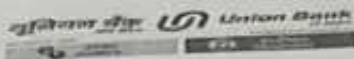


Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - AHMEDNAGAR
AHMEDNAGAR, AHMEDNAGAR,
Maharashtra, - 0

To,

The Chief Medical Officer

M/S Mediwheel
https://mediwheel.in/signup011-
41195959(A brand name of
Arcofemi Healthcare Ltd).
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

35-40 Female

Shri/Smt./Kum. SHINDE.SONALI MAHESH

P.F. No. 602127

Designation : Asst Manager

Checkup for Financial Year

2023-
2024

Approved Charges Rs.

3000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application - Sanctioned

View Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter

व्यापार व वैयक्तिक
सौख्य तारण कर्ज उपलब्ध
* सोपी सुलभ व जलद व
* कमीत कमी कागदपत्रे



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reducing balance

अधिक माहित
कर्ज वितरण करणारी शाखा

Conditions apply.

Greetings from Apollo!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **10-08-2024** at your Pulse Radwave Diagnostics Private Limited Center.

Points to note:-

Collect photocopy of employee ID proof if health check is through an employer.
Collect photocopy of personal ID proof if health check is for insurance.
Collect MER as 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 Adhutam portal as per specifications given earlier.

Corporate/TPA	Agreement Name	Package name	Package Inclusions	Customer Name
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - TMT - PAN INDIA - FY2324	Urine Routine (CUE), Consultation - Dental, GLUCOSE - SERUM / PLASMA/FASTING AND POST PRANDIAL, Alkaline Phosphatase - Serum/Plasma CALCIUM - SERUM, Blood Grouping And Typing (Abo And Rh), Prostatic Specific Antigen (PSA, Total), THYROID PROFILE - (T3, T4 AND TSH), Glycosylated Hemoglobin (HbA1C) - Whole Blood, Vitamin B12 - Serum, Vitamin D3, CARDIAC STRESS TEST - (TMT), ECG, PULMONARY FUNCTION TEST, HEMOGRAM (CBC+ESR), Lipid Profile (all Parameters), LIVER FUNCTION TEST (PACKAGE), Renal Function Test, X-Ray Chest, PA, Ultrasound - Whole Abdomen, Height, Weight, BP, BMI, Package Consultation - ENT, Fitness by General Physician, Ophthal by General Physician, URINE GLUCOSE(FASTING), URINE GLUCOSE(POST PRANDIAL), Dietician consultation, LIVER FUNCTION TEST (LFT) WITH GGT	Shashank M Nirmal


DR. SHASHANK DEDHIA
M.B.B.S.
REG. No. 2011/07/2287




सर्वम सत्यमेव जयते
GOVERNMENT OF INDIA



शशंक मनोहर निर्मले
 Shashank Manohar Nirmale
 जन्म तारीख/DOR: 20/01/1991
 लिंग/ MALE



2112 2102 3519

माझे आधार, माझी ओळख

Shashank

JM FINANCIAL



Shashank Nirmale

EMP Code : 24412 **Blood Group**: O+
Date of Birth : 20-01-1991 **Joining Date** : 05-06-2023
Department : IT, Broking, IT, Application
Emp No : 8935429813/91 22 4500 7000
Designation : Associate

1st Floor, B Wing, Sushant IT Park, Plot No. 02
 Off E, Old, Dattakrishna Road, Opp. 14th Street,
 Borivali (East), Mumbai 400 099.


 Authorized Signatory

Date of Issue: 13-06-2023

Tilak
DR. TILAK DEDHIA
M.B.B.S.
REG. No. 2011/07/2287

DR. TILAK DEDHIA
 M.B.B.S.
 REG. NO. 2011/07/2287



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address: S/O Manohar Nimble, house no. 1555, ambedkar road, near ambedkar putala, manmad, Nashik, Maharashtra - 423104

पता: S/O मनोहर निम्बले, घर नं. 1555, अंबेडकर रीट, अंबेडकर पुतला जंका, मनमाड, नाशिक, महाराष्ट्र - 423104

2112 2102 3519

Abdulkarim

DR. TILAK DEDHIA
M.B.B.S.
REG. NO. 2011/07/2287

Tilak
DR. TILAK DEDHIA
M.B.B.S.
REG. No. 2011/07/2287

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/8/2024	
NAME	Mr. Shashank. M. Nimale	
AGE	33	Gender Male
HEIGHT(cm)	170cm	WEIGHT (kg) 83.6 kg
B.P.	120/80mmHg	
ECCG	WNL	
X Ray	Normal	
Vision Checkup	Ⓡ 6/6 Ⓛ 6/6 Normal Colour Vision	
Present Ailments	No	
Details of Past ailments (If Any)	NO	
Comments / Advice : <i>She</i> /He is Physically Fit	He is physically fit	


DR. TILAK DEDHIA
 Signature with Stamp of Medical Examiner
 REG. No. 2011/07/2287

Patient : MR SHASHANK M NIRMALE

M/33 Y

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 4

COMPLETE BLOOD COUNT WITH ESR

Test	Value	Normal Range	Units
HAEMOGLOBIN	13.4	13.5 - 18.0	gms/dl
R.B.C. COUNT	4.34	4.50 - 6.50	millions/cumm
PCV	39.1	40.0 - 54.0	%
MCV	90.1	76.0 - 96.0	u3
MCH	30.9	27.0 - 32.0	pg
MCHC	34.3	30.0 - 35.0	%
RDW	12.7	11.5 - 14.5	%
W.B.C. COUNT	4,540	4,000-11,000	cells/cmm
Differential Count :			
Neutrophils	59	45 - 70	%
Lymphocytes	36	20 - 45	%
Eosinophils	01	1 - 6	%
Monocytes	04	1 - 10	%
Basophils	00	0 - 1	%
PLATELET COUNT	256,000	150,000 - 450,000	cells/cmm
PLATELETS ON SMEAR	Adequate		
R.B.C. MORPHOLOGY	Hypochromasia (+)		
W.B.C. MORPHOLOGY	Normal		
E.S.R (Westergren)	13	0 - 20	mm / hr

CBC done on Fully Automated Erba H560 Cell Counter.


