

| Date | 1 | 19-02-2024 |
|-------|----|-----------------|
| MR NO | 37 | CPIM.0000116675 |

Name : Mr. SACHIN PISE

Age/ Gender : 36 Y / Male

Consultation Timing: 09:17

Department : GENERAL Doctor : Registration No :

Qualification :

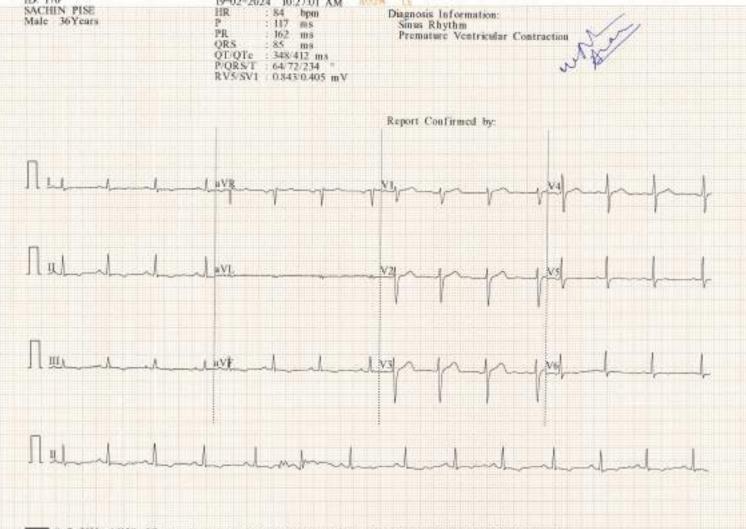
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CNS: NAD. PA: DAD. Noknown allergy. Stant in heard 2020



0.57-25Hz AC50 25mm/s 10mm/mV 4*2.5s+1r #84 V1.91 SEMIP V1.6 APOLO CLINIC NIGDI

| S. No. | Company Name | PACKAGE NAME | Sooking ID | EMP-NAME | AGE |
|--------|------------------------------------|--|------------|-------------------------|-----|
| 19 | Arcofemi/Mediwheel /MALE/FEMALE | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | bobE8425 | MR. PISE SACHIN PRALHAD | 36 |







| EmplAult/TPA ID | . 356322 | | |
|-----------------|-------------------|--------------|----------------------------|
| Ref Dottor | 1 C+.SELF | Sponsor Name | ARCOFEMI HEALTHCARE UMITED |
| Visit ID | : CPIMOPV157135 | Status | +Final Report |
| UHIO/MR Na | : CPIM.0000110875 | Reported | 19/Feb/2024-02.18PM |
| Age/Gender | 36 Y 9 M 17 D/M | Received | : 19/Feb/2024 0 > 28PM |
| Palioni Name | o Mr SACHIN PISE | Collected | 11MFeb/2024 09:19AM |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---------|----------------------------|-----------------|-----------------------------------|
| EMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 16.6 | g/dL | 13-17 | Spectrophotometer |
| PCV | 47.80 | % | 40-50 | Electronic pulse & Calculation |
| RECCOUNT | 5.26 | Million/cu.rom | 4.5-5.5 | Electrical Impedence |
| MCV | 90.6 | fL. | 83-101 | Calculated |
| MCH | 31.9 | pg | 27-32 | Calculated |
| MCHC | 35.2 | g/dl | 31,5-34,5 | Calculated |
| R.D.W | 14.4 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4.540 | cells/cu.mm | 4000 10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT | (DLC) | | | |
| NEUTROPHILS | 58 | % | 40-80 | Electrical Imperiance |
| LYMPHOCYTES | 30.2 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 3.2 | % | 1-6 | Electrical Impadance |
| MONOCYTES | 8 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.6 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 2691.2 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1401.28 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 148,48 | Colls/cu.mm | 20-500 | Calculated |
| MONOCYTES | 371.2 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 27 84 | Cells/cu.mm | 0.100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.92 | | 0 78- 3.53 | Calculated |
| PLATELET COUNT | 161000 | cells/cc/into | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 2 | mm at the end of 1 hour | 0-15 | Modified Westergram |
| PERIPHERAL SMEAR | | | | |

RBC's are Narmocytic Narmachromic,

WBC's are normal in number and morphology

Platelets are Adequate

No Abnormal cells/hemoparasite seen.

OR Sanjavingre MIS 3 5.M OiPatholiogs[Consultant Patholiogist

SIN No:09PD240042657

This test has been performed at Apollic Healthcourd Litestyle http://Sarkishov/Peth Pane, Thagatistics Lab-

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Page 2 of 15



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Carbificante No. MC-3697

| | EAR , WHOLE BLOOD EDTA | | |
|------------------|------------------------|----------------------|-------------------------------|
| | OEPA | RTMENT OF HAEMATOLOG | Y |
| Emp/Auth/TP/A (D | 356332 | | |
| Rel Doclor | I Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Vist ID | CPIMOPV157135 | Status | : Final Report |
| UHID/MR No | CPIM 0000116675 | Reported | : 19/Feb/2024 02.18PM |
| Age/Gender | ± 36 Y 9 M 17 D/M | Received | 110Fe)/2024 01:28PM |
| Petier# Name | ± Mr.SACHIN PISE | Collegied | : 19/Feb/2024-09:19AM |

RBC's are Normocytic Normochromic, WBC's are normal in number and morphology Plaielets are Adequate No Abnormal cells/hemoparasits seen.

DR Sanjay Ingle M 9 8 S.M O[Pathology] Consultant Pathologist

SIN No.BED240042677

This iest has been performed or Aprilin Health and Lifestyle life-Sadashiv Peth Pune, Diagnostics Lah

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Page 1 of 15







Carolificate Als, MO-5637

| Palinnt Name | MCSACHIN PISE | Collected | 19/Feb/2024 09:19AM |
|-----------------|--------------------|--------------|----------------------------|
| Aga/Gander | 😳 36 Y 9 M 17 Diga | Received | : 19/Fob/2024 D1:28/96 |
| UHID/MR No | CPIM 0000 16675 | Reparted | 10/Feb/2024 02 18PM |
| Visit ID | CPIMOPV157135 | Stalus | Final Report |
| Ref Dastor | pr SELF | Spunsor Name | ARCOFEM HEALTHCARE LIMITED |
| Emp/Aux//TPA IQ | : 356332 | | |

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

OF Sanjay Ingle M.B.B S M.D(Pathology) Consultent Petholograf

SIN NO HED248842677

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Apollo Nealth and Elfertyle Limited 3. N. Crant Street Intera-Anger D'Electri I die Gest. An die Heigderpart in Die volgen, Beit Plans, Angewynel, Hydronikov, Schergurger, 500 die of wenne aged wiel sond in Die organization geschichten. Par van Deorste and zweite and went die electrication wenne aged wiel sond in Die organization geschichten. Par van Deorste and zweite and went die electrication and ANALINA WATER AND

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 Survey 20, New York Distance, Mapping Parents, Parent Alasementary, Justice Press.

