

Patient Name	: Mr.CHIRAG CHAKRADHAR RAUT	Collected	: 09/Mar/2024 12:17PM
Age/Gender	: 38 Y 5 M 20 D/M	Received	: 09/Mar/2024 03:38PM
UHID/MR No	: CPIM.0000117079	Reported	: 09/Mar/2024 05:58PM
Visit ID	: CPIMOPV158010	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS14304		

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.**

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240063756

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



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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>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	16.5	g/dL	13-17	Spectrophotometer
PCV	46.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.05	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.2	fL	83-101	Calculated
MCH	<b>32.6</b>	pg	27-32	Calculated
MCHC	<b>35.8</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,180	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.7	%	40-80	Electrical Impedance
LYMPHOCYTES	31.6	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3627.66	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1952.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	253.38	Cells/cu.mm	20-500	Calculated
MONOCYTES	333.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	12.36	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.86		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	165000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	6	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's are Normocytic Normochromic,  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240063756


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DEPARTMENT OF HAEMATOLOGY

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

  
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UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:39PM
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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



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 04:03PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:48PM
Visit ID : CPIMOPV158010	Status : Final Report
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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	96	mg/dL	70-100	HEXOKINASE

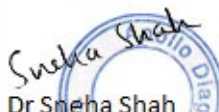
Comment:

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.



Dr Sneha Shah  
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SIN No:PLF02121760

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Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 11:37AM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 03:58PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:37PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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>	102	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.



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Consultant Pathologist

SIN No:PLP1428849

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Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 03:40PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:44PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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)



Dr Sneha Shah  
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SIN No:EDT240029090

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Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 04:13PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 09:18PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	172	mg/dL	<200	CHO-POD
TRIGLYCERIDES	74	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>103.61</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.83	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.23		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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:SE04656364

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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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.07	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.86	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.4	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	67.45	U/L	30-120	IFCC
PROTEIN, TOTAL	7.66	g/dL	6.6-8.3	Biuret
ALBUMIN	5.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.52	g/dL	2.0-3.5	Calculated
A/G RATIO	2.04		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, Wilson's'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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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	<b>0.70</b>	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	<b>15.96</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>3.02</b>	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.52	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>2.30</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.44	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	<b>100.75</b>	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.66	g/dL	6.6-8.3	Biuret
ALBUMIN	5.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.52	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.04</b>		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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	15.64	U/L	<55	IFCC



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UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:36PM
Visit ID : CPIMOPV158010	Status : Final Report
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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)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.154	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 Sneha Shah  
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SIN No:SPL24042434

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Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
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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	>1.025		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 - 4	/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

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

SIN No:UR2301905

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Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 11:37AM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 07:40PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 08:04PM
Visit ID : CPIMOPV158010	Status : Final Report
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Emp/Auth/TPA ID : bobS14304	

**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



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

SIN No:UPP016979

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



Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 04:32PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:36PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

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 \*\*\*

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:UF011126

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



Patient Name : Mr. CHIRAG CHAKRADHAR RAUT Age : 38 Y/M  
UHID : CPIM.0000117079 OP Visit No : CPIMOPV158010  
Conducted By: : Conducted Date : 11-03-2024 18:18  
Referred By : SELF

---

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b><i>Patient's Name: MR. CHIRAG RAUT</i></b>	<b><i>Age/Sex: 38 / M</i></b>
<b><i>Ref: ARCOFEMI</i></b>	<b><i>Date: 09.03.2024</i></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, Mild 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>	31.0 mm	<b>Aortic Root</b>	28.0 mm
<b>IVS (d)</b>	10.0 mm	<b>IVS (s)</b>	15.0 mm
<b>LVID (d)</b>	42.0 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**  
**NO RWMA; LVEF = 60%**



Patient Name : Mr. CHIRAG CHAKRADHAR RAUT Age : 38 Y/M  
UHID : CPIM.0000117079 OP Visit No : CPIMOPV158010  
Conducted By: : Conducted Date : 11-03-2024 18:18  
Referred By : SELF

