

Patient Name : Mr.BORGAONKAR IRFAN	Collected : 23/Mar/2024 10:46AM
Age/Gender : 31 Y 8 M 17 D/M	Received : 23/Mar/2024 12:44PM
UHID/MR No : CKOR.0000252767	Reported : 23/Mar/2024 04:23PM
Visit ID : CKOROPV404643	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17168	

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	15.1	g/dL	13-17	Spectrophotometer
PCV	44.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.8	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	77.5	fL	83-101	Calculated
MCH	26.1	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,980	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.6	%	40-80	Electrical Impedance
LYMPHOCYTES	34.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.8	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3811.08	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2408.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	265.24	Cells/cu.mm	20-500	Calculated
MONOCYTES	446.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	48.86	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.58		0.78- 3.53	Calculated
PLATELET COUNT	349000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-15	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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Consultant Pathologist



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SIN No:BED240080295

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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WBCs: are normal in total number with normal distribution and morphology.

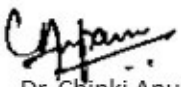
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

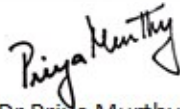
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Suggested Iron profile in view of reduced RBC indices and increased RBC count.

Kindly correlate clinically.



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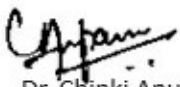
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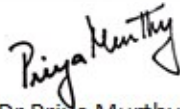
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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	103	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)	161	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	6.0	%		HPLC


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SIN No:EDT240036902

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ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated
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Comment:

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

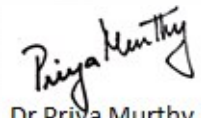
REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	78	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	41	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	147	mg/dL	<130	Calculated
LDL CHOLESTEROL	131	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.58		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.


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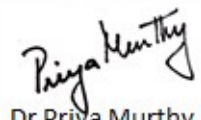
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.11	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.95	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	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 > 1 in Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

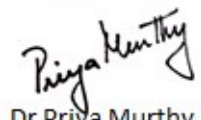
2. Cholestatic Pattern:

- 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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SIN No:SE04673431

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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1860 500 7788
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Patient Name : Mr.BORGAONKAR IRFAN	Collected : 23/Mar/2024 10:46AM
Age/Gender : 31 Y 8 M 17 D/M	Received : 23/Mar/2024 01:15PM
UHID/MR No : CKOR.0000252767	Reported : 23/Mar/2024 02:32PM
Visit ID : CKOROPV404643	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17168	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.67-1.17	Jaffe's, Method
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.92	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.26	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		0.9-2.0	Calculated


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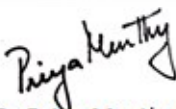
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	<55	IFCC


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Patient Name : Mr.BORGAONKAR IRFAN	Collected : 23/Mar/2024 10:46AM
Age/Gender : 31 Y 8 M 17 D/M	Received : 23/Mar/2024 01:11PM
UHID/MR No : CKOR.0000252767	Reported : 23/Mar/2024 02:54PM
Visit ID : CKOROPV404643	Status : Final Report
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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	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.551	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: SPL24053948

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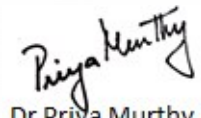

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Patient Name	: Mr.BORGAONKAR IRFAN	Collected	: 23/Mar/2024 10:46AM
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DEPARTMENT OF IMMUNOLOGY

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


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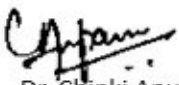
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Patient Name : Mr.BORGAONKAR IRFAN	Collected : 23/Mar/2024 10:46AM
Age/Gender : 31 Y 8 M 17 D/M	Received : 23/Mar/2024 04:42PM
UHID/MR No : CKOR.0000252767	Reported : 23/Mar/2024 07:21PM
Visit ID : CKOROPV404643	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17168	

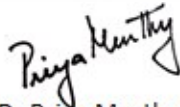
DEPARTMENT OF CLINICAL PATHOLOGY

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	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
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



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SIN No:UR2314615

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Patient Name : Mr.BORGAONKAR IRFAN	Collected : 23/Mar/2024 10:46AM
Age/Gender : 31 Y 8 M 17 D/M	Received : 23/Mar/2024 04:42PM
UHID/MR No : CKOR.0000252767	Reported : 23/Mar/2024 06:41PM
Visit ID : CKOROPV404643	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

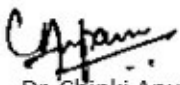
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

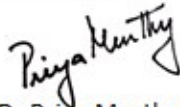
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF011388

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Patient Name : Mr. BORGAONKAR IRFAN

Age : 31 Y/M

UHID : CKOR.0000252767

OP Visit No : CKOROPV404643

Conducted By: :

Conducted Date : 09-04-2024 11:07

Referred By : SELF

Name : Mr. BORGAONKAR IRFAN

Age: 31 Y

UHID:CKOR.0000252767

OP Number:CKOROPV404643

Bill No :CKOR-OCR-81725

Date : 23.03.2024 10:15

Address : KML

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
 INDIA OP AGREEMENT

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

wt - 59 kg
ht - 157 cm

Apollo Clinic

Consent Form

Patient Name: Irfan. Borgaonkar Age: 31
UHID Number: Company Name: Bank of Baroda

I Mr/Mrs/Miss: Irfan. Borgaonkar Employee of Bank of Baroda

(Company) want to inform you that I am not getting the.....

Test which is a part of health check package.

Reason If any: ENT & Consultation - on friday 29/3/24.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 23/3/24

Patient Name	: Mr. BORGAONKAR IRFAN	Age	: 31 Y M
UHID	: CKOR.0000252767	OP Visit No	: CKOROPV404643
Reported on	: 23-03-2024 16:44	Printed on	: 23-03-2024 17:29
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.


The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

Printed on:23-03-2024 16:44

---End of the Report---


Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

OPHTHAL REPORT

NAME: Bhargavaankar ishan
AGE: 21 GENDER: MALE / FEMALE

RIGHT EYE

	SPH	CYL	AXIS	VA
DV	+0.25	-1.00	90	6/6
NV	—————			N5

LEFT EYE

	SPH	CYL	AXIS	VA
DV	+0.25	-1.00	90	6/6
NV	—————			N5

REMARK: use same glass

DATE: 22/03/24

de

OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT

Patient Name : Mr Borgaonkar Irfan

Patient ID: 252767

Age : 31 Year(s)

Sex : Male

Referring Doctor : H/C

Date : 23.03.2024

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows normal echotexture. No biliary dilatation. No focal lesion
CBD is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

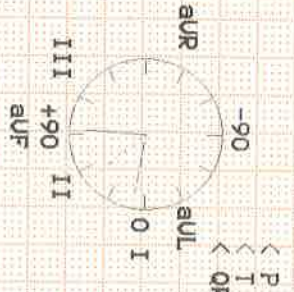
Prostate: normal in size and echotexture.

There is no ascites.

IMPRESSION: NO SIGNIFICANT ABNORMALITIES DETECTED.

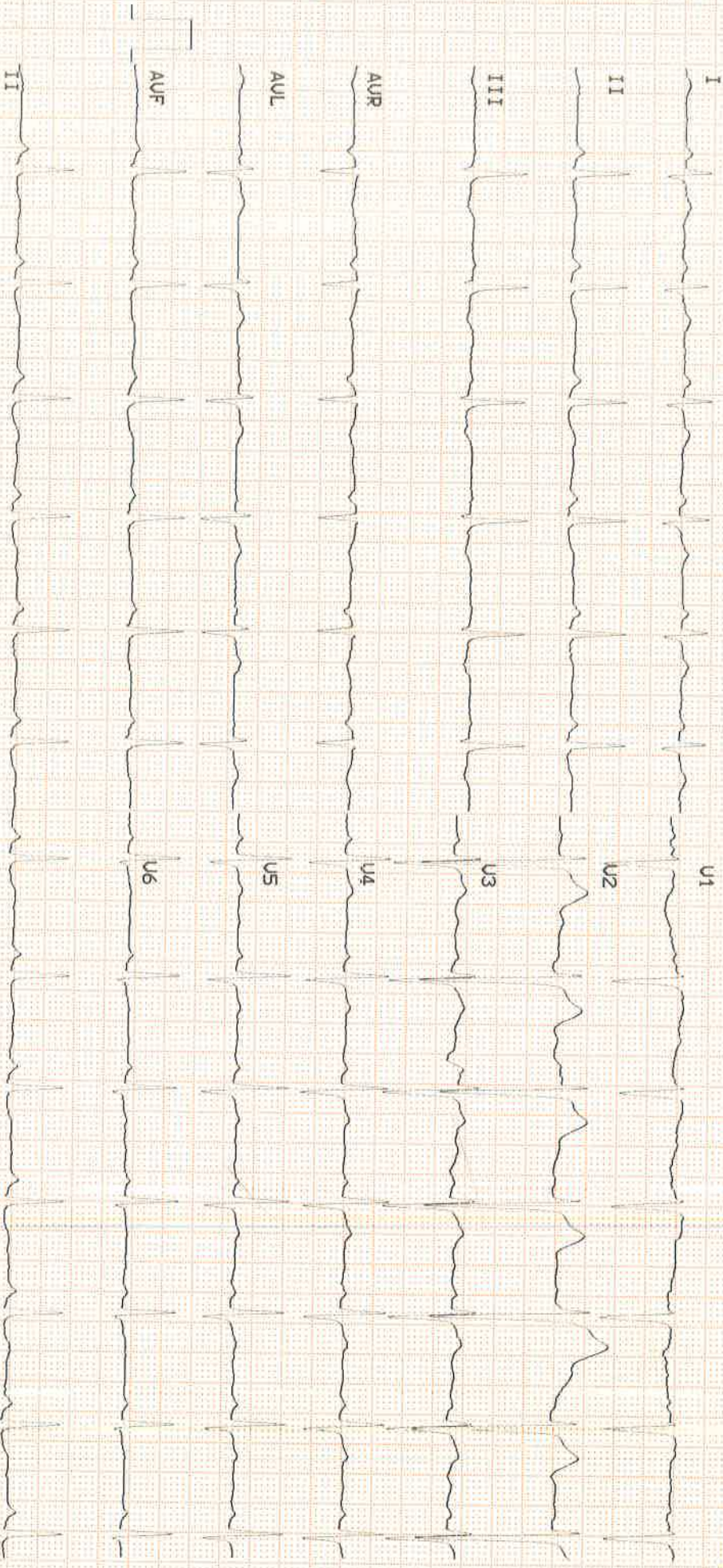
DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

AGE: 31
 Measurement Results:
 QRS : 106 ms
 QT/QTcB : 382 / 438 ms
 PR : 152 ms
 P : 112 ms
 RR/PP : 760 / 745 ms
 P/ORS/T : 50 / 95 / 10 degrees
 QTd/QTcBd : 82 / 94 ms
 Sokolow : 1.9 mV
 NK : 11



Interpretation: Normal Study

Unconfirmed report.





Patient Name : Mr, BORGAONKAR IRFAN
UHID : CKOR.0000252767
Reported By: Dr. SATHWIK RAJ V A
Referred By : SELF
Age : 31 Y/M
OP Visit No : CKOROPV404643
Conducted Date : 24-03-2024 13:17

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 79 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr. SATHWIK RAJ V A
CARDIOLOGIST

NOTE: KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED.

----- END OF THE REPORT -----

NAME: Mr. B IRFAN

AGE: 31Y

SEX: MALE

DATE: 23/03/2024

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO - 2.8 (20 - 35)cm	LIVD d - 4.0(36-52)cm	IVS - 0.9 (06 - 11)cm
LA - 3.1(19- 40)cm	LVID s -2.6(23- 39)cm	PWD - 0.9(06- 11)cm
EF - 66% (>50%)	RVID-22 MM	

VALVES

Mitral Valve : Normal
Aortic Valve : Normal
Tricuspid Valve : Normal
Pulmonary Valve : Normal

CHAMBERS

Left Atrium : Normal
Right Atrium : Normal
Left Ventricle : Normal
Right Ventricle : Normal

SEPTAE

IVS : Intact
IAS : Intact

GREAT ARTERIES

Aorta : Normal
Pulmonary Artery : Normal


DOPPLER DATA

Mitral : Normal
Aortic : Normal
Tricuspid : Normal
Pulmonary : Normal

WALL MOTION ABNORMALITIES : NO RWMA AT REST

Pericardium : Normal

FINAL DIAGNOSIS: NORMAL CHAMBERS AND VALVES
NORMAL BIVENTRICULAR FUNCTION (EF-66%)
NO RWMA AT REST


Dr. Satwik Raj V. A., MD, DM
Asst. Prof. of Cardiology
Regn. No. 96177
DR. SATWIK RAJ V. A
MD, DM
CONSULTANT CARDIOLOGIST



बैंक ऑफ बड़ोदा
Bank of Baroda

नाम
Name

इरफान बोरगावकर
Irfan Borgaonkar

E.C. No.

178519



Irfan Borgaonkar

धारक के हस्ताक्षर

Signature of Holder

जारीकर्ता प्राधिकारी
Issuing Authority

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Thu 21-03-2024 18:46

To:iborgaonkar@yahoo.com <iborgaonkar@yahoo.com>

Cc:Koramangala Apolloclinic <koramangala@apolloclinic.com>;Saim Qamar <saim.qamar@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear MR. BORGAONKAR IRFAN,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KORAMANGALA** clinic on **2024-03-23** at **08:15-08:30**.

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

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

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

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

Instructions to be followed for a health check:

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

For Women:

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

For further assistance, please call us on our Help Line #: 1860 500 7788.

**Clinic Address: THE APOLLO MEDICAL CENTRE, 51, JYOTI NIVAS COLLEGE ROAD,
5TH BLOCK, KORAMANGALA**

Contact No: (080) 2563 3833 - 24 - 23.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

Patient Name	: Mr. BORGAONKAR IRFAN	Age	: 31 Y/M
UHID	: CKOR.0000252767	OP Visit No	: CKOROPV404643
Reported By:	: Dr. SATHWIK RAJ V A	Conducted Date	: 24-03-2024 13:17
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 79 beats per minutes.
3. No pathological Q wave or S-T, T changes seen.
4. Normal P, Q, R, S, T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

Dr. SATHWIK RAJ V A
CARDIOLOGIST

NOTE: KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

Patient Name	: Mr. BORGAONKAR IRFAN	Age	: 31 Y/M
UHID	: CKOR.0000252767	OP Visit No	: CKOROPV404643
Reported By:	: Dr. SATHWIK RAJ V A	Conducted Date	: 24-03-2024 13:17
Referred By	: SELF		

----- END OF THE REPORT -----

Patient Name	: Mr. BORGAONKAR IRFAN	Age/Gender	: 31 Y/M
UHID/MR No.	: CKOR.0000252767	OP Visit No	: CKOROPV404643
Sample Collected on	:	Reported on	: 23-03-2024 17:15
LRN#	: RAD2279085	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17168		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows normal echotexture. No biliary dilatation. No focal lesion
CBD is not dilated. **Portal vein** is normal in size, course and calibre.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

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Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate: normal in size and echotexture.

There is no ascites.

IMPRESSION: NO SIGNIFICANT ABNORMALITIES DETECTED.



Patient Name : Mr. BORGAONKAR IRFAN

Age/Gender : 31 Y/M

DR VINOD JOSEPH DNB,DMRD
RADIOLOGIST

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Patient Name : Mr. BORGAONKAR IRFAN

Age/Gender : 31 Y/M

UHID/MR No. : CKOR.0000252767

OP Visit No : CKOROPV404643

Sample Collected on :

Reported on : 23-03-2024 16:44

LRN# : RAD2279085

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE17168

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Name: Mr. BORGAONKAR IRFAN
Age/Gender: 31 Y/M
Address: KML
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIJAYA LAKSHMI M

MR No: CKOR.0000252767
Visit ID: CKOROPV404643
Visit Date: 23-03-2024 10:14
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. BORGAONKAR IRFAN
Age/Gender: 31 Y/M
Address: KML
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RINITHA RAJAN

MR No: CKOR.0000252767
Visit ID: CKOROPV404643
Visit Date: 23-03-2024 10:14
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

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Age/Gender: 31 Y/M
Address: KML
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000252767
Visit ID: CKOROPV404643
Visit Date: 23-03-2024 10:14
Discharge Date:
Referred By: SELF

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