

Patient Name	: Mr.GANDU SATHEESH	Collected	: 04/Dec/2023 08:35AM
Age/Gender	: 37 Y 8 M 30 D/M	Received	: 04/Dec/2023 10:38AM
UHID/MR No	: CKON.0000421576	Reported	: 04/Dec/2023 12:24PM
Visit ID	: CKONOPV621416	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 101766		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.1	g/dL	13-17	Spectrophotometer
PCV	44.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.1	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	34.0	g/dL	31.5-34.5	Calculated
R.D.W	14.0	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,900	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2646	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1862	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	147	Cells/cu.mm	20-500	Calculated
MONOCYTES	245	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	224000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC :Normocytic Normochromic.

WBC : TLC and DLC Within normal limits.

PLATELETS :Adequate on the smear.

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Dr.Sukumar Sannidhi  
MD(Path)  
Consultant Pathologist



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Dr.Sukumar Sannidhi  
MD(Path)  
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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
SIN No: BED230298651  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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The Apollo Medical Centre, 2-20/6/A, Kothaguda X Roads, Kondapur,  
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**APOLLO CLINICS NETWORK**  
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**DEPARTMENT OF HAEMATOLOGY**

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

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




**Dr.Sukumar Sannidhi**  
MD(Path)  
Consultant Pathologist

Patient Name : Mr.GANDU SATHEESH	Collected : 04/Dec/2023 10:48AM
Age/Gender : 37 Y 8 M 30 DM	Received : 04/Dec/2023 11:50AM
UHID/MR No : CKON.0000421576	Reported : 04/Dec/2023 11:52AM
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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	113	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	154	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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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

SIN No:EDT230109577

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

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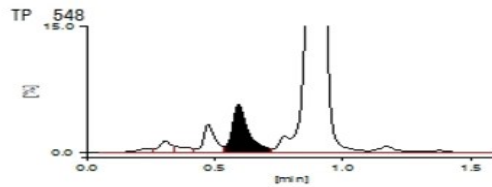
Chromatogram Report

HLC72368 V5.28.1 2023-12-04 13:26:29  
 ID EDT230109577  
 Sample No. 12040051 SL 0003 - 01  
 Patient ID  
 Name  
 Comment

CALIB Y = 1.1490X + 0.7911			
Name	%	Time	Area
A1A	0.4	0.24	7.03
A1B	0.8	0.31	15.17
F	0.5	0.39	9.70
LA1C+	1.9	0.47	35.91
SA1C	5.8	0.59	83.36
A0	92.4	0.89	1715.50
H-V0			
H-V1			
H-V2			

Total Area 1866.67

**HbA1c 5.8 %** **IFCC 40 mmol/mol**  
 HbA1 7.0 % HbF 0.5 %




Dr. RAJESH BATTINA  
 PhD.(Biochemistry)  
 Consultant Biochemist

SIN No:EDT230109577

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

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	192	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	330	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	31	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	161	mg/dL	<130	Calculated
LDL CHOLESTEROL	95	mg/dL	<100	Calculated
VLDL CHOLESTEROL	66	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.19		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.70	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.50	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	93	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	52.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	92.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.00	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	26.80	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	12.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	3.5-8.5	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM</b>	<b>177.00</b>	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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.47	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.499	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

1. 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.
2. 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.
3. 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.
4. 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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Emp/Auth/TPA ID : 101766	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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.GANDU SATHEESH	Collected : 04/Dec/2023 08:35AM
Age/Gender : 37 Y 8 M 30 D/M	Received : 04/Dec/2023 10:39AM
UHID/MR No : CKON.0000421576	Reported : 04/Dec/2023 01:48PM
Visit ID : CKONOPV621416	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101766	

**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

# GLASS PRESCRIPTION

DATE: 02/12/2023

UHID: 422576

PATIENT NAME: Mr. Gando Satheesh

9000092789  
AGE/ GENDER: 57m.

	UAVA	SPH	CYL	AXIS	ADD	BCVA
OD	6/36 66	-2.50	-3.00	70	2	plc
OS	6/18 66	-2.00				plc

COLOR VISION: BG normal.