---

***NO LV DIASTOLIC DYSFUNCTION  
GOOD RIGHT VENTRICULAR FUNCTION  
STRUCTURALLY NORMAL CARDIAC VALVES, MILD MR  
NO PULMONARY HYPERTENSION  
IAS/IVS INTACT  
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

***DR. RAJENDRA V. CHAVAN  
MD (MEDICINE), DM (CARDIOLOGY)  
CONSULTANT CARDIOLOGIST***

Patient Name : Mr. CHIRAG CHAKRADHAR RAUT  
UHID : CPIM.0000117079  
Conducted By: :  
Referred By : SELF

Age : 38 Y/M  
OP Visit No : CPIMOPV158010  
Conducted Date :

Patient Name : Mr. CHIRAG CHAKRADHAR RAUT  
UHID : CPIM.0000117079  
Conducted By :  
Referred By : SELF

Age : 38 Y/M  
OP Visit No : CPIMOPV158010  
Conducted Date :

---

**Patient Name** : Mr. CHIRAG CHAKRADHAR RAUT

**Age/Gender** : 38 Y/M

**UHID/MR No.** : CPIM.0000117079

**OP Visit No** : CPIMOPV158010

**Sample Collected on** :

**Reported on** : 09-03-2024 17:58

**LRN#** : RAD2261715

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS14304

---

**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.



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

**Patient Name** : Mr. CHIRAG CHAKRADHAR RAUT

**Age/Gender** : 38 Y/M

**UHID/MR No.** : CPIM.0000117079

**OP Visit No** : CPIMOPV158010

**Sample Collected on** :

**Reported on** : 09-03-2024 14:31

**LRN#** : RAD2261715

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS14304

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size and 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.

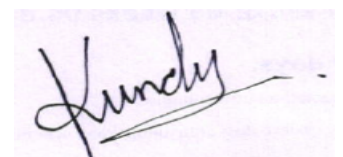
### **IMPRESSION:-**

**No significant abnormality detected.**

**Suggest – clinical correlation.**

(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**





**Patient Name** : Mr. CHIRAG CHAKRADHAR RAUT

**Age/Gender** : 38 Y/M

---

MBBS, DMRE (RADIOLOGY)

Radiology

Name: Mr. CHIRAG CHAKRADHAR RAUT  
Age/Gender: 38 Y/M  
Address: C - 205, ASTORIA ROYALS, MUKAI CHOWK , RAVET  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117079  
Visit ID: CPIMOPV158010  
Visit Date: 09-03-2024 09:30  
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. CHIRAG CHAKRADHAR RAUT  
Age/Gender: 38 Y/M  
Address: C - 205, ASTORIA ROYALS, MUKAI CHOWK , RAVET  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117079  
Visit ID: CPIMOPV158010  
Visit Date: 09-03-2024 09:30  
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. CHIRAG CHAKRADHAR RAUT  
Age/Gender: 38 Y/M  
Address: C - 205, ASTORIA ROYALS, MUKAI CHOWK , RAVET  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000117079  
Visit ID: CPIMOPV158010  
Visit Date: 09-03-2024 09:30  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**



Name: Mr. CHIRAG CHAKRADHAR RAUT  
Age/Gender: 38 Y/M  
Address: C - 205, ASTORIA ROYALS, MUKAI CHOWK , RAVET  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117079  
Visit ID: CPIMOPV158010  
Visit Date: 09-03-2024 09:30  
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**

Established Patient: No

**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
09-03-2024 15:14	68 Beats/min	110/80 mmHg	20 Rate/min	97 F	182 cms	72.8 Kgs	%	%	Years	21.98	cms	cms	cms		AHLL03446

Established Patient: No

**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
09-03-2024 15:14	68 Beats/min	110/80 mmHg	20 Rate/min	97 F	182 cms	72.8 Kgs	%	%	Years	21.98	cms	cms	cms		AHLL03446

