

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **22-06-2024** at your **Pulse Radwave Diagnostics Private Limited** Center.

Points to note:-

- Collect photocopy of employee ID proof if health check is through an employer.
- Collect photocopy of personal ID proof if health check is for insurance.
- Collect MER as per package details & that company's format (already shared).
- By 12 noon of appointment date, share Work order number & visit status (Show/No show).
- Upload reports in Adbhutam portal as per specifications given earlier.

Corporate/TPA	Agreement Name	Package name	Package Inclusions	Customer Name
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324	Urine Routine (CUE), Consultation - Dental, GLUCOSE - SERUM / PLASMA, FASTING AND POST PRANDIAL, Alkaline Phosphatase - Serum/Plasma, CALCIUM - SERUM, Blood Grouping And Typing (Abo And Rh), Prostatic Specific Antigen (PSA Total), THYROID PROFILE - (T3, T4 AND TSH), Glycosylated Hemoglobin (HbA1C) - Whole Blood, Vitamin B12 - Serum, Vitamin D3, ECG, PULMONARY FUNCTION TEST, HEMOGRAM (CBC+ESR), Lipid Profile (all Parameters), LIVER FUNCTION TEST (PACKAGE), Renal Function Test, X-Ray Chest PA, Ultrasound - Whole Abdomen, Height, Weight, BP, BMI, Package Consultation - ENT, Fitness by General Physician, Ophal by General Physician, URINE GLUCOSE (FASTING), URINE GLUCOSE (POST PRANDIAL), Dietician consultation, 2 D ECHO, LIVER FUNCTION TEST (LFT) WITH GGT	Ashish Jagdishbhai Dholakia

(Signature)

DR. TILAK DEDHIA
M.B.B.S.

REG. No. 3011/07/2287

A. J. Dholakia

आयकर विभाग
INCOME TAX DEPARTMENT
ASHISH JAGDISHBHAI DHOLAKIA

भारत सरकार
GOVT. OF INDIA

JAGDISHBHAI PARMANANDAS
DHOLAKIA
15/09/1984
Permanent Account Number
AMEPD6078P


A. J. Dholakia
Signature

02112007

A. J. Dholakia

Tilak
DR. TILAK DEDHIA
M.B.B.S.
REG. No. 2011/07/2287


JM FINANCIAL



Ashish Jagdishbhai Dholakia
EMP Code : 23450 Blood Group : B +
Date of Birth : 15-Sep-84 Joining Date : 08-Nov-21
Department : Equity Broking Group
Emerg No : 9699888576 / 022-67040404
Designation : Associate - Dealer

5th Floor, Cnergy, Appasaheb Marathe Marg,
Prabhadevi, Mumbai - 400025

Date of issue: 22-03-2023


Authorised Signatory

MER- MEDICAL EXAMINATION REPORT

Date of Examination	22/06/2024	
NAME	Mr. Ashish J. Dhotakia	
AGE	39	Gender Male
HEIGHT(cm)	173	WEIGHT (kg) 77kg
B.P.	130/80mm/hg	
ECG	WNL	
X Ray	Normal	
Vision Checkup	(R) - 5 (L) - 4.95 Distant Vision corrected glasses	
Present Ailments	NO	
Details of Past ailments (If Any)	NO	
Comments / Advice : She /He is Physically Fit	He is physically fit	


DR. TILAK DEDHIA
 M.B.B.S.
 REG. No. 2011/07/2287

Signature with Stamp of Medical Examiner

Patient : MR ASHISH J DHOLAKIA

M/39 Y

22-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 5

COMPLETE BLOOD COUNT WITH ESR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
HAEMOGLOBIN	14.3	13.5 - 18.0	gms/dl
R.B.C. COUNT	4.75	4.50 - 6.50	millions/cumm
PCV	42.0	40.0 - 54.0	%
MCV	88.4	76.0 - 96.0	u3
MCH	30.1	27.0 - 32.0	pg
MCHC	34.1	30.0 - 35.0	%
RDW	13.7	11.5 - 14.5	%
W.B.C. COUNT	5,830	4,000-11,000	cells/cmm
Differential Count :			
Neutrophils	54	45 - 70	%
Lymphocytes	36	20 - 45	%
Eosinophils	04	1 - 6	%
Monocytes	06	1 - 10	%
Basophils	00	0 - 1	%
PLATELET COUNT	283,000	150,000 - 450,000	cells/cmm
PLATELETS ON SMEAR	Adequate		
R.B.C. MORPHOLOGY	Normocytic Normochromic		
W.B.C. MORPHOLOGY	Normal		
E.S.R (Westergren)	21	0 - 20	mm / hr

CBC done on Fully Automated Erba H560 Cell Counter.

Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

Patient : MR ASHISH J DHOLAKIA	M/39 Y	22-Jun-24
Ref By : Dr ARCOFEMI HEALTHCARE LT.		No : 5

BLOOD SUGAR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
FASTING BLOOD SUGAR	93	70-110	mg/dl
Urine Sugar	Absent		
Urine Ketones	Absent		
POST PRANDIAL BLOOD SUGAR	106	70-140	mg/dl
Urine Sugar (2 hrs)	Absent		
Urine Ketones (2 Hrs)	Absent		

METHOD : Glucose Oxidase Peroxidase (GOD/POD)

American Diabetes Association (ADA 2013) Blood Glucose Level Criteria :

FASTING GLUCOSE LEVEL

Normal glucose tolerance : < 100 mg %
Impaired Fasting Glucose : 100 - 125 mg %
Provisional diagnosis for: ≥ 126 mg % (on two different occasions)
diabetes mellitus

POST LUNCH GLUCOSE LEVEL

Normal glucose tolerance : <140 mg %
Impaired Glucose Tolerance : 140 - 199 mg %
Provisional diagnosis for: ≥ 200 mg % (on two different occasions)
diabetes mellitus

URINE SUGAR INTERPRETATION : (Approx.)

Trace : 0.1 g/dl
+ : 0.25 g/dl
++ : 0.5 g/dl
+++ : 1.0 g/dl
++++ : >2.0 g/dl

Ranvikar

Dr Ashwini Sangvikar

M.D. Pathology

Registration No : 220624101

Patient Name : MR. ASHISH DHOLAKIA

Registered On : 22-Jun-2024 02:39 PM

Age/Gender : 39 Years / Male

Sample Collected On : 22-Jun-2024 02:47 PM

Referral : APOLLO ARCOFERNI HEATHCARE LTD

Sample Reported On : 22-Jun-2024 07:10 PM

Source :

Sample ID

Center Name : Radwave Diagnostics LLP



Glycosylated Hemoglobin - GHb

Parameter	Value(s)	Unit	Ref Range
HbA1c			
HbA1C- Glycated Haemoglobin	5.6	%	Non-diabetic: <6 Excellent control: 6-7 Indicates Persistant glycemia over previous 6-8 weeks : >7
Estimated Average Glucose (eAG)	114.02	mg/dL	
Method	HPLC		

Limitations

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2012, for diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is 4% to 5.7%. Patients with HbA1c value between 5.7% to 6.5% are considered Pre-diabetic.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases,chronic anaemia(especially severe iron deficiency &haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected is corrected for HbS and HbC trait.
- Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.




Dr. Ashish Bhosle
M.D.Pathologist

Patient : MR ASHISH J DHOLAKIA

M/39 Y

22-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT.

No : 5

LIPID PROFILE

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
Total Cholesterol	162	130-200	mg/dl
Triglycerides	132	25-150	mg/dl
HDL Cholesterol	59	35-80	mg/dl
VLDL Cholesterol	26	5-30	mg/dl
LDL Cholesterol	77	80-100	mg/dl
TC/HDL Ratio	2.8	0.0-4.5	
LDL/HDL Ratio	1.3	0.0-3.5	

NOTE: Various cholesterol levels recommended for adults by NCEP (National Cholesterol Education Programme) May-2001.

CHOLESTEROL:

Desirable < 200 mg/dl
Borderline High 200-239 mg/dl
High \geq 240 mg/dl

TRIGLYCERIDES:

Desirable < 150 mg/dl
Borderline High 150-199 mg/dl
High 200-499 mg/dl

HDL CHOLESTEROL:

Desirable $>$ 40 mg/dl
Low(High risk) $<$ 40 mg/dl

LDL CHOLESTEROL:

Optimal $<$ 100 mg/dl
Near Optimal 100-129 mg/dl
Borderline High 130-159 mg/dl
High 160-189 mg/dl
Very High $>$ 189 mg/dl

Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

Patient : MR ASHISH J DHOLAKIA

M/39 Y

22-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 5

LIVER FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
S.G.O.T	29.3	0.0-40.0	IU/L
S.G.P.T	44.6	0.0-40.0	IU/L
Bilirubin (Total)	0.68	0.0-1.20	mg/dl
Bilirubin (Direct)	0.20	0.0-0.40	mg/dl
Bilirubin (Indirect)	0.5	0.1-1.0	mg/dl
Total Proteins	6.9	6.0-8.5	gm/dl
Albumin	3.9	3.2-5.3	gm/dl
Globulin	3.0	2.3-3.5	gm/dl
A/G Ratio	1.3	1.0-2.0	
Alkaline Phosphatase	239	50-306	U/L
GAMMA GT	25	5-55	U/L

