

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **15-06-2024** at your **Pulse Radwave Diagnostics Private Limited** Center.

**Points to note:-**

- Collect photocopy of employee ID proof if health check is through an employer.
- Collect photocopy of personal ID proof if health check is for insurance.
- Collect MER as per package details & that company's format (already shared).
- By 12 noon of appointment date, share Work order number & visit status (Show/No show).
- Upload reports in Adhutam portal as per specifications given earlier.

Corporate/TPA Name	Agreement Name	Package name	Package Inclusions	Customer Name
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324	Urine Routine (CUE), Consultation - Dental, GLUCOSE - SERUM / PLASMA (FASTING AND POST PRANDIAL), Alkaline Phosphatase - Serum/Plasma, CALCIUM - SERUM, Blood Grouping And Typing (Abo And Rh), Prostatic Specific Antigen (PSA Total), THYROID PROFILE - I(T3, T4 AND TSH), Glycosylated Hemoglobin (HbA1C) - Whole Blood, Vitamin B12 - Serum, Vitamin D3, ECG, PULMONARY FUNCTION TEST, HEMOGRAM (CBC+ESR), Lipid Profile (all Parameters), LIVER FUNCTION TEST (PACKAGE), Renal Function Test, X-Ray Chest PA, Ultrasound - Whole Abdomen, Height, Weight, BP, BMI, Package Consultation - ENT, Fitness by General Physician, Ophthal by General Physician, URINE GLUCOSE (FASTING), URINE GLUCOSE (POST PRANDIAL), Dietician consultation, 2 D ECHO, LIVER FUNCTION TEST (LFT) WITH GGT	Ankit Sharma

Please login to AHCN Portal for more details.

AHCN Login Url : [Click on Link](#)

  
**DR. TILAK DEDHIA**  
M.B.B.S.  
REG. No. 2311/07/2287

भारत सरकार  
Government of India

अंकित शर्मा  
Ankit Sharma  
जन्म तारीख / DOB: 19/11/1989  
पुरुष / MALE

7454 7993 0442

मेरा आधार, मेरी पहचान

*Handwritten signature*

**JM FINANCIAL**

**Ankit Sharma**

EMP Code : 23517 Blood Group : B -  
Date of Birth : 19-11-1989 Joining Date : 03-01-2022  
Department : Equity Broking Group  
Emerg No : 9987309373 / 91 226171 6300  
Designation : Associate - Sales Trader

Shop No-1 Prathampad Co-Operative Hsg. Society, Ground Floor, Evershine Nagar, Malad (West), Mumbai - 400 054

Date of issue: 16-03-2023

*Tilak*  
**DR. TILAK DEDHIA**  
M.B.B.S.  
REG. No. 2011/07/2287

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M.B.B.S.  
REG. No. 2011/07/2287

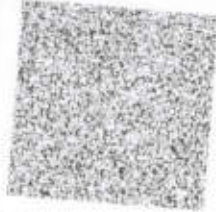
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Authorized Signatory



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता: S/O. पदम चंद शर्मा, 2/255  
गिरनार अपार्टमेंट, ओशिवारा न्यू लिंक  
रोड, ओशिवारा पोलिस स्टेशन,  
जोगेश्वरी वेस्ट, मुंबई, महाराष्ट्र,  
400102



Print Date: 28/12/2019

Address: S/O. Padam Chand Sharma,  
2/255 GIRNAR APARTMENT, OSHWARA  
NEW LINK ROAD, OSHWARA POLICE  
STATION, JOGESHWARI WEST,  
Mumbai, Mumbai, Maharashtra, 400102

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1947



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*Tilak*

**DR. TILAK DEDHIA**

M.B.B.S.

REG. No. 2011/07/2287

DR. TILAK DEDHIA  
M.B.B.S.  
REG. No. 2011/07/2287

MER- MEDICAL EXAMINATION REPORT

Date of Examination	15/6/2024	
NAME	Mr. Ankit Sharma	
AGE	34	Gender Male
HEIGHT(cm)	174	WEIGHT (kg) 79.5
B.P.	120/80 mm/hg	
ECG	WNL	
X Ray	Normal	
Vision Checkup	Ⓡ 6/6 Normal Ⓛ 6/6 Colour Vision	
Present Ailments	NO	
Details of Past ailments (If Any)	NO	
Comments / Advice: She /He is Physically Fit	He is physically fit	

*Tilak*  
**DR. TILAK DEDHIA**  
 M.B.B.S.  
 REG. No. 2011/07/2287

Signature with Stamp of Medical Examiner

Patient : MR ANKIT SHARMA

M/34 Y

15-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 6

**COMPLETE BLOOD COUNT WITH ESR**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
HAEMOGLOBIN	16.4	13.5 - 18.0	gms/dl
R.B.C. COUNT	5.75	4.50 - 6.50	millions/cumm
PCV	47.9	40.0 - 54.0	%
MCV	83.3	76.0 - 96.0	u3
MCH	28.5	27.0 - 32.0	pg
MCHC	34.2	30.0 - 35.0	%
RDW	<b>14.6</b>	11.5 - 14.5	%
W.B.C. COUNT	5,360	4,000-11,000	cells/cmm
<b><u>Differential Count :</u></b>			
Neutrophils	64	45 - 70	%
Lymphocytes	28	20 - 45	%
Eosinophils	03	1 - 6	%
Monocytes	05	1 - 10	%
Basophils	00	0 - 1	%
PLATELET COUNT	206,000	150,000 - 450,000	cells/cmm
PLATELETS ON SMEAR	Adequate		
R.B.C. MORPHOLOGY	Normocytic Normochromic		
W.B.C. MORPHOLOGY	Normal		
E.S.R (Westergren)	05	0 - 20	mm / hr

CBC done on Fully Automated Erba H560 Cell Counter.

