

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **01-06-2024** 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 AHC 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	Nilesh Subhashchandra Shah

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

MER- MEDICAL EXAMINATION REPORT

Date of Examination	01/06/2024	
NAME	Mr. Nilesh. S. Shah	
AGE	47	Gender Male
HEIGHT(cm)	180	WEIGHT (kg) 76 kg
B.P.	130/90 mmHg	
EKG	WNL	
X Ray	Normal	
Vision Checkup	Normal Colour Vision	Reading glasses
Present Ailments	NO	
Details of Past ailments (If Any)	NO	
Comments / Advice : She / He is Physically Fit	He is physically fit	

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

Signature with Stamp of Medical Examiner

**Nilesh Shah**

**From:** Mediwheel <wellness@mediwheel.in>  
**Sent:** 31 May 2024 14:57  
**To:** Nilesh Shah  
**Cc:** customercare@mediwheel.in  
**Subject:** Health Check up Booking Request(36E1324)



**Mediwheel**  
...Your wellness partner



011-41195959

Dear Nilesh Subhashchandra Shah,

We have received your booking request for the following health checkup

**User Package Name :** Annual Health Checkup Male 45 Above

**Name of Diagnostic/Hospital :** Pulse Radwave Diagnostics

**Address of Diagnostic/Hospital- :** Shop No. 2, Naya Oriental Chs Ltd, Opp. Karnataka Bank, Lic Colony, Borivali West - 400103

**Appointment Date :** 01-06-2024

**Preferred Time :**

**Member Information**

Booked Member Name	Age	Gender
Nilesh Subhashchandra Shah	47 year	Male

**Tests included in this Package**

- Urine analysis
- Blood Group
- Calcium
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Blood Glucose (Post Prandial)
- Prostate Specific Antigen (PSA Male)
- Phosphatase
- Thyroid Profile
- Vitamin B12
- Vitamin D
- Urine Sugar Fasting

*Tilak*

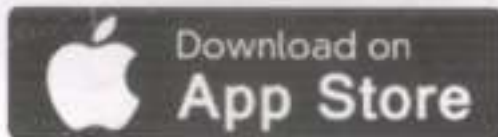
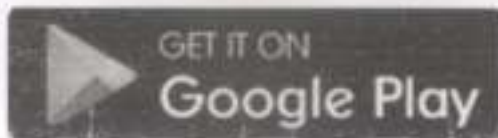
**DR. TILAK DEDHIA**  
M.B.B.S.  
REG No. 2011/07/2287

- Urine Sugar PP
- ESR
- Blood Glucose (Fasting)
- Pulmonary function test (PFT)
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Chest X-ray
- ECG
- USG Whole Abdomen
- Dietician Consultation
- Eye Check-up consultation
- Ent Consultation
- Dental Consultation
- General Physician Consultation
- Bmi-Check

Thanks,

Mediwheel Team

Please Download Mediwheel App



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**DR. TILAK DEDHIA**  
M.B.B.S.  
REG No. 011/07/2287

भारत सरकार  
GOVERNMENT OF INDIA



नितेश सुभाषचंद्र शाह  
Nitesh Subhashchandra Shah  
DOB: 25-06-1976  
Gender: Male



6280 4505 6218

अध्यापक - आम आदमी का अधिकार

*Handwritten signature*

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

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

S/O: सुभाषचंद्र विठ्ठलराव शाह,  
E/402 प्रेम सागर कॉमplex फ्लॉटिंग  
लॉन्गवर्दी, प्रेम नगर एम सी एफ उद्योग रोड, प्रेम  
नगर 4, बोरिवली पूर्व, ठाणे, महाराष्ट्र,  
400091

Address:  
S/o: Subhashchandra Vitthalrao  
Shah, E/402 Prem Sagar Cln, M C F  
Udyan Road, Prem Nagar No 4,  
Borivali Eo, Mumbai, Mumbai,  
Maharashtra, 400091



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UIDAI, B-10, Sector 10, Connaught Place, New Delhi-110028

