

**OUT-PATIENT RECORD**

Date : 17/11/2024  
 MRNO :  
 Name : 060788  
 Age/Gender : Mr. D. Laxmi Bhaskar  
 Mobile No :  
 Passport No : 30 m / male  
 Aadhar number :

Pulse : 60/min	B.P : 110/70 mmHg	Resp : 24/min	Temp : (N)
Weight : 89.4 kg	Height : 169 cm.	BMI : 31.3	Waist Circum : 39"

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

married, Nonvegetarian  
 Sleep : (N) B/B (N) No Allergy.  
 No addiction  
 FH: father : DM  
 UA B  
 • Avoid High Protein diet  
 • Morning walk 45 minutes  
 • Repeat UA after 2 months.

Follow up date:

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



**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.apollohi.com

Patient Name : Mr.D LAKSHMI BHASKAR  
Age/Gender : 30 Y 7 M 14 DM  
UHID/MR No : STAR.0000060788  
Visit ID : STAROPV686541  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 124911

Collected : 17/Jan/2024 08:53AM  
Received : 17/Jan/2024 10:20AM  
Reported : 17/Jan/2024 01:42PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic  
RBC : Normocytic normochromic  
WBC : Normal in number, morphology and distribution. No abnormal cells seen  
Platelets : Adequate in Number  
Parasites : No Haemoparasites seen  
IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically

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DR. APEKSHA MADAN  
MBBS, DPL  
PATHOLOGY

SiN No:BED240011664

Patient Name : Mr.D LAKSHMI BHASKAR  
 Age/Gender : 30 Y 7 M 14 D/M  
 UHID/MR No : STAR.0000060788  
 Visit ID : STAROPV66541  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 124911

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	41.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.3	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,540	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	06	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4373.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2337.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	452.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	377	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	245000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	13	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

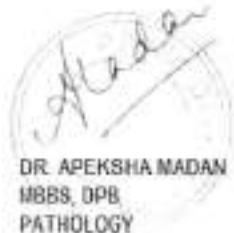
RBC : Normocytic normochromic

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, DPM  
 PATHOLOGY

SEN No:BED240011664



Patient Name : Mr.D LAKSHMI BHASKAR  
Age/Gender : 30 Y 7 M 14 DIM  
UHID/MR No : STAR.0000080788  
Visit ID : STAROPV66541  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 124911

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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

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DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY


SIN No:BED240011664

Patient Name	: Mr.D LAKSHMI BHASKAR	Collected	: 17/Jan/2024 08:53AM
Age/Gender	: 30 Y 7 M 14 DiM	Received	: 17/Jan/2024 10:20AM
UHID/MR No	: STAR.0000060788	Reported	: 17/Jan/2024 01:42PM
Visit ID	: STAROPV66541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/AuthVTPA ID	: 124911		

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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:BED240011664

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TOUCHING LIVES

Patient Name	: Mr.D LAKSHMI BHASKAR	Collected	: 17/Jan/2024 12:30PM
Age/Gender	: 30 Y 7 M 14 DM	Received	: 17/Jan/2024 12:55PM
UHID/MR No	: STAR.000080788	Reported	: 17/Jan/2024 01:58PM
Visit ID	: STAROPV66541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
EmplAuth/TPA ID	: 124911		

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	89	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  $\geq 126$  mg/dL and/or a random / 2 hr post glucose value of  $\geq 200$  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)	112	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:PLP1409072



Patient Name : Mr.D LAKSHMI BHASKAR  
 Age/Gender : 30 Y 7 M 14 DM  
 UHID/MR No : STAR.0000060788  
 Visit ID : STAROPV96541  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 124911

Collected : 17/Jan/2024 08:53AM  
 Received : 17/Jan/2024 04:11PM  
 Reported : 17/Jan/2024 04:57PM  
 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>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

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

5. In cases of interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A. HbF >25%

B. Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240004863



TOUCHING LIVES

Patient Name	Mr.D LAKSHMI BHASKAR	Collected	: 17/Jan/2024 08:53AM
Age/Gender	30 Y 7 M 14 D/M	Received	: 17/Jan/2024 10:20AM
UHID/MR No	STAR.0000060788	Reported	: 17/Jan/2024 11:34AM
Visit ID	STAROPV68541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 124911		

