

Patient Name : Mr.RAJENDRA S MOHRIR  
Age/Gender : 60 Y 0 M 7 D/M  
UHID/MR No : STAR.0000065045  
Visit ID : STAROPV72802  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 47539

Collected : 29/Aug/2024 09:05AM  
Received : 29/Aug/2024 10:01AM  
Reported : 29/Aug/2024 12:25PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Mild Micro, Mild Hypochromic.

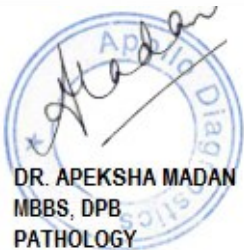
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

**IMPRESSION : Mild Micro, Mild Hypochromic cells blood picture.**

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. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.3</b>	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	<b>34.50</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.92	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>70.2</b>	fL	83-101	Calculated
MCH	<b>20.9</b>	pg	27-32	Calculated
MCHC	<b>29.8</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>15</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,770	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2575.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1669.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	143.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	381.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.54		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	287000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>20</b>	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Mild Micro, Mild Hypochromic.



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



SIN No:BED240220333

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(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

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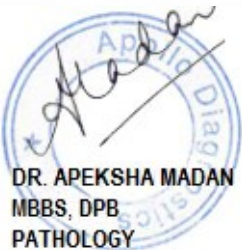
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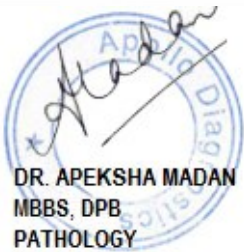


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Visit ID : STAROPV72802	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	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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Collected : 29/Aug/2024 01:47PM  
Received : 29/Aug/2024 02:04PM  
Reported : 29/Aug/2024 03:07PM  
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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	113	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

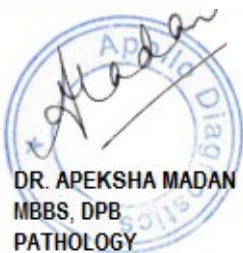
**Note:**

- 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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	102	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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Age/Gender : 60 Y 0 M 7 D/M	Received : 29/Aug/2024 03:38PM
UHID/MR No : STAR.0000065045	Reported : 29/Aug/2024 04:48PM
Visit ID : STAROPV72802	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. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6.6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	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:EDT240088756



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>237</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	108	mg/dL	<150	
HDL CHOLESTEROL	<b>36</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>201</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>179.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.58</b>		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.12</b>		<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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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
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)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	<b>1.3</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	91.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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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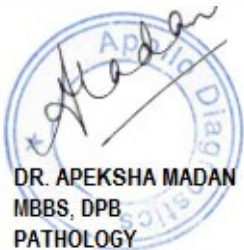
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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



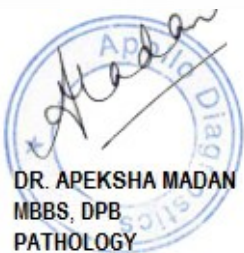
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.07	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	18.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.90	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	<b>4.90</b>	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated



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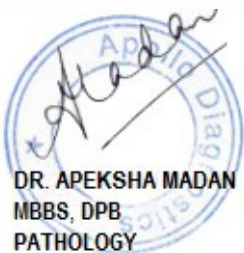
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	20.00	U/L	16-73	Glycylglycine Kinetic method

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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. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.83	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.53	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.530	µIU/mL	0.25-5.0	ELFA

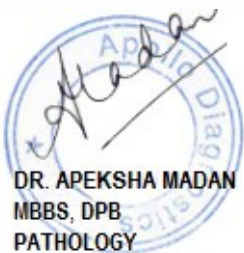
**Comment:**

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 12 of 16



SIN No: SPL24136300

**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:**

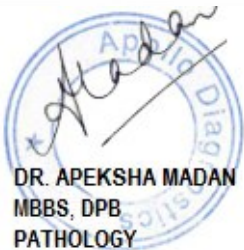
156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 10:14AM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 01:52PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

