



Certificate No: MC-5597

Patient Name : Mr.NILESH RAMCHANDRA MORE	Collected : 09/Mar/2024 09:24AM
Age/Gender : 38 Y 6 M 0 D/M	Received : 09/Mar/2024 02:02PM
UHID/MR No : CKHA.0000072260	Reported : 09/Mar/2024 03:25PM
Visit ID : CKHAOPV110468	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE14306	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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



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



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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.3	g/dL	13-17	Spectrophotometer
PCV	44.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.26	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.4	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	<b>34.6</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,620	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	59.2	%	40-80	Electrical Impedance
LYMPHOCYTES	31.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5103.04	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2698.06	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	198.26	Cells/cu.mm	20-500	Calculated
MONOCYTES	594.78	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.86	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.89		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	339000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
<p><b>RBC's are Normocytic Normochromic,</b>  <b>WBC's are normal in number and morphology</b>  <b>Platelets are Adequate</b>  <b>No hemoparasite seen.</b></p>				



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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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
GLUCOSE, FASTING , NAF PLASMA	97	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  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.



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Age/Gender : 38 Y 6 M 0 D/M	Received : 09/Mar/2024 01:57PM
UHID/MR No : CKHA.0000072260	Reported : 09/Mar/2024 03:41PM
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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
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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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

*Sneha Shah*  
 Dr Sneha Shah  
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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**APOLLO CLINICS NETWORK**

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	207	mg/dL	<200	CHO-POD
TRIGLYCERIDES	104	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	165	mg/dL	<130	Calculated
LDL CHOLESTEROL	144.03	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.77	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.89		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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.57	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37.95	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.5	U/L	<50	IFCC
ALKALINE PHOSPHATASE	74.67	U/L	30-120	IFCC
PROTEIN, TOTAL	7.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.31	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.64</b>	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	<b>16.11</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.24</b>	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.26	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.99	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.52	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.89	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.44	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.31	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	34.37	U/L	<55	IFCC



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	0.87	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.06	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.089	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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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*  
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 MBBS, MD (Pathology)  
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**Name: Mr. NILESH RAMCHANDRA MORE**

**Age/ Sex: 38 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>0.7</b>
LEFT ATRIUM (mm)	<b>35</b>	PG (mmHg)	<b>3</b>
		AORTIC VEL (m/sec)	<b>0.8</b>
IVS - D (mm)	<b>10</b>	PG (mmHg)	<b>3</b>
LVID - D (mm)	<b>45</b>	MITRAL E WAVE(m/sec)	<b>0.7</b>
LVID - S (mm)	<b>30</b>	A WAVE (m/sec)	<b>0.5</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. hehse

**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 Nilesh Ramchandra More on 11/3/24

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>Dyslipidemia</u>.....</p> <p>2. <u>Grade I Fatty liver</u>.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>Currently Unfit.</li> </ul> <p>Review after: _____ recommended</p>	
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	

*Zuhan*  
**Dr. Zuha 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**

(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**

Date : 09-03-2024 Department : GENERAL  
 MR NO : CKHA.0000072260 Doctor :  
 Name : Mr. NILESH RAMCHANDRA *More* Registration No :  
 Age/ Gender : 38 Y / Male Qualification :

Consultation Timing: 06.32

Height : <i>180</i>	Weight : <i>82.8</i>	BMI : <i>25</i>	Waist Circum : <i>98</i> <sup>100</sup>
Temp : <i>97.8 F</i>	Pulse : <i>91</i>	Resp : <i>22</i>	B.P : <i>142/94</i>

General Examination / Allergies History

*Ambulatory BP*  
 ①  
*Adv*  
 ① Vit D levels.

Clinical Diagnosis & Management Plan

Present complains - *Nil complains.*

Comorbidity - } *NIL*  
 Allergies - }

Surgical H/O *varicose vein. - surgery : Left leg. 2019.*

Family H/O - *Mother: DM/HTN.  
 Father: Thyroid*

Addiction - *NO*

OE

CVS- }  
 CNS- } *NAD.*  
 P/A- }  
 Chest- }

H/O covid infection - *2022 - Jan.*

Vaccinated with - *2 vaccines.*

Follow up date:

*[Signature]*  
 Doctor Signature



Mr. Nilesh Ramchandra More  
38yrs / M,

09/03/2024.

