

Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHRAM
Age/Gender : 30 Y 6 M 19 D/M
UHID/MR No : STAR.0000057930
Visit ID : STAROPV62030
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 342670647415

Collected : 12/Aug/2023 08:19AM
Received : 12/Aug/2023 12:18PM
Reported : 12/Aug/2023 02:17PM
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 : 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



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

HAEMOGLOBIN	14.5	g/dL	13-17	Spectrophotometer
PCV	41.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.69	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89	fL	83-101	Calculated
MCH	31	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,800	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	65	%	40-80	Electrical Impedence
LYMPHOCYTES	25	%	20-40	Electrical Impedence
EOSINOPHILS	03	%	1-6	Electrical Impedence
MONOCYTES	07	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5720	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2200	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	264	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	616	Cells/cu.mm	200-1000	Electrical Impedence

PLATELET COUNT	344000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

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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:BED230190386

Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHARAM	Collected : 12/Aug/2023 08:19AM
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DEPARTMENT OF BIOCHEMISTRY

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

As per American Diabetes Guidelines

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



Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHARAM	Collected : 12/Aug/2023 03:21PM
Age/Gender : 30 Y 6 M 19 D/M	Received : 12/Aug/2023 03:59PM
UHID/MR No : STAR.0000057930	Reported : 12/Aug/2023 04:41PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	78	mg/dL	70-140	GOD - POD

Comment:

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

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

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHARAM	Collected : 12/Aug/2023 08:19AM
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DEPARTMENT OF BIOCHEMISTRY

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

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

Note: Dietary preparation or fasting is not required.

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



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

TOTAL CHOLESTEROL	141	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	98	mg/dL	<150	
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.27		0-4.97	Calculated

Comment:

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

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

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

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



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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	98.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	2.27		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	19.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.59	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.250	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

Note:

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



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick


BIOCHEMICAL EXAMINATION

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

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

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

*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



SIN No:UR2164767

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

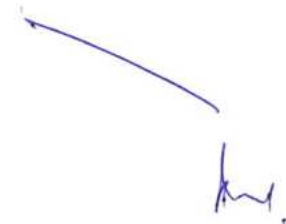
Apollo Spectra Hospitals
156, Famous Cine Labs, Behind
Everest Building, Tardeo,
Mumbai, Maharashtra 400034



Patient Name: Sulaskumar M. Age: 30

Address: Mumbai Date: 12/8/2023

↳
- Scaling → ₹ 2250/-



Signature
Dr. Rinal Modi B.D.S (Mumbai)
Dental Surgeon
Reg. No. : A -28591
M: 87792 56365 / 98922 90876
E:doctorrinal@gmail.com

Specialists in Surgery

OUT- PATIENT RECORD

Date : 12/8/23
MRNO : 57930
Name : Subhaskumar M. Bhoam
Age/Gender : 70/20172073
Mobile No :
Passport No :
Aadhar number : 30y/19

Pulse : 90	B.P : 100/70	Resp : 22	Temp :
Weight : 68.8	Height : 168	BMI : 24.4	Waist Circum : 87cm


General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian
Sleep: Normal
No addiction
B/B: Normal.
Moderately Active
Dust Allergy.
FH: Father: 2F



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



TOUCHING LIVES

Expertise. Empowering you.

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R.D.W	14.6	%	11.6-14	Calculated
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DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

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LYMPHOCYTES	25	%	20-40	Electrical Impedance
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

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



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Emp/Auth/TPA ID : 342670647415	

DEPARTMENT OF BIOCHEMISTRY

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

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

As per American Diabetes Guidelines

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



TOUGHING LIVES

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Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHARAM	Collected : 12/Aug/2023 03:21PM
Age/Gender : 30 Y 6 M 19 D/M	Received : 12/Aug/2023 03:59PM
UHID/MR No : STAR.0000057930	Reported : 12/Aug/2023 04:41PM
Visit ID : STAROPV62030	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342670647415	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	78	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



TOUCHING LIVES

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Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHARAM
Age/Gender : 30 Y 6 M 19 D/M
UHID/MR No : STAR.0000057930
Visit ID : STAROPV62030
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 342670647415

Collected : 12/Aug/2023 08:19AM
Received : 12/Aug/2023 04:04PM
Reported : 12/Aug/2023 08:13PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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):

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

Note: Dietary preparation or fasting is not required.

