

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - AHMEDNAGAR
AHMEDNAGAR, AHMEDNAGAR,
Maharashtra, - 0

To,
The Chief Medical Officer
M/S Mediwheel
https://mediwheel.in/signup011-
41195959(A brand name of
Arcofemi Healthcare Ltd).
Mumbai400021

Dear Sir, Tie-up arrangement for Health Checkup under Health Checkup 35-40 Female

Shri/Smt./Kum. SHINDE.SONALI MAHESH
P.F. No. 602127 Designation : Asst Manager
Checkup for Financial Year 2023-2024 Approved Charges Rs. 3000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,
(Signature of the Employee)

Yours Faithfully,
BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

View Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter

अधिकांश व्यापार व वैयक्तिक कार्यों के लिए, व्यापार कर्ज उपलब्ध है।

* सोपी सुलाभ व जलद वितरण

* कमीत कमी कागदपत्रे

GET INSTANT HOME LOAN WITH ATTRACTIVE TERMS AND MINIMUM PAPERWORK

Interest on daily reducing balance

अधिक माहिरता

कर्ज वितरण करणारी शाखा

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **10-08-2024** at your **Pulse Radwave Diagnostics Private Limited** Center.

Points to note:-

- Collect photocopy of employee ID proof if health check is through an employer.
- Collect photocopy of personal ID proof if health check is for insurance.
- Collect MER as per package details & that company's format (already shared).
- By 12 noon of appointment date, share Work order number & visit status (Show/No show).
- Upload reports in Adhutam portal as per specifications given earlier.

Corporate/TPA	Agreement Name	Package name	Package Inclusions	Customer Name
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324	Urine Routine (CUE), Consultation - Dental, GLUCOSE - SERUM / PLASMA/FASTING AND POST PRANDIAL, Alkaline Phosphatase - Serum/Plasma CALCIUM - SERUM, Blood Grouping And Typing (Abo And Rh), Prostatic Specific Antigen (PSA Total), THYROID PROFILE - (T3, T4 AND TSH), Glycosylated Hemoglobin (HbA1C) - Whole Blood, Vitamin B12 - Serum, Vitamin D3, ECG, PULMONARY FUNCTION TEST HEMOGRAM (CBC+ESR), Lipid Profile (all Parameters), LIVER FUNCTION TEST (PACKAGE), Renal Function Test, X-Ray Chest PA, Ultrasound - Whole Abdomen, Height, Weight, BP, BMI, Package Consultation - ENT, Fitness by General Physician, Optical by General Physician, URINE GLUCOSE(FASTING), URINE GLUCOSE(POST PRANDIAL), Dietician consultation, 2 D ECHO,LIVER FUNCTION TEST (LFT) WITH GGT	KETAN N PAREKH

Urgent Report to Hospital

Ketan Parekh

DR. TILAK DEDHIA

M.B.S.

REG. No. 2011/07/2287

JM FINANCIAL



Ketan Parekh

Employee Code : 20028
Blood Group : A+

[Signature]
Authorized Signatory

1st Floor, Orange Apartments Maratha Merg, Prabhadevi,
Mumbai - 400025

Telephone No : 6330 3030 Emergency No : 2853 3030

*Keen to process
for Medical claim
Pls - 15/12/2024*

DR. TILAK DEDHIA
REG. NO. 2311/07/2287



भारत सरकार
GOVERNMENT OF INDIA



केतन नरमचंद पारख
Ketan Narmchand Parekh
जन्म वर्ष / Year of Birth : 1968
पुंन / Male

3630 7880 1527



आधार - सामान्य माणसाचा अधिकार

Tilak
DR. TILAK DEDHIA
M.B.B.S.
REG. No. 2311/07/2287

Tilak
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M.B.B.S.
REG No. 2011/07/2287

DR. TILAK DEDHIA
M.B.B.S.
REG No. 2011/07/2287



एन.डी.ए.आई. अथवा
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

एन.डी.ए.आई. अथवा
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

एन.डी.ए.आई. अथवा
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Aadhaar
Kannada
for Masala Chunks
Plus
10/11/2024

Maansacha Adhikaar

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/8/2024	
NAME	Mr. Ketan. Parekh	
AGE	55	Gender Male
HEIGHT(cm)	178	WEIGHT (kg) 73 kg
B.P.	120/80 mm/hg	
ECCG	Sinus Bradycardia	
X Ray	Normal	
Vision Checkup	Ⓡ 6/6 Ⓛ 6/6 Normal Colour Vision	
Present Ailments	NO	
Details of Past ailments (If Any)	NO	
Comments / Advice : She /He is Physically Fit	He is physically fit	