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M.D. Pathology

Patient : MR ASHISH J DHOLAKIA

M/39 Y

22-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 5

RENAL FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
BUN	13.2	5.0-23.0	mg/dl
Urea	28.3	13.0-43.0	mg/dl
Creatinine	0.8	0.5-1.3	mg/dl
Total Proteins	6.9	6.0-8.5	gm/dl
Albumin	3.9	3.2-5.3	gm/dl
Globulin	3.0	2.3-3.5	gm/dl
A/G Ratio	1.3	1.0-2.0	
Calcium	9.3	8.0-11.0	mg/dl
Phosphorus	3.8	2.5-4.5	mg/dl
Uric Acid	4.2	3.5-7.2	mg/dl
Sodium	141.0	133.0-148.0	mEq/L
Potassium	4.6	3.5-5.3	mEq/L
Chloride	103.7	96.0-107.0	mEq/L

Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

Patient : MR ASHISH J DHOLAKIA M/39 Y 22-Jun-24
Ref By : Dr ARCOFEMI HEALTHCARE LT No : 5

BLOOD GROUP

Test

BLOOD GROUP

Value

"B" Positive.

Method: Slide & Tube Agglutination



Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

Registration No : 220624101

Patient Name : MR. ASHISH DHOLAKIA
Age/Gender : 39 Years / Male
Referral : APOLLO ARCOFERNI HEATHCARE LTD
Source :
Center Name : Radwave Diagnostics LLP

Registered On : 22-Jun-2024 02:39 PM
 Sample Collected On : 22-Jun-2024 02:47 PM
 Sample Reported On : 22-Jun-2024 06:33 PM
 Sample ID



Vitamin B12

Parameter	Value(s)	Unit	Ref Range
Vitamin B12	202.78	pg/ml	Normal: 75 - 807 Indeterminate Range: 75 - 807 Deficiency: < 75

Method: CLIA.

Interpretation

Vitamin B 12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. Many patients have the neurologic defects without macrocytic anemia.

Serum methylmalonic acid (MMA) and homocysteine levels are also elevated in Vit B 12 deficiency states.

Limitations:

1. The evaluation of macrocytic anemia requires measurement of both vitamin B12 and Folate levels: ideally they should be measured simultaneously.
2. Specimen collection soon after blood transfusion can falsely increase Vit B12 levels.
3. Patient taking Vit B12 supplementation may have misleading results.
4. A normal serum concentration of B12 does not rule out tissue deficiency of Vit B12. The most sensitive test at the cellular level is the assay for MMA.
5. If Clinical symptoms suggest deficiency, measurement of MMA and Homocysteine should be considered, even if serum B12 concentrations are normal.

NOTE

- 1] Concentration of vitamin B12 <180 pg/ml may cause megaloblastic anemia and/or peripheral neuropathies.
 - 2] Vitamin B12 concentration <150 pg/ml are considered evidence of vitamin B12 deficiency.
 - 3] Vitamin B12 concentrations between 150 pg/ml and 400 pg/ml are considered borderline.
 - 4] Follow-up testing of vitamin B12 deficiency is recommended by measuring methylmalonic acid (MMA) / homocysteine / antibodies to intrinsic factor, if the patient is symptomatic.
 - 5] Patients taking vitamin B12 supplementation may have misleading results.
 - 6] Many other interfering factors affect vitamin B12 level.
- Elevated level is observed due to Estrogens or vitamin C / Vitamin A ingestion, hepatocellular injury, uremia.
 -Decreased level is observed in low vitamin B12 diet (a strict vegetarian diet), pregnancy, smoking, hemodialysis.

Reference : Mayo clinic Interpretive Handbook, Mediline plus medical encyclopedia.




Dr. Ashish Bhosle
 M.D. Pathologist

Registration No : 220624101

Patient Name : MR. ASHISH DHOLAKIA
Age/Gender : 39 Years / Male
Referral : APOLLO ARCOFERNI HEATHCARE LTD
Source :
Center Name : Radwave Diagnostics LLP

Registered On : 22-Jun-2024 02:39 PM
Sample Collected On : 22-Jun-2024 02:47 PM
Sample Reported On : 22-Jun-2024 06:34 PM
Sample ID :



25 - Hydroxy Vitamin D

Parameter	Value(s)	Unit	Ref Range
25-Hydroxy Vitamin D	12.0	ng/ml	Deficiency : < 10 Insufficiency : 20 - <30 Sufficiency : 30 - 100 Toxicity : > 100

Method: CLIA

Interpretation :

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.
- Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 months of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal(especially winter) & individual variability depending on age, body fat, sun exposure, physical activity ,genetic factors(especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism Vitamin D toxicity is known but very rare.kindly correlate clinically, repeat with fresh sample if indicated.

Associated Test Profile :

- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D and serum PTH.An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency.Thus, restoration of PTH and 25(OH) D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.
- As a holistic & scientific approach for diagnosis and optimal treatment for vitamin D deficiency, Vitamin D plus profile (25 Hydroxy(OH) Vit D and PTH) is suggested.




Dr.Ashish Bhosle
M.D.Pathologist

Registration No : 220624101

Patient Name : MR. ASHISH DHOLAKIA
Age/Gender : 39 Years / Male
Referral : APOLLO ARCOFERNI HEATHCARE LTD
Source :
Center Name : Radwave Diagnostics LLP

Registered On : 22-Jun-2024 02:39 PM
Sample Collected On : 22-Jun-2024 02:47 PM
Sample Reported On : 22-Jun-2024 06:36 PM
Sample ID



Thyroid Function Test - TFT

Parameter	Value(s)	Unit	Ref Range
Triiodothyronine (T3)	135.69	ng/dl	80 - 190
Thyroxine (T4)	10.36	ug/dl	4.5-14.5
TSH (Thyroid Stimulating Hormone)	1.25	uIU/mL	03 Days :- 1.10 - 17.0 70 Days :- 0.60 - 10.0 14 Months :- 0.40 - 7.00 5 Years :- 0.40 - 6.00 14 Years :- 0.30 - 5.00 Adult :- 0.35 - 5.50

Method: CLIA

Interpretation :

TSH results between 5 to 15 uIU/mL show considerable physiologic & seasonal variation For differential diagnosis of primary, secondary, and tertiary hypothyroidism. Also useful in screening for hyperthyroidism. This assay allows adjustment of exogenous thyroxine dosage in hypothyroid patients and in patients on suppressive thyroxine therapy for thyroid neoplasia

Note:

- 1.TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6 10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
- 2.Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
- 3.Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.
- 4.Values <0.05 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

----- END OF REPORT -----

This sample is processed at THE LAB PLUS , Dignostics & Health Care,NABL Accredited



Dr.Ashish Bhosle
M.D.Pathologist

Registration No : 220624101

Patient Name : MR. ASHISH DHOLAKIA
Age/Gender : 39 Years / Male
Referral : APOLLO ARCOFERNI HEATHCARE LTD
Source :
Center Name : Radwave Diagnostics LLP

Registered On : 22-Jun-2024*02:39 PM
Sample Collected On : 22-Jun-2024 02:47 PM
Sample Reported On : 22-Jun-2024 06:33 PM
Sample ID



* 2 2 0 6 2 4 1 0 1 *

Prostate Specific Antigen - Total

Parameter	Value(s)	Unit	Ref Range
Total PSA	1.01	ng/ml	Normal : < 4.0 Border Line: 4.01-10.0

Interpretation :

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Comment : Please correlate with clinical condition

Method : Chemiluminescence immunoassay - CLIA

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

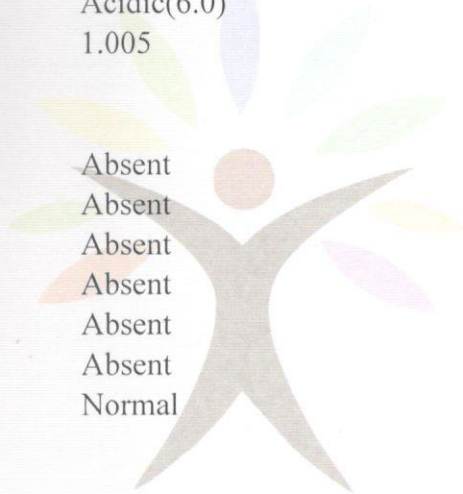


Dr. Ashish Bhosle
M.D. Pathologist

Patient : MR ASHISH J DHOLAKIA	M/39 Y	22-Jun-24
Ref By : Dr ARCOFEMI HEALTHCARE LT		No : 5

Urine Routine

<u>Test</u>	<u>Value</u>
<u>Physical Examination:</u>	
Quantity	30 ml
Colour	Pale Yellow
Appearance	Slightly Hazy
Reaction (pH)	Acidic(6.0)
Specific Gravity	1.005
<u>Chemical Examination:</u>	
Proteins	Absent
Glucose	Absent
Ketone Bodies	Absent
Occult Blood	Absent
Bile Salts	Absent
Bile Pigments	Absent
Urobilinogen	Normal
<u>Microscopic Examination:</u>	
Pus Cells	2 - 3 / hpf
Red Blood Cells	Absent
Epithelial Cells	1 - 2 / hpf
Casts	Absent
Crystals	Absent
Bacteria	Absent
Yeast Cells	Absent
Amorphous Deposits	Absent
Mucus	Absent
Other	----



Ashwini Sangvikar

Dr Ashwini Sangvikar
M.D. Pathology

Patient Name: Mr. Ashish J Dholakia **M / 39yrs**

Ref. by: Apollo-Arcofemi Healthcare Ltd **Date: - 22/06/2024**

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is enlarged in size (15.7 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous bright echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 8.5 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualized common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 10.9 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.8 x 4.3 cm	10.8 x 4.4 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

.....Continue On Page 2

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Shop No. 2 & 3, Naya Oriental Co-Op Hus. Society Ltd., Opp. Karnataka Bank, LIC Colony Road, Borivali (W), Mumbai- 400103.

Patient Name: Mr. Ashish J Dholakia M / 39yrs

Ref. by: Apollo-Arcofemi Healthcare Ltd **Date:** - 22/06/2024

PROSTATE: It measures about 4.6 x 3.3 x 4.7 cm; volume is 38.4 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

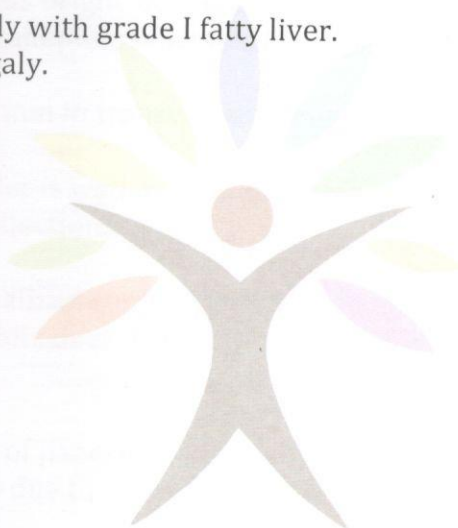
There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

- Mild hepatomegaly with grade I fatty liver.
- Mild prostatomegaly.

Thanks for the reference.
With regards,


Dr. Tilak Dedhia
Consultant Radiologist



Transthoracic Echocardiography & Colour Doppler

Name: Mr.Ashish Dholakia	Age / Sex : 39Y/M
Date:22/06/2024	Ref.by: Apollo
Clinical Profile:Health Check up	

M-mode Echocardiography

Parameters	Patient value (mm)
● Aortic Annulus	18
● Ascending Aorta	27
● Left Atrium (LA)	32
● LV Internal Dimension (Diastolic)	47
● LV Internal Dimension (Systolic)	35
● LV Septal Thickness (Diastole)	10
● LV Posterior wall Thickness (Diastole)	10
● Basal RV Internal Dimension (Diastole)	24
● TAPSE (Tricuspid Annular plane Systolic Excursion)	24
● EF (%)	60

IVC: 12 mm with >50 % respiratory variation

2D ECHOCARGIOGRAPHY

- **Mitral valve:**Normal, No Evidence of prolapse vegetation
- **Aortic valve:**Norml, Tricuspid,opening amplitude is normal, Normal aortic root & ascending aorta.
- **Tricuspid valve:** Normal
- Pulmonary valve/ RVOT- Normal
- Pulmonary Artery and branches: Normal
- IAS/IVS- Intact
- RA/RV-Normal
- No RWMA, LVEF-60%

- No Clots in LA/ No vegetation
- Pericardium -: Normal

Doppler study.

	Max gradient	Mean gradient	Area(cm2)	Regurgitation
Mitral valve	N	N	Normal	Trivial
Aortic valve	06	03	Normal	Trivial
Pulmonary valve	N	N	—	Nil
Tricuspid valve	N	N	—	Trivial

RVSP mm Of Hg—23+ RAP; No PAH

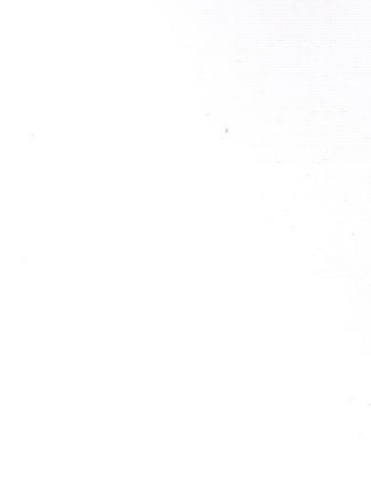
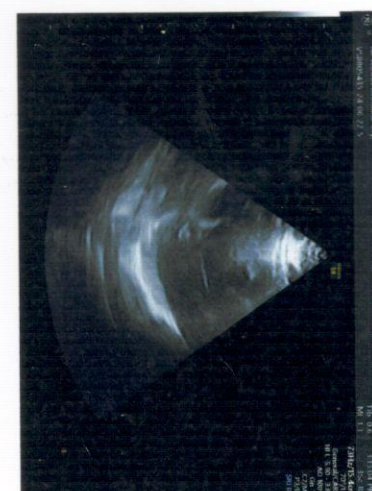
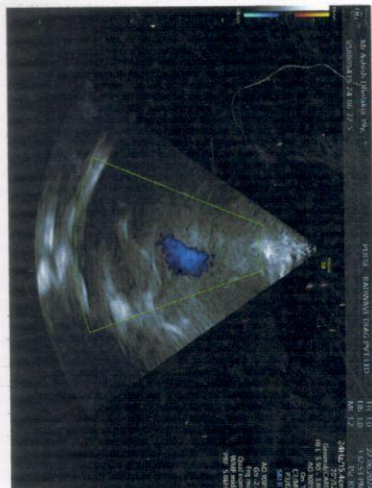
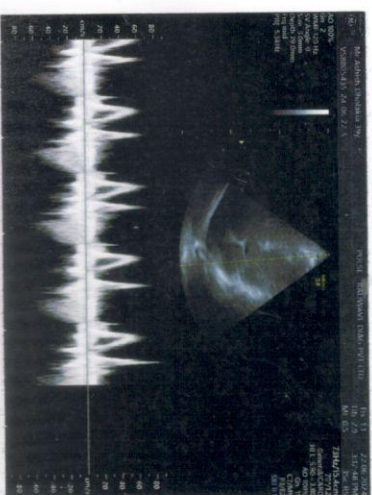
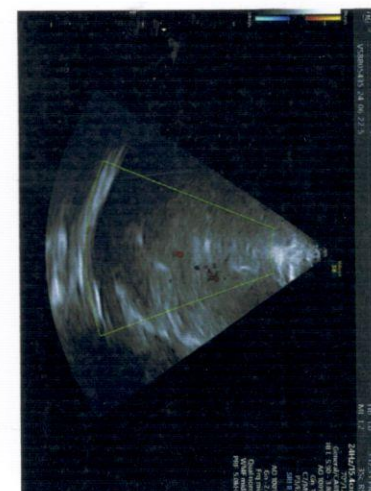
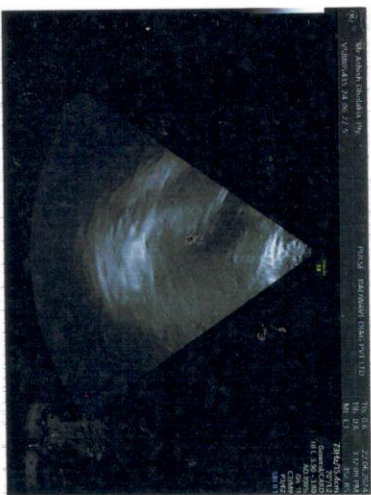
Diastolic Function Assessment

Mitral E velocity (cm/s) --- 60
 Mitral A velocity (cm/s) — — 73
 Deceleration time (DT)(ms) - 164
 Tissue Doppler Imaging (TDI Septal Mitral) —12 cm/sec

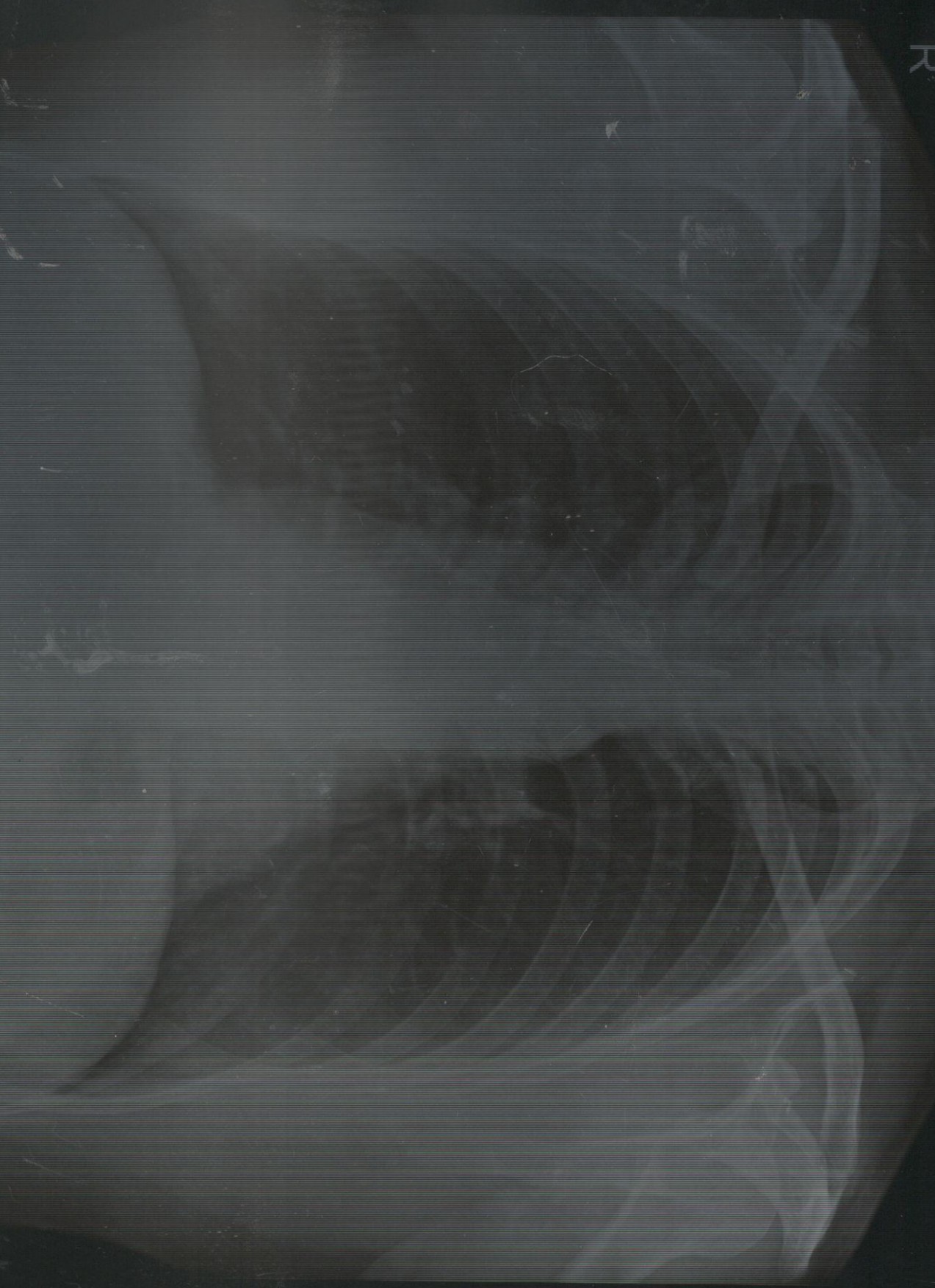
CONCLUSION:

- Good Biventricular systolic function
- LVEF —60%
- No RWMA
- No MS/ Trivial MR, No As/Trivial AR, Trivial TR/ No PAH
- No vegetation /clot/effusion
- Normal LV compliance

DR. CHANDRASHEKHAR R YADAV
 (MD, DM CARDIOLOGY)



R



22/06/2024 4818 MR.ASHISH J.DHOLAKIA 39 Y M APOLLO-ARCOFEMI HEALTHCARE LTD CHEST PA

Pulse Diagnostic Centre (Radwave Diagnostic Pvt. Ltd), Borivalli



PATIENT NAME : MR ASHISH J DHOLAKIA
AGE/ SEX : 39 YRS / MALE
REF.CLINICIAN : APOLLO-ARCOFEMI HEALTHCARE LTD
DATE : 22/06/2024

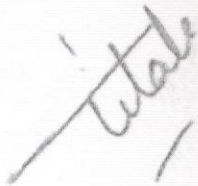
X-RAY CHEST (P A VIEW)

- Both lung fields are clear.
- Both CP angle are normal.
- Cardiac and aortic shadows are normal.
- No obvious hilar or mediastinal lesion is seen.
- Bony thorax appears normal. No evidence of fracture seen.

CONCLUSION: X-Ray findings show...

- No significant abnormality of note.

Please correlate clinically.
Thanks for the referral,



Dr. Tilak Manilal Dedhia
M.B.B.S: M.D; D.N.B.(Radio-diagnosis)
Consultant Radiologist,

