

Patient Name : Mr.TEJINDER PAL SINGH
Age/Gender : 58 Y 3 M 5 D/M
UHID/MR No : STAR.0000064682
Visit ID : STAROPV72265
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 370663947879

Collected : 10/Aug/2024 10:30AM
Received : 10/Aug/2024 11:17AM
Reported : 10/Aug/2024 02:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

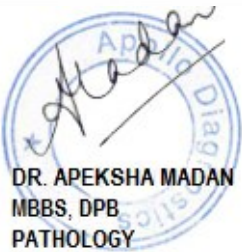
WBC : Eosinophilia

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Eosinophilia

Note/Comment : Please Correlate clinically



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.4	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	41.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.32	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.7	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,260	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	10	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2840.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1472.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	526	Cells/cu.mm	20-500	Calculated
MONOCYTES	420.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.93		0.78- 3.53	Calculated
PLATELET COUNT	228000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240208903

Apollo Speciality Hospitals Private Limited

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CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

RBC : Normocytic normochromic


WBC : Eosinophilia

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Eosinophilia

Note/Comment : Please Correlate clinically


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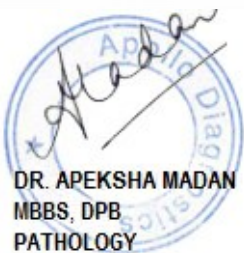


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Visit ID : STAROPV72265	Status : Final Report
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Emp/Auth/TPA ID : 370663947879	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Collected : 10/Aug/2024 10:30AM
Received : 10/Aug/2024 11:24AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	83	mg/dL	70-100	GOD - POD

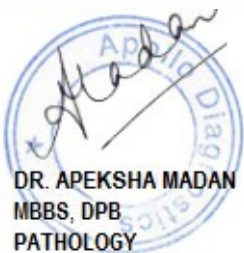
Comment:

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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



Patient Name : Mr.TEJINDER PAL SINGH	Collected : 10/Aug/2024 01:29PM
Age/Gender : 58 Y 3 M 5 D/M	Received : 10/Aug/2024 02:25PM
UHID/MR No : STAR.0000064682	Reported : 10/Aug/2024 03:46PM
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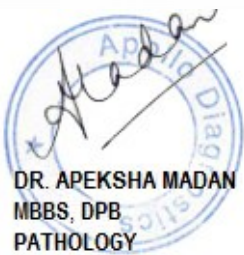
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	107	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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MBBS, DPB
PATHOLOGY



Patient Name : Mr.TEJINDER PAL SINGH	Collected : 10/Aug/2024 10:30AM
Age/Gender : 58 Y 3 M 5 D/M	Received : 10/Aug/2024 04:13PM
UHID/MR No : STAR.0000064682	Reported : 10/Aug/2024 05:30PM
Visit ID : STAROPV72265	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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:EDT240085513

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	106	mg/dL	<150	
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	128.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.55		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.15		<0.11	Calculated

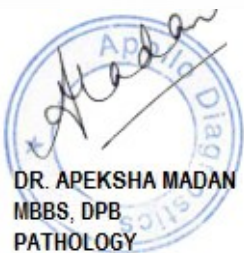
Comment:

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	185.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.
*Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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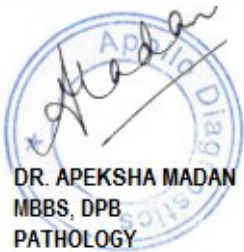
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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



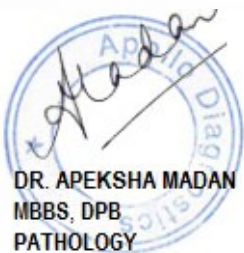
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.97	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	26.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated



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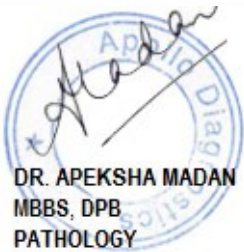
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	104.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	1.13	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.34	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.720	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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No: SPL24130698

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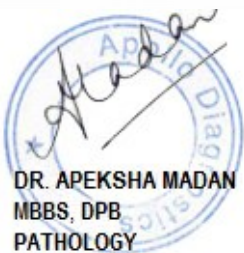
156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name	: Mr.TEJINDER PAL SINGH	Collected	: 10/Aug/2024 10:30AM
Age/Gender	: 58 Y 3 M 5 D/M	Received	: 10/Aug/2024 11:11AM
UHID/MR No	: STAR.0000064682	Reported	: 10/Aug/2024 02:25PM
Visit ID	: STAROPV72265	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 370663947879		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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:SPL24130698

