


<b>Name</b> : Mr. Venkatesh Poojar	<b>Age</b> : 32 Y	<b>UHD</b> :SPUN.0000045397
	<b>Sex</b> : M	
<b>Address</b> : Flat No 1111 11 Th Floor A Wing Devarshi Complex Manaji Nagar Narhe Pune 411041		<b>OP Number</b> :SPUNOPV59656
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>Bill No</b> :SPUN-OCR-9929
		<b>Date</b> : 09.12.2023 09:09

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

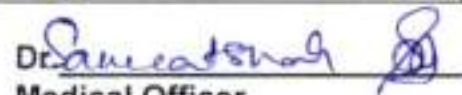
## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Venkatesh puojaw on 09/12/23

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

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</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"><li>• Currently Unfit. Review after _____ recommended</li></ul>	
<ul style="list-style-type: none"><li>• Unfit</li></ul>	

  
**Dr. Saneet Singh**  
Medical Officer  
The Apollo Clinic, Uppal

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

Date : 09/12/23  
MRNO :  
Name : Venkatesh Poojar  
Age/Gender :  
Mobile No : 32111

Department : Gen Physician  
Consultant :  
Reg. No : Dr. Samrat Shah  
Qualification :  
Consultation Timing :

Spost 100 d.

Pulse : 68/min	B.P : 130/80	Resp : 18/min	Temp : 98.6
Weight : 67.2 kg	Height : 167 cm	BMI : 24	Waist Circum : -

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

→ cholelithiasis ⊕ ;

Adv

→ Tab Ursocol 300  
1 - 0 - 1 x 90days

Tab Ganaton Total  
1 - 0 - 0 x 30day

Follow up date:

(1 month)

Doctor Signature

<b>MR Name:</b>	MR.VENKATESH POOJAR 32Y	<b>MR No:</b>	SPUN.10004557
<b>Age:</b>	32 Years	<b>Location:</b>	Apollo Spectra Hospital Pune (Swargate)
<b>Gender:</b>	M	<b>Physician:</b>	SELF
<b>Image Count:</b>	1	<b>Date of Exam:</b>	09-Dec-2023
<b>Arrival Time:</b>	09-Dec-2023 10:59	<b>Date of Report:</b>	09-Dec-2023 11:25

### X-RAY CHEST PA VIEW

#### FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

#### IMPRESSION:

No significant abnormality is seen.



**Dr.Santhosh Kumar DMRD,DNB**  
Consultant Radiologist  
Reg.No: 59248

#### CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

#### PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.

Patient Name	M VENKATESH POOJAR	Collected	09/Dec/2023 09:16AM
Age/Gender	32 Y 4 M 12 D/M	Received	09/Dec/2023 11:52AM
UHID/MR No	SPUN 000045397	Reported	09/Dec/2023 12:43PM
Visit ID	SPUNOPV59656	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Autv/TPA ID	VP178266		

**DEPARTMENT OF HAEMATOLOGY**

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

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

HAEMOGLOBIN	17.6	g/dL	13-17	Spectrophotometer
PCV	52.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.53	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94.5	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6.320	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	63.9	%	40-80	Electrical Impedance
LYMPHOCYTES	27.5	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4038.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1738	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	63.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	461.36	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.96	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	257000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

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



Patient Name : Mr. VENKATESH POOJAR Age/Gender : 32 Y 4 M 12 D/M UHID/IR No : SPUN.0000045397 Visit ID : SPUNOPV59656 Ref Doctor : Dr SELF Emp/Auth/TPA ID : VP178206	Collected : 09/Dec/2023 09:16AM Received : 09/Dec/2023 11:52AM Reported : 09/Dec/2023 03:06PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Age/Gender	32 Y 4 M 12 D/M	Received	09/Dec/2023 11:52AM
UHID/MR No	SPUN 0000045397	Reported	09/Dec/2023 01:45PM
Visit ID	SPUNOPV59856	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	VP176266		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	79	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
<70 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  $\geq 126$  mg/dL, and/or a random  $\geq 2$  hr post glucose value of  $\geq 200$  mg/dL on at least 2 occasions.
- Very high glucose levels ( $>400$  mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	75	mg/dL	70-140	HEXOKINASE
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**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	4.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	88	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

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Visit ID	SPUN/OPV/59656	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/ Auth/TPA ID	VP176268		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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 Anemias (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 Hemolytic Hemoglobinopathy

OD- Electrophoresis is recommended method for detection of Hemoglobinopathy





Patient Name	MY VENKATESH POOJAR	Collected	09/Dec/2023 09:16AM
Age/Gender	32 Y 4 M 12 D/M	Received	09/Dec/2023 11:48AM
UHID/MR No	SPUN 0000045397	Reported	09/Dec/2023 12:21PM
Visit ID	SPUNOPV59656	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	VP178268		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	198	mg/dL	<200	CHO-POD
TRIGLYCERIDES	182	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.85	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.41	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.98		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.



