





ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
DEPARTMENT OF HAEMATOLOGY					
Emp/Auth/TPA ID	: 8879382790				
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		
Visit ID	: CMAROPV677926	Status	: Final Report		
UHID/MR No	: CMAR.0000314739	Reported	: 10/Jun/2023 04:36PM		
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 02:11PM		
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM		

Test Name Result Unit Bio. Ref. Range Method	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324						
	Test Name	Result	Unit	Bio. Ref. Range	Method		

HAEMOGLOBIN	11.6	g/dL	13-17	Spectrophotometer
PCV	36.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.46	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	66	fL	83-101	Calculated
MCH	21.2	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	20	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	55.8	%	40-80	Electrical Impedance
LYMPHOCYTES	34.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedanc
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2343.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1453.2	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	88.2	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	315	Cells/cu.mm	200-1000	Electrical Impedanc
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-15	Modified Westegrer method

RBCs: Show erythrocytosis and mild anisocytosis with predominance of Microcytic hypochromic RBCs. Few poikilocytes like elliptocytes are seen. No nucleated RBCs or inclusions.

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

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Address: Autress: The Apollo Clinic,#673/A,Varthur main road, Near Kundanahalii Signal, Opp.shriram samruddhi apts, Whitefield, Bangalore - 560066



Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)







	OFEMI - MEDIWHEEL - F est Name				- FY2324 Method
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HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE WITH ERYTHROCYTOSIS

Note: Kindly evaluate for incipient iron deficiency status.

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SIN No:BED230134290

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Visit ID	: CMAROPV677926		Status	: Final Report	
UHID/MR No	: CMAR.0000314739		Reported	: 10/Jun/2023 05:55PM	
Age/Gender	: 32 Y 2 M 29 D/M		Received	: 10/Jun/2023 02:11PM	
Patient Name	: Mr.RISHABH BHARDWAJ		Collected	: 10/Jun/2023 10:40AM	

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	AB	Microplate			
		Hemagglutination			
Rh TYPE	Positive	Microplate			
		Hemagglutination			

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Т	est Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	HEXOKINASE
Comment: As per American Diabetes Guidelines				
Fasting Glucose Values in mg/d L	Interpretation			
<100 mg/dL	Normal			
100-125 mg/dL	Prediabetes			
≥126 mg/dL	Diabetes			

GLUCOSE, POST PRANDIAL (PP), 2	106	mg/dL	70-140	HEXOKINASE
HOURS , NAF PLASMA				

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.

Ref: Marks medical biochemistry and clinical approach

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Test Name	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.2	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	103	mg/dL	Calculated

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 - 6.4
DIAGNOSING DIABETES	\geq 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:PLF01983573,PLP1337817,EDT230053945

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Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 06:04PM
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Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	147	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	105	mg/dL	<130	Calculated
LDL CHOLESTEROL	87.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.50		0-4.97	Calculated

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	\geq 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	\geq 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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Test Name





Method

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Unit

Bio. Ref. Range

Result

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	1.63	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.35	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	59.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.71	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated

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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM					
CREATININE	0.87	mg/dL	0.72 – 1.18	JAFFE METHOD	
UREA	25.90	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	12.1	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	6.97	mg/dL	3.5–7.2	Uricase PAP	
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	3.08	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	140	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)	

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Т	est Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	19.00	U/L	<55	IFCC	
(GGT), SERUM					

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Patient Name	: Mr.RISHABH BHARDWAJ		Collected	: 10/Jun/2023 10:40AM	
Age/Gender	: 32 Y 2 M 29 D/M		Received	: 10/Jun/2023 06:08PM	
UHID/MR No	: CMAR.0000314739		Reported	: 11/Jun/2023 08:05AM	
Visit ID	: CMAROPV677926		Status	: Final Report	
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCA	RE LIMITED
Emp/Auth/TPA ID	: 8879382790				
		DEPARTMENT OF		Y	
ARC	OFEMI - MEDIWHEEL - F	ULL BODY ANNUA	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324
Test Name Result			Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.19	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	11.60	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.050	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. Note:

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

Page 10 of 12



SIN No:SPL23085318

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APOLLO CLINICS NETWORK

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)



Test Name





Method

DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
-			OGY		
Emp/Auth/TPA ID	: 8879382790				
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		
Visit ID	: CMAROPV677926	Status	: Final Report		
UHID/MR No	: CMAR.0000314739	Reported	: 10/Jun/2023 02:53PM		
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 02:23PM		
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM		

Result

Unit

Bio. Ref. Range

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pН	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
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 MOUNT	AND MICROSCOPY			
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2126648

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Patient Name





: 10/Jun/2023 10:40AM

Age/Gender UHID/MR No Visit ID	: 32 Y 2 M 29 D/M : CMAR.0000314739 : CMAROPV677926		Received Reported Status	: 10/Jun/2023 02:23PN : 10/Jun/2023 04:21PN : Final Report	
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHO	CARE LIMITED
Emp/Auth/TPA ID	: 8879382790	DEPARTMENT OF C		.OGY	
ARC	OFEMI - MEDIWHEEL -	FULL BODY ANNU	JAL PLUS MALE -	2D ECHO - PAN INDI	A - FY2324
Т	est Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE	E(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
	F(FASTING)	NEGATIVE		NEGATIVE	Dipstick

Collected

Result/s to Follow: PERIPHERAL SMEAR

po Dr. Prasanna M.B.B.S, M.D **Consultant Pathologist**

Dr.Anita Shobha Flynn M.B.B.S MD(Pathology) **Consultant Pathologist**

Do

: Mr.RISHABH BHARDWAJ

*** End Of Report ***

DR.SHIVARAJA SHETTY M.B.B.S,M.D(Biochemistry CONSULTANT BIOCHEMIST Consultant Pathologist



Dr.Anita Shobha Flynn M.B.B.S MD(Pathology)

Page 12 of 12



SIN No:UPP014815,UF008643

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Address: Autress: The Apollo Clinic,#673/A,Varthur main road, Near Kundanahalii Signal, Opp.shriram samruddhi apts, Whitefield, Bangalore - 560066



Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)



To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	OF HEALTH CHECK UP BENEFICIARY
NAME	RISHABH BHARDWAJ RISHABH BHARD
DATE OF BIRTH	12-03-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-06-2023
BOOKING REFERENCE NO.	23J172904100061126S
	SPOUSE DETAILS
EMPLOYEE NAME	MS. MATHUR YASHA
EMPLOYEE EC NO.	172904
EMPLOYEE DESIGNATION	FOREX BACK OFFICE
EMPLOYEE PLACE OF WORK	BANGALORE, VT, NATIONAL SHARED S
EMPLOYEE BIRTHDATE	18-12-1991

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **05-06-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Con the second 7640 2602 8053 मेरा आधार, मेरी पहचान 4 ज्यम भरतुज Rishabh Bhardwaj जन्म तिथि/DOB: 12/03/1991 पुरुष/ MALE Birtich Ritang Government of India . **I** (sene Date: 29/05/2013

17





Date	:	10-06-2023	Department	į	GENERAL
(MR NO	•	CMAR.0000314739	Doctor	•	2
é.					
Name	:	Mr. Rishabh Bhardwaj	Registration No		
Age/ Gender		32 Y / Male	Qualification	•	

Consultation Timing: 10:07

Spo2 - 98-1

Height: 172 Um,	172 m, Weight: 91.4 kg		Waist Circum :	
Temp :	Pulse: 8761m	Resp :	B.P: 102 60 mmHg	

General Examination / Allergies Clinical Diagnosis & Management Plan History

C/JIB ENT Bas ? B/L FOR / M @ Nor, Theor: @

 \ll

Follow up date:

Doctor Signature



Patient Name	: Mr. Rishabh Bhardwaj	Age/Gender	: 32 Y/M
UHID/MR No.	: CMAR.0000314739	OP Visit No	: CMAROPV677926
Sample Collected on		Reported on	: 10-06-2023 20:12
LRN#	: RAD2019037	Specimen	*. *.
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8879382790		

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 .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB) Radiology