Tilak
DR. TILAK DEDHIA
 M.B.B.S.
 REG. No. 2011/07/2287

Signature with Stamp of Medical Examiner



Patient : MR KETAN PAREKH

M/55 Y 10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 7

COMPLETE BLOOD COUNT WITH ESR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
HAEMOGLOBIN	14.3	13.5 - 18.0	gms/dl
R.B.C. COUNT	4.74	4.50 - 6.50	millions/cumm
PCV	43.5	40.0 - 54.0	%
MCV	91.8	76.0 - 96.0	u3
MCH	30.2	27.0 - 32.0	pg
MCHC	32.9	30.0 - 35.0	%
RDW	13.7	11.5 - 14.5	%
W.B.C. COUNT	5,300	4,000-11,000	cells/cmm
<u>Differential Count :</u>			
Neutrophils	61	45 - 70	%
Lymphocytes	35	20 - 45	%
Eosinophils	01	1 - 6	%
Monocytes	03	1 - 10	%
Basophils	00	0 - 1	%
PLATELET COUNT	258,000	150,000 - 450,000	cells/cmm
PLATELETS ON SMEAR	Adequate		
R.B.C. MORPHOLOGY	Normocytic Normochromic		
W.B.C. MORPHOLOGY	Normal		
E.S.R (Westergren)	07	0 - 20	mm / hr

CBC done on Fully Automated Erba H560 Cell Counter.

Ashwini Sangvikar

Dr. Ashwini Sangvikar

M.D. Pathology

Patient : MR KETAN PAREKH **M/55 Y** **10-Aug-24**
Ref By : Dr ARCOFEMI HEALTHCARE LT **No : 7**

BLOOD SUGAR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
FASTING BLOOD SUGAR	93	70-110	mg/dl
Urine Sugar	Absent		
Urine Ketones	Absent		
POST PRANDIAL BLOOD SUGAR	105	70-140	mg/dl
Urine Sugar (2 hrs)	No Sample		
Urine Ketones (2 Hrs)	No Sample		

METHOD : Glucose Oxidase Peroxidase (GOD/POD)

American Diabetes Association (ADA 2013) Blood Glucose Level Criteria :

FASTING GLUCOSE LEVEL

Normal glucose tolerance : < 100 mg %
Impaired Fasting Glucose : 100 - 125 mg %
Provisional diagnosis for: ≥ 126 mg % (on two different occasions)
diabetes mellitus

POST LUNCH GLUCOSE LEVEL

Normal glucose tolerance : <140 mg %
Impaired Glucose Tolerance : 140 - 199 mg %
Provisional diagnosis for: ≥ 200 mg % (on two different occasions)
diabetes mellitus

URINE SUGAR INTERPRETATION : (Approx.)

Trace : 0.1 g/dl
+ : 0.25 g/dl
++ : 0.5 g/dl
+++ : 1.0 g/dl
++++ : >2.0 g/dl

Ashwini Sangvikar
Dr. Ashwini Sangvikar
M.D. Pathology



Registration No : 100824122

Patient Name : MR. KETAN PAREKH

Age/Gender : 55 Years / Male

Referral :

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 10-Aug-2024 02:32 PM

Sample Collected On : 10-Aug-2024 02:40 PM

Sample Reported On : 10-Aug-2024 06:29 PM

Sample ID



Glycosylated Hemoglobin - GHb

Parameter	Value(s)	Unit	Ref Range
HbA1c			
HbA1C- Glycated Haemoglobin	5.6	%	Non-diabetic: <6 Excellent control: 6-7 Indicates Persistent glycemia over previous 6-8 weeks : >7
Estimated Average Glucose (eAG)	114.02	mg/dL	
Method	HPLC		

Limitations

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2012, for diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is 4% to 5.7%. Patients with HbA1c value between 5.7% to 6.5% are considered Pre-diabetic.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
 - Interference of Haemoglobinopathies in HbA1c estimation.
- A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state detected is corrected for HbS and HbC trait.
Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.





Patient : MR KETAN PAREKH

M/55 Y 10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 7

LIPID PROFILE

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
Total Cholesterol	237	130-200	mg/dl
Triglycerides	97	25-150	mg/dl
HDL Cholesterol	42	35-80	mg/dl
VLDL Cholesterol	19	5-30	mg/dl
LDL Cholesterol	176	80-100	mg/dl
TC/HDL Ratio	5.6	0.0-4.5	
LDL/HDL Ratio	4.2	0.0-3.5	

NOTE: Various cholesterol levels recommended for adults by NCEP (National Cholesterol Education Programme) May-2001.

