

Patient Name : Mr.VIRAJ P NANDGAONKAR	Collected : 08/Apr/2023 08:55AM
Age/Gender : 34 Y 6 M 7 D/M	Received : 08/Apr/2023 10:27AM
UHID/MR No : STAR.0000055575	Reported : 08/Apr/2023 11:26AM
Visit ID : STAROPV58392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 199557	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD-EDTA**

Methodology : Microscopic  
RBC : Normocytic normochromic  
WBC : Normal in number, morphology and distribution. No abnormal cells seen  
Platelets : Adequate in Number  
Parasites : No Haemoparasites seen  
IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically



SIN No:BED230088631

Patient Name : Mr.VIRAJ P NANDGAONKAR	Collected : 08/Apr/2023 08:55AM
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD-EDTA**

<b>HAEMOGLOBIN</b>	14	g/dL	13-17	Spectrophotometer
PCV	43.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.44	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	<b>81</b>	fL	83-101	Calculated
MCH	<b>25.7</b>	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.9</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,600	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	50	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>44</b>	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2300	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2024	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	92	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	<b>184</b>	Cells/cu.mm	200-1000	Electrical Impedence
<b>PLATELET COUNT</b>	316000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	02	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

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Parasites : No Haemoparasites seen  
IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically



SIN No:BED230088631

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

**Address:**

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

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Age/Gender : 34 Y 6 M 7 D/M	Received : 08/Apr/2023 10:27AM
UHID/MR No : STAR.0000055575	Reported : 08/Apr/2023 11:40AM
Visit ID : STAROPV58392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 199557	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

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



SIN No:BED230088631

Patient Name : Mr.VIRAJ P NANDGAONKAR	Collected : 08/Apr/2023 01:04PM
Age/Gender : 34 Y 6 M 7 D/M	Received : 08/Apr/2023 01:31PM
UHID/MR No : STAR.0000055575	Reported : 08/Apr/2023 02:07PM
Visit ID : STAROPV58392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 199557	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>106</b>	mg/dL	70-100	GOD - POD
--------------------------------------	------------	-------	--------	-----------

**Comment:**

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA</b>	<b>113</b>	mg/dL	70-140	GOD - POD
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**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.

Ref: Marks medical biochemistry and clinical approach





Patient Name : Mr.VIRAJ P NANDGAONKAR	Collected : 08/Apr/2023 08:55AM
Age/Gender : 34 Y 6 M 7 D/M	Received : 08/Apr/2023 03:48PM
UHID/MR No : STAR.0000055575	Reported : 08/Apr/2023 07:39PM
Visit ID : STAROPV58392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 199557	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA</b>	5.6	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA</b>	114	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	173	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	45	mg/dL	<150	
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>132</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>123</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.22		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>49</b>	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	76.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	1.00	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	26.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE



SIN No:SE04344209

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.00	U/L	16-73	Glycylglycine Kinetic method



SIN No:SE04344209

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Emp/Auth/TPA ID : 199557	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	1.23	ng/mL	0.67-1.81	ELFA
Thyroxine (T4, TOTAL)	7.77	µg/dL	4.66-9.32	ELFA
Thyroid Stimulating Hormone (TSH)	3.120	µIU/mL	0.25-5.0	ELFA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

**Note:**

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





Patient Name : Mr.VIRAJ P NANDGAONKAR	Collected : 08/Apr/2023 08:55AM
Age/Gender : 34 Y 6 M 7 D/M	Received : 08/Apr/2023 11:15AM
UHID/MR No : STAR.0000055575	Reported : 08/Apr/2023 12:35PM
Visit ID : STAROPV58392	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick


**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



**Dr. Sandip Kumar Banerjee**  
M.B.B.S, M.D(PATHOLOGY), D.P.B  
Consultant Pathologist



SIN No:UR2094582

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भारत सरकार  
भारत सरकार



आधार

भारत सरकार  
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India

नोंदविण्याचा क्रमांक / Enrollment No. : 2722/99991/01331

To  
**Laxmi Pramod Chavan**  
लक्ष्मी प्रमोद चव्हाण  
D/O: Pramod Chavan,  
Pratiksha Nagar, Shastri Nagar, Room No-402,  
B Vibhag,  
Sion Koliwada,  
VTC: Mumbai, PO: Sion,  
Sub District: Mumbai, District: Mumbai,  
State: Maharashtra, PIN Code: 400022,  
Mobile: 7710937127

67825067



KF678250679FI



आपला आधार क्रमांक / Your Aadhaar No. :

**4507 0709 7857**

माझे आधार, माझी ओळख



भारत सरकार  
Government of India



आधार

Issue Date: 28/04/2013



लक्ष्मी प्रमोद चव्हाण  
**Laxmi Pramod Chavan**  
जन्म तारीख / DOB: 05/07/2002  
स्त्री / Female

**4507 0709 7857**

माझे आधार, माझी ओळख



Emerson Automation Solutions  
Emerson Process Management  
( India ) Private Limited  
Delphi B Wing, 601 – 603  
Central Avenue  
Hiranandani Business Park  
Powai, Mumbai - 400 076. India  
Corporate Identity No :  
U29196MH1981PTC024115  
Process.India@Emerson.com  
www.emersonprocess.co.in  
Tel.: +91 22 66620 566  
Fax : +91 22 66620 500

Date – 5 April 2023

To,

The Centre Manager  
The Apollo Clinic,

Subject: - Pre-employment Medical Check-up.

Ref.: - This is regarding our tie-up.

Dear Sir,

Laxmi Chavan is a new joiner of Emerson Process Management (India) Private Limited Kindly conduct “Pre-employment Medical Check-up” on credit basis as per terms & conditions accepted by us.

You are requested to send the original medical reports to address mention above.

Apollo Health and Lifestyle Limited will send us the consolidated invoice. Kindly arrange to route the bills through their office.

Thanking You,

Sincerely,

**For Emerson Process Management (India) Private Limited**

A handwritten signature in black ink that reads "Chitra".

**Chitra Chhabra**  
**Director – Human Resources**



Emerson Automation Solutions  
Emerson Process Management  
( India ) Private Limited  
Delphi B Wing, 601 – 603  
Central Avenue  
Hiranandani Business Park  
Powai, Mumbai - 400 076. India  
Corporate Identity No :  
U29196MH1981PTC024115  
[Process.India@Emerson.com](mailto:Process.India@Emerson.com)  
[www.emersonprocess.co.in](http://www.emersonprocess.co.in)  
Tel.: +91 22 66620 566  
Fax : +91 22 66620 500

To,  
The Medical Officer

Subject: - Request for Pre-employment Medical Check-up

Dear Sir/Madam,

Kindly conduct "Pre-employment Medical Check-up" on individual payment basis.

