

Patient Name : Mr.MANOJ KUMAR JENA	Collected : 30/Mar/2024 08:14AM
Age/Gender : 55 Y 11 M 19 D/M	Received : 30/Mar/2024 01:44PM
UHID/MR No : CVIM.0000238386	Reported : 30/Mar/2024 02:46PM
Visit ID : CVIMOPV598986	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 751819	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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

SIN No:BED240088086

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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Viman Nagar, Pune, Maharashtra, India - 411014

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Certificate No: MC- 5697

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	43.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.1	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	49	%	40-80	Electrical Impedence
LYMPHOCYTES	36.5	%	20-40	Electrical Impedence
EOSINOPHILS	4.5	%	1-6	Electrical Impedence
MONOCYTES	9.5	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3479	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2591.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	319.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	674.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	35.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.34		0.78- 3.53	Calculated
PLATELET COUNT	201000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>112</b>	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>104</b>	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.9</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

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**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)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	201	mg/dL	<200	CHO-POD
TRIGLYCERIDES	298	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	144	mg/dL	<130	Calculated
LDL CHOLESTEROL	84.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	59.56	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.55		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.36		<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



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eligibility of drug therapy.

4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.83	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.69	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29.55	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.3	U/L	<50	IFCC
ALKALINE PHOSPHATASE	88.89	U/L	30-120	IFCC
PROTEIN, TOTAL	8.02	g/dL	6.6-8.3	Biuret
ALBUMIN	4.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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.



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

SIN No:SE04681534

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Certificate No: MC-5697

Patient Name : Mr.MANOJ KUMAR JENA	Collected : 30/Mar/2024 08:14AM
Age/Gender : 55 Y 11 M 19 D/M	Received : 30/Mar/2024 03:22PM
UHID/MR No : CVIM.0000238386	Reported : 30/Mar/2024 05:36PM
Visit ID : CVIMOPV598986	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 751819	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.87	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	<b>15.79</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.36</b>	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.29	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.56	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.18	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.09	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.02	g/dL	6.6-8.3	Biuret
ALBUMIN	4.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

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

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Age/Gender : 55 Y 11 M 19 D/M	Received : 30/Mar/2024 03:22PM
UHID/MR No : CVIM.0000238386	Reported : 30/Mar/2024 05:35PM
Visit ID : CVIMOPV598986	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 751819	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	88.89	U/L	30-120	IFCC



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

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	22.74	U/L	<55	IFCC



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

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Certificate No: MC-5697

Patient Name : Mr.MANOJ KUMAR JENA	Collected : 30/Mar/2024 08:14AM
Age/Gender : 55 Y 11 M 19 D/M	Received : 30/Mar/2024 01:41PM
UHID/MR No : CVIM.0000238386	Reported : 30/Mar/2024 02:54PM
Visit ID : CVIMOPV598986	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 751819	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.08	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.428	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

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

SIN No: SPL24059723

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Certificate No: MC-5697

Patient Name : Mr.MANOJ KUMAR JENA	Collected : 30/Mar/2024 08:14AM
Age/Gender : 55 Y 11 M 19 D/M	Received : 30/Mar/2024 01:41PM
UHID/MR No : CVIM.0000238386	Reported : 30/Mar/2024 02:53PM
Visit ID : CVIMOPV598986	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	16.2	ng/mL		CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

**Increased levels:**

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	94	pg/mL	120-914	CLIA

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception,

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**DEPARTMENT OF IMMUNOLOGY**

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

poor coordination, and affective behavioral changes.

- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.830	ng/mL	0-4	CLIA



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M.B.B.S,M.D(Pathology)  
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Certificate No: MC-5697

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Age/Gender : 55 Y 11 M 19 D/M	Received : 30/Mar/2024 05:27PM
UHID/MR No : CVIM.0000238386	Reported : 30/Mar/2024 05:30PM
Visit ID : CVIMOPV598986	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

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

SIN No: C02718023

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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**1860 500 7788**  
www.apolloclinic.com



Patient Name : Mr.MANOJ KUMAR JENA	Collected : 30/Mar/2024 08:14AM
Age/Gender : 55 Y 11 M 19 D/M	Received : 30/Mar/2024 03:04PM
UHID/MR No : CVIM.0000238386	Reported : 30/Mar/2024 03:33PM
Visit ID : CVIMOPV598986	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 751819	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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 \*\*\*



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

SIN No: UF011582

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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NAME: MANOJ JENA  
AGE: 55 YRS / M

DATE : 31/03/2024

**ECHOCARDIOGRAPHY REPORT**

**MITRAL VALVE** : Normal trileaflets,. normal subvalvular apparatus . No MR.

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

**PULMONARY VALVE** : normal.

**TRICUSPID VALVE**: normal gradients . Trivial tricuspid regurgitation..Rvsp- 26 mmHg.No pulmonary hypertension.

**Left Ventricle** : LV is normal in size with mildly increased wall thickness. No regional wall motion abnormality. Good LV systolic function. LVEF 60%.

**Left Atrium** : is normal and free of clots.

**RA/RV** : are normal

**IAS/IVS** : intact with normal thickness.


No clot/veg/ pericardial effusion.

**MEASUREMENTS**

AORTA	:26MM
LEFT ATRIUM	31MM
IVSd	:12 MM
PWd	:11MM
LVIDd	:40 MM
LVIDs	:26MM
LVEF	: 60 %

**IMPRESSION:**

BORDERLINE LVH  
GOOD LV SYSTOLIC FUNCTION, LVEF 60%  
NO PAH

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

(3)

Name : Mr. Manoj Kumar Jena

Age: 55 Y

UHD:CVIM.0000238386

Sex: M



OP Number:CVIMOPV598986

Address : pune

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No :CVIM-OCR-63941

Date : 30.03.2024 08:00

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324	
✓1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
✓3	2 D ECHO 10am	
✓4	LIVER FUNCTION TEST (LFT)	
✓5	GLUCOSE, FASTING	
✓6	HEMOGRAM + PERIPHERAL SMEAR	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	NO Sample from please sy'nter SKT
✓9	URINE GLUCOSE(POST PRANDIAL)	
✓10	PERIPHERAL SMEAR	
✓11	ECG	
✓12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓13	DENTAL CONSULTATION	
✓14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 10 am	
✓15	VITAMIN D - 25 HYDROXY (D2+D3)	
✓16	URINE GLUCOSE(FASTING)	
✓17	HbA1c, GLYCATED HEMOGLOBIN	
✓18	ALKALINE PHOSPHATASE - SERUM/PLASMA	
✓19	X-RAY CHEST PA	
✓20	ENT CONSULTATION	
✓21	FITNESS BY GENERAL PHYSICIAN	
✓22	BLOOD GROUP ABO AND RH FACTOR	
✓23	VITAMIN B12	
✓24	LIPID PROFILE	
✓25	BODY MASS INDEX (BMI)	
✓26	OPHTHAL BY GENERAL PHYSICIAN	
✓27	ULTRASOUND - WHOLE ABDOMEN	
✓28	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Manoj Kumar on 30/03/24

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

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Dyslipidemia &amp; hyperuricemia</u></p> <p>2. <u>vit. B12 &amp; D deficiency</u></p> <p>3. ....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>• Currently Unfit.</li></ul> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Unfit</li></ul>	<input type="checkbox"/>

Dr. Baset  
Medical Officer  
The Apollo Clinic, (Location)

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

**DR. BASET HAKIM**  
**MBBS, MD (General Medicine)**  
**Reg. No.- MMC2017062572**



Date : 30-03-2024  
 MR NO : CVIM.0000238386  
 Name : Mr. Manoj Kumar Jena  
 Age/ Gender : 55 Y / Male

Department : GENERAL  
 Doctor :  
 Registration No :  
 Qualification :

Consultation Timing: 07:59	Height: 172	Weight: 74	BMI: 25	Waist Circum: 93
Temp: 97.5 F	Pulse: 78	Resp: 20	B.P: 120/70	

**General Examination / Allergies History**

O/E: PE CX / RS / NAD  
 P/A - ECG (+).  
 CNS - N/A (+).

