

11/25/23, 8:26 AM

Gmail - Your Apollo order has been confirmed



Anand Rishiji Medical Centre <armmedicalreporting@gmail.com>

Your Apollo order has been confirmed

1 message

noreply@apolloclinics.info <noreply@apolloclinics.info>
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Cc: rahul.rai@apolloclinic.com, pritam.padyal@apolloclinic.com, syamsunder.m@apollohl.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, devendra.singh@apo

Thu, Nov

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for 25-11-2023 at your ANANDRISHJI MEDICAL CENTRE LLP - Pune Center.

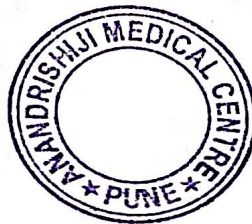
Points to note:-

- 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 Adbhutam portal as per specifications given earlier.

Appointment Booking Details

Table with columns: Corporate/TPA, Agreement Name, Package name, Package Inclusions, Customer Name, Gender, Relation, DOB/Age, Emp ID, Email ID, Mobile No, Date of Appointment, Appt Ref No, UHID, HC Cent Name. Includes package details like Urine Routine, Blood, HEMOGRAM, etc.

Handwritten notes: Blood, PP-11:15, ECG, X-Ray, Urine, ACR.



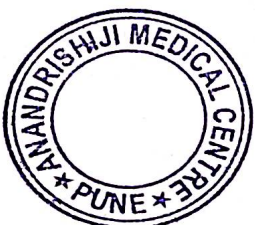
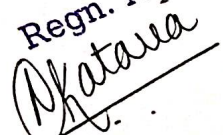
Please login to AHCN Portal for more details.

AHCN Login Uri : Click on Link

Regards,
Team Clinic Operations
Apollo Health and Lifestyle Ltd.,



ANANDRISHIJI
MEDICAL CENTRE

PATIENT NAME:	Mr. Prashant Pujari	DATE:	25/11/2023
AGE	YRS	SEX-	Male.
36			
HEIGHT- cms	WEIGHT- KG	BP- mmhg	
177	66-8.	120/80	
RIGHT EYE	LEFT EYE-		
normal	normal		
PAST HISTORY- Covid-19 infection in 2021 (home isolation)			
PRESENT COMPLAINTS- COMPLAINT			
A/P - no physical complaints. O/E: CNS: conscious & oriented CVS: S1S2@ RS: AEBE P/A: soft, NT. ECC → WNL. P: 64 bpm.			
UNFIT		FIT WITH RECOMMENDATION	
		covid vaccine both doses taken.	
		Dr. Nidhi Kataria BHMS., PGDEMS Regn. No. 74389 	
		Doctors Stamp & Signature	

91 90217 16550 ~Prashant Pujari
today at 8:22 am






आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

PRASHANT PRAKASH PUJARI
PRAKASH NARAYAN PUJARI

24/07/1987
Permanent Account Number
BILPP3462R

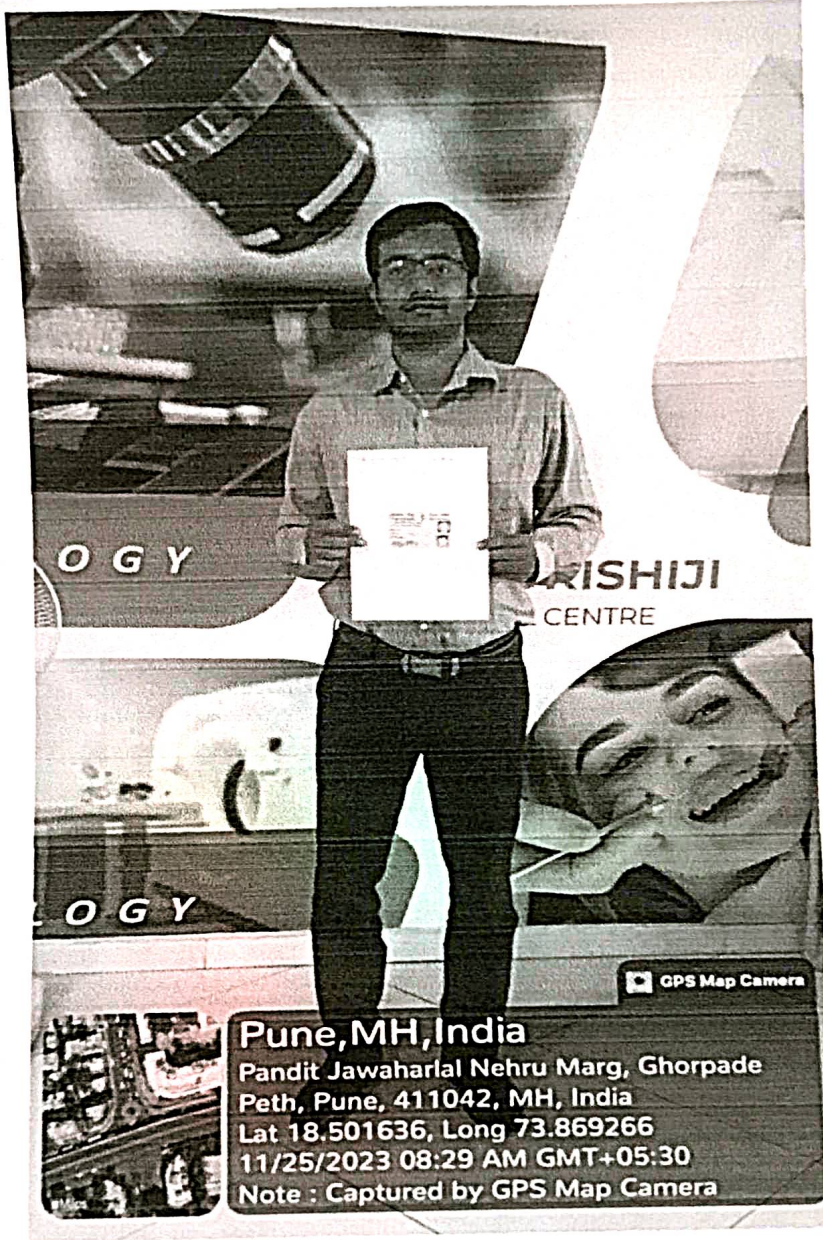
PAJ
Signature



PAJ

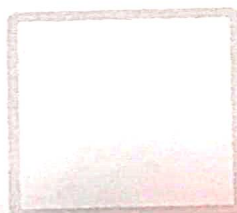
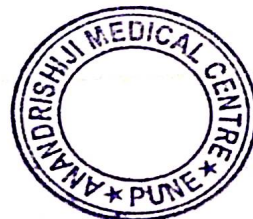


You
toda...



Prashant

Prashant pujari



ANAND RISHIJI MEDICAL CENTER
PUNE

25.11.2023 08:37:50
Standard 12-Lead

First name: Prashant puari /36y
Patient ID: 3d878fd3-1e4d-4628-9a1f-64b5250d321e

Age: 36y
Gender: Male
Height: 170 cm
Weight: 65 kg
Ethnicity: Undefined
Facemaker: Unknown

Gender: Male
Room: 101
Medication: 101
Order ID: 101
Ord. prov.: 101
Ord. proc.: 101

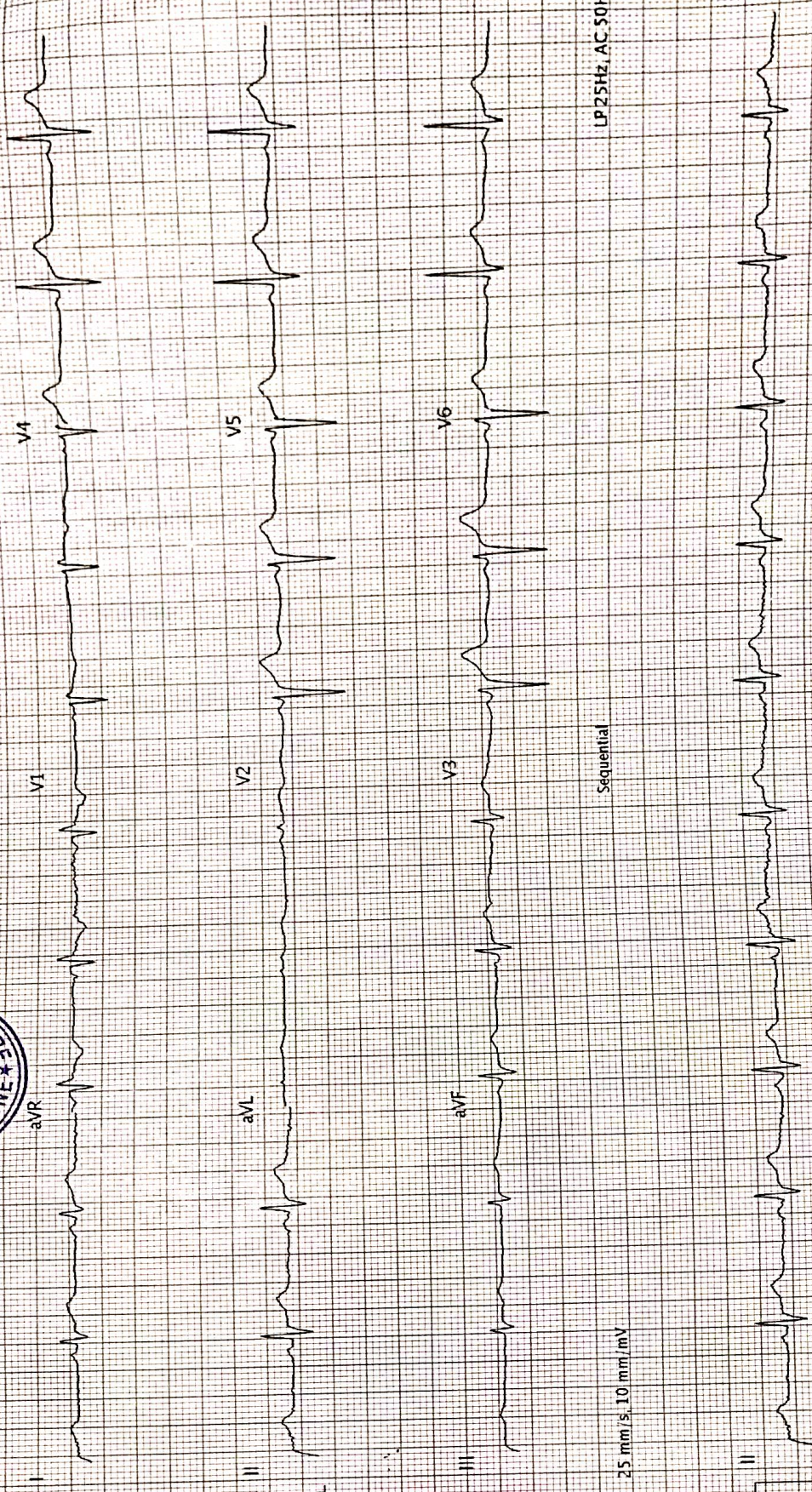
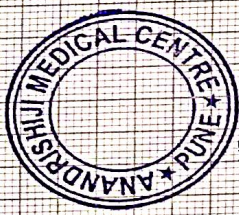
HR: 64 bpm
RR: 942 ms
P: 94 ms
PR: 128 ms
QRS: 91 ms
QT: 383 ms
QTcB: 395 ms

P axis: 25°
QRS axis: 50°
T axis: 42°

Sinus rhythm
Normal electrical axis
SI-S2 S3 pattern
Otherwise normal ECG
Unconfirmed report

Dr. Shripad C. Bhivaskar
DNB (General Medicine)
DNB (Cardiology)
2009/06/2692

Otherwise normal



LP 25Hz, AC 50Hz

Sequential

25 mm/s, 10 mm/mV

25 mm/s, 10 mm/mV

Printed on 25.11.2023 08:33:03

LP 25Hz, AC 50Hz



ANANDRISHIJI
MEDICAL CENTRE

Patient Name :	MR. PRASANT PUJARI	Age / Gender :	036Y / Male
Patient ID :	422	Date & Time :	25-11-2023 05:01 PM
Refd By :	APOLLO	Modality :	XR

X-RAY CHEST PA VIEW

OBSERVATION:-

Prominent bilateral hilar shadow.

Rest of the lung fields are clear.

Cardiophrenic and costophrenic angles are normal.

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

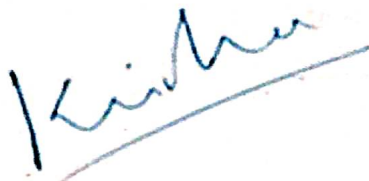
Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

IMPRESSION:-

Prominent bilateral hilar shadow.

Clinical and lab correlation is recommended for confirmation


Dr K. Nerella, MD Radiologist
Consultant Radiologist
Reg Num-95228



Disclaimer: Disclaimer: This is an online interpretation of the images provided. If there is any clinical discrepancy, this investigation may be repeated or assessed by other tests. Patient's identification in online reporting is not established, so in no way this report can be utilized for any medicolegal purpose



Patient Name : MR. PRASHANT P. PUJARI
Age / Gender : 36 Years / Male
Ref. By Dr : SELF
Patient ID : 112325002
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 25-Nov-2023 8:26 AM
Sample Coll. Date : 25-Nov-2023 8:26 AM
Authentication Date : 25-Nov-2023 4:43 PM
Report Date : 25-Nov-2023 2:48 PM



CLINICAL PATHOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
URINE EXAMINATION			
PHYSICAL EXAMINATION			
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Clear		Clear
PH	6.5		5.0-7.5
SPECIFIC GRAVITY	1.015		1.002-1.030
CHEMICAL EXAMINATION			
PROTEINS	Absent		Negative
GLUCOSE	Absent		Negative
KETONE BODIES	Absent		Negative
BILLIRUBIN	Absent		Negative
BLOOD	Absent		Negative
NITRITE	Absent		Negative
MICROSCOPIC EXAMINATION			
PUS CELLS	Occasional	/ HPF	0-5
RED BLOOD CELLS	Absent	/ HPF	Nil
EPITHELIAL CELLS	Occasional	/ HPF	< 10
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
YEAST CELLS	Absent		Absent
BACTERIA	Absent		Absent
MUCUS THREADS	Absent		Absent
TRICHOMONAS VAGINALIS	Absent		Absent
SPERMATOZA	Absent		Absent
LEUKOCYTES	Absent	ng/ml	
DEPOSIT	Absent		Absent

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



Dr. Jitendra Suru
MD Pathology



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BLOOD GROUP

Investigation	Result
BLOOD GROUP	
ABO GROUPING	A
RH GROUPING	Positive

Interpretation :

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

Comment : Please correlate with clinical condition

Technology : Agglutination

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

----- **END OF REPORT** -----



Dr. Jitendra Suru
MD Pathology



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Patient ID : 112325002
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Authentication Date : 25-Nov-2023 11:26 AM
Report Date : 25-Nov-2023 11:16 AM



LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL CHOLESTEROL	184.6	mg/dL	Desirable (< 200) Borderline high (200 - 239) High (> 240)
HDL CHOLESTEROL - DIRECT	34.2	mg/dL	Adult High Risk >60 Moderate Risk 40 - 60 No Risk <40
TRIGLYCERIDES	107.4	mg/dL	50-200
LDL CHOLESTEROL	128.9	mg/dL	Optimal (< 100) Near optimal/above optimal (100-129) Borderline high (130-159) High (160-189) Very high (≥ 190)
VLDL CHOLESTEROL	21.5	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	5.4	Ratio	3.0-5.0
LDL / HDL RATIO	3.8	Ratio	1.5-3.5
NON HDL CHOLESTEROL	150	ng/ml	
HDL / LDL CHOLESTEROL RATIO	4	Ratio	1.5-3.5

Interpretation :

The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol".

Comment : Please correlate with clinical condition

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



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Report Date : 25-Nov-2023 11:17 AM



RENAL FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
RFT (RENAL FUNCTION TEST)			
BLOOD UREA LEVEL	17.6	mg/dL	15-45
S. CREATININE	0.99	mg/dL	0.5-1.5
URIC ACID	5.6	mg/dL	2.5-7.5
ELECTROLYTES			
SODIUM, SERUM	139	mmol/L	136-146
POTASSIUM, SERUM	4.3	mmol/L	3.40-5.10
CHLORIDE, SERUM	99	mmol/L	98.0-106.0
CALCIUM	8.7	mg/dL	8.6 - 10.3

Interpretation :

Renal function tests (RFT) are performed for evaluation of kidney function. The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. 1. Blood Urea Nitrogen (BUN) - Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. 2. Creatinine - Creatinine is a waste product produced by muscles from the breakdown of a compound called creatine. Almost all creatinine is filtered from the blood by the kidneys and released into the urine, so blood levels are usually a good indicator of how well the kidneys are working. 3. Uric acid - The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose recurrent kidney stones and gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer.

Comment : Please correlate with clinical condition

Technology : Spectrophotometry

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

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



Dr. Jitendra Suru
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Report Date : 25-Nov-2023 10:51 AM



GLUCOSE FASTING, PLASMA

Investigation	Result	Unit	Bio. Ref. Interval
BLOOD SUGAR FASTING	96.5	mg/dL	74-106
METHOD	Hexokinase		

Interpretation :

The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake

COMMENT

Please correlate with clinical condition

----- **END OF REPORT** -----



Dr. Jitendra Suru
MD Pathology



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Report Date : 25-Nov-2023 3:06 PM



GLUCOSE - POST PRANDIAL(PP)

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	69.7	mg/dL	70-140

Interpretation :

A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

COMMENT

Please correlate with clinical condition

TECHNOLOGY

Spectrophotometry

NOTES

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

----- **END OF REPORT** -----



Dr. Jitendra Suru
MD Pathology



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THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL TRIIODOTHYRONINE (T3)	1.39	ng/ml	0.69-2.15
TOTAL THYROXINE (T4)	8.64	ug/dl	5.2-12.7
TSH	16.2	uIU/mL	0.3-4.5

T3/T4/TSH

Normal T3 concentrations do not necessarily reflect a normal – thyroid state. Certain thyroid disorders (such as latent hypo – or hyperthyroidism , compensatory T3 over secretion in iodine deficiency , TBG over secretion) may also be associated with euthyroid T3 levels

In pregnancy , the Total T4 result may be incorrect , i.e., falsely –low .This assay should not be used as the only marker for thyroid disease evaluation during pregnancy. To ensure maximum diagnostic accuracy , thyroid status in pregnant women should be determined using thyroid function tests such as TSH , Free T4 , and clinical evaluation by the physician. Whether high or low , an abnormal TSH result indicates an excess or deficiency in the amount of thyroid hormone available to the body , but it does not indicate the reason . An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

Many medications – including aspirin and thyroid hormone replacement therapy – may affect thyroid gland function the result and their use should be discussed with the doctor prior to testing.

When a doctor adjusts a person’s thyroid hormone replacement dosage, it is important to wait at least one to two months before checking the TSH again so that the new dose can have its full effect.

Extreme stress and acute illness may also affect TSH test result . Results may be low during the first trimester pregnancy. Serum TSH levels alone give no evidence of the presence or absence of thyroid disease. They must always be interpreted in context with the clinical picture and other diagnostic procedure.

A high TSH result often means an underactive thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. Rarely, a high TSH result can indicate a problem with the pituitary gland ,such as tumour producing unregulated levels of TSH.A high TSH can also occur when someone with a known thyroid disorder or who has their thyroid gland removed is receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an underactive (or removed) thyroid gland. Rarely, a low TSH result may indicate damage to the pituitary gland that prevents it from producing adequate amounts of TSH.

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



Dr. Jitendra Suru
MD Pathology



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Liver Function Test

Investigation	Result	Unit	Bio. Ref. Interval
ALKALINE PHOSPHATASE	61.4	U/L	53 - 128
SGOT (AST)	14.4	U/L	0 - 35
SGPT (ALT)	28.2	U/L	0 - 45
GGTP	31.0	U/L	0 - 55
BILIRUBIN	0.72	mg/dL	0 - 1.2
BILIRUBIN DIRECT	0.14	mg/dL	0 - 0.4
BILIRUBIN INDIRECT	0.58	mg/dL	0 - 1.0
TOTAL PROTEIN	6.55	g/dl	6.4 - 8.3
ALBUMIN	4.55	gm/dl	3.5 - 5.2
GLOBULIN	2	gm/dl	1.8 - 3.6
A/G RATIO	2		
SGOT/SGPT RATIO	1	Ratio	

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



Dr. Jitendra Suru
MD Pathology



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Patient ID : 112325002	Authentication Date : 25-Nov-2023 5:33 PM
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE	Report Date : 25-Nov-2023 5:30 PM



HbA1C (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Value	Unit	
HbA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	4.9	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
AVERAGE BLOOD GLUCOSE (ABG)	97.14	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

INTERPRETATION & REMARK

Interpretation

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition

Technology HPLC

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

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



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CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	15.5	g/dl	13 --18
TOTAL WBC COUNT	5500	/ cumm	4000-10000
RED BLOOD CELL COUNT	6.2	/cumm	4.32-5.72
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	45	%	50 --70
LYMPHOCYTES	37	%	20 --40
EOSINOPHILS	08	%	0 --6
MONOCYTES	10	%	0-10
BASOPHILS	00	%	0 --1
RBC INDICES			
HEMATOCRIT	45.2	%	37 --54
MEAN CORPUSCULAR VOLUME	73.0	fl	78-92
MEAN CORPUSCULAR HEMOGLOBIN	25.0	pg	28 --32
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.2	g/dl	32 --37
RDW_CV	12.9	/ cumm	11.5-14.5
PLATELET COUNT	234000	/ cumm	150000-400000
MEAN PLATELET VOLUME	10.1	fl	7.4-10.4
PDW	10.8	fl	10-14
PCT	0.24	%	0.10-0.28
RED CELL DISTRIBUTION WIDTH (RDW-SD)	34.4	fl	
P-LCR	24.9	%	
PERIPHERAL BLOOD SMEAR			
ERYTHROCYTES	Normocytic Normochromic		



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ANANDRISHIJI MEDICAL CENTRE

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CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
LEUCOCYTES	Mild eosinophilia		
THROMBOCYTES	Adequate on smear		
ESR	13	mm/1hr.	

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



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