**INVESTIGATION AS FOLLOWS :**

1. Blood For Haemogram.
2. Blood For Sugar Random.
3. Urine For Routine Examination.
4. E.C.G.

You are requested to share the Medical Examination Report / Lab Investigation Report with candidate at the earliest.

Thanking You,

Yours sincerely

**For Emerson Process Management (India) Private Limited.**

A handwritten signature in black ink that reads "Chitra".

**Chitra Chhabra**  
Director – Human Resources



NANDGAONKAR, VIRAJ  
ID: 000055575

8-Apr-2023  
10:50:53

34 years Asian

Male

Referred by:  
Test Ind:


BRUCE  
Max HR: 153bpm 82% of max predicted 186bpm  
Max BP: 130/80  
Reason for Termination:  
Comments:

Total Exercise time: 8:25  
Maximum workload: 10.1METS

25.0 mm/s  
10.0 mm/mV  
100hz

STRESS TEST IS BORDERLINE POSITIVE

Dr. (Mrs.) CHHAYA P. VAJJA  
M.D. (MUM)  
Physician & Cardiologist  
Reg. No. 56942



Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	4:54	***	***	1.0	78	120/80	94
	STANDING	0:17	***	***	1.0	81		
	HYPERVENT	0:17	0.0	0.0	1.0	88		
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	101	120/80	121
	STAGE 2	3:00	2.5	12.0	7.0	125	130/80	163
	STAGE 3	2:25	3.4	14.0	10.1	144		



Technician:

Unconfirmed

APOLLO SPECTRA TARDEO MUMBAI

MAC55 009C



NANDGAONKAR, VIRAJ  
ID: 000055575

34years

Asian

Male

GRADED EXERCISE SUMMARY

BRUCE

Max HR: 153bpm 82% of max predicted 186bpm

Max BP: 130/80

Reason for Termination:

Comments:

Total Exercise time: 8:25

Maximum workload: 10.1METTS

10.1METTS

25.0 mm/s  
10.0 mm/mV  
100hz

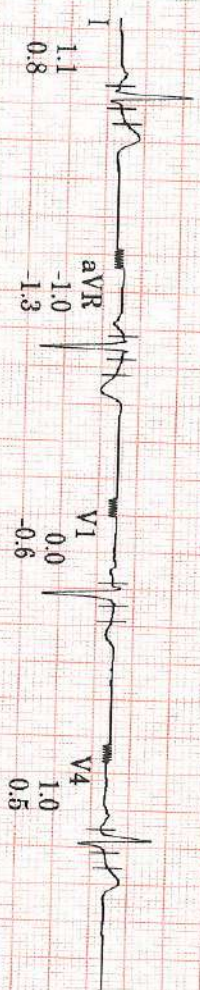
STRESS TEST IS BORDERLINE POSITIVE

Referred by:  
Test ind:

BASELINE

EXERCISE STAGE 1 88bpm  
1.0METTS ST @ 10mm/mV  
80ms postJ

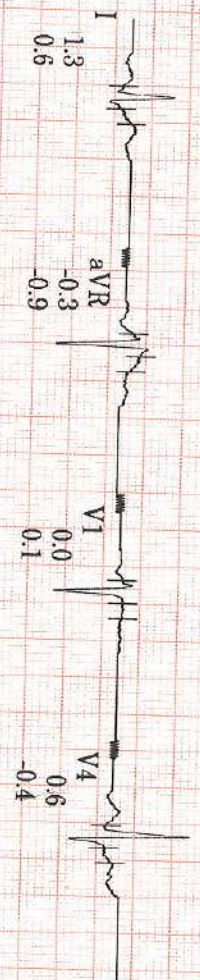
Lead ST(mm) Slope(mV/s)



MAX ST

EXERCISE STAGE 3 131bpm  
7.6METTS ST @ 10mm/mV  
80ms postJ

Lead ST(mm) Slope(mV/s)



Technician:

APOLLO SPECTRA TARDEO MUMBAI

Unconfirmed

MAC55 009C



NANDGAONKAR, VIRAJ  
ID: 000055575

34 years

Asian

Male

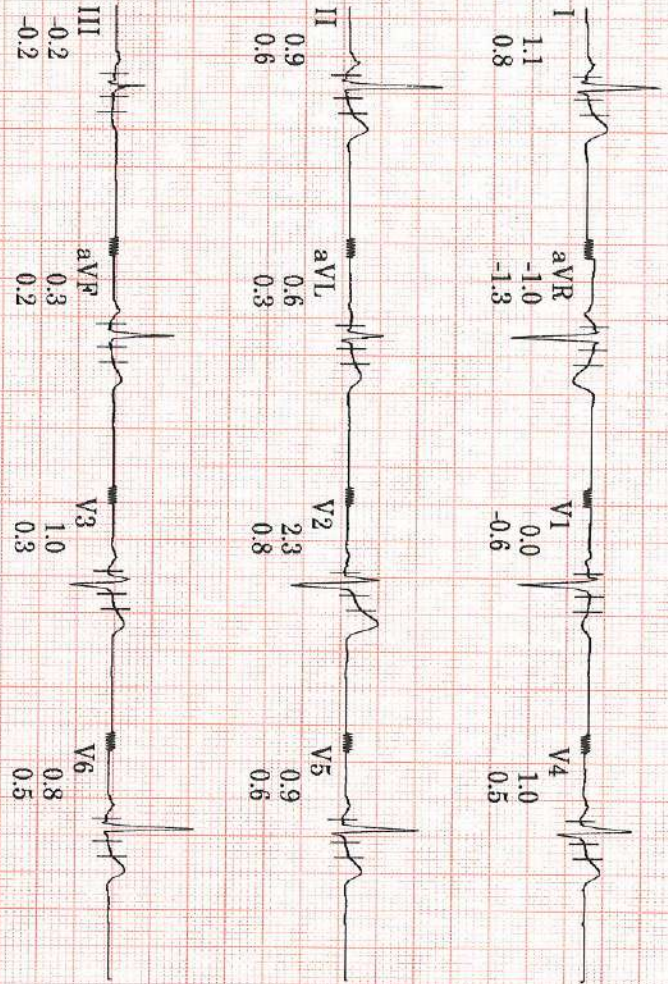
8-Apr-2023  
10:50:53

Referred by:  
Test ind:

BRUCE  
Max HR: 153bpm 82% of max predicted 186bpm  
Max BP: 130/80  
Reason for Termination:  
Comments:  
Total Exercise time: 8:25  
Maximum workload: 10.1METS  
25.0 mm/s  
10.0 mm/mV  
100hz

