



भारत सरकार
GOVERNMENT OF INDIA



सचिन अनील देवलेकर
Sachin Anil Devlekar

जन्म वर्ष / Year of Birth : 1991
पुरुष / Male



2431 7743 1678

आधार - सामान्य माणसाचा अधिकार

OUT-PATIENT RECORD

Date :
MRNO :
Name :
Age/Gender :
Mobile No :
Passport No :
Aadhar number :

13/1/24
060699
Mr. Sachin Seulekar
32y 31M

Pulse : 78/min	B.P : 120/80	Resp : 18/min	Temp : (w)
Weight : 88.0 kg	Height : 177 cm	BMI : 28.1 cm	Waist Circum : 94 cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

married, Nonvegetarian
Sleep: (w) B/B (w) No Allergy.
No addiction
operated for kid stone by laser
FH: father: hypertensive.
Lipid used
① Avoid oil/ghee / Fried foods.
② morning walk 45 min daily
③ Repeat Lipid after 2 months

Follow up date:

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

Doctor



Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400024
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

Patient Name : Mr.SACHIN A DEVLEKAR
Age/Gender : 32 Y 1 M 0 DIM
UHID/MR No : STAR.0000060899
Visit ID : STAROPV66433
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9619065175

Collected : 13/Jan/2024 08:38AM
Received : 13/Jan/2024 12:21PM
Reported : 13/Jan/2024 03:23PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



DR. APEKSHA MADAN
MBBS, DPG
PATHOLOGY
SIN No:BED24000902X

TOUCHING LIVES

Patient Name : Mr. SACHIN A DEVLEKAR
 Age/Gender : 32 Y 1 M 0 DM
 UHID/MR No : STAR.0000060699
 Visit ID : STAROPV66433
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9819065175

Collected : 13/Jan/2024 08:38AM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.9	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	48.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.41	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.1	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,090	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	06	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3828.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2339.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	425.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	496.3	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	368000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	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

Page 2 of 13




DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No.BED240009028

Patient Name : Mr.SACHIN A DEVLEKAR
Age/Gender : 32 Y 1 M 0 D/M
UHIDMR No : STAR.0000060699
Visit ID : STAROPV66433
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9619065175

Collected : 13/Jan/2024 09:38AM
Received : 13/Jan/2024 12:21PM
Reported : 13/Jan/2024 03:23PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 3 of 13



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240009028

TOUCHING LIVES

Patient Name : Mr.SACHIN A DEVLEKAR
Age/Gender : 32 Y 1 M 0 D/M
UHID/MR No : STAR.0000060699
Visit ID : STAROPV66433
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9819065175


Collected : 13/Jan/2024 08:38AM
Received : 13/Jan/2024 12:21PM
Reported : 13/Jan/2024 02:04PM
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
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

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DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240009928

TOUCHING LIVES

Patient Name : Mr.SACHIN A DEVLEKAR
 Age/Gender : 32 Y 1 M 0 DM
 UHID/MR No : STAR.0000080699
 Visit ID : STAROPV66433
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9819065175

Collected : 13/Jan/2024 03:10PM
 Received : 13/Jan/2024 03:55PM
 Reported : 13/Jan/2024 04:21PM
 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
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2013

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 \geq or \geq 126 mg/dL and/or a random / 2 hr post glucose value of \geq or \geq 200 mg/dL on at least 2 occasions.
- Very high glucose levels (\geq 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	84	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.




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY
 SIN No:PLP140R578

Patient Name	Mr SACHIN A DEVLEKAR	Collected	: 13/Jan/2024 08:38AM
Age/Gender	: 32 Y 1 M 0 D/M	Received	: 13/Jan/2024 04:39PM
UHID/MR No	: STAR.0000360899	Reported	: 13/Jan/2024 08:45PM
Visit ID	: STAROPV66433	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9619065175		

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				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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)



Dr. Pratibha Kadam
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No:EDT240003805



TOUCHING LIVES

Patient Name : Mr.SACHIN A DEVLEKAR
 Age/Gender : 32 Y 1 M 0 D/M
 UHID/MR.No : STAR.0000060699
 Visit ID : STAROPV86433
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9619065175

Collected : 13/Jan/2024 09:38AM
 Received : 13/Jan/2024 12:09PM
 Reported : 13/Jan/2024 03:23PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	210	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	244	mg/dL	<150	
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	174	mg/dL	<130	Calculated
LDL CHOLESTEROL	125.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	48.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.83		0-4.97	Calculated

