Apollo
TOUCHING LIVES

Certificate No: MC-5597

Apollo Clinic
Expertise. Closer to you.

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 01:59PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 03:11PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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 hemoparasite seen.

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

SIN No:BLD240080258

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 01:59PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 03:11PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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	15.8	g/dL	13-17	Spectrophotometer
PCV	47.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.39	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.2	%	40-80	Electrical Impedance
LYMPHOCYTES	33.2	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	9.5	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2766.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1726.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	213.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	494	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.6		0.78- 3.53	Calculated
PLATELET COUNT	165000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BLD240080258

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 01:59PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 03:58PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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	B			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

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

SIN No:BED240080258

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

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 01:28PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 02:34PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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*	96	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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

SIN No:PLF02152184

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

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 01:55PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 04:39PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)*	73	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	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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.

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

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 01:55PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 04:39PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

DEPARTMENT OF BIOCHEMISTRY

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

A: HbF >25%
B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 07:34PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 09:35PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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	**229**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	102	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	58	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**170**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**150.17**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.32	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.92		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.
2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:SE0467391

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

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 07:34PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 09:35PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

DEPARTMENT OF BIOCHEMISTRY

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

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

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When
Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

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

DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 07:34PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 09:35PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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	0.58	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28.5	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	85.30	U/L	30-120	IFCC
PROTEIN, TOTAL	7.15	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. **Hepatocellular Injury:**

• AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.

• ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI .• Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.

• AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. **Cholestatic Pattern:**

• ALP – Disproportionate increase in ALP compared with AST, ALT.

• Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.

• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. **Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels.• Correlation with PT (Prothrombin Time) helps.

DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:SE0467391

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 07:34PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 09:35PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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	1.02	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.15	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.23	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.15	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.05	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.98	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107.28	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.15	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		0.9-2.0	Calculated

DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 07:34PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 09:35PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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*	27.29	U/L	<55	IFCC

DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 01:29PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 02:34PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.83	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.543	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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

SIN No:SPL24053915

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

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 04:48PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 05:19PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2314580

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 02:02PM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 04:48PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 05:31PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:UHP017335

Apollo TOUCHING LIVES

Certificate No: MC-5597

Apollo Clinic Expertise. Closer to you.

Patient Name	: Mr.PRANIT DAMODHAR	Collected	: 23/Mar/2024 10:42AM
Age/Gender	: 30 Y 6 M 0 D/M	Received	: 23/Mar/2024 03:11PM
UHID/MR No	: CKHA.0000072650	Reported	: 23/Mar/2024 04:01PM
Visit ID	: CKHAOPV111252	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE15516		

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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Off: No.10, Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744
SIN: No:UPA41383

Apollo Clinic Kharadi
Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No .102,
B Wing, Shops & Offices, KUL SCAPES, Opp. Reliance Mall,
Kharadi, Pune 411014

1860 500 7788
www.apolloclinic.com

Apollo Clinic
Expertise. Closer to you.

Name: Mr. Pranit Damodhar
Age/ Sex: 30 Yrs / M **Date: 23/03/2024**

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	26	PULMONARY VE(m/sec)	0.7
LEFT ATRIUM (mm)	28	PG (mmHg)	2
		AORTIC VEL (m/sec)	0.9
IVS – D (mm)	10	PG (mmHg)	3
LVID – D (mm)	42	MITRAL E WAVE(m/sec)	0.7
LVID – S (mm)	27	A WAVE (m/sec)	0.6
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, **Trivial mitral regurgitation**/ No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
Mild tricuspid regurgitation.RVSP-25+10 mm Hg.. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION:

Normal PA pressures.

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

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

Apollo Clinic
Expertise. Closer to you.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Pranit Damodhar. on 25/03/24

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

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. Dysplimdenna 2. Grade I Fatty liver 3. (L) kidney upper pole cyst ? Septations However the employee should follow the advice/medication that has been communicated to him/her. Review after _____	
• Currently Unfit. Review after _____ recommended	
• Unfit	

Dr. Dr. Zuha Khan
MBBS, General Physician
Reg. No. : 2020/03/1804
Medical Officer
Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

Apollo HOSPITALS

Apollo Clinic
Expertise. Closer to you.

