

Patient Name : Mr.CHARU CHANDAN	Collected : 23/Mar/2024 10:56AM
Age/Gender : 34 Y 3 M 15 D/M	Received : 23/Mar/2024 04:28PM
UHID/MR No : CPIM.0000117511	Reported : 23/Mar/2024 06:34PM
Visit ID : CPIMOPV158778	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6699	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets mild thrombocytopenia, large platelets seen
No hemoparasite seen.**


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240080349

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	14.3	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.38	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.7	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,080	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.9	%	40-80	Electrical Impedance
LYMPHOCYTES	30.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	11.4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3957.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2138.16	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	155.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	807.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.85		0.78- 3.53	Calculated
PLATELET COUNT	110000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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Page 2 of 15


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MBBS, MD (Pathology)
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DEPARTMENT OF HAEMATOLOGY

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


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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240080349

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Patient Name : Mr.CHARU CHANDAN	Collected : 23/Mar/2024 10:21AM
Age/Gender : 34 Y 3 M 15 D/M	Received : 23/Mar/2024 04:31PM
UHID/MR No : CPIM.0000117511	Reported : 23/Mar/2024 06:22PM
Visit ID : CPIMOPV158778	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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)	97	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:PLP1435432

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



Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 04:25PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 07:26PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Sneha Shah
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SIN No:EDT240036940

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Patient Name : Mr.CHARU CHANDAN	Collected : 23/Mar/2024 10:56AM
Age/Gender : 34 Y 3 M 15 D/M	Received : 23/Mar/2024 08:01PM
UHID/MR No : CPIM.0000117511	Reported : 23/Mar/2024 08:41PM
Visit ID : CPIMOPV158778	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6699	

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	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	120	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.07	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.19		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.09		<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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.



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



SIN No:SE04673482


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DEPARTMENT OF BIOCHEMISTRY

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

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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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	0.61	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	43.32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	134.75	U/L	30-120	IFCC
PROTEIN, TOTAL	7.83	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:


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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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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	0.78	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	14.92	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.14	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.79	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.92	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.59	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.76	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.83	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.69	U/L	<55	IFCC



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Visit ID : CPIMOPV158778	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.36	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.119	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



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SIN No:SPL24053998

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UHID/MR No : CPIM.0000117511	Reported : 23/Mar/2024 05:07PM
Visit ID : CPIMOPV158778	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6699	

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	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	4 - 5	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


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SIN No:UR2314665

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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



DR.Sanjay Ingle
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Consultant Pathologist

SIN No:UPP017216

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



Patient Name : Mr.CHARU CHANDAN	Collected : 23/Mar/2024 10:56AM
Age/Gender : 34 Y 3 M 15 D/M	Received : 23/Mar/2024 04:45PM
UHID/MR No : CPIM.0000117511	Reported : 23/Mar/2024 05:24PM
Visit ID : CPIMOPV158778	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6699	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Page 15 of 15


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF011398

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



Patient Name : Mr. CHARU CHANDAN
UHID : CPIM.0000117511
Conducted By: :
Referred By : SELF

Age : 34 Y/M
OP Visit No : CPIMOPV158778
Conducted Date : 27-03-2024 16:46

NOT DONE.

Patient Name : Mr. CHARU CHANDAN
UHID : CPIM.0000117511
Conducted By: :
Referred By : SELF

Age : 34 Y/M
OP Visit No : CPIMOPV158778
Conducted Date :

Patient Name : Mr. CHARU CHANDAN
UHID : CPIM.0000117511
Conducted By :
Referred By : SELF

Age : 34 Y/M
OP Visit No : CPIMOPV158778
Conducted Date :

Patient Name : Mr. CHARU CHANDAN

Age/Gender : 34 Y/M

UHID/MR No. : CPIM.0000117511

OP Visit No : CPIMOPV158778

Sample Collected on :

Reported on : 23-03-2024 18:03

LRN# : RAD2277795

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS6699

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. CHARU CHANDAN	Age/Gender	: 34 Y/M
UHID/MR No.	: CPIM.0000117511	OP Visit No	: CPIMOPV158778
Sample Collected on	:	Reported on	: 23-03-2024 14:20
LRN#	: RAD2277795	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS6699		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

