

| | |
|--|--|
| Patient Name : Mr.PRASHANT PRAKASH PAKHALE | Collected : 14/Apr/2023 08:40AM |
| Age/Gender : 41 Y 10 M 30 D/M | Received : 14/Apr/2023 04:33PM |
| UHID/MR No : CPIM.0000097512 | Reported : 14/Apr/2023 05:34PM |
| Visit ID : CPIMOPV142935 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE36680 | |

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.ANISOCYTOSIS+.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



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HEMOGRAM , WHOLE BLOOD-EDTA

| | | | | |
|-----------------------------|-------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 14 | g/dL | 13-17 | Spectrophotometer |
| PCV | 42.50 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.88 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 87 | fL | 83-101 | Calculated |
| MCH | 28.8 | pg | 27-32 | Calculated |
| MCHC | 33 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 19.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,780 | cells/cu.mm | 4000-10000 | Electrical Impedence |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 43.1 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 40.3 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 6.1 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 10.2 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.3 | % | <1-2 | Electrical Impedence |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|---------|-------------|-----------|----------------------|
| NEUTROPHILS | 2491.18 | Cells/cu.mm | 2000-7000 | Electrical Impedence |
| LYMPHOCYTES | 2329.34 | Cells/cu.mm | 1000-3000 | Electrical Impedence |
| EOSINOPHILS | 352.58 | Cells/cu.mm | 20-500 | Electrical Impedence |
| MONOCYTES | 589.56 | Cells/cu.mm | 200-1000 | Electrical Impedence |
| BASOPHILS | 17.34 | Cells/cu.mm | 0-100 | Electrical Impedence |

PLATELET COUNT

| | | | | |
|----------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 252000 | cells/cu.mm | 150000-410000 | Electrical impedence |
|----------------|--------|-------------|---------------|----------------------|

ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | | |
|--------------------------------------|---|-------------------------|------|---------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 4 | mm at the end of 1 hour | 0-15 | Modified Westergren |
|--------------------------------------|---|-------------------------|------|---------------------|

PERIPHERAL SMEAR

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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 | O | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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DEPARTMENT OF BIOCHEMISTRY

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

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

| | | | | |
|--------------------------------------|----|-------|--------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 91 | mg/dL | 70-100 | HEXOKINASE |
|--------------------------------------|----|-------|--------|------------|

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 | 74 | mg/dL | 70-140 | HEXOKINASE |
|--|----|-------|--------|------------|

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA | 5.3 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA | 105 | 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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 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.
- 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



SIN No: PL1019553 PL132968 ED1230057832

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

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DEPARTMENT OF BIOCHEMISTRY

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

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

| | | | | |
|---------------------|---------------|-------|--------|-------------------------------|
| TOTAL CHOLESTEROL | 163 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 92 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 38 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 125 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 106.56 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 18.42 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.27 | | 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 - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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LIVER FUNCTION TEST (LFT) , SERUM

| | | | | |
|---------------------------------------|-------|-------|---------|--------------------|
| BILIRUBIN, TOTAL | 0.77 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.18 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.59 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 17.98 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 19.4 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 51.72 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 6.69 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.08 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.61 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.56 | | 0.9-2.0 | Calculated |



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DEPARTMENT OF BIOCHEMISTRY

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

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

| RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM | | | | |
|---|--------------|--------|-------------|--------------------------|
| CREATININE | 0.75 | mg/dL | 0.72 – 1.18 | Modified Jaffe, Kinetic |
| UREA | 15.16 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 7.1 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.99 | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 8.59 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 2.85 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 140.69 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 3.6 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 101.12 | mmol/L | 101–109 | ISE (Indirect) |



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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 19.74 | U/L | <55 | IFCC |



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DEPARTMENT OF IMMUNOLOGY

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

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

| THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM | | | | |
|---|-------|--------|------------|------|
| TRI-iodothyronine (T3, TOTAL) | 1 | ng/mL | 0.64-1.52 | CMIA |
| Thyroxine (T4, TOTAL) | 7.66 | µg/dL | 4.87-11.72 | CMIA |
| Thyroid Stimulating Hormone (TSH) | 2.110 | µIU/mL | 0.35-4.94 | CMIA |

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 |



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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|-----------|--------|------|-----------------|--------|

COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 7.0 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.025 | | 1.002-1.030 | Bromothymol Blue |

BIOCHEMICAL EXAMINATION

| | | | | |
|------------------------|----------|--|----------|----------------------------|
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

| | | | | |
|------------------|--------|------|------------------|------------|
| PUS CELLS | 2 - 3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1 - 2 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

