



Patient Name: MR. SANKALP JAISWAL

Age/Sex : 43 Yrs. / M LCID No : 10700936

UID No : LCL58187694 280824

Reference : ARCOFEMI

HEALTHCARE LIMITED

Organization : APOLLO HEALTH AND

LIFESTYLE LIMITED

Collected At : Sample collected inside

the lab

Registered On: 28/08/2024 08:55:32

Collected On : 28/08/2024 12:00:39 Reported On : 28/08/2024 11:52:53

DOB : 15/12/1980

#### **Blood Sugar Fasting**

Test Result Unit Biological Reference Interval

Blood Sugar Fasting : 222.00 mg/dl 60-110

By Hexokinase method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : >= 126 mg/dl

OR

2 Hr Post Glucose : >= 200 mg/dl

OR

HbA1c >= 6.5 %

OR

Random Blood Glucose: >= 200 mg/dl

Test done on Fully Automated Siemens Analyser.

---- End Of Report ----

Dr. Vijay Varde M.D. D.P.B











Patient Name: MR. SANKALP JAISWAL

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#### **Bilirubin**

Test	Result	Unit	Biological Reference Interval
Serum Bilirubin (Total) :	1.13	mg/dl	0.2 - 1.0
By Diazo Method  Serum Bilirubin (Direct) :	0.29	mg/dl	0.0 - 0.2
By Diazo Method  Serum Bilirubin (Indirect) :	0.84	mg/dl	Upto 0.9

Calculated

Tests done on Fully Automated Siemens Analyser.

----- End Of Report --

Dr. Vijay Varde M.D. D.P.B Consultant Pathologist











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#### **Complete Blood Count**

Test		Result	Unit	Biological Reference Interval
<u>HEMATOLOGY</u>				
Haemoglobin	:	15.40	gms%	13-17
(Mod.Cyanmethemoglobin)				
R.B.C Count (Impedence)	:	4.44	x10^6/cmm	4.5 - 5.5
PCV (Conductivity)	:	45.40	%	40 - 50
MCV (Calculated)	:	102.25	fL	83 - 101
MCH (Calculated)	:	34.68	Pg	27 - 32
MCHC (Calculated)	:	33.92	gms%	31.5 - 34.5
W.B.C. Count (Impedence)	:	6.55	x10^3/cmm	4 - 10
RDW (Calculated)	:	11.6	%	11.6 - 14.0
MPV (Calculated)	:	10.3	fL	6 - 11
Platelet Count (Impedence)	:	1.81	x10^5/cmm	1.50 - 4.10

#### **DIFFERENTIAL COUNT (Impedence, Light Absorbance)**

diagn<sub>40-80</sub>tics Neutrophils 61 % Lymphocytes 23 % 20 - 40 06 0 - 6 Eosinophils % 10 0 - 10 Monocytes % 0 - 2 Basophils %

Normocytic normochromic

RBC Morphology
Staining & Microscopy

WBC Morphology : Normal

Staining & Microscopy

Platelets : Adequate on smear.

Staining & Microscopy

Test done on Fully Automated Horiba Analyser.

----- End Of Report -----



Dr. Rohini Gedam







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Patient Name: MR. SANKALP JAISWAL

Age/Sex : 43 Yrs. / M LCID No : 10700939

UID No : LCL58187694 280824

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DOB : 15/12/1980

#### X-RAY CHEST PA

The visualised lung fields appear clear.

Both costo-phrenic angles appear clear.

Both hila appear normal.

Cardiac shadow appears normal.

Both domes of diaphragm are normal.

Visualised bones appear normal.

### Impression:

No significant abnormality detected.

