

Patient Name	: Mr.SHRISH TRIPATHI	Collected	: 08/Mar/2024 07:34AM
Age/Gender	: 34 Y 7 M 29 D/M	Received	: 08/Mar/2024 10:09AM
UHID/MR No	: CKON.0000428560	Reported	: 08/Mar/2024 12:29PM
Visit ID	: CKONOPV643324	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 110698		

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	14.1	g/dL	13-17	Spectrophotometer
PCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.35	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	26.4	pg	27-32	Calculated
MCHC	31.7	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	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	2880	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1440	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)	2		0.78- 3.53	Calculated
PLATELET COUNT	218000	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 : TLC and DLC Within normal limits.

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Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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PLATELETS :Adequate on the smear.



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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



Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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UHID/MR No : CKON.0000428560	Reported : 08/Mar/2024 10:59AM
Visit ID : CKONOPV643324	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, FASTING , NAF PLASMA	96	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.




Dr. Sukumar Sannidhi
MD(Path)
Consultant Pathologist

Patient Name : Mr.SHRISH TRIPATHI	Collected : 08/Mar/2024 09:54AM
Age/Gender : 34 Y 7 M 29 D/M	Received : 08/Mar/2024 10:29AM
UHID/MR No : CKON.0000428560	Reported : 08/Mar/2024 11:01AM
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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)	102	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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Consultant Pathologist



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UHID/MR No	: CKON.0000428560	Reported	: 08/Mar/2024 02:00PM
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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)

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



Patient Name	: Mr.SHRISH TRIPATHI	Collected	: 08/Mar/2024 07:34AM
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DEPARTMENT OF BIOCHEMISTRY

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

Chromatogram Report

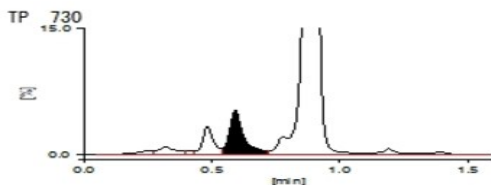
V5.28 1 2024-03-08 12:19:33
 ID EDT240027428
 Sample No. 03080050 SL 0005 - 07
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.25	4.81
A1B	0.9	0.32	11.13
F	0.2	0.41	2.53
LA1C+	2.0	0.48	23.30
SA1C	5.3	0.59	48.02
A0	92.6	0.89	1087.52
H-V0			
H-V1			
H-V2			

Total Area 1177.31

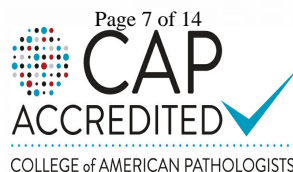
HbA1c 5.3 % **IFCC 35 mmol/mol**

HbA1 6.7 % HbF 0.2 %



Maruthi...

Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist



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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	174	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	247	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	82.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	49.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.14		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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DEPARTMENT OF BIOCHEMISTRY

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

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)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	79.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.80	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.

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Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	22.70	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.10	mg/dL	3.5-8.5	Uricase
CALCIUM	9.50	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated



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Consultant Pathologist



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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
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	27.00	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)	1.01	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.34	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.743	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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DEPARTMENT OF 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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	NIL		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




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DEPARTMENT OF CLINICAL PATHOLOGY

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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

Page 14 of 14



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



APOLLO CLINIC

CONSENT FORM

PATIENT NAME Mr. Shrish Tripathi AGE: 34 yrs.

UHID NUMBER 428560 COMPANY NAME Arco femi.

I MR/MRS/MS. Mr. Shrish Tripathi EMPLOYEE OF Arco femi

COMPANY WANT TO INFORM YOU THAT I AM NOT INTERESTED IN
GETTING optical test (Technician is not available due to
Festival (leave))

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK PACKAGE.

AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE.....

DATE: 8/13/24.

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

APOLLO CLINIC

CONSENT FORM

PATIENT NAME Mr. Shrish Tripathi AGE: 34 yrs.

UHID NUMBER 428560 COMPANY NAME Arco femi.

I MR/MRS/MS. Mr. Shrish Tripathi EMPLOYEE OF Arco femi

COMPANY WANT TO INFORM YOU THAT I AM NOT INTERESTED IN
GETTING optical test (Technician is not available due to
Festival (leave))

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK PACKAGE.

AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE.....

DATE: 8/13/24.

Patient Name : Mr. SHRISH TRIPATHI

Age/Gender : 34 Y/M

UHID/MR No. : CKON.0000428560

OP Visit No : CKONOPV643324

Sample Collected on :

Reported on : 08-03-2024 16:03

LRN# : RAD2259552

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 110698

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

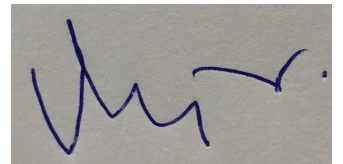
Both costophrenic and cardiophrenic angles are clear .

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. SHRISH TRIPATHI	Age/Gender	: 34 Y/M
UHID/MR No.	: CKON.0000428560	OP Visit No	: CKONOPV643324
Sample Collected on	:	Reported on	: 08-03-2024 09:58
LRN#	: RAD2259552	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 110698		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and Grade-I increased in 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 normal in size and echo texture.No evidence of necrosis/calcification seen.

IMPRESSION:-

****GRADE-I FATTY LIVER.**

Patient Name : Mr. SHRISH TRIPATHI

Age/Gender : 34 Y/M

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. PANKAJ HARKUT
MBBS, DMRD
Radiology

Patient Name	: Mr. SHRISH TRIPATHI	Age	: 34 Y/M
UHID	: CKON.0000428560	OP Visit No	: CKONOPV643324
Reported By:	: Dr. RAMU ANKAM	Conducted Date	: 08-03-2024 14:00
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:

WITH IN NORMAL LIMITS.

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



Dr. RAMU ANKAM

Apollo Health and Lifestyle Limited

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Mr. Shrish Tripathi
ID: 428560

08.03.2024 8:46:26
APOLLO MEDICAL CENTRE

ARROW CC

34 Years
Male

HYDERABAD

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

Room:

83 bpm

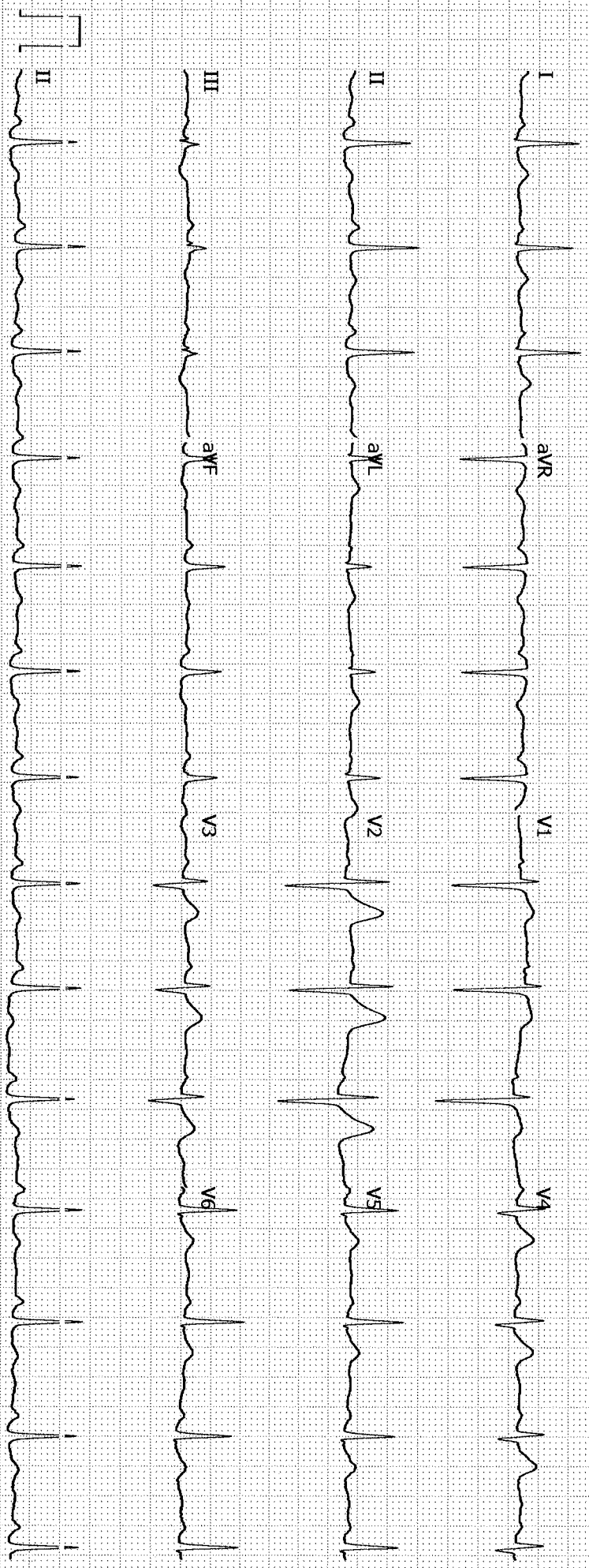
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 336 / 394 ms
PR : 148 ms
P : 110 ms
RR / PP : 724 / 722 ms
P / QRS / T : 59 / 40 / 13 degrees

