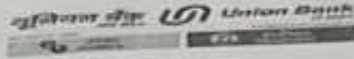


Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - AHMEDNAGAR
AHMEDNAGAR, AHMEDNAGAR,
Maharashtra. - 0

To,

The Chief Medical Officer

M/S Mediwheel
https://mediwheel.in/signup011-
41195959(A brand name of
Arcofemi Healthcare Ltd).
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

35-40 Female

Shri/Smt./Kum. SHINDE.SONALI MAHESH

P.F. No. 602127

Designation : Asst Manager

Checkup for Financial Year

2023-
2024

Approved Charges Rs.

3000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application - Sanctioned

View Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter

itions apply.

व्यापार व वैयक्तिक
सोने तारण कर्ज उपलब्ध
* सोपी सुलाभ व जलद वितरण
* कमीत कमी कागदपत्रे



Union Home

GET INSTANT HOME LOAN
ATTRACTIVE TERMS
WITH MINIMUM PAPERWORK

Interest on daily
reducing balance

अधिक माहिती

कर्ज वितरण करणारी शाखा

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **10-08-2024** at your **Pulse Radwave Diagnostics Private Limited Center**.

Points to note:-

- Collect photocopy of employee ID proof if health check is through an employer.
- Collect photocopy of personal ID proof if health check is for insurance.
- Collect MER as per package details & that company's format (already shared).
- By 12 noon of appointment date, share Work order number & visit status (Show/No show).
- Upload reports in Adhutam portal as per specifications given earlier.

Corporate/TPA	Agreement Name	Package name	Package Inclusions	Customer Name
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324	Urine Routine (CUE), Consultation - Dental, GLUCOSE - SERUM / PLASMA(FASTING AND POST PRANDIAL, Alkaline Phosphatase - Serum/Plasma, CALCIUM - SERUM, Blood Grouping And Typing (Abo And Rh), Prostatic Specific Antigen (PSA Total), THYROID PROFILE - (T3, T4 AND TSH), Glycosylated Hemoglobin (HbA1C) - Whole Blood, Vitamin B12 - Serum, Vitamin D3, ECG, PULMONARY FUNCTION TEST, HEMOGRAM (CBC+ESR), Lipid Profile (all Parameters), LIVER FUNCTION TEST (PACKAGE), Renal Function Test, X-Ray Chest, PA, Ultrasound - Whole Abdomen, Height, Weight, BP, BMI, Package Consultation - Whole General Physician, Ophal by General Physician, URINE GLUCOSE(FASTING), URINE GLUCOSE(POST PRANDIAL), Dietician consultation, 2 D ECHO LIVER FUNCTION TEST (LFT) WITH GGT	Jayraj M Bhopi

DR. TILAK DEDIA
M.B.B.S.
REG. No. 2011/07/2287

JM FINANCIAL



Jayraj Bhoji

EMP Code : 23808 Binon Group : R >

Date of Birth : 10-09-1981 Joining Date : 02-08-2022

Department : KYC Operations

Emerg No : 9137304017 / 912245057000

Designation : Executive

1st Floor, B Wing, Sunnesh IT Park, Plot No. 66 E, Off. Dattapada Road, Opp. Tata Steel, Borivali (East), Mumbai 400 086



Date of Issue : 17-07-2024

J/Bhoji

Tilak

DR. TILAK DEDHIA
M.B.B.S.
REG. No. 2011/07/2287

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

JAYRAJ M BHOPI
MAHADEV RAMA BHOPI
10/09/1981

Permanent Account Number
AIXPB3925C

J/Bhoji
Signature

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/08/2024	
NAME	Mr. Jaysraj. Bhopi	
AGE	42	Gender Male
HEIGHT(cm)	172	WEIGHT (kg) 78 kg
B.P.	130/80 mm/hg	
ECCG	WNL	
X Ray	Normal	
Vision Checkup	Ⓡ 6/6 Ⓛ 6/6 Normal colour vision	
Present Ailments	No	
Details of Past ailments (If Any)	No	
Comments / Advice : She /He is Physically Fit	He is physically fit	


DR. TILAK DEDHIA
 Signature with Stamp of Medical Examiner
REG No. 2011/07/2287



Patient : MR JAYRAJ BHOPI M/42 Y 10-Aug-24
 Ref By : Dr ARCOFEMI HEALTHCARE LT No : 1

COMPLETE BLOOD COUNT WITH ESR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
HAEMOGLOBIN	14.2	13.5 - 18.0	gms/dl
R.B.C. COUNT	5.31	4.50 - 6.50	millions/cumm
PCV	42.9	40.0 - 54.0	%
MCV	80.8	76.0 - 96.0	u3
MCH	26.7	27.0 - 32.0	pg
MCHC	33.1	30.0 - 35.0	%
RDW	14.1	11.5 - 14.5	%
W.B.C. COUNT	5,920	4,000-11,000	cells/cmm
Differential Count :			
Neutrophils	61	45 - 70	%
Lymphocytes	34	20 - 45	%
Eosinophils	00	1 - 6	%
Monocytes	05	1 - 10	%
Basophils	00	0 - 1	%
PLATELET COUNT	274,000	150,000 - 450,000	cells/cmm
PLATELETS ON SMEAR	Adequate		
R.B.C. MORPHOLOGY	Normocytic Normochromic		
W.B.C. MORPHOLOGY	Normal		
E.S.R (Westergren)	21	0 - 20	mm / hr

CBC done on Fully Automated Erba H560 Cell Counter.

Ashwin Sangvikar
 Dr Ashwin Sangvikar
 M.D. Pathology

Patient : MR JAYRAJ BHOPI

M/42 Y . 10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

BLOOD SUGAR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
FASTING BLOOD SUGAR	106	70-110	mg/dl
Urine Sugar	Absent		
Urine Ketones	Absent		
POST PRANDIAL BLOOD SUGAR	112	70-140	mg/dl
Urine Sugar (2 hrs)	Absent		
Urine Ketones (2 Hrs)	Absent		

METHOD : Glucose Oxidase Peroxidase (GOD/POD)

American Diabetes Association (ADA 2013) Blood Glucose Level Criteria :

FASTING GLUCOSE LEVEL

Normal glucose tolerance : < 100 mg %
Impaired Fasting Glucose : 100 - 125 mg %
Provisional diagnosis for: ≥ 126 mg % (on two different occasions)
diabetes mellitus

POST LUNCH GLUCOSE LEVEL

Normal glucose tolerance : <140 mg %
Impaired Glucose Tolerance : 140 - 199 mg %
Provisional diagnosis for: ≥ 200 mg % (on two different occasions)
diabetes mellitus

URINE SUGAR INTERPRETATION : (Approx.)

Trace : 0.1 g/dl
- : 0.25 g/dl
++ : 0.5 g/dl
+++ : 1.0 g/dl
++++ : >2.0 g/dl


Dr Ashwinj Sangvikar
M.D. Pathology



Registration No : 100804124

Patient Name : MR. JAYRAJ BHOPAI

Age/Gender : 42 Years / Male

Referral :

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 10-Aug-2024 02:34 PM

Sample Collected On : 10-Aug-2024 02:42 PM

Sample Reported On : 10-Aug-2024 06:31 PM

Sample ID



Glycosylated Hemoglobin - GHb

Parameter	Value(s)	Unit	Ref Range
HbA1c			
HbA1C- Glycated Haemoglobin	5.7	%	Non-diabetic: <6 Excellent control: 6-7 Indicates Persistent glycemia over previous 6-8 weeks : >7
Estimated Average Glucose (eAG) Method	116.89 HPLC	mg/dL	

Limitations

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2012, for diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is 4% to 5.7%. Patients with HbA1c value between 5.7% to 6.5% are considered Pre-diabetic.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected is corrected for HbS and HbC trait. Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.





Patient : MR JAYRAJ BHOPI

M/42 Y 10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

LIPID PROFILE

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
Total Cholesterol	259	130-200	mg/dl
Triglycerides	197	25-150	mg/dl
HDL Cholesterol	62	35-80	mg/dl
VLDL Cholesterol	39	5-30	mg/dl
LDL Cholesterol	158	80-100	mg/dl
TC/HDL Ratio	4.2	0.0-4.5	
LDL/HDL Ratio	2.5	0.0-3.5	

NOTE: Various cholesterol levels recommended for adults by NCEP (National Cholesterol Education Programme) May-2001.

CHOLESTEROL:

Desirable < 200 mg/dl
Borderline High 200-239 mg/dl
High \geq 240 mg/dl

TRIGLYCERIDES:

Desirable < 150 mg/dl
Borderline High 150-199 mg/dl
High 200-499 mg/dl

HDL CHOLESTEROL:

Desirable >40 mg/dl
Low(High risk) <40 mg/dl

LDL CHOLESTEROL:

Optimal < 100 mg/dl
Near Optimal 100-129 mg/dl
Borderline High 130-159 mg/dl
High 160-189 mg/dl
Very High > 189 mg/dl

Dr Ashwini Sangvikar

M.D. Pathology



Patient : MR JAYRAJ BHOPI

M/42 Y . 10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

LIVER FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
S.G.O.T	22.7	0.0-40.0	IU/L
S.G.P.T	29.8	0.0-40.0	IU/L
Bilirubin (Total)	0.75	0.0-1.20	mg/dl
Bilirubin (Direct)	0.12	0.0-0.40	mg/dl
Bilirubin (Indirect)	0.6	0.1-1.0	mg/dl
Total Proteins	7.1	6.0-8.5	gm/dl
Albumin	4.2	3.2-5.3	gm/dl
Globulin	2.9	2.3-3.5	gm/dl
A/G Ratio	1.5	1.0-2.0	
Alkaline Phosphatase	138	50-306	U/L
GAMMA GT	15	5-55	U/L

Ashwinj Sangvikar

Dr. Ashwinj Sangvikar

M.D. Pathology



Patient : MR JAYRAJ BHOPI

M/42 Y 10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

RENAL FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
BUN	11.5	5.0-23.0	mg/dl
Urea	24.8	13.0-43.0	mg/dl
Creatinine	0.7	0.5-1.3	mg/dl
Total Proteins	7.1	6.0-8.5	gm/dl
Albumin	4.2	3.2-5.3	gm/dl
Globulin	2.9	2.3-3.5	gm/dl
A/G Ratio	1.5	1.0-2.0	
Calcium	9.2	8.0-11.0	mg/dl
Phosphorus	3.0	2.5-4.5	mg/dl
Uric Acid	6.8	3.5-7.2	mg/dl
Sodium	139.9	133.0-148.0	mEq/L
Potassium	3.9	3.5-5.3	mEq/L
Chloride	100.7	96.0-107.0	mEq/L


Dr. Ashwin Sangvikar
M.D. Pathology



PULSE RADWAVE
DIAGNOSTIC
UNIT OF RADWAVE DIAGNOSTIC LLP

- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography
- ▶ Color Doppler ▶ ECG ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV
- ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ MSK Procedures ▶ X-Ray Special investigations ▶ Holter Monitor
- ▶ Sleep Study & Others. LLP Identification Number : ACE - 2173

Patient : MR JAYRAJ BHOPI

M/42 Y

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

BLOOD GROUP

Test

Value

BLOOD GROUP

"B" Positive.

Method: Slide & Tube Agglutination



Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

Email ID : diagnosticradwave@gmail.com • +91 8097421555

Phone No.: +91 8097421556 / +91 8097421557 / +91 8097421558 / +91 8097421559

Address : Shop No. 2 & 3, Naya Oriental Co-Op Hus. Society Ltd., Opp. Sahakari Bhandar,
LIC Colony, Next to Hotel Majestic NX, Borivali (W), Mumbai - 400 103. Maharashtra.



Registration No : 100824122

Patient Name : MR. JAYRAJ BHOPAI

Age/Gender : 42 Years / Male

Referral :

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 10-Aug-2024 02:34 PM

Sample Collected On : 10-Aug-2024 02:42 PM

Sample Reported On : 10-Aug-2024 06:31 PM

Sample ID



Thyroid Function Test - TFT

Parameter	Value(s)	Unit	Ref Range
Triiodothyronine (T3)	105.30	ng/dl	80 - 190
Thyroxine (T4)	8.80	ug/dl	4.5-14.5
TSH (Thyroid Stimulating Hormone)	1.64	uIU/mL	03 Days :- 1.10 - 17.0 70 Days :- 0.60 - 10.0 14 Months :- 0.40 - 7.00 5 Years :- 0.40 - 6.00 14 Years :- 0.30 - 5.00 Adult :- 0.35 - 5.50

Method: CLIA

Interpretation :

TSH results between 5 to 15 uIU/mL show considerable physiologic & seasonal variation for differential diagnosis of primary, secondary, and tertiary hypothyroidism. Also useful in screening for hyperthyroidism. This assay allows adjustment of exogenous thyroxine dosage in hypothyroid patients and in patients on suppressive thyroxine therapy for thyroid neoplasia

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.
4. Values <0.05 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals



(Signature)

Dr. Ashish Bhosle
M.D. Pathologist



Registration No : 100824124

Patient Name : MR. JAYRAJ BHOPAI

Age/Gender : 42 Years / Male

Referral :

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 10-Aug-2024 02:34 PM

Sample Collected On : 10-Aug-2024 02:42 PM

Sample Reported On : 10-Aug-2024 06:22 PM

Sample ID



Prostate Specific Antigen - Total

Parameter	Value(s)	Unit	Ref Range
Total PSA	0.22	ng/ml	Normal : < 4.0 Border Line: 4.01-10.0

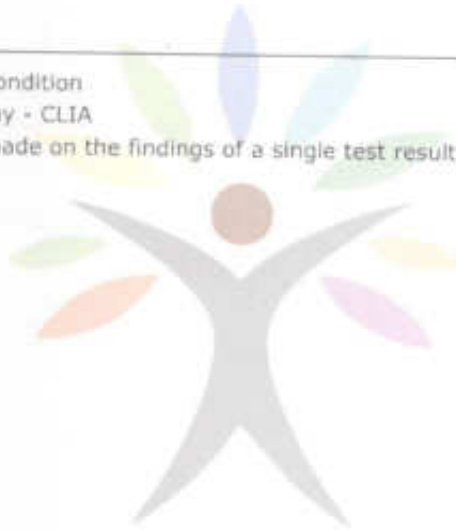
Interpretation :

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Comment : Please correlate with clinical condition

Method : Chemiluminescence immunoassay - CLIA

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.



Dr. Ashish Bhoale
 M.D. Pathologist

Registration No : 100824124

Patient Name : **MR. JAYRAJ BHOPAI**

Age/Gender : 42 Years / Male

Referral :

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 10-Aug-2024 02:34 PM

Sample Collected On : 10-Aug-2024 02:42 PM

Sample Reported On : 10-Aug-2024 06:22 PM

Sample ID



25 - Hydroxy Vitamin D

Parameter	Value(s)	Unit	Ref Range
25-Hydroxy Vitamin D	22.3	ng/ml	Deficiency : < 10 Insufficiency : 20 - <30 Sufficiency : 30 - 100 Toxicity : > 100

Method: CLIA

Interpretation :

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.
- Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 months of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal(especially winter) & individual variability depending on age, body fat, sun exposure, physical activity ,genetic factors(especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism Vitamin D toxicity is known but very rare.kindly correlate clinically, repeat with fresh sample if indicated.

Associated Test Profile :

- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D and serum PTH.An inverse relationship exists between PTH and 25(OH)D levels. Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency.Thus, restoration of PTH and 25(OH) D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.
- As a holistic & scientific approach for diagnosis and optimal treatment for vitamin D deficiency, Vitamin D plus profile (25-hydroxy(OH) Vit D and PTH) is suggested.



Registration No : 100024124
Patient Name : MR. JAYRAJ BHOPAI
 Age/Gender : 42 Years / Male
Referral :
Source :
Center Name : Radwave Diagnostics LLP

Registered On : 10-Aug-2024 02:34 PM
 Sample Collected On : 10-Aug-2024 02:42 PM
 Sample Reported On : 10-Aug-2024 06:22 PM
 Sample ID



Vitamin B12

Parameter	Value(s)	Unit	Ref Range
Vitamin B12	499.08	pg/ml	Normal: 75 - 807 Indeterminate Range: 75 - 807 Deficiency: < 75

Method: CLIA.

Interpretation

Vitamin B 12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. Many patients have the neurologic defects without macrocytic anemia.

Serum methylmalonic acid (MMA) and homocysteine levels are also elevated in Vit B 12 deficiency states.

Limitations:

1. The evaluation of macrocytic anemia requires measurement of both vitamin B12 and Folate levels: ideally they should be measured simultaneously.
2. Specimen collection soon after blood transfusion can falsely increase Vit B12 levels.
3. Patient taking Vit B12 supplementation may have misleading results.
4. A normal serum concentration of B12 does not rule out tissue deficiency of Vit B12. The most sensitive test at the cellular level is the assay for MMA.
5. If Clinical symptoms suggest deficiency, measurement of MMA and Homocysteine should be considered, even if serum B12 concentrations are normal.

NOTE

- 1] Concentration of vitamin B12 <180 pg/ml may cause megaloblastic anemia and/or peripheral neuropathies.
- 2] Vitamin B12 concentration <150 pg/ml are considered evidence of vitamin B12 deficiency.
- 3] Vitamin B12 concentrations between 150 pg/ml and 400 pg/ml are considered borderline.
- 4] Follow-up testing of vitamin B12 deficiency is recommended by measuring methylmalonic acid (MMA) / homocysteine / antibodies to intrinsic factor, if the patient is symptomatic.
- 5] Patients taking vitamin B12 supplementation may have misleading results.
- 6] Many other interfering factors affect vitamin B12 level.
 -Elevated level is observed due to Estrogens or vitamin C / Vitamin A ingestion, hepatocellular injury, uremia.
 -Decreased level is observed in low vitamin B12 diet (a strict vegetarian diet), pregnancy, smoking, hemodialysis.

Reference : Mayo clinic Interpretive Handbook, Mediline plus medical encyclopedia.

END OF REPORT

This sample is processed at THE LAB PLUS , Dignostics & Health Care, NABL Accredited




 Dr. Ashish Bhoite
 M.D. Pathologist

Email ID : diagnosticradwave@gmail.com • +91 8097421555

Phone No.: +91 8097421556 / +91 8097421557 / +91 8097421558 / +91 8097421559

Address : Shop No. 2 & 3, Naya Oriental Co-Op Hus. Society Ltd., Opp. Sahakari Bhandar, LIC Colony, Next to Hotel Majestic NX, Borivali (W), Mumbai - 400 103, Maharashtra



Patient : MR JAYRAJ BHOPI

M/42 Y .

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 1

Urine Routine

Test

Value

Physical Examination:

Quantity	30 ml
Colour	Pale Yellow
Appearance	Slightly Hazy
Reaction (pH)	Acidic(6.0)
Specific Gravity	1.005

Chemical Examination:

Proteins	Absent
Glucose	Absent
Ketone Bodies	Absent
Occult Blood	Absent
Bile Salts	Absent
Bile Pigments	Absent
Urobilinogen	Normal

Microscopic Examination:

Pus Cells	2 - 3 / hpf
Red Blood Cells	Absent
Epithelial Cells	1 - 2 / hpf
Casts	Absent
Crystals	Absent
Bacteria	Absent
Yeast Cells	Absent
Amorphous Deposits	Absent
Mucus	Absent
Other	----

Bhargava

Dr Ashwinj Sangvikar

M.D. Pathology



PATIENT NAME : MR JAYRAJ BHOPI
AGE/ SEX : 42 YRS / MALE
REF. CLINICIAN : APOLLO-ARCOFEMI HEALTHCARE LTD
DATE : 10/08/2024

X-RAY CHEST (P A VIEW)

- Both lung fields are clear.
- Both CP angle are normal.
- Cardiac and aortic shadows are normal.
- No obvious hilar or mediastinal lesion is seen.
- Bony thorax appears normal. No evidence of fracture seen.

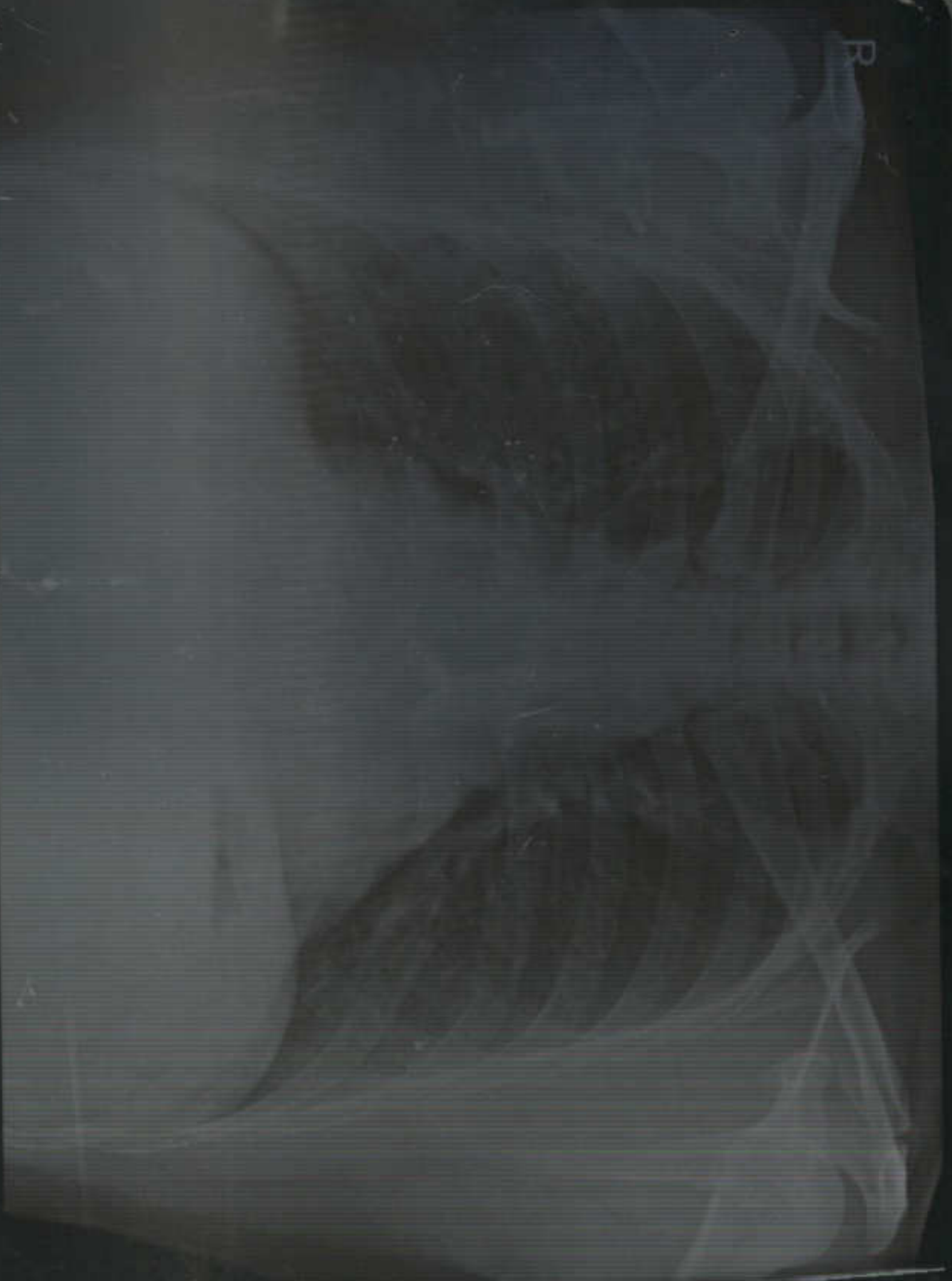
CONCLUSION: X-Ray findings show...

- No significant abnormality of note.

Please correlate clinically.
Thanks for the referral,

Dr. Tilak Manilal Dedhia
M.B.B.S; M.D; D.N.B. (Radio-diagnosis)
Consultant Radiologist.

R



10/08/2024 5046 MR JAYRAJ BHOPJ 42 Y M APOLLO-ARCOFEMI HEALTHCARE LTD CHEST PA
Pulse Diagnostic Centre (Radwave Diagnostic Pvt. Ltd), Bonivall

X

Patient Name: Mr. Jayraj Bhopi **M / 42yrs**
Ref. by: Apollo-Arcofemi Healthcare Ltd **Date: - 10/08/2024**

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size (14.0 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 9.3 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualized common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 12.1 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.5 x 4.8 cm	11.4 x 4.8 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

Patient Name: Mr. Jayraj Bhopi

M / 42yrs

Ref. by: Apollo-Arcofemi Healthcare Ltd

Date: - 10/08/2024

PROSTATE: It measures about 3.9 x 2.2 x 3.3 cm; volume is 16.5 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.


There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

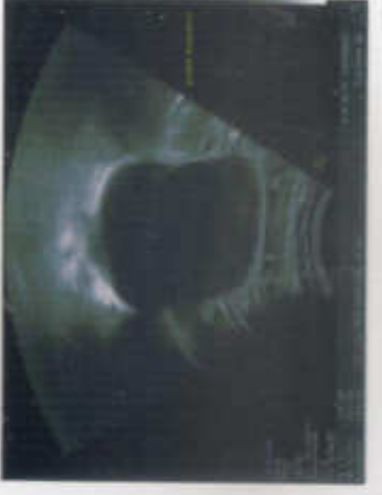
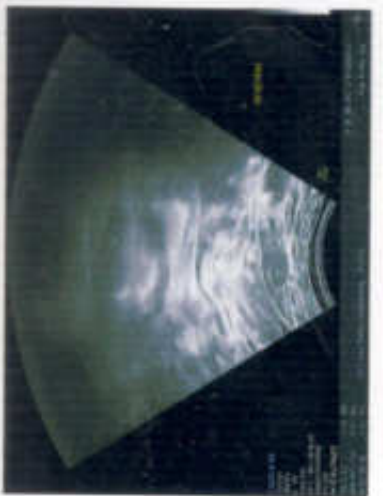
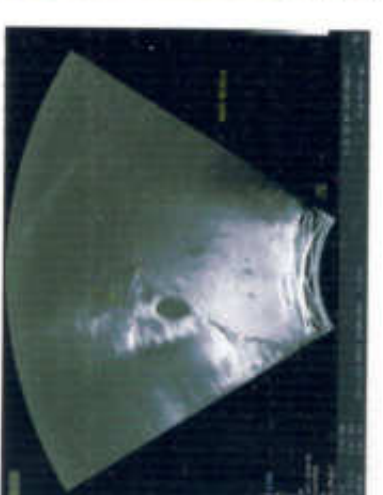
- No significant abnormality is seen.

Thanks for the reference.

With regards,


Dr. Tilak Dedhia
Consultant Radiologist







NAME:	MR JAYRAJ BHOPI	DATE:	10/08/2024
R-NO:	E - 01	AGE:	42YRS
REF.BY DR:	APOLLO - ARCOFEMI HEALTHCARE LTD	SEX :	MALE

2D-ECHOCARDIOGRAPHY REPORT

No diastolic dysfunction by PWD at present.

No concentric left ventricular hypertrophy seen.

All cardiac valves show normal structure and physiological function.

No significant stenosis nor regurgitation seen.

No regional wall motion abnormality seen at rest at present.

All cardiac chambers are normal in size.

IAS / IVS : No defect visualized.

Visual LVEF = 65 perCent.

No e/o thrombus/ pericardial effusion.

Mild TR jet. PASP by TR jet measured to 22 mm Hg.

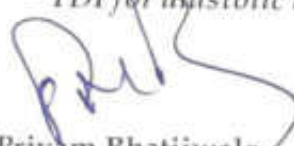
MR JAYRAJ BHOPI

<u>M-MODE STUDY</u>	Value	Unit	<u>COLOUR DOPPLER STUDY</u>	Value	Unit
IVSd	11	mm	Mitral Valve E velocity	0.9	m/s
IVSs	15	mm	Mitral Valve A velocity	0.4	m/s
LVIDd	42	mm	E/A Ratio		
LVIDs	23	mm	Mitral Regurgitation	Absent	
LVPWd	08	mm			
LVPWs	15	mm			
2D STUDY					
		mm	AORTIC VALVE		
Ao	31	mm	AVmax	1.19	m/s
		mm	Aortic Regurgitation	absent	
LA	34	mm			
RV		mm			
RA		mm	PULMONARY VALVE		
FS	33	%	PVmax	0.9	m/s
EF	65	%	Regurgitation	Absent	
Mitral annulus	normal	mm			
			TR jet ve		m/s
			PASP	22	

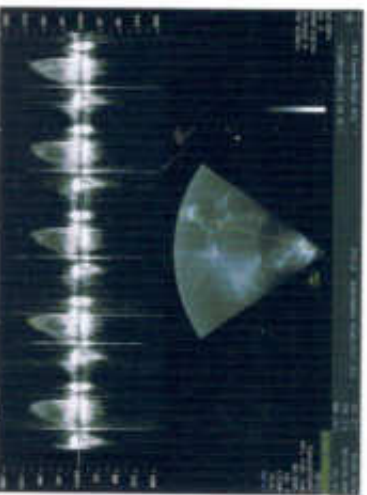
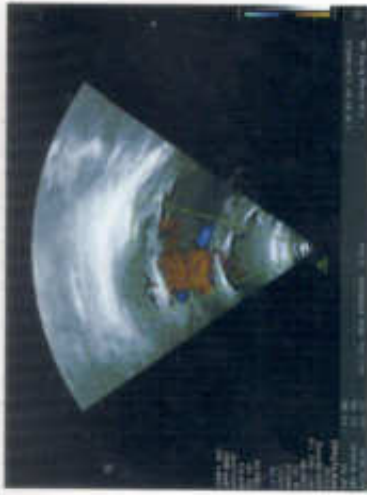
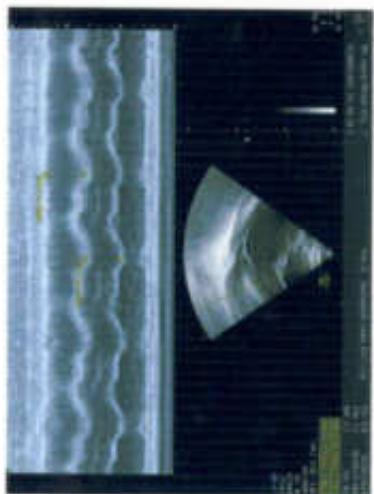
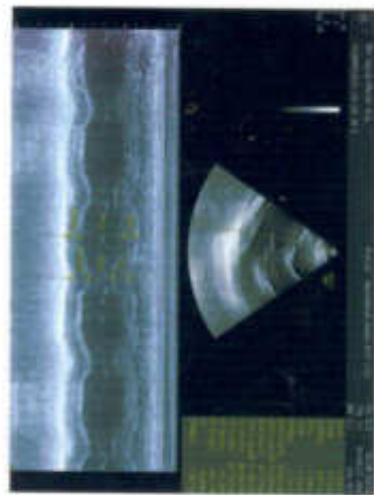
Note: 2 D Echo has a poor sensitivity in cases of angina pectoris. Negative echo findings does not rule out coronary artery disease

Adv: Please correlate clinically. CAG/Further cardiac evaluation as indicated.

TDI for diastolic dysfunction



Dr. Priyam Bhatjiwale
 M.D. Cert. in 2 D Echo &
 Doppler Studies



12 LEAD ECG REPORT



PULSE RADWAVE
DIAGNOSTIC
UNIT OF RADWAVE DIAGNOSTIC LLP



10/08/24

Name: Mr. Jayraj Bhopi Kalmale Apollo-Arcofemi Healthcare Ltd.

- ▶ Pathology
- ▶ Digital X - ray
- ▶ Sonography
- ▶ 3D - 4D Sonography
- ▶ Color Doppler
- ▶ ECG
- ▶ 2D Echo
- ▶ EEG
- ▶ EMG
- ▶ NCV
- ▶ PFT
- ▶ Mammography
- ▶ FNAC
- ▶ USG Guided Procedures
- ▶ X-Ray Special investigations
- ▶ Holter Monitor
- ▶ Sleep Study & Others.

12 LEAD ECG REPORT



PULSE RADWAVE
DIAGNOSTIC
UNIT OF RADWAVE DIAGNOSTIC LLP



10/08/24

Name: Mr. Jayraj Bhopi 42/male Apollo-Arcofemi Healthcare Ltd

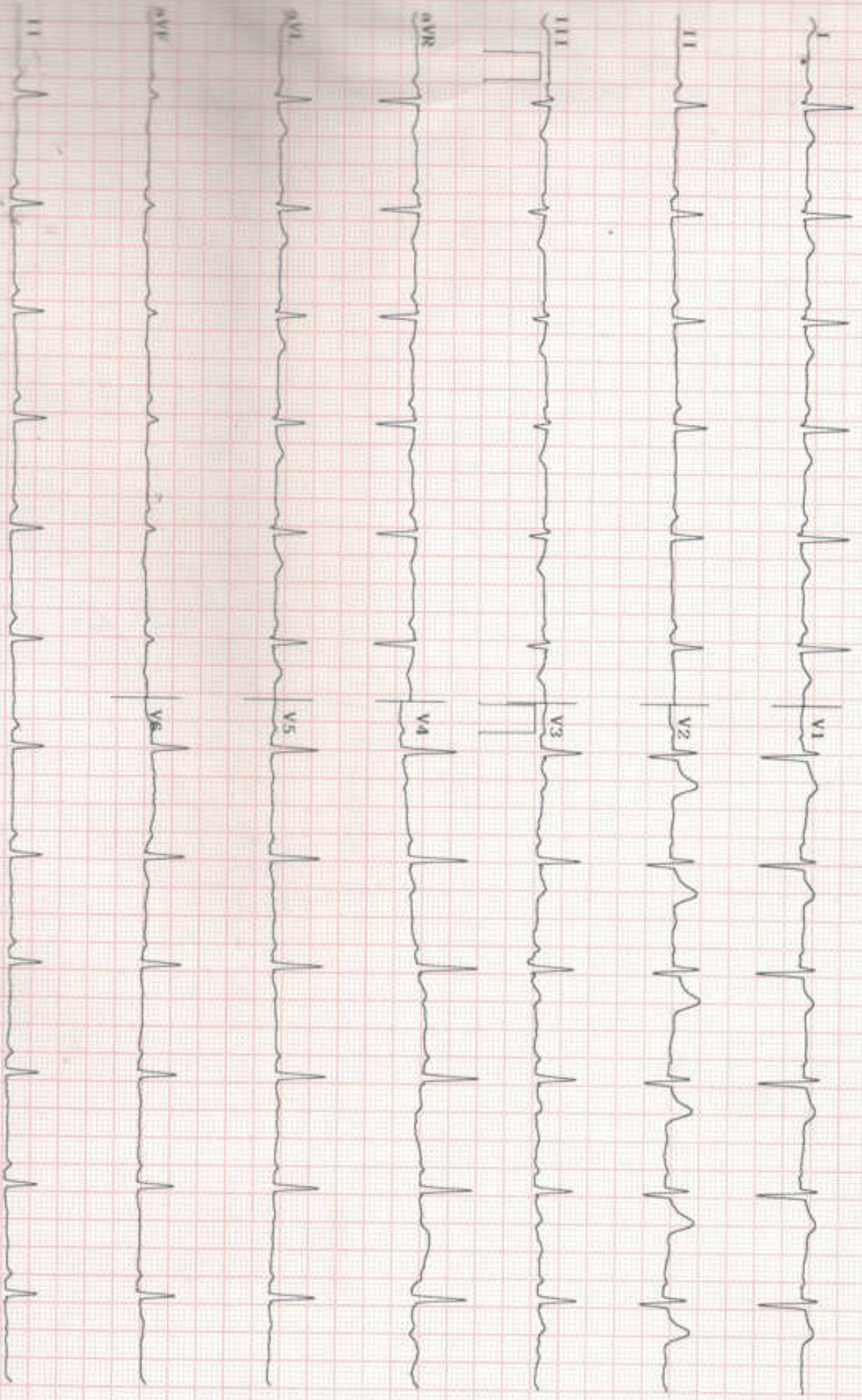
- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography ▶ Color Doppler ▶ ECG
- ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ X-Ray Special investigations ▶ Holter Monitor ▶ Sleep Study & Others.

ID :
Name: JAYRAJ
Age: 42 years
Sex: Male
H : 0 cm / W : 0 kg

Heart Rate: 76 bpm
PR/RR Int.: 154/789 ms
QRS Dur: 82 ms
QT/QTc: 416/466 ms
P-R-T axes: 44 19 -15
SV1/RV5/R+S: 0.83/0.88/1.71mV

Analysis Result ## (To be finally confirmed by physician)
Normal Sinus Rhythm
Normal Axis
[Normal ECG]

Prescribed by:



ELECTROCARDIOGRAM

Please Photocopy ECG As Tracings Fades After Some Time

Name:

Mr. Suraj Bhoji

Date:

10/8/2024

Time:

Age / Sex:

M / 42 yrs

Heart Rate:

Rhythm:

Axis:

Voltage:

P Wave:

PR Interval:

Qrs Interval & Complex:

ST Segment:

T Wave:

QT Interval:

QTC:

Impression:

OK

PRB

Signature of Physician

DR. PRIYAM BHATJIVALE, M.D.
REG. NO. 68857