<b>BUN/CREATININE</b>	RATIO
DUNCKEATININE	KATIO

Test Result Unit Biological Reference Interval
BUN / Creatinine Ratio : 10.10 10.0 - 20.0

----- End Of Report -----

Dr. Smita Dudhal DNB DMRD MBBS Consultant Radiologist













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### Erythrocyte Sedimentation Rate (E.S.R)

Test Result Unit Biological Reference Interval

E.S.R. : 09 mm 0 - 15

By Whole Blood Modified Westergren Method

#### Interpretation:

ESR is elevated in infections, anaemia, vasculitis, inflammatory conditions. ESR is decreased in Polycythemia vera, sickle cell anaemia.

ESR done on fully Automated Easyrate Analyzer.

----- End Of Report -----

Dr. Rohini Gedam

D.P.B











Patient Name: MR. SANKALP JAISWAL

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LIFESTYLE LIMITED

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DOB : 15/12/1980

#### **Blood sugar Post Prandial**

Test Result Unit Biological Reference Interval

Blood sugar Post Prandial : 442.00 mg/dl 70-140

By Hexokinase Method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : >= 126 mg/dl

OR

2 Hr Post Glucose: >= 200 mg/dl

OR

HbA1c >= 6.5 %

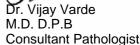
OR

Random Blood Glucose: >= 200 mg/dl

NOTE: Post-Lunch Blood sugar can be lower than Fasting blood sugar due to factors like Medicines, insulin response, Diet etc.

Test done of Fully Automated Siemens Analyser.

----- End Of Report -----













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#### **Blood Group**

ABO Group : "O"

Rh Factor (D) : "Positive"

Method : Forward and Reverse Agglutination

---- End Of Report -----

M.D. D.P.B Consultant Pathologist











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#### Creatinine

Test Result Unit Biological Reference Interval

S. Creatinine : 0.70 mg/dl 0.70-1.30

Kinetic Alkaline Picrate (Jaffe Reaction)

Tests done on Fully Automated Siemens Analyser.

----- End Of Report -----

Dr. Vijay Varde M.D. D.P.B

Consultant Pathologist

diagnostics













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#### S.G.P.T

Test Result Unit Biological Reference Interval

S.G.P.T. : **65.0** U/L 16 - 63

By Enzymatic Method

Tests done on Fully Automated Analyser.

----- End Of Report -----

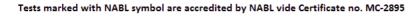
Dr. Vijay Varde M.D. D.P.B

Consultant Pathologist

diagnostics











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HEALTHCARE LIMITED

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Collected At : Sample collected inside

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Registered On: 28/08/2024 08:55:32

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DOB : 15/12/1980

#### **Urine Routine Examination**

Test Result Unit Reference Range

**Physical Examination** 

Quantity : 25 ml

Colour : Pale yellow

Appearance : Slightly Hazy

Specific Gravity : 1.020 1.000 - 1.035

By Ion Concentration / Color Indicator

Reaction (pH) : 6.0 5.0 - 8.0

By Color Indicator

**Chemical Examination** 

Proteins : Absent Absent

By Sulphosalicylic acid ppt Method

Bile salts

: Absent

Absent

By Diazo/ Fouchet

Bile Pigments : Absent Absent

By Diazo/ Fouchet

Occult Blood : Absent Absent

By Oxidation

Glucose : Present + Absent

By Enzymatic, GOD-POD & Benedicts Test

Ketones : Absent Absent

By Rothera method

Urobilinogen : Normal

By Diozo/p-amino Benzaldehyde

Microscopic Examination (per H.P.F.)

**Epithelial Cells** 0 - 2 /hpf 0 - 5 0 - 5 Leucocytes 0 - 1/hpf Red Blood Cells Absent /hpf Absent Absent Casts Absent Crystals Absent Absent

Comments : -













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----- End Of Report -----

Dr. Rohini Gedam D.P.B











### Your Apollo order has been confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

norepty@apolloclinics.imo \text{indepty@apolloclinic.com}, rani.g@apolloclinic.com, deven to crm.lokhandwala@lifecarediagnostics.com to crm.lokhandwala@lifecarediagnostics.com, rani.g@apolloclinic.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, deven to corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, deepak.gaddam@apolloclinic.com, pritam.padyal@apolloclinic.com, getak.gaddam apsara.bagchi@apollohl.com, dilip.b@apolloclinic.com

#### Greetings from Apollo!!

#### Respected Sir/Madam,

Please find corporate HC appointment details scheduled for 28-08-2024 at your Life care Diagnostic and research centre PVT ltd-Andheri West 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 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 Adbhutam portal as per specifications given earlier.

