

Report



Patient Name : MR. SHASHIKANT RAJDEV RAM	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 19/10/2024 08:39:56
Age/Sex : 31 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 19/10/2024 19:44:37
LCID No : 10738898	DOB : 05/10/1993	Reported On : 19/10/2024 13:53:10
UID No : LCL58190792 191024		

Blood Sugar Fasting

Test	Result	Unit	Biological Reference Interval
Blood Sugar Fasting	: 97.00	mg/dl	60-110

By Hexokinase method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : \geq 126 mg/dl

OR

2 Hr Post Glucose : \geq 200 mg/dl

OR

HbA1c \geq 6.5 %

OR

Random Blood Glucose : \geq 200 mg/dl

Test done on Fully Automated Siemens Analyser.

----- End Of Report -----



Dr. Vijay Varde
M.D. D.P.B
Consultant Pathologist



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895

Report



LCL58190792 191024

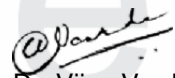
Patient Name : MR. SHASHIKANT RAJDEV RAM	Reference : ARCOFEMI HEALTHCARE LIMITED	Registered On : 19/10/2024 08:39:56
Age/Sex : 31 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 19/10/2024 09:11:42
LCID No : 10738899	DOB : 05/10/1993	Reported On : 19/10/2024 13:07:45
UID No : LCL58190792 191024		

Bilirubin

Test	Result	Unit	Biological Reference Interval
Serum Bilirubin (Total) By Diazo Method	: 0.67	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) By Diazo Method	: 0.13	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect) Calculated	: 0.54	mg/dl	Upto 0.9

Tests done on Fully Automated Siemens Analyser.

----- End Of Report -----



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M.D. D.P.B
Consultant Pathologist



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UID No : LCL58190792 191024		

Complete Blood Count

Test	Result	Unit	Biological Reference Interval
HEMATOLOGY			
Haemoglobin (Mod.Cyanmethemoglobin)	: 13.00	gms%	13-17
R.B.C Count (Impedence)	: 4.57	$\times 10^6/\text{cmm}$	4.5 - 5.5
PCV (Conductivity)	: 38.20	%	40 - 50
MCV (Calculated)	: 83.59	fL	83 - 101
MCH (Calculated)	: 28.45	Pg	27 - 32
MCHC (Calculated)	: 34.03	gms%	31.5 - 34.5
W.B.C. Count (Impedence)	: 8.30	$\times 10^3/\text{cmm}$	4 - 10
RDW (Calculated)	: 11.5	%	11.6 - 14.0
MPV (Calculated)	: 8.3	fL	6 - 11
Platelet Count (Impedence)	: 1.62	$\times 10^5/\text{cmm}$	1.50 - 4.10

DIFFERENTIAL COUNT (Impedence, Light Absorbance)

Neutrophils	: 59	%	40 - 80
Lymphocytes	: 25	%	20 - 40
Eosinophils	: 09	%	0 - 6
Monocytes	: 07	%	0 - 10
Basophils	: 0	%	0 - 2
RBC Morphology	: Normocytic normochromic		

Staining & Microscopy

WBC Morphology : Eosinophilia


Staining & Microscopy

Platelets : Adequate on smear.

Staining & Microscopy

Test done on Fully Automated Horiba Analyser.

----- End Of Report -----


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 M.D. D.P.B
 Consultant Pathologist



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Age/Sex : 31 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 19/10/2024 09:11:42
LCID No : 10738901	DOB : 05/10/1993	Reported On : 19/10/2024 14:26:41
UID No : LCL58190792 191024		

X-RAY CHEST PA

REPORT:

The visualised lung fields appear clear.

Both costo-phrenic angles appear clear.

Both hila appear normal.

Heart and aortic shadow appear normal.

Both domes of diaphragm are normal.

Visualised bones appear normal.

IMPRESSION:


No significant abnormality detected.

Correlate clinically.

BUN/CREATININE RATIO

Test	Result	Unit	Biological Reference Interval
BUN / Creatinine Ratio	: 10.08		10.0 - 20.0

----- End Of Report -----



Dr. M. Aamir Usmani
MBBS, DMRE
Consultant Radiologist



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Erythrocyte Sedimentation Rate (E.S.R)

Test	Result	Unit	Biological Reference Interval
E.S.R.	: 11	mm	0 - 15

By Whole Blood Modified Westergren Method

Interpretation:

ESR is elevated in infections, anaemia, vasculitis, inflammatory conditions.

