

Patient Name : Mr.SHRIKANT R YADAV  
Age/Gender : 31 Y 10 M 26 D/M  
UHID/MR No : STAR.0000062169  
Visit ID : STAROPV68482  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : E-9982015876

Collected : 23/Mar/2024 10:12AM  
Received : 23/Mar/2024 12:05PM  
Reported : 23/Mar/2024 02:58PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

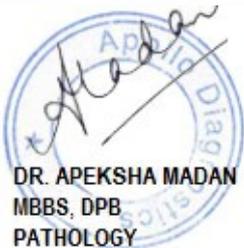
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



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**DEPARTMENT OF HAEMATOLOGY**

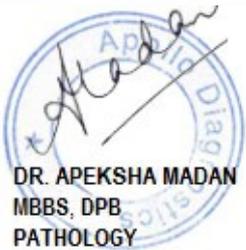
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name                                   | Result | Unit                    | Bio. Ref. Range | Method                    |
|---|--------|-------------------------|-----------------|---------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>          |        |                         |                 |                           |
| <b>HAEMOGLOBIN</b>                          | 16     | g/dL                    | 13-17           | CYANIDE FREE COLOUROMETER |
| PCV   | 49.20  | %                       | 40-50           | PULSE HEIGHT AVERAGE      |
| RBC COUNT                                   | 5.13   | Million/cu.mm           | 4.5-5.5         | Electrical Impedance      |
| MCV   | 95.9   | fL                      | 83-101          | Calculated                |
| MCH   | 31.2   | pg                      | 27-32           | Calculated                |
| MCHC  | 32.5   | g/dL                    | 31.5-34.5       | Calculated                |
| R.D.W                                       | 11.7   | %                       | 11.6-14         | Calculated                |
| TOTAL LEUCOCYTE COUNT (TLC)                 | 5,070  | cells/cu.mm             | 4000-10000      | Electrical Impedance      |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>  |        |                         |                 |                           |
| NEUTROPHILS                                 | 57     | %                       | 40-80           | Electrical Impedance      |
| LYMPHOCYTES                                 | 32     | %                       | 20-40           | Electrical Impedance      |
| EOSINOPHILS                                 | 05     | %                       | 1-6             | Electrical Impedance      |
| MONOCYTES                                   | 06     | %                       | 2-10            | Electrical Impedance      |
| BASOPHILS                                   | 00     | %                       | <1-2            | Electrical Impedance      |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>             |        |                         |                 |                           |
| NEUTROPHILS                                 | 2889.9 | Cells/cu.mm             | 2000-7000       | Calculated                |
| LYMPHOCYTES                                 | 1622.4 | Cells/cu.mm             | 1000-3000       | Calculated                |
| EOSINOPHILS                                 | 253.5  | Cells/cu.mm             | 20-500          | Calculated                |
| MONOCYTES                                   | 304.2  | Cells/cu.mm             | 200-1000        | Calculated                |
| Neutrophil lymphocyte ratio (NLR)           | 1.78   |                         | 0.78- 3.53      | Calculated                |
| <b>PLATELET COUNT</b>                       | 265000 | cells/cu.mm             | 150000-410000   | IMPEDENCE/MICROSCOPY      |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | 05     | mm at the end of 1 hour | 0-15            | Modified Westergren       |
| <b>PERIPHERAL SMEAR</b>                     |        |                         |                 |                           |

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 13

**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:BED240079989

**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  
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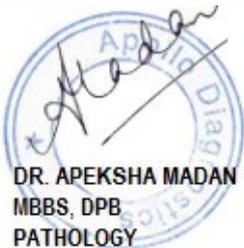


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| Patient Name : Mr.SHRIKANT R YADAV | Collected : 23/Mar/2024 10:12AM            |
| Age/Gender : 31 Y 10 M 26 D/M      | Received : 23/Mar/2024 12:05PM             |
| UHID/MR No : STAR.0000062169       | Reported : 23/Mar/2024 03:43PM             |
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**DEPARTMENT OF HAEMATOLOGY**

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| Test Name   | Result   | Unit | Bio. Ref. Range | Method   |
|---|----------|------|-----------------|--|
| <b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b> |          |      |                 |  |
| BLOOD GROUP TYPE  | O        |      |                 | Forward & Reverse Grouping with Slide/Tube Aggluti       |
| Rh TYPE   | POSITIVE |      |                 | Forward & Reverse Grouping with Slide/Tube Agglutination |

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| Patient Name : Mr.SHRIKANT R YADAV | Collected : 23/Mar/2024 06:00PM            |
| Age/Gender : 31 Y 10 M 26 D/M      | Received : 23/Mar/2024 06:38PM             |
| UHID/MR No : STAR.0000062169       | Reported : 23/Mar/2024 07:41PM             |
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**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method    |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 96     | 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:**

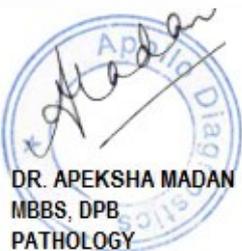
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis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

| Test Name  | Result | Unit  | Bio. Ref. Range | Method    |
|--|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 74     | 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.