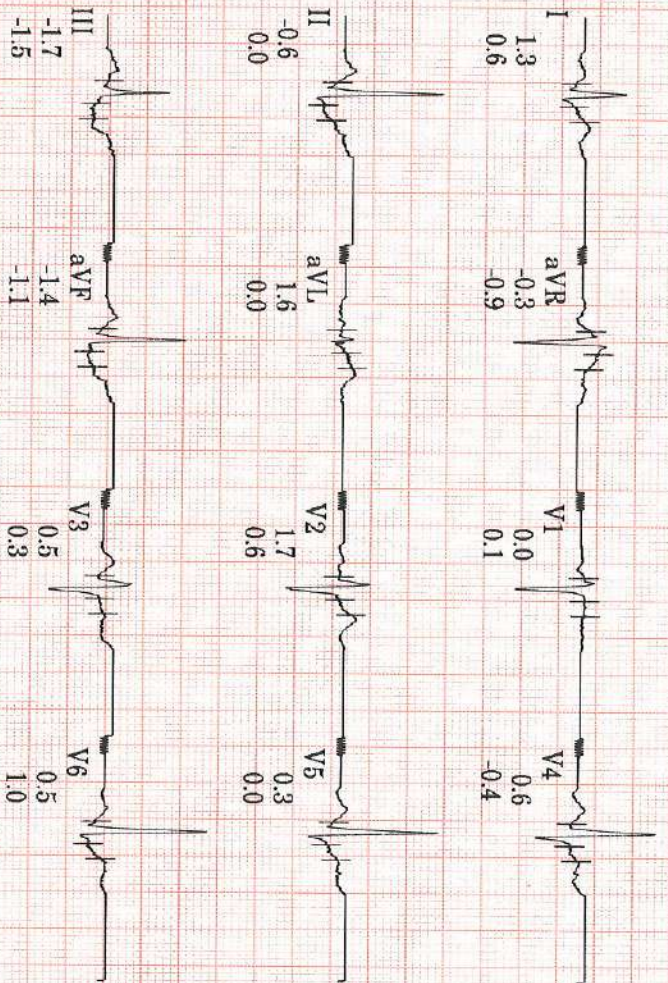
EXERCISE STAGE 1  
0:00 1.0METS  
BASELINE 88bpm  
ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



EXERCISE STAGE 3  
6:27 7.6METS  
MAX ST 131bpm  
ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Technician:

APOLLO SPECTRA TARDEO MUMBAI

Unconfirmed

MAC55 009C



NANDGAONKAR, VIRAJ  
ID: 000055575

34years

Asian

Male

BRUCE  
Max HR: 153bpm 82% of max predicted 186bpm  
Max BP: 130/80

Total Exercise time: 8:25  
Maximum workload: 10.1METS

25.0 mm/s  
10.0 mm/mV  
100hz

8-Apr-2023  
10:50:53

Referred by:  
Test ind:

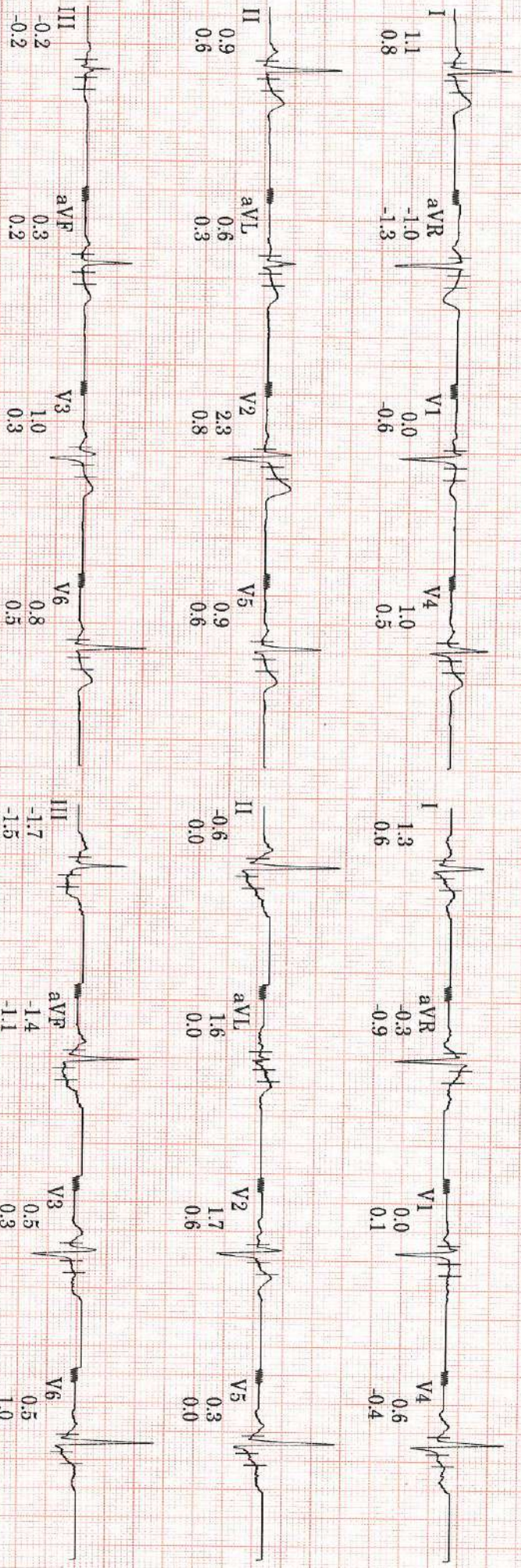
BASELINE  
EXERCISE STAGE 1 88bpm  
1.0METS  
ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)

EXERCISE STAGE 3  
6:27 7.6METS

MAX ST  
131bpm  
ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Technician:

Unconfirmed

APOLLO SPECTRA TARDEO MUMBAI

MAC55 009C



NANDGAONKAR, VITRAJ  
ID: 000056575

8-Apr-2023  
11:02:09

LINKED MEDIANS REPORT

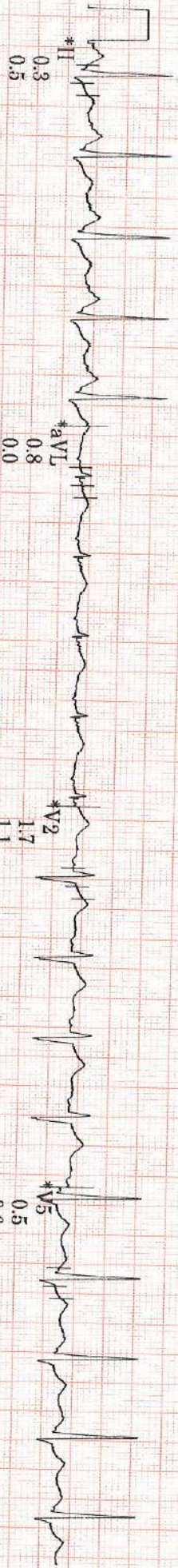
114bpm  
BP: 130/80

EXERCISE  
STAGE 2  
5:48

APOLLO SPECTRA TARDEO MUMBAI  
BRUCE  
2.5mph  
12.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mV)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC65 009C