Comment:


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

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

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

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 DR. APEKSHA MADAN
 MBBS, OPB
 PATHOLOGY

SIN No:SE04599603

Patient Name	Mr.SACHIN A DEVLEKAR	Collected	13/Jan/2024 08:38AM
Age/Gender	32 Y 1 M 0 D/M	Received	13/Jan/2024 12:09PM
UHID/MR No	STAR.000080699	Reported	13/Jan/2024 03:23PM
Visit ID	STAROPV66433	Status	Final Report
Ref Doctor	Dr.SELF	Sponsor Name	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	9619065175		

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	0.90	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	55	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	71.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 in Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:


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

3. Synthetic function impairment:

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

Page 8 of 15




DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY


SIN No:SE04599603

FOUNDING MEMBER

Patient Name	: Mr.SACHIN A DEVLEKAR	Collected	: 13/Jan/2024 08:38AM
Age/Gender	: 32 Y 1 M 0 DM	Received	: 13/Jan/2024 12:09PM
UHID/MR No	: STAR.0000060699	Reported	: 13/Jan/2024 03:23PM
Visit ID	: STAROPV86433	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9619065175		

DEPARTMENT OF BIOCHEMISTRY

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



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY
SIN No:SE04395603

TOUCHING LIVES


Patient Name	: Mr.SACHIN A DEVLEKAR	Collected	: 13/Jan/2024 08:38AM
Age/Gender	: 32 Y 1 M 0 D/M	Received	: 13/Jan/2024 12:09PM
UHID/MR No	: STAR.0000060699	Reported	: 13/Jan/2024 03:23PM
Visit ID	: STAROPV88433	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9619065175		

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	0.73	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	17.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.70	mg/dL	4.0-7.0	URICASE
CALCIUM	10.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	96-107	Direct ISE

Page 10 of 13

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:SE04599603


TOUCHING LIVES

Patient Name	: Mr.SACHIN A DEVLEKAR	Collected	: 13/Jan/2024 08:38AM
Age/Gender	: 32 Y 1 M 0 DM	Received	: 13/Jan/2024 12:09PM
UHID/MR No	: STAR.0000060699	Reported	: 13/Jan/2024 03:23PM
Visit ID	: STAROPV66433	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9619065175		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Blo. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	45.00	U/L	16-73	Glycylglycine Kinetic method

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY
SIN No:SEIN599603

TOUCHING LIVES

Patient Name	: Mr.SACHIN A DEVLEKAR	Collected	: 13/Jan/2024 08:38AM
Age/Gender	: 32 Y 1 M 0 D/M	Received	: 13/Jan/2024 11:22AM
UHID/MR No	: STAR.0000080899	Reported	: 13/Jan/2024 01:57PM
Visit ID	: STAROPV88433	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9619085175		

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				
TRIHODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.55	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.940	µIU/mL	0.25-5.0	ELFA

Comment:


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

- 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.
- 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.
- 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.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy.
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma

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DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SLN No: SPL24006002

Patient Name	: Mr.SACHIN A DEVLEKAR	Collected	: 13/Jan/2024 08:38AM
Age/Gender	: 32 Y 1 M 0 D/M	Received	: 13/Jan/2024 02:58PM
UHID/MR No	: STAR.0000060699	Reported	: 13/Jan/2024 04:04PM
Visit ID	: STAROPV66433	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9619085175		

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	SLIGHTLY HAZY		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	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	18-20 with clumps	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
Kindly correlate clinically				

*** End Of Report ***

Page 13 of 13

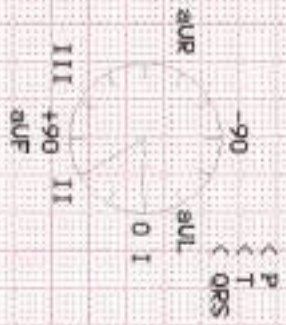



DR. APEKSHA MADAN
MBBS, OPB
PATHOLOGY

SIN No:UR2261774

Measurement Results:

QRS	82 ms
QT/QTcB	364 / 418 ms
PR	114 ms
P	88 ms
RP/PP	758 / 750 ms
P/QRS/T	40° / 60° / 5 degrees
QTd/QTcd	38 / 44 ms
Sokolow	2.0 mV
NIK	11



