

Patient Name	: Mr. ANKUR GOVIL	Age/Gender	: 32 Y/M
UHID/MR No.	: STAR.000060887	OP Visit No	: STAROPV66666
Sample Collected on	:	Reported on	: 22-01-2024 12:17
LRN#	: RAD2213722	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9654511933		

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

Patient Name	: Mr. ANKUR GOVIL	Age/Gender	: 32 Y/M
UHID/MR No.	: STAR.0000060887	OP Visit No	: STAROPV66666
Sample Collected on	:	Reported on	: 22-01-2024 11:04
LRN#	: RAD2213722	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9654511933		

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 reveals normal wall thickness. There is no evidence of calculus seen in it.

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 11.4 x 5.1 cms and the **LEFT KIDNEY** measures 11.0 x 5.3 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 3.3 x 2.6 x 2.4cms and weighs 11.1 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.

BLADDER 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. No other significant abnormality is detected.



Dr. VINOD SHETTY
Radiology

OUT-PATIENT RECORD

Date : 22/1/2024
 MRNO : 60887
 Name : Anil Kumar Goril
 Age/Gender : 32/3 / male
 Mobile No :
 Passport No :
 Aadhar number :

Pulse : 96/mio	B.P : 120/80	Resp : 22	Temp : (N)
Weight : 101.6	Height : 175	BMI : 33.2	Waist Circum : 99cm

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian
 Sleep: (N) BlB (N) No Allergy.
 No addictions ? Allergy to Tab Kifi.
 Hypothyroid since 22 on T. Thyronorm 175-ym OD.
 FH: Mother: Hypertension, DM, Hypothyroid
 Father: Hypertension.
 Physically fit.

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

Follow up date:

Doctor Sign



Patient Name	: Mr.ANKUR GOVIL	Collected	: 22/Jan/2024 09:04AM
Age/Gender	: 32 Y B M 27 D/M	Received	: 22/Jan/2024 09:57AM
UHID/MR No	: STAR.0000060887	Reported	: 22/Jan/2024 12:21PM
Visit ID	: STAROPV66666	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9654511933		

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

SIN No:BED240015543

Patient Name : Mr. ANKUR GOVIL	Collected : 22/Jan/2024 09:04AM
Age/Gender : 32 Y B M 27 DiM	Received : 22/Jan/2024 09:57AM
UHID/MR No : STAR.0000060887	Reported : 22/Jan/2024 12:21PM
Visit ID : STAROPV86886	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9654511933	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	43.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.9	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.3	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,120	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	45	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	12	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2304	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1945.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	256	Cells/cu.mm	20-500	Calculated
MONOCYTES	614.4	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	336000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-15	Modified Westergren
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

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DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240015543

Patient Name : Mr. ANKUR GOVIL
Age/Gender : 32 Y 8 M 27 D/M
UHID/MR No : STAR.0000060887
Visit ID : STAROPV88888
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 9654511933

Collected : 22/Jan/2024 09:04AM
Received : 22/Jan/2024 09:57AM
Reported : 22/Jan/2024 12:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPG
PATHOLOGY

SIN No: BED240015543

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Patient Name : Mr.ANKUR GOVIL	Collected : 22/Jan/2024 09:04AM
Age/Gender : 32 Y B M 27 DiM	Received : 22/Jan/2024 09:57AM
UHID/MR No : STAR.0000060887	Reported : 22/Jan/2024 12:21PM
Visit ID : STAROPV66666	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Autlv/TPA ID : 8654511933	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240015543



Patient Name : Mr. ANKUR GOVIL	Collected : 22/Jan/2024 09:04AM
Age/Gender : 32 Y 8 M 27 D/M	Received : 22/Jan/2024 06:32PM
UHID/MR No : STAR.0000060887	Reported : 22/Jan/2024 07:26PM
Visit ID : STAROPV06666	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9654511933	

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	89	mg/dL	70-100	GOD - POD

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 ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 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)	107	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated

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Dr. Pratibha Kadam
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No: EDT240006525



