



Certificate No: MC-5597

Patient Name	: Mr.RITURAJ	Collected	: 13/Jan/2024 01:12PM
Age/Gender	: 35 Y 10 M 27 D/M	Received	: 13/Jan/2024 06:31PM
UHID/MR No	: CPIM.0000115959	Reported	: 13/Jan/2024 08:01PM
Visit ID	: CPIMOPV155702	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE3564		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13	g/dL	13-17	Spectrophotometer
PCV	<b>38.50</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.03	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	<b>76.6</b>	fL	83-101	Calculated
MCH	<b>25.9</b>	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,690	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	59.7	%	40-80	Electrical Impedence
LYMPHOCYTES	29.5	%	20-40	Electrical Impedence
EOSINOPHILS	1.1	%	1-6	Electrical Impedence
MONOCYTES	9.5	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3396.93	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1678.55	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	62.59	Cells/cu.mm	20-500	Calculated
MONOCYTES	540.55	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.38	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	203000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
<b>RBC's Anisocytosis+, Microcytes+, Elliptocytes+</b>				
<b>WBC's are normal in number and morphology</b>				
<b>Platelets are Adequate</b>				
<b>No Abnormal cells/hemoparasite seen.</b>				



*Manish T. Akare*  
**DR. MANISH T. AKARE**  
 M.B.B.S, MD(Path.)  
 Consultant Pathologist



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**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's Anisocytosis+, Microcytes+, Elliptocytes+**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No Abnormal cells/hemoparasite seen.**



*Manish T. Akare*  
**DR. MANISH T. AKARE**  
**M.B.B.S, MD(Path.)**  
**Consultant Pathologist**



Certificate No: MG-5587

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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			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
GLUCOSE, FASTING , NAF PLASMA	100	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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Age/Gender	: 35 Y 10 M 27 D/M	Received	: 13/Jan/2024 03:39PM
UHID/MR No	: CPIM.0000115959	Reported	: 13/Jan/2024 04:34PM
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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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	122	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.

*Sheha Shah*  
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SIN No:PLP1408422

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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.8</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	185	mg/dL	<200	CHO-POD
TRIGLYCERIDES	121	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>141</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>116.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.21	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.16		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.78	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.63	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.84	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	82.02	U/L	30-120	IFCC
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.95	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.14	g/dL	2.0-3.5	Calculated
A/G RATIO	2.31		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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 Consultant Pathologist





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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.61	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	17.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.48	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.47	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.19	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.06	mmol/L	101–109	ISE (Indirect)



*Manish T. Akare*  
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 M.B.B.S, MD(Path.)  
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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	13.62	U/L	<55	IFCC



*Manish T. Akare*  
  
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 M.B.B.S, MD(Path.)  
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Patient Name : Mr.RITURAJ	Collected : 13/Jan/2024 01:12PM
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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.81	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.28	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.319	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

DR.Sanjay Ingle  
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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



**DR. MANISH T. AKARE**  
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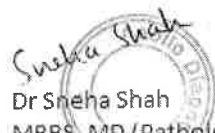
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**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

*Sheha Shah*  
  
**Dr Sheha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist





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Patient Name	: Mr.RITURAJ	Collected	: 13/Jan/2024 01:12PM
Age/Gender	: 35 Y 10 M 27 D/M	Received	: 13/Jan/2024 06:41PM
UHID/MR No	: CPIM.0000115959	Reported	: 13/Jan/2024 07:07PM
Visit ID	: CPIMOPV155702	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE3564		

**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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



*Manish T. Akare*  
**DR. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
Consultant Pathologist