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

**JM FINANCIAL**



**Nilesch Subhashchandra Shah**

Code : 23633 Blood Group: B+

Date of Birth : 29-Jun-76 Joining Date : 07-Mar-2

Department : Equity Broking Group

Phone No : 8775914283/022-67040404

Designation : Senior Executive - Dealer

5th Floor, Energy, Appasaheb Manjhi Marg,  
Prabhadevi, Mumbai - 400025

*[Signature]*  
Authorized Signatory

Date of issue: 08-03-2023

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

*[Signature]*

Patient : MR NILESH S SHAH

M/47 Y

1-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 4

**COMPLETE BLOOD COUNT WITH ESR**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
HAEMOGLOBIN	14.9	13.5 - 18.0	gms/dl
R.B.C. COUNT	4.98	4.50 - 6.50	millions/cumm
PCV	44.5	40.0 - 54.0	%
MCV	89.4	76.0 - 96.0	u3
MCH	29.9	27.0 - 32.0	pg
MCHC	33.5	30.0 - 35.0	%
RDW	14.8	11.5 - 14.5	%
W.B.C. COUNT	7,490	4,000-11,000	cells/cmm
<b><u>Differential Count : -</u></b>			
Neutrophils	62	45 - 70	%
Lymphocytes	29	20 - 45	%
Eosinophils	04	1 - 6	%
Monoocytes	05	1 - 10	%
Basophils	00	0 - 1	%
PLATELET COUNT	209,000	150,000 - 450,000	cells/cmm
PLATELETS ON SMEAR	Adequate		
R.B.C. MORPHOLOGY	Normocytic Normochromic		
W.B.C. MORPHOLOGY	Normal		
E.S.R (Westergren)	15	0 - 20	mm / hr

CBC done on Fully Automated Erba H560 Cell Counter.



Dr Ashwini Sangvikar

M.D. Pathology

Email Id : diagnosticradwave@gmail.com

Phone No.: +91 80974 21555 / +91 80974 21556 / +91 80974 21557 / +91 80974 21558 / +91 80974 21559

Shop No. 2 & 3, Naya Oriental Co-Op Hus. Society Ltd., Opp. Karnataka Bank, LIC Colony Road, Borivali (W), Mumbai, 400103



Patient : MR NILESH S SHAH

M/47 Y

1-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 4

**BLOOD SUGAR**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
FASTING BLOOD SUGAR	104	70-110	mg/dl
Urine Sugar	Absent		
Urine Ketones	Absent		
POST PRANDIAL BLOOD SUGAR	115	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:  $\geq 126$  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:  $\geq 200$  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

*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology



Registration No : 810824226

Patient Name : MR. NILESH SHAH

Age/Gender : 47 Years / Male

Referral : SELF

Source :

Center Name : Radwave Diagnostics LLP

Registered On : 01-Jun-2024 02:55 PM

Sample Collected On : 01-Jun-2024 03:03 PM

Sample Reported On : 01-Jun-2024 08:06 PM

Sample ID



**Glycosylated Hemoglobin - GHb**

Parameter	Value(s)	Unit	Ref Range
<b>HbA1c</b>			
HbA1C- Glycated Haemoglobin	5.9	%	Non-diabetic: <6 Excellent control: 6-7 Indicates Persistent glycemia over previous 6-8 weeks : >7
Estimated Average Glucose (eAG)	122.63	mg/dL	
Method	HPLC		

**Limitations**

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2012, for diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is 4% to 5.7%. Patients with HbA1c value between 5.7% to 6.5% are considered Pre-diabetic.
  - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
  - To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
  - Interference of Haemoglobinopathies in HbA1c estimation.
    - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    - Heterozygous state detected is corrected for HbS and HbC trait.
- Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.



Dr. Ashish Bhosle  
M.D. Pathologist

Patient : MR NILESH S SHAH

M/47 Y

1-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 4

**LIPID PROFILE**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
Total Cholesterol	198	130-200	mg/dl
Triglycerides	215	25-150	mg/dl
HDL Cholesterol	43	35-80	mg/dl
VLDL Cholesterol	43	5-30	mg/dl
LDL Cholesterol	112	80-100	mg/dl
TC/HDL Ratio	4.6	0.0-4.5	
LDL/HDL Ratio	2.6	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  $\geq$  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



*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology



Patient : MR NILESH S SHAH

M/47 Y

1-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 4

**LIVER FUNCTION TEST**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
S.G.O.T	25.5	0.0-40.0	IU/L
S.G.P.T	19.1	0.0-40.0	IU/L
Bilirubin (Total)	0.65	0.0-1.20	mg/dl
Bilirubin (Direct)	0.16	0.0-0.40	mg/dl
Bilirubin (Indirect)	0.5	0.1-1.0	mg/dl
Total Proteins	6.4	6.0-8.5	gm/dl
Albumin	3.9	3.2-5.3	gm/dl
Globulin	2.5	2.3-3.5	gm/dl
A/G Ratio	1.6	1.0-2.0	
Alkaline Phosphatase	209	50-306	U/L
GAMMA GT	30	5-55	U/L