*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology

Patient : MR ANKIT SHARMA

M/34 Y

15-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 6

**BLOOD SUGAR**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
FASTING BLOOD SUGAR	95	70-110	mg/dl
Urine Sugar	Absent		
Urine Ketones	Absent		
POST PRANDIAL BLOOD SUGAR	109	70-140	mg/dl
Urine Sugar (2 hrs)	Absent		
Urine Ketones (2 Hrs)	Absent		

METHOD : Glucose Oxidase Peroxidase ( GOD/POD )

American Diabetes Association (ADA 2013) Blood Glucose Level Criteria :

**FASTING GLUCOSE LEVEL**

Normal glucose tolerance : < 100 mg %

Impaired Fasting Glucose : 100 - 125 mg %

Provisional diagnosis for:  $\geq 126$  mg % (on two different occasions)  
diabetes mellitus

**POST LUNCH GLUCOSE LEVEL**

Normal glucose tolerance : < 140 mg %

Impaired Glucose Tolerance : 140 - 199 mg %

Provisional diagnosis for:  $\geq 200$  mg % (on two different occasions)  
diabetes mellitus

**URINE SUGAR INTERPRETATION : (Approx.)**

Trace : 0.1 g/dl

+ : 0.25 g/dl

++ : 0.5 g/dl

+++ : 1.0 g/dl

++++ : >2.0 g/dl

*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology

Registration No : 150624216

**Patient Name : MR. ANKIT SHARMA**

Age/Gender : 34 Years / Male

Referral : SELF

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 15-Jun-2024 02:09 PM

Sample Collected On : 15-Jun-2024 02:17 PM

Sample Reported On : 15-Jun-2024 07:16 PM

Sample ID



**Glycosylated Hemoglobin - GHb**

Parameter	Value(s)	Unit	Ref Range
<b>HbA1c</b>			
HbA1C- Glycated Haemoglobin	5.2	%	Non-diabetic: <6 Excellent control: 6-7 Indicates Persistent glycemia over previous 6-8 weeks : >7
Estimated Average Glucose (eAG) Method	102.54 HPLC	mg/dL	

**Limitations**

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2012, for diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is 4% to 5.7%. Patients with HbA1c value between 5.7% to 6.5% are considered Pre-diabetic.
  - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
  - To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
  - Interference of Haemoglobinopathies in HbA1c estimation.
    - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    - Heterozygous state detected is corrected for HbS and HbC trait.
- Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.




**Dr. Ashish Bhosle**  
M.D. Pathologist

Patient : MR ANKIT SHARMA

M/34 Y

15-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 6

**LIPID PROFILE**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
Total Cholesterol	183	130-200	mg/dl
Triglycerides	89	25-150	mg/dl
HDL Cholesterol	62	35-80	mg/dl
VLDL Cholesterol	18	5-30	mg/dl
LDL Cholesterol	<b>103</b>	80-100	mg/dl
TC/HDL Ratio	3.0	0.0-4.5	
LDL/HDL Ratio	1.7	0.0-3.5	

NOTE: Various cholesterol levels recommended for adults by NCEP ( National Cholesterol Education Programme ) May-2001.

**CHOLESTEROL:**

Desirable < 200 mg/dl  
Borderline High 200-239 mg/dl  
High  $\geq$  240 mg/dl

**TRIGLYCERIDES:**

Desirable < 150 mg/dl  
Borderline High 150-199 mg/dl  
High 200-499 mg/dl

**HDL CHOLESTEROL:**

Desirable >40 mg/dl  
Low(High risk) <40 mg/dl

**LDL CHOLESTEROL:**

Optimal < 100 mg/dl  
Near Optimal 100-129 mg/dl  
Borderline High 130-159 mg/dl  
High 160-189 mg/dl  
Very High > 189 mg/dl



*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology



Patient : MR ANKIT SHARMA

M/34 Y

15-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 6

**LIVER FUNCTION TEST**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
S.G.O.T	29.7	0.0-40.0	IU/L
S.G.P.T	<b>46.7</b>	0.0-40.0	IU/L
Bilirubin (Total)	0.69	0.0-1.20	mg/dl
Bilirubin (Direct)	0.20	0.0-0.40	mg/dl
Bilirubin (Indirect)	0.5	0.1-1.0	mg/dl
Total Proteins	6.8	6.0-8.5	gm/dl
Albumin	3.8	3.2-5.3	gm/dl
Globulin	3.0	2.3-3.5	gm/dl
A/G Ratio	1.3	1.0-2.0	
Alkaline Phosphatase	<b>350</b>	50-306	U/L
GAMMA GT	15	5-55	U/L

*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology

Patient : MR ANKIT SHARMA

M/34 Y

15-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 6

**RENAL FUNCTION TEST**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
BUN	9.9	5.0-23.0	mg/dl
Urea	21.3	13.0-43.0	mg/dl
Creatinine	0.8	0.5-1.3	mg/dl
Total Proteins	6.8	6.0-8.5	gm/dl
Albumin	3.8	3.2-5.3	gm/dl
Globulin	3.0	2.3-3.5	gm/dl
A/G Ratio	1.3	1.0-2.0	
Calcium	9.2	8.0-11.0	mg/dl
Phosphorus	3.0	2.5-4.5	mg/dl
Uric Acid	7.3	3.5-7.2	mg/dl
Sodium	143.1	133.0-148.0	mEq/L
Potassium	4.0	3.5-5.3	mEq/L
Chloride	104.3	96.0-107.0	mEq/L

*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology

Patient : MR ANKIT SHARMA

M/34 Y

15-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT.

No : 6

BLOOD GROUP

Test

Value

BLOOD GROUP

"B" Positive.

