

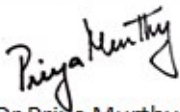
Patient Name : Mr.P THIRUMALA REDDY	Collected : 28/Mar/2024 08:01AM
Age/Gender : 44 Y 1 M 24 D/M	Received : 28/Mar/2024 11:11AM
UHID/MR No : CINR.0000165029	Reported : 28/Mar/2024 12:37PM
Visit ID : CINROPV223481	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4729	

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	17.3	g/dL	13-17	Spectrophotometer
PCV	51.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.45	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.8	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,180	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	46.2	%	40-80	Electrical Impedance
LYMPHOCYTES	43.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3317.16	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3108.94	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	129.24	Cells/cu.mm	20-500	Calculated
MONOCYTES	588.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	35.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.07		0.78- 3.53	Calculated
PLATELET COUNT	250000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:BED240085058

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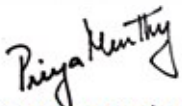
WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 2 of 15



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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



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Patient Name : Mr.P THIRUMALA REDDY	Collected : 28/Mar/2024 08:01AM
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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	104	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)	192	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	6.2	%		HPLC

Page 4 of 15


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ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL	Calculated
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Comment:

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

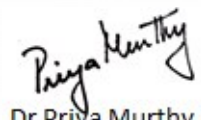
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	101	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	26	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.23		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.23		<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.


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SIN No:SE04678393

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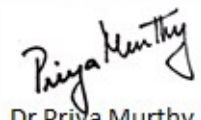
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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 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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	57.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.68	g/dL	6.6-8.3	Biuret
ALBUMIN	4.71	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 in Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

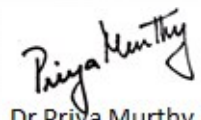
2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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


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SIN No:SE04678393

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Patient Name : Mr.P THIRUMALA REDDY	Collected : 28/Mar/2024 08:01AM
Age/Gender : 44 Y 1 M 24 D/M	Received : 28/Mar/2024 11:39AM
UHID/MR No : CINR.0000165029	Reported : 28/Mar/2024 12:37PM
Visit ID : CINROPV223481	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4729	

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	0.79	mg/dL	0.67-1.17	Jaffe's, Method
UREA	17.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.72	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.68	g/dL	6.6-8.3	Biuret
ALBUMIN	4.71	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.97	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated


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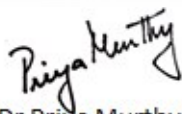
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<55	IFCC



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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)	1.14	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.93	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.810	µIU/mL	0.35-4.94	CMIA

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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 Consultant Biochemist


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 Consultant Pathologist



SIN No: SPL24057382

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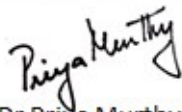
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DEPARTMENT OF IMMUNOLOGY

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



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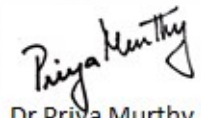
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DEPARTMENT OF IMMUNOLOGY

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	0.324	ng/mL	<4	CMIA


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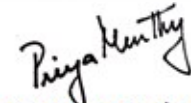
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		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
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				



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SIN No:UR2318232

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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)	POSITIVE (++++)		NEGATIVE	Dipstick

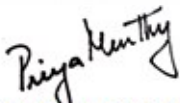
Result is rechecked. Kindly correlate clinically

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

***** End Of Report *****

Result/s to Follow:
PERIPHERAL SMEAR

Page 15 of 15



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SIN No:UF011471

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034



1860 500 7788
www.apolloclinic.com

Name : Mr. P Thirumala Reddy Address : Bangalore Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 44 Y Sex : M	UHID :CINR.0000165029  <small>* CINR . 0000165029 *</small> OP Number :CINROPV223481 Bill No :CINR-OCR-95690 Date : 28.03.2024 07:52
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO - (9) Time 9:10 AM	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION - 1	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 10:15 am	
15	URINE GLUCOSE (FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA - 10	
18	ENT CONSULTATION	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI) -	
23	OPHTHAL BY GENERAL PHYSICIAN - 5 after 10am	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Physician consultation



