

Patient Name : Mr.NITIN SURESH BURADE	Collected : 02/Oct/2024 09:17AM
Age/Gender : 34 Y 8 M 16 D/M	Received : 02/Oct/2024 02:24PM
UHID/MR No : CAUN.0000145967	Reported : 02/Oct/2024 04:03PM
Visit ID : CAUNOPV177762	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34574	

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 hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH241000123

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	16.5	g/dL	13-17	Spectrophotometer
PCV	47.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.42	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.3	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	16.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,410	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65.3	%	40-80	Electrical Impedance
LYMPHOCYTES	24.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6797.73	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2540.04	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	270.66	Cells/cu.mm	20-500	Calculated
MONOCYTES	780.75	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.82	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.68		0.78- 3.53	Calculated
PLATELET COUNT	296000	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				

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH241000123


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DEPARTMENT OF HAEMATOLOGY

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


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UHID/MR No : CAUN.0000145967	Reported : 02/Oct/2024 03:55PM
Visit ID : CAUNOPV177762	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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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

SIN No:AUH241000123

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Patient Name : Mr.NITIN SURESH BURADE	Collected : 02/Oct/2024 10:57AM
Age/Gender : 34 Y 8 M 16 D/M	Received : 02/Oct/2024 01:45PM
UHID/MR No : CAUN.0000145967	Reported : 02/Oct/2024 02:44PM
Visit ID : CAUNOPV177762	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34574	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	83	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	125	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.



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

SIN No:AUH241000162

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Patient Name : Mr.NITIN SURESH BURADE	Collected : 02/Oct/2024 09:17AM
Age/Gender : 34 Y 8 M 16 D/M	Received : 02/Oct/2024 02:26PM
UHID/MR No : CAUN.0000145967	Reported : 02/Oct/2024 05:00PM
Visit ID : CAUNOPV177762	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34574	

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	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:AUH241000124

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Patient Name : Mr.NITIN SURESH BURADE	Collected : 02/Oct/2024 09:17AM
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Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E34574	

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	232	mg/dL	<200	CHO-POD
TRIGLYCERIDES	125	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	181	mg/dL	<130	Calculated
LDL CHOLESTEROL	156.39	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.94	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.60		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.03		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220



Dr Sneha Shah
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SIN No:AUH241000121

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26.49	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.3	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	64.36	U/L	30-120	IFCC
PROTEIN, TOTAL	7.34	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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 diseases, Cirrhosis, but the increase is usually not >2.

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

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

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



Dr Sneha Shah
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.86	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	24.84	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.29	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.09	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.88	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.27	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	97.51	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.34	g/dL	6.6-8.3	Biuret
ALBUMIN	4.60	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.74	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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	31.80	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)	1.57	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.42	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.696	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

Page 11 of 14


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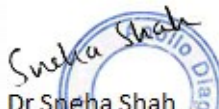
Certificate No: MC-5697

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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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Age/Gender	: 34 Y 8 M 16 D/M	Received	: 02/Oct/2024 01:28PM
UHID/MR No	: CAUN.0000145967	Reported	: 02/Oct/2024 02:22PM
Visit ID	: CAUNOPV177762	Status	: Final Report
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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		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	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0 - 1	/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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Age/Gender : 34 Y 8 M 16 D/M	Received : 02/Oct/2024 01:28PM
UHID/MR No : CAUN.0000145967	Reported : 02/Oct/2024 02:41PM
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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:AUH241000125


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



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Emp/Auth/TPA ID	: 22E34574		

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:AUH241000125

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



Patient Mr. NITIN SURESH BURADE
Age/Gender 34Y | Male
UHID CAUN.0000145967

Appt ID CAUNAPT1017
Consult Date 02 Oct 2024
Order Bill ID CAUN-OCR-76767
Visit Display ID CAUNOPV177762

VITALS

Weight : 72Kgs
Pulse : 74 BPM
BP : 120 / 80 MmHg
Temperature : 96 °F

Height : 168Cms
Spo2 : 98%
Respiratory Rate : 20 BPM

Patient Name	: Mr. NITIN SURESH BURADE	Age	: 34Yrs 8Mths 18Days
UHID	: CAUN.0000145967	OP Visit No.	: CAUNOPV177762
Printed On	: 02-10-2024 08:51 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22E34574		

DEPARTMENT OF RADIOLOGY

USG ABDOMEN & PELVIS

Liver appears normal in size and echotexture. No focal lesion is seen.
PV and CBD are normal.
No dilatation of the intrahepatic billiary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal.
No evidence of peri-GB collection. No evidence of focal lesion is seen.