Established Patient: No

**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
09-03-2024 15:14	68 Beats/min	110/80 mmHg	20 Rate/min	97 F	182 cms	72.8 Kgs	%	%	Years	21.98	cms	cms	cms		AHLL03446

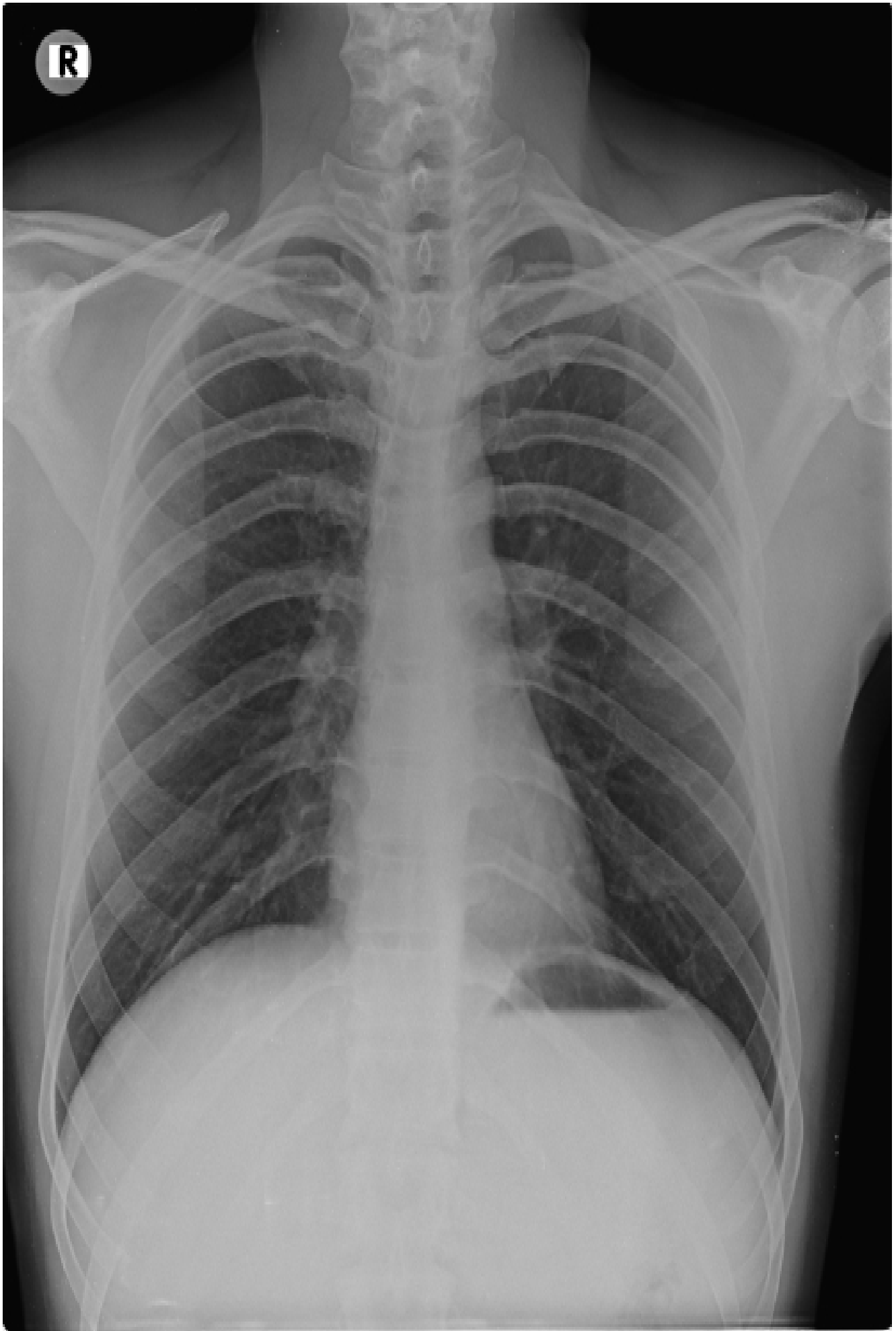
Established Patient: No

**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
09-03-2024 15:14	68 Beats/min	110/80 mmHg	20 Rate/min	97 F	182 cms	72.8 Kgs	%	%	Years	21.98	cms	cms	cms		AHLL03446



