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|-----------------|----------------------------|--------------|-------------------------------|
| Patient Name | : Mr.BOORLA POORNA CHANDAR | Collected | : 07/Mar/2024 09:02AM |
| Age/Gender | : 33 Y 6 M 23 D/M | Received | : 07/Mar/2024 09:47AM |
| UHID/MR No | : CKON.0000428515 | Reported | : 07/Mar/2024 11:52AM |
| Visit ID | : CKONOPV643157 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 174721 | | |

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 | 15.6 | g/dL | 13-17 | Spectrophotometer |
| PCV | 46.40 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.31 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 87 | fL | 83-101 | Calculated |
| MCH | 29.3 | pg | 27-32 | Calculated |
| MCHC | 33.6 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.8 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,800 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 55 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 35 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 08 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2640 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1680 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 96 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 384 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.57 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 360000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 11 | 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 | | | | |
| NO HEMOPARASITES SEEN | | | | |

Page 1 of 14



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



| | | | |
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DEPARTMENT OF HAEMATOLOGY

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

Page 2 of 14



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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DEPARTMENT OF HAEMATOLOGY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|--|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |




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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 103 | mg/dL | 70-100 | GOD - POD |

Comment:

As per American Diabetes Guidelines, 2023

| Fasting Glucose Values in mg/dL | Interpretation |
|---------------------------------|----------------|
| 70-100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |
| <70 mg/dL | Hypoglycemia |

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.




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| Patient Name | : Mr.BOORLA POORNA CHANDAR | Collected | : 07/Mar/2024 12:31PM |
| Age/Gender | : 33 Y 6 M 23 D/M | Received | : 07/Mar/2024 03:01PM |
| UHID/MR No | : CKON.0000428515 | Reported | : 07/Mar/2024 03:24PM |
| Visit ID | : CKONOPV643157 | Status | : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 103 | mg/dL | 70-140 | GOD - POD |

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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| Age/Gender : 33 Y 6 M 23 D/M | Received : 07/Mar/2024 11:54AM |
| UHID/MR No : CKON.0000428515 | Reported : 07/Mar/2024 02:43PM |
| Visit ID : CKONOPV643157 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.4 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 108 | mg/dL | | Calculated |

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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


Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist


Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



SIN No:EDT240027029

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
 The Apollo Medical Centre, 2-20/6/A, Kothaguda X Roads, Kondapur,
 Hyderabad, Telangana, India - 500032



APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

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DEPARTMENT OF BIOCHEMISTRY

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

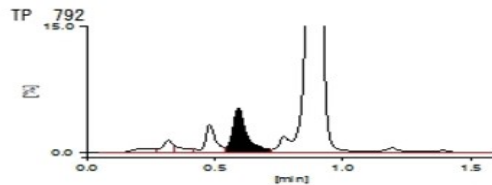
Chromatogram Report

V5.28 1 2024-03-07 12:38:17
 ID EDT240027029
 Sample No. 03070036 SL 0002 - 10
 Patient ID
 Name
 Comment

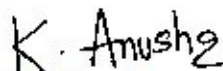
| CALIB Name | % | Time | Area |
|------------|------|------|---------|
| A1A | 0.6 | 0.24 | 9.14 |
| A1B | 0.8 | 0.32 | 12.51 |
| F | 0.5 | 0.39 | 8.63 |
| LA1C+ | 1.9 | 0.48 | 31.49 |
| SA1C | 5.4 | 0.59 | 67.25 |
| A0 | 92.6 | 0.89 | 1497.30 |
| H-V0 | | | |
| H-V1 | | | |
| H-V2 | | | |

Total Area 1626.32

HbA1c 5.4 % **IFCC 36 mmol/mol**
 HbA1 6.8 % HbF 0.5 %




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Page 7 of 14
CAP
 ACCREDITED
 COLLEGE of AMERICAN PATHOLOGISTS



SIN No:EDT240027029

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 188 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 301 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 34 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 154 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 93.8 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 60.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 5.53 | | 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 | 0.50 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.40 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 29 | U/L | <50 | Visible with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 26.0 | U/L | 17-59 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 114.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 8.20 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.80 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.40 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.41 | | 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.