**Clinical Diagnosis & Management Plan**

No specific complaints.  
 Family H/O:  
 Daughter - MRP.  
 (S/P CABG).  
Suggest:  
Beisk walking - (30-45mins)

Follow up date:

Dr. Archana V. MBBS  
 Registration No. 103429

*Archana*  
 Doctor Signature

Mr. Manoj Kumar Jena  
56yrs/M;

30/03/2024.

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

pt. came for Routine ENT check-up,  
- No active ENT complaints.

O/E B/L TMJ-intact,  
Nose + throat - WNL



Follow up date:

Doctor Signature

(A)

EYE EXAMINATION.

DATE:

30/03/24  
MOBILE NO. →  
9762933252

NAME:- Manoj Kumar Jena

AGE:- 55yr

CORPORATE:- Union Bank of India, Vishwanagar

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

Fit to spectacles

Impression - Normal Eye Check Up.

(Ophthalmology)

The Apollo Clinic  
DR. M. D. ALAVAND  
MBBS, DCO, MCh  
Cor: Eye Surgeon  
Reg. No. 30319





55 Years

Jena

Male

30-Mar-24 8:51:59 AM

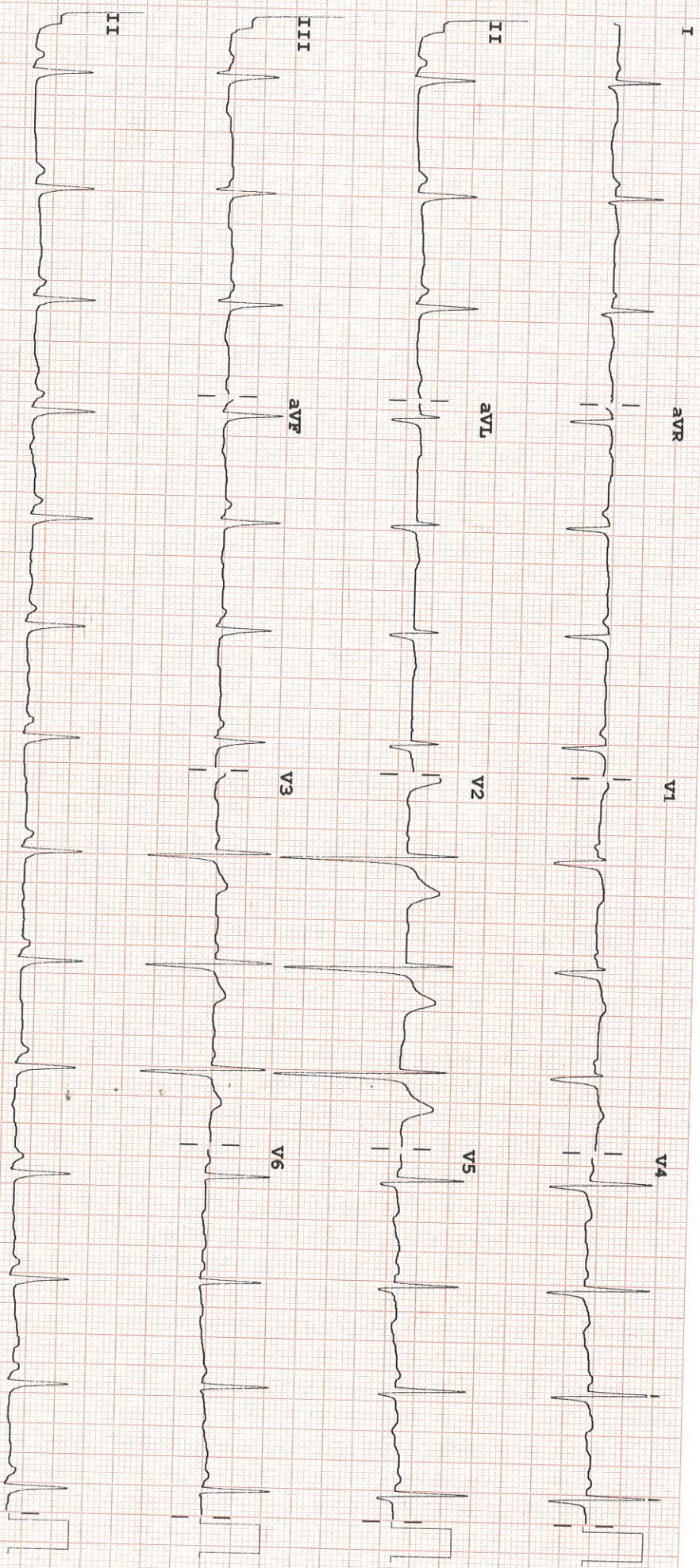
Rate 83 Sinus rhythm  
 PR 127 Consider left ventricular hypertrophy  
 QRSD 88 Nonspecific T abnormalities, lateral leads  
 QT 385  
 QTc 453

--AXIS--  
 P 68  
 QRS 71  
 T -37

12 Lead, Standard Placement

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

PHILIPS

F 50~ 0.50~ 40 Hz W

PH100B CL

P?

REORDER M3708A





Certificate No: MC-5697

Patient Name	: Mr.MANOJ KUMAR JENA	Collected	: 30/Mar/2024 08:14AM
Age/Gender	: 55 Y 11 M 19 D/M	Received	: 30/Mar/2024 01:44PM
UHID/MR No	: CVIM.0000238386	Reported	: 30/Mar/2024 02:46PM
Visit ID	: CVIMOPV598986	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 751819		

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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



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

SIN No: BED240088086

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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APOLLO CLINICS NETWORK

Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira



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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.6	g/dL	13-17	Spectrophotometer
PCV	43.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.1	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	49	%	40-80	Electrical Impedance
LYMPHOCYTES	36.5	%	20-40	Electrical Impedance
EOSINOPHILS	4.5	%	1-6	Electrical Impedance
MONOCYTES	9.5	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3479	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2591.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	319.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	674.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	35.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.34		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	201000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	6	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC are normal in number and morphology**  
**Platelets are Adequate**

Page 2 of 17

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

SIN No: BED240088086

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**DEPARTMENT OF HAEMATOLOGY**

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

**No hemoparasite seen.**

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

SIN No:BED240088086

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Page 3 of 17



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www.apolloclinic.com





Certificate No: MC-5697

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UHID/MR No	: CVIM.0000238386	Reported	: 30/Mar/2024 02:49PM
Visit ID	: CVIMOPV598986	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 751819		

**DEPARTMENT OF HAEMATOLOGY**

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

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

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

SIN No:BED240088086

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	112	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)	104	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

*Dr. Sanjay Ingle*

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

SIN No: EDT240040892

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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Emp/Auth/TPA ID	: 751819		

**DEPARTMENT OF BIOCHEMISTRY**

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

**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)



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

SIN No:EDT240040892

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar)





Certificate No: MC-5697

Patient Name	: Mr.MANOJ KUMAR JENA	Collected	: 30/Mar/2024 08:14AM
Age/Gender	: 55 Y 11 M 19 D/M	Received	: 30/Mar/2024 03:22PM
UHID/MR No	: CVIM.0000238386	Reported	: 30/Mar/2024 05:36PM
Visit ID	: CVIMOPV598986	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 751819		

**DEPARTMENT OF BIOCHEMISTRY**

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

eligibility of drug therapy.

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 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).



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

SIN No: SE04681534

Page 8 of 17



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**1860 500 7788**

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Certificate No: MC-5697

Patient Name : Mr.MANOJ KUMAR JENA  
Age/Gender : 55 Y 11 M 19 D/M  
UHID/MR No : CVIM.0000238386  
Visit ID : CVIMOPV598986  
Ref Doctor : Dr.SELF  
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Collected : 30/Mar/2024 08:14AM  
Received : 30/Mar/2024 03:22PM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.87	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	<b>15.79</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.36</b>	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.29	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.56	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.18	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.09	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.02	g/dL	6.6-8.3	Biuret
ALBUMIN	4.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

*Sanjay Ingle*

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

SIN No: SE04681534



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

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout |...) **1860 500 7788** www.apolloclinic.com



Patient Name	: Mr.MANOJ KUMAR JENA	Collected	: 30/Mar/2024 08:14AM
Age/Gender	: 55 Y 11 M 19 D/M	Received	: 30/Mar/2024 03:22PM
UHID/MR No	: CVIM.0000238386	Reported	: 30/Mar/2024 05:35PM
Visit ID	: CVIMOPV598986	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 751819		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	88.89	U/L	30-120	IFCC



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

SIN No:SE04681534

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APOLLO CLINICS NETWORK

Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira





Certificate No: MC-5697

Patient Name : Mr.MANOJ KUMAR JENA	Collected : 30/Mar/2024 08:14AM
Age/Gender : 55 Y 11 M 19 D/M	Received : 30/Mar/2024 03:22PM
UHID/MR No : CVIM.0000238386	Reported : 30/Mar/2024 05:36PM
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.74	U/L	<55	IFCC

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

SIN No:SE04681534

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Certificate No: MC-5697

Patient Name : Mr.MANOJ KUMAR JENA  
Age/Gender : 55 Y 11 M 19 D/M  
UHID/MR No : CVIM.0000238386  
Visit ID : CVIMOPV598986  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 751819

Collected : 30/Mar/2024 08:14AM  
Received : 30/Mar/2024 01:41PM  
Reported : 30/Mar/2024 02:53PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

**DEPARTMENT OF IMMUNOLOGY**

- poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
  - A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12.
  - The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
  - Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.830	ng/mL	0-4	CLIA



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

No:SPL24059723

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab  
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CLINICS NETWORK  
Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh, AP





Certificate No: MC-5697

Patient Name : Mr.MANOJ KUMAR JENA  
Age/Gender : 55 Y 11 M 19 D/M  
UHID/MR No : CVIM.0000238386  
Visit ID : CVIMOPV598986  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 751819

Collected : 30/Mar/2024 08:14AM  
Received : 30/Mar/2024 05:27PM  
Reported : 30/Mar/2024 05:30PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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



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

IN No: C02718023

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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Patient Name : Mr. Manoj Kumar Jena  
UHID : CVIM.0000238386  
Reported on : 30-03-2024 09:33  
Adm/Consult Doctor :  
Age : 55 Y M  
OP Visit No : CVIMOPV598986  
Printed on : 01-04-2024 10:35  
Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver appears normal in size and shows Grade I increased echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Prostate appears normal. No focal lesion.

No e/o any free fluid noted.

Visualized bowel loops appear normal. No abnormal bowel wall thickening or bowel dilatation noted.

Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF at present.


**IMPRESSION:**

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)  
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**APOLLO CLINICS NETWORK MAHARASHTRA**  
Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)  
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 778**



Patient Name : Mr. Manoj Kumar Jena  
UHID : CVIM.0000238386  
Reported on : 30-03-2024 09:33  
Adm/Consult Doctor :

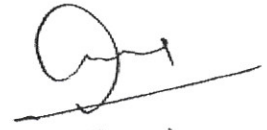
Age : 55 Y M  
OP Visit No : CVIMOPV598986  
Printed on : 01-04-2024 10:35  
Ref Doctor : SELF

- **Fatty infiltration of liver**

Suggest : clinical correlation and further evaluation / imaging  
This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable.  
Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

Printed on:30-03-2024 09:33

---End of the Report---



**Dr. BHUSHANA SURYAWANSHI**  
MBBS, DMRE  
Radiology

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

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TO BOOK AN APPOINTMENT

 **1860 500 778**

Patient Name : Mr. Manoj Kumar Jena

UHID : CVIM.0000238386

Reported on : 30-03-2024 10:41

Adm/Consult Doctor :

Age : 55 Y M

OP Visit No : CVIMOPV598986

Printed on : 01-04-2024 10:35

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:30-03-2024 10:41

---End of the Report---

*Preeti*

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.  
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**APOLLO CLINICS NETWORK MAHARASHTRA**

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 778

**Your appointment is confirmed**

noreply@apolloclinics.info &lt;noreply@apolloclinics.info&gt;

Fri 2024-03-29 11:25

To:manojkumarjena73@gmail.com &lt;manojkumarjena73@gmail.com&gt;

Cc:Vimannagar Apolloclinic &lt;vimannagar@apolloclinic.com&gt;;Syamsunder M &lt;syamsunder.m@apollohl.com&gt;;Dr. Neha Gupta &lt;neha.gupta@apolloclinic.com&gt;

**Dear MANOJA KUMAR JENA,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIMAN NAGAR clinic** on **2024-03-30** at **07:45-08:00**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

**Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.



Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE PHYSICIAN AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL ADVANCED HC]



भारत सरकार

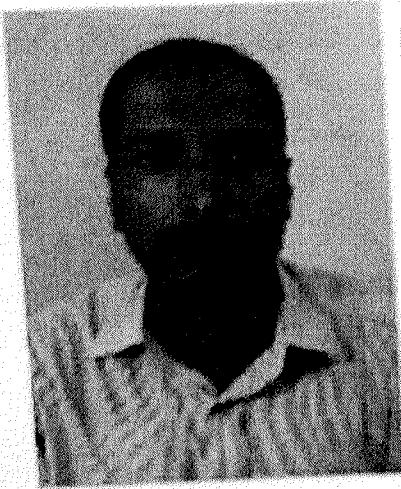
Government of India

मनोज कुमार जेना

MANOJ KUMAR JENA

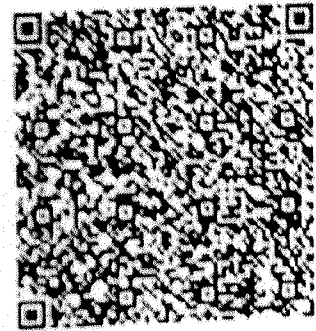
पिता : नरसिंह चरण जेना

Father : Nrusingha Charan Jena



जन्म तिथि/DOB: 11/04/1968

पुरुष / Male



5399 2343 9813

आधार - आम आदमी का अधिकार

neck:

fasting for 10-To-12-Hours prior to check.  
 and of alcohol, cigarettes, tobacco or  
 morning. If any medications taken.

prescriptions and previous health

ive a history of diab

availability of doctors at clinic  
 on doctor availability and

**Patient Name** : Mr. Manoj Kumar Jena

**Age/Gender** : 55 Y/M

**UHID/MR No.** : CVIM.0000238386

**OP Visit No** : CVIMOPV598986

**Sample Collected on** :

**Reported on** : 30-03-2024 10:42

**LRN#** : RAD2287289

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 751819

---

**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.



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

**Patient Name** : Mr. Manoj Kumar Jena

**Age/Gender** : 55 Y/M

**UHID/MR No.** : CVIM.0000238386

**OP Visit No** : CVIMOPV598986

**Sample Collected on** :

**Reported on** : 30-03-2024 10:05

**LRN#** : RAD2287289

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 751819

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows Grade I increased echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity.

Hepatic veins & their confluence appears normal.

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Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Prostate appears normal . No focal lesion.

No e/o any free fluid noted.

Visualized bowel loops appear normal. No abnormal bowel wall thickening or bowel dilatation noted.

Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF at present.

### IMPRESSION:

- **Fatty infiltration of liver**

Suggest : clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.



**Dr. BHUSHANA SURYAWANSHI**  
MBBS, DMRE  
Radiology