SIN No: UR2097411



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DEPARTMENT OF CLINICAL PATHOLOGY

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| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

*** End Of Report ***



Dr. Sanjay Ingle
M.B.B.S, MD(Pathology)
Consultant Pathologist



Patient Name : Mr. PRASHANT PRAKASH PAKHALE Age : 41 Y/M
UHID : CPIM.0000097512 OP Visit No : CPIMOPV142935
Conducted By: : Conducted Date : 17-04-2023 12:09
Referred By : SELF

2 DIMENSIONAL ECHOCARDIOGRAPHY:

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

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

1. No LV diastolic dysfunction
2. No AS/AR/MR, Trivial TR
3. PASP by TR jet= 21 mm Hg
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

| | | | |
|-------------|---------|-------------|---------|
| Left Atrium | 33.0 mm | Aortic Root | 30.0 mm |
| IVS (d) | 10.0 mm | IVS (s) | 15.0 mm |
| LVID (d) | 42.0 mm | LVID (s) | 28.0 mm |
| LVPW(d) | 10.0 mm | LVPW(s) | 15.0 mm |

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

GOOD BIVENTRICULAR FUNCTION

LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

NORMAL CARDIAC VALVES

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION

DR. RAJENDRA V. CHAVAN

MD (MEDICINE), DM (CARDIOLOGY)

CONSULTANT CARDIOLOGIST

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Patient Name : Mr. PRASHANT PRAKASH PAKHALE

Age/Gender : 41 Y/M

UHID/MR No. : CPIM.0000097512

OP Visit No : CPIMOPV142935

Sample Collected on :

Reported on : 14-04-2023 15:02

LRN# : RAD1976331

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE36680

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation

Both lung fields are clear.

Both c-p angles are clear.

Cardiac size appear normal.

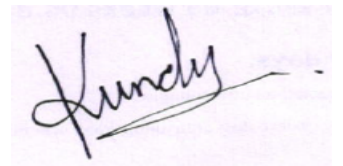
Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoraic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

| | | | |
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| Sample Collected on | : | Reported on | : 14-04-2023 11:44 |
| LRN# | : RAD1976331 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : bobE36680 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and bright echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

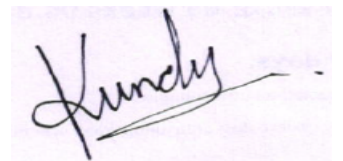
Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen.

IMPRESSION:-

GRADE I FATTY LIVER.

(The sonography findings should always be considered in correlation with the clinical and other investigation

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)

Radiology



Patient Name : Mr. PRASHANT PRAKASH PAKHALE

Age/Gender : 41 Y/M

Name: Mr. PRASHANT PRAKASH PAKHALE
Age/Gender: 41 Y/M
Address: 954, VIJAY NAGAR, KALEWADI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000097512
Visit ID: CPIMOPV142935
Visit Date: 14-04-2023 08:33
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. PRASHANT PRAKASH PAKHALE
Age/Gender: 41 Y/M
Address: 954, VIJAY NAGAR, KALEWADI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SAMEER KUMAR SABAT

MR No: CPIM.0000097512
Visit ID: CPIMOPV142935
Visit Date: 14-04-2023 08:33
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. PRASHANT PRAKASH PAKHALE
Age/Gender: 41 Y/M
Address: 954, VIJAY NAGAR, KALEWADI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000097512
Visit ID: CPIMOPV142935
Visit Date: 14-04-2023 08:33
Discharge Date:
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RECOMMENDATION

Doctor's Signature

Name: Mr. PRASHANT PRAKASH PAKHALE
Age/Gender: 41 Y/M
Address: 954, VIJAY NAGAR, KALEWADI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SAMEER MHATRE

MR No: CPIM.0000097512
Visit ID: CPIMOPV142935
Visit Date: 14-04-2023 08:33
Discharge Date:
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: Yes

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 14-04-2023 14:24 | 89 Beats/min | 130/80 mmHg | 22 Rate/min | 96 F | 164 cms | 66 Kgs | % | % | Years | 24.54 | cms | cms | cms | | AHLL07701 |

Established Patient: Yes

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
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Established Patient: Yes

