


|                 |                        |              |                               |
|-----------------|------------------------|--------------|-------------------------------|
| Patient Name    | : Mr.ROSARIO FERNANDES | Collected    | : 09/Nov/2024 07:55AM         |
| Age/Gender      | : 40 Y 0 M 19 D/M      | Received     | : 09/Nov/2024 10:47AM         |
| UHID/MR No      | : SCHE.0000089205      | Reported     | : 09/Nov/2024 02:44PM         |
| Visit ID        | : SCHEOPV107699        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF              | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E36742             |              |                               |

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                                   | Result | Unit                    | Bio. Ref. Interval | Method                         |
|---|--------|-------------------------|--------------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>          |        |                         |                    |                                |
| <b>HAEMOGLOBIN</b>                          | 14.9   | g/dL                    | 13-17              | Spectrophotometer              |
| PCV   | 45.60  | %                       | 40-50              | Electronic pulse & Calculation |
| RBC COUNT                                   | 5.19   | Million/cu.mm           | 4.5-5.5            | Electrical Impedence           |
| MCV   | 88     | fL                      | 83-101             | Calculated                     |
| MCH   | 28.8   | pg                      | 27-32              | Calculated                     |
| MCHC  | 32.7   | g/dL                    | 31.5-34.5          | Calculated                     |
| R.D.W                                       | 14     | %                       | 11.6-14            | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                 | 4,900  | cells/cu.mm             | 4000-10000         | Electrical Impedence           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>  |        |                         |                    |                                |
| NEUTROPHILS                                 | 56     | %                       | 40-80              | Electrical Impedence           |
| LYMPHOCYTES                                 | 37     | %                       | 20-40              | Electrical Impedence           |
| EOSINOPHILS                                 | 02     | %                       | 1-6                | Electrical Impedence           |
| MONOCYTES                                   | 05     | %                       | 2-10               | Electrical Impedence           |
| BASOPHILS                                   | 00     | %                       | <1-2               | Electrical Impedence           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>             |        |                         |                    |                                |
| NEUTROPHILS                                 | 2744   | Cells/cu.mm             | 2000-7000          | Calculated                     |
| LYMPHOCYTES                                 | 1813   | Cells/cu.mm             | 1000-3000          | Calculated                     |
| EOSINOPHILS                                 | 98     | Cells/cu.mm             | 20-500             | Calculated                     |
| MONOCYTES                                   | 245    | Cells/cu.mm             | 200-1000           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)           | 1.51   |                         | 0.78- 3.53         | Calculated                     |
| <b>PLATELET COUNT</b>                       | 260000 | cells/cu.mm             | 150000-410000      | Electrical impedence           |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | 05     | mm at the end of 1 hour | 0-15               | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                     |        |                         |                    |                                |
| RBC NORMOCYTIC NORMOCHROMIC                 |        |                         |                    |                                |
| WBC WITHIN NORMAL LIMITS                    |        |                         |                    |                                |
| PLATELETS ARE ADEQUATE ON SMEAR             |        |                         |                    |                                |
| NO HEMOPARASITES SEEN                       |        |                         |                    |                                |

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**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:BED240245542



**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:**

Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai, Maharashtra  
Ph: 022 4334 4600

Patient Name : Mr.ROSARIO FERNANDES  
Age/Gender : 40 Y 0 M 19 D/M  
UHID/MR No : SCHE.0000089205  
Visit ID : SCHEOPV107699  
Ref Doctor : Dr.SELF  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

  
**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:BED240245542



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:BED240245542



|                                     |  |
|-------------------------------------|--|
| Patient Name : Mr.ROSARIO FERNANDES | Collected : 09/Nov/2024 07:55AM            |
| Age/Gender : 40 Y 0 M 19 D/M        | Received : 09/Nov/2024 10:33AM             |
| UHID/MR No : SCHE.0000089205        | Reported : 09/Nov/2024 02:03PM             |
| Visit ID : SCHEOPV107699            | Status : Final Report                      |
| Ref Doctor : Dr.SELF                | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36742          |  |

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                     | Result | Unit  | Bio. Ref. Interval | Method    |
|-------------------------------|--------|-------|--------------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 92     | 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. APARNA NAIK**  
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SIN No:PLF02211160



Patient Name : Mr.ROSARIO FERNANDES  
 Age/Gender : 40 Y 0 M 19 D/M  
 UHID/MR No : SCHE.0000089205  
 Visit ID : SCHEOPV107699  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 22E36742

Collected : 09/Nov/2024 11:23AM  
 Received : 09/Nov/2024 03:33PM  
 Reported : 09/Nov/2024 04:48PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name   | Result | Unit  | Bio. Ref. Interval | Method    |
|---|--------|-------|--------------------|-----------|
| <b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b> | 98     | 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. APARNA NAIK**  
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SIN No:PLP1487958



|                                     |  |
|-------------------------------------|--|
| Patient Name : Mr.ROSARIO FERNANDES | Collected : 09/Nov/2024 07:55AM            |
| Age/Gender : 40 Y 0 M 19 D/M        | Received : 09/Nov/2024 03:07PM             |
| UHID/MR No : SCHE.0000089205        | Reported : 09/Nov/2024 05:02PM             |
| Visit ID : SCHEOPV107699            | Status : Final Report                      |
| Ref Doctor : Dr.SELF                | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36742          |  |

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name   | Result | Unit  | Bio. Ref. Interval | Method     |
|---|--------|-------|--------------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |       |                    |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 5.6    | %     |                    | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 114    | 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:EDT240094026

Patient Name : Mr.ROSARIO FERNANDES  
Age/Gender : 40 Y 0 M 19 D/M  
UHID/MR No : SCHE.0000089205  
Visit ID : SCHEOPV107699  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E36742

Collected : 09/Nov/2024 07:55AM  
Received : 09/Nov/2024 10:50AM  
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Status : Final Report  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                    | Result       | Unit  | Bio. Ref. Interval | Method      |
|------------------------------|--------------|-------|--------------------|-------------|
| <b>LIPID PROFILE , SERUM</b> |              |       |                    |             |
| TOTAL CHOLESTEROL            | <b>216</b>   | mg/dL | <200               | CHE/CHO/POD |
| TRIGLYCERIDES                | <b>193</b>   | mg/dL | <150               |             |
| HDL CHOLESTEROL              | <b>28</b>    | mg/dL | >40                | CHE/CHO/POD |
| NON-HDL CHOLESTEROL          | <b>188</b>   | mg/dL | <130               | Calculated  |
| LDL CHOLESTEROL              | <b>149.4</b> | mg/dL | <100               | Calculated  |
| VLDL CHOLESTEROL             | <b>38.6</b>  | mg/dL | <30                | Calculated  |
| CHOL / HDL RATIO             | <b>7.71</b>  |       | 0-4.97             | Calculated  |
| ATHEROGENIC INDEX (AIP)      | <b>0.48</b>  |       | <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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>Above Optimal 130-159 | 160-189         | 190-219   | >220      |



