

Patient Name : Mr.SANYAL ARNAB
 Age/Gender : 36 Y 10 M 19 D/M
 UHID/MR No : CMAN.0000096557
 Visit ID : CMANOPV197146
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 117670

Collected : 09/Mar/2024 09:48AM
 Received : 09/Mar/2024 12:45PM
 Reported : 09/Mar/2024 04:13PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


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	14	g/dL	13-17	Spectrophotometer
PCV	42.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.76	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.4	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,920	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.4	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3695.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2422	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	214.52	Cells/cu.mm	20-500	Calculated
MONOCYTES	574.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.53		0.78- 3.53	Calculated
PLATELET COUNT	140000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
 WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR.FEW GAIN T PLATELETS SEEN.



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

SIN No:BED240063123

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NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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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 technology
Rh TYPE	Negative			Microplate technology



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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	97	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)	125	mg/dL	70-140	HEXOKINASE

Comment:

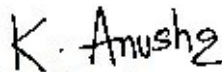
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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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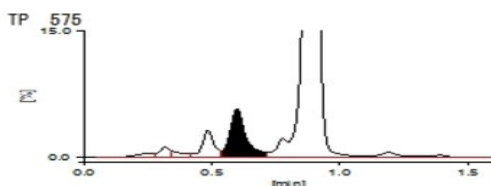
Chromatogram Report

1 V5.28 1 2024-03-09 15:20:47
 ID EDT240028743
 Sample No. 03090134 SL 0002 - 05
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
ATA	0.4	0.23	8.29
A1B	0.6	0.32	11.46
F	0.5	0.39	9.26
LA1C+	1.9	0.48	35.68
SA1C	5.8	0.60	86.38
A0	92.6	0.89	1783.86
H-V0			
H-V1			
H-V2			

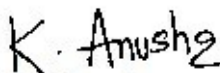
Total Area 1934.93

HbA1c 5.8 % **IFCC 40 mmol/mol**
 HbA1 6.8 % HbF 0.5 %

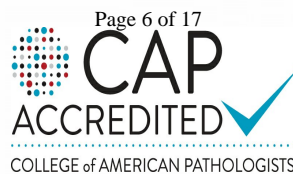



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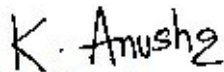
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	191	mg/dL	<200	CHO-POD
TRIGLYCERIDES	111	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	145	mg/dL	<130	Calculated
LDL CHOLESTEROL	122.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.15		0-4.97	Calculated

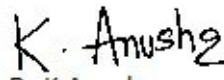
Comment:

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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.67	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.84	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		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:

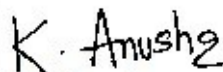
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



Dr.E.Maruthi Prasad
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Consultant biochemist

SIN No:SE04655704



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Patient Name : Mr.SANYAL ARNAB	Collected : 09/Mar/2024 09:48AM
Age/Gender : 36 Y 10 M 19 D/M	Received : 09/Mar/2024 01:20PM
UHID/MR No : CMAN.0000096557	Reported : 09/Mar/2024 03:24PM
Visit ID : CMANOPV197146	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 117670	

DEPARTMENT OF BIOCHEMISTRY

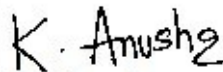
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.78	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	13.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.10	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.36	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.75	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.84	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

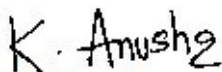
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	25.00	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

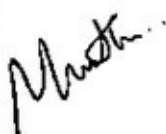
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.25	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.44	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.248	µIU/mL	0.38-5.33	CLIA

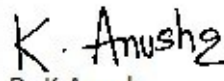
Comment:

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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SIN No:SPL24041931

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Emp/Auth/TPA ID : 117670

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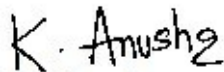
DEPARTMENT OF IMMUNOLOGY

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



Dr.E.Maruthi Prasad
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DEPARTMENT OF IMMUNOLOGY

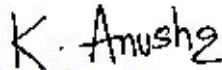
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.880	ng/mL	0-4	CLIA



Dr.E.Maruthi Prasad
PhD (Biochemistry)
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SIN No:SPL24041931



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Age/Gender : 36 Y 10 M 19 D/M	Received : 09/Mar/2024 01:00PM
UHID/MR No : CMAN.000096557	Reported : 09/Mar/2024 02:17PM
Visit ID : CMANOPV197146	Status : Final Report
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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/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



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

SIN No:UR2301343

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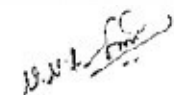


Patient Name : Mr.SANYAL ARNAB	Collected : 09/Mar/2024 01:13PM
Age/Gender : 36 Y 10 M 19 D/M	Received : 09/Mar/2024 04:32PM
UHID/MR No : CMAN.0000096557	Reported : 09/Mar/2024 07:00PM
Visit ID : CMANOPV197146	Status : Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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



Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UPP017051

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr.R.SHALINI
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Consultant Pathologist

SIN No:UF011069

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Patient Name : Mr. SANYAL ARNAB

Age/Gender : 36 Y/M

UHID/MR No. : CMAN.0000096557

OP Visit No : CMANOPV197146

Sample Collected on :

Reported on : 12-03-2024 10:31

LRN# : RAD2261586

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 117670

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is Enlarged in size and echo texture. Volume measuring 37.9 cc. No evidence of necrosis/calcification seen.