Vitals

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|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 14-04-2023 14:24 | 89 Beats/min | 130/80 mmHg | 22 Rate/min | 96 F | 164 cms | 66 Kgs | % | % | Years | 24.54 | cms | cms | cms | | AHLL07701 |

| | |
|--|--|
| Patient Name : Mr.PRASHANT PRAKASH PAKHALE | Collected : 14/Apr/2023 08:40AM |
| Age/Gender : 41 Y 10 M 30 D/M | Received : 14/Apr/2023 04:33PM |
| UHID/MR No : CPIM.0000097512 | Reported : 14/Apr/2023 05:34PM |
| Visit ID : CPIMOPV142935 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE36680 | |

DEPARTMENT OF HAEMATOLOGY

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

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

HEMOGRAM , WHOLE BLOOD-EDTA

| | | | | |
|-----------------------------|-------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 14 | g/dL | 13-17 | Spectrophotometer |
| PCV | 42.50 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.88 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 87 | fL | 83-101 | Calculated |
| MCH | 28.8 | pg | 27-32 | Calculated |
| MCHC | 33 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 19.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,780 | cells/cu.mm | 4000-10000 | Electrical Impedance |

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 43.1 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 40.3 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 6.1 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 10.2 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.3 | % | <1-2 | Electrical Impedance |

ABSOLUTE LEUCOCYte COUNT

| | | | | |
|-------------|---------|-------------|-----------|----------------------|
| NEUTROPHILS | 2491.18 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 2329.34 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 352.58 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 589.56 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| BASOPHILS | 17.34 | Cells/cu.mm | 0-100 | Electrical Impedance |

PLATELET COUNT

| | | | | |
|----------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 252000 | cells/cu.mm | 150000-410000 | Electrical impedance |
|----------------|--------|-------------|---------------|----------------------|

ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | | |
|--------------------------------------|---|-------------------------|------|---------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 4 | mm at the end of 1 hour | 0-15 | Modified Westergren |
|--------------------------------------|---|-------------------------|------|---------------------|

PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC.ANISOCYTOSIS+.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



| | | | |
|-----------------|-------------------------------|--------------|-------------------------------|
| Patient Name | : Mr.PRASHANT PRAKASH PAKHALE | Collected | : 14/Apr/2023 08:40AM |
| Age/Gender | : 41 Y 10 M 30 D/M | Received | : 14/Apr/2023 04:33PM |
| UHID/MR No | : CPIM.0000097512 | Reported | : 14/Apr/2023 05:34PM |
| Visit ID | : CPIMOPV142935 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : bobE36680 | | |

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.ANISOCYTOSIS+.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



| | |
|--|--|
| Patient Name : Mr.PRASHANT PRAKASH PAKHALE | Collected : 14/Apr/2023 08:40AM |
| Age/Gender : 41 Y 10 M 30 D/M | Received : 14/Apr/2023 04:33PM |
| UHID/MR No : CPIM.0000097512 | Reported : 14/Apr/2023 06:02PM |
| Visit ID : CPIMOPV142935 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE36680 | |

DEPARTMENT OF HAEMATOLOGY

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

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

| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA | | | | |
|--|----------|--|--|-----------------------------|
| BLOOD GROUP TYPE | O | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



| | |
|--|--|
| Patient Name : Mr.PRASHANT PRAKASH PAKHALE | Collected : 14/Apr/2023 08:40AM |
| Age/Gender : 41 Y 10 M 30 D/M | Received : 14/Apr/2023 04:33PM |
| UHID/MR No : CPIM.0000097512 | Reported : 14/Apr/2023 06:37PM |
| Visit ID : CPIMOPV142935 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE36680 | |

DEPARTMENT OF BIOCHEMISTRY

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

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

| | | | | |
|--------------------------------------|----|-------|--------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 91 | mg/dL | 70-100 | HEXOKINASE |
|--------------------------------------|----|-------|--------|------------|

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 | 74 | mg/dL | 70-140 | HEXOKINASE |
|--|----|-------|--------|------------|

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

| | |
|--|--|
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA | 5.3 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA | 105 | 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.PRASHANT PRAKASH PAKHALE | Collected : 14/Apr/2023 08:40AM |
| Age/Gender : 41 Y 10 M 30 D/M | Received : 14/Apr/2023 05:07PM |
| UHID/MR No : CPIM.0000097512 | Reported : 14/Apr/2023 05:33PM |
| Visit ID : CPIMOPV142935 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE36680 | |

DEPARTMENT OF BIOCHEMISTRY

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

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

LIPID PROFILE , SERUM

| | | | | |
|---------------------|--------|-------|--------|----------------------------|
| TOTAL CHOLESTEROL | 163 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 92 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 38 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 125 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 106.56 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 18.42 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.27 | | 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 - 2D ECHO - PAN INDIA - FY2324