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:SE04843135



|                 |                        |              |                               |
|-----------------|------------------------|--------------|-------------------------------|
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| Age/Gender      | : 40 Y 0 M 19 D/M      | Received     | : 09/Nov/2024 10:50AM         |
| UHID/MR No      | : SCHE.0000089205      | Reported     | : 09/Nov/2024 02:04PM         |
| Visit ID        | : SCHEOPV107699        | Status       | : Final Report                |
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                                | Result | Unit  | Bio. Ref. Interval | Method            |
|--|--------|-------|--------------------|-------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                    |                   |
| BILIRUBIN, TOTAL                         | 0.40   | mg/dL | 0.1-1.2            | Azobilirubin      |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.10   | mg/dL | 0.1-0.4            | DIAZO DYE         |
| BILIRUBIN (INDIRECT)                     | 0.30   | mg/dL | 0.0-1.1            | Dual Wavelength   |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 22     | U/L   | 4-44               | JSCC              |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 25.0   | U/L   | 8-38               | JSCC              |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 1.1    |       | <1.15              | Calculated        |
| ALKALINE PHOSPHATASE                     | 71.00  | U/L   | 32-111             | IFCC              |
| PROTEIN, TOTAL                           | 7.70   | g/dL  | 6.7-8.3            | BIURET            |
| ALBUMIN                                  | 5.00   | g/dL  | 3.8-5.0            | BROMOCRESOL GREEN |
| GLOBULIN                                 | 2.70   | g/dL  | 2.0-3.5            | Calculated        |
| A/G RATIO                                | 1.85   |       | 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, Wilsons’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.



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

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| Test Name   | Result      | Unit   | Bio. Ref. Interval | Method            |
|---|-------------|--------|--------------------|-------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |             |        |                    |                   |
| CREATININE  | <b>1.27</b> | mg/dL  | 0.6-1.1            | ENZYMATIC METHOD  |
| UREA  | 28.25       | mg/dL  | 17-48              | Urease            |
| BLOOD UREA NITROGEN   | 13.2        | mg/dL  | 8.0 - 23.0         | Calculated        |
| URIC ACID   | <b>7.20</b> | mg/dL  | 4.0-7.0            | URICASE           |
| CALCIUM   | 9.30        | mg/dL  | 8.4-10.2           | CPC               |
| PHOSPHORUS, INORGANIC                                       | 3.60        | mg/dL  | 2.6-4.4            | PNP-XOD           |
| SODIUM  | 140         | mmol/L | 135-145            | Direct ISE        |
| POTASSIUM   | 4.2         | mmol/L | 3.5-5.1            | Direct ISE        |
| CHLORIDE  | 105         | mmol/L | 98 - 107           | Direct ISE        |
| PROTEIN, TOTAL  | 7.70        | g/dL   | 6.7-8.3            | BIURET            |
| ALBUMIN   | 5.00        | g/dL   | 3.8-5.0            | BROMOCRESOL GREEN |
| GLOBULIN  | 2.70        | g/dL   | 2.0-3.5            | Calculated        |
| A/G RATIO   | 1.85        |        | 0.9-2.0            | Calculated        |



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:SE04843135



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                                   | Result | Unit | Bio. Ref. Interval | Method                       |
|---|--------|------|--------------------|------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 20.00  | U/L  | 16-73              | Glycylglycine Kinetic method |



**DR. APARNA NAIK**  
 MBBS DPB  
 CONSULTANT PATHOLOGIST

SIN No:SE04843135



|                                     |  |
|-------------------------------------|--|
| Patient Name : Mr.ROSARIO FERNANDES | Collected : 09/Nov/2024 07:55AM            |
| Age/Gender : 40 Y 0 M 19 D/M        | Received : 09/Nov/2024 03:04PM             |
| UHID/MR No : SCHE.0000089205        | Reported : 09/Nov/2024 08:21PM             |
| Visit ID : SCHEOPV107699            | Status : Final Report                      |
| Ref Doctor : Dr.SELF                | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36742          |  |

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name  | Result       | Unit   | Bio. Ref. Interval | Method |
|--|--------------|--------|--------------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |              |        |                    |        |
| TRI-IODOTHYRONINE (T3, TOTAL)                      | 0.96         | ng/mL  | 0.87-1.78          | CLIA   |
| THYROXINE (T4, TOTAL)                              | <b>12.42</b> | µg/dL  | 6.09-12.23         | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 3.365        | µIU/mL | 0.38-5.33          | CLIA   |

**Comment:**

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

- 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.
- 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.
- 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.
- 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 Replacement Therapy. |
| 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   |

Page 12 of 16



Dr. Pratibha Kadam  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: SPL24146155



**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 Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

**Address:**

Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai, Maharashtra  
Ph: 022 4334 4600

Patient Name : Mr.ROSARIO FERNANDES  
 Age/Gender : 40 Y 0 M 19 D/M  
 UHID/MR No : SCHE.0000089205  
 Visit ID : SCHEOPV107699  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 22E36742

Collected : 09/Nov/2024 07:55AM  
 Received : 09/Nov/2024 03:04PM  
 Reported : 09/Nov/2024 08:21PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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



Dr. Pratibha Kadam  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist

SIN No: SPL24146155



|                                     |  |
|-------------------------------------|--|
| Patient Name : Mr.ROSARIO FERNANDES | Collected : 09/Nov/2024 07:55AM            |
| Age/Gender : 40 Y 0 M 19 D/M        | Received : 09/Nov/2024 03:04PM             |
| UHID/MR No : SCHE.0000089205        | Reported : 09/Nov/2024 05:24PM             |
| Visit ID : SCHEOPV107699            | Status : Final Report                      |
| Ref Doctor : Dr.SELF                | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36742          |  |

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name  | Result | Unit  | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|--------|
| <b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b> | 0.370  | ng/mL | 0-4                | CLIA   |