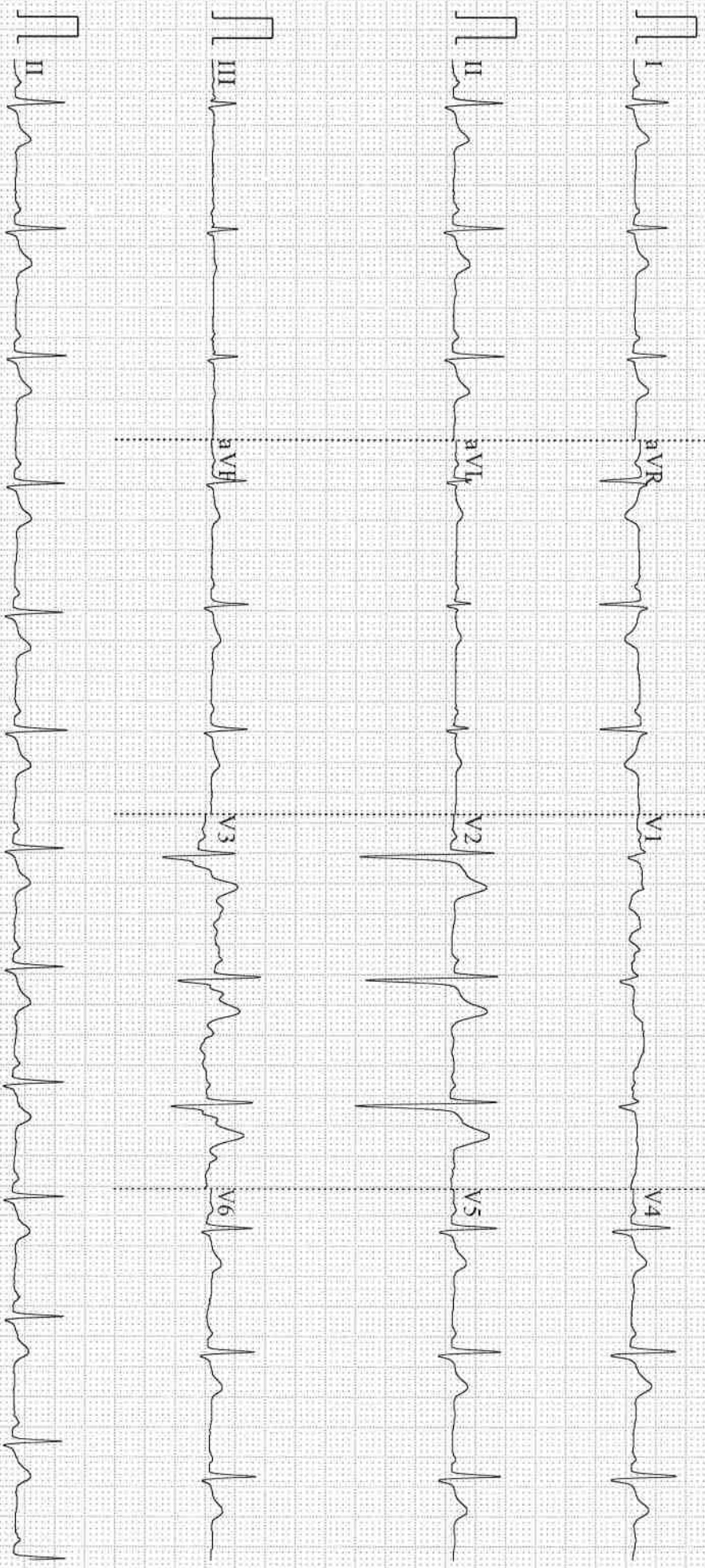
ID: 160  
RITURAJ  
Male 35Years

13-01-2024 11:15:40 AM A W CE  
HR : 73 bpm  
P : 99 ms  
PR : 142 ms  
QRS : 92 ms  
QT/QTc : 357/396 ms  
P/ORS/ST : 26/46/30  
RV5/SV1 : 0.79/0.252 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

  
Dr. Anam A. Inamdar  
MBBS  
Reg. No. 20210616236

Report Confirmed by:



Patient Name : Mr. RITURAJ Age : 35 Y M  
UHID : CPIM.0000115959 OP Visit No : CPIMOPV155702  
Reported on : 13-01-2024 17:05 Printed on : 13-01-2024 19:30  
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.

Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.

