

Name: Vikash Kumar

UHID: 42575

Date: 08/04/23

Date of Birth: 19/01/91

Age: 32years

Sex: Male

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

Medical Summary

Vision Check:

Color vision: Normal without glasses

Far vision: Normal without glasses

Near vision: Normal without glasses

Dental Consultation:

On examination:

Calculus ++ Stain +++

OSMF Stage II , History of Chewing supari

Advice: Scaling and polishing,

Habit Counseling .


Dr Rushda Malek
Consultant Dentist

Apollo Clinic, Vadodara

Scientific Remedies & Healthcare Pvt. Ltd.

1 Cosmic enclave, Opp. SBI bank (Sama Branch), Near GIPCL Circle, Sama, Vadodara 390 008, Gujarat, India
Phone : 0265-2780030/40 • Mob. : 7228995959 • Email : vadodara@theapolloclinic.com • Website : theapolloclinic.com

Patient Name : Mr. Vikash Kumar
 PHID/MR No. : FVAD.0000042575
 Visit Date : 08-04-2023 08:59
 Sample Collected on : 08-04-2023 10:32
 Ref Doctor : SELF
 Emp/Auth/TPA ID : bobE36457
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 32Y/Male
 OP Visit No : FVADOPV22749
 Reported on : 08-04-2023 10:56
 Specimen : EDTA Blood
 Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD GROUP AND RH TYPE			
BLOOD GROUP AND RH TYPE Method: Slide Test	O POSITIVE		
HAEMOGRAM			
HAEMOGLOBIN Method: Non Cyanide,SlS Based	14.2	13 - 17	gm/dl
RBC COUNT Method: Electrical Impedence	4.84	4.5 - 5.5	Mil/Cumm
HEMATOCRIT(PCV) Method: Cumulative Pulse	45.3	40 - 50	%
MCV Method: Calculated	93.6	83 - 101	fl
MCH Method: Calculated	29.3	27 - 32	pg
MCHC Method: Calculated	31.3*	31.5 - 34.5	%
RDW	13.8	11.6 - 14	%
TOTAL WBC COUNT Method: Electrical Impedence	6000		/cumm
NEUTROPHIL Method: Microscopy	48	40 - 80	%
LYMPHOCYTE Method: Microscopy	44*	20 - 40	%
EOSINOPHIL Method: Microscopy	04	1 - 6	%
MONOCYTE	04		%
BASOPHIL Method: Microscopy	00	<1 - 2	%
PLATELET COUNT Method: Electrical Impedence	150000	150000 - 400000	/cumm
ESR Method: Auto	08	0 - 20	mm/hr

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC009


Dr. Gopi Davara

Apollo Clinic, Vadodara

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Patient Name : Mr. Vikash Kumar	Age / Gender : 32Y/Male
UHID/MR No. : FVAD.0000042575	OP Visit No : FVADOPV22749
Visit Date : 08-04-2023 08:59	Reported on : 08-04-2023 14:31
Sample Collected on : 08-04-2023 10:32	Specimen : Serum
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : bobE36457	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
HDL	56	30 - 70	
VLDL	16.6	7 mg/dl -35mg/dl	mg/dl
Method: Calculated			mg/dl
RATIO OF CHOLESTEROL / HDL	2.5	0 - 4.5	
Method: Calculated			
CHOLESTEROL	145	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Method: CHOD - PAP			
LDL	72.4	60 - 150 mg/dl	
Method: Calculated.			
Triglyceride	83	50 - 200	mg/dl
Method: GPO- TOPS			
LDL/HDL:	1.2*	2.5 - 3.5	mg/dl
Method: Calculated			
KFT - RENAL PROFILE-SERUM			
CREATININE	0.98	0.5-1.5	mg/dl
Method: Jaffe			
Urea	19.9	10 - 50	mg/dl
Method: NED-DYE			
Uric Acid	4.83	3.5 - 7.2	mg/dl
Method: URICASE -PAP			
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL	0.95	0.1 - 1.2	mg/dL
Method: Daizo			
BILIRUBIN - INDIRECT	0.55	0.1 - 1.0	mg/dL
Method: Calculated			
TOTAL-PROTIEN:	7.28	Adult: 6.6 - 8.8	gm/dL
Method: Photometric UV test			
ALBUMIN:	4.26	3.5 - 5.2	gm/dL
Method: BCG			
A/G	1.41	1.0 - 2.0	
Method: Calculated			
SGOT /AST.	35		IU/l
Method: IFCC			
ALKA-PHOS	190		U/L
Method: IFCC			
BILIRUBIN - DIRECT	0.40	0-0.5	mg/dL
Method: Daizo			
SGPT/ALT	38	0 - 40	U/L
Method: Daizo			
GGT.	27	10 - 50	U/L

