

## Apollo Health Check

Name: Kamlesh C. Panchal

UHID: 42481

Date: 30/03/2023

Date of Birth: 02/01/1986

Age: 37 yrs

Sex: Male

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

### Medical Summary

#### GENERAL EXAMINATION

Vital signs: Height: 180 cm

Weight: 79 kg

Pulse: 82 /min

BP: 128/84 mmHg

BMI: 24.38

#### Physician Consultation

**Chief Complaints:** Complaint of dry cough on medication

**History:**

**Past History:** History of Jaundice 6 years back

**Family History:** Diabetes Mellitus & IHD in Father

**Addiction:** Nil

**Allergy:** Nil

**Exercise:** Walking

**Systemic Review:** NAD

**Impression:** Clinically normal individual

**Recommendation:** Nil

  
**Dr. Mayur Patel**  
MD - Physician

# Apollo Health Check



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## Medical Summary

### ENT Consultation

No ENT complains

On Examination: Ear, Nose, Throat – NAD

  
Dr. Mayur Patel

MD - Physician

### Dental Consultation

On Examination: Murming irt 6 | , Calculus ++, Stain ++

Advice: FPD irt 765 | , Scaling & Polishing

  
Dr. Rushda Malek

Consultant - Dentist

### Vision Check (Without Glasses)

Colour Vision: Normal

Far Vision: Normal

Near Vision: Normal<sup>s</sup>

Patient Name	: Mr. Kamlesh C Panchal	Age / Gender	: 37Y/Male
UHID/IR No.	: FVAD.0000042481	OP Visit No	: FVADOPV22640
Visit Date	: 30-03-2023 09:42	Reported on	: 30-03-2023 12:30
Sample Collected on	: 30-03-2023 12:24	Specimen	: Whole Blood (Edta)
Ref Doctor	: SELF	Pres Doctor:	:
Emp/Auth/TPA ID	: bobS35829		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>HAEMOGRAM</b>			
HAEMOGLOBIN	15.1	13 - 17	gm/dl
Method: Non Cyanide,SlS Based			
RBC COUNT	5.75*	4.5 - 5.5	Mill/Cumm
Method: Electrical Impedence			
HEMATOCRIT(PCV)	45.5	40 - 50	%
Method: Cumulative Pulse			
MCV	79.2*	83 - 101	fl
Method: Calculated			
MCH	26.3*	27 - 32	pg
Method: Calculated			
MCHC	33.2	31.5 - 34.5	%
Method: Calculated			
RDW	13.5	11.6 - 14	%
TOTAL WBC COUNT	6300		/cumm
Method: Electrical Impedence			
NEUTROPHIL	60	40 - 80	%
Method: Microscopy			
LYMPHOCYTE	32	20 - 40	%
Method: Microscopy			
EOSINOPHIL	04	1 - 6	%
Method: Microscopy			
MONOCYTE	04		%
BASOPHIL	00	<1 - 2	%
Method: Microscopy			
PLATELET COUNT	296000	150000 - 400000	/cumm
Method: Electrical Impedence			
ESR	06	0 - 20	mm/hr
Method: Auto			
<b>BLOOD GROUP AND RH TYPE</b>			
BLOOD GROUP AND RH TYPE	B POSITIVE		
Method: Slide Test			

End of the report

Results are to be correlated clinically



Dr. Gopi Davara

Lab Technician / Technologist  
VAC009

<b>Patient Name</b> : Mr. Kamlesh C Panchal	<b>Age / Gender</b> : 37Y/Male
<b>UHID/MR No.</b> : FVAD.0000042481	<b>OP Visit No</b> : FVADOPV22640
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<b>Emp/Auth/TPA ID</b> : bobS35829	
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DEPARTMENT OF LABORATORY MEDICINE

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ESR Method: Auto	06	0 - 20	mm/hr
<b>BLOOD GROUP AND RH TYPE</b>			
BLOOD GROUP AND RH TYPE Method: Slide Test	B POSITIVE		

