

Patient Name : Mr.NITIN KAWADUJI PATIL	Collected : 23/Dec/2023 09:31AM
Age/Gender : 43 Y 11 M 20 D/M	Received : 23/Dec/2023 01:11PM
UHID/MR No : CPIM.0000115522	Reported : 23/Dec/2023 03:17PM
Visit ID : CPIMOPV154820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0...0..0.0.	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC Mild Eosinophilia
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



Patient Name : Mr.NITIN KAWADUJI PATIL	Collected : 23/Dec/2023 09:31AM
Age/Gender : 43 Y 11 M 20 D/M	Received : 23/Dec/2023 01:11PM
UHID/MR No : CPIM.0000115522	Reported : 23/Dec/2023 03:17PM
Visit ID : CPIMOPV154820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0...0..0.0.	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	14.2	g/dL	13-17	Spectrophotometer
PCV	42.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.26	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	81.1	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,030	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	56.2	%	40-80	Electrical Impedence
LYMPHOCYTES	24.8	%	20-40	Electrical Impedence
EOSINOPHILS	9.5	%	1-6	Electrical Impedence
MONOCYTES	9.1	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3950.86	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1743.44	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	667.85	Cells/cu.mm	20-500	Calculated
MONOCYTES	639.73	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.12	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	174000	cells/cu.mm	150000-410000	Electrical impedence
----------------	--------	-------------	---------------	----------------------

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
--------------------------------------	---	-------------------------	------	---------------------

PERIPHERAL SMEAR

**RBC Predominantly Normocytic Normochromic with Microcytes+
WBC Mild Eosinophilia
Platelets are Adequate
No Abnormal cells/hemoparasite seen.**



Patient Name : Mr.NITIN KAWADUJI PATIL	Collected : 23/Dec/2023 09:31AM
Age/Gender : 43 Y 11 M 20 D/M	Received : 23/Dec/2023 01:11PM
UHID/MR No : CPIM.0000115522	Reported : 23/Dec/2023 02:57PM
Visit ID : CPIMOPV154820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0...0..0.0.	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.NITIN KAWADUJI PATIL	Collected : 23/Dec/2023 09:31AM
Age/Gender : 43 Y 11 M 20 D/M	Received : 23/Dec/2023 01:10PM
UHID/MR No : CPIM.0000115522	Reported : 23/Dec/2023 02:49PM
Visit ID : CPIMOPV154820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0...0..0.0.	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

GLUCOSE, FASTING , NAF PLASMA	113	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:

- 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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	97	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.

HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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

Patient Name : Mr.NITIN KAWADUJI PATIL	Collected : 23/Dec/2023 09:31AM
Age/Gender : 43 Y 11 M 20 D/M	Received : 23/Dec/2023 01:10PM
UHID/MR No : CPIM.0000115522	Reported : 23/Dec/2023 02:49PM
Visit ID : CPIMOPV154820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0...0..0.0.	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

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)



Patient Name : Mr.NITIN KAWADUJI PATIL	Collected : 23/Dec/2023 09:31AM
Age/Gender : 43 Y 11 M 20 D/M	Received : 23/Dec/2023 01:47PM
UHID/MR No : CPIM.0000115522	Reported : 23/Dec/2023 04:26PM
Visit ID : CPIMOPV154820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0...0...0.0.	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	174	mg/dL	<200	CHO-POD
TRIGLYCERIDES	60	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	134	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		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

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.
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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Patient Name : Mr.NITIN KAWADUJI PATIL	Collected : 23/Dec/2023 09:31AM
Age/Gender : 43 Y 11 M 20 D/M	Received : 23/Dec/2023 01:47PM
UHID/MR No : CPIM.0000115522	Reported : 23/Dec/2023 04:26PM
Visit ID : CPIMOPV154820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0...0..0.0.	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.42	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	124.83	U/L	30-120	IFCC
PROTEIN, TOTAL	6.93	g/dL	6.6-8.3	Biuret
ALBUMIN	4.26	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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.



