

Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:24PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 02:09PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's Microcytes+, Elliptocytes+**  
**WBC's are normal in number and morphology**  
**Platelets Eosinophilia**  
**No hemoparasite seen.**



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

SIN No:BED240061375

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	40.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.69</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>71.4</b>	fL	83-101	Calculated
MCH	<b>24.4</b>	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,370	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.5	%	40-80	Electrical Impedance
LYMPHOCYTES	30.1	%	20-40	Electrical Impedance
EOSINOPHILS	<b>9.6</b>	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3869.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2218.37	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>707.52</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	515.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	58.96	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.74		0.78- 3.53	Calculated
PLATELET COUNT	258000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's Microcytes+, Elliptocytes+  
WBC's are normal in number and morphology  
Platelets Eosinophilia  
No hemoparasite seen.

Page 2 of 15



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

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DEPARTMENT OF HAEMATOLOGY

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



DR.Sanjay Ingle  
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Consultant Pathologist

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UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 05:38PM
Visit ID : CPIMOPV157944	Status : Final Report
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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	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  $>$  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)	85	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 Sneha Shah  
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Consultant Pathologist

SIN No:PLP1428446

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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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)



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SIN No:EDT240027742

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	106	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>37</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>104.39</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.18	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.44		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

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



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Consultant Pathologist

SIN No:SE04653888

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.97	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	72.97	U/L	30-120	IFCC
PROTEIN, TOTAL	7.55	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		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'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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.78	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.75	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.40</b>	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>2.42</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.19	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.37	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.55	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		0.9-2.0	Calculated



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	14.63	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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.31	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.99	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.540	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



DR. Sanjay Ingle  
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Consultant Pathologist

SIN No: SPL24040591

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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
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.510	ng/mL	0-4	CLIA



DR.Sanjay Ingle  
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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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 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



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

SIN No:UR2299918

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Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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)	NEGATIVE		NEGATIVE	Dipstick

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

SIN No:UPP016933

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



Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:49PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 03:06PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

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 15 of 15



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

SIN No:UF010963

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

**Patient Name** : Mr. ALOK B TEMBHEKAR

**Age/Gender** : 41 Y/M

**UHID/MR No.** : CPIM.0000117036

**OP Visit No** : CPIMOPV157944

**Sample Collected on** :

**Reported on** : 08-03-2024 18:03

**LRN#** : RAD2260030

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4110

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

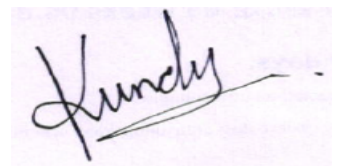
Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology



**Patient Name** : Mr. ALOK B TEMBHEKAR

**Age/Gender** : 41 Y/M

**UHID/MR No.** : CPIM.0000117036

**OP Visit No** : CPIMOPV157944

**Sample Collected on** :

**Reported on** : 08-03-2024 12:21

**LRN#** : RAD2260030

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : UBOIE4110

## 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.

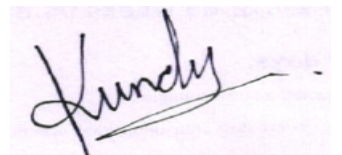
### **IMPRESSION:-**

**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. ALOK B TEMBHEKAR

**Age/Gender** : 41 Y/M

---

MBBS, DMRE (RADIOLOGY)

Radiology

Name: Mr. ALOK B TEMBHEKAR  
Age/Gender: 41 Y/M  
Address: UDYOG NAGAR, CHINCHWAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000117036  
Visit ID: CPIMOPV157944  
Visit Date: 08-03-2024 09:47  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. ALOK B TEMBHEKAR  
Age/Gender: 41 Y/M  
Address: UDYOG NAGAR, CHINCHWAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117036  
Visit ID: CPIMOPV157944  
Visit Date: 08-03-2024 09:47  
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. ALOK B TEMBHEKAR  
Age/Gender: 41 Y/M  
Address: UDYOG NAGAR, CHINCHWAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117036  
Visit ID: CPIMOPV157944  
Visit Date: 08-03-2024 09:47  
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. ALOK B TEMBHEKAR  
Age/Gender: 41 Y/M  
Address: UDYOG NAGAR, CHINCHWAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117036  
Visit ID: CPIMOPV157944  
Visit Date: 08-03-2024 09:47  
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**