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Patient Name	: Mr. Vikash Kumar	Age / Gender	: 32Y/Male
UHID/MR No.	: FVAD.0000042575	OP Visit No	: FVADOPV22749
Visit Date	: 08-04-2023 08:59	Reported on	: 08-04-2023 11:45
Sample Collected on	: 08-04-2023 10:32	Specimen	: Urine
Ref Doctor	: SELF	Pres Doctor:	:
Emp/Auth/TPA ID	: bobE36457		
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	25Millilitre
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
VAC009


Dr. Gopi Davara
MBBS DCP



TEST REPORT

Reg. No. : 30401003783 Reg. Date : 08-Apr-2023 11:58 Collected On : 08-Apr-2023 11:58
 Name : Mr. VIKASH KUMAR Approved On : 08-Apr-2023 13:08
 Age : 32 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
HEMOGLOBIN A1 C			
HbA1c <i>HPLC</i>	5.80	%	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
Mean Blood Glucose <i>Method: Calculated</i>	120	mg/dL	
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 >= 200mg/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.

Apollo Clinic, Vadodara

Dr. Vaishali Bhatt

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TEST REPORT

Name : Mr. VIKASHKUMAR	Reg. No : 3042000264
Age/Sex : 32 Years / Male	Reg. Date : 08-Apr-2023 09:53 AM
Ref. By :	Collected On : 08-Apr-2023
Client Name : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TSH * <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.597	µIU/ml	0.55 - 4.78
---	-------	--------	-------------

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

Referance : 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) * <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	1.05	ng/mL	0.58 - 1.59
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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



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TEST REPORT

Name : Mr. VIKASHKUMAR
Age/Sex : 32 Years / Male
Ref. By :
Client Name : Apollo Clinic

Reg. No : 3042000264
Reg. Date : 08-Apr-2023 09:53 AM
Collected On : 08-Apr-2023

T4 (Thyroxine) * 9.55 µg/dL 4.50 - 12.60
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY
Sample Type: Serum

Thyroxin (T4) 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, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- 1.The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites
- 2.F T4 values may be decreased in patients taking carbamazepine.
- 3.Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

----- End Of Report -----

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TEST REPORT

Name : Mr. VIKASHKUMAR
Age/Sex : 32 Years / Male
Ref. By :
Client Name : Apollo Clinic
Reg. No : 3042000264
Reg. Date : 08-Apr-2023 09:53 AM
Collected On : 08-Apr-2023

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) * <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small> <u>Sample Type: Serum</u>	0.95	ng/mL	0 - 4
--	------	-------	-------

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.