Patient Name	: Mr.NITIN KAWADUJI PATIL	Collected	: 23/Dec/2023 09:31AM
Age/Gender	: 43 Y 11 M 20 D/M	Received	: 23/Dec/2023 01:47PM
UHID/MR No	: CPIM.0000115522	Reported	: 23/Dec/2023 04:25PM
Visit ID	: CPIMOPV154820	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 0...0..0.0.		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.88	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	27.37	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.92	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.19	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.79	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.45	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.99	mmol/L	101–109	ISE (Indirect)



Patient Name	: Mr.NITIN KAWADUJI PATIL	Collected	: 23/Dec/2023 09:31AM
Age/Gender	: 43 Y 11 M 20 D/M	Received	: 23/Dec/2023 01:47PM
UHID/MR No	: CPIM.0000115522	Reported	: 23/Dec/2023 04:25PM
Visit ID	: CPIMOPV154820	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 0...0..0.0.		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.51	U/L	<55	IFCC

SIN No SE04580094



Patient Name : Mr.NITIN KAWADUJI PATIL	Collected : 23/Dec/2023 09:31AM
Age/Gender : 43 Y 11 M 20 D/M	Received : 23/Dec/2023 01:27PM
UHID/MR No : CPIM.0000115522	Reported : 23/Dec/2023 02:30PM
Visit ID : CPIMOPV154820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0...0...0.0.	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.21	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.851	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

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



Patient Name	: Mr.NITIN KAWADUJI PATIL	Collected	: 23/Dec/2023 09:31AM
Age/Gender	: 43 Y 11 M 20 D/M	Received	: 23/Dec/2023 01:27PM
UHID/MR No	: CPIM.0000115522	Reported	: 23/Dec/2023 02:20PM
Visit ID	: CPIMOPV154820	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 0...0..0.0.		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.600	ng/mL	0-4	CLIA

SIN No: SPL23189092



Patient Name : Mr.NITIN KAWADUJI PATIL	Collected : 23/Dec/2023 09:31AM
Age/Gender : 43 Y 11 M 20 D/M	Received : 23/Dec/2023 01:21PM
UHID/MR No : CPIM.0000115522	Reported : 23/Dec/2023 02:18PM
Visit ID : CPIMOPV154820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0...0..0.0.	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2 - 4	/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



Patient Name : Mr.NITIN KAWADUJI PATIL	Collected : 23/Dec/2023 09:31AM
Age/Gender : 43 Y 11 M 20 D/M	Received : 23/Dec/2023 01:21PM
UHID/MR No : CPIM.0000115522	Reported : 23/Dec/2023 02:18PM
Visit ID : CPIMOPV154820	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0...0..0.0.	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No UPP016063 UFD010063



Patient Name : Mr. NITIN KAWADUJI PATIL

Age/Gender : 43 Y/M

UHID/MR No. : CPIM.0000115522

OP Visit No : CPIMOPV154820

Sample Collected on :

Reported on : 23-12-2023 18:44

LRN# : RAD2188223

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 0...0..0.0.

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KIRAN PRALHAD SUDHARE

MBBS, DMRD

Radiology

Patient Name	: Mr. NITIN KAWADUJI PATIL	Age/Gender	: 43 Y/M
UHID/MR No.	: CPIM.0000115522	OP Visit No	: CPIMOPV154820
Sample Collected on	:	Reported on	: 23-12-2023 11:39
LRN#	: RAD2188223	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 0...0..0.0.		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and **bright** 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, 5mm polyp noted. 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.

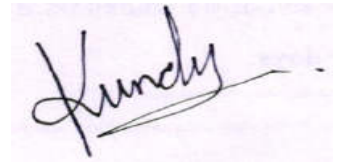
Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen.