End of the report

Results are to be correlated clinically



Dr. Gopi Davara

Lab Technician / Technologist  
VAC009

<b>Patient Name</b>	: Mr. Kamlesh C Panchal	<b>Age / Gender</b>	: 37Y/Male
<b>UHID/MR No.</b>	: FVAD.0000042481	<b>OP Visit No</b>	: FVADOPV22640
<b>Visit Date</b>	: 30-03-2023 09:42	<b>Reported on</b>	: 30-03-2023 13:56
<b>Sample Collected on</b>	: 30-03-2023 12:24	<b>Specimen</b>	: Serum
<b>Ref Doctor</b>	: SELF	<b>Pres Doctor:</b>	:
<b>Emp/Auth/TPA ID</b>	: bobS35829		
<b>Sponsor Name</b>	: ARCOFEMI HEALTHCARE LIMITED		

**DEPARTMENT OF LABORATORY MEDICINE**

<b>TEST NAME</b>	<b>RESULT</b>	<b>BIOLOGICAL REFERENCE INTERVALS</b>	<b>UNITS</b>
<b>LIPID PROFILE TEST (PACKAGE)</b>			
HDL	61	30 - 70	mg/dl
VLDL	29.4	7 mg/dl -35mg/dl	mg/dl
Method: Calculated			
RATIO OF CHOLESTEROL / HDL	2.3	0 - 4.5	
Method: Calculated			
CHOLESTEROL	141	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Method: CHOD - PAP			
LDL	<b>50.6*</b>	60 - 150 mg/dl	
Method: Calculated.			
Triglyceride	147	50 - 200	mg/dl
Method: GPO- TOPS			
LDL/HDL:	<b>0.82*</b>	2.5 - 3.5	mg/dl
Method: Calculated			
<b>KFT - RENAL PROFILE-SERUM</b>			
CREATININE	1.10	0.5-1.5	mg/dl
Method: Jaffe			
Urea	25.1	10 - 50	mg/dl
Method: NED-DYE			
Uric Acid	5.22	3.5 - 7.2	mg/dl
Method: URICASE -PAP			
<b>LIVER FUNCTION TEST (PACKAGE)</b>			
BILIRUBIN - TOTAL	0.63	0.1 - 1.2	mg/dL
Method: Daizo			
BILIRUBIN - INDIRECT	0.34	0.1 - 1.0	mg/dL
Method: Calculated			
TOTAL-PROTIEN:	6.91	Adult: 6.6 - 8.8	gm/dL
Method: Photometric UV test			
ALBUMIN:	3.84	3.5 - 5.2	gm/dL
Method: BCG			
A/G	1.25	1.0 - 2.0	
Method: Calculated			
SGOT /AST.	33		IU/l
Method: IFCC			
ALKA-PHOS	192		U/L
Method: IFCC			
BILIRUBIN - DIRECT	0.29	0-0.5	mg/dL
Method: Daizo			
SGPT/ALT	31	0 - 40	U/L
Method: Daizo			
GGT.	19	10 - 50	U/L

<b>Patient Name</b>	: Mr. Kamlesh C Panchal	<b>Age / Gender</b>	: 37Y/Male
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<b>Ref Doctor</b>	: SELF	<b>Pres Doctor:</b>	:
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<b>Sponsor Name</b>	: ARCOFEMI HEALTHCARE LIMITED		

~~Method: SZA~~

<b>GLUCOSE - ( FASTING )</b> GLOBULIN. Method: Calculated.	3.073	2.8 - 4.5	g/dl
<b>GLUCOSE - ( FASTING )</b> GLUCOSE - ( FASTING ). Method: (GOD-POD)	74	70.0 - 110.0	mg/dL
<b>GLUCOSE - ( POST PRANDIAL )</b> GLUCOSE - ( POST PRANDIAL ). Method: (GOD-POD)	100	80.0 - 140.0	mg/dl
<b>URINE GLUCOSE(POST PRANDIAL)</b> URINE GLUCOSE(POST PRANDIAL).	Absent		

**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

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**Ref Doctor** : SELF  
**Emp/Auth/TPA ID** : bobS35829  
**Sponsor Name** : ARCOFEMI HEALTHCARE LIMITED

**Age / Gender** : 37Y/Male  
**OP Visit No** : FVADOPV22640  
**Reported on** : 30-03-2023 12:41  
**Specimen** : Urine  
**Pres Doctor:** :

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

Sample Type: Urine

Test Result  
**Urine Routine And Microscopy**

**PHYSICAL EXAMINATION:**

Volume of urine	30Millilitre
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  
VAC009