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| Pabent Name INr.SACHIN PISE Age/Gender 36 Y 9 M 17 Daw UH D/MR No I CPIM.0000146675 Vist ID I CPIM.0PV157135 Ref Dector I Dr.SELF Emp/Aufh/TPA ID 1356332 | Collected Received Reported Statue Statue | 19/FeU/2024 09:19AM 19/FeU/2024 01:28PM 19/FeU/2024 02:36PM Final Report AHCOFEMINEALTHCARE LIMITED | |
|---|---|---|--|
|---|---|---|--|

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Blo. Ref. Range | Method |
|----------------------------|-----------------------|------|-----------------|--------------------------------|
| BLOOD GROUP ABO AND RH FAC | TOR , WHOLE BLOOD EDI | TA | | |
| BLOOD GROUP TYPE | В | | | Microplate Hemaggiutination |
| Rh TYPE | Posilive | | | Microplate Hemagglutination |

CR Sanjay ingle M.B.B.S.M.O(Pathology) Consultant Pathologist

SIN No:BED240043677

This test has been performed at Apollo Health and Lifestyle hit. Suchables Peth Pone, Diagnostics Lao

Apollo Hearth and Elfestyde Himited (JJN 1985 Full-Cates) to 1985 (S) Real Start 1 (S) 2002 FileRe Registers Classifier, VE Har, Regenerat Reference Risegane (2000) (Marchellettano) (M) A received strapole (2002 Phile and analyzer), and the second (4 Analyzer) and the Received

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Page 4 of 15



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V Languar Hydrolog (Schwarzson (Andrew Particle Control Manager) 2014 and 1 Andre (Nathon (Schwarzson) Males (Manager) 2014 and 2







| Petient Name | Mr.SACHIN PISE | Collected | 16/F6U/2024 09.19AM |
|-----------------|-------------------|---------------|-----------------------------|
| Age/Gendor | 36 Y 9 M 17 D/M | Received | 19/Feb/2024 01 46PM |
| UHID/MR No | d CPIM.0000118675 | Reported | 19/Feb/2024 02:40PM |
| Visit 📫 | CPIMOEV157135 | Status | Final Hoport |
| Ref Doctor | D- SELF | Spor sor Name | ARCOFFMI HEALTHCARE LIMITED |
| EmplAuth/TPA (D | 356332 | | |

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

| Test Name | Result | Unit | Bio. Rel. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 211 | mg/dL | 76-100 | HEXOKINASE |

Comment:

| Interpretation | |
|----------------|-----------------------------------|
| Normal | |
| Prediabetes | |
| Diabetes | |
| Hypoglycemia | |
| | Normal Prediabetes Diabetes |

Nute:

1. Die 6 agresis al Diaberes requires a fasting plasma gluense of > x = 120 mg/dL and/or a sterior > 2 he past 5 cases using of > or = 200 mg/dL on _____ at least 2 maximum.

2. Very high ghorese levels (1460 mg,d1) madults) may result in Dishere Kessandosis & is considered anotal; "

DR Sanjay Ingle M 9.9.5,M OlPathology) Consultant Pathologyst

SIN NO PERO2108AS2

This test has been performed at Apol of Haddy and Euroscyle fiel. Sudash y Poll, Pone, Dirgocomes Esti-

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Very Net 11 to 20, City Pene Indiates, Series 20, Real to 0000, Check, Highly ward, Pers, Robertshin, Judia 47304







| Patient Name | AMSACHIN PISE | Collected | 19/Feb/2024 12 43PM | _ |
|-----------------|-----------------|----------------|-------------------------------|---|
| Age/Gender | 35 Y 9 M 17 O M | Received | . 19/Feb62024 05 53PM | |
| UNIDAMR NO | CPIM.0600116675 | Reported | 19/Fcb-2024 07 25PM | |
| VISITIO | 1 CPIMOPV157135 | Status | Final Report | |
| Ref Doctor | : Dr SELF | 51X01/Scr Name | : ARCOFEMI HEALTHCARE LIMITED | |
| Emp/Auth/TEA ID | 356332 | | | |

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SOOR/M FLUORIDE PLASMA (2 HR) | 338 | ունզգր | 70-140 | HEXCHINASE |

Comment:

It is recommended that FHS and PPBS should be interpreted with respect to their Biological reference ranges and net 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, suffortylucoss, amylin analogues, or conditions such as overproduction of insulin.

DR. MANISH T. AKARE M.B.B.S, MD(Path.) Consultant Pathologist

SIN No:PLP142[189

This test has been performed at Apollo Health and Edit-tyle lid- Sadashiv Peth Pare. Diagnoscies Lab-

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| Patient Name | TMT SACHIN PISE | Collected | : (9/Fac/2024 03:10AM |
|------------------|-----------------|--------------|-----------------------------|
| Age/Gander | 35 Y 9 M 17 O/M | Received | 19/Feb/2024 01 28PM |
| UHID/MR No | CPIM 0000116875 | Reported | 1%/Feb/2024 04 29PM |
| Visitio | CPIMOPV157135 | Status | : Final Report |
| Rel Doctor | Dr SELF | Spansor Name | ARCOREMI HEALTHCARE LIMITED |
| EniplAct//TPA ID | 356032 | | |

