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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Rameshwarathi Das on 18-12-20

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

	Tick
• Medically Fit	
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. DLP 2. HT D L 3. ECG → Adv 2D echo. However the employee should follow the advice/medication that has been communicated to him/her. Review after_____	✓
• Currently Unfit. Review after_____ recommended	
• Unfit	

APOLLO CLINIC - AUNDH
Dr. VIDYA DESHPANDE
MBBS, DGO
Family Physician
Reg.No : 56565

Dr. VDeshpande
Medical Officer
Apollo Clinic, (Aundh, Pune)

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.
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Certificate No: MC-5697

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Patient Name	: Mr.PARTHASARATHI SUDIPTA KUMAR DA	Collected	: 18/Dec/2023 09:26AM
Age/Gender	: 45 Y 7 M 24 D/M	Received	: 18/Dec/2023 01:46PM
UHID/MR No	: CAUN.0000138856	Reported	: 18/Dec/2023 04:01PM
Visit ID	: CAUNOPV163828	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 297627		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	17	g/dL	13-17	Spectrophotometer
PCV	**50.90**	%	40-50	Electronic pulse & Calculation
RBC COUNT	**6**	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84.8	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,550	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	72.9	%	40-80	Electrical Impedance
LYMPHOCYTES	**18.6**	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5503.95	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1404.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	128.35	Cells/cu.mm	20-500	Calculated
MONOCYTES	475.65	Cells/cu.mm	200-1000	Calculated
BASOPHILS	37.75	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	168000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

SIN No:BED230312699

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

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Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh: Vizag** (Seethamma Peta) **Karnataka: Bangalore** (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

SIN No:BED230312699

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UHID/MR No	: CAUN.0000138856	Reported	: 18/Dec/2023 04:03PM
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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
GLUCOSE, FASTING , *NAF PLASMA*	82	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:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	103	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.

HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*

HBA1C, GLYCATED HEMOGLOBIN	4.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	88	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7

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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
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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
4. 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.
5. 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)

SIN No:PLF02073951,PLP1398609,EDT230115353

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UHID/MR No	: CAUN.0000138856	Reported	: 18/Dec/2023 03:30PM
Visit ID	: CAUNOPV163828	Status	: Final Report
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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
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**283**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	81	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	60	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**223**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**206.73**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.24	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.71		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

1. Measurements in the same patient on different days can show physiological and analytical variations.

2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

4. 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.

5. 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.

6. 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.

SIN No:SE04573368

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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
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.99	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.81	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.45	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	59.99	U/L	30-120	IFCC
PROTEIN, TOTAL	8.11	g/dL	6.6-8.3	Biuret
ALBUMIN	4.95	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		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 PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method

SIN No:SE04573368

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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.78	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	**16.12**	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	**7.5**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.11	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.82	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	**2.49**	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.99	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.91	mmol/L	101–109	ISE (Indirect)

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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
ALKALINE PHOSPHATASE , *SERUM*	59.99	U/L	30-120	IFCC
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	16.43	U/L	<55	IFCC

SIN No:SE04573368

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UHID/MR No	: CAUN.0000138856	Reported	: 18/Dec/2023 08:52PM
Visit ID	: CAUNOPV163828	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.98	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.680	µIU/mL	0.35-4.94	CMIA

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

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

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

SIN No:SPL23184566

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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
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	24.6	ng/mL		CMIA

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.

VITAMIN B12 , *SERUM*	465	pg/mL	187 - 883	CMIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out

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Patient Name	: Mr.PARTHASARATHI SUDIPTA KUMAR DA	Collected	: 18/Dec/2023 09:26AM
Age/Gender	: 45 Y 7 M 24 D/M	Received	: 18/Dec/2023 01:19PM
UHID/MR No	: CAUN.0000138856	Reported	: 18/Dec/2023 04:04PM
Visit ID	: CAUNOPV163828	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 297627		

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

tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.740	ng/mL	0-4	CLIA

SIN No:SPL23184566

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Centriole, Plot #90, Survey #129, 130/1+2, ITI Road, Aundh, Pune, Maharashtra, India - 411007

1860 500 7788
www.apolloclinic.com

Patient Name	: Mr.PARTHASARATHI SUDIPTA KUMAR DA	Collected	: 18/Dec/2023 09:26AM
Age/Gender	: 45 Y 7 M 24 D/M	Received	: 18/Dec/2023 01:43PM
UHID/MR No	: CAUN.0000138856	Reported	: 18/Dec/2023 02:36PM
Visit ID	: CAUNOPV163828	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 297627		