*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology



Patient : MR NILESH S SHAH

M/47 Y

1-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 4

**RENAL FUNCTION TEST**

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>	<u>Units</u>
BUN	8.5	5.0-23.0	mg/dl
Urea	18.3	13.0-43.0	mg/dl
Creatinine	0.8	0.5-1.3	mg/dl
Total Proteins	6.4	6.0-8.5	gm/dl
Albumin	3.9	3.2-5.3	gm/dl
Globulin	2.5	2.3-3.5	gm/dl
A/G Ratio	1.6	1.0-2.0	
Calcium	9.8	8.0-11.0	mg/dl
Phosphorus	3.7	2.5-4.5	mg/dl
Uric Acid	6.7	3.5-7.2	mg/dl
Sodium	142.7	133.0-148.0	mEq/L
Potassium	4.3	3.5-5.3	mEq/L
Chloride	106.6	96.0-107.0	mEq/L

*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology



Patient : MR NILESH S SHAH

M/47 Y

1-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 4

**BLOOD GROUP**

Test

BLOOD GROUP

Value

"O" Positive.

Method: Slide & Tube Agglutination



*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology



Registration No : 03062430E

**Patient Name** : MR. NILESH SHAH  
**Age/Gender** : 47 Years / Male  
**Referral** : SELF  
**Source** :  
**Center Name** : Radwave Diagnostics LLP

**Registered On** : 01-Jun-2024 02:55 PM  
**Sample Collected On** : 01-Jun-2024 03:03 PM  
**Sample Reported On** : 01-Jun-2024 08:06 PM  
**Sample ID**



**Vitamin B12**

Parameter	Value(s)	Unit	Ref Range
Vitamin B12	173.46	pg/ml	Normal: 75 - 807 Indeterminate Range: 75 - 807 Deficiency: < 75

Method: CLIA.

**Interpretation**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. Many patients have the neurologic defects without macrocytic anemia. Serum methylmalonic acid (MMA) and homocysteine levels are also elevated in Vit B12 deficiency states.

**Limitations:**

1. The evaluation of macrocytic anemia requires measurement of both vitamin B12 and Folate levels: ideally they should be measured simultaneously.
2. Specimen collection soon after blood transfusion can falsely increase Vit B12 levels.
3. Patient taking Vit B12 supplementation may have misleading results.
4. A normal serum concentration of B12 does not rule out tissue deficiency of Vit B12. The most sensitive test at the cellular level is the assay for MMA.
5. If Clinical symptoms suggest deficiency, measurement of MMA and Homocysteine should be considered, even if serum B12 concentrations are normal.

**NOTE**

- 1) Concentration of vitamin B12 <180 pg/ml may cause megaloblastic anemia and/or peripheral neuropathies.
- 2) Vitamin B12 concentration <150 pg/ml are considered evidence of vitamin B12 deficiency.
- 3) Vitamin B12 concentrations between 150 pg/ml and 400 pg/ml are considered borderline.
- 4) Follow-up testing of vitamin B12 deficiency is recommended by measuring methylmalonic acid (MMA) / homocysteine / antibodies to intrinsic factor, if the patient is symptomatic.
- 5) Patients taking vitamin B12 supplementation may have misleading results.
- 6) Many other interfering factors affect vitamin B12 level.  
-Elevated level is observed due to Estrogens or vitamin C / Vitamin A ingestion, hepatocellular injury, uremia.  
-Decreased level is observed in low vitamin B12 diet (a strict vegetarian diet), pregnancy, smoking, hemodialysis.

Reference : Mayo clinic Interpretive Handbook, Medline plus medical encyclopedia.

