

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **08-06-2024** at your **Pulse Radwave Diagnostics Private Limited Center**.

Points to note:-

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

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

Please login to AHCN Portal for more details.

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


DR. TILAK DEDI
M.B.B.S.

REG No. 2011/07/2287



JM FINANCIAL



Sujay Bathe

EMP Code : 60046 Blood Group : A+

Date of Birth : 27-10-1984 Joining Date : 01-09-2010

Department : Secondary Operations

Emerg No : 7040947025 / 91 22 4525 7000

Designation : Senior Associate

1st Floor, B Wing, Summit IT Park, Plot No.
88 E, Off. Dattapada Road, Cop. Tale Street,
Borivali (East), Mumbai 400 086.


Authorized Signatory

Date of issue: 20-06-2023

Sujay Bathe

Tilak

DR. TILAK DEDHIA

M.B.B.S.

REG. No. 11/07/2287

REG. NO. 11/07/2287



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

Enrollment No.: 0647/01532/66598

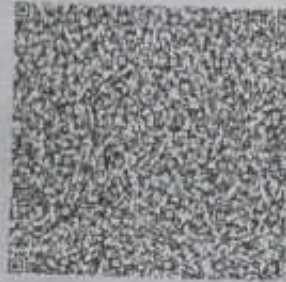
To,
Sujay Shivaji Bathe
307/Building No 2, Morarji Mill Mhada Sankul
A C Road
Opp Damodar Wadi Ashok Nagar Mumbai
Kandivali East Borivali Mumbai Suburban
Maharashtra-400101
9022427925

21/03/2012

Ref: 43 / 01M / 9336 / 9485 / P



SB832006236FH



S. Bathe

आपका आधार क्रमांक / Your Aadhaar No. :

9100 3737 1011

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Sujay Shivaji Bathe
DOB : 27/10/1984
Male



9100 3737 1011

मेरा आधार, मेरी पहचान

Tilak
DR. TILAK DEDHIA
M.B.B.S.
REG No. 2911/07/2287

Sujay Bathe

From: Mediwheel <wellness@mediwheel.in>
Sent: 07 June 2024 16:25
To: Sujay Bathe
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Request(36E1370)



Mediwheel
...Your wellness partner



011-41195959

Dear Sujay Bathe,

We have received your booking request for the following health checkup,

User Package Name : Annual Health Checkup Male 35-44

Name of Diagnostic/Hospital : Pulse Radwave Diagnostics

Address of Diagnostic/Hospital : Shop No. 2, Naya Oriental Chs Ltd, Opp. Karnataka Bank, Lic Colony, Borivali West - 400103

Appointment Date : 08-06-2024

Preferred Time :

Member Information

Booked Member Name	Age	Gender
Sujay Bathe	39 year	Male

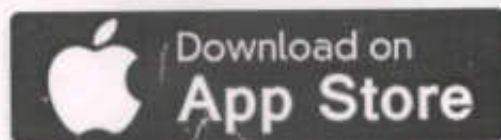
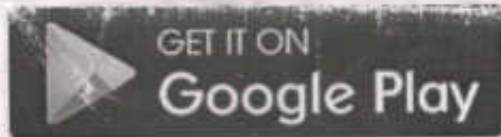
Tests included in this Package

- Urine analysis
- Blood Group
- Calcium
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Blood Glucose (Post Prandial)
- Prostate Specific Antigen (PSA Male)
- Phosphatase
- Thyroid Profile

- Vitamin B12
- Vitamin D
- Urine Sugar Fasting
- Urine Sugar PP
- ESR
- Blood Glucose (Fasting)
- Pulmonary function test (PFT)
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Chest X-ray
- ECG
- USG Whole Abdomen
- Dietician Consultation
- Eye Check-up consultation
- Ent Consultation
- Dental Consultation
- General Physician Consultation
- Bmi-Check

Thanks,
Mediwheel Team

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@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