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
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	1.015		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	MODIFED 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

SIN No:UR2243937

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

Apollo
TOUCHING LIVES

Certificate No: MC- 5697

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Patient Name	: Mr.PARTHASARATHI SUDIPTA KUMAR DA	Collected	: 18/Dec/2023 09:26AM
Age/Gender	: 45 Y 7 M 24 D/M	Received	: 18/Dec/2023 01:41PM
UHID/MR No	: CAUN.0000138856	Reported	: 18/Dec/2023 02:30PM
Visit ID	: CAUNOPV163828	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 297627		

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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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

SIN No:UPP016021,UF010027

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

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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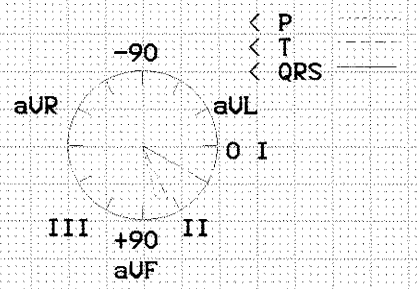
GE MAC1200 ST PARTHASARATHI, DASH 000138856, APOLL CLIN
Male, 45 Years (24.04.1978)

HR 74bpm

Measurement Results:

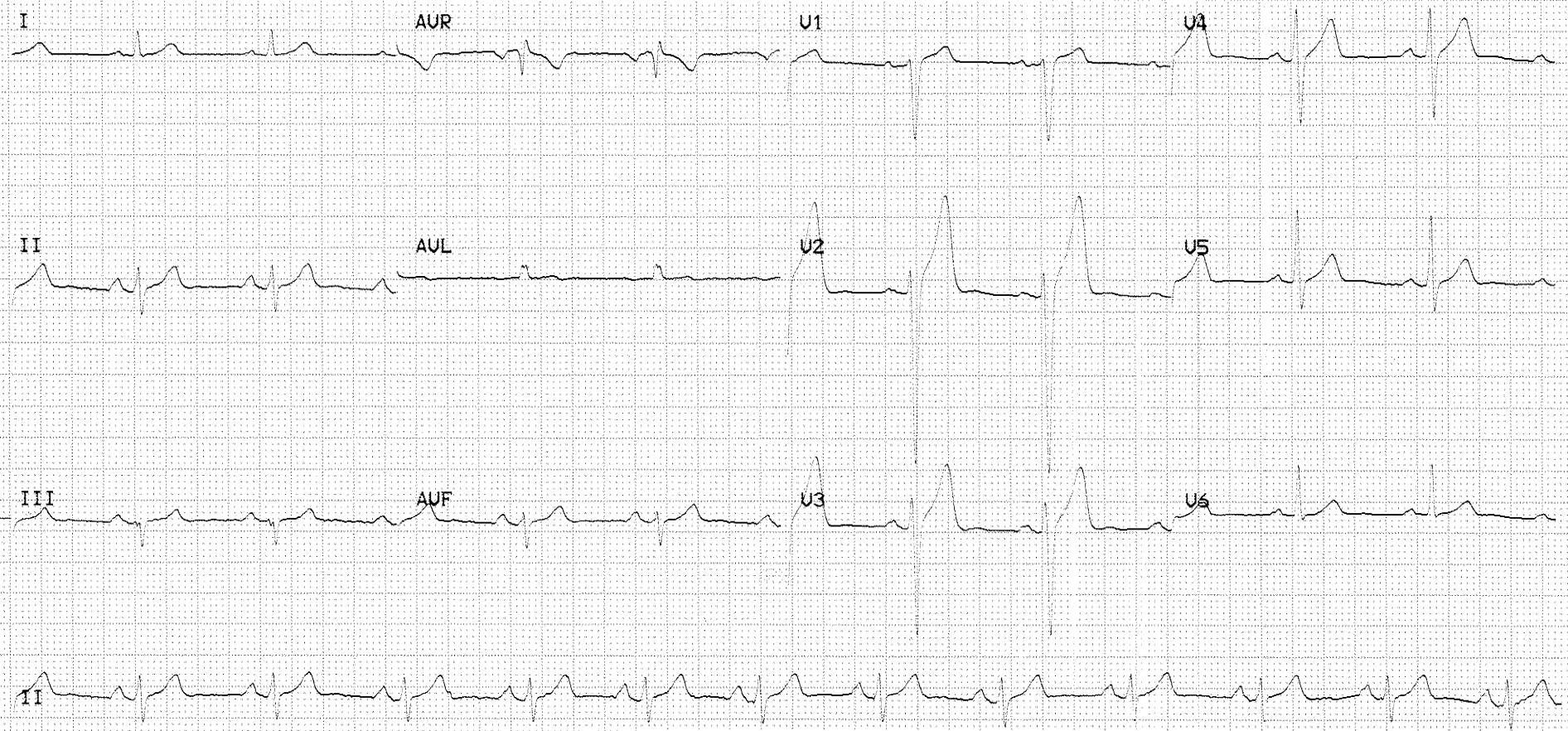
QRS	:	108	ms
QT/QTcB	:	358 / 399	ms
PR	:	156	ms
P	:	130	ms
RR/PP	:	804 / 800	ms
P/QRS/T	:	75/ 30/ 65	degrees
QTD/QTcBD	:	84 / 94	ms
Sokolow	:	2.2	mV
NK	:	10	



