


Patient Name : Mr.RAJ J	Collected : 09/Mar/2024 08:02AM
Age/Gender : 44 Y 4 M 15 D/M	Received : 09/Mar/2024 10:28AM
UHID/MR No : CASR.0000186339	Reported : 09/Mar/2024 12:09PM
Visit ID : CASROPV221999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375654	

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	16.5	g/dL	13-17	Spectrophotometer
PCV	48.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93	fL	83-101	Calculated
MCH	31.7	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,460	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.2	%	40-80	Electrical Impedence
LYMPHOCYTES	32.3	%	20-40	Electrical Impedence
EOSINOPHILS	2.5	%	1-6	Electrical Impedence
MONOCYTES	8.6	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5878.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3378.58	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	261.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	899.56	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.74		0.78- 3.53	Calculated
PLATELET COUNT	242000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC - MILD LEUCOCYTOSIS				


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SIN No:BED240062101

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

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PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN



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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	Positive			Microplate technology



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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	112	mg/dL	70-100	Hexokinase

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SIN No:PLF02120353

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	159	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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:

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

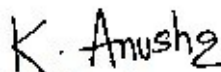
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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.



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- 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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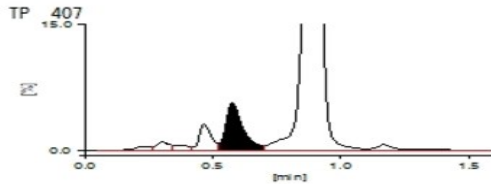
Chromatogram Report

HLC72368 V5.28 1 2024-03-09 11:10:05
 ID EDT240028089
 Sample No. 03090037 SL 0002 - 09
 Patient ID
 Name
 Comment

CALIB Y = 1.1933X + 0.3360			
Name	%	Time	Area
A1A	0.4	0.23	6.55
A1B	0.6	0.30	10.41
F	0.5	0.39	7.93
LA1C+	1.8	0.47	30.29
SA1C	5.7	0.58	75.94
AO	92.6	0.88	1531.89
H-V0			
H-V1			
H-V2			

Total Area 1663.01

HbA1c 5.7 % **IFCC 39 mmol/mol**
 HbA1 6.7 % HbF 0.5 %



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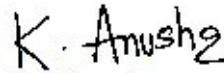


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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	205	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	166	mg/dL	<130	Calculated
LDL CHOLESTEROL	125	mg/dL	<100	Calculated
VLDL CHOLESTEROL	41	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.86		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	1.78	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.23	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	56	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	89.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.18	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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:

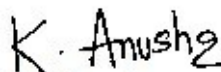
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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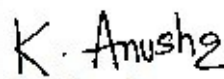
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	13.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.96	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.01	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.18	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.18	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated


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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	73.00	U/L	<55	IFCC

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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.16	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.25	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.757	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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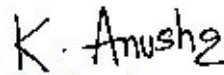


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COLLEGE of AMERICAN PATHOLOGISTS



Patient Name : Mr.RAJ J	Collected : 09/Mar/2024 08:02AM
Age/Gender : 44 Y 4 M 15 D/M	Received : 09/Mar/2024 10:55AM
UHID/MR No : CASR.0000186339	Reported : 09/Mar/2024 11:44AM
Visit ID : CASROPV221999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375654	

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	0.500	ng/mL	0-4	CLIA

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



SIN No:SPL24041083

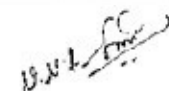
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.RAJ J	Collected : 09/Mar/2024 08:02AM
Age/Gender : 44 Y 4 M 15 D/M	Received : 09/Mar/2024 02:53PM
UHID/MR No : CASR.0000186339	Reported : 09/Mar/2024 06:32PM
Visit ID : CASROPV221999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375654	

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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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	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


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

SIN No:UR2300403

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

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Patient Name : Mr.RAJ J	Collected : 09/Mar/2024 10:30AM
Age/Gender : 44 Y 4 M 15 D/M	Received : 09/Mar/2024 02:51 PM
UHID/MR No : CASR.0000186339	Reported : 09/Mar/2024 04:29PM
Visit ID : CASROPV221999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375654	