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

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

Right Kidney is -10.1 x 3.9 cm. **Left Kidney is** - 10.8 x 5.4 cm.

Both Kidneys are normal in size and echotexture.

The cortico medullary differentiation is maintained bilaterally.

No evidence of calculus / hydronephrosis seen on either side.

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

pre void- 326 cc

post void- 46 cc : Insignificant post void residual urine volume.

Prostate is normal in size and echotexture. No evidence of calcification seen.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

IMPRESSION :

No significant abnormality seen.

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.SUHAS KATHURIA
MBBS,DMRE
2015/04/2158
Radiology

Patient Name	: Mr. NITIN SURESH BURADE	Age	: 34Yrs 8Mths 18Days
UHID	: CAUN.0000145967	OP Visit No.	: CAUNOPV177762
Printed On	: 02-10-2024 10:27 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34574		

DEPARTMENT OF RADIOLOGY

CHEST RADIOGRAPH PA VIEW

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

Mediastinal and hilar regions are normal.

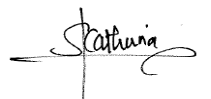
Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.

---End Of The Report---



Dr.SUHAS KATHURIA
MBBS,DMRE
2015/04/2158
Radiology

Patient Name : Mr. NITIN SURESH BURADE Age : 34Yrs 8Mths 18Days
UHID : CAUN.0000145967 OP Visit No. : CAUNOPV177762
Printed On : 02-10-2024 09:57 AM Advised/Pres Doctor : --
Department : Cardiology Qualification : --
Referred By : Self Registration No. : --
Employeer Id : 22E34574

DEPARTMENT OF CARDIOLOGY

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

Mitral Valve : Normal.

Aortic Valve : Normal.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

RWMA: Absent.

RA : Normal

RV : Normal

IVS : Intact

IAS : Intact

Pericardial effusion : No

IVC : Normal.

AO – 20 mm, LA – 29 mm, LVIDd – 41 mm, LVISd – 22 mm, IVS – 10 mm, PW – 9 mm.

CONCLUSION:

Normal size cardiac chambers.

No RWMA.

Good LV function LVEF-60%.

No AR/MR/TR No PAH.

