


Patient Name	: Mr.SOMESHWAR GATTU	Collected	: 13/Jan/2024 08:14AM
Age/Gender	: 36 Y 4 M 29 D/M	Received	: 13/Jan/2024 11:27AM
UHID/MR No	: CMYS.0000059218	Reported	: 13/Jan/2024 01:33PM
Visit ID	: CMYSOPV121296	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: TS02720160000933		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA


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

SIN No:BED240008889



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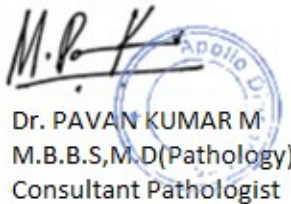
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.8	g/dL	13-17	Spectrophotometer
PCV	54.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.3	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	46.4	%	40-80	Electrical Impedance
LYMPHOCYTES	45.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	4	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2366.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2320.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	183.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	204	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.5	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	225000	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				

R.B.C: Majority are normocytic normochromic.

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

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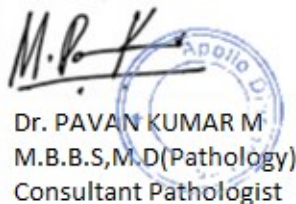
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Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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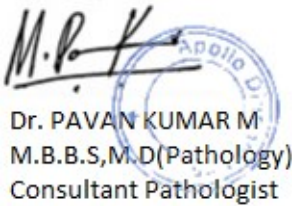


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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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	170	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)	224	mg/dL	70-140	GOD - POD

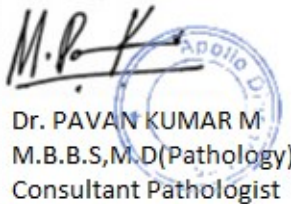
Comment:

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	9.8	%		HPLC

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ESTIMATED AVERAGE GLUCOSE (eAG)	235	mg/dL	Calculated
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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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	240	mg/dl	0-200	CHOD
TRIGLYCERIDES	135	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	205	mg/dL	<130	Calculated
LDL CHOLESTEROL	177.83	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.92	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.81		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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.81	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.26	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	104.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.97	g/dl	3.5-5.2	Bromocresol Green
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		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:

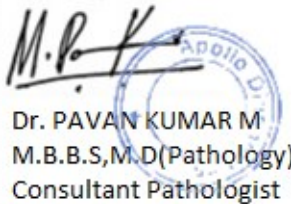
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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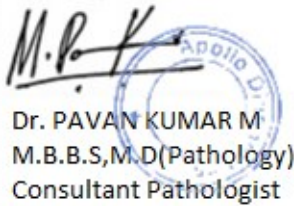


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	16.47	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	7.7	mg/dl	6-20	Urease, UV
URIC ACID	7.20	mg/dL	3.5-8.5	Uricase
CALCIUM	10.53	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.92	mg/dl	2.7-4.5	Molybdate
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE



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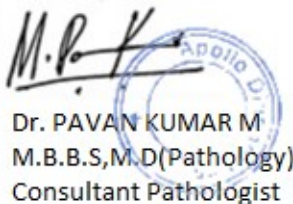
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	75.00	U/l	0-55	IFCC

Result is rechecked. Kindly correlate clinically



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DEPARTMENT OF IMMUNOLOGY

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

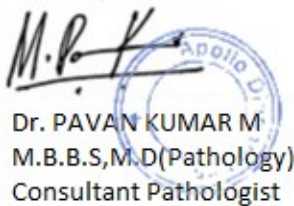
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.8	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.29	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.680	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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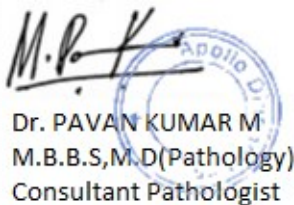


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DEPARTMENT OF CLINICAL PATHOLOGY

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	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE (TRACE)		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+)		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	5 - 6	/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:UR2261650



Patient Name : Mr.SOMESHWAR GATTU	Collected : 13/Jan/2024 08:14AM
Age/Gender : 36 Y 4 M 29 D/M	Received : 13/Jan/2024 01:00PM
UHID/MR No : CMYS.0000059218	Reported : 13/Jan/2024 01:41PM
Visit ID : CMYSOPV121296	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TS02720160000933	


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)	POSITIVE (++)		NEGATIVE	Dipstick

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

*** End Of Report ***



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

SIN No:UF010150



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Sameshwara Butti on 13-01-24

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <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>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. [Signature] 13/1/24
 Medical Officer Dr. ROHITH.H.K
 The Apollo Clinic, Mysore.