IMPRESSION:-

GRADE I FATTY LIVER

GB POLYP

(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. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

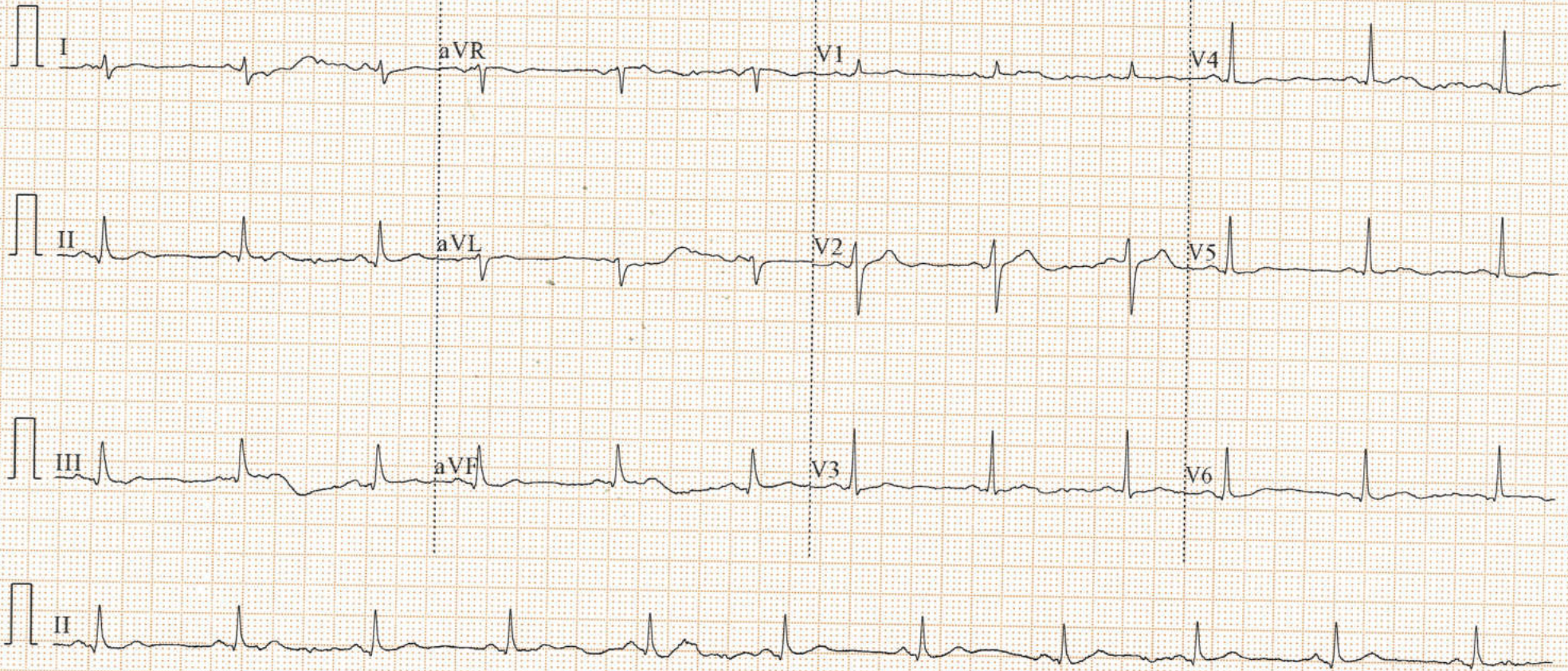
ID: 30
NITIN PATIL
Male 43Years

23-12-2023 10:11:16 AM
HR : 65 bpm
P : 108 ms
PR : 138 ms
QRS : 101 ms
QT/QTc : 378/394 ms
P/ORS/T : 51/99/64 °
RV5/SV1 : 0.911/0.000 mV

Diagnosis Information:
Sinus Rhythm
Right Axis Deviation

WNL
Swan

Report Confirmed by:



Name: Mr. NITIN KAWADUJI PATIL
Age/Gender: 43 Y/M
Address: 502, 5B, KALPATARU PHASE- II, PIMPLE GURAV
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000115522
Visit ID: CPIMOPV154820
Visit Date: 23-12-2023 09:07
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

