



Certificate No: MC-5597

Patient Name : Mr.PAWAN KUMAR	Collected : 05/Mar/2024 08:56AM
Age/Gender : 52 Y 6 M 0 D/M	Received : 05/Mar/2024 01:34PM
UHID/MR No : CKHA.0000072190	Reported : 05/Mar/2024 03:28PM
Visit ID : CKHAOPV110324	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 45874	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's Anisopoikilocytosis+, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**  
**Impression: Iron Deficiency Anemia**  
**Advice: Iron studies & Hb Electrophoresis.**



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

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

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>12.1</b>	g/dL	13-17	Spectrophotometer
PCV	<b>35.90</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.79</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>62.1</b>	fL	83-101	Calculated
MCH	<b>20.9</b>	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	<b>18.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,860	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	66.2	%	40-80	Electrical Impedance
LYMPHOCYTES	20.6	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	8.2	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3879.32	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1207.16	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	275.42	Cells/cu.mm	20-500	Calculated
MONOCYTES	480.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.58	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.21		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	150000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC's Anisopoikilocytosis+, Microcytes++, Elliptocytes++, tear drop cells +, Pencil cells				
WBC's are normal in number and morphology				
Platelets are Adequate				
No hemoparasite seen.				
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	137	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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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



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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	176	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>277</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	72.82	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>55.32</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.69		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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	<b>3.14</b>	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.44</b>	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	<b>2.70</b>	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	47.43	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	40.4	U/L	<50	IFCC
ALKALINE PHOSPHATASE	86.56	U/L	30-120	IFCC
PROTEIN, TOTAL	7.17	g/dL	6.6-8.3	Biuret
ALBUMIN	4.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.27	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.16</b>		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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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	86.56	U/L	30-120	IFCC



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	17.87	U/L	<55	IFCC

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	1.02	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.528	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



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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	12.93	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.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.520	ng/mL	0-4	CLIA



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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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	7.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		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	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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





Certificate No: MC-5597

Patient Name : Mr.PAWAN KUMAR	Collected : 05/Mar/2024 08:56AM
Age/Gender : 52 Y 6 M 0 D/M	Received : 05/Mar/2024 01:40PM
UHID/MR No : CKHA.0000072190	Reported : 05/Mar/2024 02:12PM
Visit ID : CKHAOPV110324	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 45874	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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



**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Pawan Kumar on 06/03/24

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>Fasting ↑</u></p> <p>3. <u>Dyslipidemia</u> <u>Vit D ↓ ↓ Vit B12 ↓ , Grade I Fatty liver</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>	

*Zham*  
**Dr. Zuha Khan**  
 MBBS General Physician  
 Medical Officer **Reg No. 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 : 05-03-2024  
MR NO : CKHA.0000072190

Department : GENERAL  
Doctor :

Name : Mr. PAWAN KUMAR

Registration No :

Qualification :

Age/ Gender : 52 Y / Male

Consultation Timing: 08:46

Height : 164	Weight : 71.7	BMI : 26	Waist Circum : 95
Temp : 98.2	Pulse : 70	Resp : 22	B.P : 168/106

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Systolic 157 mm Hg.  
↓  
Repeated Systolic 150 mm Hg

Present complains - Nil complains.

Comorbidity -  
Allergies - } Nil  
Surgical H/O }

Family H/O - Father - BP.

Addiction -  
Occasionally - weekly once.

OE

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

H/O covid infection - 2021.

Vaccinated with - 2 doses.

Follow up date:

*Jhan*  
Doctor Signature



Mr. Pawan Kumar.  
52yrs/M.