END OF REPORT

This sample is processed at THE LAB PLUS , Diagnostics & Health Care, NABL Accredited



**Dr. Ashish Bhosle**  
M.D. Pathologist



Registration No : 010634206

**Patient Name** : MR. NILESH SHAH  
**Age/Gender** : 47 Years / Male  
**Referral** : SELF  
**Source** :  
**Center Name** : Radwave Diagnostics LLP

**Registered On** : 01-Jun-2024 02:55 PM  
**Sample Collected On** : 01-Jun-2024 03:03 PM  
**Sample Reported On** : 01-Jun-2024 05:45 PM  
**Sample ID**



**25 - Hydroxy Vitamin D**

Parameter	Value(s)	Unit	Ref Range
25-Hydroxy Vitamin D	19.6	ng/ml	Deficiency : < 10 Insufficiency : 20 - <30 Sufficiency : 30 - 100 Toxicity : > 100

Method: CLIA

Interpretation :

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.
- Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 months of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal(especially winter) & individual variability depending on age, body fat, sun exposure, physical activity ,genetic factors(especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism Vitamin D toxicity is known but very rare.kindly correlate clinically, repeat with fresh sample if indicated.

Associated Test Profile :

- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D and serum PTH.An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency.Thus, restoration of PTH and 25(OH) D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.
- As a holistic & scientific approach for diagnosis and optimal treatment for vitamin D deficiency, Vitamin D plus profile (25 Hydroxy(OH) Vit D and PTH) is suggested.



**Dr.Ashish Bhosle**  
M.D.Pathologist

Registration No : 010624205

**Patient Name** : MR. NILESH SHAH  
**Age/Gender** : 47 Years / Male  
**Referral** : SELF  
**Source** :  
**Center Name** : Radwave Diagnostics LLP

**Registered On** : 01-Jun-2024 02:55 PM  
**Sample Collected On** : 01-Jun-2024 03:03 PM  
**Sample Reported On** : 01-Jun-2024 05:44 PM  
**Sample ID** :



**Thyroid Function Test - TFT**

Parameter	Value(s)	Unit	Ref Range
Triiodothyronine (T3)	115.62	ng/dl	80 - 190
Thyroxine (T4)	5.58	ug/dl	4.5-14.5
TSH (Thyroid Stimulating Hormone)	2.26	uIU/mL	03 Days :- 1.10 - 17.0 70 Days :- 0.60 - 10.0 14 Months :- 0.40 - 7.00 5 Years :- 0.40 - 6.00 14 Years :- 0.30 - 5.00 Adult :- 0.35 - 5.50

Method: CLIA

**Interpretation :**

TSH results between 5 to 15 uIU/mL show considerable physiologic & seasonal variation. For differential diagnosis of primary, secondary, and tertiary hypothyroidism. Also useful in screening for hyperthyroidism. This assay allows adjustment of exogenous thyroxine dosage in hypothyroid patients and in patients on suppressive thyroxine therapy for thyroid neoplasia.

**Note:**

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6 - 10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction ( Free, T4 /Free, T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.
4. Values <0.05 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.



**Dr. Ashish Bhosle**  
M.D. Pathologist



Registration No : 010624200

**Patient Name** : MR. NILESH SHAH  
**Age/Gender** : 47 Years / Male  
**Referral** : SELF  
**Source** :  
**Center Name** : Radwave Diagnostics LLP

**Registered On** : 01-Jun-2024 02:55 PM  
**Sample Collected On** : 01-Jun-2024 03:03 PM  
**Sample Reported On** : 01-Jun-2024 05:43 PM  
**Sample ID**



**Prostate Specific Antigen - Total**

Parameter	Value(s)	Unit	Ref Range
Total PSA	0.91	ng/ml	Normal : < 4.0 Border Line: 4.01-10.0