MER- MEDICAL EXAMINATION REPORT

Date of Examination	8/6/24	
NAME	Mr. Sujay. S. Bathie	
AGE	39	Gender Male
HEIGHT(cm)	173	WEIGHT (kg) 73.0 kg
B.P.	110/80 mmHg	
ECG	WNL	
X Ray	Normal	
Vision Checkup	(R) 6/6	(L) 6/6
Present Ailments	NO	
Details of Past ailments (If Any)	NO	
Comments / Advice : She /He is Physically Fit	He is physically fit	

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

Signature with Stamp of Medical Examiner



Patient : MR SUJAY BATHE

M/39 Y

8-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

COMPLETE BLOOD COUNT WITH ESR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
HAEMOGLOBIN	14.0	13.5 - 18.0	gms/dl
R.B.C. COUNT	5.00	4.50 - 6.50	millions/cumm
PCV	42.2	40.0 - 54.0	%
MCV	84.4	76.0 - 96.0	u3
MCH	28.0	27.0 - 32.0	pg
MCHC	33.2	30.0 - 35.0	%
RDW	13.8	11.5 - 14.5	%
W.B.C. COUNT	6,820	4,000-11,000	cells/cmm
<u>Differential Count :</u>			
Neutrophils	62	45 - 70	%
Lymphocytes	30	20 - 45	%
Eosinophils	03	1 - 6	%
Monocytes	05	1 - 10	%
Basophils	00	0 - 1	%
PLATELET COUNT	254,000	150,000 - 450,000	cells/cmm
PLATELETS ON SMEAR	Adequate		
R.B.C. MORPHOLOGY	Normocytic Normochromic		
W.B.C. MORPHOLOGY	Normal		
E.S.R (Westergren)	10	0 - 20	mm / hr

CBC done on Fully Automated Erba H560 Cell Counter.

Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology



Patient : MR SUJAY BATHE

M/39 Y

8-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

BLOOD SUGAR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
FASTING BLOOD SUGAR	102	70-110	mg/dl
Urine Sugar	Absent		
Urine Ketones	Absent		
POST PRANDIAL BLOOD SUGAR	116	70-140	mg/dl
Urine Sugar (2 hrs)	Absent		
Urine Ketones (2 Hrs)	Absent		

METHOD : Glucose Oxidase Peroxidase (GOD/POD)

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

FASTING GLUCOSE LEVEL

Normal glucose tolerance : < 100 mg %

Impaired Fasting Glucose : 100 - 125 mg %

Provisional diagnosis for: ≥ 126 mg % (on two different occasions)
diabetes mellitus

POST LUNCH GLUCOSE LEVEL

Normal glucose tolerance : < 140 mg %

Impaired Glucose Tolerance : 140 - 199 mg %

Provisional diagnosis for: ≥ 200 mg % (on two different occasions)
diabetes mellitus

URINE SUGAR INTERPRETATION : (Approx.)

Trace : 0.1 g/dl

+ : 0.25 g/dl

++ : 0.5 g/dl

+++ : 1.0 g/dl

++++ : > 2.0 g/dl

Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

Registration No : 080624076

Patient Name : MR. SUJAY SHIVAJI BATHE
Age/Gender : 39 Years / Male
Referral : SELF
Source :
Center Name : Radwave Diagnostics LLP

Registered On : 08-Jun-2024 02:10 PM
Sample Collected On : 08-Jun-2024 02:18 PM
Sample Reported On : 08-Jun-2024 04:26 PM
Sample ID



Glycosylated Hemoglobin - GHb

Parameter	Value(s)	Unit	Ref Range
HbA1c			
HbA1C- Glycated Haemoglobin	5.9	%	Non-diabetic: <6 Excellent control: 6-7 Indicates Persistent glycemia over previous 6-8 weeks : >7
Estimated Average Glucose (eAG)	122.63	mg/dL	
Method	HPLC		

Limitations

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



Dr. Ashish Bhosle
M.D. Pathologist



Patient : MR SUJAY BATHE

M/39 Y

8-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

LIPID PROFILE

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
Total Cholesterol	177	130-200	mg/dl
Triglycerides	116	25-150	mg/dl
HDL Cholesterol	46	35-80	mg/dl
VLDL Cholesterol	23	5-30	mg/dl
LDL Cholesterol	108	80-100	mg/dl
TC/HDL Ratio	3.9	0.0-4.5	
LDL/HDL Ratio	2.3	0.0-3.5	

