

Patient Name : Mr.GANESH SUDAN KHEDEKAR
Age/Gender : 40 Y 0 M 11 D/M
UHID/MR No : STAR.0000066362
Visit ID : STAROPV74771
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM
Received : 13/Nov/2024 10:12AM
Reported : 13/Nov/2024 01:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

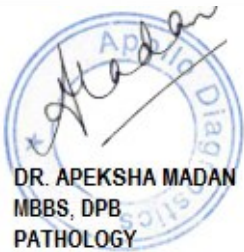
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



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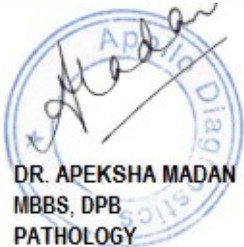
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|-------------|-------------------------|--------------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.9 | g/dL | 13-17 | CYANIDE FREE COLOUROMETER |
| PCV | 49.10 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 6.02 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 81.6 | fL | 83-101 | Calculated |
| MCH | 26.4 | pg | 27-32 | Calculated |
| MCHC | 32.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,430 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 62 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 28 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 08 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3986.6 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1800.4 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 128.6 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 514.4 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.21 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 209000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 05 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

Methodology : Microscopic

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240246820

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CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

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RBC : Normocytic normochromic

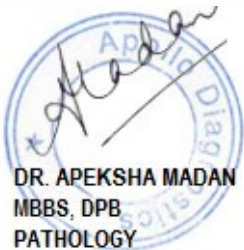
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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|----------|------|--------------------|--|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 100 | mg/dL | 70-100 | GOD - POD |

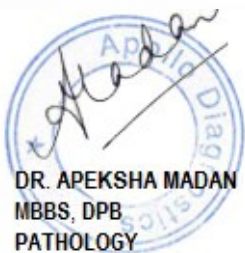
Comment:

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.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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|---|--|
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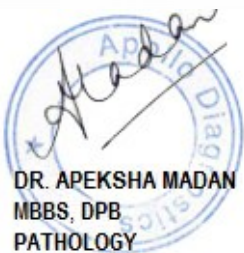
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 105 | mg/dL | 70-140 | GOD - POD |

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.

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:PI P1488128

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|------------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.8 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 120 | mg/dL | | Calculated |

Comment:

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

| REFERENCE GROUP | HBA1C % |
|------------------------|-----------|
| NON DIABETIC | <5.7 |
| PREDIABETES | 5.7 – 6.4 |
| DIABETES | ≥ 6.5 |
| DIABETICS | |
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



SIN No:EDT240094256

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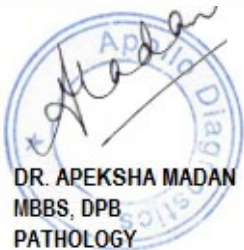
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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|-------------|-------|--------------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 130 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 190 | mg/dL | <150 | |
| HDL CHOLESTEROL | 30 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 100 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 62 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 38 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.33 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.44 | | <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 |



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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|-------------|-------|--------------------|-------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.80 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.30 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.50 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 54 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 39.0 | U/L | 8-38 | JSCC |
| AST (SGOT) / ALT (SGPT) RATIO (DERITIS) | 0.7 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 72.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.90 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.90 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.69 | | 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:

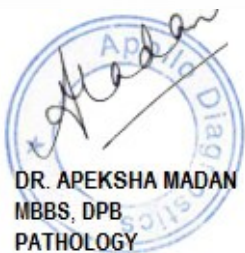
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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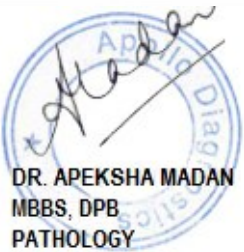
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| A/G RATIO | 1.69 | | 0.9-2.0 | Calculated |
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) | 31.00 | U/L | 16-73 | Glycylglycine Kinetic method |

Comment:

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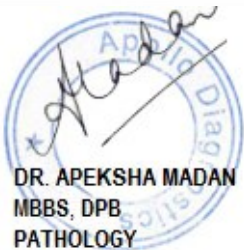
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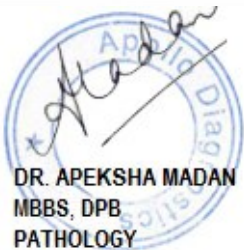
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

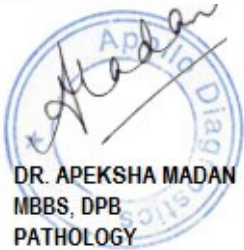


| | |
|---|--|
| Patient Name : Mr.GANESH SUDAN KHEDEKAR | Collected : 13/Nov/2024 08:31AM |
| Age/Gender : 40 Y 0 M 11 D/M | Received : 13/Nov/2024 10:09AM |
| UHID/MR No : STAR.0000066362 | Reported : 13/Nov/2024 11:46AM |
| Visit ID : STAROPV74771 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 23319 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|--------|--------------------|-------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.90 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 24.20 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 11.3 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.60 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.20 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.40 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 143 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.2 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 104 | mmol/L | 98-107 | Direct ISE |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.90 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.90 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.69 | | 0.9-2.0 | Calculated |



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04844483

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

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DEPARTMENT OF BIOCHEMISTRY

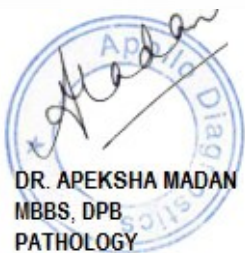
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------------|--------|------|--------------------|--------|
| ALKALINE PHOSPHATASE , <i>SERUM</i> | 72.00 | U/L | 32-111 | IFCC |