INSTRUCTIONS: \* BG vision Abnormal

\* Blue ray filter lens.

*[Signature]*  
SIGNATURE

Patient Name	: Mr. GANDU SATHEESH	Age	: 37 Y/M
UHID	: CKON.0000421576	OP Visit No	: CKONOPV621416
Conducted By:	: Dr. VENKATA RAYUDU NEKKANTI	Conducted Date	: 04-12-2023 15:00
Referred By	: SELF		

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	3.8 CM
LA (es)	3.1 CM
LVID (ed)	4.7 CM
LVID (cs)	2.8 CM
IVS (Ed)	1.14 CM
LVPW (Ed)	0.9 CM
EF	62.00%
%FD	38.00%

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

NORMAL FLOW

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**APOLLO CLINICS NETWORK TELANGANA & AP**

**Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal )

**Vizag** (Seethamma Peta)

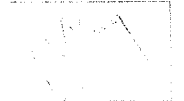
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



IMPRESSION:-  
NORMAL STUDY.



DR. VENKATA  
RAYUDU  
NEKKANTI

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Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

*Mediweed*



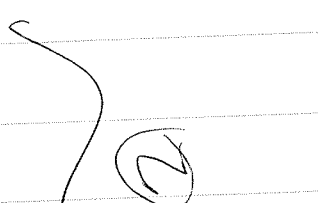









Name <i>Mr G. Sathesesh</i>	Date <i>4/12/23</i>
Age <i>37y</i>	UHID No. <i>421576</i>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	<i>Dr. Rajudu</i>

## Echocardiogram Report

Echogenicity     Poor     Adequate     Good      Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BSA \_\_\_\_\_

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <i>3.8</i> cm	(1.5cm / m2)	IVS (Ed) <i>1.14</i> cm	(0.6 - 1.2 cm)
LA (es) <i>3.1</i> cm	(1.5cm / m2)	LVPW (Ed) <i>0.9</i> cm	(0.6 - 1.1 cm)
RVID (ed) _____ cm	(0.9 cm / m2)	EF <i>62%</i>	(0.62 - 0.85)
LVID (ed) <i>4.7</i> cm	(2.6 - 3.4 cm / m2)	% FD <i>38%</i>	(2.8% - 42%)
LVID (es) <i>2.8</i>			

### MORPHOLOGICAL DATA

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

Patient Name	: Mr. GANDU SATHEESH	Age	: 37 Y/M
UHID	: CKON.0000421576	OP Visit No	: CKONOPV621416
Reported By:	: Dr. VENKATA RAYUDU NEKKANTI	Conducted Date	: 04-12-2023 14:46
Referred By	: SELF		

**ECG REPORT**

**Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 66 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:**

T INVERTED LEAD 3.  
AVF.  
ADVISED EVALUATION & CLINICAL CORRELATION.

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



Dr. VENKATA RAYUDU NEKKANTI

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal )

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name: Mr. GANDU SATHEESH  
 Age/Gender: 37 Y/M  
 Address: HYD  
 Location: HYDERABAD, TELANGANA  
 Doctor:  
 Department: GENERAL  
 Rate Plan: KONDAPUR\_06042023  
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CKON0000421576  
 Visit ID: CKONOPY621416  
 Visit Date: 04-12-2023 08:19  
 Discharge Date:  
 Referred By: SELF

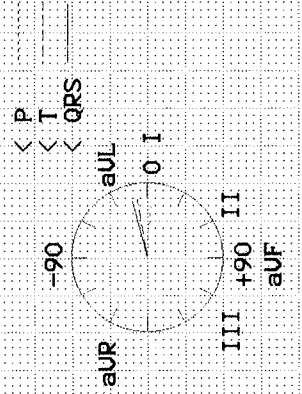
**Vitals:**

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 (cms)	Waist Circum (cms)	Hip (cms)	Waist & Hip (cms)	Waist & Hip Ratio	User
04-12-2023 13:02	66	140/90	Rate/min	F	170 cms	81 Kgs	%	%	Years	28.03	cms	107 cms	104 cms		AHLL03268

