

Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 04:47PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 05:29PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

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 Abnormal cells seen.**



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

SIN No:BED240217863

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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.9	g/dL	13-17	Spectrophotometer
PCV	47.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.05	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94.5	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,540	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.3	%	40-80	Electrical Impedance
LYMPHOCYTES	40.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	5	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3289.62	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2648.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	228.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	327	Cells/cu.mm	200-1000	Calculated
BASOPHILS	45.78	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.24		0.78- 3.53	Calculated
PLATELET COUNT	186000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

Page 2 of 16



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



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Consultant Pathologist

SIN No:BED240217863

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Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 04:47PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 06:17PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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SIN No:BED240217863

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 11:48AM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 04:47PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 05:21PM
Visit ID : CPIMOPV166180	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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	90	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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SIN No:PLP1483457

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



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Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 04:47PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 07:57PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.


4. 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.

5. 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. MANISH T. AKARE
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Consultant Pathologist

SIN No:BED240217863

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Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 08:45PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 10:51PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	218	mg/dL	<200	CHO-POD
TRIGLYCERIDES	123	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	172	mg/dL	<130	Calculated
LDL CHOLESTEROL	147.72	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.58	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.74		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Consultant Pathologist

SIN No:SE04814698

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.76	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.97	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.7	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	39.70	U/L	30-120	IFCC
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	27.84	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.48	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.67	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.27	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.83	U/L	<55	IFCC



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Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 05:05PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 06:25PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.36	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.261	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

Page 12 of 16



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.280	ng/mL	0-4	CLIA



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.019		1.002-1.030	Refractometric
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



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

SIN No:UR2407418

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 05:03PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 05:33PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

*** End Of Report ***

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

SIN No:UF012074

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



Patient Name : Mr.PRABHAKAR S PAWAR
Age/Gender : 59 Y 2 M 20 D/M
UHID/MR No : CPIM.0000121067
Visit ID : CPIMOPV166180
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 24S56171100110590E

Collected : 24/Aug/2024 12:26PM
Received : 24/Aug/2024 05:03PM
Reported : 24/Aug/2024 05:33PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.


Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF012074

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



Patient Name : Mr. PRABHAKAR S PAWAR Age : 59 Y/M
UHID : CPIM.0000121067 OP Visit No : CPIMOPV166180
Conducted By: : Conducted Date : 28-08-2024 20:34
Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

<i>Patient's Name: Mr. PRABHAKAR S PAWAR</i>	<i>Age/Sex: 59 / M</i>
<i>Ref: ARCOFEMI MEDIWHEEL</i>	<i>Date: 24.08.2024</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	30.0 mm
IVS (d)	10.0 mm	IVS (s)	15.0 mm
LVID (d)	43.0 mm	LVID (s)	26.0 mm
LVPW(d)	10.0 mm	LVPW(s)	15.0 mm

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

Patient Name : Mr. PRABHAKAR S PAWAR
UHID : CPIM.0000121067
Conducted By: :
Referred By : SELF

Age : 59 Y/M
OP Visit No : CPIMOPV166180
Conducted Date : 28-08-2024 20:34

***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. PRABHAKAR S PAWAR

UHID : CPIM.0000121067

Conducted By: :

Referred By : SELF

Patient Name : Mr. PRABHAKAR S PAWAR

UHID : CPIM.0000121067

Conducted By :

Referred By : SELF

Age : 59 Y/M

OP Visit No : CPIMOPV166180

Conducted Date :

Age : 59 Y/M

OP Visit No : CPIMOPV166180

Conducted Date :

Patient Name : Mr. PRABHAKAR S PAWAR

Age/Gender : 59 Y/M

UHID/MR No. : CPIM.0000121067

OP Visit No : CPIMOPV166180

Sample Collected on :

Reported on : 24-08-2024 18:05

LRN# : RAD2407679

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 24S56171100110590E

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. PRABHAKAR S PAWAR

Age/Gender : 59 Y/M

UHID/MR No. : CPIM.0000121067

OP Visit No : CPIMOPV166180

Sample Collected on :

Reported on : 24-08-2024 15:38

LRN# : RAD2407679

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 24S56171100110590E

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and **shows bright in echo texture**. 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 echo pattern. No focal/mass lesion/calcification.

No evidence of peri-pancreatic free fluid or collection. Pancreatic duct appears normal.