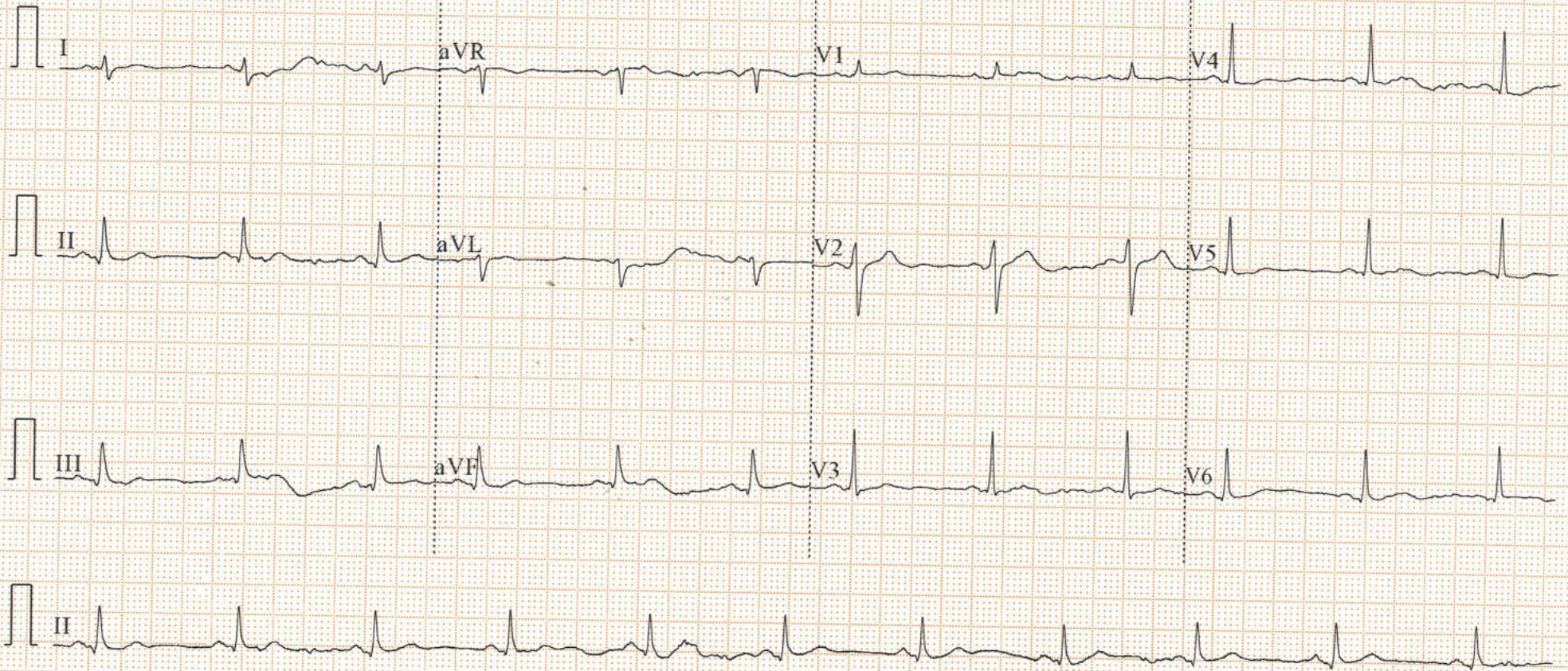
ID: 50
NITIN PATIL
Male 43Years

23-12-2023 10:11:16 AM
HR : 65 bpm
P : 108 ms
PR : 138 ms
QRS : 101 ms
QT/QTc : 378/394 ms
P/ORS/T : 51/99/64 °
RV5/SV1 : 0.911/0.000 mV

Diagnosis Information:
Sinus Rhythm
Right Axis Deviation

WNL
Swan

Report Confirmed by:



Name: Mr. NITIN KAWADUJI PATIL
Age/Gender: 43 Y/M
Address: 502, 5B, KALPATARU PHASE- II, PIMPLE GURAV
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000115522
Visit ID: CPIMOPV154820
Visit Date: 23-12-2023 09:07
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

16

Date : 23-12-2023
MR NO : CPIM.0000115522

Department : GENERAL
Doctor :

Name : Mr. NITIN KAWADUJI PATIL

Registration No : UPT-733

Age/ Gender : 43 Y / Male

Qualification : HT 168
BP 110/70

Consultation Timing: 09:07

Father: HTN

S/E

CVS: S₁S₂(+)

RS: AEBT

CWS: NAD

PA: NAD.

Diet Mix

No known allergy -
No past Sx

Avan

Name: Mr. NITIN KAWADUJI PATIL
Age/Gender: 43 Y/M
Address: 502, 5B, KALPATARU PHASE- II, PIMPLE GURAV
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000115522
Visit ID: CPIMOPV154820
Visit Date: 23-12-2023 09:07
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. NITIN KAWADUJI PATIL
Age/Gender: 43 Y/M
Address: 502, 5B, KALPATARU PHASE- II, PIMPLE GURAV
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000115522
Visit ID: CPIMOPV154820
Visit Date: 23-12-2023 09:07
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-12-2023 12:51	78 Beats/min	110/70 mmHg	18 Rate/min	98 F	168 cms	73.3 Kgs	%	%	Years	25.97	cms	cms	cms		AHLL09249

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-12-2023 12:51	78 Beats/min	110/70 mmHg	18 Rate/min	98 F	168 cms	73.3 Kgs	%	%	Years	25.97	cms	cms	cms		AHLL09249

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-12-2023 12:51	78 Beats/min	110/70 mmHg	18 Rate/min	98 F	168 cms	73.3 Kgs	%	%	Years	25.97	cms	cms	cms		AHLL09249

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-12-2023 12:51	78 Beats/min	110/70 mmHg	18 Rate/min	98 F	168 cms	73.3 Kgs	%	%	Years	25.97	cms	cms	cms		AHLL09249

Patient Name : Mr. NITIN KAWADUJI PATIL Age : 43 Y/M
 UHID : CPIM.0000115522 OP Visit No : CPIMOPV154820
 Conducted By: : Conducted Date : 23-12-2023 15:29
 Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

<i>Patient's Name: MR. NITIN KAWADUJI PATIL</i>	<i>Age/Sex: 43/ M</i>
<i>Ref: ARCOFEMI</i>	<i>Date: 23/12/2023</i>

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

1. Normal transvalvular pressure gradients, No AR/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	30.0 mm	Aortic Root	27.0 mm
IVS (d)	09.0 mm	IVS (s)	14.0 mm
LVID (d)	42.0 mm	LVID (s)	24.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :

**NORMAL CARDIAC CHAMBER DIMENSIONS
 GOOD BIVENTRICULAR FUNCTION**

Patient Name : Mr. NITIN KAWADUJI PATIL
UHID : CPIM.0000115522
Conducted By: :
Referred By : SELF

Age : 43 Y/M
OP Visit No : CPIMOPV154820
Conducted Date : 23-12-2023 15:29

LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

NORMAL CARDIAC VALVES

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION

DR. RAJENDRA V. CHAVAN

MD (MEDICINE), DM (CARDIOLOGY)

CONSULTANT CARDIOLOGIST

Patient Name : Mr. NITIN KAWADUJI PATIL
UHID : CPIM.0000115522
Conducted By: :
Referred By : SELF

Age : 43 Y/M
OP Visit No : CPIMOPV154820
Conducted Date :

Patient Name : Mr. NITIN KAWADUJI PATIL
UHID : CPIM.0000115522
Conducted By :
Referred By : SELF

Age : 43 Y/M
OP Visit No : CPIMOPV154820
Conducted Date :

R

