

Date : 23-09-2023
MR NO : CVIM.0000135043

Department : GENERAL
Doctor :

Name : Mr. PRAVIN HANMANT BUDHEH/
Age/ Gender : 32 Y / Male

Registration No :
Qualification :

Consultation Timing: 08:34

Height : 162	Weight : 68	BMI :	Waist Circum : 93
Temp : 97	Pulse : 80	Resp : 18	B.P : 140/100

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

HOME SAMPLE COLLECTION
PH.: 7775870014
:020-26634331/32/34

no complaints

SYSTEMIC :

CVS :
CVS : NAD
RGT

FREE CHECK UP
- PHYSIOTHERAPY
- DENTAL
- AUDIO (HEARING)
- OPHTHAL (EYE)

Follow up date:

(Signature)
Apollo Clinic Viman Nagar
DR. CHINMAY NAIK
Mob: 98801207
Reg. No. 1010135043
Doctor Signature

Apollo Clinic, Viman Nagar

Nyati Millenium Premises, Cooperative Society Limited, Shop No. S1 & Stilt Floor,
Building "C", Viman Nagar, Pin: 411014 | Phone: (020) 2663 4331/32/34

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POWER PRESCRIPTION

NAME: *Pooja*

AGE: *22*

GENDER: *M/F*

DATE: *22/9/22*

UHID: *[Signature]*

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-0.25</i>	<i>—</i>	<i>—</i>	<i>6/6</i>
NEAR	<i>—</i>			

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>-1.0</i>	<i>—</i>	<i>—</i>	<i>6/6</i>
NEAR	<i>—</i>			

INSTRUCTIONS:

D. V. Spectacles

DR. M. D. ALAVAN
MBBS, D.O.M.S.
Consulting Eye Surgeon
Reg. No. 36319

SIGNATURE

Male

Rate 67 Sinus rhythm.....normal P axis, V-rate 50- 99
Short PR interval.....PR <110ms