  
Dr. Gopi Davara  
MBBS DCP



### TEST REPORT

<b>Reg. No.</b> : 30301016870	<b>Reg. Date</b> : 30-Mar-2023 11:46	<b>Collected On</b> : 30-Mar-2023 11:46
<b>Name</b> : Mr. KAMLESH PANCHAL		<b>Approved On</b> : 30-Mar-2023 12:53
<b>Age</b> : 37 Years	<b>Gender</b> : Male	<b>Dispatch At</b> :
<b>Ref. By</b> :	<b>Ref. No.</b> :	<b>Tele No.</b> :
<b>Location</b> : SCIENTIFIC REMEDIES AND HEALTHCARE PVT. LTD. @ SAMA		

Test Name	Results	Units	Bio. Ref. Interval
<b>HEMOGLOBIN A1 C</b>			
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 hemoglobin, 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) .





**TEST REPORT**

<b>Name</b> : Mr. KAMLESH PANCHAL	<b>Reg. No</b> : 3032001258
<b>Age/Sex</b> : 37 Years / Male	<b>Reg. Date</b> : 30-Mar-2023 11:40 AM
<b>Ref. By</b> :	<b>Collected On</b> : 30-Mar-2023
<b>Client Name</b> : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
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**IMMUNOLOGY**

<b>TSH *</b>	1.398	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

<b>T3 (Triiodothyronine) *</b>	1.09	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





**TEST REPORT**

**Name** : Mr. KAMLESH PANCHAL  
**Age/Sex** : 37 Years / Male  
**Ref. By** :  
**Client Name** : Apollo Clinic

**Reg. No** : 3032001258  
**Reg. Date** : 30-Mar-2023 11:40 AM  
**Collected On** : 30-Mar-2023

**T4 (Thyroxine) \*** 9.99 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 -----

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

Patient Name: Mr. Kamlesh C Panchal  
Visit No: FVADOPV22640  
Cond Doctor: Dr. Radha C. Mohan  
Referred By: SELF

MR No: FVAD.0000042481  
Age/Gender: 37 Y/M  
Conducted Date: 30-03-2023 13:36  
Prescribing Doctor:

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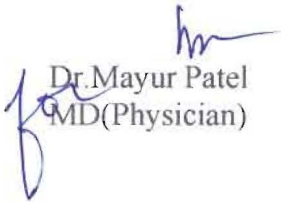
## ECG

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### RESULTS

1. The rhythm is sinus
2. Heart rate is 65 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)

378 30/03/20 08:58 Contrast 226 166 05

HR : 63 bpm

0459 LOT D 942 #

APOLLO CLINIC VADODARA

Room : 2 Dep: OPD

ID : 0  
Name : KAMLESH C PANCHAL

Gender : M Age : 037 (Yrs)

Height : 180 (cm) Weight : 079 (Kg)

Axis (deg)