Apollo Speciality Hospitals Private Limited
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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

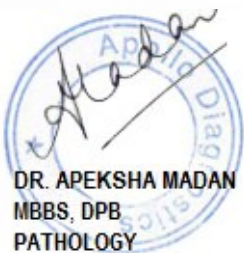
Patient Name : Mr.TEJINDER PAL SINGH
 Age/Gender : 58 Y 3 M 5 D/M
 UHID/MR No : STAR.0000064682
 Visit ID : STAROPV72265
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 370663947879

Collected : 10/Aug/2024 10:30AM
 Received : 10/Aug/2024 11:11AM
 Reported : 10/Aug/2024 02:19PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.840	ng/mL	0-4	ELFA



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY



Patient Name : Mr.TEJINDER PAL SINGH
Age/Gender : 58 Y 3 M 5 D/M
UHID/MR No : STAR.0000064682
Visit ID : STAROPV72265
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 370663947879

Collected : 10/Aug/2024 10:30AM
Received : 10/Aug/2024 02:58PM
Reported : 10/Aug/2024 08:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NEGATIVE		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10-12	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.
Microscopy findings are reported as an average of 10 high power fields.

Page 16 of 17



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2402377

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Patient Name : Mr.TEJINDER PAL SINGH
Age/Gender : 58 Y 3 M 5 D/M
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

*** End Of Report ***

Page 17 of 17


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2402377

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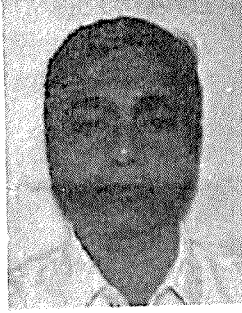
156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500



भारत सरकार
Government of India



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तेजिन्दर पाल सिंह
Tejinder Pal Singh
जन्म तिथि / DOB : 05/05/1966
पुरुष / Male

06/05/2017

3706 6394 7897

मेरा आधार, मेरी पहचान



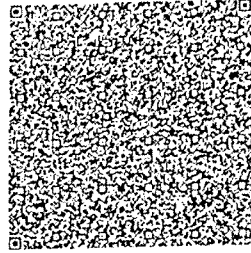
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Unique Identification Authority of India



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सेक्टर 23, कार्तारपुरी अलिअस दौलतपुर
नसीराबाद ६३, गुडगाँव, हरियाणा, 122017

Address: C/O K . L . Arora, House No 3465,
Sector 23, Cartarpuri Alias Daulatpur
Nasirabad (63, Gurgaon, Haryana, 122017



3706 6394 7897



1947



help@uidai.gov.in



www.uidai.gov.in

OUT- PATIENT RECORD

Date : 10/8/24.
MRNO : 064682.
Name : Mr. Tejinder. P. Singh.
Age/Gender : 58/male.
Mobile No :
Passport No :
Aadhar number :

Pulse : 79.	B.P : 140/80	Resp : 18	Temp : (N)
Weight : 82.4.	Height : 173.	BMI : 27.5	Waist Circum : 34.

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Mews → 0

married, Vegetarian
Sleep: disturbed Atlysorb T. tetracycline
No addiction
Get some T. Telma 40AM 30yos.
PH: Fardun. Deu

Remark: Physically fit to resume routine work
Adv :- ↑ exercise, ↓ sedentary lifestyle
- ↓ oily/junk food intake



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

Follow up date:

Doctor Signature



TOUCHING LIVES

Patient Name : Mr.TEJINDER PAL SINGH
Age/Gender : 58 Y 3 M 5 D/M
UHID/MR No : STAR.0000064682
Visit ID : STAROPV72265
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 370663947879



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Received : 10/Aug/2024 11:17AM
Reported : 10/Aug/2024 02:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

Methodology : Microscopic

RBC : Normocytic normochromic

WBC : Eosinophilia

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Eosinophilia

Note/Comment : Please Correlate clinically

Page 1 of 17

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240208903



Patient Name : Mr.TEJINDER PAL SINGH
Age/Gender : 58 Y 3 M 5 D/M
UHID/MR No : STAR.0000064682
Visit ID : STAROPV72265
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 370663947879

