

Patient Name : Mr.KAPIL TALODIYA	Collected : 31/Mar/2024 08:28AM
Age/Gender : 38 Y 8 M 24 D/M	Received : 31/Mar/2024 02:27PM
UHID/MR No : CPIM.0000117781	Reported : 31/Mar/2024 05:17PM
Visit ID : CPIMOPV159257	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS19229	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisocytosis+, Microcytes++, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240090213

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	11.5	g/dL	13-17	Spectrophotometer
PCV	34.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.54	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	62	fL	83-101	Calculated
MCH	20.7	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	19.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,130	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.7	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	9.4	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4042.71	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2210.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	178.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	670.22	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.83		0.78- 3.53	Calculated
PLATELET COUNT	357000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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No hemoparasite seen.


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DEPARTMENT OF HAEMATOLOGY

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


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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240090213

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Patient Name : Mr.KAPIL TALODIYA	Collected : 31/Mar/2024 08:28AM
Age/Gender : 38 Y 8 M 24 D/M	Received : 31/Mar/2024 02:26PM
UHID/MR No : CPIM.0000117781	Reported : 31/Mar/2024 04:28PM
Visit ID : CPIMOPV159257	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS19229	

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	101	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)	94	mg/dL	70-140	HEXOKINASE

Comment:

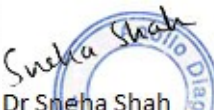
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

Comment:

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Dr Sneha Shah
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Consultant Pathologist

SIN No:EDT240042034

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



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DEPARTMENT OF BIOCHEMISTRY

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

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 glyceemic 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:EDT240042034

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	159	mg/dL	<200	CHO-POD
TRIGLYCERIDES	81	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	107.41	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.21	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.50		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

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

Note:

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

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Dr Sneha Shah
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SIN No:SE04683762

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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).

Sneha Shah
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MBBS, MD (Pathology)
Consultant Pathologist

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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	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35.32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	57.14	U/L	30-120	IFCC
PROTEIN, TOTAL	8.53	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.11	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		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.

Sneha Shah

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 Consultant Pathologist

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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	0.71	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	13.17	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.92	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.69	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.75	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.53	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.11	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		0.9-2.0	Calculated


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

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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	22.33	U/L	<55	IFCC

Sneha Shah

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 Consultant Pathologist

SIN No:SE04683762

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Patient Name : Mr.KAPIL TALODIYA	Collected : 31/Mar/2024 08:28AM
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UHID/MR No : CPIM.0000117781	Reported : 31/Mar/2024 03:21PM
Visit ID : CPIMOPV159257	Status : Final Report
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Emp/Auth/TPA ID : bobS19229	

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)	1.31	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.54	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.305	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
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SIN No:SPL24061479

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



Patient Name : Mr.KAPIL TALODIYA	Collected : 31/Mar/2024 08:28AM
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Visit ID : CPIMOPV159257	Status : Final Report
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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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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


Dr Sneha Shah
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SIN No:UR2322492

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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
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MBBS, MD (Pathology)
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SIN No:UF011597

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



Patient Name : Mr. KAPIL TALODIYA

Age/Gender : 38 Y/M

UHID/MR No. : CPIM.0000117781

OP Visit No : CPIMOPV159257

Sample Collected on :

Reported on : 31-03-2024 12:12

LRN# : RAD2289518

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS19229

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

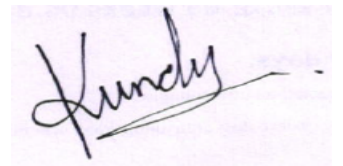
Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name	: Mr. KAPIL TALODIYA	Age/Gender	: 38 Y/M
UHID/MR No.	: CPIM.0000117781	OP Visit No	: CPIMOPV159257
Sample Collected on	:	Reported on	: 31-03-2024 11:17
LRN#	: RAD2289518	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS19229		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 17cms 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.

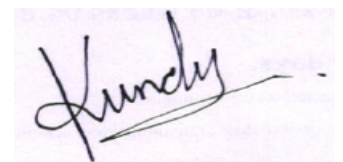
Prostate is normal in size and echo texture.No evidence of necrosis/calcification seen.

