

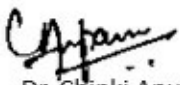
Patient Name : Mr.VIKRAM K	Collected : 23/Mar/2024 10:04AM
Age/Gender : 42 Y 1 M 22 D/M	Received : 23/Mar/2024 04:39PM
UHID/MR No : CBAS.000092113	Reported : 23/Mar/2024 06:13PM
Visit ID : CBASOPV101389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17841	

DEPARTMENT OF HAEMATOLOGY

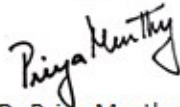
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	41.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.96	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	82.9	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,390	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.3	%	40-80	Electrical Impedence
LYMPHOCYTES	35.6	%	20-40	Electrical Impedence
EOSINOPHILS	2.8	%	1-6	Electrical Impedence
MONOCYTES	7.8	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3938.87	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2630.84	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	206.92	Cells/cu.mm	20-500	Calculated
MONOCYTES	576.42	Cells/cu.mm	200-1000	Calculated
BASOPHILS	36.95	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.5		0.78- 3.53	Calculated
PLATELET COUNT	254000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 15



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SIN No:BED240079914

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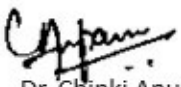
RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

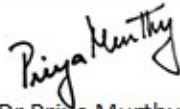
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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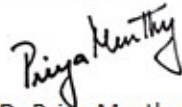
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ 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)	76	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				

Page 4 of 15


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SIN No:EDT240036690

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HBA1C, GLYCATED HEMOGLOBIN	6.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	mg/dL	Calculated


Comment:

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

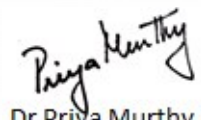
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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)



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHO-POD
TRIGLYCERIDES	92	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

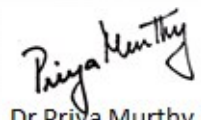
Comment:

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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:


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SIN No:SE04673043

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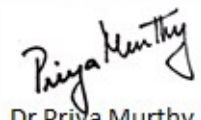
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) 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.
- 5) 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.
- 6) 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Patient Name : Mr.VIKRAM K	Collected : 23/Mar/2024 10:04AM
Age/Gender : 42 Y 1 M 22 D/M	Received : 23/Mar/2024 05:50PM
UHID/MR No : CBAS.0000092113	Reported : 23/Mar/2024 08:05PM
Visit ID : CBASOPV101389	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17841	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.72	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	68.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.91	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		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:

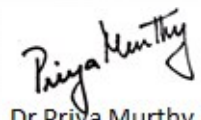
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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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SIN No:SE04673043

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.67-1.17	Jaffe's, Method
UREA	23.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.02	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.91	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated


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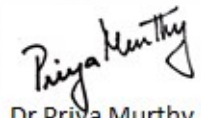
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	<55	IFCC


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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.54	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.050	µIU/mL	0.35-4.94	CMIA

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


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SIN No: SPL24053634

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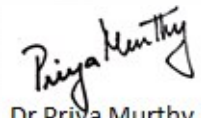
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DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma


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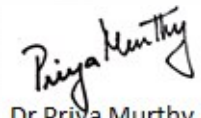
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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.580	ng/mL	<4	CMIA


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Patient Name : Mr.VIKRAM K	Collected : 23/Mar/2024 10:04AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
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



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SIN No:UR2314261

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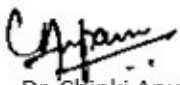
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

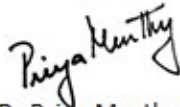
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF011356

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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


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Address:
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Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

Customer Pending Tests
fitness by
general
physician

Name : Mr. Vikram K Address : BLR Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 42 Y Sex : M	UHID :CBAS.0000092113  <small>*CBAS.0000092113*</small> OP Number :CBASOPV101389 Bill No :CBAS-OCR-61473 Date : 23.03.2024 09:21
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	2 D ECHO - R-5	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION - T	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG - R-3	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION - R-10	
14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
15	URINE GLUCOSE(FASTING)	
16	HbA1c, GLYCATED HEMOGLOBIN	
17	X-RAY CHEST PA - R-4	
18	ENT CONSULTATION - R-13	
19	FITNESS BY GENERAL PHYSICIAN	
20	BLOOD GROUP ABO AND RH FACTOR	
21	LIPID PROFILE	
22	BODY MASS INDEX (BMI)	
23	OPHTHAL BY GENERAL PHYSICIAN	
24	ULTRASOUND - WHOLE ABDOMEN - R-5	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Physio - 20
 Dental - 20