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------|--------|-------|--------------------|--------|
| CALCIUM , <i>SERUM</i> | 9.20 | mg/dL | 8.4-10.2 | CPC |

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

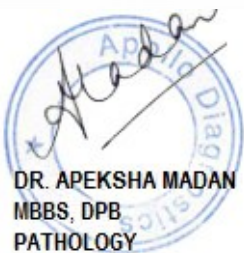
| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.7 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 8.16 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 1.220 | µIU/mL | 0.25-5.0 | ELFA |

Comment:

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 – 3.0 |
| Third trimester | 0.3 – 3.0 |

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |



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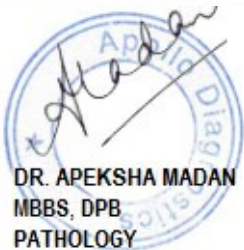
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|-----------------|----------------------------|--------------|-------------------------------|
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| | | | | |
|-------|------|------|------|--|
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|--------|
| VITAMIN D (25 - OH VITAMIN D) , SERUM | 16.4 | ng/mL | | ELFA |

Comment:

BIOLOGICAL REFERENCE RANGES

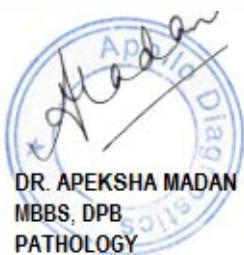
| VITAMIN D STATUS | VITAMIN D 25 HYDROXY (ng/mL) |
|------------------|------------------------------|
| DEFICIENCY | <10 |
| INSUFFICIENCY | 10 – 30 |
| SUFFICIENCY | 30 – 100 |
| TOXICITY | >100 |

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.



| | |
|---|--|
| Patient Name : Mr.GANESH SUDAN KHEDEKAR | Collected : 13/Nov/2024 08:31AM |
| Age/Gender : 40 Y 0 M 11 D/M | Received : 13/Nov/2024 02:33PM |
| UHID/MR No : STAR.0000066362 | Reported : 13/Nov/2024 03:34PM |
| Visit ID : STAROPV74771 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------|--------|-------|--------------------|--------|
| VITAMIN B12 , SERUM | 150 | 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 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.



Dr.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist

SIN No:IM08608227

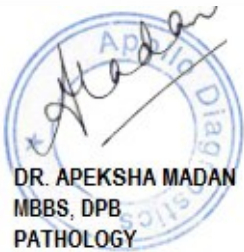


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DEPARTMENT OF IMMUNOLOGY

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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.460 | ng/mL | 0-4 | ELFA |



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324


| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|-------------|------|--------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Physical Measurement |
| pH | 6.0 | | 5-7.5 | Double Indicator |
| SP. GRAVITY | 1.030 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | Protein Error Of Indicator |
| GLUCOSE | NEGATIVE | | NEGATIVE | Glucose Oxidase |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | Azo Coupling Reaction |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | Sodium Nitro Prusside |
| UROBILINOGEN | NEGATIVE | | NORMAL | Modified Ehrlich Reaction |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Leucocyte Esterase |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 0-1 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 0-1 | /hpf | <10 | Microscopy |
| RBC | ABSENT | /hpf | 0-2 | Microscopy |
| CASTS | NIL | | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | ABSENT | | ABSENT | Microscopy |

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 20 of 21



DR. APEKSHA MADAN
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PATHOLOGY



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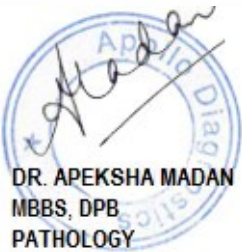
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324



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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.


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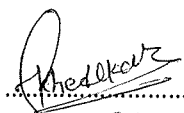
CONSENT FORM

Client Name: Mr. Ganesh Khedekar Age: 40 yrs / Male
UHID Number: STAR 66362 Company Name:

I Mr/Mrs/Ms Ganesh Khedekar Employee of
(Company) Want to inform you that I am not interested in getting ENT Consultation

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 16/11/2024



JM FINANCIAL



Ganesh Khedekar

EMP Code : 23319 Blood Group : O+

Date of Birth : 02-11-1984 Joining Date : 01-07-2021

Department : Operations - Branch

Emerg No : 9892740245/91 2261363400

Designation : Senior Executive

2.3.4 Kamanwala Chambers, Sir P. M. Road,
Fort, Mumbai - 400 001

Date of issue: 30-06-2023


Authorised Signatory



भारत सरकार

GOVERNMENT OF INDIA



आधार



गणेश सुदाम खेडेकर

Ganesh Sudam Khedekar

जन्म तिथि/DOB: 02/11/1984

पुरुष/ MALE

Mobile No: 9892925814

3700 0944 3194

मेरा आधार, मेरी पहचान

Customer Care

From: noreply@apolloclinics.info
Sent: 11 November 2024 16:18
To: Ganesh.Khedekar@jmfl.com
Cc: cc.tardeo@apollospectra.com; syamsunder.m@apollohl.com
Subject: Your appointment is confirmed



Dear Ganesh S Khedekar,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-11-13** at **08:00-08:15**.

| | |
|----------------|--|
| Payment Mode | |
| Corporate Name | ARCOFEMI HEALTHCARE LIMITED |
| Agreement Name | [ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT] |
| Package Name | [ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324] |

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: FAMOUS CINE LABS,156, PT.M.M.MALVIYA RAOD,TARDEO,MUMBAI,400034 .

