

Apollo Health Check



Name: Sanket A. Jadav

UHID:42416

Date: 25/03/2023

Date of Birth: 20/08/1997

Age: 25 yrs

Sex: Male

~~Company Name: Arcofemi – Mediwheel – Full Body Annual Plus – Male – AHC~~

Medical Summary

GENERAL EXAMINATION

Vital signs: Height: 185 cm Weight: 70 kg Pulse: 76 /min
BP: 110/70 mmHg BMI: 20.46

Physician Consultation

Chief Complaints: Nil

History:

Past History: Nil Significant

Family History: Nil Significant

Addiction: Nil

Allergies: Nil

Exercise: Irregular

Systemic Review: NAD

Impression: Clinically normal with Fatty Liver

Recommendation: Diet & Lifestyle modification, TSH/FT4 after 30 days

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

Dental Consultation

On Examination: History of Chewing Tobacco & Supari, Calculus ++, Stains +++

Advice: Habit Counseling. Scaling & Polishing

A handwritten signature in blue ink, appearing to read 'Dr. Rushda Malek', is written over a horizontal line.

Consultant - Dentist

DEPARTMENT OF LABORATORY MEDICINE
Name: Sanket Jadav

Sample Collected Date: 25/03/2023

Gender : Male

Age : 25 Years

<u>Test</u>	<u>Results</u>	<u>Biological Reference Intervals</u>	<u>Units</u>
Hb	15.6	Male: 13-17 Female: 11-15	gm/dl
RBC Count	4.94	4.5 – 5.5	mill/cumm
PCV	49.0	40 – 50	%
MCV	99.1	83 – 101	fl
MCH	31.6	27 – 32	pg
MCHC	31.8	31.5 - 34.5	%
RDW	13.9	11.6 – 14	%
Platelet Count	274000	150000 - 400000	/cumm
Total WBC count	4800	4000 – 11000	/cumm

DIFFERENTIAL COUNT

Neutrophil	55	40-80	%
Lymphocyte	38	20-40	%
Eosinophil	04	1 - 6	%
Monocyte	03	Upto 8	%
Basophils	00	<1-2	%
ESR	06	0 - 20	mm/1hr

BLOOD GROUP B POSITIVE


 Dr. Gopi Davara
 MBBS DCP

Patient Name : Mr. Sanket A Jadav	Age / Gender : 25Y/Male
UHID/MR No. : FVAD.0000042416	OP Visit No : FVADOPV22566
Visit Date : 25-03-2023 10:21	Reported on : 25-03-2023 14:08
Sample Collected on : 25-03-2023 10:39	Specimen : Serum
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : bobE33433	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
HDL	38	30 - 70	mg/dl
VLDL	22.2	7 mg/dl -35mg/dl	mg/dl
Method: Calculated			
RATIO OF CHOLESTEROL / HDL	3.3	0 - 4.5	
Method: Calculated			
CHOLESTEROL	128	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Method: CHOD - PAP			
LDL	67.8	60 - 150 mg/dl	
Method: Calculated.			
Triglyceride	111	50 - 200	mg/dl
Method: GPO- TOPS			
LDL/HDL:	1.7*	2.5 - 3.5	mg/dl
Method: Calculated			
KFT - RENAL PROFILE-SERUM			
CREATININE	1.14	0.5-1.5	mg/dl
Method: Jaffe			
Urea	23.8	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	0.78	0.1 - 1.2	mg/dL
Method: Daizo			
BILIRUBIN - INDIRECT	0.42	0.1 - 1.0	mg/dL
Method: Calculated			
TOTAL-PROTIEN:	7.2	Adult: 6.6 - 8.8	gm/dL
Method: Photometric UV test			
ALBUMIN:	3.75	3.5 - 5.2	gm/dL
Method: BCG			
A/G	1.0	1.0 - 2.0	
Method: Calculated			
SGOT /AST.	15		IU/l
Method: IFCC			
ALKA-PHOS	139		U/L
Method: IFCC			
BILIRUBIN - DIRECT	0.36	0-0.5	mg/dL
Method: Daizo			
SGPT/ALT	13	0 - 40	U/L
Method: Daizo			
GGT.	14	10 - 50	U/L

Patient Name	: Mr. Sanket A Jadav	Age / Gender	: 25Y/Male
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Sample Collected on	: 25-03-2023 10:39	Specimen	: Serum
Ref Doctor	: SELF	Pres Doctor:	:
Emp/Auth/TPA ID	: bobE33433		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

Method: SZAZ			
GLOBULIN.	3.45	2.8 - 4.5	g/dl
Method: Calculated.			
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING).	89	70.0 - 110.0	mg/dL
Method: (GOD-POD)			
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL).	92	80.0 - 140.0	mg/dl
Method: (GOD-POD)			

