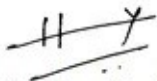


Patient Name : Mr.SUSHANT DUTTA	Collected : 27/Jul/2024 09:32AM
Age/Gender : 37 Y 11 M 3 D/M	Received : 27/Jul/2024 01:20PM
UHID/MR No : CJPN.000096447	Reported : 27/Jul/2024 03:18PM
Visit ID : CJPNOPV201933	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29669	

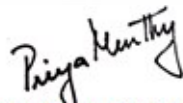
DEPARTMENT OF HAEMATOLOGY

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	16.9	g/dL	13-17	Spectrophotometer
PCV	51.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.42	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	80	fL	83-101	Calculated
MCH	26.3	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	43.8	%	40-80	Electrical Impedance
LYMPHOCYTES	47.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2540.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2731.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	203	Cells/cu.mm	20-500	Calculated
MONOCYTES	319	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.93		0.78- 3.53	Calculated
PLATELET COUNT	330000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	21	mm at the end of 1 hour	0-15	Modified Westgren method
PERIPHERAL SMEAR				



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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



SIN No: BED240196883

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www.apolloclinic.com

Patient Name : Mr.SUSHANT DUTTA
Age/Gender : 37 Y 11 M 3 D/M
UHID/MR No : CJPN.000096447
Visit ID : CJPNOPV201933
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29669

Collected : 27/Jul/2024 09:32AM
Received : 27/Jul/2024 01:20PM
Reported : 27/Jul/2024 03:18PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

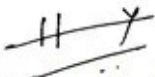
RBCs: are closely packed and are normocytic normochromic

WBCs: are normal in total number with increase in lymphocytes.

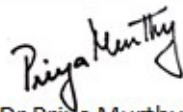
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE LYMPHOCYTOSIS.



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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



SIN No: BED240196883

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Patient Name : Mr.SUSHANT DUTTA	Collected : 27/Jul/2024 09:32AM
Age/Gender : 37 Y 11 M 3 D/M	Received : 27/Jul/2024 01:20PM
UHID/MR No : CJPN.0000096447	Reported : 27/Jul/2024 04:35PM
Visit ID : CJPNOPV201933	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29669	

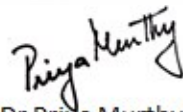
DEPARTMENT OF HAEMATOLOGY

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

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



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Consultant Pathologist



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



SIN No:BED240196883

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Patient Name : Mr.SUSHANT DUTTA	Collected : 27/Jul/2024 12:41PM
Age/Gender : 37 Y 11 M 3 D/M	Received : 27/Jul/2024 06:00PM
UHID/MR No : CJPN.000096447	Reported : 27/Jul/2024 07:24PM
Visit ID : CJPNOPV201933	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29669	

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	97	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

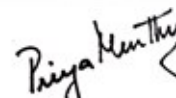
Note:

- 1.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.
2. 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)	132	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.


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



SIN No:PLP1477715

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Patient Name : Mr.SUSHANT DUTTA	Collected : 27/Jul/2024 09:32AM
Age/Gender : 37 Y 11 M 3 D/M	Received : 27/Jul/2024 01:27PM
UHID/MR No : CJPN.000096447	Reported : 27/Jul/2024 02:42PM
Visit ID : CJPNOPV201933	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.


4. 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.

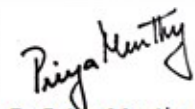
5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


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



SIN No: EDT240081293

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Patient Name : Mr.SUSHANT DUTTA	Collected : 27/Jul/2024 09:32AM
Age/Gender : 37 Y 11 M 3 D/M	Received : 27/Jul/2024 12:52PM
UHID/MR No : CJPN.000096447	Reported : 27/Jul/2024 02:21PM
Visit ID : CJPNOPV201933	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29669	

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	276	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	219	mg/dL	<130	Calculated
LDL CHOLESTEROL	194.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.84		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


Comment:

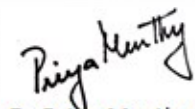
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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Consultant Biochemistry


Dr Priya Murthy
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Consultant Pathologist



SIN No: SE04793395

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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	0.56	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	92	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	56.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	102.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		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:

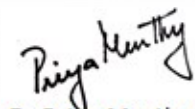
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:


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 MSc,PhD(Biochemistry)
 Consultant Biochemistry


 Dr Priya Murthy
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 Consultant Pathologist



SIN No:SE04793395

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Patient Name : Mr.SUSHANT DUTTA
Age/Gender : 37 Y 11 M 3 D/M
UHID/MR No : CJPNO00096447
Visit ID : CJPNOPV201933
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29669

Collected : 27/Jul/2024 09:32AM
Received : 27/Jul/2024 12:52PM
Reported : 27/Jul/2024 02:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

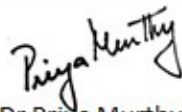
DEPARTMENT OF BIOCHEMISTRY

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

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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SIN No:SE04793395

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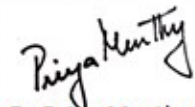
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DEPARTMENT OF BIOCHEMISTRY

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	1.02	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	16.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.63	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.25	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.64	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated


Dr. Govinda Raju N L
 MSc, PhD (Biochemistry)
 Consultant Biochemistry


Dr Priya Murthy
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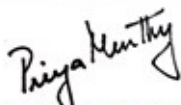

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DEPARTMENT OF BIOCHEMISTRY

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	42.00	U/L	<55	IFCC



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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)	1.09	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.27	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.307	µIU/mL	0.34-5.60	CLIA

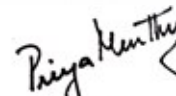
Comment:

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

Page 11 of 15


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



SIN No:SPL24124095

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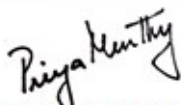

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DEPARTMENT OF IMMUNOLOGY

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

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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Consultant Pathologist



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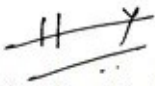
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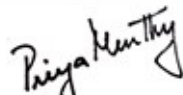
Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	Clear		CLEAR	Physical measurement
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.021		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked



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Consultant Pathologist



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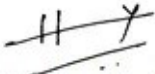
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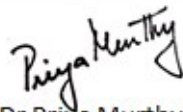
and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 14 of 15



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
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Emp/Auth/TPA ID : 22S29669	

DEPARTMENT OF CLINICAL PATHOLOGY

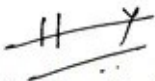
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

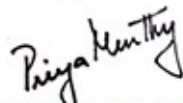
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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



SIN No: UF011964

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

APOLLO CLINICS NETWORK

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Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

Name : Mr. Sushant Dutta	Age : 37 Y	UHID :CJPN.0000096447
Address : blr	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CJPNOPV201933
		Bill No :CJPN-OCR-72936
		Date : 27.07.2024 08:55

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO — 12pm	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION 16	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION 15	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) — 06	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA 18	
17	ENT CONSULTATION — 7.5-30pm	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

DENTAL — 15
 OPTHAL — Front
 PHYSIO - 04
 AUDIO - 21
 DIET — 16 (opposit)

BP — 127/89
 HT — 176cm
 WT — 92.7kg
 Pulse — 81

Name: Sushant Dutta

Date: 27/07/24.

Age: 37 year

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

General
History

Examination / Allergies

Clinical Diagnosis & Management Plan

Ophthalm.

Un: c/c N6
w/ 6/c N6

Colour vision test normal.