IMPRESSION:-

- **GRADE - I to II PROSTATOMEGALY.**

Suggest – clinical correlation.

(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.



Dr. MOHD ABDUL RAWOOF
MBBS,DNB(RADIO DIAGNOSIS)



Patient Name : Mr. SANYAL ARNAB

Age/Gender : 36 Y/M

Radiology

The Apollo Clinic- Manikonda
PHYSICAL EXAMINATION FORM

DATE 9/3/23

UHID 96557

Name Mr. Samyad AR Prab Age 36 male

Height Cms

Weight Kgs

Chest Measurement (In) Cm (Out) Cm

Waist Cm Hip

Pulse bpm Min BMI

BP mmHg SPO2

Mr. sanjay arnab
ID: cmn.96557

36 Years Male

09.03.2024 11:30:17
APOLLO CLINIC
MANIKONDA
HYDERABAD

Arrow CE

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

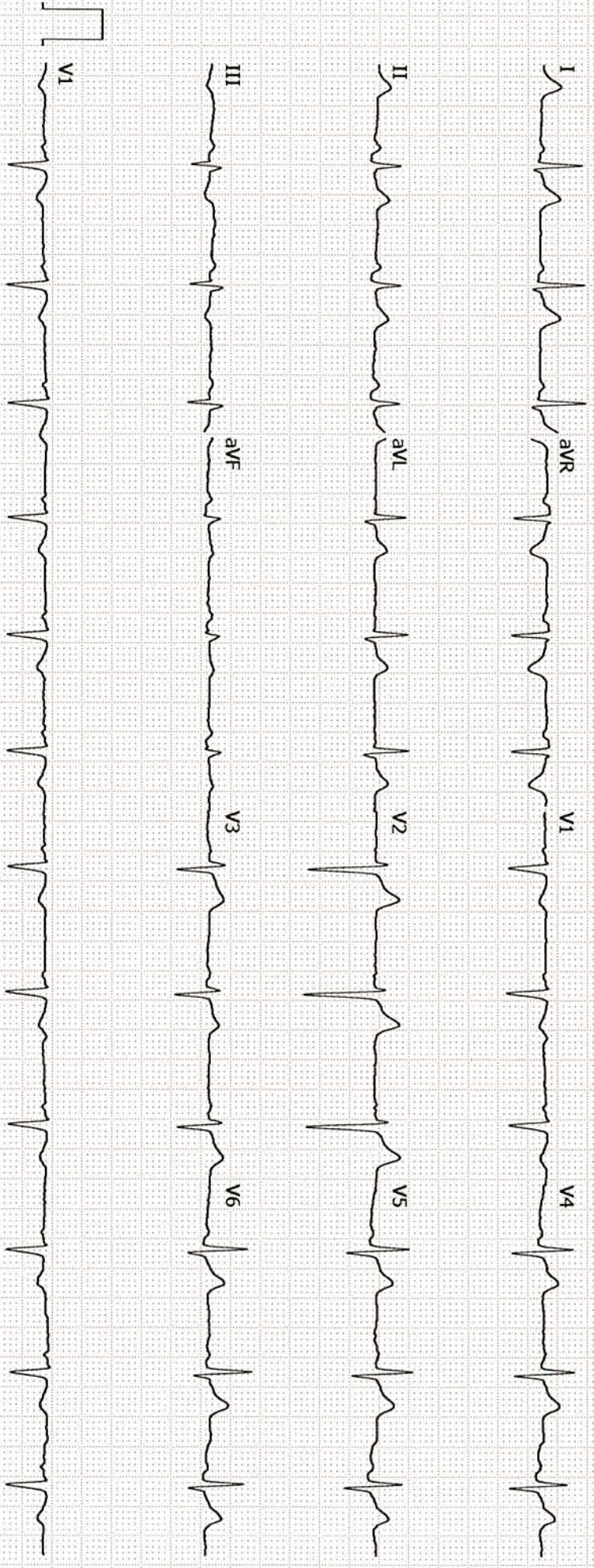
QRS : 76 ms
QT / QTcBaz : 352 / 393 ms
PR : 134 ms
P : 98 ms
RR / PP : 802 / 800 ms
P / QRS / T : 63 / 15 / 27 degrees

Normal sinus rhythm
Normal ECG

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

Room:

75 bpm
-- / -- mmHg



Sanjay Arnab

GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4X2.5X3 25 R1 1/1

Unconfirmed

POWER PRESCRIPTION

NAME: *Sanyal Anub .*

GENDER: M/F

DATE: *21/08/20*

AGE: *36*

UHID: *90507*

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-0.25</i>	<i>+0.50</i>	<i>70</i>	<i>6/c</i>
NEAR	<i>—————</i>			<i>n/c</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-1.25</i>	<i>+0.25</i>	<i>60</i>	<i>6/c</i>
NEAR	<i>—————</i>			<i>n/c</i>

INSTRUCTIONS:

Colour Vision. Normal

[Signature]
SIGNATURE

Name <u>Mr. Sanyal Anab</u>	Date <u>09/03/24</u>
Age <u>36</u>	UHID No. <u>CMAN. 96557</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician <u>Priyati Deb.</u>
Ref. Diagnosis	

HTN ✓ RX

Echocardiogram Report

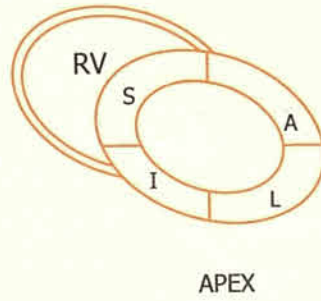
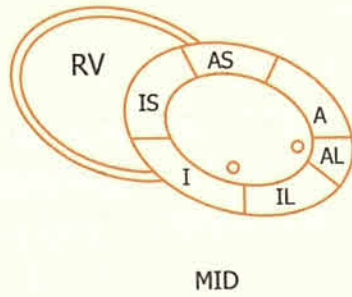
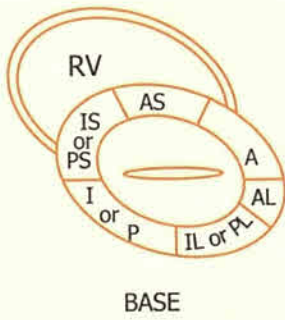
Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <u>3.5</u> cm	(1.5cm / m2)	IVS (Ed) <u>0.8</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.0</u> cm	(1.5cm / m2)	LVPW (Ed) <u>1.28</u> cm	(0.6 - 1.1 cm)
RVID (ed) <u>2.3</u> cm	(0.9 cm / m2)	EF <u>70</u> %	(0.62 - 0.85)
LVID (ed) <u>4.23</u> cm	(2.6 - 3.4 cm / m2)	% FD <u>39</u> %	(2.8% - 42%)
LVID (es) <u>2.56</u> cm			

MORPHOLOGICAL DATA

Mitral Valve	AML <u>N</u>	Interatrial septum <u>Intact</u>
	PML <u>N</u>	Interventricular septum <u> </u>
Aortic Valve	<u>N</u>	Pulmonary artery <u>N</u>
Tricuspid valve	<u>N</u>	Aorta <u>N</u>
Pulmonary valve	<u>N</u>	Right atrium <u>N</u>
Right ventricle	<u>N.</u>	Left atrium <u>N.</u>

Left ventricle : LV WALL MOTION ANALYSIS



1. Normal
2. Hypokinesia
3. Akinesia
4. Dyskinesia
5. Aneurysmal

Pericardium

N

Doppler studies

$AJV = 0.81 \text{ mls}$

$E = 0.59 \text{ mls}$

$PJV = 0.71 \text{ mls}$

$A = 0.46 \text{ mls}$

Normal colour Doppler Diastolic

Impression

Compliance

Normal Echo Study

Done by

Checked by

Signature
Consultant - Cardiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ms- Sanyal Anshu on 11/03/2024

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>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit 	

Dr. 
 Medical Officer
 The Apollo Clinic, (Location)



This certificate is not meant for medico-legal purposes

Patient Name : Mr. SANYAL ARNAB

Age/Gender : 36 Y/M

UHID/MR No. : CMAN.0000096557

OP Visit No : CMANOPV197146

Sample Collected on :

Reported on : 09-03-2024 19:45

LRN# : RAD2261586

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 117670

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Cardiac is normal.

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

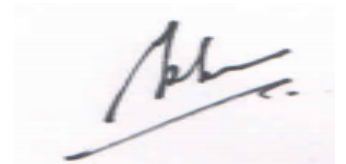
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MD RAHEEMUDDIN QURESHI
Radiology



बैंक ऑफ बड़ौदा
Bank of Baroda



अन्याल

Sanyal

कर्मचारी
E.C. No. 117670

जाहीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

पिसने पर, निम्नलिखित को जेवाएं
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कुरु मुनिपरमिटी रोड, गांधीरोडपल्ली
हैदराबाद-500032, भारत

If found, please return to
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पहचान चिन्ह / Identification Marks



बैंक ऑफ बड़ौदा
Bank of Baroda



अन्याल

Sanyal

कर्मचारी

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पहचान चिन्ह / Identification Marks

Customer Pending Tests

Mr. SANYAL ARNAB STOOL SAMPLE NOT GIVEN ,WE UPLOAD CONSENT IN PORTAL.