


Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 07:34PM
UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 08:04PM
Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

## DEPARTMENT OF HAEMATOLOGY

### PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**



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

SIN No:BED240063854

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 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.1	g/dL	13-17	Spectrophotometer
PCV	43.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.8	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,740	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.3	%	40-80	Electrical Impedance
LYMPHOCYTES	31.1	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	<b>11.2</b>	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3174.22	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1785.14	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	114.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	642.88	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.96	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.78		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	220000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	3	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC Predominantly Normocytic Normochromic with Microcytes+  
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No hemoparasite seen.**

Page 2 of 13



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

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**DEPARTMENT OF HAEMATOLOGY**

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



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UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 08:45PM
Visit ID : CPIMOPV158035	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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  
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SIN No:BED240063854

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Patient Name	: Mr.RAHUL S RAMTEKE	Collected	: 09/Mar/2024 12:43PM
Age/Gender	: 33 Y 10 M 11 D/M	Received	: 09/Mar/2024 06:57PM
UHID/MR No	: CPIM.0000117099	Reported	: 09/Mar/2024 07:55PM
Visit ID	: CPIMOPV158035	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS10491		

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	83	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)	85	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:PLP1429235

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Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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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SIN No:EDT240029126

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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	113	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>35</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>140</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>117.39</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.57	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.02</b>		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.



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SIN No:SE04656470

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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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.02	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.85	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.49	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	47.20	U/L	30-120	IFCC
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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 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	<b>0.65</b>	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	<b>14.25</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.7</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.61	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.61	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.51	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.9	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.7	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated



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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.28	U/L	<55	IFCC



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UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 08:13PM
Visit ID : CPIMOPV158035	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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.21	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.61	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.293	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:SPL24042522


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Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
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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
<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	1.010		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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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:UR2301953

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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 \*\*\*



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

SIN No:UF011128

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



Patient Name : Mr. RAHUL S RAMTEKE Age : 34 Y/M  
UHID : CPIM.0000117099 OP Visit No : CPIMOPV158035  
Conducted By: : Conducted Date : 11-03-2024 18:34  
Referred By : SELF

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**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b><i>Patient's Name: MR. RAHUL RAMTEKE</i></b>	<b><i>Age/Sex: 33 / M</i></b>
<b><i>Ref: ARCOFEMI</i></b>	<b><i>Date: 09.03.2024</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/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	31.0 mm	<b>Aortic Root</b>	26.0 mm
<b>IVS (d)</b>	09.0 mm	<b>IVS (s)</b>	14.0 mm
<b>LVID (d)</b>	42.0 mm	<b>LVID (s)</b>	22.0 mm
<b>LVPW(d)</b>	09.0 mm	<b>LVPW(s)</b>	14.0 mm

**IMPRESSION :**  
**NORMAL CARDIAC CHAMBER DIMENSIONS**  
**NO RWMA; LVEF = 60%**

Patient Name : Mr. RAHUL S RAMTEKE  
UHID : CPIM.0000117099  
Conducted By: :  
Referred By : SELF

Age : 34 Y/M  
OP Visit No : CPIMOPV158035  
Conducted Date : 11-03-2024 18:34

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***NO LV DIASTOLIC DYSFUNCTION  
GOOD RIGHT VENTRICULAR FUNCTION  
NORMAL CARDIAC VALVES  
NO PULMONARY HYPERTENSION  
IAS/IVS INTACT  
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

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

Patient Name : Mr. RAHUL S RAMTEKE

UHID : CPIM.0000117099

Conducted By: :

Referred By : SELF

Patient Name : Mr. RAHUL S RAMTEKE

UHID : CPIM.0000117099

Conducted By :

Referred By : SELF

Age : 34 Y/M

OP Visit No : CPIMOPV158035

Conducted Date :

Age : 34 Y/M

OP Visit No : CPIMOPV158035

Conducted Date :



ID: 436

Mr. Rahuk Rautela  
Male 31 Years

09-03-2024 01:52:26 PM COPY

LOW CE

HR : 59 bpm

Diagnosis Information:

P : 101 ms

Sinus Rhythm

PR : 143 ms

\*\*\*Normal ECG\*\*\*

QRS : 85 ms

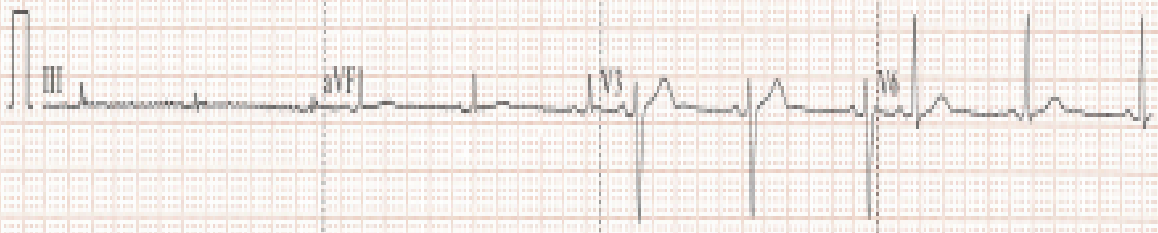
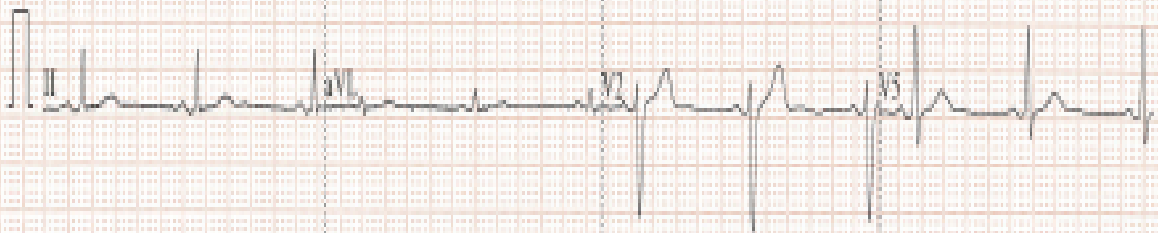
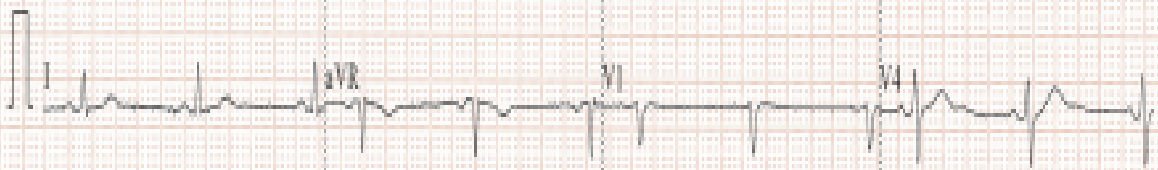
QT/QTc : 381/380 ms

P:QRS: 29/40/30 °

RVS/SVI : 0.972/0.453 mV

*W. R. Rautela*

Report Confirmed by:



**Patient Name** : Mr. RAHUL S RAMTEKE

**Age/Gender** : 33 Y/M

**UHID/MR No.** : CPIM.0000117099

**OP Visit No** : CPIMOPV158035

**Sample Collected on** :

**Reported on** : 09-03-2024 18:02

**LRN#** : RAD2262174

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS10491

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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. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology

**Patient Name** : Mr. RAHUL S RAMTEKE

**Age/Gender** : 33 Y/M

**UHID/MR No.** : CPIM.0000117099

**OP Visit No** : CPIMOPV158035

**Sample Collected on** :

**Reported on** : 09-03-2024 14:36

**LRN#** : RAD2262174

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobS10491

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size (14.3cm) and bright echotexture. No focal lesion is seen. PV and CBD normal.

No dilatation of the intrahepatic biliary radicals.