CHOLESTEROL:

Desirable < 200 mg/dl
Borderline High 200-239 mg/dl
High \geq 240 mg/dl

TRIGLYCERIDES:

Desirable < 150 mg/dl
Borderline High 150-199 mg/dl
High 200-499 mg/dl

HDL CHOLESTEROL:

Desirable $>$ 40 mg/dl
Low(High risk) $<$ 40 mg/dl

LDL CHOLESTEROL:

Optimal $<$ 100 mg/dl
Near Optimal 100-129 mg/dl
Borderline High 130-159 mg/dl
High 160-189 mg/dl
Very High $>$ 189 mg/dl

Ashwini Sangvikar

Dr. Ashwini Sangvikar

M.D. Pathology

Patient : MR KETAN PAREKH

M/55 Y

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 7

LIVER FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
S.G.O.T	20.9	0.0-40.0	IU/L
S.G.P.T	26.3	0.0-40.0	IU/L
Bilirubin (Total)	0.69	0.0-1.20	mg/dl
Bilirubin (Direct)	0.18	0.0-0.40	mg/dl
Bilirubin (Indirect)	0.5	0.1-1.0	mg/dl
Total Proteins	6.3	6.0-8.5	gm/dl
Albumin	4.1	3.2-5.3	gm/dl
Globulin	2.2	2.3-3.5	gm/dl
A/G Ratio	1.9	1.0-2.0	
Alkaline Phosphatase	120	50-306	U/L
GAMMA GT	20	5-55	U/L

Ashwini Sangvkar

Dr Ashwini Sangvkar

M.D. Pathology



Patient : MR KETAN PAREKH

M/55 Y 10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 7

RENAL FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
BUN	13.3	5.0-23.0	mg/dl
Urea	28.5	13.0-43.0	mg/dl
Creatinine	0.8	0.5-1.3	mg/dl
Total Proteins	6.3	6.0-8.5	gm/dl
Albumin	4.1	3.2-5.3	gm/dl
Globulin	2.2	2.3-3.5	gm/dl
A/G Ratio	1.9	1.0-2.0	
Calcium	8.8	8.0-11.0	mg/dl
Phosphorus	4.4	2.5-4.5	mg/dl
Uric Acid	6.3	3.5-7.2	mg/dl
Sodium	142.5	133.0-148.0	mEq/L
Potassium	4.8	3.5-5.3	mEq/L
Chloride	103.5	96.0-107.0	mEq/L

Bongikar

Dr Ashwini Sangvikar

M.D. Pathology



PULSE RADWAVE
DIAGNOSTIC
UNIT OF RADWAVE DIAGNOSTIC LLP

- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography
- ▶ Color Doppler ▶ ECG ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV
- ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ MSK Procedures ▶ X-Ray Special investigations ▶ Holter Monitor
- ▶ Sleep Study & Others. LLP Identification Number : ACE - 2173

Patient : MR KETAN PAREKH

M/55 Y . 10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 7

BLOOD GROUP

Test

Value

BLOOD GROUP

"A" Positive.

Method: Slide & Tube Agglutination



Bansikar

Dr. Ashwini Sangvikar

M.D. Pathology

Email ID : diagnosticradwave@gmail.com • +91 8097421555

Phone No.: +91 8097421556 / +91 8097421557 / +91 8097421558 / +91 8097421559

Address : Shop No. 2 & 3, Naya Oriental Co-Op Hus. Society Ltd., Opp. Sahakari Bhandar,
LIC Colony, Next to Hotel Majestic NX, Borivali (W), Mumbai - 400 103, Maharashtra



Registration No : 100824102

Patient Name : MR. KETAN PAREKH

Age/Gender : 55 Years / Male

Referral :

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 10-Aug-2024 02:32 PM

Sample Collected On : 10-Aug-2024 02:40 PM

Sample Reported On : 10-Aug-2024 04:19 PM

Sample ID :



Prostate Specific Antigen - Total

Parameter	Value(s)	Unit	Ref Range
Total PSA	1.03	ng/ml	Normal : < 4.0 Border Line: 4.01-10.0

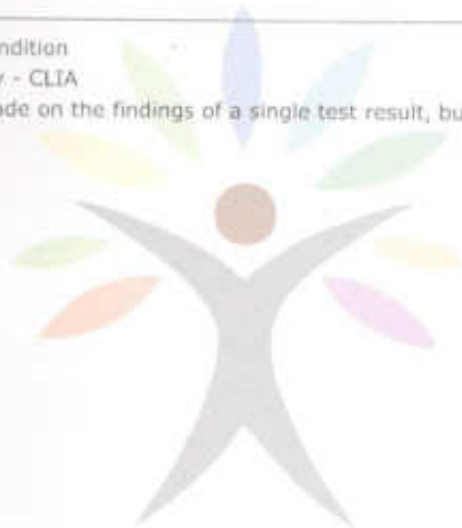
Interpretation :

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Comment : Please correlate with clinical condition

Method : Chemiluminescence immunoassay - CLIA

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.



