

Patient Name : Mr.PANKAJ DORLIKAR	Collected : 11/Mar/2024 09:17AM
Age/Gender : 39 Y 8 M 6 D/M	Received : 11/Mar/2024 01:16PM
UHID/MR No : CAUN.0000141085	Reported : 11/Mar/2024 03:08PM
Visit ID : CAUNOPV167849	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101962	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240064887

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	14.9	g/dL	13-17	Spectrophotometer
PCV	42.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.79	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.2	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,480	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.9	%	20-40	Electrical Impedance
EOSINOPHILS	5.6	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2311.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1473.92	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	250.88	Cells/cu.mm	20-500	Calculated
MONOCYTES	407.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	35.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.57		0.78- 3.53	Calculated
PLATELET COUNT	248000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	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



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DEPARTMENT OF HAEMATOLOGY

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

Platelets are Adequate
No hemoparasite seen.


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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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination


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SIN No:BED240064887

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Patient Name : Mr.PANKAJ DORLIKAR	Collected : 11/Mar/2024 09:17AM
Age/Gender : 39 Y 8 M 6 D/M	Received : 11/Mar/2024 01:25PM
UHID/MR No : CAUN.0000141085	Reported : 11/Mar/2024 02:08PM
Visit ID : CAUNOPV167849	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101962	

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	92	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.



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

SIN No:PLF02122346

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



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Age/Gender : 39 Y 8 M 6 D/M	Received : 11/Mar/2024 01:16PM
UHID/MR No : CAUN.0000141085	Reported : 11/Mar/2024 02:55PM
Visit ID : CAUNOPV167849	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101962	

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)	91	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) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.

Sheha Shah

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 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240029587

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DEPARTMENT OF BIOCHEMISTRY

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

- 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 glycemc 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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Sheha Shah

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 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240029587

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

Certificate No: MC-5697

Patient Name : Mr.PANKAJ DORLIKAR	Collected : 11/Mar/2024 09:17AM
Age/Gender : 39 Y 8 M 6 D/M	Received : 11/Mar/2024 01:40PM
UHID/MR No : CAUN.0000141085	Reported : 11/Mar/2024 02:56PM
Visit ID : CAUNOPV167849	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101962	

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	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	57	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.86	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.39	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.79		0-4.97	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

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.
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.

Sheha Shah

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 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04657574

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Visit ID : CAUNOPV167849	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101962	

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	1.17	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.25	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.92	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.69	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	42.93	U/L	30-120	IFCC
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		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.


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 Consultant Pathologist

SIN No:SE04657574

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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	0.75	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	15.31	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.96	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.55	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.41	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.26	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.58	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.09	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.77		0.9-2.0	Calculated


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SIN No:SE04657574

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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	17.47	U/L	<55	IFCC



Sheha Shah

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 Consultant Pathologist

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UHID/MR No : CAUN.0000141085	Reported : 11/Mar/2024 02:58PM
Visit ID : CAUNOPV167849	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101962	

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)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.46	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.456	µIU/mL	0.34-5.60	CLIA



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

SIN No:SPL24043207

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Patient Name : Mr.PANKAJ DORLIKAR	Collected : 11/Mar/2024 09:17AM
Age/Gender : 39 Y 8 M 6 D/M	Received : 11/Mar/2024 01:27PM
UHID/MR No : CAUN.0000141085	Reported : 11/Mar/2024 01:45PM
Visit ID : CAUNOPV167849	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 101962	

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

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

*** End Of Report ***

Result/s to Follow:
COMPLETE URINE EXAMINATION (CUE)

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

SIN No:UF011152

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



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Pankaj Doshikar on 11/03/2024

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>	
<ul style="list-style-type: none"> Currently Unfit. Review after _____ recommended Unfit 	

Dr. Vidya Deshpande
Medical Officer
 Apollo Clinic, (Aundh, Pune)

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Pantay Doolikar.
 AGE/Sex : 39/M

Date : 11.03.24
 UHID/ MR NO : 141085

	RIGHT EYE	LEFT EYE
FAR VISION	C 6/6 UA	C 6/6 UA
NEAR VISION	NLB	NLB
ANTERIOR SEGMENT PUPIL	MD	MD
COLOUR VISION	(N)	(N)
FAMILY / MEDICAL HISTORY	_____	_____

Impression: WNL

Optometrist:-
 Mr. Ritesh Sutnase

Date : 11-03-2024
MR NO : CAUN.0000141085
Name : Mr. Pankaj Dorlikar
Age/ Gender : 39 Y / Male

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 08:55

Height	180
Weight	78
BP	120/70.
Pulse	60.
Waist	96
Hip	94
BMI	24
Consultation with Report	

Aundh Apolloclinic

From: noreply@apolloclinics.info
Sent: 09 March 2024 06:26 PM
To: kolteprajakta1@gmail.com
Cc: Aundh Apolloclinic; Niraj B; Syamsunder M
Subject: Your appointment is confirmed



Dear Pankaj Dorlikar,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH clinic** on **2024-03-11** at **08:15-08:30**.

