

Patient Name : Mr. Nitish Nayan

Age/Gender : 31 Y/M

UHID/MR No. : CVIM.0000237821

OP Visit No : CVIMOPV596882

Sample Collected on :

Reported on : 18-03-2024 11:06

LRN# : RAD2270804

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 395027

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.



Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Name : Mr. Nitish Nayan

Age: 31 Y

UHID:CVIM.0000237821

Sex: M



Address : pune

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CVIMOPV596882

Bill No :CVIM-OCR-63628

Date : 17.03.2024 09:45

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

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of NITISH- Nayan on 17/03/24.

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

	Tick
<ul style="list-style-type: none">• Medically Fit	
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not 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>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none">• Unfit	

Dr. Archana V. MBBS
Registration No. 103429

Dr. [Signature]
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Date : 17-03-2024

MR NO : CVIM.0000237821

Department : GENERAL

Doctor :

Name : Mr. Nitish Nayan

Registration No :

Age/ Gender : 31 Y / Male

Qualification :

Consultation Timing: 09:43

Height : 150	Weight : 59	BMI : 24	Waist Circum :
Temp : 97 F	Pulse : 90	Resp : 20	B.P : 120/80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

S/E aus
Rx
P/A
Cns
NAD

- Annual health checkup
- No active complaints
- Medical history - Nil
- Surgical history - Nil.
- Family history - Nil.
- Addictions - Nil.
- Allergy - Nil.
- Diet - Mixed.

Basit

Follow up date:

Doctor Signature

1000
Mild hair
31 yr male

17/3/24

Height : 158	Weight : 59	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Emr Examination

2 En Ex
 Nsa
 Tamoxifen
 MAD
 NO Em pathology detected
 E

(Dr Manohar)
(9321021339)

Follow up date:

Doctor Signature

EYE EXAMINATION

DATE: 17/3/20

MOBILE NO: →

NAME: Mishra Anshu

AGE: 21/10

CORPORATE: Dr. Rajendra

	Right Eye	Left Eye
Distant vision	<u>6/6</u>	<u>6/6</u>
Near vision	<u>N/6</u>	<u>N/6</u>
Color vision	<u>Normal</u>	<u>Normal</u>
Fundus examination	<u>Normal</u>	<u>Normal</u>
Intraocular pressure	<u>Normal</u>	<u>Normal</u>
Slit lamp exam.	<u>Normal</u>	<u>Normal</u>

Diff Spect \odot -1.50
-3.75 cyl 70°

\odot -2.50
-1.25 cyl
170°

Impression - Normal Eye Check Up.

P.V: \odot

Signature

(Ophthalmology)

The Apollo Clinic
DR. M. D. ALAVAND
MBBS, D.O.M.S.
Cor: 1st Eye Surgeon
Reg. no.: 30319