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	174	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	81	mg/dL	<150	
HDL CHOLESTEROL	44	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>113.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.95		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

SLN No:SE04602288



TOUCHING LIVES

Patient Name : Mr.D LAKSHMI BHASKAR  
 Age/Gender : 30 Y 7 M 14 DIM  
 UHID/MR No : STAR.0000060788  
 Visit ID : STAROPV88541  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 124911

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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
<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)	17	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	<b>112.00</b>	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		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 BML.
- 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, DPM  
 PATHOLOGY

SIN No:SE04602288


Patient Name : Mr.D LAKSHMI BHASKAR  
Age/Gender : 30 Y 7 M 14 D/M  
UHID/MR No : STAR.0000060768  
Visit ID : STAROPV68841  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 124911

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DEPARTMENT OF BIOCHEMISTRY

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

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04602288

Patient Name	: Mr.D LAKSHMI BHASKAR	Collected	: 17/Jan/2024 08:53AM
Age/Gender	: 30 Y 7 M 14 DIM	Received	: 17/Jan/2024 10:20AM
UHID/MR No	: STAR.0000060788	Reported	: 17/Jan/2024 01:42PM
Visit ID	: STAROPV66541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 124911		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Blo. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.89	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.00	mg/dL	4.0-7.0	URICASE
CALCIUM	10.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	5.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	96-107	Direct ISE




DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:SE04602288

TOUCHING LIVES

Patient Name : Mr.D LAKSHMI BHASKAR  
 Age/Gender : 30 Y 7 M 14 DIM  
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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	24.00	U/L	16-73	Glycylglycine Kinetic method

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DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:SE04602288

TOUCHING LIVES

Patient Name : Mr.D LAKSHMI BHASKAR  
 Age/Gender : 30 Y 7 M 14 D/M  
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 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)	0.84	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.87	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.810	µIU/mL	0.25-5.0	ELFA

**Comment:**

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone 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 Hypothyroidism
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: SPL24007682

TOUCHING LIVES

Patient Name	: Mr.D LAKSHMI BHASKAR	Collected	: 17/Jan/2024 08:53AM
Age/Gender	: 30 Y 7 M 14 D/M	Received	: 17/Jan/2024 01:13PM
LHID/VR No	: STAR.0000060788	Reported	: 17/Jan/2024 02:05PM
Visit ID	: STAROPV68541	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 124911		

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	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

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DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:LR2263586

*Dr. D Lakshmi Bhaskar*

Measurement Results:

QRS	96 ms
QT/QTcB	406 / 385 ms
PR	150 ms
P	118 ms
RR/PP	1112 / 1110 ms
P/QRS/T	40 / 15 / 5 degrees
QTd/QTcBd	54 / 51 ms
Sokolow	2.4 mV
NK	6



