

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:55AM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 12:23PM
Visit ID : STAROPV62961	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 86786446474	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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:BED230216937

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

HAEMOGLOBIN	13.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	42.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.76	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.1	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	11.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,130	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	68	%	40-80	Electrical Impedence
LYMPHOCYTES	24	%	20-40	Electrical Impedence
EOSINOPHILS	03	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3488.4	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1231.2	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	153.9	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	256.5	Cells/cu.mm	200-1000	Electrical Impedence

PLATELET COUNT	268000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230216937

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 12:45PM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 02:12PM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 03:07PM
Visit ID : STAROPV62961	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	162	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:

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)	319	mg/dL	70-140	GOD - POD
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Comment:

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

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

Ref: Marks medical biochemistry and clinical approach



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Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 03:49PM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 05:43PM
Visit ID : STAROPV62961	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	183	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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230082789

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 05:56PM
Visit ID : STAROPV62961	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

TOTAL CHOLESTEROL	189	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	1,169	mg/dL	<150	
HDL CHOLESTEROL	29	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	160	mg/dL	<130	Calculated
VLDL CHOLESTEROL	233.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.52		0-4.97	Calculated

Result is rechecked. Kindly correlate clinically

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 ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04476012

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 01:39PM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 03:49PM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 04:20PM
Visit ID : STAROPV62961	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	70.19	mg/dL	<100	CHE/CHO/POD & Catalase



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	64.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.10	g/dL	2.0-3.5	Calculated
A/G RATIO	2.57		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.79	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	30.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	14.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	97	mmol/L	98-107	Direct ISE



SIN No:SE04476012

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	37.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

TRI-iodothyronine (T3, TOTAL)	0.59	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.64	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.100	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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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



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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.980	ng/mL	0-4	ELFA



SIN No:SPL23128268

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	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

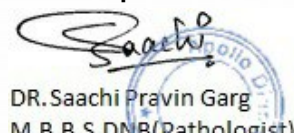
*** End Of Report ***



DR. APEKSHA MADAN
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SIN No:UR2180653

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Patient Name : Mr. ANIL KHAPARIYE

Age/Gender : 51 Y/M

UHID/MR No. : STAR.0000058519

OP Visit No : STAROPV62961

Sample Collected on :

Reported on : 11-09-2023 08:34

LRN# : RAD2093933

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 86786446474

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

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	MRS. KHAPARIYE SANGEETA
EC NO.	74336
DESIGNATION	JOINT MANAGER
PLACE OF WORK	MUMBAI,FORT UNIVERSITY
BIRTHDATE	15-06-1981
PROPOSED DATE OF HEALTH CHECKUP	26-08-2023
BOOKING REFERENCE NO.	23S74336100067678E

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 **25-08-2023** 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.

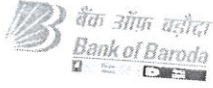
We solicit your co-operation in this regard.

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))



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	ANIL RAMNATHKHAPARIYE
DATE OF BIRTH	23-10-1971
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	26-08-2023
BOOKING REFERENCE NO.	23S74336100067680S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. KHAPARIYE SANGEETA
EMPLOYEE EC NO.	74336
EMPLOYEE DESIGNATION	JOINT MANAGER
EMPLOYEE PLACE OF WORK	MUMBAI,FORT UNIVERSITY
EMPLOYEE BIRTHDATE	15-06-1981

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 **25-08-2023** 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's spouse 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))




भारत सरकार
GOVERNMENT OF INDIA


अनिल प्रकाश खपरिये
Anil Prakash Khapariye
जन्म तिथि / DOB : 23/10/1971
पुरुष / MALE

6557 1300 3821



आधार - आम आदमी का अधिकार

OUT- PATIENT RECORD

Date : 9/9/2022
 MRNO :
 Name : Mr. Anil Khapmize
 Age/Gender : 51/M
 Mobile No :
 Passport No : 9096605109
 Aadhar number :

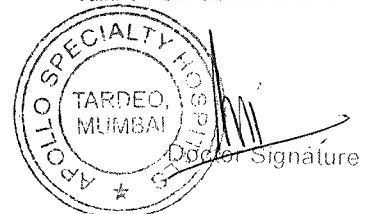
Pulse : 94	B.P : 120/80	Resp : 16/m.m	Temp : 37
Weight : 68.4	Height : 167	BMI : 24.7	Waist Circum : 93cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Sp2 - 98.1
 Married, Nonvegetarian
 Sleep: @ B/B: @
 No Allergy. No alcohol
 Moderately Active
 DM since : 5 years on T. Forson 500mg
 For vestigo : T. Verbin 16mg 1-0-1.
 FH: Nil.
 FBS: 162 PLBS: 319 A/B/C 8 lipid 9.5
 ① Avoid sugar/sweets/oil/ghee/Refined
 ② Morning walk 45 min daily
 ③ Repeat Sugar/lipid after 2 months