**Interpretation :**

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

**Comment :** Please correlate with clinical condition

**Method :** Chemiluminescence immunoassay - CLIA

**Notes :** Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.



**Dr. Ashish Bhosle**  
M.D. Pathologist



Patient : MR NILESH S SHAH

M/47 Y

1-Jun-24

Ref By : Dr ARCOFEMI HEALTHCARE LTD

No : 4

Urine Routine

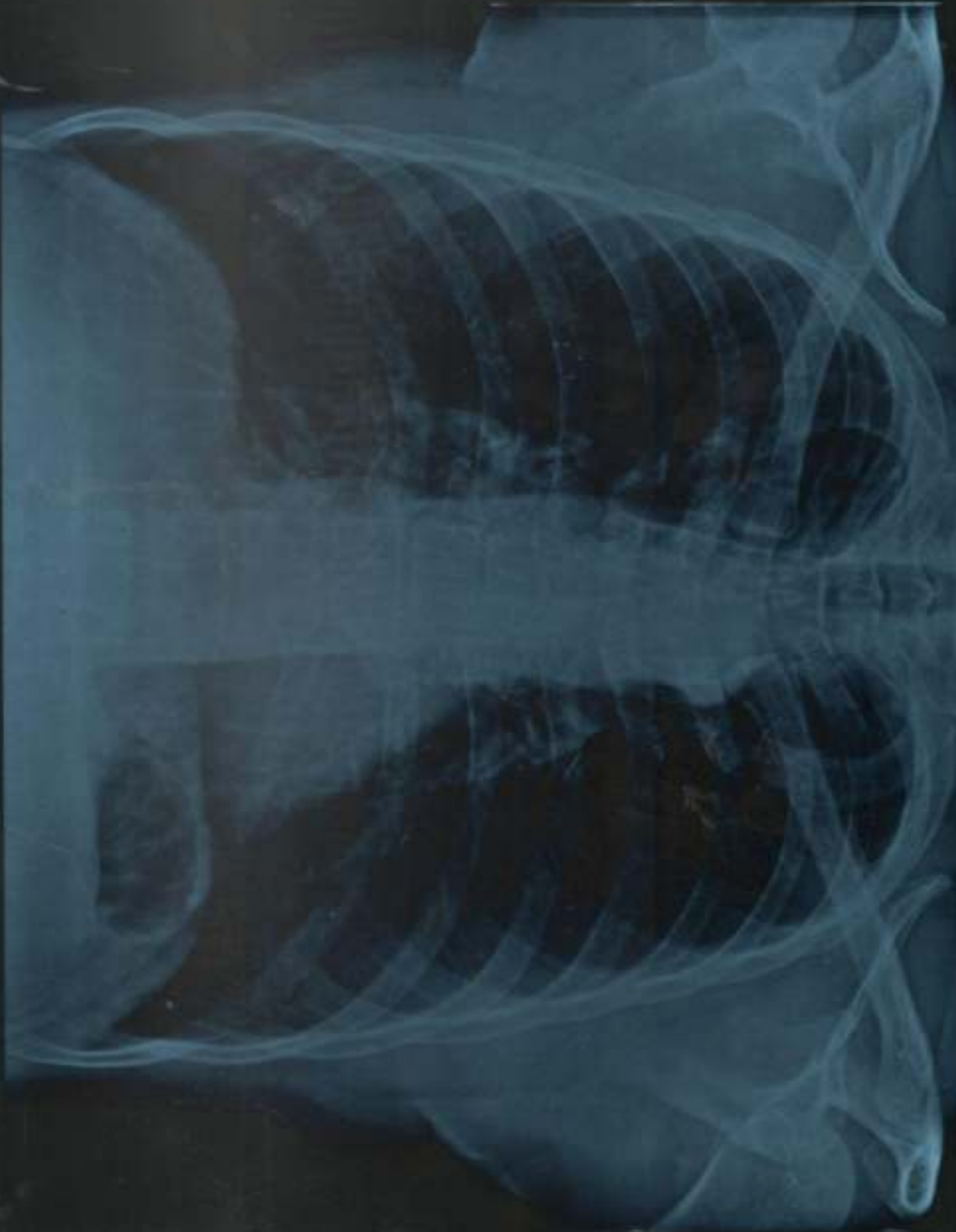
<u>Test</u>	<u>Value</u>
<u>Physical Examination:</u>	
Quantity	30 ml
Colour	Pale Yellow
Appearance	Slightly Hazy
Reaction (pH)	Acidic(6.0)
Specific Gravity	1.020
<u>Chemical Examination:</u>	
Proteins	Absent
Glucose	Absent
Ketone Bodies	Absent
Occult Blood	Absent
Bile Salts	Absent
Bile Pigments	Absent
Urobilinogen	Normal
<u>Microscopic Examination:</u>	
Pus Cells	4 - 5 / 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	---

*Ashwini Sangvikar*

Dr Ashwini Sangvikar

M.D. Pathology

R



01/06/2024 4711 MR NILESH S. SHAH 47 Y M APOLLO-ARCOTEMI HEALTH CARE LTD CHEST PA  
Pulse Diagnostic Centre (Radwave Diagnostic Pvt. Ltd), Borivali





PATIENT NAME : MR NILESH S SHAH  
AGE/ SEX : 47 YRS / MALE  
REF. CLINICIAN : APOLLO-ARCOFEMI HEALTHCARE LTD  
DATE : 01/06/2024

**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. Triak Manish Dethia  
M.B.B.S, M.D, D.N.B. (Radio-diagnosis)  
Consultant Radiologist.