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



SIN No:SPL24146155

|                 |                        |              |                               |
|-----------------|------------------------|--------------|-------------------------------|
| Patient Name    | : Mr.ROSARIO FERNANDES | Collected    | : 09/Nov/2024 07:55AM         |
| Age/Gender      | : 40 Y 0 M 19 D/M      | Received     | : 09/Nov/2024 02:54PM         |
| UHID/MR No      | : SCHE.0000089205      | Reported     | : 09/Nov/2024 03:24PM         |
| Visit ID        | : SCHEOPV107699        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF              | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E36742             |              |                               |

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name  | Result      | Unit | Bio. Ref. Interval | Method                     |
|--|-------------|------|--------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |             |      |                    |                            |
| <b>PHYSICAL EXAMINATION</b>                          |             |      |                    |                            |
| COLOUR   | PALE YELLOW |      | PALE YELLOW        | Visual                     |
| TRANSPARENCY   | CLEAR       |      | CLEAR              | Physical Measurement       |
| pH   | 6.0         |      | 5-7.5              | Double Indicator           |
| SP. GRAVITY  | 1.020       |      | 1.002-1.030        | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                    |                            |
| 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   | NORMAL      |      | NORMAL             | Modifed Ehrlich Reaction   |
| NITRITE  | NEGATIVE    |      | NEGATIVE           | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE           | Leucocyte Esterase         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                    |                            |
| PUS CELLS  | 2-4         | /hpf | 0-5                | Microscopy                 |
| EPITHELIAL CELLS                                     | 1-2         | /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 15 of 16



**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:UR2419242



**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:**

Ujagar Compound, Opp. Deonar Bus Depot Main Gate,  
Deonar, Chembur, Mumbai, Maharashtra  
Ph: 022 4334 4600

Patient Name : Mr.ROSARIO FERNANDES  
Age/Gender : 40 Y 0 M 19 D/M  
UHID/MR No : SCHE.0000089205  
Visit ID : SCHEOPV107699  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E36742

Collected : 09/Nov/2024 07:55AM  
Received : 09/Nov/2024 02:54PM  
Reported : 09/Nov/2024 03:24PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

  
**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:UR2419242





Patient Name : Mr.ROSARIO FERNANDES  
Age/Gender : 40 Y 0 M 19 D/M  
UHID/MR No : SCHE.0000089205  
Visit ID : SCHEOPV107699  
Ref Doctor : Dr.SELF  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### 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. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:UR2419242



#### Apollo Speciality Hospitals Private Limited

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#### Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate,  
Deonar, Chembur, Mumbai, Maharashtra  
Ph: 022 4334 4600

2

Name : Mr. Rosario Fernandes

Age: 40 Y

UHID:SCHE.0000089205

Address : tilaknagar

Sex: M


 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

OP Number:SCHEOPV107699

Bill No :SCHE-OCR-25431

Date : 09.11.2024 07:47

| Sno | Service Type/ServiceName   | Department |
|-----|--|------------|
| 1   | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324 |            |
| ✓1  | GAMMA GLUTAMYL TRANSFERASE (GGT)   |            |
| ✓2  | PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)   |            |
| 3   | 2 D ECHO   |            |
| ✓4  | LIVER FUNCTION TEST (LFT)  |            |
| ✓5  | GLUCOSE, FASTING   |            |
| ✓6  | HEMOGRAM + PERIPHERAL SMEAR  |            |
| ✓7  | DIET CONSULTATION  |            |
| ✓8  | COMPLETE URINE EXAMINATION   |            |
| ✓9  | URINE GLUCOSE(POST PRANDIAL)   |            |
| ✓10 | PERIPHERAL SMEAR   |            |
| ✓11 | ECG  |            |
| ✓12 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)  |            |
| ✓13 | DENTAL CONSULTATION  |            |
| ✓14 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 11:00am                                   |            |
| ✓15 | URINE GLUCOSE(FASTING)   |            |
| ✓16 | HbA1c, GLYCATED HEMOGLOBIN   |            |
| ✓17 | X-RAY CHEST PA   |            |
| 18  | ENT CONSULTATION — skip  |            |
| ✓19 | FITNESS BY GENERAL PHYSICIAN   |            |
| ✓20 | BLOOD GROUP ABO AND RH FACTOR  |            |
| ✓21 | LIPID PROFILE  |            |
| ✓22 | BODY MASS INDEX (BMI)  |            |
| ✓23 | OPHTHAL BY GENERAL PHYSICIAN DE N.S  |            |
| ✓24 | ULTRASOUND - WHOLE ABDOMEN   |            |
| ✓25 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)  |            |

Patient Name : Mr.ROSARIO FERNANDES  
Age/Gender : 40 Y 0 M 19 D/M  
UHID/MR No : SCHE.0000089205  
Visit ID : SCHEOPV107699  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E36742

Collected : 09/Nov/2024 07:55AM  
Received : 09/Nov/2024 10:47AM  
Reported : 09/Nov/2024 02:44PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                                  | Result | Unit                    | Bio. Ref. Interval | Method                         |
|--|--------|-------------------------|--------------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>         |        |                         |                    |                                |
| HAEMOGLOBIN                                | 14.9   | g/dL                    | 13-17              | Spectrophotometer              |
| PCV  | 45.60  | %                       | 40-50              | Electronic pulse & Calculation |
| RBC COUNT                                  | 5.19   | Million/cu.mm           | 4.5-5.5            | Electrical Impedence           |
| MCV  | 88     | fL                      | 83-101             | Calculated                     |
| MCH  | 28.8   | pg                      | 27-32              | Calculated                     |
| MCHC                                       | 32.7   | g/dL                    | 31.5-34.5          | Calculated                     |
| R.D.W                                      | 14     | %                       | 11.6-14            | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 4,900  | cells/cu.mm             | 4000-10000         | Electrical Impedence           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b> |        |                         |                    |                                |
| NEUTROPHILS                                | 56     | %                       | 40-80              | Electrical Impedence           |
| LYMPHOCYTES                                | 37     | %                       | 20-40              | Electrical Impedence           |
| EOSINOPHILS                                | 02     | %                       | 1-6                | Electrical Impedence           |
| MONOCYTES                                  | 05     | %                       | 2-10               | Electrical Impedence           |
| BASOPHILS                                  | 00     | %                       | <1-2               | Electrical Impedence           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |        |                         |                    |                                |
| NEUTROPHILS                                | 2744   | Cells/cu.mm             | 2000-7000          | Calculated                     |
| LYMPHOCYTES                                | 1813   | Cells/cu.mm             | 1000-3000          | Calculated                     |
| EOSINOPHILS                                | 98     | Cells/cu.mm             | 20-500             | Calculated                     |
| MONOCYTES                                  | 245    | Cells/cu.mm             | 200-1000           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)          | 1.51   |                         | 0.78- 3.53         | Calculated                     |
| PLATELET COUNT                             | 260000 | cells/cu.mm             | 150000-410000      | Electrical impedence           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 05     | mm at the end of 1 hour | 0-15               | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                    |        |                         |                    |                                |
| RBC NORMOCYTIC NORMOCHROMIC                |        |                         |                    |                                |
| WBC WITHIN NORMAL LIMITS                   |        |                         |                    |                                |
| PLATELETS ARE ADEQUATE ON SMEAR            |        |                         |                    |                                |
| NO HEMOPARASITES SEEN                      |        |                         |                    |                                |