----- End Of Report -----

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Patient Name: Mr. Vikash Kumar
Visit No: FVADOPV22749
Cond Doctor: Dr. Mayur Patel
Referred By: SELF


MR No: FVAD.0000042575
Age/Gender: 32 Y/M
Conducted Date: 08-04-2023 11:23
Prescribing Doctor:

ECG

RESULTS

1. The rhythm is sinus
2. Heart rate is 66 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)

Apollo Clinic, Vadodara

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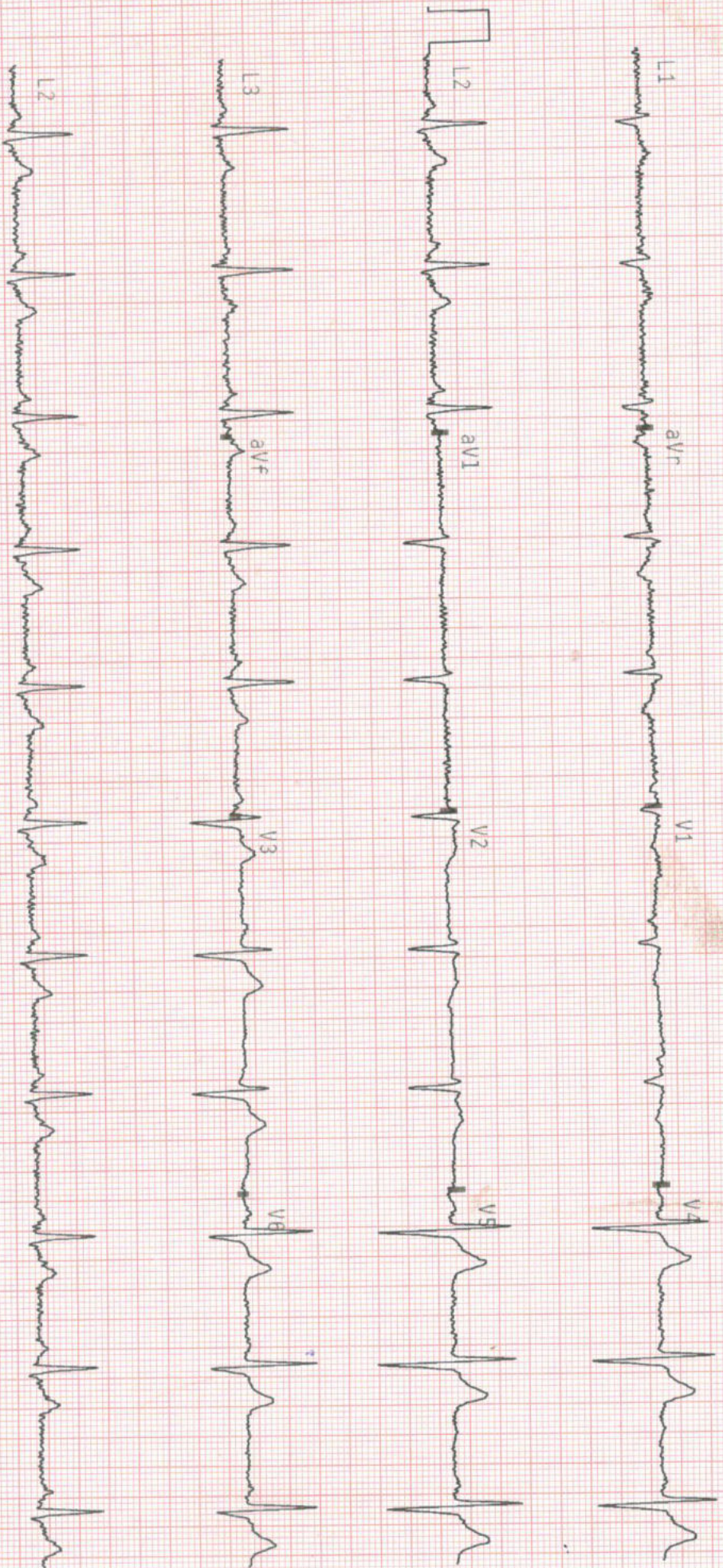
HR : 66 bpm

