

Patient Name : Mr.PRAVIN GADIWALE	Collected : 28/Sep/2024 08:52AM
Age/Gender : 39 Y 8 M 0 D/M	Received : 28/Sep/2024 12:59PM
UHID/MR No : CWAN.0000066284	Reported : 28/Sep/2024 02:30PM
Visit ID : CWANOPV240795	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S34088	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No Abnormal cells seen.



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

SIN No:CWA240901116

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	15.7	g/dL	13-17	Spectrophotometer
PCV	45.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.38	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.8	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	16.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,780	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3796.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2305.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	271.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	406.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.65		0.78- 3.53	Calculated
PLATELET COUNT	281000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
<p>RBC Predominantly Normocytic Normochromic with Microcytes+ WBC are normal in number and morphology Platelets are Adequate No Abnormal cells seen.</p>				



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UHID/MR No : CWAN.0000066284	Reported : 28/Sep/2024 02:42PM
Visit ID : CWANOPV240795	Status : Final Report
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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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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	82	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 Sneha Shah
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SIN No:CWA240901119

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Patient Name : Mr.PRAVIN GADIWALE	Collected : 28/Sep/2024 11:36AM
Age/Gender : 39 Y 8 M 0 D/M	Received : 28/Sep/2024 03:42PM
UHID/MR No : CWAN.0000066284	Reported : 28/Sep/2024 05:43PM
Visit ID : CWANOPV240795	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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.



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SIN No:CWA240901216

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



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Age/Gender : 39 Y 8 M 0 D/M	Received : 28/Sep/2024 12:59PM
UHID/MR No : CWAN.0000066284	Reported : 28/Sep/2024 02:04PM
Visit ID : CWANOPV240795	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S34088	

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	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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)



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UHID/MR No : CWAN.0000066284	Reported : 28/Sep/2024 01:10PM
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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	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	104	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.71	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.11		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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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	1.07	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.25	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.82	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.64	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.4	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	28.87	U/L	30-120	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.76	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		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, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*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


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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	1.09	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	15.21	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.94	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.83	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.06	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.33	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.76	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		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	26.72	U/L	<55	IFCC

Sneha Shah

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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)	1.26	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.37	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.345	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


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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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Patient Name : Mr.PRAVIN GADIWALE	Collected : 28/Sep/2024 08:52AM
Age/Gender : 39 Y 8 M 0 D/M	Received : 28/Sep/2024 06:27PM
UHID/MR No : CWAN.0000066284	Reported : 28/Sep/2024 07:22PM
Visit ID : CWANOPV240795	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S34088	

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	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.001		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.



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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

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

*** End Of Report ***

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:CWA240901120

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Patient Name	: Mr.PRAVIN GADIWALE	Collected	: 28/Sep/2024 08:52AM
Age/Gender	: 39 Y 8 M 0 D/M	Received	: 28/Sep/2024 05:06PM
UHID/MR No	: CWAN.0000066284	Reported	: 28/Sep/2024 05:57PM
Visit ID	: CWANOPV240795	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S34088		

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

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.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:CWA240901120

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



Patient Name	: Mr. PRAVIN GADIWALE	Age	: 39Yrs 8Mths 1Days
UHID	: CWAN.0000066284	OP Visit No.	: CWANOPV240795
Printed On	: 28-09-2024 05:06 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S34088		

DEPARTMENT OF RADIOLOGY

Liver appears normal in size and shows fatty change. No focal lesion is seen. PV and CBD normal.

No dilatation of the intrahepatic biliary radicals.

Gall bladder is distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality.

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

No free fluid is detected in abdomen.

No retroperitoneal lymphadenopathy seen.

No obvious bowel mass detected.

IMPRESSION:

Grade I fatty liver.

Rest of the study within normal limits.

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. SHAAZ KHAN
MBBS,DMRE

--

Radiology

Patient Name	: Mr. PRAVIN GADIWALE	Age	: 39Yrs 8Mths 1Days
UHID	: CWAN.0000066284	OP Visit No.	: CWANOPV240795
Printed On	: 28-09-2024 07:05 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S34088		

DEPARTMENT OF RADIOLOGY

X-Ray Chest PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.


Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

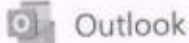
CONCLUSION :

No obvious abnormality seen.

---End Of The Report---



Dr.SATINDER LAMBA
MBBS, DMRE , MD (USAIM)
2004/02/386
Radiology



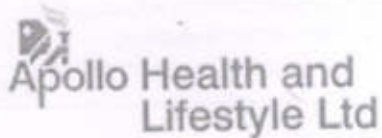
Your appointment is confirmed

From noreply@apolloclinics.info <noreply@apolloclinics.info>

Date Wed 25-09-2024 10:41

To namrata.zelgonde@gmail.com <namrata.zelgonde@gmail.com>

Cc Wanowrie Apolloclinic <wanowrie@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>;
DCM Wanowrie <dcm.wanowrie@apolloclinic.com>



Dear PRAVIN GADIWALE,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **WANOURI clinic** on **2024-09-28** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.

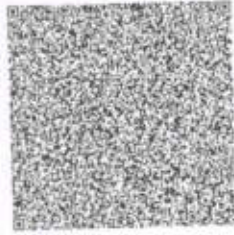


भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक:/ Enrolment No.: 2821/35078/14008

To
प्रवीण चंपतराव गडीवालें
Pravin Champatrao Gadiwale
C 403 Marvel Ideal Spacio
Jagdamba Bhavan Marg
Undri
Undari (part) (n.v.)
Pune Maharashtra - 411060
7276775635



आपला आधार क्रमांक / Your Aadhaar No. :

4918 6411 7872

VID : 9170 1377 8727 4164

माझे आधार, माझी ओळख



भारत सरकार
Government of India



प्रवीण चंपतराव गडीवालें
Pravin Champatrao Gadiwale
जन्म तारीख/DOB: 28/01/1985
पुरुष/ MALE

4918 6411 7872

VID : 9170 1377 8727 4164

माझे आधार, माझी ओळख



Government of India



माहिती

- आधार ओळखीचा पुरावा आहे नागरिकत्वाचा नाही
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन प्रमाणीकरण वापरून ओळख सत्यापित करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारे तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- 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

- 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.

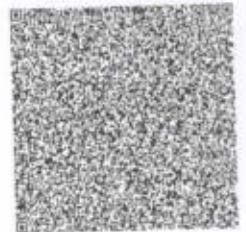


भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



पत्ता:
क ४०३ मार्वेल इडेल स्पेसिओ, जगदंबा भवन मार्ग, उंद्री,
उंदरी (पार्ट) (न.व.), पुणे,
महाराष्ट्र - ४११०६०

Address:
C 403 Marvel Ideal Spacio, Jagdamba Bhavan
Marg, Undri, Undari (part) (n.v.), Pune,
Maharashtra - 411060



4918 6411 7872

VID : 9170 1377 8727 4164



1947



help@uidai.gov.in



www.uidai.gov.in

Apollo Clinic

CONSENT FORM

Patient Name: Mr. Pravin Gadiwala Age: 39 yrs
 UHID Number: 66284 Company Name: Arcotemi-Medihwheel

I, ~~Mr/Mrs/Ms~~ Mr. Pravin Gadiwala Employee of Arcotemi Medihwheel
 (Company) Want to inform you that I am not interested in getting Dental

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.



Patient Signature: _____ Date: 28.09.2024

pravingadivale@gmail.com

Name : Mr. PRAVIN GADIWALE **Age :** 39Y 8M **UHID :** CWAN.0000066284

Address : Kondhwa Bk Pune Maharashtra INDIA 411048 **sex :** Male

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

OP No: CWANOPV240795
Bill No: CWAN-OCR-52169
Date: Sep 28th, 2024, 8:43 AM



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

Ht- 184cm
Wt- 86.8kg
Bp- 120/80



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Pravin Aadiwale on 30/9/2024

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

Dr. Mushfiya
Medical Officer

The Apollo Clinic, (Location)
DR. MUSHFIYA BAHRAINWALA

This certificate is not meant for medico-legal purposes.

M.B.B.S
Reg. No.: 47527
Apollo Clinic Wane warie
NIBM Road, Kondhwa.

