

Patient Name : Mr.JOGENDRA N NAYAK
Age/Gender : 53 Y 3 M 8 D/M
UHID/MR No : STAR.0000057002
Visit ID : STAROPV60578
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 200111578612

Collected : 28/Jun/2023 09:54AM
Received : 28/Jun/2023 10:25AM
Reported : 28/Jun/2023 12:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

Methodology : Microscopic
RBC : Mild Anisocytosis
WBC : Normal in number, morphology and distribution. No abnormal cells seen
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Mild Anisocytosis blood picture.
Note/Comment : Please Correlate clinically.



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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	12.9	g/dL	13-17	Spectrophotometer
PCV	43.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.16	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	70	fL	83-101	Calculated
MCH	21	pg	27-32	Calculated
MCHC	30	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	61	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3172	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1716	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	104	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	208	Cells/cu.mm	200-1000	Electrical Impedance

PLATELET COUNT	240000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

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IMPRESSION : Mild Anisocytosis blood picture.
Note/Comment : Please Correlate clinically.



SIN No:BED230148436

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

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA				
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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Patient Name : Mr.JOGENDRA N NAYAK	Collected : 28/Jun/2023 12:58PM
Age/Gender : 53 Y 3 M 8 D/M	Received : 28/Jun/2023 01:46PM
UHID/MR No : STAR.0000057002	Reported : 28/Jun/2023 01:47PM
Visit ID : STAROPV60578	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 200111578612	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	120	mg/dL	70-140	GOD - POD
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Comment:

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

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

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mr.JOGENDRA N NAYAK	Collected : 28/Jun/2023 09:54AM
Age/Gender : 53 Y 3 M 8 D/M	Received : 28/Jun/2023 03:24PM
UHID/MR No : STAR.0000057002	Reported : 28/Jun/2023 04:50PM
Visit ID : STAROPV60578	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 200111578612	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	114	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



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UHID/MR No : STAR.0000057002	Reported : 28/Jun/2023 12:44PM
Visit ID : STAROPV60578	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	136	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	127	mg/dL	<150	
HDL CHOLESTEROL	27	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.04		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.00	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	79.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.74	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	18.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE



SIN No:SE04407637

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	16-73	Glycylglycine Kinetic method



SIN No:SE04407637

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Age/Gender : 53 Y 3 M 8 D/M	Received : 28/Jun/2023 10:24AM
UHID/MR No : STAR.0000057002	Reported : 28/Jun/2023 11:27AM
Visit ID : STAROPV60578	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.99	ng/mL	0.67-1.81	ELFA
Thyroxine (T4, TOTAL)	6.61	µg/dL	4.66-9.32	ELFA
Thyroid Stimulating Hormone (TSH)	1.170	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0



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Age/Gender : 53 Y 3 M 8 D/M	Received : 28/Jun/2023 10:24AM
UHID/MR No : STAR.0000057002	Reported : 28/Jun/2023 12:48PM
Visit ID : STAROPV60578	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.030	ng/mL	0-4	ELFA



SIN No:SPL23093145

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick


BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



SIN No:UR2136553

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Begumpet, Hyderabad, Telangana - 500016

Address:

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Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Name: Jogendra Nayak
Present Complaints: No

Date: 28/6/23
Age: 53/M

Present Medications: No

Personal History:

Diet: Veg/Mixed

Alcohol: No

Bowel: (w)

Physical Activities: Active/Moderate/Sedentary

Allergy: No

Past Medical History: No

Family History: No

Physical Examination findings

Pulse: 64 /min BP: 120/80 mm/hg

No Pallor/icterus/cyanosis/clubbing/edema

RS: (w)

CVS: (w)

P/Abdo: (w)

CNS: (w)

Musculoskeletal: (w)

Unmarried/Married Unmarried

Sleep: Normal/Disturbed/Snoring

Tobacco: Chews/Smokes No

Bladder: (w)

Menstrual History: —

Investigations:

Normal Reports

Advice:

Fit for job.



