

Patient Name	: Mr.ASWANI DUTT CHINTALAPATI	Collected	: 30/Mar/2024 08:35AM
Age/Gender	: 33 Y 10 M 8 D/M	Received	: 30/Mar/2024 10:43AM
UHID/MR No	: CKON.0000430511	Reported	: 30/Mar/2024 11:16AM
Visit ID	: CKONOPV648893	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 119736		

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	g/dL	13-17	Spectrophotometer
PCV	42.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	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	4020	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2010	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	134	Cells/cu.mm	20-500	Calculated
MONOCYTES	536	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2		0.78- 3.53	Calculated
PLATELET COUNT	283000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

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Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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DEPARTMENT OF HAEMATOLOGY

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




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Patient Name : Mr.ASWANI DUTT CHINTALAPATI	Collected : 30/Mar/2024 10:31AM
Age/Gender : 33 Y 10 M 8 D/M	Received : 30/Mar/2024 11:51AM
UHID/MR No : CKON.0000430511	Reported : 30/Mar/2024 12:46PM
Visit ID : CKONOPV648893	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	111	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)	185	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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

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



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DEPARTMENT OF BIOCHEMISTRY

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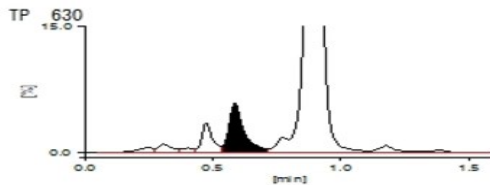
Chromatogram Report

HLC72368 V5.28.1 2024-03-30 12:39:14
 ID EDT240041015
 Sample No. 03300086 SL 0006 - 09
 Patient ID
 Name
 Comment

CALIB	Y = 1.1605X + 0.5926		
Name	%	Time	Area
A1A	0.5	0.25	9.35
A1B	0.8	0.31	14.84
F	0.3	0.40	6.44
LA1C+	1.9	0.47	36.84
SA1C	5.9	0.59	87.13
A0	92.2	0.89	1758.58
H-V0			
H-V1			
H-V2			

Total Area 1913.18

HbA1c 5.9 % **IFCC 41 mmol/mol**
 HbA1 7.2 % HbF 0.3 %



30-03-2024 12:39:14 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALANAGER

1 / 1

Maruthi...

Dr.E.Maruthi Prasad
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K. Anusha

Dr.K.Anusha
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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	180	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	267	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	46	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	134	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	53.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.91		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.40		<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:

- 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.



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DEPARTMENT OF BIOCHEMISTRY

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

- 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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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	0.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	73	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	56.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	73.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	24.70	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.10	mg/dL	3.5-8.5	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	307.00	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)	1.23	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.67	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.569	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	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/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

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

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr.Sukumar Sannidhi
MD(Path)
Consultant Pathologist



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



APOLLO MEDICAL CENTER

PHYSICAL EXAMINATION FORM

DATE: 30/3/24.

NAME: MR. Aswinderdt . CH.

UHID: 430511

AGE: 33 Y/M

HEIGHT

BMI

WEIGHT

CHEST MEASUREMENT

OUT

ABDOMEN

WAIST

PULSE

HIP

BP

THE APOLLO MEDICAL CENTER # 2-20/6/A, KOTHAGUDA X ROADS, NEAR HARSHA TOYOTA SHOWROOM, KONDAPUR, HITECH CITY, HYDERABAD-500032, PH.NO-040-30166600/77, EMAIL : hitechcity@apolloclinics.com

Patient Name : Mr. ASWANI DUTT CHINTALAPATI Age : 33 Y/M
UHID : CKON.0000430511 OP Visit No : CKONOPV648893
Reported By: : Dr. RAMU ANKAM Conducted Date : 30-03-2024 17:12
Referred By : SELF

ECG REPORT


Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 80 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