Dr. Ashish Bhosle
 M.D. Pathologist



Registration No : 100824122

Patient Name : MR. KETAN PAREKH

Age/Gender : 55 Years / Male

Referral :

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 10-Aug-2024 02:32 PM

Sample Collected On : 10-Aug-2024 02:40 PM

Sample Reported On : 10-Aug-2024 06:30 PM

Sample ID



Thyroid Function Test - TFT

Parameter	Value(s)	Unit	Ref Range
Triiodothyronine (T3)	121.30	ng/dl	80 - 190
Thyroxine (T4)	8.23	ug/dl	4.5-14.5
TSH (Thyroid Stimulating Hormone)	1.40	uIU/mL	03 Days :- 1.10 - 17.0 70 Days :- 0.60 - 10.0 14 Months :- 0.40 - 7.00 5 Years :- 0.40 - 6.00 14 Years :- 0.30 - 5.00 Adult :- 0.35 - 5.50

Method: CLIA

Interpretation :

TSH results between 5 to 15 uIU/mL show considerable physiologic & seasonal variation For differential diagnosis of primary, secondary, and tertiary hypothyroidism. Also useful in screening for hyperthyroidism. This assay allows adjustment of exogenous thyroxine dosage in hypothyroid patients and in patients on suppressive thyroxine therapy for thyroid neoplasia

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4, a.m. and at a minimum between 6 - 10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free, T4 /Free, T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.
4. values <0.05 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals



Dr. Ashish Bhosle
M.D. Pathologist

Registration No : 100824122

Patient Name : MR. KETAN PAREKH

Age/Gender : 55 Years / Male

Referral :

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 10-Aug-2024 02:32 PM

Sample Collected On : 10-Aug-2024 02:40 PM

Sample Reported On : 10-Aug-2024 06:30 PM

Sample ID



Vitamin B12

Parameter	Value(s)	Unit	Ref Range
Vitamin B12	239.16	pg/ml	Normal: 75 - 807 Indeterminate Range: 75 - 807 Deficiency: < 75

Method: CLIA.

Interpretation

Vitamin B 12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. Many patients have the neurologic defects without macrocytic anemia.

Serum methylmalonic acid (MMA) and homocysteine levels are also elevated in Vit B 12 deficiency states.

Limitations:

1. The evaluation of macrocytic anemia requires measurement of both vitamin B12 and Folate levels: ideally they should be measured simultaneously.
2. Specimen collection soon after blood transfusion can falsely increase Vit B12 levels.
3. Patient taking Vit B12 supplementation may have misleading results.
4. A normal serum concentration of B12 does not rule out tissue deficiency of Vit B12. The most sensitive test at the cellular level is the assay for MMA.
5. If Clinical symptoms suggest deficiency, measurement of MMA and Homocysteine should be considered, even if serum B12 concentrations are normal.

NOTE

- 1] Concentration of vitamin B12 <180 pg/ml may cause megaloblastic anemia and/or peripheral neuropathies.
- 2] Vitamin B12 concentration <150 pg/ml are considered evidence of vitamin B12 deficiency.
- 3] Vitamin B12 concentrations between 150 pg/ml and 400 pg/ml are considered borderline.
- 4] Follow-up testing of vitamin B12 deficiency is recommended by measuring methylmalonic acid (MMA) / homocysteine / antibodies to intrinsic factor, if the patient is symptomatic.
- 5] Patients taking vitamin B12 supplementation may have misleading results.
- 6] Many other interfering factors affect vitamin B12 level.
 - Elevated level is observed due to Estrogens or vitamin C / Vitamin A ingestion, hepatocellular injury, uremia.
 - Decreased level is observed in low vitamin B12 diet (a strict vegetarian diet), pregnancy, smoking, hemodialysis.

Reference : Mayo clinic Interpretive Handbook, Mediline plus medical encyclopedia.





Registration No : 100624122
Patient Name : MR. KETAN PAREKH
 Age/Gender : 55 Years / Male
 Referral :
 Source :
 Center Name : Radwave Diagnostics LLP

Registered On : 10-Aug-2024 02:32 PM
 Sample Collected On : 10-Aug-2024 02:40 PM
 Sample Reported On : 10-Aug-2024 06:30 PM
 Sample ID : 

25 - Hydroxy Vitamin D

Parameter	Value(s)	Unit	Ref Range
25-Hydroxy Vitamin D	23.1	ng/ml	Deficiency : < 10 Insufficiency : 20 - <30 Sufficiency : 30 - 100 Toxicity : > 100

Method: CLIA

Interpretation :

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.
- Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status-as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 months of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal(especially winter) & individual variability depending on age, body fat, sun exposure, physical activity ,genetic factors(especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism Vitamin D toxicity is known but very rare.kindly correlate clinically, repeat with fresh sample if indicated.

