





Patient Name : Mr.SHARATHKUMAR AS	Collected : 09/Nov/2024 10:11AM
Age/Gender : 33 Y 11 M 14 D/M	Received : 09/Nov/2024 12:24PM
UHID/MR No : CTNA.0000158301	Reported : 09/Nov/2024 01:49PM
Visit ID : CVALOPV119143	Status : Final Report
Ref Doctor : Dr. MANJULA RANGANATHAN M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34634	

**DEPARTMENT OF HAEMATOLOGY**

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

**WBC MORPHOLOGY** : Normal in number, morphology and distribution. No abnormal cells seen.

**PLATELETS** : Adequate in number.

**PARASITES** : No haemoparasites seen.

**IMPRESSION** : Normocytic normochromic blood picture.

**NOTE/ COMMENT** : Please correlate clinically.



**Dr THILAGA**  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist







































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Patient Name	: Mr. SHARATHKUMAR AS	Age	: 33Yrs 11Mths 17Days
UHID	: CTNA.0000158301	OP Visit No.	: CVALOPV119143
Printed On	: 11-11-2024 09:46 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Dr. MANJULA RANGANATHAN M	Registration No.	: --
Employee Id	: 22E34634		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND – WHOLE ABDOMEN

**Liver** : Normal in size measures 14.6 cm with normal echo texture.  
No evidence of any focal lesion. No INBR or EHBR dilation.  
No portal vein and hepatic veins appear normal.

**Gall bladder** : Distended with normal contour and wall thickness.  
No evidence of calculus or focal lesion is seen.

**CBD** : Normal in size and echo pattern.

**Pancreas** : Head , body and tail normal in size and echotexture.  
No evidence of focal lesion / calcification / duct dilatation.

**Spleen** : Appears normal in size measures 9.3 cm.  
No focal lesion is seen. Splenic vein appears normal.

**Right kidney** : Appears normal in size measures 10.5 x 3.8 cm and normal echopattern.  
No evidence of calculus or PCS dilatation in right kidney.

**Left kidney** : Appears normal in size measures 10.5 x 3.8 cm and normal echopattern.  
No evidence of calculus or PCS dilatation in left kidney.

**Para - aortic** : No evidence of any enlarged nodes. IVC & Aorta appear normal.

**Urinary bladder** : Distended with normal contour and wall thickness.  
No evidence any abnormality detected.

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**Prostate** is normal in size measures 1.9 x 3.3 x 2.6 cm vol – 9.1 cc and echo texture.  
No evidence of necrosis/calcification seen.

**RIF & LIF** : appears normal.

**IMPRESSION :**

Normal study.

---End Of The Report---



Dr. HARSHINI U  
MD (Radio Diagnosis)  
120728  
Radiology

Patient Name	: Mr. SHARATHKUMAR AS	Age	: 33Yrs 11Mths 15Days
UHID	: CTNA.0000158301	OP Visit No.	: CVALOPV119143
Printed On	: 09-11-2024 01:08 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Dr. MANJULA RANGANATHAN M	Registration No.	: --
Employee Id	: 22E34634		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

\*NO SIGNIFICANT ABNORMALITY DETECTED.

---End Of The Report---



Dr. PASUPELETI SANTOSH KUMAR  
M.B.B.S., DNB (RADIODIAGNOSIS)  
126310  
Radiology



Patient Name : Mr. SHARATHKUMAR AS Age : 33Yrs 11Mths 15Days  
UHID : CTNA.0000158301 OP Visit No. : CVALOPV119143  
Printed On : 09-11-2024 10:48 AM Advised/Pres Doctor : --  
Department : Cardiology Qualification : --  
Referred By : Dr. MANJULA RANGANATHAN M Registration No. : --  
Employee Id : 22E34634

## DEPARTMENT OF CARDIOLOGY

Ao (ed)	2.8 CM
LA (es)	2.6 CM
LVID (ed)	3.7 CM
LVID (es)	2.5 CM
IVS (Ed)	0.7/1.0 CM
LVPW (Ed)	0.7/1.1 CM
EF	63.00%
%FD	33.00%
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:	NORMAL