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

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

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

IMPRESSION: -

Fatty liver changes noted.

(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. PRABHAKAR S PAWAR

Age/Gender : 59 Y/M



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Name: Mr. PRABHAKAR S PAWAR
Age/Gender: 59 Y/M
Address: PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SAMRUDHI VILAS JADHAV

MR No: CPIM.0000121067
Visit ID: CPIMOPV166180
Visit Date: 24-08-2024 10:20
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. PRABHAKAR S PAWAR
Age/Gender: 59 Y/M
Address: PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000121067
Visit ID: CPIMOPV166180
Visit Date: 24-08-2024 10:20
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. PRABHAKAR S PAWAR
Age/Gender: 59 Y/M
Address: PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. HELAN RAJAN

MR No: CPIM.0000121067
Visit ID: CPIMOPV166180
Visit Date: 24-08-2024 10:20
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. PRABHAKAR S PAWAR
Age/Gender: 59 Y/M
Address: PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000121067
Visit ID: CPIMOPV166180
Visit Date: 24-08-2024 10:20
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
24-08-2024 16:14	84 Beats/min	120/70 mmHg	22 Rate/min	97 F	171 cms	77 Kgs	%	%	Years	26.33	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
24-08-2024 16:14	84 Beats/min	120/70 mmHg	22 Rate/min	97 F	171 cms	77 Kgs	%	%	Years	26.33	cms	cms	cms		AHLL03446