Urine Routine

(CUE), GLUCOSE - SERUM / PLASMA(FASTING AND

POST PRANDIAL, ALT (SGPT) -

ARCOFEMI ARCOFEMI Serum / Plasma, Bilirubin, MEDIWHEEL MEDIWHEEL Total - Serum, Creatinine -

PMC CREDIT - PMC PACK Serum / Plasma, Blood ARCOFEMI HEALTHCARE PAN INDIA H - PAN LIMITED OP

Grouping And Typing (Abo

INDIA -And Rh), ECG, HEMOGRAM AGREEMENTFY2324 (CBC+ESR),X-Ray Chest PA, Fitness by General

Physician, Opthal by General Physician, BUN/CREATININE

RATIO

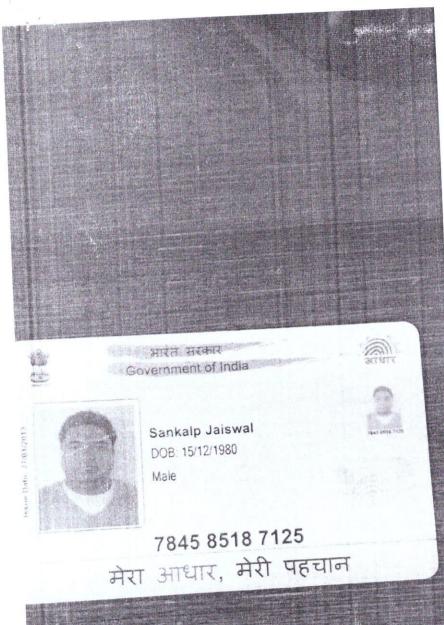
Please login to AHCN Portal for more details.

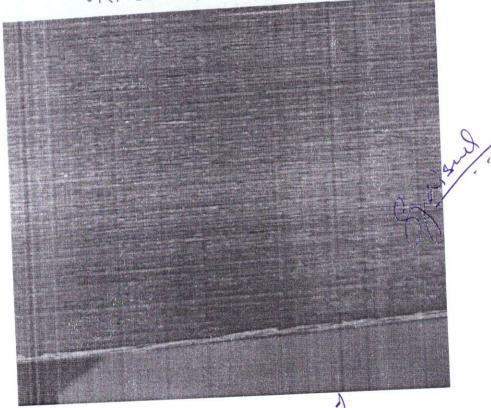
AHCN Login Url : Click on Link

Regards, Team Clinic Operations Apolio Health and Lifestyle Ltd.

N/A network@mediwheel.in85278624792024-08-28 08:30-AHCN-09:00 40410082401 24-01-1981