Patient Name	: Mr. ANKUR GOVIL	Collected	: 22/Jan/2024 09:04AM
Age/Gender	: 32 Y 8 M 27 D/M	Received	: 22/Jan/2024 06:32PM
UHID/MR No	: STAR.0000080887	Reported	: 22/Jan/2024 07:26PM
Visit ID	: STAROPV66666	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9654511933		

DEPARTMENT OF BIOCHEMISTRY

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

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 Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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)



Dr. Pratibha Kadam
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No: ED/240006525



Patient Name : Mr. ANKUR GOVIL	Collected : 22/Jan/2024 09:04AM
Age/Gender : 32 Y 8 M 27 D/M	Received : 22/Jan/2024 03:52PM
UHID/MR No : STAR.0000060887	Reported : 22/Jan/2024 05:25PM
Visit ID : STAROPV86666	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9654511933	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	171	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	148	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	106.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.89		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 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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

SIN No: SE04606354



Patient Name	: Mr. ANKUR GOVIL	Collected	: 22/Jan/2024 09:04AM
Age/Gender	: 32 Y 8 M 27 D/M	Received	: 22/Jan/2024 03:52PM
UHID/MR No	: STAR.0000060887	Reported	: 22/Jan/2024 05:25PM
Visit ID	: STAROPV66666	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 8654511933		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.52	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	104.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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:

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

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

SIN No:SE04606354



Patient Name	: Mr. ANKUR GOVL	Collected	: 22/Jan/2024 09:04AM
Age/Gender	: 32 Y 8 M 27 DM	Received	: 22/Jan/2024 03:52PM
UHID/MR No	: STAR.0000080887	Reported	: 22/Jan/2024 05:25PM
Visit ID	: STAROPV66666	Status	: Final Report
Ref Doctor	: Dr. SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9654511933		

DEPARTMENT OF BIOCHEMISTRY

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



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

SEN No: SE04606354

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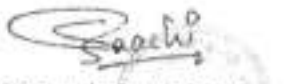


Patient Name	: Mr.ANKUR GOVIL	Collected	: 22/Jan/2024 09:04AM
Age/Gender	: 32 Y B M 27 DM	Received	: 22/Jan/2024 03:52PM
UHID/MR No	: STAR.0000060887	Reported	: 22/Jan/2024 05:25PM
Visit ID	: STAROPV66866	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9954511933		

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	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	19.20	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	3.5-8.5	Uricase
CALCIUM	8.90	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE



DR. Saachi Pravin Garg
M.B.B.S.,DNB(Pathologist)
Consultant Pathologist
SIN No:SE04606354

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UHID/MR No	: STAR.0000060887	Reported	: 22/Jan/2024 06:25PM
Visit ID	: STAROPV66666	Status	: Final Report
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Emp/Auth/TPA ID	: 9554511933		

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	42.00	U/L	15-73	Glycylglycine Nitroanalide



DR. Saachi Previn Garg
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Consultant Pathologist

SIN No:SE04606134

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Patient Name	: Mr.ANKUR GOVIL	Collected	: 22/Jan/2024 09:04AM
Age/Gender	: 32 Y 8 M 27 D/M	Received	: 22/Jan/2024 10:00AM
UHID/MR No	: STAR.0000060887	Reported	: 22/Jan/2024 12:10PM
Visit ID	: STAROPV66886	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9654511933		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.85	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.34	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	0.640	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically

Comment:

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
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma

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DR. APEKSHA MADAN
MBBS, DNB
PATHOLOGY

SIN No: SPL24010218



Patient Name : Mr.ANKUR GOVIL
Age/Gender : 32 Y B M 27 D/M
UHID/MR No : STAR.0000060887
Visit ID : STAROPV66666
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9954511933

Collected : 22/Jan/2024 09:04AM
Received : 22/Jan/2024 10:00AM
Reported : 22/Jan/2024 12:10PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

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DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No: SPL24010218

Patient Name : Mr. ANKUR GOVIL
Age/Gender : 32 Y B M 27 D/M
UHID/MR No : STAR.0000060887
Visit ID : STAROPV66666
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 9554511933

Collected : 22/Jan/2024 08:04AM
Received : 22/Jan/2024 01:10PM
Reported : 22/Jan/2024 03:45PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/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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DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:UR2266302