PR 109
QRSD 90
QT 415
QTc 438

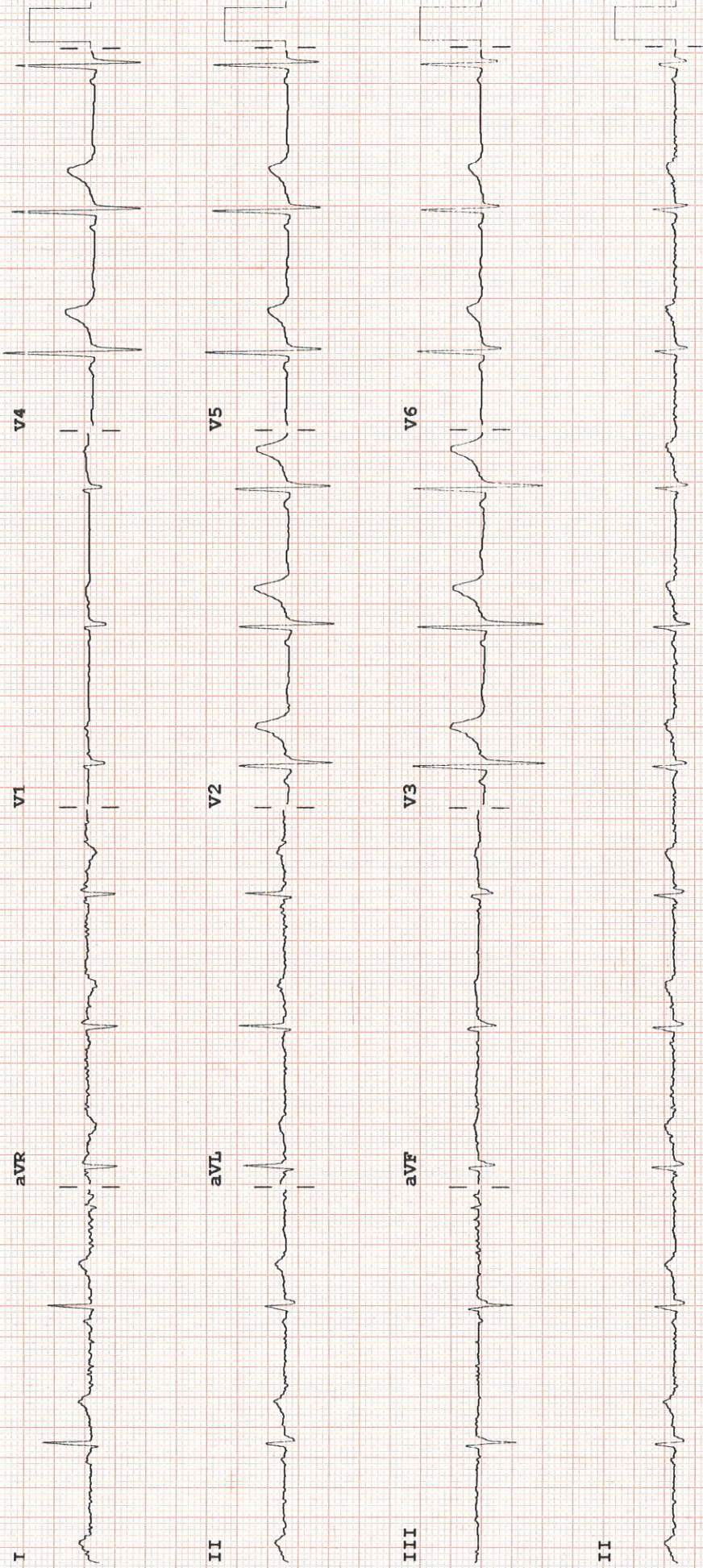
--AXIS--

P 15
QRS -6
T 25

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50- 40 Hz W

PH100B CL P?

EYE EXAMINATION

DATE:-

23/9/22

NAME:- *Mrs. Anand Babasaheb Bhatnagar* MO :-

AGE:- *22*

CORPORATE:- *Acropolis*

(Done)

	Right Eye	Left Eye
Distant vision	<i>Spears</i> 6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit-lamp exam.	Normal	Normal

Normal (R & L) T.S. Spears

Impression - Normal Eye Check Up.

(Ophthalmology)



The Apollo Clinic
DR. M. D. ALAVAND
MBBS, D.O.M.S.
Consulting Eye Surgeon
Reg. No.: 36019

Mr Pravin Budhakar

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

or
Sci

one to CRJ
Asymptomatic

ENT JHAB

for sci

Follow up date:



Doctor Signature

NAME : PRAVIN BUDHEHALKAR
AGE : 32 Y/M

DATE : 23/09/2023

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE : has thin leaflets, normal subvalvular apparatus. NO MR / MS

AORTIC VALVE : Thin trileaflets, normal gradients across the valve. NO AR/ AS

PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients, No pulmonary hypertension.

Left Ventricle : LV is normal in size with normal wall thickness. No regional wall motion abnormality. No LV diastolic dysfunction. Good LV systolic function. LVEF 60%.

Left Atrium : is normal and free of clots.

RA/RV : are normal

IAS/IVS : intact.


No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:25MM
LEFT ATRIUM	:28 MM
IVSd	:10 MM
PWd	:10 MM
LVIDd	:41MM
LVIDs	: 28 MM
LVEF	: 60 %

IMPRESSION:

GOOD LV SYSTOLIC FUNCTION, LVEF 60%
NO PAH


DR.PRAMOD NARKHEDE
DNB(Medicine), DNB(Cardiology)
Consultant Interventional Cardiologist
Apollo clinic, Viman Nagar

