

Patient Name : Mr.RAHUL BANDU BABHULKAR	Collected : 05/Aug/2024 09:23AM
Age/Gender : 36 Y 10 M 15 D/M	Received : 05/Aug/2024 02:06PM
UHID/MR No : CPIM.0000110019	Reported : 05/Aug/2024 03:10PM
Visit ID : CPIMOPV165230	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30634	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC Lymphocytosis
Platelets are Adequate
No hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240204617

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



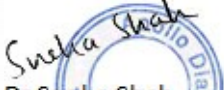
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16	g/dL	13-17	Spectrophotometer
PCV	49.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.65	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.6	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	16	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,660	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	39.2	%	40-80	Electrical Impedance
LYMPHOCYTES	50.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2610.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3389.94	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	153.18	Cells/cu.mm	20-500	Calculated
MONOCYTES	486.18	Cells/cu.mm	200-1000	Calculated
BASOPHILS	19.98	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.77		0.78- 3.53	Calculated
PLATELET COUNT	265000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR
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WBC Lymphocytosis
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 Consultant Pathologist
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DEPARTMENT OF HAEMATOLOGY

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


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DEPARTMENT OF HAEMATOLOGY

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

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



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

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UHID/MR No : CPIM.0000110019	Reported : 05/Aug/2024 02:54PM
Visit ID : CPIMOPV165230	Status : Final Report
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Emp/Auth/TPA ID : 22E30634	

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	91	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



DR.Sanjay Ingle
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Consultant Pathologist

SIN No:PLF02198250

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Patient Name : Mr.RAHUL BANDU BABHULKAR	Collected : 05/Aug/2024 11:46AM
Age/Gender : 36 Y 10 M 15 D/M	Received : 05/Aug/2024 04:58PM
UHID/MR No : CPIM.0000110019	Reported : 05/Aug/2024 05:30PM
Visit ID : CPIMOPV165230	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	152	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.

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

SIN No:PLP1480072

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



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UHID/MR No : CPIM.0000110019	Reported : 05/Aug/2024 05:18PM
Visit ID : CPIMOPV165230	Status : Final Report
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

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

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	176	mg/dL	<200	CHO-POD
TRIGLYCERIDES	209	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	135	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.82	mg/dL	<100	Calculated
VLDL CHOLESTEROL	41.87	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.27		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.35		<0.11	Calculated

Comment:

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

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

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.



Dr Sneha Shah
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Consultant Pathologist

SIN No:SE04801257

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.64	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24.68	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	65.10	U/L	30-120	IFCC
PROTEIN, TOTAL	7.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.37	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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


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 MBBS, MD (Pathology)
 Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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


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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.85	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	22.08	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.34	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.73	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.57	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.5	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.73	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.97	g/dL	6.6-8.3	Biuret
ALBUMIN	4.37	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated



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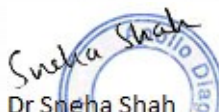


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.45	U/L	<55	IFCC

Sneha Shah

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.79	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.33	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.708	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

Page 13 of 18



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



SIN No:SPL24128405

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DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 15 of 18



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



SIN No:UR2399706

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

Patient Name	: Mr.RAHUL BANDU BABHULKAR	Collected	: 05/Aug/2024 09:23AM
Age/Gender	: 36 Y 10 M 15 D/M	Received	: 05/Aug/2024 02:06PM
UHID/MR No	: CPIM.0000110019	Reported	: 05/Aug/2024 03:10PM
Visit ID	: CPIMOPV165230	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30634		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 16 of 18



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

SIN No:UR2399706

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




Patient Name : Mr.RAHUL BANDU BABHULKAR	Collected : 05/Aug/2024 11:46AM
Age/Gender : 36 Y 10 M 15 D/M	Received : 05/Aug/2024 05:20PM
UHID/MR No : CPIM.0000110019	Reported : 05/Aug/2024 06:06PM
Visit ID : CPIMOPV165230	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30634	

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)	POSITIVE +		NEGATIVE	Dipstick

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UPP017811

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



Patient Name	: Mr.RAHUL BANDU BABHULKAR	Collected	: 05/Aug/2024 09:23AM
Age/Gender	: 36 Y 10 M 15 D/M	Received	: 05/Aug/2024 02:06PM
UHID/MR No	: CPIM.0000110019	Reported	: 05/Aug/2024 03:09PM
Visit ID	: CPIMOPV165230	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30634		

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Page 18 of 18



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

SIN No:UF012006

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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

Shop No.: 14 to 20, City Pride building,
Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri),
Pune, Maharashtra, India - 411004


1860 500 7788
www.apolloclinic.com

APOLLO CLINICS NETWORK
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)