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



Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHARAM	Collected : 12/Aug/2023 08:19AM
Age/Gender : 30 Y 6 M 19 D/M	Received : 12/Aug/2023 12:10PM
UHID/MR No : STAR.0000057930	Reported : 12/Aug/2023 04:02PM
Visit ID : STAROPV62030	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342670647415	

DEPARTMENT OF BIOCHEMISTRY

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL CHOLESTEROL	141	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	98	mg/dL	<150	
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.27		0-4.97	Calculated

Comment:

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

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

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

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



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Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHARAM
 Age/Gender : 30 Y 6 M 19 D/M
 UHID/MR No : STAR.0000057930
 Visit ID : STAROPV62030
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 342670647415

Collected : 12/Aug/2023 08:19AM
 Received : 12/Aug/2023 12:10PM
 Reported : 12/Aug/2023 04:02PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	98.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	2.27		0.9-2.0	Calculated



Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHARAM	Collected : 12/Aug/2023 08:19AM
Age/Gender : 30 Y 6 M 19 D/M	Received : 12/Aug/2023 12:10PM
UHID/MR No : STAR.0000057930	Reported : 12/Aug/2023 04:00PM
Visit ID : STAROPV62030	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342670647415	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.74	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	19.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE



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Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHARAM	Collected : 12/Aug/2023 08:19AM
Age/Gender : 30 Y 6 M 19 D/M	Received : 12/Aug/2023 12:10PM
UHID/MR No : STAR.0000057930	Reported : 12/Aug/2023 04:00PM
Visit ID : STAROPV62030	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342670647415	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	16-73	Glycylglycine Kinetic method



TOUGHENING LIVES

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Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHARAM	Collected : 12/Aug/2023 08:19AM
Age/Gender : 30 Y 6 M 19 D/M	Received : 12/Aug/2023 11:14AM
UHID/MR No : STAR.0000057930	Reported : 12/Aug/2023 02:07PM
Visit ID : STAROPV62030	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342670647415	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.59	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.250	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

Note:

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



TOUCHING LIVES

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Patient Name : Mr.SUHASKUMAR VIJAYKUMAR MESHARAM	Collected : 12/Aug/2023 08:19AM
Age/Gender : 30 Y 6 M 19 D/M	Received : 12/Aug/2023 02:13PM
UHID/MR No : STAR.0000057930	Reported : 12/Aug/2023 04:35PM
Visit ID : STAROPV62030	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 342670647415	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick


BIOCHEMICAL EXAMINATION

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

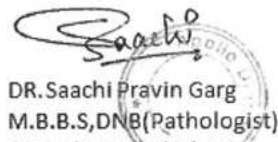
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

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

*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



Sukawati Meharani

Measurement Results:

QRS	:	86 ms	< P
QT/QTcB	:	360 / 410 ms	< T
PR	:	142 ms	< QRS
P	:	106 ms	aVL
RR/PP	:	770 / 770 ms	O I
P/QRS/T	:	60 / 40 / 20 degrees	III +90
QTd/QTcBD	:	60 / 68 ms	aVF
Sokolow	:	2.2 mV	
NK	:	8	

