

Patient Name : Mr.PRASHANT B DOSHI
Age/Gender : 52 Y 2 M 18 D/M
UHID/MR No : STAR.0000064141
Visit ID : STAROPV71482
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : E-19920144559

Collected : 13/Jul/2024 09:23AM
Received : 13/Jul/2024 11:02AM
Reported : 13/Jul/2024 12:28PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic


WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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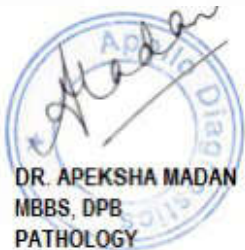
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.03	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.3	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	11.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3422	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1856	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	174	Cells/cu.mm	20-500	Calculated
MONOCYTES	348	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.84		0.78- 3.53	Calculated
PLATELET COUNT	205000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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PATHOLOGY



SIN No:BED240182978

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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Ph: 022 4332 4500

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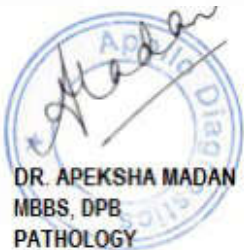
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	108	mg/dL	70-100	GOD - POD

Kindly correlate clinically.

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

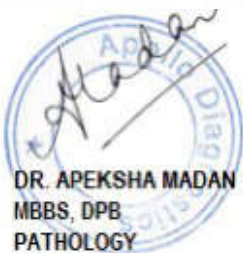
Note:

- 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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Test Name	Result	Unit	Bio. Ref. Range	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	14	U/L	4-44	JSCC

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.


The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL, SERUM	0.60	mg/dL	0.1-1.2	Azobilirubin

Test Name	Result	Unit	Bio. Ref. Range	Method
BUN/CREATININE RATIO, SERUM				
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
CREATININE	1.02	mg/dL	0.6-1.1	ENZYMATIC METHOD
BUN / CREATININE RATIO	7.56			Calculated

Kindly correlate clinically.

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE, SERUM	1.02	mg/dL	0.6-1.1	ENZYMATIC METHOD

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SIN No:SE04779414

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NEGATIVE		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/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

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.



DR. APEKSHA MADAN
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ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

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

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OUT- PATIENT RECORD

Date : 15/7/2024
 MRNO : 60141
 Name : MR. Prashant Doshi
 Age/Gender : 52y / male
 Mobile No :
 Passport No :
 Aadhar number :

Pulse : 88/min	B.P : 120/70	Resp : 18/min	Temp : (N)
Weight : 98.4	Height : 170	BMI : 34.0	Waist Circum : 94 cm

M E L S - 0

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Normal Reports
Physically fit

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



(Handwritten Signature)
Doctor Signature

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
 Ph No: 022-43324500 | 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
 Ph No: 040 - 4904 7777 | www.apollohl.com

ID 0 *Prashant Doshi* | Height 170cm | Date 13. 7. 2024 | APOLLO SPECTRA HOSPITAL
 Age 52 | Gender Male | Time 09:47:48

Body Composition

	Under	Normal	Over	UNIT	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205			kg	54.0 ~ 73.1
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170			kg	27.1 ~ 33.1
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320			kg	7.6 ~ 15.3
TBW Total Body Water	42.3 kg (35.8 ~ 43.7)		FFM Fat Free Mass	57.5 kg (46.4 ~ 57.9)	
Protein	11.3 kg (9.6 ~ 11.7)		Mineral*	3.91 kg (3.31 ~ 4.04)	

* Mineral is estimated.

Segmental Lean	Lean Mass Evaluation
3.6kg Normal	3.6kg Normal
Trunk 28.0kg Normal	
8.6kg Under	8.6kg Under

Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	34.0	18.5 ~ 25.0
PBF Percent Body Fat (%)	41.5	10.0 ~ 20.0
WHR Waist-Hip Ratio	1.12	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1613	1996 ~ 2357

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

Segmental Fat	PBF Fat Mass Evaluation
49.4%	48.8%
3.7kg Over	3.6kg Over
Trunk 42.6%	
22.0kg Over	
35.4%	35.5%
5.0kg Over	5.0kg Over

* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control 0.0 kg | Fat Control - 30.7 kg | Fitness Score 53



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

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

Energy expenditure of each activity (base weight: 98.4 kg / Duration: 30min. / unit: kcal)						
Walking 197	Jogging 344	Bicycle 295	Swim 344	Mountain Climbing 321	Aerobic 344	
Table tennis 222	Tennis 295	Football 344	Oriental Fencing 492	Gate ball 187	Badminton 222	
Racket ball 492	Tae-kwon-do 492	Squash 492	Basketball 295	Rope jumping 344	Golf 173	
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

1700 kcal

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

Measurement Results:

QRS : 102 ms
 QT/QTcB : 346 / 418 ms
 PR : ms
 P : ms
 RR/PP : 730 / 285 ms
 P/QRS/T : / 41 / 38 degrees

Interpretation:

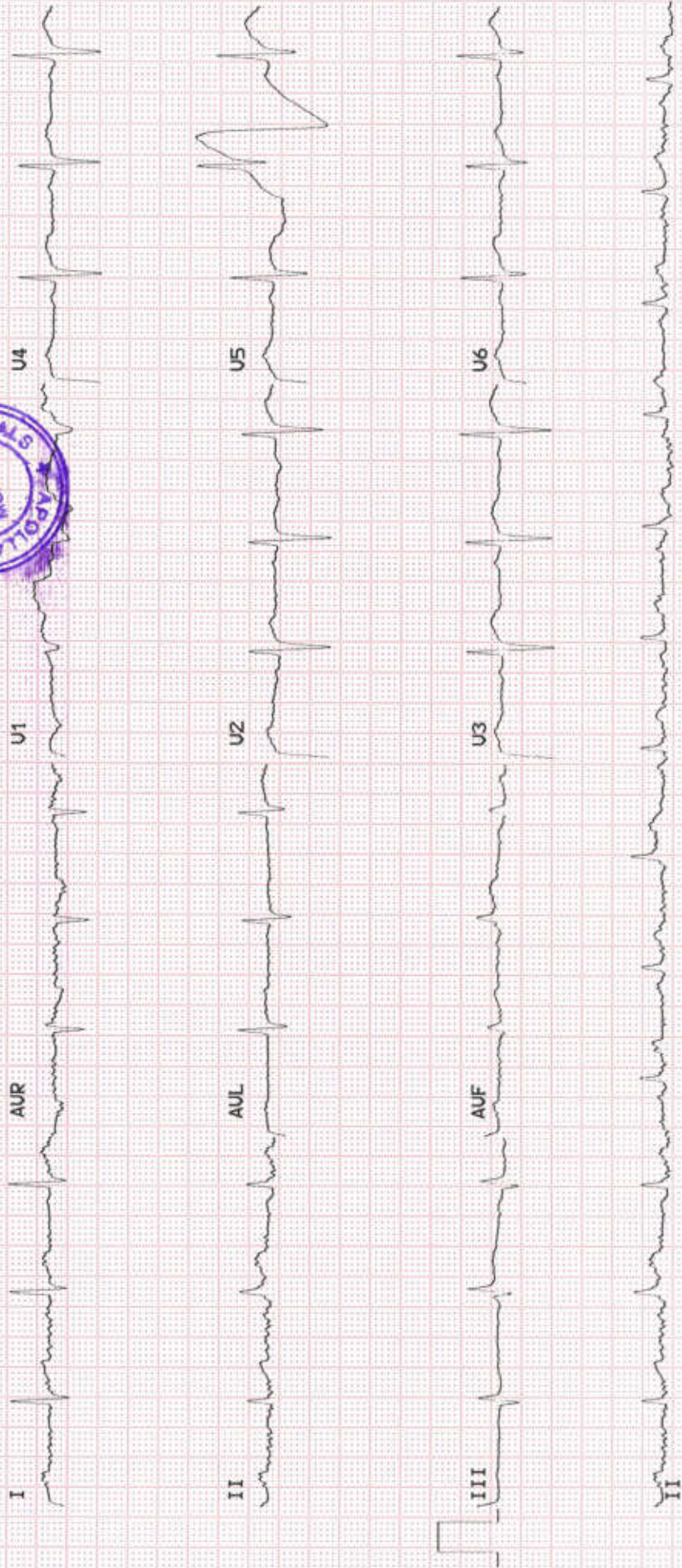
12SL - Interpretation:
 Accelerated Junctional rhythm with occasional Premature
 ventricular complexes
 Abnormal ECG

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

Q wave in lead III



Unconfirmed report.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	108	mg/dL	70-100	GOD - POD

Kindly correlate clinically.

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04779414

Patient Name : Mr.PRASHANT B DOSHI
Age/Gender : 52 Y 2 M 18 D/M
UHID/MR No : STAR.0000064141
Visit ID : STAROPV71482
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : E-19920144559

Collected : 13/Jul/2024 09:23AM
Received : 13/Jul/2024 11:07AM
Reported : 13/Jul/2024 01:09PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	14	U/L	4-44	JSCC

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.


Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL, SERUM	0.60	mg/dL	0.1-1.2	Azobilirubin

Test Name	Result	Unit	Bio. Ref. Range	Method
BUN/CREATININE RATIO, SERUM				
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
CREATININE	1.02	mg/dL	0.6-1.1	ENZYMATIC METHOD
BUN / CREATININE RATIO	7.56			Calculated

Kindly correlate clinically.

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE, SERUM	1.02	mg/dL	0.6-1.1	ENZYMATIC METHOD




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04779414

TOUCHING LIVES
Patient Name : Mr.PRASHANT B DOSHI
Age/Gender : 52 Y 2 M 18 D/M
UHID/MR No : STAR.0000064141
Visit ID : STAROPV71482
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : E-19920144559

Collected : 13/Jul/2024 09:23AM
Received : 13/Jul/2024 01:46PM
Reported : 13/Jul/2024 04:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NEGATIVE		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/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

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY
SIN No:UR2385901



TOUCHING LIVES

Patient Name : Mr.PRASHANT B DOSHI
Age/Gender : 52 Y 2 M 18 D/M
UHID/MR No : STAR.0000064141
Visit ID : STAROPV71482
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : E-19920144559



Collected : 13/Jul/2024 09:23AM
Received : 13/Jul/2024 01:46PM
Reported : 13/Jul/2024 04:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

*** End Of Report ***

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2385901

Patient Name	: Mr. Prashant B Doshi	Age	: 52 Y M
UHID	: STAR.0000064141	OP Visit No	: STAROPV71482
Reported on	: 13-07-2024 11:44	Printed on	: 13-07-2024 11:44
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:13-07-2024 11:44

---End of the Report---


Dr. VINOD SHETTY
Radiology

Patient Name : Mr. Prashant B Doshi

Age/Gender : 52 Y/M

UHID/MR No. : STAR.0000064141

OP Visit No : STAROPV71482

Sample Collected on :

Reported on : 13-07-2024 11:44

LRN# : RAD2377701

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : E-19920144559

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



Dr. VINOD SHETTY
Radiology