Patient Name : Mr. RAHUL BANDU BABHULKAR Age : 36 Y/M
 UHID : CPIM.0000110019 OP Visit No : CPIMOPV165230
 Conducted By: : Conducted Date : 06-08-2024 08:12
 Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MR. RAHUL BABHULKAR	Age/Sex: 36 Y / M
Ref: ARCOFEMI MEDIWHEEL	Date: 05.08.2024

2 DIMENSIONAL ECHOCARDIOGRAPHY:

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

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

1. Normal transvalvular pressure gradients, No AR, Trivial MR/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	28.0 mm
IVS (d)	10.0 mm	IVS (s)	15.0 mm
LVID (d)	45.0 mm	LVID (s)	28.0 mm
LVPW(d)	10.0 mm	LVPW(s)	15.0 mm

IMPRESSION :
NORMAL CARDIAC CHAMBER DIMENSIONS
NO RWMA; LVEF = 60%

Patient Name : Mr. RAHUL BANDU BABHULKAR Age : 36 Y/M
UHID : CPIM.0000110019 OP Visit No : CPIMOPV165230
Conducted By: : Conducted Date : 06-08-2024 08:12
Referred By : SELF

***NO LV DIASTOLIC DYSFUNCTION
GOOD RIGHT VENTRICULAR FUNCTION
NORMAL CARDIAC VALVES
NO PULMONARY HYPERTENSION
IAS/IVS INTACT
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

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

Patient Name : Mr. RAHUL BANDU BABHULKAR
UHID : CPIM.0000110019
Conducted By: :
Referred By : SELF

Age : 36 Y/M
OP Visit No : CPIMOPV165230
Conducted Date :

Patient Name : Mr. RAHUL BANDU BABHULKAR
UHID : CPIM.0000110019
Conducted By :
Referred By : SELF

Age : 36 Y/M
OP Visit No : CPIMOPV165230
Conducted Date :

Patient Name : Mr. RAHUL BANDU BABHULKAR

Age/Gender : 36 Y/M

UHID/MR No. : CPIM.0000110019

OP Visit No : CPIMOPV165230

Sample Collected on :

Reported on : 05-08-2024 19:19

LRN# : RAD2396469

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E30634

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
MBBS, DMRD
Radiology

Patient Name	: Mr. RAHUL BANDU BABHULKAR	Age/Gender	: 36 Y/M
UHID/MR No.	: CPIM.0000110019	OP Visit No	: CPIMOPV165230
Sample Collected on	:	Reported on	: 05-08-2024 12:10
LRN#	: RAD2396469	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E30634		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

Gall bladder is well distended. 3-4 calculi ranging from 2mm to 5mm noted. They appear to be clumped together. 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. 2-3mm B/L calyceal concretions noted in mid calyx.

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.

CHOLELITHIASIS

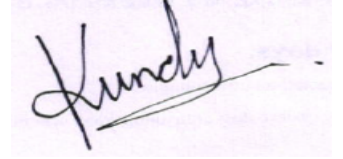
B/L CALYCEAL CONCRETIONS

(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.

Patient Name : Mr. RAHUL BANDU BABHULKAR

Age/Gender : 36 Y/M



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Name: Mr. RAHUL BANDU BABHULKAR
Age/Gender: 36 Y/M
Address: FL NO - 1503 ASHIRA - B, SIDDHASHILA EELA, PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000110019
Visit ID: CPIMOPV165230
Visit Date: 05-08-2024 09:20
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. RAHUL BANDU BABHULKAR
Age/Gender: 36 Y/M
Address: FL NO - 1503 ASHIRA - B, SIDDHASHILA EELA, PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SAMRUDHI VILAS JADHAV

MR No: CPIM.0000110019
Visit ID: CPIMOPV165230
Visit Date: 05-08-2024 09:20
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. RAHUL BANDU BABHULKAR
Age/Gender: 36 Y/M
Address: FL NO - 1503 ASHIRA - B, SIDDHASHILA EELA, PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000110019
Visit ID: CPIMOPV165230
Visit Date: 05-08-2024 09:20
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. RAHUL BANDU BABHULKAR
Age/Gender: 36 Y/M
Address: FL NO - 1503 ASHIRA - B, SIDDHASHILA EELA, PUNAWALE
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. HELAN RAJAN

MR No: CPIM.0000110019
Visit ID: CPIMOPV165230
Visit Date: 05-08-2024 09:20
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
05-08-2024 15:45	74 Beats/min	143/78 mmHg	18 Rate/min	98 F	169 cms	74.9 Kgs	%	%	Years	26.22	cms	cms	cms		AHLL09249

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
05-08-2024 15:45	74 Beats/min	143/78 mmHg	18 Rate/min	98 F	169 cms	74.9 Kgs	%	%	Years	26.22	cms	cms	cms		AHLL09249