Dr Ashwini Sangvikar
M.D. Pathology

Email ID : diagnosticradwave@gmail.com • +91 8097421555

Phone No.: +91 8097421556 / +91 8097421557 / +91 8097421558 / +91 8097421559

Address : Shop No. 2 & 3, Naya Oriental Co-Op Hus. Society Ltd., Opp. Sahakari Bhandar, LIC Colony, Next to Hotel Majestic NX, Borivali (W), Mumbai - 400 103. Maharashtra.

Patient : MR SHASHANK M NIRMALE M/33 Y 10-Aug-24
Ref By : Dr ARCOFEMI HEALTHCARE LT No : 4

BLOOD SUGAR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
FASTING BLOOD SUGAR	87	70-110	mg/dl
Urine Sugar	Absent		
Urine Ketones	Absent		
POST PRANDIAL BLOOD SUGAR	93	70-140	mg/dl
Urine Sugar (2 hrs)	No Sample		
Urine Ketones (2 Hrs)	No Sample		

METHOD : Glucose Oxidase Peroxidase (GOD/POD)

American Diabetes Association (ADA 2013) Blood Glucose Level Criteria :

FASTING GLUCOSE LEVEL

Normal glucose tolerance : < 100 mg %
Impaired Fasting Glucose : 100 - 125 mg %
Provisional diagnosis for: ≥ 126 mg % (on two different occasions)
diabetes mellitus

POST LUNCH GLUCOSE LEVEL

Normal glucose tolerance : <140 mg %
Impaired Glucose Tolerance : 140 - 199 mg %
Provisional diagnosis for: ≥ 200 mg % (on two different occasions)
diabetes mellitus

URINE SUGAR INTERPRETATION : (Approx.)

Trace : 0.1 g/dl
+ : 0.25 g/dl
++ : 0.5 g/dl
+++ : 1.0 g/dl
++++ : >2.0 g/dl


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LIC Colony, Next to Hotel Majestic NX, Borivali (W), Mumbai - 400 103. Maharashtra.

Patient Name : MR. SHASHANK NIRMALE
Age / Gender : 33 Years / Male
Patient ID : 0300015020
Referrer : Radwave Diagnostics LLP



Collection Time : Aug 10, 2024, 12:21 PM.
Receiving Time : Aug 10, 2024, 04:09 PM.
Reporting Time : Aug 10, 2024, 07:11 PM.

Sample ID :



Glycosylated Haemoglobin (HbA1c)

Sample Type : Whole Blood

TEST	RESULT	UNITS	REFERENCE RANGES
HbA1c <small>Method : HPLC</small>	5.3	%	4.1 - 5.7
Mean Glucose Level <small>Method : Calculated</small>	105	mg/dL	Upto 140

HbA1c - DEGREE OF GLUCOSE CONTROL
5.7% - 6.4% - Prediabetic
> 6.4% - Diabetic

INTERPRETATION:

Glycosylated Haemoglobin accumulates within the red blood cells and exists in this form throughout the lifespan of red cells. Thus a single HbA1c value taken every 2-3 months, serves over those months. The measurement of HbA1C has been used as an index of metabolic control of Diabetes during the preceding 2-3 months providing physician with an objective to look at the patient's diabetic control. HbA1c is not affected by factors like intake of carbohydrates, timing of antidiabetic drugs and daily activities.

**** END OF REPORT ****


DR. YAGYESH R SHAH
M.B.B.S., DNB. (PATH)
Consultant Pathologist

Patient : MR SHASHANK M NIRMALE	M/33 Y	10-Aug-24
Ref By : Dr ARCOFEMI HEALTHCARE LT		No : 4

LIPID PROFILE

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
Total Cholesterol	148	130-200	mg/dl
Triglycerides	46	25-150	mg/dl
HDL Cholesterol	70	35-80	mg/dl
VLDL Cholesterol	09	5-30	mg/dl
LDL Cholesterol	69	80-100	mg/dl
TC/HDL Ratio	2.1	0.0-4.5	
LDL/HDL Ratio	1.0	0.0-3.5	

NOTE: Various cholesterol levels recommended for adults by NCEP (National Cholesterol Education Programme) May-2001.

CHOLESTEROL:

Desirable < 200 mg/dl
Borderline High 200-239 mg/dl
High >= 240 mg/dl

TRIGLYCERIDES:

Desirable < 150 mg/dl
Borderline High 150-199 mg/dl
High 200-499 mg/dl

HDL CHOLESTEROL:

Desirable >40 mg/dl
Low(High risk) <40 mg/dl

LDL CHOLESTEROL:

Optimal < 100 mg/dl
Near Optimal 100-129 mg/dl
Borderline High 130-159 mg/dl
High 160-189 mg/dl
Very High > 189 mg/dl


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Patient : MR SHASHANK M NIRMALE

M/33 Y

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 4


RENAL FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
BUN	10.5	5.0-23.0	mg/dl
Urea	22.5	13.0-43.0	mg/dl
Creatinine	0.7	0.5-1.3	mg/dl
Total Proteins	6.1	6.0-8.5	gm/dl
Albumin	3.9	3.2-5.3	gm/dl
Globulin	2.2	2.3-3.5	gm/dl
A/G Ratio	1.8	1.0-2.0	
Calcium	8.7	8.0-11.0	mg/dl
Phosphorus	3.1	2.5-4.5	mg/dl
Uric Acid	7.6	3.5-7.2	mg/dl
Sodium	140.3	133.0-148.0	mEq/L
Potassium	4.1	3.5-5.3	mEq/L
Chloride	102.7	96.0-107.0	mEq/L

Ashwini Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

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Patient : MR SHASHANK M NIRMALE

M/33 Y

10-Aug-24

Ref By : Dr ARCOFEMI HEALTHCARE LT

No : 4

LIVER FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
S.G.O.T	31.8	0.0-40.0	IU/L
S.G.P.T	33.0	0.0-40.0	IU/L
Bilirubin (Total)	0.59	0.0-1.20	mg/dl
Bilirubin (Direct)	0.16	0.0-0.40	mg/dl
Bilirubin (Indirect)	0.4	0.1-1.0	mg/dl
Total Proteins	6.1	6.0-8.5	gm/dl
Albumin	3.9	3.2-5.3	gm/dl
Globulin	2.2	2.3-3.5	gm/dl
A/G Ratio	1.8	1.0-2.0	
Alkaline Phosphatase	183	50-306	U/L
GAMMA GT	28	5-55	U/L

Bansikar
Dr Ashwini Sangvikar
M.D. Pathology


Patient : MR SHASHANK M NIRMALE M/33 Y 10-Aug-24
Ref By : Dr ARCOFEMI HEALTHCARE LT No : 4

BIOCHEMISTRY

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
Alkaline Phosphatase	183	50-306	U/L
Calcium	8.7	8.0-11.0	mg/dl



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Patient : MR SHASHANK M NIRMALE M/33 Y 10-Aug-24
Ref By : Dr ARCOFEMI HEALTHCARE LT No : 4

BLOOD GROUP

<u>Test</u>	<u>Value</u>
BLOOD GROUP	"O" Positive.