RE: -3.50 / -0.25 X 10

LE: -3.25 / -0.25 X 10

Near: Normal N6

No need to change the glasses
it is same power

Follow up date:

1/2 after 6 month

Doctor Signature

ishant
pn.96447

27.07.2024 10:17:33
Apollo Clinic
J.P. Nagar
Bangalore

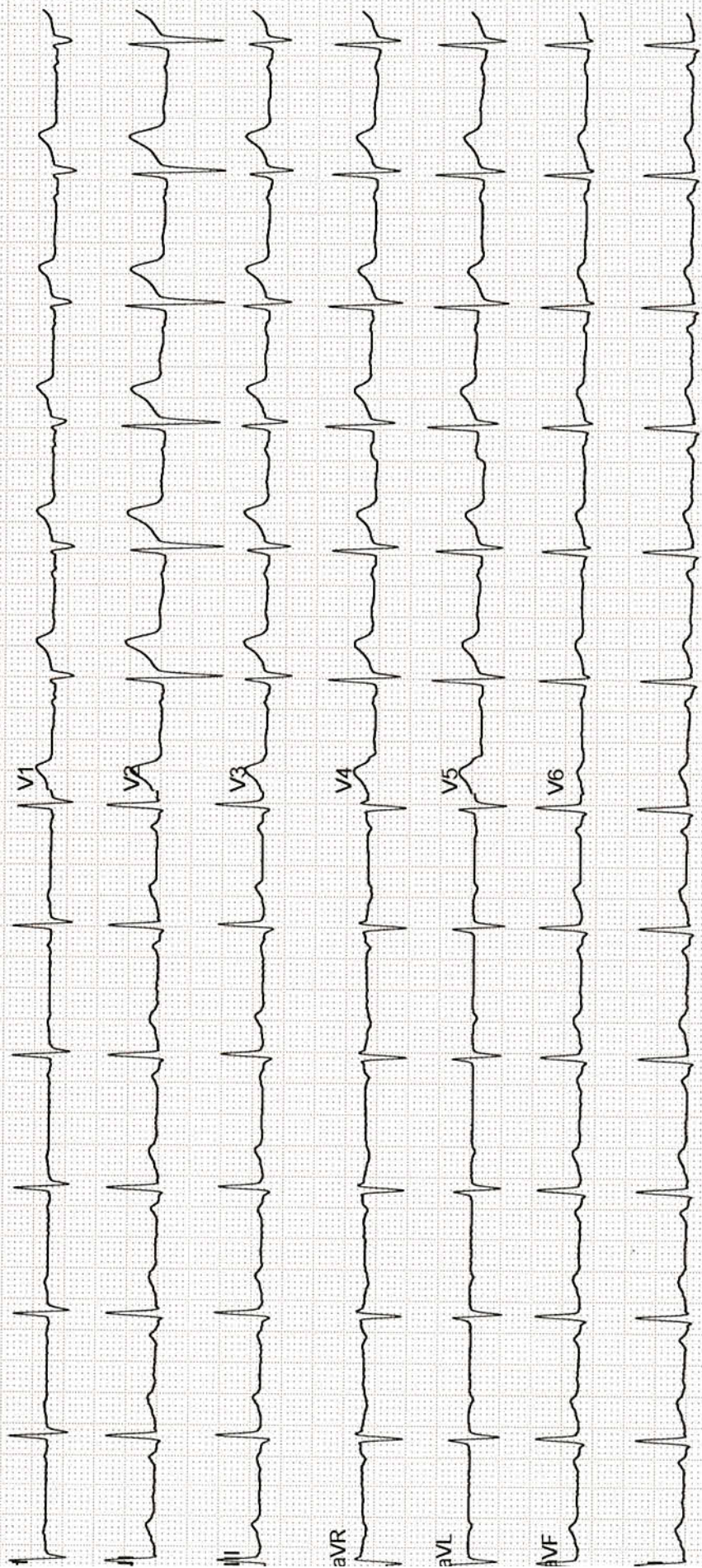
176 cm Male
92.0 kg

74 bpm
127 / 89 mmHg

WNT
[Signature]

Normal sinus rhythm
Normal ECG

QRS 84 ms
QT / QTcBaz 374 / 415 ms
PR 152 ms
P 106 ms
RR / PP 812 / 810 ms
P / QRS / T 69 / 76 / 74 degrees



