

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of VIRAJ G NANDKHALE on 27-06-2023

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

	Tick
<ul style="list-style-type: none"> <li>◊ Medically Fit</li> </ul>	
<ul style="list-style-type: none"> <li>◊ Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1..... <u>Grade 1 fatty liver</u> .....</p> <p>2..... <u>BIL non obstructive renal calculi</u> .....</p> <p>3..... <u>mild ↑ uric acid</u> .....</p> <p><u>borderline lipid profile ; Prediabetes</u></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"> <li>◊ Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>◊ Unfit</li> </ul>	

APOLLO CLINIC AUNDH  
Dr. RISHIKA J. PATIL  
General Physician  
Reg. No. 2020/115537  
Medical Officer  
Apollo Clinic, (Aundh, Pune)

*\* This certificate is not meant for medico-legal purposes*

Patient Name : Mr.VIRAJ GAJANAN NANDKHILE	Collected : 27/Jun/2023 09:40AM
Age/Gender : 37 Y 1 M 25 D/M	Received : 27/Jun/2023 01:53PM
UHID/MR No : CAUN.0000134662	Reported : 27/Jun/2023 03:05PM
Visit ID : CAUNOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172518	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD-EDTA</b>				
<b>HAEMOGLOBIN</b>	13	g/dL	13-17	Spectrophotometer
PCV	<b>38.30</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.32	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>72.1</b>	fL	83-101	Calculated
MCH	<b>24.5</b>	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	<b>17.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,920	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	44.1	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>45.4</b>	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4374.72	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	<b>4503.68</b>	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	386.88	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	595.2	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	59.52	Cells/cu.mm	0-100	Electrical Impedance
<b>PLATELET COUNT</b>	332000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	9	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBCs ARE MICROCYTIC HYPOCHROMIC +. ANISOCYTOSIS +.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				



SIN No:BED230147584

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

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UHID/MR No : CAUN.0000134662	Reported : 27/Jun/2023 03:55PM
Visit ID : CAUNOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172518	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230147584

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

Patient Name : Mr.VIRAJ GAJANAN NANDKHILE	Collected : 27/Jun/2023 09:40AM
Age/Gender : 37 Y 1 M 25 D/M	Received : 27/Jun/2023 01:33PM
UHID/MR No : CAUN.0000134662	Reported : 27/Jun/2023 02:01PM
Visit ID : CAUNOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172518	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	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



SIN No:PLF01991321

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

Patient Name : Mr.VIRAJ GAJANAN NANDKHILE	Collected : 27/Jun/2023 09:40AM
Age/Gender : 37 Y 1 M 25 D/M	Received : 27/Jun/2023 01:54PM
UHID/MR No : CAUN.0000134662	Reported : 27/Jun/2023 03:55PM
Visit ID : CAUNOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172518	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA</b>	106	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.

Ref: Marks medical biochemistry and clinical approach

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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. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN ,</b> WHOLE BLOOD-EDTA	<b>5.9</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> WHOLE BLOOD-EDTA	123	mg/dL		Calculated

**Comment:**

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).
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:PLP1343327,EDT230058682

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

Patient Name : Mr.VIRAJ GAJANAN NANDKHILE	Collected : 27/Jun/2023 09:40AM
Age/Gender : 37 Y 1 M 25 D/M	Received : 27/Jun/2023 01:35PM
UHID/MR No : CAUN.0000134662	Reported : 27/Jun/2023 02:58PM
Visit ID : CAUNOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172518	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	199	mg/dL	<200	CHO-POD
TRIGLYCERIDES	181	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	125.96	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.16	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.43		0-4.97	Calculated

**Comment:**

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

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

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

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



SIN No:SE04406803

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

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UHID/MR No : CAUN.0000134662	Reported : 27/Jun/2023 02:58PM
Visit ID : CAUNOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172518	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.81	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.74	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	100.63	U/L	30-120	IFCC
PROTEIN, TOTAL	7.59	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated



SIN No:SE04406803

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



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Visit ID : CAUNOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172518	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.62	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	15.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.56	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.96	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.03	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.85	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.95	mmol/L	101-109	ISE (Indirect)