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**DEPARTMENT OF BIOCHEMISTRY**

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| Test Name   | Result | Unit  | Bio. Ref. Range | Method     |
|---|--------|-------|-----------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 5.1    | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 100    | mg/dL |                 | Calculated |

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| REFERENCE GROUP        | HBA1C %   |
|------------------------|-----------|
| NON DIABETIC           | <5.7      |
| PREDIABETES            | 5.7 – 6.4 |
| DIABETES               | ≥ 6.5     |
| DIABETICS              |           |
| EXCELLENT CONTROL      | 6 – 7     |
| FAIR TO GOOD CONTROL   | 7 – 8     |
| UNSATISFACTORY CONTROL | 8 – 10    |
| POOR CONTROL           | >10       |

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr.Sandip Kumar Banerjee  
M.B.B.S.,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist



SIN No:EDT240036732

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| Test Name                    | Result | Unit  | Bio. Ref. Range | Method      |
|------------------------------|--------|-------|-----------------|-------------|
| <b>LIPID PROFILE , SERUM</b> |        |       |                 |             |
| TOTAL CHOLESTEROL            | 135    | mg/dL | <200            | CHE/CHO/POD |
| TRIGLYCERIDES                | 50     | mg/dL | <150            |             |
| HDL CHOLESTEROL              | 46     | mg/dL | >40             | CHE/CHO/POD |
| NON-HDL CHOLESTEROL          | 89     | mg/dL | <130            | Calculated  |
| LDL CHOLESTEROL              | 79     | mg/dL | <100            | Calculated  |
| VLDL CHOLESTEROL             | 10     | mg/dL | <30             | Calculated  |
| CHOL / HDL RATIO             | 2.93   |       | 0-4.97          | Calculated  |
| ATHEROGENIC INDEX (AIP)      | < 0.01 |       | <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



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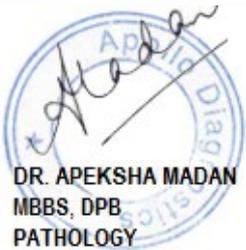
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eligibility of drug therapy.

- 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).



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| Test Name                                | Result | Unit  | Bio. Ref. Range | Method            |
|--|--------|-------|-----------------|-------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                   |
| BILIRUBIN, TOTAL                         | 0.70   | mg/dL | 0.1-1.2         | Azobilirubin      |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.10   | mg/dL | 0.1-0.4         | DIAZO DYE         |
| BILIRUBIN (INDIRECT)                     | 0.60   | mg/dL | 0.0-1.1         | Dual Wavelength   |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 19     | U/L   | 4-44            | JSCC              |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 27.0   | U/L   | 8-38            | JSCC              |
| ALKALINE PHOSPHATASE                     | 88.00  | U/L   | 32-111          | IFCC              |
| PROTEIN, TOTAL                           | 7.70   | g/dL  | 6.7-8.3         | BIURET            |
| ALBUMIN                                  | 4.90   | g/dL  | 3.8-5.0         | BROMOCRESOL GREEN |
| GLOBULIN                                 | 2.80   | g/dL  | 2.0-3.5         | Calculated        |
| A/G RATIO                                | 1.75   |       | 0.9-2.0         | Calculated        |

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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



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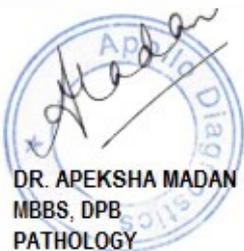
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|---|--------|--------|-----------------|-------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |        |        |                 |                   |
| CREATININE  | 0.81   | mg/dL  | 0.6-1.1         | ENZYMATIC METHOD  |
| UREA  | 20.10  | mg/dL  | 17-48           | Urease            |
| BLOOD UREA NITROGEN   | 9.4    | mg/dL  | 8.0 - 23.0      | Calculated        |
| URIC ACID   | 5.30   | mg/dL  | 4.0-7.0         | URICASE           |
| CALCIUM   | 9.80   | mg/dL  | 8.4-10.2        | CPC               |
| PHOSPHORUS, INORGANIC                                       | 3.80   | mg/dL  | 2.6-4.4         | PNP-XOD           |
| SODIUM  | 140    | mmol/L | 135-145         | Direct ISE        |
| POTASSIUM   | 4.2    | mmol/L | 3.5-5.1         | Direct ISE        |
| CHLORIDE  | 101    | mmol/L | 98-107          | Direct ISE        |
| PROTEIN, TOTAL  | 7.70   | g/dL   | 6.7-8.3         | BIURET            |
| ALBUMIN   | 4.90   | g/dL   | 3.8-5.0         | BROMOCRESOL GREEN |
| GLOBULIN  | 2.80   | g/dL   | 2.0-3.5         | Calculated        |
| A/G RATIO   | 1.75   |        | 0.9-2.0         | Calculated        |



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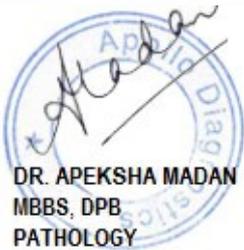
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 Emp/Auth/TPA ID : E-9982015876

Collected : 23/Mar/2024 10:12AM  
 Received : 23/Mar/2024 12:47PM  
 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                       |
|--|--------------|------|-----------------|------------------------------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | <b>15.00</b> | U/L  | 16-73           | Glycylglycine Kinetic method |



**DR. APEKSHA MADAN**  
 MBBS, DPB  
 PATHOLOGY



SIN No:SE04673119

**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.SHRIKANT R YADAV  
Age/Gender : 31 Y 10 M 26 D/M  
UHID/MR No : STAR.0000062169  
Visit ID : STAROPV68482  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : E-9982015876

Collected : 23/Mar/2024 10:12AM  
Received : 23/Mar/2024 11:42AM  
Reported : 23/Mar/2024 03:11PM  
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 |
|--|--------------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |              |        |                 |        |
| TRI-IODOTHYRONINE (T3, TOTAL)                      | 0.87         | ng/mL  | 0.67-1.81       | ELFA   |
| THYROXINE (T4, TOTAL)                              | 6.81         | µg/dL  | 4.66-9.32       | ELFA   |
| THYROID STIMULATING HORMONE (TSH)                  | <b>6.470</b> | 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  |



