


Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:38PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:14PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

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 hemoparasite seen.



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

SIN No:BED240063883

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.12	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82.7	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	17.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,290	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.6	%	40-80	Electrical Impedance
LYMPHOCYTES	24.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5355.34	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2031.05	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	223.83	Cells/cu.mm	20-500	Calculated
MONOCYTES	596.88	Cells/cu.mm	200-1000	Calculated
BASOPHILS	82.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.64		0.78- 3.53	Calculated
PLATELET COUNT	426000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

Page 2 of 13



DR. MANISH T. AKARE
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SIN No:BED240063883


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DEPARTMENT OF HAEMATOLOGY

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



DR. MANISH T. AKARE
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SIN No:BED240063883

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Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:38PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:45PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



DR.Sanjay Ingle
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Consultant Pathologist

SIN No:BED240063883

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



Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 12:54PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 06:56PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:00PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

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	121	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	143	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.



DR. MANISH T. AKARE
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SIN No:PLP1429284

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



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Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:37PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 09:08PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	151	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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SIN No:EDT240029134

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



Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
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UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:33PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	202	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.12	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.39	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.71		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.



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SIN No:SE04656497

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44.51	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	42.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	112.63	U/L	30-120	IFCC
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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.



DR.Sanjay Ingle
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Consultant Pathologist

SIN No:SE04656497

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.63	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.74	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.81	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100.49	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated



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M.B.B.S,M.D(Pathology)
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	113.84	U/L	<55	IFCC



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Consultant Pathologist

SIN No:SE04656497

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Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 06:58PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:00PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.61	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.76	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.203	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



DR. MANISH T. AKARE
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SIN No:SPL24042536

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




Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:40PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:02PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
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
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. MANISH T. AKARE
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SIN No:UR2301968

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



Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:40PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:01PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	


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)	TRACE		NEGATIVE	Dipstick

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

*** End Of Report ***



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

SIN No:UF011129

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



Patient Name : Mr. GAJANAN NAIK Age : 38 Y/M
UHID : CPIM.0000117121 OP Visit No : CPIMOPV158060
Conducted By: : Conducted Date : 11-03-2024 19:01
Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

<i>Patient's Name: MR. GAJANAN NAIK</i>	<i>Age/Sex: 38 / M</i>
<i>Ref: ARCOFEMI</i>	<i>Date: 09.03.2024</i>

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, Trivial MR/TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	31.0 mm	Aortic Root	29.0 mm
IVS (d)	10.0 mm	IVS (s)	15.0 mm
LVID (d)	47.0 mm	LVID (s)	29.0 mm
LVPW(d)	10.0 mm	LVPW(s)	15.0 mm

IMPRESSION :
NORMAL CARDIAC CHAMBER DIMENSIONS
NO RWMA; LVEF = 60%

Patient Name : Mr. GAJANAN NAIK
UHID : CPIM.0000117121
Conducted By: :
Referred By : SELF

Age : 38 Y/M
OP Visit No : CPIMOPV158060
Conducted Date : 11-03-2024 19:01

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

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

Patient Name : Mr. GAJANAN NAIK
UHID : CPIM.0000117121
Conducted By: :
Referred By : SELF

Age : 38 Y/M
OP Visit No : CPIMOPV158060
Conducted Date :

Patient Name : Mr. GAJANAN NAIK
UHID : CPIM.0000117121
Conducted By :
Referred By : SELF

Age : 38 Y/M
OP Visit No : CPIMOPV158060
Conducted Date :

Patient Name : Mr. GAJANAN NAIK

Age/Gender : 38 Y/M

UHID/MR No. : CPIM.0000117121

OP Visit No : CPIMOPV158060

Sample Collected on :

Reported on : 09-03-2024 18:09

LRN# : RAD2262332

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 384734

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. GAJANAN NAIK	Age/Gender	: 38 Y/M
UHID/MR No.	: CPIM.0000117121	OP Visit No	: CPIMOPV158060
Sample Collected on	:	Reported on	: 09-03-2024 17:22
LRN#	: RAD2262332	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 384734		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and **shows diffuse fatty infiltration**. 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 enlarged in size (m 13.3 cm). No focal lesion seen. Splenic vein appears normal.

