

Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 11:00AM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180654	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



SIN No:BED230230931

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DEPARTMENT OF HAEMATOLOGY

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

HAEMOGLOBIN	13.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	40.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.68	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.8	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	64	%	40-80	Electrical Impedence
LYMPHOCYTES	25	%	20-40	Electrical Impedence
EOSINOPHILS	03	%	1-6	Electrical Impedence
MONOCYTES	08	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3456	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1350	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	162	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	432	Cells/cu.mm	200-1000	Electrical Impedence

PLATELET COUNT	217000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren

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



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Apollo Speciality Hospitals Private Limited

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CIN- U85100TG2009PTC099414

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Address:

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Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 01:16PM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 01:27PM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 01:57PM
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Emp/Auth/TPA ID : 180654	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	GOD - POD
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	102	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.



Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 03:15PM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 05:33PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	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)

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SIN No:EDT230087390

Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
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DEPARTMENT OF BIOCHEMISTRY

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

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

TOTAL CHOLESTEROL	231	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	69	mg/dL	<150	
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	190	mg/dL	<130	Calculated
LDL CHOLESTEROL	176.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.63		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:SE04490052

Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	74	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	37.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	70.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	5.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.00	g/dL	2.0-3.5	Calculated
A/G RATIO	2.65		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, Wilsons'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:

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.13	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	14.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.60	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	91	mmol/L	98-107	Direct ISE



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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	24.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.26	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	4.62	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	9.100	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism

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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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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:SPL23135541

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



SIN No:UR2189919

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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	DAS JITHIN
EC NO.	180654
DESIGNATION	TREASURY FRONT OFFICE_FX_MERCHANT_DEALER
PLACE OF WORK	MUMBAI,SPECIAL TREASURY
BIRTHDATE	27-06-1991
PROPOSED DATE OF HEALTH CHECKUP	23-09-2023
BOOKING REFERENCE NO.	23S180654100069914E

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 **20-09-2023** 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))



नाम जिथिन दास

Name Jithin Das

कर्मचारी कूट क्र.

E.C. No. 180654

जारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature of Holder

OUT- PATIENT RECORD

Date : 23/9/2023
MRNO : 58759
Name : MR. Jithin Das
Age/Gender : 32 yrs / male
Mobile No :
Passport No :
Aadhar number :

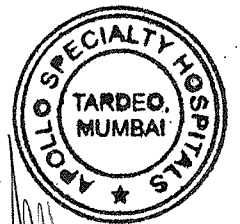
Pulse : 66/min	B.P : 120/80mmHg	Resp : 22	Temp : (M)
Weight : 91.4kg.	Height : 178cm.	BMI : 28.8	Waist Circum : 89cm.

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Malesed, Nonvegetarian
Sleep: (w) B/B (w) No Allergy.
Alcohol occasionally Smokey / tobacco - occ
PH: Father: DM
Fsed Lipids SGPT 74. creat 1.13. TSH 9.10.
- Avoid oil/ghee / Fried foods.
- morning walk 45 min daily.
- Repeat Lipid, LFT, RFT & T₃ T₄ after 3 months.

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



Follow up date:

Doctor Signature

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

EYE REPORT

Name: *Pitkin Das*

Date: *23/09/2023*

Age / Sex: *32y / M*

Ref No.:

Complaint: *No ocular clo*
No my SS / DA

Examination

6/6
6/6p

Near Visk 12/6

Spectacle Rx

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

Remarks: *Color V - 6/6*

Medications: *As known*

Trade Name	Frequency	Duration

Follow up: *As known*

Consultant:



[Handwritten signature]

TOUCHING LIVES

Patient Name	: Mr.JITHIN DAS	Collected	: 23/Sep/2023 09:03AM
Age/Gender	: 32 Y 2 M 26 D/M	Received	: 23/Sep/2023 11:00AM
UHID/MR No	: STAR.0000058759	Reported	: 23/Sep/2023 12:10PM
Visit ID	: STAROPV63402	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 180654		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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



SIN No:BED230230931

Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 11:00AM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180654	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	40.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.68	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.8	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3456	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1350	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	162	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	432	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	217000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
Methodology : Microscopic				
RBC : Normocytic normochromic				
WBC : Normal in number, morphology and distribution. No abnormal cells seen				
Platelets : Adequate in Number				
Parasites : No Haemoparasites seen				
IMPRESSION : Normocytic normochromic blood picture				
Note/Comment : Please Correlate clinically				



Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
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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
-----------	--------	------	-----------------	--------

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

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



Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 01:16PM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 01:27PM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 01:57PM
Visit ID : STAROPV63402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180654	

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	86	mg/dL	70-100	GOD - POD
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	102	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.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 03:15PM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 05:33PM
Visit ID : STAROPV63402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180654	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	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)

TOU...RING LIVES

Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
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Emp/Auth/TPA ID : 180654	