**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:SPL24136300

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Age/Gender : 60 Y 0 M 7 D/M  
UHID/MR No : STAR.0000065045  
Visit ID : STAROPV72802  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 47539

Collected : 29/Aug/2024 09:05AM  
Received : 29/Aug/2024 10:14AM  
Reported : 29/Aug/2024 03:08PM  
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. Interval	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.730	ng/mL	0-4	ELFA

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



SIN No: SPL24136300

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**Address:**

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

Patient Name : Mr.RAJENDRA S MOHRIR  
Age/Gender : 60 Y 0 M 7 D/M  
UHID/MR No : STAR.0000065045  
Visit ID : STAROPV72802  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 47539

Collected : 29/Aug/2024 09:05AM  
Received : 29/Aug/2024 01:43PM  
Reported : 29/Aug/2024 03:22PM  
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**

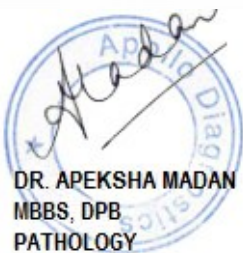
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Refractometric
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	TRACE		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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	FEW GRANULAR CAST SEEN.		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Kindly correlate clinically.

**Comment:**

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

Page 15 of 16



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY



SIN No:UR2408582

**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.RAJENDRA S MOHRIR  
Age/Gender : 60 Y 0 M 7 D/M  
UHID/MR No : STAR.0000065045  
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Reported : 29/Aug/2024 03:22PM  
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**

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

**\*\*\* End Of Report \*\*\***

Page 16 of 16

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



SIN No:UR2408582

**Apollo Speciality Hospitals Private Limited**  
(Formerly known as a Nova Speciality Hospitals Private Limited)  
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Begumpet, Hyderabad, Telangana - 500016

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156, Famous Cine Labs, Behind Everest Building,  
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Ph: 022 4332 4500



Patient Name : Mr.RAJENDRA S MOHRIR  
Age/Gender : 60 Y 0 M 7 D/M  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

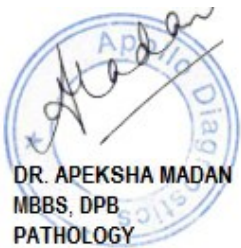
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



SIN No:UR2408582

## Customer Care

---

**From:** noreply@apolloclinics.info  
**Sent:** Wednesday, August 28, 2024 11:29 AM  
**To:** rmohrir65@gmail.com  
**Cc:** cc.tardeo@apollospectra.com; syamsunder.m@apollohl.com  
**Subject:** Your appointment is confirmed



**Dear MOHRIR RAJENDRA Sadashiv,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-08-29** at **08:15-08:30**.

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

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

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

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

### **Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

### **For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

**For further assistance, please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: FAMOUS CINE LABS,156, PT.M.M.MALVIYA RAOD,TARDEO,MUMBAI,400034 .**

**Contact No: 022 - 4332 4500.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,  
Apollo Clinic

**OUT- PATIENT RECORD**

Date: 29/8/24  
 MRNO: 065045  
 Name: MR. Rajendra Mohan  
 Age/Gender: 6081/male  
 Mobile No:  
 Passport No:  
 Aadhar number:

Pulse: 56/min	B.P: 130/80	Resp: 20/min	Temp: (N)
Weight: 78.7	Height: 168cm	BMI: 27.9	Waist Circum: 35"

General Examination / Allergies History

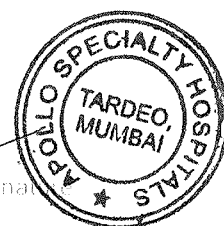
Clinical Diagnosis & Management Plan

MEWS -> 02

married, Nonvegetarian  
 Sleep: (N) No Allergy  
 No addiction  
 FH: Mother / Father: HT  
 Lb10.3 - HbA1c 6.6 - Lipid ↑  
 1) Avoid sugar/sweets/ost/jam  
 2) morning walk 45 min daily  
 3) Repeat Sugar/Lipid after 3 months  
 4) D. Saffronoid 1 m o x 3 months  
 Physically fit.