Method: Slide & Tube Agglutination



*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology

Registration No : 150624210

**Patient Name** : MR. ANKIT SHARMA

Age/Gender : 34 Years / Male

**Referral** : SELF

**Source** :

**Center Name** : Radwave Diagnostics LLP

Registered On : 15-Jun-2024 02:09 PM

Sample Collected On : 15-Jun-2024 02:17 PM

Sample Reported On : 15-Jun-2024 07:16 PM

Sample ID



**Prostate Specific Antigen - Total**

Parameter	Value(s)	Unit	Ref Range
Total PSA	0.34	ng/ml	Normal : < 4.0 Border Line: 4.01-10.0

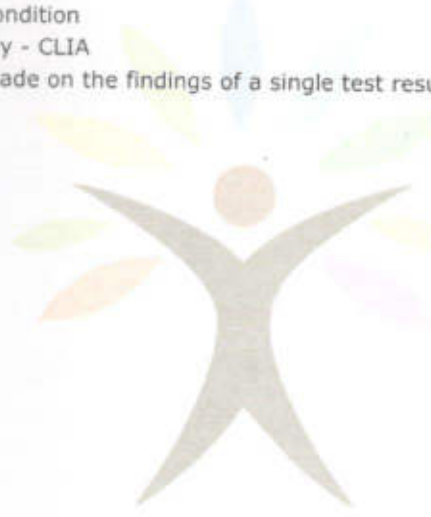
**Interpretation :**

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

**Comment :** Please correlate with clinical condition

**Method :** Chemiluminescence immunoassay - CLIA

**Notes :** Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.



**Dr. Ashish Bhosle**  
M.D. Pathologist

Registration No : 150624216

**Patient Name** : MR. ANKIT SHARMA

Age/Gender : 34 Years / Male

**Referral** : SELF

**Source** :

**Center Name** : Radwave Diagnostics LLP

Registered On : 15-Jun-2024 02:09 PM

Sample Collected On : 15-Jun-2024 02:17 PM

Sample Reported On : 15-Jun-2024 07:17 PM

Sample ID



**Thyroid Function Test - TFT**

Parameter	Value(s)	Unit	Ref Range
Triiodothyronine (T3)	128.20	ng/dl	80 - 190
Thyroxine (T4)	8.69	ug/dl	4.5-14.5
TSH (Thyroid Stimulating Hormone)	2.81	uIU/mL	03 Days :- 1.10 - 17.0 70 Days :- 0.60 - 10.0 14 Months :- 0.40 - 7.00 5 Years :- 0.40 - 6.00 14 Years :- 0.30 - 5.00 Adult :- 0.35 - 5.50

Method: CLIA

**Interpretation :**

TSH results between 5 to 15 uIU/mL show considerable physiologic & seasonal variation For differential diagnosis of primary, secondary, and tertiary hypothyroidism. Also useful in screening for hyperthyroidism. This assay allows adjustment of exogenous thyroxine dosage in hypothyroid patients and in patients on suppressive thyroxine therapy for thyroid neoplasia

Note:

- 1.TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6 10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
- 2.Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
- 3.Unbound fraction ( Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.
- 4.Values <0.05 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals



Registration No : 150524216

Patient Name : MR. ANKIT SHARMA

Age/Gender : 34 Years / Male

Referral : SELF

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 15-Jun-2024 02:09 PM

Sample Collected On : 15-Jun-2024 02:17 PM

Sample Reported On : 15-Jun-2024 07:16 PM

Sample ID



**25 - Hydroxy Vitamin D**

Parameter	Value(s)	Unit	Ref Range
25-Hydroxy Vitamin D	16.8	ng/ml	Deficiency : < 10 Insufficiency : 20 - <30 Sufficiency : 30 - 100 Toxicity : > 100

Method: CLIA

Interpretation :

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.
- Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 months of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal(especially winter) & individual variability depending on age, body fat, sun exposure, physical activity ,genetic factors(especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism Vitamin D toxicity is known but very rare.kindly correlate clinically, repeat with fresh sample if indicated.

Associated Test Profile :

- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D and serum PTH.An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency.Thus, restoration of PTH and 25(OH) D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.
- As a holistic & scientific approach for diagnosis and optimal treatment for vitamin D deficiency, Vitamin D plus profile (25 Hydroxy(OH) Vit D and PTH) is suggested.



Registration No : 150624216

**Patient Name** : MR. ANKIT SHARMA

Age/Gender : 34 Years / Male

**Referral** : SELF

**Source** :

**Center Name** : Radwave Diagnostics LLP

Registered On : 15-Jun-2024 02:09 PM

Sample Collected On : 15-Jun-2024 02:17 PM

Sample Reported On : 15-Jun-2024 07:16 PM

Sample ID



**Vitamin B12**

Parameter	Value(s)	Unit	Ref Range
Vitamin B12	437.38	pg/ml	Normal: 75 - 807 Indeterminate Range: 75 - 807 Deficiency: < 75

Method: CLIA.

**Interpretation**

Vitamin B 12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. Many patients have the neurologic defects without macrocytic anemia.

Serum methylmalonic acid (MMA) and homocysteine levels are also elevated in Vit B 12 deficiency states.

**Limitations:**

1. The evaluation of macrocytic anemia requires measurement of both vitamin B12 and Folate levels: ideally they should be measured simultaneously.
2. Specimen collection soon after blood transfusion can falsely increase Vit B12 levels.
3. Patient taking Vit B12 supplementation may have misleading results.
4. A normal serum concentration of B12 does not rule out tissue deficiency of Vit B12. The most sensitive test at the cellular level is the assay for MMA.
5. If Clinical symptoms suggest deficiency, measurement of MMA and Homocysteine should be considered, even if serum B12 concentrations are normal.