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

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

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

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

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

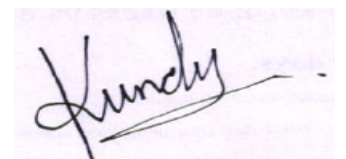
**Prostate** is normal in size and echo texture.No evidence of necrosis/calcification seen.

**IMPRESSION:-**

**GRADE I FATTY LIVER.**

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

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



**Dr. KUNDAN MEHTA**



**Patient Name** : Mr. RAHUL S RAMTEKE

**Age/Gender** : 33 Y/M

---

MBBS, DMRE (RADIOLOGY)

Radiology



Name: Mr. RAHUL S RAMTEKE  
Age/Gender: 34 Y/M  
Address: P - 361/3, ALKAPURI 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.0000117099  
Visit ID: CPIMOPV158035  
Visit Date: 09-03-2024 10:34  
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. RAHUL S RAMTEKE  
Age/Gender: 34 Y/M  
Address: P - 361/3, ALKAPURI 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.0000117099  
Visit ID: CPIMOPV158035  
Visit Date: 09-03-2024 10:34  
Discharge Date:  
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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

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**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mr. RAHUL S RAMTEKE  
Age/Gender: 34 Y/M  
Address: P - 361/3, ALKAPURI DEHU ROAD  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000117099  
Visit ID: CPIMOPV158035  
Visit Date: 09-03-2024 10:34  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mr. RAHUL S RAMTEKE  
Age/Gender: 34 Y/M  
Address: P - 361/3, ALKAPURI 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.0000117099  
Visit ID: CPIMOPV158035  
Visit Date: 09-03-2024 10:34  
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
09-03-2024 14:28	84 Beats/min	130/70 mmHg	20 Rate/min	97 F	172 cms	77 Kgs	%	%	Years	26.03	cms	cms	cms		AHLL03446

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
09-03-2024 14:28	84 Beats/min	130/70 mmHg	20 Rate/min	97 F	172 cms	77 Kgs	%	%	Years	26.03	cms	cms	cms		AHLL03446



Established Patient: No

**Vitals**

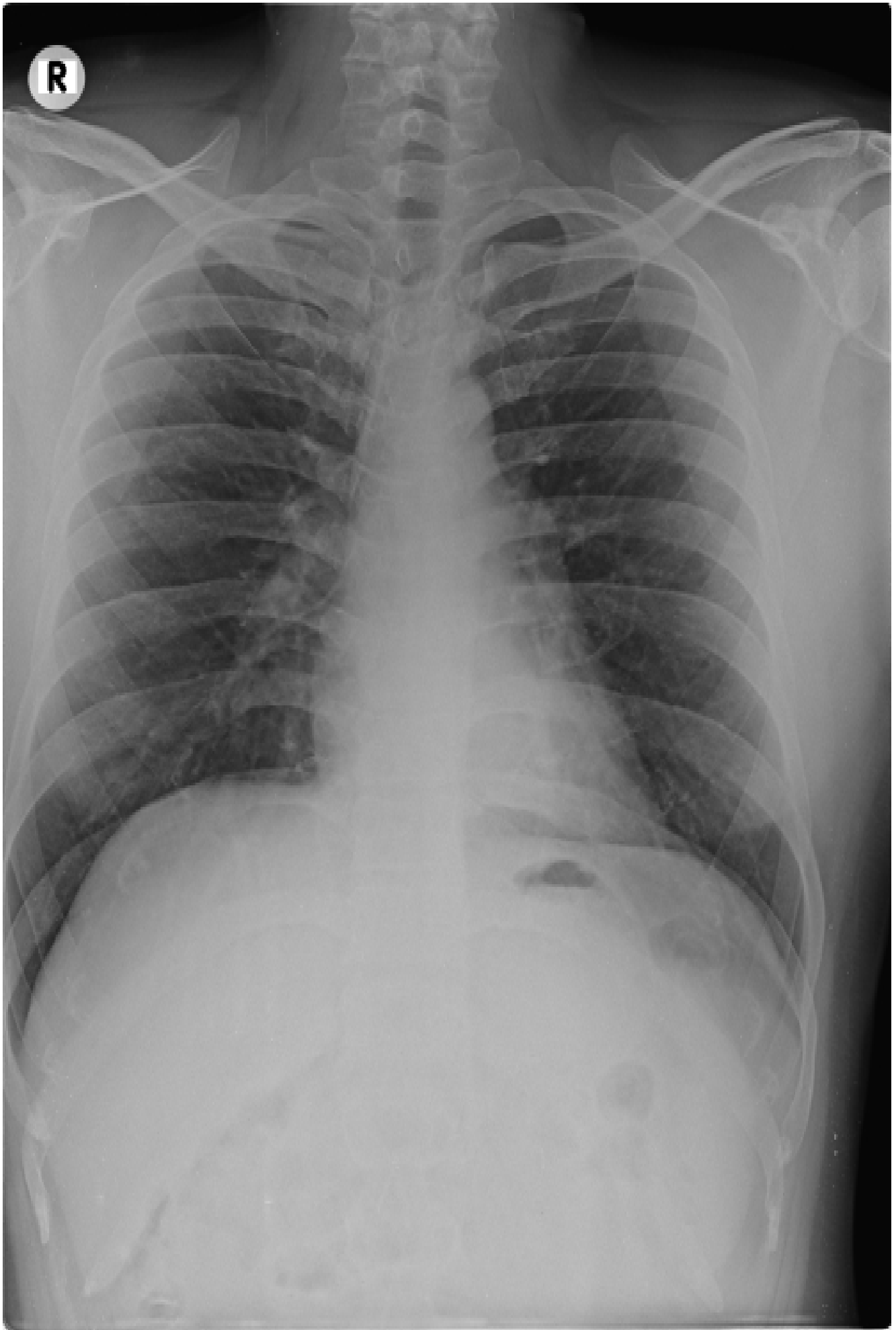
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Established Patient: No