Page 9 of 14



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|--------|-----------------|---------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.80 | mg/dL | 0.66-1.25 | Creatinine amidohydrolase |
| UREA | 13.90 | mg/dL | 19-43 | Urease |
| BLOOD UREA NITROGEN | 6.5 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.60 | mg/dL | 3.5-8.5 | Uricase |
| CALCIUM | 9.80 | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 3.70 | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | 135 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.6 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 102 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 8.20 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.80 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.40 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.41 | | 0.9-2.0 | Calculated |



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|-------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 23.00 | U/L | 15-73 | Glycylglycine Nitoranalide |



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DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.46 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 7.69 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 0.981 | 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 |



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



| | | | |
|-----------------|----------------------------|--------------|-------------------------------|
| Patient Name | : Mr.BOORLA POORNA CHANDAR | Collected | : 07/Mar/2024 09:02AM |
| Age/Gender | : 33 Y 6 M 23 D/M | Received | : 07/Mar/2024 11:05AM |
| UHID/MR No | : CKON.0000428515 | Reported | : 07/Mar/2024 11:38AM |
| Visit ID | : CKONOPV643157 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 174721 | | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 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 | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 4-5 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 3-4 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



| | |
|---|--|
| Patient Name : Mr.BOORLA POORNA CHANDAR | Collected : 07/Mar/2024 09:02AM |
| Age/Gender : 33 Y 6 M 23 D/M | Received : 07/Mar/2024 11:05AM |
| UHID/MR No : CKON.0000428515 | Reported : 07/Mar/2024 11:46AM |
| Visit ID : CKONOPV643157 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 174721 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR




Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Customer Pending Tests
PATIENT YET TO VISIT THE CENTER FOR FITNESS EVALUATION

Patient Name : Mr. BOORLA POORNA CHANDAR

Age/Gender : 33 Y/M

UHID/MR No. : CKON.0000428515

OP Visit No : CKONOPV643157

Sample Collected on :

Reported on : 07-03-2024 16:37

LRN# : RAD2258653

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 174721

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

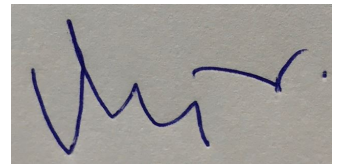
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist

| | | | |
|----------------------------|-----------------------------|--------------------|--------------------|
| Patient Name | : Mr. BOORLA POORNA CHANDAR | Age/Gender | : 33 Y/M |
| UHID/MR No. | : CKON.0000428515 | OP Visit No | : CKONOPV643157 |
| Sample Collected on | : | Reported on | : 07-03-2024 11:05 |
| LRN# | : RAD2258653 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 174721 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is distended normal. 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.

Right kidney measures 106 x 37 mm. Left kidney measures 107 x 45 mm.

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 normal in size and echo texture.No evidence of necrosis/calcification seen. Prostate measures 27 x 30 x 31mm,Volume--15 cc.

IMPRESSION:-

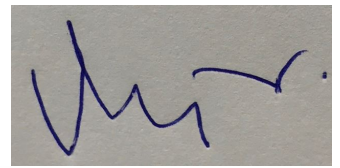
Patient Name : Mr. BOORLA POORNA CHANDAR

Age/Gender : 33 Y/M

****MILD FATTY CHANGES IN LIVER.**

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. VIJAYA KUMAR M
MBBS, DMRD
Consultant Radiologist