R



Date : 09-03-2024  
MR NO : CPIM.0000117079

Department : GENERAL  
Doctor :

Name : Mr. CHIRAG CHAKRADHAR RAU

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

Consultation Timing: 09:30

Ht - 182

S/E

WE - 72.8

CVS : S<sub>1</sub> S<sub>2</sub> (+)

BP - 110/80

RS : A E C

AD - HTN, T3H

Diet Veg.

CRG : NAD.

RA : NAD.

No known allergy.

No past So

Anant



सत्यमेव जयते  
भारत सरकार



सत्यमेव जयते  
Government of India



भारतीय विशिष्ट ओळख प्राधिकरण  
भारत सरकार  
Unique Identification Authority of India  
Government of India

नोंदणी क्रमांक:/ Enrolment No.: 2189/33968/09857

To  
चिराग चक्रधर राऊत  
Chirag Chakradhar Raut  
S/O Chakradhar Raut  
C 205 Astoria royals  
ravet BRT road  
ravet  
Vitthal Nagar  
Ravet  
Pune Maharashtra - 412101  
9923177669

Download Date: 20/09/2017

Generation Date: 22/07/2017



आपला **आधार** क्रमांक / Your **Aadhaar** No. :

**9759 0371 6711**

माझे **आधार**, माझी ओळख



भारत सरकार  
Government of India



चिराग चक्रधर राऊत  
Chirag Chakradhar Raut  
जन्म तारीख/DOB: 19/09/1985  
पुरुष/ MALE



**9759 0371 6711**

माझे **आधार**, माझी ओळख

सूचना

- **आधार** ओळखीचे प्रमाण आहे, नागरीकत्वेचे नाही.
- ओळखीचे प्रमाण ऑनलाइन ऑथेन्टिकेशन द्वारा प्राप्त करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

**INFORMATION**

- **Aadhaar** is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- **आधारला** देशभरात मान्यता आहे.
- **आधार** भविष्यात सरकारी व खाजगी सेवांचे फायदे मिळविण्यास उपयुक्त आहे .
- **Aadhaar** is valid throughout the country.
- **Aadhaar** will be helpful in availing Government and Non-Government services in future.



भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India

**Address:**

S/O Chakradhar Raut, C 205  
Astoria royals, ravet BRT road,  
ravet, Vitthal Nagar, Pune,  
Maharashtra - 412101

**पत्ता:**

S/O चक्रधर राऊत, सी 205 अस्तोरिया  
रॉयल्स, रावेत बीआरटी रोड, रावेत, विठ्ठल  
नगर, पुणे,  
महाराष्ट्र - 412101

**9759 0371 6711**



help@uidai.gov.in

www.uidai.gov.in

S.No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO	Appointment Date
6	Arcofem(Mediwheel)/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bob514304	CHIRAG CHAKRADHAR RAUT	38	year	Male	pojalpwn@gmail.com	9.924E+09
28	Arcofem(Mediwheel)/MALE/FEMALE	Arcofem MedWheel Full Body Annual Plus Male 2D ECHO	bob510491	Rahul sidharth ramteke	33 year	Male	dh257@gmail.com	9.766E+09	09-03-2024
29	Arcofem(Mediwheel)/MALE/FEMALE	Arcofem MedWheel Full Body Health Annual Plus Check Female 2D ECHO	bobE10488	MS. TEMBHURNIKAR DIPAU HITESH	33 year	Female	dh257@gmail.com	9.766E+09	09-03-2024
6	Arcofem(Mediwheel)/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bob514357	Mudit duggar	31	Male	gallin@bali@gmail.com	7.877E+09	09-Mar-24
7	Arcofem(Mediwheel)/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE 2D ECHO - PAN INDIA - FY2324	bobE14355	MRS. VERMA NEELAM	34	Female	kamyadot@gmail.com	7.877E+09	09-Mar-24
101	Arcofem(Mediwheel)/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PANINDIA - FY2324	bob513610	Varsha Naik	42 year	Female	ggsnaik@gmail.com	8.605E+09	09-03-2024