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

| Test Name | Result | Unit | Blo. Rel. Range | Method |
|--|--|--|--|------------|
| BATC (GLYCATED HEMOGLOBIN) . M | HOLE BLOCD EDTA | 1, | | |
| LIBATC, GLYCATED HEMOGLOBIN | 9,9 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (#AG) | 237 | mg/dL | | Calculated |
| Comment: | | | | |
| Reference Range as per American Diabetes Associat | um (ATLA) 2023 Guidelines | | | |
| REFERENCE GROLP | HBAIC % | | | |
| NON DEADETIC | <9.7 | | | |
| PREDIABETES | 5.7 - s.4 | | | |
| DIABETES | ≥ 6.5 | | | |
| DIABETICS | | | | |
| EXCELLENT CONTROL | 6 - 7 | | | |
| FAIR TO GOOD CONTROL | 17 - B | | - | |
| UNSATISFACTORY CONTROL | 8 10 | | _ | |
| POORCONTROL | >10 | | | |
| Note: Dictory proportion or or facting is not required 1. UbALC is recommended by American Disbetts A 2.00001 by American Diductor Association golds inc 2. Tracks of PhALC volues is a better indicator of G 3. Low (IbALC in Not-Diabette patients are associated and Sector PhALC in Not-Diabette patients are associated and the PhALC in Not-Diabette patients are associated and th | energino for Diagnosing Di s 2023, lyactice control than a single ad with Antonia than Datis al to pathen s with classical s | rics. iency Themolyce), L conditions that shoe | eet Discolers, Chreme Kohn en ervihrecyte die span oord | |

5. In costs of Interference of Messaglebin variants in HoATC, alternative interioris (Enclosumine) estimation is recommended for Glycomic Control.

A: HER >25%

B. Hot ezygens Hennighthinopathy,

(Hh Electropheresis is recommended method to, detectors of Hennigklassinghtly)

CR Sanjay Jagla 44 # 8 S.M CIPathology: Consultant Parnologist

SIN No E071240018909

Tins test has been performed at Apol's Health and Lifestyle fits Sadashi's Peth Pane, Dirgreatics Lab

Apolico Moalth and Lifetteyle Hilbitoff (1981) or an orangeter of enered Disc 117 Arti, Advinter Report Condens, Station Reported Historical Discourses Service menjacitet for the effective property apole and the Media Med 1172, hyper Advin 2241 3214 (1981) 1971 (1985) ap Mary Sec. B. et al., Phy. Proc. and Aug. Sector: 21 Dec. of R.L. Charles, Myd. (2 mert.) Parts, Markon (2017), In Sec. 417024

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| Patient Name | Mr.SACHIN PISE | Collected | : 19/Feb/2024 09.#9AM |
|-----------------|-------------------|--------------|-----------------------------|
| Age/Gender | 36 Y 9 M 17 DAM | Received | 19/Feb/2024 01 32PM |
| UHIDME No | ± CPAI.0000116675 | Reported | : 19/Feb/2024 02 33PM |
| Visit IO | : CPIMOPV157135 | Status | Final Report |
| Ref Doctor | Dr.SELF | Sponsor Name | ARCOFEMI HEALTHCARE LIMITED |
| Emp/Aulh/TPA ID | : 356332 | | |

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|----------------------|--------|--------|-----------------|-------------------------------|
| LIPID PROFILE, SERUM | | 1 | | |
| TOTAL CHOLESTEROL | 232 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 766 | mg/dL | <150 | GPO-POD |
| HOL CHOLESTEROL | 38 | ուց/ժե | 40-60 | Enzymatic Immunoinhibition |
| NON-HDU CHOLESTEROL | 194 | mg/dL | <130 | Calculated |
| VLOL CHOLESTEROL | 153.17 | mg/dL | <30 | Calculateri |
| CHOL / HOL RATIO | 6,05 | | 0-4.97 | Calcu/ated |

Comment:

Reference Interval as per National Cholestorol 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 | ≥ 1.A(I |
| HDL | ≥ 60 | | | 1 |
| NON-HDL CHOLESTEROL | Optimal <130; Above Optimal 130-159 | 160-189 | 190-219 | >220 |

1. Measurements in the state judication different days car show physics early and analytical variations.

2. WEEP ATP III identifies non-HOL cholesterist as a secondary larger of therapy in prisons with high englyzer ides.

3. Diffinity provention algorithm more multiples about the common and invertibilit. Cholesterol large: levels to documine cligibility of drug therapy.

4. Low PDE levels are associated with Commany Hear. Discuss the non-infration (IE), being available to proceipate in reverse cholesterol transport, the process by which cholesterol to choinated from peopheral tissues.

5. As per NUEP guidetanes, all values above the age of 20 years should be presented for type status, 5, feet we screening of children above the age of 2 years were a farm y holders of prevalues cardonymender if wave of cases were a farm y holder of a period with high rolat children is recommended.

4. VEDE EDE Confesters: Non-HOR, Confesterol, CEOER DE RATIO, UPERDE RATIO als calculated promotific when Engly-condex are below 400 mg/dE. When Trighy-confestary more than 400 mg/dE 1100 thate encourses a direct measurement.

CR Sanjavingle NI 3.8.5,M,DIPathologyl Cshsultant Pathologist

SIN NRSR04634234

This test has been performed at Apullo Health and Lifestyle Itd. Sadisticy Peth Pune, Diagnostics Lab.

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Page 8 of 15



1860 500 7788







| Patient Name | : Mr.SACHIN PISE | Collected | : 19/Feb/2024.09:19AM |
|-----------------|-------------------|--------------|-----------------------------|
| Age/Gender | : 36 Y 9 M 17 D/M | Received | 19/Feb/2024 01.32PM |
| UHID/MR No | : CPIM.0000116675 | Reported | 19/Feb/2024 02:46PM |
| Visit ID | CPIMOPV157135 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 356332 | 1 | |

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|-----------------------|
| LIVER FUNCTION TEST (LFT) . SERUM | | 1 | | |
| BILIRUBIN, TOTAL | 6.68 | nag/dl | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0 17 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.71 | ing/dL | 0.6-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 59.57 | LUL | <50 | IFCC |
| ASPARTATE AMINO'I RANSFERASE (AST/SGOT) | 39.0 | ÜL | <50 | IFCC |
| ALKALINE PHOSPHATASE | 68 BS | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.07 | g/dL | 6.6-8.3 | Biurel |
| ALBUMIN | 4.47 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.60 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.72 | | 0 9-2.0 | Calculated |

Comment:

UT is results reflect different aspects of the body state lawer, i.e., kereits even integrity (AST & AUT) synchesis and second end biter Kilinakin, ALPL view estates (VEP, GGT) protein synthesis (Alternation)

Contraint patterns acon-

1. Repatocollutor Injury:

- AST - Eleveration of structure between the network network in the number of the rooter in cardina and shelled injuries.