Sankalp male Self





in







		c. 41 5 c		
	MEDICAL EX	AMI	1	NATION REPORT
Nam	e: Santelp Jaisun			Date: 28 6 29
	of Birth 15-12-1980 Age	:		43 Sex:
	erred by:		_ F	Proof of Identification:
Rele	arred by			
	PLEASE TICK THE RELEVANT BOXES	Yes N	lo	PLEASE TICK THE RELEVANT BOXES Yes No
1)	GENERAL APPEARANCE : Is there any abnormalities in general appearance & built up of the Examinee?		7	7) RESPIRATORY SYSTEM:  a. Are there any abnormality in air entry and breath sounds?  b. Are there any abnormalities in the chest wall?  b. is there any evidence/ history of abnormality or disease
1)	DETAILS OF PHYSICAL EXAMINATION:  a. Height  b. Weight  cm  kg.			of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?
	c. Blood Pressure: 12418c mm Hg. d. Pulse Rate 7) /min			8) CARDIO VASCULAR SYSTEM:  a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep.
3)	<ul><li>a. Has been hospitalized? (If YES, please give details)</li><li>b. Was involved in any accident?</li><li>c. Underwent Surgery?</li></ul>			b. History of any peripheral vascular disorder?  c. Is there any abnormality in heart sound?  If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis.
	d. Is the examinee currently under any medication?     e. Has there been any recent weight gain or weight loss?		7	d. Any history of CABG, Open Heart  Surgery, Angiography PTCA, other intervention.
4)	FAMILY HISTORY:  Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease			9) SKIN:  a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma?
	(natural only) ever suffered of is suffering from the kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify)			b. Any history of allergy?
5	) ENT. EYE & ORAL CAVITY:  a. Are there any abnormalities in oral cavity?		/	a. Is there any evidence/histroy disease of liver, gall blader pancreas, stomach, intestines?
	b. Are there any tobacco stains?      c. Is there any history or evidence of abnormality in eyes			b. is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis?
	error of refraction etc.?			c. Any history of plies or fistula?
	<ul> <li>d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing)</li> </ul>			d. Any history of Jaundice
	e. Is there any abnormality found on examination of nose and throat? Active nose bleed		1	11) GU SYSTEM:  Has the examinee suffered from or is suffering from Kidney/ Ureter / Bladder disease / Stones or any other urinary disease?
	a. Is there any evidence/histroy of disease of Central or Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc? c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?			12) MUSCULOSKELETAL SYSTEM:  a. Is there any back, spine, joint muscle or bone disorder?  b. Any history of bone fracture or joint replacement or gout?  if yes, give details?

	1		PLEASE TICK THE RELEVANT BOXES	Vac	No
PLEASE TICK THE RELEVANT BOXES	Yes	No		103	110
OTHERS  a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?  b. Is there any enlargement of Thyroid?			15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD eg. syphils, gonorrhoea)		
c. Is there any suspicion of any other Endocrine disorder?		4	16) FEMALE APPLICANTS ONLY:		1
d. Is hernia present? If yes, give details. e. Are there any abnormalities in testes? If yes, give details	s. 🗆		a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts?		
<ul> <li>f. Is there any history or evidence suggestive of cancer, tumor growth or cyst?</li> <li>g. Was the examinee treated for any psychiatric ailment? It so, give details about meditation given.</li> <li>h. History of anxiety / stress / depression / sleep disorder.</li> </ul>	r		b. Have you suffered from irregular or painful or unusually heavy mensturation, fibroids, cysts or any other disorder of the female organs?      c. For females who have conceived, were there any complications during pregnancy such as gestational		
P) HABITS & ADDICTIONS  Does the examinee consume tobacco/alcohol.drugs/ narcotics in any form? If yes, please ascertain the type, quantity, duration and frequency of consumption.			diabetes, hypertension etc?  d. Are you now pregnant? If yes, how many months?		
Please mention details:					_
Q. NO. Please provide details of all answers r	narke	ed as	s 'yes'		
- DF. Tab. Glyconed - KICLO - HTV-S - PDSACMENT : 29x	bn	n_	1 Father by	7	1-0
- Progregor	10				
Remarks on present health status:	8	,0			
Recommendations (if any): CDMD	OID	A		moloto	and to
Lifucaro i ics & Research Colter Pvt. Lta Isa en shino Opp. Shapiliri Nagar, Ila Complex, Andrew (W).			The above statements and answers made to the medical examiner(s) are con	npiete	and tr
Name & Signature of Doctor			Signature of Examinee		
			Date Place		
NOTES:					
		.if	ecare		
Main Centre: 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwa Central Laboratory: 206, Cosmos Plaza, Opp. Indian Oil Nagar, J F Versova Branch: 10, 11, First Floor, Silver Streak, Near Bus Depot Worli Branch: Shop No. 2, Ground Floor, Sanghavi Evana, Ga Mumbai: Versova   Lokhandwala   Goregaon   Kand E-mail: admin@lifecarediagnostics.com   feedback@l	t, Yari R anpatra	toad, V ao Kad	/ersova, Andheri (W), Mumbai. Tel.: 26399210 dam Marg, Lower Parel (W), Mumbai - 400013. Tel.: 9167223844 jear   Worli   Pune : Aundh   Chinchwad   Gujrat : Vadodra		
NOTE : General physical examination & investigation included in the h					