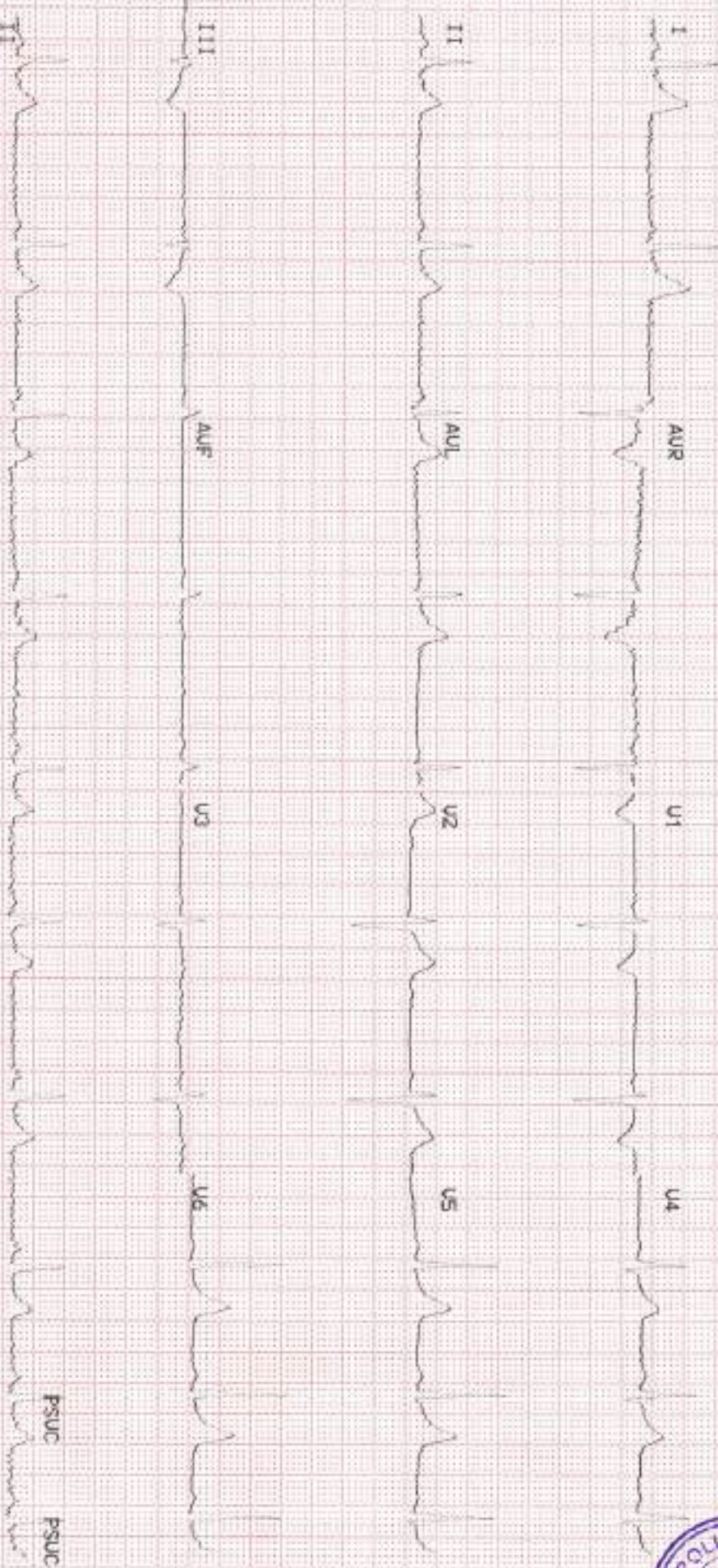
Interpretation:

occasional premature supraventricular complexes  
borderline ECG

*Sinus Bradycardia*

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

Upfront/Imaged Report



PSUC PSUC

17/1/24

25mm/s 10mm/mV ADS 50HZ 0.08 - 20HZ 3f1\_P Automatic U6 2 MIZI (1)

Patient Name	: Mr. D LAKSHMI BHASKAR	Age	: 30 Y M
UHID	: STAR.0000060788	OP Visit No	: STAROPV66541
Reported on	: 18-01-2024 12:18	Printed on	: 18-01-2024 12:19
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:18-01-2024 12:18

---End of the Report---

  
**Dr. VINOD SHETTY**  
Radiology



Date : 17-01-2024  
Age : 30 years

Patient Name : MR. D LAXMI BHASKAR  
Ref. By : HEALTH CHECK UP

**SONOGRAPHY OF ABDOMEN AND PELVIS**

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

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

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

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

**KIDNEYS :** The RIGHT KIDNEY measures 10.4 x 4.2 cms and the LEFT KIDNEY measures 10.7 x 4.5 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 3.2 x 2.5 x 2.2 cms and weighs 9.8 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

Report with compliments.  
DR. VINOD V SHETTY  
MD, D.M.R.D.

CONSULTANT SONOLOGIST.

