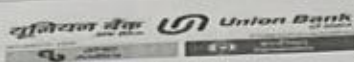


Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - AHMEDNAGAR
AHMEDNAGAR, AHMEDNAGAR,
Maharashtra, - 0

To,

The Chief Medical Officer

M/S Mediwheel
https://mediwheel.in/signup011-
41195959(A brand name of
Arcofemi Healthcare Ltd).
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

35-40 Female

Shri/Smt./Kum. SHINDE, SONALI MAHESH

P.F. No. 602127

Designation : Asst Manager

Checkup for Financial Year

2023-
2024

Approved Charges Rs.

3000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

View Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter

व्यापार व वैयक्तिक
सोने तारण कर्ज उपलब्ध
* सोपी सुलभ व जलद व
* कमीत कमी कागदपत्रे



Union Home

GET INSTANT HOME LOAN
AT ATTRACTIVE TERMS
WITH MINIMUM PAPERWORK

Interest on daily
reducing balance

अधिक माहित

कर्ज वितरण करणारी शा



PID NO. : CIA0908

Name : AMIT SADASHIV MUMBARKAR

Sex / Age : Male / 38 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani
Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare

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Gardens, Powai, Mumbai-400076

Reg. Date

14-Sep-2024 / 9:58 am

Coll Date

14-Sep-2024 / 10:03 am

Report Date

14-Sep-2024 / 5:48 pm

REPORT

BIOCHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Sr. Calcium (Serum, BAPTA)	9.83	mg/dl	8.6 - 10.0

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

----- End of Report -----

Pritam Dhanawade
Lab TechnicianDR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680*Proudly... Caring For You*

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REPORT

BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Glucose (Fasting), plasma (Plasma, Method- Hexokinase) Interpretation: NORMAL : 70 - 100 mg/dl Pre-Diabetic : 100 - 125 mg/dl Diabetic : >125 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	85.70	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma, Method- Hexokinase) Interpretation: Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic : 140 - 199 mg/dl Diabetic : >200 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	99.59	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

Pritam Dhanawade
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REPORT

BLOOD GLUCOSE

TestResultUnitsBIOLOGICAL REFERENCE INTERVAL

----- End of Report -----

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Pathologist
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REPORT

Blood Group

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>BLOOD GROUP</u>			
ABO Group	"B"		
RH (D)	Positive		

Method : Cell (Forward) grouping by Manual Slide Method.
Sample: Whole Blood (EDTA)

----- End of Report -----

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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	15.9	gm/dl	13.0 -17.0
<u>RED BLOOD CELLS</u>			
R.B.C. Count	5.01	million / cumm	4.5- 5.5
HCT	45.4	%	40- 50
MCV	90.6	fL	83 - 101
MCH	31.7	pg	27 - 32
MCHC	35	gm / dl	31.5 - 34.5
RDW (CV)	13.4	%	11.6- 14.0
Total W.B.C. Count	5490	/cu.mm.	4000 - 10000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	69	%	40 - 80
Lymphocytes	24	%	20 - 40
Eosinophils	05	%	1 - 6

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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Monocytes	02	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	256000	/cumm	150000 - 410000

MORPHOLOGY

RBC Morphology Predominantly Normocytic and Normochromic.

WBC Morphology Normal Morphology.

Platelets on Smear Adequate on smear

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method. Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

----- End of Report -----

Pritam Dhanawade
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Pathologist
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REPORT

Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	05	mm at 1hr	0 - 15

Method: Westergren.
Sample: Whole Blood (EDTA)

----- End of Report -----

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REPORT

Glycosylated Haemoglobin (HbA1c)

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
HbA1c	5.62	%	4 - 5.69
Pre-Diabetic : 5.7 - 6.4 % Diabetic : > = 6.5 (EDTA Whole Blood, Turbidimetric)			
Mean Blood Glucose (MBG)	122.77	mg/dl	

Interpretation & Remark:

- 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 guideline 2022, for diagnosis of diabetes using a cut-off points of 6.5 %.
- 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.
- In known diabetic patients, following values can be considered as a guide for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %
 - Fair to Good Control - 7 to 8 %
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %
- Test done on Mispia i3 Automated Cartridge Based Specific Protein Analyser.

----- End of Report -----

Pritam Dhanawade
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REPORT

LIPID PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Total Cholesterol Serum, Method: CHOD-PAP	147.42	mg/dl	CHILD Desirable - Less than : 170 CHILD Borderline High : 170 - 199 CHILD High - More than : 200 ADULT Desirable - Less than : 200 ADULT Borderline High : 200 - 239 ADULT High - More than : 240
Triglycerides Serum, Method: GPO-PAP	154.95	mg/dl	NORMAL : <150 Borderline High : 150 - 199 High : 200 - 499 Very High : >500
HDL Cholesterol-Direct Serum, Method: Cholesterol-esterase-Direct	33.82	mg/dl	Desirable - Above : 60 Borderline Risk : 40 - 59 Undesirable - Below : 40
LDL Cholesterol Calculated	82.61	mg/dl	Desirable - Below : 130 Borderline Risk : 130 - 159 Undesirable - Above : 160
VLDL-Cholesterol Calculated	30.99	mg/dl	5 - 51
T.CHOL/HDLC Ratio Calculated	4.36		Acceptable for Male : < 5.00 Acceptable for Female : <4.50

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REPORT

LIPID PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
LDLC/HDLC Ratio Calculated	2.44		Acceptable for Males : < 3.60 Acceptable for Females : < 3.20

NOTE:

- 1) Biological Reference Intervals are as per ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations.
- 2) Tests done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.
- 3) The LDL-Cholesterol is calculated by the Friedewald equation which provides a reliable LDL-Cholesterol value estimate when triglyceride levels are below 400 mg/dL. A direct measurement is advised if the triglyceride levels are >400mg/dL.

----- End of Report -----

Pritam Dhanawade
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REPORT

LIVER FUNCTION TEST

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Sr. Alkaline Phosphatase (Serum, Kinetic Method by IFCC)	80.38	U/L	40 - 129
S.G.O.T. (Serum, Method-IFCC / UV without P5P)	14.59	U/L	0 - 40
S.G.P.T. (Serum, Method- IFCC / UV without P5P)	24.47	U/L	0 - 41
GGT (Serum, Method- IFCC Method)	28.96	U/L	8 - 61
Bilirubin (Total) (Serum, Method-Diazo- End point)	0.71	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum, Method-Diazo-End point)	0.26	mg/dl	0.0 - 0.40
Bilirubin (Indirect) Calculated	0.45	mg/dl	0.0 - 0.90
Total Proteins (serum, Method-Biuret)	7.58	g/dl	6.6 - 8.7
Albumin (Serum, Method-Bromocresol Green)	4.61	g/dl	3.5 - 5.2
Globulin Calculated	2.97	g/dl	1.90 - 3.70
A/G ratio Calculated	1.55		

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

LATHA SONAWANE
Lab TechnicianDR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680*Proudly... Caring For You*

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REPORT

LIVER FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
----- End of Report -----			

LATHA SONAWANE
 Lab Technician

DR. RITESH KHARCHE
 MBBS, MD PATHOLOGY
Pathologist
 MMC Reg No.2006031680

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REPORT

RENAL PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Urea Serum, Method-Urease	28.78	mg/dl	16.6- 48.5 mg/dl
Blood Urea Nitrogen Serum, Method-Urease	13.44	mg/dl	06 - 20 mg/dl
Creatinine Serum, Method-Kinetic Jaffes	0.82	mg/dL	0.62 - 1.17 mg/dl
Uric Acid Serum, Method: Uricase-POD	4.85	mg/dl	3.4 - 7.0

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

----- End of Report -----

Pritam Dhanawade
Lab Technician

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REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	6.0		5.0 - 9.0
Specific Gravity	1.015		1.000 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bilirubin	Absent		Absent
Nitrite	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)

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REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Ocult Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	1 - 2 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 3 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

METHOD:

Physical Examination : Visual Strip Method.

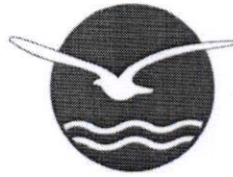
Chemical Examination : Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/oxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

----- End of Report -----

Pritam Dhanawade
Lab TechnicianDR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680*Proudly... Caring For You*

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.



SEA BIRD MEDICARE CENTRE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Amit Sadeashiv Mumbarkar on 19-9-24

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 D3 ↓ ; vit B12 ↓</u></p> <p>2. <u>∴ Adv. Treatment</u></p> <p>3. _____</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. _____

Medical Officer

Dr. MUKUL ARTE MBBS, DNB
 Regn. No: 44293 (MMC)
 Approved By DG Shipping (GOI)
 Consultant in Marine Medicine & Aviation Med.
 A-101-102, Heritage Plaza, Teli Cross Lane,
 Andheri East, Mumbai-400 069
 SEA BIRD MEDICARE CENTRE

This certificate is not meant for medico-legal purpose

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East, Mumbai- 400069
Tel: 022-46032704 / 8104606813

Website: www.seabirdhf.com | Email: admin@seabirdhf.com



SEA BIRD MEDICARE CENTRE

MER- MEDICAL EXAMINATION REPORT

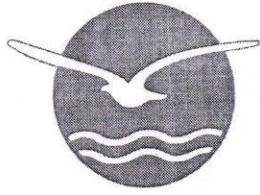
DATE OF EXAMINATION	14/9/2024		
NAME	Dmit S Mumbalekar		
AGE	38 years	GENDER	male
HEIGHT (CM)	174 cm	WEIGHT (KG)	63 kg
B.P.	120/80 mmHg		
ECG	normal		
X Ray	NAD		
Vision Checkup	Color Vision:	Normal	
	Far Vision Ratio:	6/6	Corrected
	Near Vision Ratio:	N5	
Present Ailments	Nil		
Details of Past ailments (If Any)	- ① Renal Calculi in April 2024. Ried conservatively		
Comments / Advice:	- Malaria in 2022.		
No Treatment for ↓ vit D ₃ , ↓ B ₁₂			

Signature with Stamp of Medical Examiner

feal
Dr. MUKUL ARTE MBBS, DNB
Regn. No: 44293 (MMC)
Approved by DG Shipping (GOI)
Consultant in Marine Medicine & Aviation Medicine
A-101-102, Heritage Plaza, Teli Cross Lane,
Andheri East, Mumbai-400 069
SEA BIRD MEDICARE CENTRE

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East, Mumbai- 400069
Tel: 022-46032704 / 8104606813

Website: www.seabirdhf.com | Email: admin@seabirdhf.com



SEA BIRD MEDICARE CENTRE

Report ID : ASMM149124157
Patient Name : Mr. AMIT SADASHIV MUMBARKAR
Rank :
Ref By : DR. MUKUL ARTE

Reg. : 14-Sep-2024
Report Date : 14-Sep-2024
Company Name : M/S. APOLLO HEALTH AND LIFESTYLE
Age/Sex : 38 Year / Male

CHEST X RAY REPORT

X-Ray No : 7865

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

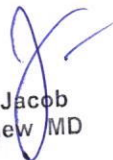
Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression :

Normal Chest X-Ray.

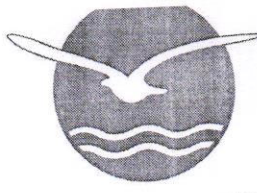

Dr. Jacob
Mathew MD

Proudly... Caring For You

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022



SEA BIRD MEDICARE CENTRE

Report ID : ASMM149124157
Patient Name : Mr. AMIT SADASHIV MUMBARKAR
Rank :
Ref By : DR. MUKUL ARTE

Reg. : 14-Sep-2024
Report Date : 14-Sep-2024
Company Name : M/S. APOLLO HEALTH AND LIFESTYLE
Age/Sex : 38 Year / Male

DENTAL REPORT

Name: Mr. Amit Mumbarkar

Age 38Yrs.

Company: Apollo


Sub: Dental Check up

Dental examination of the above mentioned candidate reveals ?exposed pulp. Refer to dentist for further evaluation.

His oral hygiene is fair.

He is Fit for Duty.

Dr. MD

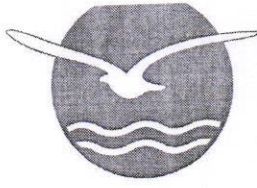

Dr. Jacob
Mathew MD

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HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704
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SEA BIRD MEDICARE CENTRE

Report ID : ASMM149124157
Patient Name : Mr. AMIT SADASHIV MUMBARKAR
Rank :
Ref By : DR. MUKUL ARTE

Reg. : 14-Sep-2024
Report Date : 14-Sep-2024
Company Name : M/S. APOLLO HEALTH AND LIFESTYLE
Age/Sex : 38 Year / Male

SONOGRAPHY (ABDOMEN)

Ref No : 14/09/2024

Investigation : Abdomen Sonography

The real-time Sonography using 3.5 MHZ transducer shows:

Liver normal in size and echotexture.

The GB, Pancreas & Spleen are within normal limits.

Both Kidneys are normal in size, position; Tiny 2mm concretion is seen in mid portion of right kidney and a 3 mm concretion is seen in mid portion of left kidney.

CM differentiation normal .

No hydronephrosis or calculi noted.

Bladder normal in contour, capacity and wall thickness; No vesical calculi noted.





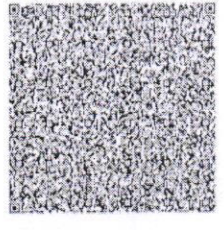



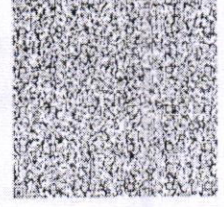
Prostate reveals normal stromal texture.

This sonography study does not rule out intestinal lesions or mucosal lesions of other Viscera.

Impression :

Tiny 2mm concretion is seen in mid portion of right kidney and a 3 mm concretion is seen in mid portion of left kidney.

DR. K HARI BHAGYA PRASAD
MBBS, MD
MMC REG NO.2012/07/2101
CONSULTANT RADIOLOGIT
SEA BIRD MEDICARE CENTRE

 	 
<p>भारत सरकार Government of India</p>	<p>माहिती</p>
<p>भारतीय विशिष्ट ओळख प्राधिकरण Unique Identification Authority of India</p>	<ul style="list-style-type: none"> ■ आधार ओळखीचा पुरावा आहे नागरिकत्वाचा नाही ■ सुरक्षित QR कोड / ऑफलाईन XML / ऑनलाईन प्रमाणीकरण वापरून ओळख सत्यापित करा. ■ हे इलेक्ट्रॉनिक प्रक्रिये द्वारे तयार झालेले एक पत्र आहे.
<p>नोंदणी क्रमांक:/ Enrolment No.: 0000/00342/24241</p> <p>To अमित सादाशिव मुंबरकर Amit Sadashiv Mumbarkar S/O Sadashiv Mayaji Mumbarkar C/401 Om Garden CHS Manvel Pada Manvel Pada Talav Virar East Virar Palghar Maharashtra - 401305 9168789143</p> <p>Signature Not Verified Digital Signature is NOT A VALID PROOF OF AUTHORITY OF UIDAI IN Date: 2023/09/14 09:21 AM UTC</p>  <p>आपला आधार क्रमांक / Your Aadhaar No. : 4694 1108 5312 VID : 9132 2021 7720 9002 माझे आधार, माझी ओळख</p>	<p>INFORMATION</p> <ul style="list-style-type: none"> ■ Aadhaar is a proof of identity, not of citizenship. ■ Verify identity using Secure QR Code/ Offline XML/ Online Authentication. ■ This is electronically generated letter. <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> ■ आधार देशभरात वैध आहे ■ आधार आपल्याला विविध सरकारी आणि खाजगी सेवा सुलभतेने घेण्यास मदत करते ■ आपला मोबाइल नंबर आणि ईमेल आयडी आधारमध्ये अद्यावत ठेवा ■ आपल्या स्मार्ट फोनमध्ये आधार घ्या - mAadhaar App वापरा <ul style="list-style-type: none"> ■ Aadhaar is valid throughout the country. ■ Aadhaar helps you avail various Government and non-Government services easily. ■ Keep your mobile number & email ID updated in Aadhaar. ■ Carry Aadhaar in your smart phone – use mAadhaar App. </div>
<p>भारत सरकार Government of India</p>  <p>अमित सादाशिव मुंबरकर Amit Sadashiv Mumbarkar जन्म तारीख/DOB: 08/08/1986 पुरुष/ MALE</p> <p>Issue Date: 23/06/2016</p>  <p>4694 1108 5312 VID : 9132 2021 7720 9002 माझे आधार, माझी ओळख</p>	<p>भारतीय विशिष्ट ओळख प्राधिकरण Unique Identification Authority of India</p>  <p>पत्ता: स/व सादाशिव मायाजी मुंबरकर, सी/४०१ ओम गार्डन सी एच एस, मनवेल पाडा, मनवेल पाडा तलाव, विरार ईस्ट, विरार, पालघर, महाराष्ट्र - 401305</p> <p>Address: S/O Sadashiv Mayaji Mumbarkar, C/401 Om Garden CHS, Manvel Pada, Manvel Pada Talav, Virar East, Virar, Palghar, Maharashtra - 401305</p> <p>Download Date: 26/01/2023</p>  <p>4694 1108 5312 VID : 9132 2021 7720 9002</p> <p>1947 help@uidai.gov.in www.uidai.gov.in</p>

Seabird Medicare Center

A-101-102, Heritage Plaza, Telli cross Lane

Patient: AMIT MUMBARKAR

Refd. By:

Pred. Eqns: RECORDERS

Date: 14-Sep-2024 11:53 AM

Age: 38 Years

Height: 174 Cms

Weight: 63 Kgs

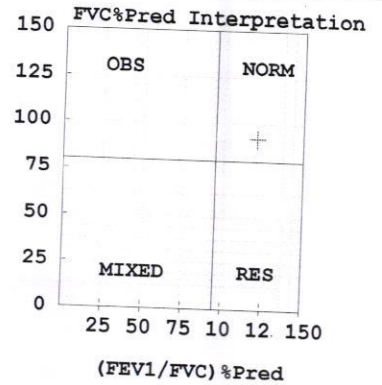
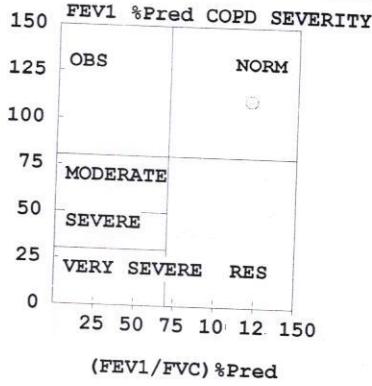
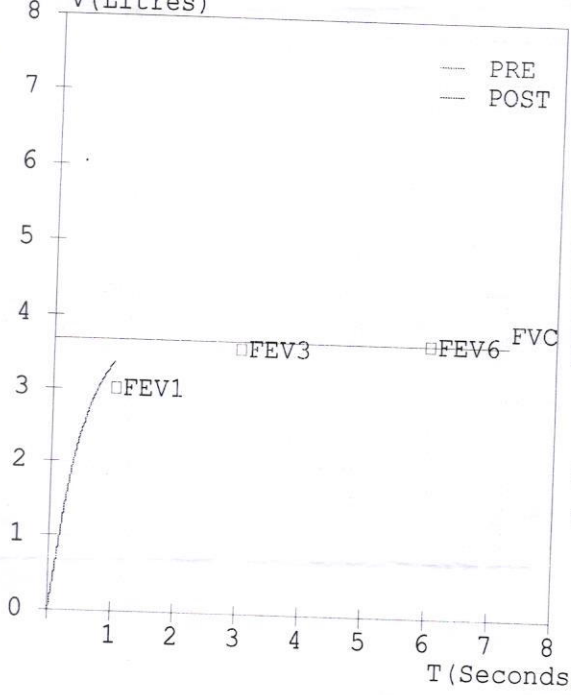
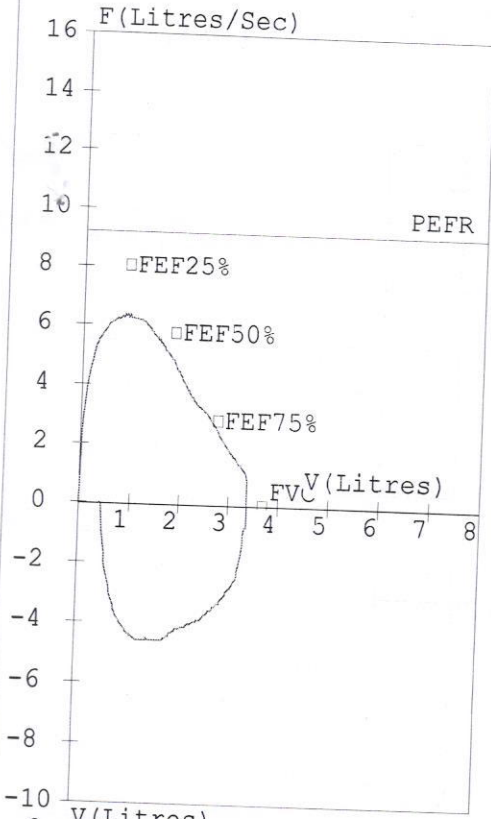
ID: 2854

Gender: Male

Smoker: No

Eth. Corr: 100

Temp:




Spirometry (FVC Results)						
Parameter	Pred	M. Pre %Pred	M. Post %Pred	%Imp		
FVC (L)	03.68	03.37	092	----	---	---
FEV1 (L)	03.03	03.37	111	----	---	---
FEV1/FVC (%)	82.34	100.00	121	----	---	---
FEF25-75 (L/s)	04.11	04.65	113	----	---	---
PEFR (L/s)	09.20	06.32	069	----	---	---
FIVC (L)	-----	02.93	---	----	---	---
FEV.5 (L)	-----	02.54	---	----	---	---
FEV3 (L)	03.57	03.37	094	----	---	---
PIFR (L/s)	-----	04.54	---	----	---	---
FEF75-85 (L/s)	-----	02.48	---	----	---	---
FEF.2-1.2 (L/s)	07.23	05.89	081	----	---	---
FEF 25% (L/s)	08.06	06.25	078	----	---	---
FEF 50% (L/s)	05.78	05.08	088	----	---	---
FEF 75% (L/s)	02.86	03.05	107	----	---	---
FEV.5/FVC (%)	-----	75.37	---	----	---	---
FEV3/FVC (%)	97.01	100.00	103	----	---	---
FET (Sec)	-----	00.98	---	----	---	---
ExptTime (Sec)	-----	00.11	---	----	---	---
Lung Age (Yrs)	038	034	089	----	---	---
FEV6 (L)	03.68	-----	---	----	---	---
FIF25% (L/s)	-----	02.74	---	----	---	---
FIF50% (L/s)	-----	03.93	---	----	---	---
FIF75% (L/s)	-----	04.51	---	----	---	---

Pre Test COPD Severity
Test within normal limits

Pre Medication Report Indicates
Early Small Airway Obstruction as FEF 25-75 %Pred or PEFr %Pred < 70
Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80.



DR SANJEEVANI

Laboratory Report		Lab ID : 40933806250
Patient : Mr. AMIT S MUMBARKAR DOB : Tel No : PID No : Sex/Age : Male / 38 Years Ref Id : Specimen : Serum		Ref. By : Client : Sea Bird Medicare Pvt Ltd - Powai 102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076 Processing Location : NDPL - Vidyavihar Registered On: 14-Sep-2024 14:45 Collected On: 14-Sep-2024 14:45 Reported On: 14-Sep-2024 17:02

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
25 OH Cholecalciferol (D2+D3) <i>CMIA</i>	L 12.4	ng/mL	Deficiency:- Below 10 ; Insufficiency :- 10-30 ; Sufficiency :- 30-100 ; Hypervitaminosis :- Above 100	

25-OH-VitD plays a primary role in the maintenance of calcium homeostasis. It promotes intestinal calcium absorption and, in concert with PTH, skeletal calcium deposition, or less commonly, calcium mobilization. Modest 25-OH-VitD deficiency is common; in institutionalised elderly, its prevalence may be >50%. Although much less common, severe deficiency is not rare either. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, a particular problem in Northern latitudes during winter; inadequate intake; malabsorption (e.g. due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. Hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

INTERPRETATION

- Levels <10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.
- Patients who present with hypercalcemia, hyperphosphatemia, and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1,25 (OH)²-VitD, as can occur in granulomatous diseases, particularly sarcoidosis, or from nutritionally-induced hypervitaminosis D. Serum 1,25 (OH)²-VitD levels will be high in both groups, but only patients with hypervitaminosis D will have serum 25-OH-VitD concentrations of >80 ng/mL, typically >150 ng/mL.
- Patients with CKD have an exceptionally high rate of severe vitamin D deficiency that is further exacerbated by the reduced ability to convert 25-OH-VitD into the active form, 1,25 (OH)²-VitD. Emerging evidence also suggests that the progression of CKD & many of the cardiovascular complications may be linked to hypovitaminosis D.
- Approximately half of Stage 2 and 3 CKD patients are nutritional vitamin D deficient (25-OH-VitD, less than 30 ng/mL), and this deficiency is more common among stage 4 CKD patients. Additionally, calcitriol (1,25 (OH)²-VitD) levels are also overtly low (less than 22 pg/mL) in CKD patients. Similarly, vast majority of dialysis patients are found to be deficient in nutritional vitamin D and have low calcitriol levels. Recent data suggest an elevated PTH is a poor indicator of deficiencies of nutritional vitamin D and calcitriol in CKD patients. CAUTIONS Long term use of anticonvulsant medications may result in vitamin D deficiency that could lead to bone disease; the anticonvulsants most implicated are phenytoin, phenobarbital, carbamazepine, and valproic acid.

Remarks: Kindly correlate clinically.

Verified by
SHAMBHAVI GARDE.



Dr N. Bhamare
Dr Nilesh Bhamare.

M.D.Pathology
 MMC Reg.No.2005/9/3404



MC-6563



Laboratory Report

Lab ID : 40933806250

Patient : Mr. AMIT S MUMBARKAR DOB : Tel No : PID No : Sex/Age : Male / 38 Years Ref Id : Specimen : Serum		Ref. By : Client : Sea Bird Medicare Pvt Ltd - Powai 102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076 Processing Location : NDPL - Vidyavihar	Registered On: 14-Sep-2024 14:45 Collected On: 14-Sep-2024 14:45 Reported On: 14-Sep-2024 17:02
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VITAMIN B - 12

 Vitamin B - 12 Level L 178.0 pg/mL 187-883
CMA

Remarks: Kindly correlate clinically.

Introduction :

Vitamin B12, a member of the corrin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance :

Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating. The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in:

Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in:

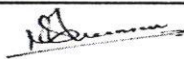
Renal failure, liver disease and myeloproliferative diseases.



Variations due to age Increases: with age.

Temporarily Increased after Drug.

Falsely high in Deteriorated sample.

 Verified by
SHAMBHAVI GARDE.


Dr Nilesh Bhamare.
 M.D.Pathology
 MMC Reg.No.2005/9/3404


	Laboratory Report	Lab ID : 40933806250
Patient : Mr. AMIT S MUMBARKAR DOB : Tel No : PID No : Sex/Age : Male / 38 Years Ref Id : Specimen : Serum		Ref. By : Client : Sea Bird Medicare Pvt Ltd - Powai 102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076 Processing Location : NDPL - Vidyavihar
		Registered On: 14-Sep-2024 14:45 Collected On: 14-Sep-2024 14:45 Reported On: 14-Sep-2024 17:02

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) <small>CMIA</small>	113.76	ng/dL	70-204	
Thyroxine (T4) <small>CMIA</small>	9.02	µg/dL	4.87-11.72	
TSH <small>CMIA</small>	0.928	µIU/mL	0.45-4.50	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy


First trimester
 Second trimester
 Third trimester

Reference range (microIU/ml)

0.24 - 2.00
 0.43-2.2
 0.8-2.5

Verified by
SHAMBHAVI GARDE.




Dr Nilesh Bhamare.
 M.D.Pathology
 MMC Reg.No.2005/9/3404





Laboratory Report

Lab ID : 40933806250

Patient : Mr. AMIT S MUMBARKAR
DOB :
Tel No :
PID No :
Sex/Age : Male / 38 Years
Ref Id :
Specimen : Serum



Ref. By :
Client : Sea Bird Medicare Pvt Ltd - Powai
102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076
Processing Location :
NDPL - Vidyavihar

Registered On:
14-Sep-2024 14:45
Collected On:
14-Sep-2024 14:45
Reported On:
14-Sep-2024 17:02

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5



	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Verified by
SHAMBHAVI GARDE.



Dr Niles Bhamare
Dr Niles Bhamare.
M.D.Pathology
MMC Reg.No.2005/9/3404



	Laboratory Report	Lab ID : 40933806250
Patient : Mr. AMIT S MUMBARKAR DOB : Tel No : PID No : Sex/Age : Male / 38 Years Ref Id : Specimen : Serum		Ref. By : Client : Sea Bird Medicare Pvt Ltd - Powai 102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076 Processing Location : NDPL - Vidyavihar
		Registered On: 14-Sep-2024 14:45 Collected On: 14-Sep-2024 14:45 Reported On: 14-Sep-2024 17:02

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Prostate Specific Antigen (PSA)

Prostate Specific Antigen <i>CMA</i>	0.477	ng/mL	Upto 2.5	
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	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	56%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

----- End Of Report -----

Verified by
SHAMBHAVI GARDE.



N. Bhamare
Dr Nilesh Bhamare.

M.D.Pathology
MMC Reg.No.2005/9/3404



MC-6563

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Sea Bird
Sea Bird Medicare

ECHOCARDIOGRAPHIC EVALUTION

NAME: MR. AMIT MUMBARKAR

AGE/SEX: 38 YRS/ M

REF: APOLLO

DATE: 14/09/2024

IMPRESSION:-

- 1) All chambers normal in size.
- 2) Normal LV function
- 3) No regional wall motion abnormality.
- 4) LV ejection fraction = 65 %
- 5) Great vessels are normal in size, relation & position.
- 6) IVS & IAS are intact.
- 7) Pericardium appears normal.
- 8) IVC normal in size and well collapsing with respiration.
- 9) No pulmonary hypertension present. RVSP by TR jet velocity= 35 mmHG
- 10) No evidence of clot in la & left ventricle.


DR. JACOB MATHEW MD,DMM,DTCD
PHYSICIAN MARINE MEDICINE

10mm/mV 0.67~25Hz AC50

08-06-2005 10:07:47

I

aVR

II

aVL

III

aVF

25mm/s

V2.45

Handwritten signature

V1

V4

V2

V5

V3

V6

Handwritten signature

E. C. G. REPORT

RATE 86/min Q. WAVE _____
RHYTHM Regular QRS COMPLEX N
VOLTAGE N ST. SEGMENT iso-electric
P. WAVE N T. WAVE _____
PR. INTERVAL N

REMARKS

normal

Dr. MUKUL ARTE MBBS, DNB
Regn. No: 44293 (MMC)

Approved By DG Shipping (GOI)
Consultant in Marine Medicine & Aviation Medicine
A-101-102, Heritage Plaza, Telli Cross Lane,
Andheri East, Mumbai-400 069
SEA BIRD MEDICARE CENTRE

ELECTROCARDIOGRAPHIC REPORT



SEA BIRD
MEDICARE CENTRE

NAME Amit Mumbarkar
AGE 38 DATE 14/09/24

- A-101-102, Heritage Plaza, Telli Cross Lane, Andheri East (Nr. Station), Mumbai - 400069.
Tel.: 022-4603 2704 / 81046 06813
- 102-103-104, Gateway Plaza, Central Avenue Road, Hiranandani Gardens, Powai, Mumbai - 400076.
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