Date : 9/28/2024 Department : General Physician
 Patient Name : Mr. PRAVIN GADIWALE Doctor : Dr. MUSHFIYA BAHRAINWALA
 UHID : CWAN.0000066284 Registration No. : 2020010062
 Age / Gender : 39Yrs 8Mths / Male Qualification : MBBS and PG in Hospital Management

Consultation Timing : 8:44 AM

Height : 154cm	Weight : 86.5kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80mmHg

General Examination / Allergies History

Clinical Diagnosis & Management Plan

For AHC
 No obs. at the moment.
 O/E: Throat - Mild Redness
 Chest - Clear
 SI-SN E
 CNS / J / SA
 All reports


 DR. MUSHFIYA BAHRAINWALA
 M.B.B.S
 Reg. No.: 47527
 Apollo Clinic Wanowrie
 NIBM Road, Kondhwa.

PATHOLOGY **SAMPLE** **AT HOME**

9763461253
 Clinic
 9121226368

COL

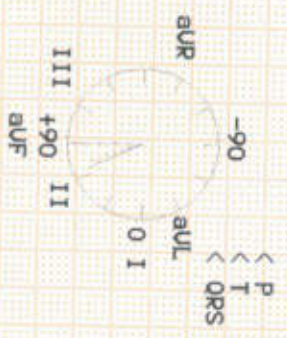
Follow up date:

Doctor Signature

HR 80 bpm

Measurement Results:

QRS	:	104 ms
QT/QTcB	:	390 / 452 ms
PR	:	122 ms
P	:	96 ms
RR/PP	:	746 / 745 ms
P/QRS/T	:	70 / 65 / 90 degrees
QTd/QTcBd	:	40 / 46 ms
Sokolow	:	2.1 mV
NK	:	12



Interpretation:

normal ECG

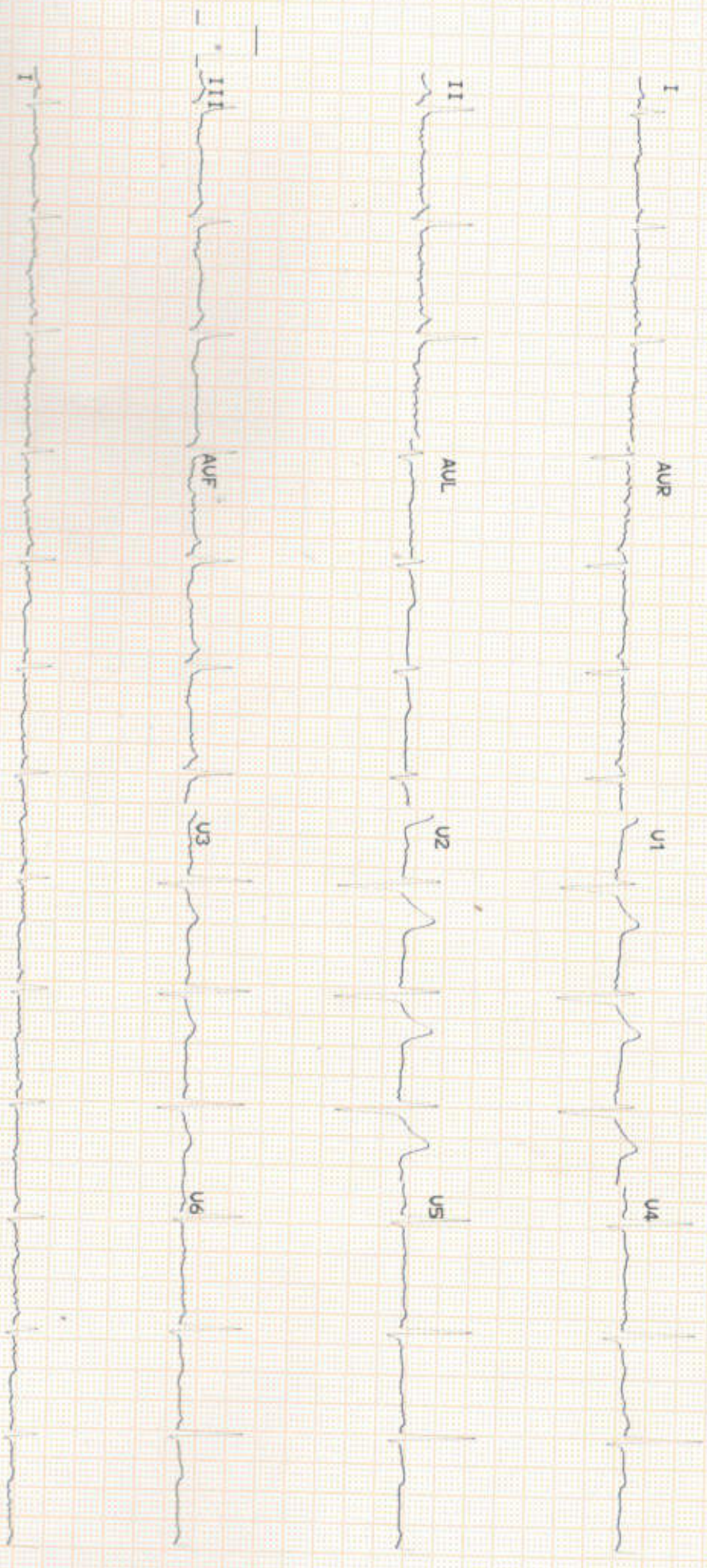
DR. MUSHFIYA BAHRAINWALA

M.B.B.S

Reg. No.: 47527

Apollo Clinic Warowar
 NIBM Road, Kondhwa.

Unconfirmed report.



2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : Mr. PRAVIN GADIWALE Age/Sex : 39/M Date : 28/09/2024

2D Echo:-

Cardiac chamber dimensions – Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – Diastolic flows are normal.

Cardiac valves -

Mitral valve – Normal, No mitral regurgitation.

Aortic valve – Three thin leaflets, no aortic regurgitation, Aortic PG –9.2 mm Hg

Tricuspid valve – no tricuspid regurgitation.

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
28	35	10	10	42	35	60%

Conclusion:-

Normal chamber dimensions.

No RWMA, normal LV systolic function, LVEF – 60%

No LV Diastolic dysfunction.

Normal PA pressure.



Dr. Bhushan Bari
DNB Medicine, DNB Cardiology
Consultant and Interventional Cardiologist

The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mr. Pravin Gadivale

DATE :- 28/9/24

AGE/SEX :- 39y/M

UHID : 66284

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 ✓	6/6 ✓
Near Vision	N/6 ✓	N/6 ✓
Anterior Segment Pupil	NORMAL ✓	NORMAL ✓
Fundus	NORMAL ✓	NORMAL ✓
Colour Vision	NORMAL ✓	NORMAL ✓
Iop	NORMAL ✓	NORMAL ✓
Family History/Medical History	-	-

IMPRESSION:- Both Eyes Normal vision

Advice :-



Ophthalmologist

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mr. PRAVIN GADIWALE	Age	: 39Yrs 8Mths
UHID	: CWAN.0000056284	OP Visit No.	: CWANOPV240795
Printed On	: 28-09-2024 12:35 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S34088		

DEPARTMENT OF RADIOLOGY

X-Ray Chest PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

---End Of The Report---



Dr.SATINDER LAMBA
MBBS, DMRE , MD (USAIM)
2004/02/386
Radiology

Patient Name	: Mr. PRAVIN GADIWALE	Age	: 39Yrs 8Mths
UHID	: CWAN.0000066284	OP Visit No.	: CWANOPV240795
Printed On	: 28-09-2024 10:36 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S34088		

DEPARTMENT OF RADIOLOGY

Liver appears normal in size and shows fatty change. No focal lesion is seen. PV and CBD normal.

No dilatation of the-intrahepatic biliary radicals.

Gall bladder is distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality.

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

No free fluid is detected in abdomen.

No retroperitoneal lymphadenopathy seen.

No obvious bowel mass detected.

Apollo Health and Lifestyle Limited

ICIN - U85110TG2000PLEC115819

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


Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apolloh.com | www.apolloh.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

IMPRESSION:

Grade I fatty liver.

Rest of the study within normal limits.

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. SHAAZ KHAN
MBBS,DMRE

--

Radiology

Apollo Health and Lifestyle Limited

ICIN - UB51107G2009PLC115819

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


Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh) | Rharadi | Nigdi Pradhikaran | Viman Nagar | Wankwrie

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**