

Patient Name : Mr.NIKETESH RAMESH AMBAVKAR  
Age/Gender : 34 Y 3 M 0 D/M  
UHID/MR No : STAR.0000055335  
Visit ID : STAROPV57985  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 185515

Collected : 25/Mar/2023 09:27AM  
Received : 25/Mar/2023 11:44AM  
Reported : 25/Mar/2023 02:41PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:44AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 02:41PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**HEMOGRAM , WHOLE BLOOD-EDTA**

<b>HAEMOGLOBIN</b>	14.6	g/dL	13-17	Spectrophotometer
PCV	44.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.4</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,100	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	62	%	40-80	Electrical Impedence
LYMPHOCYTES	34	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	02	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3162	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1734	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	102	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	<b>102</b>	Cells/cu.mm	200-1000	Electrical Impedence

<b>PLATELET COUNT</b>	234000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	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  
IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically



SIN No:BED230075702

**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

Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:44AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 05:10PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA**

BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230075702

**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

Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:46AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 11:47AM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes





Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 03:01PM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 03:57PM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 05:11PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA</b>	77	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.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 04:06PM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 05:34PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

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

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:EDT230031121

**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

Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:29AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 03:41PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	137	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	106	mg/dL	<150	
HDL CHOLESTEROL	<b>35</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.91		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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:29AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 05:10PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>46</b>	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	76.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.27</b>		0.9-2.0	Calculated



Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:29AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 03:41PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.92	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	21.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.70	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	<b>4.50</b>	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE



Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:29AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 05:10PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	70.00	U/L	15-73	Glycylglycine Nitoranalide





Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:27AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 02:24PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	0.98	ng/mL	0.67-1.81	ELFA
Thyroxine (T4, TOTAL)	6.07	µg/dL	4.66-9.32	ELFA
Thyroid Stimulating Hormone (TSH)	1.670	µIU/mL	0.25-5.0	ELFA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

**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



Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 01:18PM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 03:41PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**COMPLETE URINE EXAMINATION , 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	NEGATIVE		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**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

