

Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 07:51AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:22PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 03:20PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

## 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 see

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240029613

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



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.8	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.8	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	<b>34.9</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,560	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.3	%	40-80	Electrical Impedance
LYMPHOCYTES	30.1	%	20-40	Electrical Impedance
EOSINOPHILS	5	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2521.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1372.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	228	Cells/cu.mm	20-500	Calculated
MONOCYTES	396.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41.04	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	167000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	4	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC's are Normocytic Normochromic, WBC's are normal in number and morphology Platelets are Adequate No Abnormal cells/hemoparasite see				



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MBBS, MD (Pathology)  
Consultant Pathologist

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UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 04:06PM
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**DEPARTMENT OF HAEMATOLOGY**

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

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



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Consultant Pathologist

SIN No:BED240029613

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Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 10:17AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:44PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 03:13PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	82	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)	78	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.

  
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SIN No:PLP1416015

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Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 07:51AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:25PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 04:07PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240012838

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UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 04:00PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	138	mg/dL	<200	CHO-POD
TRIGLYCERIDES	57	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	87	mg/dL	<130	Calculated
LDL CHOLESTEROL	75.47	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.43	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.70		0-4.97	Calculated

**Comment:**

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Consultant Pathologist

SIN No:SE04621036

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.61	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.6	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	64.10	U/L	30-120	IFCC
PROTEIN, TOTAL	6.89	g/dL	6.6-8.3	Biuret
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.86	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	17.82	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.84	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	<b>8.40</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>1.83</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.75	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.19	mmol/L	101–109	ISE (Indirect)



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	15.10	U/L	<55	IFCC



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UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 02:45PM
Visit ID : CPIMOPV156637	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.28	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.51	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.526	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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SIN No: SPL24019418

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UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 02:38PM
Visit ID : CPIMOPV156637	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	3.080	ng/mL	0-4	CLIA



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UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 01:41PM
Visit ID : CPIMOPV156637	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<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	1.015		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
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	1 - 2	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

  
 Dr Sneha Shah  
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 Consultant Pathologist

SIN No:UR2276493

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



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Visit ID : CPIMOPV156637	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

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

SIN No:UF010450

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



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**Age/Gender** : 49 Y/M

**UHID/MR No.** : CPIM.0000116410

**OP Visit No** : CPIMOPV156637

**Sample Collected on** :

**Reported on** : 07-02-2024 12:18

**LRN#** : RAD2228061

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE7872

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

**Observation:-**

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

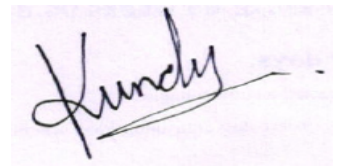
Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

**Impression**

Study is within normal limits.



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology

<b>Patient Name</b>	: Mr. RAGHUNATH MANDAL	<b>Age/Gender</b>	: 49 Y/M
<b>UHID/MR No.</b>	: CPIM.0000116410	<b>OP Visit No</b>	: CPIMOPV156637
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 07-02-2024 11:32
<b>LRN#</b>	: RAD2228061	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: bobE7872		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

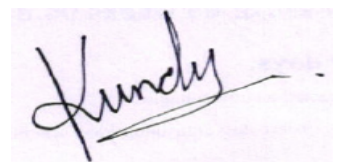
**Prostate** is 38-43CC in size and normal echo texture.No evidence of necrosis/calcification seen.

**IMPRESSION:-**

**PROSTATOMEGALY**

(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)**



**Patient Name** : Mr. RAGHUNATH MANDAL

**Age/Gender** : 49 Y/M

Radiology




**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mr. Raghunath Mandala on 08/02/2024

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

	Tick
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul>	<input checked="" 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 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"> <li>Currently Unfit. Review after _____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	

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

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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-50/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana  
 - 500 016. Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com |

www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 07:51AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:22PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 03:20PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.8	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.8	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	<b>34.9</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,560	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	55.3	%	40-80	Electrical Impedence
LYMPHOCYTES	30.1	%	20-40	Electrical Impedence
EOSINOPHILS	5	%	1-6	Electrical Impedence
MONOCYTES	8.7	%	2-10	Electrical Impedence
BASOPHILS	0.9	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2521.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1372.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	228	Cells/cu.mm	20-500	Calculated
MONOCYTES	396.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	41.04	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	167000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	4	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC's are Normocytic Normochromic, WBC's are normal in number and morphology Platelets are Adequate No Abnormal cells/hemoparasite see				



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

SIN No:BED240029613

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



Certificate No: MC-5697

Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 07:51AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:22PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 03:20PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

