Patient Name	: Mr.NITIN PATIL	Collected	: 22/Mar/2024 08:18AM
Age/Gender	: 43 Y 6 M 0 D/M	Received	: 22/Mar/2024 12:55PM
UHID/MR No	: CKHA.0000072562	Reported	: 22/Mar/2024 02:07PM
Visit ID	: CKHAOPV111130	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4402		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC's are Normocytic Normochromic,
WBC's lymphocytosis
Platelets are Adequate
No hemoparasite seen.

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

SIN No:BED240077198

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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	15.7	g/dL	13-17	Spectrophotometer
PCV	46.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.63	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	99.6	fL	83-101	Calculated
MCH	**33.8**	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	**14.3**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,490	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	**31**	%	40-80	Electrical Impedance
LYMPHOCYTES	**57.9**	%	20-40	Electrical Impedance
EOSINOPHILS	4.4	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2011.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	**3757.71**	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	285.56	Cells/cu.mm	20-500	Calculated
MONOCYTES	395.89	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.94	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	**0.54**		0.78- 3.53	Calculated
PLATELET COUNT	310000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic,
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Platelets are Adequate
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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*	**102**	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:

1.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.

2. Very high glucose levels (>450 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)*	122	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	**6**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7

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

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DEPARTMENT OF BIOCHEMISTRY

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

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.

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. 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: Homozygous Hemoglobinopathy.
   (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:EDT240035175

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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	167	mg/dL	<200	CHO-POD
TRIGLYCERIDES	106	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	**34**	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**132**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**111.05**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.24	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.13**		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

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.

DR.Sanjay Ingle
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SIN No:SE04670262

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DEPARTMENT OF BIOCHEMISTRY

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

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 400 mg/dl. When
Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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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	0.56	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.12	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	83.72	U/L	30-120	IFCC
PROTEIN, TOTAL	7.19	g/dL	6.6-8.3	Biuret
ALBUMIN	4.48	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.71	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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	0.93	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	**14.27**	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	**6.7**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.81	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.56	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.8	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106.81	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.19	g/dL	6.6-8.3	Biuret
ALBUMIN	4.48	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.71	g/dL	2.0-3.5	Calculated
A/G RATIO	1.65		0.9-2.0	Calculated

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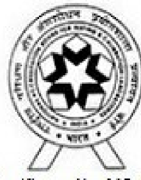

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DEPARTMENT OF BIOCHEMISTRY

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*	18.16	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)	1.16	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.66	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.384	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

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

SIN No:SPL24051590

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

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Patient Name	: Mr.NITIN PATIL	Collected	: 22/Mar/2024 08:18AM
Age/Gender	: 43 Y 6 M 0 D/M	Received	: 22/Mar/2024 12:59PM
UHID/MR No	: CKHA.0000072562	Reported	: 22/Mar/2024 01:58PM
Visit ID	: CKHAOPV111130	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4402		

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 (tPSA) , *SERUM*	0.360	ng/mL	0-4	CLIA

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

SIN No:SPL24051590

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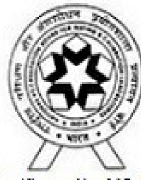

Patient Name	: Mr.NITIN PATIL	Collected	: 22/Mar/2024 08:18AM
Age/Gender	: 43 Y 6 M 0 D/M	Received	: 22/Mar/2024 01:25PM
UHID/MR No	: CKHA.0000072562	Reported	: 22/Mar/2024 01:44PM
Visit ID	: CKHAOPV111130	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4402		

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	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 4	/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

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

SIN No:UR2311882

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

Patient Name	: Mr.NITIN PATIL	Collected	: 22/Mar/2024 08:18AM
Age/Gender	: 43 Y 6 M 0 D/M	Received	: 22/Mar/2024 01:26PM
UHID/MR No	: CKHA.0000072562	Reported	: 22/Mar/2024 01:53PM
Visit ID	: CKHAOPV111130	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: UBOIE4402		

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

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

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

Result/s to Follow:
BLOOD GROUP ABO AND RH FACTOR

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

SIN No:UR01-1242

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

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Nitin Patil on 23/03/24

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

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. HbA1c - 6 / glucose Fasting - 102 2. ↑ Dyslipidemia 3. However the employee should follow the advice/medication that has been communicated to him/her. Review after	
• Currently Unfit. Review after recommended	
• Unfit	

Dr. Zuha Khan
MBBS General Physician
Reg. No. 2020/03/1804

Dr.
Medical Officer
Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

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Apollo HOSPITALS

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Date	: 22-03-2024		Department	: GENERAL
MR NO	: CKHA.0000072562		Doctor	:
Name	: Mr. NITIN PATIL		Registration No	:
			Qualification	:
Age/ Gender	: 43 Y / Male			

Consultation Timing: 07:58

Height : 175	Weight : 76.6	BMI : 22	Waist Circum : 96 106
Temp : 97.8°F	Pulse : 81	Resp : 20	B.P : 102/61

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains - Nil complains.