Follow up date:

Dr. (Mrs) SHEENA P. VAJPEY  
 M.D. (MUM)  
 Physician & Cardiologist  
 Reg. No. 56942



**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.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 10:01AM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 12:25PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Mild Micro, Mild Hypochromic.

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


Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

**IMPRESSION : Mild Micro, Mild Hypochromic cells blood picture.**

Note/Comment : Please Correlate clinically

Page 1 of 16



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY  
SIN No:BED240220333

Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 10:01AM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 12:25PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

**DEPARTMENT OF HAEMATOLOGY**


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>10.3</b>	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	<b>34.50</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.92	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>70.2</b>	fL	83-101	Calculated
MCH	<b>20.9</b>	pg	27-32	Calculated
MCHC	<b>29.8</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>15</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,770	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2575.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1669.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	143.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	381.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.54		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>287000</b>	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>20</b>	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

Methodology : Microscopic

RBC : Mild Micro, Mild Hypochromic.



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY  
SIN No:BED240220333



Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
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**DEPARTMENT OF HAEMATOLOGY**

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

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


Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

**IMPRESSION : Mild Micro, Mild Hypochromic cells blood picture.**

Note/Comment : Please Correlate clinically

Page 3 of 16



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY  
SIN No:BED240220333

Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 10:01AM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 01:50PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	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:BED240220333





Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 01:47PM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 02:04PM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 03:07PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	113	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:**

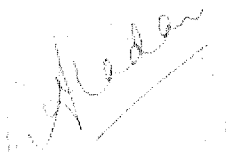
- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	102	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:PLP1484227



Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 03:38PM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 04:48PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6.6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	143	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:EDT240088756



Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 10:15AM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 01:51PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	237	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	108	mg/dL	<150	
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	201	mg/dL	<130	Calculated
LDL CHOLESTEROL	179.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.58		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.12		<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:SE04817209

Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 10:15AM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 03:07PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
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)	14	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.3		<1.15	Calculated
ALKALINE PHOSPHATASE	91.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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.

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04817209




Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
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Visit ID	: STAROPV72802	Status	: Final Report
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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:SE04817209

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Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 10:15AM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 03:07PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.07	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	18.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.90	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	<b>4.90</b>	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated




  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY  
SIN No:SE04817209

Patient Name : Mr.RAJENDRA S MOHRIR  
Age/Gender : 60 Y 0 M 7 D/M  
UHID/MR No : STAR.0000065045  
Visit ID : STAROPV72802  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 47539  
Collected : 29/Aug/2024 09:05AM  
Received : 29/Aug/2024 10:15AM  
Reported : 29/Aug/2024 01:51PM  
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. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	20.00	U/L	16-73	Glycylglycine Kinetic method



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY  
SIN No:SE04817209

Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 10:14AM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 01:52PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.83	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.53	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.530	µIU/mL	0.25-5.0	ELFA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

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

SIN No:SPL24136300




Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 10:14AM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 01:52PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

**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:SPL24136300

Patient Name : Mr.RAJENDRA S MOHRIR  
Age/Gender : 60 Y 0 M 7 D/M  
UHID/MR No : STAR.0000065045  
Visit ID : STAROPV72802  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 47539  
Collected : 29/Aug/2024 09:05AM  
Received : 29/Aug/2024 10:14AM  
Reported : 29/Aug/2024 03:08PM  
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. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.730	ng/mL	0-4	ELFA



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY  
SIN No:SPL24136300

Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 01:43PM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 03:22PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Refractometric
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	TRACE		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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	FEW GRANULAR CAST SEEN.		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Kindly correlate clinically.