**NOTE**

- 1] Concentration of vitamin B12 <180 pg/ml may cause megaloblastic anemia and/or peripheral neuropathies.
  - 2] Vitamin B12 concentration <150 pg/ml are considered evidence of vitamin B12 deficiency.
  - 3] Vitamin B12 concentrations between 150 pg/ml and 400 pg/ml are considered borderline.
  - 4] Follow-up testing of vitamin B12 deficiency is recommended by measuring methylmalonic acid (MMA) / homocysteine / antibodies to intrinsic factor, if the patient is symptomatic.
  - 5] Patients taking vitamin B12 supplementation may have misleading results.
  - 6] Many other interfering factors affect vitamin B12 level.
- Elevated level is observed due to Estrogens or vitamin C / Vitamin A ingestion, hepatocellular injury, uremia.  
 -Decreased level is observed in low vitamin B12 diet (a strict vegetarian diet), pregnancy, smoking, hemodialysis.

Reference : Mayo clinic Interpretive Handbook, Mediline plus medical encyclopedia.

END OF REPORT

This sample is processed at THE LAB PLUS , Dignostics & Health Care, NABL Accredited




Dr. Ashish Bhosle  
M.D. Pathologist

Patient : MR ANKIT SHARMA

M/34 Y

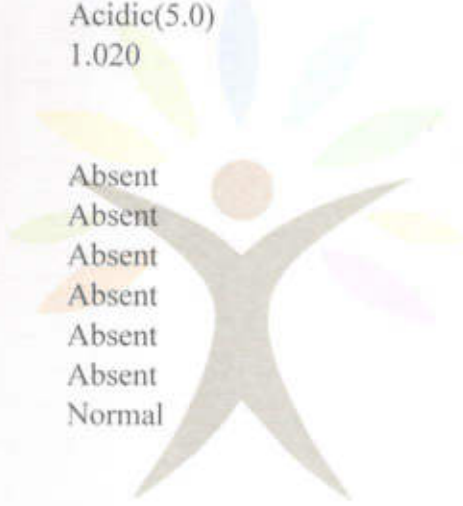
15-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 6

Urine Routine

<u>Test</u>	<u>Value</u>
<b><u>Physical Examination:</u></b>	
Quantity	30 ml
Colour	Pale Yellow
Appearance	Slightly Hazy
Reaction (pH)	Acidic(5.0)
Specific Gravity	1.020
<b><u>Chemical Examination:</u></b>	
Proteins	Absent
Glucose	Absent
Ketone Bodies	Absent
Occult Blood	Absent
Bile Salts	Absent
Bile Pigments	Absent
Urobilinogen	Normal
<b><u>Microscopic Examination:</u></b>	
Pus Cells	2 - 3 / hpf
Red Blood Cells	Absent
Epithelial Cells	Occasional / hpf
Casts	Absent
Crystals	Absent
Bacteria	Absent
Yeast Cells	Absent
Amorphous Deposits	Absent
Mucus	Absent
Other	----



*R. Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology



# RECORDERS & MEDICARE SYSTEMS

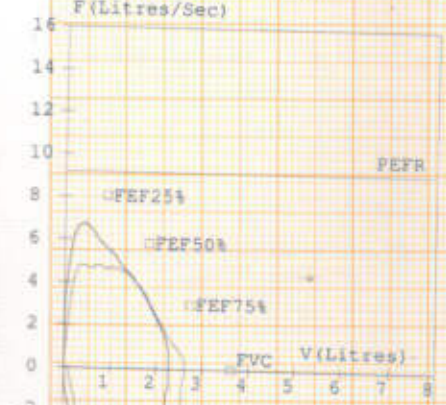
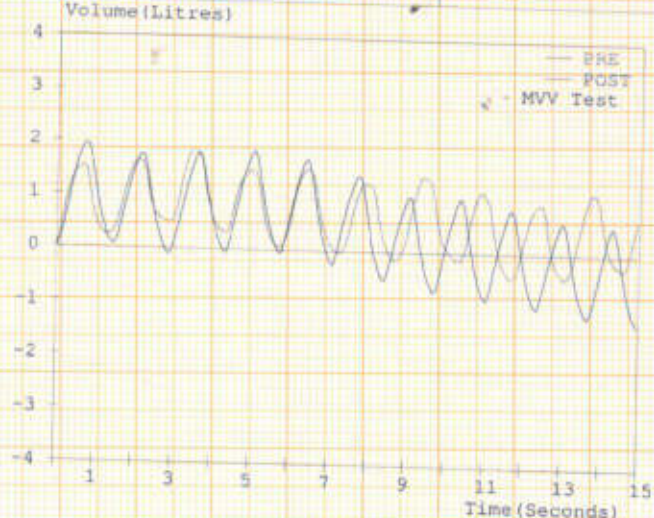
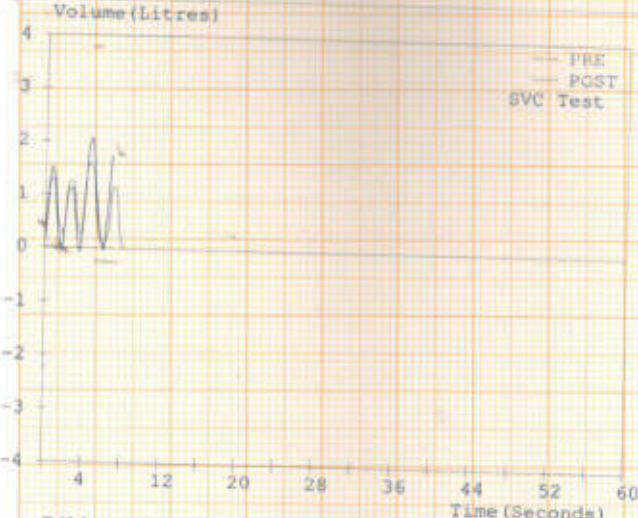
Plot # 196, Industrial Area, Phase-1, Panchkula, Haryana INDIA - 134113

Patient: MR ANKIT SHARMA  
 Refd. By: APOLLO ARCOFEMI HEALTHCARE  
 Pred. Eqns: RECORDERS  
 Date : 15-Jun-2024 11:40 AM