Patient Name : Mr.ANKUR GOVIL
 Age/Gender : 32 Y 8 M 27 D/M
 UHID/MR No : STAR.0000060887
 Visit ID : STAROPV66667
 Ref Doctor : Dr.SELF

Collected : 22/Jan/2024 12:04PM
 Received : 22/Jan/2024 03:52PM
 Reported : 22/Jan/2024 05:17PM
 Status : Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
FREE T4 (FT4) , SERUM	1.31	ng/dL	0.61-1.12	CLIA

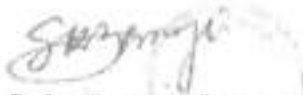
Comment:

FT4 gives corrected values in patients in whom the total T4 is altered on account of changes in serum proteins or in binding sites. Monitoring restoration to normal range is the only laboratory criterion to estimate appropriate replacement dose of levothyroxine because 6-8 weeks are required before TSH reflects these changes. FT4 assays are prone to inaccurate readings in pregnant women. Anticonvulsant drug therapy (particularly phenytoin) may result in decreased FT4 levels due to an increased hepatic metabolism and secondary to displacement of hormone from binding sites.

For pregnant females	Bio Ref Range for Free T4 (ng/dL)
First trimester	0.73-1.13
Second trimester	0.54 - 1.18
Third trimester	0.56 - 1.09

*** End Of Report ***

Page 15 of 15

Dr. Sandip Kumar Banerjee
 M.B.B.S, M.D (PATHOLOGY), D.P.B
 Consultant Pathologist

SIN No: SPL24010400

Measurement Results:

QRS	98 ms
QT/QTcB	350 / 443 ms
PR	182 ms
P	116 ms
PR/PP	624 / 620 ms
P/QRS/T	50 / 50 / 50 degrees
QTd/QTcBd	66 ms
Sx slow	1.8 mV
NK	14



Interpretation:

normal ECG

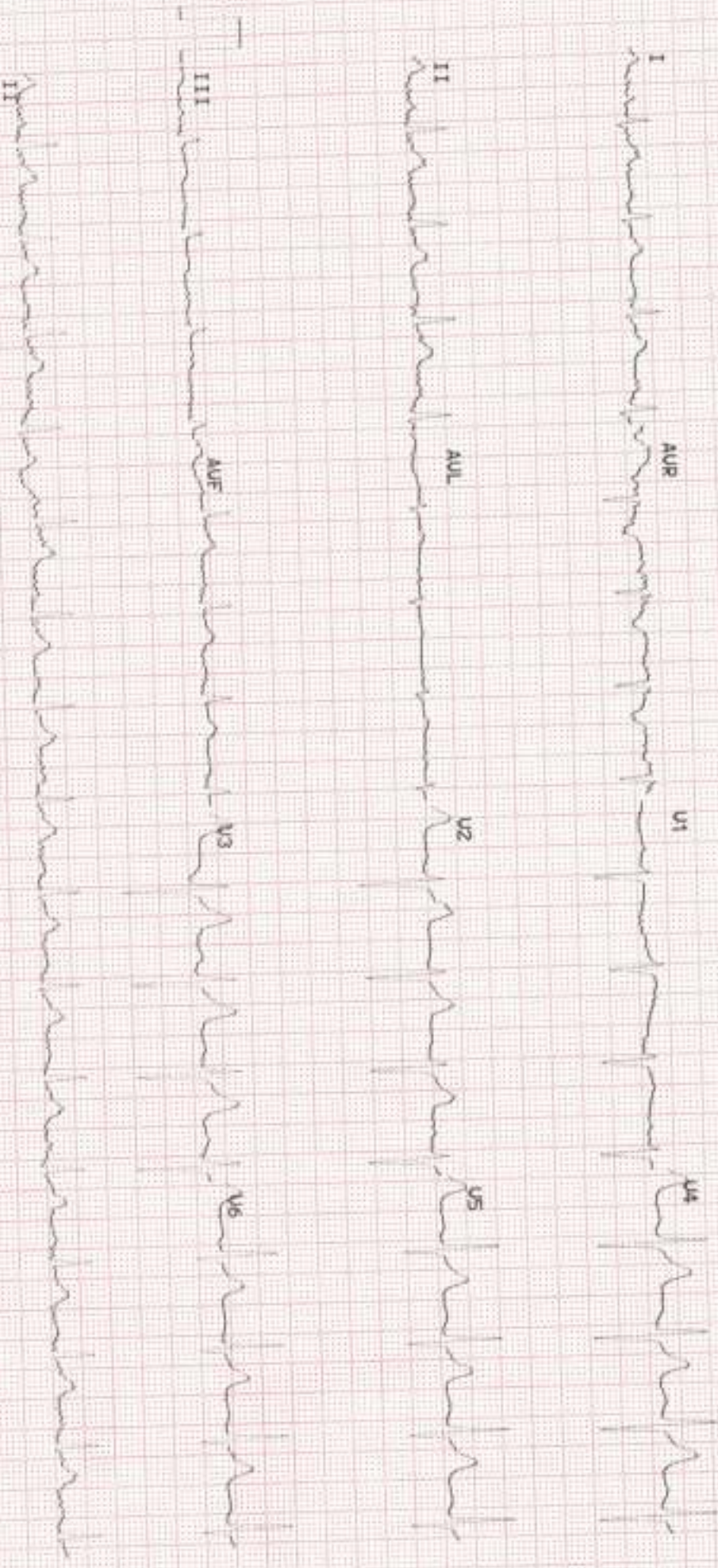
Writain Normal Kaviti

[Signature]

Unconfirmed report.



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



Patient Name : Mr. ANKUR GOVIL
UHID : STAR.0000060887
Reported on : 22-01-2024 12:17
Adm/Consult Doctor :

Age : 32 Y M
OP Visit No : STAROPV66666
Printed on : 22-01-2024 12:17
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:22-01-2024 12:17

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient Name : MR. ANKUR GOVIL
Ref. By : HEALTH CHECK UP

Date : 22-01-2024
Age : 32 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 reveals normal wall thickness. There is no evidence of calculus seen in it.

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 11.4 x 5.1 cms and the **LEFT KIDNEY** measures 11.0 x 5.3 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

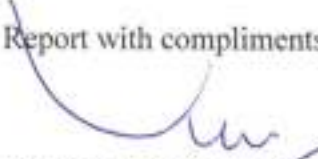
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 3.3 x 2.6 x 2.4cms and weighs 11.1 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. No other significant abnormality is detected.

Report with compliments.


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

Name : Mr. Ankur Govil
Age : 32 Year(s)

Date : 22/01/2024
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

Name : Mr. Ankur Govil
Age : 32 Year(s)

Date : 22/01/2024
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	80mm/sec
EPSS	04mm
LA	31mm
AO	34mm
LVID (d)	44mm
LVID(s)	23mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

Name: Mr Ankur Gouil
Age: 32 yr/M

22/01/2024

- For Health Consultation
- Offers no complaints related to ENT
- On Thysonosum for Hypothyroidism

O/E - Ears -



B/L TM intact, mobile

Nose -



Mild deviation
of septum to (L)
Mucosa @
No discharge

Throat - Granular pharyngitis


MAJ (DR) SHRUTI ANIL SHARMA
M.S. (ENT), PGDHHM, PGDMLS
MMC - 2019096177

EYE REPORT

Name: Mr. Ankur Govil

Date: 22/01/2024

Age / Sex: 32y / M

Ref No.:

Complaint:

do - watery (20)
~~As~~ Kldo Myppsthyroidism - 720g L/R

Examination

Spectacle Rx

U. i. A. < 6/6
6/6

Nose U. i. A.