	DEPAR	TMENT OF HAEMATOLOG	Y
Emp/Auth/TPA ID	: 8879382790		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CMAROPV677926	Status	: Final Report
UHID/MR No	: CMAR.0000314739	Reported	: 10/Jun/2023 04:36PM
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 02:11PM
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM

ARCOFEMI - MEDIWHEEL	- FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA - I	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HAEMOGLOBIN	11.6	g/dL	13-17	Spectrophotometer
PCV	36.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.46	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	66	fL	83-101	Calculated
MCH	21.2	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	20	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)	the set of		
NEUTROPHILS	55.8	%	40-80	Electrical Impedance
LYMPHOCYTES	34.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2343.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1453.2	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	88.2	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	315	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: Show erythrocytosis and mild anisocytosis with predominance of Microcytic hypochromic RBCs. Few poikilocytes like elliptocytes are seen. No nucleated RBCs or inclusions.

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

Page 1 of 12

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DEPARTMENT OF HAEMATOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324					
Emp/Auth/TPA ID	: 8879382790				
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		
Visit ID	: CMAROPV677926	Status	: Final Report		
UHID/MR No	: CMAR.0000314739	Reported	: 10/Jun/2023 04:36PM		
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 02:11PM		
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM		

The state is a state of the sta	Denulà	Ilmit	Bio. Ref. Range	Method
Test Name	Result	Unit	DIO. Ref. Range	Methou

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE WITH ERYTHROCYTOSIS

Note: Kindly evaluate for incipient iron deficiency status.

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SIN No:BED230134290

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Address: The Apollo Clinic, #073/A, Varthur main road, Near Kundanalialii Signal, Opp.shriram samruddhi apts, Whitefield, Bangalore - 560066









		OF HAEMATOLOG	
Emp/Auth/TPA ID	: 8879382790		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CMAROPV677926	Status	: Final Report
UHID/MR No	: CMAR.0000314739	Reported	: 10/Jun/2023 05:55PM
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 02:11PM
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM

	A PART FOR CONTRACTOR OF A PART AND CONTRACT OF CONTRACTOR	and the set of the second second		C. The series of the contract
Test Name	Result	Unit	Bio. Ref. Range	Method

BLOOD GROUP ABO AND RH FACT	OR, WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	AB	Microplate Hemagglutination
Rh TYPE	Positive	Microplate Hemagglutination





SIN No:BED230134290

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Т	est Name	Test Name Result			Method
ARC	OFEMI - MEDIWHEEL - FU				FY2324
			OF BIOCHEMISTR	v	
Emp/Auth/TPA ID	: 8879382790				
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCAR	E LIMITED
Visit ID	: CMAROPV677926		Status	: Final Report	
UHID/MR No	: CMAR.0000314739		Reported	: 10/Jun/2023 11:33PM	
Age/Gender	: 32 Y 2 M 29 D/M		Received	: 10/Jun/2023 02:02PM	
Patient Name	: Mr.RISHABH BHARDWAJ		Collected	: 10/Jun/2023 10:40AM	

GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	HEXOKINASE
Comment: As per American Diabetes Guidelines				
Fasting Glucose Values in mg/d L	Interpretation			
<100 mg/dL	Normal			
100-125 mg/dL	Prediabetes			
≥126 mg/dL	Diabetes			

GLUCOSE, POST PRANDIAL (PP), 2	106	mg/dL	70-140	HEXOKINASE	
HOURS , NAF PLASMA	10454Ch			CONTRACTOR OF DEALOOP MED IN	

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.