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



SIN No: SPL24053699

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CIN- U85100TG2009PTC099414

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**Address:**

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

Patient Name : Mr.SHRIKANT R YADAV  
Age/Gender : 31 Y 10 M 26 D/M  
UHID/MR No : STAR.0000062169  
Visit ID : STAROPV68482  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : E-9982015876

Collected : 23/Mar/2024 10:12AM  
Received : 23/Mar/2024 03:30PM  
Reported : 23/Mar/2024 05:53PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

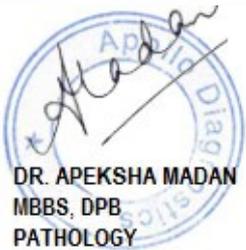
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

| Test Name  | Result      | Unit | Bio. Ref. Range  | Method                     |
|--|-------------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |             |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |             |      |                  |                            |
| COLOUR   | PALE YELLOW |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | CLEAR       |      | CLEAR            | Visual                     |
| pH   | 6.0         |      | 5-7.5            | Bromothymol Blue           |
| SP. GRAVITY  | 1.020       |      | 1.002-1.030      | Dipstick                   |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| 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         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| 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:UR2314331

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Begumpet, Hyderabad, Telangana - 500016

**Address:**

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



भारत सरकार

Government of India



श्रीकांत रामदास यादव  
Shrikant Ramdas Yadav  
जन्म तिथि/DOB: 27/04/1992  
पुरुष/ MALE

7491 0411 5272

VID : 9123 3679 9354 6294

जेरा **आधार**, जेरा पहचान





LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS                     | EMPLOYEE DETAILS          |
|---------------------------------|---------------------------|
| NAME                            | MR. YADAV SHRIKANT RAMDAS |
| EC NO.                          | 122445                    |
| DESIGNATION                     | BRANCH OPERATIONS         |
| PLACE OF WORK                   | MUMBAI,LALBAUG            |
| BIRTHDATE                       | 27-04-1992                |
| PROPOSED DATE OF HEALTH CHECKUP | 23-03-2024                |
| BOOKING REFERENCE NO.           | 23M122445100091334E       |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **16-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

23/3/2024 **OUT-PATIENT RECORD**  
 82169  
 MR. Sbrilcent Yadav  
 31 yrs Male  
 Date :  
 MRNO :  
 Name :  
 Age/Gender :  
 Mobile No :  
 Passport No :  
 Aadhar number :

|               |                |              |                     |
|---------------|----------------|--------------|---------------------|
| Pulse: 56/min | B.P: 110/70    | Resp: 22/min | Temp: (N)           |
| Weight: 75.0  | Height: 171 cm | BMI: 25.6    | Waist Circum: 82 cm |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

married / Diet - Mixed.  
 - No known drug allergy.  
 - N/C/O - no any comorbidities.  
 - Bowel Habits - (N) ; Urination - (N).  
 H/O - Fall.  
 - Injury to (R) leg.  
 - swelling → Resolved. (took Rx)  
 - No bruising.  
 No H/O - BA / TB / COVID-19.  
 No Habits of Alcohol / smoking.  
 Normal Reports  
 Physiotherapy Ast

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



Follow up date:

*[Signature]*  
Doctor Signature

**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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
 Ph No: 040 - 4904 7777 | www.apollohl.com

|                 |                       |              |                               |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SHRIKANT R YADAV | Collected    | : 23/Mar/2024 10:12AM         |
| Age/Gender      | : 31 Y 10 M 26 D/M    | Received     | : 23/Mar/2024 12:05PM         |
| UHID/MR No      | : STAR.0000062169     | Reported     | : 23/Mar/2024 02:58PM         |
| Visit ID        | : STAROPV68482        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : E-9982015876        |              |                               |

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

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

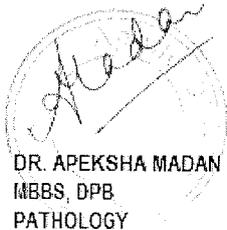
Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 1 of 13



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:BED240079989



|                 |                       |              |                               |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SHRIKANT R YADAV | Collected    | : 23/Mar/2024 10:12AM         |
| Age/Gender      | : 31 Y 10 M 26 D/M    | Received     | : 23/Mar/2024 12:05PM         |
| UHID/MR No      | : STAR.0000062169     | Reported     | : 23/Mar/2024 02:58PM         |
| Visit ID        | : STAROPV68482        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : E-9982015876        |              |                               |

**DEPARTMENT OF HAEMATOLOGY**

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

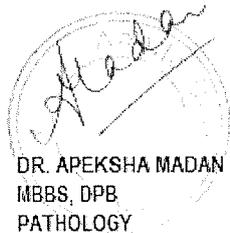
| Test Name                                   | Result | Unit                    | Bio. Ref. Range | Method                    |
|---|--------|-------------------------|-----------------|---------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>          |        |                         |                 |                           |
| <b>HAEMOGLOBIN</b>                          | 16     | g/dL                    | 13-17           | CYANIDE FREE COLOUROMETER |
| PCV   | 49.20  | %                       | 40-50           | PULSE HEIGHT AVERAGE      |
| RBC COUNT                                   | 5.13   | Million/cu.mm           | 4.5-5.5         | Electrical Impedance      |
| MCV   | 95.9   | fL                      | 83-101          | Calculated                |
| MCH   | 31.2   | pg                      | 27-32           | Calculated                |
| MCHC  | 32.5   | g/dL                    | 31.5-34.5       | Calculated                |
| R.D.W                                       | 11.7   | %                       | 11.6-14         | Calculated                |
| TOTAL LEUCOCYTE COUNT (TLC)                 | 5,070  | cells/cu.mm             | 4000-10000      | Electrical Impedance      |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>  |        |                         |                 |                           |
| NEUTROPHILS                                 | 57     | %                       | 40-80           | Electrical Impedance      |
| LYMPHOCYTES                                 | 32     | %                       | 20-40           | Electrical Impedance      |
| EOSINOPHILS                                 | 05     | %                       | 1-6             | Electrical Impedance      |
| MONOCYTES                                   | 06     | %                       | 2-10            | Electrical Impedance      |
| BASOPHILS                                   | 00     | %                       | <1-2            | Electrical Impedance      |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>             |        |                         |                 |                           |
| NEUTROPHILS                                 | 2889.9 | Cells/cu.mm             | 2000-7000       | Calculated                |
| LYMPHOCYTES                                 | 1622.4 | Cells/cu.mm             | 1000-3000       | Calculated                |
| EOSINOPHILS                                 | 253.5  | Cells/cu.mm             | 20-500          | Calculated                |
| MONOCYTES                                   | 304.2  | Cells/cu.mm             | 200-1000        | Calculated                |
| Neutrophil lymphocyte ratio (NLR)           | 1.78   |                         | 0.78- 3.53      | Calculated                |
| <b>PLATELET COUNT</b>                       | 265000 | cells/cu.mm             | 150000-410000   | IMPEDENCE/MICROSCOPY      |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | 05     | 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:BED240079989