II



NANDGAONKAR, VIRAJ  
ID: 000055575

8-Apr-2023  
10:59:09

LINNEAD MEDICINE REPORT

106bpm  
BP: 120/80  
EXERCISE  
STAGE 1  
2:48

APOLLO SPECIKA IARDEO MUMBAI

BRUCE  
1.7mph  
10.0%

ST @ 10mm/mV  
80ms post J

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC55 009C

II



NANDGAONKAR, VIRAJ  
ID: 000055575

8-Apr-2023  
10:56:05

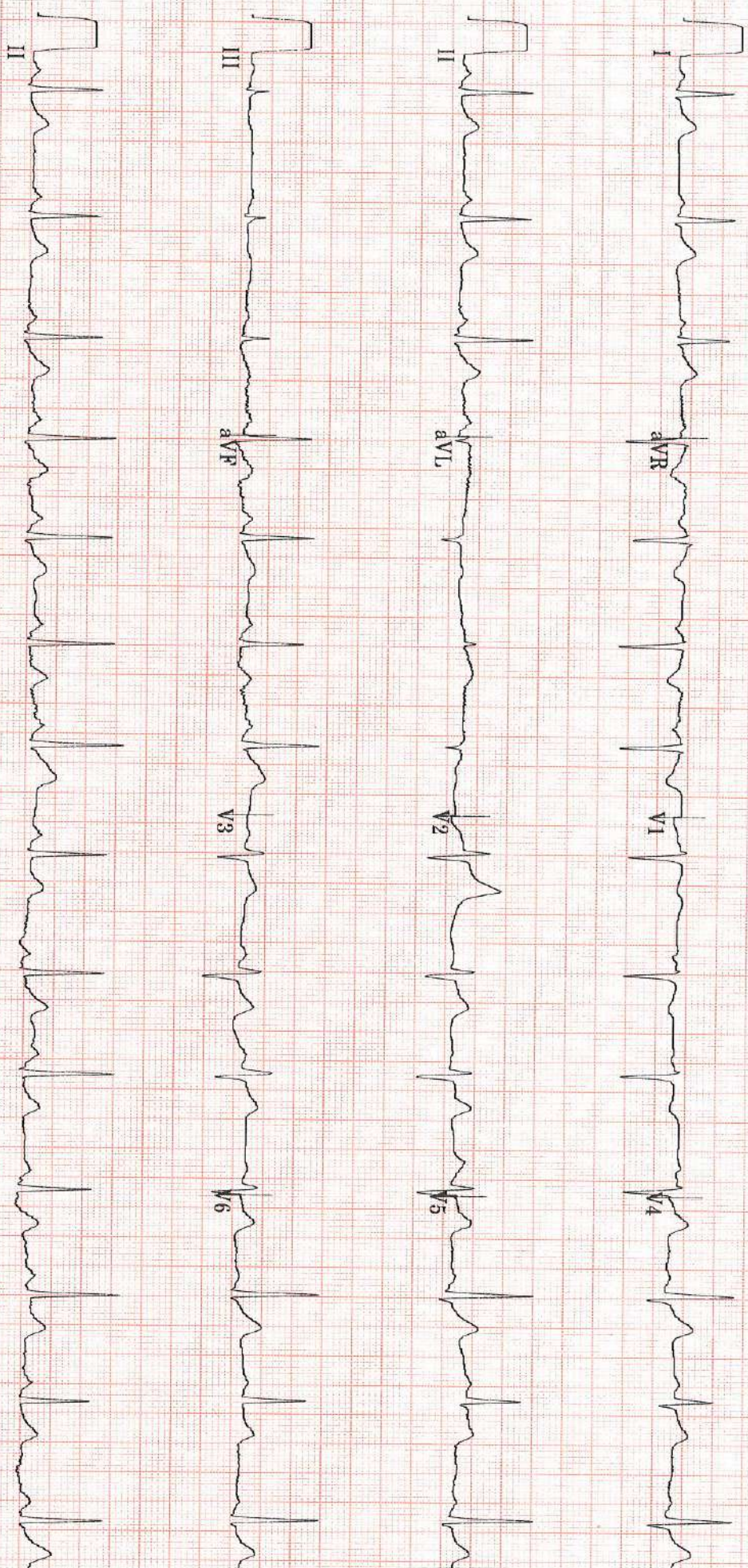
12 LEAD REPORT

81bpm

PRETEST  
HYPERVENT

BRUCE  
\*\*\*mph  
\*\*\*/%

APOLLO SPECTRA TARDEO MUMBAI



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46 4 hv 2.5s + 1 rhvthm 1d MAC55 009C