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



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



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

Page 12 of 12



SIN No:UR2085224

**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



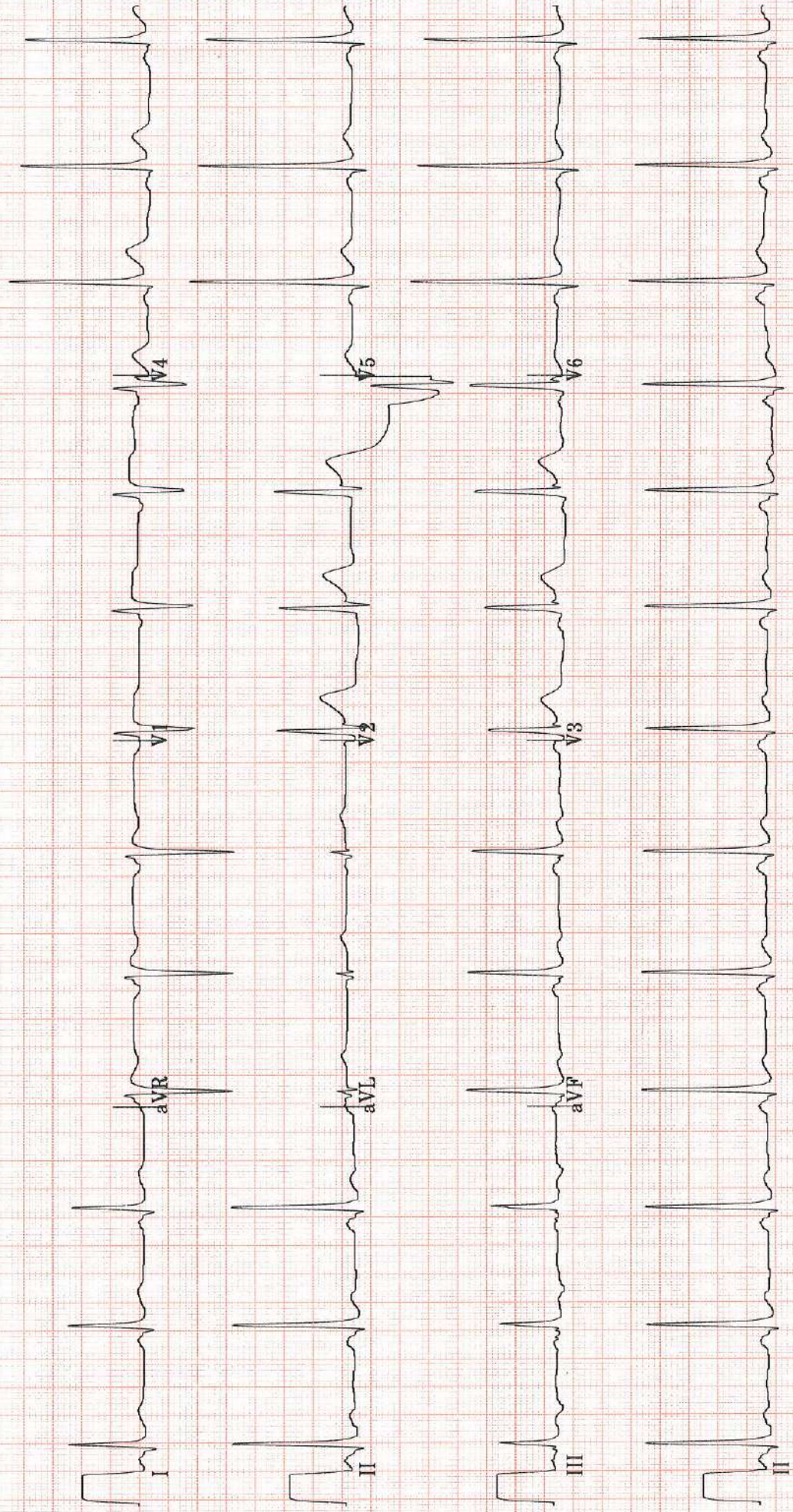
12 LEAD REPORT

AMBAVKAR, NIKETESH  
ID: 000055335  
25-Mar-2023  
12:34:32

74bpm  
BP: 120/90

PRETEST  
SUPINE  
3:05

BRUCE  
\*\* \*mph  
\*\* \*%





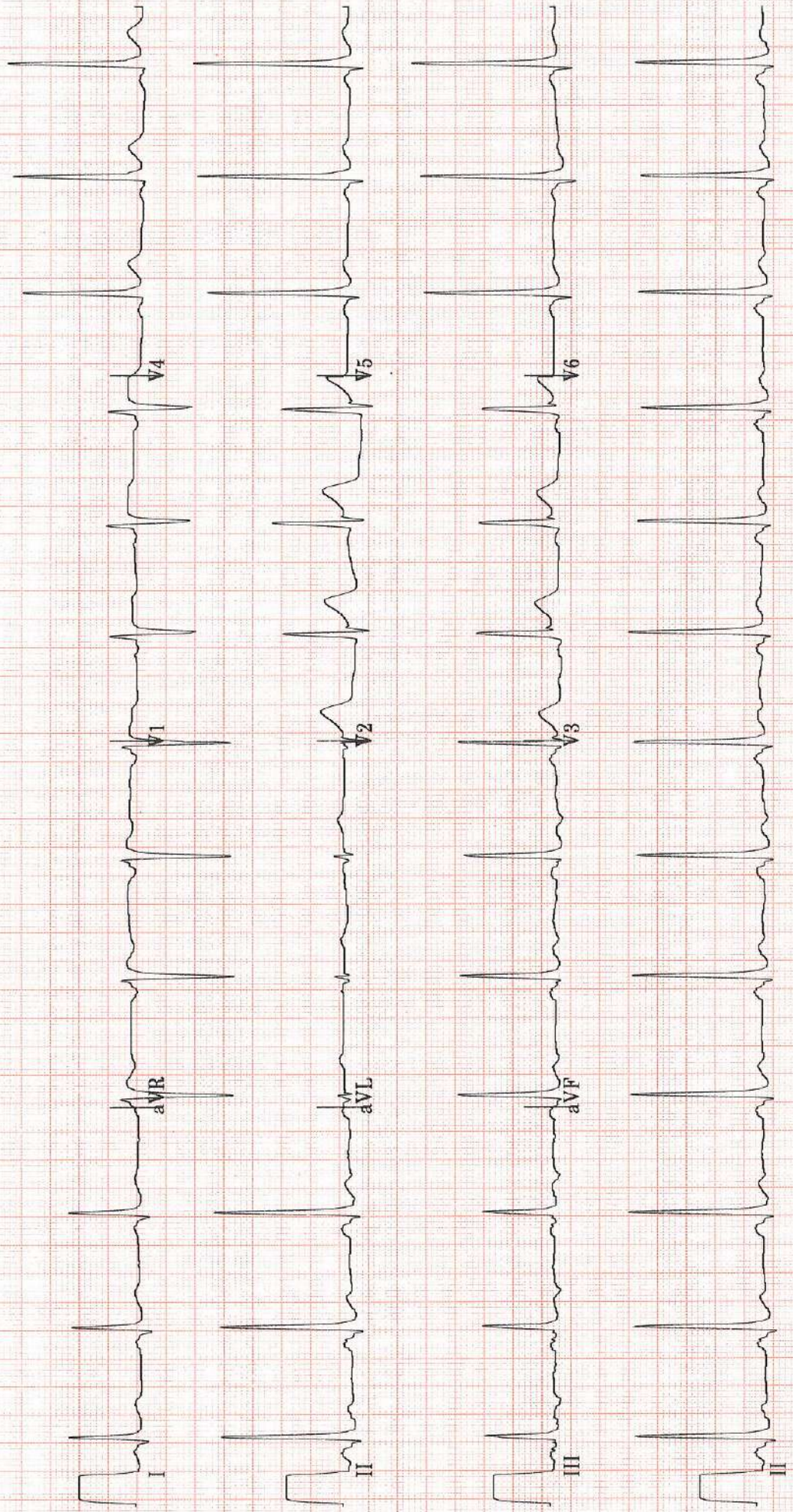
12 LEAD REPORT

AMBAVKAR, NIKETESH  
ID: 000055335  
25-Mar-2023  
12:34:47

75bpm

PRETEST  
STANDING  
3:20

BRUCE  
\*\* \*mph  
\*\* \*%





12 LEAD REPORT

APOLLO SPECTRA TARDEO MUMBAI

