

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ajay ojha on 15/09/2023

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 type="checkbox"/>
<ul style="list-style-type: none">Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <ol style="list-style-type: none">Recommended vcd profile / serum. PSA.F. LFT 1-0-0 x 30days.Repeat LFT profile after 30days. <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>with reports</u></p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">Unfit	<input type="checkbox"/>

Dr. Archana V.

Medical Officer

The Apollo Clinic, (Pune)

Dr. Archana V. MBBS
Registration No. 103429

This certificate is not meant for medico-legal purposes

Date : 15-09-2023
MR NO : CVIM.0000230273

Department : GENERAL
Doctor :

Name : Mr. AJAY KUMAR OJHA

Registration No :

Age/ Gender : 49 Y / Male

Qualification :

Consultation Timing: 08:54

Height : 167	Weight : 72	BMI : 26	Waist Circum : 99
Temp : 97	Pulse : 78	Resp : 18	B.P : 120/80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

HOME SAMPLE COLLECTION
PH.: 7775870014
:020-26634331/32/34

• No complaints


(SYSTEMIC):

- CVS:
- CNS
- R/I

NAD

FREE CHECK UP
- PHYSIOTHERAPY
- DENTAL
- AUDIO (HEARING)
- OPHTHAL (EYE)

Follow up date:


Dr. Chinmay D. Naik
MBBS., CDM
(certificate course in treatment of
Diabetes Mellitus)
Reg. Doctor Signature

MR AJAY KUMAR OJHA (VN)
Male

230273
49 Years

Rate 66 Sinus rhythm.....normal P axis, V-rate 50- 99
 PR 145 Probable left atrial enlargement.....P >50ms, <-0.10mV V1
 QRS 84 Abnormal R-wave progression, early transition.....QRS area>0 in V2
 QT 384 Minimal ST elevation, anterior leads.....ST >0.10mV, V1-V4
 QTc 403 Baseline wander in lead(s) V2, V3, V4

