



Certificate No: MO-5597

| | |
|--------------------------------|--|
| Patient Name : Mr.BHARAT KHADE | Collected : 08/Mar/2024 08:50AM |
| Age/Gender : 49 Y 6 M 0 D/M | Received : 08/Mar/2024 02:01PM |
| UHID/MR No : CKHA.0000072235 | Reported : 08/Mar/2024 02:39PM |
| Visit ID : CKHAOPV110422 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE14069 | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



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



Certificate No: MO-5597

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DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 14.9 | g/dL | 13-17 | Spectrophotometer |
| PCV | 42.50 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.82 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 88.2 | fL | 83-101 | Calculated |
| MCH | 31 | pg | 27-32 | Calculated |
| MCHC | 35.1 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 12.9 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 8,060 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 39.1 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 33.4 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 17.8 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 8.6 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 1.1 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3151.46 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2692.04 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 1434.68 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 693.16 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 88.66 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.17 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 315000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 4 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

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WBC's Eosinophilia
Platelets are Adequate
No hemoparasite seen.



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



Certificate No: MO-5597

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|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mr.BHARAT KHADE | Collected | : 08/Mar/2024 08:50AM |
| Age/Gender | : 49 Y 6 M 0 D/M | Received | : 08/Mar/2024 01:54PM |
| UHID/MR No | : CKHA.0000072235 | Reported | : 08/Mar/2024 03:24PM |
| Visit ID | : CKHAOPV110422 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : bobE14069 | | |

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 | 217 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.



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| Patient Name : Mr.BHARAT KHADE | Collected : 08/Mar/2024 08:50AM |
| Age/Gender : 49 Y 6 M 0 D/M | Received : 08/Mar/2024 01:28PM |
| UHID/MR No : CKHA.0000072235 | Reported : 08/Mar/2024 04:07PM |
| Visit ID : CKHAOPV110422 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|------------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 336 | 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 | 9.3 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 220 | 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

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



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| UHID/MR No : CKHA.000072235 | Reported : 08/Mar/2024 05:03PM |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|---------------|-------|-----------------|-------------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 243 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 219 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 60 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 183 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 139.57 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 43.89 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.06 | | 0-4.97 | Calculated |

Comment:

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

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

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



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist





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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 29.76 | U/L | <55 | IFCC |

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Dr Sneha Shah
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| Age/Gender : 49 Y 6 M 0 D/M | Received : 08/Mar/2024 01:48PM |
| UHID/MR No : CKHA.0000072235 | Reported : 08/Mar/2024 03:33PM |
| Visit ID : CKHAOPV110422 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE14069 | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 11.28 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.678 | 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



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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 |
|--|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 1.170 | ng/mL | 0-4 | CLIA |



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



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Bharat Khade on 09/03/24

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

| | Tick |
|---|------|
| <ul style="list-style-type: none"> Medically Fit | ✓ |
| <ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>BSL M - Diabetes</u></p> <p>2. <u>Dyslipidemia</u></p> <p>3. <u>Glycosuria</u></p> <p><u>Grade I Fatty liver</u></p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> <p><i>(No renal non-obstructive calculus)</i></p> <p><i>Grade I diastolic dysfunction.</i></p> | |
| <ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p> | |
| <ul style="list-style-type: none"> Unfit | |

Aman
Dr. Zuha Khan
 Dr. MBBS General Physician
 Medical Officer: 2020/03/1804
 Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

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 : 08-03-2024
 MR NO : CKHA.0000072235
 Name : Mr. BHARAT KHADE
 Age/ Gender : 49 Y / Male

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

hip: 128

Consultation Timing: 08:39

| | | | |
|---------------|--------------|-----------|--------------------|
| Height : 175 | Weight : 115 | BMI : | Waist Circum : 132 |
| Temp : 96.9°f | Pulse : 73 | Resp : 22 | B.P : 140/90 |

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains - Nil
 Comorbidity - Nil
 Allergies - Nil
 Surgical H/O Nil
 Family H/O Mother HT/DM
 Addiction -
 OE
 CVS-
 CNS- NAD
 P/A-
 Chest-
 H/O covid infection -
 Vaccinated with - Covishield

Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: Mrs Bharat Khade

GENDER: M/F

DATE: 8-3-24

AGE: 49

UHID: 72235

RIGHT EYE

LEFT EYE

| | SPH | CYL | AXIS | VISION |
|----------|-------|-------|------|--------|
| DISTANCE | -0.50 | -1.00 | 90° | 6/6 |
| NEAR | +1.50 | | | |

| | SPH | CYL | AXIS | VISION |
|----------|-------|-------|------|--------|
| DISTANCE | -0.75 | -0.75 | 90° | 6/6 |
| NEAR | +1.50 | | | |

INSTRUCTIONS:

SIGNATURE



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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

ID: 72235

bharat khade

Male 49Years

kg / mmHg

Req. No. :