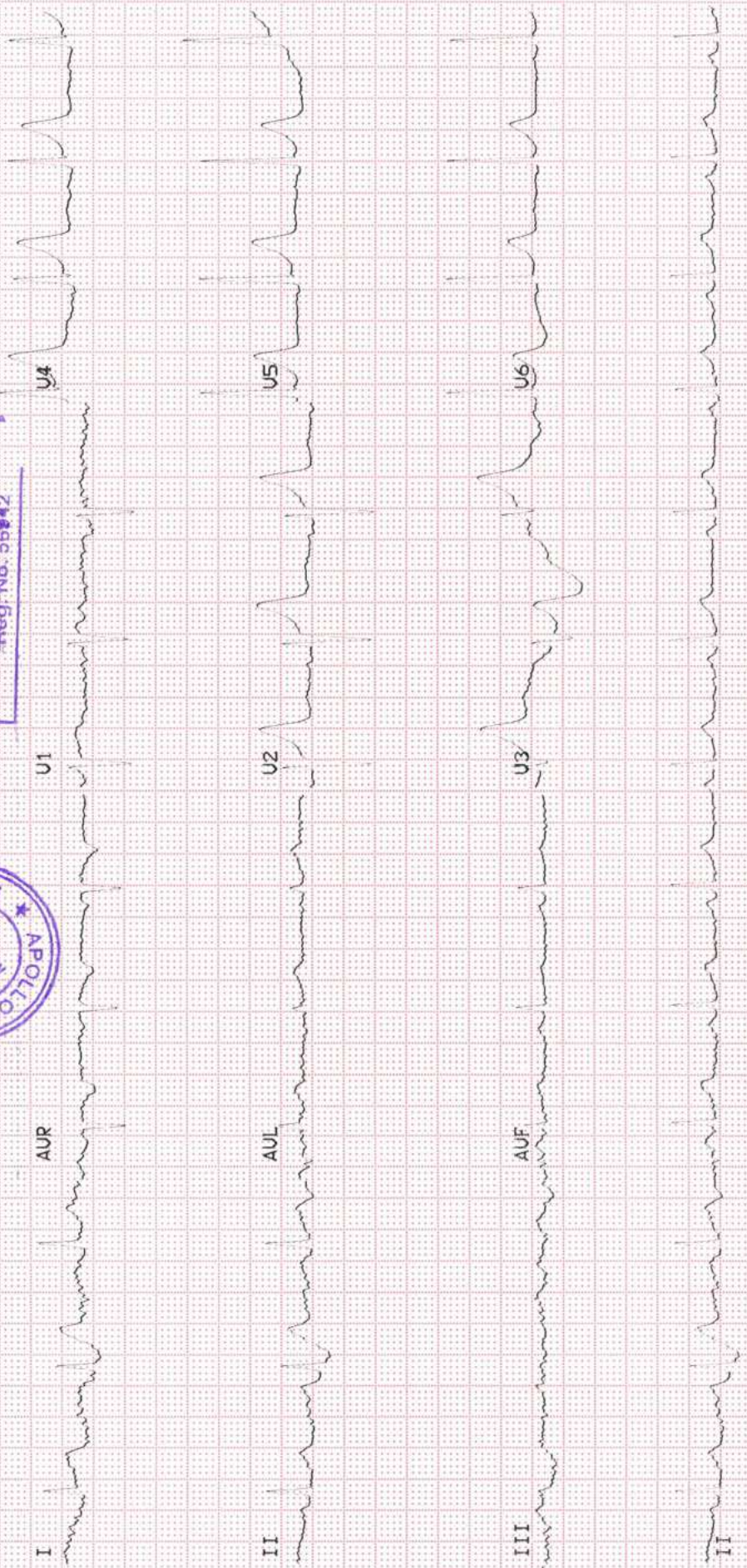
Interpretation:

ST-segment elevation (anterior)
borderline ECG

within Normal limits

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

Unconfirmed report.



Specialists in Surgery

Patient Name	: Mr. Suhaskumar Vijaykumar Meshram	Age	: 30 Y M
UHID	: STAR.0000057930	OP Visit No	: STAROPV62030
Reported on	: 12-08-2023 13:22	Printed on	: 12-08-2023 13:23
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:12-08-2023 13:22

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mr.Suhaskumar Meshram
Age : 30 Year(s)

Date : 12/08/2023
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 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

Name : Mr.Suhaskumar Meshram
Age : 30 Year(s)

Date : 12/08/2023
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	100mm/sec
EPSS	06mm
LA	29mm
AO	29mm
LVID (d)	37mm
LVID(s)	25mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)



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

Patient Name : MR.SUHASKUMAR MESHARAM
Ref. By : HEALTH CHECK UP

Date : 12-08-2023
Age : 30 years

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

KIDNEYS: The **RIGHT KIDNEY** measures 11.1 x 4.6 cms and reveals a tiny calyceal Calculus measuring 4.5 mms in the lower pole without any focal caliectasis.

The **LEFT KIDNEY** measures 11.5 x 4.7 cms and is normal in size, shape and echotexture. There is no evidence of hydronephrosis or of an calculus seen .

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

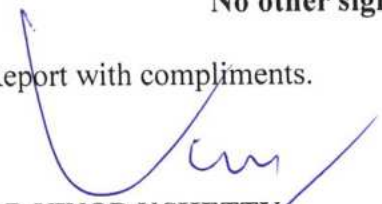
PROSTATE : The prostate measures 2.4 x 2.5 x 2.3 cms and weighs 7.5 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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 and Right Renal lower polar tiny non-obstructing calyceal Calculus as described above.

No other significant abnormality is detected.

Report with compliments.



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

CONSULTANT SONOLOGIST.