Method: Slide & Tube Agglutination




Dr Ashwini Sangvikar
M.D. Pathology

Patient Name : MR. SHASHANK NIRMALE
Age / Gender : 33 Years / Male
Patient ID : 0300015020
Referrer : Radwave Diagnostics LLP



Collection Time : Aug 10, 2024, 12:21 PM.
Receiving Time : Aug 10, 2024, 04:22 PM.
Reporting Time : Aug 10, 2024, 07:11 PM.

Sample ID :



03015392

Vitamin B12

Sample Type : Serum

Method : CMJA

<u>TEST</u>	<u>RESULT</u>	<u>UNITS</u>	<u>REFERENCE RANGES</u>
Vitamin B12	162.00	pg/mL	180 - 914

Interpretation:

Vitamin B12 or Cobalamin is found exclusively in animal products such as meat, seafood, dairy products and eggs. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemia.

Vitamin B12 is usually measured along with folic acid, because a lack of either one or both can lead to megaloblastic anemia. Follow up testing of vitamin B12 tissue deficiency by measuring MMA (Methylmalonic Acid) and/or homocysteine may be indicated if the patient is symptomatic.

For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

**** END OF REPORT ****



DR. YAGYESH R SHAH
M.B.B.S., DNB. (PATH)
Consultant Pathologist

Patient Name : MR. SHASHANK NIRMALE
Age / Gender : 33 Years / Male
Patient ID : 0300015020
Referrer : Radwave Diagnostics LLP



Collection Time : Aug 10, 2024, 12:21 PM.
Receiving Time : Aug 10, 2024, 04:22 PM.
Reporting Time : Aug 10, 2024, 07:11 PM.

Sample ID :



Vitamin D (25-Hydroxy)

Sample Type : Serum
Method : CMIA

TEST	RESULT	UNITS	REFERENCE RANGES
Vitamin D	12.40	ng/mL	Deficiency : <10 Insufficiency: 10-30 Sufficiency : 30-100 Toxicity : >100

Interpretation:

* Total 25-hydroxyvitamin D (D2 D3) is the correct measure of Vitamin D status.
* In the kidney, 25-hydroxy vitamin D changes into an active form of the vitamin which helps control calcium and phosphate levels in the body.
- Low blood levels of 25-hydroxyvitamin D may mean that you are not getting enough exposure to sunlight or enough dietary vitamin D to meet your body's demand or that there is a problem with its absorption from the intestines. Occasionally, drugs used to treat seizures, particularly phenytoin (Dilantin), can interfere with the production of 25-hydroxyvitamin D in the liver.
* There is increasing evidence that vitamin D deficiency may increase the risk of some cancers, immune diseases, and cardiovascular disease.
High levels of 25-hydroxyvitamin D usually reflect excess supplementation from vitamin pills or other nutritional supplements.

Note:

25-hydroxyvitamin D Method - Our Vitamin D assay is standardized to be in alignment with the ID-LC/MS/MS 25(OH)vitamin D Reference Method Procedure (RMP), the reference procedure for the Vitamin D Standardization Program (VDSP). The VDSP, a collaboration of the National Institutes of Health Office Of Dietary Supplements, National Institute of Technology and Standards, Centers for Disease Control and Ghent University, is an initiative to standardize 25(OH)Vitamin D measurement across methods.

**** END OF REPORT ****

DR. BHUMIKA C. BORANA
M.B.B.S., M.D., DNB. (PATH)
Consultant Pathologist

Patient Name : MR. SHASHANK NIRMALE
Age / Gender : 33 Years / Male
Patient ID : 0300015020
Referrers : Radwave Diagnostics LLP



Collection Time : Aug 10, 2024, 12:21 PM.
Receiving Time : Aug 10, 2024, 04:22 PM.
Reporting Time : Aug 10, 2024, 07:11 PM.

Sample ID : 
 03015392

THYROID PROFILE

Sample Type : Serum

TEST	RESULT	UNITS	REFERENCE RANGES
T3 (TRIIODOTHYRONINE) <small>Method : CHIA</small>	108.91	ng/dL	35 - 193
T4 (THYROXINE) <small>Method : CHIA</small>	6.7	ug/dL	4.87 - 11.72
TSH - (ULTRA SENSITIVE) <small>Method : CHIA</small>	2.45	uIU/mL	0.35 - 4.94

Interpretation:

T3: Triiodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening for thyroid disease in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism. A fall in T3 concentrations of up to 50% is known to occur in a variety of clinical situations, including acute and chronic disease.

T4: Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests

TSH: A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an under active (or removed) thyroid gland. Whether high or low, an abnormal TSH indicates an excess or deficiency in the amount of thyroid hormone available to the body, but it does not indicate the reason why. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

**** END OF REPORT ****



DR. BHUMIKA C. BORANA
M.B.B.S., M.D., DNB. (PATH)
Consultant Pathologist

Patient Name : MR. SHASHANK NIRMALE
Age / Gender : 33 Years / Male
Patient ID : 0300015020
Referrer : Radwave Diagnostics LLP



Collection Time : Aug 10, 2024, 12:21 PM.
Receiving Time : Aug 10, 2024, 04:22 PM.
Reporting Time : Aug 10, 2024, 07:11 PM.

Sample ID :



PSA (Prostate Specific Antigen)

Sample Type : Serum
Method : CMIA

TEST	RESULT	UNITS	REFERENCE RANGES
PSA (Prostate Specific Antigen)	0.40	ng/mL	Normal : 0 - 4.0 Borderline : 4 - 10 High : More Than 10

Interpretation :

PSA is used as a tumor marker to screen for and to monitor prostate cancer.

Elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia. PSA levels tend to increase in all men as they age.