Apollo Health and Lifestyle Limited

(CIN: U85110TG2000PLC115R19)

Regd. Office: 1-10-60-62, Anhoka Raghupathi, Bangalore-560025. Tel: No: 4964 7777 | Fax: No: 4964 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 | Kowtharigala | Sarjapur Road | Mysore: (VV Mohalla)

Online appointments: www.apolloclinic.com

This certificate is not meant for medico-legal purposes

Apollo Clinic

25, 1st Floor,

Kalidasa Road, Mysore - 02

Ph: 0821-2501111

1860 500 7788

Date : 13-01-2024
MR NO : CMYS.0000059218

Department : GENERAL
Doctor : ROHITH. H.K.

Name : Mr. SOMESHWAR GATTU

Registration No :

Age/ Gender : 36 Y / Male

Qualification :

Consultation Timing: 08:12

Height: 164	Weight: 78.8	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P: 120/80

General Examination /
Allergies History

FBS - 170 mg/dL.

HbA_{1c} - 9.8%

Lipid Profile:

TC - 240

HDL - 35

Non HDL - 205

LDL - 177.83

Urine -

Glucose +

Cholesterol

Clinical Diagnosis & Management Plan

Pt came for medical fitness

No fresh complaints

No h/o DM, HTN.



Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 57
Ph : 0821-4006040/41

Date : 13-01-2024
MR NO : CMYS.0000059218

Department : GENERAL
Doctor :

Name : Mr. SOMESHWAR GATTU
Age/ Gender : 36 Y / Male

Registration No :
Qualification :

Consultation Timing: 08:12

Height : 164	Weight : 78.8	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 20/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

	<u>Rt eye</u>	<u>lf eye</u>
Near vision	n/6	n/6
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. Someshwar Gattu	Date:13.01.2024	Doctor:Dr. Self
Age / Sex :36 yrs /Male	UHID No : 59218	OP:
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

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

GALL BLADDER: It is well distended and shows calculus measuring 7 mm.

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 106x51 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 113x53 mm with parenchymal thickness of 15 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

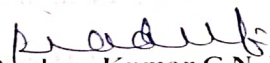
URINARY BLADDER: It is well distended. The UB wall is normal. No e/o calculi.

PROSTATE: It measures 31x28x34mm with a volume of 16 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: CHOLELITHIASIS.


Dr. Pradeep Kumar C N, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

(CIN: U65110TG2000PLC115R19)

Regd. Office: 1, 10 & 12, 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

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Scanned with CamScanner

Patient Name : Mr. SOMESHWAR GATTU

Age : 36 Y M

UHID : CMYS.0000059218

OP Visit No : CMYSOPV121296

Reported on : 13-01-2024 16:04

Printed on : 13-01-2024 16:07

Adm/Consult Doctor :

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 16:04

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

ICMR : U65110TG2000PLC115819

Regd. Office : 13-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph: No. (041) 4904 7777 | Fax: No. 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Koramangala | Sarjapur Road | **Mysore** : VV Mohalla