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


Dr. B Pavani
M.B.B.S, M.D(pathology)
Consultant Pathologist

SIN No:UPP016953

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:
A-12, # 1-S-71/A/12b, Rishab Heights, Rukminipuri Housing Colony,
A S Rao Nagar, Hyderabad, Telangana, India - 500062

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 **1860 500 7788**
www.apolloclinic.com

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)

Patient Name : Mr.RAJ J	Collected : 09/Mar/2024 08:02AM
Age/Gender : 44 Y 4 M 15 D/M	Received : 09/Mar/2024 02:53PM
UHID/MR No : CASR.0000186339	Reported : 09/Mar/2024 06:32PM
Visit ID : CASROPV221999	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 375654	

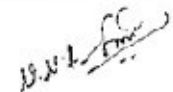
DEPARTMENT OF CLINICAL PATHOLOGY

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 *****

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:UF010987

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

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PHYSICAL EXAMINATION FORM

Apollo Clinic
Excellence. Care for you.

Date

9/3/24

Name

Mr. Jay J

Weight

80.1 Kgs

Height

173 cms

Chest Measurement

(in)cm

(out)cm

Waist

cm

BMI

Bt/Min

27.18 kg/cm²

Pulse

76

SPO2

mm/Hg

97 %

BP

Apollo Clinic, A.S. Rao Nagar.

186339
44 Years

MR. RAJ J
Male

U8-Mar-24 19:43:35
Apollo Clinic A S Rao Nagar

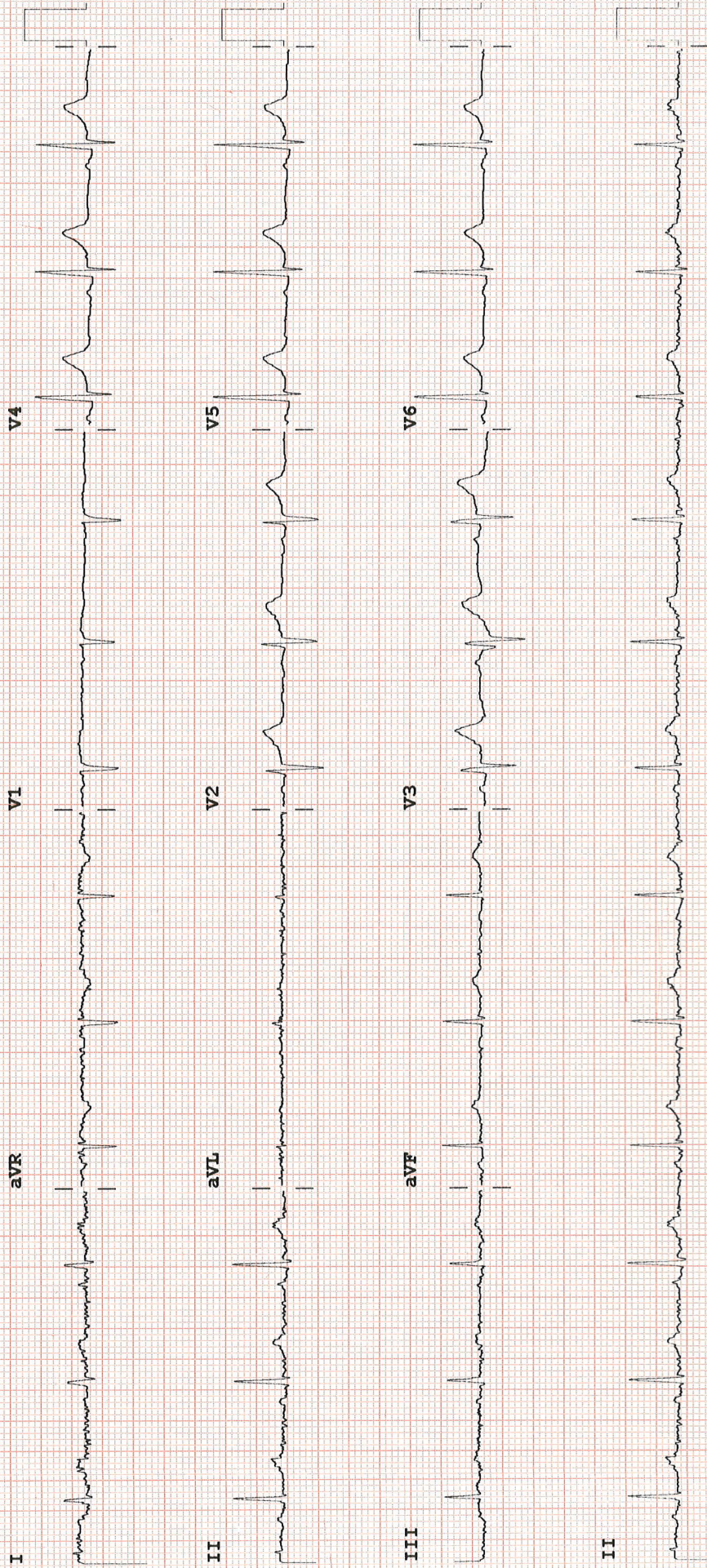
Rate 74 . Sinus rhythm.....Normal P axis, V-rate 50- 99