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

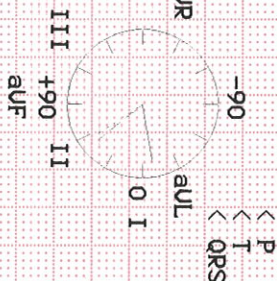
Dr. Chhaya Vaja

Jayendra Nayak

HR 64 bpm

Measurement Results:

QRS	:	88 ms
QT/QTcB	:	366 / 381 ms
PR	:	140 ms
P	:	98 ms
RR/PP	:	922 / 940 ms
P/QRS/T	:	55 / -10 / 50 degrees
QTd/QTcBd	:	54 / 56 ms
Sokolow	:	0.7 mV
NK	:	9



Interpretation:

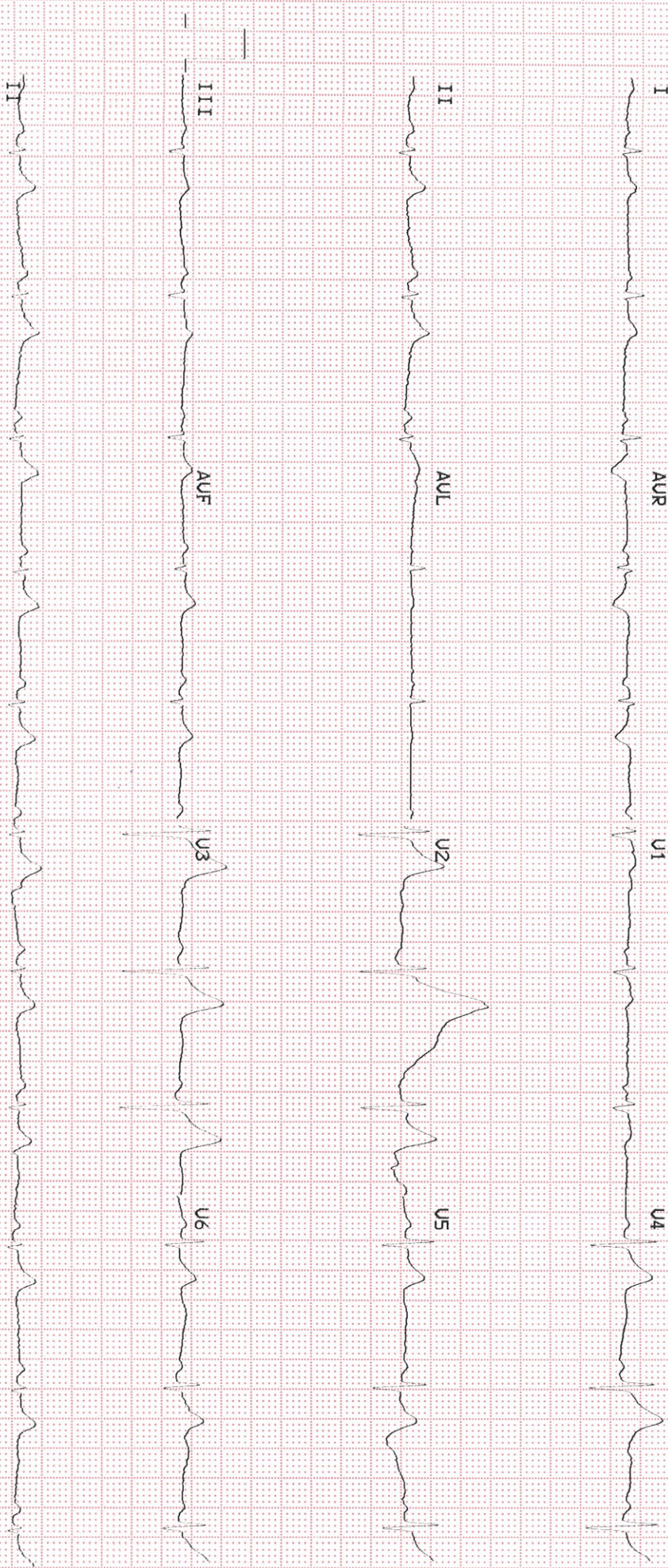
low QRS amplitudes
probably abnormal ECG

LADP



Unconfirmed report.