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance								
Read								

Remarks:

Worse U. i. A. & worse

Medications:

As < worse

Trade Name	Frequency	Duration

Follow up:

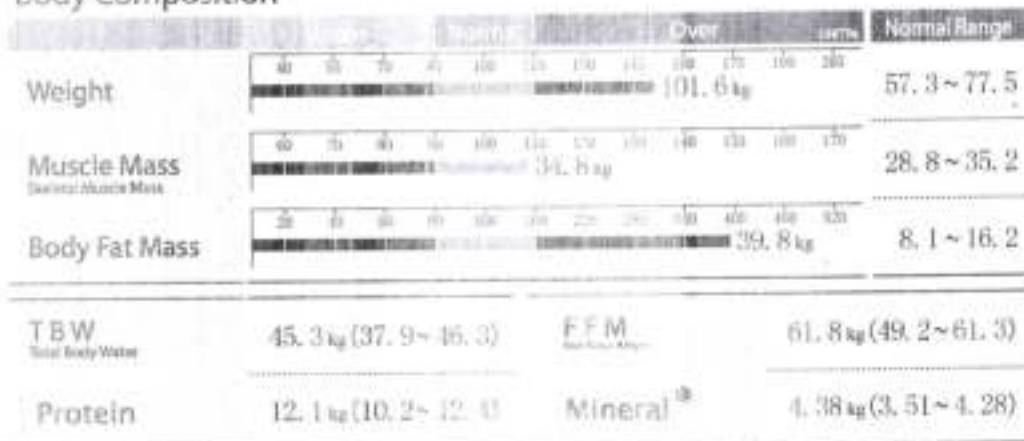
Prescribe & more

(20) As
Myppsthyroid 50g L/R
500g L/R

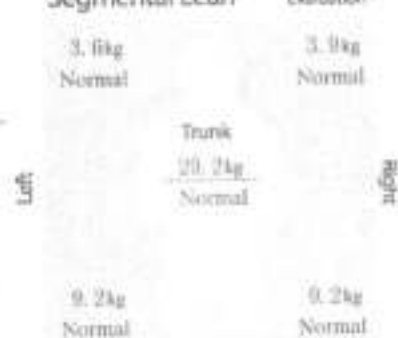
Consultant:

ID: 0 *Anilave Gavil* Height: 175cm Date: 22.1.2024 APOLLO SPECTRA HOSPITAL
 Age: 32 Gender: Male Time: 09:44:49

Body Composition



Segmental Lean



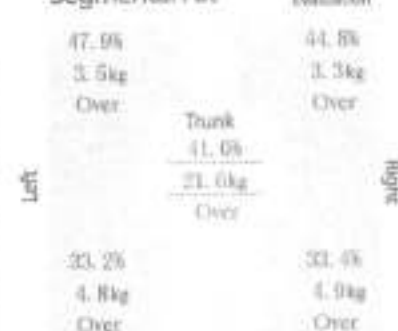
Obesity Diagnosis

BMI <small>Body Mass Index</small>	(kg/m ²)	33.2	18.5 ~ 24.9
PBF <small>Percent Body Fat</small>	(%)	39.1	10.0 ~ 20.0
WHR <small>Waist-Hip Ratio</small>		1.12	0.80 ~ 0.90
BMR <small>Basal Metabolic Rate</small>	(kcal)	1706	2049 ~ 2422

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		
SMM	<input type="checkbox"/> Normal	<input type="checkbox"/> Under <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



Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	29.8 kg	Fitness Score	56
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Impedance

Z	RA	LA	TR	RL	LL
200w	297.6	325.3	22.2	235.8	269.6
100w	262.8	292.3	18.4	239.9	241.9

* 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: 101.0 kg / Duration: 30min. / unit: kcal)											
Walking	203	Jogging	356	Cycling	325	Swimming	325	Mountain Climbing	331	Aerobic	356
Table Tennis	230	Tennis	305	Football	350	Oriental Fencing	308	Golf ball	193	Badminton	230
Racket ball	508	Tae-kwon-do	508	Squash	308	Baseball	343	Rope jumping	356	Golf	179
Push-ups (one-legged)	508	Sit-ups (one-legged)	508	Weight lifting	308	Dumbbell	308	Elastic band	308	Squats	308

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

1800 kcal

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

DIETARY GUIDELINES FOR LOW FAT DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable soups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

FOOD ALLOWED

FOOD GROUPS	FOOD ITEMS
Cereals	Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc.
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc.
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetable. Except listed in foods to avoid list.
Fruits	All types of Fruits.
Nuts	2 Almonds, 2 walnuts, 1 dry anjeer , dates , pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non Veg	2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form.

FOODS TO AVOID

Sabudana , Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.