ALL - Elevated levels indicate hepaticellular damage, ICo consideration from (s) specific lab two. Un laparenellular injury. Values also correctly well with increasing BML p. Dispergeneenable interase in AST, ALT considered with ALP + Dilevation may be also atea.

AST: ALL pariol - house of hepatocollogic mjory AST, ALT - the Altobale Liver Disease AST, ALT could yet this parent also seen

or he matrated in NAFC [3, Welsons's diseases. Confessor, but the encourse or usually particula-

2. Chalestatic Pattern;

ATP – Dispersionate increase in ALP compared with AST, A1

Biliphin may be closated. ALP elevation also show or program (9) impacted by age and end

e to establish the Separate organ conclusion with GCT helps. If (GCT decoded indicates liquide cause of menuteert ALP)

) Syntherit (ancies (spalement: - Alla one-Liver discose reduces allocitic levels): Constation with PT (Protrombin Type) helps,

| CREATING INTERNATION OF THE STATE OF THE STATE OF THE STATE PROPOSED OF THE STATE O | Pagi: V ni | |
|---|--|--------------------------------|
| S IN No/5 E04634254 | | |
| This test has been performental Apollo Health and Lifestyle lide Sadashee | Peth Peter, Diagonstics Teds | |
| Apolle Provide and Edeptyle Directed annuals intervension opera- | Shep no lives in Els Polis Inviting. | 1 BUILD PROVIDE COURSE PROVIDE |
| Regis version 1. The MML in tests in given and if there were (with the project property reprint and fact in provide and pro- serve services) for this is engalized approximation of the service of the service in the service of the se | lagty, p ^a (in trûnis), Characterika (in transf) Hanne Makarandara, Inden (il 1700a) | 1860 500 778 |
| WAX PROPERTY AND A REPORT OF A DESCRIPTION OF A DESCRIPTI | C) | where applied in the series |

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| INF SACHIN PISE | Collected | ± 19/Fab/2024 49 19AM |
|-------------------|---|--|
| ± 36 Y 9 M 17 D/M | Received | 19/Felv/20/24 01:32/PM |
| 1 CPIM.0000116675 | Reported | 19/Feb/2024 02:39PM |
| EPIMOPV 157 135 | Stalve | Final Report |
| : Dr SELF | Sponsor Name | ARCOFEMINEALTHCARE LIMITED |
| 1056332 | | |
| | 36 Y 9 M 17 DM CPIM.0000118675 CPIMOPV157135 Dr SELF | 36 Y 9 M 17 DM Received CPIM.0000116675 Reported CPIMOPV157135 Stelve UP SELF Sponsor Name |

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

| Test Name | Result | Unit | Blo. Ref. Range | Method |
|-------------------------------|----------------------|-------|-----------------|------------------------------|
| RENAL PROFILE/KIDNEY FUNCTION | TEST (RFT/KFT) . SEP | 7UM | | |
| CREATININE | 0.89 | mg/dL | 0.72 - 1.18 | Modified Jaffe, Kinelic |
| UREA | 17.80 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 8.3 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.58 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 8.72 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 2.76 | mg/dL | 2,5-4,5 | Phosphomolybdiate Complex |
| SODIUM | 137.31 | Johnm | 136-146 | ISE (Indirect) |
| POTASSIUM | 3.6 | നനരിപ | 3.5-5.1 | ISE (Indirect) |
| CHLORIDG | 101.73 | mmol& | 101-109 | ISE (Indirect) |

Bale

OR Sanjay Ingie M 6 8 S M.D.(Pathology) Consultant Pathologis

SIN No. SE04(34254

This test has been performed at Apolla Health and Lifestyle Itd. Sudashiv Path Pune, Diagnostics Lab.

Appelle: Health and Lifestyle: Limited (CM-CASINGSCORTONISTA) Rept Start 1918/82, Advise Rept end Charlens, Sta Nov, September Metersboll Manpers, Status remarkation (Charles) and require Papel of Comparison Status (CM-Status) And Comparison Status)

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Page 10 of \$5



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Period Science (Control of Control (Control) (Control) (Control) (Control) (Control Control) (Control Control) (Control Control) (Control Control C







| Patient Name | 1 Mr.SACHIN PISE | Collected | 16/Feb/2024 09:19AM |
|-----------------|--------------------|--------------|-----------------------------|
| AgeYsender | 36 Y 9 M 17 D/M | Received | ± 19/Fo5/2024-01-32PM |
| UHID/MR No | : CP4M.00001 16675 | Reported | : 1\$/Feb/2024 02:39PM |
| Visit K1 | CPIMOPV157135 | Status | : Final Report |
| Rel Doctor | OrSELF | Spansor Name | ARCOREMI HEALTHCARE LIMITED |
| Emp/Activ/TPA10 | 1 356332 | | |

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

| Test Name | Result | Und | Blo. Ref. Range | Method |
|--|--------|-----|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 18,45 | UAL | <55 | IFCC |

DR Sonjav ingle M.8 3.5.M D(Pathology) Consuliant Pathologist

SIN No:SF01604254

This test has been performed at Apollo Health and Eifestyle ltd- Sadashiv Peth Pune. Diagnostica Cab

Apolio Health and Lifestyle Limited .cov sascentezeroverisaso Rigt Office 1:10-0003, Advalo Righapath Charden, Th Flac Repropri Rydeniat Islang vv. 541516] www.asishilary [SwallCharge/spatiol/cov./Fbn.v.040-04041977, Switz Better 2001 Mr (Loc. Jone 5 W. 2003) Stop Hull Status III. City Fride Indiffug. - Verder 15, Notae Diff. Chevri, Might Play 41. - Para Mahasahiga Jacks 41500

Page 11 of 15



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- Display to the Antonia State (And Antonia) State (Contract (Contract)) Spatial and (Contraction) (Contraction







| Palient Name | Mr SACKIN PISE | Culocled | 19/Feb/2024 09 194M |
|-----------------|-------------------|--------------|-------------------------------|
| Aqa/Gender | ± 26 Y 9 M 17 D/M | Received | : 194Teb/2024 () (:33/PM |
| UD0/MR No | C PIM 0000116675 | Reported | : 19/Fob/2024 02:38PM |
| Visit ID | CPIMOPV157135 | Slatue | Final Report |
| Ref Doctor | Dr.SEL7 | Sponsor Name | ARCOREMINIEALTIK: ARE LIMITED |
| Emp/Auto/TPA (D | 356322 | | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio, Ref, Range | Method |
|--------------------------------------|--------|---------|-----------------|-------------|
| THYROID PROFILE TOTAL (T3, T4, TSH). | SERUM | | | 1 |
| TRHODOTHYRONINE (T3 TOTAL) | 0.7 | ng/mL | 0.7-2.04 | ČLIA |
| THYROXINE (T4, TOTAL) | 10.97 | µg/dL | 5.48-14.28 | GLIA |
| THYROID STIMULATING HORMONE (TSH) | 1,010 | pittime | 0.34-5.60 | CLIA |