NANDGAONKAR, VIRAJ  
ID: 000055575

8-Apr-2023  
10:55:48

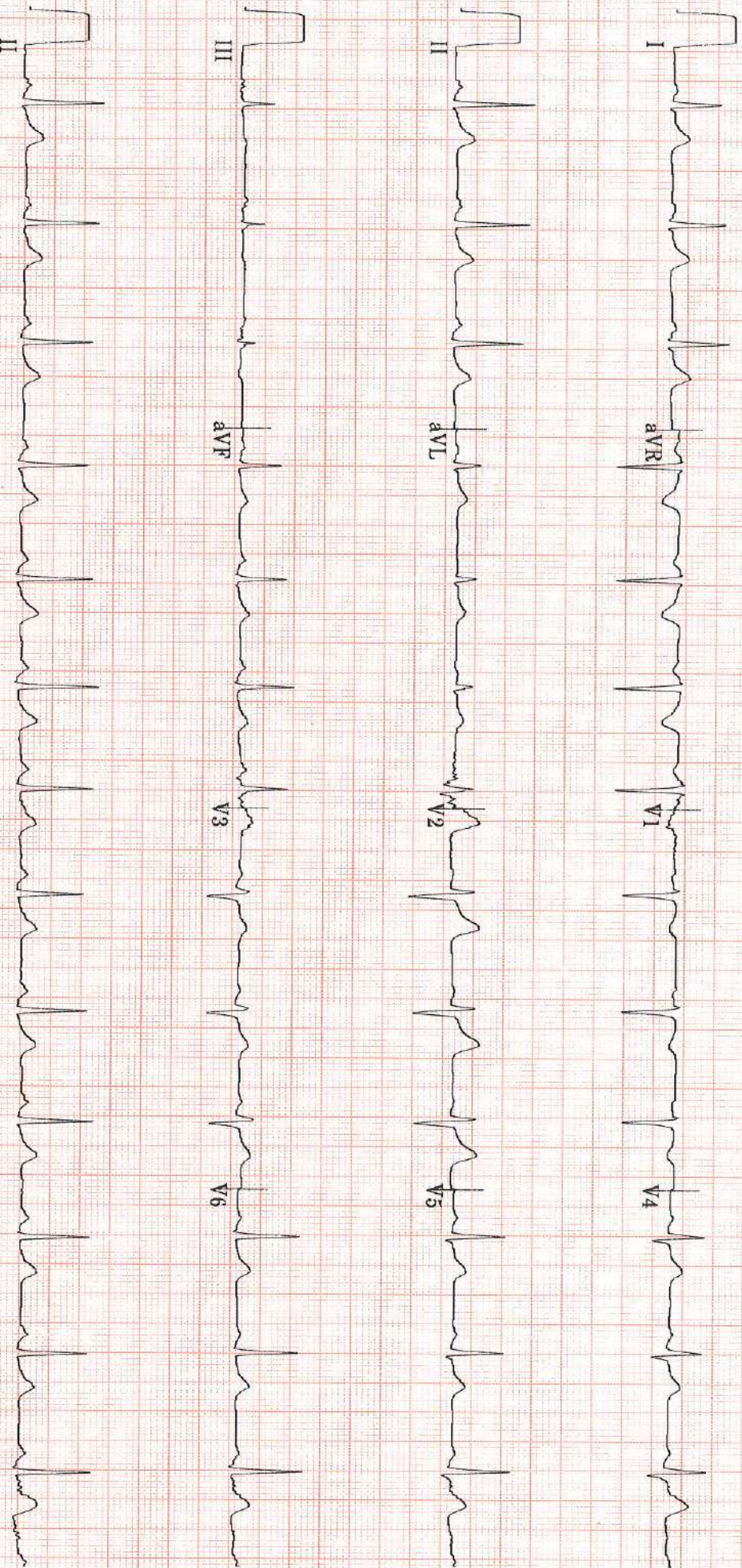
77bpm

PRETEST  
STANDING  
4:55

BRUCE  
\*\* \*mph  
\*\* \*%

12 LEAD REPORT

APOLLO SPECTRA TARDEO MUMBAI



40 Hz

25.0 mm/s

10.0 mm/mV

A-H S. 50Hz HR 46

4 hr 2.5s + 1 rhrvthm 1A

MAC55 009C

II



NANDGAONKAR, VIRAJ  
ID: 000055575

8-Apr-2023  
10:55:32

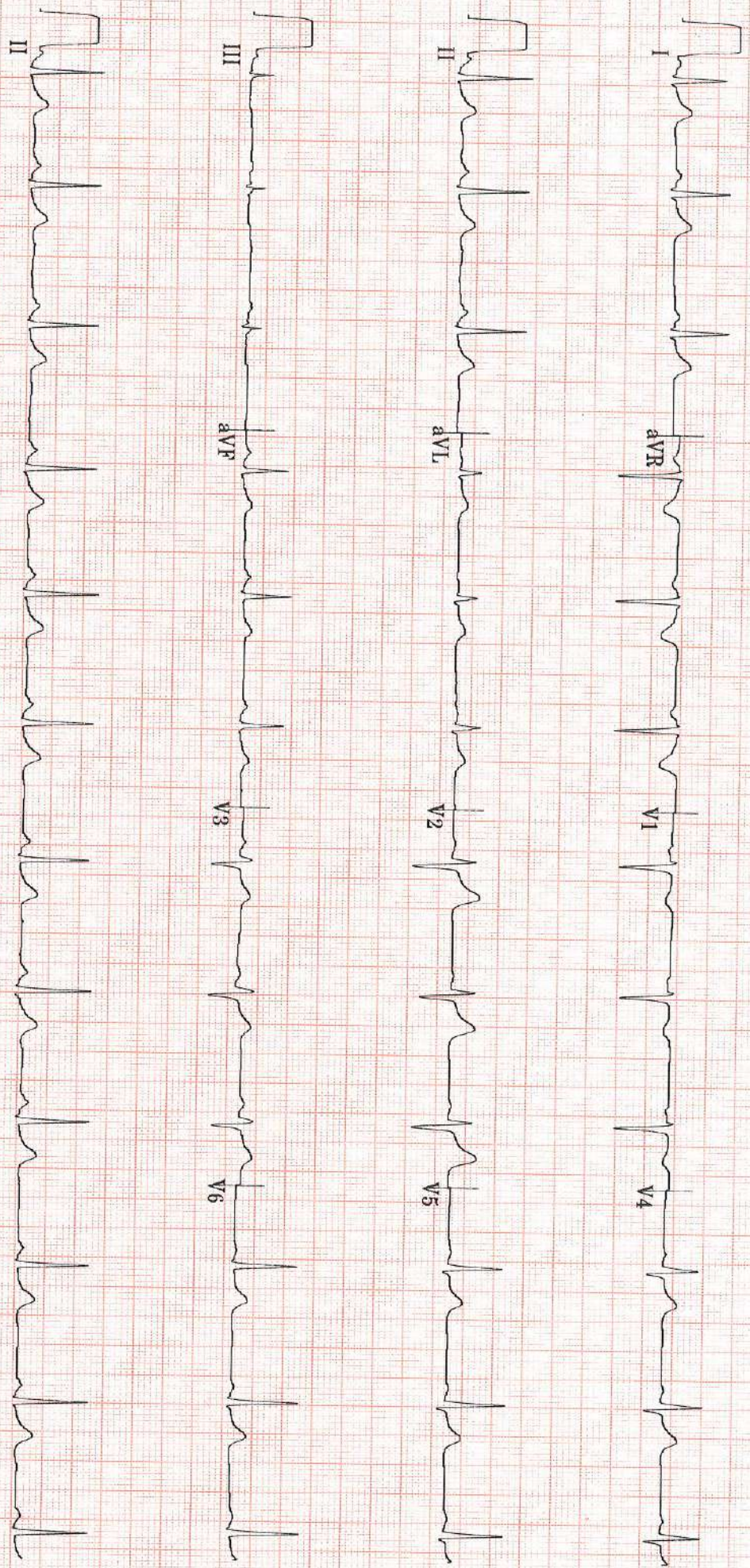
12 LEAD REPORT

70bpm  
BP: 120/80

PRETEST  
SUPINE  
4:40

BRUCE  
\*\*\*mph  
\*\*\*%

APOLLO SPECTRA TARDEO MUMBAI



40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

4 bv 2.5s + 1 rhvthm Id

MAC55 009C

0



Mr. Vijay N. 34/M

Rx

Date: 8/4/2023

- Scaling

- Filling 5  
6 / 4.

