

Apollo Health Check

Name: Mahesh Rajak

UHID: 42325

Date: 18/03/23

Date of Birth: 20/12/74

Age: 48 years

Sex: Male

Health check-up: ARCOFEMI MEDIWHEEL –FULL BODY ANNUAL PLUS
ABOVE 50Y MALE

Medical Summary

GENERAL EXAMINATION:

Vital signs: Height: 159 cm. Weight: 76.4 kg Pulse: 98/min
BP: 140/92 mmHg BMI: 30.31

PHYSICIAN EXAMINATION:

Chief Complaints: Nil

History: **Past Medical :** Nil Significant

Family history: Nil Significant

Allergies: Nil **Addiction:** Nil

Exercise: Nil

Systemic Review: Clinically no abnormalities detected.


Impression . Clinically normal Individual . Fit with Fatty Liver

Recommendations: Diet & Life style Modification .
Yearly Screening

ENT Consultation:

No ENT complaints.

On Examination: Ears, Nose, Throat – NAD



Dr. Mayur Patel
MD (Physician)

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Medical Summary

Vision Check:

Color vision: Normal without glasses


Far vision: Normal without glasses

Near vision: Normal without glasses

Dental Consultation:

On Examination: +++ Calculus , RRR $\frac{64}{6}$

Advice: Scaling Extraction $\frac{64}{6}$
| 23


Dr. Enosh Stewards
Consultant Dentist

DEPARTMENT OF LABORATORY MEDICINE

Name: Mahesh Rajak

Sample Collected Date: 18/03/2023

Gender : MALE

Age: 48 Years

Test	Results	Units	Normal Range
Hb	13.7	gm/dl	Female:11-15 Male: 13-17
Total WBC count	5000	/cumm.	4000-11000
RBC Count	4.62	/mill/comm.	4.5-5.5
PCV	43.8	%	40-50
PLT	150000	/c.mm	150000/400000
MCV	94.8	fl	83-101
MCH	29.7	Pg	27-32
MCHC	31.3	gm/dl	31.5-34.5
RDW	13.9	%	11.6-14.0

DIFFERENTIAL COUNT

Neutrophil	48	%	40-80
Lymphocyte	43	%	20-40
Eosinophil	05	%	2-10
Monocyte	04	%	Up to 8
Basophils	00	%	<1-2
ESR	06	mm/Hr	2 – 20

BLOOD GROUP O POSITIVE



Dr. GOPI DAVARA
MBBS DCP

Patient Name	: Mr. MAHESH RAJAK	Age / Gender	: 48Y/Male
UHID/MR No.	: FVAD.0000042325	OP Visit No	: FVADOPV22463
Visit Date	: 18-03-2023 09:22	Reported on	: 18-03-2023 14:21
Sample Collected on	: 18-03-2023 10:08	Specimen	: Serum
Ref Doctor	: SELF	Pres Doctor:	:
Emp/Auth/TPA ID	: bobE33162		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
HDL	60	30 - 70	mg/dl
VLDL	25.8	7 mg/dl -35mg/dl	mg/dl
Method: Calculated			
RATIO OF CHOLESTEROL / HDL	2.43	0 - 4.5	
Method: Calculated			
CHOLESTEROL	146	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Method: CHOD - PAP			
LDL	60.2	60 - 150 mg/dl	
Method: Calculated.			
Triglyceride	129	50 - 200	mg/dl
Method: GPO- TOPS			
LDL/HDL:	2.43*	2.5 - 3.5	mg/dl
Method: Calculated			
KFT - RENAL PROFILE-SERUM			
CREATININE	1.15	0.5-1.5	mg/dl
Method: Jaffe			
Urea	23.7	10 - 50	mg/dl
Method: NED-DYE			
Uric Acid	5.1	3.5 - 7.2	mg/dl
Method: URICASE -PAP			
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL	0.90	0.1 - 1.2	mg/dL
Method: Daizo			
BILIRUBIN - INDIRECT	0.50	0.1 - 1.0	mg/dL
Method: Calculated			
TOTAL-PROTIEN:	7.2	Adult: 6.6 - 8.8	gm/dL
Method: Photometric UV test			
ALBUMIN:	4.29	3.5 - 5.2	gm/dL
Method: BCG			
A/G	1.47	1.0 - 2.0	
Method: Calculated			
SGOT /AST.	25		IU/I
Method: IFCC			
ALKA-PHOS	144		U/L
Method: IFCC			
BILIRUBIN - DIRECT	0.40	0-0.5	mg/dL
Method: Daizo			
SGPT/ALT	44*	0 - 40	U/L
Method: Daizo			
GGT.	65*	10 - 50	U/L