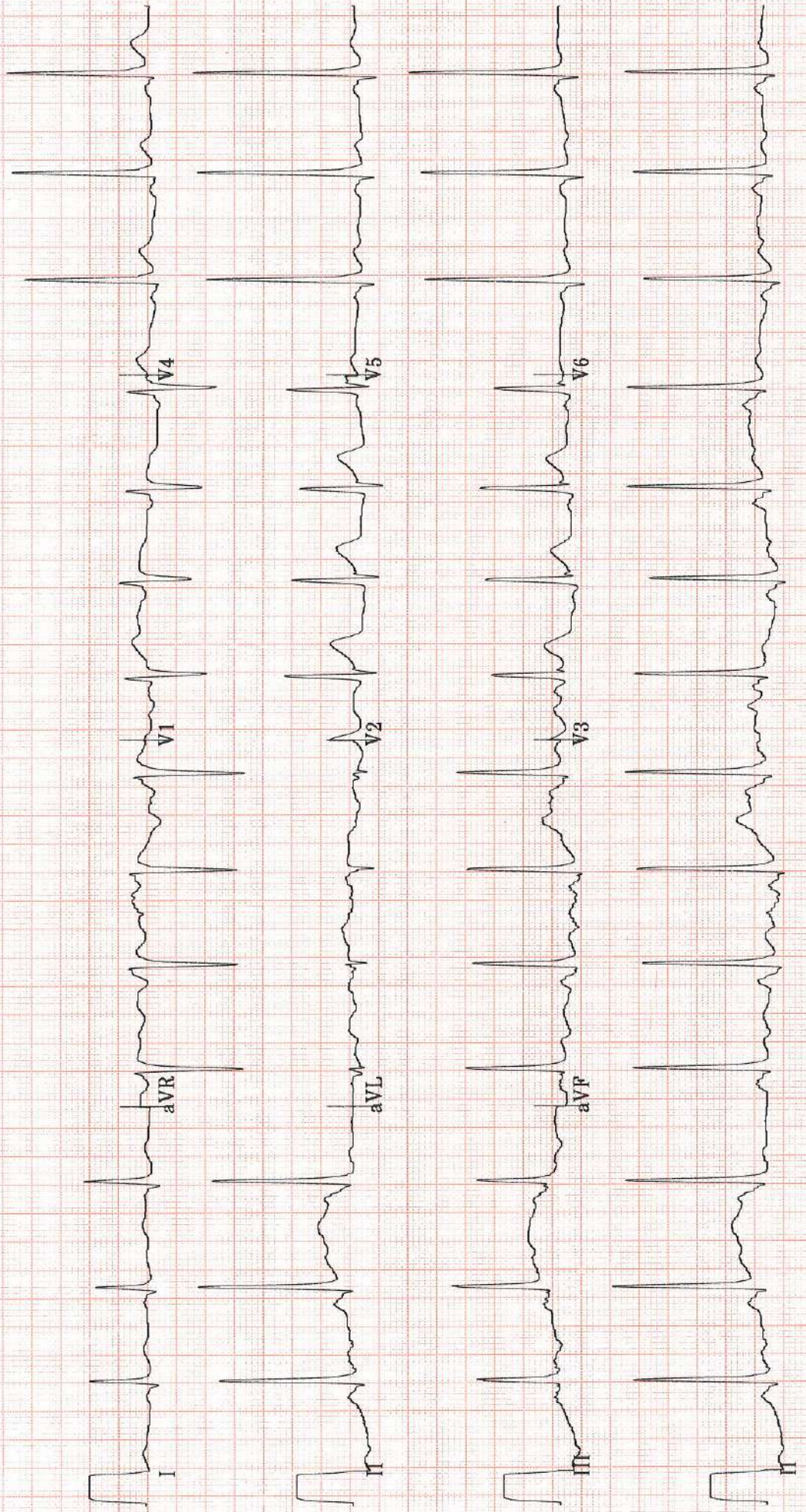
AMBAVKAR, NIKETESH  
ID: 000055335

25-Mar-2023  
12:35:06

PRETEST  
HYPERVENT  
3:38

83bpm

BRUCE  
\*\*.\*mph  
\*\*.\*%





AMBAVKAR, NIKETESH  
ID: 000055335  
25-Mar-2023  
12:38:17

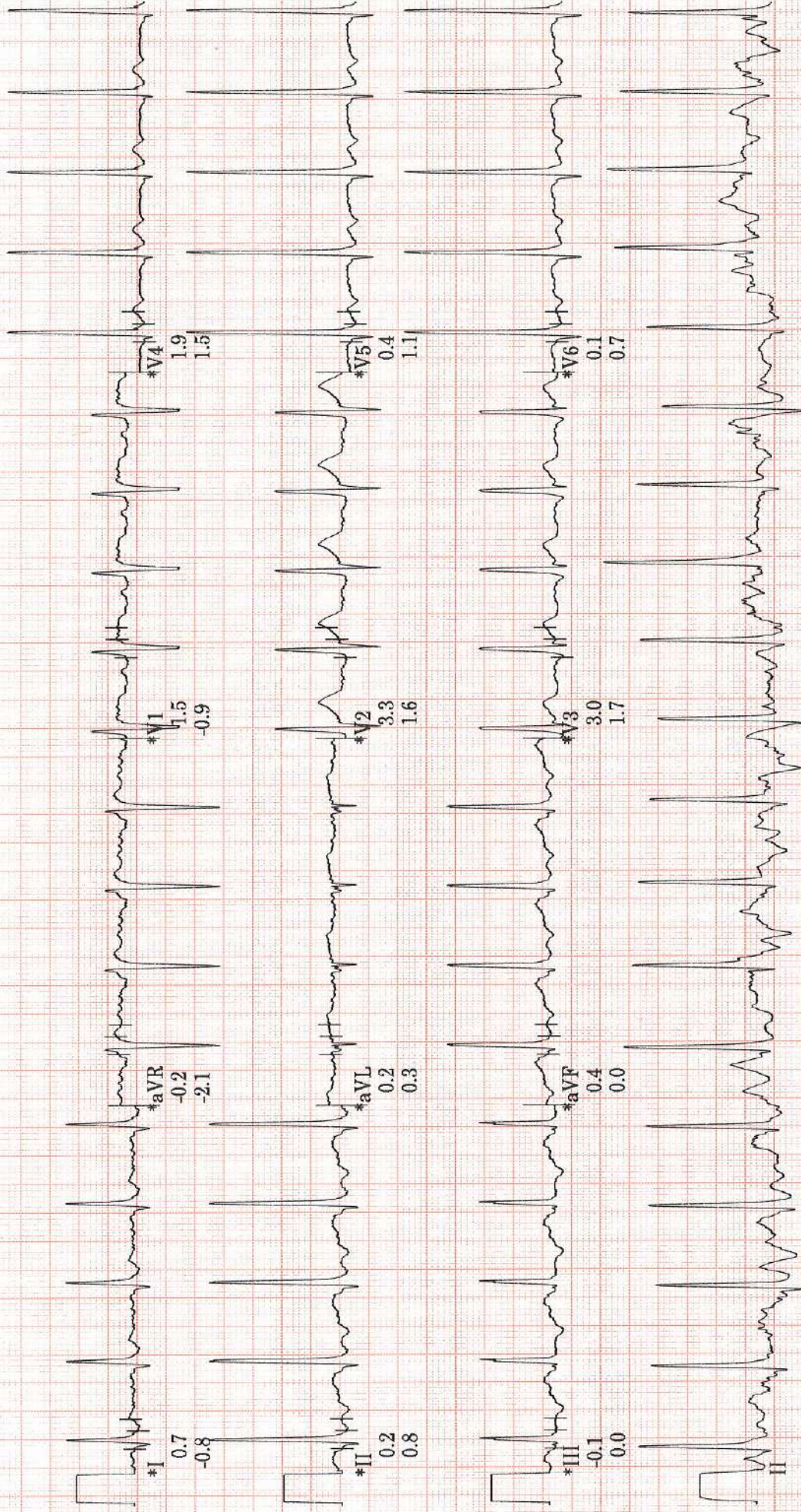
BRUCE  
1.7mph  
10.0%

EXERCISE  
STAGE 1  
2:48

111bpm  
BP: 120/90

Lead  
ST(mm)  
Slope(mV/s)

ST @ 10mm/mV  
80ms postJ



Raw Rhythm

\* Computer Synthesized Rhythm



LINKED MEDIANS REPORT

APOLLO SPECTRA TARDEO MUMBAI

AMBAVKAR, NIKETESH  
ID: 000055335  
25-Mar-2023  
12:41:16

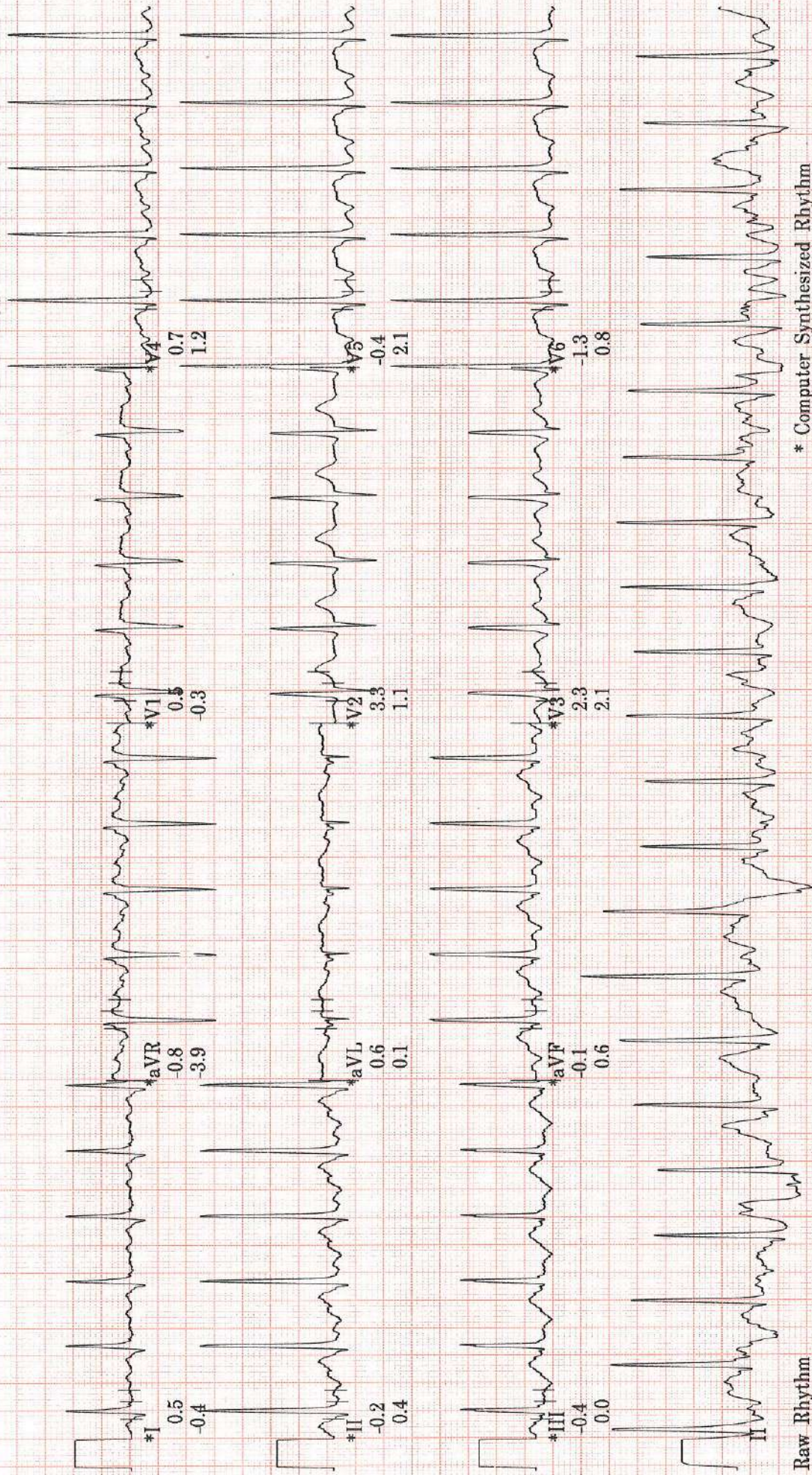
131bpm  
BP: 140/90

EXERCISE  
STAGE 2  
5:48

BRUCE  
2.5mph  
12.0%

Lead  
ST(mm)  
Slope(mV/s)

