


Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:02PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 06:45PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 07:38PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240080770

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	44.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.4	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.3	%	40-80	Electrical Impedance
LYMPHOCYTES	37.1	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2931.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2040.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	110	Cells/cu.mm	20-500	Calculated
MONOCYTES	385	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.44		0.78- 3.53	Calculated
PLATELET COUNT	157000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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DEPARTMENT OF HAEMATOLOGY

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


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Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:02PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 06:45PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 08:25PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

DEPARTMENT OF HAEMATOLOGY

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

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



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M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:BED240080770

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



Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:05PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 06:52PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 07:34PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

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	92	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)	123	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLP1436602

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



Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:02PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 06:46PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 08:40PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

DEPARTMENT OF BIOCHEMISTRY

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

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


Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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SIN No:EDT240037127

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



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Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	159	mg/dL	<200	CHO-POD
TRIGLYCERIDES	119	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.82	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<0.11	Calculated

Comment:


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

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

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Page 7 of 14



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SIN No:SE04673922


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DEPARTMENT OF BIOCHEMISTRY

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

- 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.96	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.78	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.03	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	122.54	U/L	30-120	IFCC
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.62	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.73	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.38	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.36	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.37	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.35	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	144.11	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.65	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.62	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated



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

SIN No:SE04673922

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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	23.74	U/L	<55	IFCC



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Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:02PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 07:09PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 07:58PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

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)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.79	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.442	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:SPL24054340

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



Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:02PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 06:44PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 07:10PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

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	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	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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Consultant Pathologist

SIN No:UR2314991

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



Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:02PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 06:43PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 07:09PM
Visit ID : CPIMOPV158853	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 ***

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
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SIN No:UF011428

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



Patient Name : Mr. RAMDEO ANGH Age : 34 Y/M
 UHID : CPIM.0000117570 OP Visit No : CPIMOPV158853
 Conducted By: : Conducted Date : 26-03-2024 16:03
 Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

<i>Patient's Name: MR. RAMDEO ANGH</i>	<i>Age/Sex: 34 / M</i>
<i>Ref: ARCOFEMI</i>	<i>Date: 23.03.2024</i>

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

DIMENSIONS (M-MODE) :

Left Atrium	31.0 mm	Aortic Root	30.0 mm
IVS (d)	10.0 mm	IVS (s)	15.0 mm
LVID (d)	48.0 mm	LVID (s)	27.0 mm
LVPW(d)	10.0 mm	LVPW(s)	15.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS
NO RWMA; LVEF = 60%
NO LV DIASTOLIC DYSFUNCTION
GOOD RIGHT VENTRICULAR FUNCTION

Patient Name : Mr. RAMDEO ANGH
UHID : CPIM.0000117570
Conducted By: :
Referred By : SELF

Age : 34 Y/M
OP Visit No : CPIMOPV158853
Conducted Date : 26-03-2024 16:03

***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. RAMDEO ANGH
UHID : CPIM.0000117570
Conducted By: :
Referred By : SELF

Age : 34 Y/M
OP Visit No : CPIMOPV158853
Conducted Date :

Patient Name : Mr. RAMDEO ANGH
UHID : CPIM.0000117570
Conducted By :
Referred By : SELF

Age : 34 Y/M
OP Visit No : CPIMOPV158853
Conducted Date :

Patient Name : Mr. RAMDEO ANGH

Age/Gender : 34 Y/M

UHID/MR No. : CPIM.0000117570

OP Visit No : CPIMOPV158853

Sample Collected on :

Reported on : 23-03-2024 18:38

LRN# : RAD2279509

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 403264

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.