Contact No: 022 - 4332 4500.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

Apollo Spectra Hospitals
156, Famous Cine Labs, Behind
Everest Building, Tardeo,
Mumbai, Maharashtra 400034
Ph. No.: 022 4332 4500
E:doctorrinal@gmail.com


Apollo Spectra[®]
HOSPITALS
Specialists in Surgery

Patient Name: Mr. Ganesh Jagan Kholeker Age: 40/M

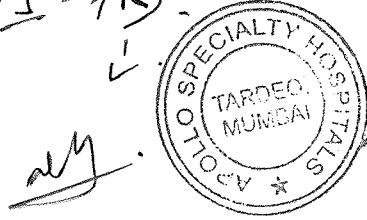
Address: _____ Date: 13/11/24

Rx

① OPG

② Clonyl

③ Extraction - (5-7K)



Signature
Dr. Rinal Modi B.D.S (Mumbai)
Dental Surgeon
Reg. No. : A -28591
M: 87792 56365 / 98922 90876
E:doctorrinal@gmail.com

OUT- PATIENT RECORD

Date : 13/11/2024
 MRNO : 66362
 Name : MR. Ganesh Jhadelkar
 Age/Gender : 40 yrs / Male
 Mobile No :
 Passport No :
 Aadhar number :

| | | | |
|-----------------|-----------------|----------------|----------------------|
| Pulse : 94 /m's | B.P. : 150/100 | Resp : 18 /m's | Temp : (N) |
| Weight : 84.6 | Height : 171 cm | BMI : 28.9 | Waist Circum : 85 cm |

MENUS - (1)

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

STP ASD closure 2011.
 Married, Nonvegetarian
 sleep. (N) No Allergy.
 No addictions
 (1) Hypertension 2018 reversed fully.
 HT since 2011. T. Statins (Atorvastatin).
 PH: Paderin : JET/PM
 Meds: JET.
 TG 190. FFBK 5.8. vit D 16.4.
 1) Avoid oil/ghee/smeets/Sugar
 2) morning walk 45 min daily
 3) Repeat lipids/sugar after 2 months
 4) T. Solios D₃ 600 once a week x 2 months
 Physically fit.

Physician & Cardiacologist
 Reg. No. 56942

Doctor Signature


Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
 Follow up date: Ph No: 022- 4332 4500 | www.apollospectra.com

EYE REPORT

Name: Ganesh Khedekar

Date: 13/11/24

Age / Sex: 40/M

Ref No.:

Complaint: Watery & burning senⁿ in both eyes when a/w headaches.

Examination

(OU) Mild mark ↓ in TFH.
— Papillae, severe cong + —
K. clear

Vm X 6/6 N/6
(Plane)

Spectacle Rx

(OU) 0.7:1
IR = SR

Q.D

RT ⊕

Clear lens

| | Right Eye | | | | Vision | Sphere | Cyl. | Axis |
|----------|-----------|--------|------|------|--------|--------|------|------|
| | Vision | Sphere | Cyl. | Axis | | | | |
| Distance | | | | | | | | |
| Read | | | | | | | | |

FR+

Remarks:

Medications:

| Trade Name | Frequency | Duration |
|---------------------|---------------|---------------|
| Floace eye drops | 4 times a day | weekly follow |
| Gubimoist eye drops | 4 times a day | |

Follow up:



Consultant:

ID 0 *Ganesh Khandelwal* | Height 171cm | Date 13.11.2024 | APOLLO SPECTRA HOSPITAL
 Age 40 | Gender Male | Time 10:26:42

Body Composition

| | Under | Normal | Over | UNIT% | Normal Range |
|--|---|--------|-----------------------------|-------|-----------------------|
| Weight | 40 55 70 85 100 115 130 145 160 175 190 205 | | | | 54.7 ~ 74.0 |
| Muscle Mass Skeletal Muscle Mass | 60 70 80 90 100 110 120 130 140 150 160 170 | | | | 27.4 ~ 33.5 |
| Body Fat Mass | 20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520 | | | | 7.7 ~ 15.4 |
| TBW Total Body Water | 41.3 kg (36.2 ~ 44.2) | | FFM Fat Free Mass | | 56.3 kg (47.0 ~ 58.5) |
| Protein | 11.2 kg (9.7 ~ 11.8) | | Mineral* | | 3.83 kg (3.35 ~ 4.09) |

* Mineral is estimated.

Segmental Lean

| | Lean Mass Evaluation |
|----------------------------------|----------------------|
| 3.5kg Normal | 3.4kg Normal |
| Trunk 27.0kg Normal | |
| 8.5kg Normal | 8.4kg Normal |

Obesity Diagnosis

| | Units | Normal Range |
|--|-------|--------------|
| BMI Body Mass Index (kg/m ²) | 28.9 | 18.5 ~ 25.0 |
| PBF Percent Body Fat (%) | 33.4 | 10.0 ~ 20.0 |
| WHR Waist-Hip Ratio | 1.05 | 0.80 ~ 0.90 |
| BMR Basal Metabolic Rate (kcal) | 1587 | 1768 ~ 2079 |

Nutritional Evaluation

| | | |
|---------|--|--|
| Protein | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Deficient |
| Mineral | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Deficient |
| Fat | <input type="checkbox"/> Normal | <input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive |

Weight Management

| | | | |
|--------|--|--------------------------------|--|
| Weight | <input type="checkbox"/> Normal | <input type="checkbox"/> Under | <input checked="" type="checkbox"/> Over |
| SMM | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Under | <input type="checkbox"/> Strong |
| Fat | <input type="checkbox"/> Normal | <input type="checkbox"/> Under | <input checked="" type="checkbox"/> Over |

Obesity Diagnosis

| | | | | |
|-----|---------------------------------|--------------------------------|--|---|
| BMI | <input type="checkbox"/> Normal | <input type="checkbox"/> Under | <input checked="" type="checkbox"/> Over | <input type="checkbox"/> Extremely Over |
| PBF | <input type="checkbox"/> Normal | <input type="checkbox"/> Under | <input checked="" type="checkbox"/> Over | |
| WHR | <input type="checkbox"/> Normal | <input type="checkbox"/> Under | <input checked="" type="checkbox"/> Over | |

Segmental Fat

| | PBF Fat Mass Evaluation |
|-----------------------|-------------------------|
| 35.2% | 36.2% |
| 2.0kg Over | 2.0kg Over |
| Trunk 35.5% | |
| 15.7kg Over | |
| 28.4% | 28.7% |
| 3.6kg Over | 3.6kg Over |

* Segmental Fat is estimated.

Muscle-Fat Control

| | | | | | |
|----------------|--------|-------------|-----------|---------------|----|
| Muscle Control | 0.0 kg | Fat Control | - 18.3 kg | Fitness Score | 63 |
|----------------|--------|-------------|-----------|---------------|----|

Impedance

| Z | RA | LA | TR | RL | LL |
|--------|-------|-------|------|-------|-------|
| 20kHz | 296.3 | 289.2 | 25.2 | 274.8 | 261.8 |
| 100kHz | 265.5 | 259.3 | 21.7 | 243.6 | 231.4 |

* Use your results as reference when consulting with your physician or fitness trainer.

Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

| Energy expenditure of each activity (base weight: 84.6 kg / Duration: 30 min. / unit: kcal) | | | | | | | |
|---|---------------------------|---------------------|-------------------|-------------------|----------------------------------|--|--|
| Walking | Jogging | Bicycle | Swim | Mountain Climbing | Aerobic | | |
| 169 | 296 | 254 | 296 | 276 | 296 | | |
| Table tennis | Tennis | Football | Oriental Fencing | Gate ball | Badminton | | |
| 191 | 254 | 296 | 423 | 161 | 191 | | |
| Racket ball | Tae-kwon-do | Squash | Basketball | Rope jumping | Golf | | |
| 423 | 423 | 423 | 254 | 296 | 149 | | |
| Push-ups | Sit-ups | Weight training | Dumbbell exercise | Elastic band | Squats | | |
| development of upper body | abdominal muscle training | backache prevention | muscle strength | muscle strength | maintenance of lower body muscle | | |

• How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

• Recommended calorie intake per day

1600 kcal

* Calculation for expected total weight loss for 4 weeks: **Total energy expenditure (kcal/week) X 4weeks ÷ 7700**

GANESH

Male

40Years

Rate: 95 . Sinus rhythm
 . ST elev, probable normal early repol pattern
 . Baseline wander in lead(s) III V2 V5 V6