**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
09-03-2024 14:28	84 Beats/min	130/70 mmHg	20 Rate/min	97 F	172 cms	77 Kgs	%	%	Years	26.03	cms	cms	cms		AHLL03446

R





Date : 09-03-2024  
MR NO : CPIM.0000117099

Department : GENERAL  
Doctor :

Name : Mr. RAHUK S RAMTEKE

Registration No :

Age/ Gender : 33 Y / Male

Qualification :

Consultation Timing: 10:34

S/E HTN

CVS: S, S<sub>2</sub> ⊕

RS: AEC

PA: NAD.

CNS: NAD.

No known allergy

No past Sx

Ht - 172

wt - 77

BP - 130/80

MR = HTN.

Diet Mix

Anam



S.No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO	Appointment Date
6	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bob514304	CHIRAG CHAKRADHAR RAUT	38	year	Male	pojalpwn@gmail.com	9.924E+09
28	Arcofem(Mediwheel)/MAL E/FEMALE	Arcofem MedWheel Full Body Annual Plus Male 2D ECHO	bob510491	Rahul sidharth ramteke	33 year	Male	dh257@gmail.com	9.766E+09	09-03-2024
29	Arcofem(Mediwheel)/MAL E/FEMALE	Arcofem MedWheel Full Body Health Annual Plus Check Female 2D ECHO	bob510488	MS. TEMBHURNIKAR DIPALI HITESH	33 year	Female	dh257@gmail.com	9.766E+09	09-03-2024
6	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO	bob514357	Mudit duggar	31	Male	gallin@bcl@gmail.com	7.877E+09	09-Mar-24
7	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE 2D ECHO - PAN INDIA - FY2324	bob514355	MRS. VERMA NEELAM	34	Female	kamyadot@gmail.com	7.877E+09	09-Mar-24
101	Arcofem(Mediwheel)/MAL E/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PANINDIA - FY2324	bob513610	Varsha Naik	42 year	Female	ggsnaik@gmail.com	8.605E+09	09-03-2024

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination  
of Mr. Rahul S Ramteke on 11/03/2024

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

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

Dr. Anamdar  
Medical Officer  
Apollo Clinic, (NIGDI)