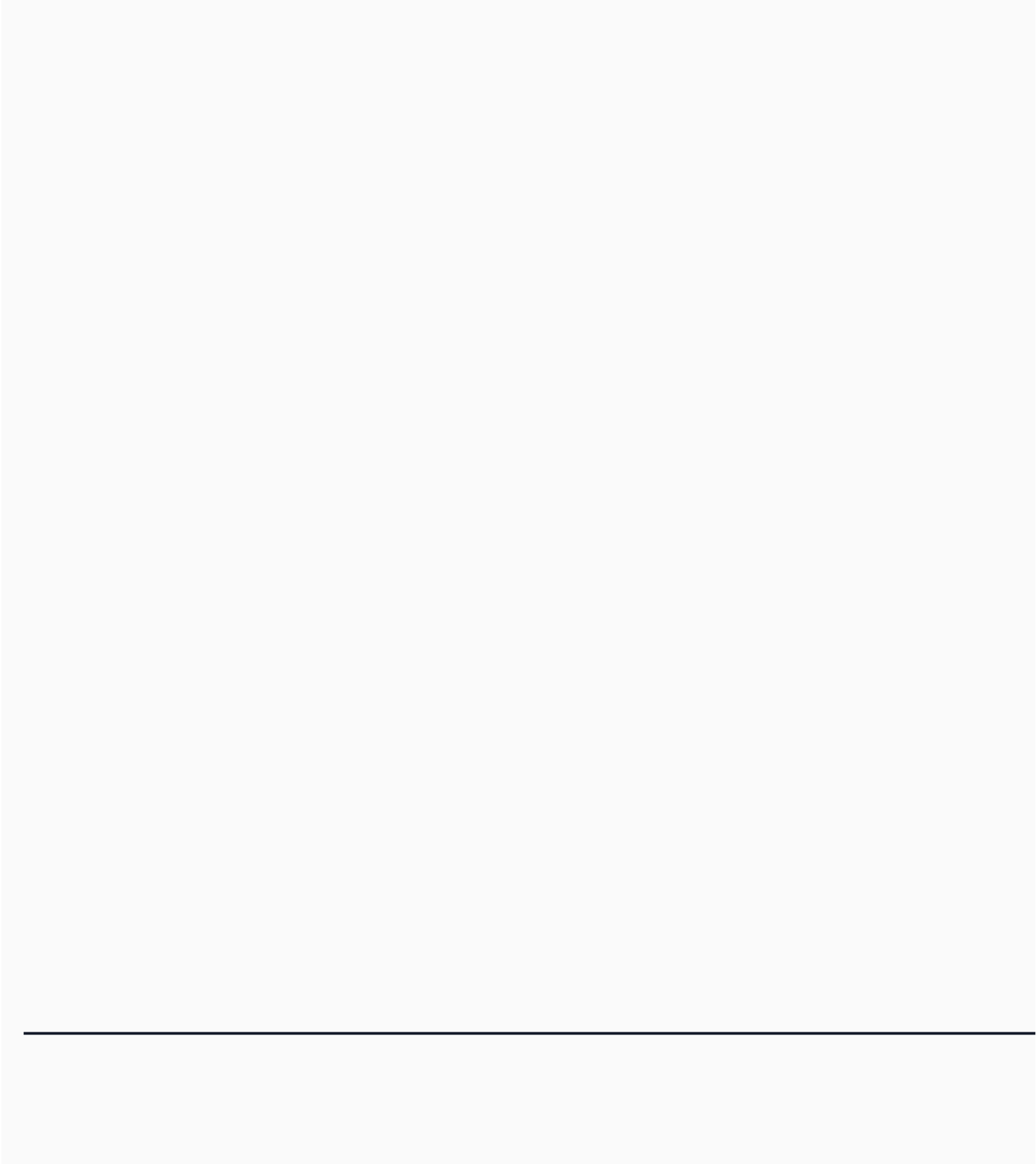
No e/o clot, thrombus, vegetation or pericardial effusion.

P/S : Normal echo does not rule out coronary artery disease.

---End Of The Report---



Dr. SATYAJEET SURYAWANSHI
MBBS, D.N.B. (CARDIOLOGY)
2005/05/2798



Patient Name	: Mr. NITIN SURESH BURADE	Age	: 34Yrs 8Mths 18Days
UHID	: CAUN.0000145967	OP Visit No.	: CAUNOPV177762
Printed On	: 02-10-2024 10:16 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E34574		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. No pathological Q wave or ST-T changes seen.
3. Normal P,QRS,T waves and axis.
4. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

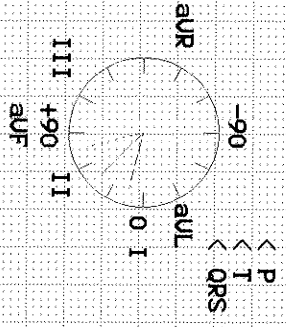
NORMAL RESTING ECG.

