

Report



Patient Name : MR. ANIKET SANTOSH TAMBE	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 24/08/2024 09:14:24
Age/Sex : 24 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 24/08/2024 12:58:31
LCID No : 10699153	Collected At : Sample collected inside the lab	Reported On : 24/08/2024 12:48:23
UID No : LCL58187499 240824		DOB : 26/08/2000

Blood Sugar Fasting

Test	Result	Unit	Biological Reference Interval
Blood Sugar Fasting	: 94.00	mg/dl	60-110

By Hexokinase method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

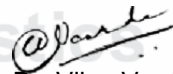
HbA1c ≥ 6.5 %

OR

Random Blood Glucose : ≥ 200 mg/dl

Test done on Fully Automated Siemens Analyser.

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



Dr. Vijay Varde
M.D. D.P.B
Consultant Pathologist



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895

Report



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Bilirubin

Test	Result	Unit	Biological Reference Interval
Serum Bilirubin (Total) By Diazo Method	: 0.50	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) By Diazo Method	: 0.12	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect) Calculated	: 0.38	mg/dl	Upto 0.9

Tests done on Fully Automated Siemens Analyser.

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UID No : LCL58187499 240824		DOB : 26/08/2000

Complete Blood Count

Test	Result	Unit	Biological Reference Interval
<u>HEMATOLOGY</u>			
Haemoglobin (Mod.Cyanmethemoglobin)	: 15.20	gms%	13-17
R.B.C Count (Impedence)	: 4.83	$\times 10^6/\text{cmm}$	4.5 - 5.5
PCV (Conductivity)	: 44.40	%	40 - 50
MCV (Calculated)	: 91.93	fL	83 - 101
MCH (Calculated)	: 31.47	Pg	27 - 32
MCHC (Calculated)	: 34.23	gms%	31.5 - 34.5
W.B.C. Count (Impedence)	: 6.23	$\times 10^3/\text{cmm}$	4 - 10
RDW (Calculated)	: 11.3	%	11.6 - 14.0
MPV (Calculated)	: 8.4	fL	6 - 11
Platelet Count (Impedence)	: 2.08	$\times 10^5/\text{cmm}$	1.50 - 4.10
<u>DIFFERENTIAL COUNT (Impedence,Light Absorbance)</u>			
Neutrophils	: 51	%	40 - 80
Lymphocytes	: 35	%	20 - 40
Eosinophils	: 06	%	0 - 6
Monocytes	: 08	%	0 - 10
Basophils	: 0	%	0 - 2
RBC Morphology	: Normocytic normochromic		
<i>Staining & Microscopy</i>			
WBC Morphology	: Normal		
<i>Staining & Microscopy</i>			
Platelets	: Adequate on smear.		
<i>Staining & Microscopy</i>			

Test done on Fully Automated Horiba Analyser.

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Consultant Pathologist



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LCID No : 10699156	Collected At : Sample collected inside the lab	Reported On : 24/08/2024 10:55:48
UID No : LCL58187499 240824		DOB : 26/08/2000

X-RAY CHEST PA

The visualised lung fields appear clear.

Both costo-phrenic angles appear clear.

Both hila appear normal.

Cardiac shadow appears normal.

Both domes of diaphragm are normal.

Visualised bones appear normal.


Impression :

No significant abnormality detected.

BUN/CREATININE RATIO

Test	Result	Unit	Biological Reference Interval
BUN / Creatinine Ratio	: 15.10		10.0 - 20.0

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Dr. Smita Dudhal
DNB DMRD MBBS
Consultant Radiologist





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Erythrocyte Sedimentation Rate (E.S.R)

Test	Result	Unit	Biological Reference Interval
E.S.R.	: 07	mm	0 - 15

By Whole Blood Modified Westergren Method

Interpretation:

ESR is elevated in infections, anaemia, vasculitis, inflammatory conditions.
ESR is decreased in Polycythemia vera, sickle cell anaemia.

ESR done on fully Automated Easyrate Analyzer.

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LCID No : 10699157	Collected At : Sample collected inside the lab	Reported On : 24/08/2024 15:50:21
UID No : LCL58187499 240824		DOB : 26/08/2000

Blood sugar Post Prandial

Test	Result	Unit	Biological Reference Interval
Blood sugar Post Prandial	: 119.00	mg/dl	70-140

By Hexokinase Method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

HbA1c ≥ 6.5 %

OR

Random Blood Glucose : ≥ 200 mg/dl

NOTE : Post-Lunch Blood sugar can be lower than Fasting blood sugar due to factors like Medicines, insulin response, Diet etc.