Associated Test Profile :

- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D and serum PTH.(An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency.Thus, restoration of PTH and 25(OH) D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.
- As a holistic & scientific approach for diagnosis and optimal treatment for vitamin D deficiency, Vitamin D plus profile (25 Hydroxy(OH) Vit D and PTH) is suggested.

END OF REPORT

This sample is processed at THE LAB PLUS , Dignostics & Health Care,NABL Accredited




Dr.Ashish Bhosle
M.D.Pathologist



Patient : MR KETAN PAREKH

M/55 Y .

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 7

Urine Routine

Test

Value

Physical Examination:

Quantity	10 ml
Colour	Pale Yellow
Appearance	Slightly Hazy
Reaction (pH)	Acidic(6.0)
Specific Gravity	1.010

Chemical Examination:

Proteins	Absent
Glucose	Absent
Ketone Bodies	Absent
Occult Blood	Absent
Bile Salts	Absent
Bile Pigments	Absent
Urobilinogen	Normal

Microscopic Examination:

Pus Cells	2 - 3 / hpf
Red Blood Cells	Absent
Epithelial Cells	1 - 2 / hpf
Casts	Absent
Crystals	Absent
Bacteria	Absent
Yeast Cells	Absent
Amorphous Deposits	Absent
Mucus	Absent
Other	----

Ashwini

Dr Ashwini Sangvikar

M.D. Pathology



PATIENT NAME : MR KETAN PAREKH
AGE/SEX : 55 YRS / MALE
REF.CLINICIAN : APOLLO-ARCOFEMI HEALTHCARE LTD
DATE : 10/08/2024

X-RAY CHEST (P A VIEW)

- Both lung fields are clear.
- Both CP angle are normal.
- Cardiac and aortic shadows are normal.
- No obvious hilar or mediastinal lesion is seen.
- Bony thorax appears normal. No evidence of fracture seen.

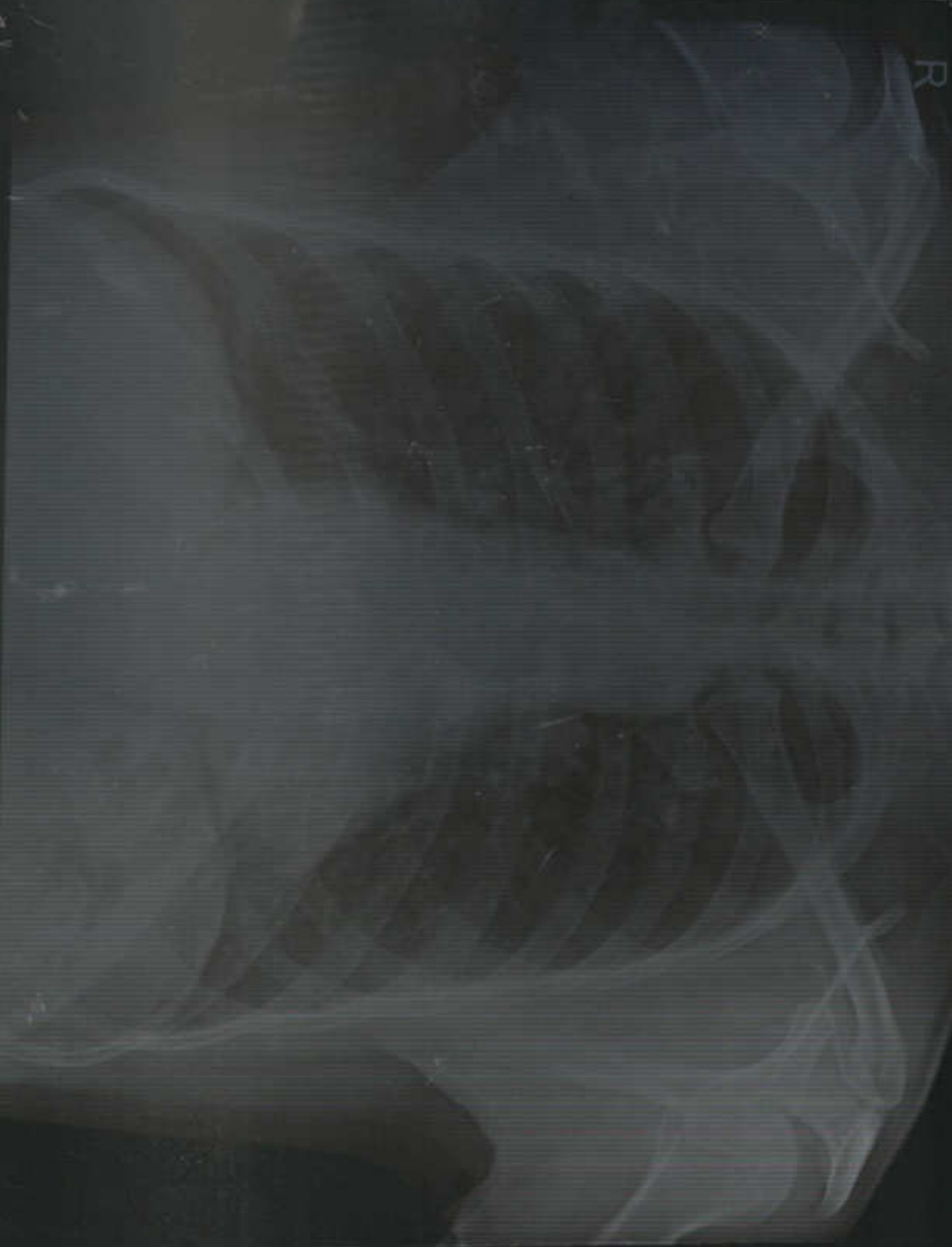
CONCLUSION: X-Ray findings show...