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

EYE REPORT

Name: *Subaskumari Meshram*

Date: *12/08/2013*

Age / Sex: *30 yrs / M.*

Ref No.:

Complaint: *As clo vitals (K) . etc*

Examination: *Mo r/o 88/RT*

Spectacle Rx: *6/9
Vn L 6/9.*

near Vn R 6/6

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

Remarks: *Color Ca & mtr*

Medications: *As & mtr*

Trade Name	Frequency	Duration

Follow up: *Examination of ca - O. H.S.*

*Adv
Olop at RT old
2 times / day
75 days*

Consultant:



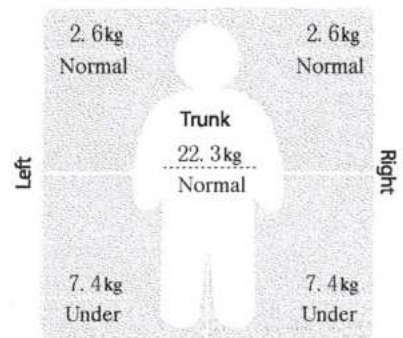
ID 0 *Suhaskumar* | Height 168cm | Date 12. 8. 2023 | APOLLO SPECTRA HOSPITAL
 Age 30 | Gender Male | Time 08:52:18

Body Composition

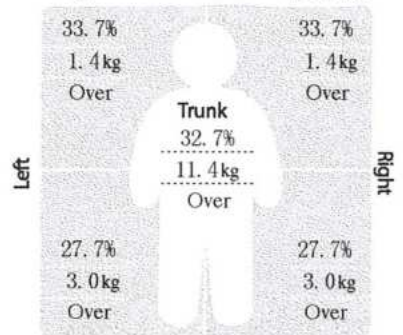
	Under	Normal	Over	UNIT%	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205	68.8 kg			52.8 ~ 71.4
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170	26.2 kg			26.4 ~ 32.3
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 520	21.4 kg			7.5 ~ 14.9
TBW Total Body Water	34.7 kg (34.9 ~ 42.7)		FFM Fat Free Mass	47.4 kg (45.3 ~ 56.5)	
Protein	9.5 kg (9.4 ~ 11.4)		Mineral*	3.22 kg (3.23 ~ 3.95)	

* Mineral is estimated.

Segmental Lean



Segmental Fat



* Segmental Fat is estimated.

Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	24.4	18.5 ~ 25.0
PBF Percent Body Fat (%)	31.1	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.97	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1393	1507 ~ 1760

Nutritional Evaluation

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

Muscle-Fat Control

Muscle Control	+ 5.4 kg	Fat Control	- 12.1 kg	Fitness Score	62
----------------	----------	-------------	-----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kHz	336.6	335.7	29.5	285.0	285.2
100kHz	304.2	304.2	25.4	255.8	255.5

* 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: 68.8 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
138	241	206	241	224	241	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
155	206	241	344	131	155	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
344	344	344	206	241	121	
Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats	
development of upper body	abdominal muscle training	backache prevention	muscle strength	muscle strength	maintenance of lower body muscle	

How to do

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

Recommended calorie intake per day

1800 kcal

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



भारत सरकार

GOVERNMENT OF INDIA



सुहासकुमार विजयकुमार मेश्राम
Suhaskumar Vijaykumar Meshram
जन्म वर्ष / Year of Birth : 1993
पुरुष / Male

3426 7064 7415



आधार - सामान्य माणसाचा अधिकार

Patient Name : Mr. Suhaskumar Vijaykumar Meshram

Age/Gender : 30 Y/M

UHID/MR No. : STAR.0000057930

OP Visit No : STAROPV62030

Sample Collected on :

Reported on : 12-08-2023 13:23

LRN# : RAD2071130

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 342670647415

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

Patient Name	: Mr. Suhaskumar Vijaykumar Meshram	Age/Gender	: 30 Y/M
UHID/MR No.	: STAR.0000057930	OP Visit No	: STAROPV62030
Sample Collected on	:	Reported on	: 12-08-2023 12:45
LRN#	: RAD2071130	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 342670647415		

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

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

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

KIDNEYS: The **RIGHT KIDNEY** measures 11.1 x 4.6 cms and reveals a tiny calyceal Calculus measuring 4.5 mms in the lower pole without any focal caliectasis.

The **LEFT KIDNEY** measures 11.5 x 4.7 cms and is normal in size, shape and echotexture. There is no evidence of hydronephrosis or of an calculus seen .

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

PROSTATE : The prostate measures 2.4 x 2.5 x 2.3 cms and weighs 7.5 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

BLADDER No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver and Right Renal lower polar tiny non-obstructing calyceal Calculus as described above.

No other significant abnormality is detected.



Dr. VINOD SHETTY
Radiology

Customer Pending Tests

ENT and Diet consultation pending as doctor was on emergency leave, scheduled for 16th August 2023
16/08/2023 - Pending test were scheduled for today, but customer was unable to visit.