Date: 28-03-2024

MR NO : CINR.0000165029

Name : Mr. P Thirumala Reddy

Age/ Gender : 44 Y / Male

Consultation Timing: 07:51

Department : GENERAL

Doctor :

Registration No :

Qualification :

Height : 173	Weight : 83.8 kg	BMI : 28.1	Waist Circum : 105 cm
Temp : 98.8	Pulse : 84 bpm	Resp : 18 rpm	B.P : 110/80 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

28-03-2024

Mr. Thommas Ruddy

44 yrs / M

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Acropari - Alt

Ears: Nil

Nose: Nil

Throat: Nil

Follow up date:

Dr. RAVINDRANATH KUDVA
M.B.B.S., D.L.O. **Doctor Signature**



E.N.T. SURGEON
KMC REG. No. 18554

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Toll Number : 1860 500 7788

Website : www.apolloclinic.com

9620082805

OPHTHAL PRESCRIPTION

PATIENT NAME: Mr. P. Thisumala Reddy

DATE: 28/03/24

UHID NO: CINR-OCR-95690

AGE: 44

OPTOMETRIST NAME: Ms. Swathi

GENDER: Male

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	ph			6/6	ph			6/6
Add	+1.00			N6	+1.00			N6

PD - RE: _____ LE: _____

Colour Vision: Nsm

Remarks:

Apollo clinic Indiranagar

Mr p thirumala reddy

ID: 165029

04.02.1980
44 Years

Male

28.03.2024 9:14:08
APOLLO CLINIC
INDIRANAGAR
BANGALORE

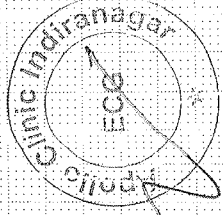
QRS: 98 ms
QT/QTcBaz: 396 / 456 ms
PR: 154 ms
P: 90 ms
RR/PP: 752 / 750 ms
P/QRS/T: 20 / 215 / 64 degrees

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

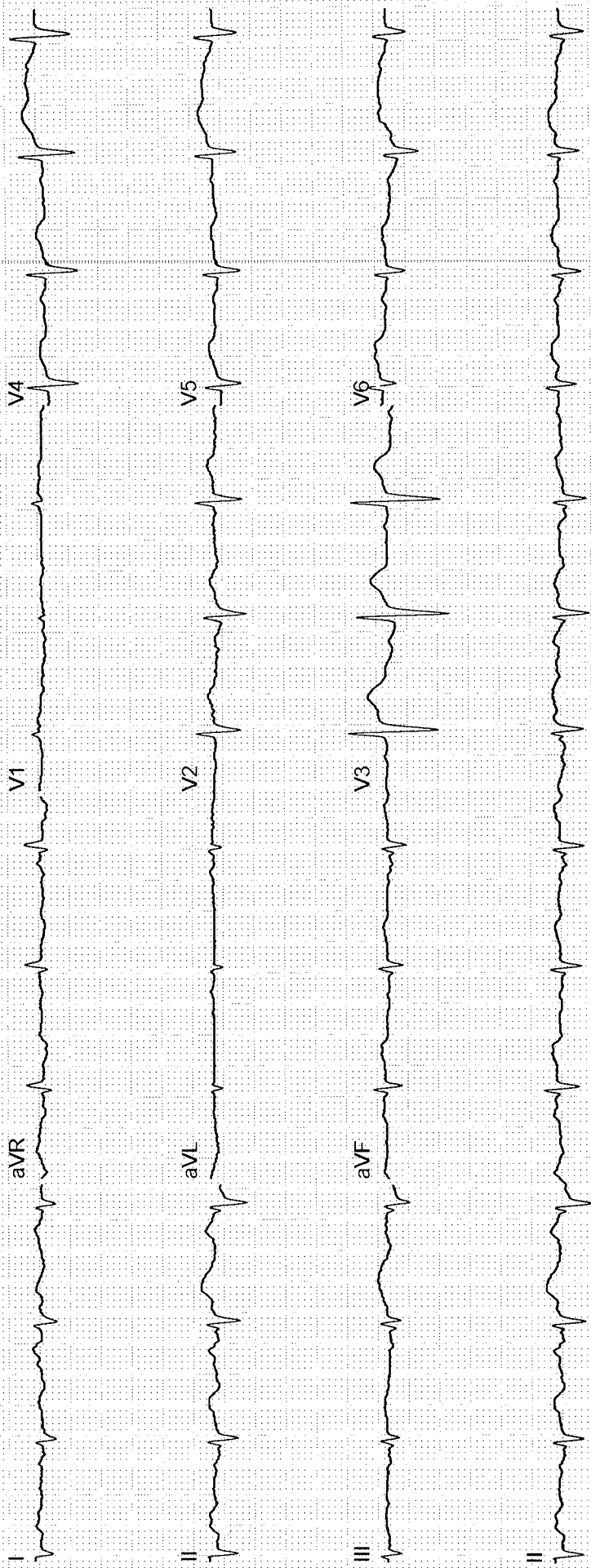
80 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

