

Patient Name	: Mr.SUBHASH BASAVESHWAR KHOT	Collected	: 22/Jun/2024 10:00AM
Age/Gender	: 39 Y 0 M 21 D/M	Received	: 22/Jun/2024 02:33PM
UHID/MR No	: CPIM.0000025544	Reported	: 22/Jun/2024 03:41PM
Visit ID	: CPIMOPV162872	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: YAMAZAKI MAZAK INDIA PRIVATE LI
Emp/Auth/TPA ID	: YM1180		: MITED

DEPARTMENT OF HAEMATOLOGY

YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	44.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.31	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83.5	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	16	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,850	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	37.9	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3493.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2596.15	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	212.35	Cells/cu.mm	20-500	Calculated
MONOCYTES	520.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.35		0.78- 3.53	Calculated
PLATELET COUNT	233000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

Page 2 of 15



Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:BED240160785

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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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Consultant Pathologist

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Certificate No: MC-5697

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DEPARTMENT OF HAEMATOLOGY

YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

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Sneha Shah
Dr Sneha Shah
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Patient Name	: Mr.SUBHASH BASAVESHWAR KHOT	Collected	: 22/Jun/2024 11:06AM
Age/Gender	: 39 Y 0 M 21 D/M	Received	: 22/Jun/2024 04:11PM
UHID/MR No	: CPIM.0000025544	Reported	: 22/Jun/2024 04:48PM
Visit ID	: CPIMOPV162872	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	87	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	73	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.



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SIN No: PLP1465363

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DEPARTMENT OF BIOCHEMISTRY

YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	221	mg/dL	<200	CHO-POD
TRIGLYCERIDES	183	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	174	mg/dL	<130	Calculated
LDL CHOLESTEROL	137.86	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.71		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.23		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

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



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SIN No: SE04757273

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DEPARTMENT OF BIOCHEMISTRY

YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.61	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20.63	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	74.56	U/L	30-120	IFCC
PROTEIN, TOTAL	7.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.59	g/dL	2.0-3.5	Calculated
A/G RATIO	1.75		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.

- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1

In Alcoholic Liver Disease AST: ALT usually >2

This ratio is also seen to be increased in NAFLD, Wilson's 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.



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- 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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YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

Test Name	Result	Unit	Bio. Ref. Range	Method
UREA , SERUM	19.86	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN , SERUM	9.3	mg/dL	8.0 - 23.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE , SERUM	0.68	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic

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DEPARTMENT OF IMMUNOLOGY

YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID STIMULATING HORMONE (TSH) , SERUM	2.600	µIU/mL	0.34-5.60	CLIA

Comment:

TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies. It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	88.88	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 - 30
SUFFICIENCY	30 - 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D.

Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia,



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DEPARTMENT OF IMMUNOLOGY

YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	114	pg/mL	120-914	CLIA

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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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.

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DEPARTMENT OF CLINICAL PATHOLOGY

YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.006		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0 - 1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2371816

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





Certificate No: MC-5697

Patient Name	: Mr.SUBHASH BASAVESHWAR KHOT	Collected	: 22/Jun/2024 10:00AM
Age/Gender	: 39 Y 0 M 21 D/M	Received	: 22/Jun/2024 02:20PM
UHID/MR No	: CPIM.0000025544	Reported	: 22/Jun/2024 03:04PM
Visit ID	: CPIMOPV162872	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: YAMAZAKI MAZAK INDIA PRIVATE LI
Emp/Auth/TPA ID	: YM1180		MITED

DEPARTMENT OF CLINICAL PATHOLOGY

YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

Page 14 of 15

Sheha Shah
Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UR2371816

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





Certificate No: MC-5697

Patient Name	: Mr.SUBHASH BASAVESHWAR KHOT	Collected	: 22/Jun/2024 10:01AM
Age/Gender	: 39 Y 0 M 21 D/M	Received	: 22/Jun/2024 02:51PM
UHID/MR No	: CPIM.0000025544	Reported	: 22/Jun/2024 03:36PM
Visit ID	: CPIMOPV162872	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: YAMAZAKI MAZAK INDIA PRIVATE LI
Emp/Auth/TPA ID	: YM1180		MITED