|                 |                       |              |                               |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SHRIKANT R YADAV | Collected    | : 23/Mar/2024 10:12AM         |
| Age/Gender      | : 31 Y 10 M 26 D/M    | Received     | : 23/Mar/2024 12:05PM         |
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| Emp/Auth/TPA ID | : E-9982015876        |              |                               |

DEPARTMENT OF HAEMATOLOGY

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

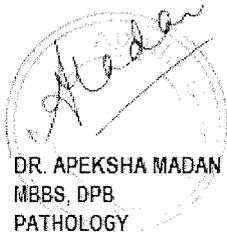
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240079989

Page 3 of 13

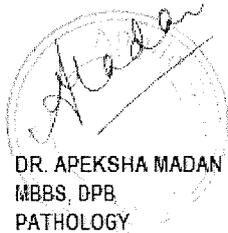


|                 |                       |              |                               |
|-----------------|-----------------------|--------------|-------------------------------|
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| Ref Doctor      | : Dr.SELF             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : E-9982015876        |              |                               |

**DEPARTMENT OF HAEMATOLOGY**

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

| Test Name   | Result   | Unit | Bio. Ref. Range | Method   |
|---|----------|------|-----------------|--|
| <b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b> |          |      |                 |  |
| BLOOD GROUP TYPE  | O        |      |                 | 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:BED240079989



|                 |                       |              |                               |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SHRIKANT R YADAV | Collected    | : 23/Mar/2024 06:00PM         |
| Age/Gender      | : 31 Y 10 M 26 D/M    | Received     | : 23/Mar/2024 06:38PM         |
| UHID/MR No      | : STAR.0000062169     | Reported     | : 23/Mar/2024 07:41PM         |
| Visit ID        | : STAROPV68482        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : E-9982015876        |              |                               |

**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 | 96     | 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:**

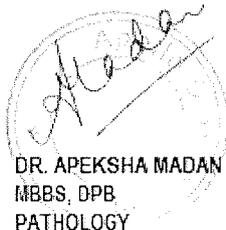
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

| Test Name  | Result | Unit  | Bio. Ref. Range | Method    |
|--|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 74     | 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:PLP1436794



Patient Name : Mr.SHRIKANT R YADAV  
Age/Gender : 31 Y 10 M 26 D/M  
UHID/MR No : STAR.0000062169  
Visit ID : STAROPV68482  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : E-9982015876

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Received : 23/Mar/2024 03:52PM  
Reported : 23/Mar/2024 04:33PM  
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     |
|---|--------|-------|-----------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 5.1    | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 100    | mg/dL |                 | Calculated |

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| REFERENCE GROUP        | HBA1C %   |
|------------------------|-----------|
| NON DIABETIC           | <5.7      |
| PREDIABETES            | 5.7 – 6.4 |
| DIABETES               | ≥ 6.5     |
| DIABETICS              |           |
| EXCELLENT CONTROL      | 6 – 7     |
| FAIR TO GOOD CONTROL   | 7 – 8     |
| UNSATISFACTORY CONTROL | 8 – 10    |
| POOR CONTROL           | >10       |

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr.Sandip Kumar Banerjee  
M.B.B.S.,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist

SIN No:EDT240036732



|                 |                       |              |                               |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SHRIKANT R YADAV | Collected    | : 23/Mar/2024 10:12AM         |
| Age/Gender      | : 31 Y 10 M 26 D/M    | Received     | : 23/Mar/2024 12:47PM         |
| UHID/MR No      | : STAR.0000062169     | Reported     | : 23/Mar/2024 06:27PM         |
| Visit ID        | : STAROPV68482        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : E-9982015876        |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                    | Result | Unit  | Bio. Ref. Range | Method      |
|------------------------------|--------|-------|-----------------|-------------|
| <b>LIPID PROFILE , SERUM</b> |        |       |                 |             |
| TOTAL CHOLESTEROL            | 135    | mg/dL | <200            | CHE/CHO/POD |
| TRIGLYCERIDES                | 50     | mg/dL | <150            |             |
| HDL CHOLESTEROL              | 46     | mg/dL | >40             | CHE/CHO/POD |
| NON-HDL CHOLESTEROL          | 89     | mg/dL | <130            | Calculated  |
| LDL CHOLESTEROL              | 79     | mg/dL | <100            | Calculated  |
| VLDL CHOLESTEROL             | 10     | mg/dL | <30             | Calculated  |
| CHOL / HDL RATIO             | 2.93   |       | 0-4.97          | Calculated  |
| ATHEROGENIC INDEX (AIP)      | < 0.01 |       | <0.11           | Calculated  |