Established Patient: No

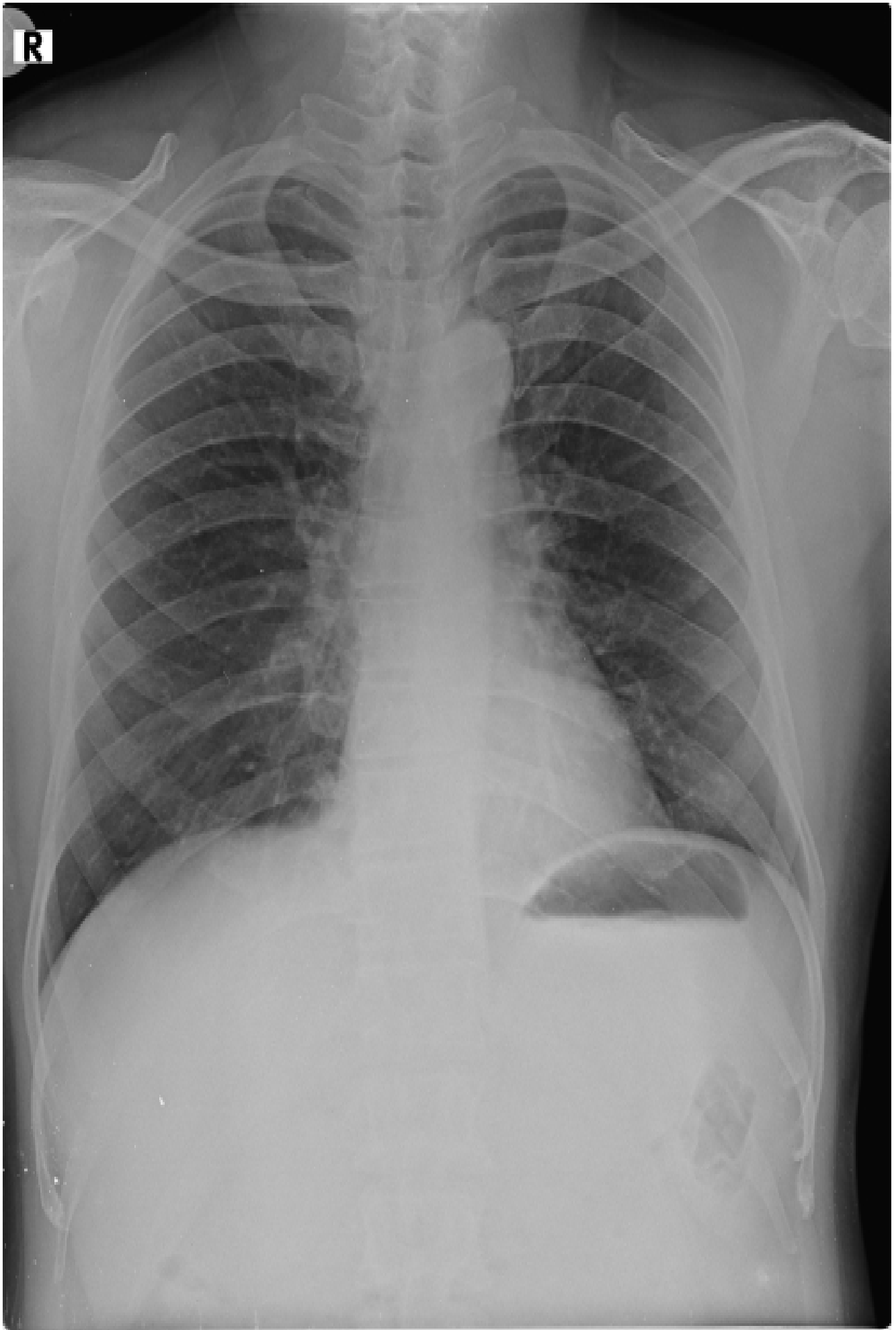
Vitals

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
24-08-2024 16:14	84 Beats/min	120/70 mmHg	22 Rate/min	97 F	171 cms	77 Kgs	%	%	Years	26.33	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
24-08-2024 16:14	84 Beats/min	120/70 mmHg	22 Rate/min	97 F	171 cms	77 Kgs	%	%	Years	26.33	cms	cms	cms		AHLL03446



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 04:47PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 05:29PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.9	g/dL	13-17	Spectrophotometer
PCV	47.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.05	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94.5	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,540	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTC COUNT (DLC)				
NEUTROPHILS	50.3	%	40-80	Electrical Impedance
LYMPHOCYTES	40.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	5	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3289.62	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2648.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	228.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	327	Cells/cu.mm	200-1000	Calculated
BASOPHILS	45.78	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.24		0.78- 3.53	Calculated
PLATELET COUNT	186000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

Page 2 of 16



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

SIN No: BED240217863

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 04:47PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 05:29PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

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 Abnormal cells seen.**



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

SIN No:BED240217863

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 04:47PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 05:29PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



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

SIN No:BED240217863

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 04:47PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 06:17PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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

SIN No:BED240217863

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 11:48AM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 04:47PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 05:21PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	91	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:

1. 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.
2. Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	90	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. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: PLP1483457

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 04:47PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 07:57PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:BED240217863

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 08:45PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 10:51PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	218	mg/dL	<200	CHO-POD
TRIGLYCERIDES	123	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	172	mg/dL	<130	Calculated
LDL CHOLESTEROL	147.72	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.58	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.74		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

SIN No:SE04814698

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 08:45PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 10:51PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.76	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.97	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.7	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	39.70	U/L	30-120	IFCC
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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

SIN No: SE04814698

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 08:45PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 10:51PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



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

SIN No:SE04814698

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 08:45PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 10:51PM
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Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Blo. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	27.84	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.48	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.67	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.27	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.05	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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

SIN No: SE04814698

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

APOLLO CLINICS NETWORK

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



1860 500 7788

www.apolloclinic.com

Patient Name	: Mr.PRABHAKAR S PAWAR	Collected	: 24/Aug/2024 12:26PM
Age/Gender	: 59 Y 2 M 20 D/M	Received	: 24/Aug/2024 08:45PM
UHID/MR No	: CPIM.0000121067	Reported	: 24/Aug/2024 10:51PM
Visit ID	: CPIMOPV166180	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 24S56171100110590E		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.83	U/L	<55	IFCC



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

SIN No:SE04814698

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 05:05PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 06:25PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.36	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.261	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

1. 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.
2. 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.
3. 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.
4. 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



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

SIN No: SPL24135237

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





Certificate No: MC-5697

Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 05:05PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 06:25PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

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

SIN No:SPL24135237

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 05:05PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 06:18PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.280	ng/mL	0-4	CLIA

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



SIN No:SPL24135237

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

Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 05:03PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 05:29PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.019		1.002-1.030	Refractometric
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



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

SIN No: UR2407418

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



Patient Name : Mr.PRABHAKAR S PAWAR	Collected : 24/Aug/2024 12:26PM
Age/Gender : 59 Y 2 M 20 D/M	Received : 24/Aug/2024 05:03PM
UHID/MR No : CPIM.0000121067	Reported : 24/Aug/2024 05:33PM
Visit ID : CPIMOPV166180	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 24S56171100110590E	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Blo. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Blo. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