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230087390

Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 11:04AM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180654	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	231	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	69	mg/dL	<150	
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	190	mg/dL	<130	Calculated
LDL CHOLESTEROL	176.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.63		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 11:04AM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63402	Status : Final Report
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Emp/Auth/TPA ID : 180654	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 11:04AM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180654	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	74	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	37.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	70.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	5.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.00	g/dL	2.0-3.5	Calculated
A/G RATIO	2.65		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, Wilsons'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:

TOUCHING LIVES

Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
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Emp/Auth/TPA ID : 180654	

DEPARTMENT OF BIOCHEMISTRY

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

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

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



Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
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Visit ID : STAROPV63402	Status : Final Report
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Emp/Auth/TPA ID : 180654	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	1.13	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	14.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.60	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	91	mmol/L	98-107	Direct ISE



TOUCHING LIVES

Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 11:04AM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 11:40AM
Visit ID : STAROPV63402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180654	

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	24.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 11:03AM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 12:34PM
Visit ID : STAROPV63402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180654	

DEPARTMENT OF IMMUNOLOGY

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

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.26	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	4.62	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	9.100	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism

Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 09:03AM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 11:03AM
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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



Patient Name : Mr.JITHIN DAS	Collected : 23/Sep/2023 01:16PM
Age/Gender : 32 Y 2 M 26 D/M	Received : 23/Sep/2023 02:25PM
UHID/MR No : STAR.0000058759	Reported : 23/Sep/2023 03:12PM
Visit ID : STAROPV63402	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 180654	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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

Page 15 of 15



SIN No:UR2189919

Name : Mr. Jithin Das
Age : 32 Year(s)

Date : 23/09/2023
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

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr. Jithin Das
Age : 32 Year(s)

Date : 23/09/2023
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	120mm/sec
EPSS	06mm
LA	26mm
AO	31mm
LVID (d)	47mm
LVID(s)	26mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

Patient Name : MR. JITHIN DAS
Ref. By : HEALTH CHECKUP

Date : 23-09-2023
Age : 32 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 10.7 x 4.2 cms and the **LEFT KIDNEY** measures 10.3 x 5.2 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

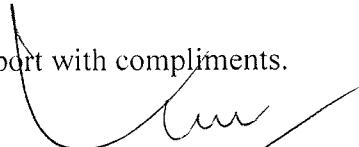
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 2.9 x 2.8 x 2.4 cms and weighs 10.6 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.

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

Patient Name	: Mr. JITHIN DAS	Age	: 32 Y M
UHID	: STAR.0000058759	OP Visit No	: STAROPV63402
Reported on	: 23-09-2023 11:10	Printed on	: 23-09-2023 11:10
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

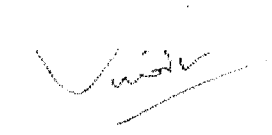
Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:23-09-2023 11:10

---End of the Report---



Dr. VINOD SHETTY
Radiology

InBody

ID MR. Jithin Desai
 Age 32 yr.

Height 178cm
 Gender Male

Date 23. 9. 2023
 Time 09:50:55

APOLLO SPECTRA HOSPITAL

Body Composition

	Normal	Over	UNIT	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205	91.4 kg		59.3 ~ 80.2
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170	39.6 kg		29.9 ~ 36.5
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 520	22.6 kg		8.4 ~ 16.7
TBW Total Body Water	50.3 kg (39.2 ~ 47.9)	FFM Fat Free Mass		68.8 kg (50.9 ~ 63.4)
Protein	13.7 kg (10.5 ~ 12.8)	Mineral*		4.76 kg (3.63 ~ 4.43)

* Mineral is estimated.

Obesity Diagnosis

		Normal Range
BMI Body Mass Index (kg/m ²)	28.8	18.5 ~ 25.0
PBF Percent Body Fat (%)	24.7	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.94	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1857	1880 ~ 2216

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 type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" 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 Lean

	Lean Mass Evaluation
3.9kg Normal	4.0kg Normal
Trunk 30.5kg Normal	
10.4kg Normal	10.5kg Normal

Segmental Fat

	Fat Mass Evaluation
25.0%	23.2%
1.4kg Over	1.3kg Over
Trunk 27.9%	
12.5kg Over	
21.5%	21.5%
3.0kg Over	3.1kg Over

* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control 0.0 kg Fat Control - 10.4 kg Fitness Score 79

Impedance

Z	RA	LA	TR	RL	LL
20kHz	285.6	295.9	23.9	248.3	251.2
100kHz	249.2	262.8	19.5	213.5	215.9

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

Exercise Planner

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

Energy expenditure of each activity (base weight: 91.4 kg / Duration: 30min / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
183	320	274	320	298	320		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
207	274	320	457	174	207		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf		
457	457	457	274	320	161		
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of lower body muscle		

• How to do

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

• Recommended calorie intake per day

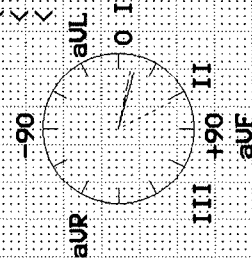
1900 kcal

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

Measurement Results:

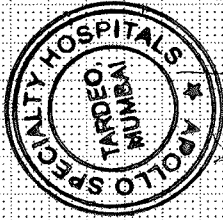
QRS : 96 ms
 QT/QTcB : 362 / 379 ms
 PR : 162 ms
 P : 122 ms
 RR/PP : 900 / 905 ms
 P/QRS/T : 63/ 16/ 12 degrees

< P
 < T
 < QRS



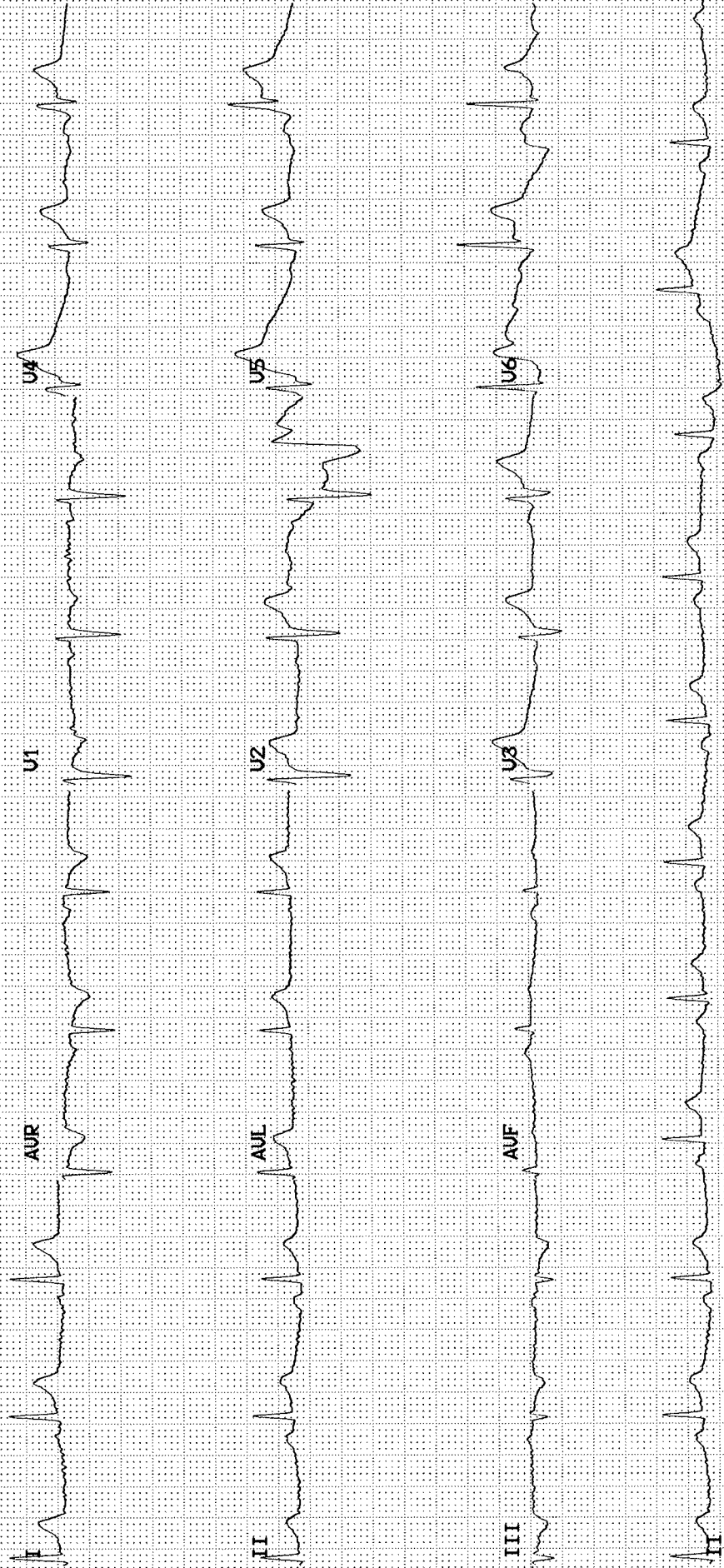
Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

Normal sinus rhythm



Dr. (Mrs.) OHAYIA P. VAJIA
 M. D. (MUM)
 Physician & Cardiologist
 Reg. No. 56942

Unconfirmed report.



Patient Name	: Mr. JITHIN DAS	Age/Gender	: 32 Y/M
UHID/MR No.	: STAR.0000058759	OP Visit No	: STAROPV63402
Sample Collected on	:	Reported on	: 23-09-2023 11:39
LRN#	: RAD2106204	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 180654		

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.

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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

Patient Name	: Mr. JITHIN DAS	Age/Gender	: 32 Y/M
UHID/MR No.	: STAR.0000058759	OP Visit No	: STAROPV63402
Sample Collected on	:	Reported on	: 23-09-2023 11:10
LRN#	: RAD2106204	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 180654		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

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Both diaphragms are normal in position and contour .

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CONCLUSION :

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Radiology