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 - U85100TG2009FTC099414)

(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.apollohcl.com

Name : Mr.D Laxmi Bhaskar  
Age : 30 Year(s)

Date : 17/01/2024  
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**

Name : Mr.D Laxmi Bhaskar  
Age : 30 Year(s)

Date : 17/01/2024  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	120mm/sec
EPSS	05mm
LA	32mm
AO	31mm
LVID (d)	40mm
LVID(s)	22mm
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)

# EYE REPORT

Name: Mr. D. Lakshmi Bhaskar

Date: 13/07/2014

Age / Sex: 30yr / M

Ref No.:

Complaint: No n/o ocular cl  
No n/o SE/AA

## Examination

U<sub>a</sub> 6/6p  
6/6p

Noce U<sub>a</sub> & No

## Spectacle Rx

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

## Remarks:

Colour U<sub>a</sub> & vision

## Medications:

As & vision

Trade Name	Frequency	Duration

## Follow up:

Freuden & vision

## Consultant:



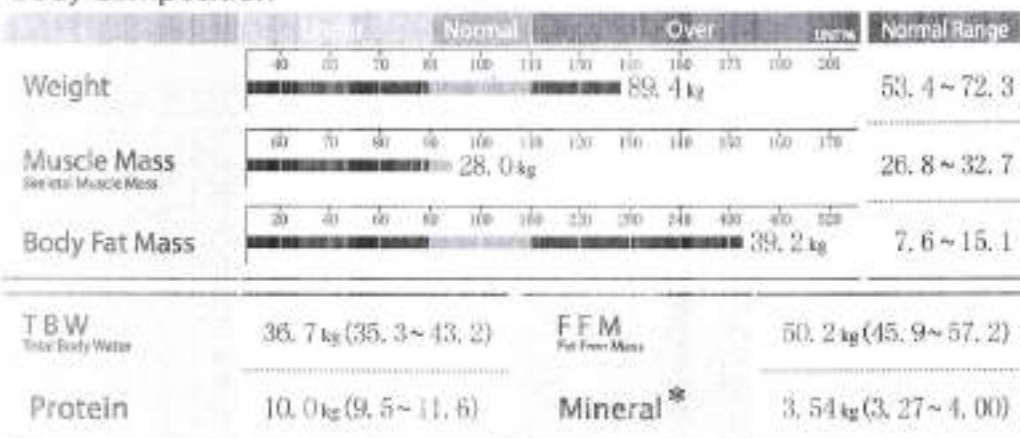
MR D Laxshmi Bhayka  
 ID 060788  
 Age 30

Height 169cm  
 Gender Male

Date 17. 1. 2024  
 Time 09:02:39

APOLLO SPECTRA HOSPITAL

## Body Composition



\* Mineral is estimated.

## Segmental Lean



## Obesity Diagnosis

	Value	Normal Range
BMI <small>Body Mass Index (kg/m<sup>2</sup>)</small>	31.3	18.5 ~ 25.0
PBF <small>Percent Body Fat (%)</small>	43.9	10.0 ~ 20.0
WHR <small>Waist-Hip Ratio</small>	1.07	0.80 ~ 0.90
BMR <small>Basal Metabolic Rate (kcal)</small>	1454	1847 ~ 2176

Nutritional Evaluation	
Protein	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive

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

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

## Segmental Fat



\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control + 3.2 kg    Fat Control - 29.8 kg    Fitness Score 47

## Impedance

Z	RA	LA	TR	RL	LL
20Hz	309.9	375.2	28.6	294.7	300.4
100Hz	327.1	332.2	24.7	258.3	265.3

\* 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: 89.4 kg / Duration: 30min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
179	313	268	313	291	313		
Table Tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
202	268	313	447	170	202		
Rocket ball	Tae-kwon-do	Squash	Basketball	Rope Jumping	Golf		
447	447	447	268	313	157		
Push-ups <small>(strength of upper body)</small>	Sit-ups <small>(abdominal muscle training)</small>	Weight training <small>(with elastic prevention)</small>	Dumbbell exercise <small>(muscle strength)</small>	Elastic band <small>(muscle strength)</small>	Squats <small>(strengthening of lower body muscle)</small>		

### 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

1500 kcal

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