End of the report

Results are to be correlated clinically



Dr. Gopi Davara
MBBS DCP

Lab Technician / Technologist
VAC009

Fasting Urine Sugar	Nil
Post Prandial Urine Sugar	Nil

Patient Name : Mr. Sanket A Jadav	Age / Gender : 25Y/Male
UHID/MR No. : FVAD.0000042416	OP Visit No : FVADOPV22566
Visit Date : 25-03-2023 10:21	Reported on : 25-03-2023 11:07
Sample Collected on : 25-03-2023 10:39	Specimen : Urine
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : bobE33433	
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	30 Millilitre
Colour	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. : 30301014439 Reg. Date : 25-Mar-2023 11:56 Collected On : 25-Mar-2023 11:56
 Name : Mr. SANKET JADAV Approved On : 25-Mar-2023 13:28
 Age : 25 Years Gender : Male Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SCIENTIFIC REMEDIES AND HEALTHCARE PVT. LTD. @ SAMA

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1 C			
HbA1c <i>HPLC</i>	5.00	%	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>	97	mg/dL	
Sample Type: EDTA Whole Blood			

Criteria for the diagnosis of diabetes

- HbA1c >= 6.5 *Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two hour plasma glucose >= 200mg/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 pas 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) .



TEST REPORT

Name : Mr. SANKET JADAV	Reg. No : 3032001061
Age/Sex : 25 Years / Male	Reg. Date : 25-Mar-2023 12:35 PM
Ref. By :	Collected On : 25-Mar-2023
Client Name : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TSH *	1.947	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) *	1.31	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 05:48 PM



DR. HARDIK PRAJAPATI

Consultant Pathologist

Apollo Clinic, Vadodra

21110



TEST REPORT

Name : Mr. SANKET JADAV	Reg. No : 3032001061
Age/Sex : 25 Years / Male	Reg. Date : 25-Mar-2023 12:35 PM
Ref. By :	Collected On : 25-Mar-2023
Client Name : Apollo Clinic	

T4 (Thyroxine) *	14.15	µg/dL	4.50 - 12.60
<small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>			
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 05:48 PM



DR. HARDIK PRAJAPATI

Consultant Pathologist

Patient Name: Mr. Sanket A Jadav
Visit No: FVADOPV22566
Cond Doctor: Dr. Mayur Patel
Referred By: SELF


MR No: FVAD.0000042416
Age/Gender: 25 Y/M
Conducted Date: 25-03-2023 15:26
Prescribing Doctor:

ECG

RESULTS

1. The rhythm is sinus
2. Heart rate is 56 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. Mayur Patel
MD(Physician)

APOLLO CLINIC VADODARA

Room : 2 Dep: OPD

ID : 25

Name : SANKET A JADAV

Gender : M Age : 025 (Yrs)

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

Axis (deg)