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

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

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

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

IMPRESSION:-

Grade II Fatty Liver changes.

Splenomegaly.

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.

Patient Name : Mr. GAJANAN NAIK

Age/Gender : 38 Y/M



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Name: Mr. GAJANAN NAIK
Age/Gender: 38 Y/M
Address: CHINCHWAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117121
Visit ID: CPIMOPV158060
Visit Date: 09-03-2024 11:45
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. GAJANAN NAIK
Age/Gender: 38 Y/M
Address: CHINCHWAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117121
Visit ID: CPIMOPV158060
Visit Date: 09-03-2024 11:45
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. GAJANAN NAIK
Age/Gender: 38 Y/M
Address: CHINCHWAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRANALI PUNDLIK NIKALJE

MR No: CPIM.0000117121
Visit ID: CPIMOPV158060
Visit Date: 09-03-2024 11:45
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. GAJANAN NAIK
Age/Gender: 38 Y/M
Address: CHINCHWAD
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUPRIYA GAWARE

MR No: CPIM.0000117121
Visit ID: CPIMOPV158060
Visit Date: 09-03-2024 11:45
Discharge Date:
Referred By: SELF

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 15:29	68 Beats/min	140/80 mmHg	20 Rate/min	97 F	166 cms	71 Kgs	%	%	Years	25.77	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 15:29	68 Beats/min	140/80 mmHg	20 Rate/min	97 F	166 cms	71 Kgs	%	%	Years	25.77	cms	cms	cms		AHLL03446