Dr. (M.B.S.) CHAITANYA P. VAJRA
M.D. (ISMM)
Physician & Cardiologist
Reg. No. 66942



28 Jun 2023 12:13:58 AM 25mm/s 10mm/mV ADS 50Hz 0.08-20Hz 3 E1 B Automatic 15 2 M12 (1)

Specialists in Surgery

Patient Name	: Mr. JOGENDRA N NAYAK	Age	: 53 Y M
UHID	: STAR.0000057002	OP Visit No	: STAROPV60575
Reported on	: 28-06-2023 11:35	Printed on	: 28-06-2023 11:37
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:28-06-2023 11:35

---End of the Report---


Dr. VINOD SHETTY
Radiology

Name : Mr. Jogendra Nayak
Age : 53 Year(s)

Date : 28/06/2023
Sex : Male
Visit Type : OPD

ECHO Cardiography

Comments:

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
No diastolic dysfunction.
Normal RV systolic function.
No intracardiac clots / vegetation/ pericardial effusion.
No evidence of pulmonary hypertension. PASP=30mmHg.
IVC 12 mm collapsing with respiration.

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.


DR. CHHAYA P. VAJA. M. D. (MUM)
NONINVASIVE CARDIOLOGIST

Name : Mr.Jogendra Nayak
Age : 53 Year(s)

Date : 28/06/2023
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	60mm/sec
EPSS	05mm
LA	35mm
AO	34mm
LVID (d)	45mm
LVID(s)	21mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)



DR.CHHAYA P.VAJA. M. D.(MUM)
NONINVASIVE CARDIOLOGIST

Patient Name : MR.JOGENDRA NAYAK
Ref. By : HEALTH CHECK UP

Date : 28-06-2023
Age : 53 years

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 11.0 x 4.9 cms and the **LEFT KIDNEY** measures 10.4 x 4.8 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

PROSTATE : The prostate measures 3.5 x 2.8 x 2.9 cms and weighs 15.8 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY BLADDER : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.

Report with compliments.



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

28/6/23.

S/B Dr. Mitul C. Bhatt (ENT)

Mr. Jogendra Nayak M/53 yrs

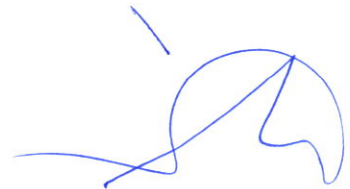
Pt. for ENT Check up.

Ear → B/L TM intact

R + +
+ +

W →

Nose → }
Throat → } WNL



Dr. Mitul C. Bhatt

2011/05/1748

EYE REPORT

Name: Mr. Jogendra Nayak

Date: 28/06/2023

Age / Sex: 53yr / M

Ref No.:

Complaint:

No heaviness, tearing - in evening

Examination

No m/o SI/AA

Spectacle Rx

egh V_r < 6/6p
6/6p

Neu V_r N_s

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

Remarks:

Color V_r f near

Medications:

As f near

Trade Name	Frequency	Duration

Follow up:

Fluorescein K_{max}

Heal Tears old
5ml/day

Consultant:

DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

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

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

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

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

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

FOOD ALLOWED

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

FOODS TO AVOID

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

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

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

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

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

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

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

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.



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

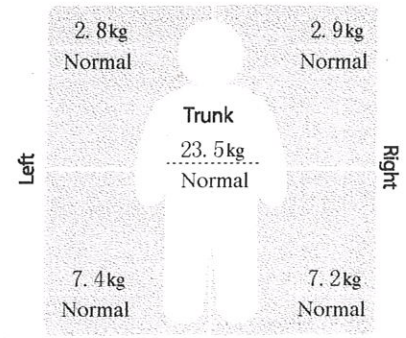
ID 0 *Jogendae* | Height 157cm | Date 28.6.2023 | APOLLO SPECTRA HOSPITAL
 Age 53 | Gender Male | Time 09:06:28

Body Composition

	Under	Normal	Over	UNIT%	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205				46.1 ~ 62.4
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				22.9 ~ 27.9
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 520				6.5 ~ 13.0
TBW Total Body Water	34.2 kg (30.5 ~ 37.3)		FFM Fat Free Mass	46.3 kg (39.6 ~ 49.3)	
Protein	9.3 kg (8.2 ~ 10.0)		Mineral*	2.82 kg (2.82 ~ 3.45)	

*Mineral is estimated.