Page 1 of 16

  
**DR. APARNA NAIK**  
MBBS DFB  
CONSULTANT PATHOLOGIST

SIN No:BED240245542

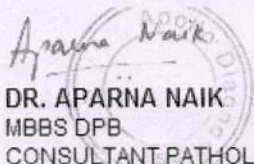


Patient Name : Mr.ROSARIO FERNANDES  
Age/Gender : 40 Y 0 M 19 D/M  
UHID/MR No : SCHE.0000089205  
Visit ID : SCHEOPV107699  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E36742

Collected : 09/Nov/2024 07:55AM  
Received : 09/Nov/2024 10:47AM  
Reported : 09/Nov/2024 02:44PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:BED240245542



TOUCHING LIVES

|                 |                        |              |                               |
|-----------------|------------------------|--------------|-------------------------------|
| Patient Name    | : Mr.ROSARIO FERNANDES | Collected    | : 09/Nov/2024 07:55AM         |
| Age/Gender      | : 40 Y 0 M 19 D/M      | Received     | : 09/Nov/2024 10:47AM         |
| UHID/MR No      | : SCHE.0000089205      | Reported     | : 09/Nov/2024 02:44PM         |
| Visit ID        | : SCHEOPV107699        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF              | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E36742             |              |                               |

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN,INDIA - FY2324**

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

*Aparna Naik*  
  
**DR. APARNA NAIK**  
 MBBS DPB  
 CONSULTANT PATHOLOGIST  
 SIN No:BED240245542



|                                     |  |
|-------------------------------------|--|
| Patient Name : Mr.ROSARIO FERNANDES | Collected : 09/Nov/2024 07:55AM            |
| Age/Gender : 40 Y 0 M 19 D/M        | Received : 09/Nov/2024 10:33AM             |
| UHID/MR No : SCHE.0000089205        | Reported : 09/Nov/2024 02:03PM             |
| Visit ID : SCHEOPV107699            | Status : Final Report                      |
| Ref Doctor : Dr.SELF                | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36742          |  |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name                     | Result | Unit  | Bio. Ref. Interval | Method    |
|-------------------------------|--------|-------|--------------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 92     | 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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:PLF02211160



TOUCHING LIVES

|                 |                        |              |                               |
|-----------------|------------------------|--------------|-------------------------------|
| Patient Name    | : Mr.ROSARIO FERNANDES | Collected    | : 09/Nov/2024 11:23AM         |
| Age/Gender      | : 40 Y 0 M 19 D/M      | Received     | : 09/Nov/2024 03:33PM         |
| UHID/MR No      | : SCHE.0000089205      | Reported     | : 09/Nov/2024 04:48PM         |
| Visit ID        | : SCHEOPV107699        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF              | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E36742             |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**

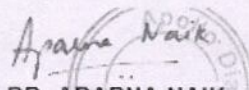
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name   | Result | Unit  | Bio. Ref. Interval | Method    |
|---|--------|-------|--------------------|-----------|
| <b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b> | 98     | 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. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:PLP1487958



|                                     |  |
|-------------------------------------|--|
| Patient Name : Mr.ROSARIO FERNANDES | Collected : 09/Nov/2024 07:55AM            |
| Age/Gender : 40 Y 0 M 19 D/M        | Received : 09/Nov/2024 03:07PM             |
| UHID/MR No : SCHE.0000089205        | Reported : 09/Nov/2024 05:02PM             |
| Visit ID : SCHEOPV107699            | Status : Final Report                      |
| Ref Doctor : Dr.SELF                | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36742          |  |

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name   | Result | Unit  | Bio. Ref. Interval | Method     |
|---|--------|-------|--------------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |       |                    |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 5.6    | %     |                    | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 114    | mg/dL |                    | Calculated |

**Comment:**

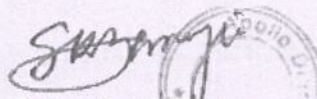
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| 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)

Page 6 of 16



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



SIN No: EDT240094026



|                                     |  |
|-------------------------------------|--|
| Patient Name : Mr.ROSARIO FERNANDES | Collected : 09/Nov/2024 07:55AM            |
| Age/Gender : 40 Y 0 M 19 D/M        | Received : 09/Nov/2024 10:50AM             |
| UHID/MR No : SCHE.0000089205        | Reported : 09/Nov/2024 02:04PM             |
| Visit ID : SCHEOPV107699            | Status : Final Report                      |
| Ref Doctor : Dr.SELF                | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36742          |  |

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                    | Result       | Unit  | Bio. Ref. Interval | Method      |
|------------------------------|--------------|-------|--------------------|-------------|
| <b>LIPID PROFILE , SERUM</b> |              |       |                    |             |
| TOTAL CHOLESTEROL            | <b>216</b>   | mg/dL | <200               | CHE/CHO/POD |
| TRIGLYCERIDES                | <b>193</b>   | mg/dL | <150               |             |
| HDL CHOLESTEROL              | <b>28</b>    | mg/dL | >40                | CHE/CHO/POD |
| NON-HDL CHOLESTEROL          | <b>188</b>   | mg/dL | <130               | Calculated  |
| LDL CHOLESTEROL              | <b>149.4</b> | mg/dL | <100               | Calculated  |
| VLDL CHOLESTEROL             | <b>38.6</b>  | mg/dL | <30                | Calculated  |
| CHOL / HDL RATIO             | <b>7.71</b>  |       | 0-4.97             | Calculated  |
| ATHEROGENIC INDEX (AIP)      | <b>0.48</b>  |       | <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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>Above Optimal 130-159 | 160-189         | 190-219   | >220      |