Established Patient: No

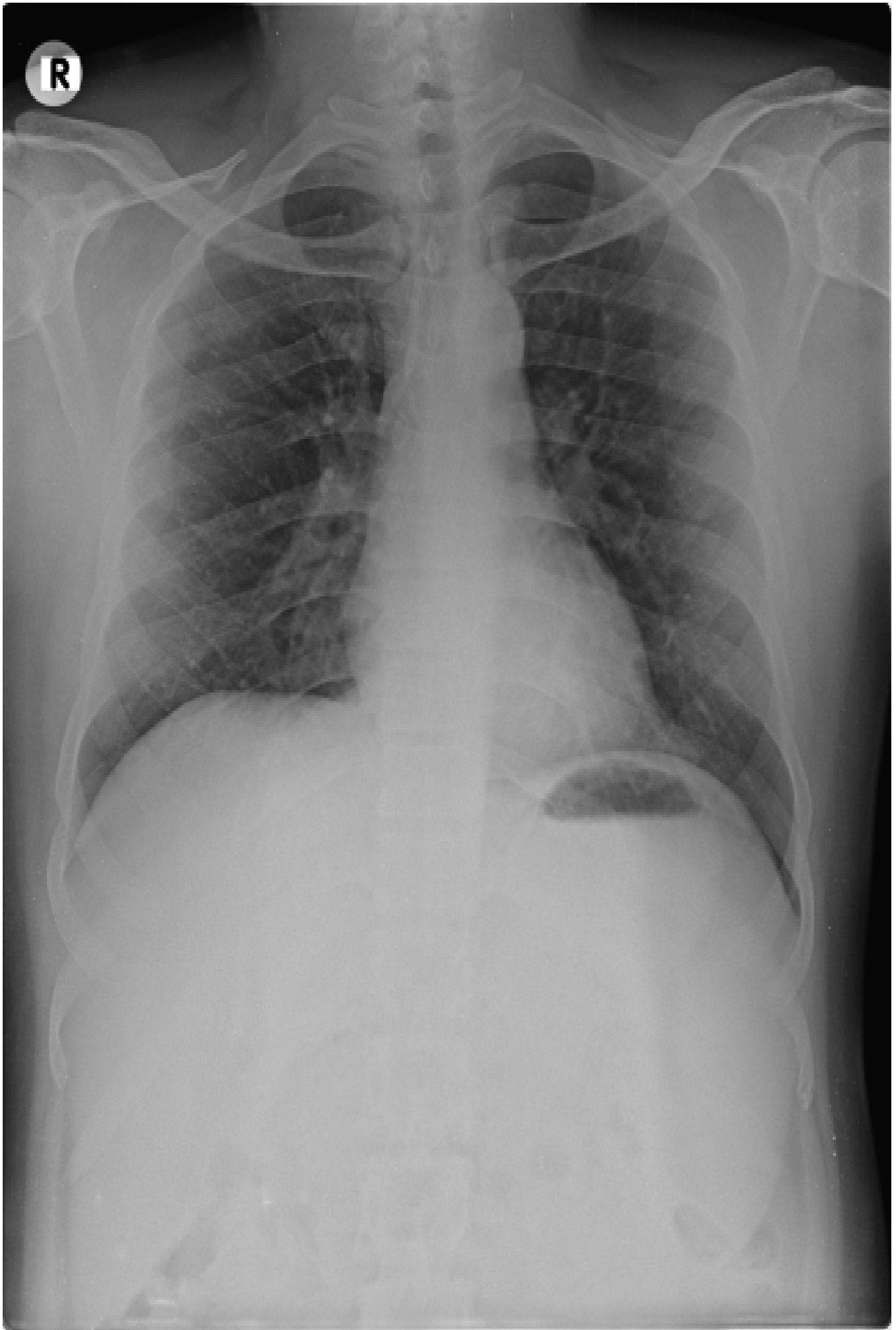
Vitals

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 15:29	68 Beats/min	140/80 mmHg	20 Rate/min	97 F	166 cms	71 Kgs	%	%	Years	25.77	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 15:29	68 Beats/min	140/80 mmHg	20 Rate/min	97 F	166 cms	71 Kgs	%	%	Years	25.77	cms	cms	cms		AHLL03446



 भारत सरकार
GOVERNMENT OF INDIA

Personnel No: 18/000003



गजानन सुखदेव नरैर
Gajanan Sakhdeo Nair
जन्म तारीख/DOB: 26/09/1985
पुल्ल/ MALE
Mobile No: 8605290612

7000 3648 9486
VID - 9118 8391 1613 2897

Personel Code: 7000/2019

माझे आधार, माझी ओळख

[Handwritten signature and scribbles in blue ink]