08-03-2024 13:29:31

HR : 84 bpm

P : 106 ms

PR : 128 ms

QRS : 98 ms

QT/QTcBz : 382/452 ms

P/QRST : 38/58-1

RV5/SV1 : 1.092/0.223 mV

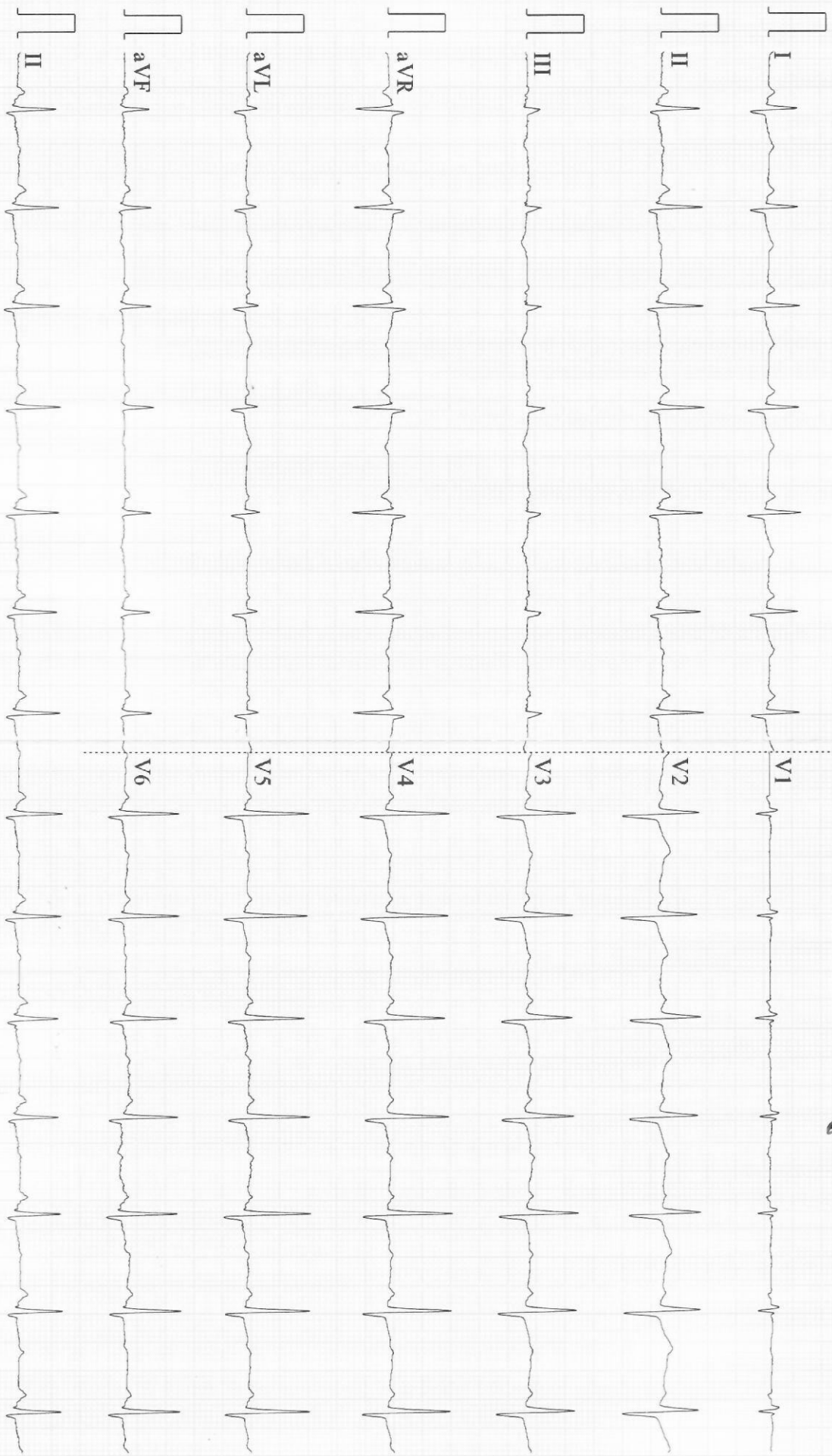
Diagnosis Information:

Sinus rhythm

Inferior T wave abnormality is nonspecific

Borderline ECG

Report Confirmed by:



Patient Name : Mr. BHARAT KHADE
UHID : CKHA.0000072235
Reported on : 08-03-2024 18:56
Adm/Consult Doctor :

Age : 49 Y M
OP Visit No : CKHAOPV110422
Printed on : 08-03-2024 19:24
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:08-03-2024 18:56

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Mr. BHARAT KHADE
UHID : CKHA.0000072235
Reported on : 08-03-2024 13:57
Adm/Consult Doctor :

Age : 49 Y M
OP Visit No : CKHAOPV110422
Printed on : 08-03-2024 19:24
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size, shape and shows **raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: is well distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

Spleen: appears normal in size, shape and echotexture. No focal lesion is noted.