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



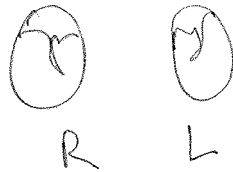
Follow up date:

Name: Mr Anil Khapariye
Age: 51yr/M

9/9/2023

- For Health Consultation
- N/C/O T2DM
- C/o vertigo, rotatory, associated with tinnitus & no fluctuating hearing loss.
- Undergoing T/E for BPPV

O/E - Ears -



Nose -



Septum central
Mucosa ⊕

Throat

- NAD

Continue medication
as advised

Imp: Vertigo (Inv)



GE MAC1200 ST

MAHESH,

Mr Anil Krapanjy HR 87 bpm
57yrs/male

Measurement Results:

QRS : 82 ms

QT/QTcB : 348 / 418 ms

PR : 132 ms

P : 116 ms

RR/PP : 682 / 685 ms

P/QRS/T : 65/ 28/ 30 degrees

< P

< T

< QRS

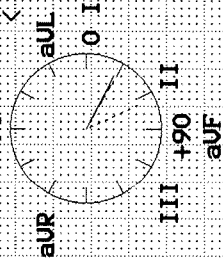
Interpretation:

12SL - Interpretation:

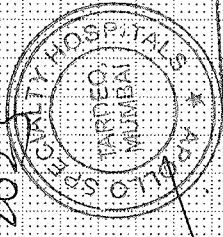
Normal sinus rhythm

Non-specific T wave abnormality

Abnormal ECG



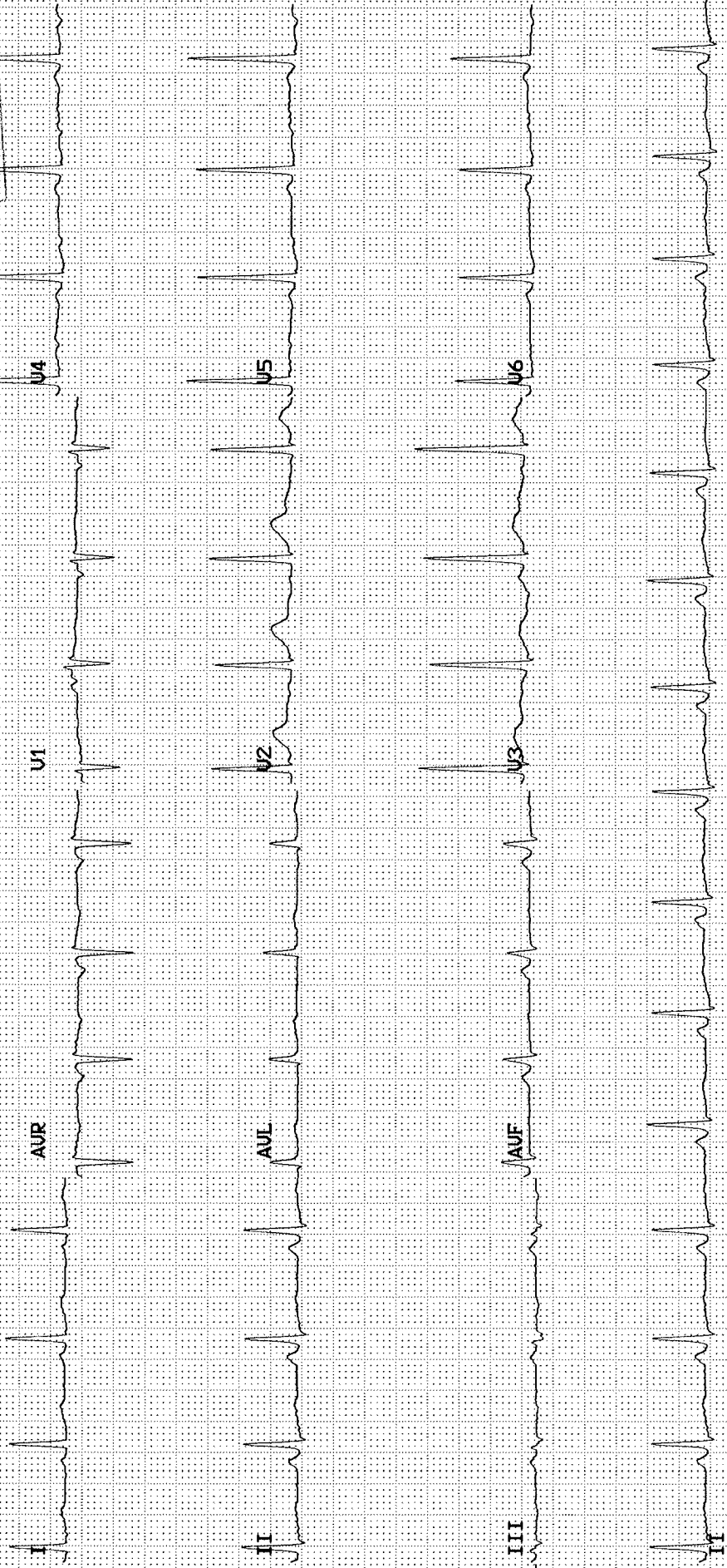
9/9/2023



Dr. (Mrs.) CHHAYA P. VAJA
M.D. (MUM)

Unconfirmed report.
Physician & Cardiologist
REG. NO. 55842

T wave changes



EYE REPORT

Name: Mr Anil Khapure

Date: 09/09/2013

Age / Sex: 57y / M

Ref No.:

Complaint: No ocular do
Keto AM - 10yrs LK

Examination

Spectacle Rx: R $\frac{6}{6}$ L $\frac{6}{6}$ Near V - 10/8

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

Remarks: Brown L & R

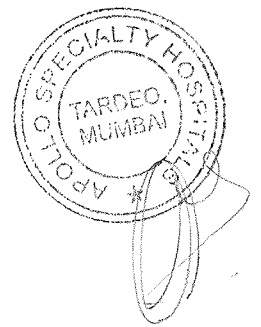
As K. M.

Medications:

Trade Name	Frequency	Duration

Follow up: Kunder K. M.

Consultant:



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:55AM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 12:23PM
Visit ID : STAROPV62961	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 86786446474	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:55AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

HAEMOGLOBIN	13.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	42.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.76	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.1	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	11.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,130	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	68	%	40-80	Electrical Impedance
LYMPHOCYTES	24	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3488.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1231.2	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	153.9	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	256.5	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	268000	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 : 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



TO SAVING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:55AM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 12:21PM
Visit ID : STAROPV62961	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 86786446474	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 12:45PM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 02:12PM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 03:07PM
Visit ID : STAROPV62961	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 86786446474	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	162	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:

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)	319	mg/dL	70-140	GOD - POD
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Comment:

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

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

Ref: Marks medical biochemistry and clinical approach



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM	Expertise. Empowering you.
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 03:49PM	
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 05:43PM	
Visit ID : STAROPV62961	Status : Final Report	
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID : 86786446474		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	183	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)

TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM
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UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 05:43PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM	Expertise. Empowering you.
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:46AM	
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 05:56PM	
Visit ID : STAROPV62961	Status : Final Report	
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID : 86786446474		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	189	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	1,169	mg/dL	<150	
HDL CHOLESTEROL	29	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	160	mg/dL	<130	Calculated
VLDL CHOLESTEROL	233.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.52		0-4.97	Calculated

Result is rechecked. Kindly correlate clinically

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

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM	<i>Expertise. Empowering you.</i>
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:46AM	
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 05:56PM	
Visit ID : STAROPV62961	Status : Final Report	
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 01:39PM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 03:49PM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 04:20PM
Visit ID : STAROPV62961	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 86786446474	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	70.19	mg/dL	<100	CHE/CHO/POD & Catalase



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:46AM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 01:04PM
Visit ID : STAROPV62961	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 86786446474	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	1.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	64.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.10	g/dL	2.0-3.5	Calculated
A/G RATIO	2.57		0.9-2.0	Calculated



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:46AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.79	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	30.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	14.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	97	mmol/L	98-107	Direct ISE



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM	<i>Expertise. Empowering you.</i>
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:46AM	
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 01:04PM	
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	37.00	U/L	16-73	Glycylglycine Kinetic method



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM	Expertise. Empowering you.
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:48AM	
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 02:08PM	
Visit ID : STAROPV62961	Status : Final Report	
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID : 86786446474		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

TRI-IODOTHYRONINE (T3, TOTAL)	0.59	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.64	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.100	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

TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:48AM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 02:08PM
Visit ID : STAROPV62961	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 86786446474	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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			



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 10:48AM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 02:55PM
Visit ID : STAROPV62961	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 86786446474	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.980	ng/mL	0-4	ELFA



