

Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 03:43PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 04:51PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240048953

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

Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 03:43PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 04:51PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	44.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.25	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.9	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,140	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.9	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3898.44	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2313.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	421.26	Cells/cu.mm	20-500	Calculated
MONOCYTES	464.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.84	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.69		0.78- 3.53	Calculated
PLATELET COUNT	202000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240048953

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



Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 03:43PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 04:51PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF HAEMATOLOGY

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240048953

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



Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 03:43PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 06:08PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240048953

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



Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 03:42PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 06:23PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	69	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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

Page 5 of 13


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240022079

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



Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 03:42PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 06:23PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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 glyceimic 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)

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240022079

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



Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 04:04PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 09:40PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	207	mg/dL	<200	CHO-POD
TRIGLYCERIDES	155	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	172	mg/dL	<130	Calculated
LDL CHOLESTEROL	141.51	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.91	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.95		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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

SIN No:SE04640848

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



Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 04:04PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 09:40PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.67	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23.84	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	88.62	U/L	30-120	IFCC
PROTEIN, TOTAL	7.41	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.21	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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:SE04640848

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



Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 04:04PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 09:40PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.43	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.88	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.74	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.11	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.55	mmol/L	101–109	ISE (Indirect)



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

SIN No:SE04640848

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



Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 04:04PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 09:40PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.26	U/L	<55	IFCC



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

SIN No:SE04640848

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



Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 04:02PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 04:55PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.08	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.693	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

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SPL24032334

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



Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 04:10PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 04:40PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6 - 7	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2290993

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



Patient Name : Mr.ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 D/M	Received : 24/Feb/2024 04:10PM
UHID/MR No : CPIM.0000053889	Reported : 24/Feb/2024 04:47PM
Visit ID : CPIMOPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE10889	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF010805

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



भारत सरकार
Government of India



आशुतोष संतोष पंडे
Ashutosh Santosh Pandey
एन.आई.डी.एन. 24694/1991
पुरुष MALE



5583 7419 3580
Vid. 5517 1991 1296 3580

भारतीय अधिकार, भारतीय अधिकार

महाराष्ट्र

महाराष्ट्र

Date : 24-02-2024
MR NO : CPIM.0000053889

Department : GENERAL
Doctor :

Name : Mr. ASHUTOSH PANDEY

Registration No :

Age/ Gender : 32 Y / Male

Qualification :

