

Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:08PM
UHID/MR No : STAR.0000058666	Reported : 16/Sep/2023 03:00PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF HAEMATOLOGY

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

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



SIN No:BED230225048

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	14.7	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.62	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	97.4	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,170	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	64	%	40-80	Electrical Impedence
LYMPHOCYTES	28	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	06	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4588.8	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2007.6	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	143.4	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	430.2	Cells/cu.mm	200-1000	Electrical Impedence

PLATELET COUNT	151000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	02	mm at the end of 1 hour	0-15	Modified Westergren

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Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

Address:

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

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DEPARTMENT OF HAEMATOLOGY

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

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



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Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:54PM
UHID/MR No : STAR.0000058666	Reported : 16/Sep/2023 12:57PM
Visit ID : STAROPV63212	Status : Final Report
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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
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GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	GOD - POD
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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.



Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
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Visit ID : STAROPV63212	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Ref: Marks medical biochemistry and clinical approach

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	94	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

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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)



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	244	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	427	mg/dL	<150	
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	204	mg/dL	<130	Calculated
VLDL CHOLESTEROL	85.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.10		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04484119

Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 05:35PM
Age/Gender : 38 Y 2 M 0 D/M	Received : 17/Sep/2023 07:32AM
UHID/MR No : STAR.0000058666	Reported : 17/Sep/2023 09:49AM
Visit ID : STAROPV63212	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	174.22	mg/dL	<100	Enzymatic Selective Protection



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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
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.90	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	71.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	5.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.10	g/dL	2.0-3.5	Calculated
A/G RATIO	2.52		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, Wilsons'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:

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Test Name	Result	Unit	Bio. Ref. Range	Method
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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.76	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	23.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.90	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.64	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.51	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.150	µIU/mL	0.25-5.0	ELFA

Comment:

Note:

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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No:SPL23132562

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick


BIOCHEMICAL EXAMINATION

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

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


*** End Of Report ***



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PATHOLOGY



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Consultant Pathologist



Patient Name : Mr. Deepesh Kumar

Age/Gender : 38 Y/M

UHID/MR No. : STAR.000058666

OP Visit No : STAROPV63212

Sample Collected on :

Reported on : 16-09-2023 14:58

LRN# : RAD2101174

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8307714060

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

GALL BLADDER : The gall bladder is well distended and shows a solitary intraluminal calculus measuring 20.6 mms in size. The wall is normal in thickness. No pericholecystic fluid collection is noted.

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 10.9 x 4.5 cms and the **LEFT KIDNEY** measures 10.5 x 4.6 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

PROSTATE : The prostate measures 3.2 x 2.7 x 2.6 cms and weighs 12.8 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.
And a solitary Gall stone.
No other significant abnormality is detected.



Dr. VINOD SHETTY
Radiology



भारत सरकार
GOVERNMENT OF INDIA



दीपेश कुमार
Deepesh Kumar
जन्म तिथि/ DOB: 16/07/1985
पुरुष / MALE



2018 4457 8976

आधार-आम आदमी का अधिकार

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. KUMAR DEEPESH
क.कू.संख्या	90046
पदनाम	MARKETING
कार्य का स्थान	MUMBAI,BKC, BARODA CORPORATE C
जन्म की तारीख	16-07-1985
स्वास्थ्य जांच की प्रस्तावित तारीख	16-09-2023
बुकिंग संदर्भ सं.	23S90046100069312E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **13-09-2023** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KUMAR DEEPESH
EC NO.	90046
DESIGNATION	MARKETING
PLACE OF WORK	MUMBAI,BKC, BARODA CORPORATE C
BIRTHDATE	16-07-1985
PROPOSED DATE OF HEALTH CHECKUP	16-09-2023
BOOKING REFERENCE NO.	23S90046100069312E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **13-09-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

Specialists in Surgery

OUT- PATIENT RECORD

Date : 16/9/2023
 MRNO : 58666
 Name : Deepesh Kumar
 Age/Gender : 32 Male
 Mobile No :
 Passport No : 8307714060
 Aadhar number :

