

Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 03:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

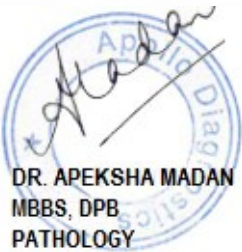
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 03:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

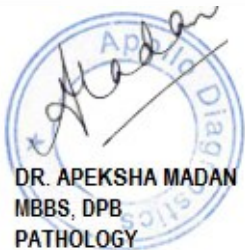
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	48.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.39	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	11.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,040	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62	%	40-80	Electrical Impedance
LYMPHOCYTES	29	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4364.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2041.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	352	Cells/cu.mm	20-500	Calculated
MONOCYTES	281.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
PLATELET COUNT	255000	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

Page 2 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240079449

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

Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.0000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 03:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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


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

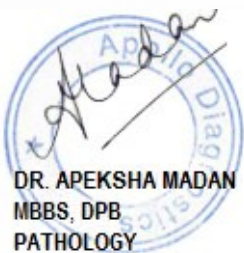


Patient Name : Mr.W. TEMSHIBA AO	Collected : 23/Mar/2024 09:20AM
Age/Gender : 36 Y 11 M 17 D/M	Received : 23/Mar/2024 12:05PM
UHID/MR No : STAR.0000062174	Reported : 23/Mar/2024 04:28PM
Visit ID : STAROPV68487	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8135951564	

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:BED240079449

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

Patient Name : Mr.W. TEMSHIBA AO	Collected : 23/Mar/2024 06:20PM
Age/Gender : 36 Y 11 M 17 D/M	Received : 23/Mar/2024 06:38PM
UHID/MR No : STAR.0000062174	Reported : 23/Mar/2024 07:51PM
Visit ID : STAROPV68487	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8135951564	

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	104	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)	103	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.W. TEMSHIBA AO	Collected : 23/Mar/2024 09:20AM
Age/Gender : 36 Y 11 M 17 D/M	Received : 23/Mar/2024 03:52PM
UHID/MR No : STAR.000062174	Reported : 23/Mar/2024 04:12PM
Visit ID : STAROPV68487	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8135951564	

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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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: EDT240036391

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:

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

Patient Name : Mr.W. TEMSHIBA AO	Collected : 23/Mar/2024 09:20AM
Age/Gender : 36 Y 11 M 17 D/M	Received : 23/Mar/2024 01:01PM
UHID/MR No : STAR.0000062174	Reported : 23/Mar/2024 05:54PM
Visit ID : STAROPV68487	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8135951564	

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	222	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	206	mg/dL	<150	
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	185	mg/dL	<130	Calculated
LDL CHOLESTEROL	143.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	41.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.00		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.39		<0.11	Calculated

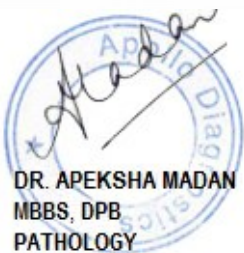
Comment:

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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine



Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.0000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

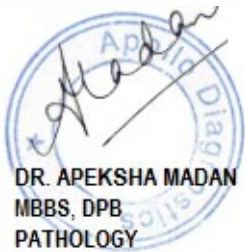
Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 01:01PM
Reported : 23/Mar/2024 05:54PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

eligibility of drug therapy.

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 01:01PM
Reported : 23/Mar/2024 06:27PM
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	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	68	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	41.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	97.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	2.04		0.9-2.0	Calculated

Kindly correlate clinically.

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:

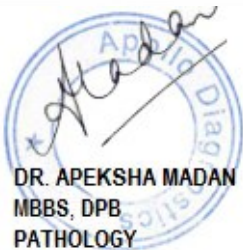
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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 9 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04672558

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

Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564


Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 01:01PM
Reported : 23/Mar/2024 06:27PM
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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.76	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	33.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	15.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	4.0-7.0	URICASE
CALCIUM	10.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	97	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	2.04		0.9-2.0	Calculated

Kindly correlate clinically.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04672558

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

Patient Name : Mr.W. TEMSHIBA AO
 Age/Gender : 36 Y 11 M 17 D/M
 UHID/MR No : STAR.000062174
 Visit ID : STAROPV68487
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8135951564


Collected : 23/Mar/2024 09:20AM
 Received : 23/Mar/2024 01:01PM
 Reported : 23/Mar/2024 06:27PM
 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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	142.00	U/L	16-73	Glycylglycine Kinetic method

Kindly correlate clinically.

