





: Mr.SHAILESH NALAWADE

Age/Gender

: 47 Y 7 M 11 D/M : CAUN.0000141600

UHID/MR No

: CAUNOPV168610

Ref Doctor

Visit ID

: Dr.SELF : bobE17609

Emp/Auth/TPA ID

Collected

: 23/Mar/2024 09:10AM

Received

: 23/Mar/2024 02:27PM

Reported

: 23/Mar/2024 04:38PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEDADTMENT OF LIVEWATOR OGA

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic, WBC's eosinophilia Platelets are Adequate No hemoparasite seen.

Page 1 of 17



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240079347









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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. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.1	g/dL	13-17	Spectrophotometer
PCV	46.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.48	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84.1	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,840	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	57.3	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	11.1	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5065.32	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2210	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	981.24	Cells/cu.mm	20-500	Calculated
MONOCYTES	495.04	Cells/cu.mm	200-1000	Calculated
BASOPHILS	88.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.29		0.78- 3.53	Calculated
PLATELET COUNT	382000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm at the end of 1 hour	0-15	Modified Westergrer
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic,

WBC's eosinophilia

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

No hemoparasite seen.

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

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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. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDTA	A		
BLOOD GROUP TYPE	В			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	120	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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	260	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), WA	HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	154	mg/dL		Calculated

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:EDT240036322









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DEPARTMENT OF BIOCHEMISTRY

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM			7	
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	73	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	131.03	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.54	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.47		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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	$200 - 499 \ge 500$
LDL	Optimal < 100; Near Optimal 100- 129	130 - 159	$\frac{160}{189}$ ≥ 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.

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04672451









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DEPARTMENT OF BIOCHEMISTRY

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

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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).

Page 8 of 17





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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM			7	
BILIRUBIN, TOTAL	0.80	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.4	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	78.27	U/L	30-120	IFCC
PROTEIN, TOTAL	7.36	g/dL	6.6-8.3	Biuret
ALBUMIN	4.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		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 > 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:

- \bullet 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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM	7	
CREATININE	0.89	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	26.89	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.75	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.18	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.55	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.83	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.56	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.36	g/dL	6.6-8.3	Biuret
ALBUMIN	4.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	93.42	U/L	<55	IFCC

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method		
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM						
TRI-IODOTHYRONINE (T3, TOTAL)	0.82	ng/mL	0.7-2.04	CLIA		
THYROXINE (T4, TOTAL)	8.35	μg/dL	5.48-14.28	CLIA		
THYROID STIMULATING HORMONE (TSH)	1.273	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	Т3	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	econdary 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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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SPL24053159

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





Centriole, Plot #90, Survey #129, 130/1+2, ITI Road







Certificate

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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	1.170	ng/mL	0-4	CLIA

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE), URINE		¥	
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
PUS CELLS	3 - 4	/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

Page 15 of 17



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UR2313717







: Mr.SHAILESH NALAWADE

Age/Gender

: 47 Y 7 M 11 D/M

UHID/MR No

: CAUN.0000141600

Visit ID Ref Doctor : CAUNOPV168610

Emp/Auth/TPA ID

: Dr.SELF : bobE17609 Collected

: 23/Mar/2024 09:10AM

Received

: 23/Mar/2024 04:48PM

Reported

: 23/Mar/2024 05:37PM

Status

: 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. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE +		NEGATIVE	Dipstick

Page 16 of 17



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

SIN No:UPP017207







: Mr.SHAILESH NALAWADE

Age/Gender

: 47 Y 7 M 11 D/M

UHID/MR No

: CAUN.0000141600

Visit ID Ref Doctor : CAUNOPV168610

Emp/Auth/TPA ID

: Dr.SELF : bobE17609 Collected

: 23/Mar/2024 09:10AM

Received

: 23/Mar/2024 02:19PM

Reported

: 23/Mar/2024 02:35PM

Status

: 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. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

