

Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 12:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 02:18PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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	15.7	g/dL	13-17	Spectrophotometer
PCV	46.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.33	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.2	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,440	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	47	%	40-80	Electrical Impedance
LYMPHOCYTES	45.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3966.8	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3814.88	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	109.72	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	540.16	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	8.44	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	332000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	27	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

WBCs: are normal in total number with mild increase in lymphocytes.

PLATELETS: appear adequate in number.

Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 12:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 02:18PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD LYMPHOCYTOSIS



SIN No:BED230067902

Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 12:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 06:17PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 02:18PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 05:27PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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	273	mg/dL	70-100	HEXOKINASE
--------------------------------------	------------	-------	--------	------------

Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	344	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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 02:18PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 05:27PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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	12.0	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	298	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 03:46PM
UHID/MR No : CMAR.0000306291	Reported : 18/Mar/2023 01:29PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	748	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	29	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	103	mg/dL	<100	Calculated
VLDL CHOLESTEROL	149.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.44		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



SIN No:SE04322900

Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:57PM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 09:57PM
UHID/MR No : CMAR.0000306291	Reported : 18/Mar/2023 01:00PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	103.00	mg/dL	<100	Enzymatic Selective Protection



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 03:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 09:03PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.33	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	92.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated



SIN No:SE04322900

Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 03:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 09:03PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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/RENAL FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.79	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	24.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.77	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.03	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	132	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 03:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 09:03PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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	44.00	U/L	<55	IFCC



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 06:12PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 08:31PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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, TOTAL T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.02	ng/mL	0.64-1.52	CMIA
Thyroxine (T4, TOTAL)	8.83	µg/dL	4.87-11.72	CMIA
Thyroid Stimulating Hormone (TSH)	1.880	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

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



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:24AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 04:25PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 04:49PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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 , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		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	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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/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

Result Rechecked



SIN No:UR2079628

Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:24AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 12:06PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 02:40PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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 ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



DR. PRASHANTH. R
M.B.B.S, MD
Consultant Pathologist



Dr. Anita Shobha Flynn
M.B.B.S, MD(Pathology)
Consultant Pathologist



Date : 17-03-2023

Department : GENERAL

MR NO : CMAR.0000306291

Doctor :

Name : Mr. Raunak Sharma

Registration No :

Age/ Gender : 35 Y / Male

Qualification :

Consultation Timing: 09:15

SPO₂ - 97%

Height : 160 cms	Weight : 75 kgs	BMI : 29.3 kg/m ²	Waist Circum :
Temp :	Pulse : 77 hb/min	Resp :	B.P : 120/70 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

OS/B - ENT (Dr Vaishnavi S)

Came for general health checkup
No Complaints

O/E

Ears: B/L VM intact

Nose: B/L HIF

Throat: minimal congestion

Adv: Garga → ID

 (Dr Vaishnavi S)
12/12

Follow up date:

Doctor Signature

Mr. Ramesh Sharma
35 y/m

17/3/2023.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No clo hearing related issues

AC of left } Normal.
AC of right }

B/c hearing sensitivity within
normal limits

[Signature]

Follow up date:

Doctor Signature

GE MAC1200 ST RAUNAK SHARMA, 00306291, APOLLO
Male, 35 Years (07.07.1987)