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04672558

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

Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 11:44AM
Reported : 23/Mar/2024 02:20PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

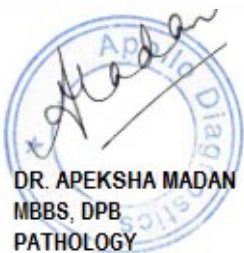
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.16	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.450	µIU/mL	0.25-5.0	ELFA

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



Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 03:30PM
Reported : 23/Mar/2024 05:56PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

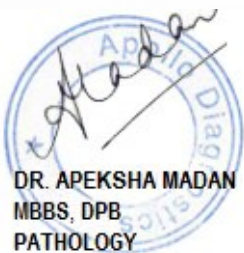
DEPARTMENT OF CLINICAL PATHOLOGY

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	CLEAR		CLEAR	Visual
pH	6.5		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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/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 ***

Page 13 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2313817

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

Dear W. Temshiba,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-03-23** at **09:00-09:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.



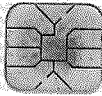
**INDIAN UNION DRIVING LICENCE
GOVERNMENT OF NAGALAND**

Form 7 rule 16(2)

DL No. : **NL-0120190053409**

Date Of Issue. **07/02/2019**

NAME : **W.TEMSHIBA AO**



S/o **J. WATIYANGBA AO**

Date Of Birth **06/04/1987**

ADDRESS : **H.NO-126 SEC-3 LERIE
COLONY KOHIMA NAGALAND
797001**



Blood Grp : **B+ve**

Authorised to drive the following vehicle class throughout India

MCWG	LMV		
07/02/2019	07/02/2019		

Licence holder's Sig.

Valid Upto **05/04/2037 (NT)**

Licensing Authority

District Transport Office, Kohima

Date : 23/3/2024
 MRNO : 62174
 Name : MR. W. Temshiba AO
 Age/Gender : 36 yrs / male
 Mobile No :
 Passport No :
 Aadhar number :

OUT-PATIENT RECORD

Pulse : 64/min	B.P : 130/90	Resp : 22/min	Temp : 37
Weight : 82.5 kg	Height : 166 cm	BMI : 29.9	Waist Circum : 90 cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Lipids ↑ SGOPTA
 1) Avoid oil/ghee
 2) morning walk 45 min daily
 3) Repeat Lipid / LFT after 2 months
 Physically fit



Dr. (Mrs.) J. S. ... M.D. (M.D.)
 Physician & Cardiologist
 Reg. No. 55942

[Handwritten Signature]
 Doctor Signature

Follow up date:

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
 Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
 (Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
 Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.0000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 03:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

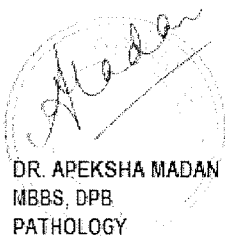
WBC : Normal in number, morphology and distribution. No abnormal cells seen

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:BED240079449



Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.0000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 03:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

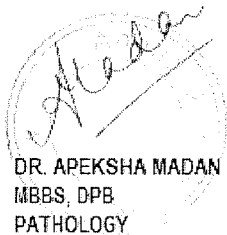
Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	48.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.39	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	11.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,040	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62	%	40-80	Electrical Impedance
LYMPHOCYTES	29	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4364.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2041.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	352	Cells/cu.mm	20-500	Calculated
MONOCYTES	281.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.14		0.78- 3.53	Calculated
PLATELET COUNT	255000	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

Page 2 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240079449

Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.0000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 03:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