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

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

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

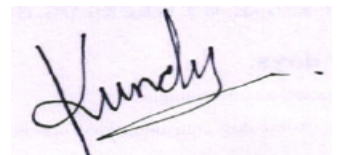
IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

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

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



Dr. KUNDAN MEHTA



Patient Name : Mr. CHARU CHANDAN

Age/Gender : 34 Y/M

MBBS, DMRE (RADIOLOGY)

Radiology

Name: Mr. CHARU CHANDAN
Age/Gender: 34 Y/M
Address: 7B, KAVERI, NEW MAHADA, MOREWADI PIMPRI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117511
Visit ID: CPIMOPV158778
Visit Date: 23-03-2024 08:17
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. CHARU CHANDAN
Age/Gender: 34 Y/M
Address: 7B, KAVERI, NEW MAHADA, MOREWADI PIMPRI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117511
Visit ID: CPIMOPV158778
Visit Date: 23-03-2024 08:17
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. CHARU CHANDAN
Age/Gender: 34 Y/M
Address: 7B, KAVERI, NEW MAHADA, MOREWADI PIMPRI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000117511
Visit ID: CPIMOPV158778
Visit Date: 23-03-2024 08:17
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. CHARU CHANDAN
Age/Gender: 34 Y/M
Address: 7B, KAVERI, NEW MAHADA, MOREWADI PIMPRI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. NIMITA DUBEY

MR No: CPIM.0000117511
Visit ID: CPIMOPV158778
Visit Date: 23-03-2024 08:17
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
23-03-2024 14:32	84 Beats/min	130/80 mmHg	18 Rate/min	98 F	168 cms	69 Kgs	%	%	Years	24.45	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
23-03-2024 14:32	84 Beats/min	130/80 mmHg	18 Rate/min	98 F	168 cms	69 Kgs	%	%	Years	24.45	cms	cms	cms		AHLL03446