HR 80 bpm

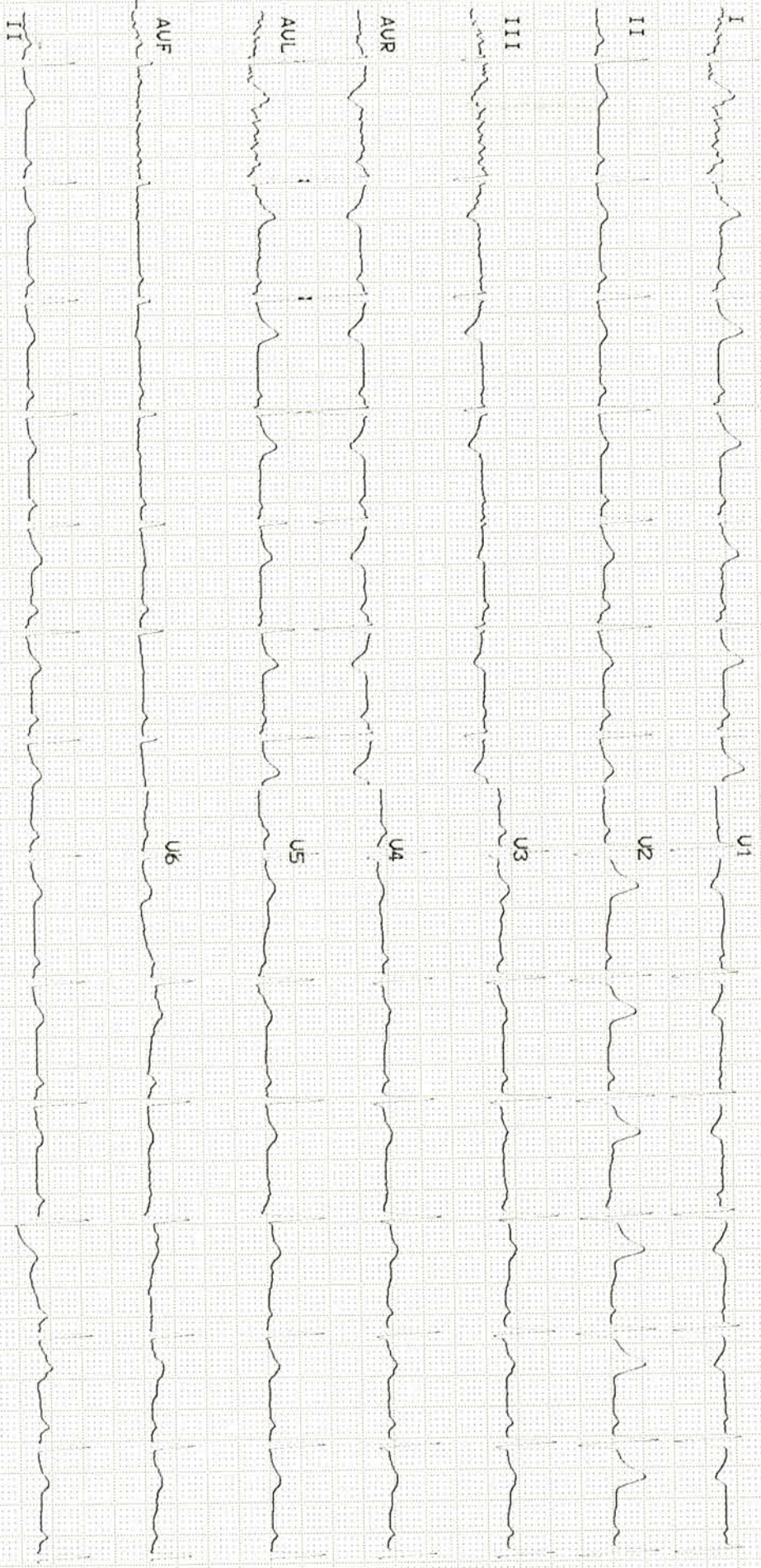
Measurement Results:

QRS : 96 ms
QT/QTcB : 364 / 421 ms
PR : 134 ms
P : 110 ms
RR/PP : 748 / 745 ms
P/QRS/T : 25 / 10 / -10 degrees
QTd/QTcBd : 42 / 49 ms
Sokolow : 1.7 mV
NK : 8

< P
< T
< QRS
-90
0 I

Interpretation:
R/S Inversion area between U1 and U2
borderline ECG

Unconfirmed report.



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 12:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 02:18PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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	15.7	g/dL	13-17	Spectrophotometer
PCV	46.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.33	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.2	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,440	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	47	%	40-80	Electrical Impedance
LYMPHOCYTES	45.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYte COUNT

NEUTROPHILS	3966.8	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3814.88	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	109.72	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	540.16	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	8.44	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	332000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	27	mm at the end of 1 hour	0-15	Modified Westgren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with mild increase in lymphocytes.

PLATELETS: appear adequate in number.

Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 12:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 02:18PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD LYMPHOCYTOSIS



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 12:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 06:17PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 02:18PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 05:27PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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	273	mg/dL	70-100	HEXOKINASE
-------------------------------	-----	-------	--------	------------

Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	344	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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 02:18PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 05:27PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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	12.0	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	298	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 03:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 09:03PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.33	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	92.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 03:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 09:03PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	24.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.77	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.03	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	132	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 03:46PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 09:03PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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	44.00	U/L	<55	IFCC
--	-------	-----	-----	------



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:25AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 06:12PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 08:31PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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, TOTAL T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.83	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.880	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

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



Patient Name : Mr.RAUNAK SHARMA	Collected : 17/Mar/2023 09:24AM
Age/Gender : 35 Y 8 M 10 D/M	Received : 17/Mar/2023 04:25PM
UHID/MR No : CMAR.0000306291	Reported : 17/Mar/2023 04:49PM
Visit ID : CMAROPV648173	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9650213995	

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 , URINE

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		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	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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/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

Result Rechecked



Patient Name	: Mr. Raunak Sharma	Age	: 35 Y M
UHID	: CMAR.0000306291	OP Visit No	: CMAROPV648173
Reported on	: 17-03-2023 14:12	Printed on	: 18-03-2023 11:29
Adm/Consult Doctor	:	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:17-03-2023 14:12

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mr. Raunak Sharma	Age	: 35 Y M
UHID	: CMAR.0000306291	OP Visit No	: CMAROPV648173
Reported on	: 17-03-2023 13:42	Printed on	: 17-03-2023 13:42
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (14.8cm), shape and **shows diffuse increase in echopattern.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 11.9 cm and parenchymal thickness measures 1.9 cm.

