

 **बैंक ऑफ़ बड़ोदा**  
**Bank of Baroda**

**नाम** लक्ष्मीकांत अशोककुमार मिश्रा  
**Name** Laxmikant Ashokkumar Mishra

**कार्यकारी कूट नं.**  
**E.C. No.** 174601

  
**कार्यकारी अधिकारी**  
**Issuing Authority**

  
**कार्यकारी अधिकारी**  
**Issuing Authority**

सदस्यता के अंग्रेजी नाम  
English Name of Member



## CONSENT FORM

Client Name: Laxmikant Nishya Age: 34 yrs  
UHID Number: 61293 Company Name: Bank of Baroda

I Mr/Mrs/Ms Laxmi Kant Employee of Bank of Baroda  
(Company) Want to inform you that I am not interested in getting Dental.

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 10/02/2024





प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. MISHRA LAXMIKANT ASHOKKUMAR
क.कू.संख्या	174601
पदनाम	NRI SERVICES
कार्य का स्थान	MUMBAI,RO MUMBAI CENTRAL
जन्म की तारीख	02-07-1989
स्वास्थ्य जांच की प्रस्तावित तारीख	10-02-2024
बुकिंग संदर्भ सं.	23M174601100087632E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 03-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. MISHRA LAXMIKANT ASHOKKUMAR
EC NO.	174601
DESIGNATION	NRI SERVICES
PLACE OF WORK	MUMBAI,RO MUMBAI CENTRAL
BIRTHDATE	02-07-1989
PROPOSED DATE OF HEALTH CHECKUP	10-02-2024
BOOKING REFERENCE NO.	23M174601100087632E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **03-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



Customer Pending Tests  
DENTAL CONSULTATION PENDING, WILL CALLBACK FOR CONFIRMATION



**OUT-PATIENT RECORD**

Date : 10/2/2024  
 MRNO :  
 Name : Mr Laxmikant Mishra  
 Age/Gender : 34 / M  
 Mobile No :  
 Passport No :  
 Aadhar number :

Pulse : 74	B.P : 110/70	Resp : 14/min	Temp : (N)
Weight : 75.8	Height : 168	BMI : 26.9	Waist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

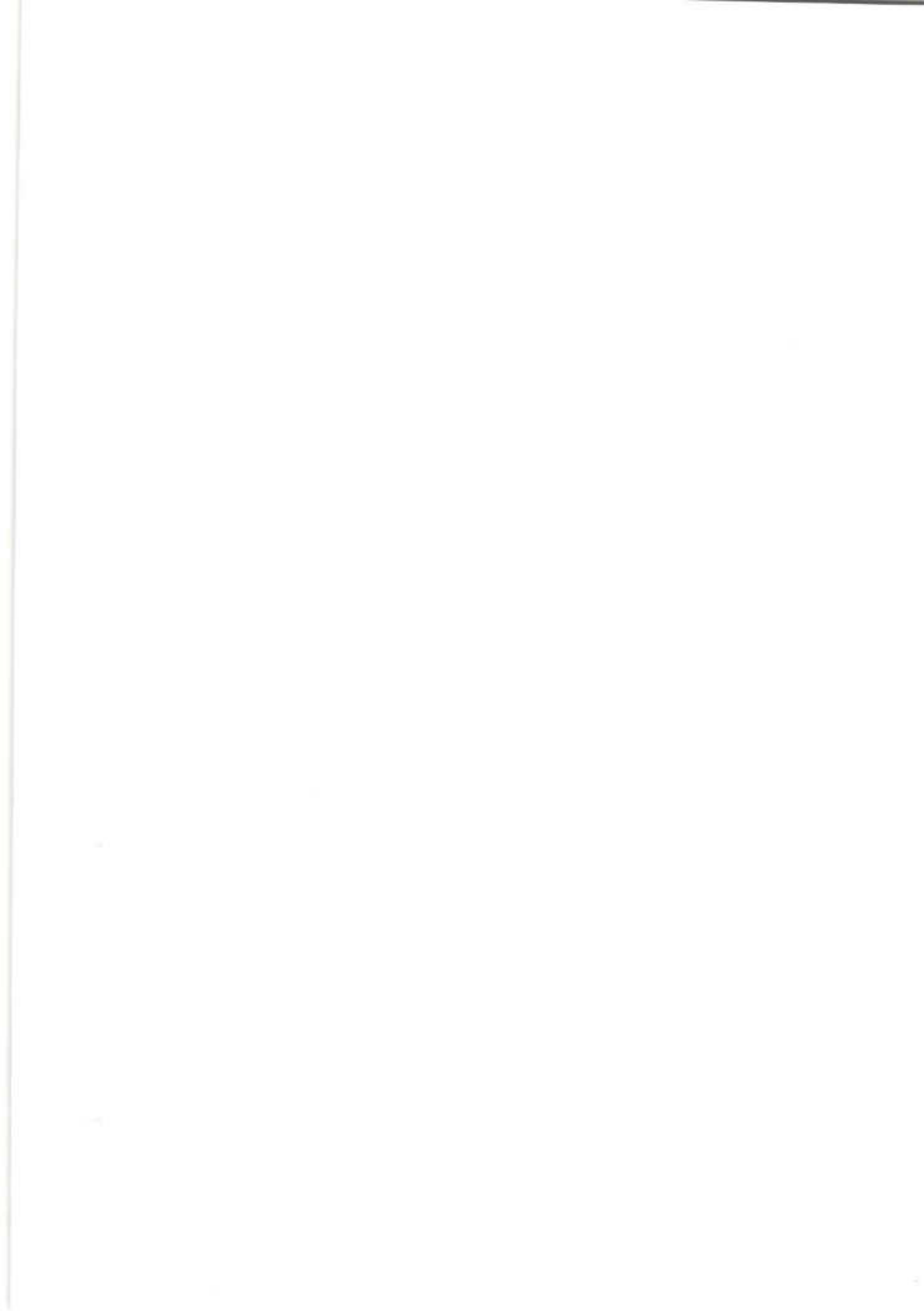
married, Vegetarian  
 sleep: (N) B/B: (N) No Allergy.  
 No addictions  
 Fistula operated 2019.  
 FH: Father: DM  
 Sugar ↑ Lipid ↑  
 1) Avoid sugar / sweets / oil / ghee  
 2) morning walk 45 mins daily  
 3) Repeat Sugar / Lipid after 2 months.

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



Follow up date:

Doctor Signature



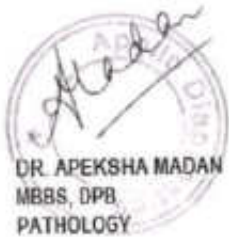
Patient Name : Mr.LAXMIKANT A MISHRA  
Age/Gender : 34 Y 7 M 8 D/M  
UHID/MR No : STAR.0000081293  
Visit ID : STAROPV67223  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9096349868

Collected : 10/Feb/2024 08:51AM  
Received : 10/Feb/2024 12:54PM  
Reported : 10/Feb/2024 04:50PM  
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

SIN No:BED240033031

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## OUR LAB NETWORK

### ANDHRA PRADESH

Guntur : Ground Floor 4-15-91/1, Bharat Peta Road, Guntur - 522007 T: 9642101777 / 0863 223 2213

Rajahmundry : 22-9-15/2, Korukonda Road, Opp. Bijili Ice Factory, Jayakrishna Puram, Rajahmundry - 533105 T: 9100910996

Tirupathi : D No:23-9-99/3, Amaravathi Nagar, M R Pala Main Road, Tirupathi - 517501 T: 9515965968 / 8772243415 / 8227743414

Vijayawada : Parmeshwara Complex, Venkateshwara Puram, Vijayawada - 520010:08662497878 / 9100105801

Visakhapatnam : Plot NO- MIG-76, Sector-3, D No-1-83-18/1/1, Double Road, MVP Colony, Vizag - 530017 T: 9100910952

### BIHAR

Chhapra : Ward No 23, Circle No 17, Hoarding No 479, Dahiawan Tola, Chhapra, Saran, Bihar - 841301 T: 8336978921

Muzaffarpur : House No - AI, Moti Mandir, Professor Colony, Kalambagh Road, Near Aghoria Bazar, Muzaffarpur, Bihar 842002.T: 0612 3344242

Patna : Suhavana Complex, 105p, Saguna More, Danapur, Patna-8015031:8336978922

### ASSAM

Dibrugarh : South Amolapatty, A T Road, Dibrugarh, Assam - 786001 T: 8820444418

Guwahati : Royal Orchard, Beltola Basistha Road, Wireless, Dispur, Guwahati - 781036 T: 8820144414

Silchar : Monti Mansion, Opposite Surana Motors, Hallakandi Road T: 03842 241147 / 9957644441

### KARNATAKA

Hubli : Marvel Signet Shop no.13 Shirur Park, Marvel Properties, Hubli, Karnataka - 580030 T: 9100910983

Bangalore 1 : 35/1, Old No. 472/5A, AVS Compound, Near Sony Centre, 80 Ft. Road, Koramanga, Bangalore - 560047 T: 9100105814

Bangalore 2 : No:209, Kasturinagar Main Road, Kasturi Nagar, Bangalore- 560043 T: 9100910985

Mandya : #1135, Makam Towers, Vivekananda Road, Ashoka Nagar, Mandya - 571401 T:08232 225566

Mangalore : Shop No 002, Groundfloor, Janavi Plaza, Near Bunts Hostel Circle, Mangalore - 575003 T:9100910984

Mysore : Plot No.#465/1, Ramanuia Road, Opp JSS Hospital, Agrahara, Mysore - 570004 T:9100910975