  
**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:SE04843135



|                                     |  |
|-------------------------------------|--|
| Patient Name : Mr.ROSARIO FERNANDES | Collected : 09/Nov/2024 07:55AM            |
| Age/Gender : 40 Y 0 M 19 D/M        | Received : 09/Nov/2024 10:50AM             |
| UHID/MR No : SCHE.0000089205        | Reported : 09/Nov/2024 02:04PM             |
| Visit ID : SCHEOPV107699            | Status : Final Report                      |
| Ref Doctor : Dr.SELF                | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36742          |  |

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                                | Result | Unit  | Bio. Ref. Interval | Method            |
|--|--------|-------|--------------------|-------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                    |                   |
| BILIRUBIN, TOTAL                         | 0.40   | mg/dL | 0.1-1.2            | Azobilirubin      |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.10   | mg/dL | 0.1-0.4            | DIAZO DYE         |
| BILIRUBIN (INDIRECT)                     | 0.30   | mg/dL | 0.0-1.1            | Dual Wavelength   |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 22     | U/L   | 4-44               | JSCC              |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 25.0   | U/L   | 8-38               | JSCC              |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 1.1    |       | <1.15              | Calculated        |
| ALKALINE PHOSPHATASE                     | 71.00  | U/L   | 32-111             | IFCC              |
| PROTEIN, TOTAL                           | 7.70   | g/dL  | 6.7-8.3            | BIURET            |
| ALBUMIN                                  | 5.00   | g/dL  | 3.8-5.0            | BROMOCRESOL GREEN |
| GLOBULIN                                 | 2.70   | g/dL  | 2.0-3.5            | Calculated        |
| A/G RATIO                                | 1.85   |       | 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.

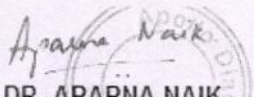
  
**DR. APARNA NAIK**  
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|                 |                        |              |                               |
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| Emp/Auth/TPA ID | : 22E36742             |              |                               |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:SE04843135



|                                     |  |
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name   | Result | Unit   | Bio. Ref. Interval | Method            |
|---|--------|--------|--------------------|-------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |        |        |                    |                   |
| CREATININE  | 1.27   | mg/dL  | 0.6-1.1            | ENZYMATIC METHOD  |
| UREA  | 28.25  | mg/dL  | 17-48              | Urease            |
| BLOOD UREA NITROGEN   | 13.2   | mg/dL  | 8.0 - 23.0         | Calculated        |
| URIC ACID   | 7.20   | mg/dL  | 4.0-7.0            | URICASE           |
| CALCIUM   | 9.30   | mg/dL  | 8.4-10.2           | CPC               |
| PHOSPHORUS, INORGANIC                                       | 3.60   | mg/dL  | 2.6-4.4            | PNP-XOD           |
| SODIUM  | 140    | mmol/L | 135-145            | Direct ISE        |
| POTASSIUM   | 4.2    | mmol/L | 3.5-5.1            | Direct ISE        |
| CHLORIDE  | 105    | mmol/L | 98 - 107           | Direct ISE        |
| PROTEIN, TOTAL  | 7.70   | g/dL   | 6.7-8.3            | BIURET            |
| ALBUMIN   | 5.00   | g/dL   | 3.8-5.0            | BROMOCRESOL GREEN |
| GLOBULIN  | 2.70   | g/dL   | 2.0-3.5            | Calculated        |
| A/G RATIO   | 1.85   |        | 0.9-2.0            | Calculated        |

  
**DR. APARNA NAIK**  
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|                 |                        |              |                               |
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| Emp/Auth/TPA ID | : 22E36742             |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name  | Result | Unit | Bio. Ref. Interval | Method                       |
|--|--------|------|--------------------|------------------------------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | 20.00  | U/L  | 16-73              | Glycylglycine Kinetic method |



*Aparna Naik*  
  
**DR. APARNA NAIK**  
 MBBS DPB  
 CONSULTANT PATHOLOGIST  
 SIN No:SE04843135

|                 |                        |              |                               |
|-----------------|------------------------|--------------|-------------------------------|
| Patient Name    | : Mr.ROSARIO FERNANDES | Collected    | : 09/Nov/2024 07:55AM         |
| Age/Gender      | : 40 Y 0 M 19 D/M      | Received     | : 09/Nov/2024 03:04PM         |
| UHID/MR No      | : SCHE.0000089205      | Reported     | : 09/Nov/2024 08:21PM         |
| Visit ID        | : SCHEOPV107699        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF              | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E36742             |              |                               |

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

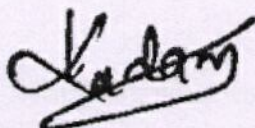
| Test Name  | Result       | Unit   | Bio. Ref. Interval | Method |
|--|--------------|--------|--------------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |              |        |                    |        |
| TRI-iodothyronine (T3, TOTAL)                      | 0.96         | ng/mL  | 0.87-1.78          | CLIA   |
| THYROXINE (T4, TOTAL)                              | <b>12.42</b> | µg/dL  | 6.09-12.23         | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 3.365        | µIU/mL | 0.38-5.33          | CLIA   |

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 Replacement Therapy. |
| 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   |

Dr. Pratibha Kadam  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

SIN No: SPL24146155

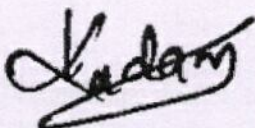
Patient Name : Mr.ROSARIO FERNANDES  
 Age/Gender : 40 Y 0 M 19 D/M  
 UHID/MR No : SCHE.0000089205  
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Collected : 09/Nov/2024 07:55AM  
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

Dr. Pratibha Kadam  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist

SIN No: SPL24146155



TOUCHING LIVES

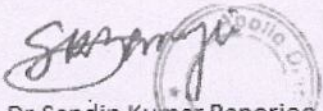
Patient Name : Mr.ROSARIO FERNANDES  
 Age/Gender : 40 Y 0 M 19 D/M  
 UHID/MR No : SCHE.0000089205  
 Visit ID : SCHEOPV107699  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 22E36742

Collected : 09/Nov/2024 07:55AM  
 Received : 09/Nov/2024 03:04PM  
 Reported : 09/Nov/2024 05:24PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name                                       | Result | Unit  | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.370  | ng/mL | 0-4                | CLIA   |