**Patient Name:** Mr. Nilesh Shah **M / 47yrs**  
**Ref. by:** Apollo-Arcofemi Healthcare Ltd **Date: - 01/06/2024**

### 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 mildly enlarged in size (16.3 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It is normal in calibre.

**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 9.6 cm and is normal in size and shape. Its echotexture is homogeneous.

**KIDNEYS:**

Right kidney	Left kidney
9.3 x 3.7 cm	10.4 x 5.0 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.

Continue On Page 2

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**Patient Name:** Mr. Nilesh Shah

**M / 47yrs**

**Ref. by:** Apollo-Arcofemi Healthcare Ltd

**Date:** - 01/06/2024

**PROSTATE:** It measures about 2.2 x 1.8 x 2.6 cm; volume is 5.7 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:**

- Mild hepatomegaly.
- No other significant abnormality is seen.

Thanks for the reference.

With regards,

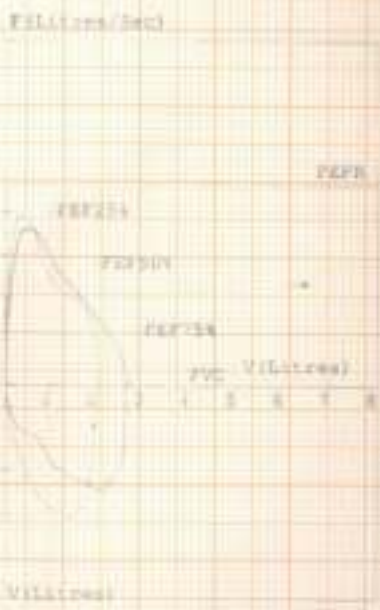
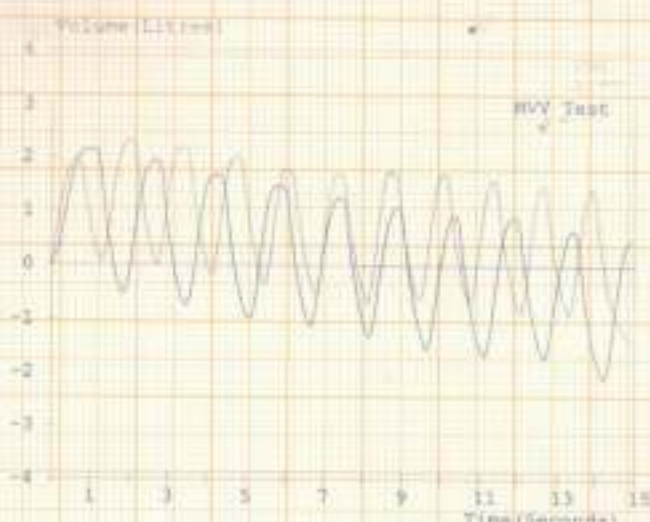
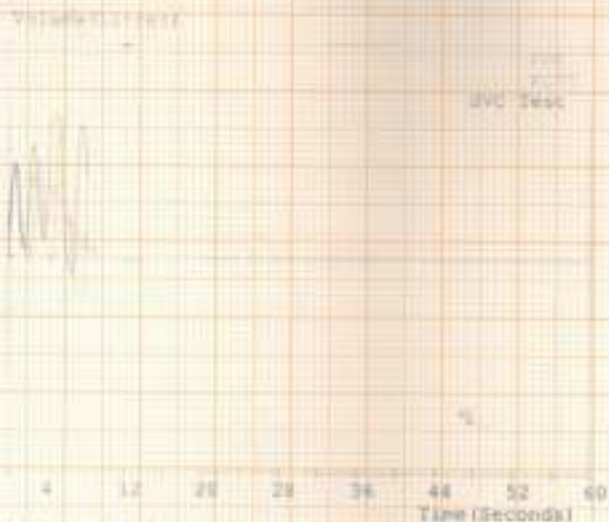
  