---End Of The Report---



Dr. SATYAJEET SURYAWANSHI
MBBS, D.N.B. (CARDIOLOGY)
2005/05/2798
Cardiology

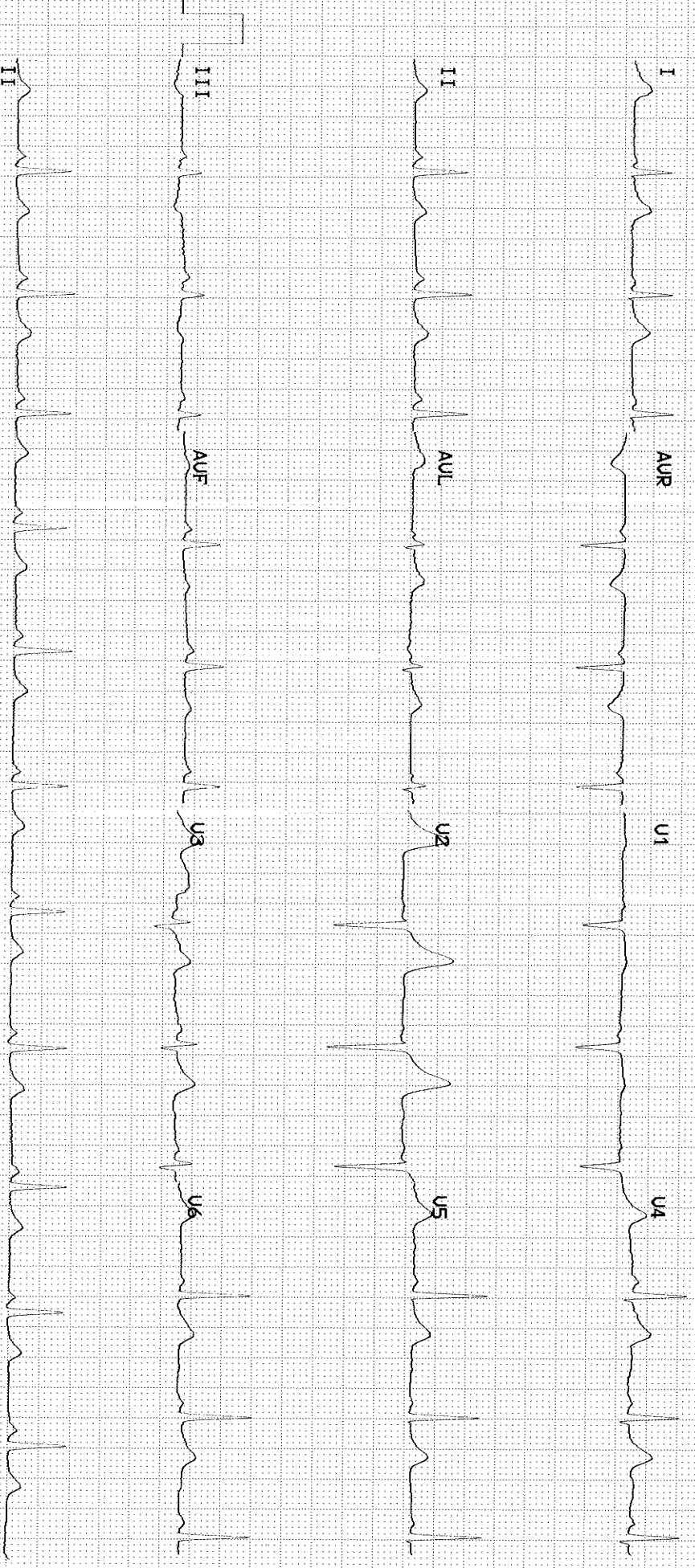
Measurement Results:
 QRS 78 ms
 QT/QTcB 380 / 414 ms
 PR 118 ms
 P 92 ms
 RR/PP 844 / 850 ms
 P/QRS/T 75 / 45 / 15 degrees
 QTd/QTcBd 52 / 57 ms
 Sokolow NK
 mV 9



Interpretation:
 short PR interval
 borderline ECG

HR 70 bpm
 Dr. Priyanka Ladi
 MBBS
 Family Physician
 No. 2019065008/2024

Unconfirmed report.



