

Apollo Health Check

Name: Vinaykumar Mishra

UHID:42424

Date: 25/03/2023

Date of Birth: 31/01/1975

Age: 48 yrs

Sex: Male

Company Name: Arcofemi – Mediwheel – Full Body Annual Plus – above 50Y Male

Medical Summary

GENERAL EXAMINATION

Vital signs: Height: 182 cm

Weight: 92.5 kg

Pulse: 90 /min

BP: 132/98 mmHg

BMI: 27.94

Physician Consultation

Chief Complaints: Gaseous Trouble

History:

Past History: Known case of Hypertension, Hypothyroidism on Medication, History of Pulmonary Koch's in 1996

Family History: Father had Hypertension and Hypertension in Brother

Addiction: Nil

Allergies: Nil

Exercise: Nil

Systemic Review: NAD

Impression: Clinically normal with Hypertension / Hypothyroidism

Recommendation: Diet & Lifestyle modification

ENT Consultation

No ENT complains.

On Examination: Ear, Nose, Throat – NAD


Dr. Mayur Patel

MD - Physician

Apollo Health Check



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Medical Summary

Vision Check (With Glasses)

Colour Vision: Normal

Far Vision: Normal

Near Vision: Normal

DEPARTMENT OF LABORATORY MEDICINE

Name: Vinaykumar Mishra

Sample Collected Date: 25/03/2023

Gender : Male

Age : 48 Years

<u>Test</u>	<u>Results</u>	<u>Biological Reference Intervals</u>	<u>Units</u>
Hb	13.0	Male: 13-17 Female: 11-15	gm/dl
RBC Count	4.89	4.5 – 5.5	mill/cumm
PCV	40.0	40 – 50	%
MCV	81.7	83 – 101	fl
MCH	26.6	27 – 32	pg
MCHC	32.5	31.5 - 34.5	%
RDW	13.9	11.6 – 14	%
Platelet Count	223000	150000 - 400000	/cumm
Total WBC count	9000	4000 – 11000	/cumm

DIFFERENTIAL COUNT

Neutrophil	67	40-80	%
Lymphocyte	25	20-40	%
Eosinophil	04	1 - 6	%
Monocyte	04	Upto 8	%
Basophils	00	<1-2	%
ESR	10	0 - 20	mm/1hr

BLOOD GROUP B POSITIVE



Dr. Gopi Davara
MBBS DCP

Patient Name : Mr. Vinay Kumar Mishra	Age / Gender : 48Y/Male
UHID/MR No. : FVAD.0000042424	OP Visit No : FVADOPV22577
Visit Date : 25-03-2023 11:14	Reported on : 25-03-2023 14:17
Sample Collected on : 25-03-2023 11:15	Specimen : Serum
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : bobE34605	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIPID PROFILE TEST (PACKAGE)			
HDL	58	30 - 70	mg/dl
VLDL	33.2	7 mg/dl -35mg/dl	mg/dl
Method: Calculated			
RATIO OF CHOLESTEROL / HDL	2.43	0 - 4.5	
Method: Calculated			
CHOLESTEROL	141	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Method: CHOD - PAP			
LDL	49.8*	60 - 150 mg/dl	
Method: Calculated.			
Triglyceride	166	50 - 200	mg/dl
Method: GPO- TOPS			
LDL/HDL:	0.85*	2.5 - 3.5	mg/dl
Method: Calculated			
KFT - RENAL PROFILE-SERUM			
CREATININE	1.02	0.5-1.5	mg/dl
Method: Jaffe			
Urea	22.8	10 - 50	mg/dl
Method: NED-DYE			
Uric Acid	4.5	3.5 - 7.2	mg/dl
Method: URICASE -PAP			
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL	0.96	0.1 - 1.2	mg/dL
Method: Daizo			
BILIRUBIN - INDIRECT	0.56	0.1 - 1.0	mg/dL
Method: Calculated			
TOTAL-PROTIEN:	6.86	Adult: 6.6 - 8.8	gm/dL
Method: Photometric UV test			
ALBUMIN:	3.92	3.5 - 5.2	gm/dL
Method: BCG			
A/G	1.33	1.0 - 2.0	
Method: Calculated			
SGOT /AST.	32		IU/I
Method: IFCC			
ALKA-PHOS	139		U/L
Method: IFCC			
BILIRUBIN - DIRECT	0.40	0-0.5	mg/dL
Method: Daizo			
SGPT/ALT	39	0 - 40	U/L
Method: Daizo			
GGT.	15	10 - 50	U/L

