

T-43

Name : Mr. Prakash A KADAM

Age: 50 Y

Sex: M

UHID:CVIM.0000237756



OP Number:CVIMOPV596606

Bill No :CVIM-OCR-63593

Date : 16.03.2024 09:55

Address : PUNE,LOHEGAON

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
3	D ECHO	
4	LIVER FUNCTION TEST (LFT)	
5	GLUCOSE, FASTING	
6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	EKG	
12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
13	DENTAL CONSULTATION	
14	GLUCOSE, POST PRANDIAL (PP 2 HOURS (POST MEAL)	
15	VITAMIN D : 25 HYDROXY (D2+D3)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	ALKALINE PHOSPHATASE - SERUM/PLASMA	
19	X-RAY CHEST PA	
20	DENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	VITAMIN B12	
24	LIPID PROFILE	
25	BODY MASS INDEX (BMI)	
26	OPHTHAL BY GENERAL PHYSICIAN	
27	ULTRASOUND - WHOLE ABDOMEN	
28	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Prakash Kadam on 16/03/24

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<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. <u>Vit. D & B12 deficiency</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. Review after _____ recommended	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. Basit
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

DR. BASIT HAKIM
MBBS, MD (GENERAL MEDICINE)
REG. NO. - MMC2017082572

Date : 16-03-2024
MR NO : CVIM.0000237756

Department : GENERAL
Doctor :

Name : Mr. Prakash A KADAM
Age/ Gender : 50 Y / Male

Registration No :
Qualification :

Height : 177	Weight : 79	BMI : 25	Waist Circum : 98
Temp : 98F	Pulse : 74	Resp : 20L	B.P : 130/90

General Examination / Allergies History

O/E:
Pb. CW / RS / NAD

P/A - Soft FA grade 1/1
CW - NAD

Clinical Diagnosis & Management Plan

Kidney stone → Loin.
Con. Staphylococcus XL (Simp).

Family Hx:
father } SHRN
Mother } SHRN

Suggest:
S. Neg²⁺, & Ca²⁺.

Follow up date:

Dr. Archana V. MBBS
Registration No. 103429

Archana V.
Doctor Signature

Mr Murugesan Kadayan

Height : 177	Weight : 79	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Cl - APP

we BIL loop

Stp mucous gel 1Tb - 1M
(B)

Follow up date:

Doctor Signature

EYE EXAMINATION

DATE: 6/3/20

MOBILE NO: 9

NAME: Prakash A. KADHU

AGE: 50

CORPORATE: Prakash Bros

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

Best cor. made. Refractive status
Best cor. Refractive

Impression - Normal Eye Check Up.

Dr. M. D. Alavand

(Ophthalmology)

The Apollo Clinic
DR. M. D. ALAVAND
MBBS, D.O., F.S.
Consulting Eye Surgeon
Reg. no.: 36319



