

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Mahadev Randive on 30/10/2023

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are Impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. Anand Ramdar
MBBS
Medical Officer
Apollo Clinic, (NIGDI)
Reg. No. 2021/06/6236

This certificate is not meant for medico-legal purposes

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@apollohl.com |

www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Patient Name : Mr.MAHADEV RANDIVE	Collected : 28/Oct/2023 12:46PM
Age/Gender : 73 Y 9 M 27 D/M	Received : 28/Oct/2023 06:18PM
UHID/MR No : CPIM.0000113970	Reported : 28/Oct/2023 06:47PM
Visit ID : CPIMOPV151669	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0----0-00-	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.2	g/dL	13-17	Spectrophotometer
PCV	31.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.76	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	65.2	fL	83-101	Calculated
MCH	21.4	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	18.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,090	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	83.5	%	40-80	Electrical Impedance
LYMPHOCYTES	11.9	%	20-40	Electrical Impedance
EOSINOPHILS	0.4	%	1-6	Electrical Impedance
MONOCYTES	3.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	7590.15	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1081.71	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	36.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	336.33	Cells/cu.mm	200-1000	Calculated
BASOPHILS	45.45	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	290000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

RBC ANISOCYTOSIS +,MICROCYTIC HYPOCHROMIC ++
WBC NEUTROPHILIA
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN





Certificate No: MC-5697

Patient Name : Mr.MAHADEV RANDIVE	Collected : 28/Oct/2023 12:46PM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC ANISOCYTOSIS +, MICROCYTIC HYPOCHROMIC ++
WBC NEUTROPHILIA
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN



Patient Name : Mr.MAHADEV RANDIVE	Collected : 28/Oct/2023 12:46PM
Age/Gender : 73 Y 9 M 27 D/M	Received : 28/Oct/2023 06:22PM
UHID/MR No : CPIM.0000113970	Reported : 28/Oct/2023 07:10PM
Visit ID : CPIMOPV151669	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0----0-00-	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	HEXOKINASE
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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:**
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
 - Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.



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Age/Gender : 73 Y 9 M 27 D/M	Received : 28/Oct/2023 06:18PM
UHID/MR No : CPIM.0000113970	Reported : 28/Oct/2023 07:44PM
Visit ID : CPIMOPV151669	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	79	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	105	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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- 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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Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.MAHADEV RANDIVE	Collected : 28/Oct/2023 12:46PM
Age/Gender : 73 Y 9 M 27 D/M	Received : 28/Oct/2023 08:00PM
UHID/MR No : CPIM.0000113970	Reported : 28/Oct/2023 08:33PM
Visit ID : CPIMOPV151669	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	110	mg/dL	<200	CHO-POD
TRIGLYCERIDES	45	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	74	mg/dL	<130	Calculated
LDL CHOLESTEROL	65.49	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.94	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.08		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.69	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.17	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.22	U/L	30-120	IFCC
PROTEIN, TOTAL	6.30	g/dL	6.6-8.3	Biuret
ALBUMIN	3.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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Visit ID : CPIMOPV151669	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.53	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.25	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.37	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.85	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106.57	mmol/L	101–109	ISE (Indirect)



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UHID/MR No : CPIM.0000113970	Reported : 28/Oct/2023 08:30PM
Visit ID : CPIMOPV151669	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0----0-00-	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.41	U/L	<55	IFCC



Patient Name : Mr.MAHADEV RANDIVE	Collected : 28/Oct/2023 12:46PM
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UHID/MR No : CPIM.0000113970	Reported : 28/Oct/2023 08:41PM
Visit ID : CPIMOPV151669	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 0----0-00-	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.73	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.39	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.294	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

1. 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.
2. 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.
3. 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.
4. 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma





Certificate No: MC-5697


Patient Name : Mr.MAHADEV RANDIVE	Collected : 28/Oct/2023 12:46PM
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UHID/MR No : CPIM.0000113970	Reported : 28/Oct/2023 07:00PM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist


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



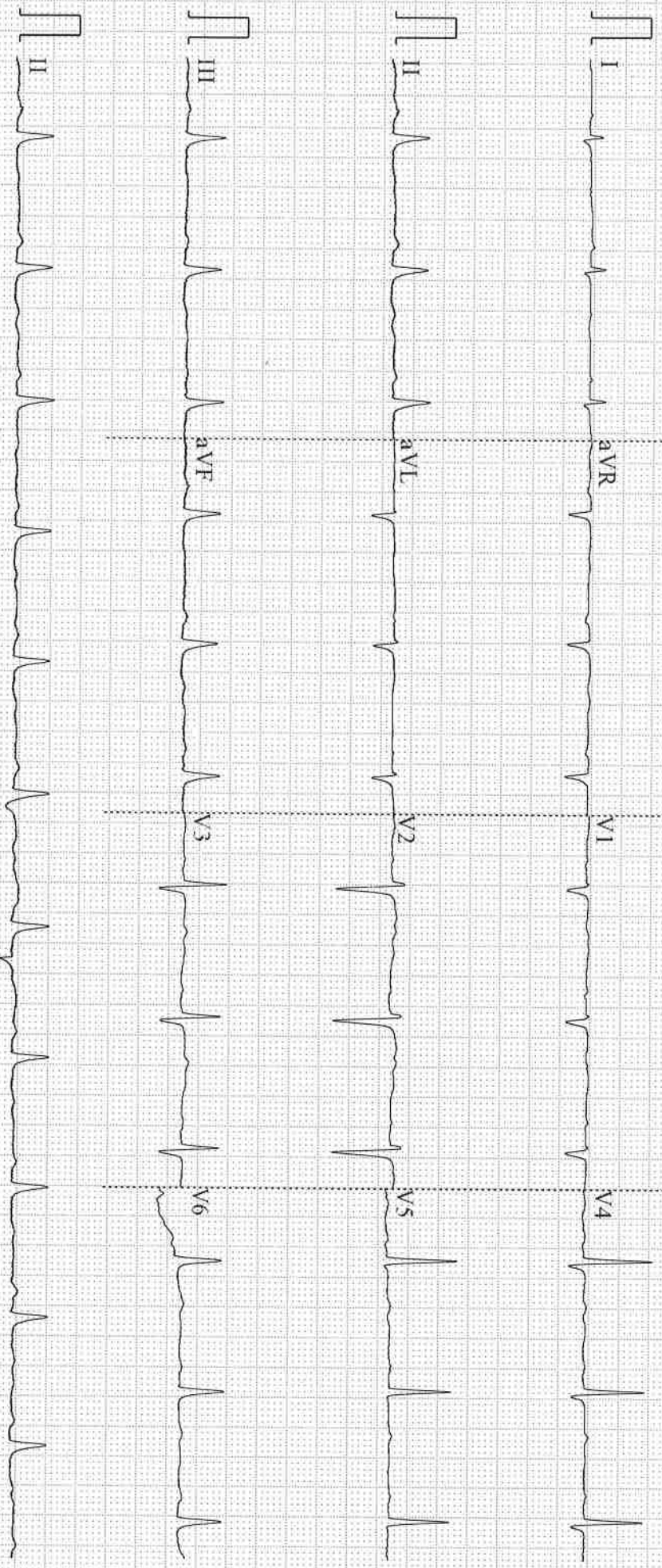
ID: 53
MAHADEV RANDIVE
Male 73years

28-10-2023 11:32:51 AM
HR 68 bpm
P 130 ms
PR 196 ms
QRS 106 ms
QT/QTc 390/417 ms
P/ORS/T 70/87/90
RV5/SV1 1.070/0.327 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG
Maha

Dr. Anam A. Inamdar
MBBS
Reg. No: 2021106/6236

Report Confirmed by:



Patient Name	: Mr. MAHADEV RANDIVE	Age	: 73 Y M
UHID	: CPIM.0000113970	OP Visit No	: CPIMOPV151669
Reported on	: 28-10-2023 15:49	Printed on	: 28-10-2023 18:58
Adm/Consult Doctor	:	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:28-10-2023 15:49

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name	: Mr. MAHADEV RANDIVE	Age	: 73 Y M
UHID	: CPIM.0000113970	OP Visit No	: CPIMOPV151669
Reported on	: 30-10-2023 19:13	Printed on	: 30-10-2023 19:14
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and 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. No calculus / 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:-

No significant abnormality detected.

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.

Patient Name : Mr. MAHADEV RANDIVE

UHID : CPIM.0000113970

Reported on : 30-10-2023 19:13

Adm/Consult Doctor :

Age : 73 Y M

OP Visit No : CPIMOPV151669

Printed on : 30-10-2023 19:14

Ref Doctor : SELF

Printed on:30-10-2023 19:13

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
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@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MR. MAHADEV RANDIVE	Age/Sex: 73 / M
Ref: ARCOFEMI HEALTHCARE	Date: 28/10/2023

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. Aortic valve sclerosis; other 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, Mild MR, Mild TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	38.0 mm	Aortic Root	30.0 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 :

NORMAL CARDIAC CHAMBER DIMENSIONS

GOOD BIVENTRICULAR FUNCTION

LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

AORTIC VALVE SCLEROSIS; NO AS/AR, MILD MR/TR

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION



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

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@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name:- Mahadev Raddine

28/10/23

73401M

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

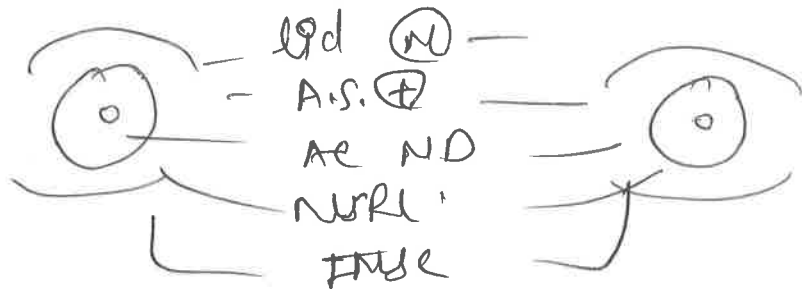
Vnc glasses < 6/6P
6/6

Near Vn < N.6
N.6

Clinical Diagnosis & Management Plan

Pt. came for regular check-up.
No h/o systemic illness.

O/E,



Adv.

(RE) cataract surgery
E FOL ↓ LA
(RE > LE)

Follow up date:

[Signature]
Doctor Signature

50

Date : 28-10-2023

Department : GENERAL

MR NO : CPIM.0000113970

Doctor :

Name : Mr. MAHADEV RANDIVE

Registration No :

Age/ Gender : 73 Y / Male

Qualification :

Consultation Timing: 10:30

wt 49.8
HT 159
BP 110/60

S/E

CUS: SIS₂ ⊕

RS: AEBE

Mix Diet OMS: NAD,

PA: NAD.

Body pain.

Unknown allergy.

No past sx

Anam

Dr. Anam A. A. Inemdar
MBBS
Reg. No. 2021/06/6236

50

Name : Mr. MAHADEV RANDIVE

Age: 73 Y

UHID:CPIM.0000113970

Sex: M



OP Number:CPIMOPV151669

Address : PIMPRI

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :CPIM-OCR-73149

Date : 28.10.2023 10:30

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2 D.ECHO	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	OPHTHAL BY GENERAL PHYSICIAN	
21	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
22	ULTRASOUND - WHOLE ABDOMEN	
23	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
24	DENTAL CONSULTATION	
25	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:30pm	

Lphysio.
Audio

49.8.
159.