Segmental Lean



Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	29.0	18.5 ~ 25.0
PBF Percent Body Fat (%)	35.2	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.96	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1371	1551 ~ 1814

Nutritional Evaluation

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

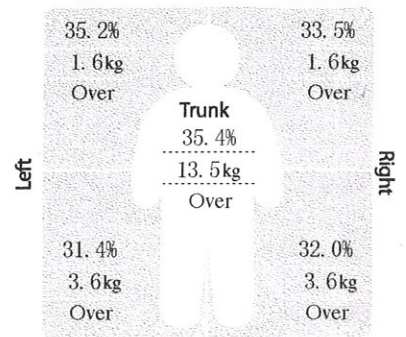
Weight Management

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

Obesity Diagnosis

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

Segmental Fat



*Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 17.0 kg	Fitness Score	63
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Impedance

Z	RA	LA	TR	RL	LL
20kHz	278.7	287.9	31.4	252.9	237.3
100kHz	238.1	249.7	25.9	221.6	208.4

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

Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 71.5 kg / Duration: 30min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
143	250	215	250	233	250		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
162	215	250	358	136	162		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf		
358	358	358	215	250	126		
Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats		
development of upper body	abdominal muscle training	backache prevention	muscle strength	muscle strength	maintenance of lower body muscle		

• How to do

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

• Recommended calorie intake per day

1400 kcal

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

TO CHANGING LIVES Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612	Collected : 28/Jun/2023 09:54AM Received : 28/Jun/2023 10:25AM Reported : 28/Jun/2023 12:47PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

Methodology : Microscopic
 RBC : Mild Anisocytosis
 WBC : Normal in number, morphology and distribution. No abnormal cells seen
 Platelets : Adequate in Number
 Parasites : No Haemoparasites seen
 IMPRESSION : Mild Anisocytosis blood picture.
 Note/Comment : Please Correlate clinically.



Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612		Collected : 28/Jun/2023 09:54AM Received : 28/Jun/2023 10:25AM Reported : 28/Jun/2023 12:47PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD-EDTA				
HAEMOGLOBIN				
PCV	12.9	g/dL	13-17	Spectrophotometer
RBC COUNT	43.10	%	40-50	Electronic pulse & Calculation
MCV	6.16	Million/cu.mm	4.5-5.5	Electrical Impedance
MCH	70	fL	83-101	Calculated
MCHC	21	pg	27-32	Calculated
R.D.W	30	g/dL	31.5-34.5	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	16.6	%	11.6-14	Calculated
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	5,200	cells/cu.mm	4000-10000	Electrical Impedance
LYMPHOCYTES	61	%	40-80	Electrical Impedance
EOSINOPHILS	33	%	20-40	Electrical Impedance
MONOCYTES	02	%	1-6	Electrical Impedance
BASOPHILS	04	%	2-10	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	00	%	<1-2	Electrical Impedance
LYMPHOCYTES	3172	Cells/cu.mm	2000-7000	Electrical Impedance
EOSINOPHILS	1716	Cells/cu.mm	1000-3000	Electrical Impedance
MONOCYTES	104	Cells/cu.mm	20-500	Electrical Impedance
PLATELET COUNT	208	Cells/cu.mm	200-1000	Electrical Impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	240000	cells/cu.mm	150000-410000	Electrical impedance
PERIPHERAL SMEAR	05	mm at the end of 1 hour	0-15	Modified Westergren

Methodology : Microscopic
 RBC : Mild Anisocytosis
 WBC : Normal in number, morphology and distribution. No abnormal cells seen
 Platelets : Adequate in Number
 Parasites : No Haemoparasites seen
IMPRESSION : Mild Anisocytosis blood picture.
 Note/Comment : Please Correlate clinically.



Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612	Collected : 28/Jun/2023 09:54AM Received : 28/Jun/2023 10:25AM Reported : 28/Jun/2023 12:47PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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



Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612	Collected : 28/Jun/2023 12:58PM Received : 28/Jun/2023 01:46PM Reported : 28/Jun/2023 01:47PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	Result	Unit	Bio. Ref. Range	Method
	120	mg/dL	70-140	GOD - POD

Comment:

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

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612		Collected : 28/Jun/2023 09:54AM Received : 28/Jun/2023 03:24PM Reported : 28/Jun/2023 04:50PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN, WHOLE BLOOD-EDTA	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG), WHOLE BLOOD-EDTA	114	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:EDT230058955

Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612	Collected : 28/Jun/2023 09:54AM Received : 28/Jun/2023 10:23AM Reported : 28/Jun/2023 12:44PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	136	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	127	mg/dL	<150	
HDL CHOLESTEROL	27	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.04		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.
 NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612	Collected : 28/Jun/2023 09:54AM Received : 28/Jun/2023 10:23AM Reported : 28/Jun/2023 12:00PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.00	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	79.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated



TO CHANGE LIVES Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612		Collected : 28/Jun/2023 09:54AM Received : 28/Jun/2023 10:23AM Reported : 28/Jun/2023 12:00PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.74	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	18.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE



Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612		Collected : 28/Jun/2023 09:54AM Received : 28/Jun/2023 10:23AM Reported : 28/Jun/2023 12:00PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612	Collected : 28/Jun/2023 09:54AM Received : 28/Jun/2023 10:24AM Reported : 28/Jun/2023 11:27AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.99	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.61	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.170	µIU/mL	0.25-5.0	ELFA

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

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0



Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612	Collected : 28/Jun/2023 09:54AM Received : 28/Jun/2023 10:24AM Reported : 28/Jun/2023 12:48PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.030	ng/mL	0-4	ELFA



Patient Name : Mr.JOGENDRA N NAYAK Age/Gender : 53 Y 3 M 8 D/M UHID/MR No : STAR.0000057002 Visit ID : STAROPV60578 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 200111578612	Collected : 28/Jun/2023 09:54AM Received : 28/Jun/2023 12:00PM Reported : 28/Jun/2023 12:48PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
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Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



SIN No:UR2136553



भारत सरकार
GOVERNMENT OF INDIA

Download Date: 18/01/2021



जोगेंद्र नाथ नायक

Jogendra Nath Nayak

जन्म तिथि / DOB: 20/03/1970

पुरुष / MALE

Mobile No.: 9532084324

2001 1157 8612

VID : 9132 7070 2739 8249

Issue Date: 05/03/2018

मेरा आधार, मेरी पहचान

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. NAYAK JOGENDRA NATH
EC NO.	52734
DESIGNATION	CORPORATE TAX PLANNING
PLACE OF WORK	MUMBAI,BKC, BARODA CORPORATE C
BIRTHDATE	20-03-1970
PROPOSED DATE OF HEALTH CHECKUP	27-06-2023
BOOKING REFERENCE NO.	23J52734100062658E

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 **23-06-2023** 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
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
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
General Tests	General Tests
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

Patient Name	: Mr. JOGENDRA N NAYAK	Age/Gender	: 53 Y/M
UHID/MR No.	: STAR.0000057002	OP Visit No	: STAROPV60578
Sample Collected on	:	Reported on	: 28-06-2023 15:16
LRN#	: RAD2033086	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 200111578612		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 11.0 x 4.9 cms and the **LEFT KIDNEY** measures 10.4 x 4.8 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

PROSTATE : The prostate measures 3.5 x 2.8 x 2.9 cms and weighs 15.8 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY BLADDER : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.



Dr. VINOD SHETTY
Radiology