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
08-03-2024 14:41	84 Beats/min	130/80 mmHg	20 Rate/min	97 F	169 cms	81 Kgs	%	%	Years	28.36	cms	cms	cms		AHLL09249

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
08-03-2024 14:41	84 Beats/min	130/80 mmHg	20 Rate/min	97 F	169 cms	81 Kgs	%	%	Years	28.36	cms	cms	cms		AHLL09249

Established Patient: No

**Vitals**

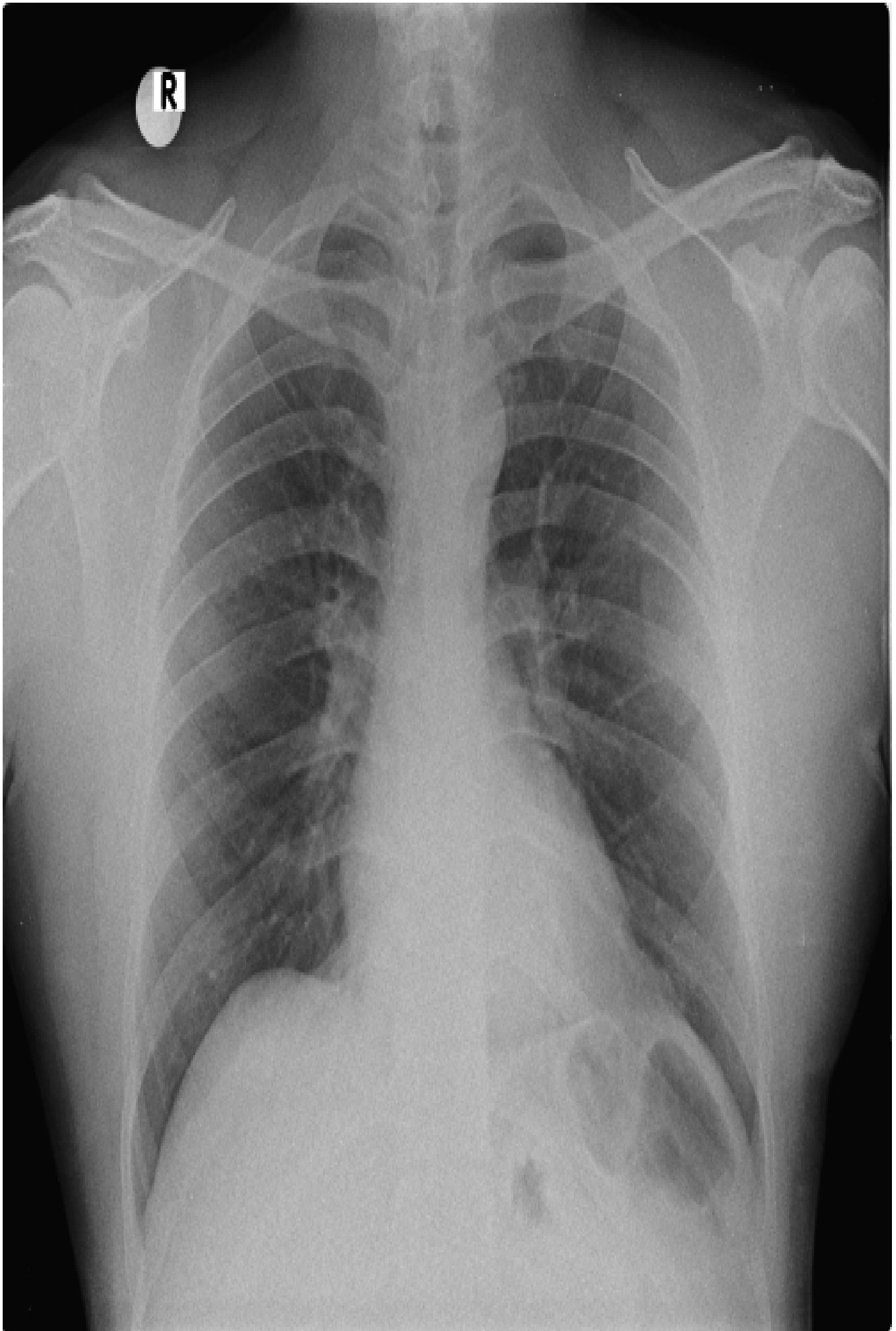
Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
08-03-2024 14:41	84 Beats/min	130/80 mmHg	20 Rate/min	97 F	169 cms	81 Kgs	%	%	Years	28.36	cms	cms	cms		AHLL09249



