


Patient Name : Mr.SANTHOSH KUMAR N	Collected : 13/Jan/2024 08:13AM
Age/Gender : 38 Y 6 M 25 D/M	Received : 13/Jan/2024 11:27AM
UHID/MR No : CMYS.0000059217	Reported : 13/Jan/2024 01:33PM
Visit ID : CMYSOPV121295	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177526	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA


Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240008875



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DEPARTMENT OF HAEMATOLOGY

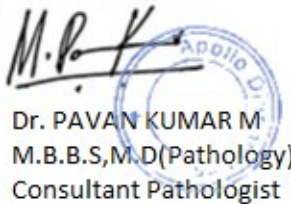
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	47.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.33	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.9	%	40-80	Electrical Impedance
LYMPHOCYTES	35.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2739.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1724.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	127.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	294	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.7	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	327000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.

W.B.C: Are normal in number,morphology and distribution.

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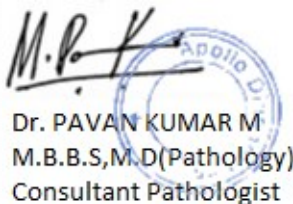
DEPARTMENT OF HAEMATOLOGY

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

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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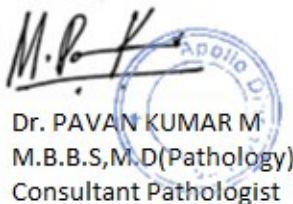


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DEPARTMENT OF HAEMATOLOGY

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



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Patient Name : Mr.SANTHOSH KUMAR N	Collected : 13/Jan/2024 12:40PM
Age/Gender : 38 Y 6 M 25 D/M	Received : 13/Jan/2024 03:55PM
UHID/MR No : CMYS.0000059217	Reported : 13/Jan/2024 05:54PM
Visit ID : CMYSOPV121295	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	91	mg/dl	74-106	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:

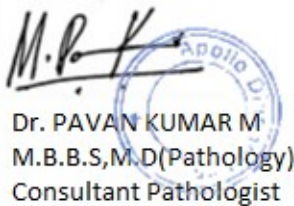
- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	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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SIN No:PLP1408393



Patient Name : Mr.SANTHOSH KUMAR N	Collected : 13/Jan/2024 08:13AM
Age/Gender : 38 Y 6 M 25 D/M	Received : 13/Jan/2024 02:07PM
UHID/MR No : CMYS.0000059217	Reported : 13/Jan/2024 02:59PM
Visit ID : CMYSOPV121295	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	4.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	88	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

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	206	mg/dl	0-200	CHOD
TRIGLYCERIDES	62	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	167	mg/dL	<130	Calculated
LDL CHOLESTEROL	154.71	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.32	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.29		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

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


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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	0.72	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.23	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	76.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	4.23	g/dl	3.5-5.2	Bromocresol Green
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		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:

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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.


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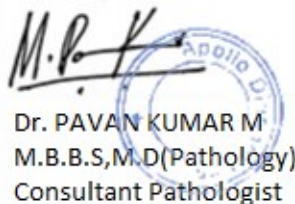


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DEPARTMENT OF BIOCHEMISTRY

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	1.09	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	38.80	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	18.1	mg/dl	6-20	Urease, UV
URIC ACID	8.10	mg/dL	3.5-8.5	Uricase
CALCIUM	9.66	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	4.00	mg/dl	2.7-4.5	Molybdate
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE



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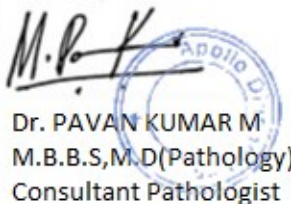


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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/l	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

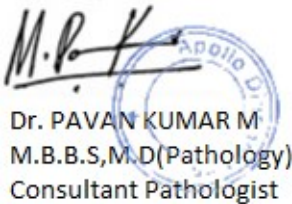
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.15	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.88	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.760	µIU/mL	0.35-4.94	CMIA

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

- 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 IMMUNOLOGY

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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	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
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



Dr. PAVAN KUMAR M
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UR2261639



Patient Name : Mr.SANTHOSH KUMAR N	Collected : 13/Jan/2024 08:13AM
Age/Gender : 38 Y 6 M 25 D/M	Received : 13/Jan/2024 11:27AM
UHID/MR No : CMYS.0000059217	Reported : 13/Jan/2024 01:24PM
Visit ID : CMYSOPV121295	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 177526	

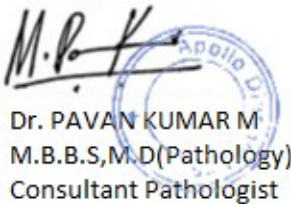
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF010149



Date : 13-01-2024
MR NO : CMYS.0000059217

Department : GENERAL
Doctor : ROHITH.H.K

Name : Mr. Santhosh Kumar N
Age/ Gender : 38 Y / Male

Registration No :
Qualification :

Consultation Timing: 08:10

Height : 167	Weight : 82.14	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Pt. came for Annual Health checkup
No fresh complaints
No H/o DM, HTN.



Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 13-01-2024
MR NO : CMYS.0000059217
Name : Mr. Santhosh Kumar N
Age/Gender : 38 Y / Male

Department : GENERAL
Doctor :
Registration No : *Dr Praveen Kumar R*
Qualification : *MS/Gen*

Consultation Timing: 08:10

Height: <i>167</i>	Weight: <i>82.4</i>	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P: <i>130/80</i>

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Cancer for molar teeth checkup

Ear Bilateral IM - Normal

NOSE - nasal mucosa - normal

oral cavity & oropharynx - normal

neck - normal

As

Revisit

Follow up date :

[Signature]
Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 13-01-2024
MR NO : CMYS.0000059217

Department : GENERAL Dietetics
Doctor : Madhura . B. P

Name : Mr. Santhosh Kumar N

Registration No :

Age/ Gender : 38 Y / Male

Qualification : M.Sc Nutrition & Dietetics
* PhD

Consultation Timing: 08:10

IRW - 67

Height : 167	Weight : 82.4	BMI : 29.6 kg	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Total cholesterol - 206
HDL - 39
NON-HD - 167
LDL - 154.71
chol/HDL - 5.29

Clinical Diagnosis & Management Plan

- Advised low-fat diet with complex carbohydrates and (high fiber).
- Regular exercise is important to reduce cholesterol.
- use skimmed / toned milk, instead of whole fat milk.

Follow up date :

Doctor Signature : B. P

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41
13/01/2024

Date : 13-01-2024
 MR NO : CMYS.0000059217
 Name : Mr. Santhosh Kumar N
 Age/ Gender : 38 Y / Male

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 08:10

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

General Examination /
 Allergies History

Clinical Diagnosis & Management Plan

	<u>Rt eye</u>	<u>L eye</u>
Near vision	N6	N6
Distant vision	6/6	6/6
Colour vision	(N)	(N)

Follow up date :


 Doctor Signature

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

Patient Name: Mr. Santhosh Kumar N	Date: 13.01.2024	Doctor: Dr. Self
Age / Sex : 38 yrs / Male	UHID No : 59217	OP:
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

LIVER: It is normal in size and echotexture. No focal lesions seen. IIR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No e/o calculi.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal in size, outline and echopattern.

RIGHT KIDNEY: It Measures 99x51 mm with parenchymal thickness of 15 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 108x57 mm with parenchymal thickness of 19 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No e/o calculi.

PROSTATE: It measures 23x25x24 mm with a volume of 7 cc. It is normal in size, outline and echotexture. The vascularity of prostate is normal.

RIF: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: NORMAL STUDY.

Pradeep
Dr. Pradeep Kumar C N, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

(CIN: UR5110702000PLC115819)

Regd. Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No: (040) 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi) | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |

Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr. Santhosh Kumar N
UHID : CMYS.0000059217
Reported on : 13-01-2024 16:03
Adm/Consult Doctor :

Age : 38 Y M
OP Visit No : CMYSOPV121295
Printed on : 13-01-2024 16:07
Ref Doctor : SELF

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.

IMPRESSION :NORMAL STUDY.

Pradeep

Printed on:13-01-2024 16:03

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)

Radiology

Apollo Health and Lifestyle Limited

CIN: U85110TG2000PLC115819

Regd. Office: 1-10-60 E2, Aundha Ragnipati Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

M.No: 04949047777 Fax No: 49047744 | Email: enquiry@apolloh.com | www.apolloh.com

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mr Santhosh Kumar N

Age & Sex : 38Yrs /Male

Date :13.01.2024

UHID No : 59217

2D ECHOCARDIOGRAPHY STUDY

Impression

- Normal chamber volumes and valves
- No regional wall motion abnormality seen
- Normal left ventricular systolic function. EF 64%
- No clots. No pericardial effusion

Findings

Left Ventricle:	Normal
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

Apollo Health and Lifestyle Limited

(CIN: U85110TG2000PLC115819)

Kings Office 1, 10 & 12, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mr Santhosh Kumar N	Age & Sex : 38Yrs /Male
Date :13.01.2024	UHID No : 59217

Measurement

AO	:	2.6	cm
LA	:	2.8	cm

RV	:	2.1	cm
LVIDd	:	4.52	cm
LVIDs	:	2.97	cm
IVSd	:	0.87	cm
IVSs	:	1.35	cm
PWd	:	1.11	cm
PWs	:	1.31	cm
EF	:	63.0	%
FS	:	33.0	%

Doppler

MV			TV			AV			PV		
E :	0.71	m/s	E ---	m/s	V max	1.17	m/s	V max	0.83	m/s	
A :	0.51	m/s	A ---	m/s							
MR Nil			TR Nil		AR Nil			PR Nil			

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY

Apollo Health and Lifestyle Limited

CIN: U85110TG2000PLC115819

Regd. Office: 11D/60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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 Kowtharigala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Diagnosis Information:

MR SANTHOSH KUMAR N
Male 38Y ears
167cm 82kg 130/80 mmHg

Unconfirmed Report.

APOLLO Clinic
23, 1st Floor,
Kalladasa Road, Mysore - 02
Ph : 0821-4006040/41