237756
50 Years

Prakash Kadam (v n)
Male

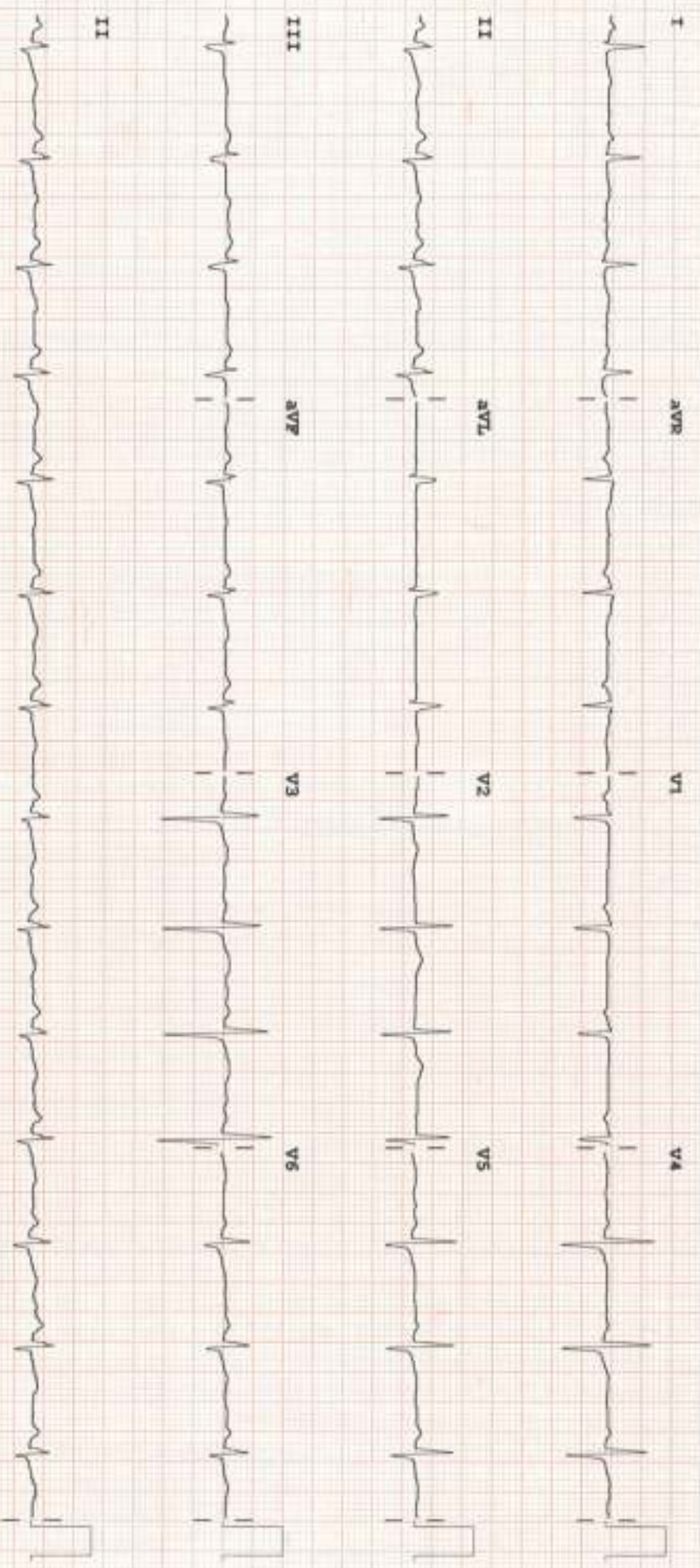
16-Mar-24 10:58:08 AM

Rate 84 - Sinus rhythm..... normal p axis, V-rate 50-99
PR 161 - Borderline T wave abnormalities..... T/QRS ratio < 1/20 or flat T
QRSD 80
QT 367
QTc 434

--AXIS--
P 54
QRS -6
T 42

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

P 50 - 0.50 - 40 Hz W

PH100B CL

Pr

PHILIPS

INTERCEPT SYSTEM



Certificate No: MC-5697

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Patient Name : Mr.PRAKASH A KADAM
 Age/Gender : 50 Y 9 M 11 D/M
 UHID/MR No : CVIM.0000237756
 Visit ID : CVIMOPV596608
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : UBOIE4324

Collected : 16/Mar/2024 10:16AM
 Received : 16/Mar/2024 01:10PM
 Reported : 16/Mar/2024 01:36PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



Dr Sanjay Ingle
Apollo Health and Lifestyle Limited

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APOLLO CLINICS NETWORK APOLLO Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Pune (Aundh) | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



Certificate No: MC-5697

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Patient Name : Mr.PRAKASH A KADAM
 Age/Gender : 50 Y 9 M 11 D/M
 UHID/IMR No : CVIM.0000237756
 Visit ID : CVIMOPV596606
 Ref Doctor : Dr.SELF
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DEPARTMENT OF HAEMATOLOGY**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	47.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.61	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.9	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,010	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	57.9	%	40-80	Electrical Impedance
LYMPHOCYTES	32.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4637.79	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2603.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	208.26	Cells/cu.mm	20-500	Calculated
MONOCYTES	544.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	16.02	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.78		0.78- 3.53	Calculated
PLATELET COUNT	205000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC's are Normocytic Normochromic,
 WBC's are normal in number and morphology
 Platelets are Adequate

Page 2 of 16

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APOLLO CLINIC, Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

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

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TO BOOK AN APPOINTMENT

1860 500 7788



Certificate No: MC-5697

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Patient Name : Mr.PRAKASH A.KADAM
 Age/Gender : 50 Y 9 M 11 DM
 UHID/MR No : CVIM.0000237756
 Visit ID : CVIMOPV596806
 Ref Doctor : Dr.SELF
 Empl/Auth/TPA ID : UBOIE4324

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DEPARTMENT OF HAEMATOLOGY

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

No hemoparasite seen.



