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noreply@apolloclinics.info
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Greetings from Apollo!

Respected Sir/Madam,

Please find corporate ITC appointment details scheduled for 26-08-2023 at your ANANDRISHJI MEDICAL CENTRE LLP - Pune Center.

Please to action-

- Collect photograph of employee ID card if health check is through an employer.
- Collect photograph of personal ID card if health check is for insurance.
- Collect MRIT no 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 ApolloCare portal as per specifications given earlier.

Labels

- allsec
- HEALTHCONNECT
- Health Assure
- Health Ledger
- HEALTHIEU
- HealthVidya
- LIC
- Lifestyle
- MAGNESSA
- MC BICLA
- MFI
- Save Health Care
- Star Health
- Well health

Appointment ID	Appointment Name	Package Name	Package Description	Gender	Age	Visit No	Visit Date	Visit Time	Visit Status	Visit Reason
ARCOFEM HEALTHCARE LIMITED	ARCOFEM MEDWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEM - MEDWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - F7234	Uptil by General Physician, ICM Package Consultation - ENT, Dietician consultation, Renal Function Test, ECO Package Gynaecological Consultation, Glucose - Serum / Plasma (Fasting), Lipid Profile (all Parameters), Urtrasound - Whole Abdomen, Consultation - Dental, Blood Grouping And Typing (Rbc And Rh), Thyroid Profile - (T3, T4 AND TSH), Glycosylated Hemoglobin (HbA1C) - Whole Blood, HEMOGRAM (CBC+ESR), LIVER FUNCTION TEST (PACKAGE), Fitness by General Physician, LBC SMEAR, GOTP, Gamma Glutamyl Transpeptidase Serum, Urine Routine (CUE), DIET CONSULTATION, LIVER FUNCTION TEST (LFT), BLOOD GROUP ABO AND RH FACTOR, Doctor COMPLETE URINE EXAMINATION, GAMMA GLUTAMYL TRANSFERASE (GGT), HbA1c, GLYCATED HEMOGLOBIN, THYROID PROFILE (TOTAL T3, TOTAL T4, TSH), LIPID PROFILE, GLUCOSE, FASTING, BODY MASS INDEX (BMI), PERIPHERAL SMEAR, LBC PAP TEST - PAP SMEAR, HEMOGRAM + PERIPHERAL SMEAR, RENAL PROFILE, RENAL FUNCTION TEST (RFT/KFT)	SARLA	Female	Self	07-03-1983	NA	Not changed	Final

Please login to AHCN Portal for more details.

AHCN Login URL: [@Apollo.Life](#)

Reports:
 Team Clinic Operations
 Apollo Health and Lifestyle L1E.

Blood @ Liver / Renal / USTW
 Dental UR / PP, X-ray


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Appointment ID	Appointment Name	Package Name	Package Description	Gender	Age	Visit No	Visit Date	Visit Time	Visit Status	Visit Reason
ARCOFEM	ARCOFEM -	THYROID PROFILE - (T3, T4 AND TSH), Glycosylated Hemoglobin (HbA1C) - Whole Blood, HEMOGRAM (CBC+ESR), LIVER FUNCTION TEST (PACKAGE), X-Ray Chest PA, Urine Routine (CUE), ICM Consultation - Dental, Lipid Profile (all Parameters), Package Consultation - ENT, Uptil by General Physician, GOTP, Gamma Glutamyl Transpeptidase - Serum, GLUCOSE - SERUM / PLASMA (FASTING) AND POST								





ANANDRISHIJI
MEDICAL CENTRE

PATIENT NAME:	Mrs Sarla Charan	DATE:	21/8/23
AGE	YRS 38-	SEX-	Female.
HEIGHT- cms	158cm.	WEIGHT- KG	68kg
		BP- mmhg	120
RIGHT EYE	vision - N ⊕	LEFT EYE- color vision - ⊕	no squint.
PAST HISTORY-	LSCS - 2.		appearance. ⊕
PRESENT COMPLAINTS- COMPLAINT	no major complaints.		

CNS }
CVS }
R.S. }
P.A } ⊕



UNFIT

FIT WITH RECOMMANDATION

Dr. Pushpalakshmi Challa
MD Physician

Reg. No. 1000000000
Per. Reg. No. 1811070027

Doctors Stamp & Signature



PATIENT'S NAME: MRS. SARALA CHANGAN
REF. CLINICIAN :

AGE : 38 Yrs.
DATE : 26-Aug-23

Ultrasound Abdomen and Pelvis

Liver : Normal in position shape and echotexture.
Enlarged in size, measures 15.3 cms s/o Hepatomegaly.
Hepatic and portal venous radicles are normal.
No IHBR dilatation seen. No focal lesion seen

~~to IHBR dilatation seen. No focal lesion seen~~

Spleen: Normal position & echopattern.

Pancreas: Head, body and tail well visualized, normal echo texture and size. No dilatation of main pancreatic duct or focal lesion seen.

Gall bladder: Well distended, no calculi. Wall thickness normal. Contains clear bile.

Common duct and Portal vein: Normal.

Kidneys:Size:Right kidney: 9.7 x 4.2 cms **Left kidney:** 9.5 x 4.4 cms
Normal position, shape, echo pattern and corticomedullary differentiation seen. No calculi, hydronephrosis or focal parenchymal lesion seen. Moves freely with respiration.

Retroperitoneum: normal.

Urinary bladder: Well distended and normal in shape. Wall thickness is within normal limits. No calculus, mural lesion or diverticulum seen.