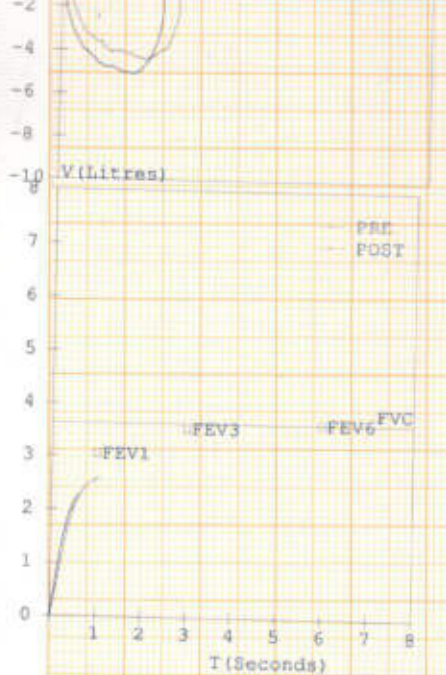
Age : 34 Yrs  
 Height : 172 Cms  
 Weight : 79 Kgs  
 ID : 160

Gender : Male  
 Smoker : No  
 Eth. Corr: 100  
 Temp :

*Asolo*



Parameter		Spirometry Results					
		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.63	02.63	072	02.27	063	-12
FEV1	(L)	03.04	02.61	085	02.27	075	-13
FEV1/FVC	(%)	83.75	89.24	118	100.00	119	+11
FEF25-75	(L/s)	04.25	04.04	093	04.82	113	+11
PEFR	(L/s)	09.20	04.80	052	06.68	073	-19
FIVC	(L)	---	02.49	---	02.26	---	---
FEV.5	(L)	---	02.06	---	02.15	---	---
FEV3	(L)	03.52	02.47	070	02.27	064	-14
P1FR	(L/s)	---	04.40	---	05.03	---	---
FEF75-85	(L/s)	---	01.93	---	02.94	---	---
FEF 2-1.2	(L/s)	07.40	04.61	062	05.86	079	-23
FEF 25%	(L/s)	08.07	04.72	058	06.39	079	-23
FEF 50%	(L/s)	05.85	04.46	076	05.06	086	-11
FEF 75%	(L/s)	02.99	02.57	086	03.51	117	+17
FEV.5/FVC	(%)	---	18.33	---	94.71	---	---
FEV3/FVC	(%)	96.97	100.00	103	100.00	103	---
FET	(Sec)	---	01.06	---	00.59	---	---
ExptTime	(Sec)	---	00.07	---	00.06	---	---
Lung Age	(Yrs)	034	039	115	042	124	+10
FEV6	(L)	03.63	---	---	---	---	---
FIF 25%	(L/s)	---	04.00	---	04.90	---	+ 22</td
FIF 50%	(L/s)	---	04.09	---	04.76	---	+ 21</td
FIF 75%	(L/s)	---	03.66	---	04.03	---	+ 10</td
SVC	(L)	---	01.59	---	02.14	---	+ 35</td
ERV	(L)	01.47	00.02	001	00.06	004	-200
IRV	(L)	---	00.34	---	00.93	---	+274
VE	(L/min)	---	30.30	---	37.89	---	+25
RE	(l/min)	---	30.00	---	31.58	---	+15
Ti	(sec)	---	01.00	---	01.00	---	---
Te	(sec)	---	01.00	---	00.90	---	-10
VI	(L)	---	04.01	---	01.20	---	-71
VI/Ti		---	01.01	---	01.20	---	+19
Ti/Ttot		---	00.50	---	00.53	---	+6
IC	(L)	---	01.35	---	02.13	---	+58
MVV	(L/min)	140	060	043	082	059	-17
MRI	(l/min)	---	42.07	---	44.07	---	---
MVT	(L)	---	01.42	---	01.87	---	---



Pre Medication Report Indicates  
 Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70  
 Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <80  
 Post Medication Report Indicates  
 Moderate Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <64

contents of this report require clinical co-relation before any clinical action.

http://www.rmsindia.com



COMPUTER INDIA



PATIENT NAME : MR ANKIT SHARMA  
AGE/ SEX : 34 YRS / MALE  
REF. CLINICIAN : Apollo/ARCOFEMI HEALTHCARE LTD  
DATE : 15/06/2024

**X-RAY CHEST (P A VIEW)**

- Both lung fields are clear.
- Both CP angle are normal.
- Cardiac and aortic shadows are normal.
- No obvious hilar or mediastinal lesion is seen.
- Bony thorax appears normal. No evidence of fracture seen.