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

*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

Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 07:34PM
UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 08:04PM
Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	


**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.1	g/dL	13-17	Spectrophotometer
PCV	43.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84.8	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,740	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.3	%	40-80	Electrical Impedence
LYMPHOCYTES	31.1	%	20-40	Electrical Impedence
EOSINOPHILS	2	%	1-6	Electrical Impedence
MONOCYTES	11.2	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3174.22	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1785.14	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	114.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	642.88	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.96	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.78		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	220000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	3	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**



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

SIN No:BED240063854

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



Certificate No: MC-5697


Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 07:34PM
UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 08:04PM
Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

**DEPARTMENT OF HAEMATOLOGY**

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC Predominantly Normocytic Normochromic with Microcytes+**  
**WBC are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**



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

SIN No:BED240063854

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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 www.apollohi.com | Email ID: enquiry@apollohi.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 | Chandu Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indra Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aurhth | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)




Certificate No: MC-5697

Patient Name	: Mr.RAHUL S RAMTEKE	Collected	: 09/Mar/2024 01:21PM
Age/Gender	: 33 Y 10 M 11 D/M	Received	: 09/Mar/2024 07:34PM
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**DEPARTMENT OF HAEMATOLOGY**

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



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



SIN No:BED240063854

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



Certificate No: MC-5697

Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 07:34PM
UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 08:45PM
Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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:BED240063854

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

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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanogudi) 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)

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

Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 12:43PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 06:57PM
UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 07:55PM
Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

**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	83	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	85	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. Sanjay Ingle  
M.B.B.S.M.D(Pathology)  
Consultant Pathologist

SIN No:PLP1429235

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





Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 07:34PM
UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 09:01PM
Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	<b>5.8</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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 glycaemic 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: EDT240029126

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



Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 07:01PM
UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 08:47PM
Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	113	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>35</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>140</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>117.39</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.57	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.02</b>		0-4.97	Calculated

**Comment:**

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

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

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



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

SIN No: SE04656470

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





Certificate No: MC-5697

Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 07:01PM
UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 08:47PM
Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.02	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.85	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.49	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	47.20	U/L	30-120	IFCC
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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, 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.



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

SIN No: SE04656470

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
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Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	0.65	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	14.25	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.61	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.61	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.51	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.9	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.7	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated



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

SIN No:SE04656470

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





Certificate No: MC-5697

Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 07:01PM
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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.28	U/L	<55	IFCC




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

SIN No:SE04656470

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

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 06:59PM
UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 08:13PM
Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.21	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	<b>14.61</b>	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.293	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



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

SIN No: SPL24042522

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

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**1860 500 7788**  
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Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 07:38PM
UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 08:01PM
Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

**DEPARTMENT OF CLINICAL PATHOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	1.010		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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
Consultant Pathologist

SIN No:UR2301953

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







Certificate No: MC-5697


Patient Name : Mr.RAHUL S RAMTEKE	Collected : 09/Mar/2024 01:21PM
Age/Gender : 33 Y 10 M 11 D/M	Received : 09/Mar/2024 07:38PM
UHID/MR No : CPIM.0000117099	Reported : 09/Mar/2024 08:01PM
Visit ID : CPIMOPV158035	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS10491	