PR 184
 QRSD 92
 QT 318
 QTcB 401

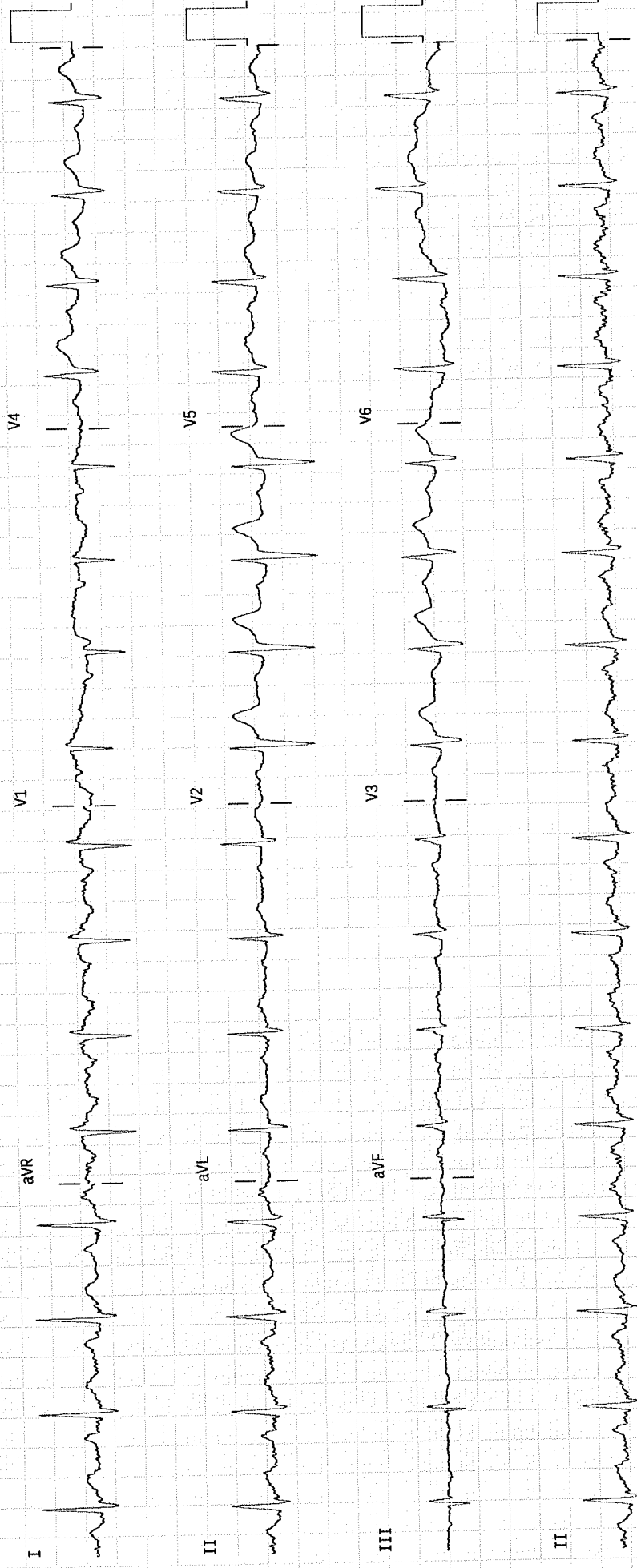
--AXIS--
 P 34
 QRS 41
 T 26

12 Leads; Standard Placement



Diagnosed lead III

Dr. (Mrs.) CHHAYA P. VAJA
 M.D. (MUM)
 Physician & Cardiologist
 Reg. No. 56942



Device: Speed: 25mm/sec
 Limb: 10.0mm/mv
 Chest: 10.00mm/mv
 F 50- 0.50-40 HZ W
 110C CL P?

PULMONARY FUNCTION TEST

Patient Information

FVL (ex/in)

| | | | |
|--------------|------------------|-----------|----------------------|
| Name | Khedekar, Ganesh | Asthma | -- |
| ID | 66362 | Smoker | -- |
| Age | 40 (02-11-1984) | Test Type | FVL (ex/in) |
| Height | 171 cm | Test Date | 13-11-2024 11:12:55 |
| Weight | 84 kg | Post Time | |
| Sex at Birth | Male | Predicted | Knudson, 1983 * 0.90 |
| Ethnicity | Asian | Physician | |
| BMI | 28.7 | | |

Test Result

| Parameter | Pred | LLN | Pre | |
|-----------------------|------|------|-------------------|-------|
| | | | Best | %Pred |
| FVC [L] | 4.01 | 2.94 | 3.48 | 87 |
| FEV1 [L] | 3.32 | 2.56 | 2.97 | 89 |
| FEV1/FVC [%] | 82.4 | 71.6 | 85.3 | 104 |
| FEF25-75 [L/s] | 3.93 | 1.58 | 3.38 | 86 |
| PEF [L/s] | 8.68 | - | 9.97 | 115 |
| FET [s] | - | - | 5.5 | - |
| FIVC [L] | 4.01 | 2.94 | 3.67 | 92 |
| PIF [L/s] | - | - | 6.66 | - |
| System Interpretation | Pre | | Normal Spirometry | |