Patient Name	M VENKATESH POOJAR	Collected	09/Dec/2023 09:16AM
Age/Gender	32 Y 4 M 12 DM	Received	09/Dec/2023 11:48AM
LHID/IR No	SPUN 000045397	Reported	09/Dec/2023 12:21PM
Visit ID	SPUNOPV59656	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	VP175255		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	0.95	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.74	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27.19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	76.97	U/L	30-120	IFCC
PROTEIN, TOTAL	7.86	g/dL	6.6-8.3	Biuret
ALBUMIN	5.03	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.78		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), cholesterol (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 > 1in 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.



Patient Name : Mr VENKATESH POOJAR Age/Gender : 32 Y 4 M 12 D/M UHID/MR No : SPUN 0000045397 Visit ID : SPUNOPV59656 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : VP178266	Collected : 09/Dec/2023 09:16AM Received : 09/Dec/2023 11:48AM Reported : 09/Dec/2023 12:21PM Status : Final Report 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
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.83	mg/dL	0.72 - 1.18	Modified Jaffe, Kinetic
UREA	15.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.61	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.47	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.62	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.53	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.8	mmol/L	101-109	ISE (Indirect)



Patient Name	Mr VENKATESH POOJAR	Collected	09/Dec/2023 09:16AM
Age/Gender	32 Y 4 M 12 D/M	Received	09/Dec/2023 11:48AM
UHID/MR No	SPUN 0000045397	Reported	09/Dec/2023 12:21PM
Visit ID	SPUNGPV59656	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
EmprAuth/TPA ID	VP176266		

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	77.16	U/L	<55	IFCC



Patient Name	Mr VENKATESH POOJAR	Collected	09/Dec/2023 09:15AM
Age/Gender	32 Y 4 M 12 D/M	Received	09/Dec/2023 11:45AM
UHID/MR No	SPUN 0000045397	Reported	09/Dec/2023 01:00PM
Visit ID	SPUNDPV59555	Status	Final Report
Ref Doctor	Dr SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	VP178266		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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-IODOETHYRONINE (T3, TOTAL)	1.18	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.08	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.050	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in µIU/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



Patient Name: Mr VENKATESH POOJAR Age/Gender: 32 Y 4 M 12 D/M UHID/IR No: SPUN 0000045397 Visit ID: SPUNOPV59656 Ref Doctor: Dr SELF Emp/Auth/TPA ID: VP176206	Collected: 09/Dec/2023 09:16AM Received: 09/Dec/2023 12:14PM Reported: 09/Dec/2023 12:35PM Status: Final Report Sponsor Name: ARCOFEMI HEALTHCARE LIMITED
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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
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



TOUCHING LIVES

Patient Name	Mr VENKATESH PODJARI	Collected	09/Dec/2023 09:15AM
Age/Gender	32 Y 4 M 12 D/M	Received	09/Dec/2023 12:14PM
UHID/IR No	SPUN 0000045397	Reported	09/Dec/2023 12:32PM
Visit ID	SPUNOPV59656	Status	Final Report
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Emp/Auth/TPA ID	VP178266		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

  
 Dr Sheela Sisah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

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



**2D ECHO / COLOUR DOPPLER**

**Name : Mr. Venkatesh Poojar**  
**Ref by : HEALTH CHECKUP**

**Age : 32 YRS / M**  
**Date : 09/12/2023**

LA – 32      AO – 26      IVS – 10      PW – 10  
LVIDD – 37      LVIDS - 25  
EF 60 %

Normal LV size and systolic function.  
No diastolic dysfunction  
Normal LV systolic function, LVEF 60 %  
No regional wall motion abnormality  
Normal sized other cardiac chambers.  
Mitral valve has thin leaflets with normal flow.  
Aortic valve has three thin leaflets with normal structure and function. No aortic regurgitation.No LVOT gradient  
Normal Tricuspid & pulmonary valves.  
No tricuspid regurgitation.  
PA pressures Normal  
Intact IAS and IVS.  
No clots, vegetations, pericardial effusion noted.

**IMPRESSION :**  
**NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.**  
**NO RWMA. NO PULMONARY HTN**  
**NO CLOTS/VEGETATIONS**