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Pune : 1011,1st Floor, Farena Corporate Park, Near Season's Mall, Magarapatta Road, Hadapsar, Pune - 411028 T: 9100105826

Solapur : Plot No B-3, B-4 Vishwakiran Park, Jule Solapur - 413008 T: 0217 3344242

### ODISHA

Bhubaneswar : Plot No. 306/1815, Surya Vihar, Patia Bhubaneswar, Odisha - 751024 T: 8230944413

Sambalpur : Althapally Main Road, Sambalpur, Odisha - 768004 T: 8231944411

### TAMILNADU

Chennai : Plot No-B143(Part),9<sup>th</sup> Avenue, Ashok Nagar, Chennai - 600083 T: 044 42167277

Madurai : 9/B, V P Rathanaswamy Nadar Street, BibiKulam, Madurai - 625002 T: 9100910974

Pondicherry : 59, VVP Nagar, Kamaraj Salai, Thattanchavady, Pondichery - 605 009 T: 0413 4201 244

Tirunelveli : Tirunelveli High Ground, Main Road, D8/11, Everest Building, Tirunelveli - 627011 T: 0462 - 2580940

Trichy : G6 and F6, Bharath Shopping Mall, 2/50, E.V.R Road, (Opp G.H), Puthur, Trichy, Tamil Nadu - 620017 T: 9100910982

### TELANGANA

Hyderabad 1 : Survey Nos. 140/A, 140/B, 140/C, 141/A, 141/B and 141/C, Thokatta Village, Bowenpally, Secunderabad - 500011 T: 9100911393

Hyderabad 2 : Plot No: 187, Category-LIG of the Nailagandla Residential Complex, Serilingampally Mandal, Ranga Reddy - 500018 T: 9121234059

Warangal : 2-5-850, 2-5-227, Circuit House Road, Nakkollagutta, HanamKonda, Telangana - 508002 T:9100910976

### TRIUPURA

Agartala : H. No.233873, HoldingNo 70 A, Ward No.23, A A Road, Near Joyguru Stand Area, Dhaleswar, Agartala - 799007 T: 8336978924

### WEST BENGAL

Kolkata : 336, Canal Street, VIP Road, Lake Town, Kolkata -700048, Near Lake Town Clock Tower, West Bengal 700048; T- 03340623245

Cooch Behar : B.S.Road, Near Central Bank, Cooch Behar, West Bengal, 736101; T- 9832400083

Siliguri : 3A,3B Creascent Court Building, Jhankar More, Burdwan Road, Darjeeling, Pin 734005 ; T- 8231944412

Berhampore : 13/3/A, A, C ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029



Patient Name : Mr.LAXMIKANT A MISHRA  
 Age/Gender : 34 Y 7 M 8 D/M  
 UHID/MR No : STAR.0000061293  
 Visit ID : STAROPV67223  
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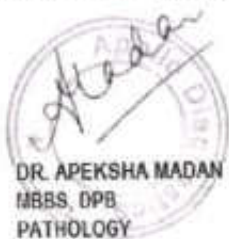
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	44.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.47	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	80.6	fL	83-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,170	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	06	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3516.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1974.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	370.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	308.5	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	327000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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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Berhampore: 13/3/A, A. C. ROAD, INDTAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

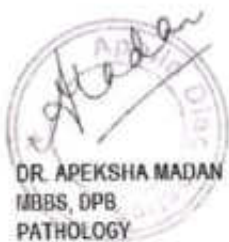


Patient Name	: Mr.LAXMIKANT A MISHRA	Collected	: 10/Feb/2024 08:51AM
Age/Gender	: 34 Y 7 M 8 D/M	Received	: 10/Feb/2024 12:54PM
UHID/MR No	: STAR.0000061283	Reported	: 10/Feb/2024 04:50PM
Visit ID	: STAROPV67223	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9098349868		

**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, DPM  
PATHOLOGY

SIN No:BED240033031



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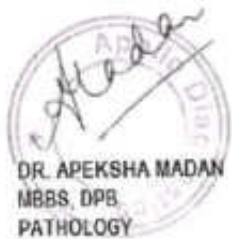
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UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 06:14PM
Visit ID : STAROPV67223	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			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:BED240033031





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Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 05:01PM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 05:48PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 06:25PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

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	188	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:**

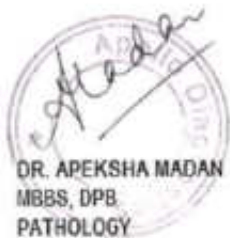
- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	220	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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MBBS, DPB  
PATHOLOGY

SIN No:PLP1418087



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	7.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	177	mg/dL		Calculated

**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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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 glycaemic control when clinical conditions that affect erythrocyte survival are present.
- 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)



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M.B.B.S,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist

SIN No:EDT240014473





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Berhampore: 13/3/A, A. C. ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029



Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 04:40PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 05:36PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	220	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	96	mg/dL	<100	Calculated
VLDL CHOLESTEROL	44	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.50		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.

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.23	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.32	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.91	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	65	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	98.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.50	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.95		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. Hepato cellular 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 > 1In 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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.60	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	20.30	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	3.5-8.5	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137.4	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101.0	mmol/L	98 - 107	Direct ISE



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Patient Name	: Mr.LAXMIKANT A MISHRA	Collected	: 10/Feb/2024 08:51AM
Age/Gender	: 34 Y 7 M 8 D/M	Received	: 10/Feb/2024 04:40PM
UHID/MR No	: STAR.0000061293	Reported	: 10/Feb/2024 05:36PM
Visit ID	: STAROPV67223	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9095349868		

**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	30.00	U/L	15-73	Glycylglycine Nitroanalide

Page 10 of 12




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

SIN No:SE04624610



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Visit ID	: STAROPV67223	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9096349868		

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.95	µg/dL	4.86-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.940	µIU/mL	0.25-5.0	ELFA


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

- 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.
- 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.
- 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.
- 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



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

SIN No: SPL24021695



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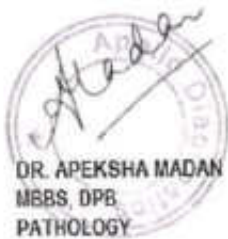
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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 \*\*\*

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Chhapra : Ward No 23, Circle No 17, Hoarding No 479, Dahlyawan Tola, Chhapra, Saran, Bihar - 841301 T: 8336978921

Muzaffarpur : House No - A1, Moti Mandir, Professor Colony, Kalambagh Road, Near Aghoria Bazar, Muzaffarpur, Bihar 842002.T: 0612 3344242

Patna: Suhavana Complex, 105p, Saguna More, Danapur, Patna-801503:8336978922

### ASSAM

Dibrugarh : South Amolopatty, A T Road, Dibrugarh, Assam - 786001 T: 8820444418

Guwahati : Royal Orchard, Beltola Basistha Road, Wireless, Dispur, Guwahati - 781036 T: 8820144414

Silchar : Monti Mansion, Opposite Surana Motors, Hailakandi Road T: 03842 241147 / 9857544441

### KARNATAKA

Hubli : Marvel Signet Shop no.13 Shrirur Park, Marvel Properties, Hubli, Karnataka - 580030 T: 9100910983

Bangalore 1: 35/1, Old No. 472/5A, AVS Compound, Near Sony Centre, 80 Ft. Road, Koramangala, Bangalore - 560047 T: 9100105814

Bangalore 2 : No:209, Kasturinagar Main Road, Kasturi Nagar, Bangalore- 560043 T: 9100910985

Mandya : #1135, Makam Towers, Vivekananda Road, Ashoka Nagar, Mandya - 571401 T:08232 225566

Mangalore : Shop No 002, Groundfloor, Janavi Plaza, Near Bunts Hostel Circle, Mangalore - 575003 T:9100910984

Mysore : Plot No.#465/1, Ramanula Road, Opp JSS Hospital, Agrahara, Mysore - 570004 T:9100910975

### MADHYA PRADESH

Gwalior : Shop No.1, M.K.Plaza, Hospital Road, Opposite Mahadev Dispensary, JA Group of Hospitals, Gwalior - 474001

T: 0751-2453068 MAHARASHTRA

Aurangabad : Shreeji Tower, Shop No 10,11, Kamgar Chowk, N4-Cidco, Aurangabad - 431001 T: 0240 2487444

Nashik : Shop No - 4A, Archit Royale Apartment, Opp. Eassar Petrol Pump Mahatma Nagar, Nashik 422007 T: 0253 6603130,9100910987

Pune : 1011,1st Floor, Farena Corporate Park, Near Season's Mall, Magarapatta Road, Hadapsar, Pune - 411028 T: 9100105826

Solapur : Plot No B-3, B-4 Vishwakiran Park, Jule Solapur - 413008 T: 0217 3344242

### ODISHA

Bhubaneswar : Plot No. 306/1815, Surya Vihar, Patia Bhubaneswar, Odisha - 751024 T: 8230944413

Sambalpur : Aithapally Main Road, Sambalpur, Odisha - 768004 T: 8231944411

### TAMILNADU

Chennai : Plot No-B143(Part),9' Avenue, Ashok Nagar, Chennai - 600083 T: 044 42167277

Madurai : 9/B, V P Rathanaswamy Nadar Street, Bibikulam, Madurai - 625002 T: 9100910974

Pondicherry : 59, VVP Nagar, Kamaraj Salai, Thattanchavady, Pondichery - 605 009 T: 0413 4201 244