Normal sinus rhythm
Normal ECG

Handwritten signature



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz Unconfirmed 4x2.5x3_25_R1 1/1

Mr. shrish tripathi
ID: 428560

08.03.2024 8:46:11
APOLLO MEDICAL CENTRE
HYDERABAD

Arrow CE

34 Years

Male

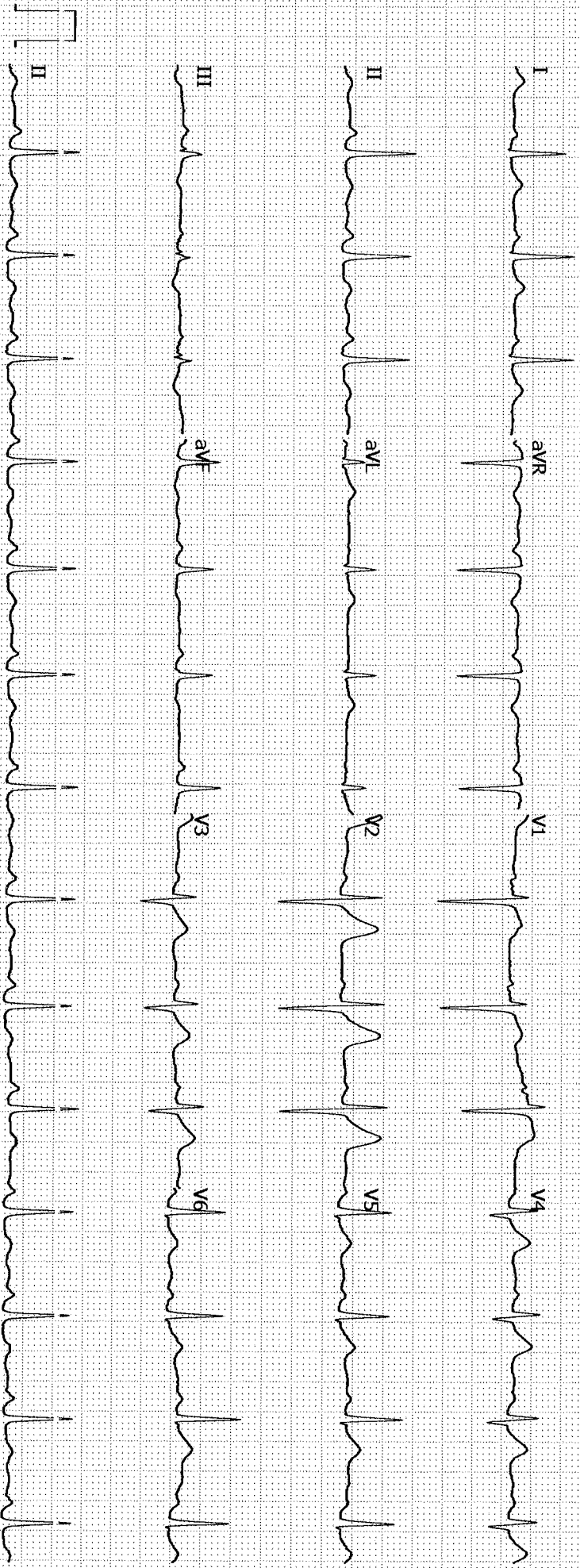
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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

