

Patient Name : Mr.MANOJKUMAR KAMBLE	Collected : 19/Feb/2024 08:44AM
Age/Gender : 53 Y 4 M 19 D/M	Received : 19/Feb/2024 01:27PM
UHID/MR No : CAUN.0000132991	Reported : 19/Feb/2024 02:17PM
Visit ID : CPIMOPV157128	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358527	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



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

SIN No:BED240042517

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.97	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.4	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,730	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.2	%	40-80	Electrical Impedance
LYMPHOCYTES	26.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4118.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1783.45	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	242.28	Cells/cu.mm	20-500	Calculated
MONOCYTES	558.59	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.31		0.78- 3.53	Calculated
PLATELET COUNT	196000	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				

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DEPARTMENT OF HAEMATOLOGY

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



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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, FASTING , NAF PLASMA	91	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	136	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

Comment:

Page 5 of 14



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M.B.B.S,M.D(Pathology)
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DEPARTMENT OF BIOCHEMISTRY

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

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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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	122	mg/dL	<200	CHO-POD
TRIGLYCERIDES	50	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	69	mg/dL	<130	Calculated
LDL CHOLESTEROL	58.93	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.01	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.30		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04634077

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.03	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.18	U/L	30-120	IFCC
PROTEIN, TOTAL	6.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.41	g/dL	2.0-3.5	Calculated
A/G RATIO	1.8		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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	12.38	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.52	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.77	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.98	mmol/L	101–109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.05	U/L	<55	IFCC



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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.76	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.639	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

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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 (tPSA) , SERUM	1.120	ng/mL	0-4	CLIA



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DEPARTMENT OF CLINICAL PATHOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

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

*** End Of Report ***



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M.B.B.S,M.D(Pathology)
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SIN No:UF010619

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भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1293/30008/30787

To,

कांबळे मनोजकुमार एकनाथ

Kamble Manojkumar Eknath

D1/301 Swapnanagari

Udyamnagar

Opp Annasaheb Magar Stadium Pimpri

Pune City

Pimpri P F Pune City Pune

Maharashtra 411018

9890878575

02/07/2013

Ref: 459 / 23H / 731486 / 731805 / P



SH177676943FT



आपला आधार क्रमांक / Your Aadhaar No. :

9231 4858 7630

आधार - सामान्य माणसाचा अधिकार



भारत सरकार

Government of India



कांबळे मनोजकुमार एकनाथ

Kamble Manojkumar Eknath

जन्म वर्ष / Year of Birth : 1970

पुरुष / Male



9231 4858 7630

आधार - सामान्य माणसाचा अधिकार

Date : 19-02-2024
MR NO : CAUN.0000132991

Department : GENERAL
Doctor :

Name : Mr. Manojkumar Kamble

Registration No :

Age/ Gender : 53 Y / Male

Qualification :

Consultation Timing: 08:40

Ht - 164 cm

Wt - 77.5

BP - 120/90

Mother: DM

Father: HTN.

DOT

S/E

CVS: S₁S₂ ⊕

RS: AEBC

PA: NAD.

CNS: NAD.

No known allergy.

⊕ Tibia Hx 1997-2000

Diet Mix.

Anam.

ID: 110
MANOJKUMAR KAMBLE
Male 53Years

19-02-2024 09:17:02 AM
HR : 81 bpm
P : 107 ms
PR : 161 ms
QRS : 80 ms
QT/QTc : 337/393 ms
P:QRS:T : 76/68/11 °
RV5/SV1 : 1.168/0.105 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

W. N. Wilson

Report Confirmed by:



Hospital Package Name : Mediwheel Full Body Annual Plus Above 50 Male

Health Check Code : PKG10000367

Name of Diagnostic/Hospital : Apollo Clinic - Pimpri

Address of Diagnostic/Hospital : Apollo Clinic, Shop 14 -20, City Pride building , Below kotak mahindra bank, Next to Bhel chowk, NIGDI pradhikaran, Nigdi(Pimpri), Pune, Maharashtra

Appointment Date : 19-02-2024

Preferred Time : 8:30am

Member Information

Booked Member Name	Age	Gender
Manojkumar kamble	53 year	Male

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

- Tests included in this Package** :
- Bmi Check
 - Ent Consultation
 - Dietician Consultation
 - Thyroid Profile
 - ESR
 - Blood Glucose (Fasting)
 - General Physician Consultation
 - TMT OR 2D ECHO
 - Blood Group
 - Blood Glucose (Post Prandial)
 - Chest X-ray
 - ECG
 - USG Whole Abdomen
 - Eye Check-up consultation
 - Urine Sugar Fasting
 - Urine Sugar PP
 - Dental Consultation
 - Urine analysis
 - CBC
 - HbA1c
 - Lipid Profile
 - Kidney Profile
 - Liver profile
 - Prostate Specific Antigen (PSA Male)

Parent Name	M. MANJUKUMAR KAMBLE	Collected	15-Feb-2024 08:44AM
Age/Gender	53 Y 4 M 13 DM	Received	15-Feb-2024 09:27PM
JHIDMR No	CAUN 0001132811	Reported	16-Feb-2024 02:17PM
Visit ID	CPIMOPV157128	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	368527		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Blo. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD ECTA				
HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.97	Million/cu. mm	4.5-5.5	Electrical Impedance
MCV	83.4	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R D W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6.730	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	81.2	%	40-80	Electrical Impedance
LYMPHOCYTES	26.6	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4118.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1783.45	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	242.28	Cells/cu.mm	20-500	Calculated
MONOCYTES	558.59	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.31		0.78- 3.53	Calculated
PLATELET COUNT	196000	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 Predominantly Normocyte Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



DR Sanjay Ingole
 M.E.B.S.M.D(Full drug)
 Consultant Pathologist

SIN No- HFD24HH02517

This test has been performed at Apollo Health and Lifestyle Lab- Saiashish Pet- Pune, Diagnostic Lab

Patient Name	: Mr MANOJKUMAR KAMBLE	Collected	: 19/Feb/2024 09:44AM
Age/Gender	: 53 Y 4 M 19 DM	Received	: 19/Feb/2024 01:27PM
UHID/MR No	: GAUH 000132981	Reported	: 19/Feb/2024 07:17PM
Vgl ID	: CP1MOPV157:28	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEM HEALTHCARE LIMITED
Emp/Auto/TPA ID	: 358527		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC Predominantly Normocytic Normochromic with Microcytes*
WBC are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.



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

SUN No:HEB240042517

This test has been performed at Apollo Health and Lifestyle Hd- Sadasiva Prth Place, Dhurgatias Lab



Certificate No. UC-1697

Patient Name	MR MANOJKUMAR KAMBLE	Collected	19 Feb 2024 08:44 AM
Age/Gender	53 Y 4 M 18 DM	Received	19 Feb 2024 01:27 PM
UHID/MR No	GAUN.0000152981	Reported	19 Feb 2024 02:17 PM
Visit ID	CPIMQPV157128	SIB&JB	Final Report
Ref Doctor	Dr. S.K. J.	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Aull/TPA ID	358527		

DEPARTMENT OF HAEMATOLOGY

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




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

SRN No: BED240042517

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

Patient Name	: Mr. MANOJKUMAR KAMBI P	Collected	: 19-Feb-2024 08:44AM
Age/Gender	: 53 Y 4 M 19 DM	Received	: 19-Feb-2024 01:27PM
UHID/MR No	: CAIIN 0000132991	Reported	: 19-Feb-2024 02:35PM
Venit ID	: CPIMOPV157128	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auh/TPA ID	: 358527		

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr. Sarjantangle
M.B.B.S, M.D. (Pathology)
Consultant Pathologist

SIN No: BED240042517

This test has been performed at Apollo Health and Lifestyle Ltd. Sadashiv Peth Pune. Diagnostic Lab



Patient Name	: Mr.MANDJKUMAR KAMBLE	Collected	: 19/Feb/2024 08:44AM
Age/Gender	: 53 Y 4 M 19 D/M	Received	: 19/Feb/2024 01:28PM
UHID/MR No	: CAUN.0000132991	Reported	: 19/Feb/2024 04:27PM
Visit ID	: CPIMOPV157128	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 358527		

DEPARTMENT OF BIOCHEMISTRY

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

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 (fasting) is not required.

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

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

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

4. Fairly 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. Hemozygous Hemoglobinopathy

-Hb Electrophoresis is recommended method for detection of Hemoglobinopathy




Dr. Sanjay Ngil
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SN No. EDT242618801

This test has been performed at Apollo Health and Lifestyle Ltd, Sankhlesh, Bellur, Bengaluru, S. India

Patient Name : MR MANCIJAJMAR KAMBLE	Collected : 19/Feb/2024 08:44AM
Age/Gender : 55 Y 4 M 9 DM	Received : 19/Feb/2024 01:50PM
UHD/MR No : CAUN.0000132991	Reported : 19/Feb/2024 02:40PM
Visit ID : CPIMOPV157128	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 358527	

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
LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	122	mg/dL	<200	CHO-POD
TRIGLYCERIDES	50	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	69	mg/dL	<130	Calculated
LDL CHOLESTEROL	58.93	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.01	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.30		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 variation.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention guidelines now include involving both non-HDL and lower LDL cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with coronary heart disease due to its effect on HDL being unable to participate in reverse cholesterol transport, the process by which cholesterol is removed from peripheral tissues.
- As per NCEP guidelines, a family above the age of 20 years should be screened for lipid status. Selection 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, triglyceride, Non-HDL cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when triglycerides are below 400 mg/dL. When triglycerides are more than 400 mg/dL LDL cholesterol is not a measurement.

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

Slb No SE04044077

This test has been performed at Apollo Health and Lifestyle - In - Solusday Park Plaza, Bangalore, Lab



Patient Name	MR MANO, KUMAR, KAMBLE	Collected	19/Feb/2024 08:44AM
Age/Gender	59 Y 4 M 19 DM	Received	19/Feb/2024 01:50PM
UHID/MR No	CAUN.D00D132351	Reported	19/Feb/2024 02:49PM
Visit ID	CPIMOPV157128	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI/HEALTHCARE LIMITED
Emp/Audit/TPA ID	358527		

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
LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.03	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	77.18	U/L	30-120	IFCC
PROTEIN, TOTAL	6.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.41	g/dL	2.0-3.5	Calculated
A/G RATIO	1.8		0.9-2.0	Calculated

Comment:

All results reflect different aspects of the health of the liver, i.e., hepatocellular injury (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin).

Common patterns occur

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. It is approximately 2 times in AST, ALT compared with ALP. But ratio may be elevated.
- AST/ALT ratio - In case of liver cellular injury AST/ALT in Alcohol Liver Disease As T/ALT ratio is >2. This ratio is also seen to be increased in NAFLD, Wilson's disease, and 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 - Correlates with PT (Prothrombin Time) test



Dr. S.S. Madhwaraj
M.B.B.S.(M.D) Pathology
Consultant Pathologist

SIN No: SCOR04077

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

Patient Name	MARANJUKUMAR KAMBLE	Collected	19-Feb-2024 08.44AM
Age/Gender	53 Y 4 M 19 DM	Received	19-Feb-2024 01.50PM
UHID/MR No	CAUN.0000132991	Reported	19-Feb-2024 02.48PM
Visit ID	CPIMOPV157178	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	358527		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.98	mg/dL	0.72 - 1.18	Modified Jaffe, Kinetic
UREA	12.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.52	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.77	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104.90	mmol/L	101-109	ISE (Indirect)



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

STN No SF0463-077

This test has been performed at Apollo Health and Lifestyle Ltd- Sushrut Park Pune, Theragnostic Lab



Patient Name	Mr.MANOJKUMAR KAMBLE	Collected	18/Feb/2024 08:44AM
Age/Gender	53 Y 4 M 19 DM	Received	18/Feb/2024 01:50PM
UHID/MR No	CAUN.0000132991	Reported	18/Feb/2024 03:10PM
Visit ID	CPIMOPV157128	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	358527		

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRIODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.76	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.639	µIU/mL	0.34-5.60	CLIA

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 level of level of T3 and T4 is the 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 types of hypothyroidism 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 increases in TSH can occur with circadian rhythm, seasonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post-131iodine therapy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Inadequate 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



Dr. Sanjay Agie
 M.D. (D.M. Pathology)
 Consultant Pathologist

SIN No: SPL2102791

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

Patient Name	Mr. MANOJKUMAR KAMRIF	Collected	19/Feb/2024 08:41AM
Age/Gender	53 Y 4 M 19 D/M	Received	19/Feb/2024 01:48PM
UHID/MR No	- CALLN 000013299	Reported	: 19/Feb/2024 07:10PM
Visit ID	CPIMOPY167128	Status	: Final Report
Ref Doctor	. Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 358527		

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
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	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Sangeetha
M.B.B.S., M.D.(Pathology)
Consultant Pathologist

SLN No. LR2286153

This test has been performed at Apollo Health and Lifestyle Lab - Sakshy Park Pune, Diagnostics Lab



MANOJKUMAR KAMBLE
Male 53Years

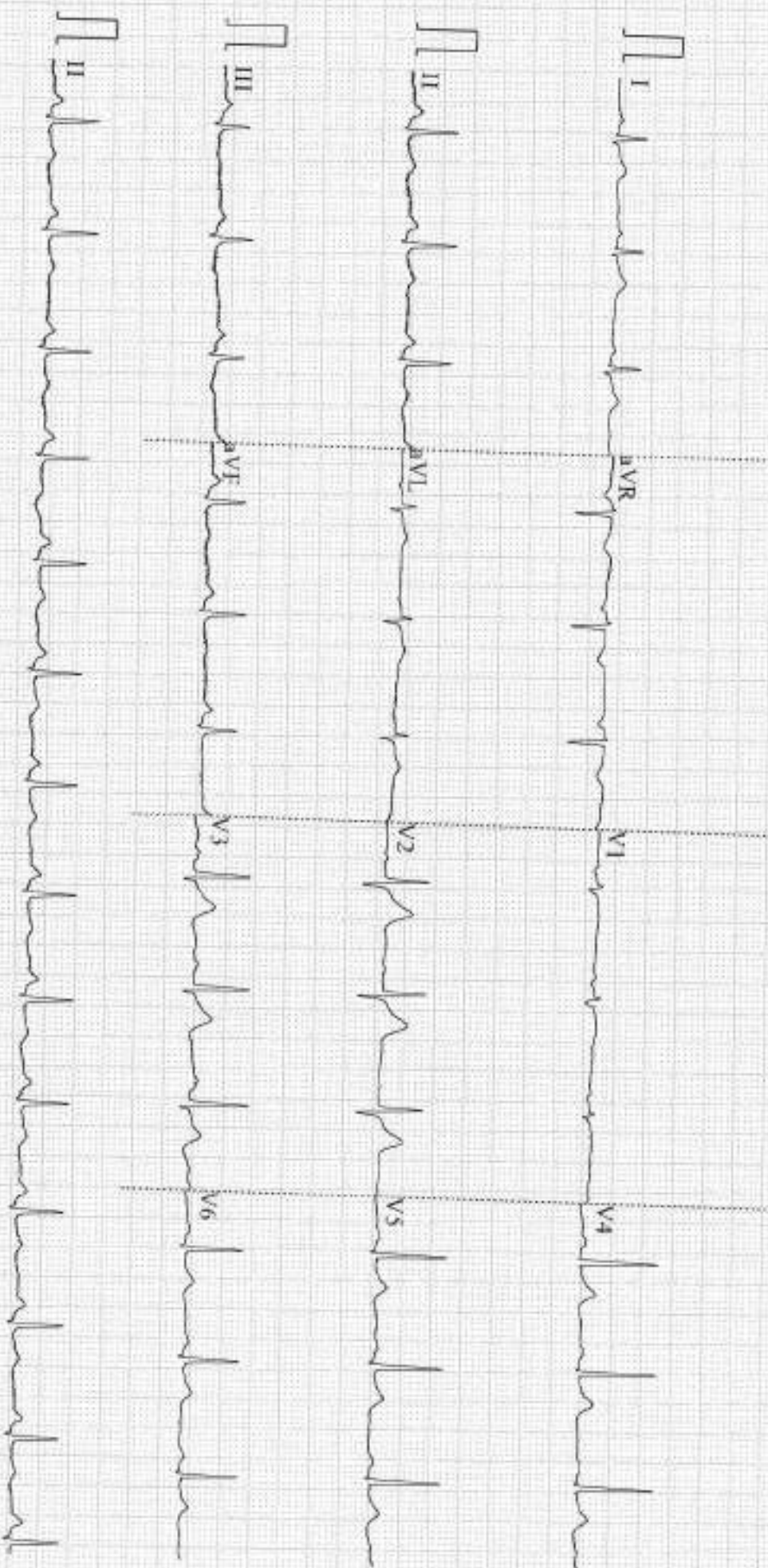
19-02-2024 09:37:02 AM
HR : 81 bpm
P : 107 ms
PR : 161 ms
QRS : 80 ms
QT/QTc : 337/393 ms
P/QRS/T : 76/68/11 °
RV5/SV1 : 1.168/0.105 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

[Signature]
Dr. Anham A. A. Inamdar
MBBS

Reg. No. 2021/06/6236

Report Confirmed by:



Patient Name	: Mr. Manojkumar Kamble	Age	: 53 Y M
UHID	: CA1/N.0000132991	OP Visit No	: CPMOPVI57128
Reported on	: 19-02-2024 16:01	Printed on	: 19-02-2024 16:48
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 19-02-2024 16:01

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name : Mr. Manojkumar Kamble Age : 53 Y M
UHID : CAUN.0000132991 OP Visit No : CP1MOPV157128
Reported on : 19-02-2024 11:04 Printed on : 19-02-2024 13:09
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. Manojkumar Kamble
UHID : CAUN.0000132991
Reported on : 19-02-2024 11:04
Adm/Consult Doctor :

Age : 53 Y M
OP Visit No : CPMOPV157128
Printed on : 19-02-2024 13:09
Ref Doctor : SELF

Printed on: 19-02-2024 11:04

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MR. MANOJKUMAR KAMBLE	Age/Sex: 53 / M
Ref: ARCOFEMI	Date: 19.02.2024

2 DIMENSIONAL ECHOCARDIOGRAPHY:

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

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

1. Normal transvalvular pressure gradients, No AR/MR, Trivial TR
2. Grade I LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	33.0 mm	Aortic Root	29.0 mm
IVS (d)	10.0 mm	IVS (s)	15.0 mm
LVID (d)	42.0 mm	LVID (s)	24.0 mm
LVPW(d)	10.0 mm	LVPW(s)	15.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

NO RWMA; LVEF = 60%

GRADE I LV DIASTOLIC DYSFUNCTION

NORMAL CARDIAC VALVES

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

ION: U85110TG2009PLC115819

Regd. Office: 1-11-6060, Ashok Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Phone: 944 4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apolloh.com | www.apolloh.com

APOLLO CLINICS NETWORK, MAHARASHTRA

Pune | Aurangabad | Khairat | Nigdi | Pimpri Chinchwad | Viman Nagar | Wankhede

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 19.02.24

Patient Name *Manojkumar Kamble*

UHID:

Age / Sex: *53 Y / M*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N6</i>	<i>N6</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>WNL</i>	<i>WNL</i>
Family History/Medical History	<i>-</i>	<i>-</i>

same as

IMPRESSION:-

[Signature]
OPTOMETRIST

Date : 19-02-2024

Department : GENERAL

MR NO : CAUN.0000132991

Doctor :

Name : Mr. Manojkumar Kamble

Registration No :

Age/ Gender : 53 Y / Male

Qualification :

Consultation Timing: 08:40

Ht - 164 cm

Wt - 77.5

DVT

S/E

BP - 120/90

CUS: S₁S₂ ⊕

Mother: DM

RS: AEBC

Father: HTW

PA: NAD

CRG: NAD

Diet - Mix.

No known allergy,

⊕ Tibia # Sx 1997-2000

Dr. Anam A. Inamdar

Reg. No. 2021/08/3236

Name : Mr. Manoj Kumar Kamble

Age: 53 Y

UHID: CAUN 000132991

Sex: M



Address : pune

OP Number: CPIMOPV157178

 Plan : ARCOFEMI MEDIWHEEL MALE ARC CREDIT PAN
 INDIA OF AGREEMENT

Bill No : CPIM OCR-76143

Date : 19.02.2024 (8:4)

Sno	Service Type/Service Name	Department
1	ARCOFEMI - MED.WHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	2 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	3 PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	4 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	5 2D ECHO	
<input checked="" type="checkbox"/>	6 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	7 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	8 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	9 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	10 ENT CONSULTATION	
<input checked="" type="checkbox"/>	11 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	12 DIET CONSULTATION	
<input checked="" type="checkbox"/>	13 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	14 URINE GLUCOSE: POST PRANDIAL:	
<input checked="" type="checkbox"/>	15 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	16 ECG	
<input checked="" type="checkbox"/>	17 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	18 LIPID PROFILE	
<input checked="" type="checkbox"/>	19 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	20 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	21 RENAL PROFILE/RENAL FUNCTION TEST (RFT AFT)	
<input checked="" type="checkbox"/>	22 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	23 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
<input checked="" type="checkbox"/>	24 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	25 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	10:40 Am

L. Anand

Complete



Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
19-02-2024 15:04	68 Beats/min	120/70 mmHg	20 Rate/min	97 F	164 cms	77 Kgs	%	%	Years	28.63	cms	cms	cms		AHLL03446

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

Vitals

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Established Patient: No

Vitals

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Name: Mr. Manojkumar Kamble
Age/Gender: 53 Y/M
Address: pune
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CAUN.0000132991
Visit ID: CPIMOPV157128
Visit Date: 19-02-2024 08:40
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. Manojkumar Kamble
Age/Gender: 53 Y/M
Address: pune
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CAUN.0000132991
Visit ID: CPIMOPV157128
Visit Date: 19-02-2024 08:40
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. Manojkumar Kamble
Age/Gender: 53 Y/M
Address: pune
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RUCHIR DASHORA

MR No: CAUN.0000132991
Visit ID: CPIMOPV157128
Visit Date: 19-02-2024 08:40
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. Manojkumar Kamble
Age/Gender: 53 Y/M
Address: pune
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRANALI PUNDLIK NIKALJE

MR No: CAUN.0000132991
Visit ID: CPIMOPV157128
Visit Date: 19-02-2024 08:40
Discharge Date:
Referred By: SELF

Doctor's Signature

Patient Name : Mr. Manojkumar Kamble

Age/Gender : 53 Y/M

UHID/MR No. : CAUN.0000132991

OP Visit No : CPIMOPV157128

Sample Collected on :

Reported on : 19-02-2024 13:09

LRN# : RAD2240997

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 358527

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.

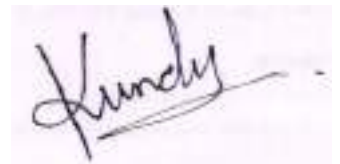
Prostate is normal in size and echo texture.No evidence of necrosis/calcification seen.

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.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name : Mr. Manojkumar Kamble

Age/Gender : 53 Y/M

UHID/MR No. : CAUN.0000132991

OP Visit No : CPIMOPV157128

Sample Collected on :

Reported on : 19-02-2024 16:48

LRN# : RAD2240997

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 358527

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

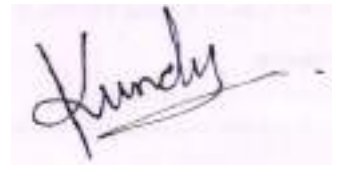
Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name : Mr. Manojkumar Kamble

UHID : CAUN.0000132991

Conducted By: :

Referred By : SELF

Age : 53 Y/M

OP Visit No : CPIMOPV157128

Conducted Date :

Patient Name : Mr. Manojkumar Kamble

UHID : CAUN.0000132991

Conducted By :

Referred By : SELF

Age : 53 Y/M

OP Visit No : CPIMOPV157128

Conducted Date :

Patient Name : Mr. Manojkumar Kamble Age : 53 Y/M
 UHID : CAUN.0000132991 OP Visit No : CPIMOPV157128
 Conducted By: : Conducted Date : 21-02-2024 15:18
 Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

<i>Patient's Name: MR. MANOJKUMAR KAMBLE</i>	<i>Age/Sex: 53 / M</i>
<i>Ref: ARCOFEMI</i>	<i>Date: 19.02.2024</i>

2 DIMENSIONAL ECHOCARDIOGRAPHY:

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

NORMAL CARDIAC CHAMBER DIMENSIONS
NO RWMA; LVEF = 60%
GRADE I LV DIASTOLIC DYSFUNCTION

Patient Name : Mr. Manojkumar Kamble
UHID : CAUN.0000132991
Conducted By: :
Referred By : SELF

Age : 53 Y/M
OP Visit No : CPIMOPV157128
Conducted Date : 21-02-2024 15:18

***NORMAL CARDIAC VALVES
NO PULMONARY HYPERTENSION
IAS/IVS INTACT
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

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