

Report



Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	HEALTHCARE LIMITED	Collected On : 02/10/2024 13:11:25
LCID No : 10727889	Organization : APOLLO HEALTH AND	Reported On : 02/10/2024 13:31:37
UID No : LCL58189850 021024	LIFESTYLE LIMITED	
	DOB : 25/12/1987	

Blood Sugar Fasting

Test	Result	Unit	Biological Reference Interval
Blood Sugar Fasting	: 107.00	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



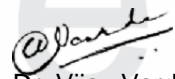
Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 02/10/2024 09:33:22
LCID No : 10727890	DOB : 25/12/1987	Reported On : 02/10/2024 13:31:37
UID No : LCL58189850 021024		

Bilirubin

Test	Result	Unit	Biological Reference Interval
Serum Bilirubin (Total) By Diazo Method	: 0.45	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) By Diazo Method	: 0.11	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect) Calculated	: 0.34	mg/dl	Upto 0.9

Tests 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





Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	HEALTHCARE LIMITED	Collected On : 02/10/2024 09:33:22
LCID No : 10727891	Organization : APOLLO HEALTH AND	Reported On : 02/10/2024 13:31:37
UID No : LCL58189850 021024	LIFESTYLE LIMITED	
	DOB : 25/12/1987	

Complete Blood Count

Test	Result	Unit	Biological Reference Interval
HEMATOLOGY			
Haemoglobin (Mod.Cyanmethemoglobin)	: 14.50	gms%	13-17
R.B.C Count (Impedence)	: 5.22	$\times 10^6/\text{cmm}$	4.5 - 5.5
PCV (Conductivity)	: 44.70	%	40 - 50
MCV (Calculated)	: 85.63	fL	83 - 101
MCH (Calculated)	: 27.78	Pg	27 - 32
MCHC (Calculated)	: 32.44	gms%	31.5 - 34.5
W.B.C. Count (Impedence)	: 7.80	$\times 10^3/\text{cmm}$	4 - 10
RDW (Calculated)	: 14.0	%	11.6 - 14.0
MPV (Calculated)	: 7.8	fL	6 - 11
Platelet Count (Impedence)	: 2.99	$\times 10^5/\text{cmm}$	1.50 - 4.10

DIFFERENTIAL COUNT (Impedence, Light Absorbance)

Neutrophils	: 54	%	40 - 80
Lymphocytes	: 30	%	20 - 40
Eosinophils	: 10	%	0 - 6
Monocytes	: 06	%	0 - 10
Basophils	: 0	%	0 - 2
RBC Morphology	: Normocytic normochromic		

Staining & Microscopy

WBC Morphology : Eosinophilia


Staining & Microscopy

Platelets : Adequate on smear.

Staining & Microscopy

Test done on Fully Automated Horiba 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



Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 02/10/2024 09:33:22
LCID No : 10727892	DOB : 25/12/1987	Reported On : 02/10/2024 11:23:14
UID No : LCL58189850 021024		

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	: 12.20		10.0 - 20.0

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



Dr. Smita Dudhal
DNB DMRD MBBS
Consultant Radiologist





Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 02/10/2024 09:33:22
LCID No : 10727891	DOB : 25/12/1987	Reported On : 02/10/2024 13:31:37
UID No : LCL58189850 021024		

Erythrocyte Sedimentation Rate (E.S.R)

Test	Result	Unit	Biological Reference Interval
E.S.R.	: 11	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.

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



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

Lifecare
diagnostics



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



LCL58189850 021024

Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 02/10/2024 09:33:22
LCID No : 10727893	DOB : 25/12/1987	Reported On : 02/10/2024 17:45:33
UID No : LCL58189850 021024		

Blood sugar Post Prandial

Test	Result	Unit	Biological Reference Interval
Blood sugar Post Prandial	: 90.00	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 %

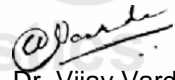
OR

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.

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



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



MC - 2895

BIORAD *years of Service*



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



Report



Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 02/10/2024 13:11:25
LCID No : 10727891	DOB : 25/12/1987	Reported On : 02/10/2024 13:36:58
UID No : LCL58189850 021024		

Blood Group

ABO Group : "B"

Rh Factor (D) : " Positive "

Method : Forward and Reverse Agglutination

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

Lifecare
diagnostics


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



Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 02/10/2024 09:33:22
LCID No : 10727890	DOB : 25/12/1987	Reported On : 02/10/2024 13:31:37
UID No : LCL58189850 021024		

Creatinine

Test	Result	Unit	Biological Reference Interval
S. Creatinine	: 0.94	mg/dl	0.70-1.30


Kinetic Alkaline Picrate (Jaffe Reaction)

Tests done on Fully Automated Siemens Analyser.

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



Lifecare
diagnostics


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



Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 02/10/2024 09:33:22
LCID No : 10727890	DOB : 25/12/1987	Reported On : 02/10/2024 13:31:37
UID No : LCL58189850 021024		

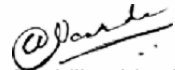
S.G.P.T

Test	Result	Unit	Biological Reference Interval
S.G.P.T.	: 40.0	U/L	16 - 63

By Enzymatic Method

Tests done on Fully Automated 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





Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	HEALTHCARE LIMITED	Collected On : 02/10/2024 09:33:22
LCID No : 10727894	Organization : APOLLO HEALTH AND	Reported On : 02/10/2024 13:36:58
UID No : LCL58189850 021024	LIFESTYLE LIMITED	
	DOB : 25/12/1987	

Urine Routine Examination

Test	Result	Unit	Reference Range
<u>Physical Examination</u>			
Quantity	: 30 ml		
Colour	: Pale yellow		
Appearance	: Slightly Hazy		
Specific Gravity	: 1.015		1.000 - 1.035
<small>By Ion Concentration / Color Indicator</small>			
Reaction (pH)	: 6.0		5.0 - 8.0
<small>By Color Indicator</small>			
<u>Chemical Examination</u>			
Proteins	: Absent		Absent
<small>By Sulphosalicylic acid ppt Method</small>			
Bile salts	: Absent		Absent
<small>By Diazo/ Fouchet</small>			
Bile Pigments	: Absent		Absent
<small>By Diazo/ Fouchet</small>			
Occult Blood	: Absent		Absent
<small>By Oxidation</small>			
Glucose	: Absent		Absent
<small>By Enzymatic, GOD-POD & Benedicts Test</small>			
Ketones	: Absent		Absent
<small>By Rothera method</small>			
Urobilinogen	: Normal		
<small>By Diazo/p-amino Benzaldehyde</small>			
<u>Microscopic Examination (per H.P.F.)</u>			
Epithelial Cells	: 0 - 2	/hpf	0 - 5
Leucocytes	: 0 - 2	/hpf	0 - 5
Red Blood Cells	: Absent	/hpf	Absent
Casts	: Absent		Absent
Crystals	: Absent		Absent
Comments	: -		

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



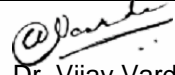
Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895



Report



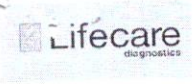
Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 02/10/2024 09:33:22
LCID No : 10727894	DOB : 25/12/1987	Reported On : 02/10/2024 13:36:58
UID No : LCL58189850 021024		


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



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





Your Apollo order has been confirmed

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

To: crm.lokhandwala@lifecarediagnostics.com

Cc: rahul.rai@apolloclinic.com, pritam.padyal@apolloclinic.com, syamsunder.m@apollohl.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, apsara.bagchi@apollohl.com, dilip.b@apolloclinic.com

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for 02-10-2024 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.

Appointment Booking Details:

Customer's Type	Appointment Name	Package Name	Package Inclusions	Customer Name	Gender M/F	Relation (Self/Spouse)	DOB/Age	Emp ID	Email ID	Mobile No	Date of Appointment	Appt Time	Ref No
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL PMC CREDIT - PMC PACK	ARCOFEMI - MEDIWHEEL	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, Ophthal by General Physician, BUN/CREATININE RATIO	Sunil Kanjani	male	Self	25-12-1987	N/A	network@mediwheel.in	8527862479	2024-10-02	08:30-09:00	AHCN-404011

Please login to AHCN Portal for more details.

AHCN Login Url : Click on Link

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



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

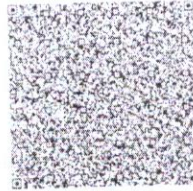
नामंकन क्रम/ Enrolment No.: 0661/03021/00647

Download Date: 30/07/2018

To
सुनील सत्यपाल कंजानी
S/O Satyapal Kanjani
Flat No 803, 8th Floor, Link Palace Building
Linking Road, Santacruz West
Near Kotak Mahindra Bank
Mumbai
Santacruz (West)
Mumbai Maharashtra - 400054
9820287081

Generation Date: 26/07/2018

Validly Unknown



QR Code with Photo/Photo

आपका आधार क्रमांक / Your Aadhaar No. :

9359 8889 4081

VID: 9128 4522 0319 1624

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



सुनील सत्यपाल कंजानी
Sunil Satyapal Kanjani
जन्म तिथि/DOB: 25/12/1987
पुरुष/MALE

9359 8889 4081

VID: 9128 4522 0319 1624

मेरा आधार, मेरी पहचान



- यह पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

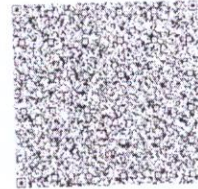
- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O सत्यपाल कंजानी, फ्लॉर नं 803, 8वीं फ्लॉर, लिंक
पैलस बिल्डिंग, लिंकिंग रोड, सान्ताक्रुज वेस्ट, कोटक महिंद्रा
बैंक के पास, मुंबई, महाराष्ट्र - 400054

Address:
S/O Satyapal Kanjani, Flat No 803, 8th
Floor, Link Palace Building, Linking Road,
Santacruz West, Near Kotak Mahindra
Bank, Mumbai, Mumbai,
Maharashtra - 400054



QR Code with Photo/Photo

9359 8889 4081

VID: 9128 4522 0319 1624

Handwritten signature

Handwritten signature



EQAS
BIORAD

26
Years of Service



Lifecare

diagnostics

MEDICAL EXAMINATION REPORT

Name : Sunil Kanjani Date : 2-10-21
 Date of Birth 24-12-1987 Age : 36 Sex : M
 Referred by : Apalca Proof of Identification : Aelmer C

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>159.6</u> cm b. Weight <u>91.6</u> kg. c. Blood Pressure : <u>130/90</u> mm Hg. d. Pulse Rate <u>70</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)			
a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?,	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Is there any enlargement of Thyroid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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 checked="" type="checkbox"/>	<input type="checkbox"/>		

Please mention details:

Q. NO.	Please provide details of all answers marked as 'yes'
→	Myopia = 20yr
→	Smoking. 9 cigarettes a day = 18yr
→	Drinker. Teerka a month = 18yr

Remarks on present health status : CANDIDATE IS FIT

Recommendations (if any):

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

Name & Signature of Doctor

The above statements and answers made to the medical examiner(s) are complete and true.

Signature of Examinee

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
 Malad Branch : Gala No 2, Vijay Industrial Estate, Chincholi Bunder, Near Evershine Mall, Link Road, Malad West, Mumbai 400064. Tel.: 2871 4701 Tel.: 9167223834
 Worli Branch : Shop No. 2, Ground Floor, Sanghavi Evana, Ganpatrao Kadam Marg, Lower Parel (W), Mumbai - 400013. Tel.: 9167223844
Mumbai : Versova | Lokhandwala | Goregaon | Malad | Kandivali | Dahisar | Worli | Pune : Aundh | Chinchwad | Gujrat : Vadodra
 E-mail : adm@lifecareindia.com | feedback@lifecareindia.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. Sumil Kanjani*

DATE: *02/10/2024*

AGE: *36 yrs / male*

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

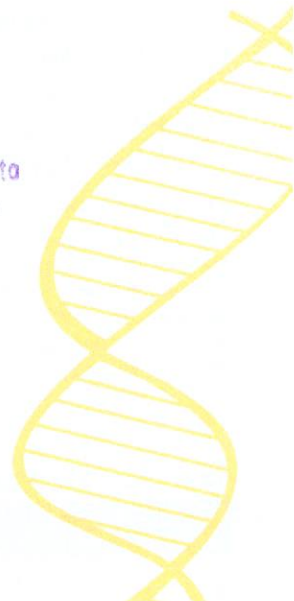
Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	<i>—</i>	<i>—</i>	<i>—</i>
With Glasses	<i>NC</i>	<i>NC</i>	<i>NC</i>

	Right Eye	Left Eye
Colour Vision	<i>Normal</i>	<i>Normal</i>
Anterior Segment	<i>Normal</i>	<i>Normal</i>
External Eye Exam	<i>Normal</i>	<i>Normal</i>
Intra ocular tension	<i>—</i>	<i>—</i>
Fundus	<i>—</i>	<i>—</i>

Advise:

*- Both Eyes hit
- Glasses*

[Signature]
OPTOMETRIST, Center Pvt. Ltd
1st Floor, Sunshin, Opp. Chaitri Nagar,
Lokhandwala Complex, Andheri (W),
Mumbai- 400053.



Report



Patient Name : MR. SUNIL KANJANI	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 02/10/2024 09:27:57
Age/Sex : 36 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 02/10/2024 10:58:55
LCID No : 10727892	DOB : 25/12/1987	Reported On : 02/10/2024 11:23:14
UID No : LCL58189850 021024		

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.