Tirunelveli : Tirunelveli High Ground, Main Road, D8/11, Everest Building, Tirunelveli - 627011 T: 0462 - 2580940

Trichy : G6 and F6, Bharath Shopping Mall, 2/50, E.V.R Road, (Opp G.H), Puthur, Trichy, Tamil Nadu - 620017 T: 9100910982

### TELANGANA

Hyderabad 1 : Survey Nos. 140/A, 140/B, 140/C, 141/A, 141/B and 141/C, Thokatta Village, Bowenpally, Secunderabad - 500011 T: 9100911393

Hyderabad 2 : Plot No: 187, Category-LIG of the Nailagandla Residential Complex, Serilingampally Mandal, Ranga Reddy - 500019 T: 9121234059

Warangal : 2-5-850, 2-5-227, Circuit House Road, Nakkallagutta, HanamKonda, Telangana - 506002 T:9100910976

### TRIPURA

Agartala : H. No.233873, HoldingNo 70 A, Ward No.23, A A Road, Near Joyguru Stand Area, Dholeswar, Agartala - 799007 T: 8336978924

### WEST BENGAL

Kolkata: 336, Canal Street, VIP Road, Lake Town, Kolkata - 700048, Near Lake Town Clock Tower, West Bengal 700048; T- 03340623245

Cooch Behar: B.S.Road, Near Central Bank, Cooch Behar, West Bengal, 736101; T- 9832400083

Siliguri: 3A,3B Creascent Court Building, Jhankar More, Buriwan Road, Darjeeling, Pin 734005 ; T- 8231844412

Berhampore: 13/3/A, A. C ROAD, INDTAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029



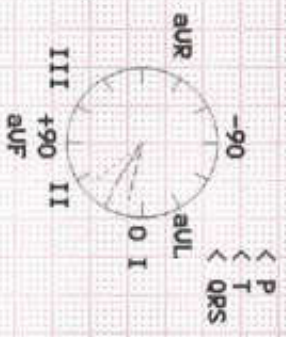
10/2/2024

HR 69 bpm

Mr. Lakshmi Kant MNShs

Measurement Results:

QRS	:	86	ms
QT/QTcB	:	386 / 413	ms
PR	:	160	ms
P	:	112	ms
RR/PP	:	856 / 865	ms
P/QRS/T	:	51 / 33 / 14	degrees

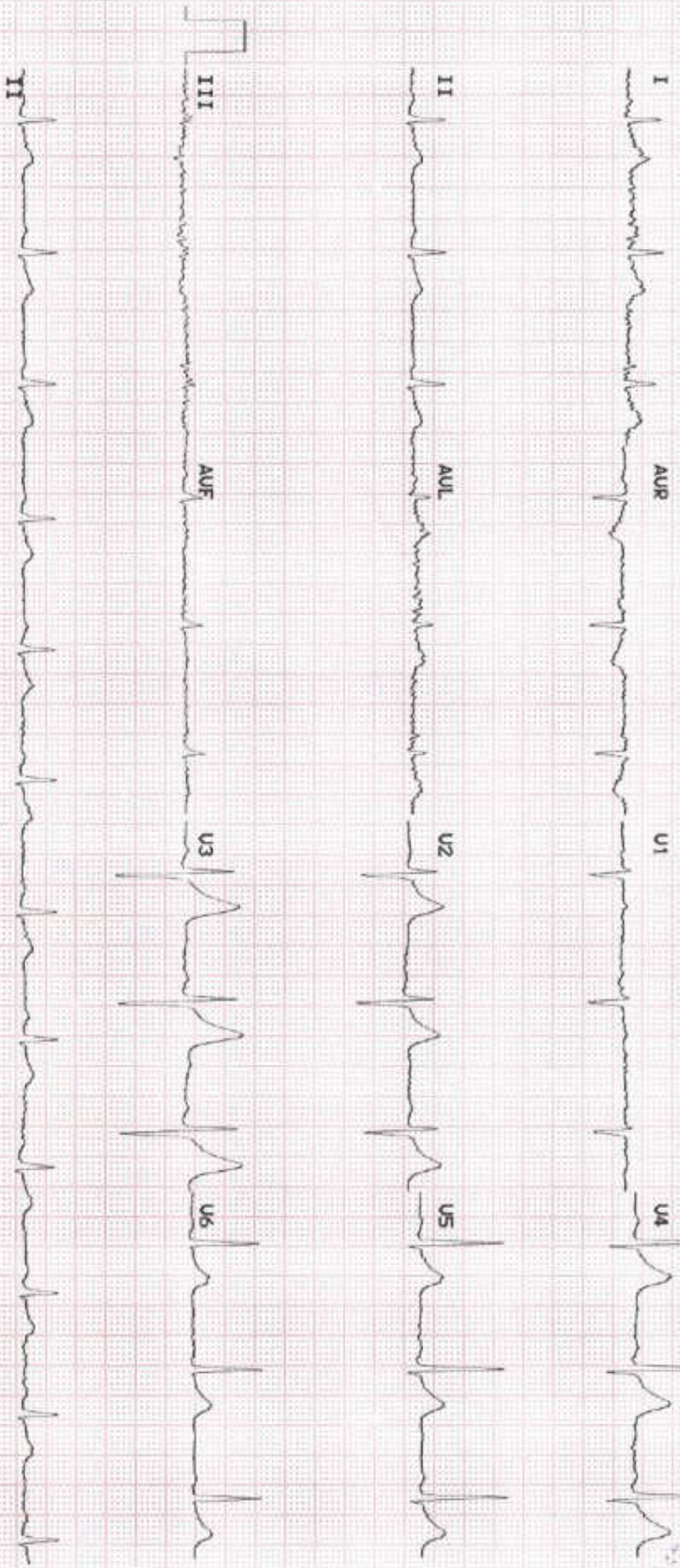


Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Normal ECG

*within Normal limits*

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

Unconfirmed report.



01:11:04

25mm/s 10mm/mV

ADS

50Hz

0.08 - 20Hz

3.F1

Automatic

U6.2 12I (1)

12SLBV231





Patient Name	: Mr. Laxmikant A Mishra	Age	: 34 Y M
UHID	: STAR.0000061293	OP Visit No	: STAROPV67223
Reported on	: 12-02-2024 11:13	Printed on	: 12-02-2024 11:13
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:12-02-2024 11:13

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology



Name : Mr.Laxmikant Mishra  
Age : 34 Year(s)

Date : 10/02/2024  
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**

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)





Name : Mr.Laxmikant Mishra  
Age : 34 Year(s)

Date : 10/02/2024  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	130mm/sec
EPSS	05mm
LA	29mm
AO	35mm
LVID (d)	40mm
LVID(s)	25mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

  
**DR.CHHAYA P.VAJA. M. D.(MUM)**  
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Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)





Patient name : MR. LAXMIKANT MISHRA  
Ref. By : HEALTH CHECK UP

Date : 10-02-2024  
Age : 34 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER** : The liver is normal in size, shape & echotexture. 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 11.2 x 5.1 cms and the **LEFT KIDNEY** measures 10.9 x 5.4 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 2.9 x 2.5 x 2.2 cms and weighs 8.6 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** : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.

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

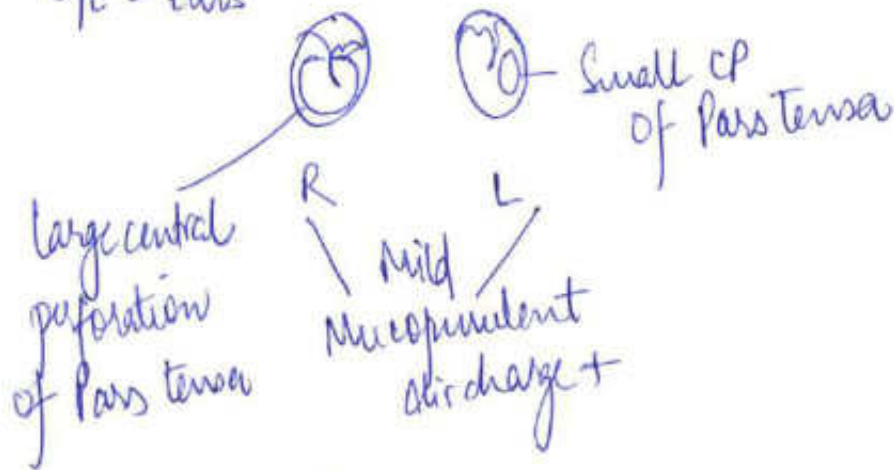


Name: Mr Laxmikant A Mishra  
Age: 34 y. / M

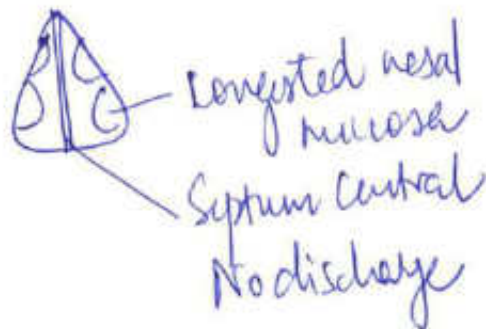
02/02/2024

- For Health Consultation
- 90% Decreased hearing (R), discharge (L)
- H/o discharge both ears since childhood

O/E - Ears



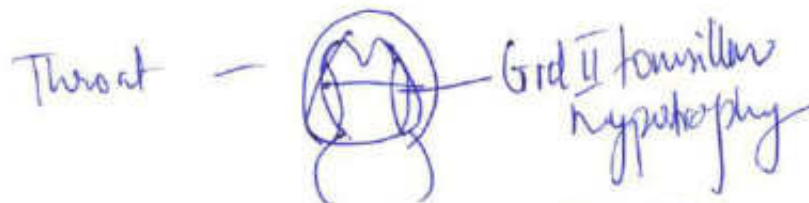
Nose -



↳  
- keep ear dry

- Ciplox e/d 2°-2°-2°  
x 7d

- T. Augmentin Duo  
1 gm twice 1-0-1  
x 7d



- R/o after 7d

Imp: Chronic Otitis Media (B/L)

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





## DIETARY GUIDELINE FOR DIABETES CONTROL

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 to be extend beyond 3 hours.