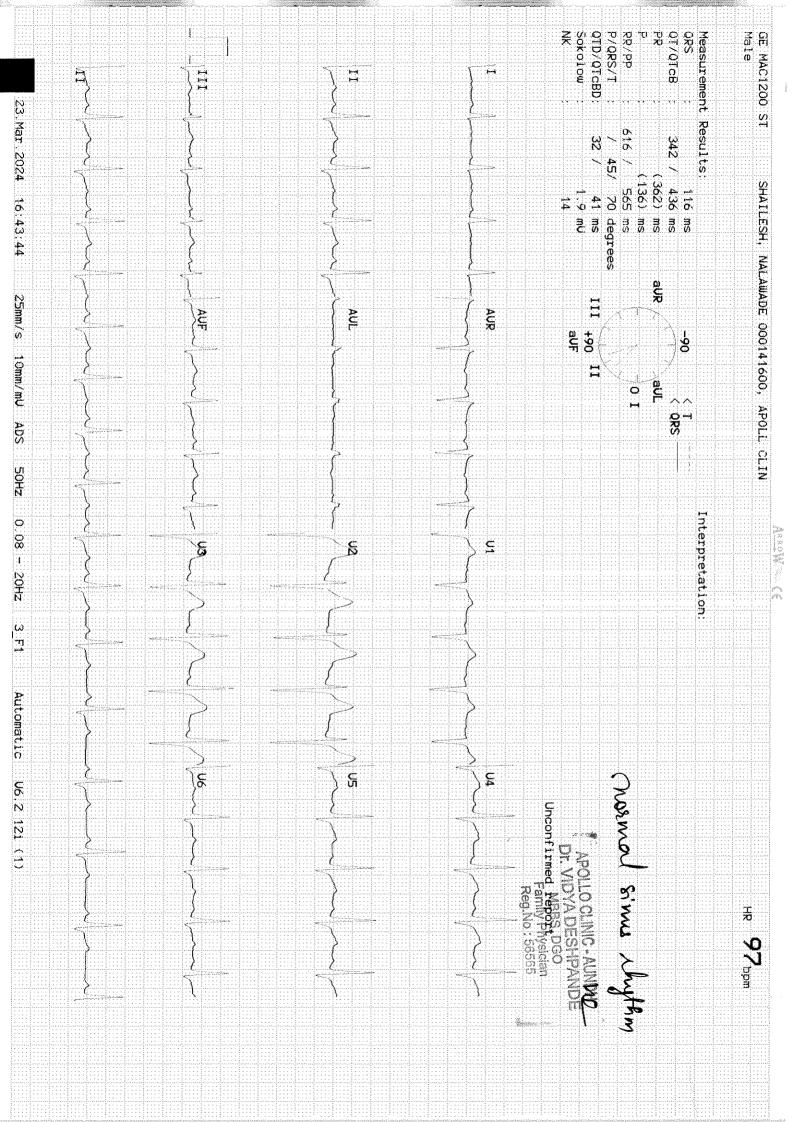
Page 17 of 17



Dr Smeha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UF011312







CERTIFICATE OF MEDICAL FITNESS

DIMINIPON MAINIMA	on 23/03/2024	
Sharesh ngiawane	0112312029	
ter reviewing the medical history and at he/she is	on clinical examination it has been found	
		T
Medically Fit		0
• Fit with restrictions/recommendat	ions	
Though following restrictions hav not impediments to the job.	re been revealed, in my opinion, these are	
1 Require toeo	retment for draheters management	
3		
가는 사람들은 기계를 하는 것이 되었다. 	ow the advice/medication that has been	
However the employee should follower communicated to him/her.	가는 마시 말라면 하는 목표를 받는 사람들은 사람들이 가능하고 있다. 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	
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However the employee should follo communicated to him/her. Review after Currently Unfit. Review after	apollo Clinic-Aundh Dr. AJAY NARWADE M.B.B.S. M.D. (Medicine)	

Apollo Health

(CIN - U85110TG2000PLC115819)

2018/10/5409

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

TO BOOK AN APPOINTMENT



CERTIFICATE OF MEDICAL FITNESS

DIMINIPON MAINIMA	on 23/03/2024	
Sharesh ngiawane	0112312029	
ter reviewing the medical history and at he/she is	on clinical examination it has been found	
		T
Medically Fit		0
• Fit with restrictions/recommendat	ions	
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가는 사람들은 기계를 하는 것이 되었다. 	ow the advice/medication that has been	
However the employee should follower communicated to him/her.	가는 마시 말라면 하는 목표를 받는 사람들은 사람들이 가능하고 있다. 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	
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However the employee should follo communicated to him/her. Review after Currently Unfit. Review after	apollo Clinic-Aundh Dr. AJAY NARWADE M.B.B.S. M.D. (Medicine)	

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APOLLO CLINICS NETWORK MAHARASHTRA

TO BOOK AN APPOINTMENT



PATIENT NAME: -MR. SHAILESH NALAWADE

AGE:-47YRS/M

REFERRED BY

:-ARCOFEMI

DATE: - 23.03.2024

UHID

:-141600

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

Mitral Valve

: Normal.

Aortic Valve

: Normal.

Tricuspid Valve

: Normal.

Pulmonary Valve

: Normal.

RWMA: Absent.