HT -> 164cm
 WT -> 76kg
 B.P -> 127/84
 PR -> 66b/min

Authorized by
Joseph

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg No- KMC 44065

Measurements
HR: 61 BPM
PR: 152 ms
PD: 112 ms
QRSD: 90 ms
QRS Axis: -15 deg
QT/QTc: 366/366 ms

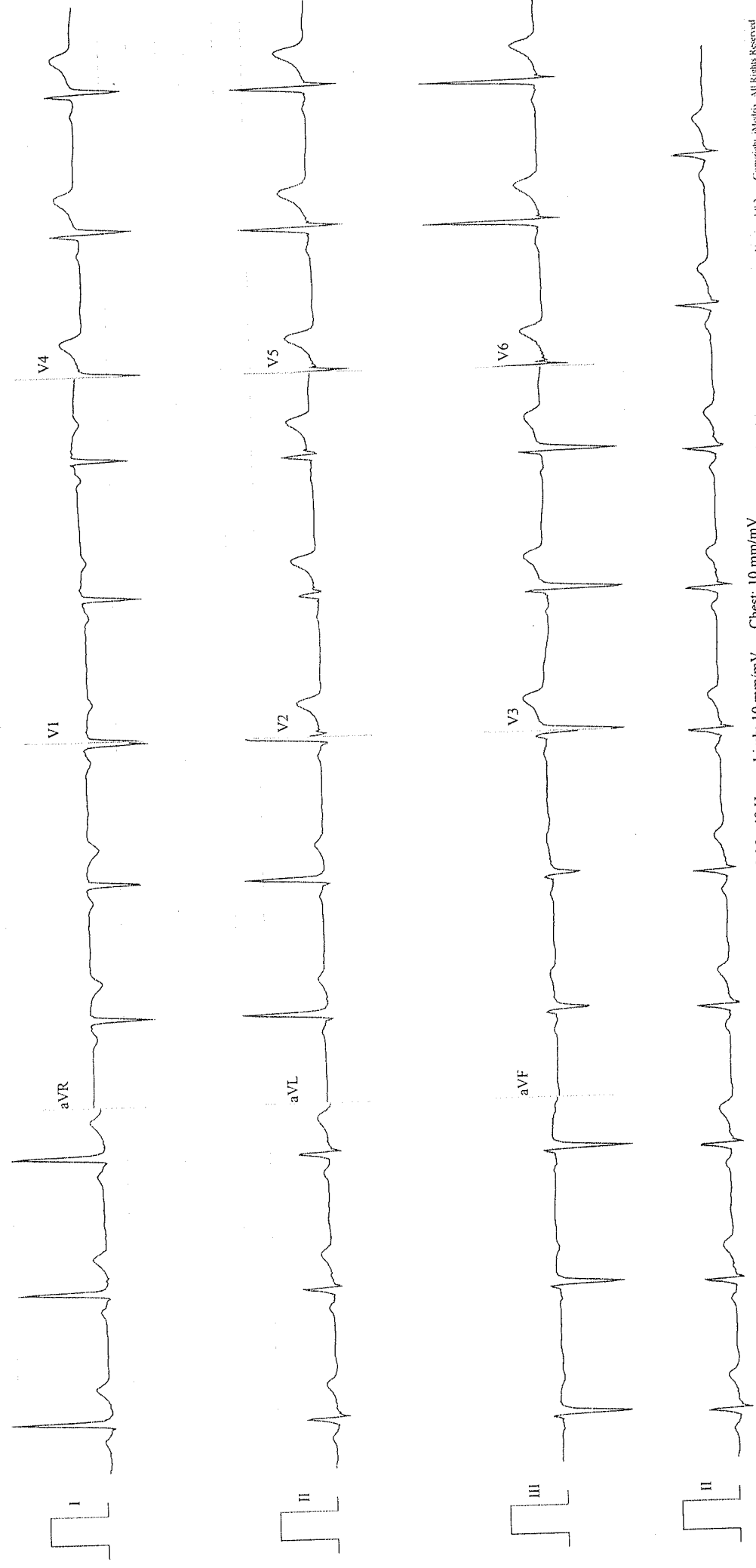
Interpretation
Sinus Rhythm Regular
Normal Axis

Vitals

Date: IST: 2024-03-23 13:39:10
Personal Details
UHID: 01P3FGAT6TT11WD
PatientID: 92113
Name: vikram
Age: 42
Gender: Male
Mobile: 7425896325

**Pre-Existing Medical-
Conditions**

Symptoms



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: This report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease. Comments & report is based on available data. Clinical correlation is important.

