



Patient Name : Mr.SACHIN SHETE	Collected : 10/Feb/2024 10:19AM
Age/Gender : 46 Y 7 M 21 D/M	Received : 10/Feb/2024 01:58PM
UHID/MR No : CWAN.0000134544	Reported : 10/Feb/2024 05:42PM
Visit ID : CWANOPV226137	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 10640	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate, small platelet clumps seen
No Abnormal cells/hemoparasite seen.**

Sheha Shah

Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240033872

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



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UHID/MR No : CWAN.0000134544	Reported : 10/Feb/2024 04:28PM
Visit ID : CWANOPV226137	Status : Final Report
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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	43.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.23	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	82	fL	83-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,200	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	43.5	%	40-80	Electrical Impedence
LYMPHOCYTES	48.1	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	6.5	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3567	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3944.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	147.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	533	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8.2	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	>150000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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No Abnormal cells/hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240033872

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DEPARTMENT OF HAEMATOLOGY

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

Advice: repeat in citrate for accurate platelet count



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Dr Sheha Shah
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No: BED240033872

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.SACHIN SHETE	Collected : 10/Feb/2024 02:15PM
Age/Gender : 46 Y 7 M 21 D/M	Received : 10/Feb/2024 07:34PM
UHID/MR No : CWAN.0000134544	Reported : 10/Feb/2024 07:55PM
Visit ID : CWANOPV226137	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 10640	

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, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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.



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

SIN No: PLP1417991

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Mr.SACHIN SHETE	Collected : 10/Feb/2024 10:19AM
Age/Gender : 46 Y 7 M 21 D/M	Received : 10/Feb/2024 07:26PM
UHID/MR No : CWAN.0000134544	Reported : 10/Feb/2024 08:50PM
Visit ID : CWANOPV226137	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 10640	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:EDT240014986

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Age/Gender : 46 Y 7 M 21 D/M	Received : 10/Feb/2024 02:20PM
UHID/MR No : CWAN.0000134544	Reported : 10/Feb/2024 06:49PM
Visit ID : CWANOPV226137	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	238	mg/dL	<200	CHO-POD
TRIGLYCERIDES	168	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	189	mg/dL	<130	Calculated
LDL CHOLESTEROL	154.95	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.64	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.84		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04625472

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.73	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41.21	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	86.84	U/L	30-120	IFCC
PROTEIN, TOTAL	7.26	g/dL	6.6-8.3	Biuret
ALBUMIN	4.41	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’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 ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	22.46	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.45	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.84	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.04	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.11	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.87	mmol/L	101–109	ISE (Indirect)


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SIN No:SE04625472

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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.67	U/L	<55	IFCC

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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.88	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.78	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.186	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
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



DR. Sanjay Ingle
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Consultant Pathologist

SIN No: SPL24022327

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UHID/MR No : CWAN.0000134544	Reported : 10/Feb/2024 04:07PM
Visit ID : CWANOPV226137	Status : Final Report
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Emp/Auth/TPA ID : 10640	

Certificate No: M16687

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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.440	ng/mL	0-4	CLIA



DR.Sanjay Ingle
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Consultant Pathologist

SIN No:SPL24022327

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Patient Name : Mr.SACHIN SHETE	Collected : 10/Feb/2024 10:19AM
Age/Gender : 46 Y 7 M 21 D/M	Received : 10/Feb/2024 02:16PM
UHID/MR No : CWAN.0000134544	Reported : 10/Feb/2024 02:34PM
Visit ID : CWANOPV226137	Status : Final Report
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Emp/Auth/TPA ID : 10640	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 4	/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

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

SIN No:UR2279821

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab





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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(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

*** End Of Report ***




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

SIN No: UF010546

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



SACHIN SHETE 894@gmail.com

Name : Mr. Sachin Shete	Age : 46 Y	UHID :CWAN.0000134544
Address : Salisbury Park, Pune	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CWANOPV226137
		Bill No :CWAN-OCR-50181
		Date : 10.02.2024 09:47

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	3 2D ECHO	
<input checked="" type="checkbox"/>	4 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	5 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	6 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE (POST PRANDIAL)	
<input checked="" type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
<input checked="" type="checkbox"/>	12 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	13 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	14 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 1:50 PM.	
<input checked="" type="checkbox"/>	15 URINE GLUCOSE (FASTING)	
<input checked="" type="checkbox"/>	16 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	17 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	18 ENT CONSULTATION	
<input checked="" type="checkbox"/>	19 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	20 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	21 LIPID PROFILE	
<input checked="" type="checkbox"/>	22 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	23 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	24 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	25 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

BP - 110/80 mmHg

HT - 164 cm

WT - 72.7 kg

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Souhin Shete on 13/12/2024

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Dyslipidemia - Grade II Fatty Liver</u></p> <p>2.</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>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>



Dr. Murphy
 Medical Officer
 The Apollo Clinic, (Location)

M.B.B.S
 Reg. No.: 47527
 Apollo Clinic Wancwrie
 NIBM Road, Kondhwa.

