

<b>Patient Name</b>	: Mr. TANMOY RAM CHAKRABORTY	<b>Age/Gender</b>	: 36 Y/M
<b>UHID/MR No.</b>	: STAR.0000058522	<b>OP Visit No</b>	: STAROPV62967
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 11-09-2023 08:37
<b>LRN#</b>	: RAD2094233	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 098927		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. VINOD SHETTY**  
Radiology

**Specialists in Surgery**

**OUT- PATIENT RECORD**

Date : 9/9/2023  
MRNO :  
Name : Mr. Tanmoy Chakraborty  
Age/Gender : 36 yrs 1m  
Mobile No :  
Passport No : 9918327493  
Aadhar number :

Pulse : 104/min	B.P : 110/80	Resp : 18/min	Temp : 99.3 °F
Weight : 25.6/81.9	Height : 179	BMI : 25.6	Waist Circum : 101

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Spur 97.1.

Married, Nonvegetarian  
Sleep: (N) BfB: (N)  
Moderately Active  
Allergic to moisture → cold/cough  
No alcohol or tobacco. Bradycardia: some chest bleed  
Hypertension on T. Thyroxine 100mcg  
Some 2 years  
FH: Nil  
Normal Reports  
Fit for Job.



Dr. (Mrs.) CHHAYA P. VAJA  
M. D. (MUM)  
Physician & Cardiologist  
Reg. No. 56842

Follow up date:

Doctor Signature

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**

TO SAVING LIVES

Patient Name : Mr.TANMOY RAM CHAKRABORTY  
 Age/Gender : 36 Y 8 M 9 D/M  
 UHID/MR No : STAR.0000058522  
 Visit ID : STAROPV62967  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 098927

Collected : 09/Sep/2023 09:07AM  
 Received : 09/Sep/2023 11:00AM  
 Reported : 09/Sep/2023 12:23PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic  
 RBC : Hypochromasia (++) , Microcyte (++) , Anisocyte (+) , Mild Teardrop cells , Mild Elliptocyte  
 WBC : Normal in number , morphology and distribution . No abnormal cells seen  
 Platelets : Platelets : Slightly Reduced in smear  
 Parasites : No Haemoparasites seen  
**IMPRESSION : Hypochromasia (++) , Microcyte (++) , Anisocyte (+) , Mild Teardrop cells , Mild Elliptocyte blood picture,**  
**Platelets : Slightly Reduced in smear**  
 Note/Comment : Please Correlate clinically  
**Advice :- Serum Iron studies , Serum Ferritin level & Hb HPLC to rule out Hb variant.**



TO SAVING LIVES

Expertise. Empowering you.

Patient Name : Mr.TANMOY RAM CHAKRABORTY  
 Age/Gender : 36 Y 8 M 9 D/M  
 UHID/MR No : STAR.0000058522  
 Visit ID : STAROPV62967  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 098927

Collected : 09/Sep/2023 09:07AM  
 Received : 09/Sep/2023 11:00AM  
 Reported : 09/Sep/2023 12:23PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	12.2	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	41.20	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	6.26	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	65.7	fL	83-101	Calculated
MCH	19.4	pg	27-32	Calculated
MCHC	29.6	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,120	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	61	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3123.2	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1433.6	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	102.4	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	460.8	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	135000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY

ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
--------------------------------------	----	-------------------------	------	---------------------

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Hypochromasia (++), Microcyte (++), Anisocyte (+), Mild Teardrop cells, Mild Elliptocyte

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

Platelets : Platelets : Slightly Reduced in smear

Parasites : No Haemoparasites seen

**IMPRESSION : Hypochromasia (++), Microcyte (++), Anisocyte (+), Mild Teardrop cells, Mild Elliptocyte blood picture,**

**Platelets : Slightly Reduced in smear**

Note/Comment : Please Correlate clinically

TO SAVING LIVES

Patient Name : Mr.TANMOY RAM CHAKRABORTY  
 Age/Gender : 36 Y 8 M 9 D/M  
 UHID/MR No : STAR.0000058522  
 Visit ID : STAROPV62967  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 098927

Collected : 09/Sep/2023 09:07AM  
 Received : 09/Sep/2023 11:00AM  
 Reported : 09/Sep/2023 12:23PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

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

**Advice :- Serum Iron studies, Serum Ferritin level & Hb HPLC to rule out Hb variant.**



TOUCHING LIVES

Expertise. Empowering you.