Established Patient: No

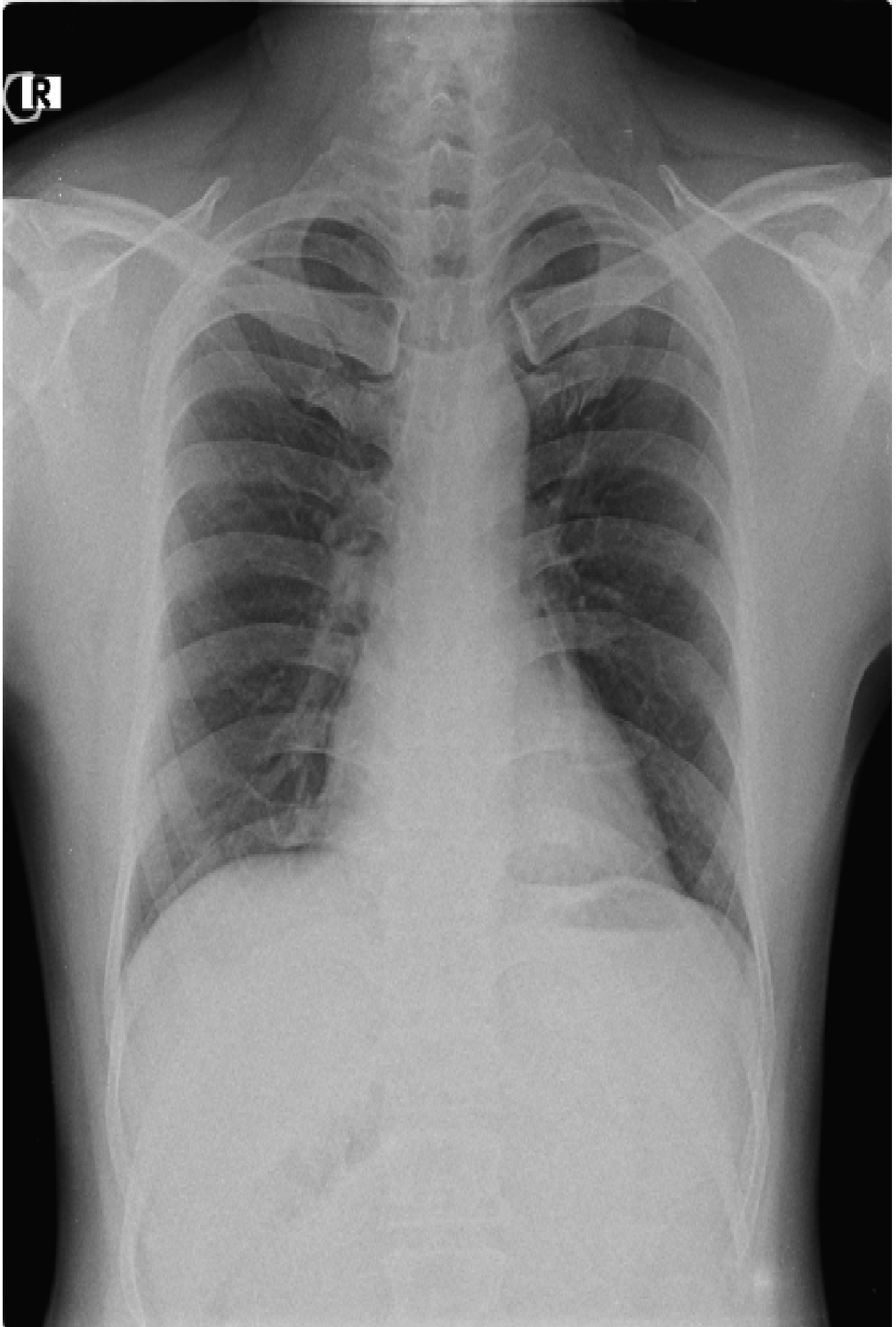
Vitals

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
23-03-2024 14:32	84 Beats/min	130/80 mmHg	18 Rate/min	98 F	168 cms	69 Kgs	%	%	Years	24.45	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
23-03-2024 14:32	84 Beats/min	130/80 mmHg	18 Rate/min	98 F	168 cms	69 Kgs	%	%	Years	24.45	cms	cms	cms		AHLL03446



Nigdi Apolloclinic

From: Corporate Apollo Clinic
Sent: 26 January 2024 12:45 PM
To: Customer Care (Mediwheel : New Delhi)
Cc: Wellness : Mediwheel : New Delhi; Network : Mediwheel : New Delhi; deepak; Nigdi Apolloclinic; Prachi Deore
Subject: RE: Health Check-up Bookings No. 4 (Annual)

Namaste Team,

Greetings from Apollo clinics,

Please find the below Appointments status,

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GEN	E-MAIL	CONTACT NO
1	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	bob56699	Charu chandan	36 year	Male	namrata18690@gmail.com	8409197981
2	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Health Annual Plus Check - 2D ECHO	bobE6697	MRS. SINGH NAMRATA	33 year	Female	namrata18690@gmail.com	8409197981
3	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi Mediwheel Full Body Health Annual Plus Check - 2D ECHO	bobS6688	ruqa kumari	30 year	Female	alokshrivastax90@gmail.com	8873102411
4	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	bobE6679	MR. KUMAR ALOK	33 year	Male	alokshrivastax90@gmail.com	8873102411

Thanks & Regards,

Shalini.M | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Customer Care (Mediwheel : New Delhi <customercare@mediwheel.in>)
Sent: Friday, January 26, 2024 9:18 AM
To: Corporate Apollo Clinic <corporate@apolloclinic.com>
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>
Subject: Health Check-up Bookings No. 4 (Annual)

Dear Team,

Please note the following Health Check-up Bookings and confirm the same.