**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 \*\*\*



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

SIN No:UF011128

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

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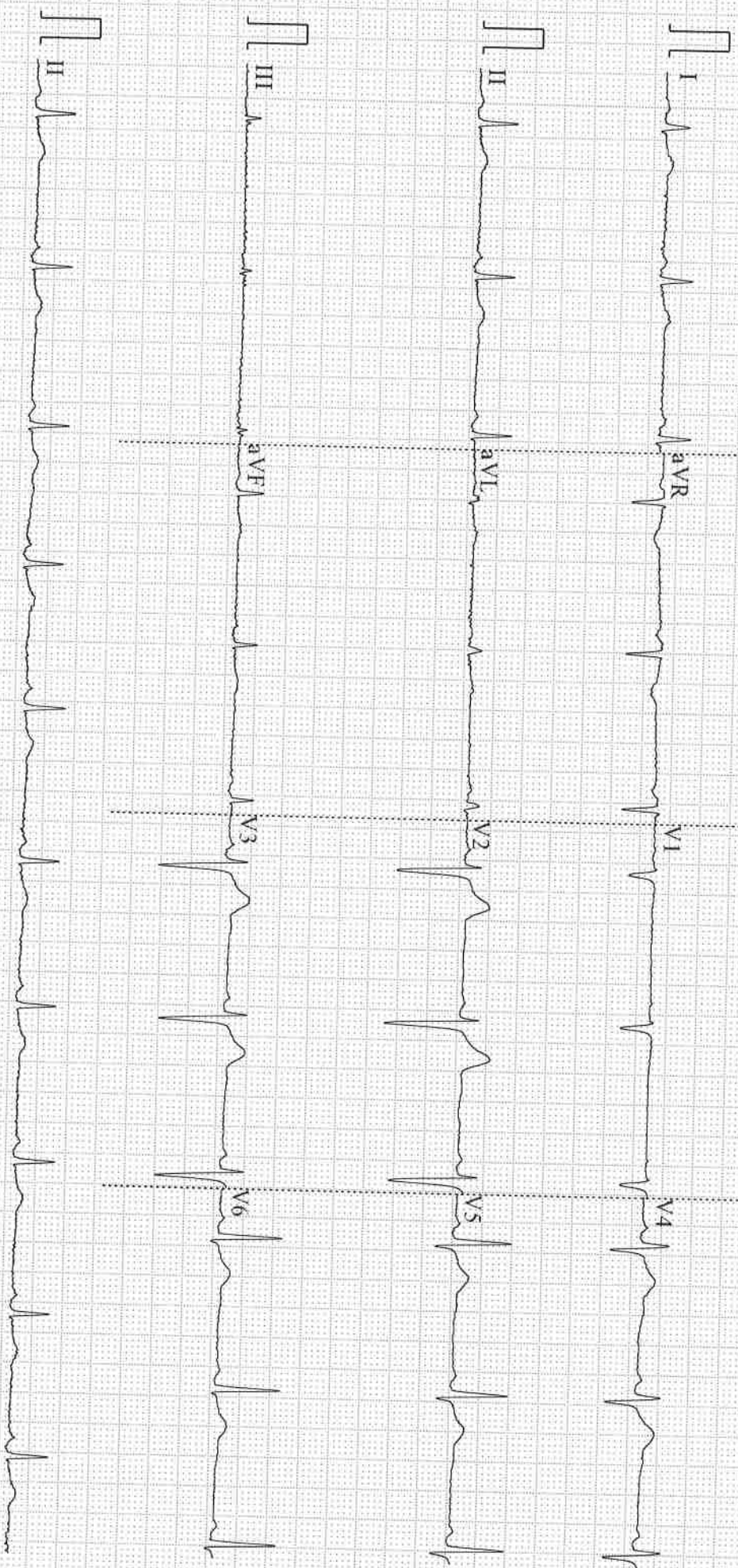
Male 31 Years **Rahuk Ramthete**

09-03-2024 01:52:26 PM COPY  
HR : 59 bpm  
P : 101 ms  
PR : 143 ms  
QRS : 85 ms  
QT/QTc : 381/380 ms  
P/ORS/T : 29/40/30 s  
RV5/SV1 : 0.972/0.453 mV

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

Report Confirmed by:

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



Patient Name : Mr. RAHUL S RAMTEKE Age : 33 Y M  
UHID : CPIM.0000117099 OP Visit No : CPIMOPV158035  
Reported on : 09-03-2024 15:24 Printed on : 09-03-2024 18:02  
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:09-03-2024 15:24

---End of the Report---



**Dr. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology

Patient Name : Mr. RAHUL S RAMTEKE Age : 33 Y M  
UHID : CPIM.0000117099 OP Visit No : CPIMOPV158035  
Reported on : 09-03-2024 13:52 Printed on : 09-03-2024 14:37  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size (14.3cm) and bright echotexture. No focal lesion is seen. PV and CBD normal.