ESR is decreased in Polycythemia vera, sickle cell anaemia.

ESR done on fully Automated Easyrate Analyzer.

----- End Of Report -----



Dr. Vijay Varde
M.D. D.P.B
Consultant Pathologist

Lifecare
diagnostics



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Age/Sex : 31 Yrs. / M	Organization : APOLLO HEALTH AND LIFESTYLE LIMITED	Collected On : 19/10/2024 09:11:42
LCID No : 10738902	DOB : 05/10/1993	Reported On : 19/10/2024 21:08:20
UID No : LCL58190792 191024		

Blood sugar Post Prandial

Test	Result	Unit	Biological Reference Interval
Blood sugar Post Prandial	: 102.00	mg/dl	70-140

By Hexokinase Method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : \geq 126 mg/dl

OR

2 Hr Post Glucose : \geq 200 mg/dl

OR

HbA1c \geq 6.5 %

OR

Random Blood Glucose : \geq 200 mg/dl

NOTE : Post-Lunch Blood sugar can be lower than Fasting blood sugar due to factors like Medicines, insulin response, Diet etc.

Test done of Fully Automated Siemens Analyser.

----- End Of Report -----



Dr. Rohini Gedam
D.P.B
Consultant Pathologist



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UID No : LCL58190792 191024		

Blood Group

ABO Group : "A"

Rh Factor (D) : " Positive "

Method : Forward and Reverse Agglutination

----- End Of Report -----


Dr. Vijay Varde
M.D. D.P.B
Consultant Pathologist



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Creatinine

Test	Result	Unit	Biological Reference Interval
S. Creatinine	: 1.18	mg/dl	0.70-1.30


Kinetic Alkaline Picrate (Jaffe Reaction)

Tests done on Fully Automated Siemens Analyser.

----- End Of Report -----



Lifecare
diagnostics


Dr. Vijay Varde
M.D. D.P.B
Consultant Pathologist



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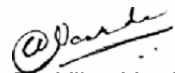
S.G.P.T

Test	Result	Unit	Biological Reference Interval
S.G.P.T.	: 24.0	U/L	16 - 63

By Enzymatic Method

Tests done on Fully Automated Analyser.

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LCID No : 10738903	DOB : 05/10/1993	Reported On : 19/10/2024 13:07:45
UID No : LCL58190792 191024		

Urine Routine Examination

Test	Result	Unit	Reference Range
<u>Physical Examination</u>			
Quantity	: 25 ml		
Colour	: Pale yellow		
Appearance	: Clear		
Specific Gravity	: 1.020		1.000 - 1.035
<small>By Ion Concentration / Color Indicator</small>			
Reaction (pH)	: 6.5		5.0 - 8.0
<small>By Color Indicator</small>			
<u>Chemical Examination</u>			
Proteins	: Absent		Absent
<small>By Sulphosalicylic acid ppt Method</small>			
Bile salts	: Absent		Absent
<small>By Diazo/ Fouchet</small>			
Bile Pigments	: Absent		Absent
<small>By Diazo/ Fouchet</small>			
Occult Blood	: Absent		Absent
<small>By Oxidation</small>			
Glucose	: Absent		Absent
<small>By Enzymatic, GOD-POD & Benedicts Test</small>			
Ketones	: Absent		Absent
<small>By Rothera method</small>			
Urobilinogen	: Normal		
<small>By Diazo/p-amino Benzaldehyde</small>			
<u>Microscopic Examination (per H.P.F.)</u>			
Epithelial Cells	: 0 - 1	/hpf	0 - 5
Leucocytes	: 0 - 2	/hpf	0 - 5
Red Blood Cells	: Absent	/hpf	Absent
Casts	: Absent		Absent
Crystals	: Absent		Absent
Comments	: -		

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M.D. D.P.B
Consultant Pathologist



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Your Apollo order has been confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>
 To: crm.lokhandwala@lifecarediagnostics.com
 Cc: rahul.rai@apolloclinic.com, pritam.padyal@apolloclinic.com, syamsunder.m@apollohl.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, apsara.bagchi@apollohl.com, dilip.b@apolloclinic.com

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **19-10-2024** at your **Life care Diagnostic and research centre PVT Ltd-Andheri West 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 Adbhutam portal as per specifications given earlier.