RA : Normal
RV : Normal
IVS : Intact
IAS : Intact
Pericardial effusion : No
IVC : Normal.

AO - 21 mm, LA - 30 mm, LVIDd - 41 mm, LVISd - 23 mm, IVS - 10 mm, PW - 9 mm.

CONCLUSION:

- Normal size cardiac chambers.
- No RWMA.
- Good LV function LVEF-60%.
- No AR/MR/TR No PAH.
- No e/o clot, thrombus, vegetation or pericardial effusion.

Apollo Clinic - Aundh Dr. Salvajoet Survawanshi Ostogy)

DR.SATYAJEET SURYAWANSHI (CONSULTANT CARDIOLOGIST)

P/S: Normal echo does not rule out coronary artery disease.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



Patient Name	: Mr. SHAILESH NALAWADE	Age/Gender	: 47 Y/M
UHID/MR No.	: CAUN.0000141600	OP Visit No	: CAUNOPV168610
Sample Collected on	:	Reported on	: 25-03-2024 16:54
LRN#	: RAD2278290	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17609		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

<u>Liver</u> appears normal in size and **shows enhanced in echotexture.**

No focal lesion is seen.

PV and CBD are normal.

No dilatation of the intrahepatic billiary radicals.

<u>Gall bladder</u> is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of peri-GB collection. No evidence of focal lesion is seen.

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

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

Right Kidney is - 10.9 x 4.9 cm. **Left Kidney is** - 10.0 x 4.8 cm.

Both Kidneys are normal in size and echotexture.

The cortico medullary differentiation is maintained bilaterally.

No evidence of calculus / hydronephrosis seen on either side.

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

Prostate is normal in size and echotexture. No evidence of calcification seen.

No obvious free fluid or lymphadenopathy is noted in the abdomen.

IMPRESSION:

• Grade I fatty liver.



Patient Name : Mr. SHAILESH NALAWADE Age/Gender

: 47 Y/M

• No other significant abnormality seen.

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. SUHAS SANJEEV KATHURIA

Dr. SUHAS SANJEEV KATHURIA MBBS,DMRE, RADIOLOGY

Radiology

Date

: 23-03-2024

MR NO

: CAUN.0000141600

Name

: Mr. SHAILESH NALAWADE

Age/ Gender : 47 Y / Male

Consultation Timing: 09:00

Department

: GENERAL

Doctor

Registration No

Qualification

Height Walght J.T. SP 1206/10 Palse 70 . Walst 56 65 Consultation with Report



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: Shailean Malawade Date 28/03/2:4.
: 47/M UHID/MRNO:

AGE/Sex

141600

	RIGHT EYE	LEFT EYE
FAR VISION	CUA GIS	CUA 6/6
NEAR VISION	Caloss 6/6	C-910-85 6/6
ANTERIOR SEGMENT PUPIL	MD	MD
COLOUR VISION	Ø)	(N)
FAMILY / MEDICAL HISTORY	Hio Reading"	

mpression:	WXCC	
· .		Optometrist:-
		Mr. Ritesh Sutnase

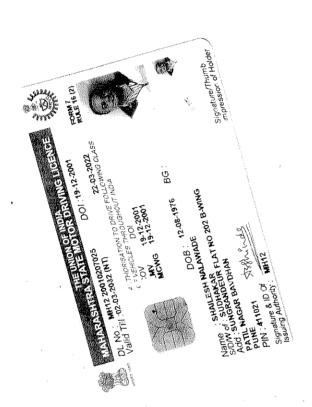
pollo Health and Lifestyle Limited

IN - U85110TG2000PLC115819)

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

POLLO CLINICS NETWORK MAHARASHTRA

une (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrle)



Aundh Apolloclinic

From:

noreply@apolloclinics.info

Sent:

Friday, March 22, 2024 3:17 PM

To:

ss nalawade@yahoo.in

Cc: Subject: Aundh Apolloclinic; Niraj B; Syamsunder M

Your appointment is confirmed



Dear MR. NALAWADE SHAILESH SUDHAKAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at AUNDH clinic on 2024-03-23 at 07:45-08:00.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]

[&]quot;Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.



Patient Name : Mr. SHAILESH NALAWADE Age/Gender : 47 Y/M

UHID/MR No. : CAUN.0000141600 **OP Visit No** : CAUNOPV168610

Sample Collected on : Reported on : 24-03-2024 09:26

LRN# : RAD2278290 Specimen : Ref Doctor : SELF

Ref Doctor : SELF **Emp/Auth/TPA ID** : bobE17609

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.

Scathura

Dr. SUHAS SANJEEV KATHURIA MBBS,DMRE, RADIOLOGY

Radiology