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

pt. came for Routine ENT check-up;  
- No active ENT complaints;

OLB; BIL EAC - clear, BIL TM - intact;  
- Nose & throat - WNL.



Follow up date:

Doctor Signature

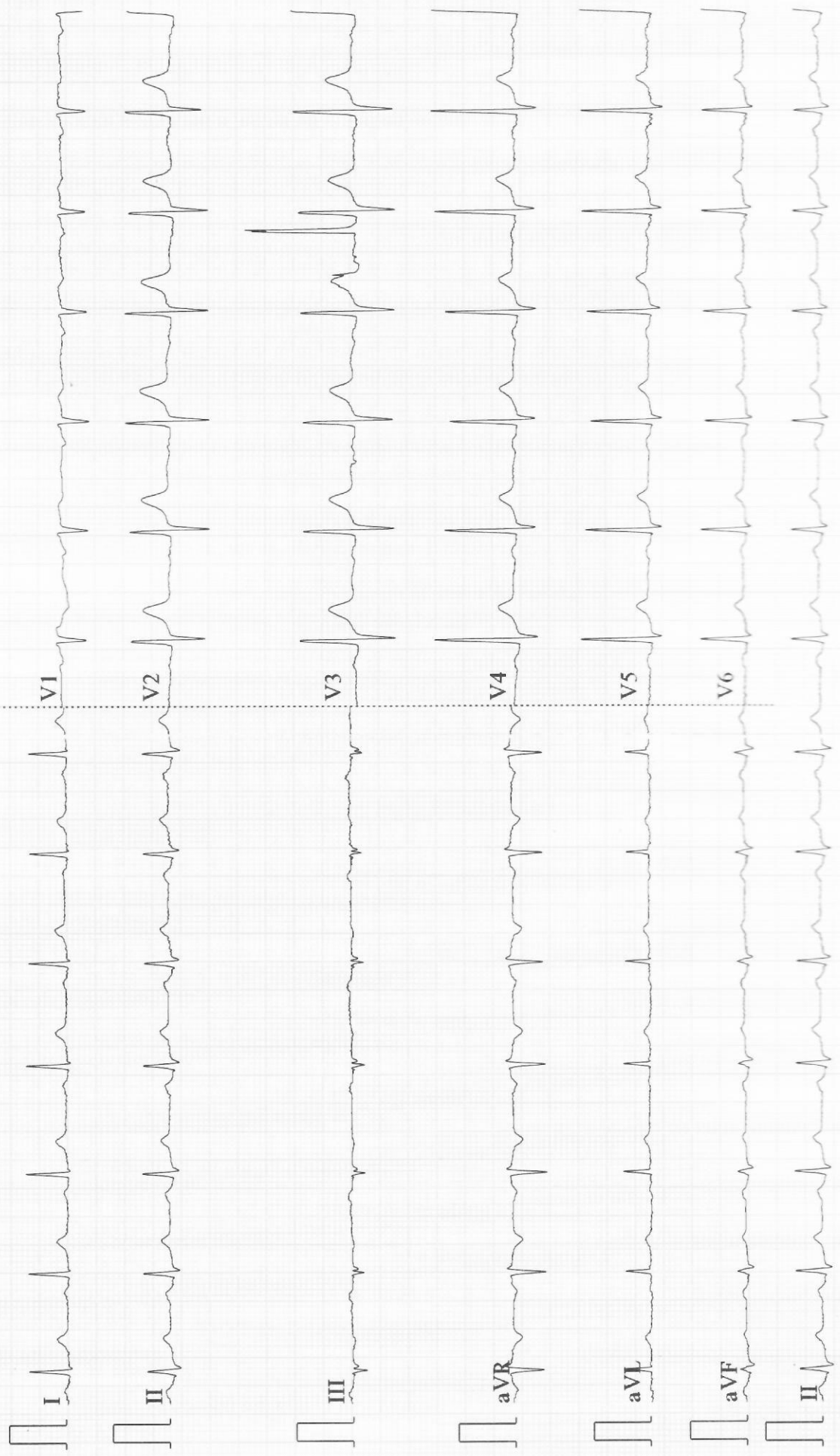
ID: 72260  
nilesh more  
Male 38Years  
kg / mmHg  
Req. No. :