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

| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
|---------------------------------------|-------|-------|---------|--------------------|
| BILIRUBIN, TOTAL | 0.77 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.18 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.59 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 17.98 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 19.4 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 51.72 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 6.69 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.08 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.61 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.56 | | 0.9-2.0 | Calculated |



| | |
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DEPARTMENT OF BIOCHEMISTRY

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

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

| RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM | | | | |
|---|--------------|--------|-------------|--------------------------|
| CREATININE | 0.75 | mg/dL | 0.72 – 1.18 | Modified Jaffe, Kinetic |
| UREA | 15.16 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 7.1 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.99 | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 8.59 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 2.85 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 140.69 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 3.6 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 101.12 | mmol/L | 101–109 | ISE (Indirect) |



| | |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 19.74 | U/L | <55 | IFCC |



| | |
|--|--|
| Patient Name : Mr.PRASHANT PRAKASH PAKHALE | Collected : 14/Apr/2023 08:40AM |
| Age/Gender : 41 Y 10 M 30 D/M | Received : 14/Apr/2023 05:36PM |
| UHID/MR No : CPIM.0000097512 | Reported : 14/Apr/2023 06:40PM |
| Visit ID : CPIMOPV142935 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE36680 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 7.0 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.025 | | 1.002-1.030 | Bromothymol Blue |

BIOCHEMICAL EXAMINATION

| | | | | |
|------------------------|----------|--|----------|----------------------------|
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

| | | | | |
|------------------|--------|------|------------------|------------|
| PUS CELLS | 2 - 3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1 - 2 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



| | |
|--|--|
| Patient Name : Mr.PRASHANT PRAKASH PAKHALE | Collected : 14/Apr/2023 08:40AM |
| Age/Gender : 41 Y 10 M 30 D/M | Received : 14/Apr/2023 05:00PM |
| UHID/MR No : CPIM.0000097512 | Reported : 14/Apr/2023 06:38PM |
| Visit ID : CPIMOPV142935 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE36680 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



Dr. Sanjay Ingte
M.B.B.S,MD(Pathology)
Consultant Pathologist



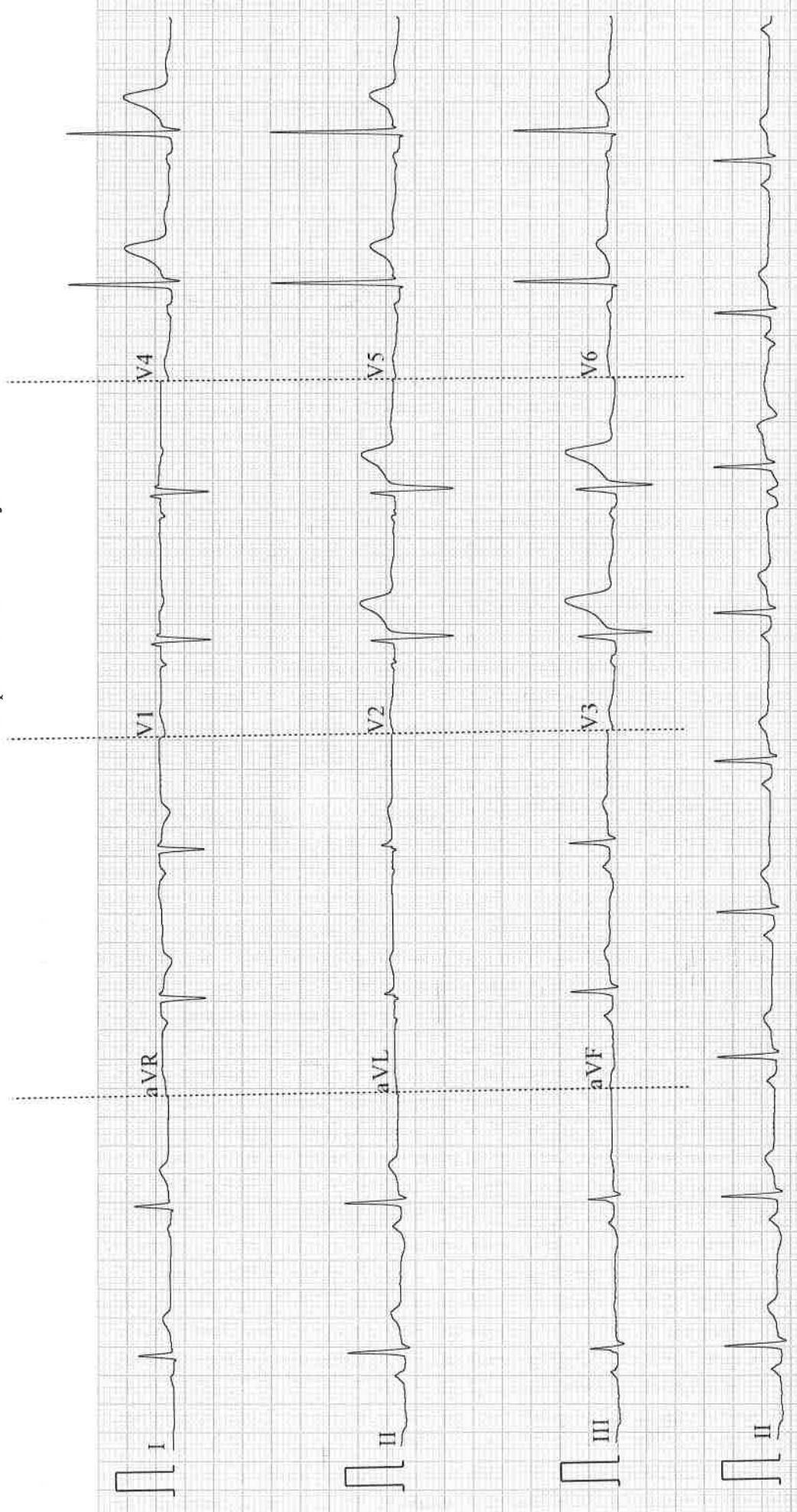
14-04-2023 08:42:08 AM
HR : 57 bpm
P : 111 ms
PR : 183 ms
QRS : 94 ms
QT/QTc : 397/389 ms
P/QRS/T : 66/51/41 °
RV5/SV1 : 2.187/0.826 mV