If prostate cancer is diagnosed, the total PSA test may be used as a monitoring tool to help determine the effectiveness of treatment. It may also be ordered at regular intervals after treatment to detect recurrence of the cancer.

Concentrations of total PSA between 4.0 ng/ml and 10.0 ng/ml are often referred to as the grey zone. It is in this range that the free PSA is the most useful. When men in the gray zone have decreased levels of free PSA, they have a higher probability of prostate cancer; when they have elevated levels of free PSA, the risk is diminished. The ratio of free to total PSA can help the doctor decide whether or not a prostate biopsy should be performed.

DISTRIBUTION OF PSA VALUES IN BPH AND PROSTATE CARCINOMA

PSA LEVEL IN ng/ml	BENIGN PROSTATE HYPERPLASIA	PROSTATE CARCINOMA
0 - 4	74%	07%
4 - 10	20%	17%
> 10	06%	76%

** END OF REPORT **

DR. BHUMIKA C. BORANA
M.B.B.S., M.D., DNB. (PATH)
Consultant Pathologist

Patient : MR SHASHANK M NIRMALE	M/33 Y	10-Aug-24
Ref By : Dr ARCOFEMI HEALTHCARE LT		No : 4

Urine Routine


<u>Test</u>	<u>Value</u>
<u>Physical Examination:</u>	
Quantity	30 ml
Colour	Pale Yellow
Appearance	Slightly Hazy
Reaction (pH)	Acidic(6.0)
Specific Gravity	1.010

Chemical Examination:

Proteins	Absent
Glucose	Absent
Ketone Bodies	Absent
Oculta Blood	Absent
Bile Salts	Absent
Bile Pigments	Absent
Urobilinogen	Normal

Microscopic Examination:

Pus Cells	2 - 3 / hpf
Red Blood Cells	Absent
Epithelial Cells	1 - 2 / hpf
Casts	Absent
Crystals	Absent
Bacteria	Absent
Yeast Cells	Absent
Amorphous Deposits	Absent
Mucus	Absent
Other	---


Dr Ashwini Sangvikar
M.D. Pathology

Patient Name: Mr. Shashank Nirmale **M / 33yrs**
Ref. by: Apollo-Arcofemi Healthcare Ltd **Date:** - 10/08/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size (13 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous bright echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 8.6 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualized common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 10.3 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.7 x 4.8 cm	9.7 x 4.4 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

Patient Name: Mr. Shashank Nirmale M / 33yrs
Ref. by: Apollo-Arcofemi Healthcare Ltd Date: - 10/08/2024

PROSTATE: It measures about 2.3 x 2.7 x 1.6 cm; volume is 5.3 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

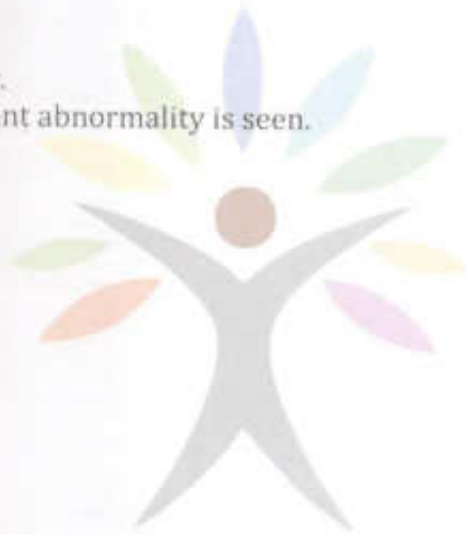
There is no ascites. There is no obvious evidence of significant lymphadenopathy.

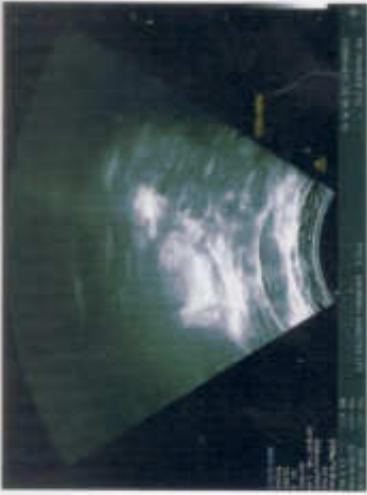
IMPRESSION:

- Grade I fatty liver.
- No other significant abnormality is seen.

Thanks for the reference.
With regards,


Dr. Tilak Dethia
Consultant Radiologist





PATIENT NAME : MR SHASHANK M NIRMALE
AGE/ SEX : 33 YRS / MALE
REF. CLINICIAN : APOLLO-ARCOFEMI HEALTHCARE LTD
DATE : 10/08/2024

X-RAY CHEST (P A VIEW)

- Both lung fields are clear.
- Both CP angle are normal.
- Cardiac and aortic shadows are normal.
- No obvious hilar or mediastinal lesion is seen.
- Bony thorax appears normal. No evidence of fracture seen.

CONCLUSION: X-Ray findings show...

- No significant abnormality of note.

Please correlate clinically.
Thanks for the referral,



Dr. Tilak Manjil Dedhia
M.B.B.S., M.D., D.N.B. (Radio-diagnosis)
Consultant Radiologist.

Pulse Diagnostic Centre (Pulse Diagnostic Pvt. Ltd), Borivali
1010815054 2020 MR SHASHANK M. NIRMAL E 33 Y M APOLLO-ARCOFEMI HEALTHCARE LTD CHEST PA



R

X

12 LEAD ECG REPORT



PULSE RADWAVE

DIAGNOSTIC

UNIT OF RADWAVE DIAGNOSTIC LLP



10/08/24

Name: Mr. Shashank M Dixmale 33/Male Apollo-Arco Femi Health Care Ltd

- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography ▶ Color Doppler ▶ ECG
- ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ X-Ray Special investigations ▶ Holter Monitor ▶ Sleep Study & Others.