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

SIN No:UF012074

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

ID: 751
PRABHAKAR PAWAR
Male 59 Years

24-08-2024 10:52:23 AM
HR : 71 bpm
P : 106 ms
PR : 160 ms
QRS : 82 ms
QT/QTc : 377/412 ms
P/QRS/T : 55/54/60 °
RV5/SV1 : 1.234/0.249 mV

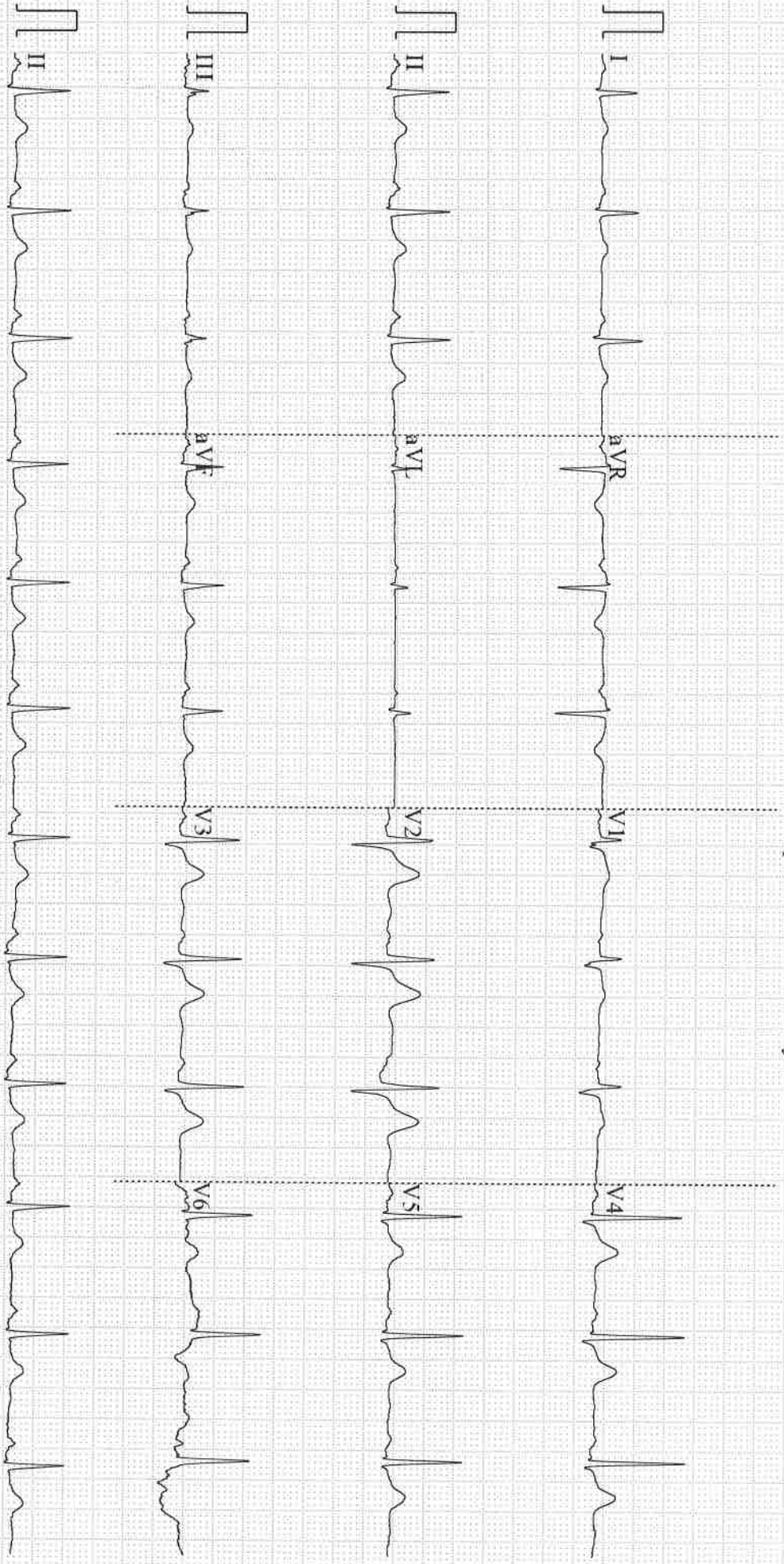
Diagnosis Information:
Sinus Rhythm
Inverted T Wave(V6)

Dr. Samruddhi Gadhkar
25/8/24

Dr. Samruddhi Gadhkar
M.E.B.S.