ID: 413  
CHIRAG RAUT  
Male 38Years

09-09-2024 10:32:19 AM  
HR : 64 bpm  
P : 110 ms  
PR : 167 ms  
QRS : 97 ms  
QT/QTc : 389/402 ms  
P/QRST : 63/84/59 °  
RYS SV1 : 1.48/0.300 mV

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

*Handwritten signature*

Report Confirmed by:



**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mr. Chirag Chakradhar Raut on 11/03/2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are Impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>Currently Unfit. Review after _____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	

Dr. Anamdar  
**Medical Officer**  
**Apollo Clinic, (NIGDI)** **Dr. Anam A. A. Inamdar**  
 MBBS

Reg. No. 2021/06/6236

*This certificate is not meant for medico-legal purposes*

**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



Certificate No: MC- 5697

Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 03:38PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 05:58PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**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>	16.5	g/dL	13-17	Spectrophotometer
PCV	46.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.05	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91.2	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	35.8	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,180	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.7	%	40-80	Electrical Impedence
LYMPHOCYTES	31.6	%	20-40	Electrical Impedence
EOSINOPHILS	4.1	%	1-6	Electrical Impedence
MONOCYTES	5.4	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3627.66	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1952.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	253.38	Cells/cu.mm	20-500	Calculated
MONOCYTES	333.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	12.36	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.86		0.78- 3.53	Calculated
PLATELET COUNT	165000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC's are Normocytic Normochromic,**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**

Page 2 of 15

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

SIN No:BED240063756

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





Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 03:38PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 05:58PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's are Normocytic Normochromic,  
WBC's are normal in number and morphology  
Platelets are Adequate  
No hemoparasite seen.**



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

SIN No:BED240063756

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

Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 03:38PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 05:58PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**DEPARTMENT OF HAEMATOLOGY**

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

*Smriti Shah*  
  
**Dr Sneha Shah**  
**MBBS, MD (Pathology)**  
**Consultant Pathologist**

SIN No:BED240063756

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





Certificate No: MC-5697

Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 03:38PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:39PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**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



DR. Sanjay Ingle  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: BED240063756

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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**1860 500 7788**  
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Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 04:03PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:48PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**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	96	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.

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

SIN No:PLF02121760

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



Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 11:37AM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 03:58PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:37PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**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>	102	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, sulfonyleureas, amylin analogues, or conditions such as overproduction of insulin.



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:PLP1428849

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





Certificate No: MC-5697

Patient Name : Mr.CHIRAG CHAKRADHAR RAUT Age/Gender : 38 Y 5 M 20 D/M UHID/MR No : CPIM.0000117079 Visit ID : CPIMOPV158010 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : bobS14304	Collected : 09/Mar/2024 12:17PM Received : 09/Mar/2024 03:40PM Reported : 09/Mar/2024 06:44PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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)

*Susika Shah*  
  
**Dr. Susika Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No: EDT240029090

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



Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 04:13PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 09:18PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**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	172	mg/dL	<200	CHO-POD
TRIGLYCERIDES	74	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>103.61</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.83	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.23		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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



DR. Sanjay Ingle  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: SE04656364

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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Certificate No: MC- 5697

Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 04:13PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 09:18PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**DEPARTMENT OF BIOCHEMISTRY**

**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	1.07	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.21</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.86	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.4	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	67.45	U/L	30-120	IFCC
PROTEIN, TOTAL	7.66	g/dL	6.6-8.3	Biuret
ALBUMIN	5.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.52	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.04</b>		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, Wilson'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.