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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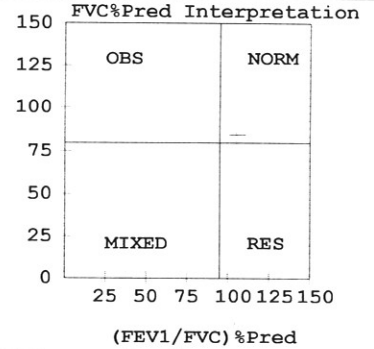
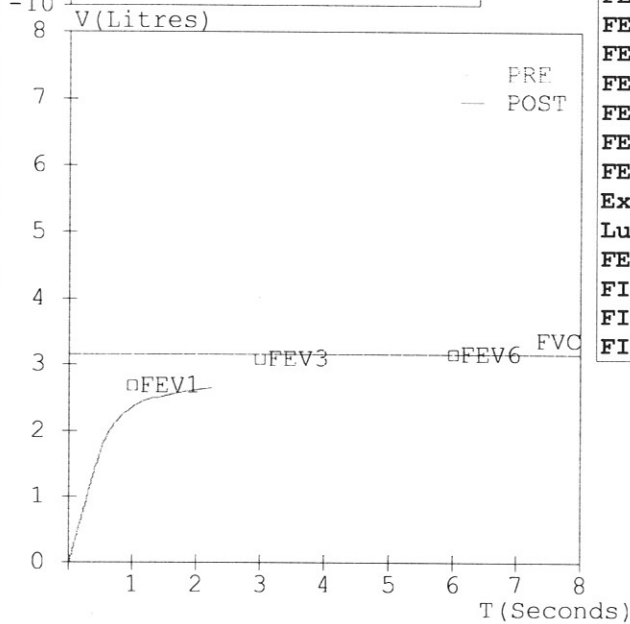
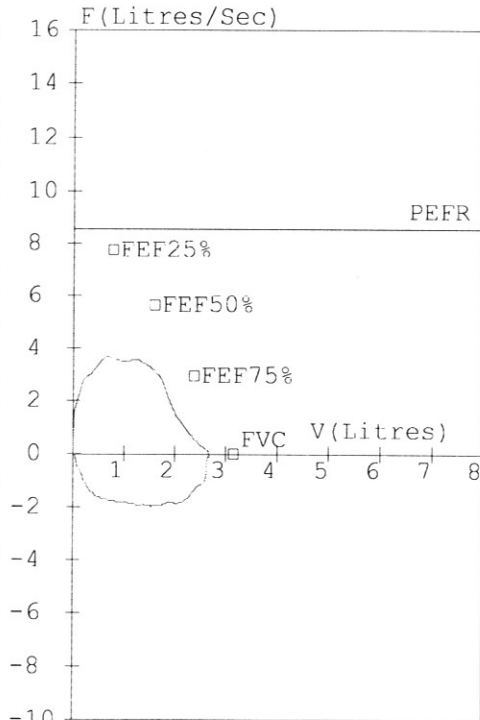
 **1860 500 7788**

Apollo Clinic Vimannagar

Shop no S1, Ground Floor, Datta Mandir Chowk, Nyati Millenium Premises, Viman N

Patient: Pravin Budhehalkar
 Refd. By:
 Pred.Eqns: RECORDERS
 Date : 23-Sep-2023 08:53 AM

Age : 32 Years Gender : Male
 Height : 162 Cms Smoker : No
 Weight : 68 Kgs Eth. Corr: 100
 ID: 135043 Temp :



Spirometry (FVC Results)							
Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.16	02.67	084	-----	---	---
FEV1	(L)	02.68	02.37	088	-----	---	---
FEV1/FVC	(%)	84.81	88.76	105	-----	---	---
FEF25-75	(L/s)	04.15	02.99	072	-----	---	---
PEFR	(L/s)	08.56	03.64	043	-----	---	---
FIVC	(L)	-----	02.64	---	-----	---	---
FEV.5	(L)	-----	01.74	---	-----	---	---
FEV3	(L)	03.07	02.67	087	-----	---	---
PIFR	(L/s)	-----	01.95	---	-----	---	---
FEF75-85	(L/s)	-----	01.08	---	-----	---	---
FEF.2-1.2	(L/s)	07.03	03.33	047	-----	---	---
FEF 25%	(L/s)	07.76	03.64	047	-----	---	---
FEF 50%	(L/s)	05.65	03.46	061	-----	---	---
FEF 75%	(L/s)	02.94	01.54	052	-----	---	---
FEV.5/FVC	(%)	-----	65.17	---	-----	---	---
FEV3/FVC	(%)	97.15	100.00	103	-----	---	---
FET	(Sec)	-----	02.24	---	-----	---	---
ExplTime	(Sec)	-----	00.19	---	-----	---	---
Lung Age	(Yrs)	032	036	112	-----	---	---
FEV6	(L)	03.16	-----	---	-----	---	---
FIF25%	(L/s)	-----	01.84	---	-----	---	---
FIF50%	(L/s)	-----	01.89	---	-----	---	---
FIF75%	(L/s)	-----	01.72	---	-----	---	---

Pre Medication Report Indicates
 Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80.