ACI: 37

Measurement Results:

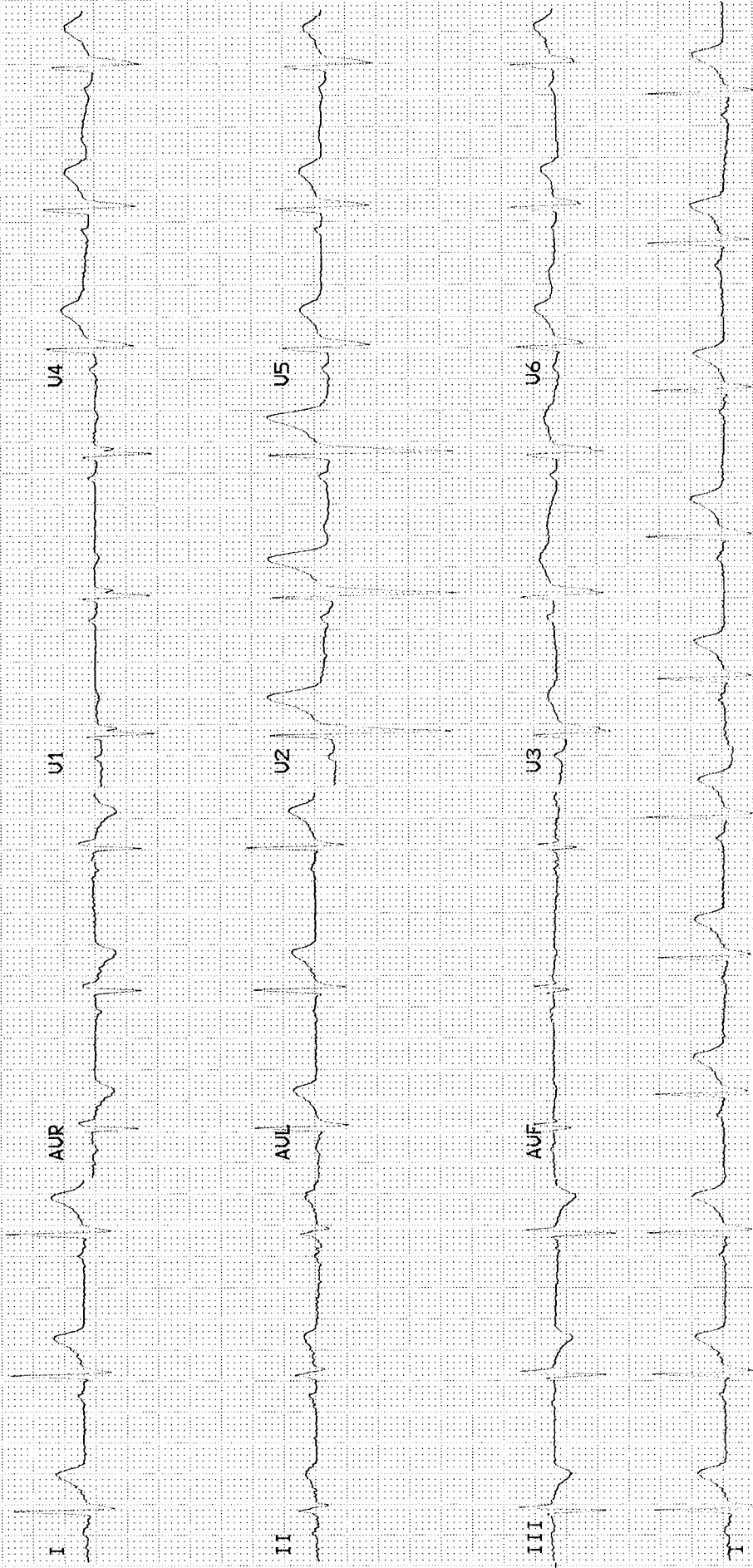
QRS : 108 ms  
 QT/QTcB : 380 / 400 ms  
 PR : 144 ms  
 P : 78 ms  
 RR/PP : 902 / 930 ms  
 P/QRS/T : 5 / -15 / -10 degrees  
 QTd/QTcBD : 56 / 59 ms  
 Sokolow : 1.5 mV  
 NK : 9