Customer Name	Gender	Relation	DOB/Age	Emp ID	Email ID	Mobile No	Date of Appointment	Appt Time
ARCOFEMI HEALTHCARE LIMITED	Male	Self	06-10-1993	N/A	network@mediwheel.in	8527862479	2024-10-19	08:30-AHCN 09:00 40417
ARCOFEMI MEDIWHEEL								
ARCOFEMI HEALTHCARE LIMITED								
PAN INDIA OP AGREEMENTFY2324								
Urine Routine (CUE),GLUCOSE - SERUM / PLASMA(FASTING AND POST PRANDIAL,ALT(SGPT) - Serum / Plasma,Bilirubin, Total - Serum,Creatinine - Serum / Plasma,Blood Grouping And Typing (Abo And Rh),ECG,HEMOGRAM (CBC+ESR),X-Ray Chest PA,Fitness by General Physician,Ophthal by General Physician,BUN/CREATININE RATIO								

Please login to AHCN Portal for more details.

AHCN Login Url : [Click on Link](#)

Regards,
 Team Clinic Operations
 Apollo Health and Lifestyle Ltd.,

Handwritten signature



भारत सरकार
GOVERNMENT OF INDIA

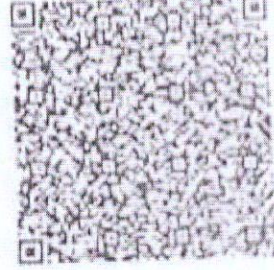


शशिकान्त राजदेव राम
Shashikant Rajdev Ram

माता : कौशलया राम
Mother : Kaushalya Ram

जन्म वर्ष / Year of Birth : 1993

पुरुष / Male



5686 4257 1409

आधार – आम आदमी का अधिकार

SMASHI

EQAS
BIORAD26
Years of Service**Lifecare**
diagnostics**MEDICAL EXAMINATION REPORT**

Name: Shashkant Ran Date: 10-10-21
 Date of Birth: 9-10-1993 Age: 31 Sex: m
 Referred by: Arjello Proof of Identification: Arjello

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
1) GENERAL APPEARANCE : Is there any abnormalities in general appearance & built up of the Examinee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds? b. Are there any abnormalities in the chest wall? b. is there any evidence/ history of abnormality or disease of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1) DETAILS OF PHYSICAL EXAMINATION : a. Height <u>162</u> cm b. Weight <u>76.1</u> kg. c. Blood Pressure : <u>120/80</u> mm Hg. d. Pulse Rate <u>74</u> /min			8) CARDIO VASCULAR SYSTEM: a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep. b. History of any peripheral vascular disorder? c. Is there any abnormality in heart sound? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d. Any history of CABG, Open Heart Surgery, Angiography PTCA, other intervention.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) WHETHER IN THE PAST THE EXAMINEE a. Has been hospitalized? (If YES, please give details) b. Was involved in any accident? c. Underwent Surgery? d. Is the examinee currently under any medication? e. Has there been any recent weight gain or weight loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9) SKIN: a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma? b. Any history of allergy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) FAMILY HISTORY: Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10) GI SYSTEM: a. Is there any evidence/histroy disease of liver, gall blader pancreas, stomach, intestines? b. is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis? c. Any history of plies or fistula? d. Any history of Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) ENT. EYE & ORAL CAVITY: a. Are there any abnormalities in oral cavity? b. Are there any tobacco stains? c. Is there any history or evidence of abnormality in eyes error of refraction etc.? d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing) e. Is there any abnormality found on examination of nose and throat? Active nose bleed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11) GU SYSTEM: Has the examinee suffered from or is suffering from Kidney/ Ureter / Bladder disease / Stones or any other urinary disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) NERVOUS SYSTEM: a. Is there any evidence/history of disease of Central or Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc? c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) MUSCULOSKELETAL SYSTEM: a. Is there any back, spine, joint muscle or bone disorder? b. Any history of bone fracture or joint replacement or gout? if yes, give details?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PLEASE TICK THE RELEVANT BOXES		Yes	No	PLEASE TICK THE RELEVANT BOXES		Yes	No
13) OTHERS				15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD eg. syphilis, gonorrhoea)			
a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?,		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Is there any enlargement of Thyroid?		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Is there any suspicion of any other Endocrine disorder?		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Is hernia present? If yes, give details.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	16) FEMALE APPLICANTS ONLY:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Are there any abnormalities in testes? If yes, give details.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Is there any history or evidence suggestive of cancer, tumor growth or cyst?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorder of the female organs?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Was the examinee treated for any psychiatric ailment? If so, give details about medication given.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. History of anxiety / stress / depression / sleep disorder.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Are you now pregnant? If yes, how many months?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
14) HABITS & ADDICTIONS							
Does the examinee consume tobacco/alcohol.drugs/narcotics in any form? If yes, please ascertain the type. quantity, duration and frequency of consumption.		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please mention details:

Q. NO.	Please provide details of all answers marked as 'yes'

Remarks on present health status : CANDIDATE IS FIT

Recommendations (if any): _____

<p>Name & Signature of Doctor</p> <p><i>Lifecare Diagnostics & Research Center Pvt. Ltd</i> <i>1st Floor, Sunshine Opp. Shastri Nagar,</i> <i>Lokhandwala Co. -plex, Andheri (W),</i> <i>Mumbai - 400053.</i></p>	<p>The above statements and answers made to the medical examiner(s) are complete and true.</p> <p><i>SHABNI</i></p> <p>Signature of Examinee</p>
---	---

Date _____ Place _____

NOTES:



Main Centre : 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala, Andheri (W), Mumbai. Tel.: 2633 2527-32
 Central Laboratory : 206, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, Andheri (W), Mumbai. Tel.: 26372527
 Versova Branch : 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road, Versova, Andheri (W), Mumbai. Tel.: 26399210
 Malad Branch : Gala No 2, Vijay Industrial Estate, Chincholi Bunder, Near Evershine Mall, Link Road, Malad West, Mumbai 400064. Tel.: 2871 4701 Tel.: 9167223834
 Worli Branch : Shop No. 2, Ground Floor, Sanghavi Evana, Ganpatrao Kadam Marg, Lower Parel (W), Mumbai - 400013. Tel.: 9167223844
 Mumbai : Versova | Lokhandwala | Goregaon | Malad | Kandivali | Dahisar | Worli | Pune : Aundh | Chinchwad | Gujrat : Vadodra
 E-mail : adm@lifecareindia.com | feedback@lifecareindia.com | Website : www.lifecareagnostics.com

NOTE : General physical examination & investigation included in the health checkup have certain limitations and may not be able to detect any latent or asymptomatic disease. Hence any new symptoms arising after the medical checkup should be notified to attending physician.



OPHTHALMIC REPORT

NAME: Mr. Shaghi Kant R. Ram.

DATE: 19/10/2024

AGE: 81 yrs / male

Distance Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	6/6	6/6	6/6
With Glasses	—	—	—

Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	NG	NG	NG
With Glasses	—	—	—

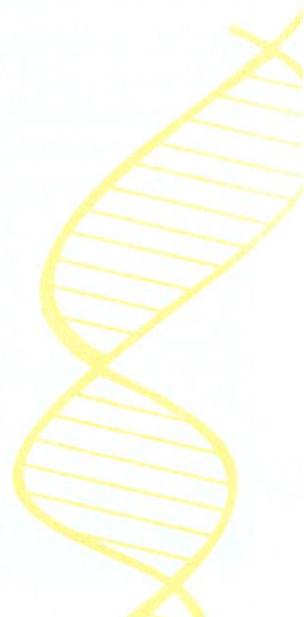
	Right Eye	Left Eye
Colour Vision	Normal	Normal
Anterior Segment	Normal	Normal
External Eye Exam	Normal	Normal
Intra ocular tension	—	—
Fundus	—	—

Advise:

Both Eyes fit

OPTOMETRIST

Lifecare Diagnostics Center Pvt. Ltd.
 1st Floor, Sunshine Chandra Nagar,
 Lokhandwala Complex, Andheri (W),
 Mumbai - 400053.





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LCID No : 10738901	DOB : 05/10/1993	Reported On : 19/10/2024 14:26:41
UID No : LCL58190792 191024		

X-RAY CHEST PA

REPORT:

The visualised lung fields appear clear.
Both costo-phrenic angles appear clear.
Both hila appear normal.
Heart and aortic shadow appear normal.
Both domes of diaphragm are normal.
Visualised bones appear normal.

IMPRESSION:

No significant abnormality detected.
Correlate clinically.