Pranit

Date	: 23-03-2024	Department	: GENERAL
MR NO	: CKHA.0000072650	Doctor	:
Name	: Mr. PRANIT DAMODHAR	Registration No	:
Age/ Gender	: 30 Y / Male	Qualification	:

Consultation Timing: 10:23

Height : 169	Weight : 76.3	BMI : 25	Waist Circum : 94
Temp : 97.5 F	Pulse : 77	Resp : 20	B.P : 108/74

47

General Examination / Allergies History

A1. ① kidney upper pole cyst c septation

↓

Refer to urosurgery

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

H/O covid infection -

Vaccinated with -

Follow up date:

Doctor Signature

Apollo Clinic, Kharadi
#102, B Wing, 1st Floor, Kul Scapes, Magarpatta Road, Opp. Reliance Smart, Kharadi, Pune, Pin: 411014 | Phone: (020) 2701 3333/4444
Follow us /ApolloClinicIndia /ApolloClinics

Apollo HOSPITALS

Apollo Clinic
Expertise. Closer to you.

POWER PRESCRIPTION

NAME: Mr pranit Damodhar GENDER: M/F DATE: 23.3.24

AGE: 30 UHID: 72650

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-1.00	-0.25	180°	6/6
NEAR				

LEFT EYE

SPH	CYL	AXIS	VISION
-0.75	-0.50	180°	6/6

INSTRUCTIONS:

SIGNATURE

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

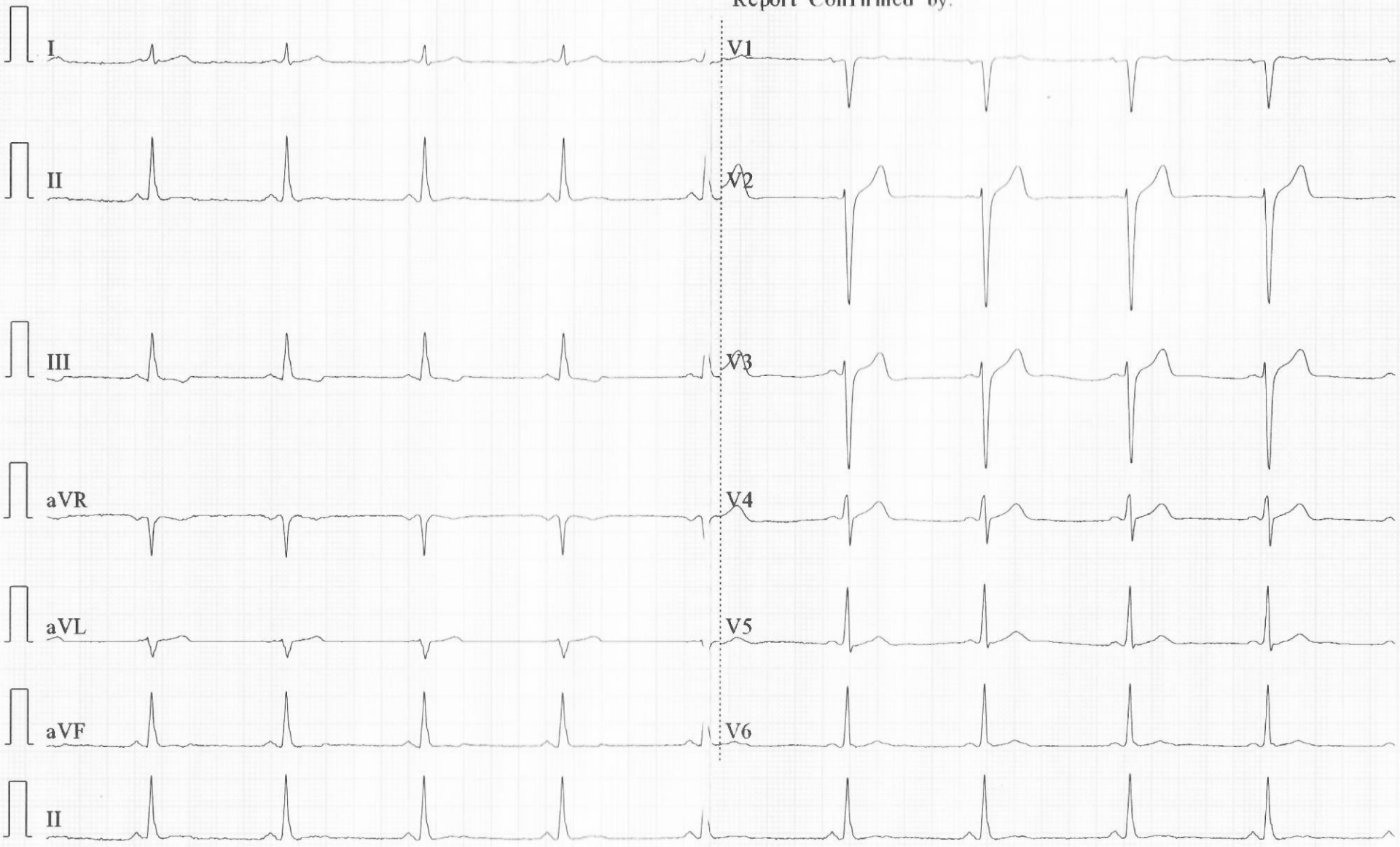
ID: 72650
pranit damodhar
Male 30Years
kg / mmHg
Req. No. :