ID: 439
GAJANAN NAIK
Male 38Years

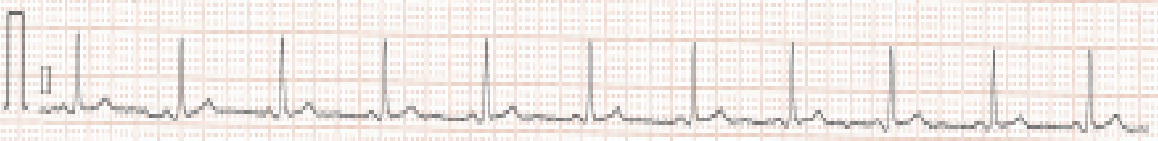
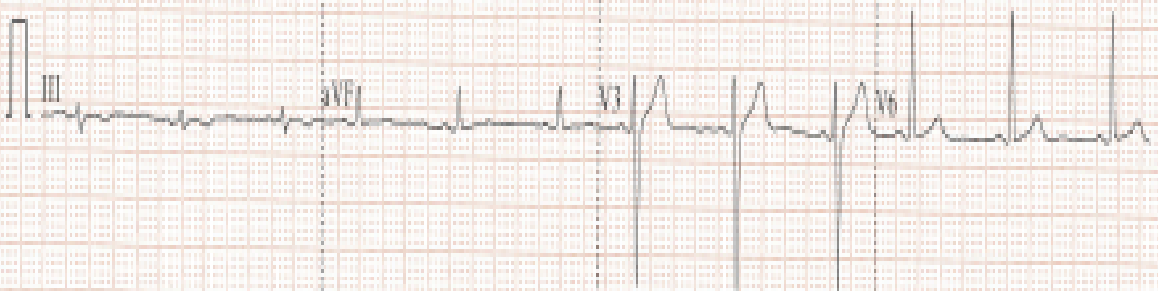
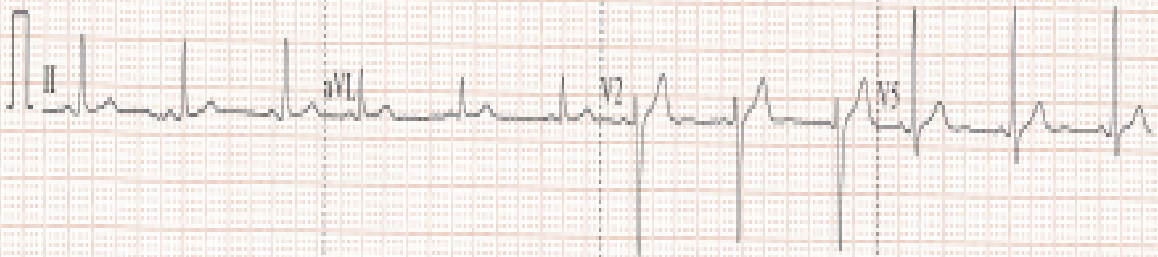
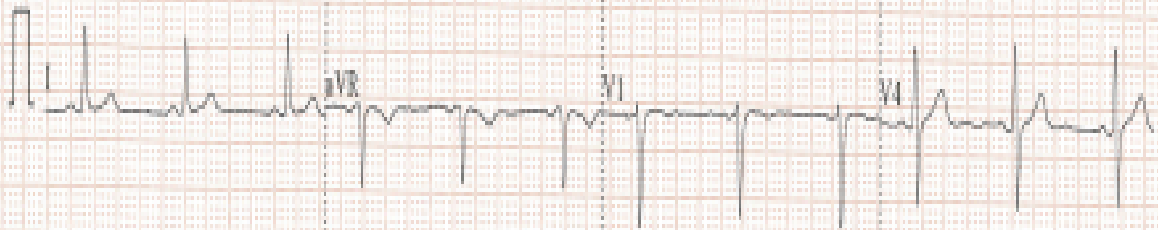
08-03-2024 02:10:02 PM
HR : 65 bpm
P : 100 ms
PR : 126 ms
QRS : 98 ms
QT/QTc : 365/382 ms
P:QRST : 43/31/23 °
RV5/SVL : 1.365/1.120 mV

APOLLO CE

Diagnosis Information:
Sinus Rhythm
Normal ECG

N.M. Anand

Report Confirmed by:



73

Date : 09-03-2024
MR NO : CPIM.0000117121

Department : GENERAL
Doctor :

Name : Mr. GAJANAN NAIK

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

Consultation Timing: 11:45

HT-166
WE 711

BP-140/80

M=HTN,DM

S/L

CVS : S, S₂ ⊕

RS : ACBC

CNS : NAD.

PA : NAD.

No known allergy

No past ex

Mix Diet

Anam

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME
108	Arcofemi/Mediwheel/M ALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bobE13583	MR. NAIK GAJANAN SUKHADEO

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

OF Mr. Gajanan Naik 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"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <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"> Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> Unfit 	

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

Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:38PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:14PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.12	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82.7	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	17.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,290	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.6	%	40-80	Electrical Impedance
LYMPHOCYTES	24.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	7.2	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5355.34	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2031.05	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	223.83	Cells/cu.mm	20-500	Calculated
MONOCYTES	596.88	Cells/cu.mm	200-1000	Calculated
BASOPHILS	82.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.64		0.78- 3.53	Calculated
PLATELET COUNT	426000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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



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

SIN No:BED240063883

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




Certificate No: MC- 5697

Patlent Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:38PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:14PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

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 hemoparasite seen.



