

Patient Name : Mr.VINAYAK JADHAV	Collected : 11/Oct/2024 09:37AM
Age/Gender : 33 Y 11 M 18 D/M	Received : 11/Oct/2024 02:28PM
UHID/MR No : CPIM.0000052063	Reported : 11/Oct/2024 03:48PM
Visit ID : CPIMOPV168989	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33787	

DEPARTMENT OF HAEMATOLOGY

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

SIN No:PPR241001650

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	41.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.73	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.2	fL	83-101	Calculated
MCH	32.4	pg	27-32	Calculated
MCHC	36.7	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,090	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.6	%	40-80	Electrical Impedance
LYMPHOCYTES	37.8	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	9.7	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2575.54	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1924.02	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	86.53	Cells/cu.mm	20-500	Calculated
MONOCYTES	493.73	Cells/cu.mm	200-1000	Calculated
BASOPHILS	10.18	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.34		0.78- 3.53	Calculated
PLATELET COUNT	256000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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DEPARTMENT OF HAEMATOLOGY

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



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UHID/MR No : CPIM.0000052063	Reported : 11/Oct/2024 04:03PM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	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)
 Consultant Pathologist

SIN No:PPR241001650

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



Patient Name : Mr.VINAYAK JADHAV	Collected : 11/Oct/2024 09:38AM
Age/Gender : 33 Y 11 M 18 D/M	Received : 11/Oct/2024 01:22PM
UHID/MR No : CPIM.0000052063	Reported : 11/Oct/2024 01:51PM
Visit ID : CPIMOPV168989	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	83	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:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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

SIN No:PPR241001653

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



Patient Name : Mr.VINAYAK JADHAV	Collected : 11/Oct/2024 12:24PM
Age/Gender : 33 Y 11 M 18 D/M	Received : 11/Oct/2024 06:52PM
UHID/MR No : CPIM.0000052063	Reported : 11/Oct/2024 07:09PM
Visit ID : CPIMOPV168989	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33787	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	97	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.

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

SIN No:PPR241001771

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UHID/MR No : CPIM.0000052063	Reported : 11/Oct/2024 04:42PM
Visit ID : CPIMOPV168989	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33787	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	190	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	134	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.77	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.02	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.09		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.28		<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



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

SIN No: PPR241001649

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.77	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.91	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.1	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	75.33	U/L	30-120	IFCC
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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. 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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Patten:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	12.74	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.96	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.46	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.48	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	143.15	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.44	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.12	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	36.26	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.43	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.88	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.594	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes


Dr Sneha Shah
MBBS, MD (Pathology)
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SIN No: PPR241001652

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Patient Name	: Mr.VINAYAK JADHAV	Collected	: 11/Oct/2024 09:37AM
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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Sneha Shah
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 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:PPR241001652

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Patient Name : Mr.VINAYAK JADHAV	Collected : 11/Oct/2024 09:42AM
Age/Gender : 33 Y 11 M 18 D/M	Received : 11/Oct/2024 01:29PM
UHID/MR No : CPIM.0000052063	Reported : 11/Oct/2024 02:14PM
Visit ID : CPIMOPV168989	Status : Final Report
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Emp/Auth/TPA ID : 22S33787	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.



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

SIN No: PPR241001659

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist



SIN No:PPR241001770

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Patient Name : Mr.VINAYAK JADHAV	Collected : 11/Oct/2024 09:37AM
Age/Gender : 33 Y 11 M 18 D/M	Received : 11/Oct/2024 01:29PM
UHID/MR No : CPIM.0000052063	Reported : 11/Oct/2024 02:10PM
Visit ID : CPIMOPV168989	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S33787	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



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



SIN No:PPR241001651

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

Patient Name : Mr.VINAYAK JADHAV
Age/Gender : 33 Y 11 M 18 D/M
UHID/MR No : CPIM.0000052063
Visit ID : CPIMOPV168989
Ref Doctor : Self
Emp/Auth/TPA ID : 22S33787

Collected : 11/Oct/2024 09:37AM
Received : 11/Oct/2024 01:29PM
Reported : 11/Oct/2024 02:10PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



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



SIN No: PPR241001651

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

Apollo Health and Lifestyle Limited

(CIN-U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



Patient	Mr. VINAYAK JADHAV	Appt ID	CPIMAPT1680
Age/Gender	33Y Male	Consult Date	11 Oct 2024
UHID	CPIM.0000052063	Order Bill ID	CPIM-OCR-83036
		Visit Display ID	CPIMOPV168989

VITALS

Weight : 67Kgs	Height : 169Cms
Pulse : 70 BPM	Spo2 : 98%
BP : 128 / 93 MmHg	Respiratory Rate : 20 BPM
Temperature : 97 °F	

Apollo Health and Lifestyle Limited

(CIN-U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com

Apollo Health and Lifestyle Limited

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Corporate Office: 7-1-617/A, 7* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com

Patient Name	: Mr. VINAYAK JADHAV	Age	: 33Yrs 11Mths 20Days
UHID	: CPIM.0000052063	OP Visit No.	: CPIMOPV168989
Printed On	: 11-10-2024 10:52 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S33787		

DEPARTMENT OF RADIOLOGY

Liver appears normal in size and echo texture. 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 echo pattern. No focal/mass lesion/calcification. No evidence of peri-pancreatic free fluid or collection. Pancreatic duct appears normal.

Both Kidneys are normal in size, location and echo texture. The cortico medullary differentiation is maintained bilaterally. No evidence of calculus / hydronephrosis seen on either side.

Urinary bladder is normal. No evidence of filling defect or mass effect. The wall thickness is normal.

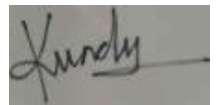
Prostate is normal in size and echo texture. No evidence of necrosis / calcification seen.

IMPRESSION: -

**No significant abnormality detected.
Suggest – clinical correlation.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



Dr.KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
2010/10/3031
Radiology

Patient Name	: Mr. VINAYAK JADHAV	Age	: 33Yrs 11Mths 20Days
UHID	: CPM.0000052063	OP Visit No.	: CPMOPV168989
Printed On	: 11-10-2024 12:12 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S33787		

DEPARTMENT OF RADIOLOGY

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

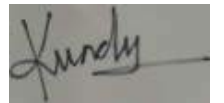
Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

---End Of The Report---



Dr.KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
2010/10/3031
Radiology

Patient Name	: Mr. VINAYAK JADHAV	Age	: 33Yrs 11Mths 20Days
UHID	: CPIM.0000052063	OP Visit No.	: CPIMOPV168989
Printed On	: 11-10-2024 11:10 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S33787		

DEPARTMENT OF CARDIOLOGY

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

2 DIMENSIONAL ECHOCARDIOGRAPHY:

All cardiac chambers are normal in dimensions

No LV regional wall motion abnormalities at rest

LVEF = 60 %

Good RV function

All cardiac valves structurally normal

IAS / IVS intact

No clots / vegetation/ pericardial effusion seen on TTE

Great arteries are normally related & appear normal

IVC is normal in size & collapsing well with respiration

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

Normal transvalvular pressure gradients, No AR, Trivial MR/TR

No LV diastolic dysfunction

No pulmonary hypertension

No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium 30.0 mm **Aortic Root** 28.0 mm

IVS (d) 09.0 mm **IVS (s)** 14.0 mm

LVID (d) 38.0 mm **LVID (s)** 22.0 mm

LVPW(d) 09.0 mm **LVPW(s)** 14.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

NO RWMA; LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

GOOD RIGHT VENTRICULAR FUNCTION

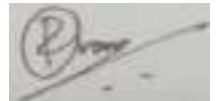
NORMAL CARDIAC VALVES

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION

---End Of The Report---



Dr. RAJENDRA CHAVAN
MBBS, MD (GEN. MED.), D M (CARDIOLOGY).
2005020968
Cardiology



भारत सरकार
Government of India



विनायक निवृत्ती जाधव
Vinayak Nivrutti Jadhav
जन्म तारीख / DOB : 23/10/1990
पुरुष / Male

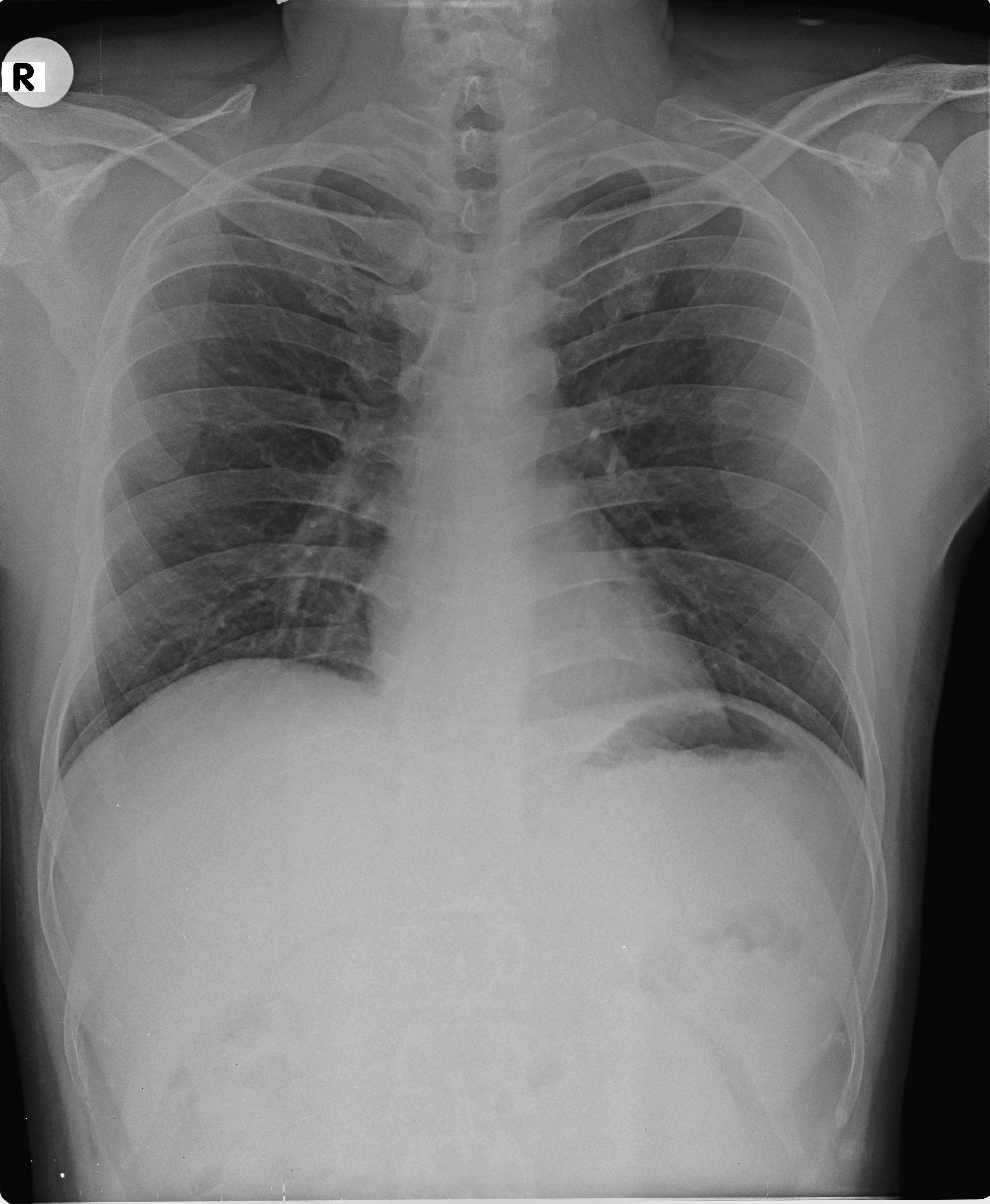


4451 0720 8560

आधार - सामान्य माणसाचा अधिकार

S. No.	PACKAGE NAME	Booking ID	EMP-NAME
21	Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO	22S33787	vinayak jadhav

R



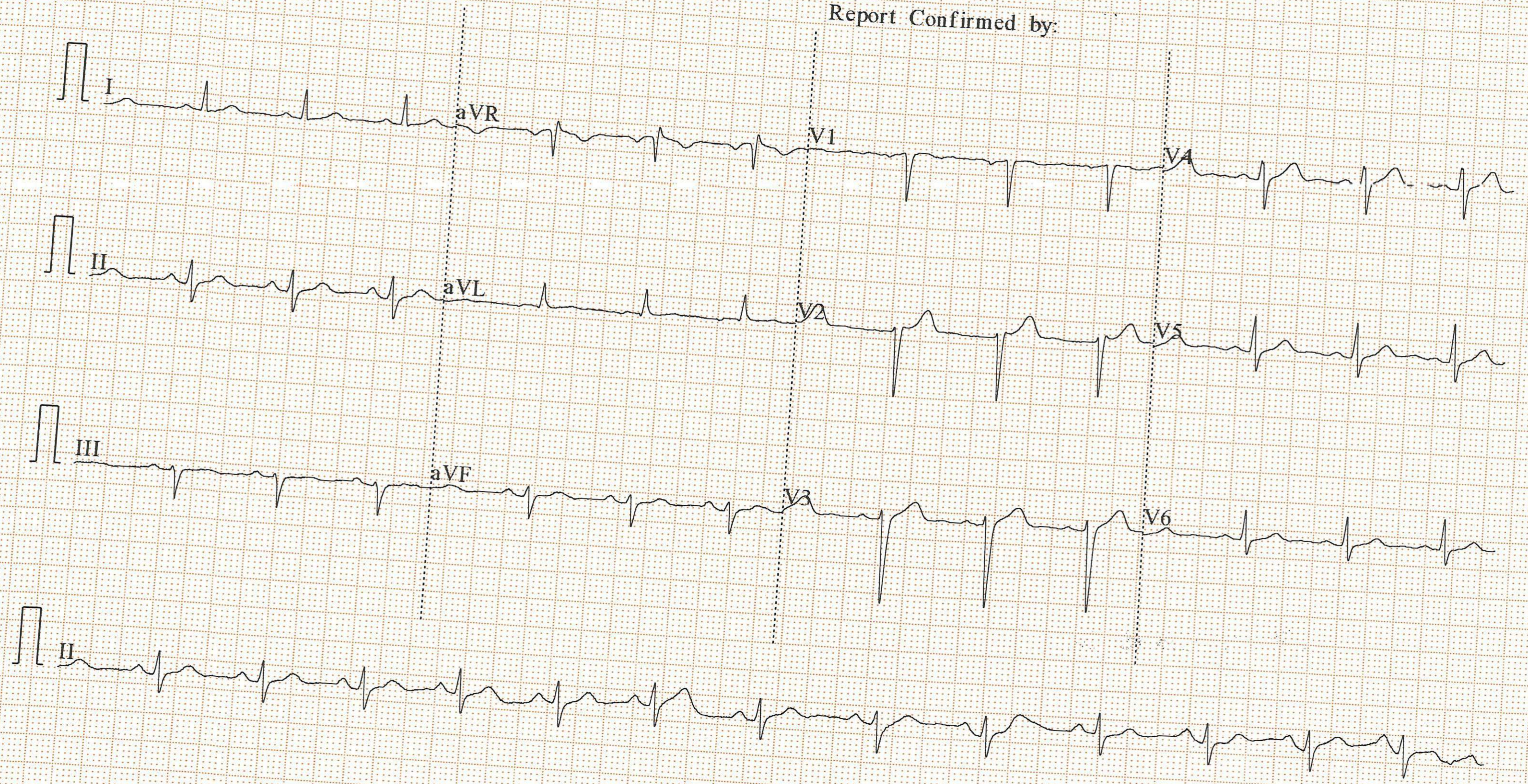
VINAYAK JADHAV
Male 33Years

11-10-2024 11:44:26 AM ARROW CE
HR : 83 bpm
P : 108 ms
PR : 155 ms
QRS : 98 ms
QT/QTc : 354/417 ms
P/QRS/T : 67/-39/58 °
RV5/SV1 : 0.621/0.786 mV

Diagnosis Information:
Sinus Rhythm
Left Axis Deviation

*hnl
dmg*

Report Confirmed by:



Mr. Vinayak Jadhav
Age: 33 / m

Height : 169.	Weight : 67.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 128/93

General Examination / Allergies History

Clinical Diagnosis & Management Plan

A/P:- No fresh complaints.

F/H:- mother htn.

P/H:- ACS.

Allergies:- Not known

O/E

AS
CBC
P/A
CRB } NAD

Adv
PFT.

Jadhav

Follow up date:

Doctor Signature

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mr. Vinayak Jadhav on 14/10/2024

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 	✓
<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.....</p> <p>2.....</p> <p>3.....</p> <p>However the employce 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. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. Dr. Samrudhi Jadhav
Medical Officer
Apollo Clinic, (NIGDI) M.B.B.S.

Reg. No. 2019010144

This certificate is not meant for medico-legal purposes

Patient Name : Mr. VINAYAK JADHAV
 Age/Gender : 33 Y 11 M 18 D/M
 UHID/MR No : CPIM.0000052063
 Visit ID : CPIMOPV168989
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22S33787

Collected : 11/Oct/2024 09:37AM
 Received : 11/Oct/2024 02:28PM
 Reported : 11/Oct/2024 03:48PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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 Ingole
 M.B.B.S., M.D. (Pathology)
 Consultant Pathologist

SIN No: PPR241001650

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



Patient Name : Mr. VINAYAK JADHAV
 Age/Gender : 33 Y 11 M 16 D/M
 UHID/MR No : CPIM.0000052063
 Visit ID : CPIMOPV168989
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22S33787

Collected : 11/Oct/2024 12:24PM
 Received : 11/Oct/2024 06:52PM
 Reported : 11/Oct/2024 07:09PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	97	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.



Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No: PPR241001771

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

Patient Name : Mr. VINAYAK JADHAV
 Age/Gender : 33 Y 11 M 18 D/M
 UMID/MR No : CPIM.0000052063
 Visit ID : CPIMOPV168989
 Ref Doctor : Self
 Emp/Auh/TPA ID : 229337B7

Collected : 11/Oct/2024 09:37AM
 Received : 11/Oct/2024 02:01PM
 Reported : 11/Oct/2024 05:22PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	190	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	134	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.77	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.02	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.09		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.28		<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



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

SIN No: PPR241001649

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





Certificate No: NCO-5697

Patient Name : Mr. VINAYAK JADHAV
 Age/Gender : 33 Y 11 M 18 D/M
 UHID/MR No : CPIM.0000052063
 Visit ID : CPIMOPV168989
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22S33787

Collected : 11/Oct/2024 09:37AM
 Received : 11/Oct/2024 02:01PM
 Reported : 11/Oct/2024 05:22PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	36.26	U/L	<55	IFCC




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

SIN No: PPR241001649

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

Patient Name : Mr.VINAYAK JADHAV
 Age/Gender : 33 Y 11 M 18 D/M
 UHID/MR No : CPIM.0000052063
 Visit ID : CPIMOPV168989
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22S93787

Collected : 11/Oct/2024 09:37AM
 Received : 11/Oct/2024 01:54PM
 Reported : 11/Oct/2024 03:27PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.43	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.88	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.594	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Blo Ref Range for TSH in µIU/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 Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis; Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



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

SEN No:PPR241001652

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

Patient Name	: Mr. VINAYAK JADHAV	Age	: 33Yrs 11Mths 19Days
UHID	: CPIM.0000052063	OP Visit No.	: CPIMOPV168989
Printed On	: 11-10-2024 05:42 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S33787		

DEPARTMENT OF RADIOLOGY

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

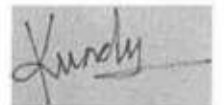
Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

---End Of The Report---



Dr.KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
2010/10/3031
Radiology

Patlent Name	: Mr. VINAYAK JADHAV	Age	: 33Yrs 11Mths 19Days
LHID	: CPIM.0000052063	OP Visit No.	: CPIMOPV1B8989
Printed On	: 11-10-2024 04:22 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22633787		

DEPARTMENT OF RADIOLOGY

Liver appears normal in size and echo texture. 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 echo pattern. No focal/mass lesion/calcification. No evidence of peri-pancreatic free fluid or collection. Pancreatic duct appears normal.

Both Kidneys are normal in size, location and echo texture. The cortico medullary differentiation is maintained bilaterally. No evidence of calculus / hydronephrosis seen on either side.

Urinary bladder is normal. No evidence of filling defect or mass effect. The wall thickness is normal.

Prostate is normal in size and echo texture. No evidence of necrosis / calcification seen.

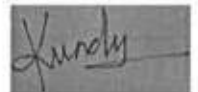
IMPRESSION: -

No significant abnormality detected.

Suggest - clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



Dr.KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
2010/10/3031
Radiology

Patient Name	: Mr. VINAYAK JADHAV	Age	: 33Yrs 11Mths 20Days
UHID	: CPIM.0000052063	OP Visit No.	: CPIMOPV168989
Printed On	: 11-10-2024 04:40 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22533787		

DEPARTMENT OF CARDIOLOGY

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

2 DIMENSIONAL ECHOCARDIOGRAPHY:

All cardiac chambers are normal in dimensions
No LV regional wall motion abnormalities at rest
LVEF = 60 %

Good RV function

All cardiac valves structurally normal

IAS / IVS intact

No clots / vegetation/ pericardial effusion seen on TTE

Great arteries are normally related & appear normal

IVC is normal in size & collapsing well with respiration

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

Normal transvalvular pressure gradients, No AR, Trivial MR/TR

No LV diastolic dysfunction

No pulmonary hypertension

No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium 30.0 mm Aortic Root 28.0 mm

IVS (d) 09.0 mm IVS (s) 14.0 mm

LVID (d) 38.0 mm LVID (s) 22.0 mm

LVPW(d) 09.0 mm LVPW(s) 14.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

NO RWMA; LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

GOOD RIGHT VENTRICULAR FUNCTION

NORMAL CARDIAC VALVES

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION

---End Of The Report---



Dr. RAJENDRA CHAVAN
MBBS, MD (GEN. MED.), D M (CARDIOLOGY).
2005020968
Cardiology

Mr. Vinayak Jadhav

11-10-24

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

O16
 Impacted 8/8
 Dental caries 7/67
 Root Piece 78
 Stain⁺⁺ Cal⁺⁺
 Adv - Scaling & Polishing
 Adv - composite filling 7/67
 Adv - Extraction 8/8
 Adv - X-ray

Follow up date:

VP.
 Doctor Signature

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 11.10.24

Patient Name *Vinayak Joshi*

UHID:

Age / Sex: *33 Y / M*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i> <i>1/6</i>	<i>6/6</i> <i>1/6</i>
Near Vision		
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>Normal</i>	<i>Normal</i>
Family History/Medical History	<i>-</i>	<i>-</i>

plano BE

IMPRESSION:-

[Signature]
OPTOMETRIST

Mr. Vinayak Jadhav
Age: 33 / m

Height : 169.	Weight : 67.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 128/93

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

A/P:- No fresh complaints.

F/H:- Mother htn.

P/H:- Nil.

Allergies:- Not known

O/E

AS }
CBC } NAD
PTA }
CRP }

Ady
PFT.

Dr. Samrudhi Jadhav

M.B.B.S.

Reg. No. 2019010144

Reg. No. 2019010144

M.B.B.S.

Dr. Samrudhi Jadhav

Follow up date:

Doctor Signature

Name : Mr. VINAYAK JADHAV

Age : 33Y 11M 19D

UHID : CPM.0000052063

Address : P.C.N.T. Pune Maharashtra INDIA 411044

sex : Male



CPIM.0000052063

Plan : ARCOFEMI MEDIWHEEL MALE AIC CREDIT
PAN INDIA OP AGREEMENT

OP No: CPIMOPV168989

Bill No: CPM-OCR-83036

Date: Oct 11th, 2024, 8:50 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324		
2	DENTAL CONSULTATION	Consultation	<input type="checkbox"/>
3	ENT CONSULTATION	Consultation	<input type="checkbox"/>
4	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
5	OPTICAL BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
6	GAMMA GLUTAMYL TRANSFERASE (GOT)	Biochemistry	<input type="checkbox"/>
7	LFT PROFILE	Biochemistry	<input type="checkbox"/>
8	HbA1c, GLYCALED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:30pm	Biochemistry	<input type="checkbox"/>
10	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
11	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
12	HEMOGRAM - PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
13	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
14	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
15	RENAL PROFILE/RENAL FUNCTION TEST (RF/RFKT)	Biochemistry	<input type="checkbox"/>
16	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
17	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	<input type="checkbox"/>
18	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
19	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology	<input type="checkbox"/>
20	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
21	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>
22	2D ECHO	Cardiology	<input type="checkbox"/>
23	ECG	Cardiology	<input type="checkbox"/>
24	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
25	DIBT CONSULTATION	General	<input type="checkbox"/>

Audio

PFT

WT: 67.5

HT: 169.

BP: 128/93