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

CHARU CHANDAN
NIRMAL KUMAR SINGH
08/12/1987

Permanent Account Number
ASYPC1057B

Charuchandan
Signature



Handwritten signature in blue ink, appearing to be 'Charu Chandan', written over a large, faint circular stamp or watermark.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mr. Charu Chandan on 25/03/2024

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

<ul style="list-style-type: none"> • Medically Fit 	<p>Tick</p> <p><input checked="" type="checkbox"/></p>
<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>	<p><input type="checkbox"/></p>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit 	<p><input type="checkbox"/></p>

Dr. Anamdar

Medical Officer
Apollo Clinic, (NIGDI)

Dr. Anam A. A. Inamdar
MBBS

This certificate is not meant for medico-legal purposes. Reg. No. 2021/06/6236

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.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 04:28PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 06:34PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

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	14.3	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.38	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.7	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,080	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	55.9	%	40-80	Electrical Impedance
LYMPHOCYTES	30.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	11.4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3957.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2138.16	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	155.76	Cells/cu.mm	20-500	Calculated
MONOCYTES	807.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.85		0.78- 3.53	Calculated
PLATELET COUNT	110000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	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 mild thrombocytopenia, large platelets seen
No hemoparasite seen.


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240080349

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



Patient Name : Mr.CHARU CHANDAN
Age/Gender : 34 Y 3 M 15 D/M
UHID/MR No : CPIM.0000117511
Visit ID : CPIMOPV158778
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobS6699

Collected : 23/Mar/2024 10:56AM
Received : 23/Mar/2024 04:28PM
Reported : 23/Mar/2024 06:34PM
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 mild thrombocytopenia, large platelets seen
No hemoparasite seen.**




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240080349

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

Certificate No: MC-5697

Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 04:28PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 06:34PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

DEPARTMENT OF HAEMATOLOGY

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



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

SIN No:BED240080349

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

Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 04:28PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 05:55PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240080349

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

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.CHARU CHANDAN	Collected : 23/Mar/2024 10:21AM
Age/Gender : 34 Y 3 M 15 D/M	Received : 23/Mar/2024 04:31PM
UHID/MR No : CPIM.0000117511	Reported : 23/Mar/2024 06:22PM
Visit ID : CPIMOPV158778	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS6699	

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	90	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)	97	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:PLP1435432

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



Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 04:25PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 07:26PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240036940

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

Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 08:01PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 08:41PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

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	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	120	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.07	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.19		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.09		<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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.



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

SIN No:SE04673482

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



Patient Name : Mr.CHARU CHANDAN
 Age/Gender : 34 Y 3 M 15 D/M
 UHID/MR No : CPIM.0000117511
 Visit ID : CPIMOPV158778
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : bobS6699


Collected : 23/Mar/2024 10:56AM
 Received : 23/Mar/2024 08:01PM
 Reported : 23/Mar/2024 08:41PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).




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

SIN No:SE04673482

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

Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 08:01PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 08:41PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

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	0.61	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	43.32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	134.75	U/L	30-120	IFCC
PROTEIN, TOTAL	7.83	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		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. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:SE04673482

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Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 08:01PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 08:41PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

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	0.78	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	14.92	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.14	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.79	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.92	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.59	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.76	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.83	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

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

SIN No:SE04673482

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

Certificate No: MC-5697

Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 08:01PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 08:41PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		


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 TRANSEPTIDASE (GGT) , SERUM	35.69	U/L	<55	IFCC

Page 11 of 15




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

SIN No:SE04673482

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

Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 04:39PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 05:43PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

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)	1.36	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.119	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




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

SIN No: SPL24053998

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

Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 04:45PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 05:07PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

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	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	4 - 5	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UR2314665

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



Certificate No: MC-5697

Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:21AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 04:56PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 05:35PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UPP017216

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





Certificate No: MC-5697

Patient Name	: Mr.CHARU CHANDAN	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 34 Y 3 M 15 D/M	Received	: 23/Mar/2024 04:45PM
UHID/MR No	: CPIM.0000117511	Reported	: 23/Mar/2024 05:24PM
Visit ID	: CPIMOPV158778	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS6699		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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