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Patient Name : Mr. PRAKASH A KADAM
Age/Gender : 50 Y 9 M 11 D/M
UHID/MR No : CVIM.0000237756
Visit ID : CVIMOPV596606
Ref Doctor : Dr. SELF
Emp/Autht/TPA ID : UBOIE4324

Collected : 16/Mar/2024 10:16AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Sneha Shah
Dr Sneha Shah

MBBS, MD (Pathology)
Apollo Health and Lifestyle Limited
Consultant Pathologist

Regd. Office: 1-00-99-00-0000 Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
Ph No: 090-4904 7777, Fax No: 4904 7744 (Multi) apollo@apolloclinic.com | www.apolloclinic.com
This test has been performed at Apollo Health and Lifestyle Pvt. Ltd., Sushree Path, Pune, Diagnostics Lab

APOLLO CLINICS NETWORK MAHARASHTRA
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Certificate No: MC-5697

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Age/Gender : 50 Y 9 M 11 D/M
UHID/MR No : CVIM.0000237756
Visit ID : CVIMOPV596606
Ref Doctor : Dr.SELF
Emp/Ault/VTPA ID : UBOIE4324

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	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 ($>150 \text{ mg/dL}$ 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)	134	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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated



Apollo Health and Lifestyle Limited

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Certificate No: MC-5697

Patient Name : Mr.PRAKASH A KADAM
Age/Gender : 50 Y 9 M 11 D/M
UHID/MR No : CVIM.0000237756
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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: Hemozygous Hemoglobinopathy

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. Sanjay Ingle
Apollo Health and Lifestyle Limited

M.B.B.S, M.D (Pathology)

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Certificate No: MC-5697

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 Visit ID : CVIMOPV596606
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : UBOIE4324

Collected : 16/Mar/2024 10:16AM
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 Reported : 16/Mar/2024 03:35PM
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DEPARTMENT OF BIOCHEMISTRY**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	151	mg/dL	<200	CHO-POD
TRIGLYCERIDES	146	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	78.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.22	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.52		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.17		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

Note:

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

Page 7 of 16

**Dr. Sanjay Ingle**
Apollo Health and Lifestyle Limited

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

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DEPARTMENT OF BIOCHEMISTRY

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

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).



Dr. Sanjay Ingole
Apollo Health and Lifestyle Limited

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APOLLO CLINICS NETWORK THROUGHOUT INDIA
Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowle)

Online appointments: www.apolloclinic.com

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.96	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.65	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.5	U/L	<50	IFCC
ALKALINE PHOSPHATASE	81.59	U/L	30-120	IFCC
PROTEIN, TOTAL	7.02	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.51	g/dL	2.0-3.5	Calculated
A/G RATIO	1.8		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.

Page 9 of 16

DR. Sanjay Singh

Apollo Health and Lifestyle Limited

Apollo Health and Lifestyle Limited

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

Pune No: 9990477777 Fax No: 4904 7744 | Email ID: enquiry@apolohl.com | www.apolohl.com

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

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

Online appointments: www.apolloclinic.com



TO BOOK AN APPOINTMENT

1860 500 7788



Certificate No: MC-5697

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Patient Name : Mr.PRAKASH A KADAM
 Age/Gender : 50 Y 9 M 11 DM
 UHID/MR No : CVIM.0000237756
 Visit ID : CVIMOPV596808
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : UBOIE4324

Collected : 16/Mar/2024 10:16AM
 Received : 16/Mar/2024 01:44PM
 Reported : 16/Mar/2024 03:35PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.99	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	17.53	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.18	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.33	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.74	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.02	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.51	g/dL	2.0-3.5	Calculated
A/G RATIO	1.8		0.9-2.0	Calculated

Page 10 of 16

DR. Sarjay Ingle

Apollo Health and Lifestyle Limited

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Apollo Clinics Network Managed by Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

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

Online appointments: www.apolloclinic.com



TO BOOK AN APPOINTMENT

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Certificate No: MC-5697

Patient Name : Mr.PRAKASH A KADAM
Age/Gender : 50 Y 9 M 11 D/M
UHID/MR No : CVIM.0000237756
Visit ID : CVIMOPV596608
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : UBOIE4324

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	81.59	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.13	U/L	<55	IFCC



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Apollo Clinics Network: Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

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TO BOOK AN APPOINTMENT

1860 500 7788



Certificate No: MC-5697

Patient Name : Mr PRAKASH A KADAM
Age/Gender : 50 Y 9 M 11 D/M
UHID/MR No : CVIM.0000237756
Visit ID : CVIMOPV596806
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : UBOIE4324

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	0.24	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.240	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hypothyroidism, 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 Singh

Apollo Health and Lifestyle Limited

(Consultant @ Apollo Clinics)

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com



TO BOOK AN APPOINTMENT

1860 500 7788



Certificate No: MC-5557

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Patient Name : Mr.PRAKASH A KADAM
 Age/Gender : 50 Y 9 M 11 D/M
 UHID/MR No : CVIM.0000237756
 Visit ID : CVIMOPV596606
 Ref Doctor : Dr.SELF
 Empl/Auth/TPA ID : UBOIE4324

