

Date: 13/1/24  
MRNO: 06097  
Name: Mr. Kiran Iad.  
Age/Gender:  
Mobile No:  
Passport No:  
Aadhar number:

**OUT-PATIENT RECORD**

Pulse: 66 cm	B.P: 110/70	Resp: 18/min	Temp: (N)
Weight: 74.5	Height: 177	BMI: 23.8	Waist Circum: 91cm

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian  
Sleep: @ BFB (N) No Alcohol  
Alcohol occ No smoking/tobacco  
Pte: Nil. Sugar used Lipid ↑  
① Avoid Sugar/sweets/oil/ghee  
② morning walk 45 mins daily  
③ Repeat Sugar/Lipid after 2 months.

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

Doctor Signature

Follow up date:

**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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name	: Mr.KIRAN A LAD	Collected	: 13/Jan/2024 09:24AM
Age/Gender	: 38 Y 9 M 15 D/M	Received	: 13/Jan/2024 12:21PM
UHID/MR No	: STAR.0000080697	Reported	: 13/Jan/2024 03:25PM
Visit ID	: STAROPV66431	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ADFP21337B		

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 in Number  
 Parasites : No Haemoparasites seen  
 IMPRESSION : Normocytic normochromic blood picture  
 Note/Comment : Please Correlate clinically




DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:BED240008936

TOUCHING LIVES

Patient Name : Mr.KIRAN A LAD	Collected : 13Jan/2024 08:24AM
Age/Gender : 38 Y 9 M 15 D/M	Received : 13Jan/2024 12:21PM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Blo. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	16.2	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	50.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.73	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.7	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,630	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3040.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1914.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	225.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	450.4	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	212000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

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DR. APEKSHA MADAN  
MBBS, DNB  
PATHOLOGY

SIN No:BED240008936

Patient Name	: Mr.KIRAN A LAD	Collected	: 13/Jan/2024 08:24AM
Age/Gender	: 38 Y 9 M 15 D/M	Received	: 13/Jan/2024 12:21PM
UHID/MR No	: STAR.0000060897	Reported	: 13/Jan/2024 03:25PM
Visit ID	: STAROPV66431	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ADFP21337B		

DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic normochromic blood picture  
 Note/Comment : Please Correlate clinically




DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:BED240008936

Patient Name : Mr.KIRAN A LAD	Collected : 13/Jan/2024 08:24AM
Age/Gender : 38 Y 9 M 15 DIM	Received : 13/Jan/2024 12:21PM
UHID/MR No : STAR.0000060697	Reported : 13/Jan/2024 01:56PM
Visit ID : STAROPV66431	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADFP21337B	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	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. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

S/N No:BED240008936



TOUCHING LIVES

Patient Name	: Mr.KIRAN A LAD	Collected	: 13/Jan/2024 03:12PM
Age/Gender	: 38 Y 9 M 15 DIM	Received	: 13/Jan/2024 03:55PM
UHID/MR No	: STAR.0000060697	Reported	: 13/Jan/2024 04:15PM
Visit ID	: STAROPV66431	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ADFP21337B		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	200	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:

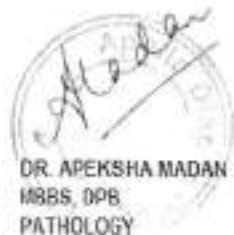
- The diagnosis of Diabetes requires a fasting plasma glucose of  $\geq$  or = 126 mg/dL and/or a random / 2 hr post glucose value of  $\geq$  or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	277	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, DPM  
PATHOLOGY

SIN No:PLP1408584



Patient Name : Mr.KIRAN A LAD	Collected : 13Jan/2024 08:24AM
Age/Gender : 38 Y 9 M 15 DM	Received : 13Jan/2024 04:39PM
UHID/MR No : STAR.000060897	Reported : 13Jan/2024 07:03PM
Visit ID : STAROPV66431	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Ault/TPA ID : ADFP21337B	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	212	mg/dL		Calculated

**Comment:**

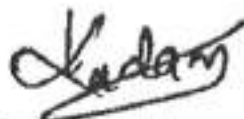
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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
  - HbF >25%
  - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

SIN No: EDT240003752

TOUCH YOUR LIVES  
 Patient Name : Mr.KIRAN A LAD  
 Age/Gender : 38 Y 9 M 15 DM  
 UHID/MR No : STAR.0000060687  
 Visit ID : STAROPV68431  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : ADFP21337B

Collected : 13/Jan/2024 09:24AM  
 Received : 13/Jan/2024 12:11PM  
 Reported : 13/Jan/2024 01:53PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	208	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	328	mg/dL	<150	
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	169	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	65.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.33		0-4.97	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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.




DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SE04599509



TOUCHING LIVES

Patient Name : Mr.KIRAN A LAD  
 Age/Gender : 38 Y 9 M 15 D/M  
 UHID/MR No : STAR.0000060897  
 Visit ID : STAROPV66431  
 Ref Doctor : Dr.SELF  
 Emp/Aut/VTPA ID : ADFP21337B

Collected : 13/Jan/2024 08:24AM  
 Received : 13/Jan/2024 12:11PM  
 Reported : 13/Jan/2024 01:53PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	77.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	5.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2.21		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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

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DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SE04599509

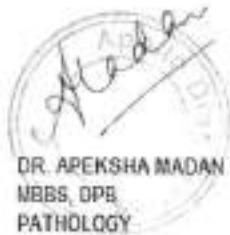


Patient Name : Mr.KIRAN A LAD  
Age/Gender : 38 Y 9 M 15 D/M  
UHID/MR No : STAR.0000060697  
Visit ID : STAROPV66431  
Ref Doctor : Dr. SELF  
Emp/Auth/TPA ID : ADFF21337B

Collected : 13/Jan/2024 08:24AM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:SE04599509

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TOUCHING LIVES

Patient Name	: Mr.KIRAN A LAD	Collected	: 13/Jan/2024 08:24AM
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UHID/MR No	: STAR.0000060097	Reported	: 13/Jan/2024 01:53PM
Visit ID	: STAROPV86431	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ADFP21337B		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.65	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	18.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.70	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE




DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:SE04599509

TOUCHING LIVES

Patient Name : Mr.KIRAN A LAD  
 Age/Gender : 38 Y 9 M 15 D/M  
 UHID/IR No : STAR.0000080687  
 Visit ID : STAROPV66431  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : ADFP21337B

Collected : 13/Jan/2024 08:24AM  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	51.00	U/L	16-73	Glycylglycine Kinetic method

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DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SE04599309

TOUCHING LIVES

Patient Name : M.KIRAN A LAD  
 Age/Gender : 38 Y 9 M 15 D/M  
 UHID/MR No : STAR.0000060697  
 Visit ID : STAROPV66431  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : ADFP21337B

Collected : 13/Jan/2024 08:24AM  
 Received : 13/Jan/2024 11:22AM  
 Reported : 13/Jan/2024 01:54PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.94	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.79	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.680	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 in 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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No: SPL24005937

Patient Name : Mr.KIRAN A LAD Age/Gender : 38 Y 9 M 15 D/M UHID/MR No : STAR.0000060697 Visit ID : STAROPV66431 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : ADFP21337B	Collected : 13/Jan/2024 08:24AM Received : 13/Jan/2024 02:58PM Reported : 13/Jan/2024 04:02PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymal Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	POSITIVE (++++)		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	Few Budding yeast cells seen.			MICROSCOPY
Kindly correlate clinically.				

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

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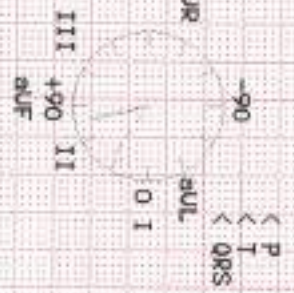



DR. APEKSHA MADAN  
MBBS, DNB  
PATHOLOGY

SIN No: UR2261688

Measurement Results:

QRS	88 ms
QT/QTcB	384 / 405 ms
PR	184 ms
P	106 ms
PR/PP	930 ms
P/QRS/T	80 / 75 / 35 degrees
QTd/QTcBd	34 / 36 ms
Sxslow	1.7 mV
NK	9