Pulse : 72	B.P : 124/80 mmHg	Resp : 16 /min	Temp : (N)
Weight : 77.6	Height : 161 cm	BMI : 29.9	Waist Circum : 98cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian
 Sleep @ BtB @ No Allergy.
 Alcohol occasionally Smoking 3-4/12 year
 Moderately Active No tobacco.
 PH: No
 USG: GB stone Lipidised
 ① Avoid oil/ghee/fried foods
 ② Morning walk as mandatory
 ③ Refer to gen surgeon for GB stone

Dr. (Mrs.) CHHAYA P. VAJA
 M. D. (MUM)
 Physician & Cardiologist
 Reg. No. 56042



Follow up date:

Doctor Signature

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Apollo Spectra Hospitals
156, Famous Cine Labs, Behind
Everest Building, Tardeo,
Mumbai, Maharashtra 400034



Patient Name: Deepak Kumar Age: 38

Address: Mumbai Date: 16/9/2023

↳
- Scaling → ₹ 2250/-
- Filling → ₹ 2350/-



Rinal Modi

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

Apollo Spectra Hospitals

156, Famous Cine Labs, Behind
Everest Building, Tardeo,
Mumbai, Maharashtra 400034



Patient Name: Anjali Kumari Age: 33

Address: Mumbai Date: 16/9/2023

↳
- scaling → Rs 2250/-



Signature

Dr. Rinal Modi B.D.S (Mumbai)

Dental Surgeon

Reg. No. : A -28591

M: 87792 56365 / 98922 90876

E:doctorrinal@gmail.com

EYE REPORT

Name: Deepesh Kumar

Date: 16/9/23

Age / Sex: 38 / M

Ref No.:

Complaint: h/o L.E amblyopia. - childhood.

Examination: - ortho - Ant. seg -
WNL

- 0.5:1 - - 0.5:1 -
FR+ FR+

Spectacle Rx

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/9	+3.0	---		6/60	+2.5	---	
Read								

Remarks: Rev for Rx ≥ 6/12

Medications:

Trade Name	Frequency	Duration

Follow up:

Consultant:



Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:08PM
UHID/MR No : STAR.0000058666	Reported : 16/Sep/2023 03:00PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF HAEMATOLOGY

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

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



Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:08PM
UHID/MR No : STAR.0000058666	Reported : 16/Sep/2023 03:00PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	14.7	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	45.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.62	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97.4	fL	83-101	Calculated
MCH	31.9	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,170	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	64	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4588.8	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2007.6	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	143.4	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	430.2	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	151000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY

ERYTHROCYTE SEDIMENTATION RATE (ESR)	02	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

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



FOUNDED 1983

Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:08PM
UHID/MR No : STAR.0000058666	Reported : 16/Sep/2023 02:15PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



TOU... LIVES

Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:54PM
UHID/MR No : STAR.0000058666	Reported : 16/Sep/2023 12:57PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

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	90	mg/dL	70-100	GOD - POD
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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.



Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 03:26PM
UHID/MR No : STAR.0000058666	Reported : 16/Sep/2023 05:17PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF BIOCHEMISTRY

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

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

Ref: Marks medical biochemistry and clinical approach

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	94	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

FOUNDING LIVES

Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 03:26PM
UHID/MR No : STAR.0000058666	Reported : 16/Sep/2023 05:17PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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)



TOUCHING LIVES

Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:16PM
UHID/MR No : STAR.0000058666	Reported : 17/Sep/2023 01:05PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	244	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	427	mg/dL	<150	
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	204	mg/dL	<130	Calculated
VLDL CHOLESTEROL	85.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.10		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

TOUCHING LIVES

Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:16PM
UHID/MR No : STAR.0000058666	Reported : 17/Sep/2023 01:05PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 05:35PM
Age/Gender : 38 Y 2 M 0 D/M	Received : 17/Sep/2023 07:32AM
UHID/MR No : STAR.0000058666	Reported : 17/Sep/2023 09:49AM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	174.22	mg/dL	<100	Enzymatic Selective Protection