IMPRESSION:-

GRADE II 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
MBBS, DMRE (RADIOLOGY)



Patient Name : Mr. KAPIL TALODIYA

Age/Gender : 38 Y/M

Radiology

Name: Mr. KAPIL TALODIYA
Age/Gender: 38 Y/M
Address: MOSHI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000117781
Visit ID: CPIMOPV159257
Visit Date: 31-03-2024 08:26
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. KAPIL TALODIYA
Age/Gender: 38 Y/M
Address: MOSHI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117781
Visit ID: CPIMOPV159257
Visit Date: 31-03-2024 08:26
Discharge Date:
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. KAPIL TALODIYA
Age/Gender: 38 Y/M
Address: MOSHI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000117781
Visit ID: CPIMOPV159257
Visit Date: 31-03-2024 08:26
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. KAPIL TALODIYA
Age/Gender: 38 Y/M
Address: MOSHI
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000117781
Visit ID: CPIMOPV159257
Visit Date: 31-03-2024 08:26
Discharge Date:
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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
31-03-2024 11:37	78 Beats/min	140/80 mmHg	18 Rate/min	98 F	166 cms	101.3 Kgs	%	%	Years	36.76	cms	cms	cms		AHLL09249

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
31-03-2024 11:37	78 Beats/min	140/80 mmHg	18 Rate/min	98 F	166 cms	101.3 Kgs	%	%	Years	36.76	cms	cms	cms		AHLL09249

Established Patient: No

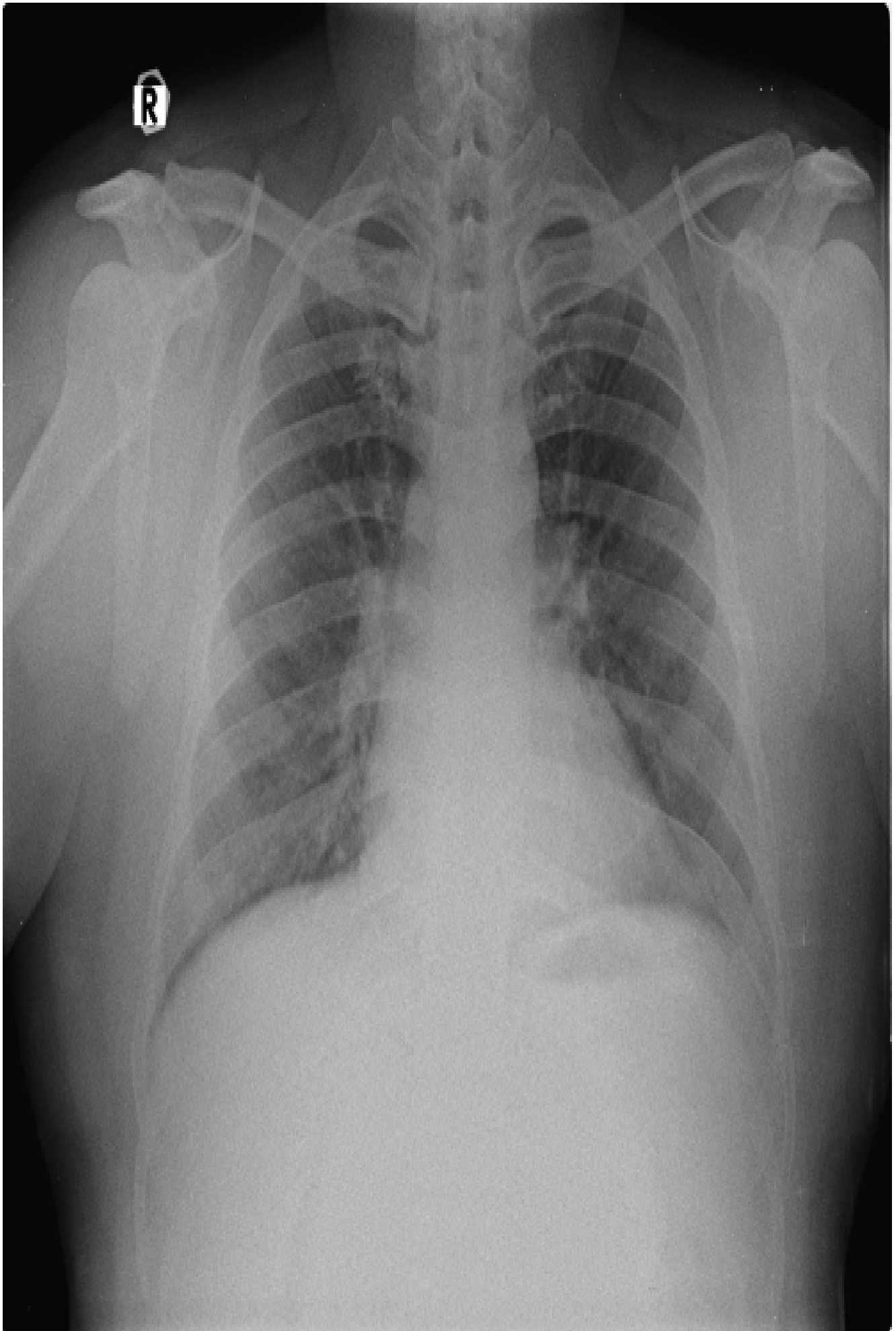
Vitals

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
31-03-2024 11:37	78 Beats/min	140/80 mmHg	18 Rate/min	98 F	166 cms	101.3 Kgs	%	%	Years	36.76	cms	cms	cms		AHLL09249

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
31-03-2024 11:37	78 Beats/min	140/80 mmHg	18 Rate/min	98 F	166 cms	101.3 Kgs	%	%	Years	36.76	cms	cms	cms		AHLL09249



S.No.	PACKAGE NAME	Booking ID	EMP NAME	AGE	GENDR	EMAIL
3	HEEL - FULL BODY STANDARD PLUS MALE	UB0164847	ABHAY KUMAR PANDEY	38	M	ay.pandey@unionbankofindia.b
6	heel Full Body Annual Plus Check Advance	bob519060	Spra	44	F	nibkunu@yahoo.com
7	HEEL - FULL BODY HC STARTER FEMALE	UB0164749	DEEPTHI HUJ	37	F	deepthiuj@gmail.com
8	HEEL - FULL BODY HC STARTER FEMALE	UB0164736	ANITA KUMARI	37	F	terianunika@gmail.com
9	MedWheel Full Body Annual Plus Male Above	bob518694	Shari Hegde P	47	M	npunj3@gmail.com
10	heel Full Body Health Annual Plus Check	bob518693	MS. PUNJA NIVEDITHA	39	F	npunj3@gmail.com
15	MedWheel Full Body Annual Plus Male	bob516245	SHASHIKANTHA DONGRE	35	M	nirupaman7@gmail.com
16	heel Full Body Health Annual Plus Check	bob516244	MS. WASKERI M RUPAMA NARASIMHA	34	F	nirupaman7@gmail.com
3	Acceleri MedWheel Full Body Annual Plus Male 2D ECHO	bob519229	Kapil Talediya	38	M	manisha.talediya@bankofbarod
4	Acceleri MedWheel Full Body Annual Plus Male 2D ECHO	bob519228	MR. DHULEKAR ASHOK SAYBU	36	M	akundi@bankofbaroda.com
5	Acceleri MedWheel Full Body Health Annual Plus Check Female 2D ECHO	bob519227	MS. TALODIYA MANISHA	35	F	manisha.talediya@bankofbarod
14	HEEL - FULL BODY HC STARTER FEMALE	UB0164630	TUPAVUURI SHYAMA SUNDARI	38	F	649190@unionbankofindia.bank
1	MedWheel Full Body Annual Plus Male Above	UB0164658	Kumar Anbeeth	45	M	ambethkumar.ubi@gmail.com
17	MedWheel Full Body Annual Plus Male Above	bob516028	Poturu Appala Raja	42	M	plkyanarasajasetti2@gmail.com
18	heel Full Body Health Annual Plus Check	bob516027	MS. NARAYANSETTI ALAKYA	35	F	plkyanarasajasetti2@gmail.com
11	HEEL - FULL BODY HC STARTER FEMALE	UB0164734	PADMAJA AGNIHOTRI	41	F	padmaja.agni@yahoo.com
12	HEEL - FULL BODY STANDARD PLUS MALE	UB0164734	RAHUL N SHAH	38	M	padmaja.agni@yahoo.com
13	heel Full Body Annual Plus Check Advance	bob518163	MS. P VUJALAKSHMI	54	F	Theagi@bankofbaroda.com

Date : 31-03-2024
MR NO : CPIM.0000117781

Department : GENERAL
Doctor :

Name : Mr. KAPIL TALODIYA

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

wt 101.3

Ht 169

Consultation Timing: 08:28

Bp 140/80

MCDM, TSH.

S/E

CUS: S1, S2 ⊕
RL: ACBC

CROS: NAD.

PA: NAD (files)

No known allergy

No past sx

Diet Max.

Aman

भारत सरकार
Government of India

नाम: कपिल
Name: Kapil Talodiya
जन्म तिथि/DOB: 07/07/1988
गैर GENDER: MALE

3458 3549 4081

भारत आसुत, भारत आसुत



Handwritten signature in blue ink.

Patient Name	: Mr.KAPIL TALODIYA	Collected	: 31/Mar/2024 08:28AM
Age/Gender	: 38 Y 8 M 24 D/M	Received	: 31/Mar/2024 02:27PM
UHID/MR No	: CPIM.0000117781	Reported	: 31/Mar/2024 05:17PM
Visit ID	: CPIMOPV159257	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS19229		

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	11.5	g/dL	13-17	Spectrophotometer
PCV	34.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.54	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	62	fL	83-101	Calculated
MCH	20.7	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	19.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,130	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.7	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	9.4	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4042.71	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2210.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	178.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	670.22	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.83		0.78- 3.53	Calculated
PLATELET COUNT	357000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC's Anisocytosis+, Microcytes++, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

Page 2 of 14



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

SIN No:BED240090213

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



Certificate No: MC-5697

Patient Name : Mr.KAPIL TALODIYA
Age/Gender : 38 Y 8 M 24 D/M
UHID/MR No : CPIM.0000117781
Visit ID : CPIMOPV159257
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobS19229

Collected : 31/Mar/2024 08:28AM
Received : 31/Mar/2024 02:27PM
Reported : 31/Mar/2024 05:17PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisocytosis+, Microcytes++, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240090213

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





Certificate No: MC-5697

Patient Name	: Mr.KAPIL TALODIYA	Collected	: 31/Mar/2024 08:28AM
Age/Gender	: 38 Y 8 M 24 D/M	Received	: 31/Mar/2024 02:27PM
UHID/MR No	: CPIM.0000117781	Reported	: 31/Mar/2024 05:17PM
Visit ID	: CPIMOPV159257	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS19229		

DEPARTMENT OF HAEMATOLOGY

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




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240090213

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Patient Name : Mr.KAPIL TALODIYA
 Age/Gender : 38 Y 8 M 24 D/M
 UHID/MR No : CPIM.0000117781
 Visit ID : CPIMOPV159257
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : bobS19229

Collected : 31/Mar/2024 08:28AM
 Received : 31/Mar/2024 02:27PM
 Reported : 31/Mar/2024 05:30PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No:BED240090213

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

Patient Name	: Mr.KAPIL TALODIYA	Collected	: 31/Mar/2024 08:28AM
Age/Gender	: 38 Y 8 M 24 D/M	Received	: 31/Mar/2024 02:26PM
UHID/MR No	: CPIM.0000117781	Reported	: 31/Mar/2024 04:28PM
Visit ID	: CPIMOPV159257	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS19229		

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	101	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)	94	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

Comment:


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240042034

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



Patient Name : Mr.KAPIL TALODIYA
 Age/Gender : 38 Y 8 M 24 D/M
 UHID/MR No : CPIM.0000117781
 Visit ID : CPIMOPV159257
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : bobS19229

Collected : 31/Mar/2024 08:28AM
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 Reported : 31/Mar/2024 04:28PM
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:EDT240042034

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



Patient Name : Mr.KAPIL TALODIYA
 Age/Gender : 38 Y 8 M 24 D/M
 UHID/MR No : CPIM.0000117781
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 Emp/Auth/TPA ID : bobS19229

Collected : 31/Mar/2024 08:28AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	81	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	107.41	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.21	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.50		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

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

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

Note:

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

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04683762

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



Patient Name : Mr.KAPIL TALODIYA
 Age/Gender : 38 Y 8 M 24 D/M
 UHID/MR No : CPIM.0000117781
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 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : bobS19229

Collected : 31/Mar/2024 08:28AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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).



Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04683762

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

Patient Name	: Mr.KAPIL TALODIYA	Collected	: 31/Mar/2024 08:28AM
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Emp/Auth/TPA ID	: bobS19229		

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	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35.32	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	57.14	U/L	30-120	IFCC
PROTEIN, TOTAL	8.53	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.11	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.




Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:SE04683762

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

Patient Name : Mr.KAPIL TALODIYA
 Age/Gender : 38 Y 8 M 24 D/M
 UHID/MR No : CPIM.0000117781
 Visit ID : CPIMOPV159257
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : bobS19229

Collected : 31/Mar/2024 08:28AM
 Received : 31/Mar/2024 02:37PM
 Reported : 31/Mar/2024 04:39PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	0.71	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	13.17	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.92	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.69	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.75	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	8.53	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	4.11	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		0.9-2.0	Calculated



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

SIN No:SE04683762

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



Certificate No: MC-5697

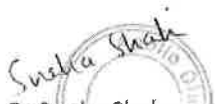
Patient Name : Mr.KAPIL TALODIYA
 Age/Gender : 38 Y 8 M 24 D/M
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DEPARTMENT OF BIOCHEMISTRY

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	22.33	U/L	<55	IFCC


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04683762

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



Patient Name : Mr.KAPIL TALODIYA
 Age/Gender : 38 Y 8 M 24 D/M
 UHID/MR No : CPIM.0000117781
 Visit ID : CPIMOPV159257
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : bobS19229

Collected : 31/Mar/2024 08:28AM
 Received : 31/Mar/2024 02:32PM
 Reported : 31/Mar/2024 03:21PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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)	1.31	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.54	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.305	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:SPL24061479

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



Patient Name	: Mr.KAPIL TALODIYA	Collected	: 31/Mar/2024 08:28AM
Age/Gender	: 38 Y 8 M 24 D/M	Received	: 31/Mar/2024 02:08PM
UHID/MR No	: CPIM.0000117781	Reported	: 31/Mar/2024 03:50PM
Visit ID	: CPIMOPV159257	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS19229		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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:UR2322492

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



Certificate No: MC-5697

Patient Name : Mr.KAPIL TALODIYA
 Age/Gender : 38 Y 8 M 24 D/M
 UHID/MR No : CPIM.0000117781
 Visit ID : CPIMOPV159257
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : bobS19229

Collected : 31/Mar/2024 08:28AM
 Received : 31/Mar/2024 02:08PM
 Reported : 31/Mar/2024 04:45PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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:UF011597

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

Male Caucasian

Vent. rate 81 bpm
PR interval 122 ms
QRS duration 104 ms
QT/QTc 420/487 ms
P-R-T axes 62 36 -4

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm
Incomplete right bundle branch block
Prolonged QT
Abnormal ECG

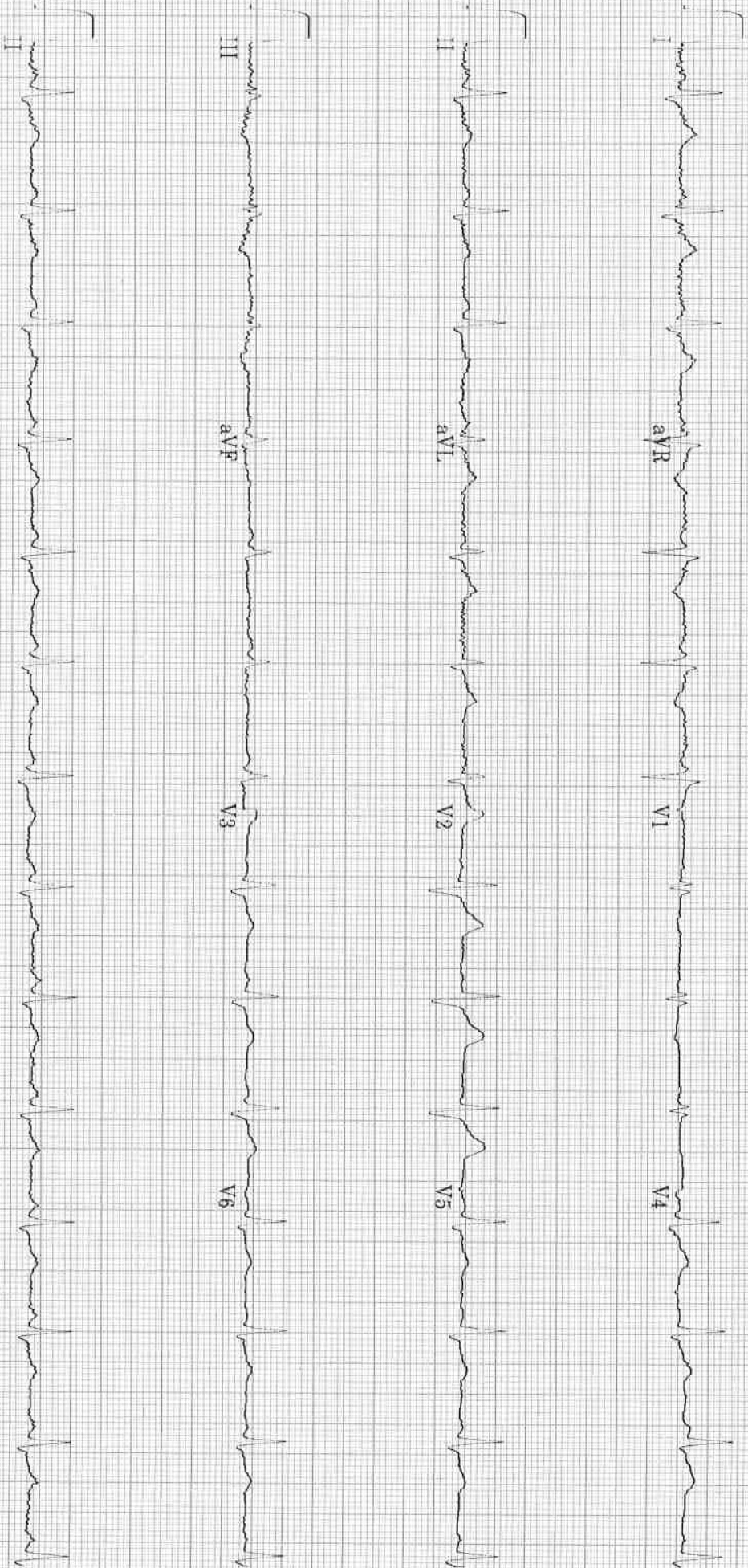
Technician:
Test ind:

Dr. Anam A. Inamdar
MBBS

Reg. No. 2021/0616236

Referred by:

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm 1d

MAC55 009C

12SL™ V239

Patient Name : Mr. KAPIL TALODIYA Age : 38 Y M
UHID : CPIM.0000117781 OP Visit No : CPIMOPV159257
Reported on : 31-03-2024 11:56 Printed on : 31-03-2024 12:12
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: 31-03-2024 11:56 ---End of the Report---

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: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name : Mr. KAPIL TALODIYA Age : 38 Y M
UHID : CPIM.0000117781 OP Visit No : CPIMOPV159257
Reported on : 31-03-2024 10:57 Printed on : 31-03-2024 11:17
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 17cms 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 II FATTY LIVER.

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

Patient Name : Mr. KAPIL TALODIYA

UHID : CPIM.0000117781

Reported on : 31-03-2024 10:57

Adm/Consult Doctor :

Age : 38 Y M

OP Visit No : CPIMOPV159257

Printed on : 31-03-2024 11:17

Ref Doctor : SELF

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

Printed on:31-03-2024 10:57

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Patient's Name: MR. KAPIL TALODIYA	Age/Sex: 38 / M
Ref: ARCOFEMI	Date: 31.03.2024

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

DIMENSIONS (M-MODE) :

Left Atrium	34.0 mm	Aortic Root	28.0 mm
IVS (d)	10.0 mm	IVS (s)	15.0 mm
LVID (d)	43.0 mm	LVID (s)	26.0 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.

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APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Mr. Kapil Talodia.

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

C/C - Health check-up.

Clinical Diagnosis & Management Plan

O/E.
Stain + + car + +
Adv scaling & polishing.
Deep caries E ← 6/68
Adv X-ray

Follow up date:

Dr. PRADNYA VASUDEV
Dental Surgeon

Doctor's Signature

Reg. No. - A - 10447

Date : 31-03-2024
MR NO : CPIM.0000117781

Department : GENERAL
Doctor :

Name : Mr. KAPIL TALODIYA

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

wt 101.3
ht 169

Consultation Timing: 08:26

Bp 140/80

S/C

MCDM, TSH.

CUS: S₁S₂ ⊕
RL: ACBC

CWS: NAD.

RA: NAD (kiles)

No known allergy

No past Sx


Diet Mix,

Anam

Dr. Anam A. A. Inamdar

MBBS

Reg. No. 2021/06/6236

Name : Mr. KAPIL TALODIYA Address : MOSHI Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 38 Y Sex : M UHID :CPIM.0000117781  OP Number :CPIMOPV159257 Bill No :CPIM-OCR-77289 Date : 31.03.2024 08:27
---	--

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2D ECHO	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM + PERIPHERAL SMEAR	
	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
	URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
	ECG	
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11Am	
<input checked="" type="checkbox"/>	URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
	ENT CONSULTATION	
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	LIPID PROFILE	
	BODY MASS INDEX (BMI)	
	OPHTHAL BY GENERAL PHYSICIAN Penalties	
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

101, 3
166

Patient Name : Mr. KAPIL TALODIYA Age : 38 Y/M
UHID : CPIM.0000117781 OP Visit No : CPIMOPV159257
Conducted By: : Conducted Date : 31-03-2024 12:38
Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

<i>Patient's Name: MR. KAPIL TALODIYA</i>	<i>Age/Sex: 38 / M</i>
<i>Ref: ARCOFEMI</i>	<i>Date: 31.03.2024</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
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1. Normal transvalvular pressure gradients, No AR/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
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DIMENSIONS (M-MODE) :

Left Atrium	34.0 mm	Aortic Root	28.0 mm
IVS (d)	10.0 mm	IVS (s)	15.0 mm
LVID (d)	43.0 mm	LVID (s)	26.0 mm
LVPW(d)	10.0 mm	LVPW(s)	15.0 mm

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

Patient Name : Mr. KAPIL TALODIYA
UHID : CPIM.0000117781
Conducted By: :
Referred By : SELF

Age : 38 Y/M
OP Visit No : CPIMOPV159257
Conducted Date : 31-03-2024 12:38

***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. KAPIL TALODIYA

UHID : CPIM.0000117781

Conducted By: :

Referred By : SELF

Patient Name : Mr. KAPIL TALODIYA

UHID : CPIM.0000117781

Conducted By :

Referred By : SELF

Age : 38 Y/M

OP Visit No : CPIMOPV159257

Conducted Date :

Age : 38 Y/M

OP Visit No : CPIMOPV159257

Conducted Date :