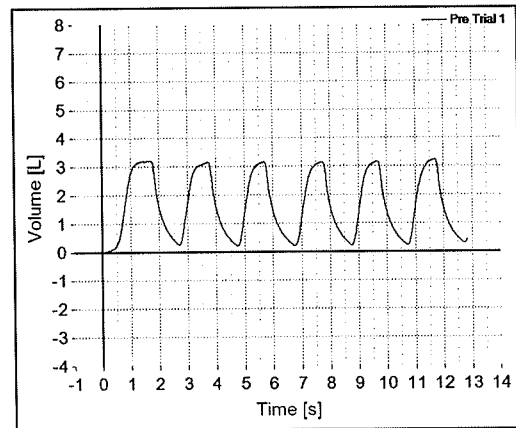
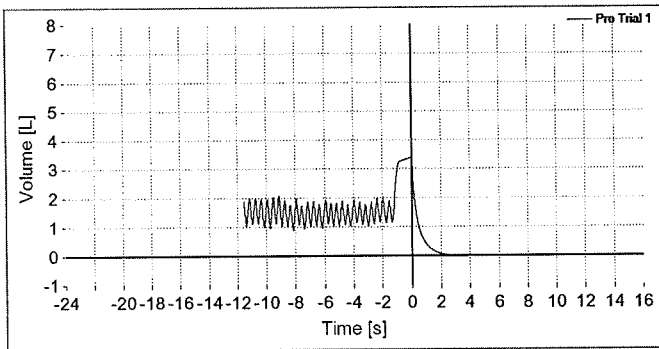
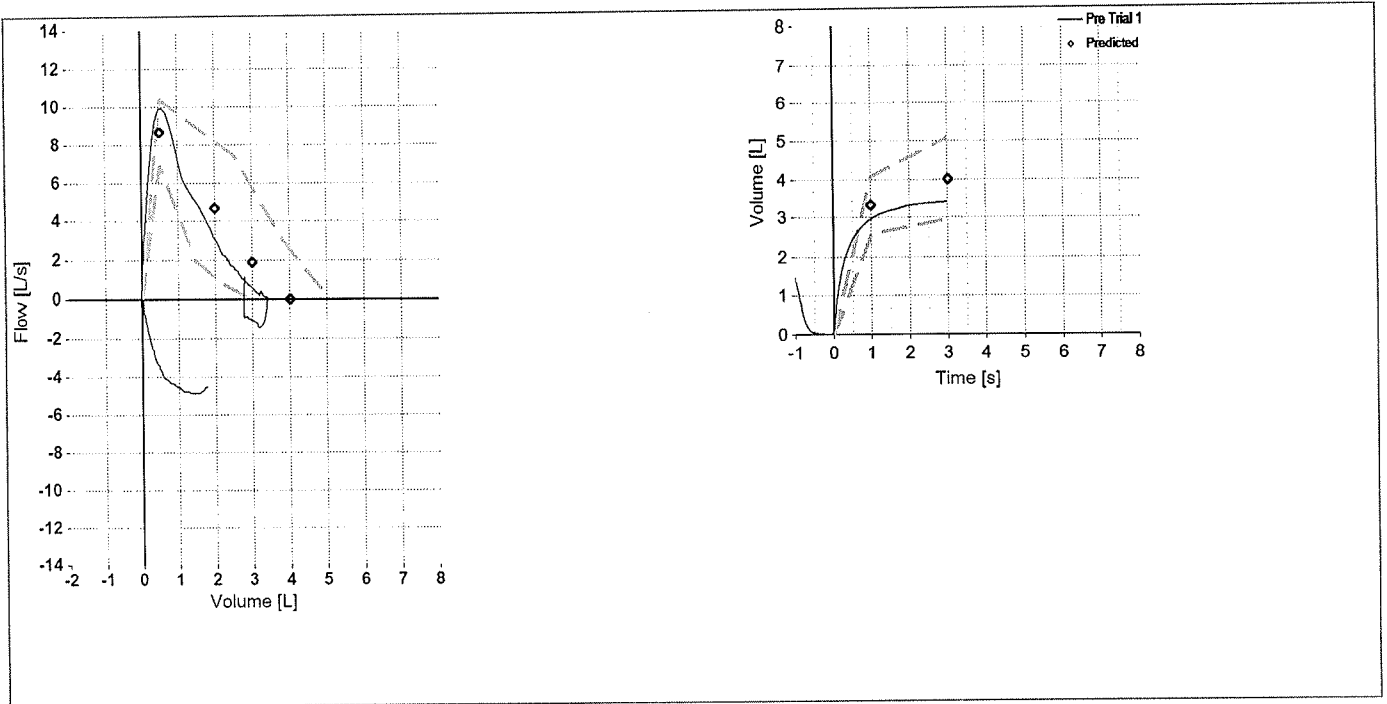
| Parameter | Pred | LLN | Pre | |
|------------|------|------|--------------|-------|
| | | | Best | %Pred |
| VC [L] | 4.01 | 2.94 | 3.38 | 84 |
| VCex [L] | 4.01 | 2.94 | 3.38 | 84 |
| VCin [L] | 4.01 | 2.94 | - | - |
| IRV [L] | - | - | 1.41 | - |
| IC [L] | 3.20 | 2.29 | 2.32 | 72 |
| VT [L] | - | - | 0.92 | - |
| Rf [1/min] | - | - | 148.1 | - |

Caution: Poor session quality. Interpret with care.

| Parameter | Pred | LLN | Pre | |
|--------------|-------|-----|-------------|-------|
| | | | Best | %Pred |
| MVV [L/min] | 119.9 | - | 82.8 | 69 |
| MVV time [s] | - | - | 12.7 | - |
| MVV6 [L/min] | - | - | 78.2 | - |
| VT [L] | - | - | 2.93 | - |
| Rf [1/min] | - | - | 23.5 | - |

Caution: Poor session quality. Interpret with care.

PULMONARY FUNCTION TEST



Remark:

Normal Repeat

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apolloh.com

| | | | |
|--------------------|-----------------------------|-------------|--------------------|
| Patient Name | : Mr. GANESH SUDAN KHEDEKAR | Age | : 40 Y M |
| UHID | : STAR.0000066362 | OP Visit No | : STAROPV74771 |
| Reported on | : 13-11-2024 11:09 | Printed on | : 13-11-2024 11:12 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:13-11-2024 11:09

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mr. Ganesh Khedekar
Age : 40 Year(s)

Date : 13/11/2024
Sex : Male
Visit Type : OPD

ECHO Cardiography

Comments: S/P ASD closure.

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
No diastolic dysfunction.
Normal RV systolic function.
No intracardiac clots / vegetation/ pericardial effusion.
No evidence of pulmonary hypertension.PASP=30mmHg.
IVC 12 mm collapsing with respiration.

Final Impression:

ASD PATCH IN SITU WITH NO LEAK.




DR.CHHAYA P.VAJA. M. D.(MUM)
NONINVASIVE CARDIOLOGIST

Name : Mr. Ganesh Khedekar
Age : 40 Year(s)

Date : 13/11/2024
Sex : Male
Visit Type : OPD

Dimension:

| | |
|----------|--------------|
| EF Slope | 100mm/sec |
| EPSS | 04mm |
| LA | 34mm |
| AO | 23mm |
| LVID (d) | 45mm |
| LVID(s) | 22mm |
| IVS (d) | 11mm |
| LVPW (d) | 11mm |
| LVEF | 60% (visual) |


DR. CHHAYA P. VAJA. M. D. (MUM)
NONINVASIVE CARDIOLOGIST

Patient Name : MR. GANESH KHEDEKAR
Ref. By : HEALTH CHECK UP

Date : 13-11-2024
Age : 40 years

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 11.0 x 5.7 cms and the **LEFT KIDNEY** measures 11.2 x 5.6 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.


The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 2.9 x 2.7 x 2.5 cms and weighs 10.7 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY BLADDER : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.

Report with compliments.