Ref: Marks medical biochemistry and clinical approach

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Address: The Apollo Clinic, #573/A, Varthur main road, Near Kundanalailii Signal, Opp.shriram samruddhi apts, Whitefield, Bangalore - \$60066









	DEPART	MENT OF BIOCHEMISTR	Y
Emp/Auth/TPA ID	: 8879382790		-2.
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CMAROPV677926	Status	: Final Report
UHID/MR No	: CMAR.0000314739	Reported	: 10/Jun/2023 11:33PM
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 02:02PM
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM

		1		
Test Name	Result	Unit	Bio. Ref. Range	Met

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.2	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	103	mg/dL	Calculated

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 - 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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Address: The Apollo Clinic,#673/A,Varthur main road, Near Kundanahafii Signal, Opp.shriram samruddhi apts, Whitefield, Bangalore - 560065









	DEPART	MENT OF BIOCHEMISTR	Y
Emp/Auth/TPA ID	: 8879382790		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CMAROPV677926	Status	: Final Report
UHID/MR No	: CMAR.0000314739	Reported	: 10/Jun/2023 10:53PM
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 06:04PM
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM

ARCOFEMI - MEDIWHEE	EL - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

TOTAL CHOLESTEROL	147	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	105	mg/dL	<130	Calculated
LDL CHOLESTEROL	87.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.50		0-4.97	Calculated

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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SIN No:SE04393016

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Address: The Apollo Clinic, 8673/A, Varthur main road, Near Kundanahalii Signal, Opp.shriram samruddhi apts, Whitefield, Bangalore - 560086









	DEPAR	TMENT OF BIOCHEMISTR	Y
Emp/Auth/TPA ID	: 8879382790		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CMAROPV677926	Status	: Final Report
UHID/MR No	: CMAR.0000314739	Reported	: 11/Jun/2023 04:17AM
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 06:04PM
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM

ARCOFEMI - MEDIWHEE	EL - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio, Ref, Range	Method

BILIRUBIN, TOTAL	1.63	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.35	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	59.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.71	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated

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SIN No:SE04393016

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Address The Apollo Clinic,#671/A,Varthur main road, Near Kundanahalii Signal, Opp.shriram samroddīti apts, Whitefield, Bangalore - \$60066









	DEPAR	TMENT OF BIOCHEMISTR	Y
Emp/Auth/TPA ID	: 8879382790		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CMAROPV677926	Status	: Final Report
UHID/MR No	: CMAR.0000314739	Reported	: 10/Jun/2023 10:53PM
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 06:04PM
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM

ARCOFEMI - MEDIWHEE	EL - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

CREATININE	0.87	mg/dL	0.72 - 1.18	JAFFE METHOD
UREA	25.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.97	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.08	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)

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SIN No:SE04393016

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	DEPAR	TMENT OF BIOCHEMISTR	Ŷ
Emp/Auth/TPA ID	: 8879382790		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CMAROPV677926	Status	: Final Report
UHID/MR No	: CMAR.0000314739	Reported	: 10/Jun/2023 10:53PM
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 06:04PM
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM

A NOT EN MEDITIEE	E TOLE BODT ANNOA	LI LOO MALL	- 2D ECHO - PAN INDIA -	12324
Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	19.00	U/L	<55	IFCC
(GGT), SERUM				

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SIN No:SE04393016

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DEPARTMENT OF IMMUNOLOGY					
Emp/Auth/TPA ID	: 8879382790				
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		
Visit ID	: CMAROPV677926	Status	: Final Report		
UHID/MR No	: CMAR.0000314739	Reported	: 11/Jun/2023 08:05AM		
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 06:08PM		
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM		

ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.19	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	11.60	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.050	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. Note:

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		





SIN No:SPL23085318

Apollo Health and Lifestyle Limited (CIN - UBS110TG2000PLC115819) Regd. Office: 1-10:60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No:040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK

Address: The Apollo Clinic, #673/A, Varthur main road, Near Kundanaladii Signal, Opp.shriram samruddhi apts. Whitefield, Bangalore - 560055









DEPARTMENT OF CLINICAL PATHOLOGY					
Emp/Auth/TPA ID	: 8879382790				
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		
Visit ID	: CMAROPV677926	Status	: Final Report		
UHID/MR No	: CMAR.0000314739	Reported	: 10/Jun/2023 02:53PM		
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 02:23PM		
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM		

ARCOFEMI - MEDIWHEE	EL - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
	Result	Unit	Bio, Ref, Range	Method

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pН	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
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 MO	OUNT AND MICROSCOPY			
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