This certificate is not meant for medico-legal purposes.

Date : 10-02-2024

Department : GENERAL

MR NO : CWAN.0000134544

Doctor :

Name : Mr. Sachin Shete

Registration No :

Age/ Gender : 46 Y / Male

Qualification :

Consultation Timing: 09:46

Height : 164cm.	Weight : 72.7kg.	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 110/70mmHg

General Examination / Allergies History

F.H. - D.M.

2 Covid Vaccines taken

Clinical Diagnosis & Management Plan

For ATAC
no lvs. at the moment
OK:- CVS
CVS
Resp. } WAS
Abd. }

F-leg & Reports

Dr. Mushfiya Bahrainwala
M.B.B.S.
Reg. No.: 47527



Doctor Signature

Apollo Clinic, Wanowrie

"AMBA VATICA", Plot No. B-1, Survey No. 16A/2, Wanowrie, Khondawa Khurd, Taluka Haveli, Pune, Pin: 411048 | Phone: (020) 2683 0291/95

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HR **68** bpm
 WNL

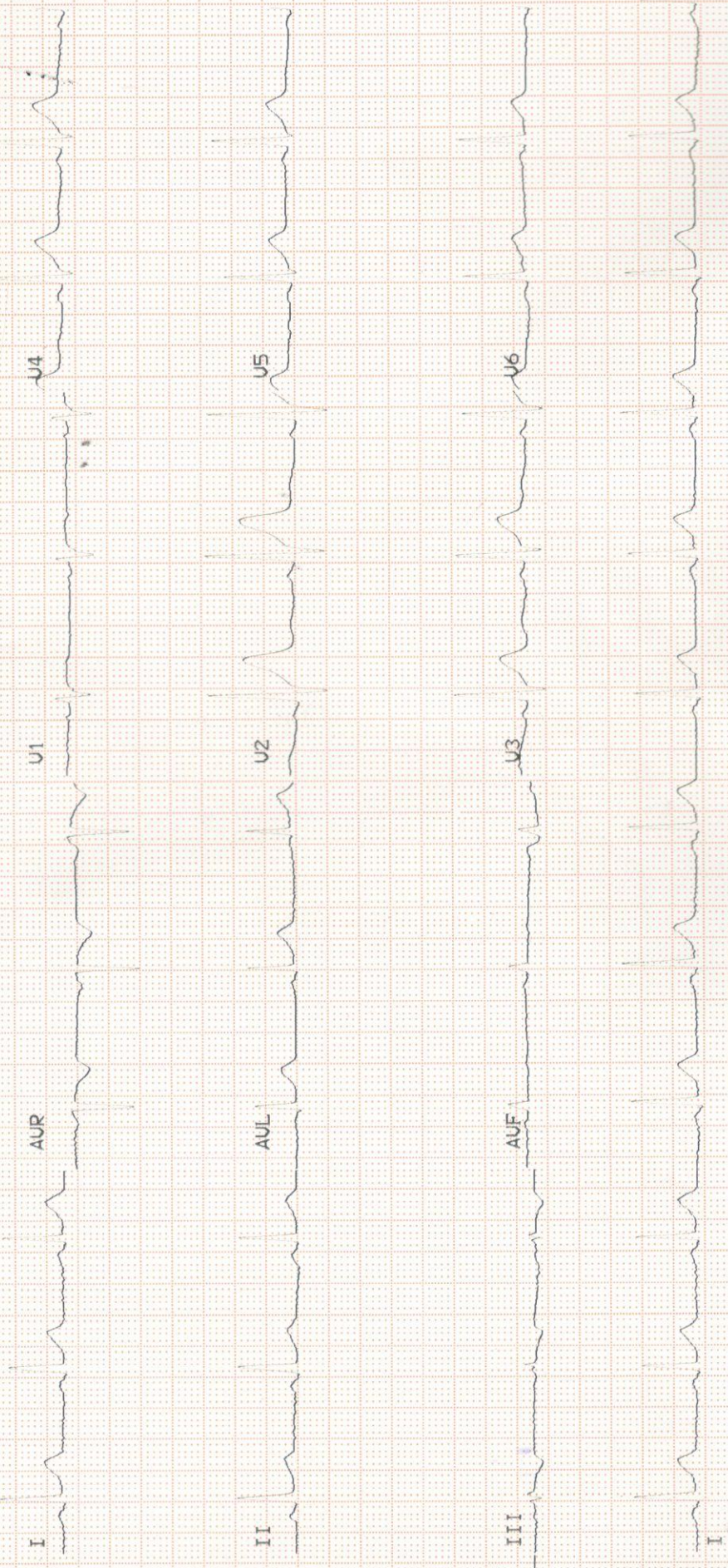
Dr. Mushfiya Bahrainwala
 M.B.B.S.
 Reg. No.: 47527

Interpretation:
 R/S inversion area between U1 and U2
 borderline ECG

Measurement Results:

QRS	: 98 ms	< P
QT/QTcB	: 372 / 398 ms	< T
PR	: 132 ms	< QRS
P	: 108 ms	aUL
RR/PP	: 874 / 830 ms	0 I
P/QRS/T	: 40 / 20 / 5 degrees	III +90 II
QTd/QTcBD	: 60 / 64 ms	aUF
Sokolow	: 1.5 mV	
NK	: 10	

unconfirmed report.