SIN No:SE04406803

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

Patient Name : Mr.VIRAJ GAJANAN NANDKHILE	Collected : 27/Jun/2023 09:40AM
Age/Gender : 37 Y 1 M 25 D/M	Received : 27/Jun/2023 01:35PM
UHID/MR No : CAUN.0000134662	Reported : 27/Jun/2023 02:45PM
Visit ID : CAUNOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172518	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	21.86	U/L	<55	IFCC



SIN No:SE04406803

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

Patient Name : Mr.VIRAJ GAJANAN NANDKHILE	Collected : 27/Jun/2023 09:40AM
Age/Gender : 37 Y 1 M 25 D/M	Received : 27/Jun/2023 01:48PM
UHID/MR No : CAUN.0000134662	Reported : 27/Jun/2023 02:27PM
Visit ID : CAUNOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172518	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.37	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.07	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.436	µIU/mL	0.34-5.60	CLIA

**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



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Visit ID : CAUNOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172518	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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:UR2135943

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

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UHID/MR No : CAUN.0000134662	Reported : 27/Jun/2023 01:55PM
Visit ID : CAUNOPV155671	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 172518	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

**\*\*\* End Of Report \*\*\***

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

  
Dr. Sanjay Ingle  
M.B.B.S, MD(Pathology)  
Consultant Pathologist



SIN No:UPP015014,UF008864

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

Patient Name : Mr.VIRAJ GAJANAN NANDKHILE	Collected : 27/Jun/2023 09:39AM
Age/Gender : 37 Y 1 M 25 D/M	Received : 27/Jun/2023 01:34PM
UHID/MR No : CAUN.0000134662	Reported : 27/Jun/2023 02:35PM
Visit ID : CAUNOPV155672	Status : Final Report
Ref Doctor : Dr.SELF	

**DEPARTMENT OF IMMUNOLOGY**

**ALP VITAMIN PANEL - LEVEL 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	46.7	ng/mL		CMIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.

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Visit ID : CAUNOPV155672	Status : Final Report
Ref Doctor : Dr.SELF	

**DEPARTMENT OF IMMUNOLOGY**

**ALP VITAMIN PANEL - LEVEL 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	570	pg/mL	187 - 883	CMIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