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

SIN No:BED240063883

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




Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:38PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:14PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF HAEMATOLOGY

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




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

SIN No:BED240063883

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



Certificate No. MC- 5697

Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:38PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:45PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240063883

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



Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 12:54PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 06:56PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:00PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

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	121	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
 - Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	143	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.



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

SIN No:PLP1429284

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



Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:37PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 09:08PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	151	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.Sanjay Ingle
M.B.B.S.M.D(Pathology)
Consultant Pathologist

SIN No:EDT240029134



Patient Name	: Mr.GAJANAN NAIK	Collected	: 09/Mar/2024 01:39PM
Age/Gender	: 38 Y 5 M 13 D/M	Received	: 09/Mar/2024 07:01PM
UHID/MR No	: CPIM.0000117121	Reported	: 09/Mar/2024 08:33PM
Visit ID	: CPIMOPV158060	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 384734		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	195	mg/dL	<200	CHO-POD
TRIGLYCERIDES	202	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.12	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40.39	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.71		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: SE04656497

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



Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:01PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:33PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44.51	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	42.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	112.63	U/L	30-120	IFCC
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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: SE04656497

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 | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Frazer Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | 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



1860 500 7788

www.apolloclinic.com

Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:01PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:33PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.63	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.74	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.81	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	100.49	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated



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

SIN No: SE04656497

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



Patient Name : Mr.GAJANAN NAIK Age/Gender : 38 Y 5 M 13 D/M UHID/MR No : CPIM.0000117121 Visit ID : CPIMOPV158060 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 384734	Collected : 09/Mar/2024 01:39PM Received : 09/Mar/2024 07:01PM Reported : 09/Mar/2024 08:33PM 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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	113.84	U/L	<55	IFCC



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

SIN No:SE04656497

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



Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 06:58PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:00PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.61	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.76	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.203	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


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

SIN No: SPL24042536

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




Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:40PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:02PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
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
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2301968

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





Certificate No: MC- 5697

Patient Name : Mr.GAJANAN NAIK	Collected : 09/Mar/2024 01:39PM
Age/Gender : 38 Y 5 M 13 D/M	Received : 09/Mar/2024 07:40PM
UHID/MR No : CPIM.0000117121	Reported : 09/Mar/2024 08:01PM
Visit ID : CPIMOPV158060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 384734	