Always carry some biscuits or candy with you whenever you are away from home to take care of hypoglycaemia.

You can use small amount of artificial sweeteners, whenever necessary.

Regular blood- sugar monitoring would help you to control your food intake.

Meals should be consumed within ½ to 1 hours of taking hypoglycaemia drug /short acting insulin.

Exercise regularly for at least 30-45 minutes daily. Brisk walking is a good form of exercise, yoga, cycling, and swimming are.

Keep yourself hydrated 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	
Cereals	Whole grain product like Whole wheat flour, daliya, rava, bajara, jowar, ragi, oats, nachni, barley, rye.etc
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetables except listed in food to avoid list.
Fruits	Papaya, watermelon, muskmelon (8-10 small pieces) and apple, pear, orange, sweetlime (1 whole) and pineapple (2 thin slices)
Nuts	2 Almonds, 2 walnuts, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non-Veg	Chicken, fish, (skin removed) twice-a-week. You should eat in-grill and gravy form. 2 egg white-daily.

## FOODS TO AVOID

Rice, subudana, Maida and all product made from Maida like Khari, toast, butter, pav, white bread, bakery product like cake, nankhatai, pastry etc.

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

Condense milk, concentrated milk sweets, butter, cheese, cream.

Tubers and starchy vegetable like potato, sweet potato, raw banana, suran, arbi, yam, beetroot, carrot, radish.

Mango, banana, grapes, sitaphal, chiku, jackfruit.

In nuts coconuts (dry and fresh), groundnuts, cashewnuts, dates, anjeer, pista.

~~Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.~~

Sugar, jaggery, honey, jam, jelly, other sweet.

Pickles, chutney, mayonnaise, dalda.

Ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Fauziya Ansari  
Clinical Dietician/ Nutritionist  
E: diet.trd@apollospectra.com  
Cont: 8452884100



**EYE REPORT**

Name: *Laxmanlal Mishra*

Date: *10/02/2024*

Age / Sex: *32y / M*

Ref No.:

Complaint: *no vision clo*  
*R/clo DM - 2yr L R*

**Examination**

Spectacle Rx *Vu C 96* *Near Vu C 100*

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

Remarks: *Worn C 96*

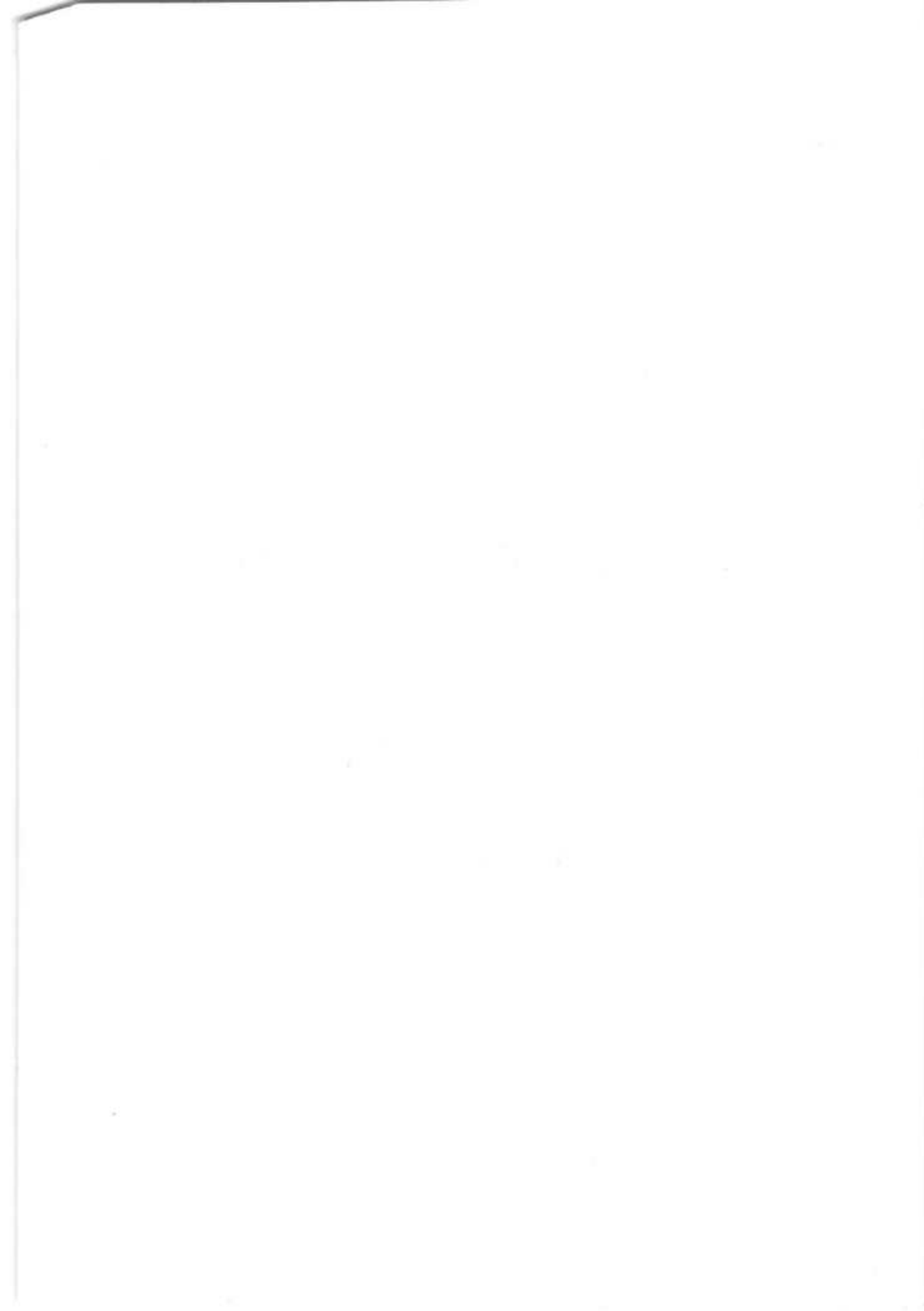
Medications: *MS 100*

Trade Name	Frequency	Duration

Follow up: *10 days 100*

Consultant:





ID  
Age 34

Height 168 cm  
Gender Male  
Date 10.2.2024  
Time 09:08:18

APOLLO SPECTRA HOSPITAL  
BP = 110/70

## Body Composition

Weight	75.2 kg	52.8 ~ 71.4	
Muscle Mass <small>Skeletal Muscle Mass</small>	29.7 kg	26.4 ~ 32.3	
Body Fat Mass	21.1 kg	7.5 ~ 14.9	
TBW <small>Total Body Water</small>	38.9 kg (34.9 ~ 42.7)	F.F.M. <small>Fat Free Mass</small>	52.8 kg (45.3 ~ 56.5)
Protein	10.5 kg (9.4 ~ 11.4)	Mineral <sup>1)</sup>	3.49 kg (3.23 ~ 3.95)

Segmental Lean		Lean Mass Evaluation
3.0 kg	Normal	2.9 kg
Trunk		24.4 kg
		Normal
8.4 kg	Normal	8.7 kg
		Normal

## Obesity Diagnosis

BMI <small>Body Mass Index</small>	(kg/m <sup>2</sup> )	26.9	FR	25.0 ~ 29.9	Deficient
PBF <small>Percent Body Fat</small>	(%)	30.4	GA	25.0 ~ 30.0	Deficient
WHR <small>Waist-hip Ratio</small>		0.92	GA	0.90 ~ 0.99	Deficient
BMR <small>Basal Metabolic Rate</small>	(kcal)	1510	GA	1523 ~ 1811	Deficient

Segmental Fat		PBF Fat Mass Evaluation
30.0%	1.4 kg	32.2%
Over	Trunk	1.5 kg
		Over
		30.0%
		12.1 kg
		Over
27.0%	3.4 kg	27.2%
Over	Over	Over

\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	21.1 kg	Fitness Score	68
----------------	--------	-------------	---------	---------------	----

## Impedance

Z	RA	LA	TR	RL	LL
20%	307.7	298.4	28.8	228.5	242.7
100%	271.0	261.4	24.3	201.1	210.3

\* 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: 65 kg, 170 cm, 170 beats/min, 100% effort)											
Walking	Jogging	Bicycle	Swimming	Rowing	Aerobic						
152	365	227	549	217	265						
Table tennis	Tennis	Football	Oriental shogi	Gate ball	Badminton						
171	227	265	271	144	171						
Racket ball	Tai-kwon-do	Squash	Table tennis	Table tennis	Golf						
379	379	379	271	271	153						
Push ups	Sit-ups	Weight training	Weight training	Weight training	Squats						
379	379	379	379	379	379						

### 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

1600 kcal

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



Handwritten text, possibly a signature or date, located on the right side of the page.