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
08-03-2024 14:41	84 Beats/min	130/80 mmHg	20 Rate/min	97 F	169 cms	81 Kgs	%	%	Years	28.36	cms	cms	cms		AHLL09249



आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

TEMBHEKAR ALOK BHIMRAO

BHIMRAO KISANRAO TEMBHEKAR

23/11/1982

Permanent Account Number  
ARXPT1818P

  
Signature



Handwritten text in blue ink, including a signature and a date: 23/11/2022

Date : 08-03-2024

Department : GENERAL

MR NO : CPIM.0000117036

Doctor :

Name : Mr. ALOK B TEMBHEKAR

Registration No :

Age/ Gender : 41 Y / Male

Qualification :

Consultation Timing: 09:47

Wt. 81.5

Ht - 169

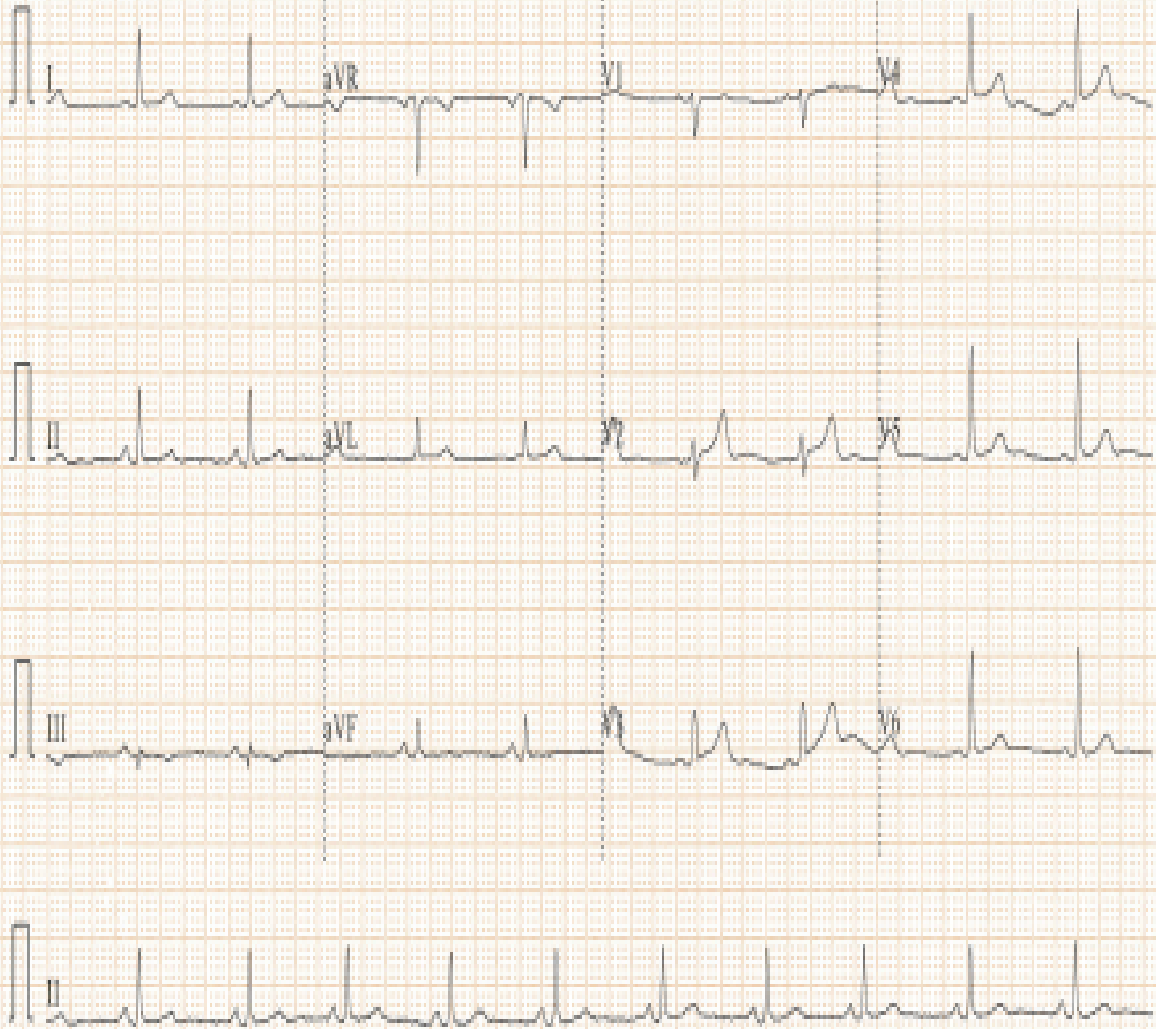
Bp - 130/80

ID: 380  
ALOK TEMBEKAR  
Male 41Years

08-03-2024 10:06:34 AM  
HR : 64 bpm  
P : 106 ms  
PR : 143 ms  
QRS : 96 ms  
QT/QTc : 387/389 ms  
P-QRS/T : 73/31/36 °  
RV5/SV1 : 1.234/0.355 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:24PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 02:09PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.9	g/dL	13-17	Spectrophotometer
PCV	40.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.69</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>71.4</b>	fL	83-101	Calculated
MCH	<b>24.4</b>	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,370	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52.5	%	40-80	Electrical Impedance
LYMPHOCYTES	30.1	%	20-40	Electrical Impedance
EOSINOPHILS	<b>9.6</b>	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3869.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2218.37	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>707.52</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	515.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	58.96	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.74		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	258000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	9	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's Microcytes+, Elliptocytes+  
WBC's are normal in number and morphology  
Platelets Eosinophilia  
No hemoparasite seen.

Page 2 of 15



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

SIN No:BED240061375

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







Certificate No: MC- 5697

Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:24PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 02:09PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's Microcytes+, Elliptocytes+**  
**WBC's are normal in number and morphology**  
**Platelets Eosinophilia**  
**No hemoparasite seen.**

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

SIN No:BED240061375

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



Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:24PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 02:09PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**DEPARTMENT OF HAEMATOLOGY**

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



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

SIN No:BED240061375

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

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghazalbad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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



Certificate No: MC- 5697

Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:24PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 03:06PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
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:BED240061375

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



Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 01:00PM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 04:33PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 05:38PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	85	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.

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

SIN No:PLP1428446

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



Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:24PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 03:21PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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)



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

SIN No:EDT240027742

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

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Korindapur | Nallakunta | Nizampet | Marikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai | Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Sector - 25, Next to BHEL Chowk, Nlgd(Pimpri),  
Pune, Maharashtra, India - 411004