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)	TRACE		NEGATIVE	Dipstick

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

*** End Of Report ***



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

SIN No:UF011129

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



ID: 439
GAJANAN NAIK
Male 38Y ears

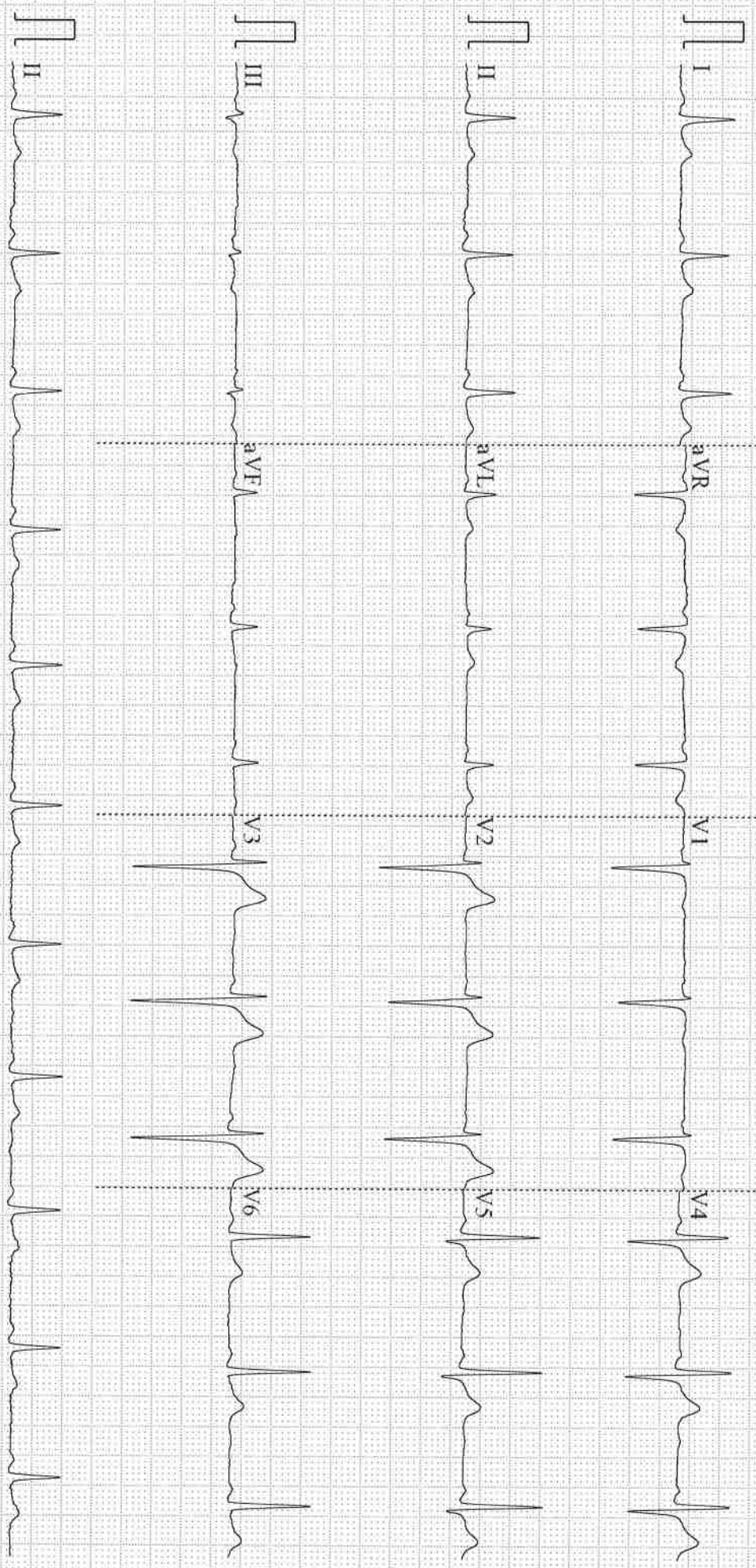
09-03-2024 02:10:02 PM
HR : 65 bpm
P : 100 ms
PR : 126 ms
QRS : 98 ms
QT/QTc : 365/382 ms
P/QRS/T : 43/31/23 °
RV5/SV1 : 1.365/1.120 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

WMA
Anam

Dr. Anam A. A. Inamdar
MBBS
Reg. No. 2021/106/6236

Report Confirmed by:



Patient Name : Mr. GAJANAN NAIK Age : 38 Y M
UHID : CPIM.0000117121 OP Visit No : CPIMOPV158060
Reported on : 09-03-2024 16:08 Printed on : 09-03-2024 18:09
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 16:08

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE

MBBS, DMRD

Radiology

Patient Name	: Mr. GAJANAN NAIK	Age	: 38 Y M
UHID	: CPIM.0000117121	OP Visit No	: CPIMOPV158060
Reported on	: 09-03-2024 17:03	Printed on	: 09-03-2024 17:22
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and **shows diffuse fatty infiltration**. 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 **enlarged in size (m 13.3 cm)**. No focal lesion seen. Splenic vein appears normal.

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

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

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

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

IMPRESSION:-

Grade II Fatty Liver changes.

Splenomegaly.

Patient Name	: Mr. GAJANAN NAIK	Age	: 38 Y M
UHID	: CPIM.0000117121	OP Visit No	: CPIMOPV158060
Reported on	: 09-03-2024 17:03	Printed on	: 09-03-2024 17:22
Adm/Consult Doctor	:	Ref Doctor	: SELF

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.