SIN No:UR2126648

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DEPARTMENT OF CLINICAL PATHOLOGY					
Emp/Auth/TPA ID	: 8879382790		FE		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		
Visit ID	: CMAROPV677926	Status	: Final Report		
UHID/MR No	: CMAR.0000314739	Reported	: 10/Jun/2023 04:21PM		
Age/Gender	: 32 Y 2 M 29 D/M	Received	: 10/Jun/2023 02:23PM		
Patient Name	: Mr.RISHABH BHARDWAJ	Collected	: 10/Jun/2023 10:40AM		

ARCOFEMI - MEDIWHEE	EL - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA -	FY2324
Test Name	Result	Unit	Bio, Ref, Range	Method

URINE GLUCOSE(POST PRANDIAL)	NEGATIVE	NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR

ane Dr. Prasanna M.B.B.S, M.D **Consultant Pathologist**

Dr.Anita Shobha Flyrin M.B.B.S MD(Pathology)

Consultant Pathologist

DR.SHIVARAJA SHETTY M.B.B.S.M.D(Biochemistry M.B.B.S.MD(Pathology)

Dr.Anita Shobha Flynn CONSULTANT BIOCHEMIST Consultant Pathologist

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SIN No:UPP014815,UF008643

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Address: The Apollo Clinic,#673/A, Varthur main road, Near Kundanalialii Signal, Opp.shriram samruddhi apts, Whitefield, Bangalore - \$60065



Apollo Clinic CONSENT FORM

Patient Name:	RISHABH	BHLARDWAY	Age:	32	
UHID Number:			Company Name	e:	

I Mr/Mrs/Ms <u>RICHABH</u> <u>BHARDWA</u> Employee of <u>2D ECHO</u> (Company) Want to inform you that I am not interested in getting <u>2D ECHO</u> Tests done which is a part of my routine health check package. And I claim the above statement in my full consciousness.

Date: 10 06 2023 Patient Signature:





Patient Name	: Mr. Rishabh Bhardwaj	Age	: 32 Y M
UHID	: CMAR.0000314739	OP Visit No	: CMAROPV677926
Reported on	: 10-06-2023 13:12	Printed on	: 10-06-2023 13:13
Adm/Consult Doctor		Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (14.0cm), shape and shows diffuse increase in echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side. Right kidney measures 11.2cm and parenchymal thickness measures 1.6cm. Left kidney measures 11.3cm and parenchymal thickness measures 1.9cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern. It measures 3.5x3.2x3.0cm.vol - 18.2cc

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION: GRADE I FATTY INFILTRATION OF LIVER. NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad. Telangana - 500 038 | Fmail ID: enquiry@apollobl.co





Patient Name	: Mr. Rishabh Bhardwaj	Age	: 32 Y M
UHID	: CMAR.0000314739	OP Visit No	: CMAROPV677926
Reported on	: 10-06-2023 13:12	Printed on	: 10-06-2023 13:13
Adm/Consult Doctor	8	Ref Doctor	: SELF

Report disclaimer :

1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas. patient preparation and organ location .

2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose

3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .

4. Printing mistakes should immediately be brought to notice for correction.

5. This is USG Abdomen screening.

Printed on:10-06-2023 13:12 ---End of the Report---

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Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB) Radiology

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor ; Ameerpet, Hyderabad. Telangana - 500 038 | Email ID: enquiry@apolloh1.com



Patient Name	: Mr. Rishabh Bhardwaj	Age/Gender	: 32 Y/M
UHID/MR No.	: CMAR.0000314739	OP Visit No	: CMAROPV677926
Sample Collected on	:	Reported on	: 10-06-2023 20:12
LRN#	: RAD2019037	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8879382790		
·			

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.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

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Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB) Radiology



Patient Name	: Mr. Rishabh Bhardwaj	Age/Gender	: 32 Y/M
UHID/MR No.	: CMAR.0000314739	OP Visit No	: CMAROPV677926
Sample Collected on	:	Reported on	: 10-06-2023 13:13
LRN#	: RAD2019037	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8879382790		

DEPARTMENT OF RADIOLOGY

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Maren, 10

Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB) Radiology