Interpretation:

? LAD
NSR
V2 - voltage criteria for LVH
Adv 2 D echo

Unconfirmed report.



[redacted] 18.Dec.2023 04:19:47 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1 Automatic U6.2 12i (1)

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Patient Name	: Mr. PARTHASARATHI SUDIPTA KUMAR DASH	Age	: 45 Y M
UHID	: CAUN.0000138856	OP Visit No	: CAUNOPV163828
Reported on	: 18-12-2023 15:33	Printed on	: 18-12-2023 15:34
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

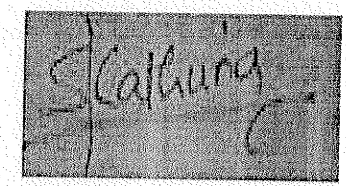
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.



Printed on:18-12-2023 15:33 ---End of the Report---

Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology

Apollo Clinic
Expertise. Closer to you.

Patient Name	: Mr. PARTHASARATHI SUDIPTA KUMAR DASH	Age	: 45 Y M
UHID	: CAUN.0000138856	OP Visit No	: CAUNOPV163828
Reported on	: 18-12-2023 15:41	Printed on	: 18-12-2023 15:42
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

Right Kidney is - 8.7 x 4.0 cm. **Left Kidney is** - 9.7 x 5.8 cm.

Both Kidneys are normal in size and echotexture.

The cortico medullary differentiation is maintained bilaterally.

No evidence of calculus / hydronephrosis seen on either side.

Urinary bladder is normal. No evidence of filling defect or mass effect. The wall thickness is normal.

Prostate is normal in size and echotexture. No evidence of calcification seen.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

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Patient Name	: Mr. PARTHASARATHI SUDIPTA KUMAR DASH	Age	: 45 Y M
UHID	: CAUN.0000138856	OP Visit No	: CAUNOPV163828
Reported on	: 18-12-2023 15:41	Printed on	: 18-12-2023 15:42
Adm/Consult Doctor	:	Ref Doctor	: SELF

IMPRESSION :

No significant abnormality seen.

Suggest – clinical correlation.

(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:18-12-2023 15:41 ---End of the Report---

Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology

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Patient Name : Paathasaarathi Dash. **Date** : 18.12.23

AGE/Sex : 45/M **UHID/ MR NO** : 138856

	RIGHT EYE	LEFT EYE
FAR VISION	C VN 6/6	C VN 6/6
NEAR VISION	C Glass N6	C Glass N6
ANTERIOR SEGMENT PUPIL	MD	MD
COLOUR VISION	N	N
FAMILY / MEDICAL HISTORY	H/O Reading Glass	———

Impression: WNL

Optometrist:-

Mr. Ritesh Sutnase

Date	: 18-12-2023	Department	: GENERAL
MR NO	: CAUN.0000138856	Doctor	:
Name	: Mr. PARTHASARATHI SUDIPTA I	Registration No	:
		Qualification	:
Age/ Gender	: 45 Y / Male		

Consultation Timing: 09:20

Height	168
Weight	64
BP	110/80
Pulse	80
Waist	92
Hip	94
BMI	22
Consultation with Report	Nil