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

Right kidney : normal in size ms 11.4 x 4.7 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : normal in size ms 11.5 x 4.1 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No hydronephrosis seen. E/o two non obstructive calculi measuring 4.1 mm and 3 mm at upper pole.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: is partially distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Prostate: appears normal in size and echotexture

Visualised bowel loops appear normal. No wall edema or mass noted.

IMPRESSION :

- Grade I fatty changes in liver.
- Left renal non obstructive calculi.

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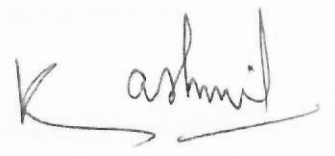
| | | | |
|--------------------|--------------------|-------------|--------------------|
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| UHID | : CKHA.0000072235 | OP Visit No | : CKHAOPV110422 |
| Reported on | : 08-03-2024 13:57 | Printed on | : 08-03-2024 19:24 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

Clinical correlation suggested....

(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.

Printed on:08-03-2024 13:57

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Name: Mr. BHARAT KHADE

Age/ Sex: 49 Yrs / M

Date:08/03/2024

2D ECHO/COLOUR DOPPLER

| M - Mode values | | Doppler Values | |
|-----------------------|-----|----------------------|-----|
| AORTIC ROOT (mm) | 28 | PULMONARY VE(m/sec) | 0.9 |
| LEFT ATRIUM (mm) | 35 | PG (mmHg) | 1 |
| | | AORTIC VEL (m/sec) | 1 |
| IVS – D (mm) | 11 | PG (mmHg) | 4 |
| LVID – D (mm) | 44 | MITRAL E WAVE(m/sec) | 0.4 |
| LVID – S (mm) | 30 | A WAVE (m/sec) | 0.7 |
| LVPW – D (mm) | 10 | | |
| EJECTION FRACTION (%) | 60% | | |

REPORT:

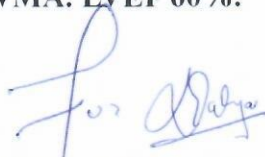
Normal sized all cardiac chambers.
No regional wall motion abnormality.
Normal LV systolic function.
Mitral valve Normal. No mitral regurgitation/ No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
No tricuspid regurgitation. No pulmonary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

IMPRESSION:

Grade I Diastolic Dysfunction.

Normal PA pressures.

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



DR. VIKRANT KHESE
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Reg No: MMC: 2015/02/0627



भारत सरकार
Government of India



भारत जयसिंग खाडे
Bharat Jaysing Khade
जन्म तारीख / DOB 01/06/1974
पुरुष / Male



4817 0863 1392

आधार - सामान्य माणसाचा अधिकार

Kharadi Apollo Clinic

From: noreply@apolloclinics.info
Sent: Thursday, March 7, 2024 04:41 PM
To: bharatkhade2010@gmail.com
Cc: Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M
Subject: Your appointment is confirmed



Dear MR. KHADE BHARAT J,

Greetings from Apollo Clinics.

Your corporate health check appointment is confirmed at KHARADI clinic on 2024-03-08 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 ABOVE 50Y 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.

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

Instructions to be followed for a health check:

Patient Name : Mr. BHARAT KHADE

Age/Gender : 49 Y/M

UHID/MR No. : CKHA.0000072235

OP Visit No : CKHAOPV110422

Sample Collected on :

Reported on : 08-03-2024 18:57

LRN# : RAD2259753

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE14069

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

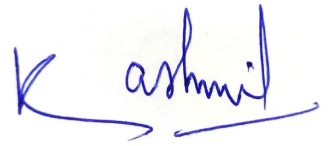
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Mr. BHARAT KHADE

Age/Gender : 49 Y/M

UHID/MR No. : CKHA.0000072235

OP Visit No : CKHAOPV110422

Sample Collected on :

Reported on : 08-03-2024 14:00

LRN# : RAD2259753

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE14069

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size, shape and shows **raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: is well distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

Spleen: appears normal in size, shape and echotexture. No focal lesion is noted.

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

Right kidney : normal in size ms 11.4 x 4.7 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : normal in size ms 11.5 x 4.1 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No hydronephrosis seen. **E/o two non obstructive calculi measuring 4.1 mm and 3 mm at upper pole.**

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: is partially distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Prostate: appears normal in size and echotexture

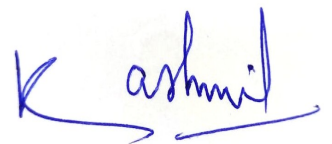
Visualised bowel loops appear normal. No wall edema or mass noted.

IMPRESSION :

- **Grade I fatty changes in liver.**
- **Left renal non obstructive calculi.**

Clinical correlation suggested....

(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.



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