TOUCHING LIVES

Patient Name : Mr.ANIL KHAPARIYE	Collected : 09/Sep/2023 08:27AM
Age/Gender : 51 Y 10 M 17 D/M	Received : 09/Sep/2023 01:22PM
UHID/MR No : STAR.0000058519	Reported : 09/Sep/2023 02:41PM
Visit ID : STAROPV62961	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 86786446474	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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

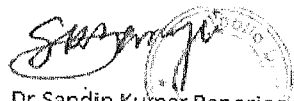
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	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

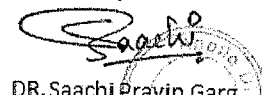
*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



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



Name : Mr. Anil Khapariye
Age : 51 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

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. Anil Khapariye
Age : 51 Year(s)

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

Dimension:

EF Slope	90mm/sec
EPSS	05mm
LA	31mm
AO	30mm
LVID (d)	40mm
LVID(s)	23mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

Patient Name : MR. ANIL KHAPARIYE
Ref. By : HEALTH CHECK UP

Date : 09-09-2023
Age : 51 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 10.6 x 5.1 cms and the **LEFT KIDNEY** measures 11.2 x 4.6 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

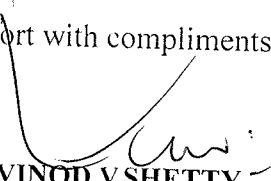
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 3.5 x 2.9 x 2.8 cms and weighs 15.6 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: 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
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Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : Mr. ANIL KHAPARIYE Age : 51 Y M
UHID : STAR.0000058519 OP Visit No : STAROPV62961
Reported on : 11-09-2023 08:34 Printed on : 11-09-2023 08:34
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 08:34

---End of the Report---


Dr. VINOD SHETTY
Radiology

ID: _____ Height 167cm Date 9.9.2023 APOLLO SPECTRA HOSPITAL
 Age 51 Gender Male Time 08:52:10

Spur 984

Body Composition

	Normal	Over	Under	Normal Range
Weight	68.4 kg			52.2 ~ 70.6
Muscle Mass Skeletal Muscle Mass	26.9 kg			26.1 ~ 31.9
Body Fat Mass	20.1 kg			7.4 ~ 14.7
TBW Total Body Water	35.3 kg (34.5 ~ 42.2)		FFM Fat Free Mass	48.3 kg (44.8 ~ 55.8)
Protein	9.7 kg (9.2 ~ 11.3)		Mineral*	3.31 kg (3.19 ~ 3.90)

*Mineral is estimated.

Segmental Lean

	Lean Mass Evaluation
Left	2.6kg Normal
Right	2.7kg Normal
Trunk	22.5kg Normal
Left	7.4kg Under
Right	7.4kg Under

Obesity Diagnosis

		Normal Range
BMI Body Mass Index (kg/m ²)	24.5	18.5 ~ 25.0
PBF Percent Body Fat (%)	29.5	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.95	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1412	1500 ~ 1751

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

Segmental Fat

	PBF Fat Mass Evaluation
Left	32.1% 1.3kg Over
Right	30.5% 1.3kg Over
Trunk	31.1% 10.7kg Over
Left	26.5% 2.8kg Over
Right	26.6% 2.8kg Over

*Segmental Fat is estimated.

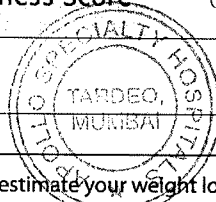
Muscle-Fat Control

Muscle Control + 3.9kg Fat Control - 10.9kg Fitness Score 65

Impedance

Z	RA	LA	TR	RL	LL
20kHz	336.1	349.7	28.0	294.8	291.8
100kHz	301.6	315.5	23.9	260.9	257.2

* 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: 68.4 kg / Duration: 30min. / unit: kcal)							
Walking 137	Jogging 239	Bicycle 205	Swim 239	Mountain Climbing 223	Aerobic 239	Table tennis 155	Tennis 205
Racket ball 342	Tae-kwon-do 342	Squash 342	Basketball 205	Rope jumping 239	Golf 120	Football 239	Oriental Fencing 342
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	Gate ball 130	Badminton 155

• 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 4weeks ÷ 7700**

Patient Name	: Mr. ANIL KHAPARIYE	Age/Gender	: 51 Y/M
UHID/MR No.	: STAR.0000058519	OP Visit No	: STAROPV62961
Sample Collected on	:	Reported on	: 09-09-2023 11:49
LRN#	: RAD2093933	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 86786446474		

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.

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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