Patient Name : Mr. MAHESH RAJAK	Age / Gender : 48Y/Male
UHID/MR No. : FVAD.0000042325	OP Visit No : FVADOPV22463
Visit Date : 18-03-2023 09:22	Reported on : 18-03-2023 14:21
Sample Collected on : 18-03-2023 10:08	Specimen : Serum
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : bobE33162	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	


Method: SZAZ

GLOBULIN. Method: Calculated.	2.91	2.8 - 4.5	g/dl
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING). Method: (GOD-POD)	87	70.0 - 110.0	mg/dL
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL). Method: (GOD-POD)	129	80.0 - 140.0	mg/dl
URINE GLUCOSE(POST PRANDIAL)			
URINE GLUCOSE(POST PRANDIAL).	Absent		

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC009



Dr. Gopi Davara
MBBS DCP

Fasting Urine Sugar Nil

Post Prandial Urine Sugar Nil

Patient Name	: Mr. MAHESH RAJAK	Age / Gender	: 48Y/Male
UHID/MR No.	: FVAD.0000042325	OP Visit No	: FVADOPV22463
Visit Date	: 18-03-2023 09:22	Reported on	: 18-03-2023 10:28
Sample Collected on	: 18-03-2023 10:08	Specimen	: Urine
Ref Doctor	: SELF	Pres Doctor:	:
Emp/Auth/TPA ID	: bobE33162		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

Sample Type: Urine

Test	Result
Urine Routine And Microscopy	
PHYSICAL EXAMINATION:	
Volume of urine	30Millilitre
Colour	Yellow
Specific Gravity	1.015
Deposit	Absent
Appearance	Clear
pH	6.0
Chemical Examination	
Protein	Nil
Sugar	Nil
Ketone Bodies	Nil
Bile Salts	Negative
Bile Pigments	Negative
Urobilinogen	Normal(< mg/dl)
Microscopic Examination	
Pus Cell	1-2/hpf
Red Blood Cells	Nil
Epithelial Cells	2-3/hpf
Cast	Nil
Crystals	Nil

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC017


 Dr. Gopi Davara
 MBBS DCP



TEST REPORT

Reg. No. : 30301010349 Reg. Date : 18-Mar-2023 12:20 Collected On : 18-Mar-2023 12:20
 Name : Mr. MAHESH RAJAK Approved On : 18-Mar-2023 13:33
 Age : 48 Years Gender : Male Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SCIENTIFIC REMEDIES AND HEALTHCARE PVT. LTD. @ SAMA

Test Name	Results	Units	Bio. Ref. Interval
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HEMOGLOBIN A1 C

HbA1c <i>HPLC</i>	4.70	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
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Mean Blood Glucose 88 mg/dL
Method: Calculated

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 *Or
- Fasting plasma glucose > 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
- Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
- Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP) .

This is an electronically authenticated report.

Test done from collected sample.



TEST REPORT

Name : Mr. MAHESH RAJAK	Reg. No : 3032000793
Age/Sex : 48 Years / Male	Reg. Date : 18-Mar-2023 10:51 AM
Ref. By :	Collected On : 18-Mar-2023
Client Name : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TSH *	3.835	µIU/ml	0.55 - 4.78
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

T3 (Triiodothyronine) *	1.16	ng/mL	0.58 - 1.59
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CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

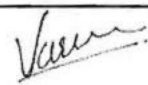
In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins,especially TBG.

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

Print ON : 18-Mar-2023 03:34 PM



Dr. Varun Gohil
Consultant Pathologist



TEST REPORT

Name : Mr. MAHESH RAJAK	Reg. No : 3032000793
Age/Sex : 48 Years / Male	Reg. Date : 18-Mar-2023 10:51 AM
Ref. By :	Collected On : 18-Mar-2023
Client Name : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) *	0.87	ng/mL	0 - 4
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY
Sample Type:Serum

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

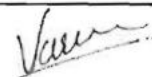
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Report Status : **Final**

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Print ON : 18-Mar-2023 03:34 PM



Dr. Varun Gohil
Consultant Pathologist

Patient Name: Mr. MAHESH RAJAK
Visit No: FVADOPV22463
Cond Doctor: Dr. Mayur Patel
Referred By: SELF


MR No: FVAD.0000042325
Age/Gender: 48 Y/M
Conducted Date: 18-03-2023 13:46
Prescribing Doctor:

ECCG

RESULTS

1. The rhythm is sinus
2. Heart rate is 69 beats per minute
3. Normal P,QRS,T wave axis
4. Normal PR,QRS,QT duration
5. No pathological Q wave or ST - T changes seen
6. No evidence of chamber hypertrophy or enlargement seen

IMPRESSION : Within Normal Limits.