Patient Name : MR. NITHIN BWADE

Date : 02/01/24

AGE/Sex : 34/M

UHID/ MR NO :

	RIGHT EYE	LEFT EYE
FAR VISION	6/12 A 6/6	6/6 A 6/6
NEAR VISION	N/6 A	N/6 A
ANTERIOR SEGMENT PUPIL	Normal	Normal
COLOUR VISION	Normal	Normal
FAMILY / MEDICAL HISTORY	NO	NO

Impression: Glass R - 0.25 / - 0.75 X 90 L
 R - PL

Adv.: -

Optometrist: -
Mr. Yogesh Avaghad
Apollo Clinic – Aundh Pune

Date : 10/2/2024 Department : General Physician
 Patient Name : Mr. NITIN SURESH BURADE Doctor : Dr. PRIYANKA LADI
 UHID : CAUN.0000145967 Registration No. : MMC/RENW/2019065008/
 Age / Gender : 34Yrs 8Mths 17Days / Male Qualification : MBBS.
 Consultation Timing : 8:44 AM

Height : 168	Weight : 72	BMI : 25	Waist Circum : 96
Temp :	Pulse : 74	Resp :	B.P : 120/80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains - None.

Comorbidity - No h/o DM / HTN / BA / surgery / epilepsy

Allergies - No known

Surgical H/O None

Family H/O Not significant

Addiction - None

OE

CVS-

CNS-

P/A-

Chest-

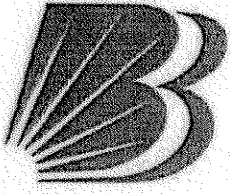
N.A.D.

- Flu vaccine annually.

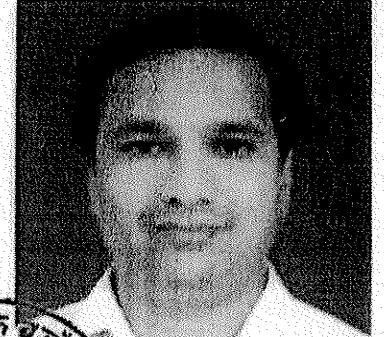
Follow up date:

Doctor Signature





बैंक ऑफ़ बड़ौदा
Bank of Baroda

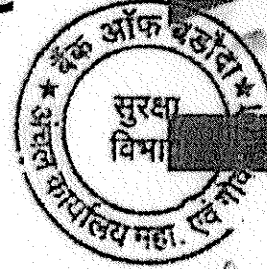


नाम

Name : **Nitin Suresh Burade**

कर्मचारी कूट क्र.

E.C.No. : **177571**



जारीकर्ता प्राधिकारी

Issuing Authority

Chief Manager (HRM)

Pune Zone

धारक के हस्ताक्षर

Signature of Holder

मिलने पर, निम्नलिखित को लौटाएं

सहाय्यक महाप्रबंधक (सुरक्षा)

बैंक ऑफ़ बड़ौदा, बड़ौदा कॉर्पोरेट सेन्टर

सी-26, जी ब्लॉक, बांद्रा कुर्ला कॉम्प्लेक्स, मुंबई - 400 051, भारत

फोन 91 22 5698 5196 फैक्स 91 22 2652 5747

If found, please return to

Asst. General Manager (Security)

Bank of Baroda, Baroda Corporate Centre

C-26, G-Block, Bandra-Kurla Complex, Mumbai 400 051, India

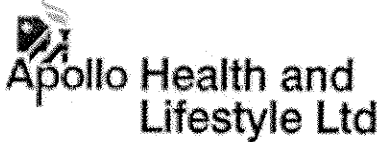
Phone 91 22 5698 5196 Fax 91 22 2652 5747

रक्त समूह / Blood Group : **B+ve**

पहचान चिन्ह / Identification Marks : **Operation mark on right leg toe**

Aundh Apolloclinic

From: noreply@apolloclinics.info
Sent: 01 October 2024 02:09 PM
To: nitinburade118@gmail.com
Cc: Aundh Apolloclinic; Niraj B; Syamsunder M
Subject: Your appointment is confirmed



Dear MR. BURADE NITIN SURESH,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **AUNDH clinic** on **2024-10-02** at **08:00-08:15**.

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.

CERTIFICATE OF MEDICAL FITNESS


This is to certify that I have conducted the clinical examination

of Nitin Burrade on 02/10/2024

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>High Cholesterol</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>	✓
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ • Unfit 	

APOLLO CLINIC - AUNDH
Dr. PRIYANKA LADI
MBBS
Family Physician
Reg. No: 2019065008/2024

Dr. 
Medical Officer
Apollo Clinic, (Aundh, Pune)

This certificate is not meant for medico-legal purposes