Page 3 of 13



DR. APEKSHA MADAN
MBBS, DPB,
PATHOLOGY

SIN No:BED240079449



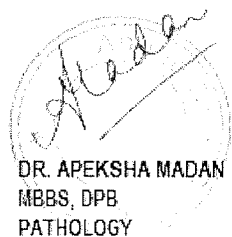
Patient Name : Mr.W. TEMSHIBA AO
 Age/Gender : 36 Y 11 M 17 D/M
 UHID/MR No : STAR.0000062174
 Visit ID : STAROPV68487
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
 Received : 23/Mar/2024 12:05PM
 Reported : 23/Mar/2024 04:28PM
 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 Forward & Reverse Grouping with Slide/Tube Agglutination
Rh TYPE	POSITIVE			



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY



SIN No:BED240079449

TOUCHING LIVES
 Patient Name : Mr.W. TEMSHIBA AO
 Age/Gender : 36 Y 11 M 17 D/M
 UHID/MR No : STAR.0000062174
 Visit ID : STAROPV68487
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 06:20PM
 Received : 23/Mar/2024 06:38PM
 Reported : 23/Mar/2024 07:51PM
 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	104	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:

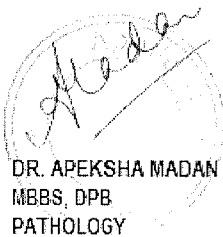
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	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:PLP1436813

Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.0000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 03:52PM
Reported : 23/Mar/2024 04:12PM
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				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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: EDT240036391

TOUCHING LIVES
Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.0000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 01:01PM
Reported : 23/Mar/2024 05:54PM
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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	222	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	206	mg/dL	<150	
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	185	mg/dL	<130	Calculated
LDL CHOLESTEROL	143.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	41.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.00		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.39		<0.11	Calculated

Comment:

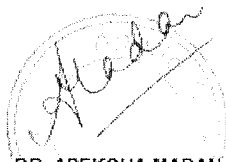
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

Page 7 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04672558



Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.0000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 01:01PM
Reported : 23/Mar/2024 05:54PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

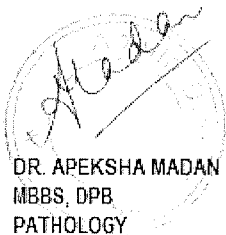
DEPARTMENT OF BIOCHEMISTRY

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

eligibility of drug therapy.

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Page 8 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04672558

Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.0000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 01:01PM
Reported : 23/Mar/2024 06:27PM
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	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	68	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	41.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	97.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	2.04		0.9-2.0	Calculated

Kindly correlate clinically.

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:

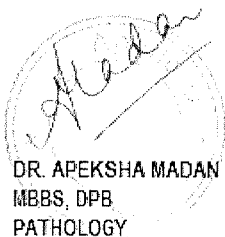
1. Hepatocellular Injury:

- 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.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



TOUSHING LIVES

Patient Name : Mr.W. TEMSHIBA AO
 Age/Gender : 36 Y 11 M 17 D/M
 UHID/MR No : STAR.0000062174
 Visit ID : STAROPV68487
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8135951564

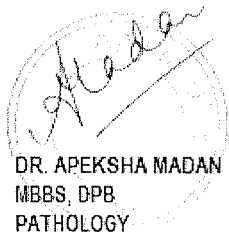
Collected : 23/Mar/2024 09:20AM
 Received : 23/Mar/2024 01:01PM
 Reported : 23/Mar/2024 06:27PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.76	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	33.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	15.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	4.0-7.0	URICASE
CALCIUM	10.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	97	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.50	g/dL	6.7-8.3	BIURET
ALBUMIN	5.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	2.04		0.9-2.0	Calculated

Kindly correlate clinically.



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY



SIN No:SE04672558

TOUSHILGALIVES
 Patient Name : Mr.W. TEMSHIBA AO
 Age/Gender : 36 Y 11 M 17 D/M
 UHID/MR No : STAR.0000062174
 Visit ID : STAROPV68487
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8135951564

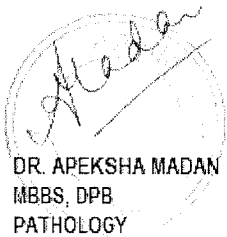
Collected : 23/Mar/2024 09:20AM
 Received : 23/Mar/2024 01:01PM
 Reported : 23/Mar/2024 06:27PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	142.00	U/L	16-73	Glycylglycine Kinetic method

Kindly correlate clinically.