Established Patient: Yes

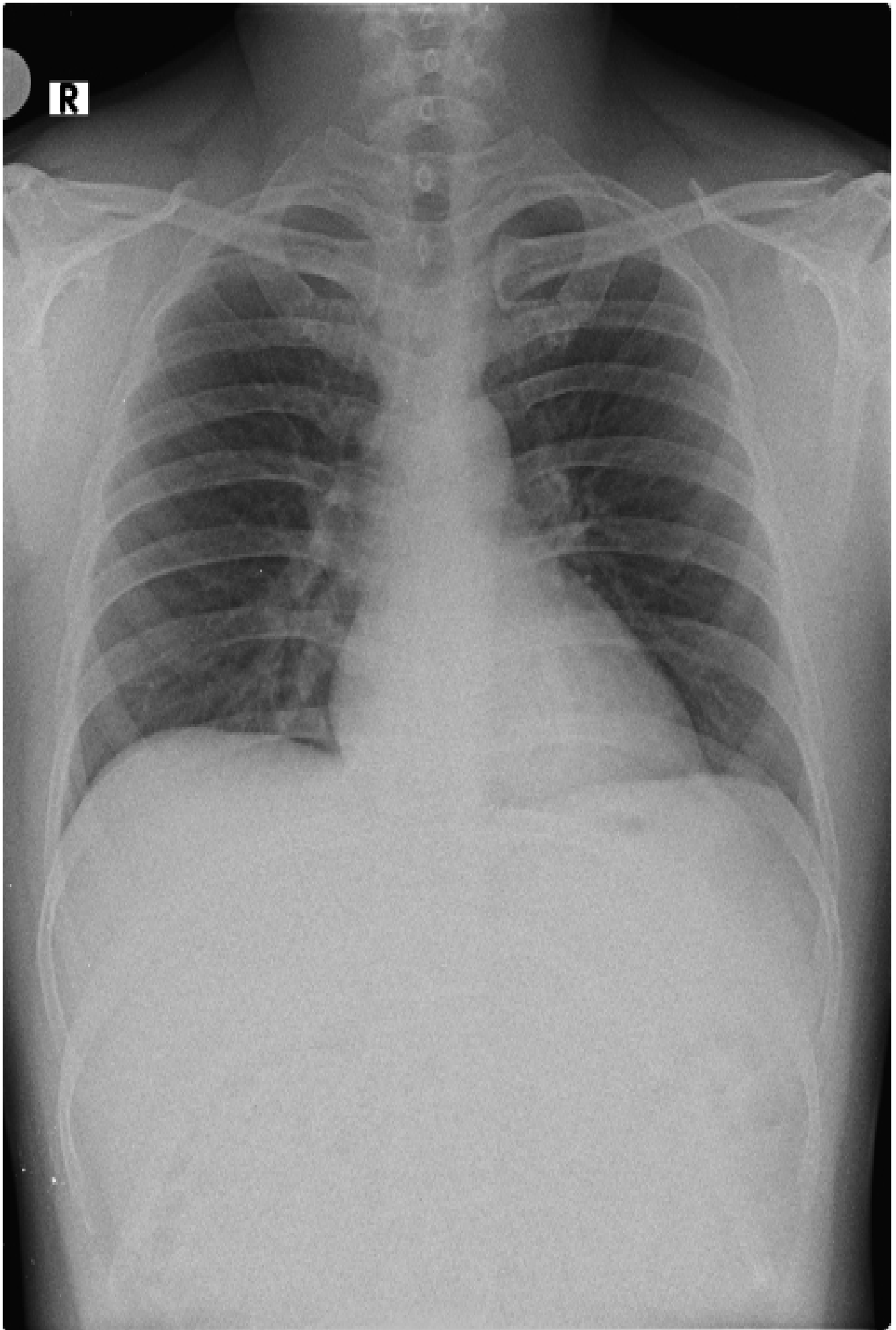
Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
05-08-2024 15:45	74 Beats/min	143/78 mmHg	18 Rate/min	98 F	169 cms	74.9 Kgs	%	%	Years	26.22	cms	cms	cms		AHLL09249

Established Patient: Yes

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
05-08-2024 15:45	74 Beats/min	143/78 mmHg	18 Rate/min	98 F	169 cms	74.9 Kgs	%	%	Years	26.22	cms	cms	cms		AHLL09249