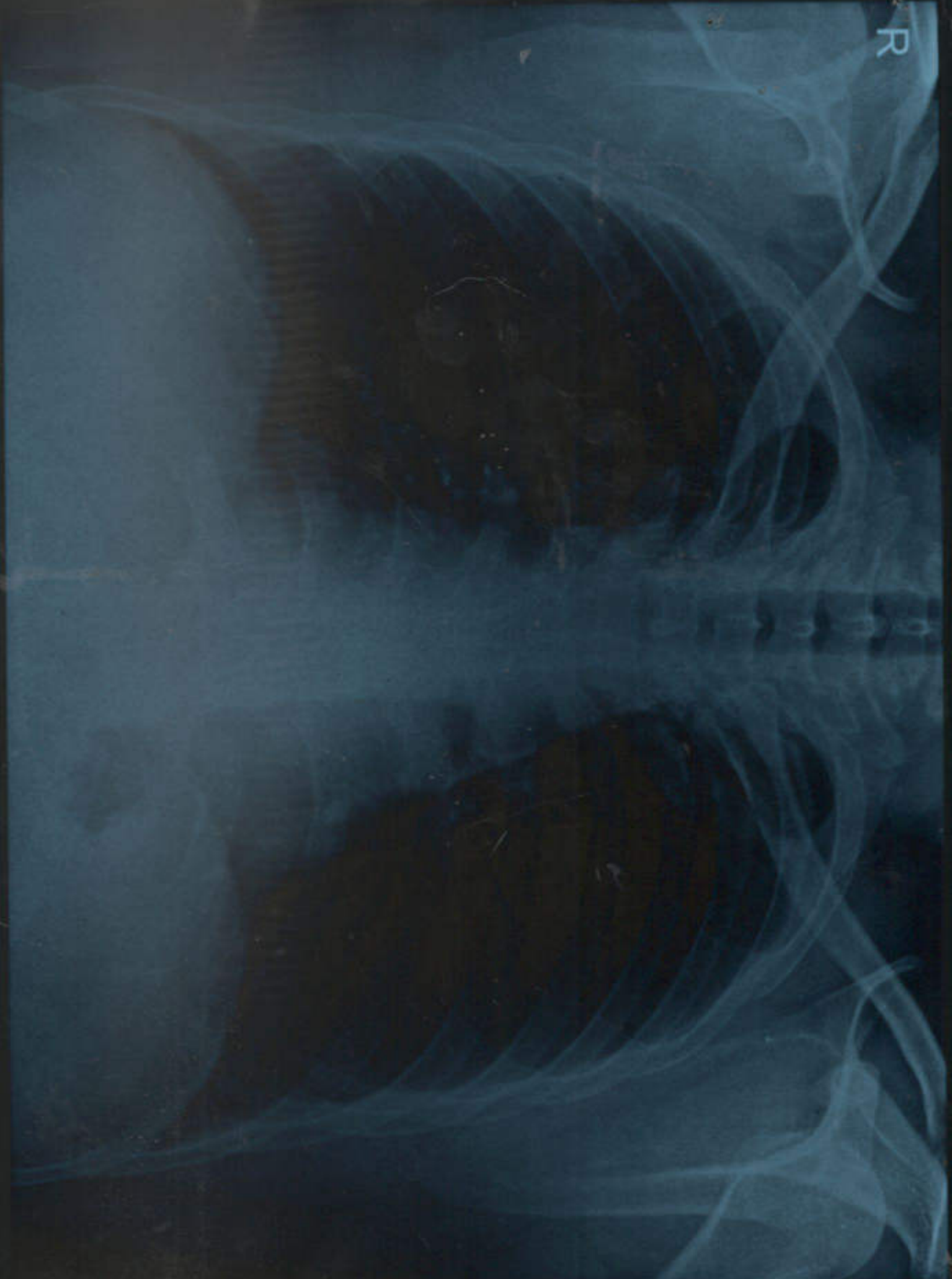
**CONCLUSION: X-Ray findings show...**

- No significant abnormality of note.

Please correlate clinically.  
Thanks for the referral,

Dr. Tilak Manilal Dedhia  
M.B.B.S; M.D; D.N.B. (Radio-diagnosis)  
Consultant Radiologist.

R



15/06/2024 4767 MR. ANKIT SHARMA 34Y/M APOLLO-ARCOFEMI HEALTHCARE LTD CHEST PA  
Pulse Diagnostic Centre (Radwave Diagnostic Pvt. Ltd), Borivalli

X



NAME:	MR ANKIT SHARMA	DATE:	15/06/2024
R-NO:	E - 01	AGE:	34YRS
REF.BY DR:	APOLLO - ARCOFEMI HEALTHCARE LTD	SEX :	MALE

### 2D-ECHOCARDIOGRAPHY REPORT

No diastolic dysfunction by PWD at present.

No concentric left ventricular hypertrophy seen.

All cardiac valves show normal structure and physiological function.

No significant stenosis nor regurgitation seen.

No regional wall motion abnormality seen at rest at present.

All cardiac chambers are normal in size.

IAS / IVS : No defect visualized.

Visual LVEF = 65 perCent.

No e/o thrombus/ pericardial effusion.

Mild TR jet. PASP by TR jet measured to 20 mm Hg.