### **OPHTHALMIC REPORT**

NAME: Mr. Santalp Jaiswal.

AGE: 43ys/mall.

DATE: 28/08/2024

		Left Evo	Both Eyes
Distance Vision	Right Eye	Left Eye	
Without Glasses		616	616
With Glasses	616	90	

		Left Eye	Both Eyes
Near Vision	Right Eye	Ecit Lyo	A - 16
Vithout Glasses		NOC	N6
With Glasses	NE	10 6	

	Right Eye	Left Eye
Colour Vision	Normal	Normal
Anterio Segment	Marmael	Nowwa
External Eye Exam Intra ocular tension		
Fundus		

Advise:

- Both Eyesfit - Galosses. Lifecare Dingnos Constitute opp. Shashin Nagar, 1st Floor, Senstitute opp. Shashin Nagar, Lokhandwafa Con piex, Andheri (W).

Mumbai- 400053.





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### X-RAY CHEST PA

The visualised lung fields appear clear.

Both costo-phrenic angles appear clear.

Both hila appear normal.

Cardiac shadow appears normal.

Both domes of diaphragm are normal.

Visualised bones appear normal.

Impression:

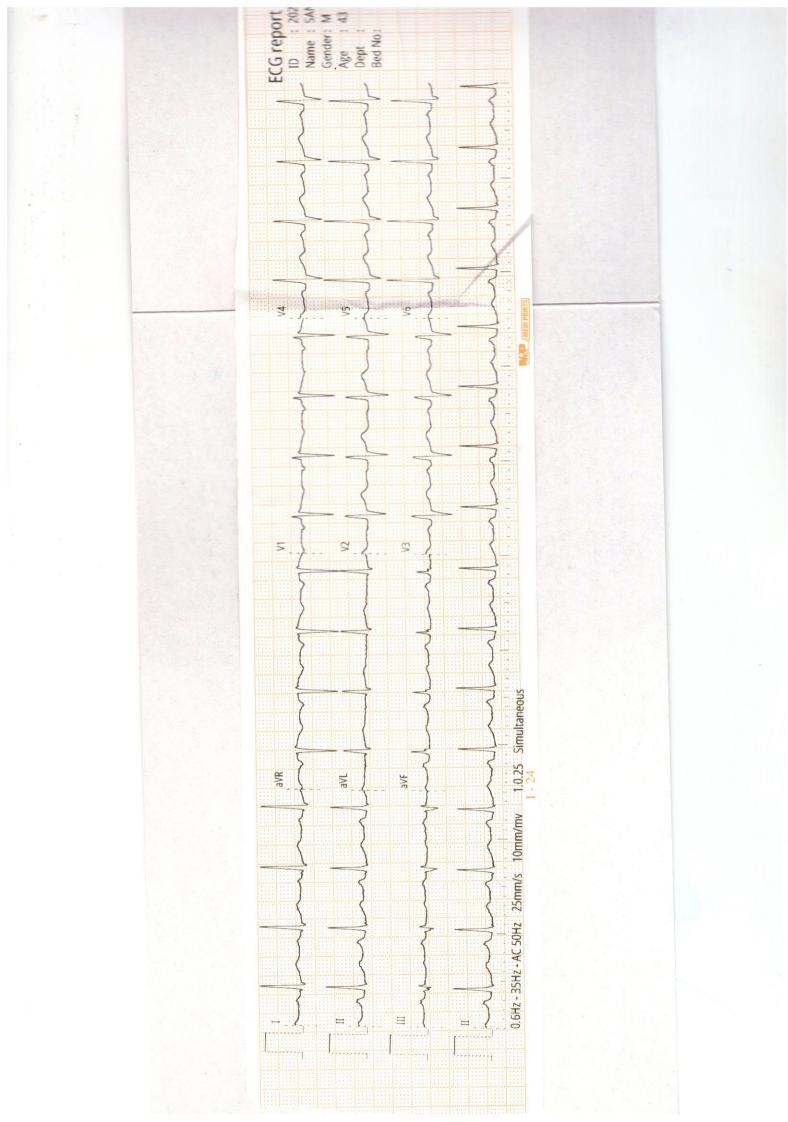
No significant abnormality detected.