PR 132
QRS 82
QT 383
QTc 425

--AXIS--
P 37
QRS 46
T 52

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

100B CL P?

PHILIPS

REORDER M3708A

POWER PRESCRIPTION

NAME: *J. Raj Kumar*

GENDER: *M/F*

DATE: *09/03/2024*

AGE: *44 yr.*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	<i>+1.50</i>	-	-	<i>nb</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-	-	-	<i>6/6</i>
NEAR	<i>+1.50</i>	-	-	<i>nb</i>

COLOUR VISION :

DIAGNOSIS : *normal*

OTHER FINDINGS :

INSTRUCTIONS :

[Signature]
SIGNATURE

ORAL EXAMINATION FORM



Date: 9/8/2024

Patient ID: _____ MHC

Patient Name: J. Raj Kumar Age: 44 Sex: Male Female

Chief Complaint: General checkup

Medical History: -NAD-

Drug Allergy: -

Medication currently taken by the Guest: -

Initial Screenign Findings: -

Dental Caries: -

Missing Teeth: -

Impacted Teeth: -

Attrition / Abrasion: -

Bleeding: +ve

Pockets / Recession: -

Calculus / Stains: ++

Mobility: -

Restored Teeth: -

Non - restorable Teeth for extraction /
Root Stumps: -

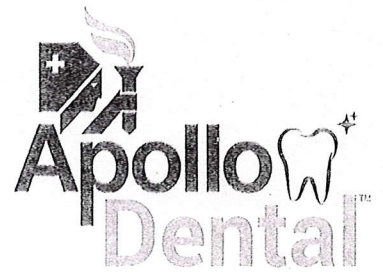
Malocclusion: -

Others: None

Advice: ① Advised oral prophylaxis & follow up.

Doctor Name & Signature: D. Moulika

ORAL EXAMINATION FORM



Date: 9/3/2024

Patient ID: _____ MHC

Patient Name: Mr. Seikanta Age: 33 Sex: Male Female

Chief Complaint: General Checkup

Medical History: NAD

Drug Allergy: -

Medication currently taken by the Guest: -

Initial Screenign Findings: -

Dental Caries: -

Missing Teeth: -

Impacted Teeth: -

Attrition / Abrasion: -

Bleeding: ++

Pockets / Recession: -

Calculus / Stains: ++

Mobility: -

Restored Teeth: -

Non - restorable Teeth for extraction /
Root Stumps: -

Malocclusion: -

Others: Slu

Advice:-

1) Advised oral prophylaxis & follow up.

Doctor

Name & Signature: Dr. Mounik.

Raj J
467 M


09/3/26

AWC

ENT asymptomatic

IMO with catarrh
bleeding WNC

None
Discharge
Nishu / NTS


Dr. K.B. SINGH
MBBS, MS (ENT), DNB (ENT)
Reg. No. 10371

Patient Name	: Mr. RAJ J	Age	: 44 Y/M
UHID	: CASR.0000186339	OP Visit No	: CASROPV221999
Reported By:	: Dr. MRINAL .	Conducted Date	: 11-03-2024 12:49
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 74 beats per minutes.
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

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

Dr. MRINAL .