Patient Name
UHID
Conducted By:
Referred By
2D ECHO

: Mr. Sushant Dutta
: CJP.N.000096447
: Dr. NAGARAJA MOORTHY
: SELF

Age : 37 Y/M
OP Visit No : CJPNOPV201933
Conducted Date : 27-07-2024 14:52

2D ECHO WITH COLOR DOPPLER

AO Diam : 2.8cm	LA Diam : 3.4cm			
IVSd : 0.9cm	IVSs : 1.3cm	LVIDd : 4.4cm	LVIDs : 2.1cm	LVPWd : 0.9cm
LVPWS : 1.3m	EF : 65%	FS : 38%	RVIDd : 2.0 cm	

2D VALVES

MITRAL VALVE -----: NORMAL
TRICUSPID VALVE-----: NORMAL
AORTIC VALVE-----: NORMAL
PULMONARY VALVE-----: NORMAL

CHAMBERS

LEFT ATRIUM-----: NORMAL.
RIGHT ATRIUM-----: NORMAL
LEFT VENTRICULAR-----: NORMAL
RIGHT VENTRICULAR---: NORMAL

DOPPLER

MV E Vel : 0.8m/s , MV A Vel : 0.5m/s
TRICUSPID VALVE : NORMAL
PERICARDIUM-----: NORMAL
CLOT/VEGETATION-----: NIL

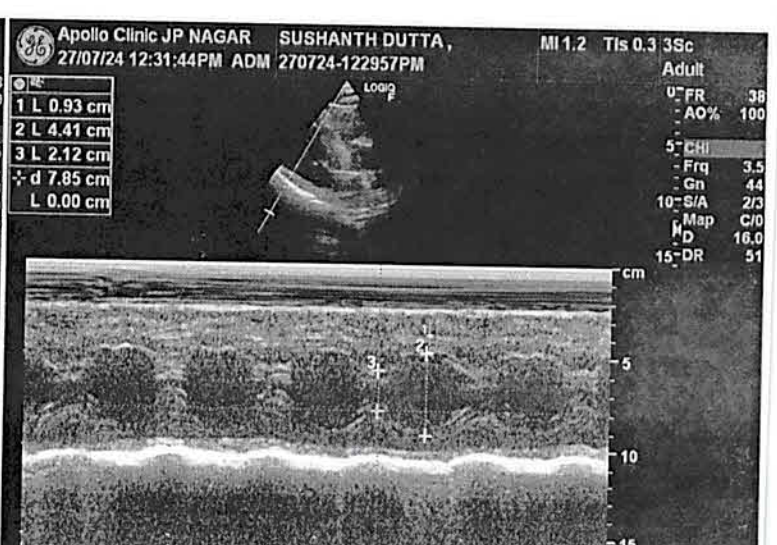
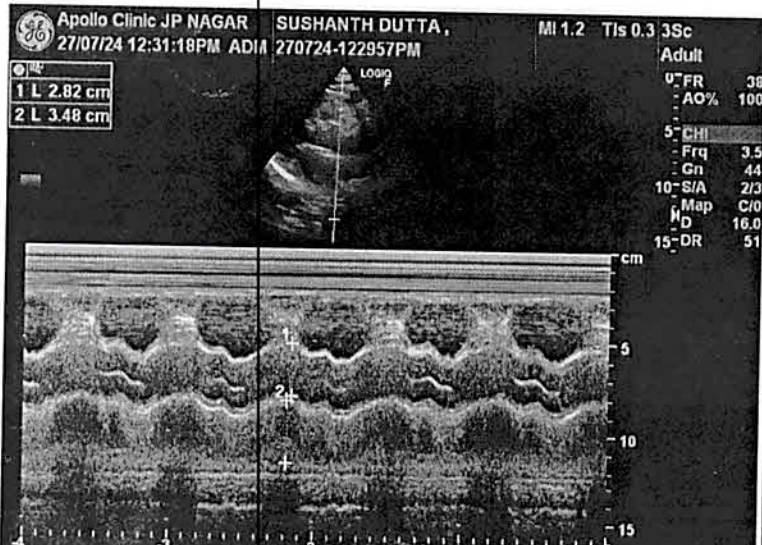
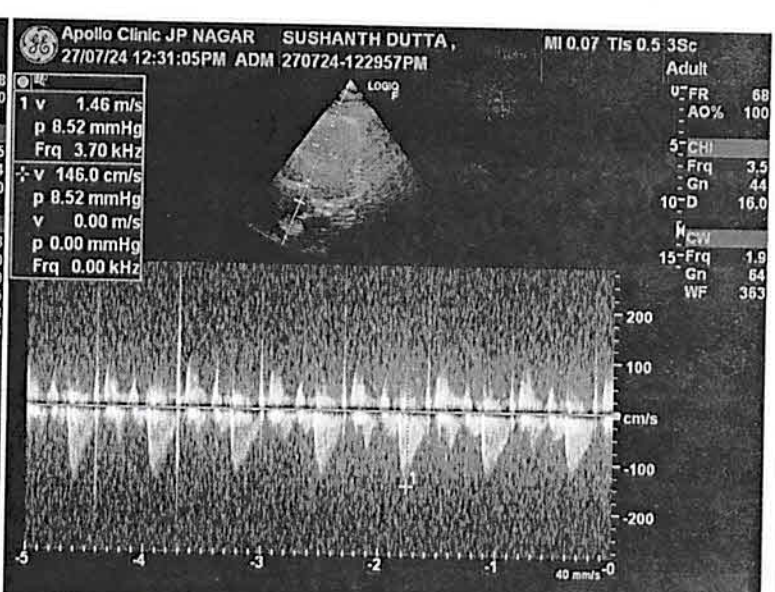
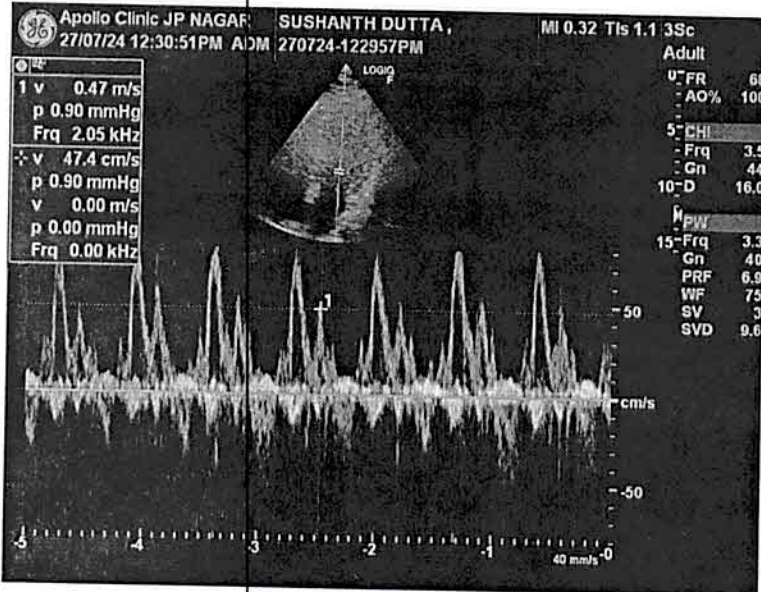
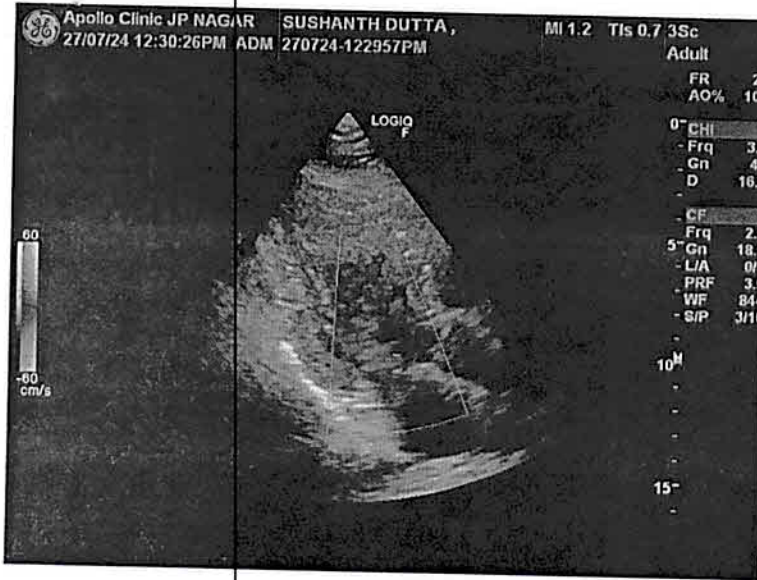
IMPRESSION