Wt 82.6

Ht - 170

Consultation Timing: 09:39

Bp 140/90

Stk

COS: S₂ ⊕

RS: AEBE

PA: NAD

CNS: NAD

No known allergy

No past ex

vrg Diet

Anam

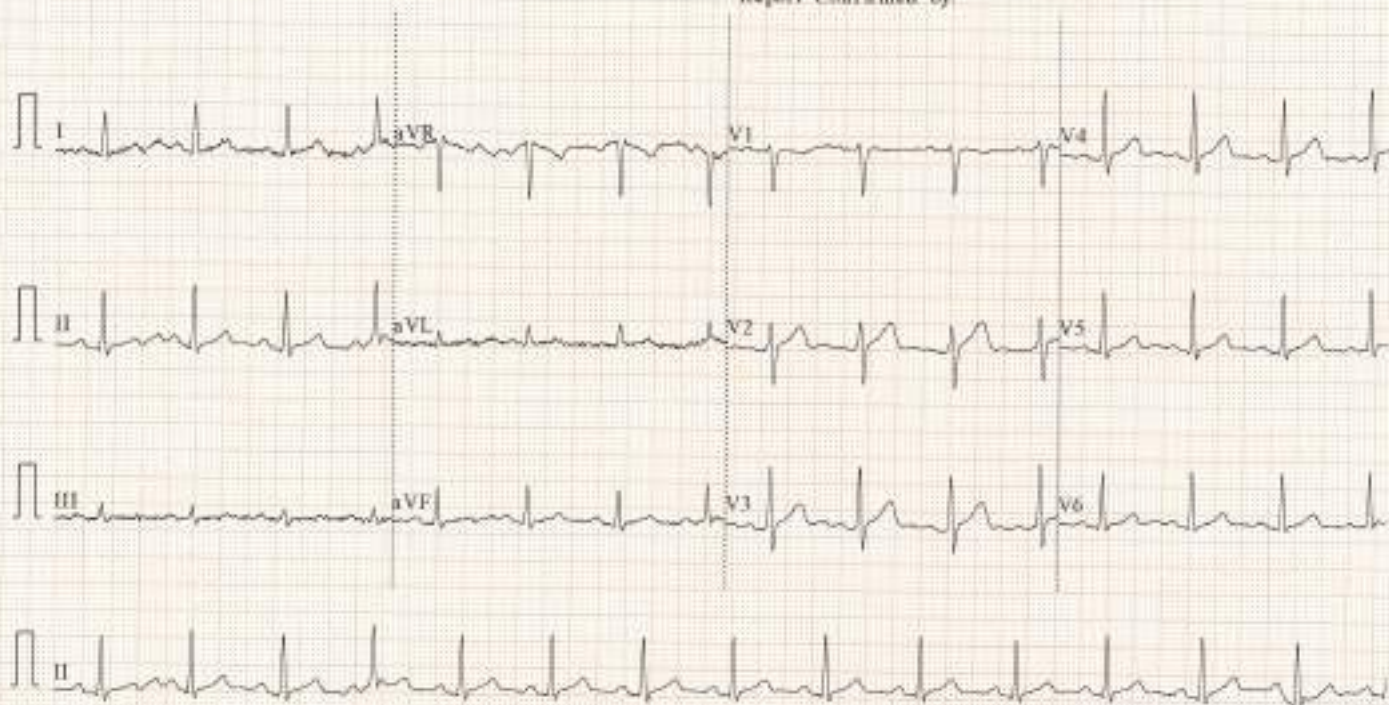
ID: 239
ASHUTOSH PANDEY
Male 32Years

24-02-2024 11:14:57 AM
HR : 86 bpm
P : 120 ms
PR : 183 ms
QRS : 88 ms
QT/QTc : 341/410 ms
P:QRST : 61/37/40
RV5/SV1 : 1.102/0.816 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

*WNL
Aman*

Report Confirmed by:



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Ashutosh Pandey on 26/02/2024.

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are impediments to the job.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> Currently Unfit <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. Anamdas
Medical Officer Dr. Anam A. A. Inamdar
Apollo Clinic, (NIGDI) MBBS
 Reg. No. 2021/06/6236

This certificate is not meant for medico-legal purposes

Patient Name	: Mr.ASHUTOSH PANDEY	Collected	: 24/Feb/2024 11:03AM
Age/Gender	: 32 Y 10 M 0 DM	Received	: 24/Feb/2024 03:43PM
JHID/MR No	: CPIM.0300053869	Reported	: 24/Feb/2024 06:06PM
Visit ID	: CPIMOPV157394	Status	: Final Report
Ref Doctor	: Dr SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE*0899		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SN No-BED:0048953

This test has been performed at Apollo Health and Lifestyle Ltd - Saadastv Tech Pune, Diagnostic Lab



Patient Name : Mr ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M 0 DM	Received : 24/Feb/2024 03:42PM
UHID/MR No : CPIM.0300053889	Reported : 24/Feb/2024 08:23PM
Visit ID : CPIMQPV157394	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Ault/TPA ID : 606E10989	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2024

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	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 ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 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)	69	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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

Page 5 of 13


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: EDT24022079

This test has been performed at Apollo Health and Lifestyle Ltd- Sankarji, v Pet: Puz. Diagnostics Lab



Patient Name : M. ASHUTOSH PANDEY	Collected : 24/Feb/2024 11:03AM
Age/Gender : 32 Y 10 M C DM	Received : 24/Feb/2024 04:02PM
LHID/AR No : CPIM.0007053889	Reported : 24/Feb/2024 04:55PM
Visit ID : CPIM/CPV157594	Status : Final Report
Ref. Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Alth/TPA ID : 606E109&S	

DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	0.93	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.08	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.693	µU/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 - a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its precursor 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, irradiation & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroectomy, Chronic Auto-immune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Auto-immune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyrotoxicosis, 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

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: SPL24012554



This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Path Pvt. Diagnostics Lab

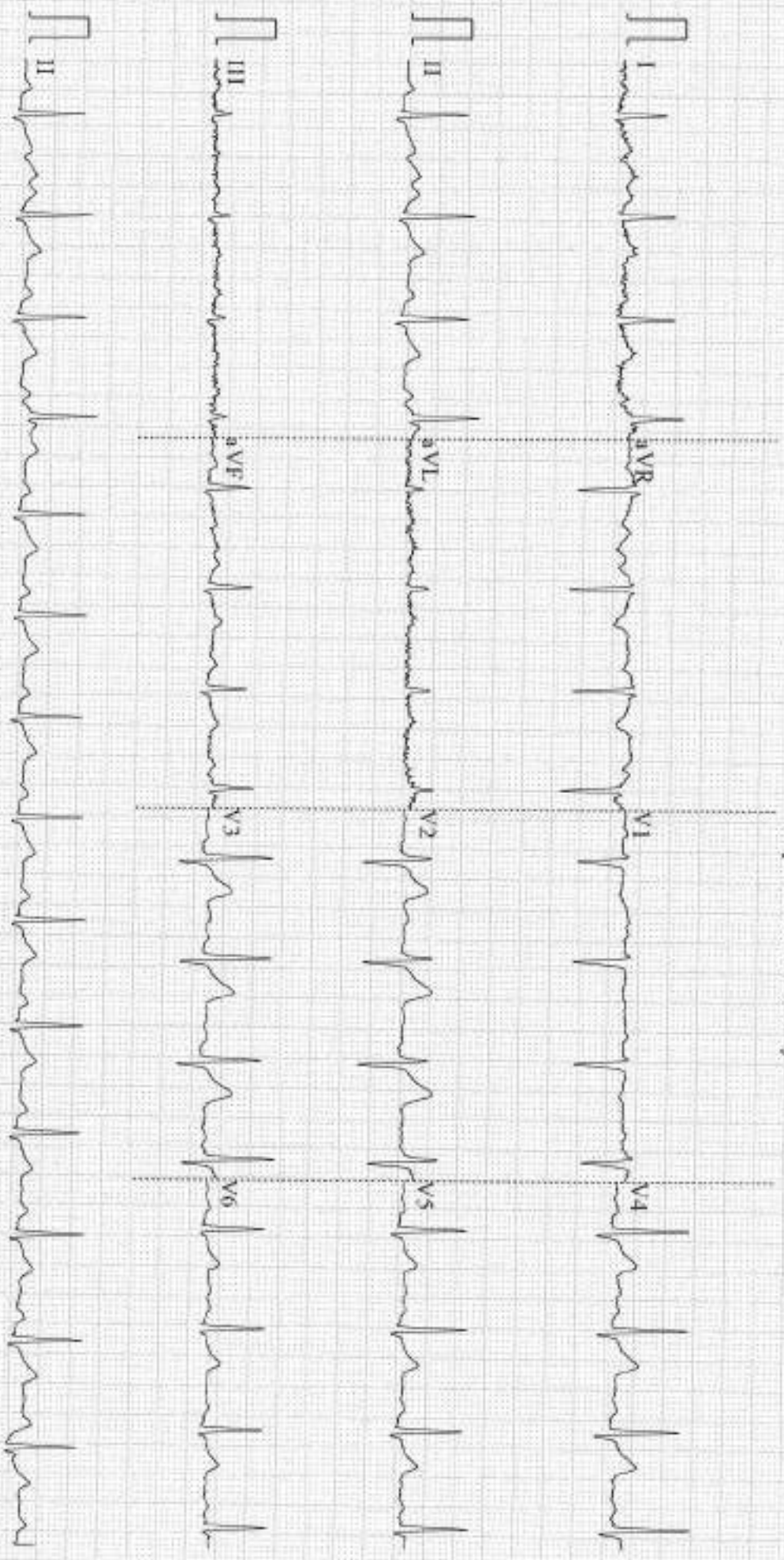
ID-239
ASHUTOSH PANDEY
Male 32Years

24-02-2024 11:14:57 AM
HR : 86 bpm
P : 120 ms
PR : 183 ms
QRS : 88 ms
QT/QTc : 341/410 ms
P/QRS/T : 61/37/40 °
RV5/SV1 : 1.102/0.816 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Dr. Anam A. Inamdar
MBBS
Reg. No. 2021/06/6236

Report Confirmed by:



Patient Name : Mr. ASHUTOSH PANDEY Age : 32 Y M
UHID : CPDM.0000053889 OP Visit No : CPIMOPVL57394
Reported on : 24-02-2024 12:40 Printed on : 24-02-2024 16:22
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:24-02-2024 12:40

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name	: Mr. ASHUTOSH PANDEY	Age	: 32 Y M
UHID	: CPIM.0000053889	OP Visit No	: CPIMOPV157394
Reported on	: 24-02-2024 12:28	Printed on	: 24-02-2024 15:00
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size (16 cms.) and **bright** 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 perGB 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:- **GRADE I FATTY LIVER**

(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. ASHUTOSH PANDEY
UHID : CP1M.0090053889
Reported on : 24-02-2024 12:28
Adm/Consult Doctor :

Age : 32 Y M
OP Visit No : CP1MOPV157394
Printed on : 24-02-2024 15:00
Ref Doctor : SELF

Printed on:24-02-2024 12:28

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MR. ASHUTOSH PANDEY	Age/Sex: 32 / M
Ref: ARCOFEMI	Date: 24.02.2024

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. No 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)	16.0 mm
LVID (d)	47.0 mm	LVID (s)	28.0 mm
LVPW(d)	10.0 mm	LVPW(s)	15.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

NO RWMA; LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

GOOD RIGHT VENTRICULAR FUNCTION

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 Clinic,
Nigdi, Pune - 411044.

Date - 24.02.24

Patient Name *Ashutosh pandey*

UHID:

Age / Sex: *32 yrs M*

EYE CHECKUP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6 > 20/20</i>	<i>6/6 > 20/20</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>

IMPRESSION:-

same as

[Signature]
OPTOMETRIST

॥ श्री ॥

24th Feb 2024

Mr. Ashutosh Pandey
32 yrs / M.

Wt - 82.6 kg Ht - 170 cm.

Dietary habit - Pure vegetarian diet.

Job :- Sedentary.

Daily Diet

Morning :- luke warm water + amla wine, sof powder + lemon juice.

Morning Smoothie :- 1 spoon chia seeds
1 spoon flax seeds
4-5 Almonds + 4-5 walnuts + Banana.
→ Mixed - mixture.

+ Mug chilla + pudina, coconut, flax seed chutney.
OR Idli Sambar OR Ragi Chilla + curd.
+ 1 fruit.

Mid Time :- Buttermilk + Sabja Seeds.

Lunch - Salad + Roti + Sabji + Rice + dal / Dal / Kadhi.

Evening - Fruit plate - orange / sweet lime / Guava.
+ Bhuna Chana, murmura.

Dinner :- Same lunch.

[Mix atta :- ragi, bajara, wheat, mug, masoor, chana.
ajawine, sof.]

↑
M

Date : 24-02-2024
MR NO : CPIM.0000053889

Department : GENERAL
Doctor :

Name : Mr. ASHUTOSH PANDEY

Registration No :

Age/ Gender : 32 Y / Male

Qualification :

Wt 82.6

Ht - 170

Consultation Timing: 09:39

Bp 140/90

Stk

CNS: S2 ⊕

RS: AEBL

PA: NAD

CNS: NAD


No known allergy

No past ex

Veg Diet


Dr. Anam A. Inamdar
MBBS
Reg. No. 2017005236

27

Name	Mr. ANSHUOSI PANDEY	Age	32 Y	U.I.D:CPIM.0306053890
Address	NIGDI	Sex	M	
Plan	ARCOFEMI MEDIWHEEL MALE ARC CREDIT PAN INDIA OP AGREEMENT	OP Number	CPIMOPV; 57394	OP No :CPIM-OCR-76273
		Date	24.02.2024 09:41	

Sno	Service Type/Service Name	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	DECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE (POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT-KFT)	
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>MISS</i>	
14	URINE GLUCOSE (FASTING)	
15	HBA1C, GLYCATED HEMOGLOBIN	
16	X RAY CHEST PA	
17	ENT CONSULTATION	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	ULTRASTROILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN <i>PP</i>	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Audio

82.6

170

Nigdi Apolloclinic

From: noreply@apolloclinics.info
Sent: 22 February 2024 06:46 PM
To: ashutosh.pandey2@bankofbaroda.com
Cc: Nigdi Apolloclinic; Prachi Deore; Syamsunder M
Subject: Your appointment is confirmed



Dear MR. PANDEY ASHUTOSH ,

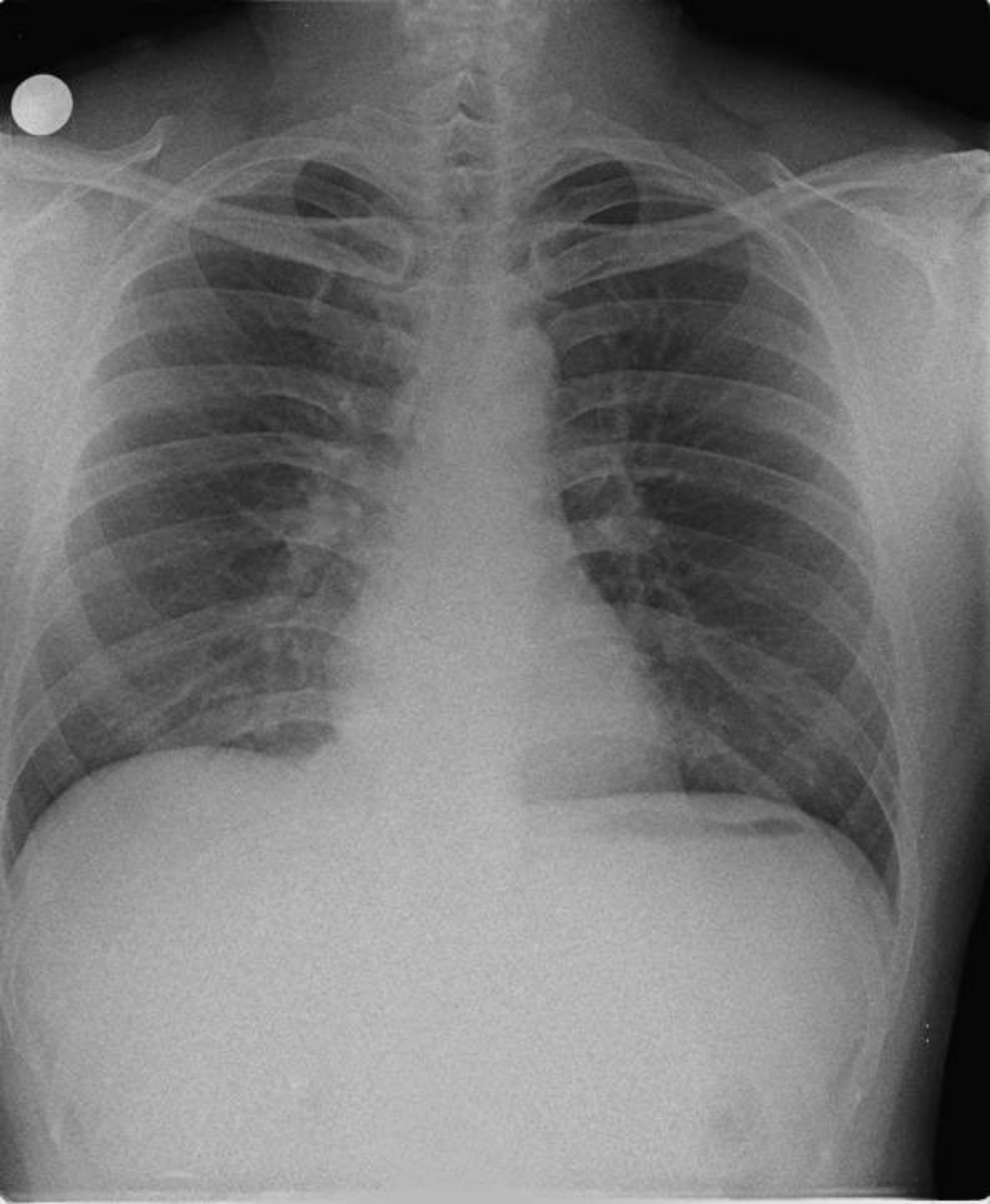
Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **NIGDI(PIMPRI) clinic** on **2024-02-24** at **08:00-08:15**.

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

"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.



Established Patient: Yes

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
24-02-2024 15:15	84 Beats/min	140/90 mmHg	18 Rate/min	98 F	170 cms	82.6 Kgs	%	%	Years	28.58	cms	cms	cms		AHLL03446

Established Patient: Yes

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
24-02-2024 15:15	84 Beats/min	140/90 mmHg	18 Rate/min	98 F	170 cms	82.6 Kgs	%	%	Years	28.58	cms	cms	cms		AHLL03446

Established Patient: Yes

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
24-02-2024 15:15	84 Beats/min	140/90 mmHg	18 Rate/min	98 F	170 cms	82.6 Kgs	%	%	Years	28.58	cms	cms	cms		AHLL03446

Established Patient: Yes

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
24-02-2024 15:15	84 Beats/min	140/90 mmHg	18 Rate/min	98 F	170 cms	82.6 Kgs	%	%	Years	28.58	cms	cms	cms		AHLL03446

Name: Mr. ASHUTOSH PANDEY
Age/Gender: 32 Y/M
Address: NIGDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUPRIYA GAWARE

MR No: CPIM.0000053889
Visit ID: CPIMOPV157394
Visit Date: 24-02-2024 09:39
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. ASHUTOSH PANDEY
Age/Gender: 32 Y/M
Address: NIGDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000053889
Visit ID: CPIMOPV157394
Visit Date: 24-02-2024 09:39
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. ASHUTOSH PANDEY
Age/Gender: 32 Y/M
Address: NIGDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000053889
Visit ID: CPIMOPV157394
Visit Date: 24-02-2024 09:39
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. ASHUTOSH PANDEY
Age/Gender: 32 Y/M
Address: NIGDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000053889
Visit ID: CPIMOPV157394
Visit Date: 24-02-2024 09:39
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

Patient Name : Mr. ASHUTOSH PANDEY

Age/Gender : 32 Y/M

UHID/MR No. : CPIM.0000053889

OP Visit No : CPIMOPV157394

Sample Collected on :

Reported on : 24-02-2024 15:00

LRN# : RAD2247112

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE10889

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size(16 cms.) and **bright** 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:-

GRADE I FATTY LIVER

(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. ASHUTOSH PANDEY

Age/Gender : 32 Y/M

UHID/MR No. : CPIM.0000053889

OP Visit No : CPIMOPV157394

Sample Collected on :

Reported on : 24-02-2024 16:22

LRN# : RAD2247112

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE10889

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. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name : Mr. ASHUTOSH PANDEY

UHID : CPIM.0000053889

Conducted By: :

Referred By : SELF

Patient Name : Mr. ASHUTOSH PANDEY

UHID : CPIM.0000053889

Conducted By :

Referred By : SELF

Age : 32 Y/M

OP Visit No : CPIMOPV157394

Conducted Date :

Age : 32 Y/M

OP Visit No : CPIMOPV157394

Conducted Date :

Patient Name : Mr. ASHUTOSH PANDEY
UHID : CPIM.0000053889
Conducted By: :
Referred By : SELF

Age : 32 Y/M
OP Visit No : CPIMOPV157394
Conducted Date : 26-02-2024 17:58

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. No 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)	16.0 mm
LVID (d)	47.0 mm	LVID (s)	28.0 mm
LVPW(d)	10.0 mm	LVPW(s)	15.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS

NO RWMA; LVEF = 60%

NO LV DIASTOLIC DYSFUNCTION

GOOD RIGHT VENTRICULAR FUNCTION

NORMAL CARDIAC VALVES

NO PULMONARY HYPERTENSION

IAS/IVS INTACT

NO CLOT/VEGETATION/PERICARDIAL EFFUSION

DR. RAJENDRA V. CHAVAN

MD (MEDICINE), DM (CARDIOLOGY)

CONSULTANT CARDIOLOGIST