Printed on:09-03-2024 17:03

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MR. GAJANAN NAIK	Age/Sex: 38 / M
Ref: ARCOFEMI	Date: 09.03.2024

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, Trivial MR/TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	31.0 mm	Aortic Root	29.0 mm
IVS (d)	10.0 mm	IVS (s)	15.0 mm
LVID (d)	47.0 mm	LVID (s)	29.0 mm
LVPW(d)	10.0 mm	LVPW(s)	15.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

NO RWMA; LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

GOOD RIGHT VENTRICULAR FUNCTION

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)

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 appointment: www.apolloclinic.com

Mr. Gayanan Naik.
38 / M

Dr. Manisha Patil
Dietician.

9th March 2024.

A - K1C10 Dm

Dietary habit :- Mixed diet.
Daily Diet

Morning :- 1 glass water - 1 spoon ajawine, sof, cinnamon, salt powder + lemon juice.

Morning Exercise - 1 hr. walk.

Morning - Tea 1 cup without sugar, jaggary

Morning Breakfast :- Chapati + Bhaji
OR Dhasmi + curd OR Sprouts boiled. 1 Bowl

Mid Time :- Tak + Sabja seeds
+ 1 Fruit - Pear / Orange / Sweet lime.

Lunch :- Salad + Chapati / mix atta roti
(bayara, nachu, wheat, mug, chana).
+ Sabji + Dal / sprouts. No rice.

Evening :- Murrusa phutana / Boiled corn / Fruit
OR 3-4 - Almonds, 3-4 walnuts, 3-4 Anjir

Dinner :- Same as lunch.

Bed Time :- 1 glass water. add ajawine, sof, cinnamon salt added powder.

Gayanan Naik
381M

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

SLB Dr Nimita
[ENT]

PT for routine ENT examination.
No active complaints at present

of ear :- BIL TM intact

Nose } WNL
throat } tobacco stained
teeth & gums

Rinne's 512 f f

Wb - central
same as

ABZ

nil active
management.

Follow up date:

Doctor Signature

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 09.03.24

Patient Name *Ajjanan Aleik*

UHID:

Age / Sex: *38 Yr M*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N6</i>	<i>N6</i>
Anterior Segment Pupil	<i>wNL</i>	<i>wNL</i>
Color Vision	<i>Normal</i>	<i>Normal</i>
Family History/Medical History	<i>-</i>	<i>-</i>

plano BE

IMPRESSION: -

[Signature]

OPTOMETRIST

73

Date : 09-03-2024
MR NO : CPIM.0000117121

Department : GENERAL
Doctor :

Name : Mr. GAJANAN NAIK

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

Consultation Timing: 11:45

HE-166
WE 711
BP- 140/80
M HTN, DM

S/L

CVS : S, S₂ ⊕
RS : ACBC
CNS : NAD.
PA : NAD.


Mix Diet

No known allergy
No past ex

Anam

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

(73)

Name : Mr. GAJANAN NAIK	Age : 38 Y	UHID :CPIM.0000117121
Address : CHINCHWAD	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		*CPIM.0000117121*
		OP Number :CPIMOPV158060
		Bill No :CPIM-OCR-76628
		Date : 09.03.2024 11:45

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 2D ECHO	
<input checked="" type="checkbox"/>	3 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	4 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	5 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	6 DIET CONSULTATION	
<input checked="" type="checkbox"/>	7 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	8 URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	9 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	10 ECG	
<input checked="" type="checkbox"/>	11 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	12 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	13 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:30.	
<input checked="" type="checkbox"/>	14 URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	15 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	16 X RAY CHEST PA	
<input checked="" type="checkbox"/>	17 ENT CONSULTATION	
<input checked="" type="checkbox"/>	18 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	19 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	20 LIPID PROFILE	
<input checked="" type="checkbox"/>	21 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	22 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	23 ULTRASOUND - WHOLE ABDOMEN → 5:00pm.	
<input checked="" type="checkbox"/>	24 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	