- No significant abnormality of note.

Please correlate clinically.
Thanks for the referral,

Dr. Tilak Manilal Dedhia
M.B.B.S; M.D; D.N.B.(Radio-diagnosis)
Consultant Radiologist.

R



10/08/2023 5045 MR. KETAN PAREKH 55 Y M APOLLO-ARCOFEMI HEALTHCARE LTD CHEST PA
Pulse Diagnostic Centre (Radiwave Diagnostic Pvt. Ltd), Borivali

X

NAME:	MR KETAN PAREKH	DATE:	10/08/2024
R-NO:	E - 01	AGE:	55YRS
REF.BY DR:	APOLLO - ARCOFEMI HEALTHCARE LTD	SEX :	MALE

2D-ECHOCARDIOGRAPHY REPORT

- No diastolic dysfunction by PWD at present.
- No concentric left ventricular hypertrophy seen.
- All cardiac valves show normal structure and physiological function.
- No significant stenosis nor regurgitation seen.
- No regional wall motion abnormality seen at rest at present.
- All cardiac chambers are normal in size.
- IAS / IVS : No defect visualized.
- Visual LVEF = 60 perCent.
- No e/o thrombus/ pericardial effusion.
- Mild TR jet. PASP by TR jet measured to 24 mm Hg.

MR KETAN PAREKH

<u>M-MODE STUDY</u>	Value	Unit	<u>COLOUR DOPPLER STUDY</u>	Value	Unit
IVSd	07	mm	Mitral Valve E velocity	07	m/s
IVSs	13	mm	Mitral Valve A velocity	0.4	m/s
LVIDd	50	mm	E/A Ratio		
LVIDs	31	mm	Mitral Regurgitation	Absent	
LVPWd	05	mm			
LVPWs	12	mm			
<u>2D STUDY</u>					
		mm	<u>AORTIC VALVE</u>		
Ao	29	mm	AVmax	0.8	m/s
		mm	Aortic Regurgitation	absent	
LA	30	mm			
RV		mm			
RA		mm	<u>PULMONARY VALVE</u>		
FS	30	%	PVmax	0.9	m/s
EF	60	%	Regurgitation	Absent	
Mitral annulus	normal	mm			
			TR jet ve		m/s
			PASP	24	