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY



SIN No:SE04672558

Patient Name : Mr.W. TEMSHIBA AO
Age/Gender : 36 Y 11 M 17 D/M
UHID/MR No : STAR.0000062174
Visit ID : STAROPV68487
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8135951564

Collected : 23/Mar/2024 09:20AM
Received : 23/Mar/2024 11:44AM
Reported : 23/Mar/2024 02:20PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

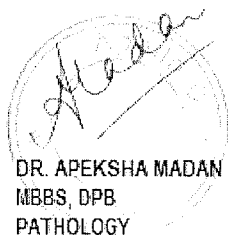
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-ODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.16	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.450	µIU/mL	0.25-5.0	ELFA

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24053241

Patient Name : Mr.W. TEMSHIBA AO
 Age/Gender : 36 Y 11 M 17 D/M
 UHID/MR No : STAR.0000062174
 Visit ID : STAROPV68487
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8135951564

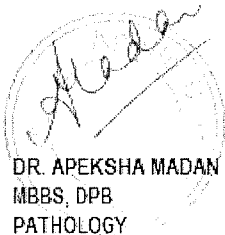
Collected : 23/Mar/2024 09:20AM
 Received : 23/Mar/2024 03:30PM
 Reported : 23/Mar/2024 05:56PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	CLEAR		CLEAR	Visual
pH	6.5		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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/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 ***

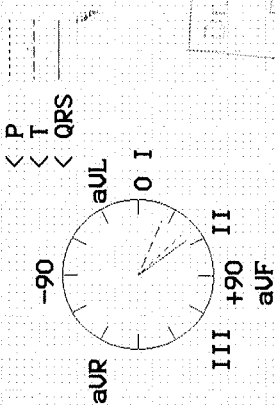
DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:UR2313817

Measurement Results:

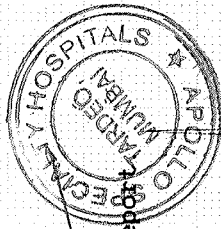
QRS : 98 ms
 QT/QTcB : 378 / 393 ms
 PR : 130 ms
 P : 102 ms
 RR/PP : 918 / 920 ms
 P/QRS/T : 47 / 54 / 24 degrees

Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

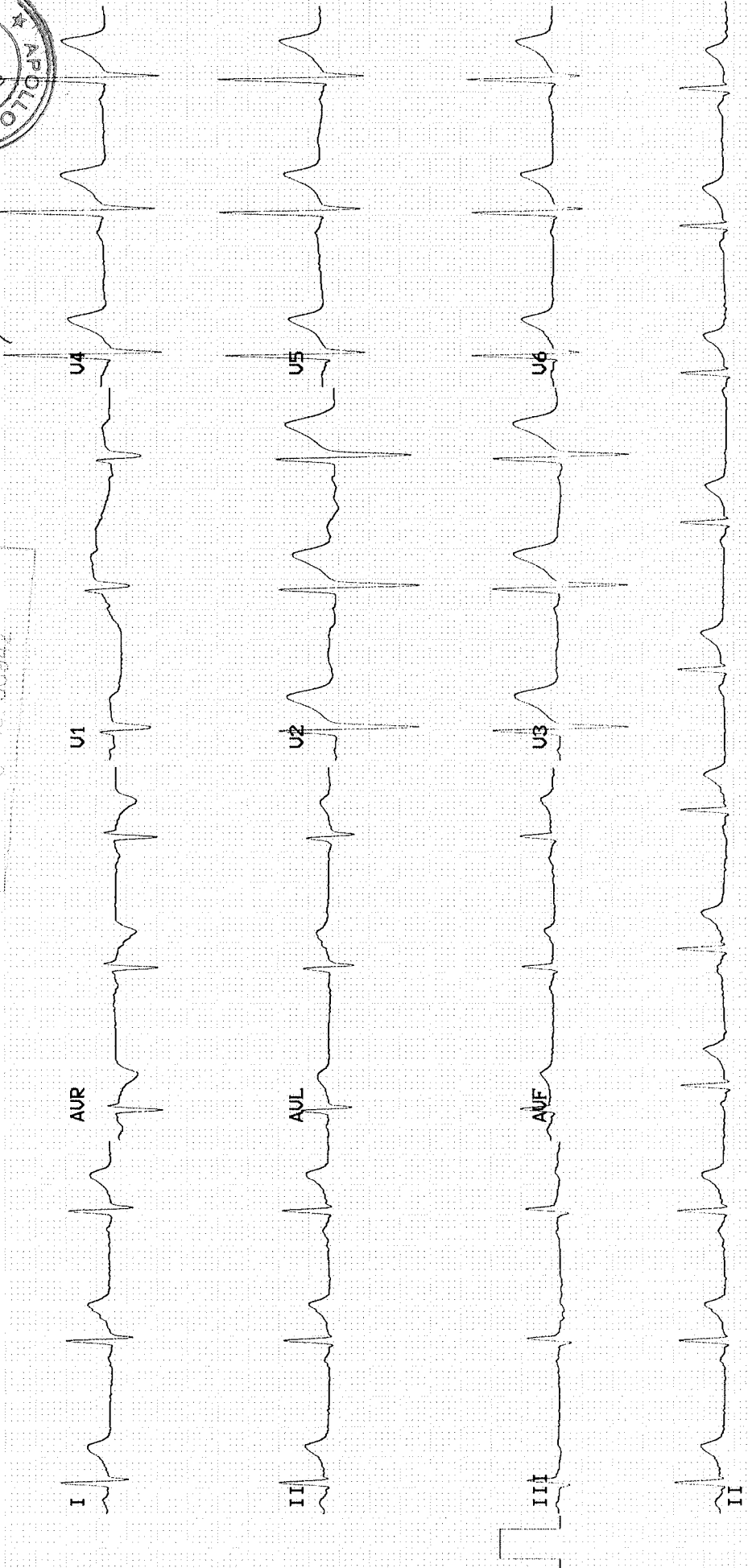


Dr. Nirmal Dinkar

DR. (MRS) CHHAYATKUMAR
 M.D. (MUM)
 Physician & Cardiologist
 Reg. No. 56942



Unconfirmed report



Patient Name	: Mr. W. TEMSHIBA AO	Age	: 36 Y M
UHID	: STAR.0000062174	OP Visit No	: STAROPV68487
Reported on	: 25-03-2024 10:44	Printed on	: 25-03-2024 10:45
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:25-03-2024 10:44

---End of the Report---


Dr. VINOD SHETTY
Radiology

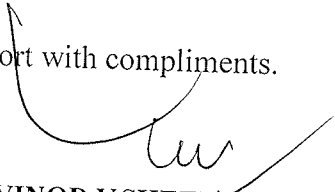
Patient Name : MR. W TEMSHIBA AO
Ref. By : HEALTH CHECK UP

Date : 23-03-2024
Age : 36 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 12.3 x 5.5 cms and the **LEFT KIDNEY** measures 12.5 x 5.8 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.
- The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.
- PROSTATE** : The prostate measures 3.0 x 2.6 x 2.7 cms and weighs 11.5 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. No other significant abnormality is detected.

Report with compliments.


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

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr. W. Themshiba AO
Age : 36 Year(s)

Date : 23/03/2024
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%).
Grade I 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 WITH GRADE I DD.


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

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr. W. Themshiba AO
Age : 36 Year(s)

Date : 23/03/2024
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	80mm/sec
EPSS	05mm
LA	34mm
AO	31mm
LVID (d)	42mm
LVID(s)	26mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

EYE REPORT

Name: *Temshika AO*

Date: *23/3/24*

Age /Sex: *36/M*

Ref No.:

Complaint: *Nil.*

*Ant-Seq: WNL
- 0.6.1-
FR+*

Examination

Vn 6/6 No

Spectacle Rx

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

Remarks:

Medications:

Trade Name	Frequency	Duration

Follow up:

Consultant:



Dr. Naoraj J. Bakhari (Mistry)
M.D., D.O.M.S. (GOLD MEDALIST)
Reg. No. 2012/10/2914
Mob:- 8850 1853 73

FOODS TO AVOID

Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.

