





: Mr.PRABHAKAR S PAWAR

Age/Gender

: 59 Y 2 M 20 D/M

UHID/MR No Visit ID

: CPIM.0000121067 : CPIMOPV166180

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 24S56171100110590E

Collected

: 24/Aug/2024 12:26PM

Received

: 24/Aug/2024 04:47PM

Reported

: 24/Aug/2024 05:29PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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.

Page 1 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









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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 Impedence
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 impedence
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



M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:BED240217863

DR.Sanjay Ingle

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DEPARTMENT OF HAEMATOLOGY

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

Page 3 of 16



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

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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 FAC	TOR , WHOLE BLOOD EDTA	Ì		
BLOOD GROUP TYPE	А			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

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: Dr.SELF : 24S56171100110590E Collected

: 24/Aug/2024 11:48AM

Received

: 24/Aug/2024 04:47PM

Reported

: 24/Aug/2024 05:21PM

Status

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: ARCOFEMI HEALTHCARE LIMITED

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.

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

SIN No:PLP1483457









: Mr.PRABHAKAR S PAWAR

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Reported

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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
HBA1C (GLYCATED HEMOGLOBIN), WA	HOLE 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)

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

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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
L IPID 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.

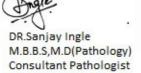
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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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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
IVER 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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

- 2. Cholestatic Pattern:
- *ALP Disproportionate increase in ALP compared with AST, ALT. 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.

Page 8 of 16



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

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DEPARTMENT OF BIOCHEMISTRY

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

Page 9 of 16



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

SIN No:SE04814698

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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









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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
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

Page 10 of 16



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

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

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

Page 11 of 16



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: ARCOFEMI HEALTHCARE LIMITED

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

Page 12 of 16



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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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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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M.B.B.S,M.D(Pathology) Consultant Pathologist

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: ARCOFEMI HEALTHCARE LIMITED

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 (C	UE) , 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	Refractometric				
BIOCHEMICAL EXAMINATION						
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR C		
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 MO	OUNT AND MICROSCOP	Υ				
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.

Page 15 of 16



M.B.B.S,M.D(Pathology) Consultant Pathologist

DR.Sanjay Ingle

SIN No:UR2407418

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







: Mr.PRABHAKAR S PAWAR

Age/Gender UHID/MR No : 59 Y 2 M 20 D/M : 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 Status : 24/Aug/2024 05:33PM

-

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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 ***

Page 16 of 16



Consultant Pathologist

SIN No:UF012074

MBBS, MD (Pathology)

Dr Sneha Shah



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

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

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%

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

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 Age : 59 Y/M

UHID : CPIM.0000121067 OP Visit No : CPIMOPV166180

Conducted By: : Conducted Date :

Referred By : SELF

Patient Name : Mr. PRABHAKAR S PAWAR Age : 59 Y/M

UHID : CPIM.0000121067 OP Visit No : CPIMOPV166180

Conducted By : Conducted Date :

Referred By : SELF



Patient Name : Mr. PRABHAKAR S PAWAR Age/Gender : 59 Y/M

UHID/MR No.

: CPIM.0000121067

Sample Collected on LRN#

: RAD2407679

Ref Doctor

: SELF

Emp/Auth/TPA ID : 24S56171100110590E

OP Visit No

: CPIMOPV166180 Reported on

Specimen

: 24-08-2024 18:05

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



: 59 Y/M **Patient Name** : Mr. PRABHAKAR S PAWAR Age/Gender

UHID/MR No. : CPIM.0000121067 **OP Visit No** : CPIMOPV166180

Sample Collected on : : 24-08-2024 15:38 Reported on

LRN# : RAD2407679 Specimen **Ref Doctor** : SELF

: 24S56171100110590E Emp/Auth/TPA ID

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 investigationfinding 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

 $\begin{array}{c} \textbf{Dr. KIRAN PRALHAD SUDHARE} \\ \underline{MBBS, DMRD} \end{array}$

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: Miss. SNEHA NAIR

Doctor's Signature

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

Discharge Date:

Referred By: SELF

Mr. PRABHAKAR S PAWAR

Age/Gender: 59 Y/M PUNAWALE Address:

PUNE, MAHARASHTRA Location:

Doctor:

Doctor.

Department: GENERAL PIMPRI_20052024 Rate Plan:

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. HELAN RAJAN

Doctor's Signature

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

Discharge Date:

Referred By: SELF Name: Mr. PRABHAKAR S PAWAR Age/Gender: 59 Y/M Address: PUNAWALE Location: PUNE, MAHARASHTRA

Doctor:

Department: GENERAL
Rate Plan: PIMPRI_20052024
Sponsor: ARCOEFMI HEAL

ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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

Discharge Date:

Referred By: SELF

Name: Mr. PRABHAKAR S PAWAR Age/Gender: 59 Y/M Address: PUNAWALE Location: PUNE, MAHARASHTRA

Doctor:

Department: GENERAL
Rate Plan: PIMPRI_20052024
Sponsor: ARCOEFMI HEAL

ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. SAMRUDHI VILAS JADHAV

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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

Discharge Date:

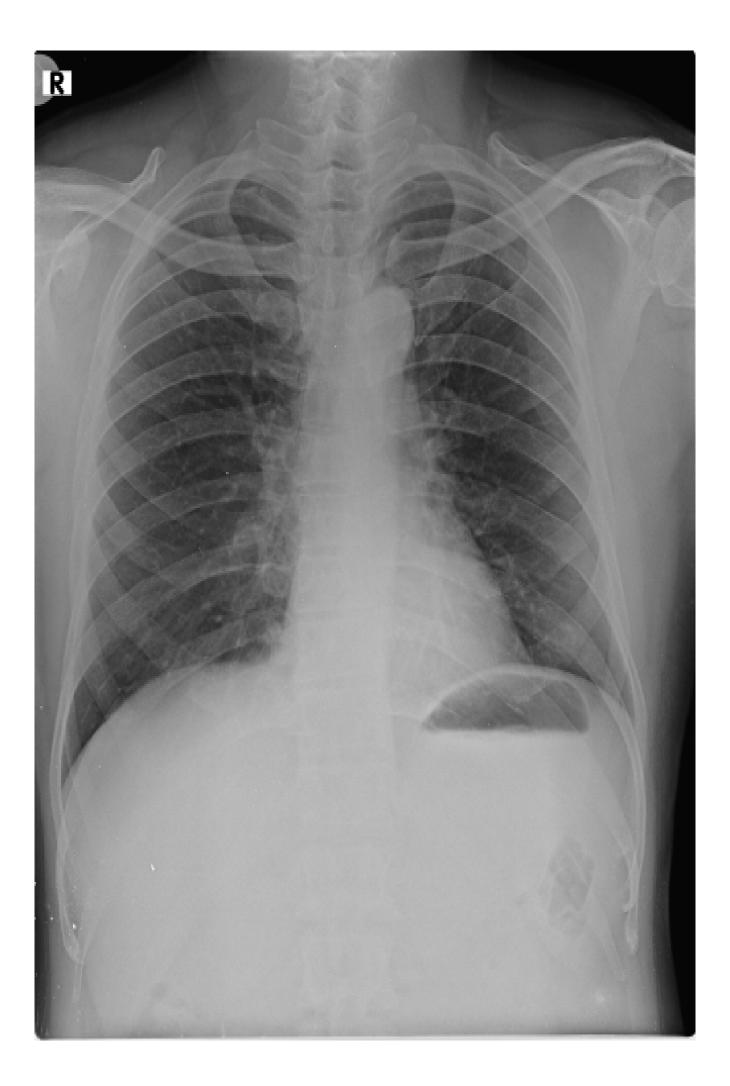
Referred By: SELF

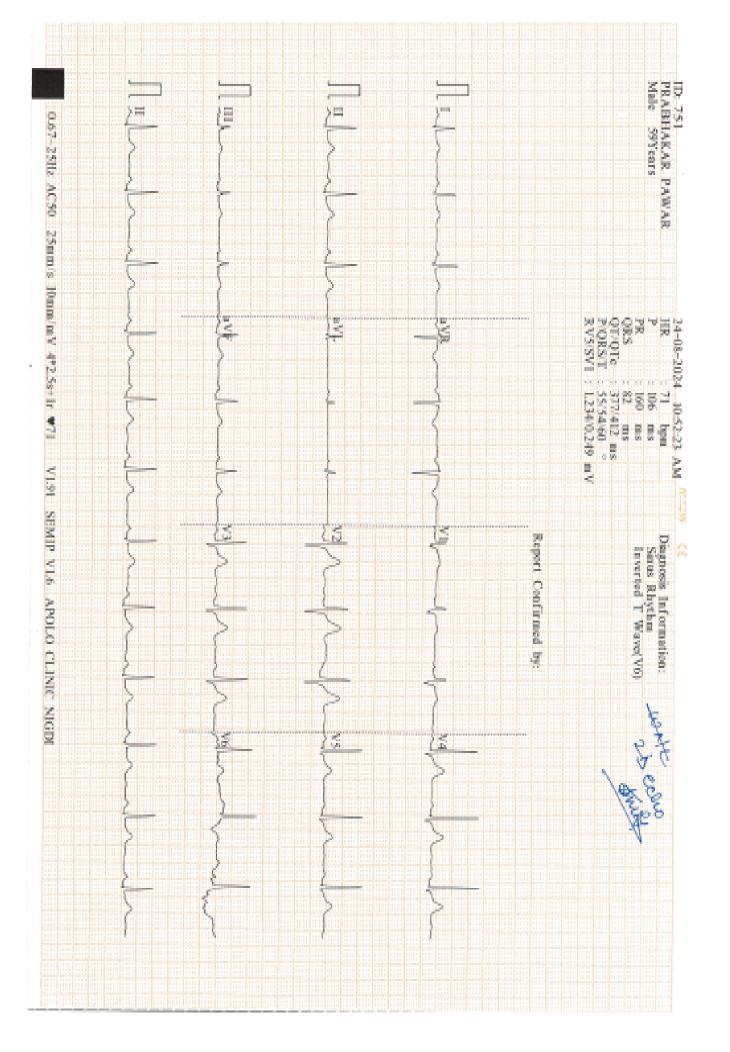
II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
24-08-2024 16:14	-		22 Rate/min	97 F	171 cms	77 Kgs	%	%	Years	26.33	cms	cms	cms		AHLL03446

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
24-08-2024 16:14	-		22 Rate/min	97 F	171 cms	77 Kgs	%	%	Years	26.33	cms	cms	cms		AHLL03446

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II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
24-08-2024 16:14	-		22 Rate/min	97 F	171 cms	77 Kgs	%	%	Years	26.33	cms	cms	cms		AHLL03446





Date

: 24-08-2024

MR NO

: CPIM.0000121067

Department

: GENERAL

Doctor

Name

: Mr. PRABHAKAR 8 PAWAR

Registration No

Age/ Gender

: 59 Y / Male

Qualification

FF 10

Consultation Timing: 10:20