Collected : 16/Mar/2024 10:16AM
 Received : 16/Mar/2024 01:12PM
 Reported : 16/Mar/2024 02:09PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	21.81	ng/mL		CLIA

Comment:**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 - 30
SUFFICIENCY	30 - 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	98	pg/mL	120-914	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,

Page 13 of 16

DR. Sanjay Ingle

Apollo Health and Lifestyle Limited

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APOLLO CLINICS NETWORK MAHARASHTRA | Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

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

Online appointments: www.apolloclinic.com



TO BOOK AN APPOINTMENT

1860 500 7788



Certificate No: MC 5697

Patient Name : Mr.PRAKASH A KADAM
Age/Gender : 50 Y 9 M 11 D/M
UHID/MR No : CVIM.0000237756
Visit ID : CVIMOPV596808
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : UBOIE4324

Collected : 16/Mar/2024 10:16AM
Received : 16/Mar/2024 01:12PM
Reported : 16/Mar/2024 02:09PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.810	ng/mL	0-4	CLIA

Dr. Sanjay Ingle

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT

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Certificate No: MC-5887

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Patient Name	Mr.PRAKASH A KADAM	Collected	: 16/Mar/2024 10:16AM
Age/Gender	: 50 Y 9 M 11 D/M	Received	: 16/Mar/2024 04:15PM
UHID/MR No	: CVIM.0000237756	Reported	: 16/Mar/2024 04:54PM
Visit ID	: CVIMOPV596606	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Empl/Auth/TPA ID	: UBOIE4324		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 15 of 16

Snaha Shah
Dr Snaha Shah

MBS, MD (Pathology)

Apollo Health and Lifestyle Limited

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The Apollo Hospitals Group, Apollo Hospitals, Apollo Diagnostics Lab

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TO BOOK AN APPOINTMENT

1860 500 7788



Certificate No: MC-5697

Patient Name : Mr.PRAKASH A.KADAM
Age/Gender : 50 Y 9 M 11 D/M
UHID/MR No : CVIM.0000237756
Visit ID : CVIMOPV598606
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : UBOIE4324

Collected : 16/Mar/2024 10:16AM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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 ***



Patient Name : Mr. Prakash A KADAM
UHID : CVIM.0000237756
Reported on : 16-03-2024 13:09
Adm/Consult Doctor :

Age : 50 Y M
OP Visit No : CVIMOPV596606
Printed on : 17-03-2024 10:32
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Radioopacity noted in left upper lobe ? bone island in anterior 3rd rib.

Rest of the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

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

Soft tissues appear normal.

Impression:

Radioopacity noted in left upper lobe ? bone island in anterior 3rd rib.

Printed on: 16-03-2024 13:09

---End of the Report---

Preeti

Dr. PREETI P KATHE

Patient Name : Mr. Prakash A KADAM

UHID : CVIM.0000237756

Reported on : 16-03-2024 13:09

Adm/Consult Doctor :

Age : 50 Y M

OP Visit No : CVIMOPV596606

Printed on : 17-03-2024 10:32

Ref Doctor : SELF

DMRE, MD, DNB
Radiology

Patient Name : Mr. Prakash A KADAM Age : 50 Y M
UHID : CVIM.0000237756 OP Visit No : CVIMOPV596606
Reported on : 16-03-2024 13:12 Printed on : 17-03-2024 10:32
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.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-

No significant abnormality detected.

(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.

Patient Name : Mr. Prakash A KADAM

UHID : CVIM.0000237756

Reported on : 16-03-2024 13:12

Adm/Consult Doctor :

Age : 50 Y M

OP Visit No : CVIMOPV596606

Printed on : 17-03-2024 10:32

Ref Doctor : SELF

Printed on: 16-03-2024 13:12

---End of the Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

NAME : PRAKASH KADAM
AGE : 50 YRS /M

DATE : 16/03/2024

ECHOCARDIOGRAPHY REPORT

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

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

PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients . Trivial tricuspid regurgitation..Rvsp- 22 mm hg.No pulmonary hypertension.

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

Left Atrium : is normal and free of clots.

RA/RV : are normal

IAS/IVS : intact with normal thickness.


No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:31MM
LEFT ATRIUM	32MM
IVSd	:12 MM
PWd	:12MM
LVIDd	:47MM
LVIDs	:30MM
LVEF	: 60 %

IMPRESSION:

MILD CONCENTRIC LVH.
MILD LV DIASTOLIC DYSFUNCTION.
GOOD LV SYSTOLIC FUNCTION, LVEF 60%
NO PAH


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Consultant Interventional Cardiologist
Apollo clinic, Viman Nagar