Patient Name : Mr. Vinay Kumar Mishra	Age / Gender : 48Y/Male
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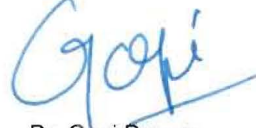
Method: SZAZ

GLOBULIN. Method: Calculated.	2.94	2.8 - 4.5	g/dl
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING). Method: (GOD-POD)	89	70.0 - 110.0	mg/dL
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL). Method: (GOD-POD)	134	80.0 - 140.0	mg/dl

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC009



Dr. Gopi Davara
MBBS DCP

Fasting Urine Sugar Nil

Post Prandial Urine Sugar Nil

Patient Name : Mr. Vinay Kumar Mishra	Age / Gender : 48Y/Male
UHID/MR No. : FVAD.0000042424	OP Visit No : FVADOPV22577
Visit Date : 25-03-2023 11:14	Reported on : 25-03-2023 11:22
Sample Collected on : 25-03-2023 11:15	Specimen : Urine
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : bobE34605	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

Sample Type: Urine

Test	Result
Urine Routine And Microscopy	
PHYSICAL EXAMINATION:	
Volume of urine	25 Millilitre
Colour	Pale Yellow
Specific Gravity	1.015
Deposit	Absent
Appearance	Clear
pH	6.0
Chemical Examination	
Protein	Nil
Sugar	Nil
Ketone Bodies	Nil
Bile Salts	Negative
Bile Pigments	Negative
Urobilinogen	Normal(< mg/dl)
Microscopic Examination	
Pus Cell	1-2/hpf
Red Blood Cells	Nil
Epithelial Cells	2-3/hpf
Cast	Nil
Crystals	Nil

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC017



Dr. Gopi Davara
MBBS DCP



TEST REPORT

Reg. No. : 30301014453	Reg. Date : 25-Mar-2023 11:59	Collected On : 25-Mar-2023 11:59
Name : Mr. VINAYKUMAR MISHRA		Approved On : 25-Mar-2023 14:30
Age : 48 Years	Gender : Male	Ref. No. :
Ref. By :		Dispatch At :
Location : SCIENTIFIC REMEDIES AND HEALTHCARE PVT. LTD. @ SAMA		Tele No. :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1 C			
HbA1c <i>HPLC</i>	5.20	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose <i>Method: Calculated</i>	103	mg/dL	
Sample Type: EDTA Whole Blood			

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 *Or
- Fasting plasma glucose > 126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
- Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
- Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated haemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP) .

This is an electronically authenticated report.

Test done from collected sample.

Printed On: 25-Mar-2023 14:32

Apollo Clinic, Vadodara


Dr. Ankit Jhaveri
MD Pathology
Reg. G-15471



TEST REPORT

Name : Mr. VINAYKUMAR MISHRA	Reg. No : 3032001077
Age/Sex : 48 Years / Male	Reg. Date : 25-Mar-2023 12:55 PM
Ref. By :	Collected On : 25-Mar-2023
Client Name : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TSH *	4.903	µIU/ml	0.55 - 4.78
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

T3 (Triiodothyronine) *	0.75	ng/mL	0.58 - 1.59
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins,especially TBG.

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

Print ON : 25-Mar-2023 05:50 PM



DR. HARDIK PRAJAPATI

Consultant Pathologist



TEST REPORT

Name : Mr. VINAYKUMAR MISHRA
Age/Sex : 48 Years / Male
Ref. By :
Client Name : Apollo Clinic

Reg. No : 3032001077
Reg. Date : 25-Mar-2023 12:55 PM
Collected On : 25-Mar-2023

T4 (Thyroxine) * 14.89 µg/dL 4.50 - 12.60
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY
Sample Type: Serum

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- 1.The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites
- 2.F T4 values may be decreased in patients taking carbamazepine.
- 3.Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

----- End Of Report -----

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Print ON : 25-Mar-2023 05:50 PM

DR. HARDIK PRAJAPATI

Consultant Pathologist

Apollo Clinic, Vadodara



TEST REPORT

Name : Mr. VINAYKUMAR MISHRA	Reg. No : 3032001077
Age/Sex : 48 Years / Male	Reg. Date : 25-Mar-2023 12:55 PM
Ref. By :	Collected On : 25-Mar-2023
Client Name : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) * <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small> Sample Type: Serum	0.79	ng/mL	0 - 4
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Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

----- End Of Report -----

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Print ON : 25-Mar-2023 05:50 PM



DR. HARDIK PRAJAPATI

Consultant Pathologist

Apollo Clinic, Vadodra

Scientific Remedies & Healthcare Pvt. Ltd.