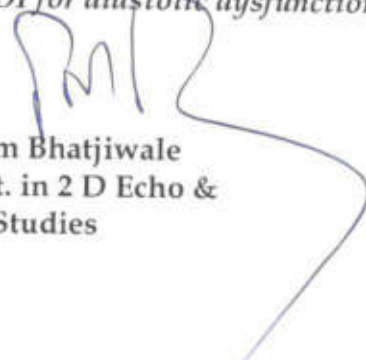
MR ANKIT SHARMA

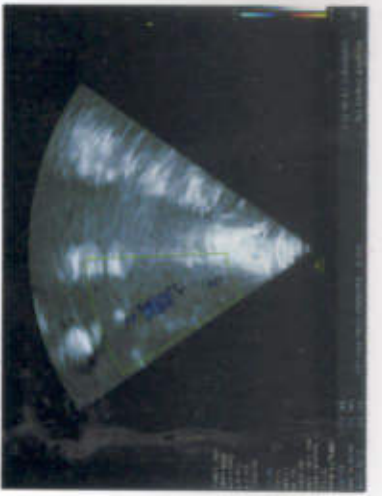
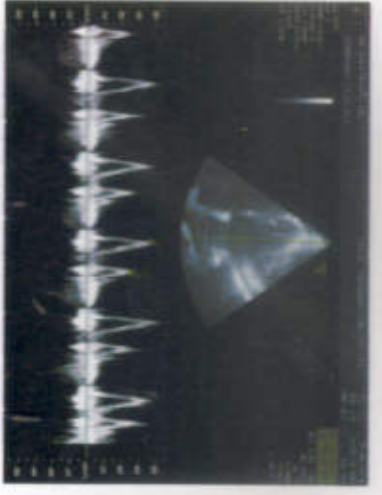
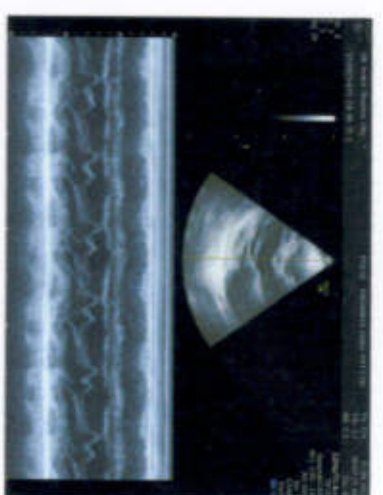
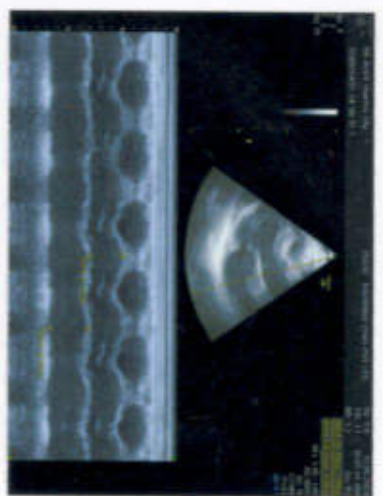
<u>M-MODE STUDY</u>	Value	Unit	<u>COLOUR DOPPLER STUDY</u>	Value	Unit
IVSd	07	mm	Mitral Valve E velocity	0.7	m/s
IVSs	14	mm	Mitral Valve A velocity	0.5	m/s
LVIDd	44	mm	E/A Ratio		
LVIDs	25	mm	Mitral Regurgitation	Absent	
LVPWd	09	mm			
LVPWs	15	mm			
<u>2D STUDY</u>					
		mm	<u>AORTIC VALVE</u>		
Ao	29	mm	AVmax	1.11	m/s
		mm	Aortic Regurgitation	absent	
LA	35	mm			
RV		mm			
RA		mm	<u>PULMONARY VALVE</u>		
FS	33	%	PVmax	0.7	m/s
EF	65	%	Regurgitation	Absent	
Mitral annulus	normal	mm			
			TR jet ve		m/s
			PASP	20	

*Note: 2 D Echo has a poor sensitivity in cases of angina pectoris. Negative echo findings does not rule out coronary artery disease*

*Adv: Please correlate clinically. CAG/Further cardiac evaluation as indicated.*

*TDI for diastolic dysfunction*

  
Dr. Priyam Bhatjiwale  
M.D. Cert. in 2 D Echo &  
Doppler Studies



**Patient Name:** Mr. Ankit Sharma **M / 34yrs**  
**Ref. by:** Apollo- Arcofemi Healthcare Ltd **Date: - 15/06/2024**

### **SONOGRAPHY OF ABDOMEN AND PELVIS**

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size (13.4 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It measures 11.4 mm in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended with tiny 2.5 mm polyp within. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualized common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 12.1 cm and is normal in size and shape. Its echotexture is homogeneous.

**KIDNEYS:**

Right kidney	Left kidney
8.9 x 4.5 cm	10.0 x 4.5 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

.....Continue On Page 2

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Phone No.: +91 80974 21555 / +91 80974 21556 / +91 80974 21557 / +91 80974 21558 / +91 80974 21559

Shop No. 2 & 3, Nava Oriental Co-Op Hus. Society Ltd., Opp. Karnataka Bank, LIC Colony Road, Borivali (W), Mumbai, 400103



**Patient Name:** Mr. Ankit Sharma

**M / 34yrs**

**Ref. by:** Apollo- Arcofemi Healthcare Ltd

**Date: - 15/06/2024**

**PROSTATE:** It measures about 2.5 x 2.4 x 2.2 cm; volume is 7.4 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

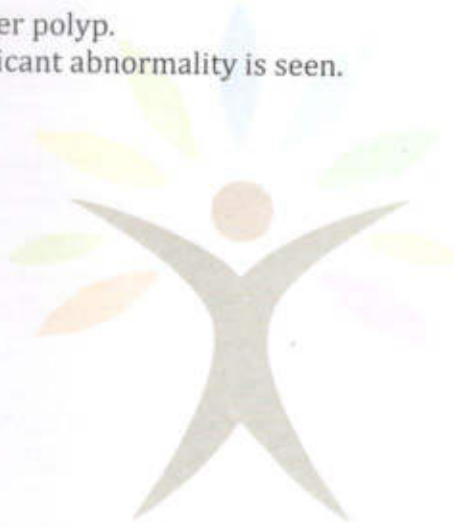
There is no ascites. There is no obvious evidence of significant lymphadenopathy.

**IMPRESSION:**

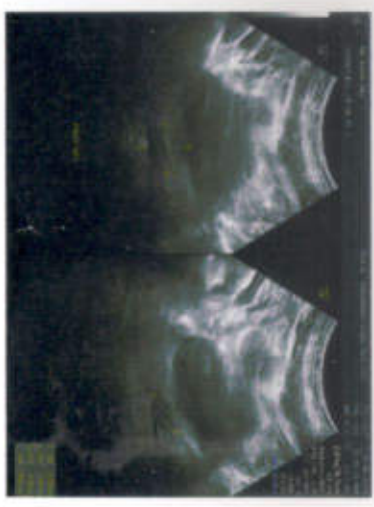
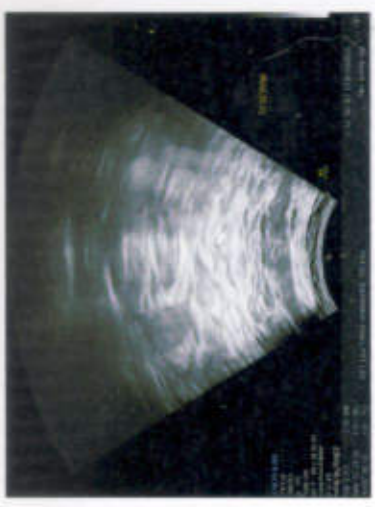
- Tiny gall bladder polyp.
- No other significant abnormality is seen.