**DR. Sanjay Ingle**  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: SE04656364

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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Certificate No: MC- 5697

Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 04:13PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 09:18PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**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	0.70	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	15.96	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.02	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.52	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.44	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	100.75	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.66	g/dL	6.6-8.3	Biuret
ALBUMIN	5.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.52	g/dL	2.0-3.5	Calculated
A/G RATIO	2.04		0.9-2.0	Calculated

Page 10 of 15



DR. Sanjay Ingle  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: SE04656364

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

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Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 04:13PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 09:18PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**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>	15.64	U/L	<55	IFCC



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:SE04656364

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

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Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 04:06PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:36PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**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)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.154	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

- 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

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

SIN No: SPL24042434

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



Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
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UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:39PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**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	>1.025		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 - 4	/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

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

SIN No:UR2301905

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






Certificate No: MC- 5697

Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 11:37AM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 07:40PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 08:04PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**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



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

SIN No:UPP016979

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chandu Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi) | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annamagar | Kotturpuram | Mogappair | T Nagar) | Valasaravakkam | Velachery | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Shop No.: 14 to 20, City Pride building,  
Sector - 25, Next to BHEL Chowk, Nigdi (Pimpri),  
Pune, Maharashtra, India - 411004

Page 14 of 15



**1860 500 7788**  
www.apolloclinic.com

Patient Name : Mr.CHIRAG CHAKRADHAR RAUT	Collected : 09/Mar/2024 12:17PM
Age/Gender : 38 Y 5 M 20 D/M	Received : 09/Mar/2024 04:32PM
UHID/MR No : CPIM.0000117079	Reported : 09/Mar/2024 06:36PM
Visit ID : CPIMOPV158010	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS14304	