Dr. Mayur Patel
MD(Physician)

195 18/03/23 09:10

HR : 69 bpm

APOLLO CLINIC .VADODARA

Room :2 Dep:OPD

ID :0

Name :MAHESH RAJAK

Gender :M Age :048 (Yrs)

Height :000 (cm) Weight:000(Kg)

Axis (deg)

P : 9

QRS: 10

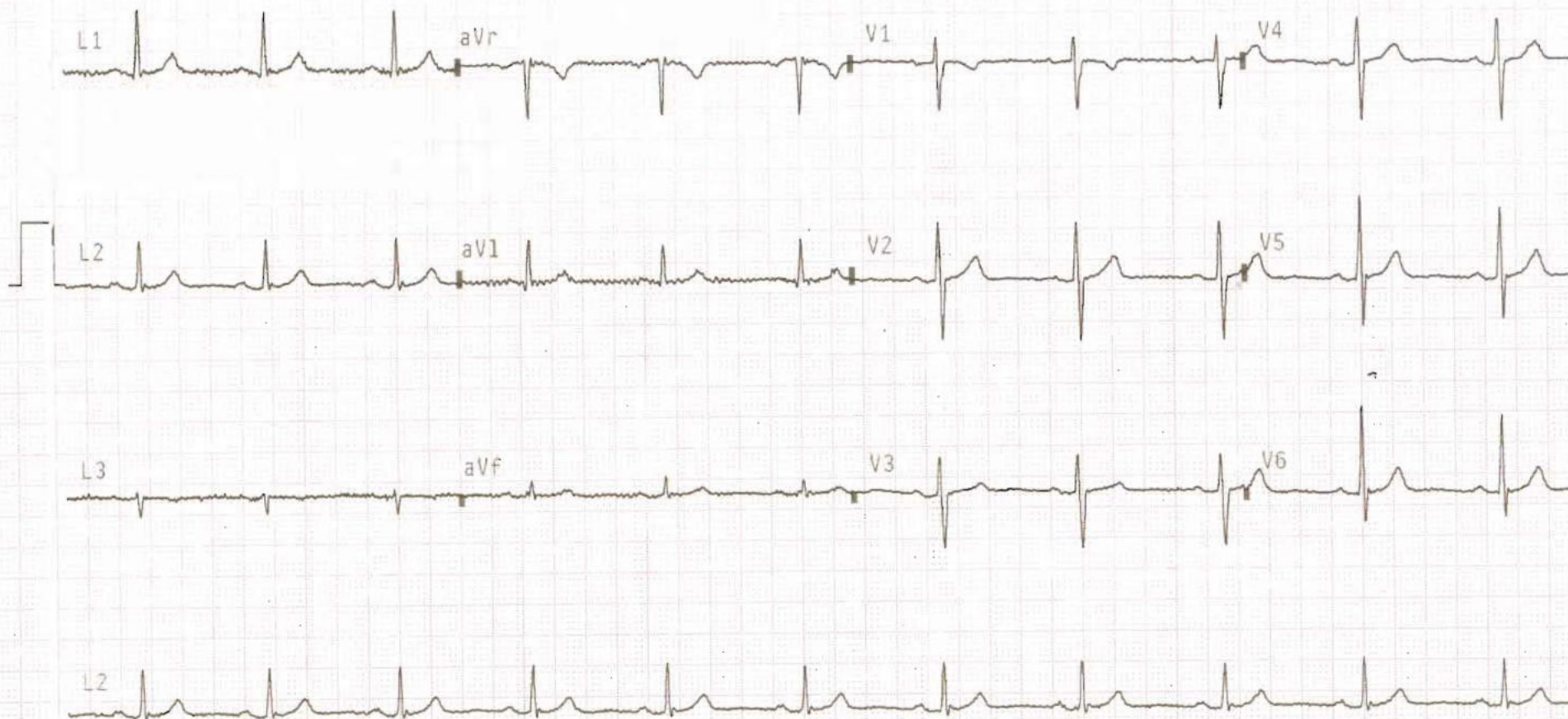
T : 15

Intervals (msec)