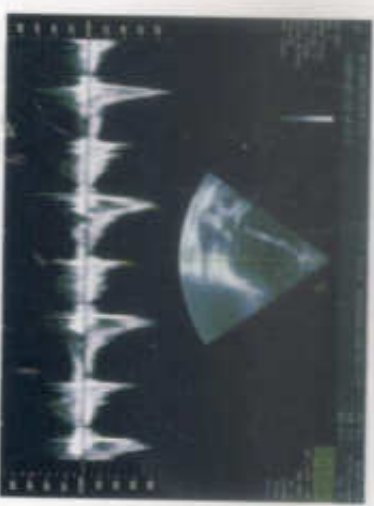
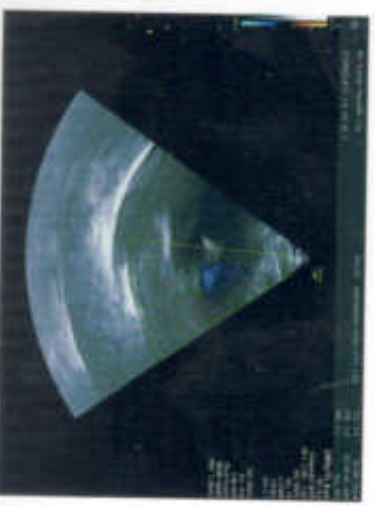
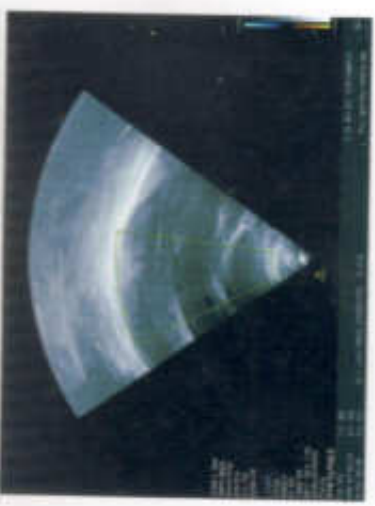
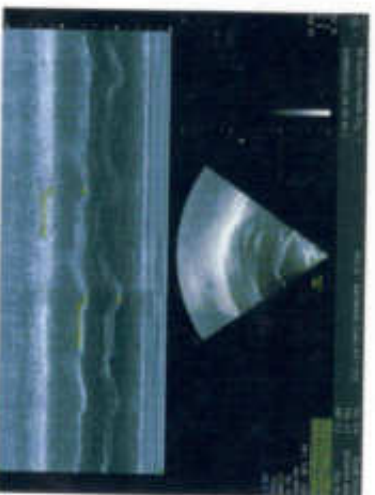
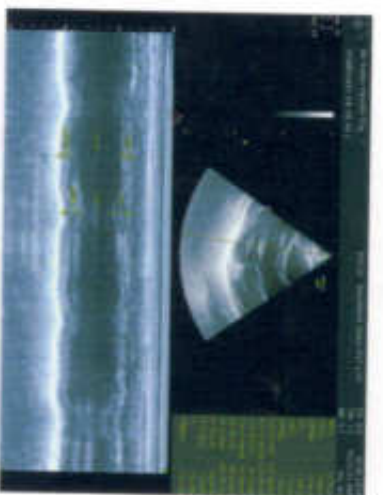
Note: 2 D Echo has a poor sensitivity in cases of angina pectoris. Negative echo findings does not rule out coronary artery disease

Adv: Please correlate clinically. CAG/Further cardiac evaluation as indicated.

EDI for diastolic dysfunction



Dr. Priyam Bhatjiwale
M.D. Cert. in 2 D Echo &
Doppler Studies



Patient Name: Mr. Ketan Parekh **M / 55yrs**
Ref. by: Apollo-Arcofemi Healthcare Ltd **Date: - 10/08/2024**

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is enlarged in size (16.1 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous bright echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 10 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualized common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 8.7 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.4 x 4.0 cm	10.3 x 6.0 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally. Approxiamtely 3.5 x 2.8 cm sized cyst is seen in upper pole of left kidney.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

Patient Name: Mr. Ketan Parekh

M / 55yrs

Ref. by: Apollo-Arcofemi Healthcare Ltd

Date: - 10/08/2024

PROSTATE: It measures about 3.3 x 3.4 x 3.0 cm; volume is 17.8 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

- Mild hepatomegaly with grade I fatty liver.
- Left renal simple cyst.