DEPARTMENT OF CLINICAL PATHOLOGY

YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425

Test Name	Result	Unit	Bio. Ref. Range	Method
STOOL ROUTINE EXAMINATION , STOOL				
PHYSICAL EXAMINATION				
COLOUR	BROWN			Macroscopy
CONSISTENCY	SEMISOLID			Macroscopy
MUCUS	ABSENT		ABSENT	Macroscopy
CHEMICAL EXAMINATION				
pH	7.0		5-7.5	Double Indicator
MICROSCOPIC EXAMINATION				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
RED BLOOD CELLS	NIL	/hpf	Nil	Microscopy
OVA	ABSENT		ABSENT	Lugols Iodine
CYSTS	ABSENT		ABSENT	Lugols Iodine
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
VEGETABLE CELLS	PRESENT		ABSENT	Microscopy
MUSCLE FIBRES	ABSENT		ABSENT	Microscopy
STARCH GRANULES	ABSENT		ABSENT	Microscopy
FAT GLOBULES	PRESENT		ABSENT	Microscopy

***** End Of Report *****

Page 15 of 15

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No:ST367536



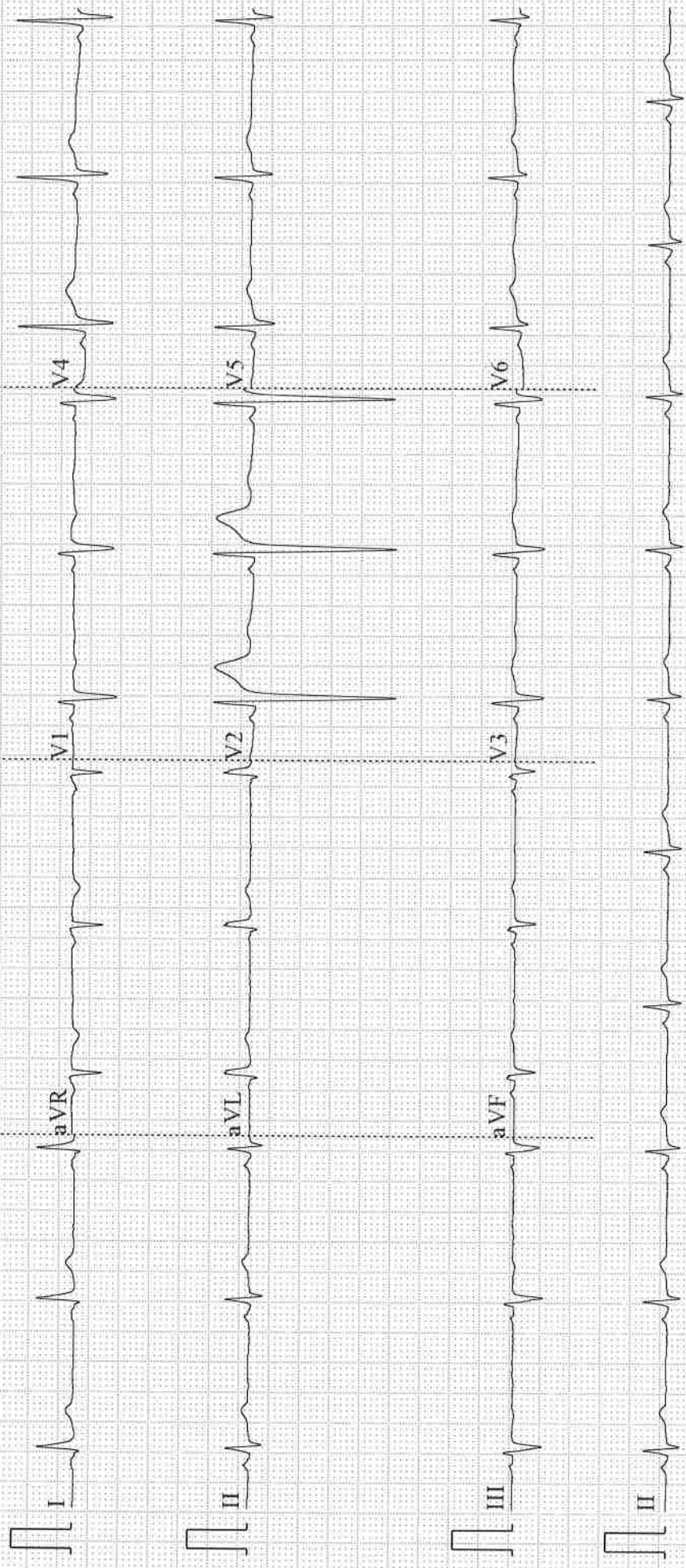
This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Diagnosis Information:
Sinus Rhythm
Short PR Interval