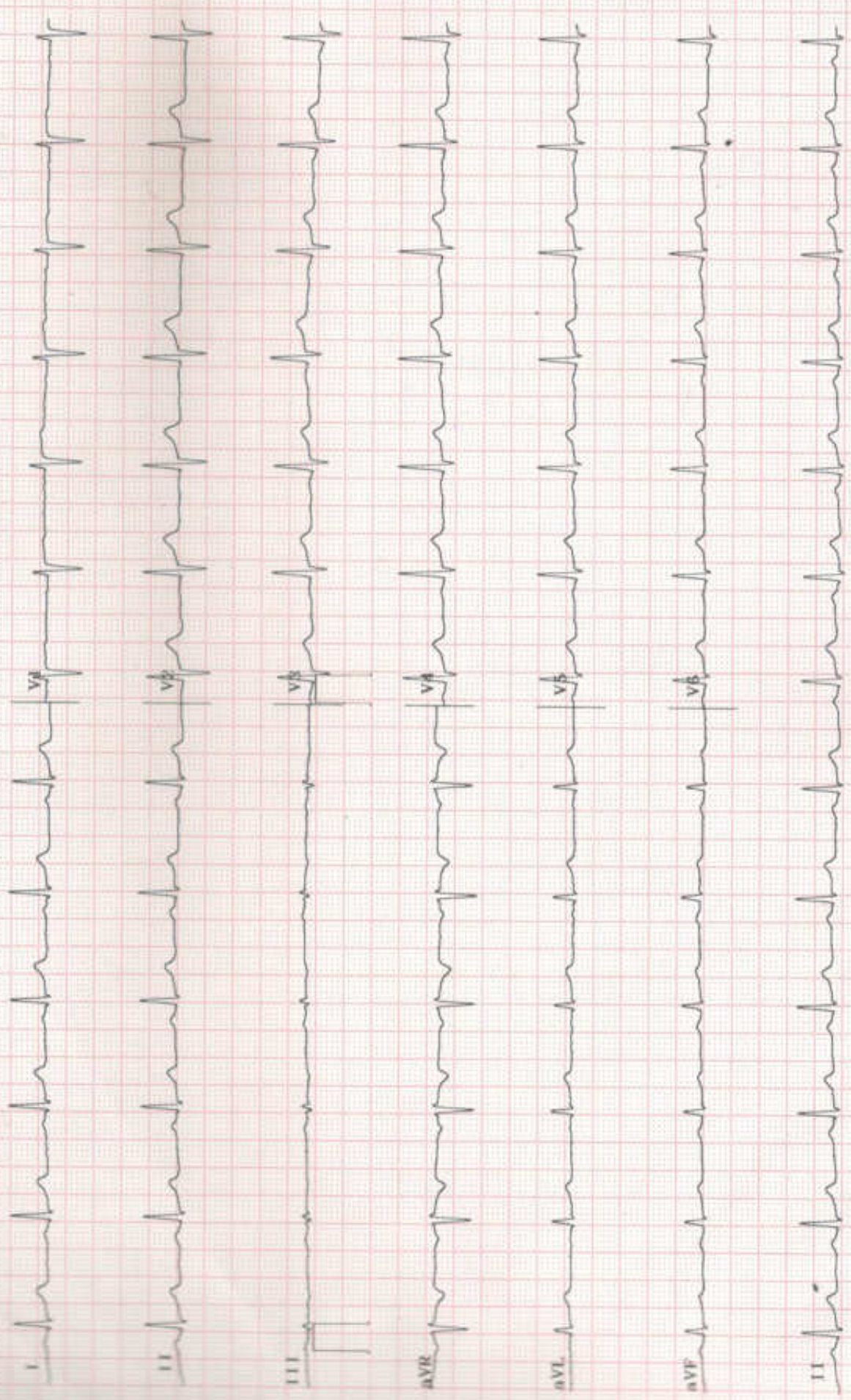
Prescribed by:

Analysis Result ## (To be finally confirmed by physician)

Handwritten signature

Heart Rate: 76 bpm
PR/RR Int.: 150/789 ms
QRS Dur: 100 ms
QT/QTc: 378/423 ms
P-R-T axes: 54 35 22
SV1/RV5/R+S: 0.70/0.68/1.38mV

Name: SHAISHANK
Age: 33 years
Sex: Male
Ht: 10 cm / W: 0 kg



ELECTROCARDIOGRAM

Please Photocopy ECG As Tracings Fades After Some Time

Name:

Mr. Shashank. M. Nirmale

Date:

10/8/2024

Time:

Age / Sex : 33 / M

Heart Rate:

Rhythm:

Axis:

Voltage:

P Wave:

PR Interval:

Qrs Interval & Complex:

ST Segment:

T Wave:

QT Interval:

QTC:

WNL

Impression:



DR PRAYAM BHATJIWALE, M.D
REG. NO. 68857

Signature of Physician

Pulse Hitech Health Services Pvt Ltd
Borivali (W)
Mumbai

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SHASHANK NIRMALE,
Patient ID: 21999
Height:
Weight:

DOB: 20.01.1991
Age: 33yrs
Gender: Male
Race: Asian

Study Date: 10.08.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:35	0.00	0.00	80	120/80	
	STANDING	00:50	0.00	0.00	87	120/80	
	HYPERV.	00:15	0.00	0.00	84		
	WARM-UP	00:23	1.00	0.00	91		
EXERCISE	STAGE 1	03:00	1.70	10.00	121	130/80	
	STAGE 2	03:00	2.50	12.00	141	140/80	
	STAGE 3	03:00	3.40	14.00	155	150/80	
	STAGE 4	00:34	4.20	16.00	171	160/80	
RECOVERY		03:01	0.00	0.00	104	130/80	

The patient exercised according to the BRUCE for 9:33 min:s, achieving a work level of Max. METS: 11.90. The resting heart rate of 89 bpm rose to a maximal heart rate of 171 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 160/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

--

Conclusions

No angina, No dyspnoea. No arrhythmias. Normal Heart rate and BP response. No ST-T changes seen during exercise and recovery. Stress test is negative for inducible ischemia at workload achieved.