T O U R N A M E N T S

Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:16PM
UHID/MR No : STAR.0000058666	Reported : 16/Sep/2023 05:36PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	71.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	5.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.10	g/dL	2.0-3.5	Calculated
A/G RATIO	2.52		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:

Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:16PM
UHID/MR No : STAR.0000058666	Reported : 16/Sep/2023 05:36PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

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



TOU... BING LIVES

Expertise. Empowering You.

Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
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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

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.76	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	23.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.90	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE



TO UPHOLD LIVES

Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:16PM
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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	19.00	U/L	16-73	Glycylglycine Kinetic method
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Patient Name : Mr.DEEPESH KUMAR	Collected : 16/Sep/2023 10:25AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 16/Sep/2023 12:22PM
UHID/MR No : STAR.0000058666	Reported : 16/Sep/2023 02:14PM
Visit ID : STAROPV63212	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8307714060	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.64	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.51	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.150	µIU/mL	0.25-5.0	ELFA

Comment:

Note:

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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

TOU... LIVES

Patient Name	: Mr.DEEPESH KUMAR	Collected	: 16/Sep/2023 10:25AM
Age/Gender	: 38 Y 2 M 0 D/M	Received	: 16/Sep/2023 12:22PM
UHID/MR No	: STAR.0000058666	Reported	: 16/Sep/2023 02:14PM
Visit ID	: STAROPV63212	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Patient Name : Mr.DEEPESH KUMAR Age/Gender : 38 Y 2 M 0 D/M UHID/MR No : STAR.0000058666 Visit ID : STAROPV63212 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8307714060	Collected : 16/Sep/2023 10:25AM Received : 16/Sep/2023 03:10PM Reported : 16/Sep/2023 05:15PM 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
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***


 DR. APEKSHA MADAN
 M.B.B.S, D.P.B.
 PATHOLOGY


 DR. Sanjay Ingle
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist


 DR. Saachi Pravin Garg
 M.B.B.S, DNB (Pathologist)
 Consultant Pathologist



Patient Name : MR. DEEPEESH KUMAR
Ref. By : HEALTH CHECK UP

Date : 16-09-2023
Age : 38 years

SONOGRAPHY OF ABDOMEN AND PELVIS

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

GALL BLADDER : The gall bladder is well distended and shows a solitary intraluminal calculus measuring 20.6 mms in size. The wall is normal in thickness. No pericholecystic fluid collection is noted.

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 10.9 x 4.5 cms and the **LEFT KIDNEY** measures 10.5 x 4.6 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

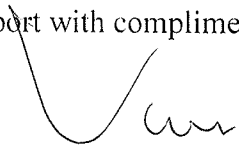
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 3.2 x 2.7 x 2.6 cms and weighs 12.8 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.
And a solitary Gall stone.
No other significant abnormality is detected.

Report with compliments.


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

Name : Mr. Deepesh Kumar
Age : 38 Year(s)

Date : 16/09/2023
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, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Final Impression:

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

Name : Mr. Deepesh Kumar
Age : 38 Year(s)

Date : 16/09/2023
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	80mm/sec
EPSS	05mm
LA	28mm
AO	29mm
LVID (d)	44mm
LVID(s)	21mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

Patient Name	: Mr. Deepesh Kumar	Age	: 38 Y M
UHID	: STAR.0000058666	OP Visit No	: STAROPV63212
Reported on	: 18-09-2023 11:00	Printed on	: 18-09-2023 11:00
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:18-09-2023 11:00