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

SIN No:SPL24146155





|                                     |  |
|-------------------------------------|--|
| Patient Name : Mr.ROSARIO FERNANDES | Collected : 09/Nov/2024 07:55AM            |
| Age/Gender : 40 Y 0 M 19 D/M        | Received : 09/Nov/2024 02:54PM             |
| UHID/MR No : SCHE.0000089205        | Reported : 09/Nov/2024 03:24PM             |
| Visit ID : SCHEOPV107699            | Status : Final Report                      |
| Ref Doctor : Dr.SELF                | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36742          |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

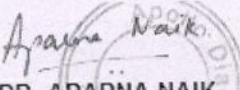
| Test Name  | Result      | Unit | Bio. Ref. Interval | Method                     |
|--|-------------|------|--------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |             |      |                    |                            |
| <b>PHYSICAL EXAMINATION</b>                          |             |      |                    |                            |
| COLOUR   | PALE YELLOW |      | PALE YELLOW        | Visual                     |
| TRANSPARENCY   | CLEAR       |      | CLEAR              | Physical Measurement       |
| pH   | 6.0         |      | 5-7.5              | Double Indicator           |
| SP. GRAVITY  | 1.020       |      | 1.002-1.030        | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                    |                            |
| 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   | NORMAL      |      | NORMAL             | Modified Ehrlich Reaction  |
| NITRITE  | NEGATIVE    |      | NEGATIVE           | Diazotization              |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE           | Leucocyte Esterase         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                    |                            |
| PUS CELLS  | 2-4         | /hpf | 0-5                | Microscopy                 |
| EPITHELIAL CELLS                                     | 1-2         | /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 \*\*\*

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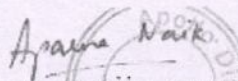
  
**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:UR2419242



|                 |                        |              |                               |
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| Patient Name    | : Mr.ROSARIO FERNANDES | Collected    | : 09/Nov/2024 07:55AM         |
| Age/Gender      | : 40 Y 0 M 19 D/M      | Received     | : 09/Nov/2024 02:54PM         |
| UHID/MR No      | : SCHE.0000089205      | Reported     | : 09/Nov/2024 03:24PM         |
| Visit ID        | : SCHEOPV107699        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF              | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E36742             |              |                               |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST  
SIN No:UR2419242





Patient Name : Mr. Rosario Fernandes  
Age / Sex : 40 yrs. / Male.  
Ref Doctor : Health Check

Bill No : SCHE -OCR-25431  
UHID NO : SCHE.0000089205  
Report Date : 09 / 11 / 2024

## 2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

### Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 60% ). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

#### Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

#### Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

#### Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

#### Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

#### Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.

**Apollo Spectra Hospitals:** Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088  
Ph No: 022 - 4334 4600 | [www.apollospectra.com](http://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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)



**Pulmonic Valve.**

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

**Great Vessels.**

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

**Pericardium/Pleural.**

There is no Pericardial effusion.

**M MODE/2D MEASUREMENTS & CALCULATIONS.**

|                     |                 |
|---------------------|-----------------|
| AO (mm) : 23        | LA (mm) : 27    |
| IVSd (mm) : 9       | LVIDd (mm) : 44 |
| IVSs (mm) : 15      | LVIDs (mm) : 24 |
| LVPWd (mm) : 9      | LVPWs (mm) : 14 |
| EF(Teich)(mm) : 60% |                 |

**Dr. AMIT SHOBHAVAT**  
**M.B.B.S**  
**DNB ( INTERNAL MEDICINE)**



Patient Name : Mr. Rosario Fernandes Age : 40 Y M  
UHID : SCHE.0000089205 OP Visit No : SCHEOPV107699  
Reported on : 09-11-2024 08:23 Printed on : 09-11-2024 08:23  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

**Gall Bladder** : Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

**Pancreas**: Normal in size and echopattern.

**Spleen** : Normal in size, echopattern

**Kidneys** : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 9.8 X 4.3 cm.

LK : 9.8 X 5.4 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

**Urinary bladder**: Well distended with clear contents. Wall thickness is within normal limits.

**Prostate**: appears normal in size and echotexture. .

**IMPRESSION: ESSENTIALLY NORMAL WHOLE ABDOMEN.**

Printed on:09-11-2024 08:23

---End of the Report---

**Dr. DEEPIKA RAMESH SINGH**  
MBBS,DNB  
Radiology



|                    |                         |             |                    |
|--------------------|-------------------------|-------------|--------------------|
| Patient Name       | : Mr. Rosario Fernandes | Age         | : 40 Y M           |
| UHID               | : SCHE.0000089205       | OP Visit No | : SCHEOPV107699    |
| Reported on        | : 09-11-2024 13:03      | Printed on  | : 09-11-2024 14:44 |
| 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:09-11-2024 13:03

---End of the Report---

**Dr. JAVED SIKANDAR TADVI**  
MBBS, DMRD, Radiologist  
Radiology

## DIETARY GUIDELINES

- No feasting, no fasting.
- Have small frequent & regular meals, Do not exceed
- **Cereals:** Eat whole grains and cereals. Oats, Nachni (ragi), Bajara, Jowar can be added to chapatti flour. Do not sieve the flour.
- **Restrict rice & corn; Avoid refined flour (Maida) products like bread, biscuits, Khari, toast, pasta, macaroni, noodles on regular basis.**
- **Pulses:** 2-3 servings of dals, pulses, lentils and sprouts to be consumed daily.
- **Milk:** Milk and milk products (low fat/ skimmed) like curd, paneer/ chenna (homemade) made of same amount of milk.; **Avoid concentrated dairy products, cheese, mayonnaise, butter, Vanaspati, margarine, ghee etc.**
- **Nuts allowed:** Almonds, walnuts, pistachio, can be eaten in mid meals or mornings.
- Alsi / Jawas (Flaxseeds) 2 tsp- roasted: whole or powdered to be eaten daily.
- Avoid coconut & groundnut usage in gravies and chutney.
- Cooking techniques such as grilling, steaming, dry roasting, shallow frying should be incorporated
- **Sugar:** Consumption of sugar, jaggery, honey and its products like jam, jelly, chocolates, ice creams, cakes, pastries, candies, aerated drinks and sweets to be avoided.
- Papad, pickle, canned, preserved foods, fried foods to be avoided.
- Consumption of alcohol and smoking should be avoided.
- Include 2 cups of Green tea per day.
- **Fruits:** 1-2 fruits (as per the list) to be consumed daily. Consume whole fruits and avoid juices.
- Restrict fruits like mango; grapes, chikoo, Custard apple, jackfruit and banana in your diet avoid fruit juices, milkshake.
- **Vegetables:** Eat vegetables liberally. Include plenty of salads and soups (clear or unstrained).
- **Water intake per day: 3 liters.**
- **Oil consumption: 3 tsp per day/ ½ kg oil per month per person.**

- Oils to be used for cooking prefer e.g....Groundnut, Mustard, Olive, Saffola (Gold), and Rice bran Oil & Canola oil.
- **Avoid** Coconut, Sunflower and Palm oil for cooking. Use non-stick cookware for cooking your food.
- **Exercise daily 45 mins to 1 hour:** Brisk walk / Yoga / gym / swimming / cycling / outdoor sports/ aerobics /Zumba.