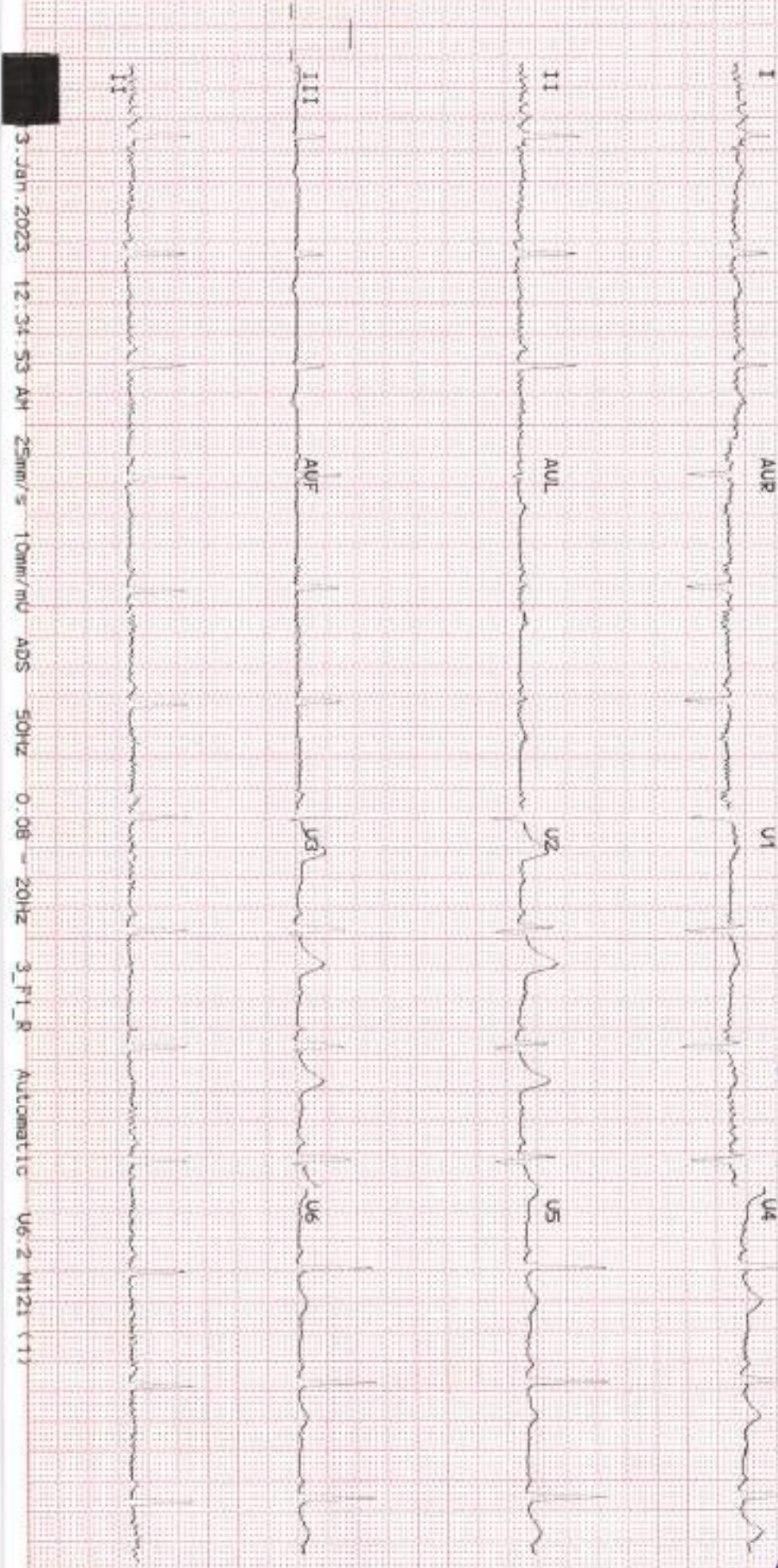
Interpretation:

short PR interval
R/S inversion area between U1 and U2
borderline ECG

Infarct wall trace changes

Unconfirmed report

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



Patient Name	: Mr. SACHIN A DEVLEKAR	Age	: 32 Y M
UHID	: STAR.0000060699	OP Visit No	: STAROPV66433
Reported on	: 13-01-2024 15:49	Printed on	: 13-01-2024 16:00
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:13-01-2024 15:49

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient Name : MR.SACHIN DEVLEKAR
Ref. By : HEALTH CHECK UP

Date : 13-01-2024
Age : 32 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 11.7 x 4.5 cms and the **LEFT KIDNEY** measures 12.2 x 4.9 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 2.6 x 2.4 x 2.3cms and weighs 7.8 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.