  
**DR.SAMRAT SHAH**  
**MD, CONSULTANT PHYSICIAN**



म. र. वैद्यकेश पोर्जार

09.12.2023 9:52:16 AM  
Apollo Spectra Hospital  
SWARGATE  
PUNE-4110

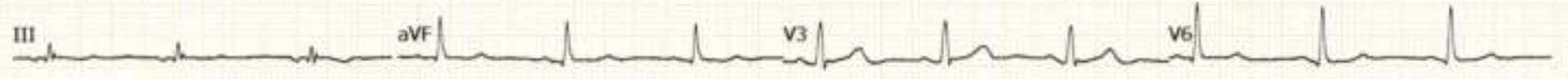
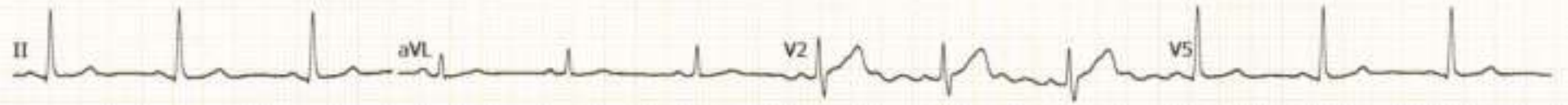
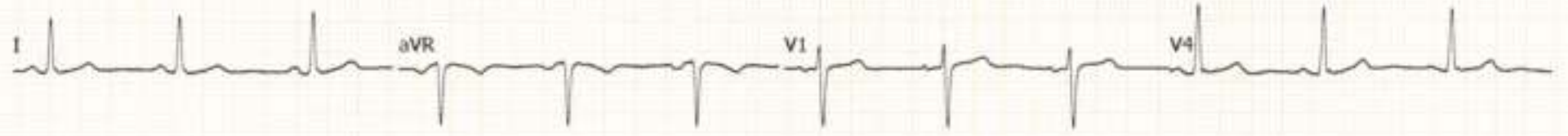
Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

73 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 84 ms      Normal sinus rhythm  
QT / QTcBaz : 378 / 416 ms      Normal ECG  
PR : 126 ms  
P : 90 ms  
RR / PP : 826 / 821 ms  
P / QRS / T : 17 / 37 / 25 degrees



# EYE REPORT

ASH/PUN/OPHTH/06/02-0216

Date: 09/12/23

Name: Mr. Venkatesh Poojary

Age / Sex: 32 Y / M

Ref No.:

Complaint: No complaints

Examination

No DM

No HTN

Spectacle Rx

aided Vision  $\left\{ \begin{array}{l} R \ 6/6 \oplus \ N6 \\ L \ 6/6 \quad N6 \end{array} \right.$

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	-0.75	-0.75	80°	6/6	-0.50	-0.75	90°
Read	-	-	-	N6	-	-	-	N6
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP  $\left\{ \begin{array}{l} R \ 1.25 / -0.75 \times 90^\circ \\ L \ 1.25 / -0.75 \times 90^\circ \end{array} \right.$

Medications:

Trade Name	Frequency	Duration

Follow up: 1 yr

Consultant: 

**Apollo Spectra Hospitals**

Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030  
Ph : 020 67206500 | Fax: 020 67206523 | www.apollospectra.com



# Apollo Clinic

## CONSENT FORM

Patient Name: Venkatesh poojar Age: 32yrs  
UHID Number: 45397 Company Name: Arcofemi

I  Mr/Mrs/Ms Venkatesh poojar Employee of Arcofemi

(Company) Want to inform you that I am not interested in getting Dental & ENT  
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Consultation NOT Available in Apollo Spectra pune

Patient Signature: V.H. Poojar

Date: 09/12/2023

Patient Name : MR. VENKATESH H. POOJAR(32 Years / Male)  
Registration No : 1331209018  
Referred By : Dr.APOLLO SPECTRA HOSPITAL

Registered On : 09 Dec 2023 10:31  
Printed On : 09/12/2023 10:55am

**ULTRASONOGRAPHY ABDOMEN & PELVIS**

**Liver:** Normal in size, shape and echotexture. No focal hepatic lesion.  
The portal vein appears normal.

**Gall bladder:** Distended and shows smooth thin wall. There is evidence of 3-4 echo reflective foci within the gall bladder, largest measuring 5.8 mm, suggestive of calculi.  
No CBD or IHBR dilatation.

**Pancreas:** appears hyperechoic suggestive of fatty infiltration. No focal pancreatic lesion.

**Spleen:** Normal in size and echotexture. No focal lesion is seen.

**Both kidneys show lobulated outlines.**

**Right kidney:** Normal in size and (measures 9.8 x 4.5 cms).

CMD is well maintained. No evidence of hydronephrosis. No calculus / focal lesion is seen

**Left kidney:** Normal in size and (measures 10.5 x 4.8 cms).

CMD is well maintained. No evidence of hydronephrosis. No calculus / focal lesion is seen

**Urinary bladder:** Urinary bladder is well distended and shows normal appearance.

**Prostate:** is normal in size and echotexture.

Aorta and para-aortic regions appear normal. There is no evidence of lymphadenopathy

Bowel loops show normal peristalsis.

**IMPRESSION:**

\* Fatty pancreas.

\* Gall bladder calculi as described.



**DR. NAAINNA BHURRAT**

Consultant Radiologist

Printed By : NIKHIL SATHE

ALPHA MULTI SPECIALITY DIAGNO CENTRE & CLINIC PVT. LTD.

## Patient

## Exam

ID  
Name  
Birth Date  
Gender

09-12-2023-0001  
POOJAR, VENKATESH

Accession #  
Exam Date  
Description  
Sonographer

09122023



2322	INDIA HEALTH CARE PRIVATE LIMITED	SURESH	7441127317	90224975	INDIA HEALTH CARE PRIVATE LIMITED
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भारत सरकार  
Government of India



भारत सरकार 1401000012



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Venkatesh Hanamantappa Poojar  
आधार संख्या: 6091 0398 8544  
पुरु. मा.

6091 0398 8544

माझे आधार, माझी ओळख



एनयूआय आरआय अथॉरिटी ऑफ इंडिया  
Unique Identification Authority of India



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