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

CHOLESTEROL:

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

TRIGLYCERIDES:

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

HDL CHOLESTEROL:

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

LDL CHOLESTEROL:

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

Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

Patient : MR SUJAY BATHE

M/39 Y

8-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

LIVER FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
S.G.O.T	18.2	0.0-40.0	IU/L
S.G.P.T	14.0	0.0-40.0	IU/L
Bilirubin (Total)	0.58	0.0-1.20	mg/dl
Bilirubin (Direct)	0.13	0.0-0.40	mg/dl
Bilirubin (Indirect)	0.5	0.1-1.0	mg/dl
Total Proteins	6.1	6.0-8.5	gm/dl
Albumin	4.0	3.2-5.3	gm/dl
Globulin	2.1	2.3-3.5	gm/dl
A/G Ratio	1.9	1.0-2.0	
Alkaline Phosphatase	239	50-306	U/L
GAMMA GT	17	5-55	U/L

Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

Patient : MR SUJAY BATHE

M/39 Y

8-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT.

No : 1

RENAL FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
BUN	12.1	5.0-23.0	mg/dl
Urea	25.9	13.0-43.0	mg/dl
Creatinine	0.8	0.5-1.3	mg/dl
Total Proteins	6.1	6.0-8.5	gm/dl
Albumin	4.0	3.2-5.3	gm/dl
Globulin	2.1	2.3-3.5	gm/dl
A/G Ratio	1.9	1.0-2.0	
Calcium	9.0	8.0-11.0	mg/dl
Phosphorus	3.7	2.5-4.5	mg/dl
Uric Acid	5.0	3.5-7.2	mg/dl
Sodium	142.2	133.0-148.0	mEq/L
Potassium	4.3	3.5-5.3	mEq/L
Chloride	107.4	96.0-107.0	mEq/L

Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology



PULSE RADWAVE
DIAGNOSTIC
UNIT OF RADWAVE DIAGNOSTIC LLP

- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography
- ▶ Color Doppler ▶ ECG ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV
- ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ MSK Procedures ▶ X-Ray Special investigations ▶ Holter Monitor
- ▶ Sleep Study & Others. **LLP Identification Number : ACE - 2173**

Patient : MR SUJAY BATHE

M/39 Y

8-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

BLOOD GROUP

Test

BLOOD GROUP

Value

"A" Positive.

Method: Slide & Tube Agglutination



Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

Email Id : diagnosticradwave@gmail.com

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

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

Registration No : DB0624076

Patient Name : MR. SUJAY SHIVAJI BATHE
Age/Gender : 39 Years / Male
Referral : SELF
Source :
Center Name : Radwave Diagnostics LLP

Registered On : 08-Jun-2024 02:10 PM
Sample Collected On : 08-Jun-2024 02:18 PM
Sample Reported On : 08-Jun-2024 04:27 PM
Sample ID



Prostate Specific Antigen - Total

Parameter	Value(s)	Unit	Ref Range
Total PSA	0.76	ng/ml	Normal : < 4.0 Border Line: 4.01-10.0

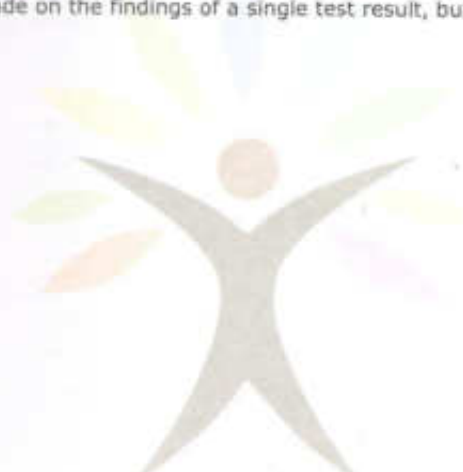
Interpretation :