Name : Mr.Sachin Devlekar
Age : 32 Year(s)

Date : 13/01/2024
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

Name : Mr.Sachin Devlekar
Age : 32 Year(s)

Date : 13/01/2024
Sex : Male
Visit Type : OPD

Dimension:

EF Slope 70mm/sec

EPSS 05mm

LA 29mm

AO 26mm

LVID (d) 40mm

LVID(s) 22mm

IVS (d) 11mm

LVPW (d) 11mm

LVEF 60% (visual)


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

13/1/24.

S/B Dr. Mitul C. Tshatt (ENT)

Mr. Sachin D.

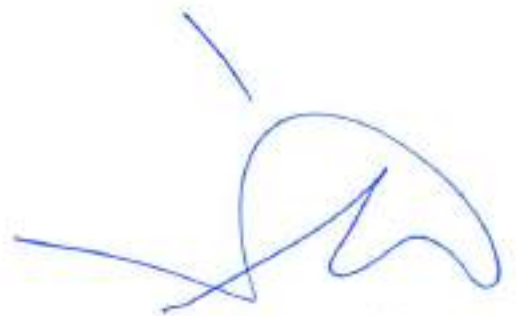
M/32yrs

Pt. for ENT check. up.

Ears → B/L TM intact R + r
+ r
W ←

Nose → mild DNS to ⊙

Throat → WNL



Dr. Mitul Tshatt

2011/05/1748

EYE REPORT

Name: Sachin Devlekar

Date: 13/01/2024

Age / Sex: 32y / F

Ref No.:

Complaint: No ocular dx
No M/O @ SI/ST

Examination

Spectacle Rx: V_u < 6/6P
Near V_u & N₆

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

Remarks: Contact lens & wear

Medications: AS & wear

Trade Name	Frequency	Duration

Follow up: Preacher & wear

Consultant:

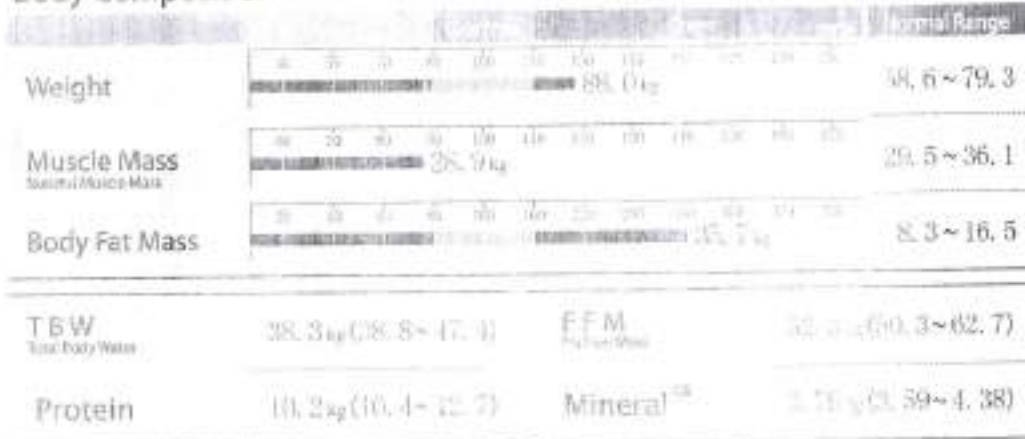
ID: 060699
Age: 32

Height: 177cm
Gender: Male

Date: 17.1.2024
Time: 15:11:24

APOLLO SPECTRA HOSPITAL

Body Composition



Segmental Lean



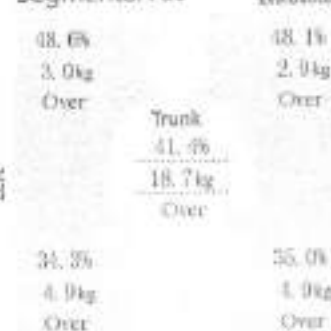
TBW Total Body Water	38.3 kg (38.8 ~ 47.4)	FFM Fat Free Mass	52.1 kg (50.3 ~ 62.7)
Protein	11.2 kg (10.4 ~ 12.7)	Mineral ^{NS}	3.75 kg (3.59 ~ 4.38)

^{NS} Mineral is estimated.