Patient Name : Mr.TANMOY RAM CHAKRABORTY	Collected : 09/Sep/2023 09:07AM
Age/Gender : 36 Y 8 M 9 D/M	Received : 09/Sep/2023 11:00AM
UHID/MR No : STAR.0000058522	Reported : 09/Sep/2023 12:22PM
Visit ID : STAROPV62967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 098927	

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



TO SAVING LIVES

Expertise. Empowering you.

Patient Name : Mr.TANMOY RAM CHAKRABORTY	Collected : 09/Sep/2023 12:44PM
Age/Gender : 36 Y 8 M 9 D/M	Received : 09/Sep/2023 02:12PM
UHID/MR.No : STAR.0000058522	Reported : 09/Sep/2023 03:07PM
Visit ID : STAROPV62967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 098927	

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	93	mg/dL	70-100	GOD - POD
-------------------------------	----	-------	--------	-----------

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	110	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



<b>TO SAVING LIVES</b> Patient Name : Mr.TANMOY RAM CHAKRABORTY Age/Gender : 36 Y 8 M 9 D/M UHID/MR No : STAR.0000058522 Visit ID : STAROPV62967 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 098927	Collected : 09/Sep/2023 09:07AM Received : 09/Sep/2023 03:49PM Reported : 09/Sep/2023 06:01PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

Expertise. Empowering you.

**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	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	103	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)



Patient Name : Mr.TANMOY RAM CHAKRABORTY	Collected : 09/Sep/2023 09:07AM
Age/Gender : 36 Y 8 M 9 D/M	Received : 09/Sep/2023 03:49PM
UHID/MR No : STAR.0000058522	Reported : 09/Sep/2023 06:01PM
Visit ID : STAROPV62967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 098927	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method



TO CHANGING LIVES

Expertise. Empowering you.

Patient Name : Mr.TANMOY RAM CHAKRABORTY	Collected : 09/Sep/2023 09:07AM
Age/Gender : 36 Y 8 M 9 D/M	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058522	Reported : 09/Sep/2023 02:08PM
Visit ID : STAROPV62967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 098927	

DEPARTMENT OF BIOCHEMISTRY

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

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

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	88	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	31	mg/dL	<150	
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	48	mg/dL	<130	Calculated
LDL CHOLESTEROL	41.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	6.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.20		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.

TOUCHING LIVES

*Expertise. Empowering you.*

Patient Name : Mr.TANMOY RAM CHAKRABORTY	Collected : 09/Sep/2023 09:07AM
Age/Gender : 36 Y 8 M 9 D/M	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058522	Reported : 09/Sep/2023 02:08PM
Visit ID : STAROPV62967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 098927	

**DEPARTMENT OF BIOCHEMISTRY**

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

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

--	--	--	--	--



TOUCHING LIVES

Patient Name : Mr.TANMOY RAM CHAKRABORTY	Collected : 09/Sep/2023 09:07AM
Age/Gender : 36 Y 8 M 9 D/M	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058522	Reported : 09/Sep/2023 02:08PM
Visit ID : STAROPV62967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 098927	

**DEPARTMENT OF BIOCHEMISTRY**

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

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

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	43	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	53.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.84		0.9-2.0	Calculated



Patient Name : Mr.TANMOY RAM CHAKRABORTY	Collected : 09/Sep/2023 09:07AM
Age/Gender : 36 Y 8 M 9 D/M	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058522	Reported : 09/Sep/2023 02:08PM
Visit ID : STAROPV62967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 098927	

DEPARTMENT OF BIOCHEMISTRY

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

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

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.93	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	10.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	4.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.10	mg/dL	4.0-7.0	URICASE
CALCIUM	8.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	3.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE



TOUCHING LIVES

Patient Name : Mr.TANMOY RAM CHAKRABORTY	Collected : 09/Sep/2023 09:07AM
Age/Gender : 36 Y 8 M 9 D/M	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058522	Reported : 09/Sep/2023 02:08PM
Visit ID : STAROPV62967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 098927	

**DEPARTMENT OF BIOCHEMISTRY**

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

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

<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	29.00	U/L	16-73	Glycylglycine Kinetic method
--	-------	-----	-------	------------------------------



TO SAVING LIVES

Patient Name : Mr.TANMOY RAM CHAKRABORTY	Collected : 09/Sep/2023 09:07AM
Age/Gender : 36 Y 8 M 9 D/M	Received : 09/Sep/2023 10:49AM
UHID/MR No : STAR.0000058522	Reported : 09/Sep/2023 01:18PM
Visit ID : STAROPV62967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 098927	

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)	0.86	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.86	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.090	µIU/mL	0.25-5.0	ELFA

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

Patient Name : Mr.TANMOY RAM CHAKRABORTY	Collected : 09/Sep/2023 09:07AM
Age/Gender : 36 Y 8 M 9 D/M	Received : 09/Sep/2023 10:49AM
UHID/MR No : STAR.0000058522	Reported : 09/Sep/2023 01:18PM
Visit ID : STAROPV62967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 098927	

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--





Patient Name : Mr.TANMOY RAM CHAKRABORTY	Collected : 09/Sep/2023 09:07AM
Age/Gender : 36 Y 8 M 9 D/M	Received : 09/Sep/2023 01:22PM
UHID/MR No : STAR.0000058522	Reported : 09/Sep/2023 02:41PM
Visit ID : STAROPV62967	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 098927	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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	1.030		1.002-1.030	Dipstick


**BIOCHEMICAL EXAMINATION**

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

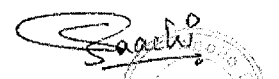
**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

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

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



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY



DR. Saachi Pravin Garg  
M.B.B.S, DNB(Pathologist)  
Consultant Pathologist

Page 15 of 15



SIN No:UR2180926

Name : Mr.Tanmoy Ram Chakraborty  
Age : 36 Year(s)

Date : 09/09/2023  
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](http://www.apollospectra.com)

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

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No:040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Name : Mr.Tanmoy Ram Chakraborty  
Age : 36 Year(s)

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

**Dimension:**

EF Slope	100mm/sec
EPSS	05mm
LA	24mm
AO	33mm
LVID (d)	41mm
LVID(s)	24mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://www.apollospectra.com)

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

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

**Patient Name : MR. TANMOY CHAKRABORTY**  
**Ref. By : HEALTH CHECK UP**

**Date : 09-09-2023**  
**Age : 36 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 10.5 x 3.7 cms and the **LEFT KIDNEY** measures 10.8 x 5.1 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

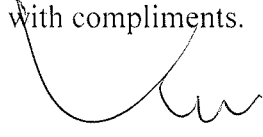
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 2.7 x 2.6 x 2.3 cms and weighs 8.7 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

Report with compliments.

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

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://www.apollospectra.com)

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

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Patient Name : Mr. TANMOY RAM CHAKRABORTY Age : 36 Y M  
UHID : STAR.0000058522 OP Visit No : STAROPV62967  
Reported on : 11-09-2023 08:36 Printed on : 11-09-2023 08:37  
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: 11-09-2023 08:36

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

# EYE REPORT

Name: *Tanmay Bhakraborty*

Date: *09/09/2020*

Age / Sex: *30y / M*

Ref No.:

Complaint: *No ocular do*  
*No r/o 80/DA*

## Examination

Spectacle Rx

*U<sup>6</sup> 2 d/p*

*Near C<sub>u</sub> f<sub>10</sub>s*

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

Remarks:

*Colour U. f<sub>10</sub>m*

Medications:

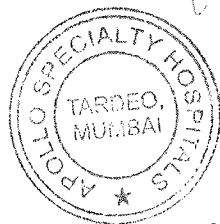
*As f<sub>10</sub>m*

Trade Name	Frequency	Duration

Follow up:

*Review f<sub>10</sub>m*

Consultant:



ID 58522  
Age 36

Height 179cm  
Gender Male

Date 9. 9. 2023  
Time 10:05:05

APOLLO SPECTRA HOSPITAL

Spz = 97%

## Body Composition

	Normal	Over	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205	81.9 kg	59.9 ~ 81.1
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170	32.2 kg	30.2 ~ 37.0
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 520	24.3 kg	8.5 ~ 16.9
TBW Total Body Water	42.2 kg (39.6 ~ 48.4)		
FFM Fat Free Mass	57.6 kg (51.5 ~ 64.1)		
Protein	11.3 kg (10.6 ~ 13.0)		Mineral* 4.07 kg (3.67 ~ 4.48)

\* Mineral is estimated.

## Segmental Lean

	Lean Mass Evaluation
3.2kg Normal	3.2kg Normal
Trunk 25.9kg Normal	
9.3kg Normal	9.4kg Normal

## Obesity Diagnosis

	Normal Range
BMI Body Mass Index (kg/m <sup>2</sup> )	25.6 (18.5 ~ 25.0)
PBF Percent Body Fat (%)	29.7 (10.0 ~ 20.0)
WHR Waist-Hip Ratio	0.97 (0.80 ~ 0.90)
BMR Basal Metabolic Rate (kcal)	1614 (1723 ~ 2024)

## 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
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

	PBF Fat Mass Evaluation
32.5%	32.2%
1.6kg Over	1.6kg Over
Trunk 32.0%	
12.9kg Over	
25.9%	25.9%
3.5kg Over	3.5kg Over

\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control + 2.3 kg	Fat Control - 13.7 kg	Fitness Score 64
-------------------------	-----------------------	------------------

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	348.6	350.6	25.3	271.0	272.1
100kHz	312.2	315.1	21.7	244.9	245.4

\* 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: 81.9 kg / Duration: 30min. / unit: kcal)											
Walking	164	Jogging	287	Bicycle	246	Swim	287	Mountain Climbing	267	Aerobic	287
Table tennis	185	Tennis	246	Football	287	Oriental Fencing	410	Gate ball	156	Badminton	185
Racket ball	410	Tae-kwon-do	410	Squash	410	Basketball	246	Rope jumping	287	Golf	144
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

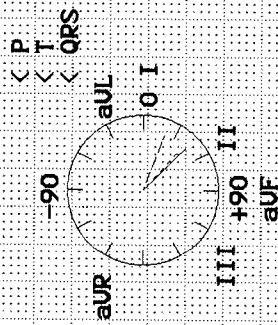
1700 kcal

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

Mr. Farooq Chokrobarty HR 91 bpm  
36 yrs (Male)  
9/9/2023

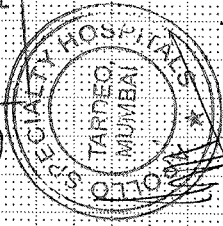
Measurement Results:

QRS : 86 ms  
QT/QTcB : 324 / 126 ms  
PR : 108 ms  
P : 652 / 427 45/ 22 degrees  
P/QRS/T : 42/ 45/ 22 degrees