23-03-2024 14:59:33

HR	: 58	bpm
P	: 106	ms
PR	: 118	ms
QRS	: 116	ms
QT/QTcBz	: 386/380	ms
P/QRS/T	: 71/75/3	°
RV5/SV1	: 1.066/0.905	mV

Diagnosis Information:
Sinus bradycardia
Poor R wave progression
Borderline ECG

Report Confirmed by:



0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9[redacted]0 V1.47 Glasgow V28.6.7 APOLLO CLINIC KHARADI

Apollo Clinic
Expertise. Closer to you.

Patient Name	: Mr. PRANIT DAMODHAR	Age	: 30 Y M
UHID	: CKHA.0000072650	OP Visit No	: CKHAOPV111252
Reported on	: 24-03-2024 09:39	Printed on	: 24-03-2024 10:03
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:24-03-2024 09:39 ---End of the Report---

Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Apollo Clinic
Expertise. Closer to you.

Patient Name	: PRANIT DAMODHAR	Date : 23/03/2024	
Referred By	: Apollo Clinics.	Age : 33 yrs. Sex : M.	

USG – Abdomen & pelvis

Clinical Profile : Routine check up.

Findings:

Liver appears normal in size, shape and **shows grade I fatty changes.** No focal mass lesions seen.
Intrahepatic biliary radicals and veins are normal.
GB is well distended and appears normal. No calculi are noted. Gall bladder wall is normal.
CBD and PV are normal.

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

Right kidney is normal in size,shape and echotexture. It measures 9.4 x 4.1 cm in size.
No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal.
CMD is well maintained.

Left kidney is normal in size, shape and echotexture. It measures 11.1 x 4.8 cm in size.
Left kidney upper pole shows three cysts measruing 36 x 23 mm, 26 x 26 mm& 24 x 21 mm.
Two cysts show a septation within. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

No ascites. **No para-aortic lymphadenopathy.**

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

Prostate appears normal in size and texture.

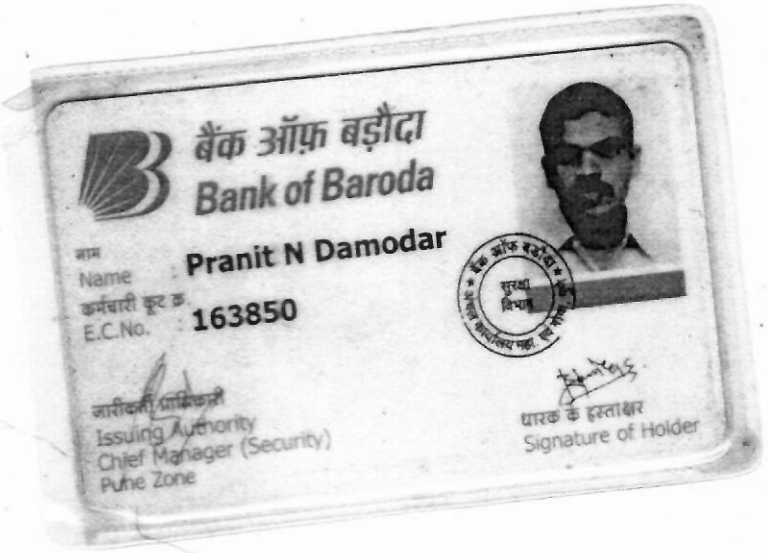
Impression:

> Grade I fatty liver.
> Left kidney upper pole cysts with septations – yearly check up is suggested.
> Rest of the USG of the abdomen and pelvis does not reveal any significant abnormality.
Suggest- Clinico- Lab correlation.

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

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

Thanks for the referral


बैंक ऑफ़ बड़ौदा
Bank of Baroda
नाम
Name : Pranit N Damodar
कर्मचारी कूट क्र.
E.C.No. : 163850
जारीकर्ता प्राधिकारी
Issuing Authority
Chief Manager (Security)
Pune Zone
धारक के हस्ताक्षर
Signature of Holder

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER	EMAIL
30	Arcofemi/Mediwheel/ MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bobE15516	MR. DAMODHAR PRANIT NIWRATTI	33	Male	damodar.niwarutti@bankofbaroda.com