**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 see



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

SIN No:BED240029613

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



Certificate No: MC-5697

Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 07:51AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:22PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 04:06PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

**DEPARTMENT OF HAEMATOLOGY**

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

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




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

SIN No: BED240029613

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

Shop No: 14 to 20, City Pride building,  
Sector - 25, Next to BHEL Chowk, Nigdi (Pimpri),  
Pune, Maharashtra, India - 411004

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

APOLLO CLINICS NETWORK  
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Feta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kuvempu | Koramangala | Sarjapur Road) | Mysore (W Mohalla) | Tamil Nadu: Chennai (Anna Nagar | Kotturam) | Madhya Pradesh: Bhopal | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 10:17AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:44PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 03:13PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	82	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)	78	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.

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:PLP1416015

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



Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 07:51AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:25PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 04:07PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

**Comment:**

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240012838

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



Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 07:51AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:50PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 04:00PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	138	mg/dL	<200	CHO-POD
TRIGLYCERIDES	57	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	87	mg/dL	<130	Calculated
LDL CHOLESTEROL	75.47	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.43	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.70		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.




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

SIN No: SE04621036

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

Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 07:51AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:50PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 04:00PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.61	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.6	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	64.10	U/L	30-120	IFCC
PROTEIN, TOTAL	6.89	g/dL	6.6-8.3	Biuret
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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: SE04621036

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







Certificate No: MC-5697

Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 07:51AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:50PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 04:00PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.86	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	17.82	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.84	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	<b>8.40</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>1.83</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.75	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.19	mmol/L	101–109	ISE (Indirect)




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

SIN No: SE04621036

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

Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 07:51AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:50PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 04:00PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	15.10	U/L	<55	IFCC



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

SIN No: SE04621036

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



Patient Name	: Mr.RAGHUNATH MANDAL	Collected	: 07/Feb/2024 07:51AM
Age/Gender	: 49 Y 9 M 25 D/M	Received	: 07/Feb/2024 01:51PM
UHID/MR No	: CPIM.0000116410	Reported	: 07/Feb/2024 02:45PM
Visit ID	: CPIMOPV156637	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE7872		

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.28	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.51	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.526	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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




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

SIN No: SPL24019418

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



Certificate No: MC-5697

Patient Name	: Mr.RAGHUNATH MANDAL	Collected	: 07/Feb/2024 07:51AM
Age/Gender	: 49 Y 9 M 25 D/M	Received	: 07/Feb/2024 01:51PM
UHID/MR No	: CPIM.0000116410	Reported	: 07/Feb/2024 02:38PM
Visit ID	: CPIMOPV156637	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE7872		

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	3.080	ng/mL	0-4	CLIA



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

SIN No:SPL24019418

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

Shop No: 14 to 20, City Pride building,  
Sector - 25, Next to BHEL Chowk, Nigdi(Pimpri),  
Pune, Maharashtra, India - 411004

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

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 | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (W Mohalla) | Tamil Nadu: Chennai (Anna Nagar | Kotturumudi | Mogappair | T Nagar) | Volasaçakkam | Velachery | Maharashtra: Pune (Aundh | Nigdi Pradhikan | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)



Patient Name : Mr.RAGHUNATH MANDAL	Collected : 07/Feb/2024 07:51AM
Age/Gender : 49 Y 9 M 25 D/M	Received : 07/Feb/2024 01:15PM
UHID/MR No : CPIM.0000116410	Reported : 07/Feb/2024 01:41PM
Visit ID : CPIMOPV156637	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE7872	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<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	1.015		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
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	1 - 2	/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:UR2276493

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





Certificate No: MC-5697

Patient Name	: Mr.RAGHUNATH MANDAL	Collected	: 07/Feb/2024 07:51AM
Age/Gender	: 49 Y 9 M 25 D/M	Received	: 07/Feb/2024 01:14PM
UHID/MR No	: CPIM.0000116410	Reported	: 07/Feb/2024 01:41PM
Visit ID	: CPIMOPV156637	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE7872		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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