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

Comment : Please correlate with clinical condition

Method : Chemiluminescence immunoassay - CLIA

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



Dr. Ashish Bhosle
M.D. Pathologist

Registration No : 080624075

Patient Name : MR. SUJAY SHIVAJI BATHE
Age/Gender : 39 Years / Male
Referral : SELF
Source :
Center Name : Radwave Diagnostics LLP

Registered On : 08-Jun-2024 02:10 PM
Sample Collected On : 08-Jun-2024 02:18 PM
Sample Reported On : 08-Jun-2024 04:27 PM
Sample ID



Thyroid Function Test - TFT

Parameter	Value(s)	Unit	Ref Range
Triiodothyronine (T3)	125.62	ng/dl	80 - 190
Thyroxine (T4)	7.06	ug/dl	4.5-14.5
TSH (Thyroid Stimulating Hormone)	3.15	uIU/mL	03 Days :- 1.10 - 17.0 70 Days :- 0.60 - 10.0 14 Months :- 0.40 - 7.00 5 Years :- 0.40 - 6.00 14 Years :- 0.30 - 5.00 Adult :- 0.35 - 5.50

Method: CLIA

Interpretation :

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

Note:

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



Page 3 of 5

Dr.Ashish Bhosle
M.D.Pathologist

Registration No : 080624075

Patient Name : MR. SUJAY SHIVAJI BATHE

Age/Gender : 39 Years / Male

Referral : SELF

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 08-Jun-2024 02:10 PM

Sample Collected On : 08-Jun-2024 02:18 PM

Sample Reported On : 08-Jun-2024 04:27 PM

Sample ID



* 0 8 0 6 2 4 0 7 5 *

25 - Hydroxy Vitamin D

Parameter	Value(s)	Unit	Ref Range
25-Hydroxy Vitamin D	13.6	ng/ml	Deficiency : < 10 Insufficiency : 20 - <30 Sufficiency : 30 - 100 Toxicity : > 100

Method: CLIA

Interpretation :

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

Associated Test Profile :

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



Page 4 of 5

Dr.Ashish Bhosle
M.D.Pathologist

Registration No : 080624076

Patient Name : MR. SUJAY SHIVAJI BATHE
Age/Gender : 39 Years / Male
Referral : SELF
Source :
Center Name : Radwave Diagnostics LLP

Registered On : 08-Jun-2024 02:10 PM
Sample Collected On : 08-Jun-2024 02:18 PM
Sample Reported On : 08-Jun-2024 04:48 PM
Sample ID



Vitamin B12

Parameter	Value(s)	Unit	Ref Range
Vitamin B12	196.97	pg/ml	Normal: 75 - 807 Indeterminate Range: 75 - 807 Deficiency: < 75

Method: CLIA.

Interpretation

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

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

Limitations:

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

NOTE

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

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

END OF REPORT

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



Page 5 of 5

Dr. Ashish Bhosle
M.D. Pathologist



Patient : MR SUJAY BATHE

M/39 Y

8-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

Urine Routine

Test

Value

Physical Examination:

Quantity	30 ml
Colour	Pale Yellow
Appearance	Slightly Hazy
Reaction (pH)	Acidic(6.0)
Specific Gravity	1.005

Chemical Examination:

Proteins	Absent
Glucose	Absent
Ketone Bodies	Absent
Occult Blood	Absent
Bile Salts	Absent
Bile Pigments	Absent
Urobilinogen	Normal

Microscopic Examination:

Pus Cells	2 - 3 / hpf
Red Blood Cells	Absent
Epithelial Cells	3 - 4 /hpf
Casts	Absent
Crystals	Absent
Bacteria	Absent
Yeast Cells	Absent
Amorphous Deposits	Absent
Mucus	Absent
Other	----

R. Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology



Patient Name: Mr. Sujay S Bathe

M / 39yrs

Ref. by: Apollo- Arcofemi Healthcare Ltd

Date: - 08/06/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

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

LIVER: The liver is normal in size (13.1 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 9.1 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

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

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

SPLEEN: The spleen measures 10.2 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.1 x 3.8 cm	10.1 x 5.1 cm