h

**Dr. Rinal Modi**  
B.D.S. (Mumbai)  
Dental Surgeon  
Reg. No. : A-28591  
Email : doctorinal@gmail.com  
M : 8779258365 / 9892290876

**Alliance Dental Care Limited**  
GSTIN: 36AAECA118N1ZR

**Corporate & Regd. Office:** #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad 500038, Telangana.

**Our Network:** Bangalore | Chennai | Durgapur | Ghaziabad | Gurgaon | Howrah | Hyderabad | Jabalpur | Kannur | Karaikudi | Kolkata  
Madurai | Malda | Mohali | Mumbai | Mysore | Nasik | Nellore | Port Blair | Pune | Ranchi | Silchar | Trichy | Vijayawada | Visakhapatnam

To book an appointment

 1800 102 0288

www.apollodental.in

Name: Vinay Naradgaonkar

Present Complaints: No

Present Medications: No

Date: 8/1/23

Age: 36/ Male

Personal History:

Unmarried/Married Unmarried

Diet: Veg/Mixed

Sleep: Normal/Disturbed/Snoring

Alcohol: No

Tobacco: Chews/Smokes No

Bowel: (w)

Bladder: (w)

Physical Activities: Active/Moderate/Sedentary

Allergy: No

Menstrual History: ---

Past Medical History: No

Family History: Mother: DM.

Physical Examination findings

Investigations:

Pulse: 88/min      BP: 120/80 mm/hg

ST: Baseline trac  
LQT 123

No Pallor/icterus/cyanosis/clubbing/edema

Advice:

RS: (w)

CVS: (w)

P/Abdo: (w)

CNS: (w)

Musculoskeletal: (w)

- 1) Refer to Cardiologist.
- 2) Avoid oil/ghee/fried foods
- 3) Morning walk 15 min daily



Dr. Chhaya Vaja

Dr. (Mrs.) CHHAYA P. VAJA  
M. D. (MUM)  
Physician & Cardiologist  
Reg. No. 55942

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

Patient Name : Mr.VIRAJ P NANDGAONKAR Age/Gender : 34 Y 6 M 7 D/M UHID/MR No : STAR.0000055575 Visit ID : STAROPV58392 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 199557	Collected : 08/Apr/2023 08:55AM Received : 08/Apr/2023 10:27AM Reported : 08/Apr/2023 11:26AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD-EDTA**

Methodology : Microscopic  
 RBC : Normocytic normochromic  
 WBC : Normal in number, morphology and distribution. No abnormal cells seen  
 Platelets : Adequate in Number  
 Parasites : No Haemoparasites seen  
 IMPRESSION : Normocytic normochromic blood picture  
 Note/Comment : Please Correlate clinically





Patient Name : Mr.VIRAJ P NANDGAONKAR	Collected : 08/Apr/2023 08:55AM
Age/Gender : 34 Y 6 M 7 D/M	Received : 08/Apr/2023 10:27AM
UHID/MR No : STAR.0000055575	Reported : 08/Apr/2023 11:26AM
Visit ID : STAROPV58392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 199557	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD-EDTA**

HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	43.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.44	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	81	fL	83-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,600	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	50	%	40-80	Electrical Impedance
LYMPHOCYTES	44	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2300	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2024	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	92	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	184	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	316000	cells/cu.mm	150000-410000	Electrical impedance

ERYTHROCYTE SEDIMENTATION RATE (ESR)	02	mm at the end of 1 hour	0-15	Modified Westergren
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**PERIPHERAL SMEAR**

Methodology : Microscopic

RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



Patient Name	: Mr.VIRAJ P NANDGAONKAR	Collected	: 08/Apr/2023 08:55AM
Age/Gender	: 34 Y 6 M 7 D/M	Received	: 08/Apr/2023 10:27AM
UHID/MR No	: STAR.0000055575	Reported	: 08/Apr/2023 11:40AM
Visit ID	: STAROPV58392	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 199557		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

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





Patient Name : Mr.VIRAJ P NANDGAONKAR Age/Gender : 34 Y 6 M 7 D/M UHID/MR No : STAR.0000055575 Visit ID : STAROPV58392 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 199557	Collected : 08/Apr/2023 01:04PM Received : 08/Apr/2023 01:31PM Reported : 08/Apr/2023 02:07PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	106	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	113	mg/dL	70-140	GOD - POD
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**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.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mr.VIRAJ P NANDGAONKAR Age/Gender : 34 Y 6 M 7 D/M UHID/MR No : STAR.0000055575 Visit ID : STAROPV58392 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 199557	Collected : 08/Apr/2023 08:55AM Received : 08/Apr/2023 03:48PM Reported : 08/Apr/2023 07:39PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	114	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control





Patient Name : Mr.VIRAJ P NANDGAONKAR	Collected : 08/Apr/2023 08:55AM
Age/Gender : 34 Y 6 M 7 D/M	Received : 08/Apr/2023 10:23AM
UHID/MR No : STAR.0000055575	Reported : 08/Apr/2023 11:26AM
Visit ID : STAROPV58392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 199557	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	173	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	45	mg/dL	<150	
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	123	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.22		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.