**VEGETABLE EXCHANGE LIST:**

| A  | B                          | C                          |
|--|----------------------------|----------------------------|
| <b>Low Kcal(Consume Liberally)</b>   | <b>40 kcal (Less amts)</b> | <b>100 kcal (Restrict)</b> |
| All Dark green leafy vegetables  | Carrot, Onion, Beetroot    | Potato, Raw banana         |
| All Gourd Vegetables like Dudhi, turi, Padwal, White Pumpkin etc,  | Gawar                      | Sweet potato               |
|  | Papdi                      | Yam                        |
| Other veg's: Bhindi, Karela, French beans, Cauliflower, zucchini, capicum, Tomato, Cucumber, tindli, kantola etc | Jackfruit ( raw)           | Tapioca                    |
|  | Mushroom                   | Colocasia                  |
|  | Green Plantain             | Sabudana                   |

**FRUIT SERVING SIZE:**

| Fruits allowed                                      | Serving           | Fruits restricted       | Serving   |
|---|-------------------|-------------------------|-----------|
| Amla  | 4-5 no.           | Grapes                  | 10-12no.  |
| Jambu   | 10 no.            | Banana (small), Chickoo | 1 no.     |
| Apple, Guava, Sweet lime, Orange, Pear, Peach, Kiwi | 1 no.             | Mango                   | 2 slice   |
| Plum  | 2 no.             | Litchi, Jackfruit       | 3-4 no.   |
| Pomegranate   | ½ no.             | Seetaphal               | ½ no.     |
| Watermelon, Musk melon                              | 1 thin boat slice | <b>Fruit Juice</b>      | <b>NO</b> |
| Pineapple, Papaya                                   | 2 thin boat slice | <b>Sugarcane Juice</b>  | <b>NO</b> |
| Raspberries, Strawberries                           | 150gm             | <b>Coconut water</b>    | <b>NO</b> |
| Fresh Figs  | 1 big/ 2 small    |                         |           |

Susan Thomas

Executive Dietician

E: [diet.cbr@apollospectra.com](mailto:diet.cbr@apollospectra.com)



40 Years

FERNANDES, MR. ROSARIO

Male

11/09/2024 08:55

APOLLO SPECIALTY HOSPITALS ( 088 )

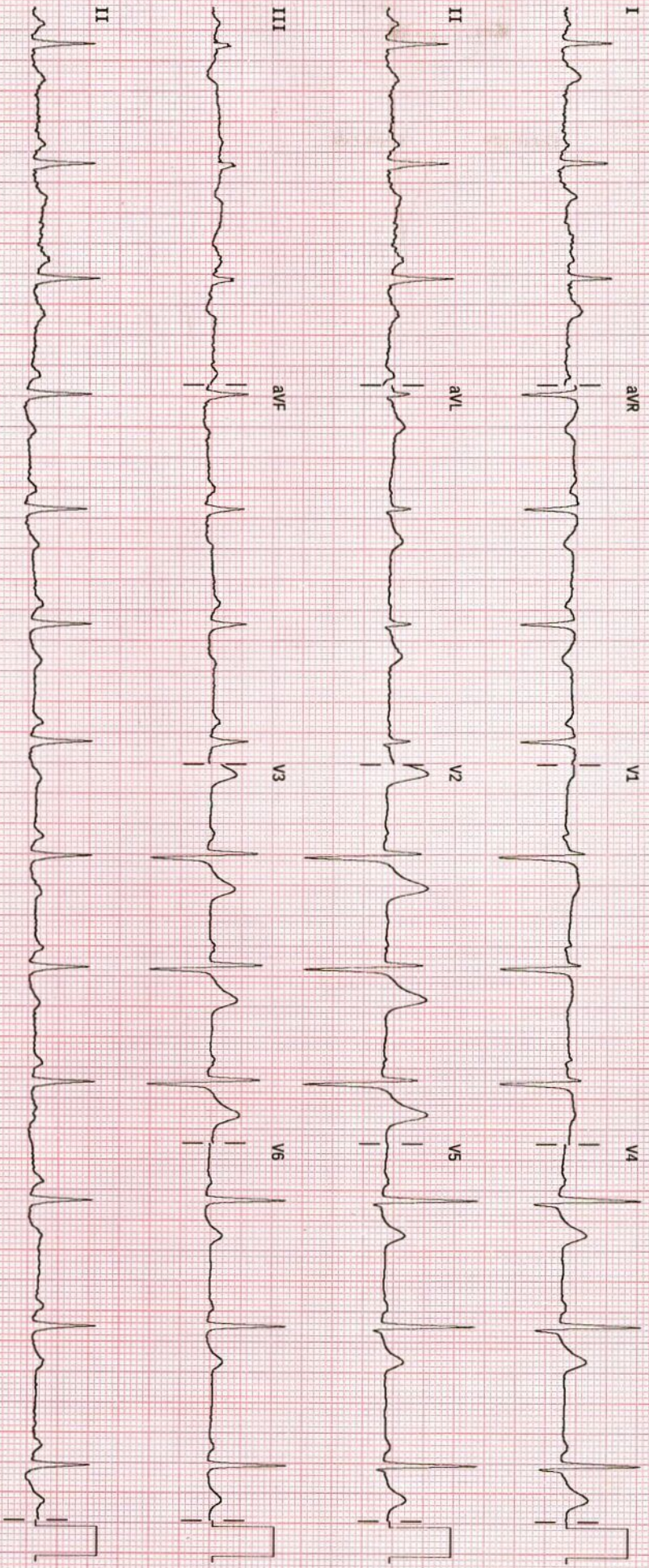
Rate: 78 . SINUS RHYTHM  
 RR 768 . LEAD(S) III WERE NOT USED FOR MORPHOLOGY ANALYSIS  
 PR 159 . BASELINE WANDER IN LEAD(S) V4 V6  
 QRSD 81  
 QT 349  
 QTcB 398