Comment:

| For pregnant features | Bio Ref Range for TSH in althm14As per American Thyroid Association) 0,1 - 2 S | | |
|-----------------------|--|--|--|
| First trimys or | | | |
| Second transfer | 0.2 - 5.0 | | |
| Third mocster | 03-50 | | |

1. TSH is a glypopolein horacore scarced by the asterial plantaly, TSH activates production of TV (Termbolity unine) and its probanisme T4 (Thyroxine), Intersection of TV and 14 minimum production of TSH.

2. USH is slevated in photopy (synthy) fider and will be how or primary hyperthyred son. Flevared or low [151] in the context or normal (see thyreacce is attenticated to as sub-clinical hyperthyres on papertizely,).

3. Doth T4 & T3 provides omited classed information as both are righly bound to proteins in conductor and collects pressily mattive hopmone. Only a very small machines enclosing homome is lice and biologically arrive

4. Significant variations in 1511 can becer with outcat an rhythm, humanical status, stress, sleep deprivation, tarsheats of & circulating antibadars

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothys odione Rose Experidactiony, Cherose Automorane Disponders |
| High | N | N | N | Subclinical Hypothys (Cist), Autonomous Thyrophils, free filence: Hermone Replacement Therapy, |
| N/Law | Law | Luw | Low | Secondary and Ternary Hypothymidian |
| Low | High | High | High | Primary Hyperthyroideen, Guitre, Thyroiditis, Drug efferts, Early Pregnoncy |
| Low | N | N | N | Subclinical Hyperskyreidism |
| Low | Low | Low | Low | Central Hypothyraulism. Treatment with Hyperthynedium |
| Low | N | High | High | Thyroiditis, late formy Autosulus |
| N/Law | High | N | N | 73 Thyrothyrosis. Nini thyroscal massis |
| High | High | High | High | Pinitary Adgrows: TS Borow Thy recements |

DR.Sarijey ingle M.S.B.S.M.D.(Pathology) Consultant Pathologist

SIN No.SPI 24023079

This result as here performed as Apollo Health and Lafestyle lid- Sadoshiv Peth Pene. Diagnostics Lab-

Apollo Health and Lifestyle Limited pro-ussnortaconfluctures in head office 110 cdrs. Looke Repairly Charlers, on Reacting anget Syderated, Managers, Matthe environmentations (Smith Medical System) in the 4694 3777, Saches 4694 7744 12 Supercent Statistics

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Page 12 of 15



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Fig. C. Demonstrate Constration of the Constration for the Constration of Assessment Science and Constration of Assessment Science Constrat







| Palient Name | TMr.SACHIN PISE | Collected | 1 19/Fol/2024 09 194M |
|-----------------|-------------------|--------------|----------------------------|
| Age/Gender | 128 Y 9 M 17 0/M | Received | 19/Feb/2024 01:47PM |
| UHID/MR No | 1 CPIM 0000116675 | Reported | : 11/F eb/2024-02.227M |
| Visit ID | CIPIMOPV157135 | 5/45/16 | Final Report |
| Raf Doctor | Dr.SELF | Sponsor Name | ARODIEMI HEALTHCARE UMITED |
| EmpiAult/TPA (D | = 356322 | | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Tes(Name | Result | Unit | Blo. Ref. Range | Method |
|------------------------------|---------------------|------|------------------|-----------------------------|
| COMPLETE URINE EXAMINATION (| CUE), URINE | | 1 | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | <5.5 | | 5-1.5 | DOUBLE INDICATOR |
| SP. GRAVITY | >1.025 | | 1.002-1.030 | Bromothymal Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF |
| GLUCOSP | POSITIVE ++ | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BLIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETCINES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFED EHRLICH REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Perox dase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET M | OUNT AND MICROSCOPY | | | |
| PUSICELLS | 2 - 4 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1 - 2 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

OK.san ay ing e Ali8 85 M D(Pathology) Consultant Patholog st

SIN NO DR2286279

This fest has been performed at Apolli Health and Erfestyde (id) Sadawhy Peur Pune, Diagnostics Luit

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Page (3 of 13







Condicate 45 MC. \$657

| Patient Name | Mr.SACHIN PISE | Collected 19/Feb/2024 12 43PM |
|-----------------|--------------------|--|
| Age/Gender | 36 Y 9 M 17 D/M | Received 15%Feb/2024 06 58PM |
| UHID/MR No | g CP#4.00001 16675 | Reported 19/Feb/2024 07:25PM |
| Veit ID | CPINCPV157135 | Status : Final Report |
| Ref Doctor | D-SELF | Sponsor Name ARCOFEMI HEALTHCARE LIMITED |
| Cmp/Auth/TPA ID | : 356332 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 20 ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | POSITIVE +++ | | NEGATIVE | Dipslick |

WAmy

DR. MANISH T. AKARE M.B.B.S, MD(Path.) **Consultant Pathologist**

SIN No CEPERANA

This test has been performed at Apollo Health and Lifestyle IId- Sailashye Poth Pane, Diagnosius Lah

Apollo Health and Diestyle Linixed and outside shows they Regel Office 1, 12 Office in the Neilly and Chambers Shi Rices, Segumper, Nydersbad, Schreger (Hoffice), manual schemictures (Brief Richtsprichtungsbath own, Philler Office) 1998-1977, April 1990-2744 MOUNT IN TAXABLE

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Cert Intere No. MC-5697

| | DEPARTM | MENT OF CLINICAL PATHOL | OGY |
|-----------------|-------------------|-------------------------|----------------------------|
| Emp/Auth/TPA ID | : 356332 | | |
| Ref Doctor | Dr.SELF | Sponsor Name | ARCOFEMI NEALTHCARE UMITED |
| Visit ID | EPIMOPV157135 | 518008 | Final Report |
| UH ID JMR NO | : CPIM.0000116575 | Reported | : 19/F ob/20/24 D2:21/PM |
| Age/Gender | 36 Y 9 M 17 D/M | Received | 19/Feb/2024 01:47/PM |
| Palient Namn | WI SACHIN PISE | Collected | : 19/Feb/2024 09 19AM |

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

| Test Name | Result | Ųniţ | Bio, Ref, Range | Method |
|------------------------|-------------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | POSITIVE ++ | | NEGATIVE | Dipstick |

*** End Of Report ***

OR Sanjay Ingle M & B \$.M C(Pathology) Consultant Pathologist

51N No.UF01(6626

This test has been performed at Apollo Health and Lifestyle Int- Sadashiv Peth Pane, Tragmedics Lab.