NORMAL VALVES AND CHAMBERS
NORMAL LV SYSTOLIC FUNCTION
NO CLOT /VEGETATION/EFFUSION/PAH
NO REGIONAL WALL MOTION ABNORMALITIES



DR. NAGARAJA MOORTHY, MD, DM

CONSULTANT CARDIOLOGIST





Corporate Health Checks

14/77

Search for appointments using the search bar below

Search with Mobile No. or Appointment ID

Choose Date

27-07-2024



Patient Details

Patient First Name

Sushant

Patient Last Name

Dutta

Patient Mobile Number

8095630287

Patient E-mail ID

mousumi.musib123@gmail.com

Date of Birth

11-05-1987

Gender

male


Client

ARCOFEMI HEALTHCARE LIMITED

Agreement Name

(1) ARCOFEMI MEDIWHEEL MALE AHC CREDIT

सुशान्त दुता
Sushant Dutta
जन्म तिथि/DOB: 24/08/1986
पुंलिंग/ MALE



8347 3307 8277

मेरा आधार, मेरी पहचान

PATIENT CASE SHEET



Name: Sushant Dutta Age: 37 Gender: M

Address: _____

UHID / Emp Id: CSPN. 96447

Ref. by Doctor

CHC

Treating Doctor

Dr. Sawrabh

Past Dental History: NAD

Past Medical History: NAD

Chief Complaint(s): Regular dental check up

Investigation:

RVG

ORP

CBCT

Patient Name : Mr. Sushant Dutta

Age/Gender : 37 Y/M

UHID/MR No. : CJPN.0000096447

OP Visit No : CJPNOPV201933

Sample Collected on :

Reported on : 27-07-2024 11:18

LRN# : RAD2389518

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22S29669

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. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Patient Name	: Mr. Sushant Dutta	Age/Gender	: 37 Y/M
UHID/MR No.	: CJPN.0000096447	OP Visit No	: CJPNOPV201933
Sample Collected on	:	Reported on	: 27-07-2024 09:45
LRN#	: RAD2389518	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S29669		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and increased in echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS : Normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures: 11.7 x 1.7 cm.

Left kidney measures : 11.8 x 1.7cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

PROSTATE: Normal in size and echotexture.

Volume-23 cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION : GRADE I FATTY LIVER .

Please Note :No preparation done before scanning.

(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.



Patient Name : Mr. Sushant Dutta

Age/Gender : 37 Y/M

Dr. AKSHAY A RESHMI
MBBS, MD (Radiology)
Radiology

Patient Name : Mr. Sushant Dutta
UHID : CJPN.0000096447
Conducted By: :
Referred By : SELF

Age : 37 Y/M
OP Visit No : CJPNOPV201933
Conducted Date :

Patient Name : Mr. Sushant Dutta
UHID : CJPN.0000096447
Conducted By :
Referred By : SELF

Age : 37 Y/M
OP Visit No : CJPNOPV201933
Conducted Date :