Interpretation:

probably acute MI (anterior)  
 suspected left ventr. hypertrophy  
 minor left axis deviation  
 probably abnormal ECG

*Time taken to do L3*  
*Dr. S. S. Srinivasan*  
*Dr. S. S. Srinivasan*  
*Dr. S. S. Srinivasan*  
 Unconfirmed report.



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

**Patient Name** : Mr. GANDU SATHEESH

**Age/Gender** : 37 Y/M

**UHID/MR No.** : CKON.0000421576

**OP Visit No** : CKONOPV621416

**Sample Collected on** :

**Reported on** : 04-12-2023 14:47

**LRN#** : RAD2168083

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 101766

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

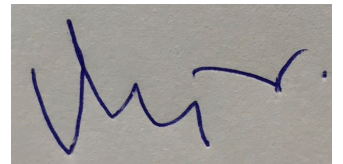
Both costophrenic and cardiophrenic angles are clear .

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

<b>Patient Name</b>	: Mr. GANDU SATHEESH	<b>Age/Gender</b>	: 37 Y/M
<b>UHID/MR No.</b>	: CKON.0000421576	<b>OP Visit No</b>	: CKONOPV621416
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 04-12-2023 13:46
<b>LRN#</b>	: RAD2168083	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 101766		

**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 101 x 42 mm.

Left kidney measures 107 x 40 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 30 x 30 x 32mm,Volume--16cc.

**IMPRESSION:-**



**Patient Name** : Mr. GANDU SATHEESH

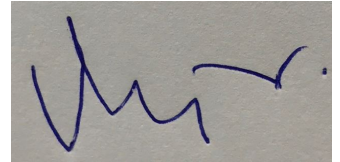
**Age/Gender** : 37 Y/M

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**\*\*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



**Fwd: Reminder your health checkup booking is tomorrow**

G.satheesh &lt;intex002@gmail.com&gt;

Mon 12/4/2023 8:16 AM

To:Hitechcity Apolloclinic &lt;hitechcity@apolloclinic.com&gt;

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

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

Date: Mon, 4 Dec, 2023, 12:46 am

Subject: Reminder your health checkup booking is tomorrow

To: &lt;intex002@gmail.com&gt;

Cc: &lt;customercare@mediwheel.in&gt;

Dear MR. GANDU SATHEESH,

This is a gentle reminder that your health checkup is scheduled for tomorrow as per the below particular. Please visit the center at any time.

Please follow the following instructions. Please call us at 011-41195959 if you face any issues.

**Booking Date** : 01/12/2023**Health Check up Name** : Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)**Health Check Code** : PKG10000309**Name of Diagnostic/Hospital** : Apollo Medical Centre Hyderabad**Address of Diagnostic/Hospital-** Apollo Clinic, A-12, 1-9-71/A/12/B, Rishab heights, above vodafone store, beside KFC, A S Rao Nagar -500062**Appointment Date** : 04/12/2023**Preferred Time** : 08:00:AM**Package Name** : Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, Dental Consultation, Creatinine, Serum, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Diabetic Consultation , Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Ent Consultation , Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3,

Tests included in this Package

T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

Thanks,  
Mediwheel Team

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श्री. गणेश (गणेश)

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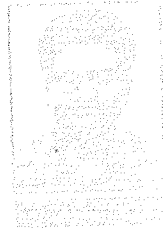
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Learning Authority



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