Dr. Tilak Dedhia  
Consultant Radiologist



# RECORDERS & MEDICARE SYSTEMS

Plot # 196, Industrial Area, Phase-1, Panchkula, Haryana INDIA - 134113

Patient: **MUMILESH SHAH** Age : **00 Yrs** Gender : **Male**  
 Refd. By: **APOLLO ARCOFEMI HEALTHCARE** Height : **180 Cms** Smoker : **Yes**  
 Pred. Eqns: **RECORDERS** Weight : **76 Kgs** Eth. Corr: **100**  
 Date : **01-Jun-2024 12:09 PM** ID : **152** Temp :



		Spirometry Results				
Parameter		Pred	M.Pre	%Pred	M.Post	%Pred
FVC	(L)	28.85	28.85	100	22.65	84.9
FEV1	(L)	22.08	22.08	100	16.44	74.5
FIF25-75	(L/s)	08.82	08.82	100	04.51	51.1
PEFR	(L/s)	09.32	09.32	100	07.17	77.1
FIVC	(L)	---	02.04	---	02.67	---
FEV.5	(L)	---	01.99	---	02.28	---
FEV2	(L)	00.74	01.98	252	02.45	331
FIFR	(L/s)	---	06.12	---	04.48	---
FEF75-85	(L/s)	---	01.68	---	02.55	---
FEF.2-1.2	(L/s)	06.92	05.85	85	06.26	90
FEF 25%	(L/s)	08.09	07.33	91	08.91	110
FEF 50%	(L/s)	05.67	04.80	85	04.72	83
FEF 75%	(L/s)	02.59	02.92	113	02.93	118
FEV.5/FVC	(%)	---	100.00	---	85.06	---
FEV1/FVC	(%)	97.38	100.00	103	100.00	103
FEF	(Sec)	---	02.44	---	01.10	---
ExpTime	(Sec)	---	02.04	---	00.05	---
lung Age	(Yrs)	047	044	98	054	110
FEV5	(L)	02.85	---	---	---	---
FIF 25%	(L/s)	---	06.04	---	04.82	---
FIF 50%	(L/s)	---	05.83	---	04.17	---
FIF 75%	(L/s)	---	02.88	---	02.37	---
SVC	(L)	---	02.07	---	02.94	---
MVV	(L)	02.39	06.49	276	00.60	24
MVV	(L)	---	00.97	---	00.99	---
VE	(L/min)	---	11.27	---	15.26	---
VE	(L/min)	---	---	---	11.78	---
VI	(L)	---	01.21	---	01.75	---
VI/VI	(L)	---	01.85	---	01.75	---
T1/Ttot	(L)	---	00.46	---	00.53	---
IC	(L)	---	07.18	---	02.34	---
MVV	(L/min)	129	105	81	87	87
RRF	(L/min)	---	34.07	---	38.06	---
RRF	(L)	---	02.10	---	02.95	---

Pre Medication Report Indicates  
 Moderate Restriction as (FEV1/FVC)\%Pred >95 and FVC\Pred <64  
 Post Medication Report Indicates  
 Mild Restriction as (FEV1/FVC)\%Pred >95 and FVC\Pred <80





# 12 LEAD ECG REPORT



**PULSE RADWAVE**  
**DIAGNOSTIC**  
UNIT OF RADWAVE DIAGNOSTIC LLP



01/06/24

Name: Mr. Nilesh S Shah 47/1 male Apollo - Arcofemi Health Care Ltd.