2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : MR.SACHIN SHETE Age/Sex : 46/M Date : 10/02/2024.

2D Echo:-

Cardiac chamber dimensions –Normal

Wall motion abnormalities - no RWMA

LV systolic function - Normal, LVEF -60%

LV diastolic function – No LV diastolic dysfunction

Cardiac valves -

Mitral valve –Normal, minimal mitral regurgitation.

Aortic valve – Three thin leaflets, no aortic regurgitation, Aortic PG –10 mm Hg

Tricuspid valve – minimal tricuspid regurgitation, No PAH

Pulmonary valve - normal

Septae (IAS/IVS) – intact

Clot/vegetation/Pericardial effusion – No

Great Arteries (Aorta/pulmonary artery) - Normal

IVC - Normal

Measurements -

Aorta	LA	IVS	PWD	LVIDd	LVIDs	LVEF
23	32	11	11	39	28	60%

Conclusion:-

Normal chamber dimensions.

No RWMA, normal LV systolic function, LVEF – 60%

No LV Diastolic dysfunction.

Normal PA pressure.

For DT

Dr. Bhushan Bari
DNB Medicine, DNB Cardiology
Consultant and Interventional Cardiologist

The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mr. Sachin Sheta

DATE :- 10/2/24

AGE/SEX :- 46 | M

UHID :

EYE CHECK UP

COMPLETE

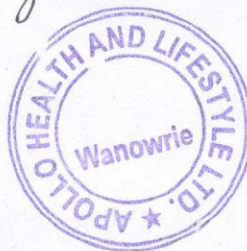
PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6 plano	6/6 plano
Near Vision	N/6 +1.00	N/6 +1.00
Anterior Segment Pupil	NORMAL ✓	NORMAL
Fundus	NORMAL ✓	NORMAL
Colour Vision	NORMAL ✓	NORMAL ✓
Iop	NORMAL NA	NORMAL
Family History/Medical History	NA	

IMPRESSION:- presbyopia

Advice :- use progressive glasses

peraj
Ophthalmologist



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@apollohi.com | www.apollohi.com

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Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 778

PATIENT CASE SHEET



Name: Sachin shete Age: 46 Gender: M

Address: Pune

UHID / Emp Id: 134544

Ref. by Doctor

Treating Doctor

Dr. Zairab.

Past Dental History: NAD.

Past Medical History: - NAD.

Chief Complaint(s): Regular dental checkup.

Investigation: RVG OPG CBCT

Patient Name : Mr. Sachin Shete
UHID : CWAN.0000134544
Reported on : 12-02-2024 10:15
Adm/Consult Doctor :
Age : 46 Y M
OP Visit No : CWANOPV226137
Printed on : 12-02-2024 10:15
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

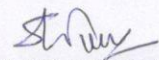
Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:12-02-2024 10:15

---End of the Report---


Dr. SHAAZ AHMED KHAN
MBBS,DMRE
Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. Sachin Shete	Age	: 46 Y M
UHID	: CWAN.0000134544	OP Visit No	: CWANOPV226137
Reported on	: 10-02-2024 13:07	Printed on	: 10-02-2024 13:09
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows bright echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen.

No free fluid / abdominal lymphadenopathy.

IMPRESSION:-

Grade II Hepatic steatosis.

No other significant abnormality detected.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation)

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. Sachin Shete Age : 46 Y M
UHID : CWAN.0000134544 OP Visit No : CWANOPV226137
Reported on : 10-02-2024 13:07 Printed on : 10-02-2024 13:09
Adm/Consult Doctor : Ref Doctor : SELF

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:10-02-2024 13:07

---End of the Report---



Dr. SATINDER LAMBA
MBBS, DMRE

Dr. Satinder Lamba Radiology
(Ex-Major) Radiologist
Reg. No. 2004/02/386

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Pending Test Form

I, Mr. Sachin Shete visiting from
Arcofemi Medical Company for health check.

UHID: - 134544

Date: - 10.02.2024.

This is a consent form to inform you that I do not wish to do this test.

Diet. con, ENT, consult.

Or will be doing their test later on _____.

Signature: - _____