DR. VINOD V. SHETTY
MD, D.M.R.D.
CONSULTANT SONOLOGIST.



TOUCHPATIENT-Names : Mr.GANESH SUDAN KHEDEKAR
Age/Gender : 40 Y 0 M 11 D/M
UHID/MR No : STAR.0000066362
Visit ID : STAROPV74771
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 23319



Collected : 13/Nov/2024 08:31AM
Received : 13/Nov/2024 10:12AM
Reported : 13/Nov/2024 01:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 1 of 21



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240246820

Patient Name : Mr.GANESH SUDAN KHEDEKAR
 Age/Gender : 40 Y 0 M 11 D/M
 UHID/MR No : STAR.0000066362
 Visit ID : STAROPV74771
 Ref Doctor : Dr.SELF
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DEPARTMENT OF HAEMATOLOGY


ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------------------------|--------------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.9 | g/dL | 13-17 | CYANIDE FREE COLOURIMETER |
| PCV | 49.10 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 6.02 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 81.6 | fL | 83-101 | Calculated |
| MCH | 26.4 | pg | 27-32 | Calculated |
| MCHC | 32.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,430 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 62 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 28 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 08 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3986.6 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1800.4 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 128.6 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 514.4 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.21 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 209000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 05 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

Methodology : Microscopic

Page 2 of 21




 DR. APEKSHA MADAN
 MBBS, DPG
 PATHOLOGY

SIN No:BED240246820

Age/Gender : 40 Y 0 M 11 D/M
UHID/MR No : STAR.0000066362
Visit ID : STAROPV74771
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen


Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically




DR. APEKSHA MADAN
MBBS. DPB
PATHOLOGY

SIN No:BED240246820



TOUCH Patient Names : Mr.GANESH SUDAN KHEDEKAR
 Age/Gender : 40 Y 0 M 11 D/M
 UHID/MR No : STAR.0000066362
 Visit ID : STAROPV74771
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 23319



Collected : 13/Nov/2024 08:31AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|----------|------|--------------------|--|
| BLOOD GROUP ABO AND RH FACTOR , <i>WHOLE BLOOD EDTA</i> | | | | |
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:BED240246820

Patient Name : Mr.GANESH SUDAN KHEDEKAR
 Age/Gender : 40 Y 0 M 11 D/M
 UHID/MR No : STAR.0000066362
 Visit ID : STAROPV74771
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM
 Received : 13/Nov/2024 10:20AM
 Reported : 13/Nov/2024 01:22PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 100 | mg/dL | 70-100 | GOD - POD |

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:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.




 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:PLJF02211439



TOUCHING LIVES

Patient Name : Mr.GANESH SUDAN KHEDEKAR
 Age/Gender : 40 Y 0 M 11 D/M
 UHID/MR No : STAR.0000066362
 Visit ID : STAROPV74771
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 23319



Expertise. Empowering you.

Collected : 13/Nov/2024 11:19AM
 Received : 13/Nov/2024 12:53PM
 Reported : 13/Nov/2024 01:01PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 105 | mg/dL | 70-140 | GOD - POD |

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.

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:PLP1488128



TOUCH PATIENT NAMES : Mr.GANESH SUDAN KHEDEKAR
 Age/Gender : 40 Y 0 M 11 D/M
 UHID/MR No : STAR.0000066362
 Visit ID : STAROPV74771
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 23319

Collected : 13/Nov/2024 08:31AM
 Received : 13/Nov/2024 02:33PM
 Reported : 13/Nov/2024 03:29PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.8 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 120 | mg/dL | | Calculated |

Comment:

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

| REFERENCE GROUP | HBA1C % |
|------------------------|-----------|
| NON DIABETIC | <5.7 |
| PREDIABETES | 5.7 – 6.4 |
| DIABETES | ≥ 6.5 |
| DIABETICS | |
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. Sandip Kumar Banerjee
 M.B.B.S, M.D (PATHOLOGY), D.P.B
 Consultant Pathologist

SIN No: EDT240094256



Patient Name : Mr.GANESH SUDAN KHEDEKAR
 Age/Gender : 40 Y 0 M 11 D/M
 UHID/MR No : STAR.0000066362
 Visit ID : STAROPV74771
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 23319

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324


| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|--------|-------|--------------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 130 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 190 | mg/dL | <150 | |
| HDL CHOLESTEROL | 30 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 100 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 62 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 38 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.33 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.44 | | <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 |




 DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:SI04844483

TOUCH Patient Name : Mr.GANESH SUDAN KHEDEKAR
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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|-------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.80 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.30 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.50 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 54 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 39.0 | U/L | 8-38 | JSCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 0.7 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 72.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.90 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.90 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.69 | | 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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



Apeksha Madan
 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY
 SIN No:SE04844483



TOUCHING LIVES

Patient Name : Mr.GANESH SUDAN KHEDEKAR
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324



DR. APEKSHA MADAN
MBBS. DPB
PATHOLOGY

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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|------------------------------|
| LIVER FUNCTION TEST (LFT) WITH GGT , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.80 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.30 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.50 | mg/dL | 0.0-1.1 | Dual Wavelength |
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| ALKALINE PHOSPHATASE | 72.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.90 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.90 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.69 | | 0.9-2.0 | Calculated |
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) | 31.00 | U/L | 16-73 | Glycylglycine Kinetic method |

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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

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Madan
DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

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3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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DR. APEKSHA MADAN
MBBS. DPB
PATHOLOGY

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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|--------|--------------------|-------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.90 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 24.20 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 11.3 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.60 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.20 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.40 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 143 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.2 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 104 | mmol/L | 98-107 | Direct ISE |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.90 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.90 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.69 | | 0.9-2.0 | Calculated |




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY
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TOUCH Patient Names : Mr.GANESH SUDAN KHEDEKAR
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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|--------|------|--------------------|--------|
| ALKALINE PHOSPHATASE , SERUM | 72.00 | U/L | 32-111 | IFCC |

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------------|--------|-------|--------------------|--------|
| CALCIUM , SERUM | 9.20 | mg/dL | 8.4-10.2 | CPC |

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.