**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 \*\*\*

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

SIN No:UF011126

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






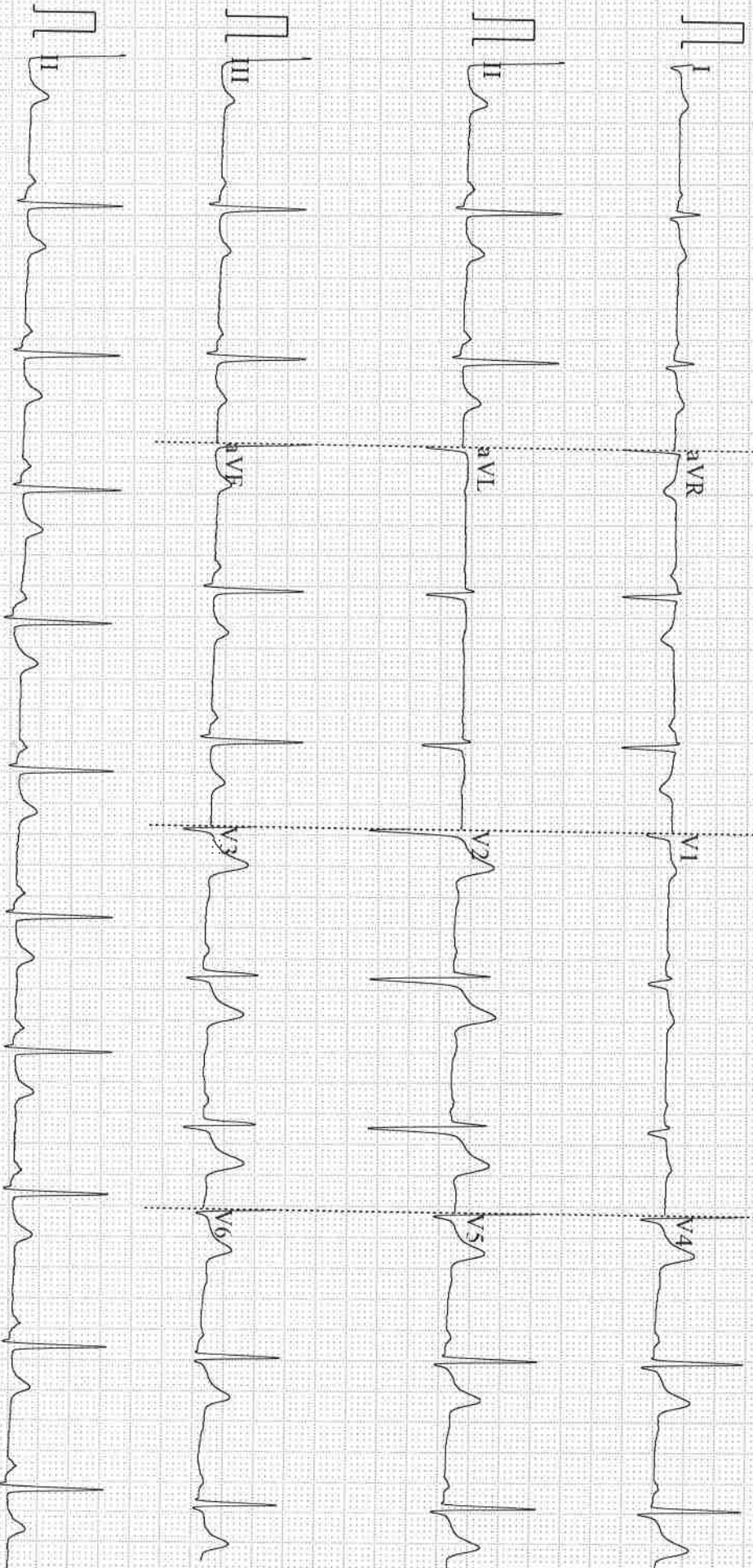
ID: 413  
CHIRAG RAUT  
Male 38Years

09-03-2024 10:32:19 AM  
HR : 64 bpm  
P : 110 ms  
PR : 167 ms  
QRS : 97 ms  
QT/QTc : 389/402 ms  
P/QRST : 63/84/59 °  
RV5/SVI : 1.489/0.300 mV

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

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

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 4\*2.5s+1f 64 V191 SEMIP V1.6 APOLO CLINIC NIGDI

Patient Name : Mr. CHIRAG CHAKRADHAR RAUT      Age : 38 Y M  
UHID : CPIM.0000117079      OP Visit No : CPIMOPV158010  
Reported on : 09-03-2024 15:12      Printed on : 09-03-2024 17:58  
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.

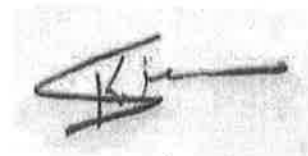
Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.

Printed on:09-03-2024 15:12

---End of the Report---



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



Patient Name : Mr. CHIRAG CHAKRADHAR RAUT Age : 38 Y M  
UHID : CPIM.0000117079 OP Visit No : CPIMOPV158010  
Reported on : 09-03-2024 09:54 Printed on : 09-03-2024 14:31  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and 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:-**

**No significant abnormality detected.**

**Suggest – clinical correlation.**

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

Patient Name : Mr. CHIRAG CHAKRADHAR RAUT Age : 38 Y M  
UHID : CPIM.0000117079 OP Visit No : CPIMOPV158010  
Reported on : 09-03-2024 09:54 Printed on : 09-03-2024 14:31  
Adm/Consult Doctor : Ref Doctor : SELF

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investigation

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

Printed on:09-03-2024 09:54

---End of the Report---



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

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MR. CHIRAG RAUT</b>	<b>Age/Sex: 38 / M</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 09.03.2024</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, Mild 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>	31.0 mm	<b>Aortic Root</b>	28.0 mm
<b>IVS (d)</b>	10.0 mm	<b>IVS (s)</b>	15.0 mm
<b>LVID (d)</b>	42.0 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**