31 Years

nitish nayan (v n)
Male

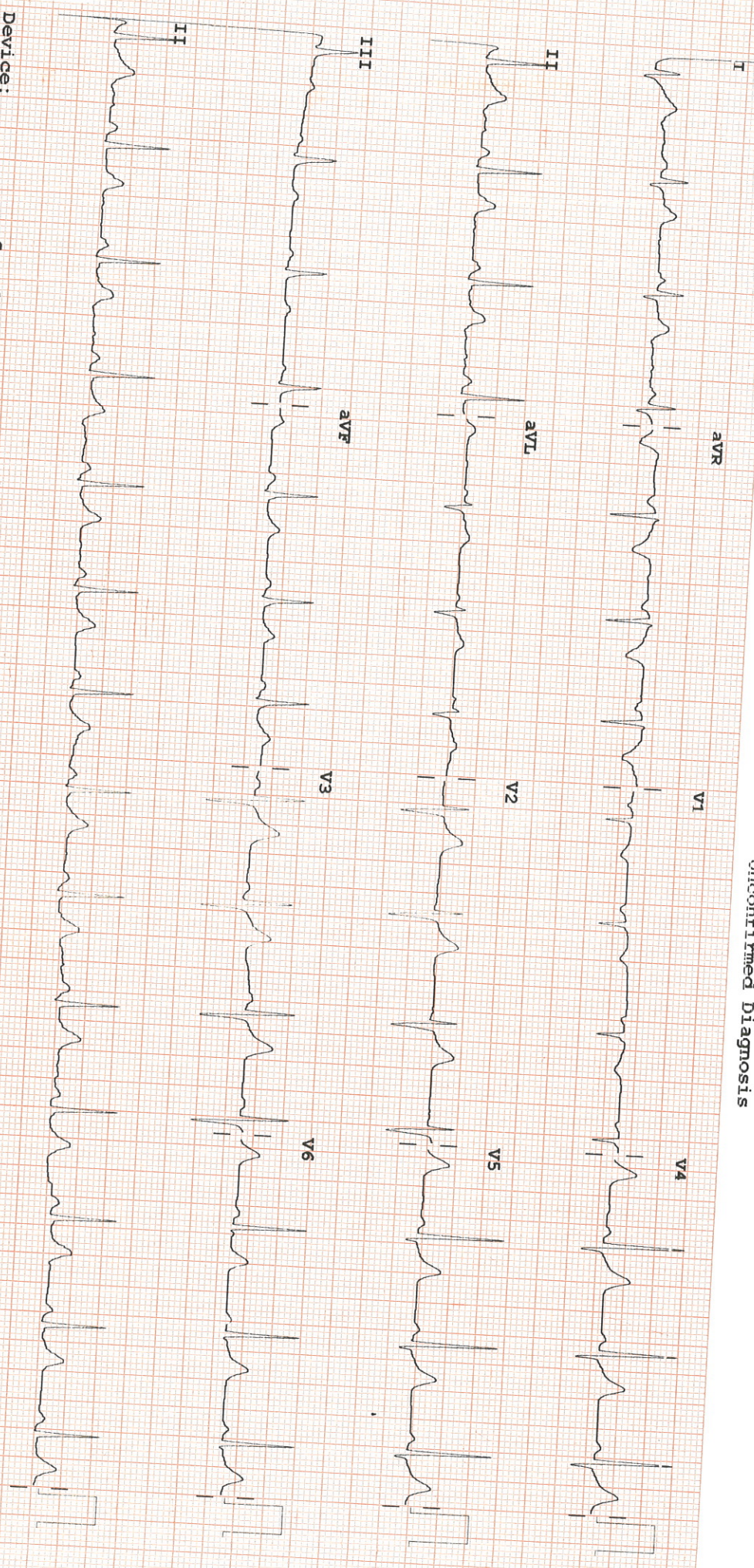
17-Mar-24 11:45:27 AM

Rate 82 Sinus rhythm
 PR 124 Probable left atrial enlargement
 QRS 76 Baseline wander in lead(s) I, III, aVL, aVF, V1, V2, V3, V4, V5, V6
 QT 347
 QTc 406

--AXIS--
 P 62
 QRS 71
 T 37
 12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50 ~ 0.50 - 40 Hz W

PH100B CL

P?

REORDER M3708A



Certificate No: MC-5697

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Received : 17/Mar/2024 04:22PM
Reported : 17/Mar/2024 06:00PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

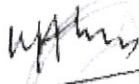
DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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




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

SIN No:BED240072377

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				
PCV	15.1	g/dL	13-17	Spectrophotometer
RBC COUNT	44.00	%	40-50	Electronic pulse & Calculation
MCV	4.86	Million/cu.mm	4.5-5.5	Electrical Impedence
MCH	90.7	fL	83-101	Calculated
MCHC	31.2	pg	27-32	Calculated
R.D.W	34.4	g/dL	31.5-34.5	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	14.3	%	11.6-14	Calculated
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)	6,240	cells/cu.mm	4000-10000	Electrical Impedence
NEUTROPHILS	57.5	%	40-80	Electrical Impedence
LYMPHOCYTES	31.2	%	20-40	Electrical Impedence
EOSINOPHILS	1.1	%	1-6	Electrical Impedence
MONOCYTES	9.7	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3588	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1946.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	68.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	605.28	Cells/cu.mm	200-1000	Calculated
BASOPHILS	31.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.84		0.78- 3.53	Calculated
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	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

Page 2 of 12



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

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

No hemoparasite seen.



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

SIN No:BED240072377

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
d. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	A			Microplate Hemagglutination
BLOOD GROUP TYPE				Microplate Hemagglutination
Rh TYPE	Positive			

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



SIN No:BED240072377

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Collected : 17/Mar/2024 12:10PM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	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
DR. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: PLP1432965

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



Certificate No: MC-5697

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Age/Gender : 31 Y 6 M 8 D/M
UHID/MR No : CVIM.0000237821
Visit ID : CVIMOPV596882
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 395027

Collected : 17/Mar/2024 12:10PM
Received : 17/Mar/2024 04:25PM
Reported : 17/Mar/2024 07:01PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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)



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

SIN No:EDT240033209

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Collected : 17/Mar/2024 12:10PM
Received : 17/Mar/2024 04:44PM
Reported : 17/Mar/2024 06:00PM
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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	0.56	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30.39	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	75.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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.