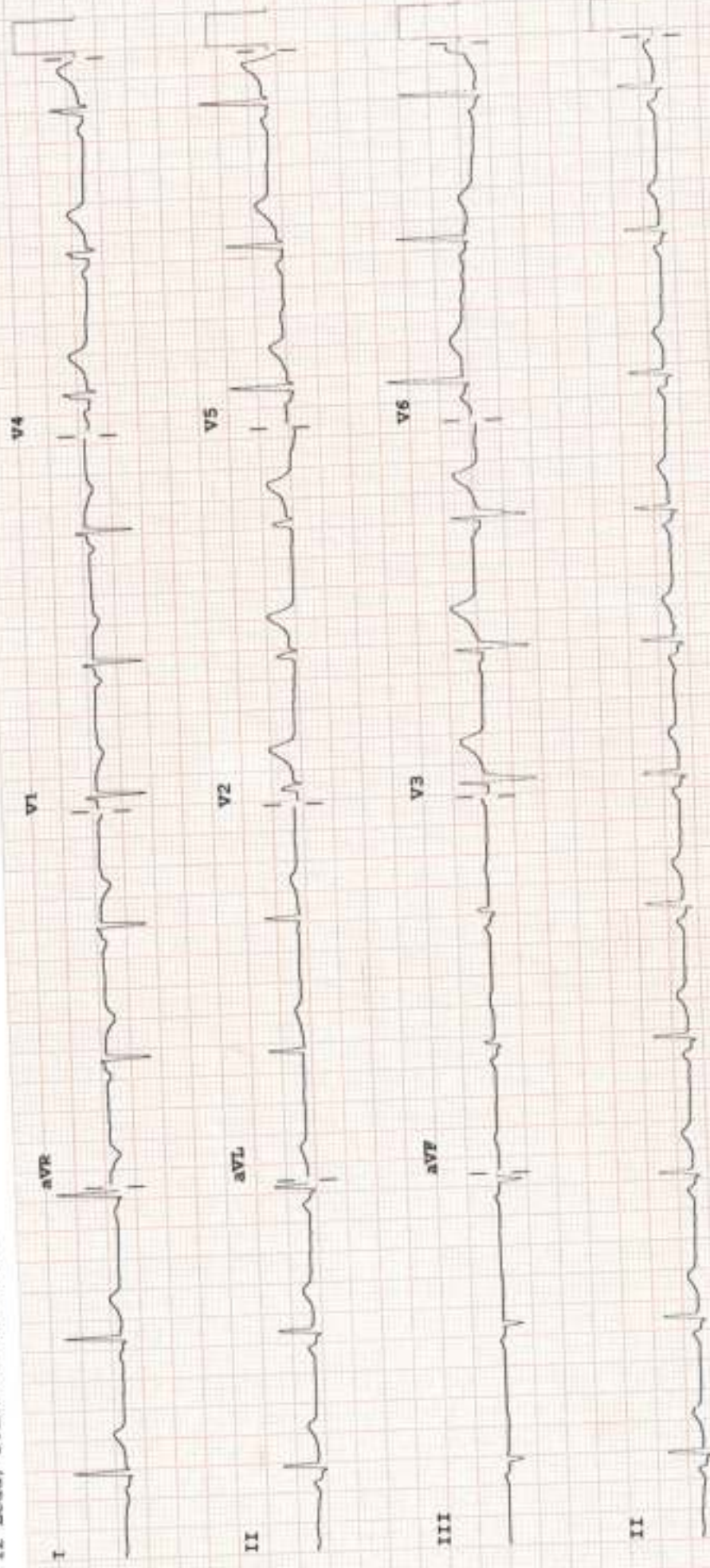
--AXIS--

P 66
 QRS 14
 T 18

12 Lead: Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



PH100B CL P?

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Device:

PHILIPS

EYE EXAMINATION

DATE:-

15/9/23

NAME:- Mr. Anil. Q. Patil

MO:-

AGE:- 29 yrs

CORPORATE:- Asseffam
(Auro)

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

for AS peaks

Impression - Normal Eye Check Up.

BE
15/9/23

(Ophthalmology)



The Apollo Clinic
DR. B. D. ALAVANT
MBBS. CO. OP.

POWER PRESCRIPTION

NAME: Dr. Agath
AGE: 49

GENDER: M/F
UHID:

DATE: 15/9/23

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	0.75			6/6
NEAR	ADD +2.75			

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		0.5	130°	6/6
NEAR	ADD +2.75			

INSTRUCTIONS:

Dr. Agath

DR. M. D. ALAVAN
MBBS, D.O.M.S.
Consulting Eye Surgeon
Reg. No. 36319

SIGNATURE

NAME : AJAY KUMAR OJHA
AGE : 49 Y/M

DATE : 15/09/2023

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE : has thin leaflets, normal subvalvular apparatus. No MR / MS

AORTIC VALVE : Thin trileaflets, normal gradients across the valve. No AR/ AS

PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients . Trivial tricuspid regurgitation. RVSP 29 mm Hg, No pulmonary hypertension.

Left Ventricle : LV is normal in size with normal wall thickness. No regional wall motion abnormality. No LV diastolic dysfunction. Good LV systolic function, LVEF 65%.

Left Atrium : is normal and free of clots.

RA/RV : are normal

IAS/IVS : intact.

No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:22MM
LEFT ATRIUM	:24 MM
IVSd	:09 MM
PWd	:09 MM
LVIDd	:44 MM
LVIDs	: 25 MM
LVEF	: 65 %

IMPRESSION:

MILD AML PROLAPSE WITH MINIMAL MR
NORMAL CARDIAC CHAMBERS
GOOD LV SYSTOLIC FUNCTION, LVEF 65%



DR. PRAMOD NARKHEDE
DNB(Medicine), DNB(Cardiology)
Consultant Interventional Cardiologist
Apollo clinic, Viman Nagar

Apollo Health and Lifestyle Limited

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Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA
Pune (Aundh) | Rharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr.AJAY KUMAR OJHA	Collected	: 15/Sep/2023 09:01AM
Age/Gender	: 49 Y 3 M 18 D/M	Received	: 15/Sep/2023 12:43PM
UHID/MR No	: CVIM.0000230273	Reported	: 15/Sep/2023 01:27PM
Visit ID	: CVIMOPV562064	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 699139		

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
TOTAL PROSTATIC SPECIFIC ANTIGEN (PSA) , SERUM	0.380	ng/mL	0-4	CLIA



Patient Name : Mr.AJAY KUMAR OJHA	Collected : 15/Sep/2023 09:01AM
Age/Gender : 49 Y 3 M 18 D/M	Received : 15/Sep/2023 12:41PM
UHID/MR No : CVIM.0000230273	Reported : 15/Sep/2023 01:04PM
Visit ID : CVIMOPV562064	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 699139	

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
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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 (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