Apollo Health and Lifet tyle Limited June rast interesting a second Popd. Offer: 1-10.6162, Arkola: Englace and Elevabors: 514-7567, Englan pro, Ryderstand Finanzara, 580.016 www.ayalishi.com/ Ironal. Prevails (Separated Lever, Prefix 200). Block 2017, Rev Mod 2017, 346

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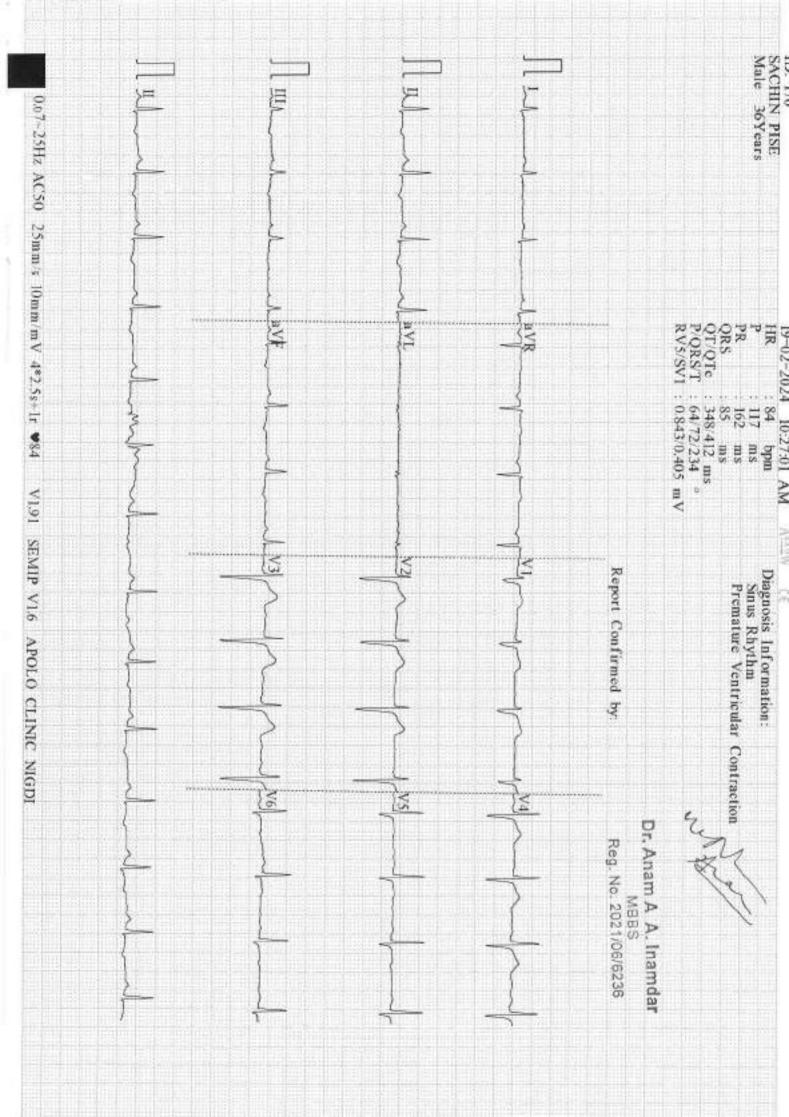
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Personal Methodies (Methodies and Construction of the Association of New Yorkson, N

Page 15 of 15



| Patient Name | Mr. SACHIN PISE | Age | : 36 Y M |
|--------------------|--------------------|-------------|--------------------|
| UHID | ; CPIM 0000116675 | OP Visit No | : CPIMOPV157135 |
| Reported on | : 19-02-2024 16:24 | Printed on | : 19-02-2024 16:54 |
| Adm/Consult Doctor | 5 | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal,

Hila and pulmonary vessels are within normal limits,

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits:

Printed on:19-02-2024 16:24

---End of the Report---

rtise. Closer to you.

Dr. KIRAN PRALIIAD SUDHABE MBBS, DMRD Radiology

Apolio Health and Lifestyle Limited ICIN USSITOTS200CPLC1158176 Regel DBox 1 To Straz, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Hyderated, Telangane - 500 056. Photo: 090-4904 2222, Antoka Regisspatile Champers, Still Floor, Beguinget, Beg

Punja (Aundh | Khausdi | Nigdi Predhikaran | Viman Negar | Wacowie;



Page 1 of 1



| Patient Name UH(D | : Mr. SACHIN PISE . CPIM.0000116675 | Age | : 36 Y M |
|----------------------|--|---------------------------------|--------------------|
| _ | | OP Visit No | : CP(MOPV157135 |
| Reported on | : 19-02-2024 11:57 | Printed on | : 19-02-2024 13:10 |
| Adm/Consult Doctor | 1 | Ref Doctor | SELF |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size(15.5 cms.) and bright echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. Nu evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

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

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained.B/L 2-3mm mid calyceal concretions noted. No hydronephrosis seen on either side.