09-03-2024 14:21:24  
HR : 79 bpm  
P : 130 ms  
PR : 180 ms  
QRS : 88 ms  
QT/QTcBz : 354/406 ms  
P/QRS/T : 59/11/33 °  
RV5/SV1 : 1.145/0.471 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

*Amz*

Report Confirmed by:



Patient Name	: Mr. NILESH RAMCHANDRA MORE	Age	: 38 Y M
UHID	: CKHA.0000072260	OP Visit No	: CKHAOPV110468
Reported on	: 09-03-2024 16:35	Printed on	: 09-03-2024 19:21
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 16:35

---End of the Report---



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

Patient Name : MR. NILESH More.

Date : 09/03/2024

Referred By : Apollo Clinics.

Age : 38 yrs. Sex : M.

USG – Abdomen & pelvis

Clinical Profile : Routine check up.

Findings:

Liver appears normal in size, shape and **shows grade I fatty changes**. No focal mass lesions seen. Intrahepatic biliary radicals and veins are normal.

GB is well distended and appears normal. No calculi are noted. Gall bladder wall is normal. CBD and PV are normal.

Pancreas is normal in size, shape and echotexture . No focal mass lesion seen. Pancreatic duct is normal.

Spleen is normal in size, shape and echotexture. No focal mass lesion seen.

Right kidney is normal in size, shape and echotexture. It measures 10.0 x 4.6 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

Left kidney is normal in size, shape and echotexture. It measures 10.3 x 5.1 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

**No ascites. No para-aortic lymphadenopathy.**

Bladder is well distended and normal in outline. Bladder wall is normal.

Prostate appears normal in size and texture.

Impression:

- > Grade I fatty liver.
- > Rest of the USG of the abdomen and pelvis does not reveal any significant abnormality. Suggest- Clinico- Lab correlation.

This report is a professional opinion based on real time imaging findings and not a diagnosis by itself. Its has to correlated and interpreted with clinical and other investigations findings. Kindly bring the previous sonography reports for reference.

Dr. Harshad V. Jagtap  
DMRD, DNB ( Radiodiagnosis )

Thanks for the referral

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TO BOOK AN APPOINTMENT

 **1860 500 7788**



## Apollo Clinic

### CONSENT FORM

Patient Name: Nilesh R. More Age: 38

UHID Number: ..... Company Name: Bank of Baroda

I Mr./Mrs./Ms .....

Employee of .....

(Company) Want to inform you that I am **not interested** / **Postpone** in getting


- 1) Optical
- 2) .....
- 3) .....
- 4) .....
- 5) .....

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.


Patient Signature: Nilesh R. More

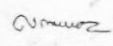
Date: 09-03-2024

 **बैंक ऑफ बड़ोदा**  
**Bank of Baroda**

नाम  
Name: NILESH MORE

ए. डी. नं.  
E. D. No. 121502

  
निदेशक  
Nilesh More  
Nilesh More

  
निदेशक  
Nilesh More  
Nilesh More

## Kharadi Apollo Clinic

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**From:** noreply@apolloclinics.info  
**Sent:** Thursday, March 7, 2024 06:52 PM  
**To:** nilesh202020@gmail.com  
**Cc:** Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M  
**Subject:** Your appointment is confirmed



Dear NILESH RAMCHANDRA,

Greetings from Apollo Clinics.

Your corporate health check appointment is confirmed at **KHARADI clinic** on **2024-03-09** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

### Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.