Reg. No 2019010144

Report Confirmed by:



Patient Name : Mr. PRABHAKAR S PAWAR Age : 59 Y M
UHID : CPIM.0000121067 OP Visit No : CPIMOPV166180
Reported on : 24-08-2024 12:02 Printed on : 24-08-2024 18:05
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:24-08-2024 12:02

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name : Mr. PRABHAKAR S PAWAR Age : 59 Y M
UHID : CPIM.0000121067 OP Visit No : CPIMOPV166180
Reported on : 24-08-2024 15:37 Printed on : 24-08-2024 15:38
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows bright in echo texture. 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 echo pattern. No focal/mass lesion/calcification. No evidence of peri-pancreatic free fluid or collection. Pancreatic duct appears normal.

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

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

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

IMPRESSION: -

Fatty liver changes noted.

Patient Name : Mr. PRABHAKAR S PAWAR

UHID : CPIM.0000121067

Reported on : 24-08-2024 15:37

Adm/Consult Doctor :

Age : 59 Y M

OP Visit No : CPIMOPV166180

Printed on : 24-08-2024 15:38

Ref Doctor : SELF

(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: 24-08-2024 15:37

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: Mr. PRABHAKAR S PAWAR	Age/Sex: 59 / M
Ref: ARCOFEMI MEDIWHEEL	Date: 24.08.2024

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	30.0 mm
IVS (d)	10.0 mm	IVS (s)	15.0 mm
LVID (d)	43.0 mm	LVID (s)	26.0 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 appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Apollo Clinic,
Nigdi, Pune - 411044. P

Date - 26-8

Patient Name *prabhakar pawar*

UHID:

Age / Sex: *54yr / M*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6 N6 2/8 spec</i>	<i>6/6 N6 2/8 spec</i>
Near Vision		
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>Abnormal</i>	<i>Normal</i>
Family History/Medical History	<i>-</i>	<i>-</i>

Same & X

IMPRESSION: -

[Signature]
OPTOMETRIST

Date : 24-08-2024

MR NO : CPIM.0000121067

Department : GENERAL

Doctor :

Name : Mr. PRABHAKAR S PAWAR

Registration No :

Age/ Gender : 59 Y / Male

Qualification :

Consultation Timing: 10:20

WA 77

HA 171

BP 120/70

39

Name : Mr. PRABHAKAR S PAWAR

Age: 59 Y

UHID:CPIM.0000121067

Sex: M



OP Number:CPIMOPV166180

Address : PUNAWALE

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :CPIM-OCR-81341

Date : 24.08.2024 10:20

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	3 2 D ECHO	
<input checked="" type="checkbox"/>	4 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	5 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	6 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
<input checked="" type="checkbox"/>	12 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	14 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
<input checked="" type="checkbox"/>	15 URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	16 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	17 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	18 ENT CONSULTATION	
<input checked="" type="checkbox"/>	19 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	20 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	21 LIPID PROFILE	
<input checked="" type="checkbox"/>	22 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	23 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	24 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	25 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Done