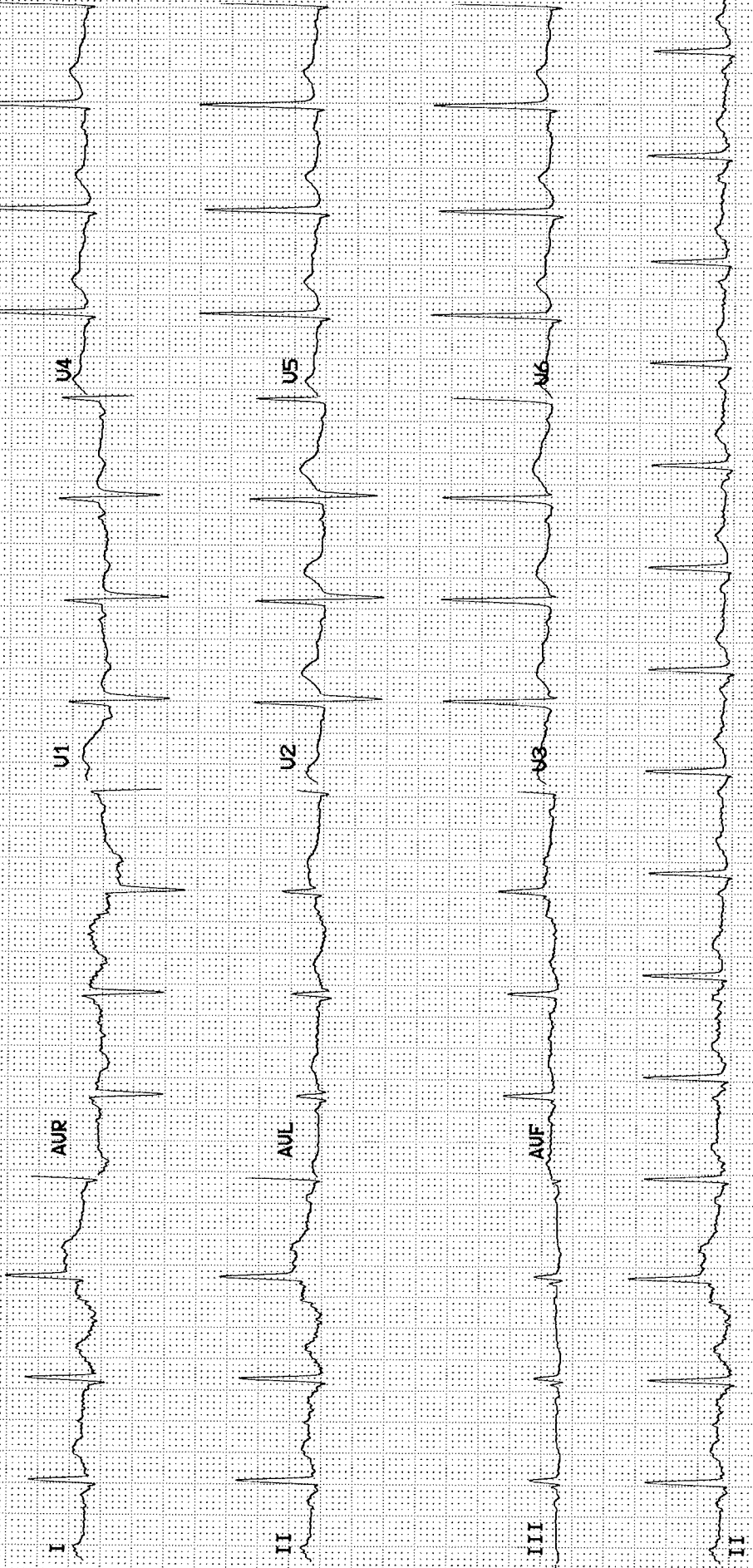
Interpretation:  
12SL - Interpretation:  
Normal sinus rhythm  
Normal ECG

within Normal limits



Dr. (Mrs.) CHHAYA P. VAJA  
M.D. (MUM)  
Physiologist & Cardiologist  
Reg. No. 56542

Unconfirmed report.







बैंक ऑफ बड़ौदा  
Bank of Baroda



नाम चक्रवर्ती तन्मय राम

Name : CHAKRABORTY TANMOY RAM

कर्मचारी कूट.सं ०९८९२७

E. C. No. : 098927

*(D Das)*  
(D Das)  
Zonal Head

जारीकर्ता प्राधिकारी

*(Tanmoy Chakraborty)*

धारक के हस्ताक्षर

<b>Patient Name</b>	: Mr. TANMOY RAM CHAKRABORTY	<b>Age/Gender</b>	: 36 Y/M
<b>UHID/MR No.</b>	: STAR.0000058522	<b>OP Visit No</b>	: STAROPV62967
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-09-2023 11:53
<b>LRN#</b>	: RAD2094233	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 098927		

**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 10.5 x 3.7 cms and the **LEFT KIDNEY** measures 10.8 x 5.1 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 2.7 x 2.6 x 2.3 cms and weighs 8.7 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY BLADDER :** The urinary bladder is well distended and is normal in shape and contour.

**BLADDER** 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.

(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