--AXIS--  
 P 65  
 QRS 49  
 T -5  
 12 Leads; Standard Placement

- NORMAL ECG -



*Handwritten signature/initials*  
 EML  
 H



Device:

Speed: 25mm/sec

Limb: 10.0mm/mV

Chest: 10.00mm/mV

F 50-0.50-40 HZ W

119C CL

P2



**OUT- PATIENT RECORD**

Date : 9/11/20  
MRNO : 39205  
Name :- Rosario Hernandez  
Age / Gender : 40  
Mobile No:- \_\_\_\_\_

Department : **M.B.D.N.B.(General Medicine)**  
Consultant **Dr. Amit Shobhavat**  
Reg. No : 2001/09/3124  
Qualification : F.C.C.M, Dip. Diabetology

|               |              |            |                       |
|---------------|--------------|------------|-----------------------|
| Pulse : 70    | B.P : 120/80 | Resp : 16  | Temp : 97.6           |
| Weight : 77.4 | Height : 169 | BMI : 27.1 | Waist Circum : 97-102 |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Chest - 102-104  
SPO<sub>2</sub> - 99%

No symptoms of COVID  
No surgical scars  
No admission  
Family H/O HTN  
M/W/O  
Rx  
Lm 2

Physically fit.

Follow up date:

Doctor Signature



**OUT- PATIENT RECORD**

Date : 9.11.24  
MRNO : \_\_\_\_\_  
Name :- Mr. Rosario P.  
Age / Gender : 40 yrs/M.  
Mobile No:- \_\_\_\_\_

Department : **OPHTHALMOLOGY**  
Consultant **Dr. Neeta Sharma**  
Reg. No : **68446**  
Qualification : MBBS, DIP. Ophthal,DNB (Ophthal)

|          |          |        |                |
|----------|----------|--------|----------------|
| Pulse :  | B.P :    | Resp : | Temp :         |
| Weight : | Height : | BMI :  | Waist Circum : |

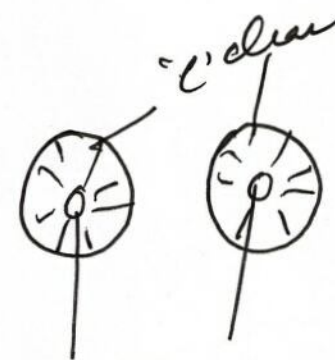
General Examination / Allergies History

Clinical Diagnosis & Management Plan

*for ms.*

*Referred Normal*

*of 15*



*clear*

*of 15*

*AT 6/6*

*AT 6/6*

*of 15*

*AT 15/15*

*AT 15/15*

*for near*

*L. P. S.*

*NSL*

Follow up date:

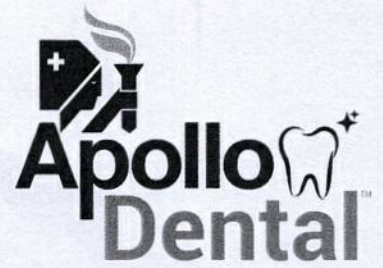
Doctor Signature

**Apollo Spectra Hospitals:** Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088  
Ph No: 022 - 4334 4600 | 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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | www.apollohl.com

# ORAL EXAMINATION FORM



Date: 9/11/2024.

Phone No:-

Source:-

Patient ID: \_\_\_\_\_

MHC

Patient Name: Rosario fernandez Age: 40 Sex: Male  Female

Chief Complaint: Pt 40 bleeding since 2 weeks.

Medical History: -

Drug Allergy: -

Medication currently taken by the Guest:

Initial Screenign Findings:

Dental Caries: - 7

Missing Teeth:

Impacted Teeth:

Attrition / Abrasion: 4/456

Bleeding: +

Pockets / Recession: + Grad 5 lower ant.

Calculus / Stains: ++

Mobility: III Grade I.

Restored Teeth:

Non - restorable Teeth for extraction / Root Stumps:

Malocclusion:

Others:

Advice:-  
- Oral prophylaxis.  
- GIC restor<sup>n</sup> - w.r.t 7  
- Class V restor<sup>n</sup> w.r.t 4/456

Doctor

Name & Signature: Dr. Sayali D.





बैंक ऑफ़ बड़ोदा  
Bank of Baroda



नाम

रोसारियो डोमिनिक फर्नांडिस

Name

Rosario Dominic Fernandes

कर्मचारी कूट क्र.

E.C. No.

160233

जारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature of Holder

## Ccf Team

---

**From:** noreply@apolloclinics.info  
**Sent:** 07 November 2024 17:45  
**To:** rosario.fernandes@bankofbaroda.com  
**Cc:** cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;  
foincharge.cbr@apollospectra.com  
**Subject:** Your appointment is confirmed



**Dear MR. FERNANDES ROSARIO DOMINIC,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR** clinic on **2024-11-09** at **08:00-08:15**.

|                |   |
|----------------|---|
| Payment Mode   |   |
| Corporate Name | <b>ARCOFEMI HEALTHCARE LIMITED</b>  |
| Agreement Name | <b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>                                  |
| Package Name   | <b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]</b> |

"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:**

Customer Pending Tests  
ent skiped



**Patient Name** : Mr. Rosario Fernandes

**Age/Gender** : 40 Y/M

**UHID/MR No.** : SCHE.0000089205

**OP Visit No** : SCHEOPV107699

**Sample Collected on** :

**Reported on** : 09-11-2024 13:03

**LRN#** : RAD2433039

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 22E36742

**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. JAVED SIKANDAR TADVI**  
**MBBS, DMRD, Radiologist**  
Radiology

**Patient Name** : Mr. Rosario Fernandes

**Age/Gender** : 40 Y/M

**UHID/MR No.** : SCHE.0000089205

**OP Visit No** : SCHEOPV107699

**Sample Collected on** :

**Reported on** : 09-11-2024 08:23

**LRN#** : RAD2433039

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 22E36742

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

**Gall Bladder** : Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

**Pancreas**: Normal in size and echopattern.

**Spleen** : Normal in size, echopattern

**Kidneys** : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 9.8 X 4.3 cm.

LK : 9.8 X 5.4 cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

**Urinary bladder**: Well distended with clear contents. Wall thickness is within normal limits.

**Prostate**: appears normal in size and echotexture. .

**IMPRESSION**: **ESSENTIALLY NORMAL WHOLE ABDOMEN.**



**Dr. DEEPIKA RAMESH SINGH**

**MBBS,DNB**

Radiology