**Comment:**

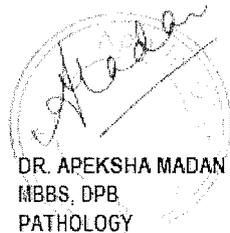
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

|                        | 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

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04673119



Patient Name : Mr.SHRIKANT R YADAV  
Age/Gender : 31 Y 10 M 26 D/M  
UHID/MR No : STAR.0000062169  
Visit ID : STAROPV68482  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : E-9982015876

Collected : 23/Mar/2024 10:12AM  
Received : 23/Mar/2024 12:47PM  
Reported : 23/Mar/2024 06:27PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

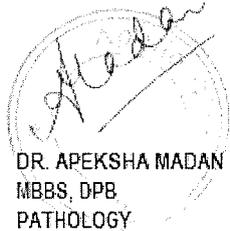
DEPARTMENT OF BIOCHEMISTRY

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

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).

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04673119



|                 |                       |              |                               |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SHRIKANT R YADAV | Collected    | : 23/Mar/2024 10:12AM         |
| Age/Gender      | : 31 Y 10 M 26 D/M    | Received     | : 23/Mar/2024 12:47PM         |
| UHID/MR No      | : STAR.0000062169     | Reported     | : 23/Mar/2024 06:27PM         |
| Visit ID        | : STAROPV68482        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : E-9982015876        |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name                                | Result | Unit  | Bio. Ref. Range | Method            |
|--|--------|-------|-----------------|-------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                   |
| BILIRUBIN, TOTAL                         | 0.70   | mg/dL | 0.1-1.2         | Azobilirubin      |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.10   | mg/dL | 0.1-0.4         | DIAZO DYE         |
| BILIRUBIN (INDIRECT)                     | 0.60   | mg/dL | 0.0-1.1         | Dual Wavelength   |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 19     | U/L   | 4-44            | JSCC              |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 27.0   | U/L   | 8-38            | JSCC              |
| ALKALINE PHOSPHATASE                     | 88.00  | U/L   | 32-111          | IFCC              |
| PROTEIN, TOTAL                           | 7.70   | g/dL  | 6.7-8.3         | BIURET            |
| ALBUMIN                                  | 4.90   | g/dL  | 3.8-5.0         | BROMOCRESOL GREEN |
| GLOBULIN                                 | 2.80   | g/dL  | 2.0-3.5         | Calculated        |
| A/G RATIO                                | 1.75   |       | 0.9-2.0         | Calculated        |

**Comment:**

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

Common patterns seen:

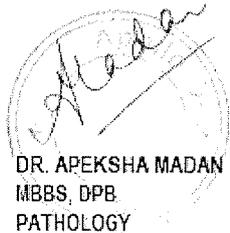
**1. Hepatocellular Injury:**

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

SIN No:SE04673119



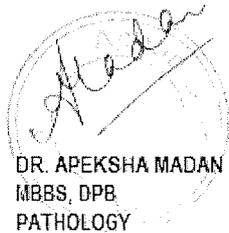
|                 |                       |              |                               |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SHRIKANT R YADAV | Collected    | : 23/Mar/2024 10:12AM         |
| Age/Gender      | : 31 Y 10 M 26 D/M    | Received     | : 23/Mar/2024 12:47PM         |
| UHID/MR No      | : STAR.0000062169     | Reported     | : 23/Mar/2024 06:27PM         |
| Visit ID        | : STAROPV68482        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : E-9982015876        |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**

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

| Test Name   | Result | Unit   | Bio. Ref. Range | Method            |
|---|--------|--------|-----------------|-------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |        |        |                 |                   |
| CREATININE  | 0.81   | mg/dL  | 0.6-1.1         | ENZYMATIC METHOD  |
| UREA  | 20.10  | mg/dL  | 17-48           | Urease            |
| BLOOD UREA NITROGEN   | 9.4    | mg/dL  | 8.0 - 23.0      | Calculated        |
| URIC ACID   | 5.30   | mg/dL  | 4.0-7.0         | URICASE           |
| CALCIUM   | 9.80   | mg/dL  | 8.4-10.2        | CPC               |
| PHOSPHORUS, INORGANIC                                       | 3.80   | mg/dL  | 2.6-4.4         | PNP-XOD           |
| SODIUM  | 140    | mmol/L | 135-145         | Direct ISE        |
| POTASSIUM   | 4.2    | mmol/L | 3.5-5.1         | Direct ISE        |
| CHLORIDE  | 101    | mmol/L | 98-107          | Direct ISE        |
| PROTEIN, TOTAL  | 7.70   | g/dL   | 6.7-8.3         | BIURET            |
| ALBUMIN   | 4.90   | g/dL   | 3.8-5.0         | BROMOCRESOL GREEN |
| GLOBULIN  | 2.80   | g/dL   | 2.0-3.5         | Calculated        |
| A/G RATIO   | 1.75   |        | 0.9-2.0         | Calculated        |

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**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No.:SE04673119



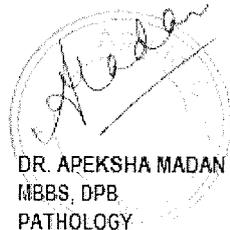
|                 |                       |              |                               |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SHRIKANT R YADAV | Collected    | : 23/Mar/2024 10:12AM         |
| Age/Gender      | : 31 Y 10 M 26 D/M    | Received     | : 23/Mar/2024 12:47PM         |
| UHID/MR No      | : STAR.0000062169     | Reported     | : 23/Mar/2024 06:27PM         |
| Visit ID        | : STAROPV68482        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : E-9982015876        |              |                               |