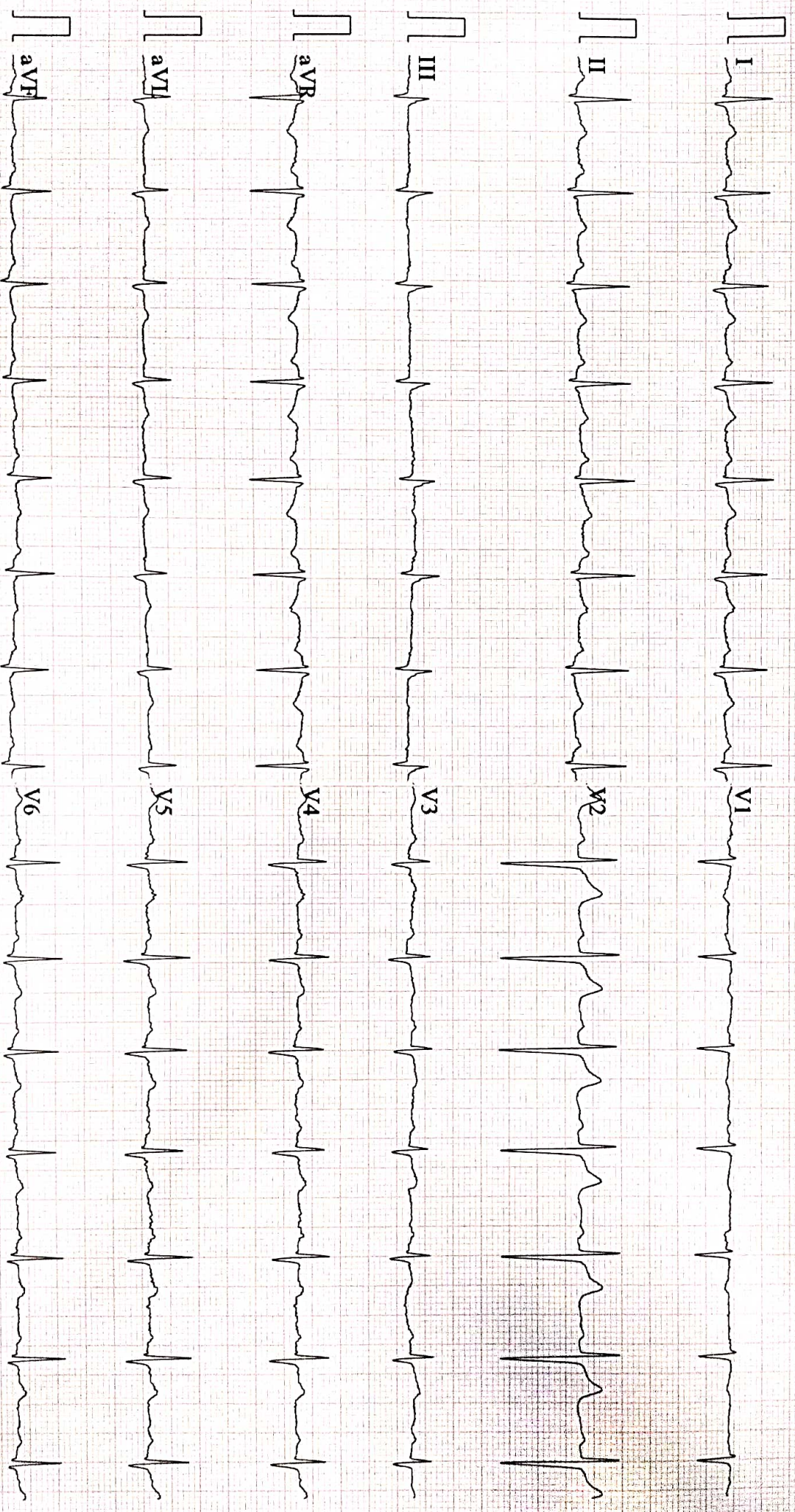
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Unconfirmed Report.

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



Informed Consent/Declaration For Test Exclusion

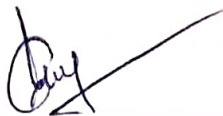
Patient Name: Someehwar Gattu Age: 36 Years

UHID Number: 59218

Please tick and sign the relevant part

I certify that I will skip Echo+ENT+diet Test from my own.

No refund is provided for the above excluded test and I have been informed about the same.

Patient signature  Date 13/01/24

Witness signature: N.oblitha.R Date: 13/01/24