Collected : 10/Aug/2024 10:30AM
Received : 10/Aug/2024 11:17AM
Reported : 10/Aug/2024 02:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.4	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	41.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.32	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95.7	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,260	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	28	%	20-40	Electrical Impedance
EOSINOPHILS	10	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2840.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1472.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	526	Cells/cu.mm	20-500	Calculated
MONOCYTES	420.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.93		0.78- 3.53	Calculated
PLATELET COUNT	228000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

Page 2 of 17



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240208903





TOUCHING LIVES

Patient Name : Mr.TEJINDER PAL SINGH
Age/Gender : 58 Y 3 M 5 D/M
UHID/MR No : STAR.0000064682
Visit ID : STAROPV72265
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 370663947879



Collected : 10/Aug/2024 10:30AM
Received : 10/Aug/2024 11:17AM
Reported : 10/Aug/2024 02:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

RBC : Normocytic normochromic

WBC : Eosinophilia

Platelets : Adequate in Number


Parasites : No Haemoparasites seen

IMPRESSION : Eosinophilia

Note/Comment : Please Correlate clinically

Page 3 of 17




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240208903



Patient Name : Mr.TEJINDER PAL SINGH
 Age/Gender : 58 Y 3 M 5 D/M
 UHID/MR No : STAR.0000064682
 Visit ID : STAROPV72265
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Collected : 10/Aug/2024 10:30AM
 Received : 10/Aug/2024 11:17AM
 Reported : 10/Aug/2024 03:15PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	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:BED240208903

TOUCHING LIVES	Patient Name : Mr.TEJINDER PAL SINGH	Collected	: 10/Aug/2024 10:30AM
	Age/Gender : 58 Y 3 M 5 D/M	Received	: 10/Aug/2024 11:24AM
	UHID/MR No : STAR.0000064682	Reported	: 10/Aug/2024 11:41AM
	Visit ID : STAROPV72265	Status	: Final Report
	Ref Doctor : Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
	Emp/Auth/TPA ID : 370663947879		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	83	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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:PLF02200236





TOUCH N LIVES	Patient Name : Mr.TEJINDER PAL SINGH	Collected	: 10/Aug/2024 01:29PM
	Age/Gender : 58 Y 3 M 5 D/M	Received	: 10/Aug/2024 02:25PM
	UHID/MR No : STAR.0000064682	Reported	: 10/Aug/2024 03:46PM
	Visit ID : STAROPV72265	Status	: Final Report
	Ref Doctor : Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
	Emp/Auth/TPA ID : 370663947879		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	107	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:PLP1481440



Patient Name : Mr.TEJINDER PAL SINGH
Age/Gender : 58 Y 3 M 5 D/M
UHID/MR No : STAR.0000064682
Visit ID : STAROPV72265
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 370663947879

Collected : 10/Aug/2024 10:30AM
Received : 10/Aug/2024 04:13PM
Reported : 10/Aug/2024 05:30PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240085513



Patient Name : Mr.TEJINDER PAL SINGH
Age/Gender : 58 Y 3 M 5 D/M
UHID/MR No : STAR.0000064682
Visit ID : STAROPV72265
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	106	mg/dL	<150	
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	128.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.55		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.15		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04805649



TOUCHING LIVES
 Patient Name : Mr. TEJINDER PAL SINGH
 Age/Gender : 58 Y 3 M 5 D/M
 UHID/MR No : STAR.0000064682
 Visit ID : STAROPV72265
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 370663947879

Collected : 10/Aug/2024 10:30AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	185.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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:

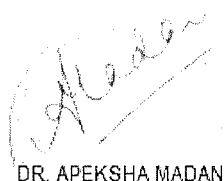
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. 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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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



DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04805649





TOUCHING LIVES

Patient Name : Mr.TEJINDER PAL SINGH
Age/Gender : 58 Y 3 M 5 D/M
UHID/MR No : STAR.0000064682
Visit ID : STAROPV72265
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 370663947879



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04805649

Page 10 of 17





TOUCH PATIENT NAME S : Mr.TEJINDER PAL SINGH
 Age/Gender : 58 Y 3 M 5 D/M
 UHID/MR No : STAR.0000064682
 Visit ID : STAROPV72265
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 370663947879

Collected : 10/Aug/2024 10:30AM
 Received : 10/Aug/2024 11:15AM
 Reported : 10/Aug/2024 03:13PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.97	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	26.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated



(Signature)
 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04805649



TOUCHING LIVES
 Patient Name : Mr.TEJINDER PAL SINGH
 Age/Gender : 58 Y 3 M 5 D/M
 UHID/MR No : STAR.0000064682
 Visit ID : STAROPV72265
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 370663947879

Collected : 10/Aug/2024 10:30AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	104.00	U/L	16-73	Glycylglycine Kinetic method

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04805649



TOUCHING LIVES	Patient Name : Mr.TEJINDER PAL SINGH	Collected : 10/Aug/2024 10:30AM
	Age/Gender : 58 Y 3 M 5 D/M	Received : 10/Aug/2024 11:11AM
	UHID/MR No : STAR.0000064682	Reported : 10/Aug/2024 02:25PM
	Visit ID : STAROPV72265	Status : Final Report
	Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
	Emp/Auth/TPA ID : 370663947879	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	1.13	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.34	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.720	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

Page 13 of 17



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24130698





TOUCHING LIVES
 Patient Name : Mr.TEJINDER PAL SINGH
 Age/Gender : 58 Y 3 M 5 D/M
 UHID/MR No : STAR.0000064682
 Visit ID : STAROPV72265
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 370663947879

Collected : 10/Aug/2024 10:30AM
 Received : 10/Aug/2024 11:11AM
 Reported : 10/Aug/2024 02:25PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Apeksha Madan
 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY
 SIN No:SPL24130698



TOUCHING LIVES
 Patient Name : Mr.TEJINDER PAL SINGH
 Age/Gender : 58 Y 3 M 5 D/M
 UHID/MR No : STAR.0000064682
 Visit ID : STAROPV72265
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 370663947879

Collected : 10/Aug/2024 10:30AM
 Received : 10/Aug/2024 11:11AM
 Reported : 10/Aug/2024 02:19PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.840	ng/mL	0-4	ELFA

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SPL24130698



Patient Name	: Mr.TEJINDER PAL SINGH	Collected	: 10/Aug/2024 10:30AM
Age/Gender	: 58 Y 3 M 5 D/M	Received	: 10/Aug/2024 02:58PM
UHID/MR No	: STAR.0000064682	Reported	: 10/Aug/2024 08:21PM
Visit ID	: STAROPV72265	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 370663947879		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NEGATIVE		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10-12	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 16 of 17



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2402377





TOUCHING LIVES
Patient Name : Mr.TEJINDER PAL SINGH
Age/Gender : 58 Y 3 M 5 D/M
UHID/MR No : STAR.0000064682
Visit ID : STAROPV72265
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 370663947879

Collected : 10/Aug/2024 10:30AM
Received : 10/Aug/2024 02:58PM
Reported : 10/Aug/2024 08:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

*** End Of Report ***

Page 17 of 17



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

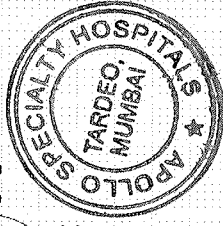
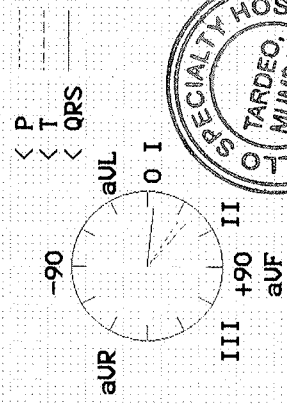
SIN No:UR2402377

GE MAC1200 ST TEJINDER,

HR 79 bpm

Measurement Results:

QRS	:	94 ms
QT/QTcB	:	354 / 405 ms
PR	:	126 ms
P	:	98 ms
RR/PP	:	748 / 755 ms
P/QRS/T	:	35 / 7 / 42 degrees