Patient Name	: Mr. RAJ J	Age/Gender	: 44 Y/M
UHID/MR No.	: CASR.0000186339	OP Visit No	: CASROPV221999
Sample Collected on	:	Reported on	: 09-03-2024 14:00
LRN#	: RAD2260721	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 375654		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

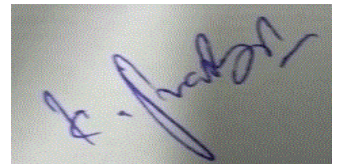
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. PRAVEEN BABU KAJA
Radiology

Patient Name	: Mr. RAJ J	Age/Gender	: 44 Y/M
UHID/MR No.	: CASR.0000186339	OP Visit No	: CASROPV221999
Sample Collected on	:	Reported on	: 09-03-2024 12:21
LRN#	: RAD2260721	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 375654		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size with increased 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.

Right kidney:100x42 mm **Left kidney:100x44 mm**

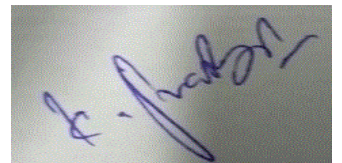
Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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 normal in size and echo texture.No evidence of necrosis/calcification seen.




IMPRESSION:Grade I Fatty Liver.

Suggested clinical correlation and further evaluation if necessary.



Dr. PRAVEEN BABU KAJA
Radiology

భారత ప్రభుత్వం
Government of India

రాజ్ కుమార్ జీజులా
Raj Kumar Jeejula
పుట్టిన తేదీ/DOB: 25/10/1979
పురుషుడు/ MALE

Download Date: 30/01/2021

Issue Date: 20/01/2021

2415 2491 2228
VID : 9132 2927 5483 6283

నా ఆధార్, నా గుర్తింపు

భారత ప్రభుత్వం
Government of India





స్వాప్నా జీజులా
Swapna Jeejula
పుట్టిన తేదీ/DOB: 21/06/1984
FEMALE

Download Date: 30/01/2021

Issue Date: 20/01/2021

9831 1426 7113
VID : 9123 5532 0408 5300

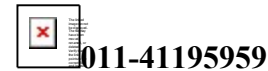
నా ఆధార్, నా గుర్తింపు

Asraonagar Apolloclinic

From: Raj Kumar <jrajkumar20@gmail.com>
Sent: 09 March 2024 07:29
To: Asraonagar Apolloclinic
Subject: Fwd: Health Check up Booking Confirmed Request(bobS11891),Package Code-PKG10000377, Beneficiary Code-308807

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

From: Mediwheel <wellness@mediwheel.in>
Date: Tue, 5 Mar 2024, 17:58
Subject: Health Check up Booking Confirmed Request(bobS11891),Package Code-PKG10000377, Beneficiary Code-308807
To: <jrajkumar20@gmail.com>
Cc: <customercare@mediwheel.in>



Dear **MR. RAJ J KUMAR,**

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

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Apollo Clinic - AS Rao Nagar

Address of Diagnostic/Hospital- : A-12, # 1-9-71/A/12/B, Rishabh heights, above vodafone store, beside KFC, A S Rao Nagar, Hyderabad -500062

City : Hyderabad

State :

Pincode : 500062

Appointment Date : 09-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Swapna Jeejula	39 year	Female

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



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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Patient Name : Mr. RAJ J Age : 44 Y/M
UHID : CASR.0000186339 OP Visit No : CASROPV221999
Conducted By: : Dr. SHILPI MOHAN Conducted Date : 09-03-2024 16:56
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8 CM
LA (es)	3.7 CM
LVID (ed)	4.2 CM
LVID (es)	2.8 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.1 CM
EF	61 %
%FD	33 %
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	BORDERLINE
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
MITRAL -E: 0.9 m/sec A: 0.5m/sec	
PJV- 1.1 m/sec	
AJV- 1.1 m/sec	

Patient Name	: Mr. RAJ J	Age	: 44 Y/M
UHID	: CASR.0000186339	OP Visit No	: CASROPV221999
Conducted By:	: Dr. SHILPI MOHAN	Conducted Date	: 09-03-2024 16:56
Referred By	: SELF		

IMPRESSION;

NORMAL CHAMBER DIMENSION.

NORMAL VALVES.

NO RWMA.

LV EF ;61 %

NO CLOTS / VEGETATION.

NO PERICARDIAL EFFUSION.

EPICARDIAL FAT SEEN.



Dr. SHILPI
MOHAN