Test done of Fully Automated Siemens Analyser.

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Blood Group

ABO Group : "B"

Rh Factor (D) : "Positive"

Method : Forward and Reverse Agglutination

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Creatinine

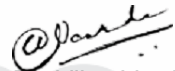
Test	Result	Unit	Biological Reference Interval
S. Creatinine	: 0.87	mg/dl	0.70-1.30

Kinetic Alkaline Picrate (Jaffe Reaction)

Tests done on Fully Automated Siemens Analyser.

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S.G.P.T

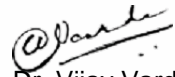
Test	Result	Unit	Biological Reference Interval
S.G.P.T.	: 36.0	U/L	16 - 63

By Enzymatic Method

Tests done on Fully Automated Analyser.

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LCID No : 10699158	Collected At : Sample collected inside the lab	Reported On : 24/08/2024 17:47:47
UID No : LCL58187499 240824		DOB : 26/08/2000

Urine Routine Examination

Test	Result	Unit	Reference Range
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Physical Examination

Quantity	: 10 ml		
Colour	: Pale yellow		
Appearance	: Slightly Hazy		
Specific Gravity	: 1.010		1.000 - 1.035

By Ion Concentration / Color Indicator

Reaction (pH)	: 6.0		5.0 - 8.0
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By Color Indicator

Chemical Examination

Proteins	: Absent		Absent
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By Sulphosalicylic acid ppt Method

Bile salts	: Absent		Absent
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By Diazo/ Fouchet

Bile Pigments	: Absent		Absent
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By Diazo/ Fouchet

Occult Blood	: Absent		Absent
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By Oxidation

Glucose	: Absent		Absent
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By Enzymatic, GOD-POD & Benedicts Test

Ketones	: Absent		Absent
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By Rothera method

Urobilinogen	: Normal		
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By Diazo/p-amino Benzaldehyde

Microscopic Examination (per H.P.F.)

Epithelial Cells	: 0 - 1	/hpf	0 - 5
Leucocytes	: 0 - 1	/hpf	0 - 5
Red Blood Cells	: Absent	/hpf	Absent
Casts	: Absent		Absent
Crystals	: Absent		Absent
Comments	: -		



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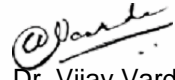


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Your Apollo order has been confirmed

Reply to: noreply@apolloclinics.info <noreply@apolloclinics.info>
 To: crm.lokhandwala@lifecarediagnostics.com
 Cc: rahul.raai@apolloclinic.com, pritam.padyal@apolloclinic.com, syamsunder.m@apollohl.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, deven.apsara.bagchi@apollohl.com, dilip.b@apolloclinic.com

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **24-08-2024** at your **Life care Diagnostic and research centre PVT ltd-Andheri West 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.

<p>ARCOFEMI HEALTHCARE LIMITED</p> <p>ARCOFEMI - MEDIWHEEL PMC CREDIT - PMC PACK PAN INDIA H - PAN OP INDIA - AGREEMENTFY2324</p>	<p>Urine Routine (CUE),GLUCOSE - SERUM / PLASMA(FASTING AND POST PRANDIAL,ALT(SGPT) - Serum / Plasma,Bilirubin, Total - Serum,Creatinine - Serum / Plasma,Blood Grouping And Typing (Abo And Rh),ECG,HEMOGRAM (CBC+ESR),X-Ray Chest PA,Fitness by General Physician,Opthal by General Physician,BUN/CREATININE RATIO</p>	<p>Aniket Santosh male Self Tambe</p>	<p>26-08- 2000</p>	<p>N/A network@mediwheel.in85278624792024-08-24</p>	<p>08:30-AHCN- 09:00 40422082401</p>
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Please login to AHCN Portal for more details.

AHCN Login Uri : [Click on Link](#)

Regards,
 Team Clinic Operations
 Apollo Health and Lifestyle Ltd.,



भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

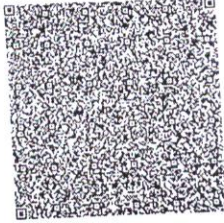
नोंदविण्याचा क्रमांक / Enrollment No. : 2821/27065/00487

To
Aniket Santosh Tambe
अनिकेत संतोष तांबे
202 7B SANJIVANI GOLIBAR ROAD,
NEAR MARATHA COLONY,
SANTACRUZ EAST,
VTC: Mumbai, PO: Santacruz (East),
Sub District: Andheri, District: Mumbai Suburban,
State: Maharashtra, PIN Code: 400055,
Mobile: 8108078276

89399538



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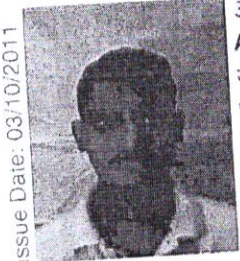
आपला आधार क्रमांक / Your Aadhaar No. :

9758 9402 9543

माझे आधार, माझी ओळख



भारत सरकार
Government of India



अनिकेत संतोष तांबे
Aniket Santosh Tambe
जन्म तारीख / DOB: 26/08/2000
पुरुष / Male

Issue Date: 03/10/2011

9758 9402 9543

माझे आधार, माझी ओळख

2

Aniket



EQAS
BIORAD

26
Years of Service

24/7
Path



Lifecare

diagnostics

MEDICAL EXAMINATION REPORT

Name : Aniket Tambe Date : 29-8-20
 Date of Birth : 26-8-2000 Age : 21 Sex : Male
 Referred by : A Patel Proof of Identification : Adhar card

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
1) GENERAL APPEARANCE : Is there any abnormalities in general appearance & built up of the Examinee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds? b. Are there any abnormalities in the chest wall? b. is there any evidence/ history of abnormality or disease of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1) DETAILS OF PHYSICAL EXAMINATION : a. Height <u>171</u> cm b. Weight <u>53</u> kg. c. Blood Pressure : <u>120/70</u> mm Hg. d. Pulse Rate <u>64</u> /min			8) CARDIO VASCULAR SYSTEM: a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep. b. History of any peripheral vascular disorder? c. Is there any abnormality in heart sound? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d. Any history of CABG, Open Heart Surgery, Angiography PTCA, other intervention.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) WHETHER IN THE PAST THE EXAMINEE a. Has been hospitalized? (If YES, please give details) b. Was involved in any accident? c. Underwent Surgery? d. Is the examinee currently under any medication? e. Has there been any recent weight gain or weight loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9) SKIN: a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma? b. Any history of allergy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) FAMILY HISTORY: Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10) GI SYSTEM: a. Is there any evidence/histroy disease of liver, gall blader pancreas, stomach, intestines? b. is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis? c. Any history of plies or fistula? d. Any history of Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) ENT. EYE & ORAL CAVITY: a. Are there any abnormalities in oral cavity? b. Are there any tobacco stains? c. Is there any history or evidence of abnormality in eyes error of refraction etc.? d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing) e. Is there any abnormality found on examination of nose and throat? Active nose bleed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11) GU SYSTEM: Has the examinee suffered from or is suffering from Kidney/ Ureter / Bladder disease / Stones or any other urinary disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) NERVOUS SYSTEM: a. Is there any evidence/histroy of disease of Central or Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc? c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) MUSCULOSKELETAL SYSTEM: a. Is there any back, spine, joint muscle or bone disorder? b. Any history of bone fracture or joint replacement or gout? if yes, give details?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
13) OTHERS			15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD eg. syphilis, gonorrhoea)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
b. Is there any enlargement of Thyroid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
c. Is there any suspicion of any other Endocrine disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16) FEMALE APPLICANTS ONLY:		
d. Is hernia present? If yes, give details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are there any abnormalities in testes? If yes, give details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorder of the female organs?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there any history or evidence suggestive of cancer, tumor growth or cyst?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc?	<input type="checkbox"/>	<input type="checkbox"/>
g. Was the examinee treated for any psychiatric ailment? If so, give details about medication given.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Are you now pregnant? If yes, how many months?	<input type="checkbox"/>	<input type="checkbox"/>
h. History of anxiety / stress / depression / sleep disorder.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
14) HABITS & ADDICTIONS					
Does the examinee consume tobacco/alcohol.drugs/narcotics in any form? If yes, please ascertain the type, quantity, duration and frequency of consumption.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Please mention details:

Q. NO.	Please provide details of all answers marked as 'yes'
1	Father - DHTN

Remarks on present health status : CANDIDATE IS FIT

Recommendations (if any):

<p>Lifecare Diagnostics & Research Center Pvt. Ltd 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala Complex, Andheri (W), Mumbai- 400053.</p> <p>Name & Signature of Doctor</p>	<p>The above statements and answers made to the medical examiner(s) are complete and true.</p> <p><i>[Signature]</i></p> <p>Signature of Examinee</p>
--	--

Date

Place

NOTES:



Main Centre : 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala, Andheri (W), Mumbai. Tel.: 2633 2527-32
Central Laboratory : 206, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, Andheri (W), Mumbai. Tel.: 26372527
Versova Branch : 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road, Versova, Andheri (W), Mumbai. Tel.: 26399210
Worli Branch : B-101, Trade World, Kamala Mills, Senapati Bapat Marg, Lower Parel West, Lower Parel, Mumbai- 400013. Tel: 9167223844
Mumbai : Versova | Lokhandwala | Goregaon | Kandivali | Dahisar | Worli | Pune : Aundh | Chinchwad | Gujrat : Vadodra
E-mail : admin@lifecarediagnostics.com | feedback@lifecarediagnostics.com | Website : www.lifecarediagnostics.com

NOTE : General physical examination & investigation included in the health checkup have certain limitations and may not be able to detect any latent or asymptomatic disease. Hence any new symptoms arising after the medical checkup should be notified to attending physician.



OPHTHALMIC REPORT

NAME: Mr. Aniket S. Tambe
AGE: 24y-1 male

DATE: 24/08/2024

Distance Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	6/6	6/6	6/6
With Glasses	—	—	—

Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	NG	NG	NG
With Glasses	—	—	—

	Right Eye	Left Eye
Colour Vision	Normal	Normal
Anterior Segment	Normal	Normal
External Eye Exam	Normal	Normal
Intra ocular tension	—	—
Fundus	—	—

Advise:

Both Eyes fit

OPTOMETRIST

Lifecare Diagnostics & Research Center Pvt. Ltd.
1st Floor, Sunshine App. Shashtri Nagar,
Lokhandwala Complex, Andheri (W),
Mumbai- 400053.



Report



Patient Name : MR. ANIKET SANTOSH TAMBE	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 24/08/2024 09:14:24
Age/Sex : 24 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 24/08/2024 09:21:28
LCID No : 10699156	Collected At : Sample collected inside the lab	Reported On : 24/08/2024 10:55:48
UID No : LCL58187499 240824		DOB : 26/08/2000

X-RAY CHEST PA

The visualised lung fields appear clear.

Both costo-phrenic angles appear clear.

Both hila appear normal.

Cardiac shadow appears normal.

Both domes of diaphragm are normal.

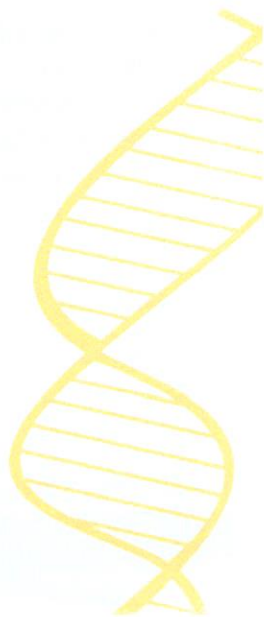
Visualised bones appear normal.

Impression :