Room:

85 bpm
-- / -- mmHg

QRS : 76 ms
QT / QTcBaz : 336 / 399 ms
PR : 148 ms
P : 112 ms
RR / pp : 704 / 705 ms
P / QRS / T : 57 / 41 / 14 degrees
Normal sinus rhythm
Normal ECG



Patient Name	: Mr. SHRISH TRIPATHI	Age	: 34 Y/M
UHID	: CKON.0000428560	OP Visit No	: CKONOPV643324
Conducted By:	: Dr. RAMU ANKAM	Conducted Date	: 08-03-2024 14:44
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.5 CM
LA (es)	3.6 CM
LVID (ed)	4.5 CM
LVID (es)	2.9 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: 0.8 m/s

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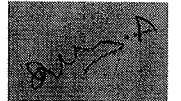
Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram)

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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

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name <u>Mr. Shrish Toipathi</u>	Date <u>8/8/24</u>
Age <u>34y</u>	UHID No. <u>U28560</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	<u>Dr. Ramme. A</u>

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>1-1</u> cm	(0.6 - 1.2 cm)
LA (es) <u>3.6</u> cm	(1.5cm / m2)	LVPW (Ed) <u>1-1</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>4.5</u> cm	(2.6 - 3.4 cm / m2)	% FD <u>35</u>	(2.8% - 42%)
LVID (es) <u>2.9</u>			

MORPHOLOGICAL DATA

Mitral Valve	AML <u>2</u>	Interatrial septum <u>2</u>
	PML <u>2</u>	Interventricular septum <u>2</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>



CKON.0000428560

Bill Of Supply

Name	: Mr. SHRISH TRIPATHI	Bill No	: CKON-OCR-122547
Age/Gender	: 34 Y M	Bill/Reg Date	: 08.03.2024 07:31
Contact No	: +917045752676	Referred by	: SELF
Address	: HYD	Center	: Kondapur
UHID	: CKON.0000428560	Emp No/Auth Code	: 110698
Corporate Name	: ARCOFEMI HEALTHCARE LIMITED		
Plan	: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		

#	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 CKONOPV643324 and password as 880613

Please log on to AskApollo.com for booking appointments

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
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www.apollohfl.com | Email ID: enquiry@apollohfl.com | Ph No: 040-4904 7777, Fax No: 4904 7744

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GSTIN: 365AADCA0733E1Z8


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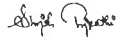
 1860 500 7788



नाम श्रीश त्रिपाठी
Name Shrish Tripathi

कर्मचारी कूट क्र.
E.C. No. 110698


जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of holder

**Health Check up Booking Confirmed Request(bobE11943),Package Code-
PKG10000366, Beneficiary Code-308797**

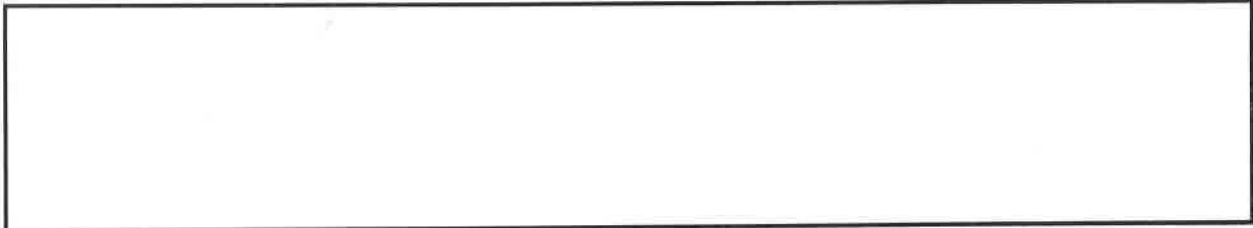
Mediwheel <wellness@mediwheel.in>

Tue 3/5/2024 3:57 PM

To:Shrish Tripathi <SHRISH.TRIPATHI@bankofbaroda.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)



011-41195959

Dear **MR. TRIPATHI SHRISH,**

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 : 08-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 9:00am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. TRIPATHI SHRISH	34 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).