P : 45

QRS: 59

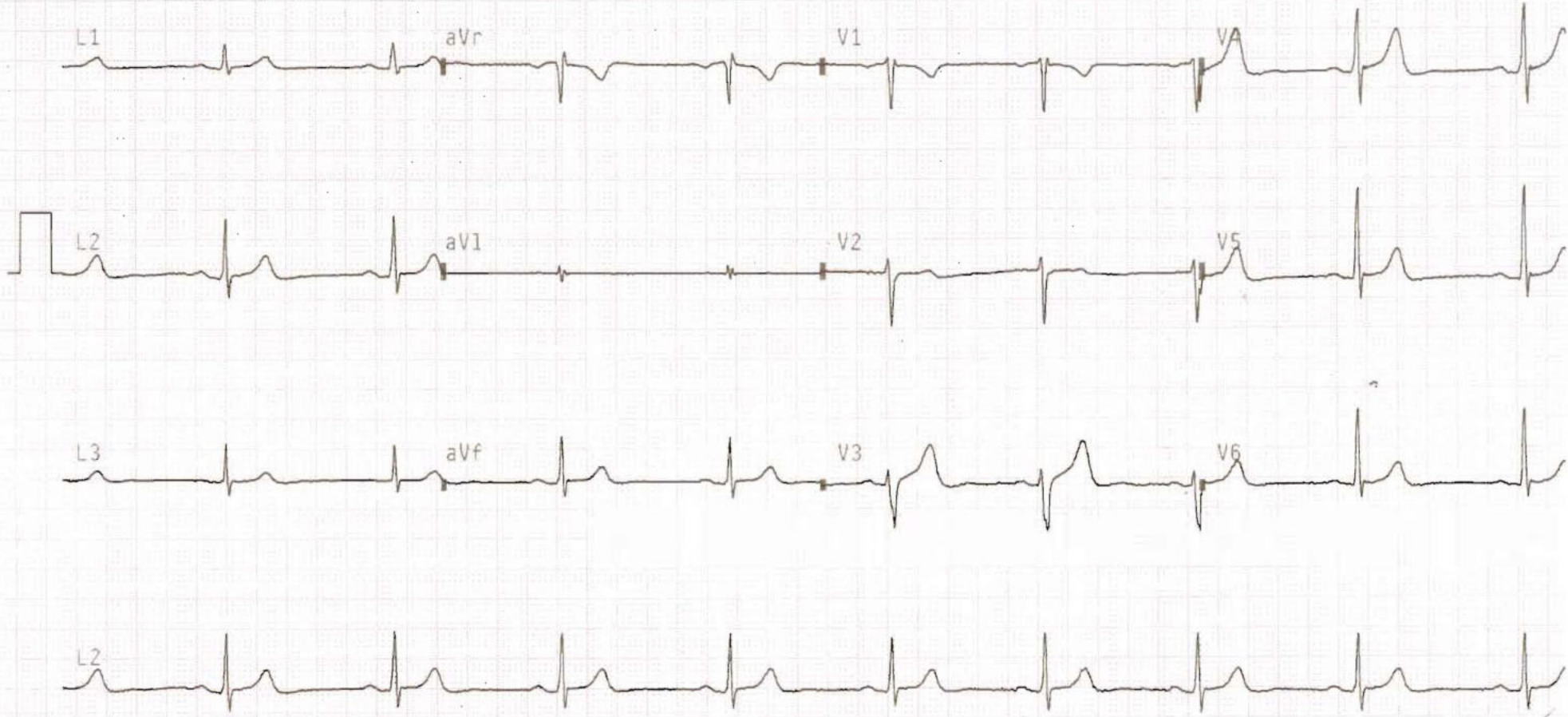
T : 54

Intervals (msec)

PR: 181, QRS: 97

QT: 410, QTc: 397

ST: 27



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ECHOCARDIOGRAPHY AND COLOR DOPPLER SCREENING REPORT

NAME : SANKET A JADAV

AGE/SEX:25YRS/MALE

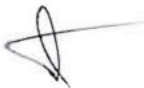
DATE: 25/03/2023

OBSERVATIONS:

- NORMAL LV SIZE WITH GOOD SYSTOLIC FUNCTION.
- LVEF 60% (VISUAL).
- NO E/O DIASTOLIC DYSFUNCTION.
- NO RWMA AT REST.
- NORMAL MITRAL VALVE: NO 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-19MM ; LA-20MM ; IVS-08/11MM ; LV-32/18MM ; LVPW-08/10MM

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



DR MAYUR PATEL
MD (PHYSICIAN), PGCCC
Fellow in Echocardiography
(Dr. Randhawa's Institute, Delhi)

NOT VALID FOR MEDICOLEGAL PURPOSE

3

Name : SANKET A JADAV

Date: 25/03/23

Age: 25YRS

Sex: MALE

USG WHOLE ABDOMEN

Liver is fatty (16.6cm) 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 (5.1x1.3cm). No evidence of calculus, mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.

Pancreas is normal in size (Head 2.1cm and Body 1.3cm) and echotexture. No evidence of mass or change in echogenecity is seen. Pancreatic duct is not dilated.

Spleen is normal and size (9.9cm). Portal and splenic veins are normal in calibre.


Both kidneys are normal in size (RK 10.8cm and LK 10.9cm), shape, position and movements. Left kidney shows 2 mm calculus at interolar region. 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.

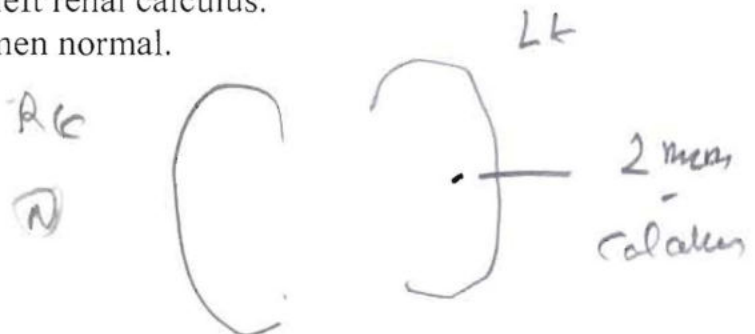
Prostate size (2.6x3.2x 3.1cm Vol. 14cc) and shape normal.

No fluid seen in pelvis.

IMPRESSION: Fatty liver. Tiny left renal calculus.
Remaining abdomen normal.



Dr. H. M. PATEL
Consultant Radiologist



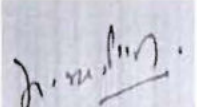
Patient Name	: Mr. Sanket A Jadav	MR No	: FVAD.0000042416
Age/Sex	: 25 Y/M	Visit No	: FVADOPV22566
Pres Doctor	:	Bill Date	: 25-03-2023 10:21
Ref.by	: SELF	Report Date	: 25-03-2023 16:52

CHEST X- RAY (PA VIEW)

Both lung fields show normal markings.
No evidence of collapse or consolidation is seen.
Both costophrenic recesses appear normal.
Cardiac size appears normal.
Central pulmonary vessels appear normal.
Domes of diaphragm appear normal.

IMPRESSION: NORMAL X-RAY CHEST

Technician



Dr. Harshavadan M. Patel
M.B.B.S (DMRD)
Consultant Radiologist