**1860 500 7788**

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Certificate No: MC- 5697

Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:58PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 03:35PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	106	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>104.39</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.18	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.44		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

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



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

SIN No: SE04653888

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

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kuncalaballi | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Arinagar | Kotturpuram | Mogappair | T Nagar) | Valasaravakkam | Velachery | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghazalabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Sector - 25, Next to BHEL Chowk, Nigdi (Pimpri),  
Pune, Maharashtra, India - 411004



**1860 500 7788**  
www.apolloclinic.com



Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:58PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 03:35PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.97	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	72.97	U/L	30-120	IFCC
PROTEIN, TOTAL	7.55	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		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.Sanjay Ingie  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:SE04653888

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Certificate No: MC- 5597

Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:58PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 03:35PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.78	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.75	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.40</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>2.42</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.19	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.37	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.55	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.22		0.9-2.0	Calculated



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

SIN No:SE04653888

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Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:58PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 03:35PM
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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	14.63	U/L	<55	IFCC



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

SIN No:SE04653888

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



Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:58PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 03:33PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.31	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.99	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.54	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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: SPL24040591

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



Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:58PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 03:30PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.510	ng/mL	0-4	CLIA



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

SIN No:SPL24040591

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Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:49PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 03:12PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 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



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

SIN No:UR2299918

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





Certificate No: MC-5697

Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 01:00PM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 04:00PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 05:10PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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)	NEGATIVE		NEGATIVE	Dipstick

Page 14 of 15

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

SIN No:UPP016933

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





Certificate No: MC- 5697

Patient Name : Mr.ALOK B TEMBHEKAR	Collected : 08/Mar/2024 09:50AM
Age/Gender : 41 Y 4 M 7 D/M	Received : 08/Mar/2024 01:49PM
UHID/MR No : CPIM.0000117036	Reported : 08/Mar/2024 03:06PM
Visit ID : CPIMOPV157944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : UBOIE4110	