Uterus: Anteverted position. Normal in shape and echopattern.
Size: 7.7 x 3.0 x 5.1 cms.
Endometrium thin measure: 4 mm

Ovaries: Both ovaries are normal in size and echotexture. Both ovaries shows follicles. No e/o cyst.

Right ovary : 3.6 x 1.7 cms

Left ovary: 3.5 x 1.8 cms.

IMPRESSION: Mild hepatomegaly.

Suggest : Clinical correlation with LFT.


Dr. Trupti S. Jagdale
Consultant Radiologist

Dr. Karuna Agwane
Consultant Radiologist

Dr. Mitesh Katariya
Consultant Radiologist



aged 38

18.

18 (Impacted) → Adv Extr.

Stains - +
Calculus - +.

ANANDRISHIJI MEDICAL CENTRE
DENTAL DEPARTMENT

Patient's Name: SARALA CHANGIAN

Age: 38 Sex: Male Female Date of Birth: _____

Address: HADAPSAR

Occupation: _____ Phone: Res: _____ Mob: 9850897758

Email: _____ Blood Group: A+ve

Nil

Medical History: I have / Had following:

Drug Allergy	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Joint Pain	<input type="checkbox"/>	Amnesia	<input type="checkbox"/>
Amnesia	<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	Medication	<input type="checkbox"/>

My Family Physician / Specialist is

Dr: _____ Phone No: _____

If age of patient is below 18 years Name of guardian: _____

CHIEF COMPLAINT

Preferred Mode of Payment

Cash Card Net Banking Cheque





भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1177/70228/00234

To,
सरला अतुलकुमार चांगण
Sarala Atulkumar Changan
W/O: Atulkumar Shivaji Changan
Changan Wasti Taluka Phaltan
Saskal
Saskal Phaltan Satara
Maharashtra 415523
9922983916

04/05/2013

Ref: 741 / 23G / 985814 / 985953 / P



SH064475741FT



आपला आधार क्रमांक / Your Aadhaar No. :

2918 2926 6230

आधार - सामान्य माणसाचा अधिकार



भारत सरकार

Government of India



सरला अतुलकुमार चांगण
Sarala Atulkumar Changan
जन्म वर्ष / Year of Birth : 1985
स्त्री / Female



2918 2926 6230

आधार - सामान्य माणसाचा अधिकार



Changan

You
toda...



Pune, MH, India

Pandit Jawaharlal Nehru Marg, Ghorpade
Peth, Pune, 411042, MH, India

Lat 18.501656, Long 73.869395

08/26/2023 08:55 AM GMT+05:30

Note : Captured by GPS Map Camera



Sarala changan

S. Changan.





Patient's Name	MRS. SARALA CHANGAN	Age/Sex	38Y/ FEMALE
Ref By		DATE :	26-Aug-23

X-RAY CHEST PA VIEW

Mild haziness is noted in bilateral lower zones due to breast shadow.

Rest of the lung fields appear clear.

Both costophrenic angles are normal.

The hila, mediastinal and diaphragmatic outlines appear normal.

The cardiac shadow appears normal.

The bony thoracic cage and soft tissues appear normal.

Impression:- No abnormality detected.