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

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

Patient Name: Mr. Sujay S Bathe

M / 39yrs

Ref. by: Apollo- Arcofemi Healthcare Ltd

Date: - 08/06/2024


PROSTATE: It measures about 3.5 x 2.9 x 3.7 cm; volume is 20.6 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

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

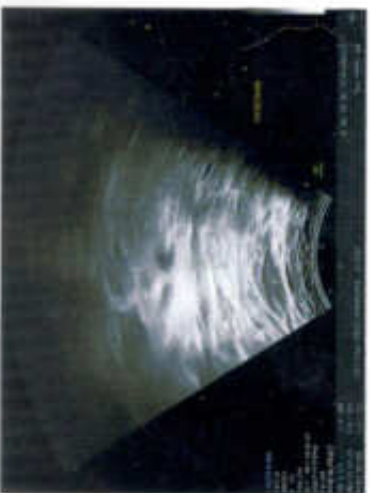
IMPRESSION:

- No significant abnormality is seen.

Thanks for the reference.
With regards,


Dr. Tilak Dedhia
Consultant Radiologist







NAME:	MR SUJAY S BATHE	DATE:	08/06/2024
R-NO:	E - 01	AGE:	39YRS
REF.BY DR:	APOLLO - ARCOFEMI HEALTHCARE LTD	SEX :	MALE

2D-ECHOCARDIOGRAPHY REPORT

No diastolic dysfunction by PWD at present.

No concentric left ventricular hypertrophy seen.

All cardiac valves show normal structure and physiological function.

No significant stenosis nor regurgitation seen.

No regional wall motion abnormality seen at rest at present.

All cardiac chambers are normal in size.

IAS / IVS : No defect visualized.

Visual LVEF = 65 perCent.

No e/o thrombus/ pericardial effusion.

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



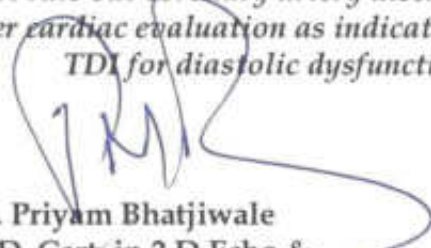
MR SUJAY S BATHE

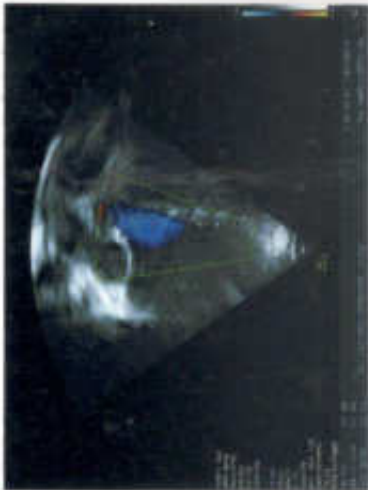
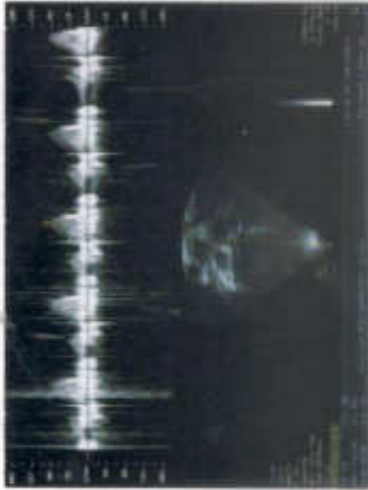
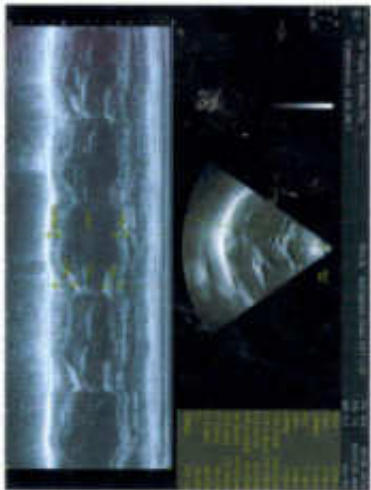
<u>M-MODE STUDY</u>	Value	Unit	<u>COLOUR DOPPLER STUDY</u>	Value	Unit
IVSd	09	mm	Mitral Valve E velocity	0.5	m/s
IVSs	15	mm	Mitral Valve A velocity	0.3	m/s
LVIDd	52	mm	E/A Ratio		
LVIDs	26	mm	Mitral Regurgitation	Absent	
LVPWd	07	mm			
LVPWs	15	mm			
<u>2D STUDY</u>					
		mm	<u>AORTIC VALVE</u>		
Ao	34	mm	AVmax	1.01	m/s
		mm	Aortic Regurgitation	absent	
LA	29	mm			
RV		mm			
RA		mm	<u>PULMONARY VALVE</u>		
FS	33	%	PVmax	0.9	m/s
EF	65	%	Regurgitation	Absent	
Mitral annulus	normal	mm			
			TR jet ve		m/s
			PASP	20	