**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<br>TRANSPEPTIDASE (GGT) , <i>SERUM</i> | 15.00  | U/L  | 16-73           | Glycylglycine Kinetic<br>method |

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**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:SE04673119



|                 |                       |              |                               |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SHRIKANT R YADAV | Collected    | : 23/Mar/2024 10:12AM         |
| Age/Gender      | : 31 Y 10 M 26 D/M    | Received     | : 23/Mar/2024 11:42AM         |
| UHID/MR No      | : STAR.0000062169     | Reported     | : 23/Mar/2024 03:11PM         |
| Visit ID        | : STAROPV68482        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : E-9982015876        |              |                               |

**DEPARTMENT OF IMMUNOLOGY**

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

| Test Name  | Result       | Unit   | Bio. Ref. Range | Method |
|--|--------------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |              |        |                 |        |
| TRI-iodothyronine (T3, TOTAL)                      | 0.87         | ng/mL  | 0.67-1.81       | ELFA   |
| THYROXINE (T4, TOTAL)                              | 6.81         | µg/dL  | 4.66-9.32       | ELFA   |
| THYROID STIMULATING HORMONE (TSH)                  | <b>6.470</b> | µIU/mL | 0.25-5.0        | ELFA   |

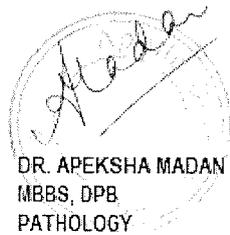
**Comment:**

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

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

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

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**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



SIN No:SPL24053699

|                 |                       |              |                               |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name    | : Mr.SHRIKANT R YADAV | Collected    | : 23/Mar/2024 10:12AM         |
| Age/Gender      | : 31 Y 10 M 26 D/M    | Received     | : 23/Mar/2024 03:30PM         |
| UHID/MR No      | : STAR.0000062169     | Reported     | : 23/Mar/2024 05:53PM         |
| Visit ID        | : STAROPV68482        | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF             | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : E-9982015876        |              |                               |

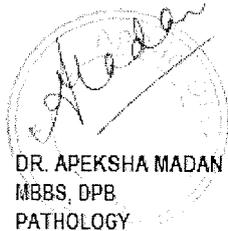
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

| Test Name  | Result      | Unit | Bio. Ref. Range  | Method                     |
|--|-------------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |             |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |             |      |                  |                            |
| COLOUR   | PALE YELLOW |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | CLEAR       |      | CLEAR            | Visual                     |
| pH   | 6.0         |      | 5-7.5            | Bromothymol Blue           |
| SP. GRAVITY  | 1.020       |      | 1.002-1.030      | Dipstick                   |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| 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         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| 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 \*\*\*

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2314331



GE MAC1200 ST

SHRIKANT,

HR 57 bpm

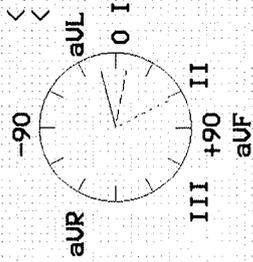
Measurement Results:

QRS : 98 ms  
 QT/QTcB : 356 / 346 ms  
 PR : 200 ms  
 P : 100 ms  
 RR/PP : 1048 / 1050 ms  
 P/QRS/T : 62/ -15/ 11 degrees

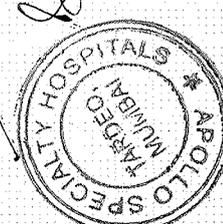
< P  
 < T  
 < QRS

Interpretation:

12SL - Interpretation:  
 Sinus bradycardia  
 Otherwise normal ECG

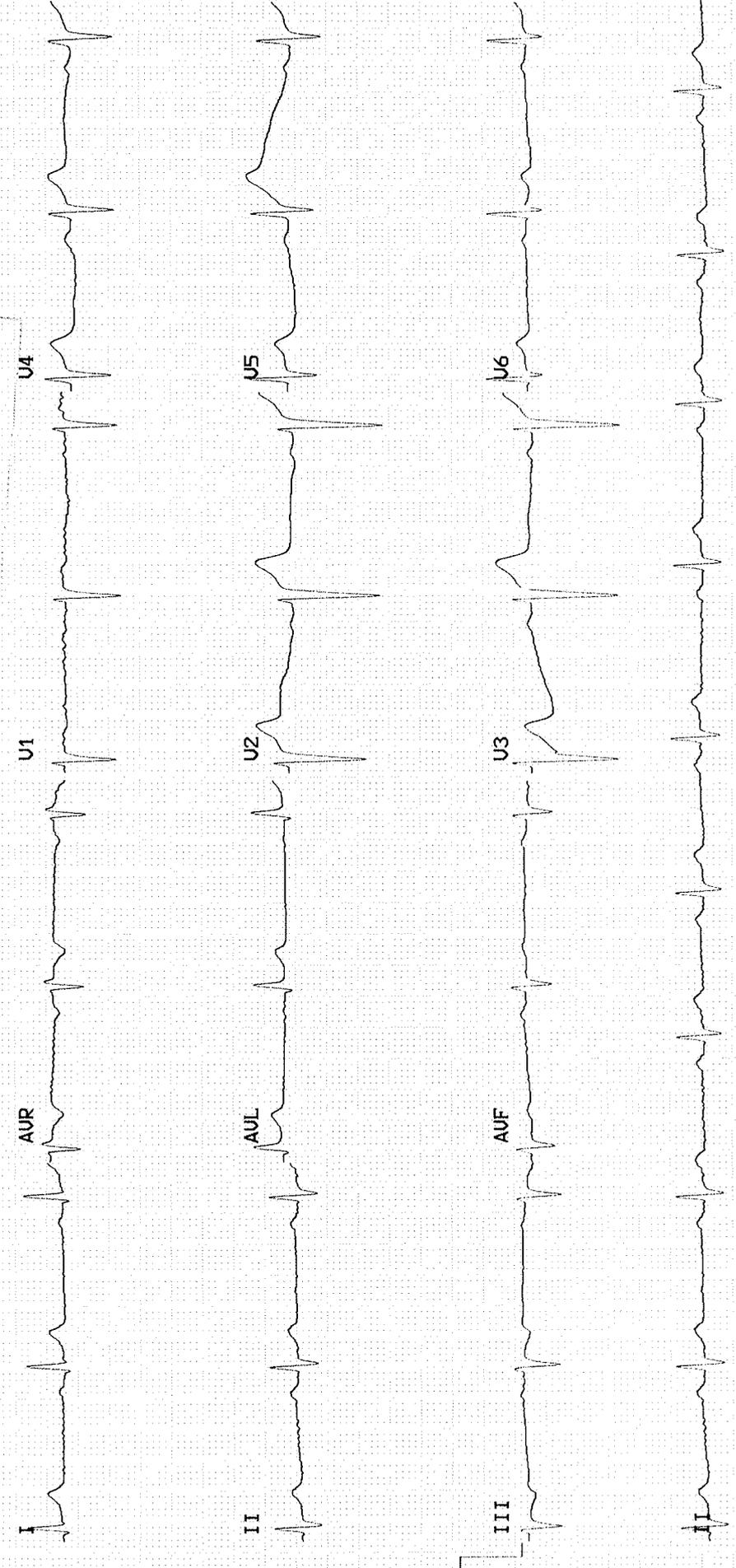


*Sinus bradycardia*



Dr (Mrs) CHHAYA B VAJRA  
 M.D. (MLIN)  
 Physician & Cardiologist  
 Reg. No. 56942

Unconfirmed report.



|                    |                        |             |                    |
|--------------------|------------------------|-------------|--------------------|
| Patient Name       | : Mr. Shrikant R Yadav | Age         | : 31 Y M           |
| UHID               | : STAR.0000062169      | OP Visit No | : STAROPV68482     |
| Reported on        | : 25-03-2024 10:37     | Printed on  | : 25-03-2024 10:38 |
| 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 10:37

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Patient name : MR. SHRIKANT YADAV  
Ref. By : HEALTH CHECK UP

Date : 23-03-2024  
Age : 31 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER** : The liver is normal in size, shape & echotexture. 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 10.3 x 4.1 cms and the **LEFT KIDNEY** measures 10.0 x 5.2 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

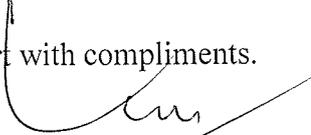
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 2.9 x 2.8 x 2.8 cms and weighs 12.5 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** : Normal Ultrasound examination of the Abdomen and Pelvis.

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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr. Shrikant Yadav  
Age : 31 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%).  
No diastolic dysfunction.  
Normal RV systolic function.  
No intracardiac clots / vegetation/ pericardial effusion.  
No evidence of pulmonary hypertension.PASP=30mmHg.  
IVC 12 mm collapsing with respiration.

#### **Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT.

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

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://www.apollospectra.com)

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Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Name : Mr. Shrikant Yadav  
Age : 31 Year(s)

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

**Dimension:**

|          |              |
|----------|--------------|
| EF Slope | 90mm/sec     |
| EPSS     | 04mm         |
| LA       | 29mm         |
| AO       | 34mm         |
| LVID (d) | 41mm         |
| LVID(s)  | 20mm         |
| 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](http://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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

23/3/24

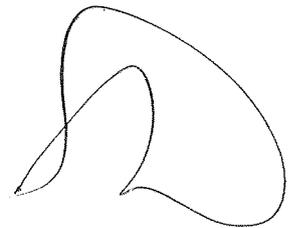
8/13 Dr. Mitul C. Bhatt (Gnr)

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Pt. for ENT Check up.

|          |   |     |      |
|----------|---|-----|------|
| Ear →    | } | WNL | R ++ |
|          |   |     | L ++ |
|          |   |     | WNL  |
| Nose →   |   |     |      |
| Throat → |   |     |      |

Imp. : Gnr → WNL



**EYE REPORT**

Name: Shrikant Yadav

Date: 23/3/24

Age / Sex: 31/M.

Ref No.:

Complaint: Nil.

shut - Seg : WNL

**Examination**

Un  $\neq$  6/6N6  
UCDR  $\neq$  0.4:1

**Spectacle Rx**

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

Remarks:

**Medications:**

| Trade Name | Frequency | Duration |
|------------|-----------|----------|
|            |           |          |
|            |           |          |
|            |           |          |

Follow up:

Consultant:

Dr. Nasrat J. Siddhanti (Mistry)  
M.D., D.O.M.S. (GOLD MEDALIST)  
Reg. No. 2012/10/2914  
Mob:- 8850 1858 73

## DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable s`oups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

### FOOD ALLOWED

| FOOD GROUPS | FOOD ITEMS   |
|-------------|--|
| Cereals     | Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc.                              |
| pulses      | Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc.   |
| Milk        | Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.                            |
| Vegetable   | All types of vegetable.  |
| Fruits      | All types of Fruits.   |
| Nuts        | 2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.               |
| Non Veg     | 2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form. |