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

SIN No:UF010450

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



ID: 522  
RAGHUNATH MANDAL  
Male 49 Years

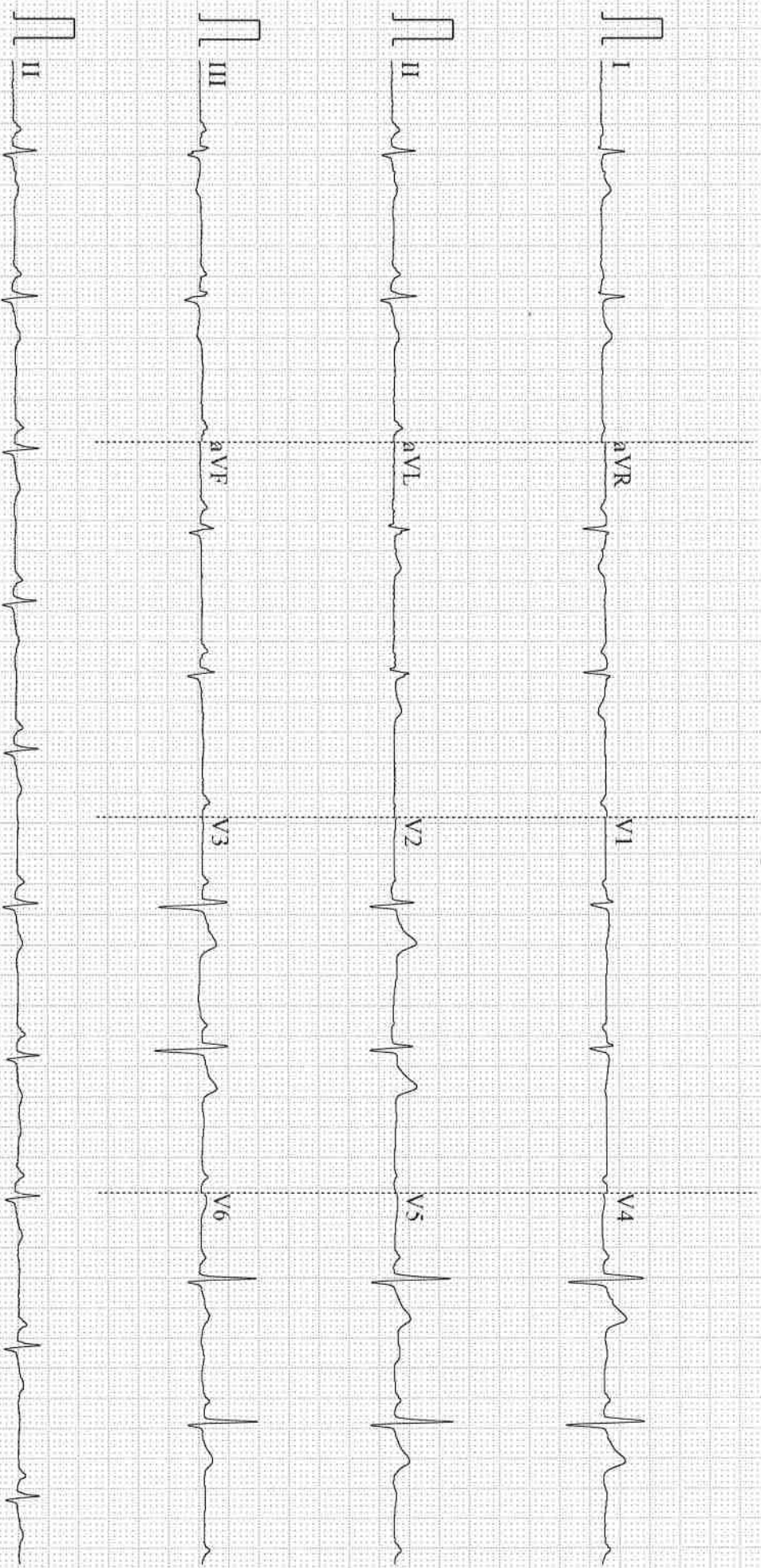
07-02-2024 08:54:03 AM

HR : 60 bpm  
P : 115 ms  
PR : 164 ms  
QRS : 104 ms  
QT/QTc : 412/413 ms  
P/ORS/T : 68/-2/9 °  
RV5/SV1 : 0.909/0.279 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

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

Report Confirmed by:



Patient Name	: Mr. RAGHUNATH MANDAL	Age	: 49 Y M
UHID	: CPIM.0000116410	OP Visit No	: CPIMOPV156637
Reported on	: 07-02-2024 10:38	Printed on	: 07-02-2024 12:18
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:07-02-2024 10:38

---End of the Report---



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology



Patient Name : Mr. RAGHUNATH MANDAL Age : 49 Y M  
UHID : CPIM.0000116410 OP Visit No : CPIMOPV156637  
Reported on : 07-02-2024 10:57 Printed on : 07-02-2024 11:32  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is 38-43CC in size and normal echo texture. No evidence of necrosis/calcification seen.