Condense milk, concentrated milk sweets, butter, cheese, cream.

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

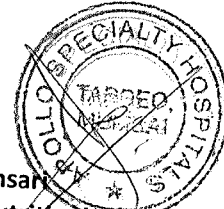
Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.



Fauziya Ansari
Clinical Nutritionist/Dietician
E: diet.trd@apollospectra.com
Cont.: 8452884100

ID *Mr. Temshiba Ao*
062174
 Age 36

Height 166cm
 Gender Male

Date 23. 3. 2024
 Time 09:55:21

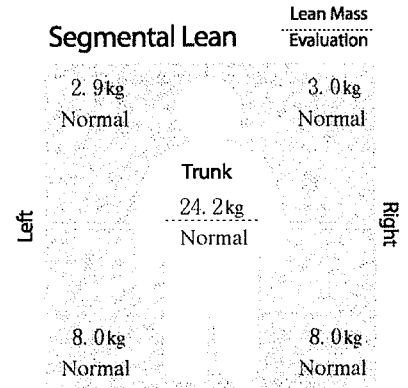
APOLLO SPECTRA HOSPITAL

Body Composition

	Under	Normal	Over	UNIT	Normal Range									
Weight	40	55	70	85	100	115	130	145	160	175	190	205	82.5 kg	51.5 ~ 69.7
Muscle Mass Skeletal Muscle Mass	60	70	80	90	100	110	120	130	140	150	160	170	28.2 kg	25.8 ~ 31.5
Body Fat Mass	20	40	60	80	100	160	220	280	340	400	460	520	32.2 kg	7.3 ~ 14.6
TBW Total Body Water	36.8 kg (34.1 ~ 41.7)				FFM Fat Free Mass	50.3 kg (44.3 ~ 55.2)								
Protein	10.1 kg (9.1 ~ 11.2)				Mineral*	3.39 kg (3.15 ~ 3.85)								

* Mineral is estimated.

Segmental Lean



Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	29.9	18.5 ~ 25.0
PBF Percent Body Fat (%)	39.1	10.0 ~ 20.0
WHR Waist-Hip Ratio	1.01	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1455	1733 ~ 2036

Nutritional Evaluation

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

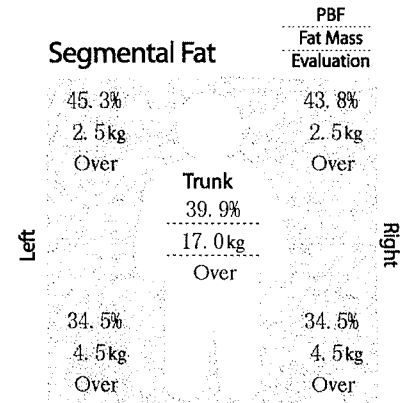
Weight Management

Weight	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

Obesity Diagnosis

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

Segmental Fat



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control + 1.3 kg Fat Control - 23.2 kg Fitness Score 56

Impedance

Z	RA	LA	TR	RL	LL
20kHz	319.2	333.8	30.4	265.6	264.7
100kHz	283.0	297.2	25.5	233.6	231.0

* 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: 82.5 kg / Duration: 30min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
165	289	248	289	269	289		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
186	248	289	413	157	186		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf		
413	413	413	248	289	145		
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of lower body muscle		

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: **Total energy expenditure (kcal/week) X 4weeks ÷ 7700**

Patient Name : Mr. W. TEMSHIBA AO

Age/Gender : 36 Y/M

UHID/MR No. : STAR.0000062174

OP Visit No : STAROPV68487

Sample Collected on :

Reported on : 25-03-2024 10:45

LRN# : RAD2278393

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8135951564

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. W. TEMSHIBA AO	Age/Gender	: 36 Y/M
UHID/MR No.	: STAR.0000062174	OP Visit No	: STAROPV68487
Sample Collected on	:	Reported on	: 23-03-2024 12:19
LRN#	: RAD2278393	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8135951564		

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 12.3 x 5.5 cms and the **LEFT KIDNEY** measures 12.5 x 5.8 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

PROSTATE : The prostate measures 3.0 x 2.6 x 2.7 cms and weighs 11.5 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.

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