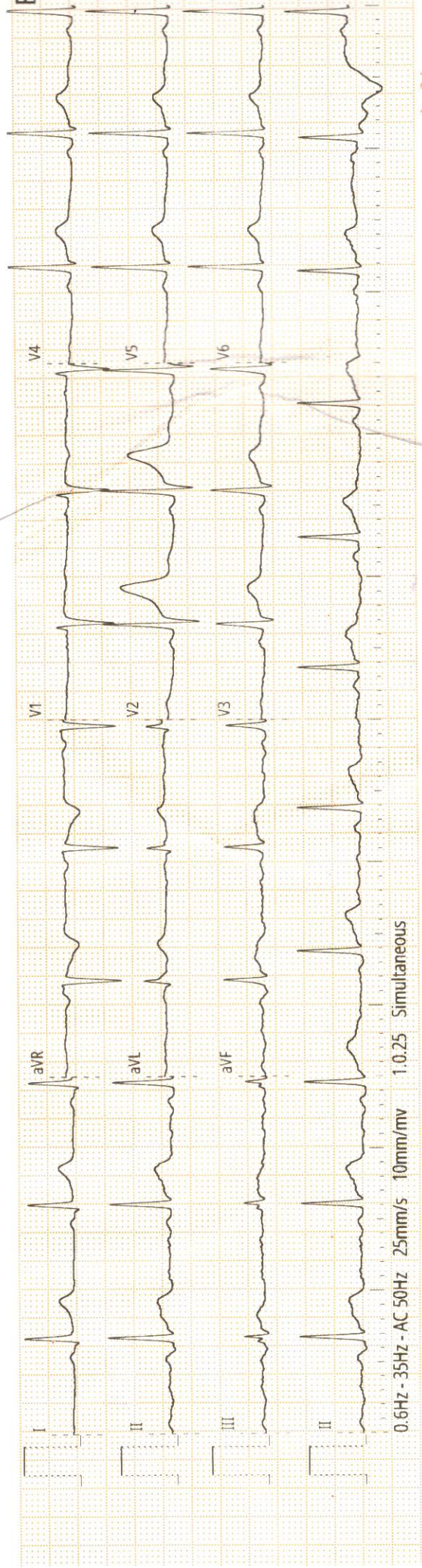
No significant abnormality detected.

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


Dr. Smita Dudhal
DNB DMRD MBBS
Consultant Radiologist



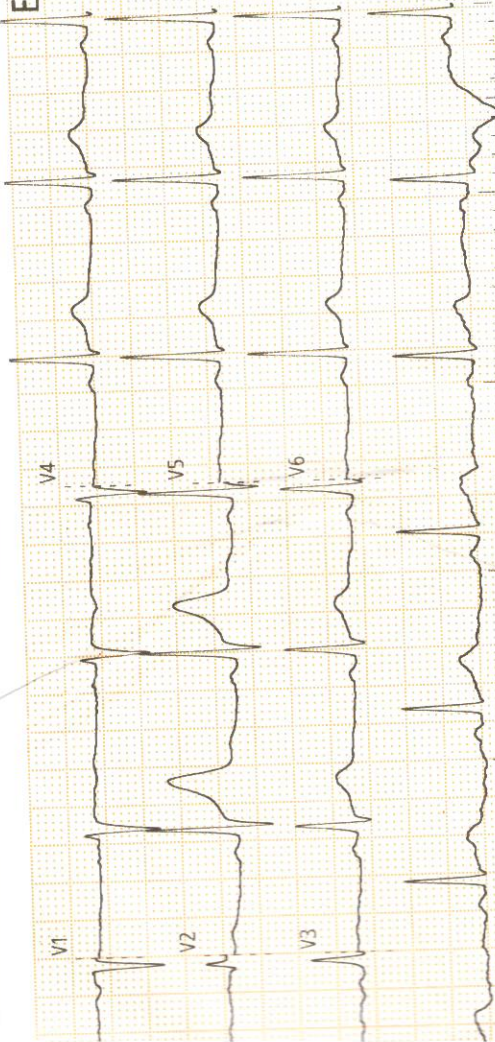
ECG repr
ID :
Name :
Gender :
Age :
Dept :
Bed No :



1-24

ECG report

ID : 20240823215512
Name : MR ANIKET TAMBE
Gender : M
Age : 24 Years
Dept :
Bed No :
HR : 64 bpm
PR : 136 ms
QRS : 92 ms
QT/QTc : 400/407 ms
P/QRS/T : 39/43/20°
RV5/SV1 : 1.345/0.734 mv
RV5+SV1 : 2.079 mv



Handwritten signature

REPORT

- Sinus Arrhythmia

- Normal ECG

Central Laboratory
206, Cosmos Plaza,
Opp. Indian Oil Nagar,
J. P. Road, Andheri (W),
Mumbai
Tel.: 26372527

Versova Branch
10, 11, First Floor, Silver Sireak,
Near Bus Depot, Yari Road,
Versova, Andheri (W),
Mumbai
Tel.: 26399210

Worli Branch
B-101, Trade World, Lifecare Diagnostics & Research Centre Pvt. Ltd
Kamala Mills, 1st Floor, Sunshine, Opp. Sashtri Nagar,
Senapati Bapat Marg, Lokhandwala Complex, Andheri (W),
Lower Parel (W), Mumbai - 400053.
Tel.: 9167223844

For Home visits call : 9167117755 / 9167223838

M.D.
CARDIOLOGIST