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DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY
 SIN No:SE04844483

TOUCHING LIVES
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.7 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 8.16 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 1.220 | µIU/mL | 0.25-5.0 | ELFA |

Comment:

For pregnant females

| | |
|------------------|-----------|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 - 3.0 |
| Third trimester | 0.3 - 3.0 |

Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |

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DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No: SPL24146642



TOUCHING LIVES

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| | | | | |
|-------|------|------|------|--|
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |



DR. APEKSHA MADAN
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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|--------|
| VITAMIN D (25 - OH VITAMIN D) , SERUM | 16.4 | ng/mL | | ELFA |

Comment:

BIOLOGICAL REFERENCE RANGES

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

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No: SPL24146642



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------|--------|-------|--------------------|--------|
| VITAMIN B12 , SERUM | 150 | 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 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.

Dr. Sandip Kumar Banerjee
 M.B.B.S., M.D.(PATHOLOGY), D.P.B
 Consultant Pathologist

SIN No:IM08608227





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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.460 | ng/mL | 0-4 | ELFA |



(Handwritten signature)

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SP124146642

TOUCH Patient Names : Mr.GANESH SUDAN KHEDEKAR
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|-------------|------|--------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Physical Measurement |
| pH | 6.0 | | 5-7.5 | Double Indicator |
| SP. GRAVITY | 1.030 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | Protein Error Of Indicator |
| GLUCOSE | NEGATIVE | | NEGATIVE | Glucose Oxidase |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | Azo Coupling Reaction |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | Sodium Nitro Prusside |
| UROBILINOGEN | NEGATIVE | | NORMAL | Modified Ehrlich Reaction |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Leucocyte Esterase |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 0-1 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 0-1 | /hpf | <10 | Microscopy |
| RBC | ABSENT | /hpf | 0-2 | Microscopy |
| CASTS | NIL | | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | ABSENT | | ABSENT | Microscopy |

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 20 of 21



(Signature)
 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY
 SIN No:UR2419721



TOUCH Patient Names : Mr.GANESH SUDAN KHEDEKAR
Age/Gender : 40 Y 0 M 11 D/M
UHID/MR No : STAR.0000066362
Visit ID : STAROPV74771
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 23319



Collected : 13/Nov/2024 08:31AM
Received : 13/Nov/2024 02:01PM
Reported : 13/Nov/2024 04:32PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

DR. APEKSHA MADAN
MBBS. DPB
PATHOLOGY

SIN No:UR2419721

Page 21 of 21





TOUCHING LIVES

Patient Name : Mr.GANESH SUDAN KHEDEKAR
Age/Gender : 40 Y 0 M 11 D/M
UHID/MR No : STAR.0000066362
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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

DR. APEKSHA MADAN
MBBS. DPB
PATHOLOGY

SIN No:UR2419721



Customer Pending Tests
ENT Consultation Pending - coming for consultation on 16-11-2024
Client not willing for the ENT Consultation
Consent given on 18th Nov,2024.

Mr. Ganesh Khedekar

DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable s`oups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

FOOD ALLOWED

| FOOD GROUPS | FOOD ITEMS |
|-------------|--|
| Cereals | Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc. |
| pulses | Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc. |
| Milk | Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc. |
| Vegetable | All types of vegetable. |
| Fruits | All types of Fruits. |
| Nuts | 2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds. |
| Non Veg | 2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form. |

FOODS TO AVOID

Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.

Condense milk, concentrated milk sweets, butter, cheese, cream.

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.



Fauziya Ansari
Clinical Nutritionist/ Dietician
E: diet.trd@apollospectra.com
Cont.: 8452884100

| | | | |
|----------------------------|-----------------------------|--------------------|--------------------|
| Patient Name | : Mr. GANESH SUDAN KHEDEKAR | Age/Gender | : 40 Y/M |
| UHID/MR No. | : STAR.0000066362 | OP Visit No | : STAROPV74771 |
| Sample Collected on | : | Reported on | : 13-11-2024 11:20 |
| LRN# | : RAD2434329 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 23319 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 11.0 x 5.7 cms and the **LEFT KIDNEY** measures 11.2 x 5.6 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 2.9 x 2.7 x 2.5 cms and weighs 10.7 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY BLADDER : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.





Specialists in Surgery

Patient Name : Mr. GANESH SUDAN KHEDEKAR

Age/Gender : 40 Y/M

Radiology

| | | | |
|----------------------------|-----------------------------|--------------------|--------------------|
| Patient Name | : Mr. GANESH SUDAN KHEDEKAR | Age/Gender | : 40 Y/M |
| UHID/MR No. | : STAR.0000066362 | OP Visit No | : STAROPV74771 |
| Sample Collected on | : | Reported on | : 13-11-2024 11:12 |
| LRN# | : RAD2434329 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 23319 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VINOD SHETTY
Radiology