Patient Name : Mr.AJAY KUMAR QUHA	Collected : 15/Sep/2023 09:01 AM
Age/Gender : 49 Y 3 M 18 D/M	Received : 15/Sep/2023 12:40 PM
UHID/MR No : CVIM.0000230273	Reported : 15/Sep/2023 01:04 PM
Visit ID : CVIMOPV582064	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 699139	

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 Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



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



Patient Name : Mr.AJAY KUMAR OJHA	Collected : 15/Sep/2023 09:01AM
Age/Gender : 49 Y 3 M 18 DM	Received : 15/Sep/2023 12:43PM
UHID/MR No : CVIM.0000230273	Reported : 15/Sep/2023 01:44PM
Visit ID : CVIMOPV562064	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 689139	

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-IODOTHYRONINE (T3, TOTAL)	1.41	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.85	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.095	µIU/mL	0.34-5.60	CLIA

Comment:

Note:

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 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 and 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

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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 NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN



Patient Name : Mr.AJAY KUMAR OJHA	Collected : 15/Sep/2023 09:01AM
Age/Gender : 49 Y 3 M 16 D/M	Received : 15/Sep/2023 12:26PM
UHID/MR No : CVIM.0000230273	Reported : 15/Sep/2023 02:35PM
Visit ID : CVIMOPV562064	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 699139	

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, FASTING , NAF PLASMA	99	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:

- 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.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	104	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 ear 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.

Ref: Marks medical biochemistry and clinical approach

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Age/Gender : 49 Y 3 M 18 D/M	Received : 15/Sep/2023 12:26PM
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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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	4.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	85	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)



Patient Name : Mr.AJAY KUMAR OJHA	Collected : 15/Sep/2023 09:01AM
Age/Gender : 49 Y 3 M 18 D/M	Received : 15/Sep/2023 12:44PM
UHID/MR No : CVIM.0000230273	Reported : 15/Sep/2023 01:54PM
Visit ID : CVIMOPV562064	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 699139	

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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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	143	mg/dL	<200	CHO-POD
TRIGLYCERIDES	79	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.83	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.87	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.80		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Patient Name : Mr. AJAY KUMAR OJHA	Collected : 15/Sep/2023 09:01AM
Age/Gender : 49 Y 3 M 18 DM	Received : 15/Sep/2023 12:44PM
UHID/MR No : CVIM.0000230273	Reported : 15/Sep/2023 01:54PM
Visit ID : CVIMOPV562064	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 699139	

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	1.79	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31.42	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	82.78	U/L	30-120	IFCC
PROTEIN, TOTAL	6.42	g/dL	6.6-8.3	Biuret
ALBUMIN	4.32	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.10	g/dL	2.0-3.5	Calculated
A/G RATIO	2.06		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'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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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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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	0.73	mg/dL	0.72 – 1.18	Modified Jaffe, Kinet
UREA	19.08	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.22	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.65	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.35	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.12	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.84	mmol/L	101–109	ISE (Indirect)



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.89	U/L	<55	IFCC



Patient Name : Mr. AJAY KUMAR OJHA Age : 49 Y M
UHID : CVIM.0000230273 OP Visit No : CVIMOPV562064
Reported on : 15-09-2023 11:24 Printed on : 15-09-2023 14:57
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on:15-09-2023 11:24

---End of the Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name	: Mr. AJAY KUMAR OJHA	Age	: 49 Y M
UHID	: CVIM.0000230273	OP Visit No	: CVIMOPV562064
Reported on	: 15-09-2023 11:34	Printed on	: 15-09-2023 14:57
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and bright in 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. Pre-void- 158 cc. Post-void- 45 c

Prostate is mildly enlarged (volume - 25 cc) in size and echo texture.No evidence of necrosis/calcification seen.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-
Grade I fatty liver.
Benign prostatic hypertrophy noted.

(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. AJAY KUMAR OJHA
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---End of the Report---

Preeti
Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

NO SAMPLE GIVEN

TO,
apollo clinic
viman nagar

dear sir/ madam


I Ajay Kumar Dher working at company name
Arcofemi have not given the Diet Consultation sample do not
wish to given it

I AGREE.....

UHID =


SIGN

3

Name : Mr. AJAY KUMAR OJHA	Age : 49 Y	UHID :CVIM.0000230273
Address : pune	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CVIMOPV562064
		Bill No :CVIM-OCR-59648
		Date : 15.09.2023 08:54

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	2D 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) 2hrs.	

Arudw