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

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

IMPRESSION:-GRADE | FATTY LIVER B/L RENAL CONCRETIONS

(The sunography findings should a ways be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opimon, Not valid for medice legal purpose

Apollo Health and Lifestyle Limited ICN U85110TL2000PLC113815) Regd. Olficer 3-10-50/62. Asheke Raghupathi Chambers, Sili Floor, Begunnett, Hyderabed, Telangane - 500 u16, Philo: 040-4904 2777, Fax No. 4509 7244 | Email ID: enquity@apoffold.com | Server epoffold.com APOLLO CLINICS MITTICARK MARKASHTRA

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Online appointments: www.app%clinet.com

Page 1 of 2





Patient Name : Mr. SACHIN PISE UHID : CPIM.0000116675 Reported on : 19-02-2024 11:57 Adm/Consult Doctor 23

Printed on:19-02-2024 11:57

--- End of the Report---

Age OP Visit No. Printed on Ref Doctor : SELF

: 36 Y M

: CPIMOPV157135

: 19-02-2024 13:10

Dr. KUNDAN MEHTA MBBS, DMRE (RADIOLOGY) Radiology

Apollo Health and Lifestyle Limited

CIN+ U851F0TG2000PLT1158191 Fagel Ciffee: 1-19-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Talangana - Scu 016 Ph Mrv 040 4904 7777, Fas No: 4904 7744 | Email ID: enquiry@apolichi.com | www.apol.chi.com

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Online appointments, www.apolloclinic.com

Page 2 of 2





2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

| Patient's Name : MR. SACHIN PISE | Age/Sex: 36 / M |
|----------------------------------|------------------|
| Ref: ARCOFEMI | Date: 19.02.2024 |

2 DIMENSIONAL ECHOCARDIOGRAPHY:

- All cardiac chambers are normal in dimensions
- No LV regional wall motion abnormalities at rest; LVEF = 60 %.
- Good RV function
- Mildly thickened aortic valve with adequate leaflet opening; other cardiac valves structurally normal
- 5. IAS / IVS intact
- No clots / vegetation/ pericardial effusion seen on TTE
- 7. Great arteries are normally related & appear normal.
- 8. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER): |

- 1. Normal transvalvalar pressure gradients, Mild AR, No MR, Trivial TR
- 2. No LV disstolic dysfunction
- 3. No pulmonary hypertension
- No intracardiac or extracardiac shunt noted.

DIMENSIONS (M-MODE) :

| Left Afrium | 33.0 mm | Aortic Root | 31.0 mm |
|-------------|---------|-------------|---------|
| IVS (d) | 10.0 mm | IVS (s) | 15.0 mm |
| LVID (d) | 43.0 mm | LVID (s) | 27.0 mm |
| LVPW(d) | 10.0 mm | LVPW(s) | 15.0 mm |

IMPRESSION :

s/p_PTCA_

NORMAL CARDLAC CHAMBER DIMENSIONS

NO RWMA; LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

MILDLY THICKENED AORTIC VALVE; NO AS, MILD AR

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION

DR. RAJENDRA V. CHAVAN MD (MEDICINE), DM (CARDIOLOGY) CONSULTANT CARDIOLOGIST

Apollo Mealth and Lifestyle Limited

ICIN - USS INGTG2000PLCI ISSNØ Revul Offica: I-10-60/62, Asheka Raghupathi Chambers, Sch Floor, Begyrnbet, Hyderebad, Telangane - SCO QL6 PluRu: 840-4904 7777, Fax Nor-4904 7744 | Cmak-ID: Engulsy@apelion.team | www.apolobi.team

APOLLO CLINICS METHORIK MANAKASHTINA Pume (Punch | Kharadi | Migol Pradhikaran | Virnan Nagari Wanowsiu)





Date - 19 , 2 . 24

Apollo Clinic, Nigdi, Pune - 411044.

Patient Name Sachin Pise

UHID:

Age / Sex: 36억가 기기

| EYE CHECK UP | COMPLETE | PREMEDICAL/OTHER |
|--------------------------------|-----------|------------------|
| | RIGHT EYE | LEFT EYE |
| Fat Vision | 616 | 616 |
| Near Vision | NG | NG |
| Anterior Segment Pupil | WNL | WONZ- |
| Color Vision | WNL | WNL |
| Family History/Medical History | - | |

piano BE

IMPRESSION:-

OPTOMET

Apollo Health and Lifestyle Linifed (CN - URSI Inf(3000PLC 1550) Regd.Office 1- Y0-50/92, Ashola, Reghupathi Chambiva, filir Nov, Begurpet, Hydersbed, Telangene - 500 016. En Ne: 040-4004 7777, Fax Nov 4904 2744 [Final Beinguryg, apotonicom [Final-spotonicom APOLLO CLINICS NETWORK MAHARAS-47FA Pure (Aurdhi Kharadi | Nigd Pradhkeran] Viter Nager | Wanowite) On ne apponiment www.apolocimic.com

| Date | : | 19-02-2024 |
|-------|---|-----------------|
| MR NO | : | CPIM.0000116675 |
| | | |

: Mr. SACHIN PISE Name

Age/ Gender / Male 36 Y

Consultation Timing: 09:17

Department GENERAL Doctor Registration No. è. 5

Qualification

ÞM 3/ E

CUS:SS Et RS: AEBC

Ht- 175an WE- 81 BP -120170 BNI - 27.

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CNS: NAD. PA: DAD. Noknown allergy. Struction heard 2000

Dr. Anam A. A MRR Reg. No. 2021/26/3236



| Nume : A | 4: SACHIN PSE | Age: 36 Y Sex: M | CHID:CPIM 0000116575 |
|---|--|---------------------|---|
| Plan | ARJAT RCOEFMI MEDIWHEEL MALE AHC CREDIT PAN DIA OF AGREEMENT | | OP Number: CPIMUPV157135 Bill No : CPIM-OCR-76150 Date = : 19.02.2024 09.17 |
| no Serivo | Type/ServiceName | | Department |
| 1 ARCO | WEMT-MEDIWHEEL-FULL BODY ANNUAL FLUS M | AUE - 2D ECH | O - PAN INDIA - FY2324 |
| A JURIN | E GLUCOSE(FASTING) | | |
| LZGAM | MA GLUTAMYL TRANFERASE (GGT) | | |
| HEAT | e. GEYCATED HEMOGLOBIN | | |
| 1 42.0 M | 00 | | |
| | FUNCTION TEST (LET) | | |
| 1. | Y CREST PA | | |
| | OSE, FASTING | | |
| | OGRAM - PERIPHERA), SMEAR | | |
| | SONSULTATION | | |
| WE FITNE | SSIBY GENERAL PHYSICIAN | | |
| 11 DIET | CONSULTATION | | |
| | ULTE UKINE FRAMINATION | | |
| SHORIN | E GLUCOSE(POST PRANDIAL) | | |
| | UERAL SMEAR | | |
| AR REG- | | | |
| | D GROUP ABO AND RH FACTOR | | |
| W LIPID | | | |
| | MASS INDEX (BMI) | | |
| 11740 BP | AU DY GENERAL PHYSICIAN | | |
| Contract of the local division of the local | L PROFILE/RENAL FUNCTION TEST (RFD/KFT) | | |
| 1 LILTR | ASOUND - WHOLE ABBOMEN | | |
| | OID PROPILE (TOTAL T3, TOTAL T4, TSH) | | |
| 23 DENT | ALCONSULTATION | | |
| 31 OLUC | OSE, POST PRANDIAL (JP), 2 HOURS (POST MEAL) | 12:0 | Q |