ST @ 10mm/mV  
80ms postJ



Raw Rhythm

\* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC55 0090



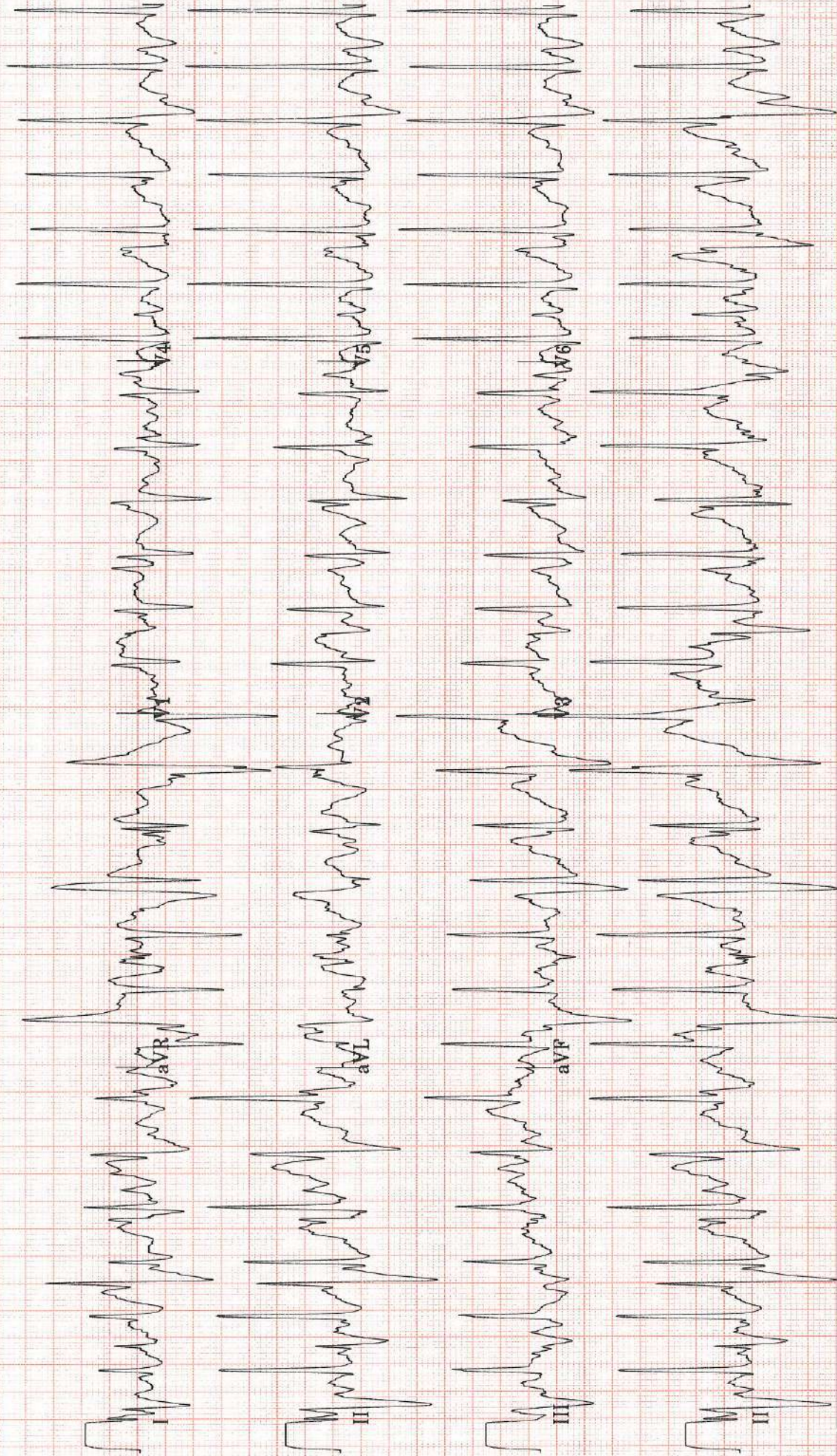
12 LEAD REPORT

AMBAVKAR, NIKETESH  
ID: 000055335  
25-Mar-2023  
12:43:19

BRUCE  
3.4mph  
14.0%

EXERCISE  
STAGE 3  
7:50

158bpm





AMBAVKAR, NIKETESH  
ID: 000055335  
25-Mar-2023  
12:44:19

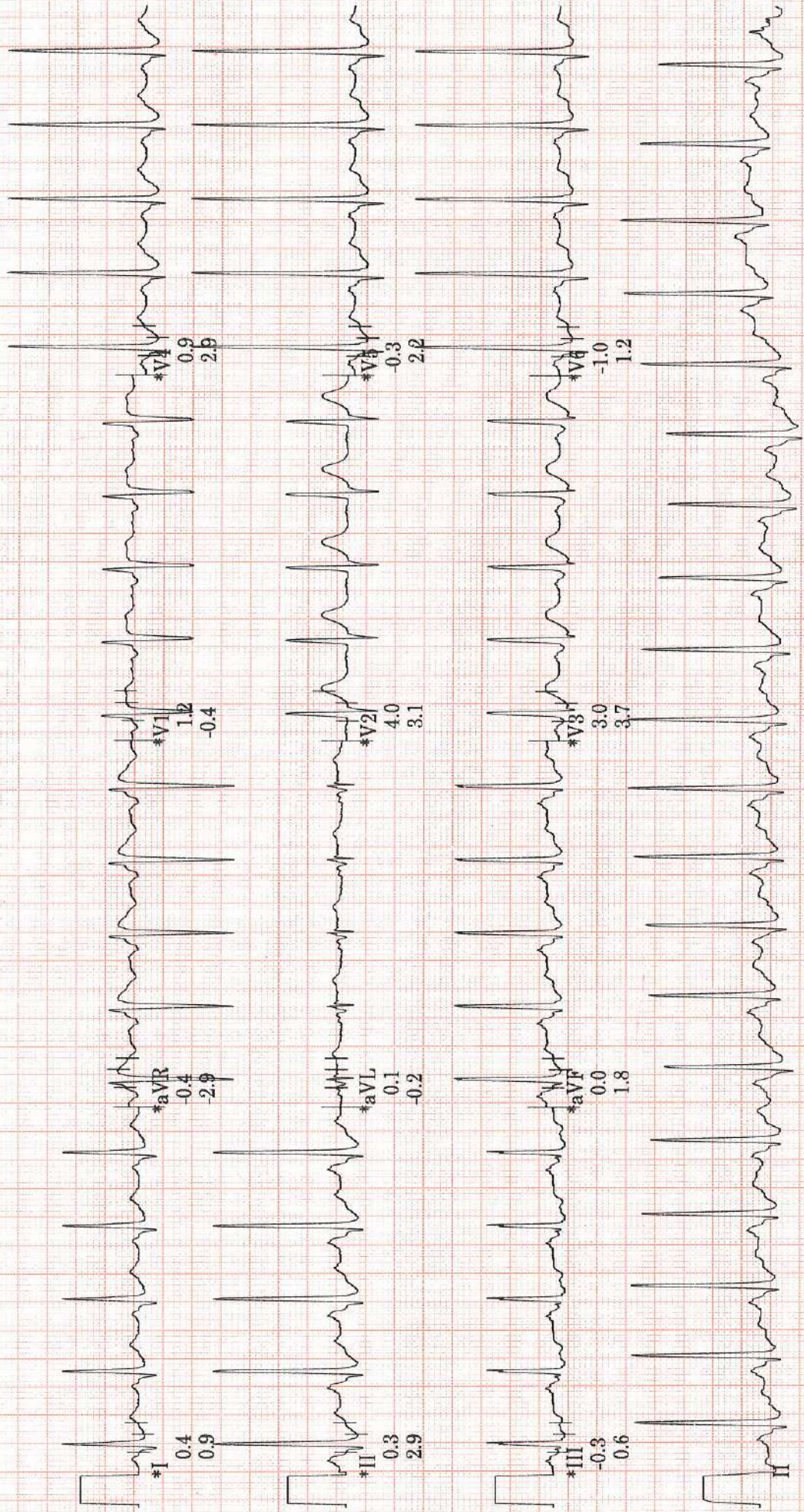
119bpm

RECOVERY  
Post  
1:00

BRUCE  
\*\*\*mph  
\*\*\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm



AMBAVKAR, NIKETESH  
ID: 000055335  
25-Mar-2023  
12:45:19

104bpm

RECOVERY  
Post  
2:00

BRUCE  
\*\*.\*mph  
\*\*.\*%

Lead  
ST(mm)  
Slope(mV/s)