Physician

Technician


DR. PRIYAM BHATJWALE, M.D.
REG. NO. 68857

SHASHANK NIRMAL, E

Tabular Summary

Pulse Hitech Health Services Pvt Ltd

Patient ID 21999
10.08.2024
13:24:21

Male
33yrs Asian
Meds:

Test Reason:
Medical History:

* Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

BRUCE: Total Exercise Time 09:33
Max HR: 171 bpm 91% of max predicted 187 bpm HR at rest: 89
Max BP: 160/80 mmHg BP at rest: 120/80 Max RPP: 26560 mmHg*bpm
Maximum Workload: 11.90 METS
Max. ST: -0.75 mm, 0.00 mV/s in V6; EXERCISE STAGE 4 09:30
Arrhythmia: A:11, PSVC:2
ST/HR index: 0.65 μ V/bpm
Reasons for Termination: Target heart rate achieved
Conclusion: No angina, No dyspnoea. No arrhythmias. Normal Heart rate and BP response. No ST-T changes seen during exercise and recovery. Stress test is negative for inducible ischemia at workload achieved.
Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V6 mm)	Comment
PRETEST	SUPINE	00:35	0.00	0.00	1.0	80	120/80	9600	0	0.15	
	STANDING	00:50	0.00	0.00	1.0	87	120/80	10440	0	0.05	
	HYPERV.	00:15	0.00	0.00	1.0	84			0	0.15	
	WARM-UP	00:23	1.00	0.00	1.2	91			0	0.05	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	121	130/80	15730	0	0.05	
	STAGE 2	03:00	2.50	12.00	7.0	141	140/80	19740	0	0.10	
	STAGE 3	03:00	3.40	14.00	10.1	155	150/80	23250	0	-0.15	
	STAGE 4	00:34	4.20	16.00	11.9	171	160/80	27360	0	-0.60	
RECOVERY		03:01	0.00	0.00	1.0	104	130/80	13520	0	0.05	

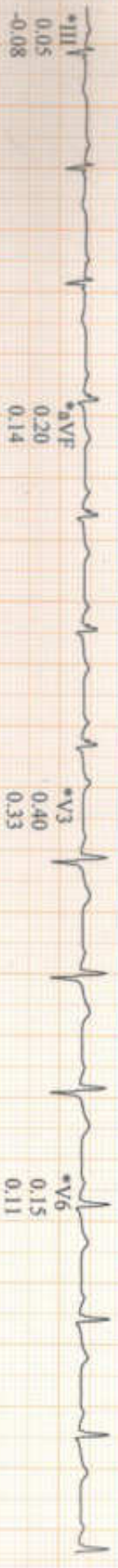
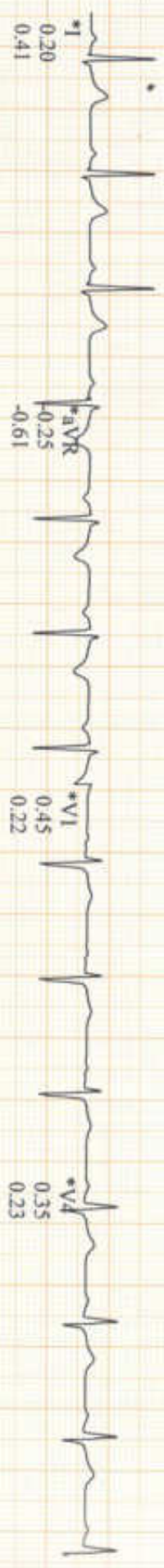
Patient ID 21999
10.08.2024
13:24:55

80 bpm
120/80 mmHg

PRETEST
SUPINE
00:34

BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

SHASHANK NIRMAL, E.

Linked Medians

Pulse Hitech Health Services Pvt Ltd

Patient ID 21999
10.08.2024
13:25:58

83 bpm
120/80 mmHg

PRETEST
HYPERV.
01:37

BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(L,II)

Start of Test: 13:24:21

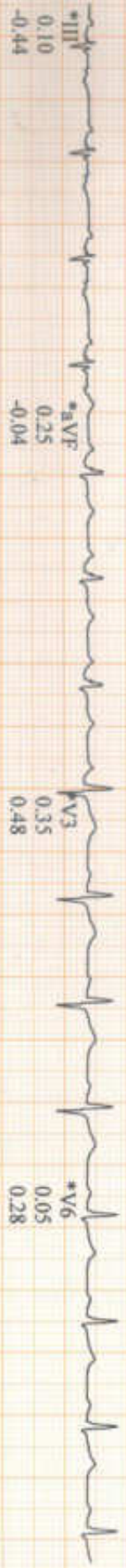
Patient ID 21999
10/08/2024
13:26:19

88 bpm
120/80 mmHg

PRE TEST
WARM-UP
01:58

DRUGS
1.0 mgph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



II
Raw Data

*Computer Synthesized Rhythms

SHASHANK NIRMAL, Patient ID 21999

10.08.2024
13:29:10

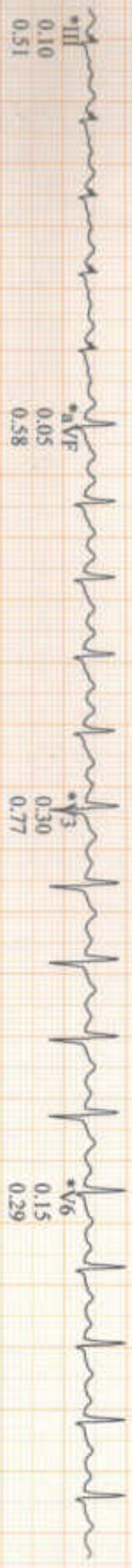
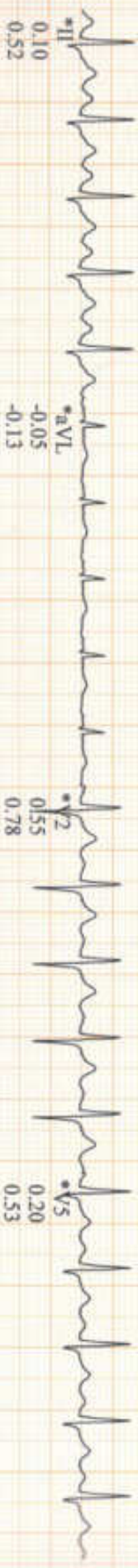
Linked Mediana

121 bpm
130/80 mmHg
EXERCISE STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

Pulse Hitech Health Services Pvt Ltd

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V1)