**OUT- PATIENT RECORD**

Date : 10/2/2024  
 MRNO :  
 Name : Mr Laxmikant Mishra  
 Age/Gender : 34 / M  
 Mobile No :  
 Passport No :  
 Aadhar number :

Pulse : 74	B.P : 110/70	Resp : 14/min	Temp : (N)
Weight : 75.8	Height : 168	BMI : 26.9	Waist Circum :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

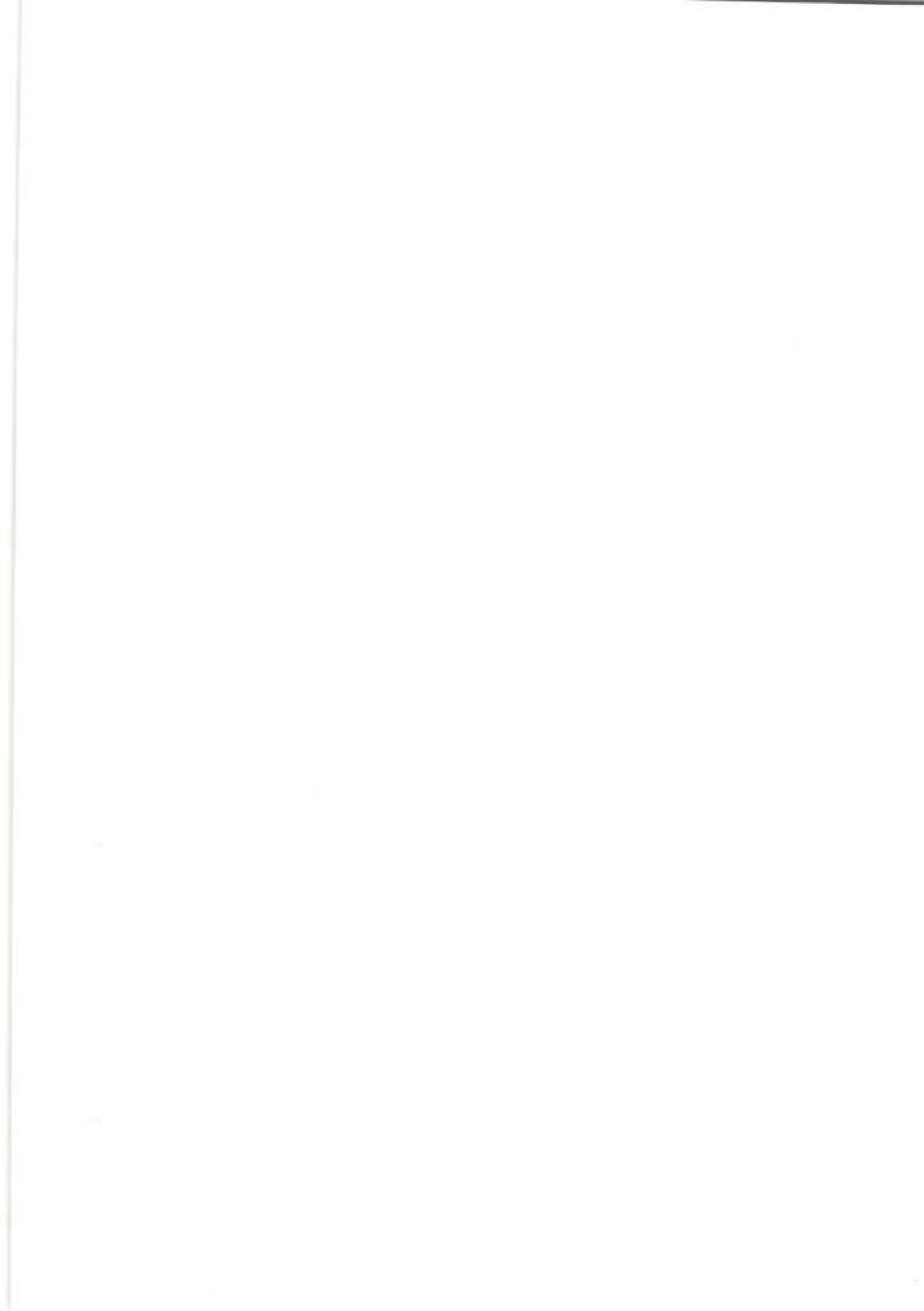
married, Vegetarian  
 sleep: (N) B/B: (N) No Allergy.  
 No addictions  
 Fistula operated 2019.  
 FH: Father: DM  
 Sugar ↑ Lipid ↑  
 1) Avoid sugar / sweets / oil / ghee  
 2) morning walk 45 mins daily  
 3) Repeat Sugar / Lipid after 2 months.

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



Follow up date:

Doctor Signature



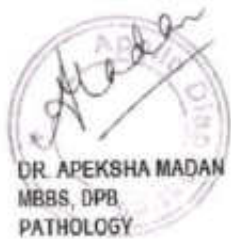


Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 12:54PM
UHID/MR No : STAR.0000081293	Reported : 10/Feb/2024 04:50PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

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:BED240033031

## TERMS AND CONDITIONS GOVERNING THIS REPORT

- The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever.
- It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only.
- Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
- This report is not valid for medico legal purposes.

## OUR LAB NETWORK

### ANDHRA PRADESH

Guntur : Ground Floor 4-15-91/1, Bharat Peta Road, Guntur - 522007 T: 9642101777 / 0863 223 2213

Rajahmundry : 22-9-15/2, Korukonda Road, Opp. Bijili Ice Factory, Jayakrishna Puram, Rajahmundry - 533105 T: 9100910996

Tirupathi : D No:23-9-99/3, Amaravathi Nagar, M R Pala Main Road, Tirupathi - 517501 T: 9515965968 / 8772243415 / 8227743414

Vijayawada : Parmeshwara Complex, Venkateshwara Puram, Vijayawada - 520010:08662497878 / 9100105801

Visakhapatnam : Plot NO- MIG-76, Sector-3, D No-1-83-18/1/1, Double Road, MVP Colony, Vizag - 530017 T: 9100910952

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Silchar : Monti Mansion, Opposite Surana Motors, Hallakandi Road T: 03842 241147 / 9957644441

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T: 0751-2453068 MAHARASHTRA

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Nashik : Shop No - 4A, Archit Royale Apartment, Opp. Eassar Petrol Pump Mahatma Nagar, Nashik 422007 T: 0253 6603130,9100910997

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Patient Name : Mr.LAXMIKANT A MISHRA  
 Age/Gender : 34 Y 7 M 8 D/M  
 UHID/MR No : STAR.0000061293  
 Visit ID : STAROPV67223  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9096349868

Collected : 10/Feb/2024 08:51AM  
 Received : 10/Feb/2024 12:54PM  
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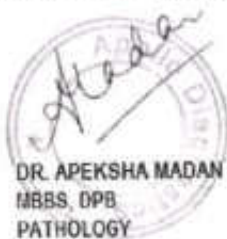
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	44.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.47	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	80.6	fL	83-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,170	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	06	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3516.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1974.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	370.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	308.5	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	327000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic  
 RBC : Normocytic normochromic  
 WBC : Normal in number, morphology and distribution. No abnormal cells seen  
 Platelets : Adequate in Number  
 Parasites : No Haemoparasites seen

Page 2 of 12

DR. APEKSHA MADAN  
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 PATHOLOGY

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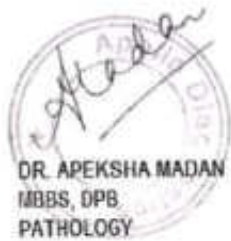
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DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



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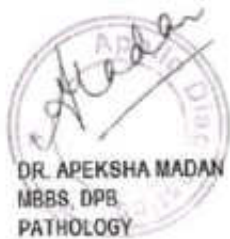


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BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

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	188	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:**

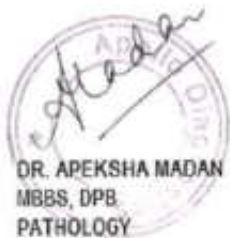
- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	220	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:PLP1418087



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Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
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UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 05:12PM
Visit ID : STAROPV87223	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	7.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	177	mg/dL		Calculated

**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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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 glycaemic control when clinical conditions that affect erythrocyte survival are present.
- 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)



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Consultant Pathologist

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	220	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	96	mg/dL	<100	Calculated
VLDL CHOLESTEROL	44	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.50		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.