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name : Mr. RAMDEO ANGH

Age/Gender : 34 Y/M

UHID/MR No. : CPIM.0000117570

OP Visit No : CPIMOPV158853

Sample Collected on :

Reported on : 23-03-2024 14:13

LRN# : RAD2279509

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 403264

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

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

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

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

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

(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. KIRAN PRALHAD SUDHARE



Patient Name : Mr. RAMDEO ANGH

Age/Gender : 34 Y/M

MBBS, DMRD
Radiology

Name: Mr. RAMDEO ANGH
Age/Gender: 34 Y/M
Address: AKURDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117570
Visit ID: CPIMOPV158853
Visit Date: 23-03-2024 12:07
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. RAMDEO ANGH
Age/Gender: 34 Y/M
Address: AKURDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117570
Visit ID: CPIMOPV158853
Visit Date: 23-03-2024 12:07
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. RAMDEO ANGH
Age/Gender: 34 Y/M
Address: AKURDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000117570
Visit ID: CPIMOPV158853
Visit Date: 23-03-2024 12:07
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. RAMDEO ANGH
Age/Gender: 34 Y/M
Address: AKURDI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. NIMITA DUBEY

MR No: CPIM.0000117570
Visit ID: CPIMOPV158853
Visit Date: 23-03-2024 12:07
Discharge Date:
Referred By: SELF

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
23-03-2024 14:56	74 Beats/min	120/70 mmHg	18 Rate/min	98 F	164 cms	87.5 Kgs	%	%	Years	32.53	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
23-03-2024 14:56	74 Beats/min	120/70 mmHg	18 Rate/min	98 F	164 cms	87.5 Kgs	%	%	Years	32.53	cms	cms	cms		AHLL03446

Established Patient: No

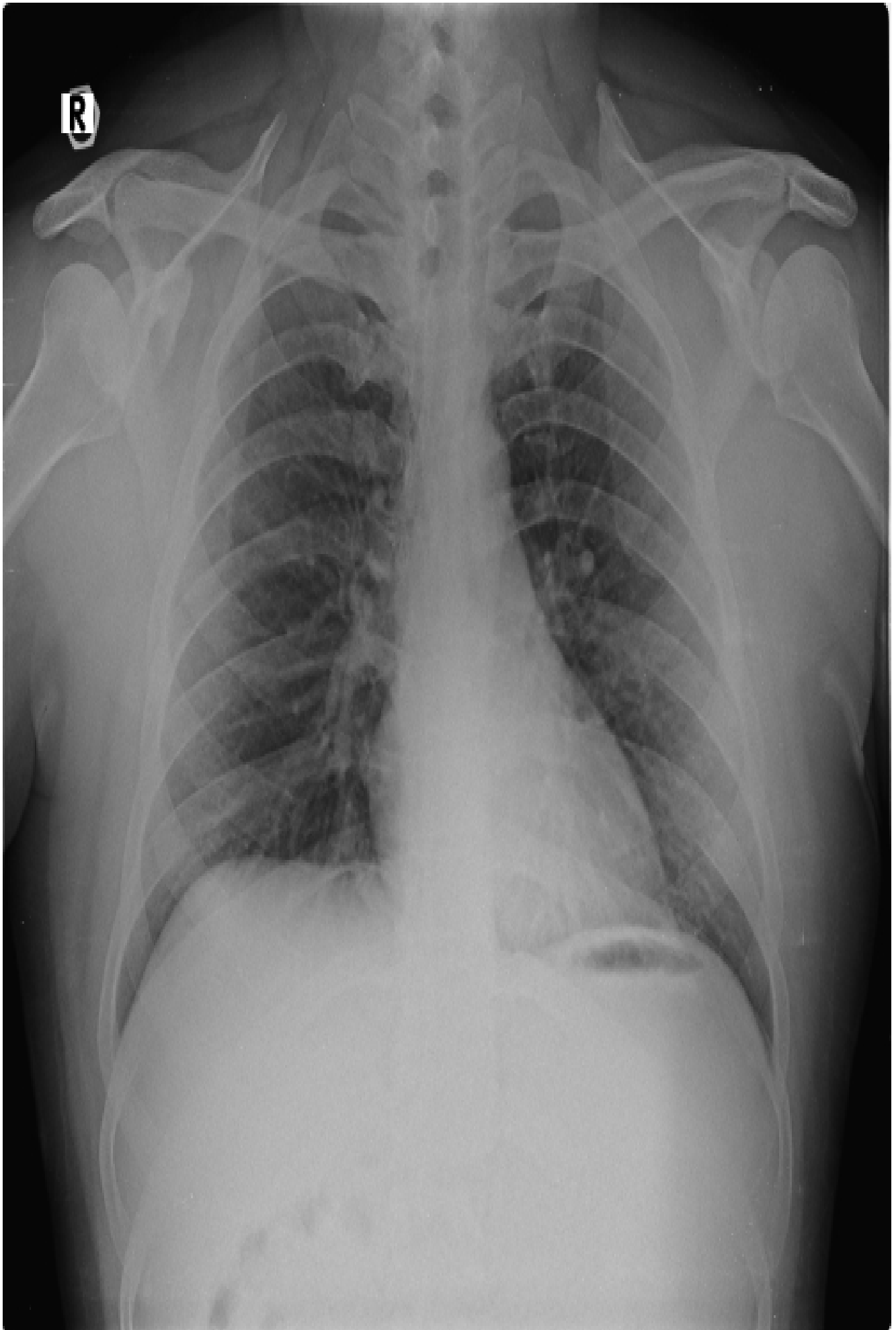
Vitals

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
23-03-2024 14:56	74 Beats/min	120/70 mmHg	18 Rate/min	98 F	164 cms	87.5 Kgs	%	%	Years	32.53	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
23-03-2024 14:56	74 Beats/min	120/70 mmHg	18 Rate/min	98 F	164 cms	87.5 Kgs	%	%	Years	32.53	cms	cms	cms		AHLL03446





priyanka dubey <priyankadubey786@gmail.com>

Health Check up Booking Confirmed Request(bobS17029),Package Code-PKG10000366, Beneficiary Code-293357

Mediwheel <wellness@mediwheel.in>
To: priyankadubey786@gmail.com
Cc: customercare@mediwheel.in

Thu, Mar 21, 2024 at 12:43 PM

011-41195959

Dear Priyanka dubey,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Annual Plus

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Name of Diagnostic/Hospital : Apollo Clinic - Pimpri

Address of Diagnostic/Hospital : Apollo Clinic, Shop 14 -20, City Pride building , Below kotak mahindra bank, Next to Bihel chowk, NIGDI pradhikaran, Nigdi(Pimpri), Pune, Maharashtra

City : Pune

State :

Pincode : 411004

Appointment Date : 23-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Hamdeo Angh	32 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Ramdeo Angh on 25/03/2024

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

<ul style="list-style-type: none"> • Medically Fit 	<p>Tick</p> <input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are Impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been Communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. Anamdar

Medical Officer

Apollo Clinic, (NIGDI) Dr. Anam A. A. Inamdar

MBBS

This certificate is not meant for medico-legal purposes Reg. No. 2021/08/6236

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



Certificate No: MC-5697

Patient Name	: Mr.RAMDEO ANGH	Collected	: 23/Mar/2024 02:02PM
Age/Gender	: 34 Y 2 M 27 D/M	Received	: 23/Mar/2024 06:45PM
UHID/MR No	: CPIM.0000117570	Reported	: 23/Mar/2024 07:38PM
Visit ID	: CPIMOPV158853	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403264		

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	15.4	g/dL	13-17	Spectrophotometer
PCV	44.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.4	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.3	%	40-80	Electrical Impedance
LYMPHOCYTES	37.1	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2931.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2040.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	110	Cells/cu.mm	20-500	Calculated
MONOCYTES	385	Cells/cu.mm	200-1000	Calculated
BASOPHILS	33	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.44		0.78- 3.53	Calculated
PLATELET COUNT	157000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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



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

SIN No:BED240080770

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

Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:02PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 06:45PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 07:38PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240080770

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



Certificate No: MC-5697

Patient Name	: Mr.RAMDEO ANGH	Collected	: 23/Mar/2024 02:02PM
Age/Gender	: 34 Y 2 M 27 D/M	Received	: 23/Mar/2024 06:45PM
UHID/MR No	: CPIM.0000117570	Reported	: 23/Mar/2024 07:38PM
Visit ID	: CPIMOPV158853	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403264		

DEPARTMENT OF HAEMATOLOGY

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



Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240080770

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



Certificate No: MC-5697


Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:02PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 06:45PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 08:25PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

DEPARTMENT OF HAEMATOLOGY

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

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




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

SIN No:BED240080770

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



Certificate No: MC-5697

Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:05PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 06:52PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 07:34PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

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	92	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)	123	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:PLP1436602

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



Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:02PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 06:46PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 08:40PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

DEPARTMENT OF BIOCHEMISTRY

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

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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

SIN No:EDT240037127

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

Patient Name	: Mr.RAMDEO ANGH	Collected	: 23/Mar/2024 02:02PM
Age/Gender	: 34 Y 2 M 27 D/M	Received	: 23/Mar/2024 07:30PM
UHID/MR No	: CPIM.0000117570	Reported	: 23/Mar/2024 08:27PM
Visit ID	: CPIMOPV158853	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403264		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	159	mg/dL	<200	CHO-POD
TRIGLYCERIDES	119	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.82	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<0.11	Calculated

Comment:


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

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

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.




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

SIN No:SE04673922

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


Patient Name	: Mr.RAMDEO ANGH	Collected	: 23/Mar/2024 02:02PM
Age/Gender	: 34 Y 2 M 27 D/M	Received	: 23/Mar/2024 07:30PM
UHID/MR No	: CPIM.0000117570	Reported	: 23/Mar/2024 08:27PM
Visit ID	: CPIMOPV158853	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403264		

DEPARTMENT OF BIOCHEMISTRY

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

- 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).




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

SIN No:SE04673922

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

Patient Name	: Mr.RAMDEO ANGH	Collected	: 23/Mar/2024 02:02PM
Age/Gender	: 34 Y 2 M 27 D/M	Received	: 23/Mar/2024 07:30PM
UHID/MR No	: CPIM.0000117570	Reported	: 23/Mar/2024 08:27PM
Visit ID	: CPIMOPV158853	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403264		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.96	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.78	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.03	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	122.54	U/L	30-120	IFCC
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.62	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		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. MANISH T. AKARE
 M.B.B.S, MD(Path.)
 Consultant Pathologist

STN No:SE04673922

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


Patient Name	: Mr.RAMDEO ANGH	Collected	: 23/Mar/2024 02:02PM
Age/Gender	: 34 Y 2 M 27 D/M	Received	: 23/Mar/2024 07:30PM
UHID/MR No	: CPIM.0000117570	Reported	: 23/Mar/2024 08:27PM
Visit ID	: CPIMOPV158853	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403264		

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	0.73	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.38	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.36	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.37	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.35	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	144.11	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.65	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.24	g/dL	6.6-8.3	Biuret
ALBUMIN	4.62	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated




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

SIN No:SE04673922

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



Certificate No: MC-5697


Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:02PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 07:30PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 08:27PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

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	23.74	U/L	<55	IFCC




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

SIN No:SE04673922

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



Certificate No: MC-5697

Patient Name : Mr.RAMDEO ANGH	Collected : 23/Mar/2024 02:02PM
Age/Gender : 34 Y 2 M 27 D/M	Received : 23/Mar/2024 07:09PM
UHID/MR No : CPIM.0000117570	Reported : 23/Mar/2024 07:58PM
Visit ID : CPIMOPV158853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 403264	

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)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.79	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.442	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. Sanjay Ingle
M.B.B.S., M.D. (Pathology)
Consultant Pathologist

SIN No: SPL24054340

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



Patient Name	: Mr.RAMDEO ANGH	Collected	: 23/Mar/2024 02:02PM
Age/Gender	: 34 Y 2 M 27 D/M	Received	: 23/Mar/2024 06:44PM
UHID/MR No	: CPIM.0000117570	Reported	: 23/Mar/2024 07:10PM
Visit ID	: CPIMOPV158853	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403264		

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	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	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



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

SIN No:UR2314991

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



Certificate No: MC-5697

Patient Name	: Mr.RAMDEO ANGH	Collected	: 23/Mar/2024 02:02PM
Age/Gender	: 34 Y 2 M 27 D/M	Received	: 23/Mar/2024 06:43PM
UHID/MR No	: CPIM.0000117570	Reported	: 23/Mar/2024 07:09PM
Visit ID	: CPIMOPV158853	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 403264		

DEPARTMENT OF CLINICAL PATHOLOGY

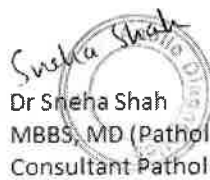
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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 ***



Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF011428

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

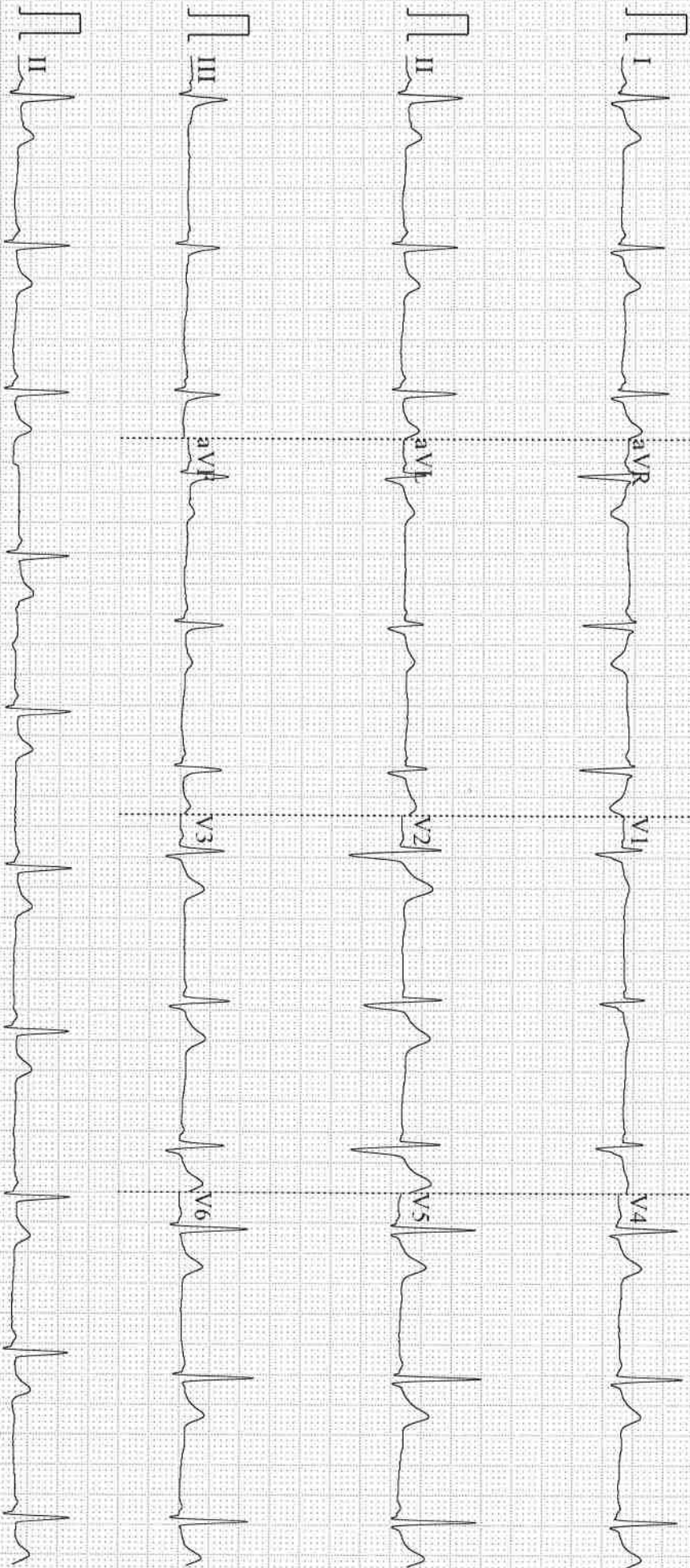
ID: 62
RAMDEO ANGH
Male 34Years

23-03-2024 01:44:39 PM
HR : 57 bpm
P : 95 ms
PR : 113 ms
QRS : 105 ms
QT/QTc : 378/369 ms
P/ORS/T : 49/66/30 °
RV5/SV1 : 1.317/0.418 mV

Diagnosis Information:
Sinus Bradycardia
Short PR Interval

Dr. Anant A. Inamdar
MBBS
Reg. No. 2021/0615236

Report Confirmed by:



Patient Name : Mr. RAMDEO ANGH
UHID : CPIM.0000117570
Reported on : 23-03-2024 17:05
Adm/Consult Doctor :

Age : 34 Y M
OP Visit No : CPIMOPV158853
Printed on : 23-03-2024 18:38
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:23-03-2024 17:05

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name	: Mr. RAMDEO ANGH	Age	: 34 Y M
UHID	: CPIM.0000117570	OP Visit No	: CPIMOPV158853
Reported on	: 23-03-2024 14:10	Printed on	: 23-03-2024 14:13
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

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

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

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

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

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

Patient Name : Mr. RAMDEO ANGH

Age : 34 Y M

UHID : CPIM.0000117570

OP Visit No : CPIMOPV158853

Reported on : 23-03-2024 14:10

Printed on : 23-03-2024 14:13

Adm/Consult Doctor :

Ref Doctor : SELF

investigation

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

Printed on:23-03-2024 14:10

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE

MBBS, DMRD

Radiology

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MR. RAMDEO ANGH	Age/Sex: 34 / M
Ref: ARCOFEMI	Date: 23.03.2024

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

DIMENSIONS (M-MODE) :

Left Atrium	31.0 mm	Aortic Root	30.0 mm
IVS (d)	10.0 mm	IVS (s)	15.0 mm
LVID (d)	48.0 mm	LVID (s)	27.0 mm
LVPW(d)	10.0 mm	LVPW(s)	15.0 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 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 | Nlgdl Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 23/03/21.

Patient Name - Ramdeo Angu.

UHID:

Age / Sex: - 34 / M.

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	-1.50 sph - 6/6.	-1.25 sph - 6/6.
Near Vision	N6.	N6.
Anterior Segment Pupil	✓	✓
Color Vision	✓	✓
Family History/Medical History	Nil.	Nil.

IMPRESSION: -


OPTOMETRIST

23rd March 2024.

Mr. Ramdeo Angh

34 yrs / M.

Ht - 5.5.

Wt - 84 kg

△ - Obesity - (20 kg)

Dietary habit - Ova Vegetarian diet.

Daily Diet.

Morning :- 1 glass luke warm water
+ ajawane, sof powder.

Morning Exercise - 1 hr.

Morning :- Breakfast :- 11 am - Salad + 2 Roti + Dal
+ Sabji + Curd / Buttermilk. (Dal + raita + Sabji seeds.)

Mid Time :- 1.30 pm - Buttermilk + Sabja Seeds.

Lunch - 3 pm - Salad + Fruit plate + Sprouts
boiled.

6 pm :- Buttermilk + Sabja Seeds.

6.30 pm Dinner - Salad + Roti + Sabji
less oily.

+ Dal / Boiled egg / Sprouts
boiled

Bed Time - luke warm water with ajawane, sof
powder

* Drink 4 lit water in a day

23/3/24

Ramdeo Singh
34 / F

S/B Dr Nimika Dubey [ENT]

pt for ENT health checkup. No active ENT complaints.

O/E :- Ear :- All TM intact

Nose] WNL
Throat] Grade II tonsil
Rest WNL

TFT S12 (R) (L)
+ +

- WB - central

ABC - same as examination

Nil active management from ENT. Fit

AC NIGDI
Dr. Nimika Dubey
Reg. No. MMC 2016082203
Nr Bhel Chowk, Nigdi Pradhikaran Rd
Pride Complex 14-20, Pune - 411044
Ph No 020 27653312/13/14

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500016.

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

23/3/24

Date : 23-03-2024
MR NO : CPIM.0000117570

Department : GENERAL
Doctor :

Name : Mr. RAMDEO ANGH

Registration No :

Age/ Gender : 34 Y / Male

Qualification :

Wt 87.5

Consultation Timing: 12:07

Ht 164

Bp 120/70

M=DM

F=HTN.

BMI - 32.5

SG
COB: S₂ ⊕
RS: AEBCL
ANG: NAD
PT: NAD.

Diet Veg


No known allergy
No past Sx

Anam

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

75

76

Name : Mr. RAMDEO ANGH	Age : 34 Y	UHID :CPIM.0000117570
Address : AKURDI	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CPIMOPV158853
		Bill No :CPIM-OCR-77039
		Date : 23.03.2024 12:08

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 2D ECHO	
<input checked="" type="checkbox"/>	3 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	4 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	5 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	6 DIET CONSULTATION	
<input checked="" type="checkbox"/>	7 COMPLETE URINE EXAMINATION	
	8 URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	9 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	10 ECG	
<input checked="" type="checkbox"/>	11 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
	12 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	13 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 1.15	
<input checked="" type="checkbox"/>	14 URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	15 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	16 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	17 ENT CONSULTATION	
<input checked="" type="checkbox"/>	18 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	19 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	20 LIPID PROFILE	
	21 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	22 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	23 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	24 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Audio

Complete

87.5

264

120170

ID: 62
RAMDEO ANGI
Male 34Years

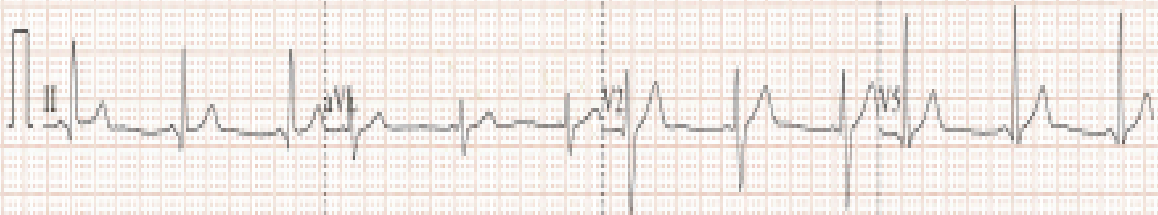
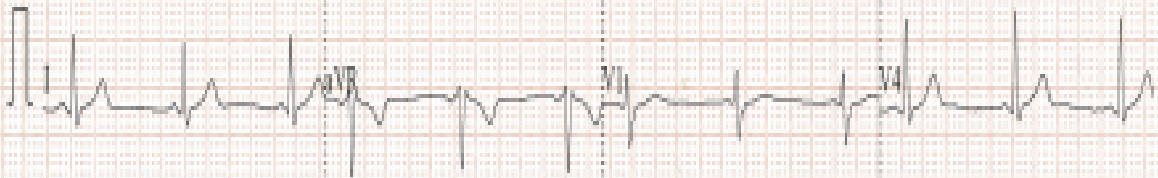
23-09-2024 01:44:38 PM
HR : 57 bpm
P : 95 ms
PR : 113 ms
QRS : 105 ms
QT/QTc : 378/369 ms
P:QRS/T : 49/66/30 °
RV5/SVI : 1.317/0.408 mV

ASADW CE

Diagnosis Information:
Sinus Bradycardia
Short PR Interval

*NOAL
ASADW*

Report Confirmed by:



Date : 23-03-2024

Department : GENERAL

MR NO : CPIM.0000117570

Doctor :

Name : Mr. RAMDEO ANGH

Registration No :

Age/ Gender : 34 Y / Male

Qualification :

Consultation Timing: 12:07

Wt 87.5

Ht 164

Bp 120/70

M=DM

F=HTN.

SG

CVS: S₂ ⊕

RS: AEC

AB: NAD

PA: NAD

No known allergy
No past st

Diet Veg

Anam