ST @ 10mm/mV  
80ms postJ



Raw Rhythm

\* Computer Synthesized Rhythm



**GRADED EXERCISE SUMMARY**

AMBAVKAR, NIKETESH  
ID: 000055335

34 years

Asian

Male

BRUCE  
Max HR: 160bpm 86% of ma.  
Max BP: 140/90  
Reason for Termination: Target HR Achieved

Total Exercise time: 7:50  
predicted 186bpm  
Maximum workload: 9.8METS

25.0 mm/s  
10.0 mm/mV  
100hz

25-Mar-2023  
12:31:28

Referred by:  
Test ind:

**BASELINE**

EXERCISE STAGE 1  
0:00 1.1METS

84bpm

ST @ 10mm/mV  
80ms postJ

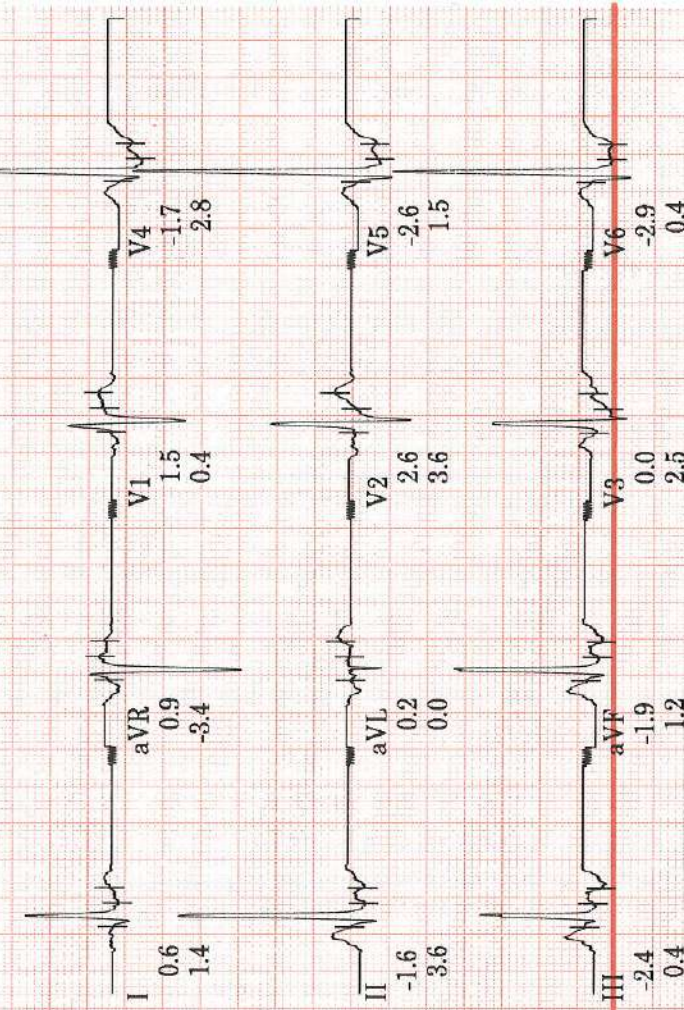
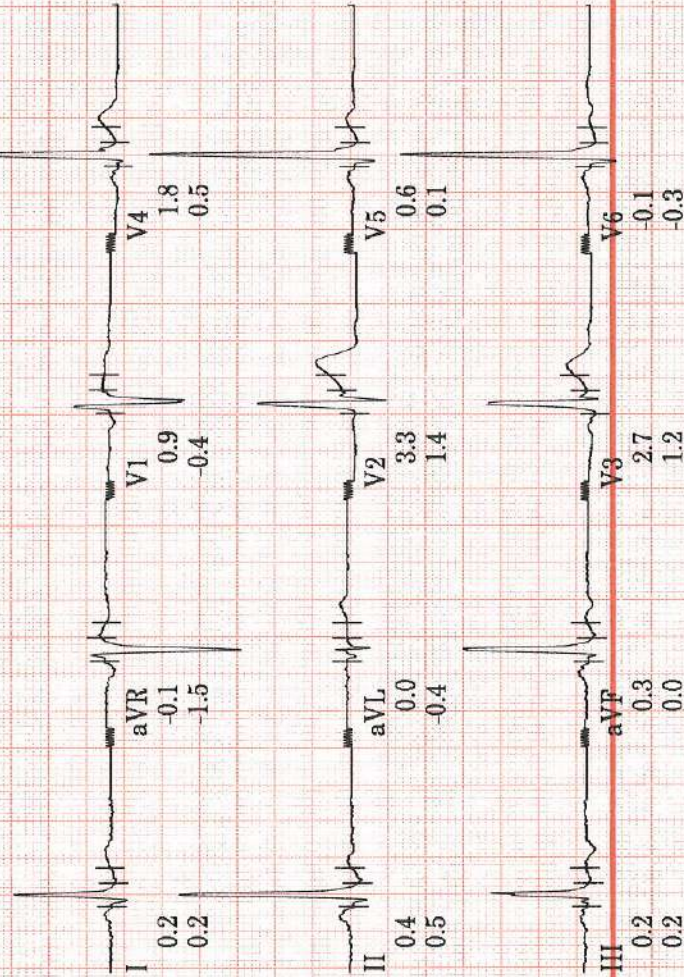
**MAX ST**

RECOVERY Post  
0:05 9.7METS

158bpm

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Technician:

APOLLO SPECTRA TARDEO MUMBAI

Unconfirmed

MAC55 009C



**GRADED EXERCISE SUMMARY**

AMBAVKAR, NIKETESH  
ID: 000055335

34years

Asian

Male

Exercise time: 7:50  
Max HR: 160bpm  
Max BP: 140/90

25.0 mm/s  
10.0 mm/mV  
100hz

86% of max predicted 186bpm  
Maximum workload: 9.8METS  
Reason for Termination: Target HR Achieved  
Comments: STRESS TEST IS POSITIVE.