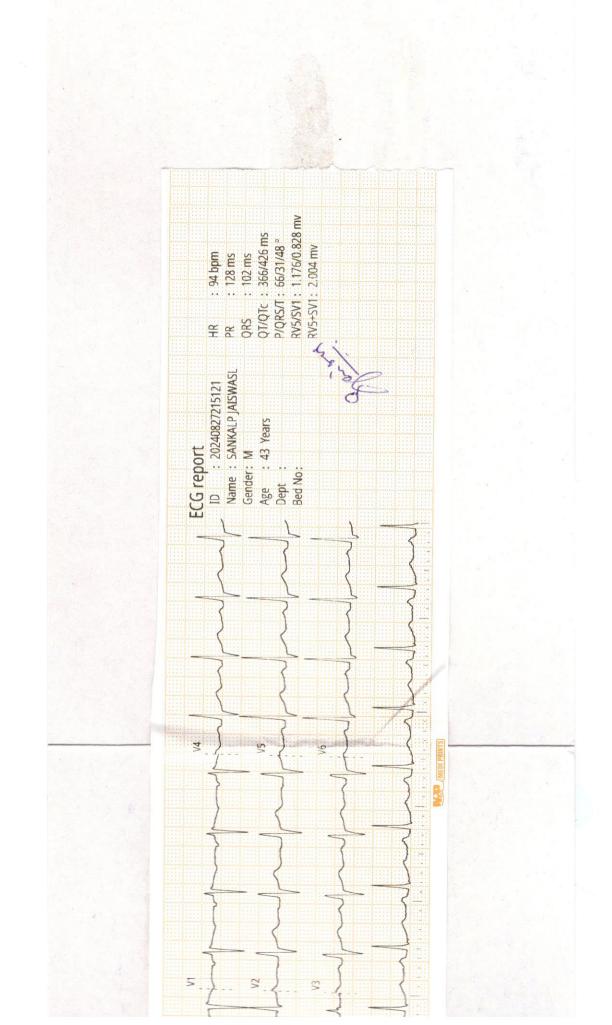
----- End Of Report -----

Dr. Smita Dudhal
DNB DMRD MBBS
Consultant Radiologist









# REPORT

- Sinus Tachycerdia

- Normal Zell

Worli Branch 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road, Versova, Andheri (W),

Versova Branch

Central Laboratory 206, Cosmos Plaza, Opp. Indian Oil Nagar, J. P. Road, Andheri (W),

Kamala Mills, Senapati Bapat Marg, B-101, Trade World, Lower Parel (W), Mumbai - 400013 Tel.: 9167223844

Lifecare Diagnostics & Research Center Pvt. Ltd.
St Floor, Sunshine: Opp. Shashtri Nagar.
Lokhandwala Co., plex, Andheri (W), A. Mumbai- 400053 CARDIOLOGIST

Mumbai Tel.: 26399210

Tel.: 26372527 Mumbai

For Home visits call: 9167117755 / 9167223838