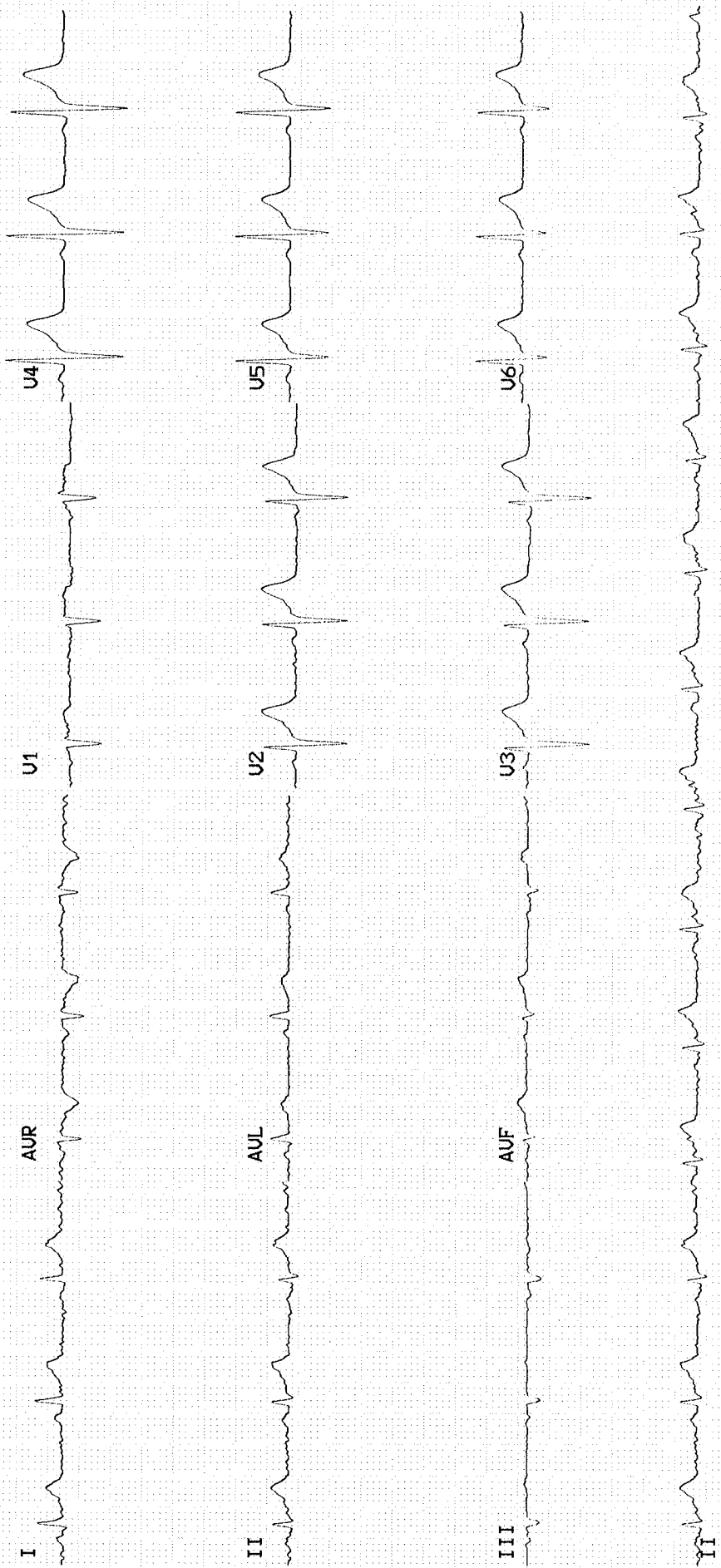


Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Low voltage QRS
 Borderline ECG

Normal limits

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

Unconfirmed report.



Patient Name	: Mr. TEJINDER PAL SINGH	Age	: 58 Y M
UHID	: STAR.0000064682	OP Visit No	: STAROPV72265
Reported on	: 10-08-2024 12:56	Printed on	: 10-08-2024 12:57
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:10-08-2024 12:56

---End of the Report---


Dr. VINOD SHETTY
Radiology

Name : Mr. Tejinder Pal Singh
Age : 58 Year(s)

Date : 10/08/2024
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 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. Tejinder Pal Singh
Age : 58 Year(s)

Date : 10/08/2024
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	110mm/sec
EPSS	04mm
LA	30mm
AO	35mm
LVID (d)	44mm
LVID(s)	26mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

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Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : MR.TEJINDER PAL SINGH
Ref. By : HEALTH CHECK UP

Date : 10-08-2024
Age : 58 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 10.0 x 4.4 cms and the **LEFT KIDNEY** measures 11.0 x 4.5 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 3.5 x 2.6 x 2.6 cms and weighs 13.3 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

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Ph No: 040 - 4904 7777 | www.apollohl.com

EYE REPORT

Name: Tejinder Singh

Date: 10/08/24

Age / Sex: 58/M.

Ref No.:

Complaint: Nil.

— Ant. Seg: wnc —

Examination

0-6:1

HNRK.