ID: 101
PRASHANT PAKHALE
Male 41Years

Diagnosis Information:
Sinus Bradycardia
Normal ECG

Dr. SAMEER SABAT
MBBS, MD
Reg. No. - 2950
General Physician

Report Confirmed by:



Patient Name : Mr. PRASHANT PRAKASH PAKHALE Age : 41 Y M
UHID : CPIM.0000097512 OP Visit No : CPIMOPV142935
Reported on : 14-04-2023 14:58 Printed on : 14-04-2023 15:02
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation

Both lung fields are clear.

Both c-p angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoraic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on:14-04-2023 14:58

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name : Mr. PRASHANT PRAKASH PAKHALE Age : 41 Y M
UHID : CPIM.0000097512 OP Visit No : CPIMOPV142935
Reported on : 14-04-2023 10:45 Printed on : 14-04-2023 11:44
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and bright echotexture. No focal lesion is seen. PV and CBD normal.

No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

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

IMPRESSION:-

GRADE I FATTY LIVER.

(The sonography findings should always be considered in correlation with the clinical and other

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

Patient Name : Mr. PRASHANT PRAKASH PAKHALE Age : 41 Y M
UHID : CPIM.0000097512 OP Visit No : CPIMOPV142935
Reported on : 14-04-2023 10:45 Printed on : 14-04-2023 11:44
Adm/Consult Doctor : Ref Doctor : SELF

investigation

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on: 14-04-2023 10:45

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

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APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

Apollo Clinic,
Nigdi, Pune - 411044.

Date - {4.04.23}

Patient Name *Prashant Pankhale*

UHID:

Age / Sex: *41y / M*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

| | RIGHT EYE | LEFT EYE |
|--------------------------------|------------|------------|
| Far Vision | <i>6/6</i> | <i>6/6</i> |
| Near Vision | <i>N6P</i> | <i>N6P</i> |
| Anterior Segment Pupil | <i>WNL</i> | <i>WNL</i> |
| Color Vision | <i>WNL</i> | <i>WNL</i> |
| Family History/Medical History | <i>NA</i> | <i>NA</i> |

IMPRESSION:-

*Plano BE
ADD +1.00 DBE*

[Signature]
OPTOMETRIST

Date : 14-04-2023
MR NO : CPIM.0000097512

Department : GENERAL
Doctor :

Name : Mr. PRASHANT PRAKASH PAKH/
Age/ Gender : 41 Y / Male

Registration No :
Qualification :

Consultation Timing: 08:33

wt 66.4
Ht 169
Bp 130/80

no coplets,
0/2
no pain
no gynecomastia
no clubbing.

crs
cm
ly
pla
kay

Dr. SAMEER SABAT
MBBS, MD
Reg. No. - 2950
General Physician
19/4/23