Bill Of Supply

Name : Mr. BOORLA POORNA CHANDAR
 Age/Gender : 33 Y M
 Contact No : +919533637053
 Address : HYD
 UHID : CKON.0000428515
 Corporate Name : ARCOFEMI HEALTHCARE LIMITED
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CKON-OCR-122535
 Bill/Reg Date : 07.03.2024 08:50
 Referred by : SELF
 Center : Kondapur
 Emp No/Auth Code : 174721

| # | Department | Description Of Service | SAC/HSN Code | Qty | Rate | Gross Value | Discount | CGST Rate | CGST Amt | SGST/UTGST Rate | SGST/UTGST Amt | Net Value |
|---|-----------------|--|--------------|-----|----------|-------------|----------|-----------|----------|-----------------|----------------|-----------|
| 1 | Package Charges | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | 999312 | 1 | 2,000.00 | 2,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,000.00 |

Bill Amount: 2,000.00
Total Discount: 0.00

You can download your report from "www.apolloclinic.com" Enter user name as CKONOPV643157 and password as 910205

Please log on to AskApollo.com for booking Appointments

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 www.apollohl.com | Email ID: enquiry@apollohl.com , Ph No: 040-4904 7777, Fax No: 4904 7744

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GSTIN: 365AADCA0733E1Z8

Address:
 #7-1-617/A, 615 & 616, Imperial Towers,
 7th Floor | Ameerpet, Hyderabad, Telangana

1860 500 7788

Fwd: Health Check up Booking Confirmed Request(bobE11621),Package Code-
PKG10000366, Beneficiary Code-264043

Chandu Boorla <chandu.boorla9@gmail.com>

Tue 3/5/2024 7:43 PM

To: Peddapalli Branch, Peddapalli, Telangana <PEDDAP@bankofbaroda.com>

You don't often get email from chandu.boorla9@gmail.com. [Learn why this is important](#)

यह मेल बैंक डोमेन के बाहर से आया है, अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक न करें।
I: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK <

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Mon, Mar 4, 2024, 6:43 PM

Subject: Health Check up Booking Confirmed Request(bobE11621),Package Code-PKG10000366,
Beneficiary Code-264043

To: <chandu.boorla9@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **BOORLA POORNA CHANDAR,**

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

Hospital Package Name : Mediwheel Full Body Annual Plus
Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Apollo Medical Centre - Kondapur
Address of Diagnostic/Hospital- : Apollo Medical centre, Kothaguda X Roads, Beside Swagth De-
Royal Restaurants , Kondapur - 500084
City : Hyderabad
State :
Pincode : 500084
Appointment Date : 07-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 9:00am
Booking Status : Booking Confirmed

Member Information

| Booked Member Name | Age | Gender |
|---------------------------|---------|--------|
| MR. CHANDAR BOORLA POORNA | 33 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.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App

You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our Terms & Conditions for more informaion. [Click here to unsubscribe.](#)



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Bank of Baroda

नाम बूर्ला पूर्णा चन्दर

Name Booria Poorna Chandar

EC No. 174721




जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

मिलने पर - निम्नलिखित को लौटाने
आंचलिक सुरक्षा अधिकारी
बैंक ऑफ़ बड़ोदा, आंचलिक कार्यालय,
डोर नं. 3-6-289, करीम मंजिल, हैदराबाद - 500 029.
फोन : 040-232902993, ई-मेल : security.zohyd@bankofbaroda.com

If found please return to :
Zonal Security Officer
Bank of Baroda - Zonal Office
Door No. 3-6-289, Kareem Manzil, Hyderguda,
Hyderabad - 500 029. Phone : 040-23287213,
Email : security.zohyd@bankofbaroda.com

Blood Group : O+ve
Identification Marks : A Mole on the Right Wrist

Name: Mr. BOORLA POORNA CHANDAR
Age/Gender: 33 Y/M
Address: HYD
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: KONDAPUR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CKON.0000428515
Visit ID: CKONOPV643157
Visit Date: 07-03-2024 08:50
Discharge Date:
Referred By: SELF

Vitals:

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 07-03-2024 11:43 | 83 Beats/min | 120/80 mmHg | Rate/min | F | 172 cms | 62 Kgs | % | % | Years | 20.96 | cms | 99 cms | 89 cms | | AHLL09485 |

| | | | |
|--------------|-------------------------------|----------------|--------------------|
| Patient Name | : Mr. BOORLA POORNA CHANDAR | Age | : 33 Y/M |
| UHID | : CKON.0000428515 | OP Visit No | : CKONOPV643157 |
| Reported By: | : Dr. VENKATA RAYUDU NEKKANTI | Conducted Date | : 07-03-2024 14:25 |
| Referred By | : SELF | | |

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 83 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen

Impression:

NORMAL SINUS RHYTHM

----- END OF THE REPORT -----



Dr. VENKATA RAYUDU NEKKANTI



33 Years

Male

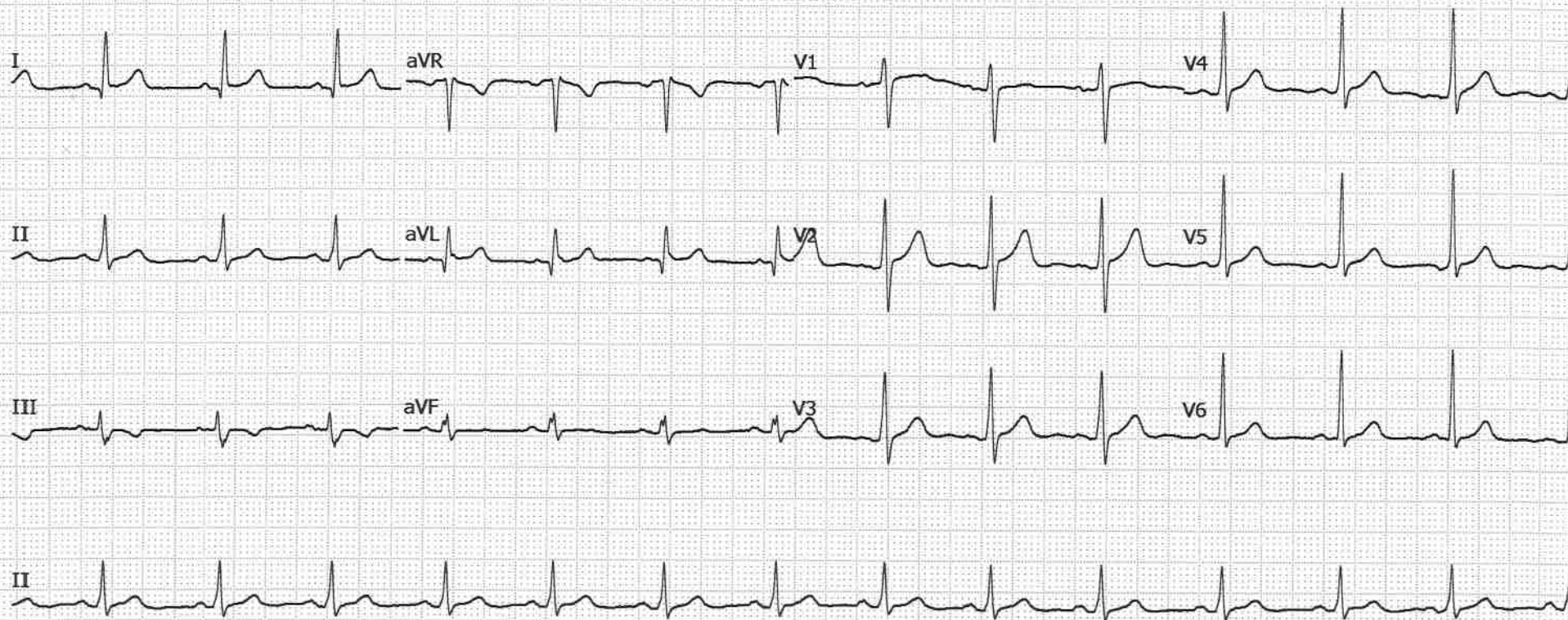
HYDERABAD

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 342 / 401 ms
PR : 138 ms
P : 98 ms
RR / PP : 722 / 722 ms
P / QRS / T : 47 / 23 / 10 degrees

Normal sinus rhythm
Normal ECG:

Normal.