12 LEAD ECG REPORT



PULSE RADWAVE
DIAGNOSTIC
UNIT OF RADWAVE DIAGNOSTIC LLP



22/06/24

Name: Mr. Ashish J Dholakia 39/male Apollo-Arcotelmi Health Care

Htl

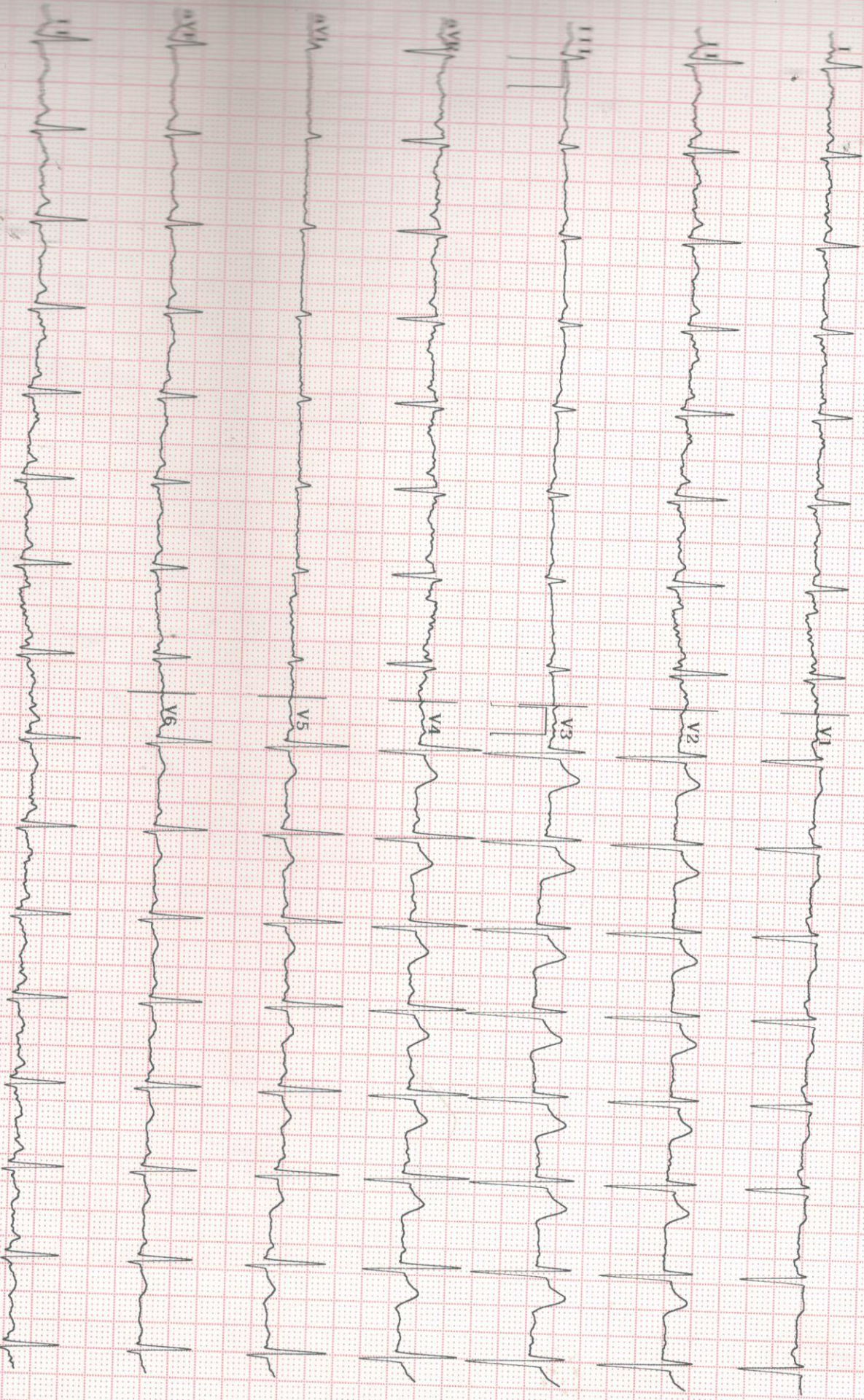
- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography ▶ Color Doppler ▶ ECG
- ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ X-Ray Special investigations ▶ Holter Monitor ▶ Sleep Study & Others.

ID :
 Name: ASHISH
 Age : 39 years
 Sex : male
 H : 0 cm / W : 0 kg

Heart rate: 94 bpm
 PR/RR Int.: 140/638 ms
 QRS Dur.: 106 ms
 QT/QTc: 346/434 ms
 P-R-T axes: 55 50 49
 SV1/RV5/R+S: 0.97/1.12/2.09mV [Normal ECG]

** Analysis Result ** (To be finally confirmed by physician)
 Normal Sinus Rhythm
 Normal Axis
 ICRBBB (Incomplete Right Bundle Branch Block)

A. J. Dhole



Paper: 0.5mm LPR: 40Hz AC: 50Hz EMG: OFF

10.0mm/mV 25.0mm/sec

EKG2000 6.00/3.24 Biomet Co., Ltd.

ELECTROCARDIOGRAM

Please Photocopy ECG As Tracings Fades After Some Time

Name: Mr. Ashish I Dhodakia

Date: 22/06/24 Time: _____ Age / Sex: 39 / male

Heart Rate: _____

Rhythm: _____

Axis: _____

Voltage: _____

P Wave: _____

PR Interval: _____

Qrs Interval & Complex: _____

ST Segment: _____

T Wave: _____

QT Interval: _____

QTC: _____

Impression: WPW

Signature of Physician _____

For DR. PRIYAM BHATJIVALE, M.D.
REG. NO. 68857