



Certificate No: MC-5597

Patient Name : Mr.YOGESH UIKE	Collected : 09/Mar/2024 09:32AM
Age/Gender : 41 Y 6 M 0 D/M	Received : 09/Mar/2024 01:58PM
UHID/MR No : CKHA.0000072281	Reported : 09/Mar/2024 03:23PM
Visit ID : CKHAOPV110500	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8964641321	

**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.**



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

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

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
 www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, PH No: 040-49047777, Fax No: 49047744

Apollo Clinic Kharadi

Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No .102,  
 Shivajinagar, Shivajinagar, Kharadi, SCAPES, Opp. Reliance Mall,  
 Kharadi, Pune-411004

Certificate No: MC-5697

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.2	g/dL	13-17	Spectrophotometer
PCV	41.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>6.09</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>67.9</b>	fL	83-101	Calculated
MCH	<b>23.4</b>	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>19.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,750	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.2	%	40-80	Electrical Impedance
LYMPHOCYTES	31.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	<b>11.2</b>	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4830	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2773.75	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	148.75	Cells/cu.mm	20-500	Calculated
MONOCYTES	980	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.74		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	288000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	9	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
<b>RBC's Anisocytosis+, Microcytes++, Elliptocytes+</b>				
<b>WBC's are normal in number and morphology</b>				
<b>Platelets are Adequate</b>				
<b>No hemoparasite seen.</b>				

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





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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

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



Certificate No: MC-5697

Patient Name : Mr.YOGESH UIKE	Collected : 09/Mar/2024 09:32AM
Age/Gender : 41 Y 6 M 0 D/M	Received : 09/Mar/2024 01:45PM
UHID/MR No : CKHA.0000072281	Reported : 09/Mar/2024 03:02PM
Visit ID : CKHAOPV110500	Status : Final Report
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Emp/Auth/TPA ID : 8964641321	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	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.



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









Certificate No: MC-5597

Patient Name : Mr.YOGESH UIKE	Collected : 09/Mar/2024 09:32AM
Age/Gender : 41 Y 6 M 0 D/M	Received : 09/Mar/2024 02:01PM
UHID/MR No : CKHA.0000072281	Reported : 09/Mar/2024 03:35PM
Visit ID : CKHAOPV110500	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8964641321	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

A: HbF >25%  
 B: Homozygous Hemoglobinopathy.  
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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Age/Gender : 41 Y 6 M 0 D/M	Received : 09/Mar/2024 01:55PM
UHID/MR No : CKHA.0000072281	Reported : 09/Mar/2024 06:28PM
Visit ID : CKHAOPV110500	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	100	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>39</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>109.42</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.09	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.30		0-4.97	Calculated

**Comment:**

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

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

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

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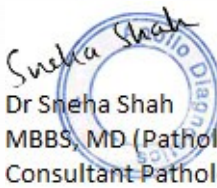
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.79	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	17.94	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.03	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.95	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.81	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142.11	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.19	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.55	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.19	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		0.9-2.0	Calculated

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	31.05	U/L	<55	IFCC

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UHID/MR No : CKHA.0000072281	Reported : 09/Mar/2024 03:29PM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.99	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.53	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.401	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. 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.
2. 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.
3. 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.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.130	ng/mL	0-4	CLIA

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UHID/MR No : CKHA.0000072281	Reported : 09/Mar/2024 07:20PM
Visit ID : CKHAOPV110500	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

\*\*\* End Of Report \*\*\*

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE

*Sneha Shah*  
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 MBBS, MD (Pathology)  
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Patient Name : Mr.YOGESH UIKE	Collected : 09/Mar/2024 06:55PM
Age/Gender : 41 Y 6 M 0 D/M	Received : 09/Mar/2024 08:47PM
UHID/MR No : CKHA.0000072281	Reported : 09/Mar/2024 09:40PM
Visit ID : CKHAOPV110534	Status : Final Report
Ref Doctor : Dr.	

**DEPARTMENT OF IMMUNOLOGY**

**ALP VITAMIN PANEL - LEVEL 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	17.77	ng/mL		CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	<80	pg/mL	120-914	CLIA

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
  - The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.
- Patients taking vitamin B12 supplementation may have misleading results.



DR.Sanjay Ingle  
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**DEPARTMENT OF IMMUNOLOGY**

**ALP VITAMIN PANEL - LEVEL 1**

- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

\*\*\* End Of Report \*\*\*



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





**Name: Mr. Yogesh Uike**  
**Age/ Sex: 41 Yrs / M**

**Date:09/03/2024**

**2D ECHO/COLOUR DOPPLER**

<b>M - Mode values</b>		<b>Doppler Values</b>	
AORTIC ROOT (mm)	<b>25</b>	PULMONARY VE(m/sec)	<b>1.1</b>
LEFT ATRIUM (mm)	<b>30</b>	PG (mmHg)	<b>5</b>
		AORTIC VEL (m/sec)	<b>1.3</b>
IVS - D (mm)	<b>10</b>	PG (mmHg)	<b>7</b>
LVID - D (mm)	<b>41</b>	MITRAL E WAVE(m/sec)	<b>0.5</b>
LVID - S (mm)	<b>25</b>	A WAVE (m/sec)	<b>0.4</b>
LVPW - D (mm)	<b>10</b>		
EJECTION FRACTION (%)	<b>60%</b>		

**REPORT:**

Normal sized all cardiac chambers.  
No regional wall motion abnormality.  
Normal LV systolic function.  
Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.  
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.  
Normal Tricuspid & pulmonary valve.  
No tricuspid regurgitation. No pulmonary hypertension.  
Intact IAS and IVS.  
No clots, vegetations, pericardial effusion noted.  
Aortic arch appears normal

**IMPRESSION:**

**Normal PA pressures.**

**Normal LV systolic function, No RWMA. LVEF 60%.**

For. M. Kheshe

**DR. VIKRANT KHESE**  
**MBBS, MD Medicine, DNB Medicine, DM Cardiology**  
**Consultant and interventional Cardiologist**  
**Reg No: MMC: 2015/02/0627**

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Yogesh & Nike on 11/03/24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Iron deficiency</u></p> <p>2. <u>HbA1c - pre-diabetes</u></p> <p>3. <u>vit D ↓</u> <u>vit B12 ↓</u></p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

*Zhan.*  
**Dr. Zaha Khan**  
Dr. MBBS General Physician  
Medical Officer: 2020/03/1804  
Apollo Clinic, Kharadi

*This certificate is not meant for medico-legal purposes*

**Apollo Health and Lifestyle Limited**

ICIN - UBS110TG2000PLC115819  
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

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 09-03-2024  
 MR NO : CKHA.0000072281  
 Name : Mr. Yogesh Uike  
 Age/ Gender : 41 Y / Male

Department : GENERAL  
 Doctor :  
 Registration No :  
 Qualification :

Consultation Timing: 09:21

Height : 174	Weight : 70.4	BMI : 22	Waist Circum : 89
Temp : 97.3°C	Pulse : 81	Resp : 20	B.P : 124/76

**General Examination / Allergies History**

**Clinical Diagnosis & Management Plan**

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O - NO.

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

H/O covid infection - 2022.

Vaccinated with -

Follow up date:

} NIL.  
 - Endoscopy + Band ligation.  
 drinking - occasionally. Twice in year.

} NAD.

*Yogesh*  
 Doctor Signature

Mr. Yogesh Vike  
41yrs /M,

09/03/2024.

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

pt-came <sup>etc</sup> for routine ENT check up,  
- h/o hearing loss ⊕, ?  
- No other active ENT complaints.

O/E BIL EAC-clear, BIL TM-intact

- Nose- DNS ⊕ (Pt),
- Throat - WNL

Ado

- PTA



Follow up date:

Doctor Signature



# POWER PRESCRIPTION

NAME: Mr Yogesh Vike

GENDER: M/F

DATE: 9.3.24

AGE: 41

UHID: 72281

## RIGHT EYE

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-0.25	.	.	6/c
NEAR				

	SPH	CYL	AXIS	VISION
DISTANCE	pc	.	.	6/c
NEAR				

INSTRUCTIONS:

SIGNATURE 

**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](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

ID: 72281

yogesh uike

Male 41Years

kg / mmHg

Req. No. :

09-03-2024 13:41:08

HR : 86 bpm

P : 122 ms

PR : 158 ms

QRS : 88 ms

QT/QTcBz : 340/407 ms

P/QRS/T : 65/66/78 °

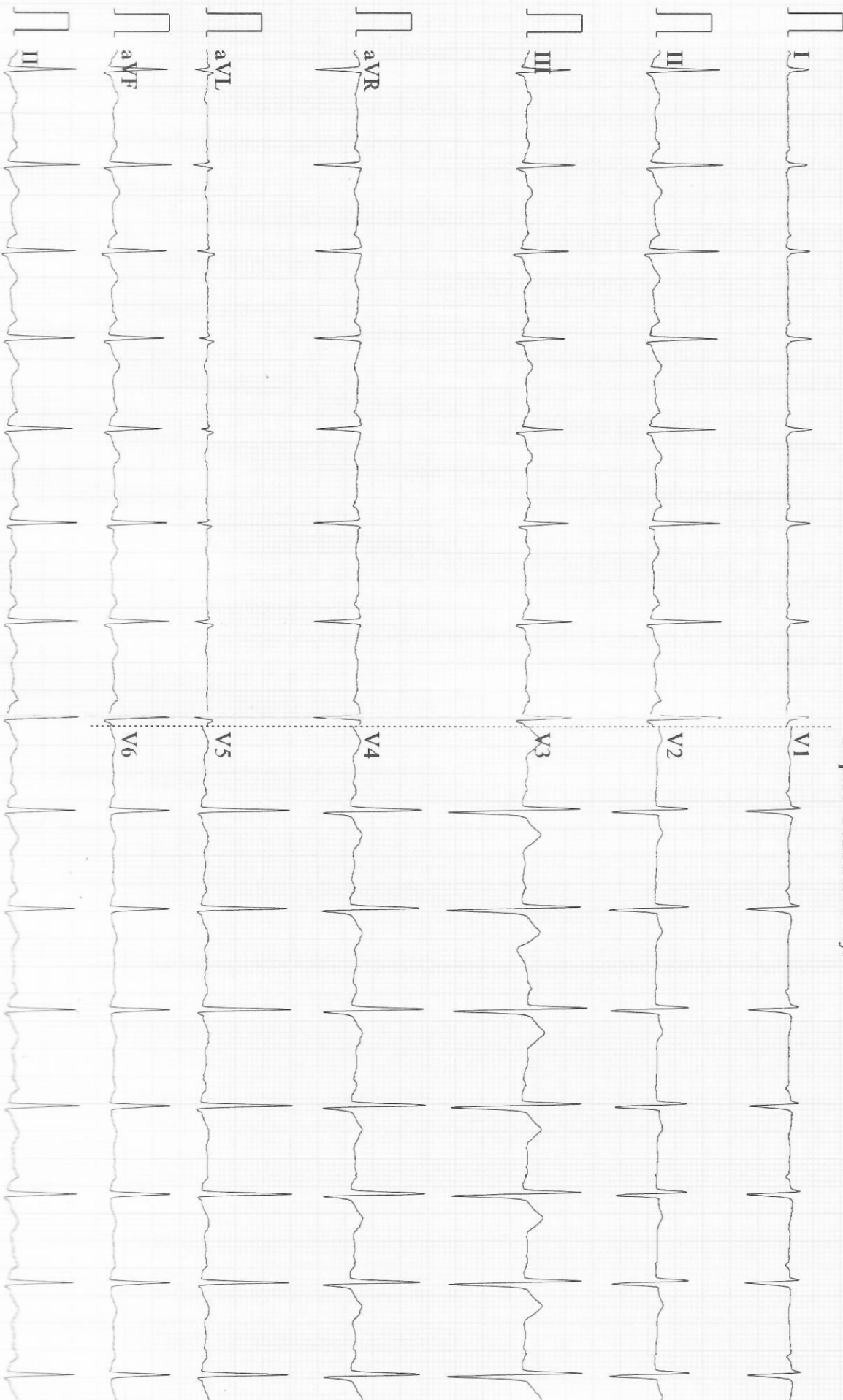
RV5/SV1 : 1.596/0.780 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



Patient Name : Mr. Yogesh Uike Age : 41 Y M  
UHID : CKHA.0000072281 OP Visit No : CKHAOPV110500  
Reported on : 09-03-2024 16:28 Printed on : 09-03-2024 20:02  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:09-03-2024 16:28

---End of the Report---



**Dr. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology



Patient Name	: Mr. Yogesh Uike	Age	: 41 Y M
UHID	: CKHA.0000072281	OP Visit No	: CKHAOPV110500
Reported on	: 09-03-2024 16:03	Printed on	: 09-03-2024 20:02
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size, shape and shows normal echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

**Gall bladder:** is well distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

**Spleen:** appears normal in size, shape and echotexture. No focal lesion is noted.

**Pancreas:** appears normal in size, shape and **show raised echotexture**. No focal lesion / pancreatic ductal dilatation / calcification noted.

**Right kidney :** normal in size ms 9.1 x 4.1 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

**Left kidney :** normal in size ms 9.6 x 4.2 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

**Urinary bladder:** is partially distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

**Prostate:** appears normal in size and echotexture ....

Visualised bowel loops appear normal. No wall edema or mass noted.

### IMPRESSION :

- **No significant abnormality in present scan.**



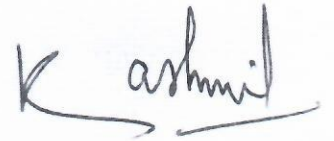
Patient Name : Mr. Yogesh Uike Age : 41 Y M  
UHID : CKHA.0000072281 OP Visit No : CKHAOPV110500  
Reported on : 09-03-2024 16:03 Printed on : 09-03-2024 20:02  
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Clinical correlation suggested....

(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.

Printed on:09-03-2024 16:03

---End of the Report---



**Dr. SANKET KASLIWAL**  
MBBS DMRE  
Radiology



भारत सरकार  
GOVERNMENT OF INDIA



योगेश शेषराव उईके  
Yogesh Shesharao Uike

जन्म वर्ष / Year of Birth : 1983  
पुरुष / Male

3369 5640 3053



आधार - सामान्य माणसाचा अधिकार

Sl. No.	Name	Age	Sex	Religion	Category	Registration Date	Validity
1	Yogesh Shesharao Uike	35	Male	Hindu	General	15/08/2019	15/08/2024
2							
3							
4							
5							
6							
7							
8							
9							
10							

S. No.	Company Name	PACKAGE NAME	Booking ID	EMP-NAME	AGE	GENDE R
41	Arcofemi/Mediwheel/MALE/FE MALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	bobS14095	Yogesh S Uike	40	Male
43	Arcofemi/Mediwheel/MALE/FE MALE	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	bobE14079	MS. UIKE SAYALI YOGESH	34	Female