\*\*\* End Of Report \*\*\*

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

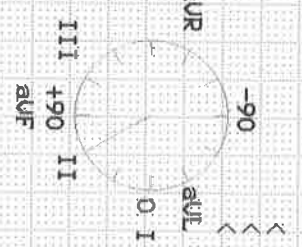
  
Dr. Sanjay Ingle  
M.B.B.S, MD(Pathology)  
Consultant Pathologist



SIN No: SPL23092708

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

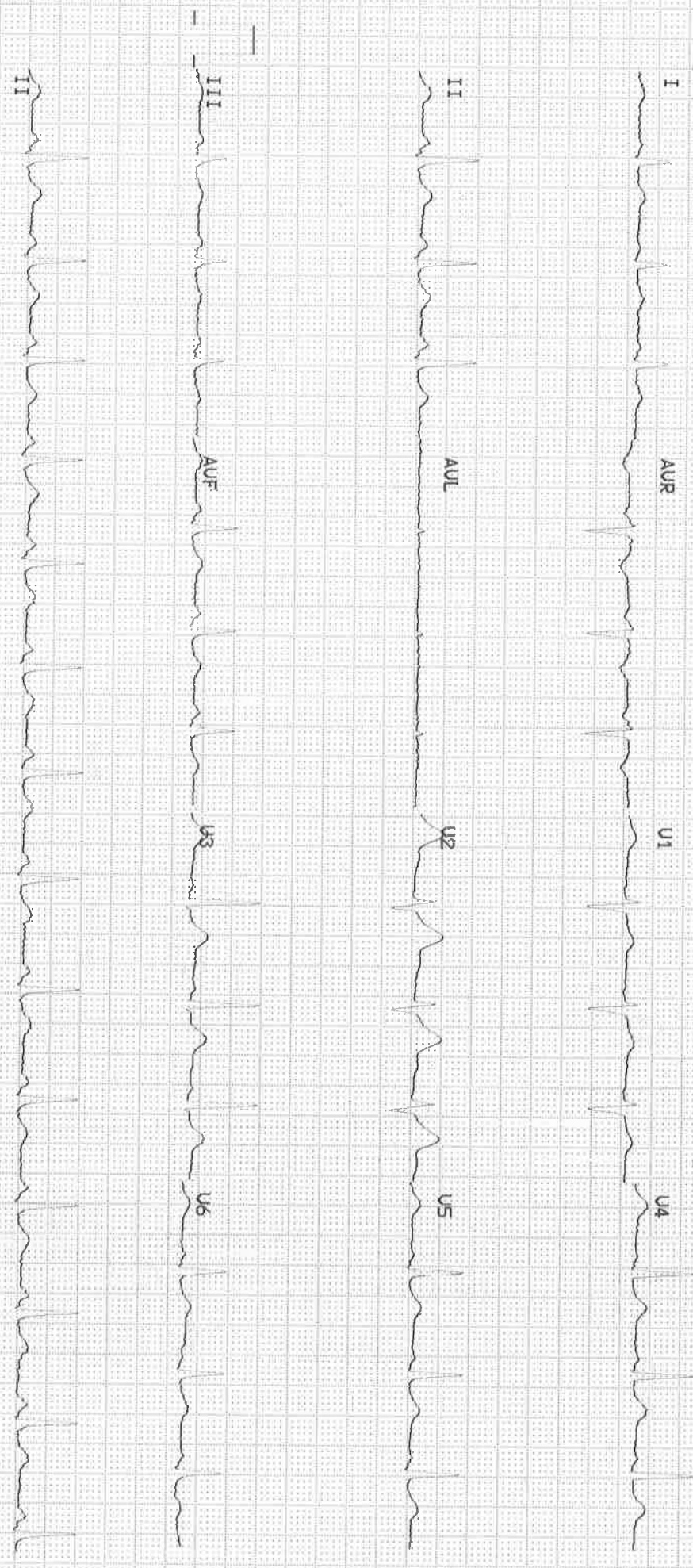
Measurement Results:  
 QRS : 98 ms  
 QT/QTcB : 374 / 444 ms  
 PR : 132 ms  
 P : 102 ms  
 PR/PP : 708 / 695 ms  
 P/QRS/T : 65 / 60 / 60 degrees  
 QT/QTcBD : 16 / 19 ms  
 Sokolow : 1.4 mV  
 NK : 12



Interpretation:

84 bpm  
 Dr. SHISHIKA GHAWAT  
 MBBS  
 General Physician  
 Reg. No. 2020/11/6537

Unconfirmed report.





Patient Name : Mr. VIRAJ GAJANAN NANDKHILE Age : 37 Y M  
UHID : CAUN.0000134662 OP Visit No : CAUNOPV155671  
Reported on : 27-06-2023 14:44 Printed on : 27-06-2023 14:44  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

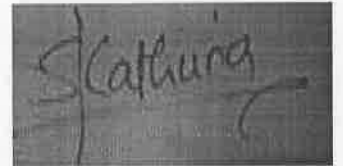
No evidence of any focal lesion.  
Trachea is central in position.  
Costophrenic angles are clear.  
Cardio thoracic ratio is normal.  
Cardiac silhouette is well maintained.  
Mediastinal and hilar regions are normal.  
Both diaphragmatic domes are well visualized and normal.  
Visualized skeleton and soft tissues around thoracic cage appear normal.

**COMMENT:** No significant abnormality seen.

Please correlate clinically.