ID: 517
RAHUL BASHILKAR
Male 36 years

05-08-2024 10:18:49 AM

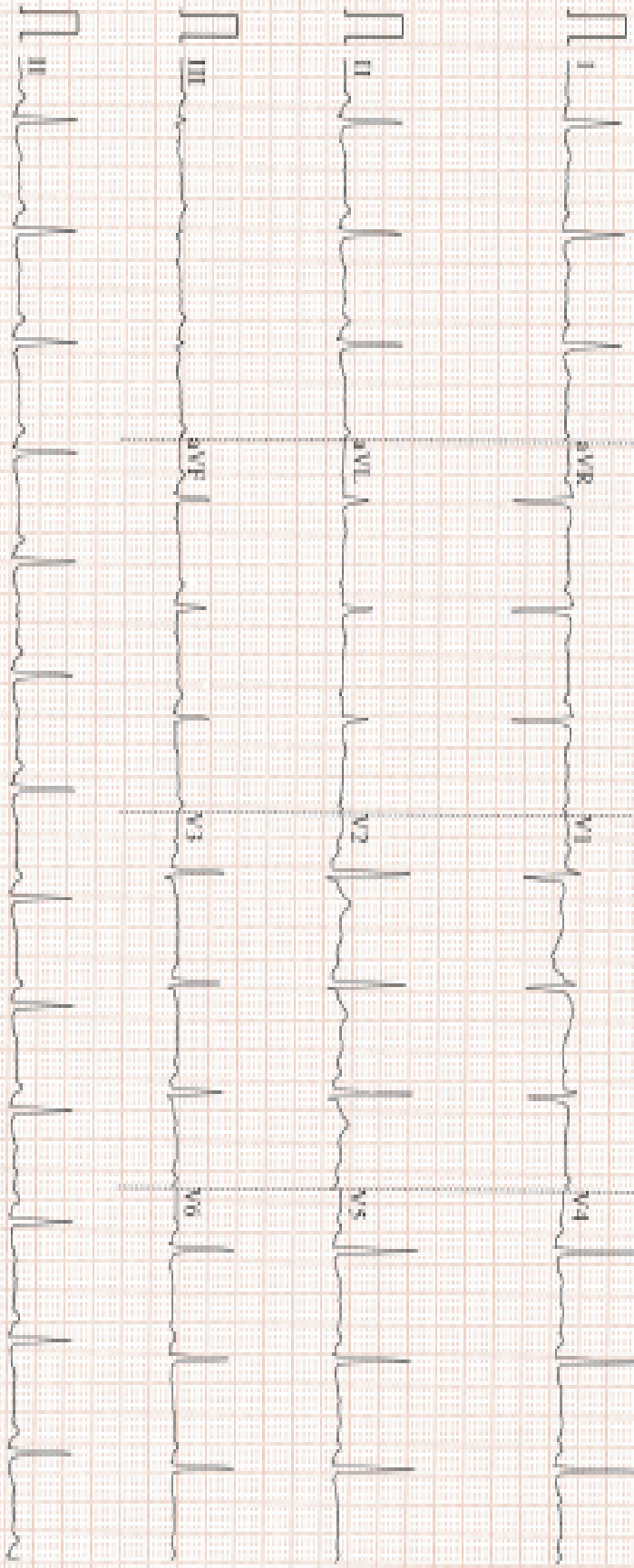
ACCV CE

Diagnosis Information:
Sinus Rhythm
see Normal ECG***

WNL
Dr. [Signature]

HR 81 bpm
P 112 ms
PR 162 ms
QRS 97 ms
QT/QTc 351/405 ms
P/QRST 68/30/13 s
RV5/AV1 1.403/0.691 mV

Report Confirmed by:



0.07-25Hz AC 50 25mm/s 10mm/mV 492.5s+1c *81 V191 SEMIP V16 APOLLO CLINIC NIGDI

Date : 05-08-2024

Department : GENERAL

MR NO : GPIM.0000110019

Doctor :

Name : Mr. RAHUL BANDU BABHULKAR

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

Wt - 74.9 kg

Ht - 169 cm

BP - 143/78

Consultation Timing: 09:20

CO:- No fresh complaints.

F/H:- NS.

P/H:- NS

Allergies: Not known.

O/E

As: AERR, clear

CX: S₂ (P), NAD.

PA: Soft, non tender.

ENS: Conscious, Oriented.

stunt



बैंक ऑफ बरोडा Bank of Baroda



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcotemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. BABHULKAR RAHUL BANDU
EC NO.	93145
DESIGNATION	ZONAL VIGILANCE
PLACE OF WORK	PUNE, ZO PUNE
BIRTHDATE	20-09-1987
PROPOSED DATE OF HEALTH CHECKUP	04-08-2024
BOOKING REFERENCE NO.	24593145100109888E

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 **03-08-2024** till **31-03-2025**. 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 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 & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcotemi Healthcare Pvt. Ltd.)

भारत सरकार
Government of India

महाराष्ट्र
Maharashtra

महाराष्ट्र सरकार
Maharashtra Sahakar
जन्म तिथि / DOB : 20/09/1987
पुरुष / Male

आधार कार्ड
Aadhaar Card

आधार नंबर
Aadhaar Number

6819 9037 0803

मेरा आधार, मेरी पहचान

Handwritten signature and scribbles in blue ink.