Left kidney measures 10.5 cm and parenchymal thickness measures 1.9 cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

GRADE I FATTY INFILTRATION.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Patient Name : Mr. Raunak Sharma

UHID : CMAR.0000306291

Reported on : 17-03-2023 13:42

Adm/Consult Doctor :

Age : 35 Y M

OP Visit No : CMAROPV648173

Printed on : 17-03-2023 13:42

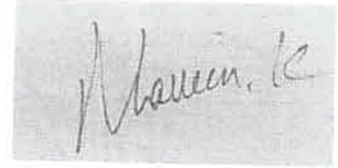
Ref Doctor : SELF

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

Printed on: 17-03-2023 13:42

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mr. Raunak Sharma Age : 35 Y/M
 UHID : CMAR.0000306291 OP Visit No : CMAROPV648173
 Conducted By: Dr. PRASHANT RAMDAS WANKHADE Conducted Date : 17-03-2023 19:31
 Referred By : SELF

ECHO (2D&COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	26mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	33mm	19 - 40 mm	LVPW(ed)	08mm	06 - 11 mm
LVID(ed)	42mm	35 - 55 mm	EF	60 %	(50 - 70 %)
LVID(es)	25mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE-0.84m/s, MVA-0.54m/s, MVE/A-1.56
Aortic Valve	Normal, 1.21m/s
Tricuspid Valve	Normal, Trace TR, PASP=16+10=26mmhg
Pulmonary Valve	Normal, 1.21m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV - RWMA	No RWMA at rest.
LV - FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers

Normal valves
Normal LV Systolic function
No pulmonary hypertension
No RWMA at rest
Normal pericardium,
No intracardiac masses / thrombi

Dr. Prashant Ramdas Wankhade
Consultant Cardiologist
DMC No. 53011

Patient Name : Mr. Raunak Sharma

Age/Gender : 35 Y/M

UHID/MR No. : CMAR.0000306291

OP Visit No : CMAROPV648173

Sample Collected on :

Reported on : 17-03-2023 14:20

LRN# : RAD1951109

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9650213995

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

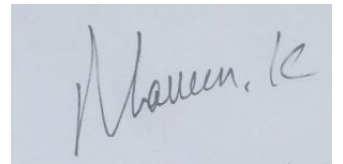
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mr. Raunak Sharma

Age/Gender : 35 Y/M

UHID/MR No. : CMAR.0000306291

OP Visit No : CMAROPV648173

Sample Collected on :

Reported on : 17-03-2023 13:42

LRN# : RAD1951109

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9650213995

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (14.8cm), shape and **shows diffuse increase in echopattern**. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 11.9 cm and parenchymal thickness measures 1.9 cm.

Left kidney measures 10.5 cm and parenchymal thickness measures 1.9 cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

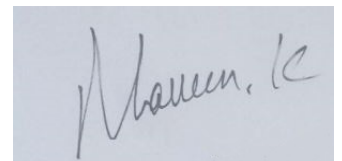
GRADE I FATTY INFILTRATION.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

- 1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
- 4.Printing mistakes should immediately be brought to notice for correction.
- 5.This is USG Abdomen screening.



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mr. Raunak Sharma Age : 35 Y/M
 UHID : CMAR.0000306291 OP Visit No : CMAROPV648173
 Conducted By: : Dr. PRASHANT RAMDAS WANKHADE Conducted Date : 17-03-2023 19:31
 Referred By : SELF

ECHO (2D&COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	26mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	33mm	19 - 40 mm	LVPW(ed)	08mm	06 - 11 mm
LVID(ed)	42mm	35 - 55 mm	EF	60 %	(50 - 70 %)
LVID(es)	25mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE-0.84m/s, MVA-0.54m/s, MVE/A-1.56
Aortic Valve	Normal, 1.21m/s
Tricuspid Valve	Normal, Trace TR, PASP=16+10=26mmhg
Pulmonary Valve	Normal, 1.21m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

Patient Name : Mr. Raunak Sharma Age : 35 Y/M
UHID : CMAR.0000306291 OP Visit No : CMAROPV648173
Conducted By: : Dr. PRASHANT RAMDAS WANKHADE Conducted Date : 17-03-2023 19:31
Referred By : SELF

LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves Normal LV Systolic function No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi

Dr. Prashant Ramdas Wankhade
Consultant Cardiologist
DMC No. 53011