Thanks for the reference.  
With regards,

  
**Dr. Tilak Dedhia**  
Consultant Radiologist







# 12 LEAD ECG REPORT



**PULSE RADWAVE**  
**DIAGNOSTIC**  
UNIT OF RADWAVE DIAGNOSTIC LLP



15/06/2025

Name: Mr. Ankit Sharma 34/male Apollo-Ardefermi Healthcare

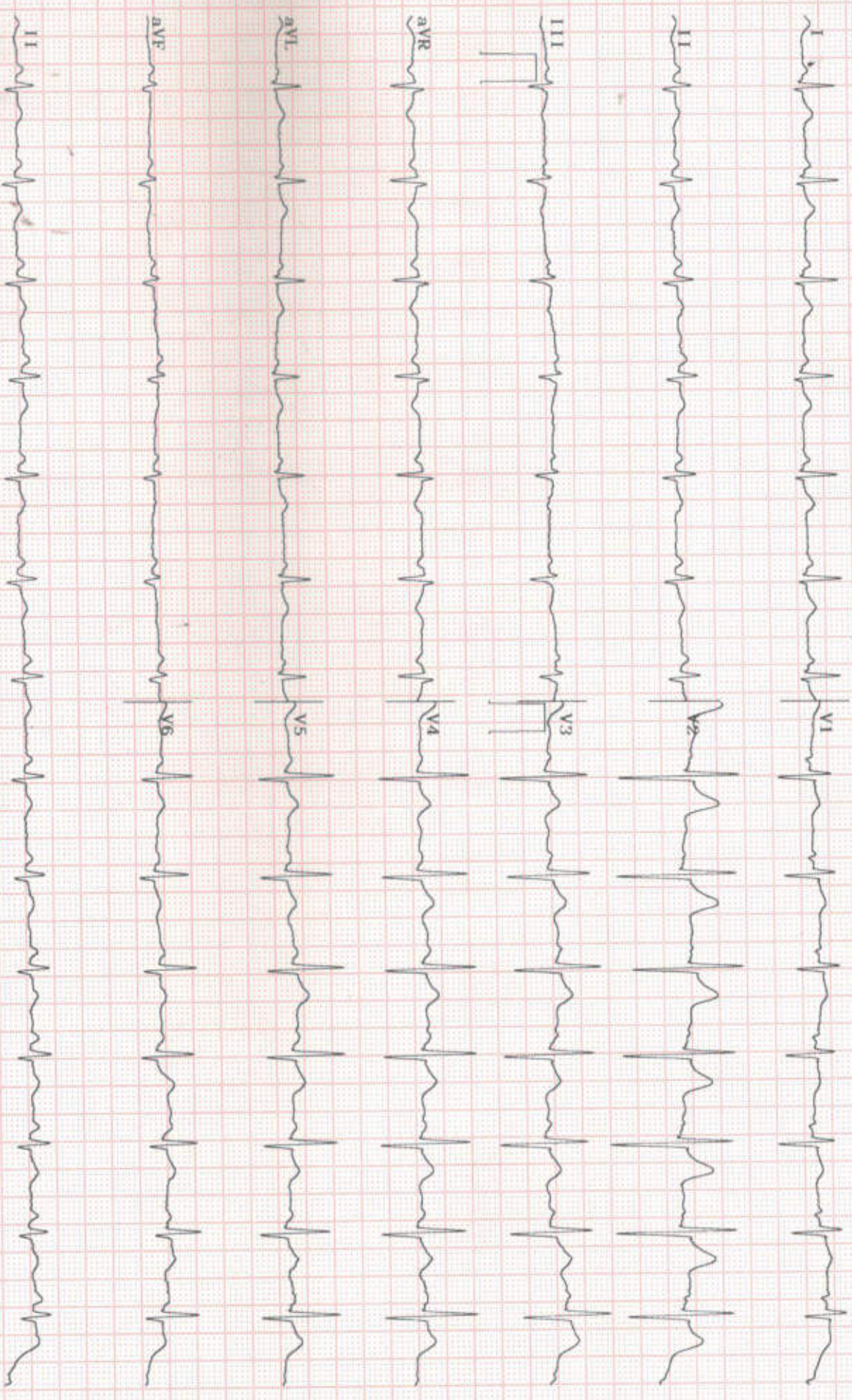
149

- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography ▶ Color Doppler ▶ ECG
- ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ X-Ray Special investigations ▶ Holter Monitor ▶ Sleep Study & Others.

ID / :  
Name: ANKIT  
Age : 34 years  
Sex : Male  
H : 0 cm / W : 0 kg

Heart Rate: 87 bpm  
PR/RR Int.: 126/690 ms  
QRS Dur: 98 ms  
QT/QTc: 352/422 ms  
P-R-T axes: 48 -7 10  
SV1/RV5/R+S: 0.57/0.86/1.43mV

\*\* Analysis Result \*\*  
Normal Sinus Rhythm  
Normal Axis  
[ Normal ECG ]



# ELECTROCARDIOGRAM

Please Photocopy ECG As Tracings Fades After Some Time

Name: Mr. Ankit Sharma.

Date: 15/06/24 Time : \_\_\_\_\_ Age / Sex : 34/male.

Heart Rate: \_\_\_\_\_

Rhythm: \_\_\_\_\_

Axis: \_\_\_\_\_

Voltage: \_\_\_\_\_

P Wave: \_\_\_\_\_

PR Interval: \_\_\_\_\_

Qrs Interval & Complex: \_\_\_\_\_

ST Segment: \_\_\_\_\_

T Wave: \_\_\_\_\_

QT Interval: \_\_\_\_\_

QTC: \_\_\_\_\_

Impression: WNL

Signature of Physician \_\_\_\_\_

For

Dr. Priyam Bhatjwale

DR. PRIYAM BHATJWALE, M.D.

REG. NO. 58952