Page 7 of 12




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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.23	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.32	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.91	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	65	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	98.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.50	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.95		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. Hepato cellular 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 > 1In 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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 Consultant Pathologist

SIN No:SE04624610



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Patient Name : Mr.LAXMIKANT A MISHRA  
 Age/Gender : 34 Y 7 M 8 D/M  
 UHID/MR No : STAR.0000061293  
 Visit ID : STAROPV67223  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9096349868

Collected : 10/Feb/2024 08:51AM  
 Received : 10/Feb/2024 04:40PM  
 Reported : 10/Feb/2024 06:29PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.60	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	20.30	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	3.5-8.5	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137.4	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101.0	mmol/L	98 - 107	Direct ISE



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Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 04:40PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 05:36PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9095349868	

**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	30.00	U/L	15-73	Glycylglycine Nitroanalide

Page 10 of 12




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SIN No:SE04624610

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Visit ID	: STAROPV67223	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9096349868		

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.07	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.95	µg/dL	4.86-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.940	µIU/mL	0.25-5.0	ELFA

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

- 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.
- 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.
- 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.
- 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

DR. APEKSHA MADAN  
MBBS, DPE  
PATHOLOGY

SIN No: SPL24021695



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## OUR LAB NETWORK

### ANDHRA PRADESH

Guntur : Ground Floor 4-15-91/1, Bharat Peta Road, Guntur - 522007 T: 9642101777 / 0863 223 2213

Rajahmundry : 22-9-15/2, Korukonda Road, Opp. Bijili Ice Factory, Jayakrishna Puram, Rajahmundry - 533105 T: 9100910996

Tirupathi : D No:23-9-99/3, Amaravathi Nagar, M R Pala Main Road, Tirupathi - 517501 T: 9515965968 / 8772243415 / 8227743414

Vijayawada : Parmeshwara Complex, Venkateshwara Puram, Vijayawada - 520010:08662497878 / 9100105801

Visakhapatnam : Plot NO- MIG-76, Sector-3, D No-1-83-18/1/1, Double Road, MVP Colony, Vizag - 530017 T: 9100910952

### BIHAR

Chhapra : Ward No 23, Circle No 17, Hoarding No 479, Dahiyawan Toia, Chhapra, Saran, Bihar - 841301 T: 8336978921

Muzaffarpur : House No - A1, Moti Mandir, Professor Colony, Kalambagh Road, Near Aghoria Bazar, Muzaffarpur, Bihar 842002.T: 0612 3344242

Patna: Suhavana Complex, 105p, Saguna More, Danapur, Patna-801503:8336978922

### ASSAM

Dibrugarh : South Amolopatty, A T Road, Dibrugarh, Assam - 786001 T: 8820444418

Guwahati : Royal Orchard, Beltola Basistha Road, Wireless, Dispur, Guwahati - 781036 T: 8820144414

Silchar : Monti Mansion, Opposite Surana Motors, Hallakandi Road T: 03842 241147 / 9957644441

### KARNATAKA

Hubli : Marvel Signet Shop no.13 Shirur Park, Marvel Properties, Hubli, Karnataka - 580030 T: 9100910983

Bangalore 1: 35/1, Old No. 472/5A, AVS Compound, Near Sony Centre, 80 Ft. Road, Koramangala, Bangalore - 560047 T: 9100105814

Bangalore 2 : No:209, Kasturinarayan Main Road, Kasturi Nagar, Bangalore- 560043 T: 9100910985

Mandya : #1135, Makam Towers, Vivekananda Road, Ashoka Nagar, Mandya - 571401 T:08232 225566

Mangalore : Shop No 002, Groundfloor, Janavi Plaza, Near Bunts Hostel Circle, Mangalore - 575003 T:9100910984

Mysore : Plot No #465/1, Ramanuja Road, Opp JSS Hospital, Agrahara, Mysore - 570004 T:9100910975

### MADHYA PRADESH

Gwalior : Shop No.1, M.K.Plaza, Hospital Road, Opposite Mahadev Dispensary, JA Group of Hospitals, Gwalior - 474001

T: 0751-2453058 MAHARASHTRA

Aurangabad : Shreeji Tower, Shop No 10,11, Kamgar Chowk, N4-Cidco, Aurangabad - 431001 T: 0240 2487444

Nashik : Shop No - 4A, Archit Royale Apartment, Opp. Eassar Petrol Pump Mahatma Nagar, Nashik 422007 T: 0253 6603130,9100910997

Pune : 1011,1st Floor, Farena Corporate Park, Near Season's Mall, Magarapatta Road, Hadapsar, Pune - 411028 T: 9100105826

Solapur : Plot No B-3, B-4 Vishwakiran Park, Jule Solapur - 413008 T: 0217 3344242

### ODISHA

Bhubaneswar : Plot No. 308/1815, Surya Vihar, Patia Bhubaneswar, Odisha - 751024 T: 8230944413

Sambalpur : Aithapally Main Road, Sambalpur, Odisha - 768004 T: 8231944411

### TAMILNADU

Chennai : Plot No-B143 (Part),9<sup>th</sup> Avenue, Ashok Nagar, Chennai - 600083 T: 044 42167277

Madurai : 9/B, V P Rathanaswamy Nadar Street, BibiKulam, Madurai - 625002 T: 9100910974

Pondicherry : 59, VVP Nagar, Kamaraj Salai, Thattanchavady, Pondichery - 605 009 T: 0413 4201 244

Tirunelveli : Tirunelveli High Ground, Main Road, D8/11, Everest Building, Tirunelveli - 627011 T: 0462 - 2580940

Trichy : G6 and F6, Bharath Shopping Mall, 2/50, E.V.R Road, (Opp G.H), Puthur, Trichy, Tamil Nadu - 620017 T: 9100910982

### TELANGANA

Hyderabad 1 : Survey Nos. 140/A, 140/B, 140/C, 141/A, 141/B and 141/C, Thokatta Village, Bowenpally, Secunderabad - 500011 T: 9100911393

Hyderabad 2 : Plot No: 187, Category-LIG of the Nailagandla Residential Complex, Serilingampally Mandal, Ranga Reddy - 500019 T: 9121234059

Warangal : 2-5-85D, 2-5-227, Circuit House Road, Nakkallagutta, HanamKonda, Telangana - 506002 T:9100910976

### TRIUPURA

Agartala : H. No.233873, HoldingNo 70 A, Ward No.23, A A Road, Near Joyguru Stand Area, Dholeswar, Agartala - 799007 T: 8336978924

### WEST BENGAL

Kolkata: 336 , Canal Street , VIP Road , Lake Town , Kolkata -700048, Near Lake Town Clock Tower, West Bengal 700048; T- 03340623245

Cooch Behar: B.S.Road, Near Central Bank, Cooch Behar, West Bengal, 736101; T- 9832400083

Siliguri: 3A,3B Creascent Court Building, Jhankar More, Burdwan Road, Darjeeling, Pin 734005 ; T- 8231944412

Berhampore: 13/3/A, A. C ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

Patient Name : Mr.LAXMIKANT A MISHRA  
 Age/Gender : 34 Y 7 M 8 D/M  
 UHID/MR No : STAR.0000061293  
 Visit ID : STAROPV67223  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9096349866

Collected : 10/Feb/2024 08:51AM  
 Received : 10/Feb/2024 05:01PM  
 Reported : 10/Feb/2024 08:39PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

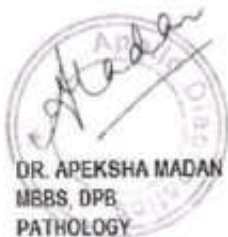
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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 \*\*\*

Page 12 of 12

DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:UR2279036



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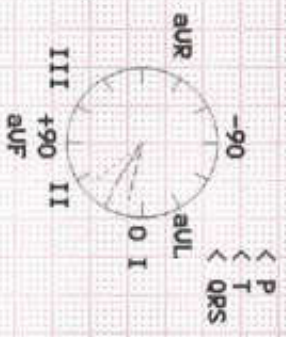
10/2/2024

HR 69 bpm

Mr. Lakshmi Kant MNShree

Measurement Results:

QRS	:	86	ms
QT/QTcB	:	386 / 413	ms
PR	:	160	ms
P	:	112	ms
RR/PP	:	856 / 865	ms
P/QRS/T	:	51 / 33 / 14	degrees

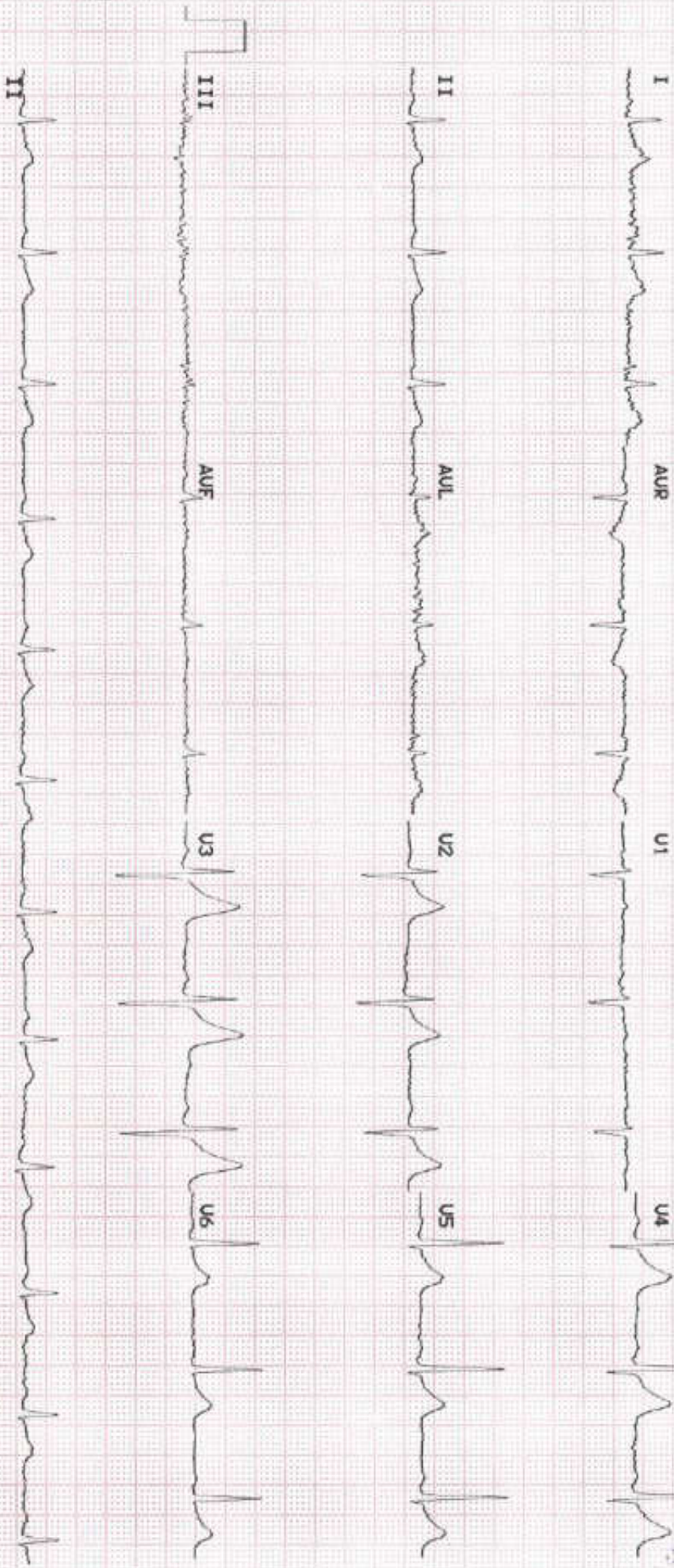


Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Normal ECG

*within Normal limits*

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

Unconfirmed report.