**IMPRESSION:-**  
**PROSTATOMEGALY**

(The sonography findings should always be considered in correlation with the clinical and other

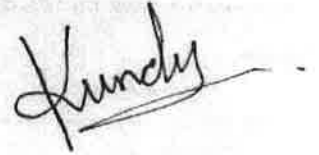
Patient Name : Mr. RAGHUNATH MANDAL Age : 49 Y M  
UHID : CPIM.0000116410 OP Visit No : CPIMOPV156637  
Reported on : 07-02-2024 10:57 Printed on : 07-02-2024 11:32  
Adm/Consult Doctor : Ref Doctor : SELF

investigation

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:07-02-2024 10:57

---End of the Report---



**Dr. KUNDAN MEHTA**  
**MBBS, DMRE (RADIOLOGY)**  
Radiology

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MR. RAGHUNATH MANDAL</b>	<b>Age/Sex: 49 / M</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 02.02.2024</b>

**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, Mild MR. Mild TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

Left Atrium	35.0 mm	Aortic Root	33.0 mm
IVS (d)	10.0 mm	IVS (s)	15.0 mm
LVID (d)	48.0 mm	LVID (s)	28.0 mm
LVPW(d)	10.0 mm	LVPW(s)	15.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**GOOD BIVENTRICULAR FUNCTION**

**LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**STRUCTURALLY NORMAL CARDIAC VALVES, MILD MR/TR**

**NO PULMONARY HYPERTENSION**

**IAS/IVS INTACT**

**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**



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

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

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

**APOLLO CLINICS NETWORK MAHARASHTRA**

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

**Apollo Clinic,**  
Nigdi, Pune - 411044.

Date - 07.02.24

Patient Name *Raghunath Mandal*

UHID:

Age / Sex: *49481 M*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6 &gt; 18 spec</i>	<i>6/6 &gt; 18 spec</i>
Near Vision		
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>Normal</i>	<i>Normal</i>
Family History/Medical History	<i>-</i>	<i>-</i>

*same Rx*

**IMPRESSION: -**

*[Signature]*  
**OPTOMETRIST**

॥ श्री ॥

Dr. Manisha R. Patil  
Dietician

**Apollo Clinic**  
Expertise. Closer to you.

Mr. Raghunath Mandal

49 yrs 1m

Wt - 67.7 kg

Ht - 166 cm

7th Feb 2024

Dietary habit - Mixed diet

Daily Diet

5am - Wake up  
After Brush your teeth

सुबह 9-30 बजे - गुनगुना पाणी  
+ अजवाइन, शौफ, नमक पावडर  
+ लिंबू रस. डालकर पिला है।

सुबह - चलना 9 घंटे

सुबह - 1 कप Black Tea  
+ 2 Marie Biscuits

सुबह नाश्ता - Smoothie - Dry Fruit + Bhuna  
Chana + Honey mix

+ 2 शोटी सब्जी + सलड / दहीरायता + सब्जी बी  
या 2 शोटी + सब्जी + 9 उवाला हुआ अंडा - पूरा

99 बजे - छाछ + सब्जी बी - 9 खोस

P.T.O →

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

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

**APOLLO CLINICS NETWORK MAHARASHTRA**

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Date : 07-02-2024  
MR NO : CPIM.0000116410

Department : GENERAL  
Doctor :

Name : Mr. RAGHUNATH MANDAL

Registration No. :

Age/ Gender : 49 Y / Male

Qualification :

Consultation Timing: 07:48

wt 67.7

HA 166

Bp 130/80

S/E

ECG: S<sub>1</sub>S<sub>2</sub>(+)

RS: ACBC

CNS: NAD.

PA: NAD


No known allergy.

No past ex

Diet Mix

Anam

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

<b>Name</b> : Mr. RAGHUNATH MANDAL  <b>Address</b> : 401, SWAPNEEL SOCIETY, TC COLONY, VIKAS NAGAR, DEHU ROAD  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age:</b> 49 Y  <b>Sex:</b> M	<b>UHID:</b> CPIM.0000116410  <b>OP Number:</b> CPIMOPV156637 <b>Bill No :</b> CPIM-OCR-75904 <b>Date</b> : 07.02.2024 07:49
--	---------------------------------------	--

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
✓1	URINE GLUCOSE(FASTING)	
✓2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
✓4	HbA1c, GLYCATED HEMOGLOBIN	
✓5	2D ECHO	
✓6	LIVER FUNCTION TEST (LFT)	
✓7	X-RAY CHEST PA	
✓8	GLUCOSE, FASTING	
✓9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
✓11	FITNESS BY GENERAL PHYSICIAN	
✓12	DIET CONSULTATION	
✓13	COMPLETE URINE EXAMINATION	
✓14	URINE GLUCOSE(POST PRANDIAL)	
✓15	PERIPHERAL SMEAR	
✓16	ECG	
✓17	BLOOD GROUP ABO AND RH FACTOR	
✓18	LIPID PROFILE	
✓19	BODY MASS INDEX (BMI)	
✓20	OPHTHAL BY GENERAL PHYSICIAN	
✓21	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓22	ULTRASOUND - WHOLE ABDOMEN	
✓23	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
✓24	DENTAL CONSULTATION	
✓25	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 10.15.	