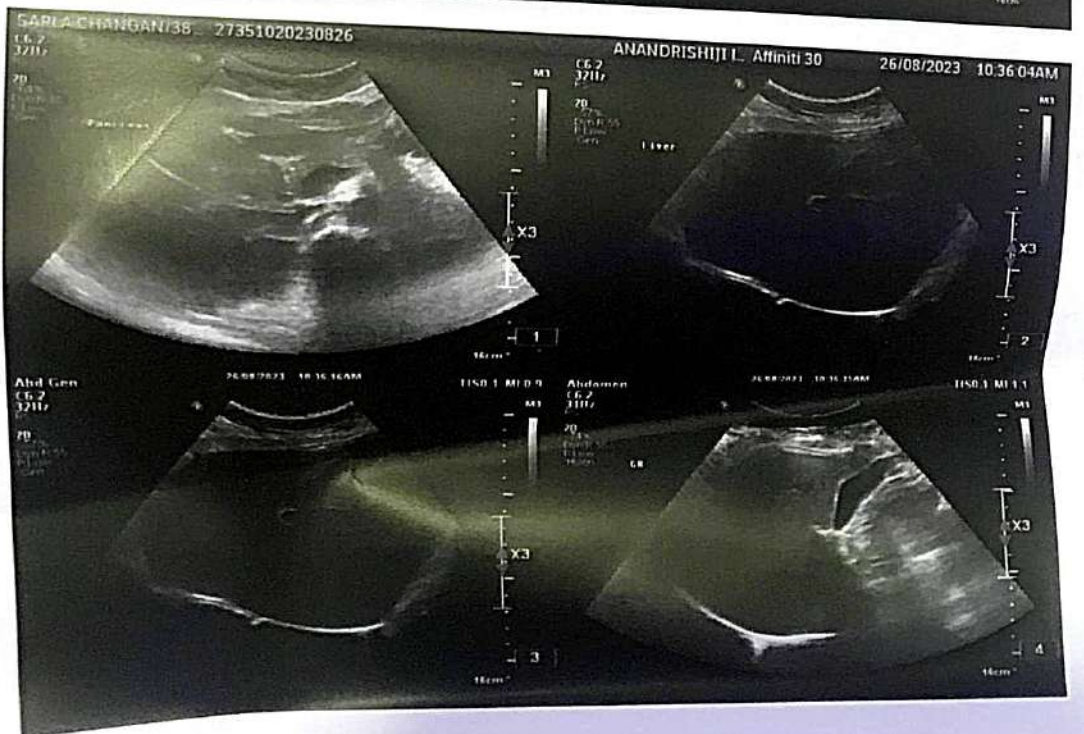
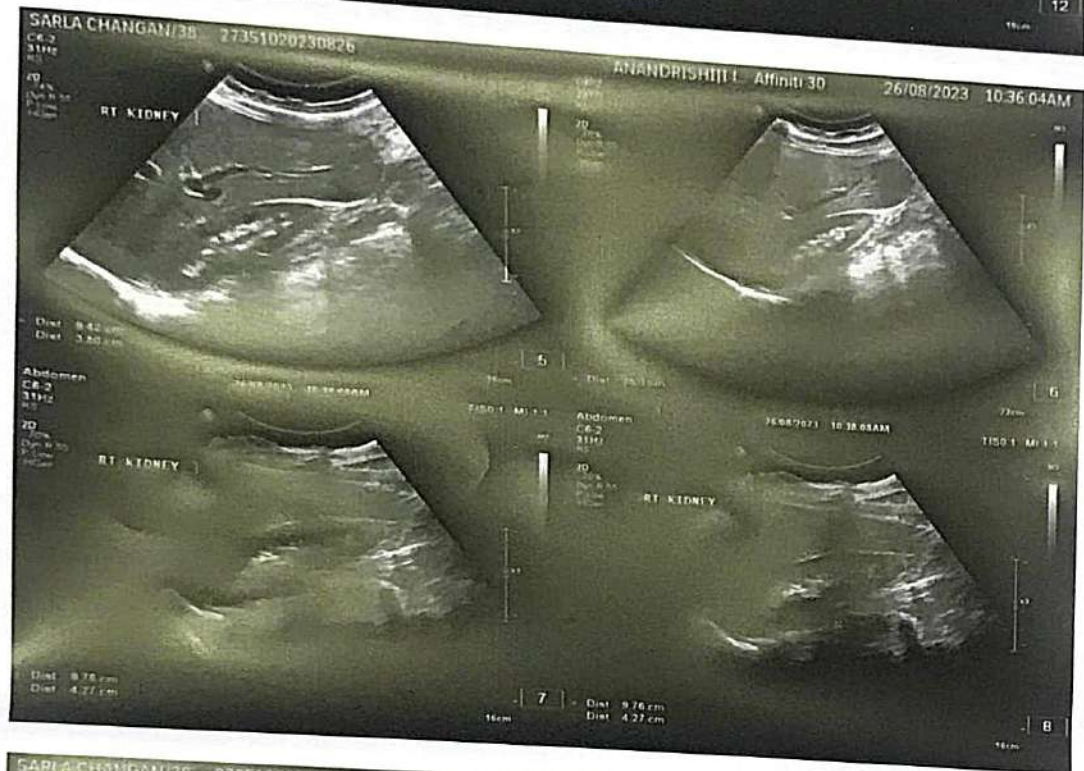
***Kindly correlate clinically.**



DR. RUTUJA DOSHI.

MBBS, DMRE.

Consultant Radiologist.



ANAND RISHIJI MEDICAL CENTER
PUNE

26.08.2023 08:33:15
Standard 12-Lead

First name Mrs. Sarala Changan / 38 / y
Patient ID 17a100da-6bb6-4d78-943f-7e3bb3339a0f

Age 038Y
Gender Female
Room Medication
Order ID
Ethnicity Undefined
Pacemaker Unknown