01:11:04

25mm/s 10mm/mV

ADS

50Hz

0.08 - 20Hz

3.F1

Automatic

U6.2 12I (1)

12SLBV231





Patient Name	: Mr. Laxmikant A Mishra	Age	: 34 Y M
UHID	: STAR.0000061293	OP Visit No	: STAROPV67223
Reported on	: 12-02-2024 11:13	Printed on	: 12-02-2024 11:13
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:12-02-2024 11:13

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology





Name : Mr.Laxmikant Mishra  
Age : 34 Year(s)

Date : 10/02/2024  
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**

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)





Name : Mr.Laxmikant Mishra  
Age : 34 Year(s)

Date : 10/02/2024  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	130mm/sec
EPSS	05mm
LA	29mm
AO	35mm
LVID (d)	40mm
LVID(s)	25mm
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  
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Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)



Patient name : MR. LAXMIKANT MISHRA  
Ref. By : HEALTH CHECK UP

Date : 10-02-2024  
Age : 34 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER** : The liver is normal in size, shape & echotexture. 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 11.2 x 5.1 cms and the **LEFT KIDNEY** measures 10.9 x 5.4 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 2.9 x 2.5 x 2.2 cms and weighs 8.6 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** : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.

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



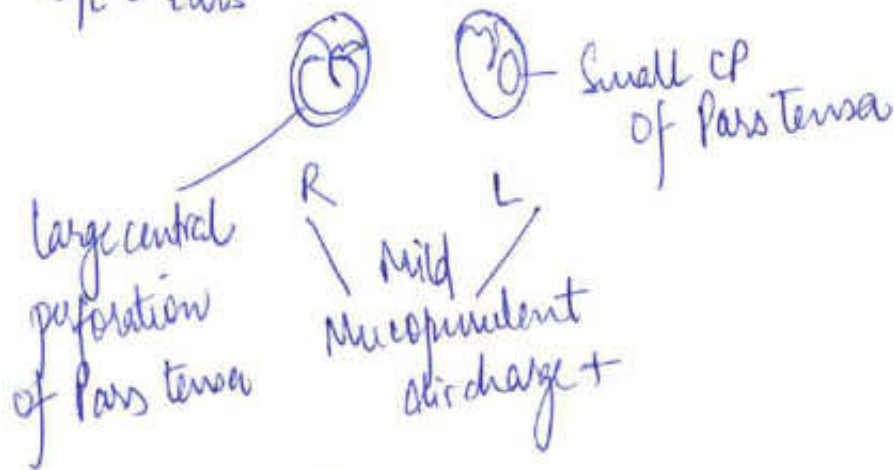


Name: Mr Laxmikant A Mishra  
Age: 34 y./M

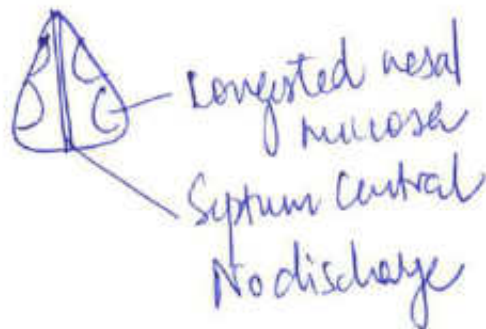
02/02/2024

- For Health Consultation
- 90% Decreased hearing (R), discharge (L)
- H/o discharge both ears since childhood

O/E - Ears



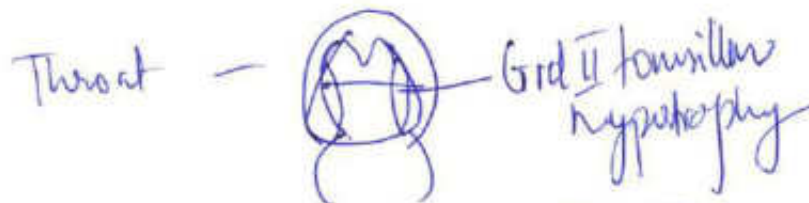
Nose -



↳  
- keep ear dry

- Ciplox e/d 2°-2°-2°  
x 7d

- T. Augmentin Duo  
1 gm twice 1-0-1  
x 7d



- R/o after 7d

Imp: Chronic Otitis Media (B/L)

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





## DIETARY GUIDELINE FOR DIABETES CONTROL

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 to be extend beyond 3 hours.

Always carry some biscuits or candy with you whenever you are away from home to take care of hypoglycaemia.

You can use small amount of artificial sweeteners, whenever necessary.

Regular blood- sugar monitoring would help you to control your food intake.

Meals should be consumed within ½ to 1 hours of taking hypoglycaemia drug /short acting insulin.

Exercise regularly for at least 30-45 minutes daily. Brisk walking is a good form of exercise, yoga, cycling, and swimming are.

Keep yourself hydrated 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	
Cereals	Whole grain product like Whole wheat flour, daliya, rava, bajara, jowar, ragi, oats, nachni, barley, rye.etc
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetables except listed in food to avoid list.
Fruits	Papaya, watermelon, muskmelon (8-10 small pieces) and apple, pear, orange, sweetlime (1 whole) and pineapple (2 thin slices)
Nuts	2 Almonds, 2 walnuts, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non-Veg	Chicken, fish, (skin removed) twice-a-week. You should eat in-grill and gravy form. 2 egg white-daily.

## FOODS TO AVOID

Rice, subudana, Maida and all product made from Maida like Khari, toast, butter, pav, white bread, bakery product like cake, nankhatai, pastry etc.

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

Condense milk, concentrated milk sweets, butter, cheese, cream.

Tubers and starchy vegetable like potato, sweet potato, raw banana, suran, arbi, yam, beetroot, carrot, radish.

Mango, banana, grapes, sitaphal, chiku, jackfruit.

In nuts coconuts (dry and fresh), groundnuts, cashewnuts, dates, anjeer, pista.

~~Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.~~

Sugar, jaggery, honey, jam, jelly, other sweet.

Pickles, chutney, mayonnaise, dalda.

Ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Fauziya Ansari  
Clinical Dietician/ Nutritionist  
E: diet.trd@apollospectra.com  
Cont: 8452884100

**EYE REPORT**

Name: *Laxmanlal Mishra*

Date: *10/02/2024*

Age / Sex: *32y / M*

Ref No.:

Complaint: *no vision clo*  
*R/clo DM - 2yr L R*

**Examination**

Spectacle Rx *Vu C 96* *Near Vu C 100*

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

Remarks: *Worn C 96*

Medications: *MS 100*

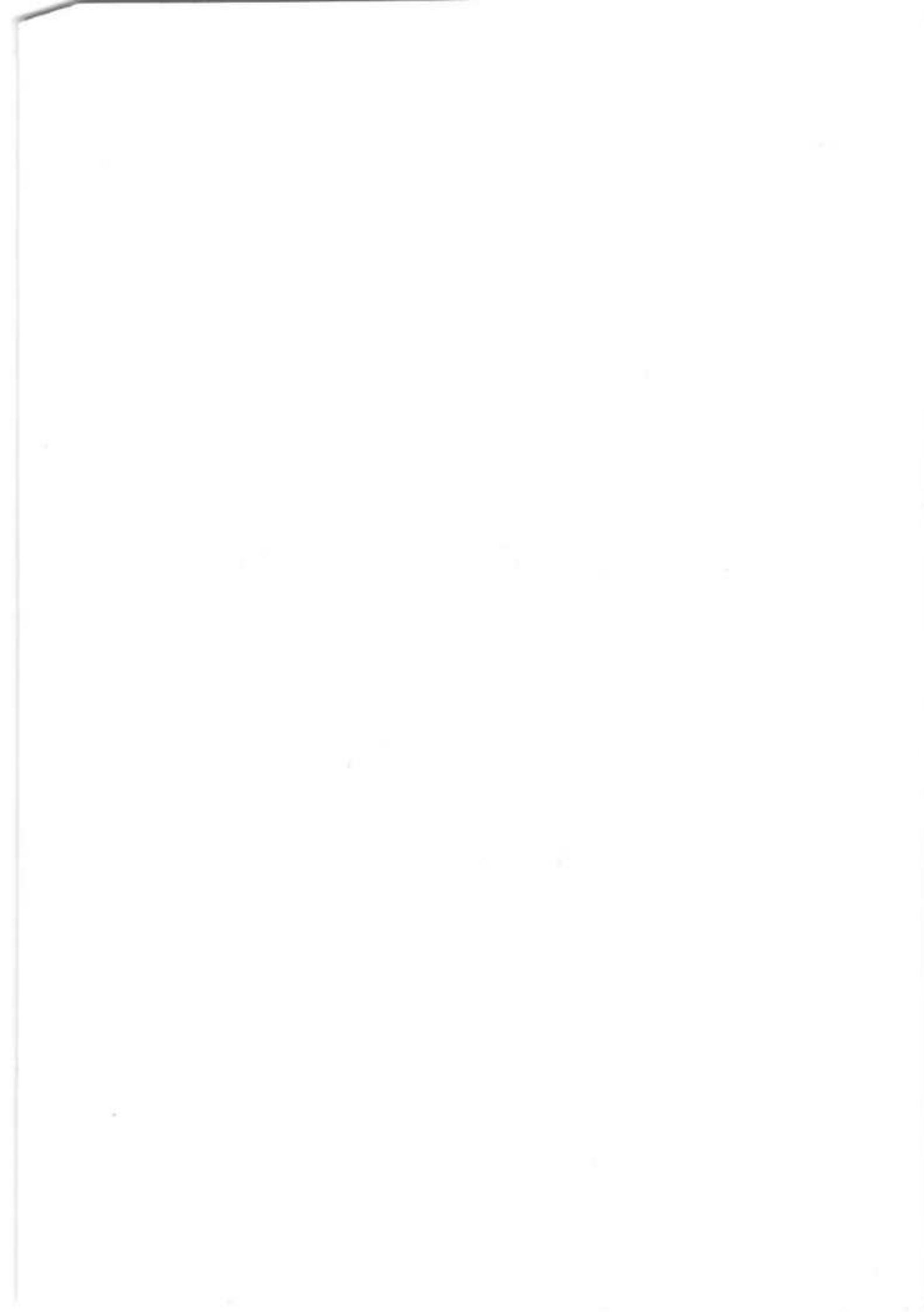
Trade Name	Frequency	Duration

Follow up: *10 days 100*

Consultant:







ID  
Age 34

Height 168 cm Date 10.2.2024  
Gender Male Time 09:08:18

APOLLO SPECTRA HOSPITAL  
BP = 110/70

## Body Composition

Weight	75.2 kg	52.8 ~ 71.4	
Muscle Mass <small>Skeletal Muscle Mass</small>	26.7 kg	26.4 ~ 32.3	
Body Fat Mass	21.1 kg	7.5 ~ 14.9	
TBW <small>Total Body Water</small>	38.9 kg (34.9 ~ 42.7)	F.F.M. <small>Fat Free Mass</small>	52.8 kg (45.3 ~ 56.5)
Protein	10.5 kg (9.4 ~ 11.4)	Mineral <sup>1)</sup>	3.49 kg (3.23 ~ 3.95)

Segmental Lean		Lean Mass Evaluation
3.0 kg	2.9 kg	Normal
Trunk		
24.4 kg		Normal
8.4 kg	8.7 kg	Normal

## Obesity Diagnosis

BMI <small>Body Mass Index</small>	(kg/m <sup>2</sup> )	26.9	FR	25.0 ~ 29.9	Deficient
PBF <small>Percent Body Fat</small>	(%)	30.4	GA	25.0 ~ 29.9	Deficient
WHR <small>Waist-hip Ratio</small>		0.92	GA	0.90 ~ 0.99	Deficient
BMR <small>Basal Metabolic Rate</small>	(kcal)	1510	GA	1523 ~ 1811	Deficient

Segmental Fat		PBF Fat Mass Evaluation
30.0%	32.2%	Over
1.4 kg	1.5 kg	Over
Trunk		
30.0%		Over
27.0%	27.2%	
3.4 kg	3.4 kg	Over

\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	2.0 kg	Fitness Score	68
----------------	--------	-------------	--------	---------------	----

## Impedance

Z	RA	LA	TR	RL	LL
20%	307.7	298.4	28.8	228.5	242.7
100%	271.0	261.4	24.3	201.1	210.3

\* 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: 65 kg, 170 cm, 170 beats/min, 100% effort)											
Walking	Jogging	Bicycle	Swimming	Climbing	Aerobic						
152	365	227	544	217	265						
Table tennis	Tennis	Football	Oriental shogi	Gate ball	Badminton						
171	227	265	371	144	171						
Racket ball	Tai-chi-wan-do	Squash	Table tennis	Table tennis	Golf						
379	379	379	299	299	133						
Push ups	Sit-ups	Weight training	Weight training	Weight training	Squats						
379	379	379	379	379	379						

### 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

1600 kcal

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

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<b>Patient Name</b>	: Mr. Laxmikant A Mishra	<b>Age/Gender</b>	: 34 Y/M
<b>UHID/MR No.</b>	: STAR.0000061293	<b>OP Visit No</b>	: STAROPV67223
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 12-02-2024 09:00
<b>LRN#</b>	: RAD2231615	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9096349868		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER** : The liver is normal in size, shape & echotexture. 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 11.2 x 5.1 cms and the **LEFT KIDNEY** measures 10.9 x 5.4 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 2.9 x 2.5 x 2.2 cms and weighs 8.6 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY** : 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** : **Normal Ultrasound examination of the Abdomen and Pelvis.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mr. Laxmikant A Mishra	<b>Age/Gender</b>	: 34 Y/M
<b>UHID/MR No.</b>	: STAR.0000061293	<b>OP Visit No</b>	: STAROPV67223
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 12-02-2024 11:13
<b>LRN#</b>	: RAD2231615	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9096349868		

**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

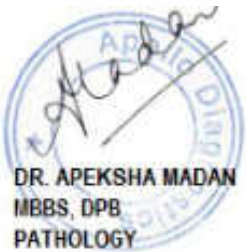
Patient Name : Mr.LAXMIKANT A MISHRA  
Age/Gender : 34 Y 7 M 8 D/M  
UHID/MR No : STAR.0000061293  
Visit ID : STAROPV67223  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9096349868

Collected : 10/Feb/2024 08:51AM  
Received : 10/Feb/2024 12:54PM  
Reported : 10/Feb/2024 04:50PM  
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





Patient Name : Mr.LAXMIKANT A MISHRA  
Age/Gender : 34 Y 7 M 8 D/M  
UHID/MR No : STAR.0000061293  
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	44.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.47	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>80.6</b>	fL	83-101	Calculated
MCH	<b>25.7</b>	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,170	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	06	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3516.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1974.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	370.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	308.5	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	327000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic


RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

Page 2 of 12



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



SIN No:BED240033031

**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.LAXMIKANT A MISHRA  
Age/Gender : 34 Y 7 M 8 D/M  
UHID/MR No : STAR.0000061293  
Visit ID : STAROPV67223  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9096349868

Collected : 10/Feb/2024 08:51AM  
Received : 10/Feb/2024 12:54PM  
Reported : 10/Feb/2024 04:50PM  
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, DPB  
PATHOLOGY




Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 12:54PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 06:14PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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

SIN No:BED240033031

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**Address:**

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500



Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 05:01PM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 05:48PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 06:25PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

**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	188	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:**

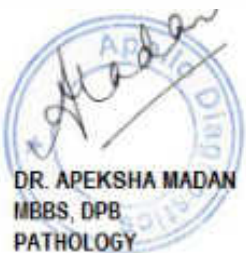
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	220	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.



Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 04:37PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 05:12PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>7.8</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	177	mg/dL		Calculated

**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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- 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. Sandip Kumar Banerjee**  
M.B.B.S., M.D (PATHOLOGY), D.P.B  
Consultant Pathologist



SIN No:EDT240014473

Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 04:40PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 05:36PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>220</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>140</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	96	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>44</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.50		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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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. Sandip Kumar Banerjee**  
M.B.B.S, M.D (PATHOLOGY), D.P.B  
Consultant Pathologist



SIN No:SE04624610



Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 04:40PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 05:36PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	<b>1.23</b>	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.32</b>	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.91	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	65	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	98.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.50	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.95		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'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.



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



SIN No:SE04624610

Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 04:40PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 06:29PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.60</b>	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	20.30	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	3.5-8.5	Uricase
CALCIUM	9.30	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137.4	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101.0	mmol/L	98 - 107	Direct ISE



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



SIN No:SE04624610

Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 04:40PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 05:36PM
Visit ID : STAROPV67223	Status : Final Report
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Emp/Auth/TPA ID : 9096349868	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	30.00	U/L	15-73	Glycylglycine Nitoranalide



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



SIN No:SE04624610



Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 04:39PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 06:22PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

**DEPARTMENT OF IMMUNOLOGY**

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

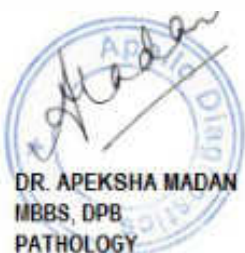
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.95	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.940	µIU/mL	0.25-5.0	ELFA

**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

- 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.
- 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.
- 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.
- 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



SIN No: SPL24021695

**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 Raghupathi Chambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**  
156, Famous Cine Labs, Behind Everest Building,  
Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

Patient Name : Mr.LAXMIKANT A MISHRA	Collected : 10/Feb/2024 08:51AM
Age/Gender : 34 Y 7 M 8 D/M	Received : 10/Feb/2024 05:01PM
UHID/MR No : STAR.0000061293	Reported : 10/Feb/2024 08:39PM
Visit ID : STAROPV67223	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9096349868	

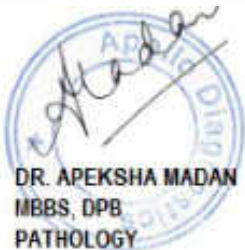
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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 \*\*\*

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SIN No:UR2279036

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