:

QRS	:	92 ms
QT/QTcB	:	378 / 427 ms
PR	:	140 ms
P	:	118 ms
P/ORS/T	:	37 / 32 / 6 degrees



Interpretation:

circumflex bundle



Patient Name : Mr. Sandesh Suresh Garud

UHID : CKHA.0000071324

Reported on : 20-01-2024 14:35

Adm/Consult Doctor :

Age : 38 Y M

OP Visit No : CKHAOPV108316

Printed on : 20-01-2024 18:21

Ref Doctor : SELF

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 .

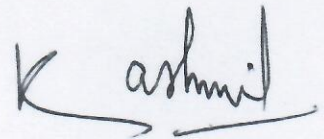
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:20-01-2024 14:35

---End of the Report---



Dr. SANKET KASLIWAL

MBBS DMRE

Radiology

Patient Name	: Mr. Sandesh Suresh Garud	Age	: 38 Y M
UHID	: CKHA.0000071324	OP Visit No	: CKHAOPV108316
Reported on	: 20-01-2024 16:00	Printed on	: 20-01-2024 18:20
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size, shape and shows normal echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: is partially distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

Spleen: appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas: appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : normal in size ms 10.0 x 4.2 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : normal in size ms 10.4 x 4.4 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. **Both** U-V junction appear normal.

Prostate: appears normal in size and echotexture **Volume- 14.1 cc .**

Visualised bowel loops appear normal. No wall edema or mass noted.

IMPRESSION :

- **No significant abnormality in present scan.**

Patient Name : Mr. Sandesh Suresh Garud
UHID : CKHA.0000071324
Reported on : 20-01-2024 16:00
Adm/Consult Doctor :

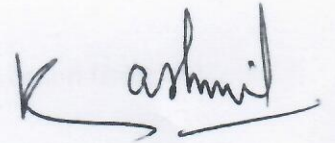
Age : 38 Y M
OP Visit No : CKHAOPV108316
Printed on : 20-01-2024 18:20
Ref Doctor : SELF

Clinical correlation suggested....

(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.

Printed on:20-01-2024 16:00

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Name: MR. SANDESH GARUD

Age/ Sex: 38 Yrs / M

Date: 20 /01/2024

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	22	PULMONARY VE(m/sec)	0.9
LEFT ATRIUM (mm)	26	PG (mmHg)	3.5
		AORTIC VEL (m/sec)	1.2
IVS - D (mm)	10	PG (mmHg)	7.2
LVID - D (mm)	44	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.6
LVPW - D (mm)	10		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
No regional wall motion abnormality.
Normal LV systolic function.
Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
No tricuspid regurgitation. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION:

Normal PA pressures.

Normal LV systolic function, No RWMA. LVEF 60%.



DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627

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(CIN - U85110TG2000PLC115819)

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 **1860 500 7788**

 भारत सरकार
GOVERNMENT OF INDIA

 सदेश सुरेश गरुड
Sandesh Suresh Garud

जन्म वर्ष / Year of Birth : 1986
पुरुष / Male

2390 0034 2225

आधार – सामान्य माणसाचा अधिकार

Age = 38

Contact = 9960118022

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO
30	Arcotemi/Medihheel/MALE/FEM ALE	Arcotemi Medihheel Full Body Annual Plus - 2D ECHO	bob55462	Sandesh Suresh Garud	37 year	Male	swatimadgul@gmail.com	9503058458