HR 57 bpm
RR P
PR QRS
QT QTcB
P axis 41°
QRS axis 34°
T axis 20°

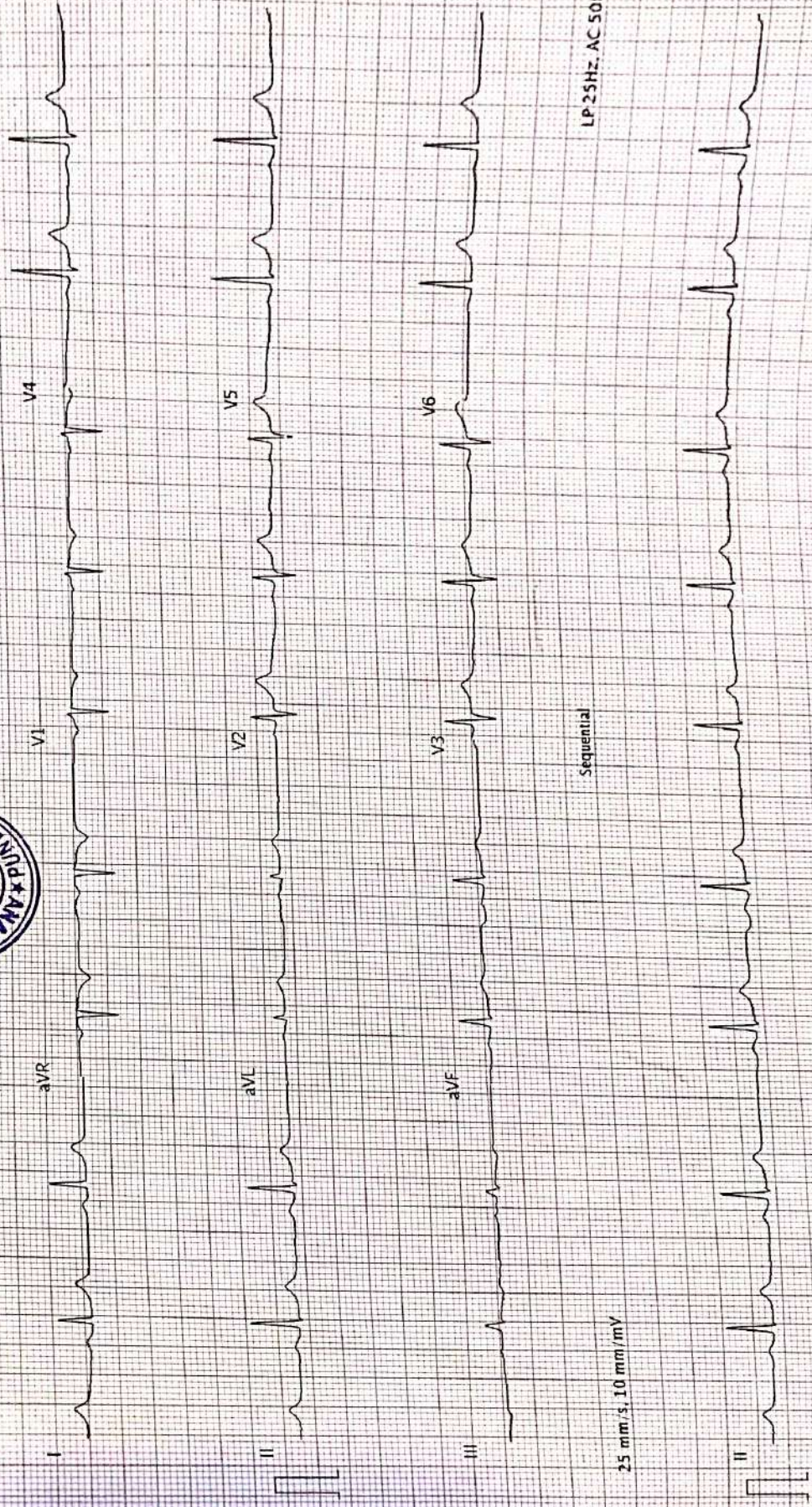
Sinus rhythm
Normal electrical axis
Normal ECG
Unconfirmed report

Dr. Nikhil Raut
M.D. (MED.), DM Cardiology
Reg. No. 2008/04/1568



Indication
Remark

Normal



LP 25HZ AC 50HZ

25 mm/s, 10 mm/mV

Sequential

LP 25HZ AC 50HZ

25 mm/s, 10 mm/mV

Printed on 26.08.2023 08:33:28



Patient Name : MRS. SARALA A. CHANGAN
Age / Gender : 38 Years / Female
Ref. By Dr : SELF
Patient ID : 082326003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 26-Aug-2023 8:15 AM
Sample Coll. Date : 26-Aug-2023 8:15 AM
Authentication Date : 26-Aug-2023 3:54 PM
Report Date : 26-Aug-2023 12:47 PM



RENAL FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
RFT (RENAL FUNCTION TEST)			
BLOOD UREA LEVEL	17.9	mg/dL	15-45
S. CREATININE	0.64	mg/dL	0.5-1.5
URIC ACID	3.7	mg/dL	2.0-6.5
ELECTROLYTES			
SODIUM, SERUM	137	mmol/L	136-146
POTASSIUM, SERUM	4.1	mmol/L	3.40-5.10
CHLORIDE, SERUM	102	mmol/L	98.0-106.0
CALCIUM	8.3	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
MD Pathology



Patient Name : MRS. SARALA A. CHANGAN
Age / Gender : 38 Years / Female
Ref. By Dr : SELF
Patient ID : 082326003
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GLUCOSE FASTING, PLASMA

Investigation	Result	Unit	Bio. Ref. Interval
BLOOD SUGAR FASTING	87.1	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



Patient Name : MRS. SARALA A. CHANGAN
Age / Gender : 38 Years / Female
Ref. By Dr : SELF
Patient ID : 082326003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

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LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL CHOLESTEROL	168.2	mg/dL	Desirable (< 200) Borderline high (200 - 239) High (> 240)
HDL CHOLESTEROL - DIRECT	40.4	mg/dL	No Risk >60 Moderate Risk 40 – 60 High Risk <40
TRIGLYCERIDES	96.1	mg/dL	50-200
LDL CHOLESTEROL	108.6	mg/dL	Optimal (< 100) Near optimal/above optimal (100-129) Borderline high (130-159) High (160-189) Very high (≥ 190)
VLDL CHOLESTEROL	19.2	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	4.2	Ratio	3.0-4.0
LDL / HDL RATIO	2.7	Ratio	1.5-3.5
NON HDL CHOLESTEROL	128	ng/ml	
HDL / LDL CHOLESTEROL RATIO	3	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 -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MRS. SARALA A. CHANGAN
Age / Gender : 38 Years / Female
Ref. By Dr : SELF
Patient ID : 082326003
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Sample Coll. Date : 26-Aug-2023 8:15 AM
Authentication Date : 26-Aug-2023 3:53 PM
Report Date : 26-Aug-2023 1:44 PM



THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL TRIIODOTHYRONINE (T3)	1.39	ng/ml	0.69-2.15
TOTAL THYROXINE (T4)	7.88	ug/dl	5.2 - 12.7
TSH	3.75	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



Patient Name : MRS. SARALA A. CHANGAN
Age / Gender : 38 Years / Female
Ref. By Dr : SELF
Patient ID : 082326003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

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Report Date : 26-Aug-2023 4:04 PM



HbA1C (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Value	Unit	
HbA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.3	%	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)	111.38	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 -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MRS. SARALA A. CHANGAN
Age / Gender : 38 Years / Female
Ref. By Dr : SELF
Patient ID : 082326003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 26-Aug-2023 8:15 AM
Sample Coll. Date : 26-Aug-2023 8:15 AM
Authentication Date : 26-Aug-2023 5:26 PM
Report Date : 26-Aug-2023 2:36 PM



CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	12.4	g/dl	12 --16
TOTAL WBC COUNT	6800	/ cumm	4000-10000
RED BLOOD CELL COUNT	4.4	/cumm	4.0-5.2
RED BLOOD CELL COUNT	4.4	/cumm	4.32-5.72
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	39	%	50 --70
LYMPHOCYTES	49	%	20 --40
EOSINOPHILS	04	%	0 --6
MONOCYTES	08	%	0-10
BASOPHILS	00	%	0 --1
RBC INDICES			
HEMATOCRIT	38.0	%	36 --48
MEAN CORPUSCULAR VOLUME	86.3	fl	78-92
MEAN CORPUSCULAR HEMOGLOBIN	28.2	pg	28 --32
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.7	g/dl	32 --37
RDW_CV	15	/ cumm	11.5-14.5
PLATELET COUNT	265000	/ cumm	150000-400000
MEAN PLATELET VOLUME	8.9	fl	7.4-10.4
PDW	13.5	fl	10-14
PCT	0.24	%	0.10-0.28
RED CELL DISTRIBUTION WIDTH (RDW-SD)	48.7	fl	
P-LCR	23.4	%	
PERIPHERAL BLOOD SMEAR			
ERYTHROCYTES	Normocytic Normochromic		



Dr. Jitendra Suru
MD Pathology



Patient Name : MRS. SARALA A. CHANGAN
Age / Gender : 38 Years / Female
Ref. By Dr : SELF
Patient ID : 082326003
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Report Date : 26-Aug-2023 2:36 PM



CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
LEUCOCYTES	Mild lymphocytosis		
THROMBOCYTES	Adequate on smear		
ESR	25	mm/1hr.	

Sysmax (XP 100)

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



Dr. Jitendra Suru
MD Pathology



Patient Name : MRS. SARALA A. CHANGAN
Age / Gender : 38 Years / Female
Ref. By Dr : SELF
Patient ID : 082326003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

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Liver Function Test

Investigation	Result	Unit	Bio. Ref. Interval
ALKALINE PHOSPHATASE	62.4	U/L	42 - 98
SGOT (AST)	24.6	U/L	0 - 31
SGPT (ALT)	22.8	U/L	0 - 34
GGTP	24.9	U/L	0 - 38
BILIRUBIN	0.65	mg/dL	0- 1.2
BILIRUBIN DIRECT	0.16	mg/dL	0 - 0.4
BILIRUBIN INDIRECT	0.49	mg/dL	0 - 1.0
TOTAL PROTEIN	6.2	g/dl	6.4 - 8.3
ALBUMIN	3.9	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



Patient Name : MR. ATULKUMAR S. CHANGAN
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 082326002
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 26-Aug-2023 8:14 AM
Sample Coll. Date : 26-Aug-2023 8:14 AM
Authentication Date : 26-Aug-2023 3:53 PM
Report Date : 26-Aug-2023 1:41 PM



THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL TRIIODOTHYRONINE (T3)	1.34	ng/ml	0.69-2.15
TOTAL THYROXINE (T4)	6.45	ug/dl	5.2-12.7
TSH	1.36	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.

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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



Patient Name : MR. ATULKUMAR S. CHANGAN
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 082326002
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 26-Aug-2023 8:14 AM
Sample Coll. Date : 26-Aug-2023 8:14 AM
Authentication Date : 26-Aug-2023 4:14 PM
Report Date : 26-Aug-2023 4:04 PM



HbA1C (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Value	Unit	
HbA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.4	%	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)	114.94	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 -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. ATULKUMAR S. CHANGAN
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 082326002
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 26-Aug-2023 8:14 AM
Sample Coll. Date : 26-Aug-2023 8:14 AM
Authentication Date : 26-Aug-2023 3:53 PM
Report Date : 26-Aug-2023 2:35 PM



CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	14.4	g/dl	13 --18
TOTAL WBC COUNT	7300	/ cumm	4000-10000
RED BLOOD CELL COUNT	5.17	/cumm	4.32-5.72
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	58	%	50 --70
LYMPHOCYTES	34	%	20 --40
EOSINOPHILS	03	%	0 --6
MONOCYTES	05	%	0-10
BASOPHILS	00	%	0 --1
RBC INDICES			
HEMATOCRIT	43.2	%	37 --54
MEAN CORPUSCULAR VOLUME	83.6	fl	78-92
MEAN CORPUSCULAR HEMOGLOBIN	27.8	pg	28 --32
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.2	g/dl	32 --37
RDW_CV	13.2	/ cumm	11.5-14.5
PLATELET COUNT	306000	/ cumm	150000-400000
MEAN PLATELET VOLUME	8.5	fl	7.4-10.4
PDW	11.5	fl	10-14
PCT	0.26	%	0.10-0.28
RED CELL DISTRIBUTION WIDTH (RDW-SD)	42.8	fl	
P-LCR	19	%	
PERIPHERAL BLOOD SMEAR			
ERYTHROCYTES	Normocytic Normochromic		



Dr. Jitendra Suru
MD Pathology



ANANDRISHIJI MEDICAL CENTRE

Patient Name : MR. ATULKUMAR S. CHANGAN

Age / Gender : 41 Years / Male

Ref. By Dr : SELF

Patient ID : 082326002

Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO

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Report Date : 26-Aug-2023 2:35 PM



CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
LEUCOCYTES	Within Normal Limits		
THROMBOCYTES	Adequate on smear		
ESR	15	mm/1hr.	
Sysmax (XP 100)			

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



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. ATULKUMAR S. CHANGAN
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 082326002
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 26-Aug-2023 8:14 AM
Sample Coll. Date : 26-Aug-2023 8:14 AM
Authentication Date : 26-Aug-2023 3:52 PM
Report Date : 26-Aug-2023 1:41 PM



Liver Function Test

Investigation	Result	Unit	Bio. Ref. Interval
ALKALINE PHOSPHATASE	61.8	U/L	53 - 128
SGOT (AST)	21.1	U/L	0 - 35
SGPT (ALT)	19.6	U/L	0 - 45
GGTP	36.7	U/L	0 - 55
BILIRUBIN	1.55	mg/dL	0 - 1.2
BILIRUBIN DIRECT	0.30	mg/dL	0 - 0.4
BILIRUBIN INDIRECT	1.25	mg/dL	0 - 1.0
TOTAL PROTEIN	6.74	g/dl	6.4 - 8.3
ALBUMIN	4.32	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



Patient Name : MR. ATULKUMAR S. CHANGAN	Client Name : APOLLO
Age / Gender : 41 Years / Male	Registration Date : 26-Aug-2023 8:14 AM
Ref. By Dr : SELF	Sample Coll. Date : 26-Aug-2023 8:14 AM
Patient ID : 082326002	Authentication Date : 26-Aug-2023 3:53 PM
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE	Report Date : 26-Aug-2023 1:43 PM



CLINICAL PATHOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
URINE EXAMINATION			
PHYSICAL EXAMINATION			
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Clear		Clear
PH	6.0		5.0-7.5
SPECIFIC GRAVITY	1.010		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



Patient Name : MR. ATULKUMAR S. CHANGAN
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 082326002
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 26-Aug-2023 8:14 AM
Sample Coll. Date : 26-Aug-2023 8:14 AM
Authentication Date : 26-Aug-2023 3:52 PM
Report Date : 26-Aug-2023 1:41 PM



LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL CHOLESTEROL	209.7	mg/dL	Desirable (< 200) Borderline high (200 - 239) High (> 240)
HDL CHOLESTEROL - DIRECT	37.7	mg/dL	No Risk >60 Moderate Risk 40 – 60 High Risk <40
TRIGLYCERIDES	115.7	mg/dL	50-200
LDL CHOLESTEROL	148.9	mg/dL	Optimal (< 100) Near optimal/above optimal (100-129) Borderline high (130-159) High (160-189) Very high (≥ 190)
VLDL CHOLESTEROL	23.1	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	5.6	Ratio	3.0-5.0
LDL / HDL RATIO	3.9	Ratio	1.5-3.5
NON HDL CHOLESTEROL	172	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 -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. ATULKUMAR S. CHANGAN
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 082326002
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 26-Aug-2023 8:14 AM
Sample Coll. Date : 26-Aug-2023 8:14 AM
Authentication Date : 26-Aug-2023 3:52 PM
Report Date : 26-Aug-2023 12:46 PM



GLUCOSE FASTING, PLASMA

Investigation	Result	Unit	Bio. Ref. Interval
BLOOD SUGAR FASTING	103.1	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



Patient Name : MR. ATULKUMAR S. CHANGAN
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
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GLUCOSE - POST PRANDIAL(PP)

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	110.1	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



Patient Name : MR. ATULKUMAR S. CHANGAN
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 082326002
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
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Report Date : 26-Aug-2023 1:41 PM



RENAL FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
RFT (RENAL FUNCTION TEST)			
BLOOD UREA LEVEL	19.5	mg/dL	15-45
S. CREATININE	1.18	mg/dL	0.5-1.5
URIC ACID	6.7	mg/dL	2.5-7.5
ELECTROLYTES			
SODIUM, SERUM	135	mmol/L	136-146
POTASSIUM, SERUM	4.3	mmol/L	3.40-5.10
CHLORIDE, SERUM	99	mmol/L	98.0-106.0
CALCIUM	8.9	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

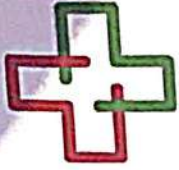
Technology : Spectrophotometry

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
MD Pathology



ANANDRISHIJI

MEDICAL CENTRE

PATIENT NAME:	Atulkumar Changan		DATE:	26/8/23
AGE	YRS	SEX-		
	41.	Male.		
HEIGHT- cms	WEIGHT- KG	BP- mmhg		
172cm.	74kg	120/80		
RIGHT EYE	LEFT EYE-	color vision- (N)		
vision- N - (N) D 6K		no squint.		
PAST HISTORY-	appearance - (N) - lachrymation - ↑ (mornings)			
PRESENT COMPLAINTS- COMPLAINT	no sq, major complaints.			
H/O - RTA 2008 - has to undergo Hip Replacement. - no medical history				
FIT.				
UNFIT	FIT WITH RECOMMENDATION			
Dr. Pushpalakshmi Challa MD Physician Reg. No. 60450 Per. Reg. No. 1811070027			 Doctors Stamp & Signature	
				

Caries =

8/8

Buccal pit =

7

Stains - ++

Calculus - ++

ANANDRISHIJI MEDICAL CENTRE
DENTAL DEPARTMENT

Patient's Name: ATULKUMAR CHANGAN

Age: 41 Sex: Male Female Date of Birth: _____

Address: HADAPSAR

Occupation: _____ Phone: Res: _____ Mob: 8080099893

E-mail: _____ Blood Group: B+ve

Nil

Medical History: I have / Had following:

- | | | | |
|---------------------------------------|----------------------------------------|-------------------------------------|----------------------------------------------|
| Drug Allergy <input type="checkbox"/> | Heart Attack <input type="checkbox"/> | Diabetes <input type="checkbox"/> | High Blood Pressure <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Heart Failure <input type="checkbox"/> | Amnesia <input type="checkbox"/> | Stroke <input type="checkbox"/> |
| Amnesia <input type="checkbox"/> | Stroke <input type="checkbox"/> | Medication <input type="checkbox"/> | Other <input type="checkbox"/> |

My Family Physician / Specialist is

Dr: _____ Phone No: _____

If age of patient is below 18 years Name of guardian: _____

CHIEF COMPLAINT

Preferred Mode of Payment

Cash Card Net Banking Cheque



DOB 01-Aug-88 35 Years
MR. ATULKUMAR CHANGAN
 Male

26-Aug-23 8:08:31 AM

Anandrishiji Medical Centre LLP
 ECG Department

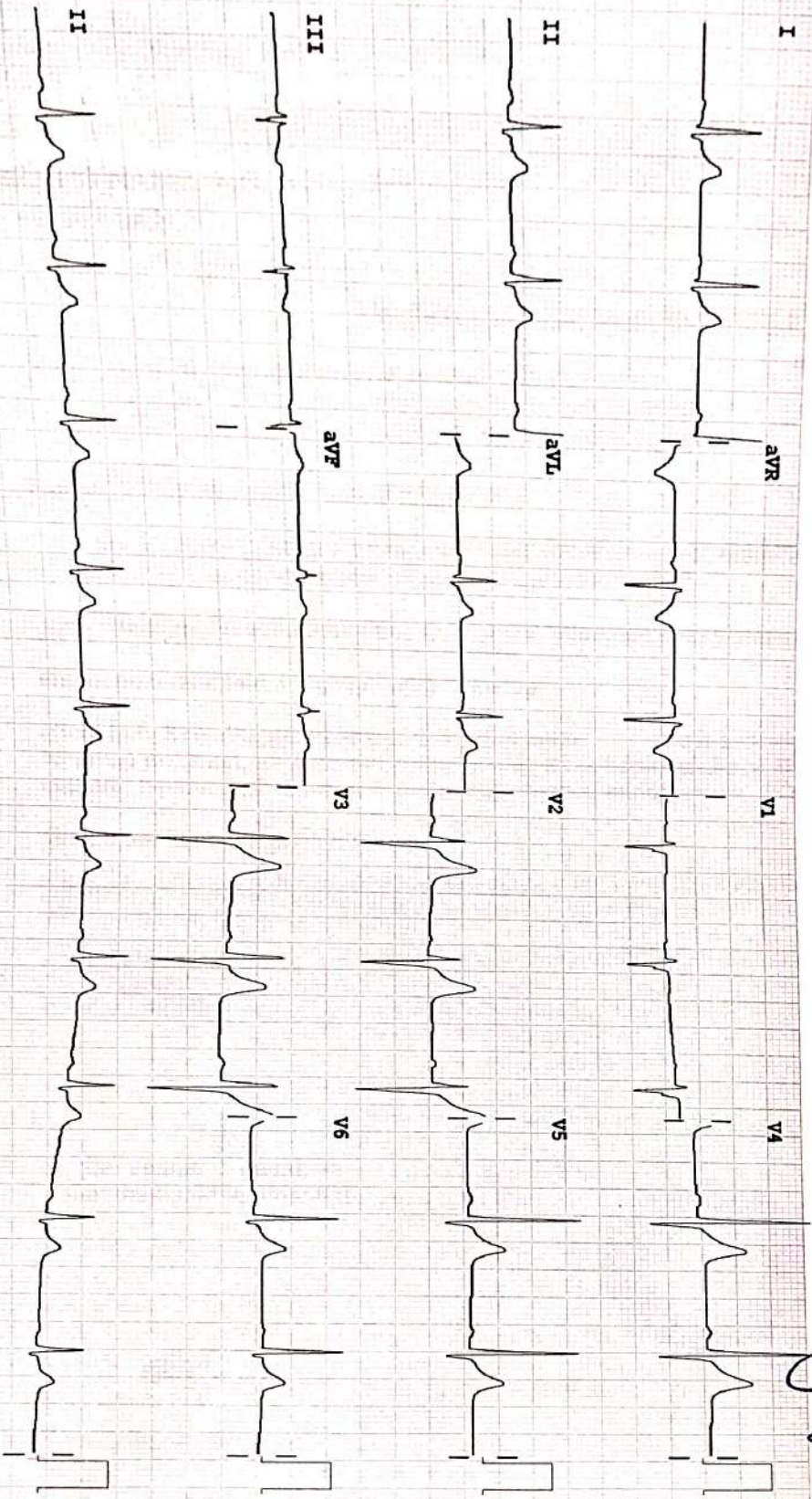
Rate	63	Sinus rhythm	normal p axis, V-rate 50-99
PR	166	ST elev, Probable normal early repol pattern	ST elevation, age<55
QRSD	101		
QT	359		
QTc	368		
--AXIS--			
P	21		
QRS	20		
T	19		
12 Lead; Standard Placement			



- NORMAL ECG
 Unconfirmed Diagnosis

Dr. Nikhil Raut
 M.D. (MED.), DM Cardiology
 Reg. No. 2008/04/1568

No significant ST-T changes
Sinus rhythm



Device:
 speed: 25 mm/sec
 Limb: 10 mm/mV
 Chest: 10.0 mm/mV
 F 50~ 0.05-150 Hz
 100B CL
 P?

for PHILIPS

RECORDED M22423



ANANDRISHIJI
MEDICAL CENTRE

PATIENT'S NAME: MR. ATUL CHANGAN

AGE : 41 Yrs.

REF. CLINICIAN :

DATE : 26-Aug-23

Ultrasound Abdomen and Pelvis

Liver : Normal in position shape and echotexture.
Hepatic and portal venous radicles are normal.
No IHBR dilatation seen. No focal lesion seen

Spleen: Normal position & echopattern.

Pancreas: Head, body and tail well visualized, normal echo texture and size. No dilatation of main pancreatic duct or focal lesion seen.

Gall bladder: Well distended, no calculi. Wall thickness normal. Contains clear bile.

Common duct and Portal vein: Normal.

Kidneys:Size:Right kidney: 9.9 x 5.4 cms **Left kidney:** 8.7 x 4.6 cms
Normal position, shape, echo pattern and corticomedullary differentiation seen. No calculi, hydronephrosis or focal parenchymal lesion seen. Moves freely with respiration.

Retroperitoneum: normal.

Urinary bladder: Well distended and normal in shape. Wall thickness is within normal limits. No calculus, mural lesion or diverticulum seen.

Prostate: Normal in echopattern and shape. No focal lesion seen. It weighs 14 gms

IMPRESSION: Normal Scan of abdomen and pelvis.


Dr. Trupti S Jagdale
Consultant Radiologist



भारत सरकार
Government of India

अतुलकुमार शिवाजी चांगण
Atulkumar Shivaji Changan
जन्म तारीख/DOB: 01/06/1982
पुरुष/ MALE

4487 6664 1644

माझे आधार, माझी ओळख

Signature

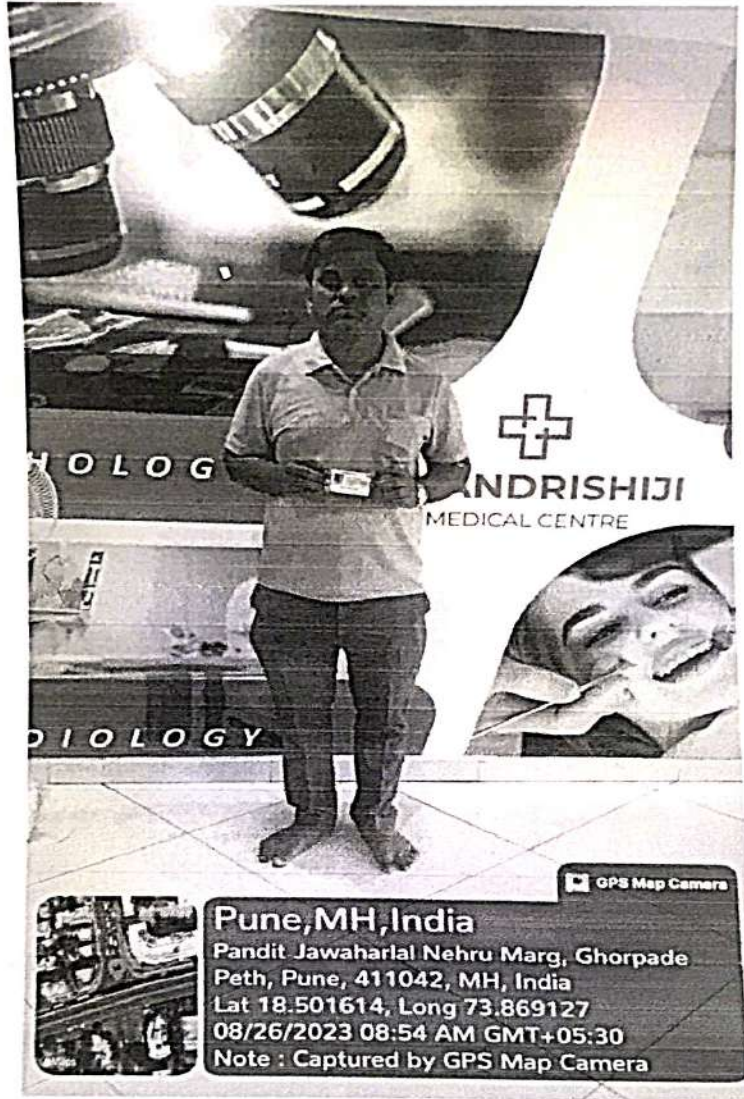


10:54 AM

WhatsApp



You toda...



Atulkumar Changan

Atulkumar Changan





ANANDRISHIJI
MEDICAL CENTRE

Patient's Name	MR. ATUL KUMAR CHANGAN	Age/Sex	41Y/ MALE
Ref By		DATE :	26-Aug-23

X-RAY CHEST PA VIEW

Both the lung fields appear normal.

Both costophrenic angles are normal.

The hila, mediastinal and diaphragmatic outlines appear normal.

The cardiac shadow appears normal.

The bony thoracic cage and soft tissues appear normal.

Impression:- No abnormality detected.

***Kindly correlate clinically.**

DR. RUTUJA DOSHI.
MBBS, DMRE.
Consultant Radiologist.