[Handwritten Signature]



Dr. M. SUDHAKAR RAO
MBBS, MD, DM(Cardiol), FACC, FESC, FSCAI
Consultant Cardiologist
Apollo Hospitals, Apollo Indiranagar
Bangalore



NAME: MR THIRUMALA REDDY	AGE/SEX: 44Y/M	OP NUMBER: 165029
Ref By : SELF	DATE: 28-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO:2.7	IVS(D): 1.0	MV: E Vel:0.7	MV: A Vel : 0.5
LA: 3.0	LVIDD(D): 4.5	AV Peak: 1.3	
	LVPW(D):1.0	PV peak: 0.6	
	IVS(S): 1.2		
	LVID(S): 2.8		
	LVEF: 60%		
	LVPW(S): 1.2		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal

	Normal
Others	---

IMPRESSION :

Normal Chambers Dimension & Valves

No Regional wall motion abnormality

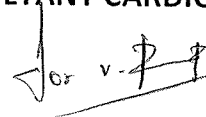
Normal PA Pressure

No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 60%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST



Health Check up Booking Confirmed Request(UBOIE4729),Package Code-PKG10000367, Beneficiary Code-312229

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Wed 27-03-2024 11:45

To:ubin0814326@unionbankofindia.bank <ubin0814326@unionbankofindia.bank>

Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>



011-41195959

Dear **P. THIRUMALA REDDY**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Annual Plus Above 50 Male

Patient Package Name : MediWheel Full Body Health Checkup Male 40 To 50

Name of Diagnostic/Hospital : Apollo Clinic - Indiranagar

Address of Diagnostic/Hospital- : 2012,1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038

City : Bangalore

State : Karnataka

Pincode : 560038

Appointment Date : 28-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
P. THIRUMALA REDDY	44 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

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श्रीरंशियम



Union Bank
of India



नाम : पथिरुमाला रेड्डी

Name : PTHIRUMALA REDDY

कर्मचारी क्र / Employee No. : 648631

जन्मतिथि / Date of Birth : 04-02-1980

ब्लड ग्रुप / Blood Group: B+ve

हस्ताक्षर / Signature

जारी करने का स्थान : क्षेत्रीय कार्यालय, बंगलूरु

Place of Issue : RO Bengaluru

जारी करने की तारीख

Date of Issue : 01.07.2020

जारीकर्ता प्राधिकारी / Issuing Authority

Patient Name : Mr. P Thirumala Reddy

Age/Gender : 44 Y/M

UHID/MR No. : CINR.0000165029

OP Visit No : CINROPV223481

Sample Collected on :

Reported on : 28-03-2024 16:52

LRN# : RAD2284111

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4729

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

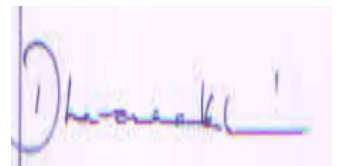
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mr. P Thirumala Reddy

Age/Gender : 44 Y/M

UHID/MR No. : CINR.0000165029

OP Visit No : CINROPV223481

Sample Collected on :

Reported on : 28-03-2024 11:57

LRN# : RAD2284111

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : UBOIE4729

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended.

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

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

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 9.9x5.2 cm.

Left kidney measures 10.4x5.7 cm.

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

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

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY