

Patient Name	: Mr. SANKET PRABHAKAR PAWAR	Age/Gender	: 32 Y/M
UHID/MR No.	: CPIM.0000115932	OP Visit No	: CPIMOPV155669
Sample Collected on	:	Reported on	: 13-01-2024 19:19
LRN#	: RAD2207366	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 312725		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

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.

Dr. KIRAN PRALHAD SUDHARE <u>MBBS, DMRD</u> Radiology



Patient Name	: Mr. SANKET PRABHAKAR PAWAR	Age/Gender	: 32 Y/M
UHID/MR No.	: CPIM.0000115932	OP Visit No	: CPIMOPV155669
Sample Collected on	:	Reported on	: 13-01-2024 09:50
LRN#	: RAD2207366	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 312725		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. 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 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.

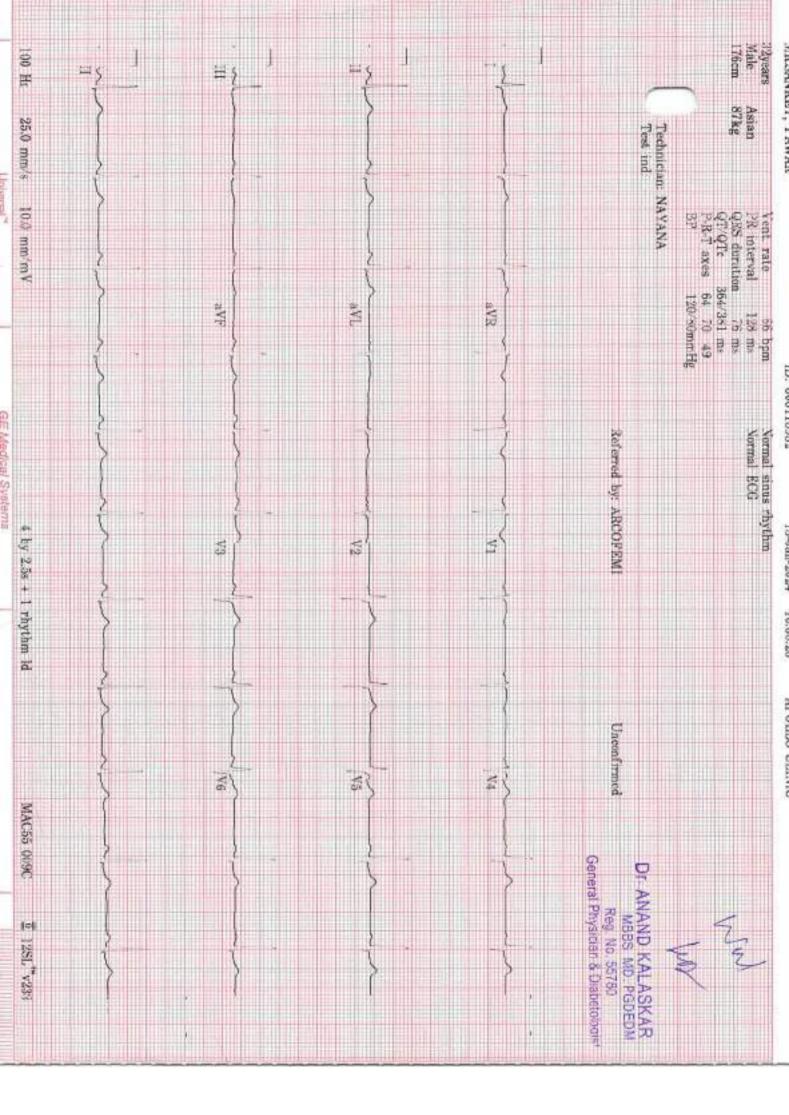
Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

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.

Dr. KUNDAN MEHTA MBBS, DMRE (RADIOLOGY) Radiology



	MACSS OFGC	MAC		Unconfirmed	Uao		CLINIC	APOLLO CLINIC	YANA	Technician: NAYANA
SKAR GDEDN befologist	Dr- ANAND KALASKAR MSBS MD PGDEDM Reg No 55780 Ieneral Physician & Diebetologis	Dr. ANAND KALASKAR M8BS MD PG0EDW Reg. No. 55780 General Physician & Diabetrionist								
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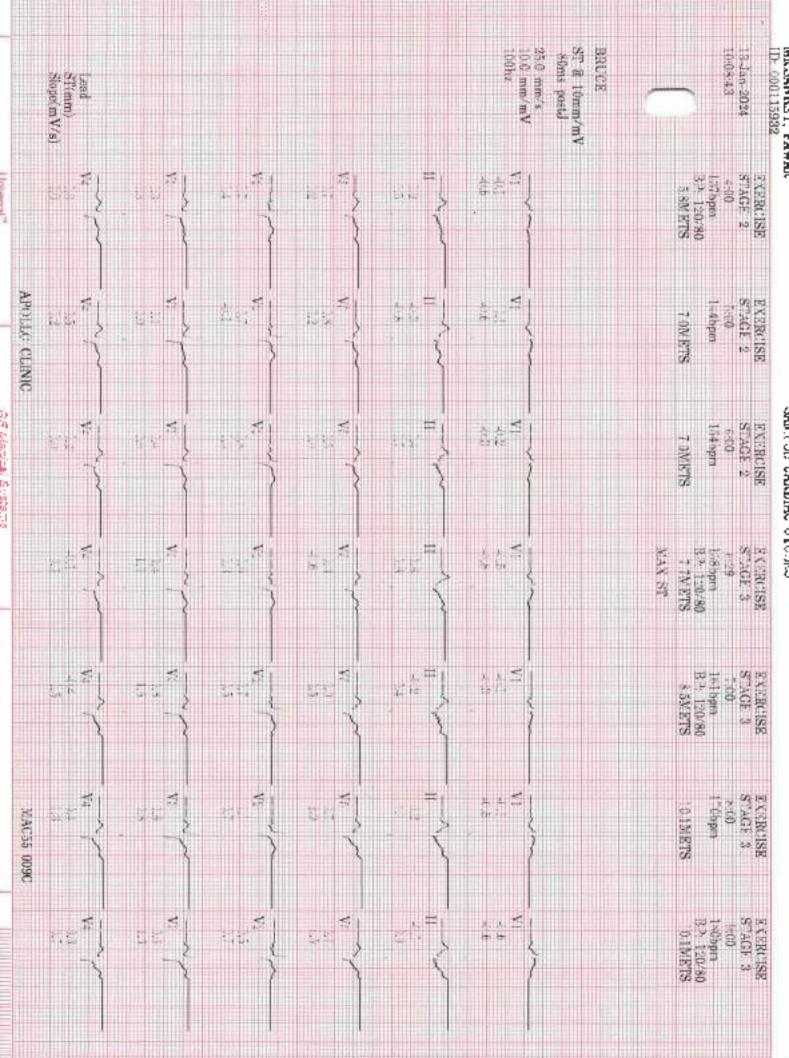
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e de la companya de l	V6	12 10	¥4		Male
Uncodfirmed	En all	- {= 88 ⁼ }-		Lead ST(mm) Slope(mV's) 6:29 7.7METS	Max HR: 1855ppn 98% of Max BP: 140 99 Reason for Termination: Comments:
	et av	and the second	aV2 0.0	MAX ST TAGE 3 158bpm 7.7METS BP. 120/80	of max predicted 188bpm Maximum workload 10.61 r
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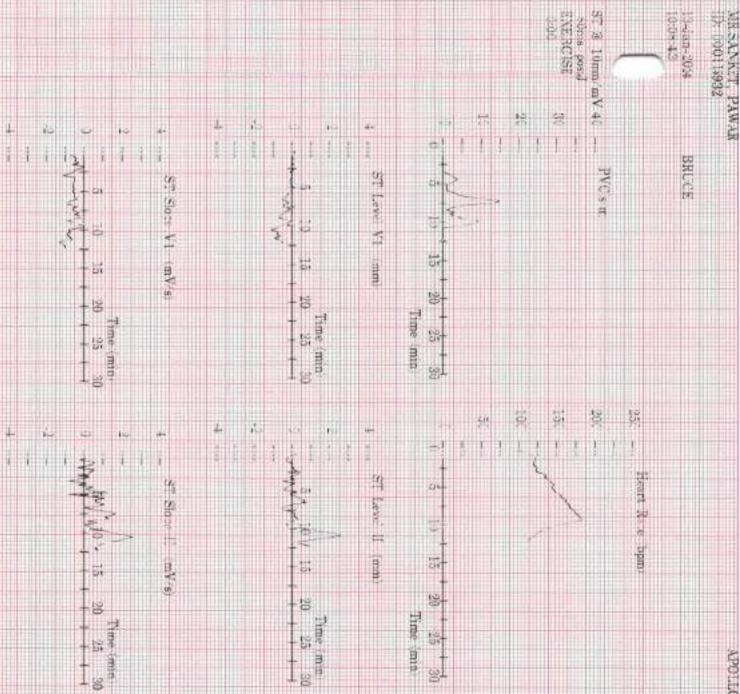
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	EXERCISE	RECOVERY	RECOVERY	RECOVERY
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	1/20/80	1455bpn B.P. 140/90	122bpm BP: 140/90	1:25pm 3.2:140/90
-	2 CAK			
BRUCE ST @ 10mm/mV 80ms postJ				
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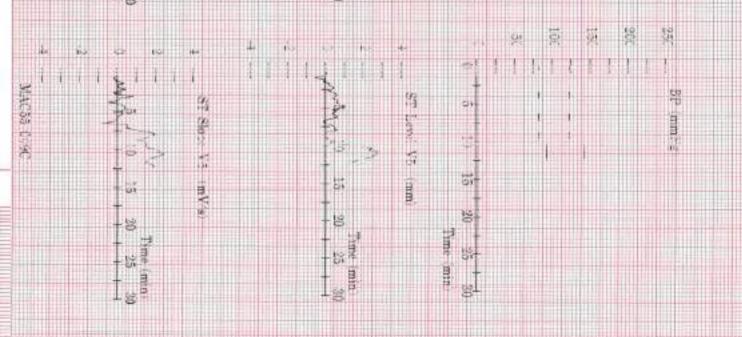
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	Care 2	data tou. http://www.		_
Patient Name	: MILSANKET PRABHAKAR PAWAR	Collected	: 13/Jan/2024 11:19AM	
Age/Gender	; 32 Y 2 M 8 OM	Received	13/Je/2024 04 14PM	
UHID/MR No	: CPMJ.0000 = 5932	Reported	13/Jan/2024 05:54PM	
Visit ID	: CPIMOPV100089	Status	. Final Report	
Ref Doctor	: Dr.SELF	Sponsor Name	. ARCOREMI HEALTHCARE LIMITED	
Emplosit/TPA ID	: 312725	11		

DEPARTMENT OF HAEMATOLOGY

ARCOFENI - NEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE SUY MALE - THT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM, WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	45.00	%	40-50	Electronic pulse & Calculation
RECCOUNT	4.51	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	99.7	fL.	83-101	Calculated
MCH	34.6	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.O.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,160	celle/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	66.6	*	40-80	Electrical Impedance
LYMPHOCYTES	30.8	*	20-40	Electrical Impedance
EOSINOPHIL9	3.9	%	1-G	Electrical Impedance
NONOCYTES	9.4	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3973.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2205.28	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	279 24	Cells/cumm	20-500	Calculated
MONOCYTES	873.04	Cells/ou.mm	200-1000	Calculated
BASOPHILS	28.64	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	262000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Nermocytic Normechremic,

WBC's are normal in number and morphology

Platelets are Adequate

No Abnormal cells/hemoparasite seen.

CR.Sanjay-ngle M.B.8.5, M.D[Pathology) Consultant Pathologist

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Emp/Auth/TPA ID	: 312725		
Rel Doctor	OV SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Visitio	CPM/OPV156669	Stélus	Final Report
UNIDAMR NO	CP1M.0000115932	Reported	13/Jan/2024 05:54PM
Age/Gender	32 Y 2 M 8 DM	Received	13/Jan/2024 04:14PM
Petient Name	NA SANKET PRABHAKAR PAWAR	Cellected	13/Jan/2024 11:18AM

PERPHERAL SNEAR, WHOLE BLOOD EDTA

RBC's are Normocytic Normochromio, WBC's are normal in number and morphology Platelets are Adequate No Abnormal calisihemoparasite eeen.



OR Sanjby Ingle M.B.B.S.M.D(Pathology) **Consultant** Pathologist

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Patient Name	MI SAMKET PRABMAKAR PAWAR	Collected	: 13/Jan/2024 11:19AM
Age/Gender	32 Y 2M 8 DAA	Received	43/Jan/2024 04.14PM
UNIDMRNo	CPIM.0000115932	Reported	13/Jan/2024 06:06PM
VISE (D	CP840PV155689	Status	Final Report
Rel Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	312725		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - THT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACT	OR , WHOLE BLOOD EDTA	4		1.65
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Micropiate Hemeoplulination

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OR.Sanjay Ingle M.B.6.5, M.D(Pathology) **Consultant Pathologist**

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Pagent Nome	: MESANKET PRABHAKAR PAWAR	Collected	13/Jan/2024 11:19AM	
Age/Gender	: 32 Y 2 M 8 D/M	Received	: 13/Jar/2024 00:15PM	1
UNIDAMR NO	: CPM4.0000145802	Reported	: \$3/Jan/2024 08:08PM	
VISUP	: CPIMOPV155669	Status	: Fénal Report	
Rel Doclor	: DA.SELF	Sponsor Name	: ARCOFEMINEALTHCARE LIMITED	
EmplAuth/TPA ID	: 312725	i i		

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Resuli	Unit	Blo, Ref. Range	Method
SLUCOSE, FASTING , MAP PLASMA	98	mg/dL	70-100	HEXOKINASE
Comment: as per american Disheres Guidelines, 2023				
Fasting Glucose Values on mg/dL	Interpretation			
200741	Interpretation Normal			
Fasting Glucose Values in ing/dL				
Fasting Glucose Values in ing/dL 70-100 mg/dL	Normal			

1. The diagnoses of Diabetes requires a facting plasma plasma plasma of > or = 126 mg/dl, and/or a random / 2 hr pow grocose value of > or = 200 mg/dl, on at least 2 ACCO (LOD)

2. Very high glucose levels (>490 mg/dL in adults) may result in Diabene Kelesculosis & is considered chilica.

Test Name	Result	Unit	Bio, Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HRI	100	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 hypoglycemu, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfanylureas, amylin analogues, or conditions such as overproduction of insulin.

		Unit	Bio, Ref. Range	Method
A1C (GLYCATED HEMOGLOBIN) , WHO	LE BLOOD EDTA			
BAIC, GLYCATED HEMOGLOBIN	5.5	%		HPLC
STIMATED AVERAGE GLUCOSE (NAG)	111	mg/dL		Calculated
omment:	3202			
ference Range as per American Dieberes Association (. EFERENCE GROUP	HBAIC %		7	
ON DIABETIC	<5.7			
REDIABETES	5.7-6.4			
			Page 4 of 40	IN SOME OF
Bagle				
*C				22 C.C. S.C.
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onsultant Pathologist				
R.S.M.) by Ingle 1.B.B.S.A4.D(Pathology) onsultant Pathologist				0:57 83

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Patient Name	M.SANKET PRABMAKAR PAWAR	Collected	: 1303en/2024 11:19AM
Aga/Gender	32 V 2 M 8 DAM	Received	13/Jan/2024 04;15PM
UHID/MR No	CPIML0000115832	Reported	: 13/Jan/2024 06:08PM
Vest ID	: CPIMOPV165689	Status	Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	ARCOFEMI MEAUTHCARE LIMITED
EmplAutivTPA ID	: 312725		

ARCOFEM - NEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50V MALE - TMT - PAN INDIA - FY2324

DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6-7
FAIR TO GOOD CONTROL	7-8
UNSATISFACTORY CONTROL	8-10
POOR CONTROL	>10

Nute: Decury preparation or fasting is not required.

1. HIBA IC is reconnected by American Diabore Association for Diagnosing Diabotes and manitoring Glycomic

Control by American Diabetta Associateta guidellass 2023.

2. Trends in MbA1C values is a better indicator of Objectnic control than a single test

3 Low HbA1C in Non-Diabetic petients are associated with Anemia (Iron Deficiency/Hemolytis), Low Deficiency, Chouse Kidney Disease. Clinical Correlation is advised in interpretation of how Values.

4 Falsely low HbA to (below 4%) may be observed in parlems with clanical conditions that shorten crythrosyte title span or decrease mean crythrosyte age HoAt canny not accumuly reflect glycenic control when clusted conditions that affect crytheasyte studied a cytester.

5 To cause of Interfacence of Elemogickias variants in HbALC, alternative intelligite (Processmins) estimation is recommended for Glycener Central A: H6P >25%

B: Homozygoos Hemoglobinepathy.

(Hb E)e-staphotesis a recommended method for detection of Hemoglobinopathy).

OR.Sanjay Ingle M.B.S.S.M.D(Pathology) **Consultant Pathologist**

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Patient Name	MILSANKET PRACHAKAR PAWAR	Collected	: 13/Jan/2024 11:19AM
Age/Gender	32 Y 2 M 8 DAM	Received	13JJan/2024 03:42PM
UNIDMR No	CPMI.0000115932	Reported	13/Jan/2024 06:33PM
West D	CPINOPV155659	Status	Final Report
Rel Doctor	Dr.SELF	Sponsor Name	ARCOFEM HEALTHCARE LIMITED
EmplAuth/TPA ID	: 312725		

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Nethod
LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	95	mg/dL	<150	GPO-POD
HOL CHOLESTEROL	- 47	mg/dL	40-60	Enzymelic Immunoinhibilior
NON-HOL CHOLESTEROL	141	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.75	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.92	mg/dL	<30	Calculated
CHOL/HDL RATIO	3.97		0-4.97	Calculated

Comment:

Reference Interval as per National Cholecterol Education Program (NCEP) Adult Treatment Ponel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 300	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDI.	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <' 30 Above Optimal 120-159	160-139	190-219	>220

). Measurements in the same patent on different days can show physiological and analytical variations

2. HCEP ATP III identifies non-HDL choicsterol as a secondary target of durapy in persons with high triglycerides.

3. Primary prevention algorithm non-includes absolute risk rationation and lower LDL Cholesterol ranges levels to determine eleptionly of d/ug theory

4. Low HDL levels are associated with Corollery Heart Depense due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which chalcaterol a climbated from peripheral aspect

5. As per MCEP guidelines, sill adults shows the age of 20 years should be screened for lipid status. Solicitive screening of children, above the age of 2 years with a family history of premitare cardiovascular distance or those with at least one parent with high total cholesterol is recommended.

6. VLDL, LDL Cholescerol Non-HDL Cholesterol, CHOU/HDL RATIO, EDL/HDL RATIO are calculated parameters when Triglycendes are below 350ng/dl When Trigiyeerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

CR.Senjav Ingle M.B.9.5.M.O(Pathology) Consultant Pathologist

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Patient Name	MISANKET PRABHAKAR PAWAR	Collected	13/Jan/2024 11:19AM	
AgelGender	32Y 2 M 8 DM	Received	130an/2024 03:42PM	
UHIDAAR NO	CPB4 0000115932	Reported	13/Jan/2024 06:33FM	
Visit (D	CPINOPV155669	Status	Final Report	
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEM HEALTHCARE LIMITED	
EmplAuth/TPA ID	312735			

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - THT - PAN INDIA - FY2324

Test Nome	Result	Unit	Bio, Ref. Range	Nethod
IVER FUNCTION TEST (LFT) . SERVIN				
SILIRUBIN, TOTAL	0.50	mpidL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18.44	UL.	<50	IFOC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.2	UL	<50	IFCC
ALKALINE PHOSPHATASE	52.47	U/L	30-120	IFCC
PROTEIN, TOTAL	7.14	g/dL	6.6-8.3	Biurel
ALBUNNI	4.41	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.62		0.9-2.0	Calculated

Comment:

LFT repairs reflects different aspects of the health of the lanet. I c., heparocyte integrity (AST & ALT), synthesis and secretion of bits (Billimbin, ALP), choles14446 (ALP, GGT), protein synthesis (Albumin)

Common privers seen:

1. Hepeterelleler leftery:

+ AST = Risysted levels can be easy. However, a la out specific to fiver and can be raised in coeffice and skelend injuries.

• ALT - Elevated levels andicate departmentular duringe. It is contridered to be most specific lab test for hepatocellular injury. Values also - constitute well with increasing BML

+ Disproportionate increase In AST, ALT compared with ALP.

· Bileubin may be olevated.

AST: ALT (min) In case of hepotocellulor injury AST: ALT > Mn Alphholic Liver Disease AST: ALT usually >? This ratio is also seen

In he mencaused in NAFLD. Wilcows's diseases. Cardiosis, but the increase as usually not >2,-

2. Chelessanie Patterni

ALP – Disproportionate increase in ALP compared with AST, ALT.

- Bairebin may be elevated.

- ALP develops also seen in preparaty, impacted by age and sex-

- To establish the hypertic origin correlations with GGT helps. If GGT elevated indicates hepatic cause of increased ALP

3 Symihede Fencilen impelement:

Albumin- Lover disease reduces albumm lovels.

· Consistence with PT (Prothrombin Trute: helps.

Page 7 of 13 CR Sanjay Ingle M 6.8.5 M DiPathologyi Consultant Pathologist The A of the State 1860 500 men spelledt war ALLO GRI CAN HAIRS

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Patient Name	MILSANNET PRABHAKAR PANNAR	Collected	13Jan/2024 11:19AM
Age/Gender	32 Y 2 M 8 D/M	Received	13/Jan/2024 03:42PM
UNID/MR No	CPIM.00801 (5932	Reported	: 13Jan/2024 06:33PM
Visit (D	CP84CPV155669	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEM HEALTHCARE LIMITED
Emp/Auth/TPA ID	312725		

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 69Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio, Ref. Range	Method
RENAL PROFILERIONEY FUNCTION 1	TEST (RFT/KFT) , SERU	ayr		
CREATINNE	0.76	mg/dL	0.72 - 1.18	Modified Jaffe, Kinetic
UREA	16.58	mg/dL	17-43	GLDH, Kinelic Assay
BLOOD UREA NITROGEN	7.7	mg/dL	6.0 - 23.0	Calculated
URIC ACID	5.92	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.54	mg/dL	8 8-10.6	Arsenazo I
PHOSPHORUS, INORGANIC	2.40	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.31	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	188.7	mmol/L	101-109	ISE (Indirect)



OR Seniary Ingle M.8.8 S.M D(Pathology) **Consultant Pathologis**:

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Page & ef 13











Patient Name	MILSANKET PRABHAKAR PAWAR	Collected	13/Jan/2024 11:19AM	
Age/Gender	32 Y 2 M 8 DAM	Received	13/Jan/2024 03:42PM	
UHIDMIR No	CPIM.0000115832	Reported	13/Jan/2024 05:33PM	
Visit ID	CP#40PV155869	Status	Final Report	
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED	
Employety/TPA ID	312726			

ARCOFEMI - NEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE SOY MALE - TMT - PAN DIDIA - FY2324

Test Name	Result	Unit	Blo. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	28.21	UL.	<66	FCC

OR.SamJay Ingle M.6.6.5, M.D(Pathology) **Consultant** Pathologist

Appendix bits SEcond (1940) Provide United 604 - Unite interaction (1940) Provide 1940 Provide 1 APPEARS CARRY HILL WORK

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Telescope By Briddel (A. 1990) (Balanto Hager) (Sectoper (Haldwords) Parentel (Parentel (Arger) (Kades Parlak), Umg Camberra Parlak), Umg Sectores (Kades) (Sectores (Kades)), Belander (Sectores (Kades)), Belander (Kades), Bel

Page 9 of 13







Patient Name	IN SANKET PRABHAKAR PAWAR	Collected	13Uen/2024 11:19AM
Age/Gender	32 Y 2 M 8 CM	Received	13/Jan/2024 03:42PM
UHIDMIR NO	: CPIM.0000115932	Reported	: 13/Jen/2024 04:54PM
Visit ID	CPRMOPV155669	Status	Finel Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Employee/TPA ID	912725		

DEPARTMENT OF MINUHOLOGY

ARCOFEM - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE SOY MALE - TMT - PAN INDIA - FY2324

		lest Nam	NG.		Result	Unit	Bio. Ref. Range	Method
HYRO	D PROF	LE TOT	AL (T3,	14, TSH) , St	RUM	1		
TRINO	DOTHYR		T3, TOT	FAL)	0,77	ոցիրլ	0.7-2.04	CLIA
THYRO	XINE (1	N, TOTA	4)		7,86	µg/dL	5.48-14.28	OLIA .
THYR((TSH)	ND STIM	ULATINO	HORM	ONE	1.418	pit,vmL	0.34-5.60	ALLO
Comm	ėni:							×
For pret	panel femi	ules			Bio Ref Range Thyroid Assoc	for TSH in all/mit- iation)	(As per Asteriens	
First win	nexter				0.J + 2.5	2100000		
Second to					0.2 - 3.0			
Third wit	messer .	_			0.3 - 3.6			
increased 2 TSH is referred a 3. Both T fraction o	i blood leve e clovated i n as sub-cl 4 & T3 pro f contelation	tt of TG and n primery h inital hype- ovides lamin g hormows i	TV enhabil sypothyroi or typert of cluncat is first and	production of Tr digge and will be hyroidism respec- information as t biologically activ	sHL Now in primary hyper clively both are heghly bound (4)	lliynoidiana. Elicvaded 10 pooleinia ja circulat) (Tuiodothyrowne) and les at low TSM in the cancest of ion and reflects mostly inactin	eormal free (hyroxine) ve bormone. Only a ver
lacioased 2. TSH is referred a 3. Both T fraction o	i blood leve e clovated i n as sub-cl 4 & T3 pro f contelation	tt of TG and n primery h inital hype- ovides lamin g hormows i	TV enhabil sypothyroi or typert of cluncat is first and	production of Tr digge and will be hyroidism respec- information as t biologically activ	sHL Now in primary hyper clively both are heghly bound (4)	lliynoidiana. Elicvaded 10 pooleinia ja circulat	al low TSM in the cantest of	eormal free (hyroxine) ve bormone. Only a ver
Increased 2. TSH is referred a 3. Both T fraction o 4. Signali	Elevel level elevered in a sub-cl 4 & T3 pro floreculation cant variati	et of T5 and myrimary h linical hypr- ovides hanin & hormons i lions in TSH	The entropy of hypert of hypert of chineal is first and can occur	produceen of T. digg and will be kyroidism respec- information as t biologically activ with circadian (I Conditions	SHI low in primary hyper ctively both are heghly bound o 4. sythes, horewood shive	flyvoidaan. Elevated 10 pooleana ja circulat 1 stovsa, sloep depriva	at low TSM in the context of ion and reflects mostly inactiv	eormal free (hyroxine) ve bormone. Only a ver
Increased 2- TSH is referred a 3- Both T fraction o 4- Signifi TSH	Eboud Icve e clovated in on an sub-cl 4 & T3 roo 6 contribution T3	et of T5 and primary h inical hype- ovides hanne g hormons i ions in TSH	To enhability polyhyroi or hypert et elimical is frot and can occur PTa	produceen of T. digg and will be hyroidi an respec- information as t biologically activ with circadian (f Canditions Psimaly Hypot	SH low in primery hyper dively both are heghty bound of 4. hyther, horneoust shius hyrsédem. Poss Thyre	Byroidenn, Elevated 10 postenn in circulat 1, stress, sleep deprive 19 decemy, Chrome A	ar low TSM in the context of ion and reflects mostly inactiv tion, medication & circulating	ecemal free (hyroxine) ve bormoec, Ooly a Ver (aralbolies
Increased 2- TSH in referred o 3- Both T (inclice o 4- Signifi TSH High	I Choud leve a clovated in a sub-cl 4 & T3 re- 4 continuing T3 Low	e of TS and m primary h linital hyper- ovides lanis g, hormotes ions in TSH T4 Low	To enhability ypothyroi or hyperi ed clinical is fror and can occur PTa Low	produceson of T digg and will be kyroidine respec- information as to biologically activ with circadian of Conditions Psimaty Hypot Subclinical Hy Therapy.	SH low in primery hyper dively both are heghty bound of 4. hyther, horneoust shius hyrsédem. Poss Thyre	flyweidenn. Elevated 29 geotema ja circulat 3 sinvsa, sleep depriva 24 dectomy, Chrome A 26 mune Thyroiditis, Inc	ar low Tabl in the concess of ion and reflects mostly inactiv tion, Medication & circulating subainmence Thyraiditis	ecemal free (hyroxine) ve bormoec, Ooly a Ver (aralbolies
Increased 2- TSH is referred a 3- Both T South Faction o 4- Signifi TSH High High	I Choud Rever a clovated in a sub-cl 4 & T3 pro f credition cont variant T3 Low N	e of T3 and m primary h initial hyper- ovides lumity g, hormótesis ions in TSH T4 Low N	The enhability ypothyroi or flyperi of clinical is frot and can occur PTa Low N	produceon of T. digg and will be kyroidism respec- information as to biologically activity with circadium of Candisland Primary Hypot Subclinical Hy Therapy. Secondary and	SHI low in primary hyper clively soth are happily bound of the hyperide of the second shifts hyperide of the second shifts pothyroid sec, Autoing	flyweidawn, Ellewaoed o goole am ja circulat , stross, sleep depriva odectomy, Chromor A mune Thyroidatis, Ins iam	ar low TSM in the context of ion and reflects mostly inactiv tion, Medication & circulating tubaimmente Thyroiditis afficient Hormone Replacem	ecemal free (hyroxine) ve bormoec, Ooly a Ver (aralbolies
Increased 2: TSH is referred a 3. Both T fraction o 4. Signifi TSH High High NiLow	Eloud leve e clovated i e an sub-ct 4 & T) rec 7 continuin 73 Low N Low	e primary h inical hyper- ovides lanis g hormotasi ions in TSH T4 Low N Low	Te enhabili ypothyrei a or flyperi ed chineal is frat and can occur PTa Low N Low	produceon of T. digg and will be kyroidism respec- information as to biologically activity with circadium of Candisland Primary Hypot Subclinical Hy Therapy. Secondary and	SH low in primery hyper dively both are hegithy bound of 4. hyroidem. Poss Thyro pothyroidism, Autoim I Tortiary Hypothyroid shyroetsen. Goine, Th	flyweidawn, Ellewaoed o goole am ja circulat , stross, sleep depriva odectomy, Chromor A mune Thyroidatis, Ins iam	ar low TSM in the context of ion and reflects mostly inactiv tion, Medication & circulating tubaimmente Thyroiditis afficient Hormone Replacem	ecemal free (hyroxine) ve bormoec, Ooly a Ver (aralbolies
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lacrossed 2: TSH is referred a 3: Both T fraction o 4: Signifi TSH High High High Ni Low Low	Eloud leve s clovated in o an sub-cl 4 & T3 res f contraining T3 Low N Low High N	e of T3 and m primary h linical hyper- ovides lanise g hormotes ions in TSH T4 Low N Low High N	Te enhabili ypothyrei e or flyperi eil churcal can occur PTa Low N Low High N	produceon of T. digg and will be kyroidine respe- information as to biologically activity with circadium of Candidional My Subclinical My Therapy. Secondary and Pannary Hyper Subclinical My Central Hyper	SH low in primary hyper dively both are heghtly bound of 4 hyperdom. Poss Thype pothyroidism, Autoim I Tortiary Hypothyroid Nigroetsan, Goitre, Th perhyroidism	flywyidiana. Elicvaced w goole na ja circulat , strasa, sleep depriva wdecsomy, Chranse A mune Thyroidnis, Ins ium nyroidalis, Daug effect	ar low TSM in the context of ion and reflects mostly inactiv tion, Medication & circulating tubainmente Thyraiditis afficient Honmone Replacem is, Early Programsy	ecemal free (hyroxine) ve bormoec, Ooly a Ver (aralbolies
lacrossed 2: TSH is referred a 3: Both T fraction o 4: Signiff TSH High High NiLow Low Low Low	Eloud leve elocated i o an sub-el '4 & T) re- f cortilatio eant variati T3 Low N Low High N Low	t of T3 and m primary h inited hype- ovides lamin \$ hormotes ions in TSH T4 Low N Low High N Low	Te antubil ypothyrei a or flyperi at elmical is frot and can occur PTa Low N Low High N	produceson of T. digg and will be kyroidine respe- information as to biologically activity with circadium of Canditions Primary Hypot Subclinical Hy Secondary and Primary Hypot Subclinical Hypot Thermiditis, In	sH. Iow in primary hyper clively both are heghly bound of e. hyroidom. Poss Thyro pothyroidism, Autoim I Tortiary Hypothyroid Nyroidism, Goitre, Th penhyroidism hyroidism, Treatment	Byroidean, Elevated to postenes in circulat , stress, sleep deprive adectomy, Chrome A mune Thyroiditis, Ins iom nyroidatis, Daug effect with Hyperthyroidis	ar low TSM in the context of ion and reflects mostly inactiv tion, Medication & circulating tubainmente Thyraiditis afficient Honmone Replacem is, Early Programsy	ecemal free (hyroxine) ve bormoec, Ooly a Ver (aralbolies

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Page 10 of 13







Pallent Name	M.SANKET PRABHAKAR PAWAR	Collected	: 13(Jan/2024 11:19AM
Age/Gender	32 Y 2 M 6 D/M	Received	13/Jan/2024 03:42PM
UHIDMIR No	CPM.0000415932	Reported	13/Jan/2024 04:48PM
Viell ID	; CPM/OFV165869	Status	: Prival Report
Ref Doctor	Dr.SELF	Spensor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Aut/TPA ID	1312725		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - NEDWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - THT - PAN INDIA - FY2324

Test Name	Result	Unli	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (IPSA), SERUI	0.520	ngfmL -	0-4	CUA

OR.Sanjay Ingle N.8.5.5 M.D(Pethology) **Consultant Pathologist**

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Page 11 of 13.

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Patient Neme	MASANNET PRABHAKAR PAWAR	Collected	4 13/Jan/2024 11-19AM
AgerGender	32 Y 2 M 8 D/M	Received	13.Uan/2024 04:13PM
UHID/MR No	CPIM 0000115932	Reported	13/Jan/2024 04:48PM
Viell ID	CPIMOPV155669	Statue	: Final Report
Ref Doctor	Dr.\$ELF	Sponsor Name	ARCOFEMINEALTHCARE LIMITED
EmplAuth/TPA ID	312725		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFENI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 56Y MALE - THT - PAN INDIA - FY2324

Test Name	Result	UnH	Bio. Ref. Range	Nethod
COMPLETE URINE EXAMINATION (C	UE), URIME		ALC:	
PHYSICAL EXAMINATION		1		
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	ÇLEAR		CLEAR	Visual
pH .	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	DUNT AND MICROSCOPY			
PUS CELLS	2-4	Appf	0-5	Microscopy
EPITHELIAL CELLS	1-2	Apf	<10	MICROSCOPY
RBC	NIL.	/hpf	0-2	MICROSCOPY
CASTS	NL		0-2 Hyaine Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Swelka Shah Dr Sheha Shah MBB5, MD (Pathology) **Consultant Pathologist**

SFN NovUR 2262525 Aportant Revealed State Apone their mit Elfering Ind. Sudages: Per 2004, Dis Section 4, 1995 Same and the second sec

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Page 12 of 13



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Pelient Name	MLSANKET PRABHAKAR PAWAR	Collected	: 13/Jen/2024 11: (9/J/M
Age/Gender	32 Y 2 M 6 C/M	Received	13Aan/2024 04:19PM
UHDMRNo	CP84.0000115832	Reported	13/Jam/2024 04:48PM
Vilsit ID	CPIMOPV155669	Status	: Final Report
Rel Doctor	Dr.SELF	Sponeor Name	ARCOREM HEALTHCARE LIMITED
EmplAuth/TPA ID	: 312725		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - THT - PAN INDIA - FY2324

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

*** End Of Report ***

Swift's Shale Dr Sneha SMh

MBBS, MD (Pathology) **Consultant Pathologist**

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Page 13 of 13







Patient Name	: Mr. SANKET PRABHAKAR PAWAR	Ago	: 32 Y M
UHID	: CPIM.0000115932	OP Visit No	: CPIMOPV155669
Reported on	: 13-01-2024 16:36	Printed on	: 13-01-2024 19:19
Adm/Consult Doctor	4	Ref Doctor	SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

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.

Printed on: 13-01-2024 16:36

---End of the Report---

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Dr. KIRAN PRALHAD SUDHARE MBBS, DMRD Radiology

Apollo Health and Lifestyle Lindted

(CR4 - U85110TG2000PLC115819) Repd: Office: 1-10-60/62, Ashoka Raghupathi Chambers, Sth Floor, Begumper, Hydenibad, Telangare - 500-016. Ph No: 010-4904 2772, Fax No: 4904 2744 [Email ID: enguiny@epoliohl.com] www.apoliobl.com

APOLLO CLUBECS NETWORK MANABASHTRA Fune (Aunob (Khatad) (Manovrini) Annovrini

Online appointments: www.apollocimic.com



Patient Name	MI, SANKET PRABHAKAR PAWAR	Age	: 32 Y M
UHID	: CPIM.0000115932	OP Visit No	: CPIMOPV155669
Reported on	: 13-01-2024 09:21	Printed on	: 13-01-2024 09:50
Adm/Consult Doctor	1	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. 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 soon. 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 schopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

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

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

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.

Apolio Health and Lifestyle Limited (CIN - USS110TU2000FLC 15585) Regd, Officer I-10-60/62, Ashoka Reghupethi Chembert, Shi Floor, Regumpet, Hydersbed, Telengare - 500-013, Ph No: 040-4904 7777, Fax No: 4904 7744 | Enabl C; enguity@spotohi.com | www.spotohi.com APOLLO CLINES (#IPPORC MArke InStitute

Pene Mundh | Kharadi | Nigdi Pradhilasan | Viman Nagar | Wanowris)

Online appointments: www.apolloclinic.com

Page 1 of 2





 Patient Name
 : Mr. SANKET PRABHAKAR PAWAR

 UHID
 : CPIM.0000115932

 Reported on
 : 13-01-2024 09:21

 Adm/Consult Doctor
 :

 Age
 : 32 Y M

 OP Visit No
 : CPDMOPV155669

 Printed on
 : 13-01-2024 09:50

 Ref Doctor
 : SELF

Printed on:13-01-2024 09:21

--- End of the Report---

Dr. KUNDAN MEHTA MBBS, DMRE (RADIOLOGY) Radiology

Apollo Health and Lifestyle Limited

(CM- UR\$) (9752000/LC1\58\9) Regd, Office, 1-10-60/62, Ashoka Raghupathi Chambani, Sih Noos, Begumpek, Myderabod, Telongana - 500.016. Ph No: 040-4904 7777, Fax No: 4004 7744 [Sinahit]; engury@apokolet.com [, www.apolioh.com

APOLLO CLINECS NETWOOR MARAAASettika Fane (Auroh) (Diaroh) (Nigdi Pradhikaran) Viman Negar (Wanowsie)

Online appointments www.apollocimic.com

Page 2 of 2 TO BOOK AN APPOINTMENT





Apollo Clinic, Nigdi, Pune - 411044.

Date - 13.01.24

Patient Name Sanket pawar

UHID:

Age / Sex: 324 Y 1 M

EYE CHECK UP COMPLETE PREMEDICAL/OTHER RIGHT EYE LEFT EYE 616 Far Vision 616 N6 N 6 Near Vision **Anterior Segment Pupil** NNL WNL **Color Vision** WNL NNA Family History/Medical History

plano OE

IMPRESSION:-

OPTOMETRIST

Apollo Health and Lifestyle Limited (CH - Bestints2000PLC119816) Rogel Office 1-10-6062, Apolta Righteseni Chembers Sin Front Begerrpet, Myserson, Telengers - 500 0+6 - Ph. No. 040-4504 7777, Pol. No. 4304 7744 1 (men Openguing@apoloti.com 1 www.apoloti.com APOLIO CURICS NETWORK eAMMARASHTRA Pine (Aundhi Kharadi | Nigdi Pratticiane) Viewe Mager | Wancerta) Online associated; www.apolodire.com

Date	: 13-01-2024	Department -	: DENTAL
MR NO	: CPIM.0000115932	Dector	:
Name	: Mr. SANKET PRABHAKAR PAWAI	Registration No	wh 87.6
Age/ Gender	: 32 Y / Male	Qualification	141146
Consultation Ti	ming: 17:20		BP 120180

			UNID+CPIM.0000115932
Name	: Mr. SANKUT PRABHAKAR PAWAR	Age: 32 Y Sex: M	
Addro Pha	RAVET : ARCOFRMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number: CPIMOPV155669 BHI No : CPIM-OCR-75454 Date : 13.01.2024 08:55
Sne	Serive Type/ServiceName		Department
	ARCOPEMI · MEDIWHEEL · FULL BODY ANNUAL PLUS A	BOVE SOY MA	
-	GAMMA GLUTAMYL TRANFERASE (GGT)		
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)		
ş	HVER FUNCTION TEST (LFT)		
4	GEUCOSE, FASTING		
-5	HEMOGRAM - PERIPHERAL SMEAR		
6	DIET CONSULTATION		
-7	COMPLETE URINE EXAMINATION		
	HEINE GLUCOSE(POST PRANDIAL)		
	PERIPHERAL SMEAR		
	ecc	-	
	RENAL PROFILE/RENAL FUNCTION TEST (RPT/KFT)		
-	DENTAL CONSULTATION		+
_	GUCCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	12:0090	۳).
	URINE GLUCOSE(FASTING)		
	HEATE, GLACATED HEMOGLOBIN		
<u>کل</u>	X-RAY CHEST PA		
	ENT CONSULTATION		
16	CARDIAC STRESS TEST(TMT)		
19	FITNESS BY GENERAL PHYSICIAN		
<u>, 21</u>)	BEOOD GROUP ABO AND RH FACTOR		
26	LEPTO PROFILE		
, 22	BODY MASS INDEX (BMI)		
128	OPTHAL BY GENERAL PHYSICIAN		
24	MATRASOUND - WHOLE ABDOMEN		

L-Dental

Audio

Complete

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination.

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After reviewing the medical history and on clinical examination it has been found that he/she is

		Tic
Medica	ally Fit	1V
Fit wit	h restrictions/recommendations	Ť
	Though following restrictions have been revealed, in my opinion, these are impediments to the job.	
	1	
	2	
	3	
	However the employee should follow the advice/medication that has been Communicated to him/her.	
	Review after	
Curren	tly Unfit.	+
	Review afterrecommended	
• Unfit		
	Dr. Dr. Anan Hurdan Medical Officerations	
	Apollo Chuid) (MAGDA/95/5236	

This certificate is not meant for medico-legal purposes

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