Printed on:13-01-2024 17:05

---End of the Report---



**Dr. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology

**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

Page 1 of 1  
TO BOOK AN APPOINTMENT

**1860 500 7788**



Patient Name : Mr. RITURAJ Age : 35 Y M  
UHID : CPIM.0000115959 OP Visit No : CPIMOPV155702  
Reported on : 13-01-2024 15:06 Printed on : 13-01-2024 15:07  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size (15.4cm) and **bright** echo texture. No focal lesion is seen. PV and C 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 echo pattern. No focal/mass lesion/calcification. No evidence of peri-pancreatic free fluid or collection. Pancreatic duct appears normal.

**Both Kidneys** are normal in size, location and echo texture. The cortico medullary differentiation is maintained bilaterally. No evidence of calculus / hydronephrosis seen on either side.

**Urinary bladder** is normal. No evidence of filling defect or mass effect. The wall thickness is normal.

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

**IMPRESSION: -**

**GRADE I FATTY LIVER**

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Patient Name	: Mr. RITURAJ	Age	: 35 Y M
UHID	: CPIM.0000115959	OP Visit No	: CPIMOPV155702
Reported on	: 13-01-2024 15:06	Printed on	: 13-01-2024 15:07
Adm/Consult Doctor	:	Ref Doctor	: SELF

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(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.

Printed on: 13-01-2024 15:06

---End of the Report---



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MR. RITURAJ</b>	<b>Age/Sex: 35 / M</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 13.01.2024</b>

**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. Normal transvalvular pressure gradients, No AR/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	36.0 mm	<b>Aortic Root</b>	33.0 mm
<b>IVS (d)</b>	10.0 mm	<b>IVS (s)</b>	15.0 mm
<b>LVID (d)</b>	47.0 mm	<b>LVID (s)</b>	26.0 mm
<b>LVPW(d)</b>	10.0 mm	<b>LVPW(s)</b>	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**

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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TO BOOK AN APPOINTMENT

**1860 500 7788**

**Apollo Clinic,**  
Nigdi, Pune - 411044.

Date - 13.01.24

Patient Name *Rituraj*

UHID:

Age / Sex: *35/01M*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/9 &gt; correct NIG</i>	<i>6/9 &gt; correct NIG</i>
Near Vision		
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>WNL</i>	<i>WNL</i>
Family History/Medical History	<i>-</i>	<i>-</i>

*same RT*

**IMPRESSION:-**

*[Signature]*  
**OPTOMETRIST**

Date : 13-01-2024  
MR NO : CPIM.0000115959

Department : GENERAL  
Doctor :

Name : Mr. RITURAJ

Registration No :

Age/ Gender : 35 Y / Male

Qualification :

Consultation Timing: 10:26

wt 84.9

ht 174

BP 120/80

S/C

C/S : S<sub>1</sub>, S<sub>2</sub> ⊕

RS : A+B+C

C/S : NAD

PA : NAD

No known allergy

No past sx


Mother : TSH,  
FTW

Diet mix

Anam

Dr. Anam A. Inamdar  
MBBS  
Reg. No. 2021/06/6236

47

<b>Name</b> : Mr. RITURAJ	<b>Age</b> : 35 Y	<b>UHID</b> :CPIM.0000115959
<b>Address</b> : EMPIRE ESTATE K1 404 CHINCHWAD	<b>Sex</b> : M	
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :CPIMOPV155702
		<b>Bill No</b> :CPIM-OCR-75485
		<b>Date</b> : 13.01.2024 10:26

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>2D ECHO</del>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE, FASTING</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>6</del>	<del>DIET CONSULTATION</del>	
<del>7</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>8</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>9</del>	<del>PERIPHERAL SMEAR</del>	
<del>10</del>	<del>ECG</del>	
<del>11</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>12</del>	<del>DENTAL CONSULTATION</del>	
<del>13</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 11.0</del>	
<del>14</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>15</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>16</del>	<del>X-RAY CHEST PA</del>	
<del>17</del>	<del>ENT CONSULTATION</del>	
<del>18</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>19</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>20</del>	<del>LIPID PROFILE</del>	
<del>21</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>22</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del>	
<del>23</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
<del>24</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

Dental

Audio

84.9

174

120180