PR+

Spectacle Rx

	Right Eye				Vision	Sphere	Cyl.	Axis
	Vision	Sphere	Cyl.	Axis				
Distance	6/6	+1.50	+0.5	10°	6/6	+2.0	—	—
Read								

+2.75 add (N₆)

+2.75 add (N₆)

Remarks:

Medications:

Trade Name	Frequency	Duration
Gentel eye drops	i — i — i	cont.

Follow up:

Consultant:

InBody

Mr. Tejinder P. Singh

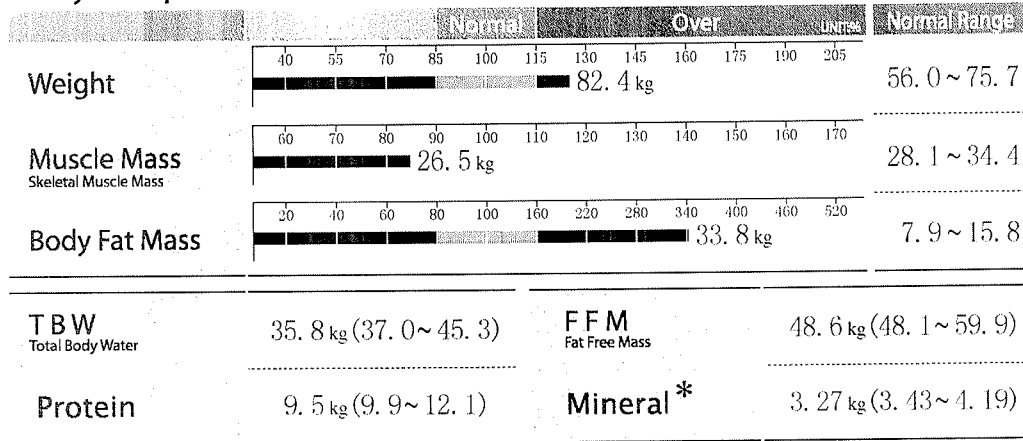
ID
Age 58

Height 173cm
Gender Male

Date 10. 8. 2024
Time 11:01:43

APOLLO SPECTRA HOSPITAL

Body Composition



Segmental Lean	Lean Mass Evaluation
3.0kg Normal	3.1kg Normal
Trunk	
24.7kg Normal	
8.7kg Normal	8.6kg Normal

Left

Right

* Mineral is estimated.

Obesity Diagnosis

		Normal Range
BMI Body Mass Index (kg/m ²)	27.5	18.5 ~ 25.0
PBF Percent Body Fat (%)	41.0	10.0 ~ 20.0
WHR Waist-Hip Ratio	1.07	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1419	1732 ~ 2034

Nutritional Evaluation

Protein	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Deficient	
Mineral	<input type="checkbox"/> Normal	<input checked="" 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 type="checkbox"/> Normal	<input checked="" 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	PBF Fat Mass Evaluation
45.7%	44.8%
2.7kg Over	2.6kg Over
Trunk	
40.4%	
17.7kg Over	
33.7%	34.1%
4.7kg Over	4.7kg Over

Left

Right

* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control + 7.4kg Fat Control - 23.9kg Fitness Score 49

Impedance

Z	RA	LA	TR	RL	LL
20kHz	284.8	288.4	28.6	233.1	226.6
100kHz	256.3	262.7	34.3	211.2	206.8

* 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: 82.4 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
165	288	247	288	269	288	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
186	247	288	412	157	186	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
412	412	412	247	288	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**

Dear Tejinder Pal Singh,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-08-10** at **09:00-09:15**.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]

Warm Regards,
Apollo Clinic

Patient Name : Mr. TEJINDER PAL SINGH

Age/Gender : 58 Y/M

UHID/MR No. : STAR.0000064682

OP Visit No : STAROPV72265

Sample Collected on :

Reported on : 10-08-2024 12:57

LRN# : RAD2400445

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 370663947879

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. TEJINDER PAL SINGH	Age/Gender	: 58 Y/M
UHID/MR No.	: STAR.0000064682	OP Visit No	: STAROPV72265
Sample Collected on	:	Reported on	: 10-08-2024 12:04
LRN#	: RAD2400445	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 370663947879		

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.

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

PROSTATE : The prostate measures 3.5 x 2.6 x 2.6 cms and weighs 13.3 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: The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.





Specialists in Surgery

Patient Name : Mr. TEJINDER PAL SINGH

Age/Gender : 58 Y/M

Radiology