Patient Name	: Mr.VIRAJ P NANDGAONKAR	Collected	: 08/Apr/2023 08:55AM
Age/Gender	: 34 Y 6 M 7 D/M	Received	: 08/Apr/2023 10:23AM
UHID/MR No	: STAR.0000055575	Reported	: 08/Apr/2023 11:38AM
Visit ID	: STAROPV58392	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 199557		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	49	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	76.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated





Patient Name <sup>s</sup> : Mr.VIRAJ P NANDGAONKAR	Collected : 08/Apr/2023 08:55AM
Age/Gender : 34 Y 6 M 7 D/M	Received : 08/Apr/2023 10:23AM
UHID/MR No : STAR.0000055575	Reported : 08/Apr/2023 11:26AM
Visit ID : STAROPV58392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 199557	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	1.00	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	26.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE





TOU P H M A N A V E S

Patient Name : Mr.VIRAJ P NANDGAONKAR Age/Gender : 34 Y 6 M 7 D/M UHID/MR No : STAR.0000055575 Visit ID : STAROPV58392 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 199557	Collected : 08/Apr/2023 08:55AM Received : 08/Apr/2023 10:23AM Reported : 08/Apr/2023 11:38AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method





TO UPLIFT LIVES

Patient Name : Mr.VIRAJ P NANDGAONKAR	Collected : 08/Apr/2023 08:55AM
Age/Gender : 34 Y 6 M 7 D/M	Received : 08/Apr/2023 10:23AM
UHID/MR No : STAR.0000055575	Reported : 08/Apr/2023 10:27AM
Visit ID : STAROPV58392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 199557	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

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

THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.23	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.77	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.120	µIU/mL	0.25-5.0	ELFA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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





Patient Name <sup>s</sup> : Mr.VIRAJ P NANDGAONKAR	Collected : 08/Apr/2023 08:55AM
Age/Gender : 34 Y 6 M 7 D/M	Received : 08/Apr/2023 11:15AM
UHID/MR No : STAR.0000055575	Reported : 08/Apr/2023 12:35PM
Visit ID : STAROPV58392	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 199557	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick


**BIOCHEMICAL EXAMINATION**


URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

  
**DR. APEKSHA MADAN**  
 MBBS, DPB  
 PATHOLOGY

  
**Dr. Sandip Kumar Banerjee**  
 M.B.B.S., M.D(PATHOLOGY), D.P.B  
 Consultant Pathologist





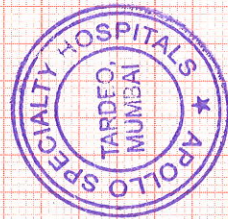
12 LEAD REPORT

NANDGAONKAR, VIRAJ  
ID: 000055575  
8-Apr-2023  
10:55:18

88bpm  
BP: 120/80

PRETEST  
SUPINE  
4:25

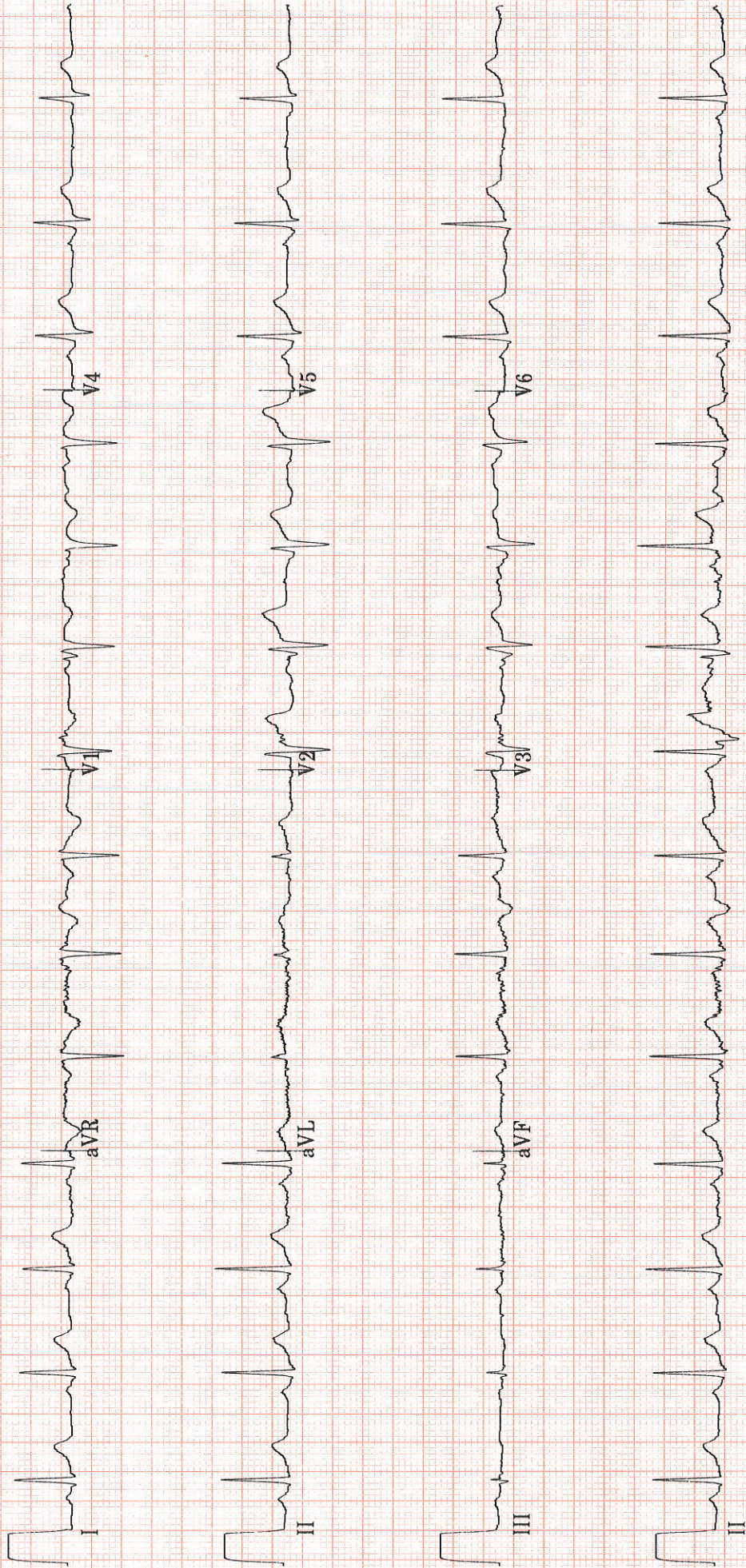
BRUCE  
\*\* \*mph  
\*\* \*%



*Indices Normal limits*

*[Handwritten signature]*

Dr. (Mrs.) CHHAYA P. VAJA  
M. D. (MUM)  
Physician & Cardiologist  
Reg. No. 56942





## Specialists in Surgery

Patient Name	: Mr. Viraj P Nandgaonkar	Age	: 34 Y M
UHID	: STAR.0000055575	OP Visit No	: STAROPV58392
Reported on	: 08-04-2023 11:50	Printed on	: 08-04-2023 11:50
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.

#### CONCLUSION :

No obvious abnormality seen.