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

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

TDI for diastolic dysfunction


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





PATIENT NAME : MR SUJAY BATHE
AGE/ SEX : 39 YRS / MALE
REF.CLINICIAN : APOLLO-ARCOFEMI HEALTHCARE LTD
DATE : 08/06/24

X-RAY CHEST (P A VIEW)

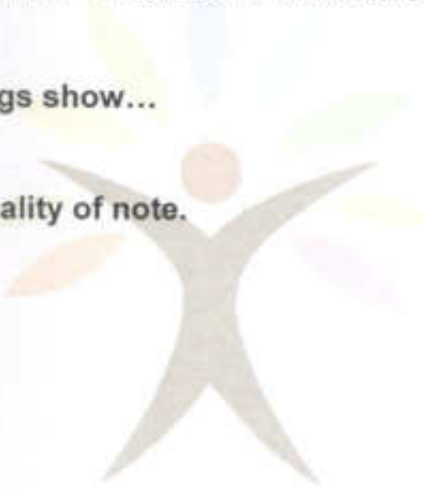
- Both lung fields are clear.
- Both CP angle are normal.
- Cardiac and aortic shadows are normal.
- No obvious hilar or mediastinal lesion is seen.
- Bony thorax appears normal. No evidence of fracture seen.

CONCLUSION: X-Ray findings show...

- No significant abnormality of note.

Please correlate clinically.
Thanks for the referral,

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



R



08/06/2024 4734 MR.SUJAY S.BATHE 39 YM APOLLO-ARCOFEMI HEALTHCARE LTD CHEST PA
Pulse Diagnostic Centre (Radwave Diagnostic Pvt. Ltd), Borivali

