



Certificate No: MO-5597

Patient Name : Mr.SUNIL KUMAR THAKUR	Collected : 16/Mar/2024 10:10AM
Age/Gender : 45 Y 1 M 2 D/M	Received : 16/Mar/2024 01:21PM
UHID/MR No : CKHA.0000002242	Reported : 16/Mar/2024 02:53PM
Visit ID : CKHAOPV110869	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 65465	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,
WBC's mild leucopenia
Platelets mild thrombocytopenia
No hemoparasite seen.**



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 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, PH No: 040-49047777, Fax No: 49047744

Apollo Clinic Kharadi

Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No .102,
WVD, Shop No 200, KHL SCAPES, Opp. Reliance Mall,
Kharadi, Pune-411024

Dr. Sadashiv Pethi | Apollo Diagnostics Ltd




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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	47.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.91	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.5	%	40-80	Electrical Impedance
LYMPHOCYTES	33.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2053.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1246.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	151.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	247.9	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.65		0.78- 3.53	Calculated
PLATELET COUNT	136000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC's are Normocytic Normochromic,				
WBC's mild leucopenia				
Platelets mild thrombocytopenia				
No hemoparasite seen.				


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist





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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	Negative			Microplate Hemagglutination

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	151	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7

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





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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	241	mg/dL	<200	CHO-POD
TRIGLYCERIDES	145	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	63	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	178	mg/dL	<130	Calculated
LDL CHOLESTEROL	148.99	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.92	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.81		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.00		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

- 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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.72	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36.21	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.3	U/L	<50	IFCC
ALKALINE PHOSPHATASE	80.41	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.83	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.47	g/dL	2.0-3.5	Calculated
A/G RATIO	1.96		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'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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.95	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	20.71	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.47	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.74	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.82	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.52	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.45	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.83	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.47	g/dL	2.0-3.5	Calculated
A/G RATIO	1.96		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	42.53	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.61	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.956	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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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.650	ng/mL	0-4	CLIA

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

Sheha Shah
Dr Sheha Shah
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***



DR.Sanjay Ingle
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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sunil Kumar T on 18/03/24

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 	✓
<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. <u>Mild leucopenia + Thrombocytopenia</u></p> <p>2. <u>Pre-diabetes / dyslipidemia</u></p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> Currently Unfit. Review after: _____ recommended 	
<ul style="list-style-type: none"> Unfit 	

Zuhair
Dr. Zuhair Khan
Dr. MBBS General Physician
Med. Reg. No. 2020/03/1804
Apollo Clinic, Kharadi

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 : 16-03-2024
MR NO : CKHA.0000002242

Department : GENERAL
Doctor :

Name : Mr. Sunil Kumar Thakur

Registration No :
Qualification :

Age/ Gender : 45 Y / Male

Consultation Timing: 09:55

91

Height : 173	Weight : 82.3	BMI : 26	Waist Circum : 82
Temp : 97.4 F	Pulse : 98	Resp : 20	B.P : 107/71

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Present complains - NO

Comorbidity - Thyroid - 2Smeg - 8 months.

Allergies - } NO.
Surgical H/O

Family H/O NO.

Addiction - NO.

OE

CVS- }
CNS- } NAD
P/A- }
Chest- }

H/O covid infection - 2020.

Vaccinated with - 2 vaccines.

Follow up date:

Anur
Doctor Signature

POWER PRESCRIPTION

NAME: Sunil Thakur

GENDER: ~~M~~ F

DATE: 16/03/24

AGE: 25 | M.

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				
NEAR	-	-	-	N/12

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				
NEAR	-	-	-	N/12

INSTRUCTIONS: colour vision wnl



SIGNATURE

Mr. Sunil Kumar Thatkur,
45yrs / M;

ENT
Dr. Rupali Dasgupta

16/03/2024.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

pt. came for Routine ENT health check-up;
- No h/o hearing of loss;
- No active ENT complaints;

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

Nose - WNL

Throat - AP, PPW - Mild congestion.
§.

- Steam inhalation.



Follow up date:

Doctor Signature

ID: 2242

sunil thakur

Male 45Years

kg / mmHg

Req. No. : 2242

16-03-2024 15:52:00

HR : 77 bpm

P : 104 ms

PR : 132 ms

QRS : 82 ms

QT/QTcBz : 346/392 ms

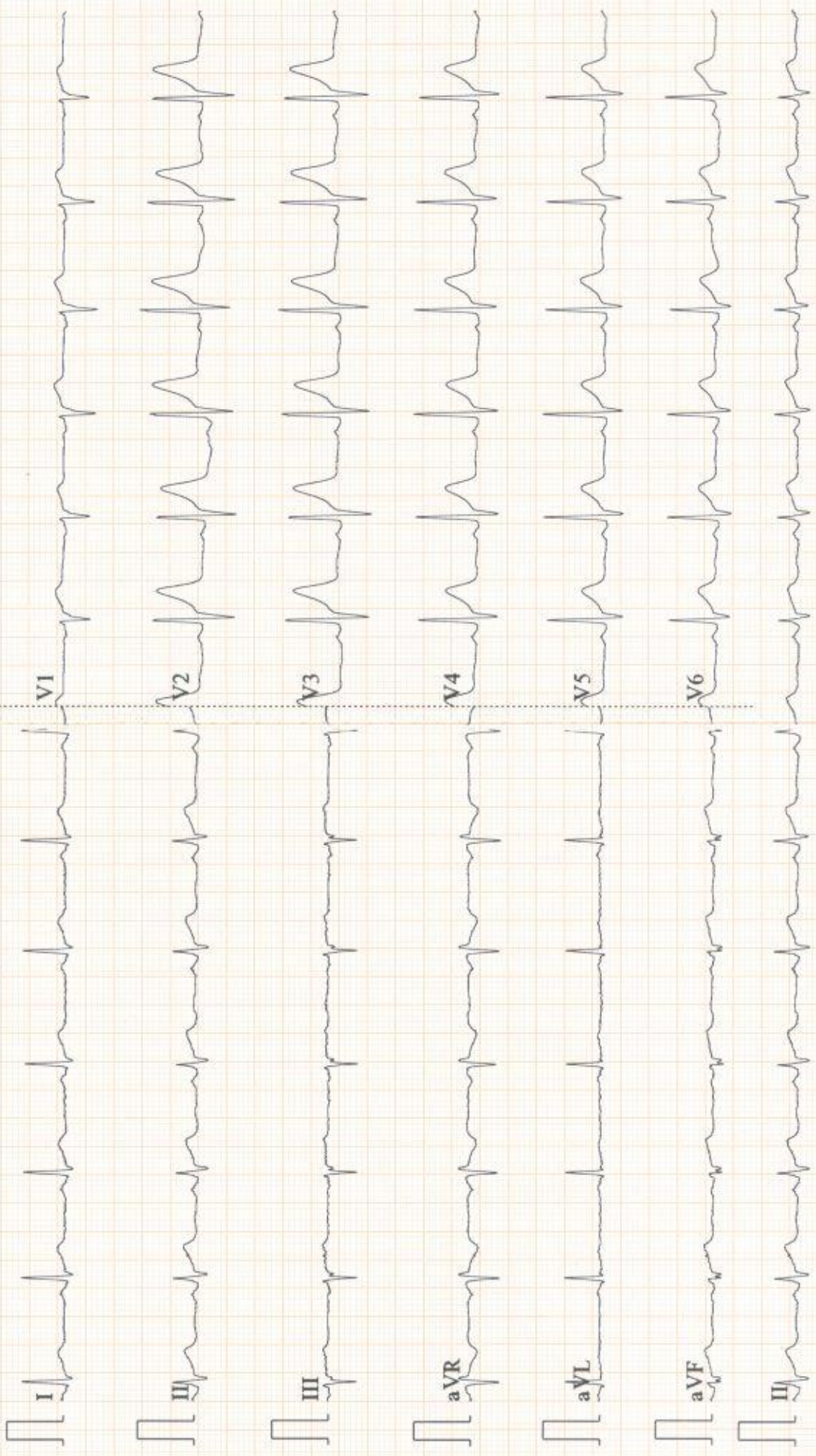
P/QRS/T : 31/-8/51 °

RV5/SV1 : 1.072/0.518 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



Patient Name : Mr. Sunil Kumar Thakur
UHID : CKHA.0000002242
Reported on : 16-03-2024 18:05
Adm/Consult Doctor :

Age : 45 Y M
OP Visit No : CKHAOPV110869
Printed on : 18-03-2024 13:41
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:16-03-2024 18:05

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name	: Mr. Sunil Kumar Thakur	Age	: 45 Y M
UHID	: CKHA.0000002242	OP Visit No	: CKHAOPV110869
Reported on	: 16-03-2024 16:49	Printed on	: 18-03-2024 13:41
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size, shape and shows **raised 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 10.1 x 4.6 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 10.0 x 4.3 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

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

IMPRESSION :

- **Grade I fatty changes in liver.**

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 Page 1 of 2

 **1860 500 7788**

Patient Name : Mr. Sunil Kumar Thakur
UHID : CKHA.0000002242
Reported on : 16-03-2024 16:49
Adm/Consult Doctor :

Age : 45 Y M
OP Visit No : CKHAOPV110869
Printed on : 18-03-2024 13:41
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: 16-03-2024 16:49

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Name: Mr. Sunil Thakur

Age/ Sex: 45 Yrs / M

Date: 16/03/2024

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	27	PULMONARY VE(m/sec)	1
LEFT ATRIUM (mm)	32	PG (mmHg)	4
		AORTIC VEL (m/sec)	1.4
IVS - D (mm)	10	PG (mmHg)	8.6
LVID - D (mm)	43	MITRAL E WAVE(m/sec)	0.8
		A WAVE (m/sec)	0.5
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%.

Vikram

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



భారత ప్రభుత్వం
Government of India



షునీల్ కుమార్ ఠాకూర్
Sunil Kumar Thakur
పట్టణ పేరు/DOB: 14/02/1979
వయస్సు/ MALE



Demanded Date: 31/07/2020

Issue Date: 03/03/2020

8498 5051 1800

VID : 9151 8722 8879 3641

నా ఆధారం, నా సురక్షం