Comorbidity -
Allergies -
Surgical H/O
} NO.

Family H/O - NO.

Addiction - NO

OE

CVS-
CNS-
P/A-
Chest-
} NAD.

H/O covid infection - NO.

Vaccinated with - 2 vaccines.

Follow up date:

Doctor Signature

Apollo Clinic, Kharadi
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POWER PRESCRIPTION

NAME: Mr Nitin . patil GENDER: M/~~F~~ DATE: 22.3.24

AGE: 43 UHID: 72562

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	PL			6/6	PL			6/6
NEAR	Add + 1.00				Add + 1.00			

INSTRUCTIONS:

SIGNATURE

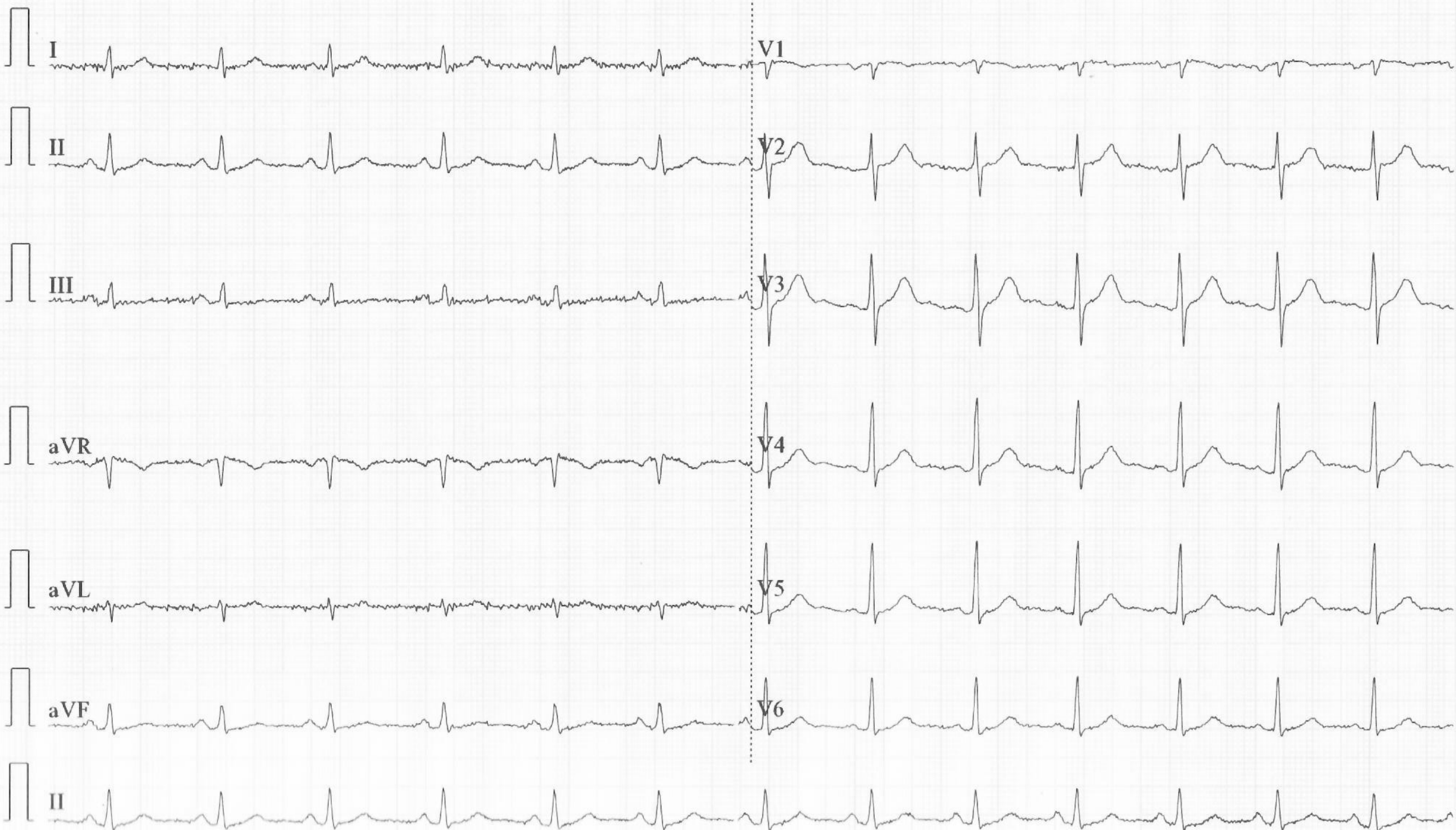
ID: 72362
nitin patil
Male 43Years
kg / mmHg
Req. No. :