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DR CHINMAY

http://www.rmsindia.com © RMS Spirometer (Helios_v3.1.85)

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mr. PRAVIN HANMANT BUDHEHALKAR Age : 32 Y M
UHID : CVIM.0000135043 OP Visit No : CVIMOPV563579
Reported on : 23-09-2023 12:41 Printed on : 25-09-2023 13:32
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and bright in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-

Grade II fatty liver.

Right kidney mid pole shows 6 mm calculus.

(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.

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Reported on : 23-09-2023 12:41 Printed on : 25-09-2023 13:32
Adm/Consult Doctor : Ref Doctor : SELF

Printed on:23-09-2023 12:41

---End of the Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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Page 2 of 2
TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. PRAVIN HANMANT BUDHEHALKAR Age : 32 Y M
UHID : CVIM.0000135043 OP Visit No : CVIMOPV563579
Reported on : 23-09-2023 12:50 Printed on : 25-09-2023 13:32
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on:23-09-2023 12:50

---End of the Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name : Mr.PRAVIN HANMANT BUDHEHALKAR	Collected : 23/Sep/2023 08:41AM
Age/Gender : 32 Y 6 M 6 D/M	Received : 23/Sep/2023 01:00PM
UHID/MR No : CVIM.0000135043	Reported : 23/Sep/2023 02:01PM
Visit ID : CVIMOPV563579	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE45409	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC NORMOCYTIC NORMOCHROMIC
WBC MILD EOSINOPHILIA
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN.



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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

HAEMOGLOBIN	15.1	g/dL	13-17	Spectrophotometer
PCV	44.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.73	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.6	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,030	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	51.9	%	40-80	Electrical Impedance
LYMPHOCYTES	32.6	%	20-40	Electrical Impedance
EOSINOPHILS	8.6	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4686.57	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2943.78	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	776.58	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	614.04	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	9.03	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	264000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC MILD EOSINOPHILIA
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN.



Patient Name : Mr.PRAVIN HANMANT BUDHEHALKAR	Collected : 23/Sep/2023 08:41AM
Age/Gender : 32 Y 6 M 6 D/M	Received : 23/Sep/2023 01:00PM
UHID/MR No : CVIM.0000135043	Reported : 23/Sep/2023 02:54PM
Visit ID : CVIMOPV563579	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name	: Mr.PRAVIN HANMANT BUDHEHALKAR	Collected	: 23/Sep/2023 08:41AM
Age/Gender	: 32 Y 6 M 6 D/M	Received	: 23/Sep/2023 12:59PM
UHID/MR No	: CVIM.0000135043	Reported	: 23/Sep/2023 02:44PM
Visit ID	: CVIMOPV563579	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE45409		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE
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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:

1. 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.
2. 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)	126	mg/dL	70-140	HEXOKINASE
--	-----	-------	--------	------------

Comment:

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

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

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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	105	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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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	179	mg/dL	<200	CHO-POD
TRIGLYCERIDES	278	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	139	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.42	mg/dL	<100	Calculated
VLDL CHOLESTEROL	55.67	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.52		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04489877

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

BILIRUBIN, TOTAL	0.90	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.72	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36.19	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	99.71	U/L	30-120	IFCC
PROTEIN, TOTAL	7.63	g/dL	6.6-8.3	Biuret
ALBUMIN	4.37	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.

- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen

to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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

Patient Name : Mr.PRAVIN HANMANT BUDHEHALKAR	Collected : 23/Sep/2023 08:41AM
Age/Gender : 32 Y 6 M 6 D/M	Received : 23/Sep/2023 01:24PM
UHID/MR No : CVIM.0000135043	Reported : 23/Sep/2023 02:19PM
Visit ID : CVIMOPV563579	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE45409	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name : Mr.PRAVIN HANMANT BUDHEHALKAR	Collected : 23/Sep/2023 08:41AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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

BILIRUBIN, TOTAL	0.90	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.72	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36.19	U/L	<50	IFCC
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PROTEIN, TOTAL	7.63	g/dL	6.6-8.3	Biuret
ALBUMIN	4.37	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	30.96	U/L	<55	IFCC

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.

- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.

• AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen

to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.

• ALP elevation also seen in pregnancy, impacted by age and sex.

• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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.PRAVIN HANMANT BUDHEHALKAR	Collected : 23/Sep/2023 08:41AM
Age/Gender : 32 Y 6 M 6 D/M	Received : 23/Sep/2023 01:24PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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

CREATININE	0.86	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.17	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.02	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.07	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.97	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	143.92	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.8	mmol/L	101–109	ISE (Indirect)



Patient Name : Mr.PRAVIN HANMANT BUDHEHALKAR	Collected : 23/Sep/2023 08:41AM
Age/Gender : 32 Y 6 M 6 D/M	Received : 23/Sep/2023 01:25PM
UHID/MR No : CVIM.0000135043	Reported : 23/Sep/2023 02:19PM
Visit ID : CVIMOPV563579	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE45409	

DEPARTMENT OF IMMUNOLOGY				
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN 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)	1.22	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	10.16	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.590	µIU/mL	0.35-4.94	CMIA

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
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.PRAVIN HANMANT BUDHEHALKAR	Collected : 23/Sep/2023 08:41AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.PRAVIN HANMANT BUDHEHALKAR	Collected : 23/Sep/2023 08:41AM
Age/Gender : 32 Y 6 M 6 D/M	Received : 23/Sep/2023 01:25PM
UHID/MR No : CVIM.0000135043	Reported : 23/Sep/2023 02:35PM
Visit ID : CVIMOPV563579	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY				
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

VITAMIN D (25 - OH VITAMIN D) , SERUM	22.7	ng/mL		CMIA
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Comment:
BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

- Decreased Levels:**
- Inadequate exposure to sunlight.
 - Dietary deficiency.
 - Vitamin D malabsorption.
 - Severe Hepatocellular disease.
 - Drugs like Anticonvulsants.
 - Nephrotic syndrome.

- Increased levels:**
- Vitamin D intoxication.

Patient Name : Mr.PRAVIN HANMANT BUDHEHALKAR	Collected : 23/Sep/2023 08:41AM
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DEPARTMENT OF IMMUNOLOGY				
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

VITAMIN B12 , SERUM	197	pg/mL	187 - 883	CMIA
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Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



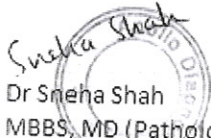
Patient Name : Mr.PRAVIN HANMANT BUDHEHALKAR	Collected : 23/Sep/2023 08:41AM
Age/Gender : 32 Y 6 M 6 D/M	Received : 23/Sep/2023 01:27PM
UHID/MR No : CVIM.0000135043	Reported : 23/Sep/2023 02:01PM
Visit ID : CVIMOPV563579	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE45409	

DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



T-NO 5

Name : Mr. PRAVIN HANMANT BUDHEHALKAR

Age: 32 Y

UHID:CVIM.0000135043

Address : PUNE CHANDAN NAGAR

Sex: M



OP Number:CVIMOPV563579

Plan : ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT

Bill No :CVIM-OCR-59771

Date : 23.09.2023 08:35

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324	
✓1	URINE GLUCOSE(FASTING)	
✓2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
✓3	LIVER FUNCTION TEST (LFT) WITH GGT	
✓4	HbA1c, GLYCATED HEMOGLOBIN	
✓5	2 D ECHO	
✓6	ALKALINE PHOSPHATASE - SERUM/PLASMA	
✓7	CALCIUM, SERUM	
✓8	LIVER-FUNCTION TEST (LFT)	
✓9	X-RAY CHEST PA	
✓10	GLUCOSE, FASTING	
✓11	HEMOGRAM + PERIPHERAL SMEAR	
✓12	HEIGHT	
✓13	ENT CONSULTATION	
✓14	FITNESS BY GENERAL PHYSICIAN	
✓15	PULMONARY FUNCTION TEST	
✓16	DIET CONSULTATION	
✓17	COMPLETE URINE EXAMINATION	
✓18	URINE GLUCOSE(POST PRANDIAL)	
✓19	BP MEASUREMENT	
✓20	PERIPHERAL SMEAR	
✓21	ECG	
✓22	BLOOD GROUP ABO AND RH FACTOR	
✓23	VITAMIN B12	
✓24	LIPID PROFILE	
✓25	BODY MASS INDEX (BMI)	
✓26	WEIGHT	
✓27	OPHTHAL BY GENERAL PHYSICIAN	
✓28	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓29	ULTRASOUND - WHOLE ABDOMEN	
✓30	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
✓31	DENTAL CONSULTATION	
✓32	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 2hrs.	
✓33	VITAMIN D - 25 HYDROXY (D2+D3)	

Female
Male
Female
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