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

SIN No:SE04665400

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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	0.85	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.96	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.48	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.28	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.02	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.62	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated



Manish T. Akare
DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
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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	21.27	U/L	<55	IFCC



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

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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)	0.94	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.13	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.7340	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: SPL24048590

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Nyati Millenium Premises, Cooperative Society Limited, Shop No. S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



Certificate No: MC-5697

Patient Name : Mr.NITISH NAYAN
Age/Gender : 31 Y 6 M 8 D/M
UHID/MR No : CVIM.0000237821
Visit ID : CVIMOPV596882
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 395027

Collected : 17/Mar/2024 12:10PM
Received : 17/Mar/2024 04:17PM
Reported : 17/Mar/2024 04:43PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD NITRITE	NEGATIVE		NEGATIVE	Peroxidase
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazotization
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2308260

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
apolohl.com | Email ID: enquiry@apolohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Nyati Millenium Premises, Cooperative Society Limited, Shop No. S1 & Stilt Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



Certificate No: MC- 5697

Patient Name : Mr.NITISH NAYAN
Age/Gender : 31 Y 6 M 8 D/M
UHID/MR No : CVIM.0000237821
Visit ID : CVIMOPV596882
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 395027

Collected : 17/Mar/2024 12:10PM
Received : 17/Mar/2024 04:18PM
Reported : 17/Mar/2024 04:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

*** End Of Report ***



(Signature)
DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist
N No:UPP017154

Patient Name : Mr. Nitish Nayan Age : 31 Y M
UHID : CVIM.0000237821 OP Visit No : CVIMOPV596882
Reported on : 17-03-2024 11:47 Printed on : 18-03-2024 16:22
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is minimally distended. No obvious pericholecystic fluid is noted. Follow up in fasting state.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is partially distended. No echoreflexive calculus or soft tissue mass noted.

Prostate grossly unremarkable

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present. Excessive bowel gases noted. Colons are loaded with excessive gas and fecal matter

Patient Name : Mr. Nitish Nayan
UHID : CVIM.0000237821
Reported on : 17-03-2024 11:47
Adm/Consult Doctor :
Age : 31 Y M
OP Visit No : CVIMOPV596882
Printed on : 18-03-2024 16:22
Ref Doctor : SELF

Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF t present/. Follow up is advised

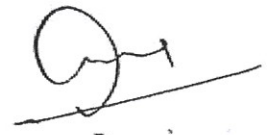
IMPRESSION:

- No significant abnormality detected at present scan

Suggest : clinical correlation and further evaluation / imaging
This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

Printed on: 17-03-2024 11:47

---End of the Report---



Dr. BHUSHANA SURYAWANSHI
MBBS, DMRE
Radiology

Patient Name : Mr. Nitish Nayan
UHID : CVIM.0000237821
Reported on : 18-03-2024 11:05
Adm/Consult Doctor :
Age : 31 Y M
OP Visit No : CVIMOPV596882
Printed on : 18-03-2024 16:22
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on: 18-03-2024 11:05

---End of the Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

NO SAMPLE GIVEN

TO,
APOLLO CLINIC
VIMAN NAGAR

Dear sir / madam

I Nitish Nayen working at

Company Name Arcorem Mediwhel

Have not given the 20 Sample do not wish given it.

I AGREE _____

UHID =

SIGN -

NAME : NITISH NAYAN
AGE : 30 YRS /M

DATE : 18/03/2024

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE : Normal trileaflets,. normal subvalvular apparatus . .No MR

AORTIC VALVE : Normal trileaflets, normal gradients across the valve. No AS/AR.

PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients . Mild tricuspid regurgitation. Rvsp- 29 mm hg .No pulmonary hypertension.

Left Ventricle : LV is normal in size with normal wall thickness. No regional wall motion abnormality. Good LV systolic function. LVEF 60%.

Left Atrium : is normal and free of clots.

RA/RV : are normal

IAS/IVS : intact with normal thickness.

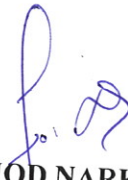
No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:24MM
LEFT ATRIUM	26MM
IVSd	:10 MM
PWd	:10MM
LVIDd	:39 MM
LVIDs	:28 MM
LVEF	: 60 %

IMPRESSION:

GOOD LV SYSTOLIC FUNCTION, LVEF 60%
NO PAH


DR. PRAMOD NARKHEDE
DNB(Medicine), DNB(Cardiology)
Consultant Interventional Cardiologist
Apollo clinic, Viman Nagar

Patient Name	: Mr. Nitish Nayan	Age/Gender	: 31 Y/M
UHID/MR No.	: CVIM.0000237821	OP Visit No	: CVIMOPV596882
Sample Collected on	:	Reported on	: 17-03-2024 11:48
LRN#	: RAD2270804	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 395027		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF t present/. Follow up is advised

IMPRESSION:

- **No significant abnormality detected at present scan**

Patient Name : Mr. Nitish Nayan

Age/Gender : 31 Y/M

Suggest : clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.



Dr. BHUSHANA SURYAWANSHI
MBBS, DMRE
Radiology

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

Bank of Baroda



Name **...**

...

No. **126778**

...

...

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. NAYAN NITISH
EC NO.	124776
DESIGNATION	REGIONAL HR
PLACE OF WORK	PUNE,RO PUNE DISTRICT
BIRTHDATE	29-09-1991
PROPOSED DATE OF HEALTH CHECKUP	17-03-2024
BOOKING REFERENCE NO.	23M124776100099422E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **12-03-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))