ID: 751
PRABHAKAR PAWAR
Male 59 years

24-08-2024 10:52:23 AM

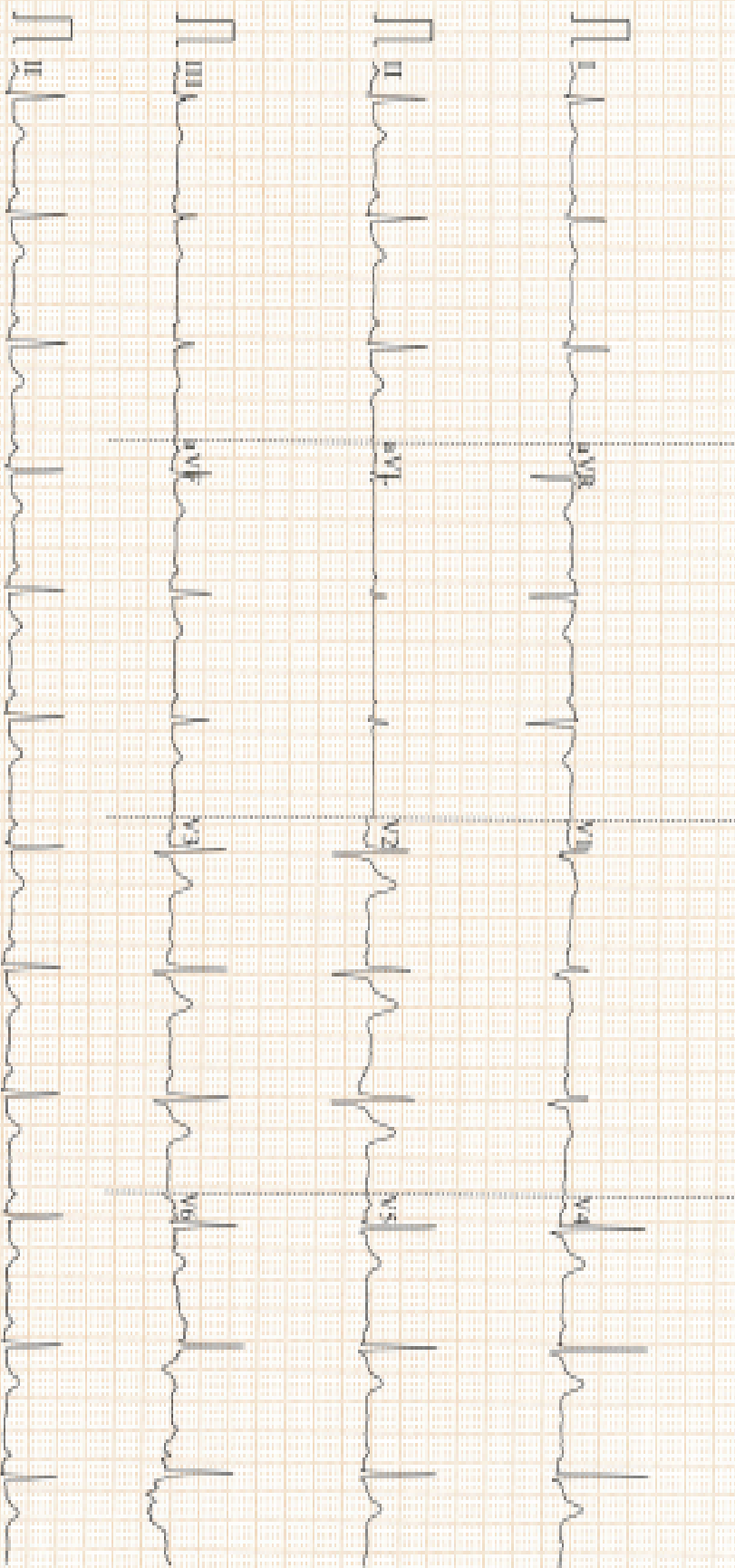
AC

Diagnosis Information:
Sinus Rhythm
Inverted T Wave(V6)

WPC
2 IS
CSUB
SMK

HR : 71 bpm
P : 106 ms
PR : 160 ms
QRS : 82 ms
QT/QTc : 377/412 ms
PQRST : 55/54/60 °
RV5/VI : 1.23/0.249 mV

Report Confirmed by:



Date : 24-08-2024

Department : GENERAL

MR NO : CPIM.0000121067

Doctor :

Name : Mr. PRABHAKAR S PAWAR

Registration No :

Age/ Gender : 59 Y / Male

Qualification :

Consultation Timing: 10:20

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

नोंदविषयाचा क्रमांक / Enrollment No 201719005402732

To:
 प्रशांत देव गवत
 Prashant Shankar Gawar
 SPO, Shambhar Power
 Sr No. 1/104 Laxmi Nagar
 Lane No. 2
 Simphi Gaurav
 Pimpri Chinchwad, Haveli Pune
 Maharashtra 411001
 9822562717

Ref: 318 / 28A / 585340 / 584555 / P



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

3110 5305 1430

आधार - सामान्य माणसाचा अधिकार



प्रशांत देव गवत
 Prashant Shankar Gawar
 जन्म वर्ष / Year of Birth : 1985
 पुरुष / Male



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