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 MALE - 2D ECHO - PAN INDIA - FY2324]

"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.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

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प्रगत संशोधन विकास केंद्र
CENTRE FOR DEVELOPMENT
OF ADVANCED COMPUTING



Pankaj Vijay Dorlikar
Emp Id: 101962
Joint Director

संसार एवं युवाता प्रौद्योगिकी विभाग की वैज्ञानिक संस्था

भारत सरकार

A Scientific Society of the Ministry of
Electronics and Information Technology,
Government of India

Patient Name : Mr. Pankaj Dorlikar

Age/Gender : 39 Y/M

UHID/MR No. : CAUN.0000141085

OP Visit No : CAUNOPV167849

Sample Collected on :

Reported on : 11-03-2024 15:08

LRN# : RAD2263326

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 101962

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.

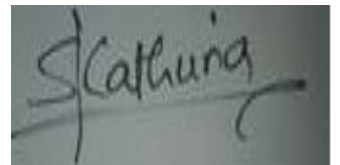
Mediastinal and hilar regions are normal.

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.



Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology

Patient Name : Mr. Pankaj Dorlikar

Age/Gender : 39 Y/M

UHID/MR No. : CAUN.0000141085

OP Visit No : CAUNOPV167849

Sample Collected on :

Reported on : 11-03-2024 12:17

LRN# : RAD2263326

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 101962

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen.

PV and CBD are normal.

No dilatation of the intrahepatic biliary radicals.

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

Pancreas 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. Splenic vein appears normal.

Right Kidney is - 10.1 x 4.0 cm. **Left Kidney is** - 9.9 x 5.8 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.

Urinary bladder 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 :

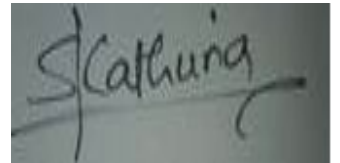
No significant abnormality seen.

Patient Name : Mr. Pankaj Dorlikar

Age/Gender : 39 Y/M

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
MBBS, DMRE, RADIOLOGY
Radiology

Name: Mr. Pankaj Dorlikar
Age/Gender: 39 Y/M
Address: TATHAWADE PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RUCHIKA SRIVASTAVA

MR No: CAUN.0000141085
Visit ID: CAUNOPV167849
Visit Date: 11-03-2024 08:55
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. Pankaj Dorlikar
Age/Gender: 39 Y/M
Address: TATHAWADE PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIDYA DESHPANDE

MR No: CAUN.0000141085
Visit ID: CAUNOPV167849
Visit Date: 11-03-2024 08:55
Discharge Date:
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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RECOMMENDATION

Doctor's Signature

Name: Mr. Pankaj Dorlikar
Age/Gender: 39 Y/M
Address: TATHAWADE PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA NIKAM

MR No: CAUN.0000141085
Visit ID: CAUNOPV167849
Visit Date: 11-03-2024 08:55
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. Pankaj Dorlikar
Age/Gender: 39 Y/M
Address: TATHAWADE PUNE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARPITA KRISHNA

MR No: CAUN.0000141085
Visit ID: CAUNOPV167849
Visit Date: 11-03-2024 08:55
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
11-03-2024 13:40	74 Beats/min	120/80 mmHg	22 Rate/min	97 F	180 cms	78 Kgs	%	%	Years	24.07	96 cms	99 cms	cms		AHLL09262

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
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PATIENT NAME :-MR. PANKAJ DORLIKAR
REFERRED BY :- ARCOFEMI
UHID :-141085

AGE :-39YRS/ M
DATE :- 11.03.2024

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 – 24 mm, LA – 32 mm, LVIDd – 45 mm, LVISd – 26 mm, IVS –10 mm, PW – 10 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. Satyajeet Suryawanshi
(DNB (Cardiology)
MBAMS, FCPS
NO. 2005/05/2798
DR. SATYAJEET SURYAWANSHI
(CONSULTANT CARDIOLOGIST)

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

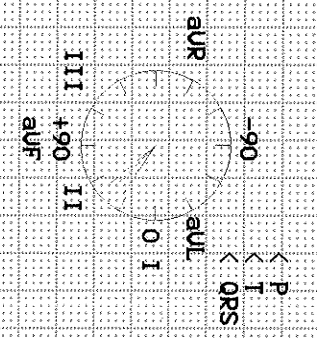
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Measurement Results:

QRS	90 ms
QT/QTcB	366 / 388 ms
PR	134 ms
P	104 ms
RR/PP	892 / 890 ms
P/QRS/T	45 / 35 / 50 degrees
QTd/QTcBd	34 / 36 ms
Sokolow	1.7 mV
NK	9



Interpretation:

no significant abnormality

APOLLO CLINIC - AUNDH
 Dr. VIDYADESHIPANDE
 Unconfirmed repeats, DGO
 Family Physician
 Reg.No : 56565