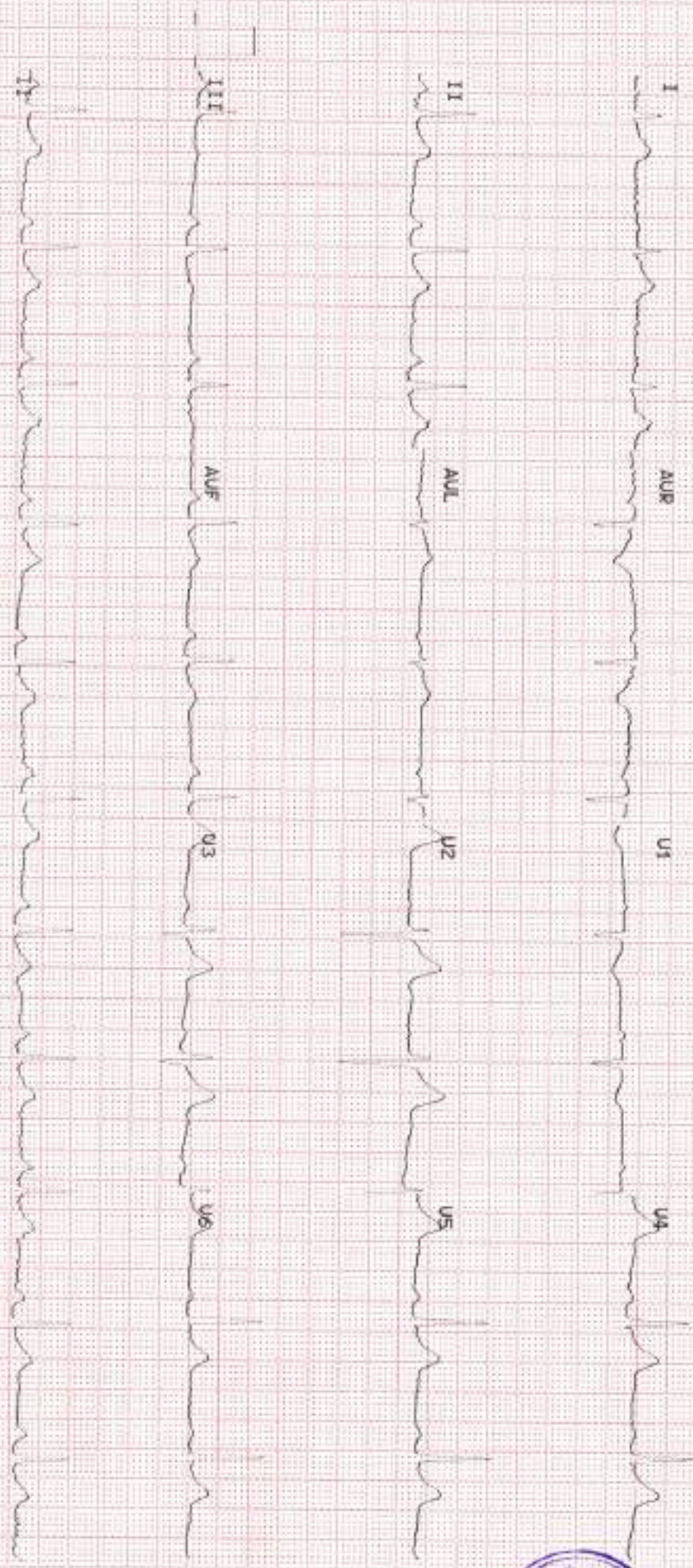


Interpretation: normal ECG

Meevis Norred Smith

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

~~Unconfirmed report.~~



Patient Name	: Mr. KIRAN A LAD	Age	: 38 Y M
UHID	: STAR.0000060697	OP Visit No	: STAROPV66431
Reported on	: 13-01-2024 15:45	Printed on	: 13-01-2024 15:46
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:13-01-2024 15:45

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology



Name : Mr.Kiran Lad  
Age : 24 Year(s)

Date : 13/01/2024  
Sex : Male  
Visit Type : OPD


### ECHO Cardiography

#### Comments:

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:

NORMAL 2DECHOCARDIOGRAPHY REPORT.