**NO RWMA; LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

**STRUCTURALLY NORMAL CARDIAC VALVES, MILD MR**

**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)

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](mailto:enquiry@apollohl.com) | [www.apollohl.com](http://www.apollohl.com)

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointment: [www.apolloclinic.com](http://www.apolloclinic.com)

Chirag Chakradhar Raut  
38 M

9/8/24

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

SIB As Nimitz [ENT]

PT for routine ENT examination  
No active ENT complaints

O/S - Easy :-  
BIL TM intact

Nose  
throat } WNL  
Rinne's + +  
512

wb - central  
ABC :- same as  
me

Nil active  
fist management



Follow up date:

Doctor Signature

Mr. Chirag Raut.

38 yrs / M.

Ht - 6" - (182 cm)

Wt - 72 kg

9th March 2024.

Dietary habit : Pure vegetarian diet.

Daily Diet

Morning Time :- 6.30 am - luke warm water.

Morning - 7.30 am - Tea + khakra 

3-4 walnuts
3-4 Figs
2-4 khajur

OR Methi Thepla.

OR :- Dosa OR Mugache dhirade.

OR Idli + chutney.

11 am :- Buttermilk + Sabja seeds

12.30 am :- Salad + 3-4 Chapati / mix atta roti  
(Ragi, wheat, jowar, ragi, chana)

+ Sabji less oily - भाजी सादा घामुल कर.  
+ Sprouts + Dal + Rice

4-4.30pm :- Fruit any seasonal.

6pm - 6.30pm :- Tak / Dahi

Exercise - 7-8 pm.

Dinner. - 8.30 pm :- Salad / Dahi raita + Sabjaseeds  
+ Chapati / Mix atta + Sabji + Dal / sprout /  
Coriander wadi / Aloo wadi / Dahi Kadhi + Rice.

Bed Time - luke warm water.



Date : 09-03-2024  
MR NO : CPIM.0000117079

Department : GENERAL  
Doctor :

Name : Mr. CHIRAG CHAKRADHAR RAU

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

Consultation Timing: 09:30

Ht - 182

WE - 72.8

S/E

CNS : S<sub>1</sub> S<sub>2</sub> (+)

BP - 110/80

RS : A E B C

M = HTN, TSH

Diet Veg

CNS : NAD

BMI 22.0

PA : NAD

No known allergy

No past so

Anam


**Dr. Anam A. A. Inamdar**

MBBS

Reg. No. 2021/06/6236

28

**Name** : Mr. CHIRAG CHAKRADHAR RAUT  
**Age**: 38 Y  
**Sex**: M  
**Address** : C - 205, ASTORIA ROYALS, MUKAI CHOWK , RAVET  
**Plan** : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

**UHID**:CPIM.0000117079  
  
 \*CPIM.0000117079\*  
**OP Number**:CPIMOPV158010  
**Bill No** :CPIM-OCR-76584  
**Date** : 09.03.2024 09:30

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
✓ 1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓ 2	D ECHO	
✓ 3	LIVER FUNCTION TEST (LFT)	
✓ 4	GLUCOSE, FASTING	
✓ 5	HEMOGRAM + PERIPHERAL SMEAR	
✓ 6	DIET CONSULTATION	
✓ 7	COMPLETE URINE EXAMINATION	
✓ 8	URINE GLUCOSE(POST PRANDIAL)	
✓ 9	PERIPHERAL SMEAR	
✓ 10	EKG	
✓ 11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓ 12	DENTAL CONSULTATION	
✓ 13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:00	
✓ 14	URINE GLUCOSE(FASTING)	
✓ 15	HbA1c, GLYCATED HEMOGLOBIN	
✓ 16	X RAY CHEST PA	
✓ 17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
✓ 19	BLOOD GROUP ABO AND RH FACTOR	
✓ 20	LIPID PROFILE	
✓ 21	BODY MASS INDEX (BMI)	
22	OPHAL BY GENERAL PHYSICIAN	
✓ 23	ULTRASOUND - WHOLE ABDOMEN	
✓ 24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	