P : 46

QRS : -89

T : 67

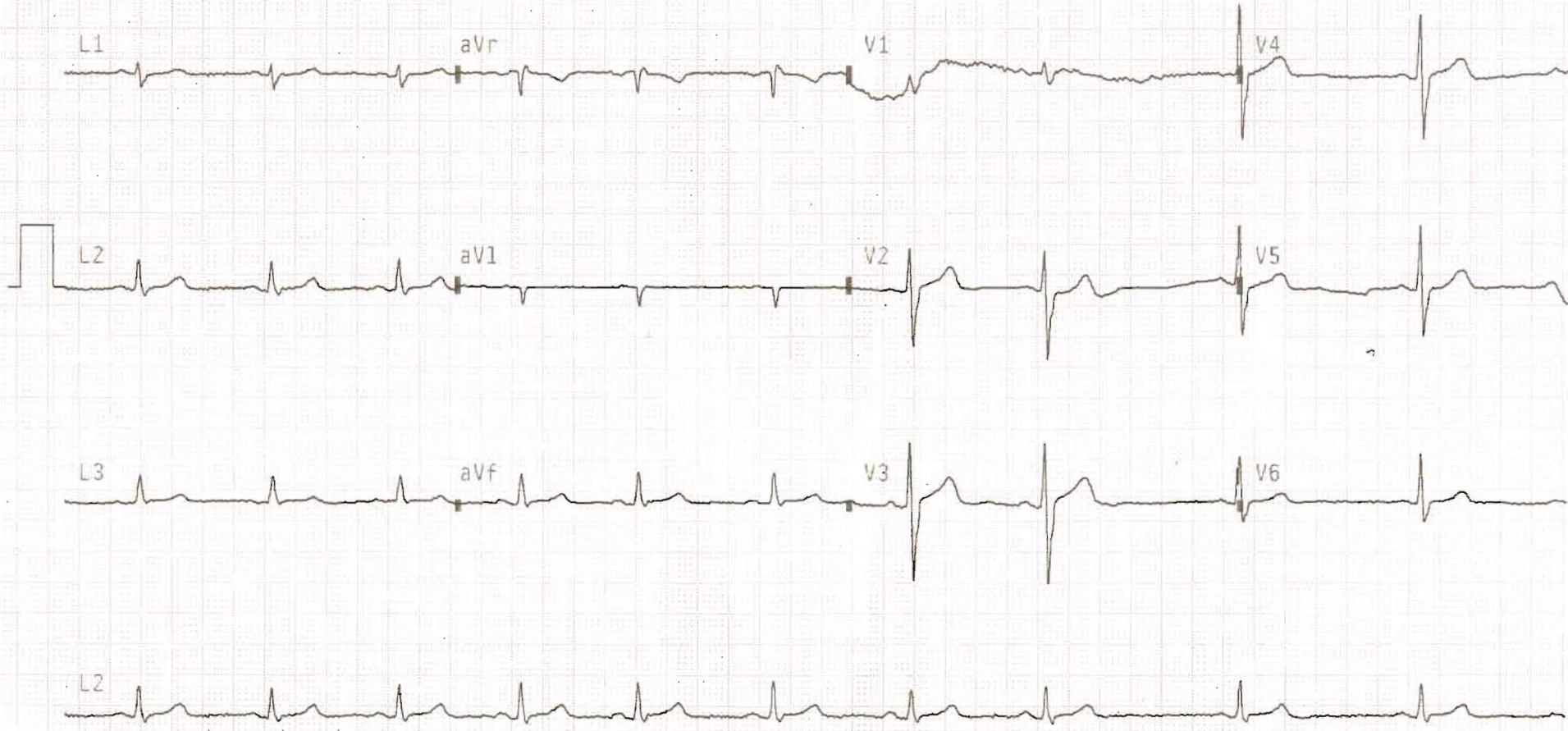
Intervals (msec)

PR: 152, QRS: 113

QT: 396, QTc: 415

ST: 56

(N)



Patient Name: Mr. Kamlesh C Panchal  
Visit No: FVADOPV22640  
Cond Doctor: Dr. Mayur Patel  
Referred By: SELF

MR No: FVAD.0000042481  
Age/Gender: 37 Y/M  
Conducted Date: 30-03-2023 13:25  
Prescribing Doctor:

**TMT(Tread Mill/Stress Test)**

**Result:**

The pre exercise ECG was normal and there is no significant ST segment changes. During peak exercise and recovery there was no significant ST segment change seen. Patient could exercise for 9.00 minutes and 6 seconds of the Bruce Protocol and achieved a work load of 10.16 mets.

He attained a peak heart rate of 178 beats/minute which is 97 % of the predicted maximum. The exercise was terminated owing to attainment of target heart rate. There was no classical angina. Clinically the blood pressure response was 134/90mmHg and there was no S3 S4 gallop in the recovery period.

**IMPRESSION** : TMT is negative for inducible ischemia.



Dr. Mayur Patel  
MD(Physician)

Name : KAMLESH PANCHAL

Date: 30/03/23

Age: 37YRS

Sex: MALE

## USG ABDOMEN

**Liver** is normal ( 143mm) 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 and distended. No evidence of calculus, mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.

**Pancreas** is normal .

**Spleen** is normal and size (95 mm). Portal and splenic veins are normal in calibre.

**Both kidneys** are normal in size (RK 95X48 mm and LK 92X47 mm), 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 ( 29X40X30mm Vol. 18 cc) and shape normal.  
No fluid seen in pelvis.

**IMPRESSION:** Normal sonography of whole abdomen.



**Dr. H. M. PATEL**  
Consultant Radiologist

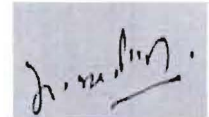
Patient Name	: Mr. Kamlesh C Panchal	MR No	: FVAD.0000042481
Age/Sex	: 37 Y/M	Visit No	: FVADOPV22640
Pres Doctor	:	Bill Date	:30-03-2023 09:42
Ref.by	: SELF	Report Date	: 30-03-2023 13:41

**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