BPL - 02

505 08/04/23 08:56
APOLLO CLINIC, VADDODARA
Room : 2 Dep: OPD
ID : 0
Name : VIKASH KUMAR
Gender : M Age : 032 (Yrs)
Height : 000 (cm) Weight: 000 (kg)

Axes (deg)
P : 81
QRS: -79
T : 80

Intervals (msec)
PR: 162, QRS: 112
QT: 344, QTc: 361
ST: 82



(v:2.19) 25 mm/s 10 mm/mV

Handwritten signature

ECHOCARDIOGRAPHY AND COLOR DOPPLER SCREENING REPORT

NAME : VIKASH KUMAR

AGE/SEX:32YRS/MALE

DATE: 08/04/2023

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
- NO TR, NO PAH
- NORMAL RA, RV WITH GOOD REV FUNCTION
- INTACT IAS/IVS.
- NO E/O CLOT OR VEGETATION
- PERICARDIUM NORMAL

AO-32MM ; LA-28MM ; IVS-10/14MM ; LV-41/25MM ; LVPW-12/14MM

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

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

NOT VALID FOR MEDICOLEGAL PURPOSE

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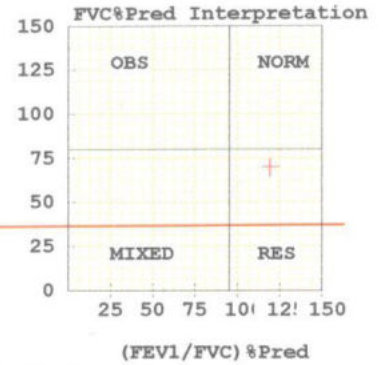
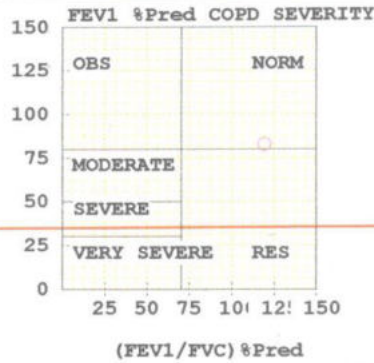
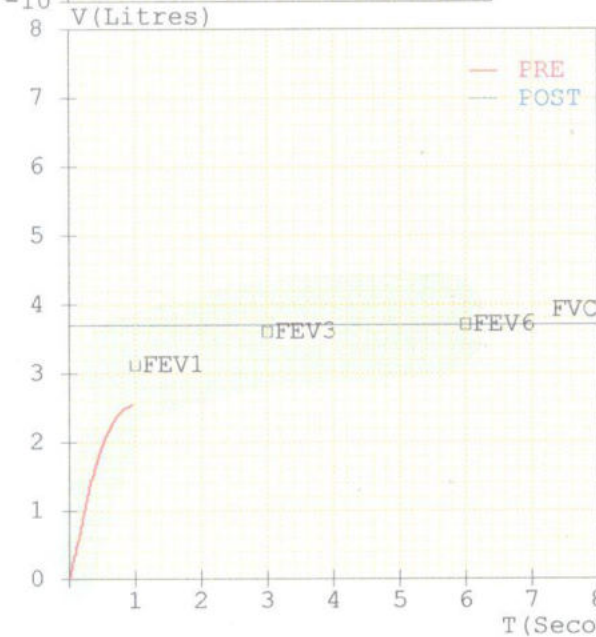
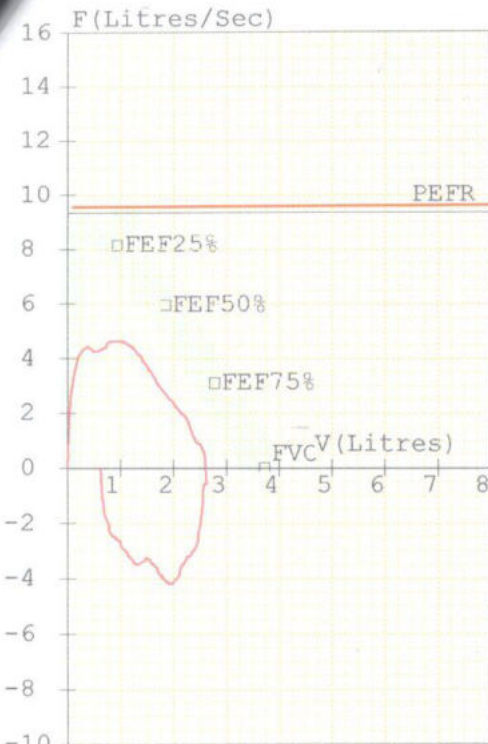
RECORDERS & MEDICARE SYSTEMS