ECHOCARDIOGRAPHY REPORT

Name: MR VIKRAM Age: 42 YEARS GENDER: MALE

Consultant: Dr. VISHAL KUMAR H. Date : 23/03/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	1.07	m/sec	A	0.47	m/sec	No MR
Tricuspid Valve	E	0.57	m/sec	A	0.31	m/sec	No TR
Aortic Valve	Vmax	1.18	m/sec				No AR
Pulmonary Valve	Vmax	0.81	m/sec				No PR
Diastolic Dysfunction							

M-Mode Measurements

Parameter	Observed Value	Normal Range	
Aorta	2.6	2.6-3.6	cm
left Atrium	3.5	2.7-3.8	cm
Aortic Cusp Separation	1.7	1.4-1.7	cm
IVS - Diastole	1.1	0.9-1.1	cm
left Ventricle-Diastole	4.6	4.2-5.9	cm
Posterior wall-Diastole	0.9	0.9-1.1	cm
IVS-Systole	1.2	1.3-1.5	cm
left Ventricle-Systole	2.9	2.1-4.0	cm
Posterior wall-Systole	1.0	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.6	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
-

DR. VISHAL KUMAR H.

CLINICAL CARDIOLOGIST

Tom. Vikram, 42y,

23/3/24.

HT 168cm

WT - 75kg

IBW - 70kg

Waller) 45-
* Bristol) 6am/day -

Ps. 2000l -

* 10 Pajia, up to 2y

5000l -

73y
L. hct = 72-74

2ult = 70-68y

BF 4 Dms)
70y

INM.

WEIGHT MAINTENANCE
Diet.

Dr. Rohini Ramesh
9449 349333

Mr. VIKRAM H.

42/M

23/3/24

Dr. Anurag Prasad
MBBS, MS, DNB, FND.

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Go. - Came for regular ENT
check up.

- H/o use of Ayurvedic
nasal drops.

O/E: Ear - (R) TM - Small TS ⊕.
(L) TM - Intact

Nose - DNS ⊕.

Throat cavity : WNL

Follow up date:


Doctor Signature

23/3/24

Mr. Vikram k.
42/M

pt. has come for general dental
check up.

On Examination

missing $\frac{6}{4}$
Ca+, St++

Adn Duplent inst $\frac{6}{4}$ + Crown $\frac{6}{4}$

Oral prophylaxis

Dr. ~~Seetha~~
9900018998

Mrs. Vikram K. HA/M 92113 23/3/24

EYE CHECK UP REPORT

Vision Acuity
6/12 → 6/6
6/9 → 6/6

Digital IOP
22
22

Near Vision
N26
e plan
N26

Colour Vision
Normal
Normal

• Fundus: Normal @ study

• Ant. Segment :- WNL

• Media: Normal

• Pupil: N/A

BE Simple Myopic Astigmatism
fully corrected by plan

DRS

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

VIKRAM HL

LOKPAL

17/02/1982

Permanent Account Number

ACWPL9222H




ID Proof of Shila T and Vikram HL

Vikram H.L <lvikram@zeomega.com>

Sat 3/23/2024 9:11 AM

To: Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

 2 attachments (4 MB)

IMG20180124171113.jpg; IMG20210521134900.jpg;

Sent from [Outlook for Android](#)

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Patient Name	: Mr. Vikram K	Age/Gender	: 42 Y/M
UHID/MR No.	: CBAS.0000092113	OP Visit No	: CBASOPV101389
Sample Collected on	:	Reported on	: 23-03-2024 19:44
LRN#	: RAD2277343	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS17841		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

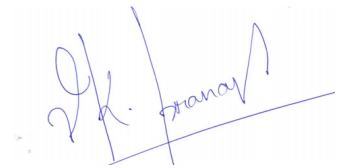
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Patient Name	: Mr. Vikram K	Age/Gender	: 42 Y/M
UHID/MR No.	: CBAS.0000092113	OP Visit No	: CBASOPV101389
Sample Collected on	:	Reported on	: 23-03-2024 18:00
LRN#	: RAD2277343	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS17841		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (14.4 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear 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 echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 9.6x1.6 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.2x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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 (volume 19 cc) and echo texture.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

-

IMPRESSION:-

GRADE I FATTY LIVER.

Suggested 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. V K PRNAV VENKATESH
MBBS, MD
Radiology