Obesity Diagnosis

BMI Body Mass Index (kg/m ²)	28.1	18.5 ~ 24.9	Nutritional Evaluation
PBF Percent Body Fat (%)	40.6	10.1 ~ 20.0	Protein <input type="checkbox"/> Normal <input type="checkbox"/> Deficient
WHR Waist-Hip Ratio	1.08	0.90 ~ 1.00	Mineral <input type="checkbox"/> Normal <input type="checkbox"/> Deficient
BMR Basal Metabolic Rate (kcal)	1454	1321 ~ 2147	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
			SBMI <input 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 Classification
			SBMI <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
			Fat <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



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	6.3 kg	Fat Control	25.1 kg	Fitness Score	48
----------------	--------	-------------	---------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20cm	388.7	394.4	27.8	317.7	291.2
100cm	348.5	354.9	23.8	287.2	257.9

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

Exercise Planner

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

Energy expenditure of each activity (base weight: 58.0 kg) / Duration: 30min (each hour)	
Walking	170
Jogging	361
Bicycling	309
Swimming	209
Table tennis	195
Tennis	321
Football	308
Overall fitness	110
Rocket ball	140
Table tennis	110
Swimming	140
Badminton	204
Pushups	110
Swimming	110
Swimming	110
Swimming	110

• 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

1500 kcal

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

Patient Name	: Mr. SACHIN A DEVLEKAR	Age/Gender	: 32 Y/M
UHID/MR No.	: STAR.0000060699	OP Visit No	: STAROPV66433
Sample Collected on	:	Reported on	: 13-01-2024 12:13
LRN#	: RAD2207166	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9619065175		

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 11.7 x 4.5 cms and the **LEFT KIDNEY** measures 12.2 x 4.9 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 2.6 x 2.4 x 2.3cms and weighs 7.8 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.



Dr. VINOD SHETTY
Radiology

Patient Name	: Mr. SACHIN A DEVLEKAR	Age/Gender	: 32 Y/M
UHID/MR No.	: STAR.0000060699	OP Visit No	: STAROPV66433
Sample Collected on	:	Reported on	: 13-01-2024 15:49
LRN#	: RAD2207166	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9619065175		

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.SACHIN A DEVLEKAR
Age/Gender : 32 Y 1 M 0 D/M
UHID/MR No : STAR.0000060699
Visit ID : STAROPV66433
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9619065175

Collected : 13/Jan/2024 08:38AM
Received : 13/Jan/2024 12:21PM
Reported : 13/Jan/2024 03:23PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240009028

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:

190, Parnax One Labs, Behind Everest Building,
Tardeo (Kumbhari Central), Mumbai, Maharashtra
Ph: 022-4552 4500

Patient Name	: Mr.SACHIN A DEVLEKAR	Collected	: 13/Jan/2024 08:38AM
Age/Gender	: 32 Y 1 M 0 D/M	Received	: 13/Jan/2024 12:21PM
UHID/MR No	: STAR.0000060699	Reported	: 13/Jan/2024 03:23PM
Visit ID	: STAROPV66433	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9619065175		

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	15.9	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	48.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.41	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.1	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,090	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	06	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3828.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2339.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	425.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	496.3	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	368000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	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

Page 2 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240009028

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190, Park Road, 5th Floor, Behind Everest Building,
Taraola Junction, Central, HSR, Bengaluru,
Ph: 022 4552 4500


Patient Name : Mr.SACHIN A DEVLEKAR
Age/Gender : 32 Y 1 M 0 D/M
UHID/MR No : STAR.0000060699
Visit ID : STAROPV66433
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9619065175

Collected : 13/Jan/2024 08:38AM
Received : 13/Jan/2024 12:21PM
Reported : 13/Jan/2024 03:23PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY




SIN No:BED240009028

Patient Name : Mr.SACHIN A DEVLEKAR	Collected : 13/Jan/2024 08:38AM
Age/Gender : 32 Y 1 M 0 D/M	Received : 13/Jan/2024 12:21PM
UHID/MR No : STAR.0000060699	Reported : 13/Jan/2024 02:04PM
Visit ID : STAROPV66433	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9619065175	