181/5, Phase-I, Industrial Area, Chandigarh-160002



VIKAS KUMAR
 by:
 Eqns: RECORDERS
 : 08-Apr-2023 10:29 AM

Age : 32 Years Gender : Male
 Height : 173 Cms Smoker : No
 Weight : 84 Kgs Eth. Corr: 100
 ID: 986 Temp :



Spirometry (FVC Results)

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	03.71	02.59	070	---	---	---
FEV1 (L)	03.12	02.59	083	---	---	---
FEV1/FVC (%)	84.10	100.00	119	---	---	---
FEF25-75 (L/s)	04.36	03.77	086	---	---	---
PEFR (L/s)	09.34	04.62	049	---	---	---
FIVC (L)	---	01.99	---	---	---	---
FEV.5 (L)	---	01.96	---	---	---	---
FEV3 (L)	03.60	02.59	072	---	---	---
PIFR (L/s)	---	04.15	---	---	---	---
FEF75-85 (L/s)	---	02.10	---	---	---	---
FEF.2-1.2 (L/s)	07.59	04.35	057	---	---	---
FEF 25% (L/s)	08.14	04.29	053	---	---	---
FEF 50% (L/s)	05.94	04.24	071	---	---	---
FEF 75% (L/s)	03.09	02.48	080	---	---	---
FEV.5/FVC (%)	---	75.68	---	---	---	---
FEV3/FVC (%)	97.04	100.00	103	---	---	---
FET (Sec)	---	00.98	---	---	---	---
ExplTime (Sec)	---	00.09	---	---	---	---
Lung Age (Yrs)	032	037	116	---	---	---
FEV6 (L)	03.71	---	---	---	---	---
FIF25% (L/s)	---	00.90	---	---	---	---
FIF50% (L/s)	---	03.33	---	---	---	---
FIF75% (L/s)	---	03.75	---	---	---	---

Pre Test COPD Severity

Test within normal limits

Pre Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <80

Name : VIKASH KUMAR

Date: 08/04/23

Age: 32YRS

Sex: MALE

USG WHOLE ABDOMEN

Liver is normal (14.2cm) 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 (6.1x2cm). No evidence of calculus, mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.

Pancreas is normal in size (Head 1.8cm and Body 1.4cm) and echotexture. No evidence of mass or change in echogenecity is seen. Pancreatic duct is not dilated.

Spleen is normal and size (10.3cm). Portal and splenic veins are normal in calibre.

Both kidneys are normal in size (RK 10.9cm and LK cm), shape, position and movements. Both kidneys show good corticomedullary differentiation and cortical thickness. No calculus, hydronephrosis, mass, cyst or scarring is seen on both sides.

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

Prostate size (3.6x3.5x3.4 cm Vol. 26cc) and shape normal. No fluid seen in pelvis.

IMPRESSION: Normal sonography of whole abdomen.



Dr. H. M. PATEL
Consultant Radiologist

Apollo Clinic, Vadodara

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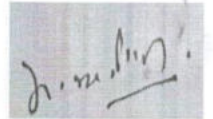
MR No : FVAD.0000042575
Visit No : FVADOPV22749
Bill Date : 08-04-2023 08:59
Report Date : 08-04-2023 11:21

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