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

SIN No:UF011398

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

ID: 197

CHARU CHANDAN
Male 34Years

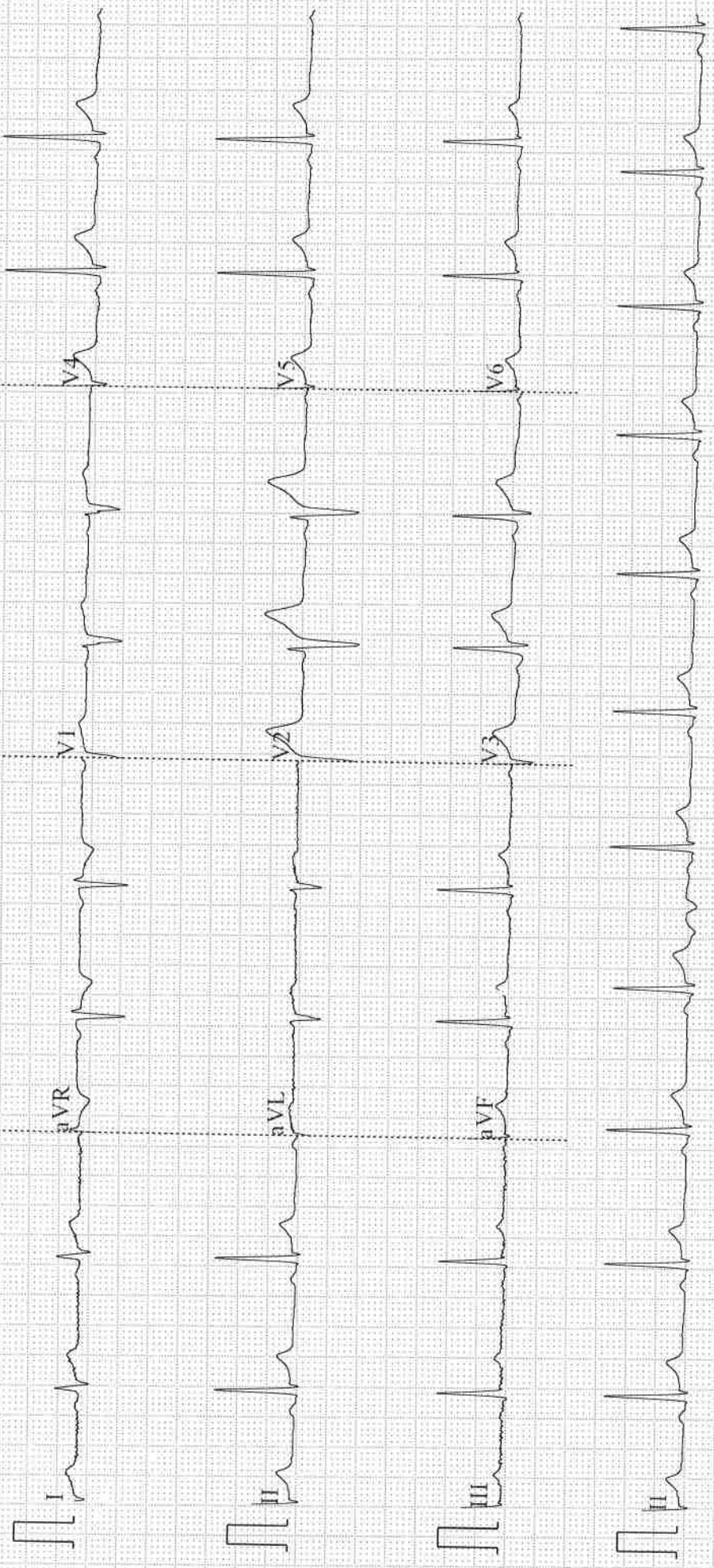
23-03-2024 08:36:00 AM
HR : 65 bpm
P : 100 ms
PR : 136 ms
QRS : 92 ms
QT/QTc : 358/375 ms
P/QRST : 53.82/51 °
RV5/SVI : 1.602/0.499 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

msm
AD

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

Report Confirmed by:



Patient Name : Mr. CHARU CHANDAN
UHID : CPIM.0000117511
Reported on : 23-03-2024 08:39
Adm/Consult Doctor :

Age : 34 Y M
OP Visit No : CPIMOPV158778
Printed on : 23-03-2024 18:03
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:23-03-2024 08:39

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name	: Mr. CHARU CHANDAN	Age	: 34 Y M
UHID	: CPIM.0000117511	OP Visit No	: CPIMOPV158778
Reported on	: 23-03-2024 08:45	Printed on	: 23-03-2024 14:20
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

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

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

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

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

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

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

Patient Name : Mr. CHARU CHANDAN

Age : 34 Y M

UHID : CPIM.0000117511

OP Visit No : CPIMOPV158778

Reported on : 23-03-2024 08:45

Printed on : 23-03-2024 14:20

Adm/Consult Doctor :

Ref Doctor : SELF

investigation

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

Printed on:23-03-2024 08:45

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

॥ श्री ॥

Mr. Charu Chandan.

34 yrs / M.

Wt - 69 kg

Ht - 168 cm.

Dr. Manisha Patil
Dietician

23rd March 2024

Δ - Clo Gases -
H/o Psoriasis

Dietary habit :- Mixed diet.



Daily Diet

Morning - 1 glass luke warm water
with ajawine, sof powder
+ lemon juice + salt.

Morning Exercise - 1 hr. walk.

Morning :- Breakfast - Roti (mix atta - wheat + Ragi)
+ Sabji, + Dal / sprouts + Salad + 1 Boiled egg.

Mid Time - Buttermilk with Sabja seeds

Lunch - 1 - 2 pm :- Roti + Sabji + Dahi Raita / salad.

4 pm - Fruit Seasonal.

6 pm :- Buttermilk.

7 - 7.30 pm :- Salad + Roti + Sabji less oily

Dal / sprouts / 2-3 pcs chicken / Fish / Paneer /
Dahi Kadhi

Bed Time - 1 glass luke warm water with ajawine,
sof powder

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 23/03/21.

Patient Name - *Charu Chandan.*

UHID:

Age / Sex: *34/M.*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>plano - 6/6.</i>	<i>plano - 6/6</i>
Near Vision	<i>NG.</i>	<i>NG.</i>
Anterior Segment Pupil	<i>✓</i>	<i>✓</i>
Color Vision	<i>✓</i>	<i>✓</i>
Family History/Medical History	<i>Nil</i>	<i>Nil</i>

IMPRESSION: -

[Signature]
OPTOMETRIST

Date : 23-03-2024

Department : GENERAL

MR NO : CPIM.0000117511

Doctor :

Name : Mr. CHARU CHANDAN

Registration No :

Age/ Gender : 34 Y / Male

Qualification :

Consultation Timing: 08:17

wt 69

HT 168

BP 130/88

BMI - 24.4

No fresh complaints

PH - Mother has ~~DM~~ HTN.

PH - No ke significant.

Ayurvedic He. for. Psoriasis -

Allergy - None


⊙/E.

Ps-clear

PA-soft

CS-sis.

8

Name : Mr. CHARU CHANDAN Address : 7B, KAVERI, NEW MAHADA, MOREWADI PIMPRI Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 34 Y Sex : M UHDID :CPIM.0000117511  <small>*CPIM.0000117511*</small> OP Number :CPIMOPV158778 Bill No :CPIM-OCR-76970 Date : 23.03.2024 08:18
--	---

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

Audio
~~TMT~~ → *Done*
Completed

69.
168
130/80

Date : 23-03-2024

Department : GENERAL

MR NO : CPIM.0000117511

Doctor :

Name : Mr. CHARU CHANDAN

Registration No :

Age/ Gender : 34 Y / Male

Qualification :

Consultation Timing: 08:17

wt 69

HA 165

Sp 130/80

No fresh complaints.

PH - Motus non ~~est~~ HTN.

PH - Nois significant.

Ayurvedic He. An. Isoriam -

Allergy - None

O/E.

As-clear

PA - soft

CS - S/S.