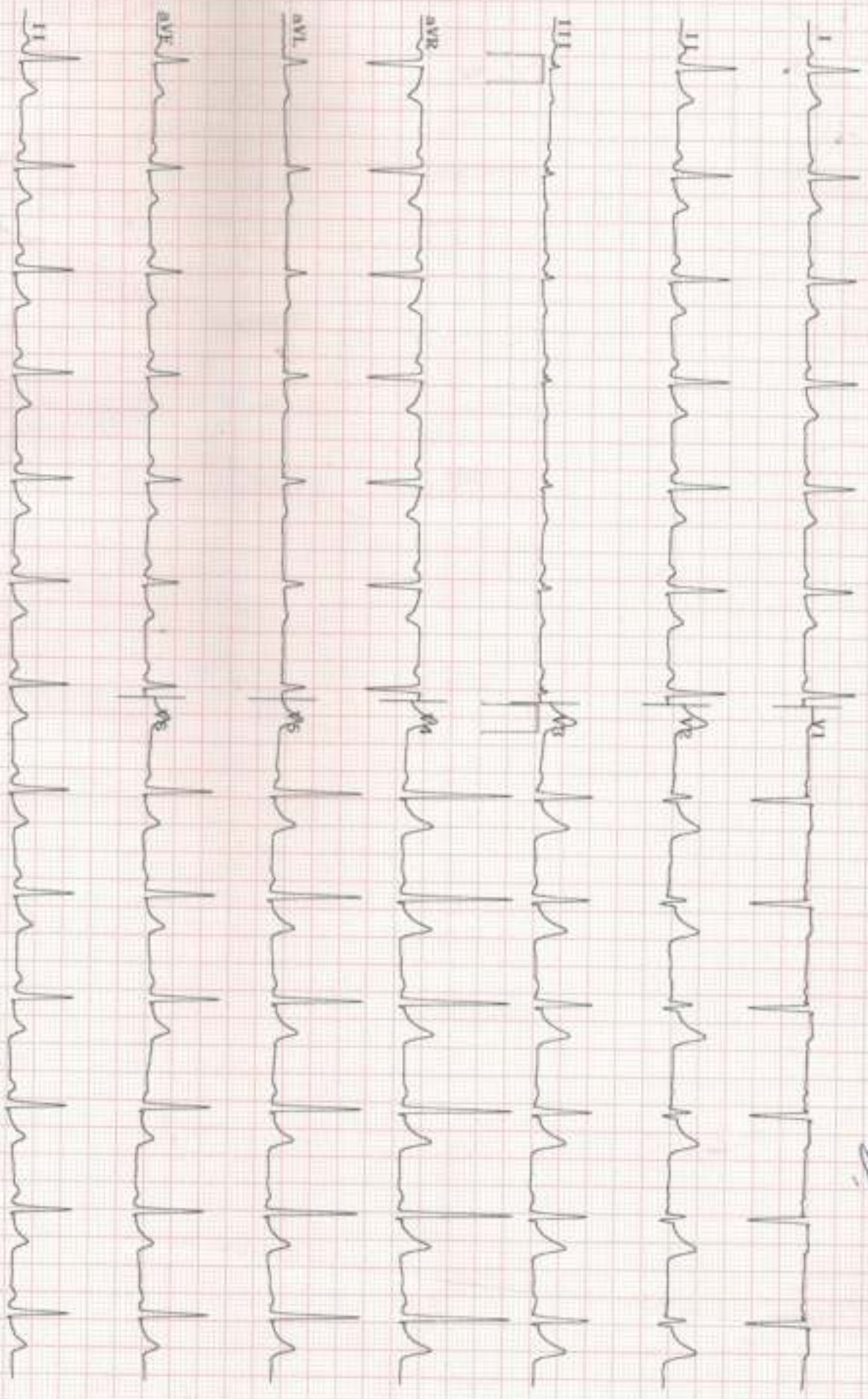
- ▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography ▶ Color Doppler ▶ ECG
- ▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
- ▶ X-Ray Special investigations ▶ Holter Monitor ▶ Sleep Study & Others.

ID :  
Name: NILESH  
Age : 47 years  
Sex : Male  
H : 0 cm / W : 0 kg

Heart Rate: 79 bpm  
PR/RR Int.: 146/759 ms  
QRS Dur: 94 ms  
QT/QTc: 356/409 ms  
P-R-T axes: 59 35 43  
SV1/RV5/R+S: 1.02/1.64/2.66mV

Prescribed by:  
\*\* Analysis Result \*\* (To be finally confirmed by physician)  
Normal Sinus Rhythm  
Normal Axis  
I Normal ECG I

*[Handwritten Signature]*



# ELECTROCARDIOGRAM

Please Photocopy ECG As Tracings Fades After Some Time

Name: Mr. Nilesh S Shahu.

Date: 01/06/24. Time: \_\_\_\_\_ Age / Sex: 47/male.

Heart Rate: \_\_\_\_\_

Rhythm: \_\_\_\_\_

Axis: \_\_\_\_\_

Voltage: \_\_\_\_\_

P Wave: \_\_\_\_\_

PR Interval: \_\_\_\_\_

Qrs Interval & Complex: \_\_\_\_\_

ST Segment: \_\_\_\_\_

T Wave: \_\_\_\_\_

QT Interval: \_\_\_\_\_

QTC: \_\_\_\_\_

Impression: WDL

Signature of Physician \_\_\_\_\_

fb  
fb