X

12 LEAD ECG REPORT



PULSE RADWAVE
DIAGNOSTIC
UNIT OF RADWAVE DIAGNOSTIC LLP



08/06/24

Name: Mr. Sujay S Ratha 39/male Apollo - Arcofemi Healthcare Htl

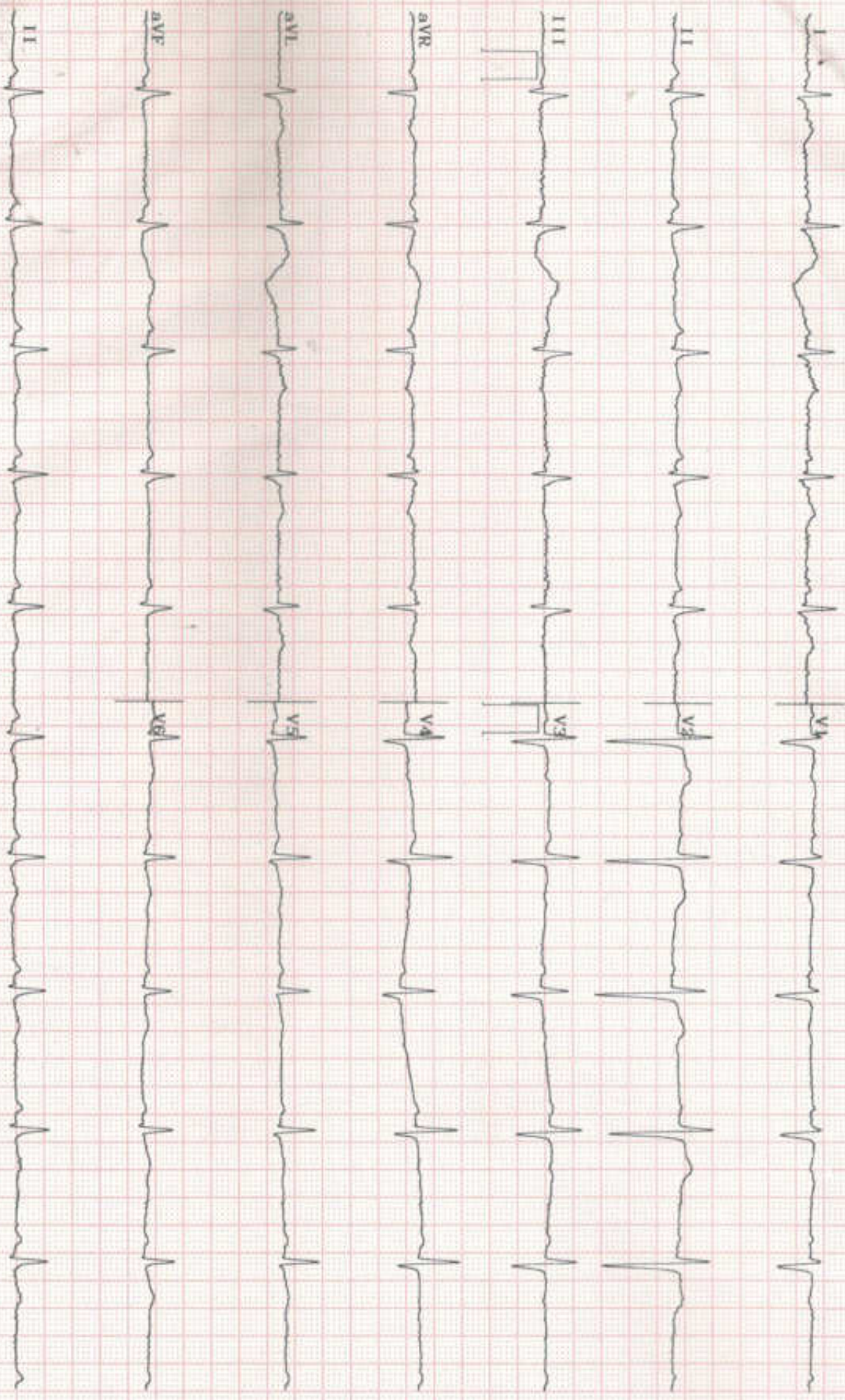
- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography ▶ Color Doppler ▶ ECG
- ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ X-Ray Special investigations ▶ Holter Monitor ▶ Sleep Study & Others.

ID :
Name: SUJAY
Age : 39 years
Sex : Male
H : 0 cm / W : 0 kg

Heart Rate: 64 bpm
PR/RR Int.: 172/938 ms
QRS Dur: 114 ms
QT/QTc: 446/458 ms
P-R-T axes: 58 56 8
SV1/RV5/R+S: 0.56/0.58/1.14mV

Analysis Result: Normal Sinus Rhythm
Normal Axis
[Normal ECG]
* Analysis Result * (To be finally confirmed by physician)

S. Sathya



ELECTROCARDIOGRAM

Please Photocopy ECG As Tracings Fades After Some Time

Name: Mr. Sujay S. Bhathe

Date: 08/06/24 Time: _____ Age / Sex: 34/male

Heart Rate: _____

Rhythm: _____

Axis: _____

Voltage: _____

P Wave: _____

PR Interval: _____

Qrs Interval & Complex: _____

ST Segment: _____

T Wave: _____

QT Interval: _____

QTC: _____

Impression: WNL

Signature of Physician _____

DR. PRIYAM BHATJIVALE, M.D.

for 