81. VITBI2.

Completed



| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kas) | Percentage | Fat Level | Body Age (Years) | BMI | Circum | Hip (cms) | Waist (cms) | User |
|-------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|------------|-----------|------------------------|------|--------|--------------|-------------|-----------|
| 19-02-20 15:14 | 24 84 Beats/min | 120/70 mmHg | 20 Rate/min | 97 F | 171 cms | 81 Kgs | % | % | Years | 27.7 | cms | cms | cms | AHLL03446 |

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kas) | Percentage | Fat Level | Body Age (Years) | BMI | Circum | Hip (cms) | Waist (cms) | User |
|-------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|------------|-----------|------------------------|------|--------|--------------|-------------|-----------|
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Name: Mr. SACHIN PISE Age/Gender: 36 Y/M Address: KARJAT PUNE, MAHARASHTRA Location: Doctor: Department: GENERAL PIMPRI_06042023 Rate Plan: ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. RUCHIR DASHORA

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CPIM.0000116675 CPIMOPV157135 19-02-2024 09:17

SELF

Name: Mr. SACHIN PISE Age/Gender: 36 Y/M Address: KARJAT PUNE, MAHARASHTRA Location: Doctor: Department: GENERAL PIMPRI_06042023 Rate Plan: ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. PRANALI PUNDLIK NIKALJE

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CPIM.0000116675 CPIMOPV157135 19-02-2024 09:17

SELF

Name:Mr. SACHIN PISEAge/Gender:36 Y/MAddress:KARJATLocation:PUNE, MAHARASHTRADoctor:EDepartment:GENERALRate Plan:PIMPRI_06042023Sponsor:ARCOFEMI HEALTHCARE LIMITEDConsulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CPIM.0000116675 CPIMOPV157135 19-02-2024 09:17

SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Name:Mr. SACHIN PISEAge/Gender:36 Y/MAddress:KARJATLocation:PUNE, MAHARASHTRADoctor:EDepartment:GENERALRate Plan:PIMPRI_06042023Sponsor:ARCOFEMI HEALTHCARE LIMITEDConsulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CPIM.0000116675 CPIMOPV157135 19-02-2024 09:17

SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION



| Patient Name | : Mr. SACHIN PISE | Age/Gender | : 36 Y/M |
|---------------------|-------------------|--------------------|-------------------------|
| UHID/MR No. | : CPIM.0000116675 | OP Visit No | : CPIMOPV157135 |
| Sample Collected on | : | Reported on | : 19-02-2024 13:10 |
| LRN# | : RAD2241151 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 356332 | | |
| LRN# Ref Doctor | : SELF | - | : 19-02-2024 13:10 : |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size(15.5 cms.) and **bright** echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained.B/L 2-3mm mid calyceal concretions noted. No hydronephrosis seen on either side.

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

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

IMPRESSION:-GRADE I FATTY LIVER B/L RENAL CONCRETIONS

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. KUNDAN MEHTA MBBS, DMRE (RADIOLOGY) Radiology



| Patient Name | : Mr. SACHIN PISE | Age/Gender | : 36 Y/M |
|---------------------|-------------------|--------------------|--------------------|
| UHID/MR No. | : CPIM.0000116675 | OP Visit No | : CPIMOPV157135 |
| Sample Collected on | : | Reported on | : 19-02-2024 16:54 |
| LRN# | : RAD2241151 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 356332 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

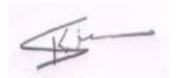
Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



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

| Patient Name | : Mr. SACHIN PISE | Age | : 36 Y/M | |
|----------------|-------------------|----------------|------------------|--|
| UHID | : CPIM.0000116675 | OP Visit No | : CPIMOPV157135 | |
| Conducted By: | : | Conducted Date | : | |
| Referred By | : SELF | | | |
| Patient Name | : Mr. SACHIN PISE | Age | : 36 Y/M | |
| UHID | : CPIM.0000116675 | OP Visit No | : CPIMOPV157135 | |
| Conducted By : | | Conducted Date | Conducted Date : | |
| Referred By | : SELF | | | |

| Patient Name | : Mr. SACHIN PISE | Age | : 36 Y/M |
|---------------|-------------------|----------------|--------------------|
| UHID | : CPIM.0000116675 | OP Visit No | : CPIMOPV157135 |
| Conducted By: | : | Conducted Date | : 21-02-2024 15:46 |
| Referred By | : SELF | | |

2 DIMENSIONAL ECHOCARDIOGRAPHY:

- 1. All cardiac chambers are normal in dimensions
- 2. No LV regional wall motion abnormalities at rest; LVEF = 60 %
- 3. Good RV function
- 4. Mildly thickened aortic valve with adequate leaflet opening; other cardiac valves structurally normal
- 5. IAS / IVS intact
- 6. No clots / vegetation/ pericardial effusion seen on TTE
- 7. Great arteries are normally related & appear normal
- 8. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

- 1. Normal transvalvular pressure gradients, Mild AR, No MR, Trivial TR
- 2. No LV diastolic dysfunction
- 3. No pulmonary hypertension
- 4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

| Left Atrium | 33.0 mm | Aortic Root | 31.0 mm |
|-------------|---------|-------------|---------|
| IVS (d) | 10.0 mm | IVS (s) | 15.0 mm |
| LVID (d) | 43.0 mm | LVID (s) | 27.0 mm |
| LVPW(d) | 10.0 mm | LVPW(s) | 15.0 mm |

IMPRESSION : s/p PTCA NORMAL CARDIAC CHAMBER DIMENSIONS NO RWMA; LVEF = 60% NO LV DIASTOLIC DYSFUNCTION MILDLY THICKENED AORTIC VALVE; NO AS, MILD AR NO PULMONARY HYPERTENSION IAS/IVS INTACT NO CLOT/VEGETATION/PERICARDIAL EFFUSION

DR. RAJENDRA V. CHAVAN MD (MEDICINE), DM (CARDIOLOGY)

CONSULTANT CARDIOLOGIST