Thanks for the reference.
With regards,


Dr. Tilak Dedhia
Consultant Radiologist





12 LEAD ECG REPORT



PULSE RADWAVE
DIAGNOSTIC
UNIT OF RADWAVE DIAGNOSTIC LLP



10/08/24

Name: Mr. Ketan Parekh S/Sr Male Apollo - Arcofemi Healthcare Pvt

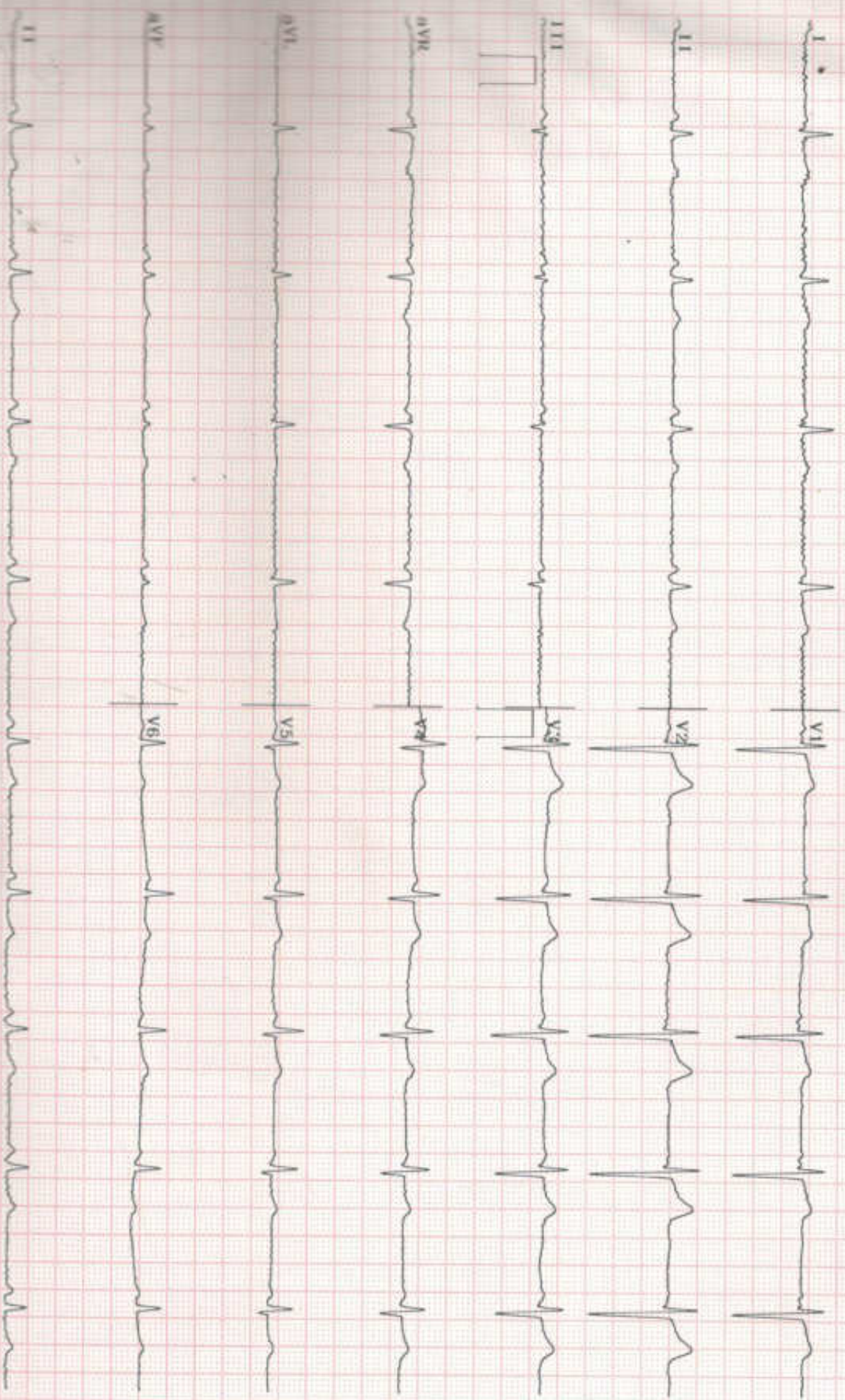
- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography ▶ Color Doppler ▶ ECG
- ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ X-Ray Special investigations ▶ Holter Monitor ▶ Sleep Study & Others.

ID :
Name: KETAN
Age : 55 years
Sex : Male
H : 0 cm / W : 0 kg

Heart Rate: 56 bpm
PR/RR Int.: 136/1071 ms
QRS Dur: 92 ms
QT/QTc: 424/404 ms
P-R-T axes: 66 19 45
SV1/RV5/R+S: 1.10/0.52/1.62mV

Prescribed by:
Analysis Result # (To be finally confirmed by physician)
Sinus Bradycardia (HR: 50-59)
Normal Axis
[Minimally Abnormal or Normal Variation ECG]

Handwritten note: Normal sinus rhythm



ELECTROCARDIOGRAM

Please Photocopy ECG As Tracings Fades After Some Time

Name: Mr Katan Poudel

Date: 10/8/2024 Time: _____ Age / Sex: 55 / M

Heart Rate: _____

Rhythm: _____

Axis: _____

Voltage: _____

P Wave: _____

PR Interval: _____

Qrs Interval & Complex: _____

ST Segment: _____

T Wave: _____

QT Interval: _____

QTC: _____

Impression: _____

Shows Atrioventricular block

PRP

DR PRIYAM BHATJWALE, M.D
REG. NO. 68857

Signature of Physician _____