Patient Name: Mr. Vinay Kumar Mishra
Visit No: FVADOPV22577
Cond Doctor: Dr. Radha C. Mohan
Referred By: SELF

MR No: FVAD.0000042424
Age/Gender: 48 Y/M
Conducted Date: 25-03-2023 15:47
Prescribing Doctor:

ECG

RESULTS

1. The rhythm is sinus
2. Heart rate is 79 beats per minute
3. Normal P, QRS, T wave axis
4. Normal PR, QRS, QT duration
5. No pathological Q wave or ST - T changes seen
6. No evidence of chamber hypertrophy or enlargement seen

IMPRESSION : Within Normal Limits.


Dr. Mukul Khakhriyawala
Cardiology Consultant

312 25/03/23 11:14 3yr Contrast 226 166 05

HR : 79 bpm

APOLLO CLINIC VADODARA

Room : 2 Dep: OPD

ID : 0

Name : VINAY KUMAR MISHRA

Gender : M Age : 048 (Yrs)

Height : 000 (cm) Weight: 000 (Kg)

Axes (deg)

P : 27

QRS: -21

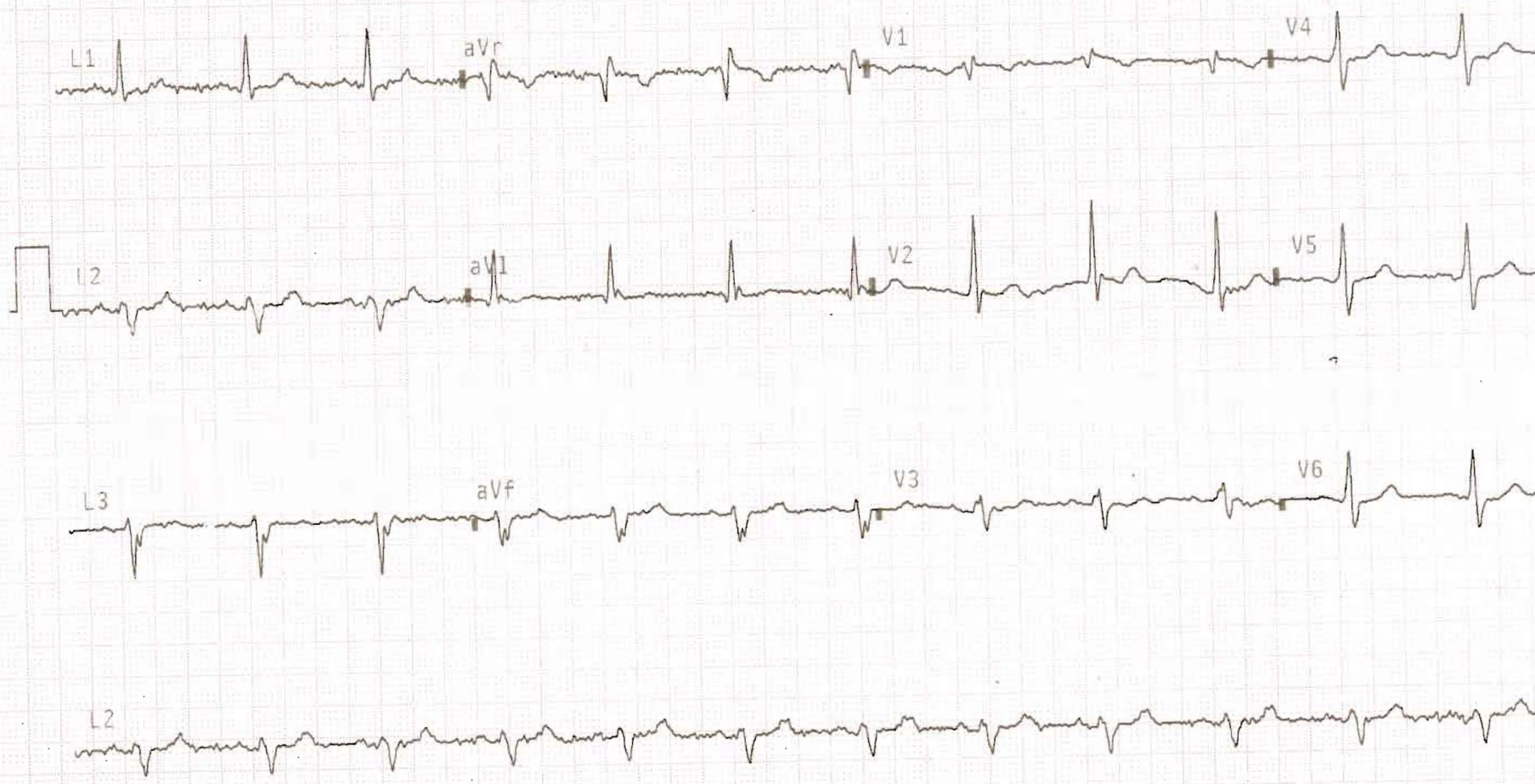
T : 35

Intervals (msec)

PR: 155, QRS: 116

QT: 391, QTc: 450

ST: 110



cont

ECHOCARDIOGRAPHY AND COLOR DOPPLER SCREENING REPORT

NAME : VINAYKUMAR MISHRA

AGE/SEX:48YRS/MALE

DATE: 25/03/2023

OBSERVATIONS:

- NORMAL LV SIZE WITH GOOD SYSTOLIC FUNCTION.
- LVEF 60% (VISUAL).
- NO E/O DIASTOLIC DYSFUNCTION.
- NO RWMA AT REST.
- NORMAL MITRAL VALVE: TRIVIAL MR, NO MS
- NO AR: NO AS
- NO TR, NO PAH
- NORMAL RA, RV WITH GOOD REV FUNCTION
- INTACT IAS/IVS.
- NO E/O CLOT OR VEGETATION
- PERICARDIUM NORMAL

AO-24MM ; LA-29MM ; IVS-08/12MM ; LV-49/25MM ; LVPW-15/18MM

FINAL IMPRESSION: NORMAL LV SIZE WITH GOOD LV SYSTOLIC FUNCTION
NO E/O DIASTOLIC DYSFUNCTION PRESENT.
TRIVIAL MR
LVEF 60% (VISUAL)


DR MAYUR PATEL

MD (PHYSICIAN), PGCCC

Fellow in Echocardiography
(Dr. Randhawa's Institute, Delhi)

NOT VALID FOR MEDICOLEGAL PURPOSE

Name : VINAYKUMAR MISHRA

Date: 25/03/23

Age: 48YRS