Start of Test: 13:24:21

SHASHANK NIRMAL, E,

Linked Mediums

Pulse Hitoch Health Services Pvt Ltd

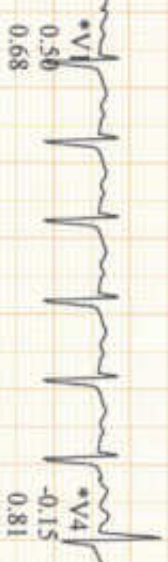
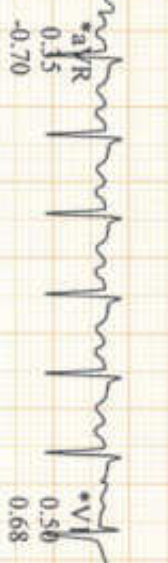
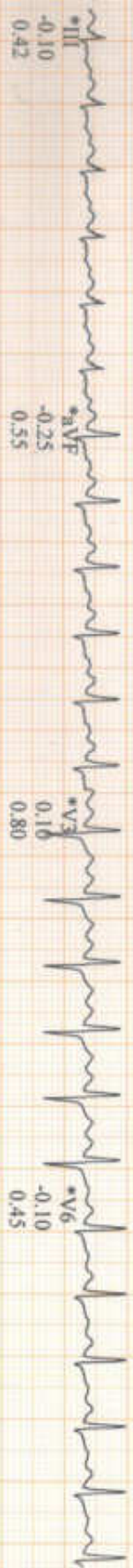
Patient ID 21999
10.08.2024
13:32:10

141 bpm
140/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz FRF+ HR(V2,V1)

Start of Test: 13:24:21

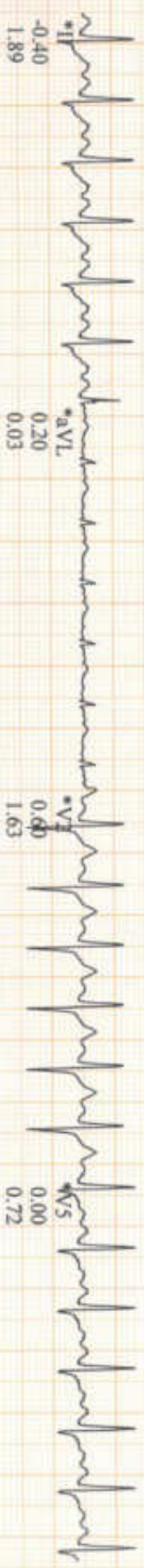
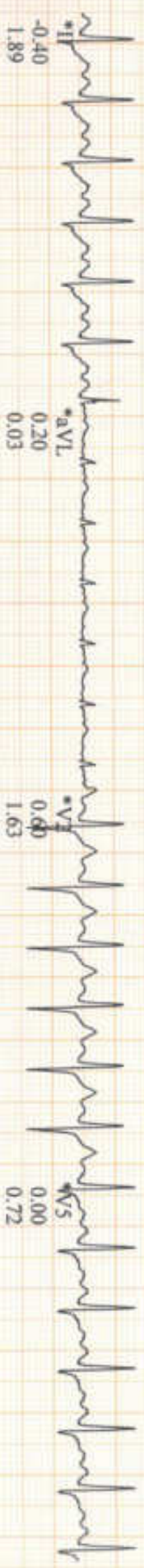
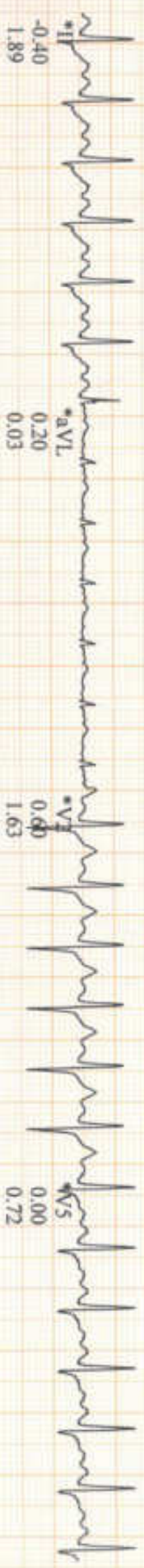
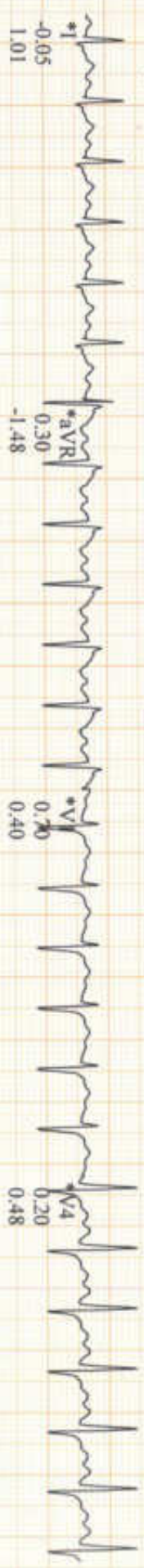
Patient ID 21999
10.08.2024
13:35:10

153 bpm
150/80 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
3.4 mph
14.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