---End of the Report---



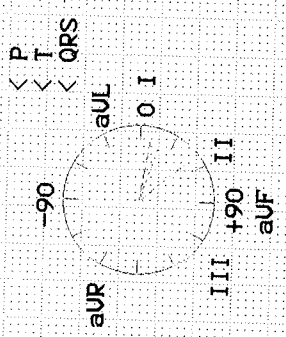
Dr. VINOD SHETTY
Radiology

Mr. Deepesh Kenney 73 ^{years} HR 38ms/m
16/9/2023 5866



Dr. (Mrs.) Chhama R. Vajja
M. D. (NUM)
Physiologist & Cardiologist
Reg. No. 56812

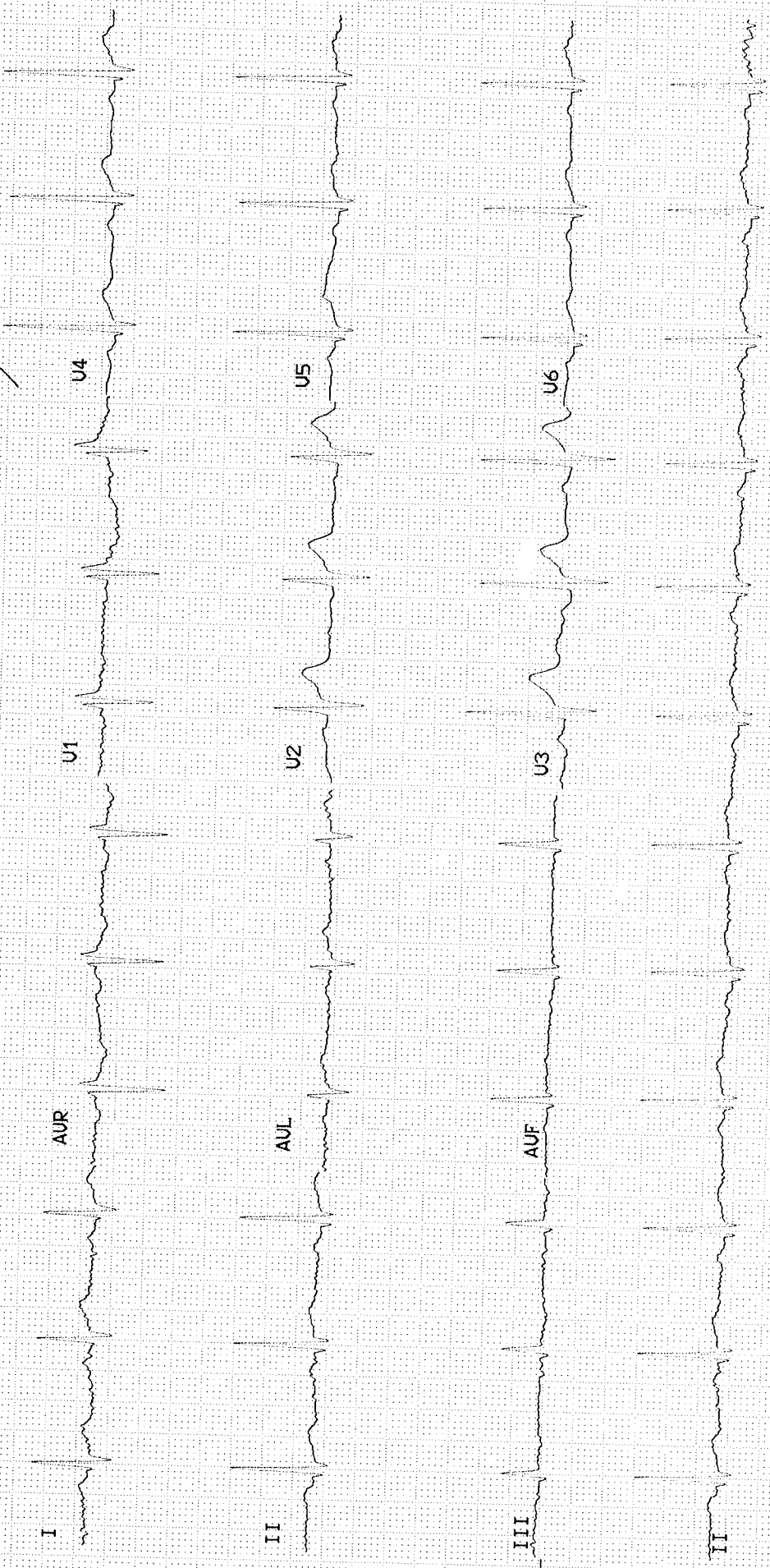
Measurement Results:
QRS : 108 ms
QT/QTcB : 356 / 176 ms
PR : 124 ms
P : 822 / 820 ms
P/QRS/T : 20 / 50 / 10 degrees
QTd/QTcBd : 42 / 46 ms
Sokolow : 2.4 mV
NK : 10