Aswani dut
ID: 430511

30.03.2024 8:32:39
APOLLO MEDICAL CENTRE

33 Years

HYDERABAD

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

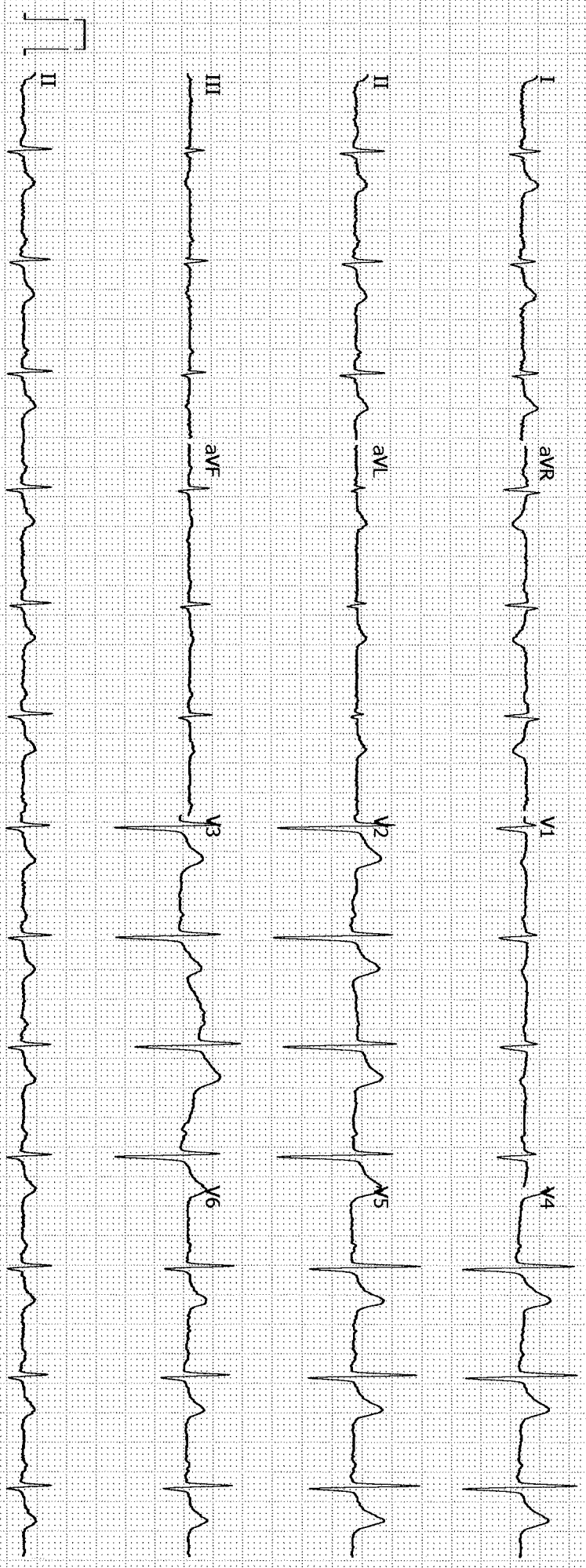
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

80 bpm
--/-- mmHg

QRS : 76 ms
QT / QTcBaz : 350 / 403 ms
PR : 130 ms
P : 82 ms
RR / PP : 750 / 750 ms
P / QRS / T : 46 / 71 / 22 degrees

Normal sinus rhythm
Normal ECG

12/2/23



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

Unconfirmed

Patient Name	: Mr. ASWANI DUTT CHINTALAPATI	Age	: 33 Y/M
UHID	: CKON.0000430511	OP Visit No	: CKONOPV648893
Conducted By:	: Dr. RAMU ANKAM	Conducted Date	: 30-03-2024 17:14
Referred By	: SELF		

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.9 CM
LA (es)	3.0 CM
LVID (ed)	4.3 CM
LVID (es)	2.7 CM
IVS (Ed)	1.1 CM
LVPW (Ed)	1.1 CM
EF	65.00%
%FD	35.00%

MITRAL VALVE : NORMAL

AML NORMAL
PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana.