SHASHANK NIRMAL, Patient ID 21999

10.08.2024 13:35:54

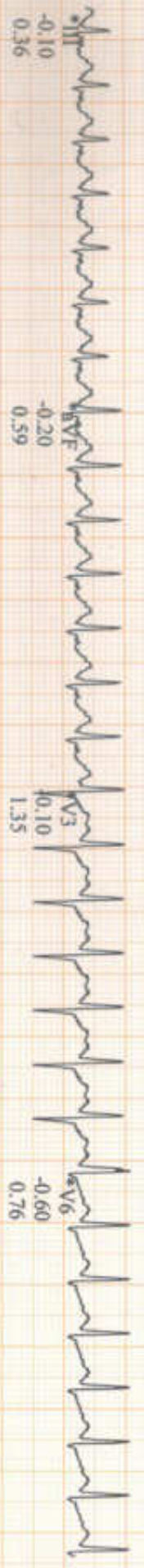
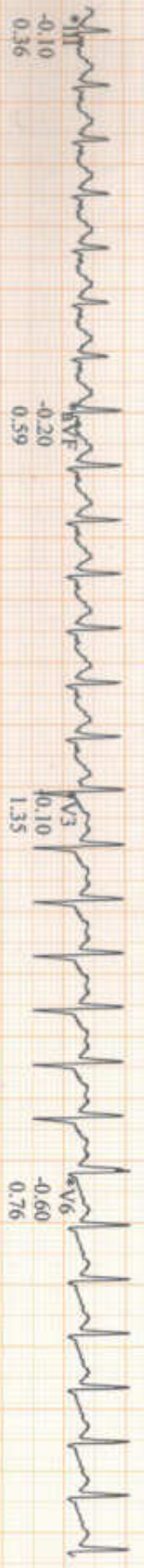
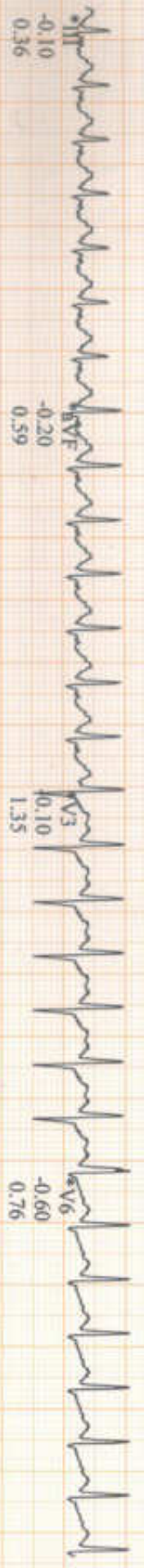
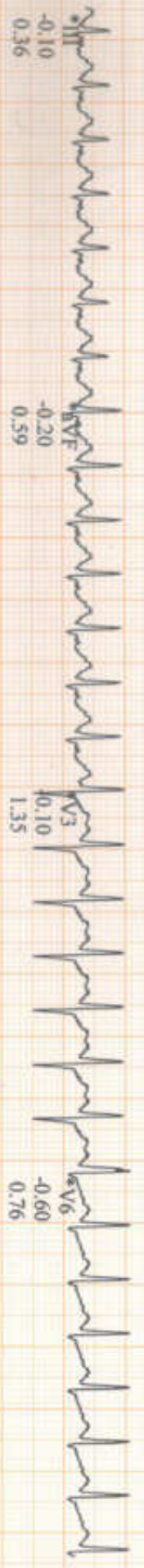
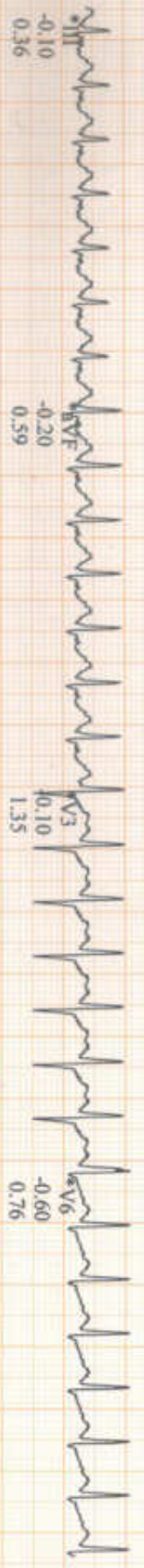
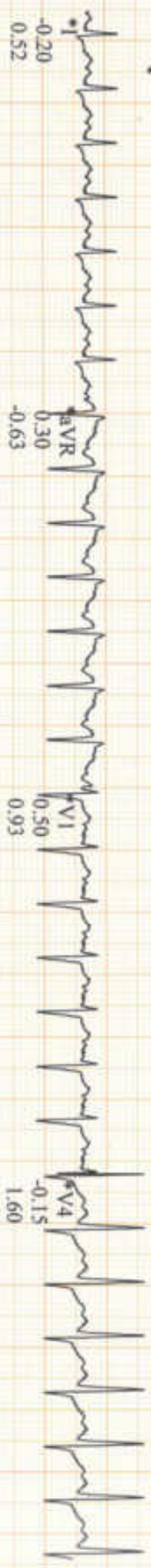
Linked Medians (PEAK EXERCISE)

171 bpm 160/80 mmHg EXERCISE STAGE 4 09:34

BRUCE 4.2 mph 16.0%

Pulse Hitch Health Services Pvt Ltd

Lead ST Level (mm) ST Slope (mV/s)



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2) 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V1)

Start of Test: 13:24:21

SHASHANK NIRMAL, E.

Linked Mediums

Pulse Hitech Health Services Pvt Ltd

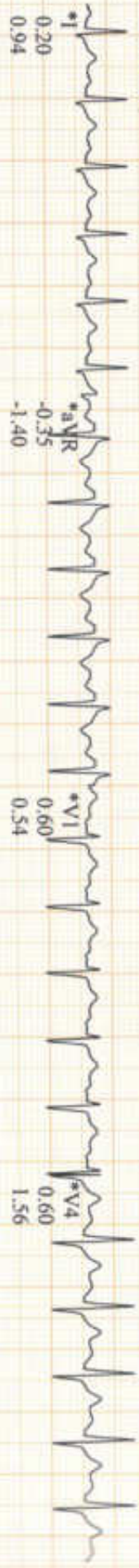
Patient ID 21999
10.08.2024
13:36:43

141 bpm

RECOVERY #1
00:50

BRUCE 1.5 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



*aVR

*aVL

*aVF



*aVR

*aVL

*aVF



*aVR

*aVL

*aVF



*aVR

*aVL

*aVF

Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V1)

Start of Test: 13:24:21

SHASHANK NIRMAL, E.

Linked Medians

Pulse Hittech Health Services Pvt Ltd

Patient ID 21999
10.08.2024
13-37:43

118 bpm
150/80 mmHg
RECOVERY #1
01:50

BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(V4,V2)

Start of Test: 13:24:21

*Computer Synthesized Rhythms

SHASHANK NIRMALE,

Linked Medians

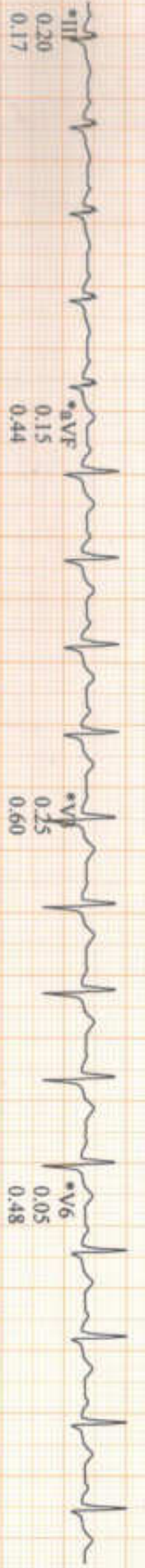
Pulse Hitech Health Services Pvt Ltd

Patient ID 21999
10.08.2024
13:38:43

108 bpm
130/80 mmHg
RECOVERY #1
02:50

BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FR+ HR(V4,V2)

Start of Test: 13:24:21