----- End Of Report -----

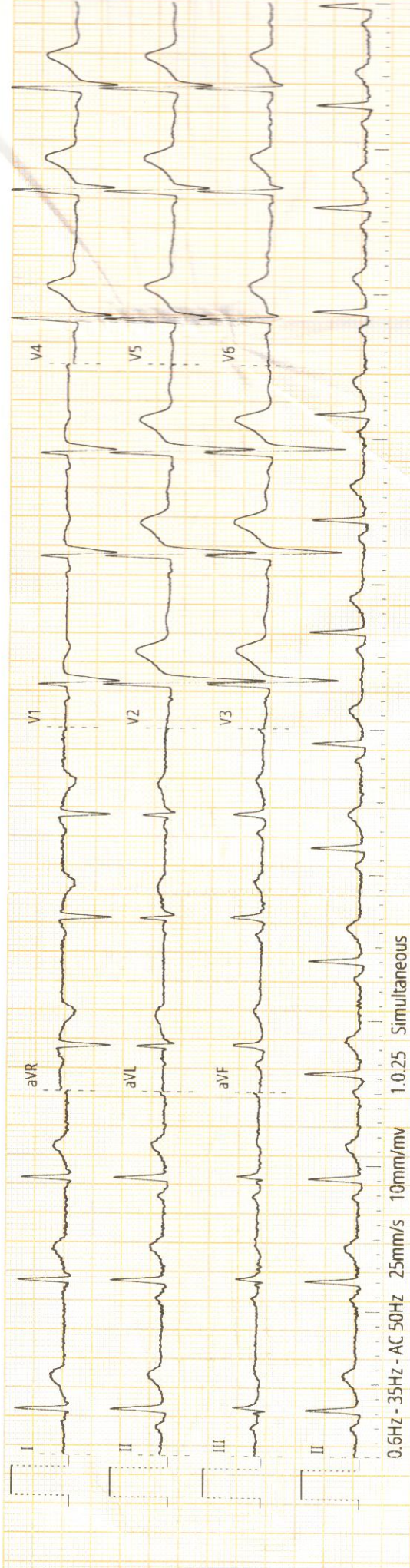


Dr. M. Aamir Usmani
MBBS, DMRE
Consultant Radiologist



ECG report

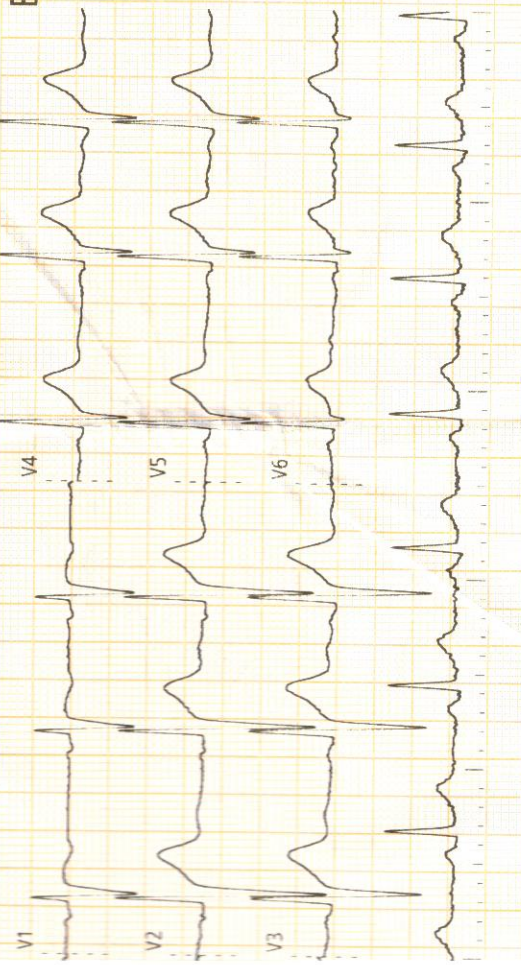
ID : 2024
Name : Mr S
Gender : M
Age : 31 Y
Dept :
Bed No :



0.6Hz - 35Hz - AC 50Hz 25mm/s 10mm/mv 1.0.25 Simultaneous

MRP IV - 20 C2

MRP



ECG report

ID : 20241019090129
Name : mr SHASHIKANT R. RAM
Gender: M
Age : 31 Years
Dept :
Bed No:

Dr. Ashwini

HR : 80 bpm
PR : 128 ms
QRS : 94 ms
QT/QTc : 368/403 ms
P/QRS/T : 67/48/35°
RV5/SV1 : 1.270/0.872 mv
RV5+SV1 : 2.142 mv

REPORT

- Sinus Rhythm

- Normal ECG

Central Laboratory
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