22-03-2024 11:18:21

HR	: 80	bpm
P	: 118	ms
PR	: 162	ms
QRS	: 90	ms
QT/QTcBz	: 376/434	ms
P/QRS/T	: 66/56/30	°
RV5/SV1	: 1.227/0.229	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9108 D V1.47 Glasgow V28.6.7 APOLLO CLINIC KHARADI

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Patient Name	: Mr. NITIN PATIL	Age	: 43 Y M
UHID	: CKHA.0000072562	OP Visit No	: CKHAOPV111130
Reported on	: 22-03-2024 15:41	Printed on	: 22-03-2024 18:35
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:22-03-2024 15:41 ---End of the Report---

Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

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Patient Name : Nitin Patil.	Date : 22/03/2024
Referred By : Apollo Clinics.	Age : 43 yrs. Sex : M.

USG – Abdomen & pelvis

Clinical Profile : Routine check up.

Findings:

Liver appears normal in size, shape and echotexture. No focal mass lesions seen. Intrahepatic biliary radicals and veins are normal.

GB is well distended and appears normal. No calculi are noted. Gall bladder wall is normal. CBD and PV are normal.

Pancreas is normal in size, shape and echotexture . No focal mass lesion seen. Pancreatic duct is normal.

Spleen is normal in size, shape and echotexture. No focal mass lesion seen.

Right kidney is normal in size,shape and echotexture. It measures 9.9 x 3.8 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

Left kidney is normal in size, shape and echotexture. It measures 9.5 x 4.5 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

No ascites. No para-aortic lymphadenopathy.

Bladder is well distended and normal in outline. Bladder wall is normal.

Prostate appears normal in size and texture.

Impression:

> **USG of the abdomen and pelvis does not reveal any significant abnormality.**
> **Suggest- Clinico- Lab correlation.**

This report is a professional opinion based on real time imaging findings and not a diagnosis by itself. Its has to correlated and interpreted with clinical and other investigations findings. Kindly bring the previous sonography reports for reference.

Dr. Harshad V. Jagtap
DMRD, DNB (Radiodiagnosis)

Thanks for the referral

Apollo Clinic
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Name: Mr. Nitin Patil
Age/ Sex: 43 Yrs / M **Date:22/03/2024**

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	27	PULMONARY VE(m/sec)	1
LEFT ATRIUM (mm)	29	PG (mmHg)	4
		AORTIC VEL (m/sec)	0.4
IVS – D (mm)	10	PG (mmHg)	0.6
LVID – D (mm)	43	MITRAL E WAVE(m/sec)	0.9
LVID – S (mm)	26	A WAVE (m/sec)	0.4
LVPW – D (mm)	10		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
No regional wall motion abnormality.
Normal LV systolic function.
Mitral valve Normal. No mitral regurgitation/ No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
No tricuspid regurgitation. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION:

Normal PA pressures.

Normal LV systolic function, No RWMA. LVEF 60%.

DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627

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of India

नाम : नितिन पाटिल
Name : NITIN PATIL
कर्मचारी क्र / Employee No. : 669139
पद / Designation : MANAGER
जन्मतिथि / Date of Birth : 30-01-1981
ब्लड ग्रुप / Blood Group: B+

हस्ताक्षर / Signature

जारी करने का स्थान : क्षेत्रीय कार्यालय, शिवमोगा
Place of Issue : RO SHIVAMOGGA
जारी करने की तारीख
Date of Issue : 30-01-2021

जारीकर्ता प्राधिकारी / Issuing Authority

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER
30	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	UBOIE4402	NITIN PATIL	43 year	Male

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Patient Name	: Mr. NITIN PATIL	Age/Gender	: 43 Y/M
UHID/MR No.	: CKHA.0000072562	OP Visit No	: CKHAOPV111130
Sample Collected on	:	Reported on	: 22-03-2024 15:41
LRN#	: RAD2275876	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIE4402		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

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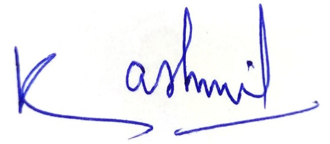

Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name	: Mr. NITIN PATIL	Age/Gender	: 43 Y/M
UHID/MR No.	: CKHA.0000072562	OP Visit No	: CKHAOPV111130
Sample Collected on	:	Reported on	: 22-03-2024 11:59
LRN#	: RAD2275876	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: UBOIE4402		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Dr. HARSHAD JAGTAP
MBBS,DMRD,DNB
Radiology