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240009028

Patient Name : Mr.SACHIN A DEVLEKAR	Collected : 13/Jan/2024 03:10PM
Age/Gender : 32 Y 1 M 0 D/M	Received : 13/Jan/2024 03:55PM
UHID/MR No : STAR.0000060699	Reported : 13/Jan/2024 04:21PM
Visit ID : STAROPV66433	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9619065175	

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	99	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:

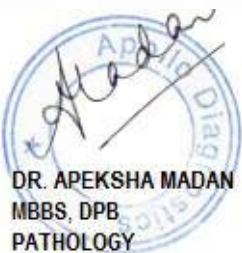
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	84	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.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



Patient Name : Mr.SACHIN A DEVLEKAR	Collected : 13/Jan/2024 08:38AM
Age/Gender : 32 Y 1 M 0 D/M	Received : 13/Jan/2024 04:39PM
UHID/MR No : STAR.0000060699	Reported : 13/Jan/2024 08:45PM
Visit ID : STAROPV66433	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9619065175	

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				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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)



Dr. Pratibha Kadam
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: EDT240003805

Apollo Speciality Hospitals Private Limited
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Address:
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Tanaka Junction, Central, HSR, Bengaluru
Ph: 022 4552 4500

Patient Name : Mr.SACHIN A DEVLEKAR	Collected : 13/Jan/2024 08:38AM
Age/Gender : 32 Y 1 M 0 D/M	Received : 13/Jan/2024 12:09PM
UHID/MR No : STAR.0000060699	Reported : 13/Jan/2024 03:23PM
Visit ID : STAROPV66433	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9619065175	

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	210	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	244	mg/dL	<150	
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	174	mg/dL	<130	Calculated
LDL CHOLESTEROL	125.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	48.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.83		0-4.97	Calculated

Comment:

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

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

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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04599603

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Address:
190, Panjara Gira Labs, Behind Everest Building,
Tanaka Junction Central, HMTCL, Maracostina
Ph: 022-4552 4500

Patient Name : Mr.SACHIN A DEVLEKAR
Age/Gender : 32 Y 1 M 0 D/M
UHID/MR No : STAR.0000060699
Visit ID : STAROPV66433
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9619065175

Collected : 13/Jan/2024 08:38AM
Received : 13/Jan/2024 12:09PM
Reported : 13/Jan/2024 03:23PM
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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	55	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	71.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.


2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

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SIN No:SE04599603

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 Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

Address:


190, Patanjali One Labs, Behind Everest Building, Tanaka Junction Central, HSR, Bangalore
Ph: 022 4552 4500

Patient Name : Mr.SACHIN A DEVLEKAR
Age/Gender : 32 Y 1 M 0 D/M
UHID/MR No : STAR.0000060699
Visit ID : STAROPV66433
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9619065175

Collected : 13/Jan/2024 08:38AM
Received : 13/Jan/2024 12:09PM
Reported : 13/Jan/2024 03:23PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.73	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	17.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.70	mg/dL	4.0-7.0	URICASE
CALCIUM	10.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE



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Patient Name : Mr.SACHIN A DEVLEKAR	Collected : 13/Jan/2024 08:38AM
Age/Gender : 32 Y 1 M 0 D/M	Received : 13/Jan/2024 12:09PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	45.00	U/L	16-73	Glycylglycine Kinetic method

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Patient Name : Mr.SACHIN A DEVLEKAR	Collected : 13/Jan/2024 08:38AM
Age/Gender : 32 Y 1 M 0 D/M	Received : 13/Jan/2024 11:22AM
UHID/MR No : STAR.0000060699	Reported : 13/Jan/2024 01:57PM
Visit ID : STAROPV66433	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9619065175	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.55	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.940	µIU/mL	0.25-5.0	ELFA

Comment:

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

- 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.
- 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.
- 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.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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UHID/MR No : STAR.0000060699
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Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9619065175

Collected : 13/Jan/2024 08:38AM
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Reported : 13/Jan/2024 04:04PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

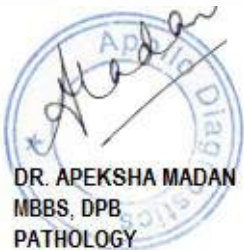
DEPARTMENT OF CLINICAL PATHOLOGY

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	SLIGHTLY HAZY		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	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	18-20 with clumps	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
Kindly correlate clinically				

*** End Of Report ***

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