Printed on:08-04-2023 11:50

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology



## Specialists in Surgery

**Patient Name : MR.VIRAJ NANDGAONKAR**  
**Ref. By : HEALTH CHECK UP**

**Date : 08-04-2023**  
**Age : 34 years**

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER** : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL BLADDER** : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

**PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

**SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

**KIDNEYS** : The **RIGHT KIDNEY** measures 10.6 x 4.7 cms and the **LEFT KIDNEY** measures 11.1 x 4.5 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

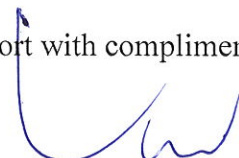
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 3.2 x 2.8 x 2.4 cms and weighs 11.9 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**IMPRESSION:** The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.

Report with compliments.

  
**DR.VINOD V.SHETTY**  
**MD, D.M.R.D.**  
**CONSULTANT SONOLOGIST.**



# EYE REPORT



**Name:** Vinay Nandgaonkar.

**Date:** 08/07/2023

**Age / Sex:** 34yrs Male

**Ref No.:**

**Complaint:** No scale do  
No Mo 88 / 2A

**Examination**

**Spectacle Rx**       $V_u < \begin{matrix} 6/9 \\ 6/6 \end{matrix}$       *Near  $V_u < W_6$*

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance								
Read								

**Remarks:** *As per V<sub>u</sub> & W<sub>6</sub>*

**Medications:** *As per V<sub>u</sub> & W<sub>6</sub>*

Trade Name	Frequency	Duration

**Follow up:** *As per V<sub>u</sub> & W<sub>6</sub>*

**Consultant:**



ID 0  
Age 34

Vijay

Height 171cm  
Gender Male

Date 8.4.2023  
Time 09:17:30

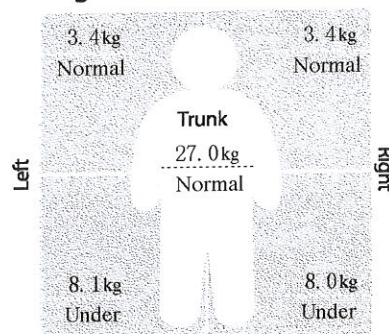
APOLLO SPECTRA HOSPITAL

## Body Composition

	Under	Normal	Over	UNIT%	Normal Range
<b>Weight</b>	40 55 70 85 100 115 130 145 160 175 190 205				54.7 ~ 74.0
<b>Muscle Mass</b> Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				27.4 ~ 33.5
<b>Body Fat Mass</b>	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520				7.7 ~ 15.4
<b>TBW</b> Total Body Water	39.9 kg (36.2 ~ 44.2)			<b>FFM</b> Fat Free Mass	54.3 kg (47.0 ~ 58.5)
<b>Protein</b>	10.8 kg (9.7 ~ 11.8)			<b>Mineral*</b>	3.60 kg (3.35 ~ 4.09)

\* Mineral is estimated.

## Segmental Lean



## Obesity Diagnosis

	Value	Normal Range
<b>BMI</b> Body Mass Index (kg/m <sup>2</sup> )	27.0	18.5 ~ 25.0
<b>PBF</b> Percent Body Fat (%)	31.4	10.0 ~ 20.0
<b>WHR</b> Waist-Hip Ratio	1.08	0.80 ~ 0.90
<b>BMR</b> Basal Metabolic Rate (kcal)	1543	1677 ~ 1968

## Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive

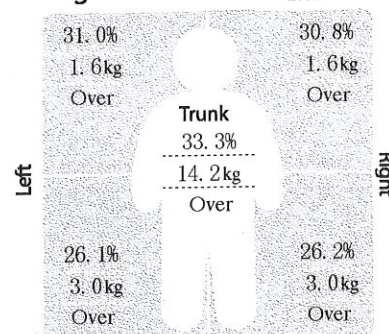
## Weight Management

Weight	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

## Obesity Diagnosis

BMI	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	<input type="checkbox"/> Extremely Over
PBF	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	
WHR	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	

## Segmental Fat



\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	+ 0.4 kg	Fat Control	- 15.2 kg	Fitness Score	64
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## Impedance

Z	RA	LA	TR	RL	LL
20kHz	296.7	298.0	27.4	307.8	302.8
100kHz	262.5	264.7	23.5	272.6	269.5

\* Use your results as reference when consulting with your physician or fitness trainer.

## Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 79.1 kg / Duration: 30min. / unit: kcal)											
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton
158	277	237	277	258	277	179	237	277	396	150	179
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats
396	396	396	237	277	139	development of upper body	abdominal muscle training	abdominal backache prevention	muscle strength	muscle strength	maintenance of lower body muscle


### How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

**Recommended calorie intake per day**  
1600 kcal

\* Calculation for expected total weight loss for 4 weeks: **Total energy expenditure (kcal/week) X 4 weeks ÷ 7700**



 **बैंक ऑफ़ बड़ौदा**  
**Bank of Baroda**

नाम

Name : VIRAJ PANDURANG NANDGAONKAR

कर्मचारी कूट क्र.

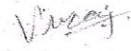
E. C. No. : 199557



जारीकर्ता प्राधिकारी

Issuing Authority





धारक के हस्ताक्षर

Signature of Holder





LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. NANDGAONKAR VIRAJ PANDURANG
EC NO.	199557
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	MUMBAI,B K MARG
BIRTHDATE	01-10-1988
PROPOSED DATE OF HEALTH CHECKUP	25-03-2023
BOOKING REFERENCE NO.	22M199557100049024E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **15-03-2023** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



<b>Patient Name</b>	: Mr. Viraj P Nandgaonkar	<b>Age/Gender</b>	: 34 Y/M
<b>UHID/MR No.</b>	: STAR.0000055575	<b>OP Visit No</b>	: STAROPV58392
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 08-04-2023 12:57
<b>LRN#</b>	: RAD1971808	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 199557		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER :** The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL BLADDER :** The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

**PANCREAS :** The pancreas is normal in size and echotexture. No focal mass lesion is seen.

**SPLEEN :** The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

**KIDNEYS :** The **RIGHT KIDNEY** measures 10.6 x 4.7 cms and the **LEFT KIDNEY** measures 11.1 x 4.5 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE :** The prostate measures 3.2 x 2.8 x 2.4 cms and weighs 11.9 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY BLADDER :** The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**IMPRESSION:** The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.



**Dr. VINOD SHETTY**  
Radiology



**Patient Name** : Mr. Viraj P Nandgaonkar

**Age/Gender** : 34 Y/M

**UHID/MR No.** : STAR.0000055575

**OP Visit No** : STAROPV58392

**Sample Collected on** :

**Reported on** : 08-04-2023 11:50

**LRN#** : RAD1971808

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 199557

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**DEPARTMENT OF RADIOLOGY**

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**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.

**CONCLUSION :**

No obvious abnormality seen.



**Dr. VINOD SHETTY**  
Radiology