No dilatation of the intrahepatic biliary radicals.

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

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

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

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

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

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

**IMPRESSION:-**  
**GRADE I FATTY LIVER.**

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

Patient Name : Mr. RAHUL S RAMTEKE Age : 33 Y M  
UHID : CPIM.0000117099 OP Visit No : CPIMOPV158035  
Reported on : 09-03-2024 13:52 Printed on : 09-03-2024 14:37  
Adm/Consult Doctor : Ref Doctor : SELF

investigation

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

Printed on:09-03-2024 13:52

---End of the Report---



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

**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b>Patient's Name: MR. RAHUL RAMTEKE</b>	<b>Age/Sex: 33 / M</b>
<b>Ref: ARCOFEMI</b>	<b>Date: 09.03.2024</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/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	31.0 mm	<b>Aortic Root</b>	26.0 mm
<b>IVS (d)</b>	09.0 mm	<b>IVS (s)</b>	14.0 mm
<b>LVID (d)</b>	42.0 mm	<b>LVID (s)</b>	22.0 mm
<b>LVPW(d)</b>	09.0 mm	<b>LVPW(s)</b>	14.0 mm

**IMPRESSION :**

**NORMAL CARDIAC CHAMBER DIMENSIONS**

**NO RWMA; LVEF = 60%**

**NO LV DIASTOLIC DYSFUNCTION**

**GOOD RIGHT VENTRICULAR FUNCTION**

**NORMAL CARDIAC VALVES**

**NO PULMONARY HYPERTENSION**

**IAS/IVS INTACT**

**NO CLOT/VEGETATION/PERICARDIAL EFFUSION**



**DR. RAJENDRA V. CHAVAN**

**MD (MEDICINE), DM (CARDIOLOGY)**

**CONSULTANT CARDIOLOGIST**

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

Date - 09.03.24

Patient Name *Rahul Ramteke*

UHID:

Age / Sex: *33y / M*

EYE CHECK UP


COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>NG</i>	<i>NG</i>
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>

**IMPRESSION: -**

*plane BE*

  
**OPTOMETRIST**



Mr. Rahul Ramteke

33 yrs / M.

Ht - 5'8" , wt - 74 kg.

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

9th March 2024

Δ -∴ Klclo HTn - ∴ 2 yrs.

Abdominal discomfort - Gases.

### Daily Diet

• Morning - 1 glass luke warm water  
+ ajwain, sof, salt powde 1 spoon.  
+ lemon juice

Morning Exercise - Pranayam / Yoga.

• Morning -∴ Breakfast -∴ Sprouts boiled / Mug dhirade  
or. Paneer paratha or Mix atta Thalipith & curd.  
+ 1 fruit.

Mid Time -∴ 2 banana + Tak & Sabja seeds.

Lunch - Salad + Chapati / Bhakari + Sabji  
+ Dal / Sprouts / Dalu kadu / Boiled egg /

2-3 pcs chicken / fish (curry) ~~No~~ No fried.  
+ Rice.

• Evening - Fruits + 3-4 Almonds + 3-4 Walnut  
+ 3-4 Anjir + Raisins

• Dinner = Same as lunch.

Bed Time -∴ luke warm water & cinnamon powde

Avoid Biscuits, Khari, Toast, Ghee, butter, Cheese.



Date : 09-03-2024

Department : GENERAL

MR NO : CPIM.0000117099

Doctor :

Name : Mr. RAHUK S RAMTEKE

Registration No :

Age/ Gender : 33 Y / Male

Qualification :

Consultation Timing: 10:34

S/E HTN

Ht - 172

wt - 77

CVS: S<sub>1</sub>S<sub>2</sub> ⊕

BP - 130/80

RS: AEC

MR = HTN

PA: NAD

Diet MIX

CNS: NAD

NO known allergy

NO past sx

Anam

Dr. Anam A. A. Inamdar

MBBS

Reg. No. 2021/06/6236