05/03/2024

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

General Examination / Allergies  
History

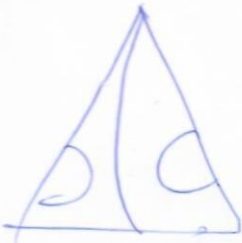
Clinical Diagnosis & Management Plan

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

O/E - BIL EAC - clear, BIL TMJ - intact;

- DNS to (RP)

- Throat WNL



Follow up date:

Doctor Signature

# POWER PRESCRIPTION

NAME: Mr. Pawan Kumar

GENDER: M/F

DATE: 05/03/24

AGE: 52/M

UHID:

## RIGHT EYE

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				
NEAR	-	-	-	N16

	SPH	CYL	AXIS	VISION
DISTANCE				
NEAR	-	-	-	N16

INSTRUCTIONS: WNL

  
SIGNATURE



ID: 72190

pawan kumar

Male 52Years

kg / mmHg

Req. No. : 72190

05-03-2024 12:43:43

HR : 61 bpm

P : 94 ms

PR : 134 ms

QRS : 90 ms

QT/QTcBz : 382/385 ms

P/QRS/T : 38/-1/30 °

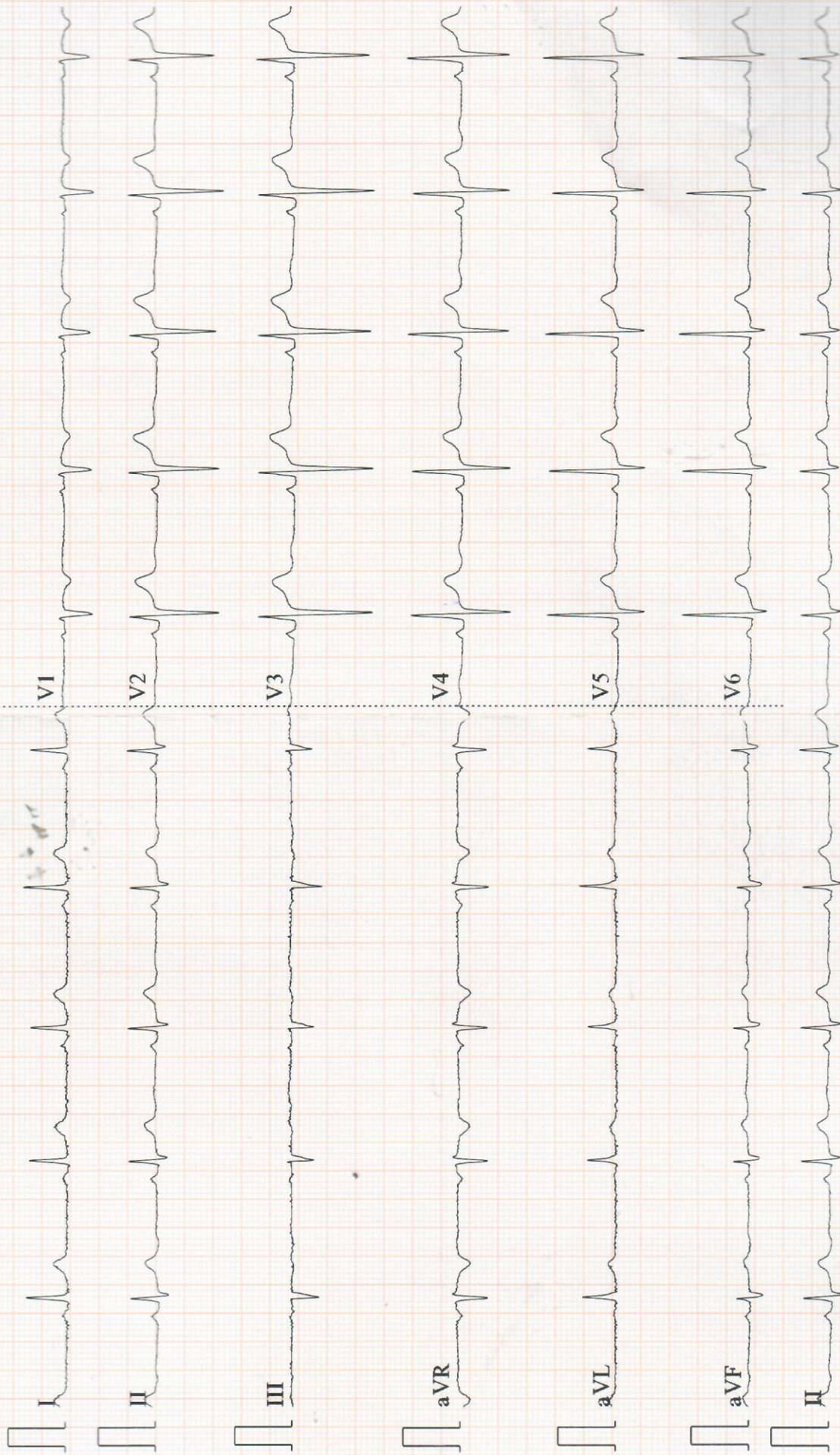
RV5/SV1 : 1.205/0.488 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:





Patient Name : Mr. PAWAN KUMAR  
UHID : CKHA.0000072190  
Reported on : 05-03-2024 15:15  
Adm/Consult Doctor :

Age : 52 Y M  
OP Visit No : CKHAOPV110324  
Printed on : 05-03-2024 18:46  
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 .

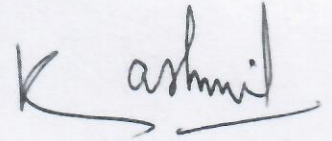
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:05-03-2024 15:15

---End of the Report---



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



Patient Name : Mr. PAWAN KUMAR  
UHID : CKHA.0000072190  
Reported on : 05-03-2024 14:38  
Adm/Consult Doctor :

Age : 52 Y M  
OP Visit No : CKHAOPV110324  
Printed on : 05-03-2024 18:47  
Ref Doctor : SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size, shape and shows **raised 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 partially distended with normal wall thickness. No echoreflective 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 echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

**Right kidney :** normal in size ms 10.4 x 4.4 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 10.7 x 4.3 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 well distended and appears normal. No echoreflective 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 :

- **Grade I fatty changes in liver.**

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Page 1 of 2  
TO BOOK AN APPOINTMENT

 **1860 500 7788**



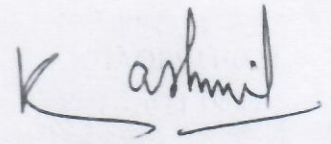
Patient Name : Mr. PAWAN KUMAR Age : 52 Y M  
UHID : CKHA.0000072190 OP Visit No : CKHAOPV110324  
Reported on : 05-03-2024 14:38 Printed on : 05-03-2024 18:47  
Adm/Consult Doctor : Ref Doctor : SELF

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:05-03-2024 14:38

---End of the Report---



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

# Apollo Clinic

## CONSENT FORM

Patient Name: Mr. Pawan Kumar Age: 52 yr

UHID Number: ..... Company Name: .....

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

Employee of .....

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

- 1) 2 Echo pending
- 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: Pawan Kumar

Date: 05/03/2024



यूनियन बँक  
of India



Union Bank  
of India



नाम / पदम कुमार सिंह  
Name: PAWAN KUMAR SINGH  
कार्यकारी नं / Employee No.: 657963  
जन्म तिथि / Birth Date: 15/09/1971  
रक्त ग्रुप / Blood Group: A+

*Pawan K. Singh*  
General Signature

जारी करने का स्थान  
Place of Issue:

R. O. PUNE METRO

जारी करने की तारीख  
Date of Issue:

06.10.2023

*[Signature]*  
जारीकर्ता प्राधिकारी / Issuing Authority



## Bh - Indapur [Union Bank Of India]

From: Mediwheel <wellness@mediwheel.in>  
Sent: Thursday, February 29, 2024 2:40 PM  
To: Bh - Indapur [Union Bank Of India]  
Cc: customercare@mediwheel.in  
Subject: Health Check up Booking Request(UBOIE3926), Beneficiary Code-170683

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

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011-41195959

Dear PAWAN KUMAR SINGH,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRM Letter

User Package Name : MediWheel Full Body Health Checkup Male 50 To 60

Name of Diagnostic/Hospital : Apollo Clinic - Kharadi

Address of Diagnostic/Hospital- : 102, B Wing, 1st Floor, Kul Scapes, Magarpatta Road, Opp. Reliance Smart, Kharadi, Pune - 411014

Appointment Date : 05-03-2024

Preferred Time : 8:30am

### Member Information

Booked Member Name	Age	Gender
PAWAN KUMAR SINGH	52 year	Male

### Tests included in this Package

- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- Blood Glucose (Fasting)
- General Physician Consultation