**COLOUR AND DOPPLER STUDIES**

**PWD:A>E AT MITRAL INFLOW**

**E/A-E:0.6m/sec A: 0.3m/sec**

**VELOCITY ACROSS THE PULMONIC VALVE UPTO**

**0.8/2 m/sec**

**VELOCITY ACROSS THE AV UPTO 0.9/3m/sec**

**TR VELOCITY UPTO 2.4/23 m/sec**

**IMPRESSION :**

**NO REGIONAL WALL MOTION ABNORMALITY**

**NORMAL LV SYSTOLIC FUNCTION**

**NORMAL CHAMBERS DIMENSION**

**STRUCTURALLY VALVES ARE NORMAL**

**NO PERICARDIAL EFFUSION CLOT/PAH**

**CONDUCTED BY**

**Mrs. U NANDHINI KUMARI**

---End Of The Report---



**Dr. S NISHANTH**  
**MBBS, MD, DM (Cardio)**

**95597**

**Cardiology**

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Patient Name	: Mr. SHARATHKUMAR AS	Age	: 33Yrs 11Mths 15Days
UHID	: CTNA.0000158301	OP Visit No.	: CVALOPV119143
Printed On	: 09-11-2024 10:11 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Dr. MANJULA RANGANATHAN M	Registration No.	: --
Employer Id	: 22E34634		

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**DEPARTMENT OF CARDIOLOGY**

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Observation :-

1. Sinus Rhythm.
2. Heart rate is 102 beats per minutes.

**Impression:**

**WITHIN NORMAL LIMITS**

---End Of The Report---

Dr. PADMINI M  
MD  
25154  
Cardiology



Mr. SHARATH KUMAR A S  
ID: CTNA158301

Male

33 Years

09.11.2024 11:15:14 AM

apollo clinic  
vallenavakkam  
chennai

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

Room:

102 bpm

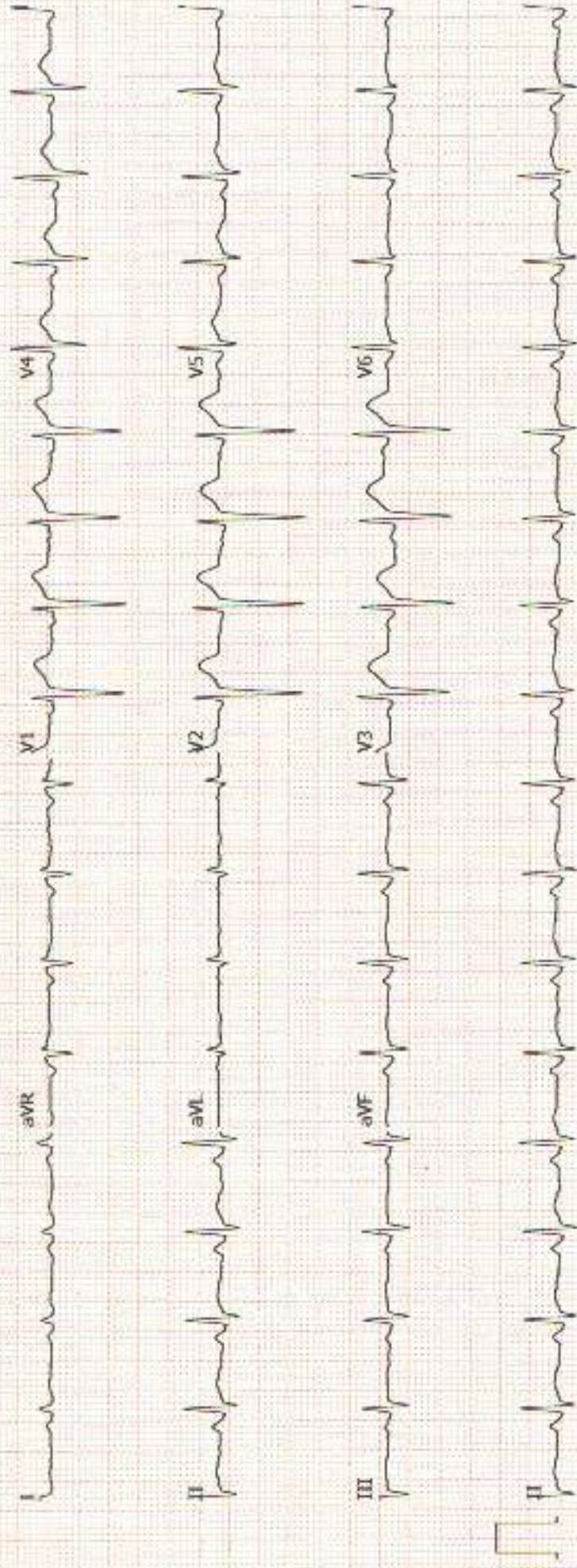
102 mmHg

Technician:  
Ordering Phc:  
Referring Phc:  
Attending Phc:

QRS : 84 ms  
QT / QTcBaz : 336 / 437 ms  
PR : 120 ms  
P : 96 ms  
RR / PP : 586 / 588 ms  
P / QRS / T : 57 / 60 / 66 degrees

(N)

Age








नाम  
Name

A.S. SHARATH KUMAR



कम्प्यारी कुट क्र : 117314  
E.C. No.

  
जारीकर्ता अधिकारी  
Issuing Authority

  
धारक के हस्ताक्षर  
Signature of Holder



Your appointment is confirmed

From noreply@apolloclinics.info <noreply@apolloclinics.info>  
Date Thu 07-11-2024 17:25  
To sunder.sharath@yahoo.com <sunder.sharath@yahoo.com>  
Cc Valasaravakkam Clinic <valasaravakkam@apolloclinic.com>; Sreetharan V <sreetharan.v@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>

Dear MR. A S SHARATHKUMAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VALASARAVAKKAM clinic** on **2024-11-09** at **08:15-08:30**.

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

**"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 CLINIC,NO:1&2,PRAKASAM  
SALAI,VALASARAVAKKAM,CHENNAI,NEAR MCDONALDS.**

**Contact No: (044) 42698222 - 666.**

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 Reports are ready.

Warm Regards,  
Apollo Clinic

Date : 11/9/2024 Department : General Physician  
 Patient Name : Mr. SHARATHKUMAR AS Doctor : Dr. MANJULA RANGANATHAN M  
 UHID : CTNA.0000158301 Registration No. : 75481  
 Age / Gender : 33Yrs 11Mths 14Days/ Male Qualification : M.B.B.S, Dip. in Diab.- CCEBDM ,P.G in Diab (Boston University)  
 Consultation Timing : 10:09 AM

Allergy - nil  
Annual  
 no complaints  
 P / H - R / A - 1 week of fever  
 of June 2023  
 BP -> 100/60  
 Pulse -> 90/min  
 Wt -> 55 kg  
 Ht -> 167 cm

R / O - nil

Ado  
 Vit D / B12

ls

# OPHTHALMOLOGY

Name	Mr. Sharath Kumar. AS.	Date	9/11/24.
Age	33y	UHID No.	158301
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		

## OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	6/6	6/6
DV-BCVA :		
NEAR VISION :	1/6	1/6
ANTERIOR SEGMENT :		
IOP :	Normal	Normal.
FIELDS OF VISION :	Full	Full
E O M :		
COLOUR VISION :	Normal	Normal
FUNDUS :		
IMPRESSION :	—	—
ADVICE :		

S. Senthana.

Mr. SHARATH KUMAR. A.S.

Nil ENT Complaints

O/E :-

Ea

NOSE

Throat

NAD.

Neck - No mass.

TFT - wnl

Imp:

ENT Clinically  
NAD





Mr. SHARATH KUMAR. A.S.

Nil ENT Complaints

O/E :-

Ea

NOSE

Throat

NAD.

Neck - No mass.

TFT - WNL

Imp:

ENT Clinically  
NAD



09/11/24

Dental op

Mr. Sharathkumar AS

33/M

RADV:

- Adv. scaling

Li  
09/11/24

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Dr. SHARATH KUNAR. A. on 09/11/24  
33 yrs/M

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Fit with <del>restrictions</del>/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>Currently Unfit. Review after _____</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	<input type="checkbox"/>

recommended  
**Dr. MANJULA RANGANATHAN**  
 M.B.B.S., Dip In Diab.,  
 Reg No: 75481

Dr. \_\_\_\_\_  
 Medical Officer  
 The Apollo Clinic, (Location)

*This certificate is not meant for medico-legal purposes*