Sex: MALE

USG WHOLE ABDOMEN

Liver is fatty (17.2cm) and shows normal echotexture. No focal lesion or dilatation of intrahepatic biliary radicles is seen. Intrahepatic portal venous radicles and hepatic veins appear normal. Porta hepatis reveals no abnormality.

Gall bladder appears normal in size (6.8x1.3cm). No evidence of calculus, mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.

Pancreas is normal in size (Head 1.6cm and Body 1.2cm) and echotexture. No evidence of mass or change in echogenecity is seen. Pancreatic duct is not dilated.

Spleen is normal and size (11.9cm). Portal and splenic veins are normal in calibre.

Both kidneys are normal in size (RK 10.9cm and LK 9.6cm), shape, position and movements. Both kidneys show good corticomedullary differentiation and cortical thickness. No calculus, hydronephrosis, mass, cyst or scarring is seen on both sides.

Urinary bladder is normal. No calculus, filling defect, mass or diverticular noted.

Prostate size (3x4.1x 4.3cm Vol. 20.3cc) and shape normal. No fluid seen in pelvis.

IMPRESSION: Fatty liver. Remaining abdomen normal.



Dr. H. M. PATEL
Consultant Radiologist

RADIOLOGY AND IMAGING

Name: VINAY KUMAR MISHRA

Date: 25.03.2023

Age: 48Yrs

Sex: MALE

CHEST X- RAY (PA VIEW)

Both lung fields show normal markings.

Right costophrenic angle is normal. Left costophrenic angle is shallow due to pleural thickening (h/s/o left pleural effusion and treated also } Under USG no left pleural effusion seen.

Heart is normal. Aorta is normal.

Central pulmonary vessels appear normal.

Domes of diaphragm appear normal.

IMPRESSION: No significant abnormality noted on chest X-ray.



Dr. H. M. PATEL

Consultant Radiologist