Referred by:  
Test ind:

**BASELINE**

EXERCISE STAGE I  
0:00 1.1METS

84bpm

ST @ 10mm/mV  
80ms postJ

Lead  
ST'(mm)  
Slope(mV/s)

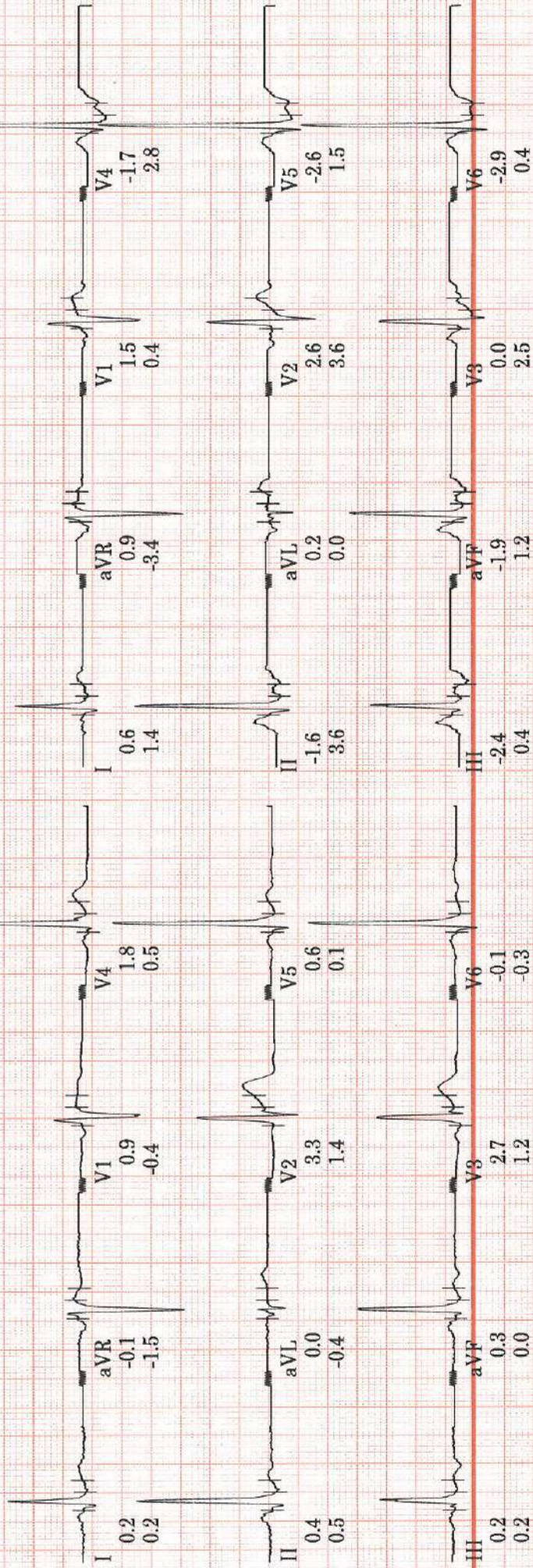
RECOVERY Post  
0:05 9.7METS

158bpm

ST @ 10mm/mV  
80ms postJ

Lead  
ST'(mm)  
Slope(mV/s)

**MAX ST**





**TABULAR SUMMARY REPORT**

**BRUCE**  
 Max HR: 160bpm 86% of ma., predicted 186bpm  
 Max BP: 140/90  
 Reason for Termination: Target HR Achieved  
 Comments: STRESS TEST IS POSITIVE.

34 years Asian Male  
 Total Exercise time: 7:50  
 25.0 mm/s  
 10.0 mm/mV  
 100hz

Referred by:  
 Test ind:



**Dr. (Mrs.) CHHAYA P. VAJJA**  
 M.D. (NUM)  
 Physician & Cardiologist  
 Reg. No. 59942

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	3:18	***	***	1.0	76	120/90	91
	STANDING	0:19	***	***	1.0	83		
	HYPERVENT	0:24	0.8	0.0	1.1	84		
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	113	120/90	136
	STAGE 2	3:00	2.5	12.0	7.0	132	140/90	185
	STAGE 3	1:50	3.4	14.0	9.8	158		
RECOVERY	Post	2:02	***	***	1.0	106		

Technician:

Unconfirmed



Name: Niketesh R Ambarkar Date: 25/3/23  
Age: 34/Male

Present Complaints: HT since 3 yrs  
DM

Present Medications: Tab. Rosuvastatin 50 1-0-0  
Tab. Glimepiride 5 1-0-0  
Tab. Ramipril 5 1-0-0

Personal History: Unmarried/Married  
Diet: Veg/Mixed Sleep: Normal/Disturbed/Snoring  
Alcohol: No Tobacco: Chews/Smokes No  
Bowel: (N) Bladder: (N)  
Physical Activities: Active/Moderate/Sedentary  
Allergy: No Menstrual History: —

Past Medical History: No.

Family History: Mother: HT Father: HT/DM

Physical Examination findings: No Pallor/icterus/cyanosis/clubbing/edema  
Pulse: 76 /min BP: 120/80 mm/hg Investigations: ST+ve SPECTUG

Advice: Refer to Cardiologist.  
Avoid fried foods

RS: (N)  
CVS: (N)  
P/Abdo: (N)  
CNS: (N)  
Musculoskeletal: (N)

Dr. (Mrs.) CHHAYA P. VAJA  
M.D. (MUM)  
Physician & Cardiologist



Dr. Chhaya Vaja

Patient Name	: Mr.NIKETESH RAMESH AMBAVKAR	Collected	: 25/Mar/2023 09:27AM
Age/Gender	: 34 Y 3 M 0 D/M	Received	: 25/Mar/2023 11:44AM
UHID/MR No	: STAR.0000055335	Reported	: 25/Mar/2023 02:41PM
Visit ID	: STAROPV57985	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 185515		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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





TOUCH

Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:44AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 02:41PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	44.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,100	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	62	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	02	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3162	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1734	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	102	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	102	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	234000	cells/cu.mm	150000-410000	Electrical impedance

ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	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  
IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically



TOUCH

Patient Name	: Mr.NIKETESH RAMESH AMBAVKAR	Collected	: 25/Mar/2023 09:27AM
Age/Gender	: 34 Y 3 M 0 D/M	Received	: 25/Mar/2023 11:44AM
UHID/MR No	: STAR.0000055335	Reported	: 25/Mar/2023 05:10PM
Visit ID	: STAROPV57985	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 185515		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA**

BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination





Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:46AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 11:47AM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes





TOUCH

Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 03:01PM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 03:57PM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 05:11PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	77	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.

Ref: Marks medical biochemistry and clinical approach



TOUCH

Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 04:06PM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 05:34PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	103	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control





Patient Name	: Mr.NIKETESH RAMESH AMBAVKAR	Collected	: 25/Mar/2023 09:27AM
Age/Gender	: 34 Y 3 M 0 D/M	Received	: 25/Mar/2023 11:29AM
UHID/MR No	: STAR.0000055335	Reported	: 25/Mar/2023 03:41PM
Visit ID	: STAROPV57985	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 185515		

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

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	137	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	106	mg/dL	<150	
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.91		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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.





TOUCH Patient Name	: Mr.NIKETESH RAMESH AMBAVKAR	Collected	: 25/Mar/2023 09:27AM
Age/Gender	: 34 Y 3 M 0 D/M	Received	: 25/Mar/2023 11:29AM
UHID/MR No	: STAR.0000055335	Reported	: 25/Mar/2023 05:10PM
Visit ID	: STAROPV57985	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 185515		

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

LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	46	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	76.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	2.27		0.9-2.0	Calculated





TOUCH

Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:29AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 03:41PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.92	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	21.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.70	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	<b>4.50</b>	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE





TOUCH

Patient Name : Mr.NIKETESH RAMESH AMBAVKAR	Collected : 25/Mar/2023 09:27AM
Age/Gender : 34 Y 3 M 0 D/M	Received : 25/Mar/2023 11:29AM
UHID/MR No : STAR.0000055335	Reported : 25/Mar/2023 05:10PM
Visit ID : STAROPV57985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 185515	

<b>DEPARTMENT OF BIOCHEMISTRY</b>				
<b>ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324</b>				
<b>Test Name</b>	<b>Result</b>	<b>Unit</b>	<b>Bio. Ref. Range</b>	<b>Method</b>

<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	70.00	U/L	15-73	Glycylglycine Nitoranalide
--	-------	-----	-------	----------------------------





Patient Name	: Mr.NIKETESH RAMESH AMBAVKAR	Collected	: 25/Mar/2023 09:27AM
Age/Gender	: 34 Y 3 M 0 D/M	Received	: 25/Mar/2023 11:27AM
UHID/MR No	: STAR.0000055335	Reported	: 25/Mar/2023 02:24PM
Visit ID	: STAROPV57985	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 185515		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.98	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.07	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.670	µIU/mL	0.25-5.0	ELFA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