**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 \*\*\*



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

SIN No:UF010963

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



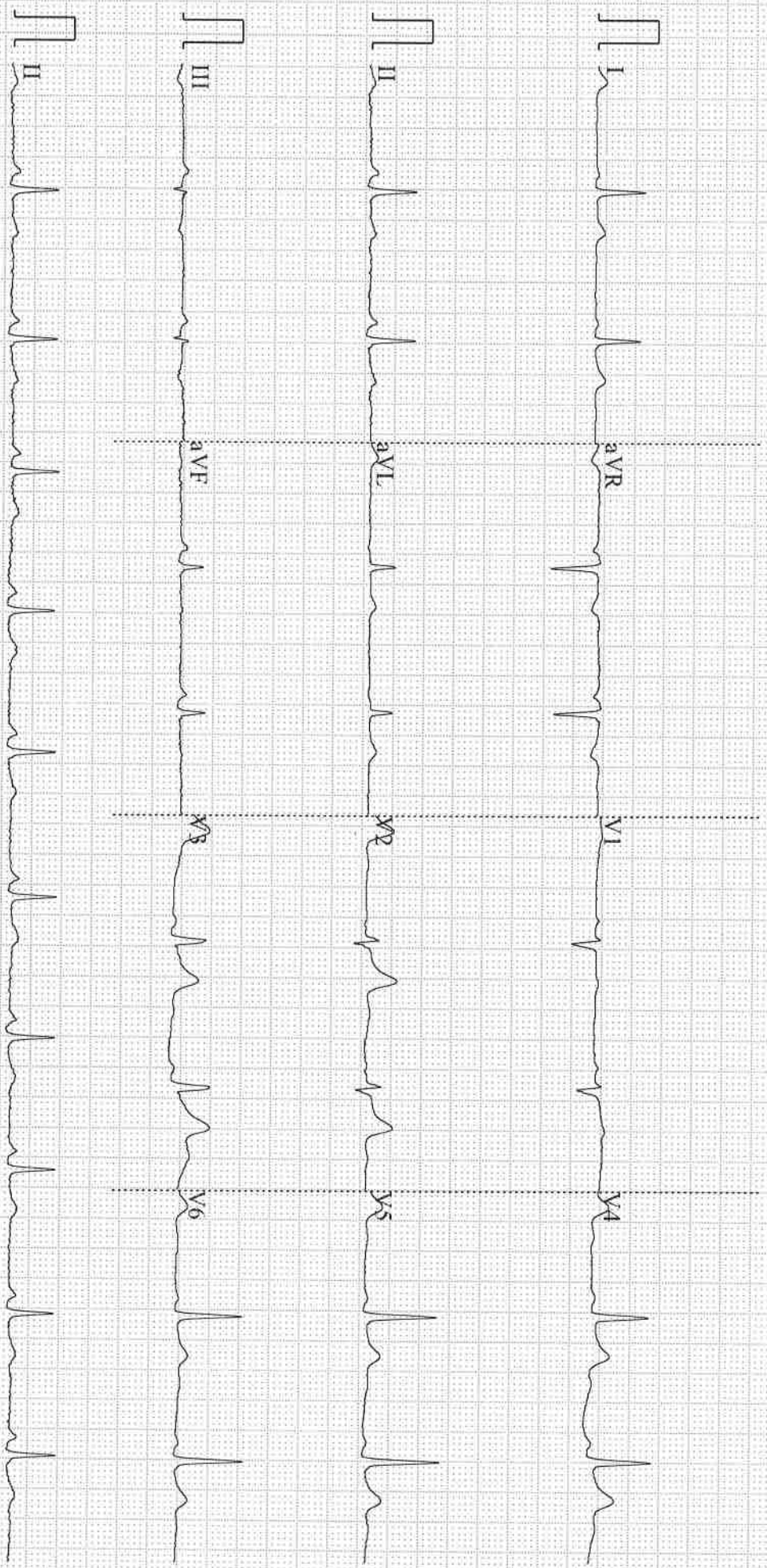
ID: 380  
ALOK TEMBHEKAR  
Male 41Years

08-03-2024 10:06:34 AM  
HR : 64 bpm  
P : 106 ms  
PR : 143 ms  
QRS : 96 ms  
QT/QTc : 387/399 ms  
P/ORS/T : 73/31/36 °  
RV5/SV1 : 1234/0.355 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

  
Dr. Anam A. Inamdar  
MBBS  
Reg. No. 2021/106/6236

Report Confirmed by:



Patient Name : Mr. ALOK B TEMBHEKAR Age : 41 Y M  
UHID : CPIM.0000117036 OP Visit No : CPIMOPV157944  
Reported on : 08-03-2024 12:50 Printed on : 08-03-2024 18:03  
Adm/Consult Doctor : 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:08-03-2024 12:50

---End of the Report---



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology

Patient Name : Mr. ALOK B TEMBHEKAR Age : 41 Y M  
UHID : CPIM.0000117036 OP Visit No : CPIMOPV157944  
Reported on : 08-03-2024 11:44 Printed on : 08-03-2024 12:21  
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. ALOK B TEMBHEKAR

Age : 41 Y M

UHID : CPIM.0000117036

OP Visit No : CPIMOPV157944

Reported on : 08-03-2024 11:44

Printed on : 08-03-2024 12:21

Adm/Consult Doctor :

Ref Doctor : SELF

investigation

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

Printed on:08-03-2024 11:44

---End of the Report---



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology



**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MR. ALOK TEMBHEKAR</b>	<b>Age/Sex: 41 / M</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 08.03.2024</b>

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

**DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):**

1. Normal transvalvular pressure gradients, No AR/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	34.0 mm	<b>Aortic Root</b>	28.0 mm
<b>IVS (d)</b>	09.0 mm	<b>IVS (s)</b>	14.0 mm
<b>LVID (d)</b>	44.0 mm	<b>LVID (s)</b>	27.0 mm
<b>LVPW(d)</b>	09.0 mm	<b>LVPW(s)</b>	14.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

**NORMAL CARDIAC VALVES**

**NO PULMONARY HYPERTENSION**

**IAS/IVS INTACT**

**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**



**DR. RAJENDRA V. CHAVAN**

**MD (MEDICINE), DM (CARDIOLOGY)**

**CONSULTANT CARDIOLOGIST**

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointment: [www.apolloclinic.com](http://www.apolloclinic.com)

**Apollo Clinic,**  
Nigdi, Pune - 411044.

Date - 12.03.24

Patient Name **Arook Tembhekar**

UHID:

Age / Sex: **41/40/79**

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 > cspet NO	6/6 > cspet NO
Near Vision		
Anterior Segment Pupil	CONCL	CONCL
Color Vision	Normal	Normal
Family History/Medical History	-	-

same for

**IMPRESSION: -**

  
**OPTOMETRIST**

Date : 08-03-2024

Department : GENERAL

MR NO : CPIM.0000117036

Doctor :

Name : Mr. ALOK B TEMBHEKAR

Registration No :

Age/ Gender : 41 Y / Male

Qualification :

Consultation Timing: 09:47

Wt. 81.5

Ht - 169

Bp - 130/80

Patient Name : Mr. ALOK B TEMBHEKAR Age : 41 Y/M  
UHID : CPIM.0000117036 OP Visit No : CPIMOPV157944  
Conducted By: : Conducted Date : 08-03-2024 15:51  
Referred By : SELF

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**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b><i>Patient's Name: MR. ALOK TEMBHEKAR</i></b>	<b><i>Age/Sex: 41 / M</i></b>
<b><i>Ref: ARCOFEMI</i></b>	<b><i>Date: 08.03.2024</i></b>

**2 DIMENSIONAL ECHOCARDIOGRAPHY:**

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

**DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):**

1. Normal transvalvular pressure gradients, No AR/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	34.0 mm	<b>Aortic Root</b>	28.0 mm
<b>IVS (d)</b>	09.0 mm	<b>IVS (s)</b>	14.0 mm
<b>LVID (d)</b>	44.0 mm	<b>LVID (s)</b>	27.0 mm
<b>LVPW(d)</b>	09.0 mm	<b>LVPW(s)</b>	14.0 mm

**IMPRESSION :**  
**NORMAL CARDIAC CHAMBER DIMENSIONS**  
**NO RWMA; LVEF = 60%**

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***NO LV DIASTOLIC DYSFUNCTION  
GOOD RIGHT VENTRICULAR FUNCTION  
NORMAL CARDIAC VALVES  
NO PULMONARY HYPERTENSION  
IAS/IVS INTACT  
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

***DR. RAJENDRA V. CHAVAN  
MD (MEDICINE), DM (CARDIOLOGY)  
CONSULTANT CARDIOLOGIST***

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