GLASS PRESCRIPTION

DATE: 07/08/24

UHID: 428515

9533 63 7059.

PATIENT NAME: B. poornima chandra

AGE/ GENDER:

33/M

| | UAVA | SPH | CYL | AXIS | ADD | BCVA |
|----|------|-------|-----|------|-----|------|
| OD | 6/6 | plano | 2 | 2 | | 6/6 |
| OS | 6/6 | plano | 2 | 2 | | 6/6 |

COLOR VISION :

- AN - normal

INSTRUCTIONS:

- RB - normal

* single vision - RBCL

[Signature]
SIGNATURE

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT

1 800 500 777

| | | | |
|---------------|-----------------------------|----------------|--------------------|
| Patient Name | : Mr. BOORLA POORNA CHANDAR | Age | : 33 Y/M |
| UHID | : CKON.0000428515 | OP Visit No | : CKONOPV643157 |
| Conducted By: | : Dr. RAMU ANKAM | Conducted Date | : 07-03-2024 15:41 |
| Referred By | : SELF | | |

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

| | |
|-----------|--------|
| Ao (ed) | 3.8 CM |
| LA (es) | 3.2 CM |
| LVID (ed) | 4.3 CM |
| LVID (es) | 2.7 CM |
| IVS (Ed) | 1.1 CM |
| LVPW (Ed) | 1.1 CM |
| EF | 65.00% |
| %FD | 35.00% |

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

PJV: 0.8
AJV: 1.0
E: 0.9 m/s

A: 0.6 m/s

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

IMPRESSION:-
NORMAL CHAMBERS
NO RWMA
GOOD LV /RV FUNCTION
NO MR/ AR/ TR/ PAH
NO CLOT/ PE



Dr. RAMU
ANKAM

| | | | |
|--|---------------------------------|----------------|-------------|
| Name | Mr. B. Poorna Chandra | Date | 7/3/24 |
| Age | 33 | UHID No. | 428515 |
| <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Female | Ref. Physician | Dr. Ramu. A |
| Ref. Diagnosis | | | |

Echocardiogram Report

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

| DIMENSIONS | NORMAL | DIMENSIONS | NORMAL |
|-------------------------|---------------------|-------------------------|----------------|
| Ao (ed) <u>3.8</u> cm | (1.5cm / m2) | IVS (Ed) <u>1.1</u> cm | (0.6 - 1.2 cm) |
| LA (es) <u>3.2</u> cm | (1.5cm / m2) | LVPW (Ed) <u>1.4</u> cm | (0.6 - 1.1 cm) |
| RVID (ed) <u>3.2</u> cm | (0.9 cm / m2) | EF <u>65</u> | (0.62 - 0.85) |
| LVID (ed) <u>4.3</u> cm | (2.6 - 3.4 cm / m2) | % FD <u>35</u> | (2.8% - 42%) |
| LVID (es) <u>2.7</u> | | | |

MORPHOLOGICAL DATA

| | | | |
|-----------------|--------------|-------------------------|---------------|
| Mitral Valve | AML <u>2</u> | Interatrial septum | <u>Normal</u> |
| | PML <u>2</u> | Interventricular septum | <u>Normal</u> |
| Aortic Valve | <u>2</u> | Pulmonary artery | <u>2</u> |
| Tricuspid valve | <u>2</u> | Aorta | <u>2</u> |
| Pulmonary valve | <u>2</u> | Right atrium | <u>2</u> |
| Right ventricle | <u>2</u> | Left atrium | <u>2</u> |