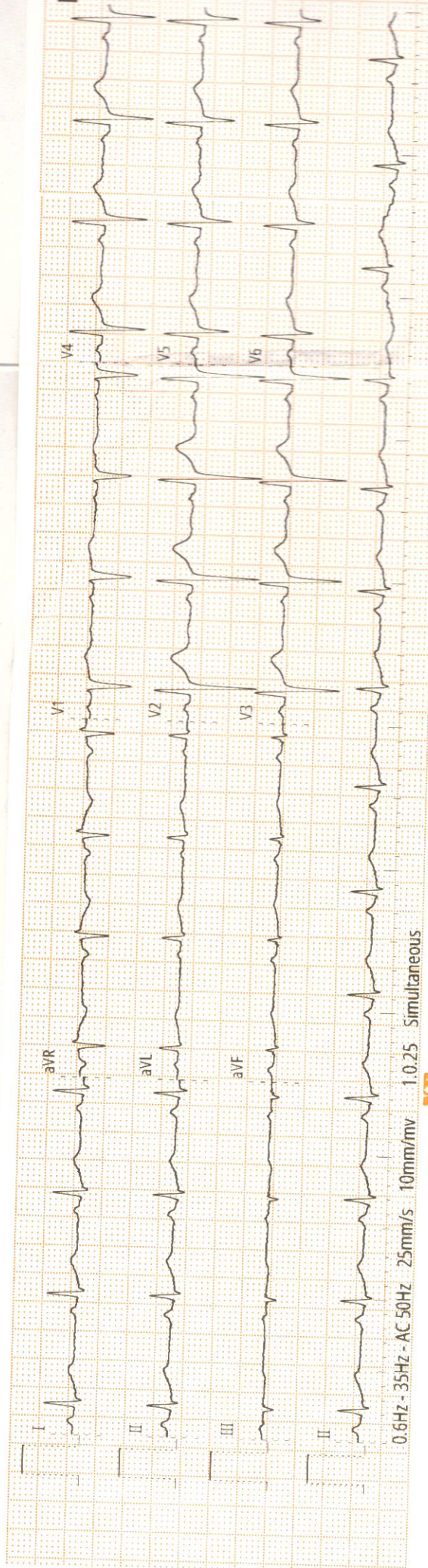
----- End Of Report -----


Dr. Smita Dudhal
DNB DMRD MBBS
Consultant Radiologist



ECG report

ID : 21
Name : M
Gender : M
Age : 30
Dept :
Bed No :



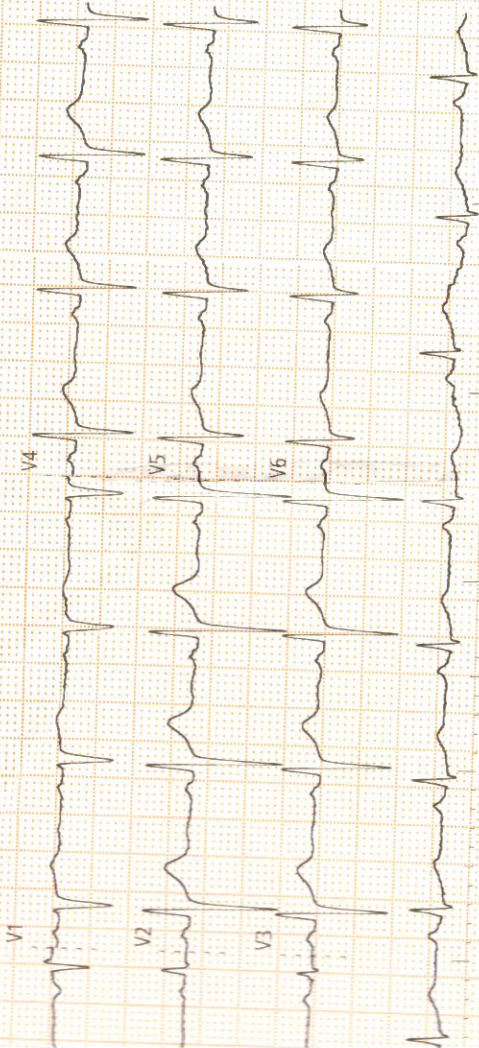
0.6Hz - 35Hz - AC 50Hz 25mm/s 10mm/mv 1.0.25 Simultaneous



ECG report

ID : 20241002094535
Name : MR SUNIL KANJANI
Gender : M
Age : 36 Years
Dept :
Bed No:

HR : 82 bpm
PR : 136 ms
QRS : 94 ms
QT/QTc : 352/391 ms
P/QRS/T : 42/10/28°
RV5/SV1 : 0.600/0.653 mv
RV5+SV1 : 1.253 mv



Sunil S Kanjani

REPORT

✓ Sinus Rhythm

✓ 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 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 (W),
Mumbai - 400013
Tel.: 9167223844

Lifecare Diagnostics & Research Center Pvt. Ltd.
Sanchini, Opp. Chhatrapati
Sanghvi College, Andheri (W),
Mumbai-400053
M.D. 
CARDIOLOGIST

For Home visits call : 9167117755 / 9167223838