HR : 60 bpm
P : 93 ms
PR : 115 ms
QRS : 97 ms
QT/QTc : 375/375 ms
P/QRS/T : 44/-12/23 °
RV5/SV1 : 0.652/0.667 mV

Dr. Amita V. Pujari
MBBS
Reg. No. 2014/09/4427

Report Confirmed by:



Patient Name : Mr. SUBHASH BASAVESHWAR KHOT Age : 39 Y M
UHID : CPIM.0000025544 OP Visit No : CPIMOPV162872
Reported on : 22-06-2024 11:01 Printed on : 22-06-2024 18:40
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.

Printed on:22-06-2024 11:01

---End of the Report---



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name : Mr. SUBHASH BASAVESHWAR KHOT Age : 39 Y M
UHID : CPIM.0000025544 OP Visit No : CPIMOPV162872
Reported on : 22-06-2024 11:48 Printed on : 22-06-2024 13:58
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 normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen.

IMPRESSION:-

No significant abnormality detected.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other

Patient Name : Mr. SUBHASH BASAVESHWAR KHOT Age : 39 Y M
UHID : CPIM.0000025544 OP Visit No : CPIMOPV162872
Reported on : 22-06-2024 11:48 Printed on : 22-06-2024 13:58
Adm/Consult Doctor : Ref Doctor : SELF

investigation

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:22-06-2024 11:48

---End of the Report---



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Apollo Clinic,
Nigdi, Pune - 411044.

Date - 22-06-21

Patient Name *Sudhesh Khot*

UHID:

Age / Sex: *39/M*

EYE CHECK UP

COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N6</i>	<i>N6</i>
Anterior Segment Pupil	<i>WNL</i>	<i>WNL</i>
Color Vision	<i>Normal</i>	<i>Normal</i>
Family History/Medical History	<i>-</i>	<i>-</i>

IMPRESSION:-

B-E plano


OPTOMETRIST

16

Date : 22-06-2024

Department : GENERAL

MR NO : CPIM.0000025544

Doctor :

Name : Mr. SUBHASH BASAVESHWAR K

Registration No :

wt 62.6

Age/ Gender : 39 Y / Male

Qualification :

ht 162

Consultation Timing: 08:36

Bp 110/80

No fresh complainli.

PM - Alone.


Allergy - None.

O/E


RS-clear

PM - soft

Abd soft


Dr. Amruta V. Pujari
MBBS
Reg. No. 2014/09/4427

16

Name : Mr. SUBHASH BASAVESHWAR KHOT	Age : 39 Y	UHID :CPIM.0000025544
Address : C/O, MORE S.S.SR.NO-201, SHIVKRUPA COLONY, TRIVENINAGAR, PUNE	Sex : M	 *CPIM.0000025544*
Plan : YAMAZAKI MAZAK INDIA AHC CREDIT PAN INDIA OP AGREEMENT FY2425		OP Number :CPIMOPV162872
		Bill No :CPIM-OCR-79456
		Date : 22.06.2024 08:36

Sno	Service Type/ServiceName	Department
1	YAMAZAKI MAZAK INDIA - AHC BELOW 40Y MALE - PAN INDIA - FY2425	
1	BREAKFAST	
2	GENERAL CONSULTATION	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	COMPLETE URINE EXAMINATION	
7	THYROID STIMULATING HORMONE (TSH), SERUM	
8	PERIPHERAL SMEAR	
9	ECG	
10	CREATININE, SERUM	
11	SURGEON CERTIFICATION	
12	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
13	VITAMIN D - 25 HYDROXY (D2+D3)	
14	STOOL ROUTINE EXAMINATION	
15	BLOOD UREA NITROGEN	
16	X-RAY CHEST PA	
17	HEIGHT	
18	VITAMIN B12	
19	LIPID PROFILE	
20	WEIGHT	
21	ULTRASOUND - WHOLE ABDOMEN	

Physio

done

(F)

62.6

162

BMI - 23.8

48-65