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





Patient Name	: Mr.NIKETESH RAMESH AMBAVKAR	Collected	: 25/Mar/2023 09:27AM
Age/Gender	: 34 Y 3 M 0 D/M	Received	: 25/Mar/2023 01:18PM
UHID/MR No	: STAR.0000055335	Reported	: 25/Mar/2023 03:41PM
Visit ID	: STAROPV57985	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 185515		

**DEPARTMENT OF CLINICAL PATHOLOGY**


**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

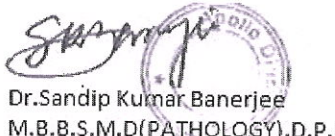
Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**COMPLETE URINE EXAMINATION , 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	NEGATIVE		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
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

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

  
 DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

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





AMBAVKAR, NIKETESH  
ID: 000055335  
25-Mar-2023  
12:34:17

80bpm  
BP: 120/90

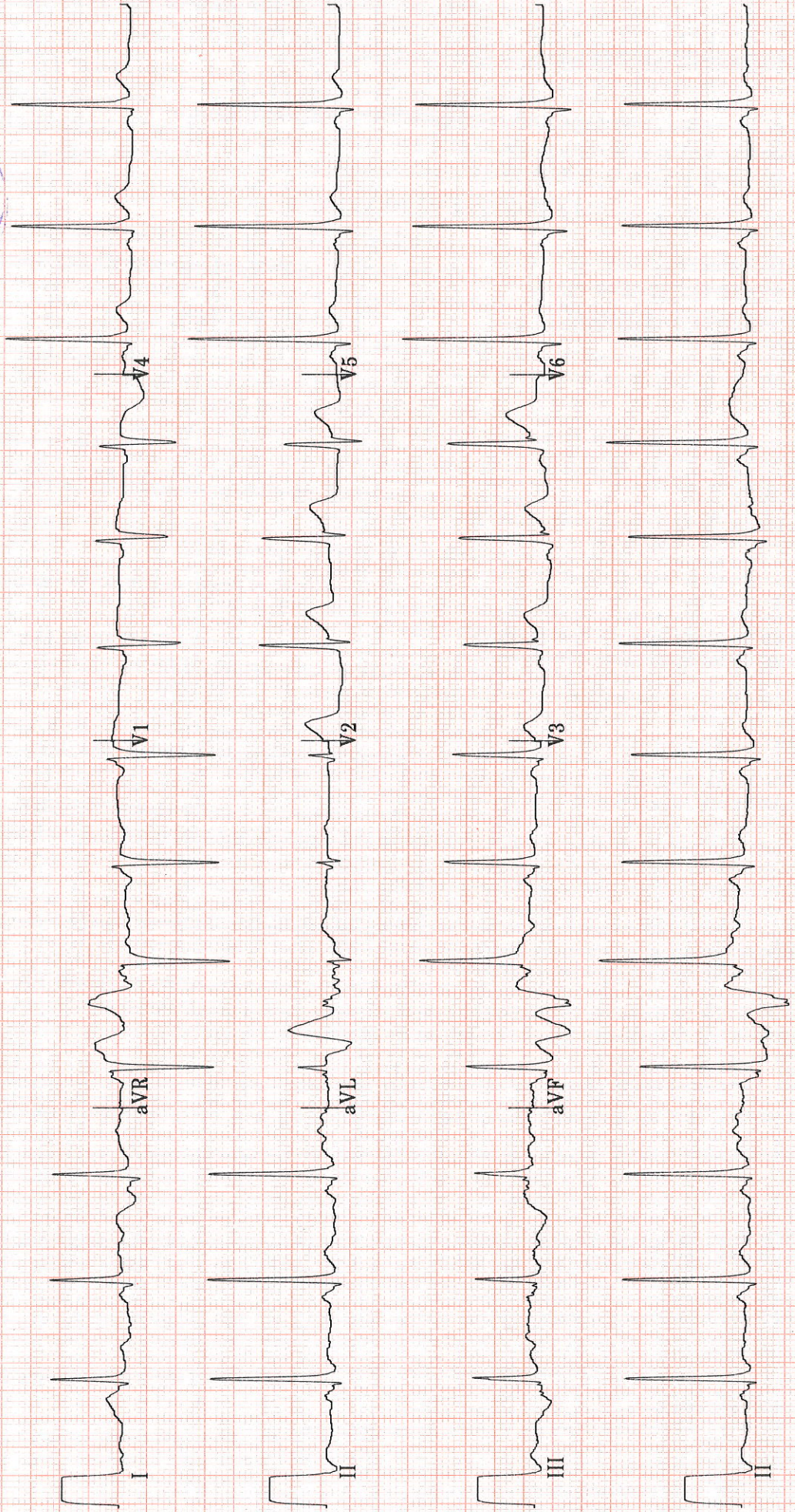
PRETEST  
SUPINE  
2:50

BRUCE  
\*\*mph  
\*\*%

Dr. (Mys.) CHINAPPA P. VAJJA  
M.D. (MUM)  
Physician & Cardiologist  
Reg. No. 51172



*Chrise in Anterolateral leads*





Patient Name : Mr. Niketesh Ramesh Ambavkar  
UHID : STAR.0000055335  
Reported on : 25-03-2023 11:43  
Adm/Consult Doctor :

Age : 34 Y M  
OP Visit No : STAROPV57985  
Printed on : 25-03-2023 11:50  
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:25-03-2023 11:43

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology



**Specialists in Surgery**

Patient Name : **MR. NIKETESH AMBAVKAR**  
Ref. by : **HEALTH CHECK UP**

Date : **25-03-2023**  
Age : **34 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 **LEFT KIDNEY** measures 11.4 x 5.3 cms and reveals three small calyceal calculi measuring 7.2 mms , 4.9mm and 4.1 mms in the lower pole without any focal caliectasis.

The **RIGHT KIDNEY** measures 11.3 x 4.4 cms and is normal in size, shape and echotexture. There is no evidence of hydronephrosis or of an calculus seen.

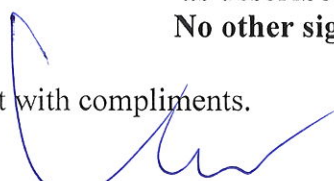
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 3.4 x 3.2x 2.8 cms and weighs 16.7 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 Left Renal lower polar three small non obstructing calyceal calculi as described above.  
No other significant abnormality is detected

Report with compliments.

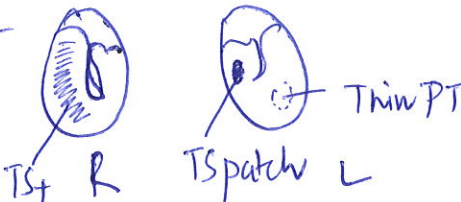
  
**DR. VINOD V. SHETTY**  
MD, D.M.R.D.  
CONSULTANT SONOLOGIST.



Name: Mr Niketesh Ramesh  
Ambavkar

Age: 34/M

- For Health Check up
- offers no complaints

O/E - EARS - 


Nose - Ext deformity +



DNS to R e spur  
Mucosa pale

Throat - NAD

Δ - DNS(R)

  
MAJ. (DR.) SHRUJAN ANIL SHARMA  
M.S. (ENT) PGD HIM, PG DMLS  
MMC. 2019096177



# EYE REPORT

Name: Mr. Niketesh Ambawkar

Date: 25/03/2023

Age / Sex: 34y / M

Ref No.:

Complaint: No ocular c/o  
K/C/B MI - hyper L/R

**Examination**

Spectacle Rx: Ux <sup>6/6</sup> 6/6 Near Cx & N6

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

Remarks: Ux & N6

Medications: As & N6

Trade Name	Frequency	Duration

Follow up: As & N6

Consultant:







### VEGETABLE EXCHANGE LIST:

A	B	C
<b>Low Kcal(Consume Liberally)</b>	<b>40 kcal (Less amts)</b>	<b>100 kcal (Restrict)</b>
All Dark green leafy vegetables	Carrot, Onion, Beetroot	Potato, Raw banana
All Gourd Vegetables like Dudhi, turi, Padwal, White Pumpkin etc,	Gawar	Sweet potato
	Papdi	Yam
Other veg's: Bhindi, Karela, French beans, Cauliflower, zucchini, capicum, Tomato, Cucumber, tindli, kantolaete	Jackfruit ( raw)	Tapioca
	Mushroom	Colocasia
	Green Plantain	Sabudana

### FRUIT SERVING SIZE:

Fruits allowed	Serving	Fruits restricted	Serving
Amla	4-5 no.	Grapes	10-12no.
Jambu	10 no.	Banana (small), Chickoo	1 no.
Apple, Guava, Sweet lime, Orange, Pear, Peach, Kiwi	1 no.	Mango	2 slice
Plum	2 no.	Litchi, Jackfruit	3-4 no.
Pomegranate	½ no.	Seetaphal	½ no.
Watermelon, Musk melon	1 thin boat slice	<b>Fruit Juice</b>	<b>NO</b>
Pineapple, Papaya	2 thin boat slice	<b>Sugarcane Juice</b>	<b>NO</b>
Raspberries, Strawberries	150gm	<b>Coconut water</b>	<b>NO</b>
Fresh Figs	1 big/ 2 small		

**Ms.JINAL PATEL**

**Msc In clinical nutrition and dietetics**

Sr.Executive dietitian

E: 9jinalpatel@gmail.com; diet.trd@apollospectra.com

Cont: 9920698105,022-4332 4525



# InBody

Mr. Niketesh Ambavake

ID: 34 | Height: 169cm | Date: 25.3.2023  
 Age: 34 | Gender: Male | Time: 09:46:46

APOLLO SPECTRA HOSPITAL

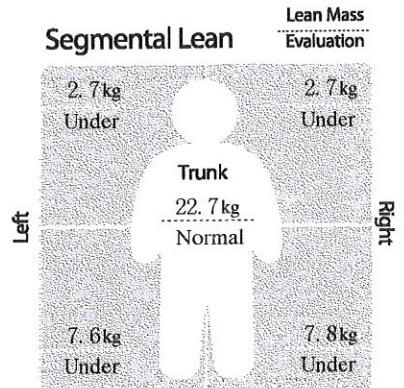
Bp- 120/90 mmHg

## Body Composition

	Under	Normal	Over	UNIT%	Normal Range
<b>Weight</b>	40 55 70 85 100 115 130 145 160 175 190 205				53.4 ~ 72.3
<b>Muscle Mass</b> Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				26.8 ~ 32.7
<b>Body Fat Mass</b>	20 40 60 80 100 160 220 280 340 400 460 520				7.6 ~ 15.1
<b>TBW</b> Total Body Water	35.0 kg (35.3 ~ 43.2)		<b>FFM</b> Fat Free Mass	47.6 kg (45.9 ~ 57.2)	
<b>Protein</b>	9.3 kg (9.5 ~ 11.6)		<b>Mineral*</b>	3.27 kg (3.27 ~ 4.00)	

\* Mineral is estimated.

## Segmental Lean



## Obesity Diagnosis

	Value	Normal Range
<b>BMI</b> Body Mass Index (kg/m <sup>2</sup> )	26.8	18.5 ~ 25.0
<b>PBF</b> Percent Body Fat (%)	37.8	10.0 ~ 20.0
<b>WHR</b> Waist-Hip Ratio	1.02	0.80 ~ 0.90
<b>BMR</b> Basal Metabolic Rate (kcal)	1398	1634 ~ 1915

## Nutritional Evaluation

<b>Protein</b>	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Deficient	
<b>Mineral</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient	
<b>Fat</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient	<input checked="" type="checkbox"/> Excessive

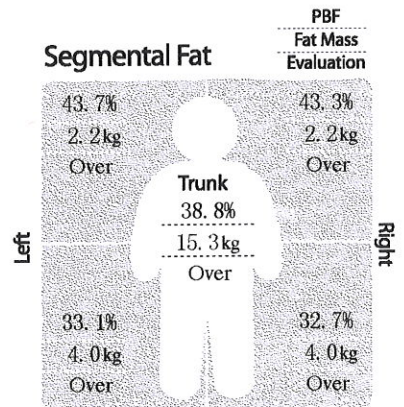
## Weight Management

<b>Weight</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
<b>SMM</b>	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Under	<input type="checkbox"/> Strong
<b>Fat</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

## Obesity Diagnosis

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

## Segmental Fat



\* Segmental Fat is estimated.

## Muscle-Fat Control

<b>Muscle Control</b>	+ 5.8 kg	<b>Fat Control</b>	- 19.5 kg	<b>Fitness Score</b>	55
-----------------------	----------	--------------------	-----------	----------------------	----

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	346.5	345.9	31.8	273.5	289.8
100kHz	312.1	314.6	27.4	245.0	259.3

\* 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: 76.5 kg / Duration: 30min. / unit: kcal)						
Walking: 153	Jogging: 268	Bicycle: 230	Swim: 268	Mountain Climbing: 249	Aerobic: 268	
Table tennis: 173	Tennis: 230	Football: 268	Oriental Fencing: 383	Gate ball: 145	Badminton: 173	
Racket ball: 383	Tae-kwon-do: 383	Squash: 383	Basketball: 230	Rope jumping: 268	Golf: 135	
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

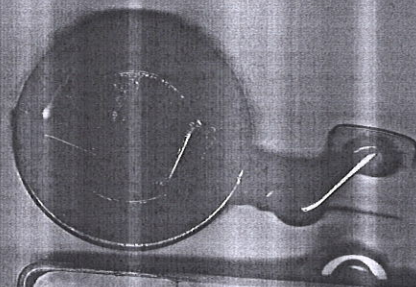
1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.


### Recommended calorie intake per day

1400 kcal

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







 बँक ऑफ बड़ोदा  
Bank of Baroda

नाम: निकीतेश रमेश अंबावकर  
Name: Niketesh Ramesh Ambekar

ए.सी. नं.: 185515

आवकता अधिकारी आवकता अधिकारी



<b>Patient Name</b>	: Mr. Niketesh Ramesh Ambavkar	<b>Age/Gender</b>	: 34 Y/M
<b>UHID/MR No.</b>	: STAR.0000055335	<b>OP Visit No</b>	: STAROPV57985
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 25-03-2023 15:27
<b>LRN#</b>	: RAD1958892	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 185515		

**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 **LEFT KIDNEY** measures 11.4 x 5.3 cms and reveals three small calyceal calculi measuring 7.2 mms , 4.9mm and 4.1 mms in the lower pole without any focal caliectasis.

The **RIGHT KIDNEY** measures 11.3 x 4.4 cms and is normal in size, shape and echotexture. There is no evidence of hydronephrosis or of an calculus seen.


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

**PROSTATE :** The prostate measures 3.4 x 3.2x 2.8 cms and weighs 16.7 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 Left Renal lower polar three small non obstructing calyceal calculi as described above.

No other significant abnormality is detected



**Dr. VINOD SHETTY**  
Radiology



<b>Patient Name</b>	: Mr. Niketesh Ramesh Ambavkar	<b>Age/Gender</b>	: 34 Y/M
<b>UHID/MR No.</b>	: STAR.0000055335	<b>OP Visit No</b>	: STAROPV57985
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 25-03-2023 11:50
<b>LRN#</b>	: RAD1958892	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 185515		

**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