ID 0 *Sbrilcent Yacob*

Age 31 | Height 171cm | Date 23. 3. 2024  
 Gender Male | Time 09:45:39

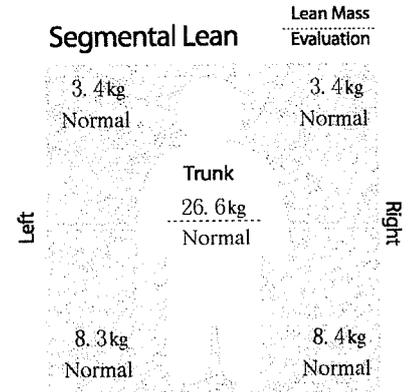
APOLLO SPECTRA HOSPITAL

## Body Composition

|  | Under                 | Normal | Over | UNIT:kg | Normal Range                |     |     |     |                       |     |     |     |         |             |
|--|-----------------------|--------|------|---------|-----------------------------|-----|-----|-----|-----------------------|-----|-----|-----|---------|-------------|
| <b>Weight</b>                              | 40                    | 55     | 70   | 85      | 100                         | 115 | 130 | 145 | 160                   | 175 | 190 | 205 | 75.0 kg | 54.7 ~ 74.0 |
| <b>Muscle Mass</b><br>Skeletal Muscle Mass | 60                    | 70     | 80   | 90      | 100                         | 110 | 120 | 130 | 140                   | 150 | 160 | 170 | 31.7 kg | 27.4 ~ 33.5 |
| <b>Body Fat Mass</b>                       | 20                    | 40     | 60   | 80      | 100                         | 160 | 220 | 280 | 340                   | 400 | 460 | 520 | 18.8 kg | 7.7 ~ 15.4  |
| <b>TBW</b><br>Total Body Water             | 41.3 kg (36.2 ~ 44.2) |        |      |         | <b>FFM</b><br>Fat Free Mass |     |     |     | 56.2 kg (47.0 ~ 58.5) |     |     |     |         |             |
| <b>Protein</b>                             | 11.2 kg (9.7 ~ 11.8)  |        |      |         | <b>Mineral*</b>             |     |     |     | 3.72 kg (3.35 ~ 4.09) |     |     |     |         |             |

\* Mineral is estimated.

## Segmental Lean



## Obesity Diagnosis

|  | Value | Normal Range |
|--|-------|--------------|
| <b>BMI</b><br>Body Mass Index (kg/m <sup>2</sup> ) | 25.6  | 18.5 ~ 25.0  |
| <b>PBF</b><br>Percent Body Fat (%)                 | 25.1  | 10.0 ~ 20.0  |
| <b>WHR</b><br>Waist-Hip Ratio                      | 0.97  | 0.80 ~ 0.90  |
| <b>BMR</b><br>Basal Metabolic Rate (kcal)          | 1583  | 1609 ~ 1885  |

## 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 |

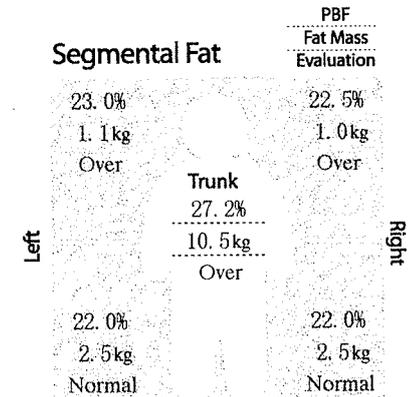
## Weight Management

|        |  |                                |  |
|--------|--|--------------------------------|--|
| 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 | 0.0 kg | Fat Control | - 8.9 kg | Fitness Score | 73 |
|----------------|--------|-------------|----------|---------------|----|

## Impedance

| Z      | RA    | LA    | TR   | RL    | LL    |
|--------|-------|-------|------|-------|-------|
| 20kHz  | 288.4 | 291.7 | 25.5 | 275.5 | 277.2 |
| 100kHz | 255.5 | 259.8 | 21.5 | 243.6 | 245.4 |

\* 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: 75.0 kg / Duration: 30min. / unit: kcal) |     |                                      |     |  |     |                                      |     |                                 |     |  |     |
|--|-----|--------------------------------------|-----|--|-----|--------------------------------------|-----|---------------------------------|-----|--|-----|
| Walking  | 150 | Jogging                              | 263 | Bicycle                                | 225 | Swim                                 | 263 | Mountain Climbing               | 245 | Aerobic                                    | 263 |
| Table tennis   | 170 | Tennis                               | 225 | Football                               | 263 | Oriental Fencing                     | 375 | Gate ball                       | 143 | Badminton                                  | 170 |
| Racket ball  | 375 | Tae-kwon-do                          | 375 | Squash                                 | 375 | Basketball                           | 225 | Rope jumping                    | 263 | Golf                                       | 132 |
| Push-ups<br>development of upper body  |     | Sit-ups<br>abdominal muscle training |     | Weight training<br>backache prevention |     | Dumbbell exercise<br>muscle strength |     | Elastic band<br>muscle strength |     | Squats<br>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

1600 kcal

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

**Patient Name** : Mr. Shrikant R Yadav

**Age/Gender** : 31 Y/M

**UHID/MR No.** : STAR.0000062169

**OP Visit No** : STAROPV68482

**Sample Collected on** :

**Reported on** : 25-03-2024 10:38

**LRN#** : RAD2278065

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : E-9982015876

**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. Shrikant R Yadav

**Age/Gender** : 31 Y/M

**UHID/MR No.** : STAR.0000062169

**OP Visit No** : STAROPV68482

**Sample Collected on** :

**Reported on** : 23-03-2024 12:12

**LRN#** : RAD2278065

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : E-9982015876

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER** : The liver is normal in size, shape & echotexture. 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 10.3 x 4.1 cms and the **LEFT KIDNEY** measures 10.0 x 5.2 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

**PROSTATE** : The prostate measures 2.9 x 2.8 x 2.8 cms and weighs 12.5 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

**IMPRESSION** : **Normal Ultrasound examination of the Abdomen and Pelvis.**



**Dr. VINOD SHETTY**  
Radiology