Vit - B12 ✓  
 Vit D ✓  
 Audio

Vit B12

67.7  
 166

Name: Mr. RAGHUNATH MANDAL  
Age/Gender: 49 Y/M  
Address: 401, SWAPNEEL SOCIETY, TC COLONY, VIKAS NAGAR, DEHU  
ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000116410  
Visit ID: CPIMOPV156637  
Visit Date: 07-02-2024 07:48  
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**



Date : 07-02-2024  
MR NO : CPIM.0000116410

Department : GENERAL  
Doctor :

Name : Mr. RAGHUNATH MANDAL

Registration No. :

Age/ Gender : 49 Y / Male

Qualification :

Consultation Timing: 07:48

wt 67.7  
HT 166  
Bp 130/80

Diet Mix

S/E  
EUS: S<sub>1</sub>S<sub>2</sub>(+)  
RS: ACBC  
CNS: NAD.  
PA: NAD  
No known allergy.  
No past ex

Anam

Name: Mr. RAGHUNATH MANDAL  
Age/Gender: 49 Y/M  
Address: 401, SWAPNEEL SOCIETY, TC COLONY, VIKAS NAGAR, DEHU  
ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000116410  
Visit ID: CPIMOPV156637  
Visit Date: 07-02-2024 07:48  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. RAGHUNATH MANDAL  
Age/Gender: 49 Y/M  
Address: 401, SWAPNEEL SOCIETY, TC COLONY, VIKAS NAGAR, DEHU  
ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000116410  
Visit ID: CPIMOPV156637  
Visit Date: 07-02-2024 07:48  
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. RAGHUNATH MANDAL  
Age/Gender: 49 Y/M  
Address: 401, SWAPNEEL SOCIETY, TC COLONY, VIKAS NAGAR, DEHU  
ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000116410  
Visit ID: CPIMOPV156637  
Visit Date: 07-02-2024 07:48  
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**

Established Patient: No

**Vitals**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
07-02-2024 14:08	82 Beats/min	130/80 mmHg	22 Rate/min	98 F	166 cms	67.7 Kgs	%	%	Years	24.57	cms	cms	cms		AHLL09249

Patient Name : Mr. RAGHUNATH MANDAL Age : 49 Y/M  
 UHID : CPIM.0000116410 OP Visit No : CPIMOPV156637  
 Conducted By: : Conducted Date : 07-02-2024 16:31  
 Referred By : SELF

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b><i>Patient's Name: MR. RAGHUNATH MANDAL</i></b>	<b><i>Age/Sex: 49 / M</i></b>
<b><i>Ref: ARCOFEMI</i></b>	<b><i>Date: 02.02.2024</i></b>

**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, Mild MR. Mild TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	35.0 mm	<b>Aortic Root</b>	33.0 mm
<b>IVS (d)</b>	10.0 mm	<b>IVS (s)</b>	15.0 mm
<b>LVID (d)</b>	48.0 mm	<b>LVID (s)</b>	28.0 mm
<b>LVPW(d)</b>	10.0 mm	<b>LVPW(s)</b>	15.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**  
**GOOD BIVENTRICULAR FUNCTION**  
**LVEF = 60%**  
**NO LV DIASTOLIC DYSFUNCTION**  
**STRUCTURALLY NORMAL CARDIAC VALVES, MILD MR/TR**  
**NO PULMONARY HYPERTENSION**

Patient Name : Mr. RAGHUNATH MANDAL  
UHID : CPIM.0000116410  
Conducted By: :  
Referred By : SELF

Age : 49 Y/M  
OP Visit No : CPIMOPV156637  
Conducted Date : 07-02-2024 16:31

---

***IAS/IVS INTACT  
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

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

Patient Name : Mr. RAGHUNATH MANDAL  
UHID : CPIM.0000116410  
Conducted By: :  
Referred By : SELF

Age : 49 Y/M  
OP Visit No : CPIMOPV156637  
Conducted Date :

Patient Name : Mr. RAGHUNATH MANDAL  
UHID : CPIM.0000116410  
Conducted By :  
Referred By : SELF

Age : 49 Y/M  
OP Visit No : CPIMOPV156637  
Conducted Date :

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