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

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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No:040 - 4904 7777 | www.apolloh1.com

Name : Mr.Kiran Lad  
Age : 24 Year(s)

Date : 13/01/2024  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope 70mm/sec

EPSS 04mm

LA 29mm

AO 23mm

LVID (d) 34mm

LVID(s) 20mm

IVS (d) 11mm

LVPW (d) 11mm

LVEF 60% (visual)

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

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Ph No:040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Patient name : MR. KIRAN LAD  
Ref. By : HEALTH CHECK UP

Date : 13-01-2024  
Age : 38 years

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER** : The liver is normal in size, shape & echotexture. 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 11.2 x 4.3 cms and the **LEFT KIDNEY** measures 11.1 x 5.4 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

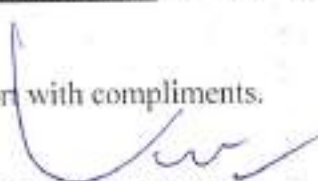
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 2.9 x 2.5 x 2.3 cms and weighs 9.2 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** : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.

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

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 - U85100TG2009PTC098414)  
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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

13/1/24.

**OUT- PATIENT RECORD**

Date :  
MRNO :  
Name :  
Age/Gender :  
Mobile No :  
Passport No :  
Aadhar number :

Kiran Red.

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

pt. for ENT Check-up.

G → }  
N → } WNL  
T → }

Follow up date:

Doctor Signature

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Ph No: 040 - 4904 7777 | www.apollohl.com

# EYE REPORT

Name: *Kvan Red*

Date: *13/01/2014*

Age / Sex: *38 y / M*

Ref No.:

Complaint: *No ocular ab  
100% of SS/AR*

Examination

Spectacle Rx *Vu <sup>6/9</sup> *near 6/60*  
*6/6p**

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

Remarks: *Color ca & near*

Medications: *As K m*

Trade Name	Frequency	Duration

Follow up: *Further & m*

Consultant:



ID *Ibrahim Lead*

Height 177cm

Date 15.1.2024

APOLLO SPECTRA HOSPITAL

Age 38

Gender Male

Time 09:01:00

## Body Composition

	Normal Range
Weight	74.5 kg (58.6 ~ 79.3)
Muscle Mass <small>Skeletal Muscle Mass</small>	31.4 kg (29.5 ~ 36.1)
Body Fat Mass	18.6 kg (8.3 ~ 16.5)
TBW <small>Total Body Water</small>	41.1 kg (38.8 ~ 37.4)
FFM <small>Fat Free Mass</small>	55.9 kg (50.3 ~ 62.7)
Protein	11.0 kg (10.4 ~ 12.7)
Mineral <sup>①</sup>	3.77 kg (3.59 ~ 4.38)

① Mineral is estimated.

## Segmental Lean

Left	Trunk	Right
3.2kg Normal	20.0kg Normal	3.2kg Normal
8.9kg Normal		8.7kg Normal

Lean Mass Evaluation

## Obesity Diagnosis

	Normal Range	Nutritional Evaluation
BMI <small>Body Mass Index</small> (kg/m <sup>2</sup> )	23.8 (18.5 ~ 25.0)	Protein <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
PBF <small>Percent Body Fat</small> (%)	24.9 (10.0 ~ 20.0)	Mineral <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
WHR <small>Waist-Hip Ratio</small>	0.92 (0.80 ~ 0.90)	Fat <input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive
BMR <small>Basal Metabolic Rate</small> (kcal)	1578 (1501 ~ 1875)	Weight Management
		Weight <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input 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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> 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

Left	Trunk	Right
24.1%	23.9%	
1.1kg Over	10.1kg Over	1.1kg Over
21.5%		21.7%
2.6kg Normal		2.6kg Normal

① Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control 2.7 kg Fat Control 8.2 kg Fitness Score 69

## Impedance

Z	RA	LA	TR	RL	LL
20kg	323.4	331.8	27.5	299.1	285.9
100kg	290.4	295.9	22.8	269.0	258.0

\* 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: 71.5kg / Duration: 30min / Unit: kcal)							
Walking	149	Jogging	251	Bicycling	221	Swimming	261
Table tennis	168	Tennis	221	Football	361	Golf	131
Hockey ball	373	Yoga	171	Squash	473	Badminton	224
Push-ups	168	Sit-ups	171	Weight lifting	224	Dumbbell	224
Swimming	261	Swimming	261	Swimming	261	Swimming	261

### 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

2100 kcal

\* Calculation for expected total weight loss for 4 weeks:  $Total\ energy\ expenditure\ (kcal/week) \times 4weeks \div 7700$