APOLLO CLINICS NETWORK

Andhra Pradesh: Tirupati (Sankarambadi Circle) **Vizag** (Seethamma Peta)

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

Online appointments: www.apolloedoc.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

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

Cardiology

Name <i>Mr. Aswani Dutt.c</i>	Date <i>30.3.24</i>
Age <i>33y</i>	UHID No. <i>430511</i>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ref. Physician
Ref. Diagnosis	

Echocardiogram Report

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

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <i>2.9</i> cm	(1.5cm / m2)	IVS (Ed) <i>1.1</i> cm	(0.6 - 1.2 cm)
LA (es) <i>3.0</i> cm	(1.5cm / m2)	LVPW (Ed) <i>1.1</i> cm	(0.6 - 1.1 cm)
RVID (ed) <i>3.2</i> cm	(0.9 cm / m2)	EF <i>65</i>	(0.62 - 0.85)
LVID (ed) <i>4.3</i> cm	(2.6 - 3.4 cm / m2)	% FD <i>35</i>	(2.8% - 42%)
LVID (es) <i>2.7</i>			

MORPHOLOGICAL DATA

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

GLASS PRESCRIPTION

DATE: 30/3/24

UHID: 30511

PATIENT NAME:

Aewani Dutt

33 M
AGE/ GENDER:

	UAVA	SPH	CYL	AXIS	ADD	BCVA
OD	6/6		-0.50	180°	-	6/6
OS	6/6		-0.50	3°	-	6/6

COLOR VISION:

14/14

INSTRUCTIONS:

Adv: photo grey lenses


SIGNATURE

Patient Name : Mr. ASWANI DUTT CHINTALAPATI

Age/Gender : 33 Y/M

UHID/MR No. : CKON.0000430511

OP Visit No : CKONOPV648893

Sample Collected on :

Reported on : 31-03-2024 08:00

LRN# : RAD2287346

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 119736

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

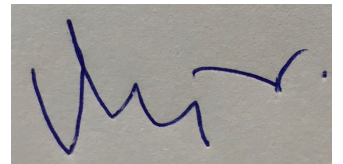
Both costophrenic and cardiophrenic angles are clear .

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



Bill Of Supply

Name : Mr. ASWANI DUTT CHINTALAPATI
 Age/Gender : 33 Y M
 Contact No : +919502871622
 Address : HYD
 UHID : CKON.0000430511
 Corporate Name : ARCOFEMI HEALTHCARE LIMITED
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CKON-OCR-123793
 Bill/Reg Date : 30.03.2024 08:08
 Referred by : SELF
 Center : Kondapur
 Emp No/Auth Code : 119736

#	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 CKONOPV648893 and password as 590478

Please log on to AskApollo.com for booking Appointments

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

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Balakrishna | Nizampet | Kothilakota | Uppal | Andhra Pradesh: Vijay
 (Sethurama Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Heerbrugg | HSR Layout | Indira Nagar | JP Nagar | Koramangala |
 Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamil Nadu: Chennai (Anna Nagar | Kotturam) T Nagar | Valluvar Nagar | West Park
 Maharashtra: Pune (Aundh | Nigdi) Odisha: Bhubaneswar | Varanasi: Varanasi | Uttar Pradesh: Ghaziabad (Indraprastha)

GSTIN: 36SAADCA0733E1Z8

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

 **1860 500 7788**

Dear Aswani Dutt Chintalapati,

CKON. 0000430511.

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KONDAPUR clinic** on **2024-03-28 at 08:45-09:00**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: APOLLO MEDICAL CENTRE, D,NO 2-34/2, G.V CLASSIC, PLOT NO 1 & 6, SURVEY NO 02, KOTHAGUDA 'X' ROAD, KONDAPUR, SERILINGAMPALLY, HYDERABAD-500084.

Contact No: (040) 45455444,30166600.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the



भारत सरकार

Download Date: 05/01/2022



చింతలపాటి ఆస్వానిద్దుట్

Chintalapati Aswanidutt

జన్మ తిథి / DOB: 22/05/1990

పురుష / MALE

Mobile No.: 9602871622

Issue Date: 17/11/2011

4940 6847 7100

मेरा आधार, मेरी पहचान

Patient Name : Mr. ASWANI DUTT CHINTALAPATI

Age/Gender : 33 Y/M

UHID/MR No. : CKON.0000430511

OP Visit No : CKONOPV648893

Sample Collected on :

Reported on : 30-03-2024 09:23

LRN# : RAD2287346

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 119736

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.**

Suggest – clinical correlation.

Patient Name : Mr. ASWANI DUTT CHINTALAPATI

Age/Gender : 33 Y/M

(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