Interpretation:
probably MI (inferior)
incomplete right bundle branch block
R/S inversion area between U1 and U2
probably abnormal ECG

forceful RBBB

Unconfirmed report.



MR. Deepesh Kumar

ID 58666

Age 38

Height 161cm
Gender Male

Date 16.9.2023
Time 12:08:30

APOLLO SPECTRA HOSPITAL

Body Composition

	Normal	Over	UNIT%	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205	77.6 kg		48.5 ~ 65.6
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170	28.5 kg		24.1 ~ 29.5
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 520	26.9 kg		6.8 ~ 13.7
TBW Total Body Water	37.2 kg (32.1 ~ 39.2)		FFM Fat Free Mass	50.7 kg (41.6 ~ 51.9)
Protein	10.1 kg (8.6 ~ 10.5)		Mineral*	3.42 kg (2.97 ~ 3.63)

Segmental Lean	Lean Mass Evaluation
2.9kg Normal	3.0kg Normal
Trunk	
23.9kg Normal	
7.7kg Normal	7.7kg Normal

Obesity Diagnosis

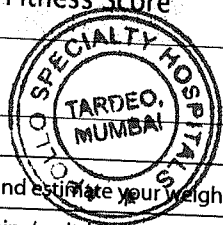
	Value	Normal Range
BMI Body Mass Index (kg/m ²)	29.9	18.5 ~ 25.0
PBF Percent Body Fat (%)	34.6	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.95	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1466	1652 ~ 1937

Nutritional Evaluation	
Protein	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive
Weight Management	
Weight	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
Obesity Diagnosis	
BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
WHR	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over

Segmental Fat	PBF Fat Mass Evaluation
38.0%	36.7%
1.9kg Over	1.8kg Over
Trunk	
14.3kg Over	
31.8%	31.9%
3.8kg Over	3.8kg Over

Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 17.9 kg	Fitness Score	64
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Impedance

Z	RA	LA	TR	RL	LL
20kHz	299.0	309.2	24.2	247.4	245.9
100kHz	263.2	274.4	20.6	215.2	214.4

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

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

Energy expenditure of each activity (base weight: 77.6 kg / Duration: 30min. / unit: kcal)											
Walking	155	Jogging	272	Bicycle	233	Swim	272	Mountain Climbing	253	Aerobic	272
Table tennis	175	Tennis	233	Football	272	Oriental Fencing	388	Gate ball	147	Badminton	175
Racket ball	388	Tae-kwon-do	388	Squash	388	Basketball	233	Rope jumping	272	Golf	137
Push-ups development of upper body		Sit-ups abdominal muscle training		Weight training backache prevention		Dumbbell exercise muscle strength		Elastic band muscle strength		Squats maintenance of lower body muscle	

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

1500 kcal

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

Patient Name : Mr. Deepesh Kumar

Age/Gender : 38 Y/M

UHID/MR No. : STAR.000058666

OP Visit No : STAROPV63212

Sample Collected on :

Reported on : 18-09-2023 11:00

LRN# : RAD2101174

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8307714060

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 .

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Thoracic wall and soft tissues appear normal.

CONCLUSION :

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Dr. VINOD SHETTY
Radiology