PR:169, QRS: 84

QT:352, QTc:378

ST: 53



ECHOCARDIOGRAPHY AND COLOR DOPPLER SCREENING REPORT

NAME : MAHESH RAJAK

AGE/SEX:48YRS/MALE

DATE: 18/03/2023

OBSERVATIONS:

- NORMAL LV SIZE WITH GOOD SYSTOLIC FUNCTION.
- LVEF 60% (VISUAL).
- NO E/O DIASTOLIC DYSFUNCTION.
- NO RWMA AT REST.
- NORMAL MITRAL VALVE: NO MR, NO MS
- NO AR: NO AS
- TRIVIAL TR, MILD PAH, PASP 32 MMHG
- NORMAL RA, RV WITH GOOD REV FUNCTION
- INTACT IAS/IVS.
- NO E/O CLOT OR VEGETATION
- PERICARDIUM NORMAL

AO-25MM ; LA-29MM ; IVS-12/15MM ; LV-36/22MM ; LVPW-11/13MM

FINAL IMPRESSION: NORMAL LV SIZE WITH GOOD LV SYSTOLIC FUNCTION
NO E/O DIASTOLIC DYSFUNCTION PRESENT.
TRIVIAL TR, MILD PAH
LVEF 60% (VISUAL)


DR MAYUR PATEL
MD (PHYSICIAN), PGCCC
Fellow in Echocardiography
(Dr. Randhawa's Institute, Delhi)

NOT VALID FOR MEDICOLEGAL PURPOSE

Name : MAHESH RAJAK

Date: 18/03/23

Age: 48YRS

Sex: MALE

USG WHOLE ABDOMEN

Liver is Fatty (16.9cm) and shows normal echotexture. No focal lesion or dilatation of intrahepatic biliary radicles is seen. Intrahepatic portal venous radicles and hepatic veins appear normal. Porta hepatis reveals no abnormality.

Gall bladder appears normal in size (7.2x1.7cm). No evidence of calculus, mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.

Pancreas is normal in size (Head 1.7cm and Body 1.2cm) and echotexture. No evidence of mass or change in echogenecity is seen. Pancreatic duct is not dilated.

Spleen is normal and size (10.1cm). Portal and splenic veins are normal in calibre.

Both kidneys are normal in size (RK 10.7cm and LK 9.6cm), shape, position and movements. RK shows 25mm cyst at interpolar region.. Both kidneys show good corticomedullary differentiation and cortical thickness. No calculus, hydronephrosis, mass, or scarring is seen on both sides.

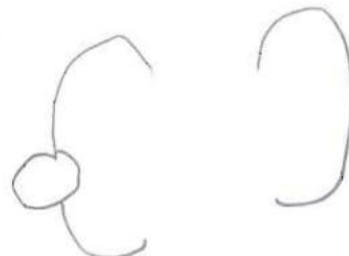
Urinary bladder is normal. No calculus, filling defect, mass or diverticular noted.

Prostate size (3.2x4x3.9cm Vol. 27cc) and shape normal. No fluid seen in pelvis.

**IMPRESSION: Fatty Liver . Right renal cyst as described .
Remaining abdomen normal.**


Dr. H. M. PATEL
Consultant Radiologist

renal
cyst



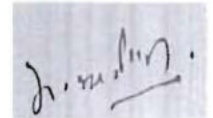
Patient Name	: Mr. MAHESH RAJAK	MR No	: FVAD.0000042325
Age/Sex	: 48 Y/M	Visit No	: FVADOPV22463
Pres Doctor	:	Bill Date	: 18-03-2023 09:22
Ref.by	: SELF	Report Date	: 18-03-2023 13:41

CHEST X- RAY (PA VIEW)

Both lung fields show normal markings.
No evidence of collapse or consolidation is seen.
Both costophrenic recesses appear normal.
Cardiac size appears normal.
Central pulmonary vessels appear normal.
Domes of diaphragm appear normal.

IMPRESSION: NORMAL X-RAY CHEST

Technician



Dr. Harshavadan M. Patel
M.B.B.S (DMRD)
Consultant Radiologist