Printed on: 27-06-2023 14:44

---End of the Report---



**Dr. SUHAS SANJEEV KATHURIA**  
**MBBS, DMRE, RADIOLOGY**  
Radiology

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

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

**APOLLO CLINICS NETWORK MAHARASHTRA**

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

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. VIRAJ GAJANAN NANDKHILE  
UHID : CAUN.0000134662  
Reported on : 27-06-2023 16:29  
Adm/Consult Doctor :

Age : 37 Y M  
OP Visit No : CAUNOPV155671  
Printed on : 28-06-2023 11:41  
Ref Doctor : SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size and shows enhanced in echotexture.

No focal lesion is seen. PV and CBD are normal.

No dilatation of the intrahepatic biliary 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. Splenic vein appears normal.

**Right Kidney is - 11.0 x 4.7 cm. Left Kidney is - 11.7 x 5.1 cm.**

Both Kidneys are normal in size and echotexture.

The cortico medullary differentiation is maintained bilaterally.

**There is a 4.7mm of size calculus noted in mid pole calyx of left kidney. There is a 4mm of size calculus noted in mid pole calyx of right kidney. No hydronephrosis is noted on either side.**

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

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

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UHID : CAUN.0000134662 OP Visit No : CAUNOPV155671  
Reported on : 27-06-2023 16:29 Printed on : 28-06-2023 11:41  
Adm/Consult Doctor : Ref Doctor : SELF

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

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

**IMPRESSION :**

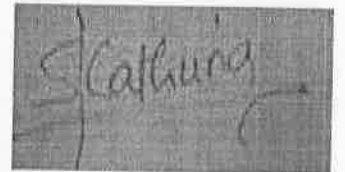
- **Grade I fatty liver.**
- **Bilateral renal non-obstructive calyceal calculi.**

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.

Printed on:27-06-2023 16:29

---End of the Report---



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TO BOOK AN APPOINTMENT

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UHID : CAUN.0000134662 OP Visit No : CAUNOPV155671  
Reported on : 27-06-2023 16:29 Printed on : 27-06-2023 16:31  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and shows enhanced in echotexture.

No focal lesion is seen. PV and CBD are normal.

No dilatation of the intrahepatic biliary 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.

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

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

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 **1860 500 7788**

Patient Name	: Mr. VIRAJ GAJANAN NANDKHILE	Age	: 37 Y M
UHID	: CAUN.0000134662	OP Visit No	: CAUNOPV155671
Reported on	: 27-06-2023 16:29	Printed on	: 27-06-2023 16:31
Adm/Consult Doctor	:	Ref Doctor	: SELF

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

**IMPRESSION :**

- Grade I fatty liver.
- Bilateral renal non-obstructive calyceal calculi.

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.

Printed on:27-06-2023 16:29

---End of the Report---



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

PATIENT NAME :-MR.VIRAJ GAJANAN NANDKHILE

AGE :37YRS/M

REFERRED BY :- ARCOFEMI

DATE :-27.06.2023

UHID :- 134661

## 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 – 23 mm, LA – 25 mm, LVIDd – 41 mm, LVISd – 24 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.

Apollo Clinic - Aundh  
Dr. SatyaJeet Suryawanshi  
DNB (Cardiology)  
MMAAS, FCPS  
Reg. No. 2005/05/2798

**DR.SATYAJEET SURYAWANSHI**  
(CONSULTANT CARDIOLOGIST)

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

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Vijay Handkhole Date : 27.06.23  
 AGE/Sex : 37/M UHID/ MR NO : 134662

	RIGHT EYE	LEFT EYE
FAR VISION	$\overline{e}$ Glass 6/6	$\overline{e}$ Glass 6/6
NEAR VISION	W/6	W/6
ANTERIOR SEGMENT PUPIL	MD	MD
COLOUR VISION	(N)	(N)
FAMILY / MEDICAL HISTORY	H/O PGP	—

Impression: WNL

Optometrist:-

**Mr. Ritesh Sutnase**

Date : 27-06-2023

Department : GENERAL

MR NO : CAUN.0000134662

Doctor :

Name : Mr. VIRAJ GAJANAN NANDKHILE

Registration No :

Age/ Gender : 37 Y / Male

Qualification :

Consultation Timing: 09:25

Height	169
Waight	71
BP	120/80.
Pulse	76
Waist	91
Hip	97