**Comment:**

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

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2408582



Patient Name	: Mr.RAJENDRA S MOHRIR	Collected	: 29/Aug/2024 09:05AM
Age/Gender	: 60 Y 0 M 7 D/M	Received	: 29/Aug/2024 01:43PM
UHID/MR No	: STAR.0000065045	Reported	: 29/Aug/2024 03:22PM
Visit ID	: STAROPV72802	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 47539		

**DEPARTMENT OF CLINICAL PATHOLOGY**


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

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

\*\*\* End Of Report \*\*\*

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DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2408582

Patient Name : Mr.RAJENDRA S MOHRIR  
Age/Gender : 60 Y 0 M 7 D/M  
UHID/MR No : STAR.0000065045  
Visit ID : STAROPV72802  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 47539

Collected : 29/Aug/2024 09:05AM  
Received : 29/Aug/2024 01:43PM  
Reported : 29/Aug/2024 03:22PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:UR2408582



Patient Name : Mr. RAJENDRA S MOHRIR Age : 60 Y M  
UHID : STAR.0000065045 OP Visit No : STAROPV72802  
Reported on : 29-08-2024 12:26 Printed on : 29-08-2024 12:27  
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:29-08-2024 12:26

---End of the Report---

  
**Dr. VINOD SHETTY**  
Radiology

Name : Mr.Rajendra Mohrir  
Age : 60 Year(s)

Date : 29/08/2024  
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%).  
Grade I diastolic dysfunction.  
Normal RV systolic function.  
No intracardiac clots / vegetation/ pericardial effusion.  
No evidence of pulmonary hypertension.PASP=30mmHg.  
IVC 12 mm collapsing with respiration.

#### **Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT WITH GRADE I DD.

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

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

Name : Mr.Rajendra Mohrir  
Age : 60 Year(s)

Date : 29/08/2024  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	70mm/sec
EPSS	05mm
LA	30mm
AO	27mm
LVID (d)	51mm
LVID(s)	25mm
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](http://www.apollohl.com)



Patient name : MR.RAJENDRA MOHRIR  
Ref. By : HEALTH CHECK UP

Date : 29-08-2024  
Age : 60 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 Left Renal Fossa is empty with the Left Kidney visualized medial and inferior to the Right Kidney with parenchymal fusion. The RIGHT KIDNEY measures 11.4 x 4.8 cms and the LEFT KIDNEY measures 9.6 x 4.2 cms in size. Both Kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen .

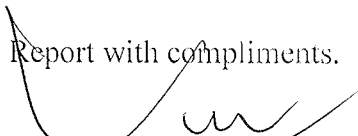
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 3.4 x 2.5 x 2.4 cms and weighs 10.9 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 crossed fused Ectopic Left Kidney with parenchymal fusion to the lower pole of Right Kidney.  
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](http://www.apollospectra.com)



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

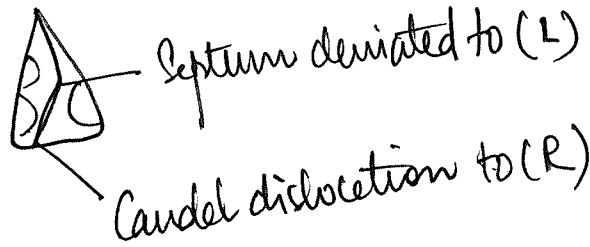
Name: Mr Rajendra S Mohrin  
Age: 60yrs/M

29/8/2024

- For ENT health consultation
- Offers no complaints

O/E - Ear -   B/L TM intact, mobile  
R L

Nose -



Throat - NAD

---

Imp: ENT-NAD

---

*for*



60years

KAJENDIKA

Unknown

29/08/2024 09:47

Rate: 56 . Sinus rhythm  
 . Anteroseptal infarct, age indeterminate  
 . Baseline wander in lead(s) I III aVR aVL aVF V1 V2 V3 V4 V5 V6

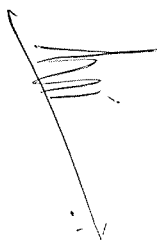
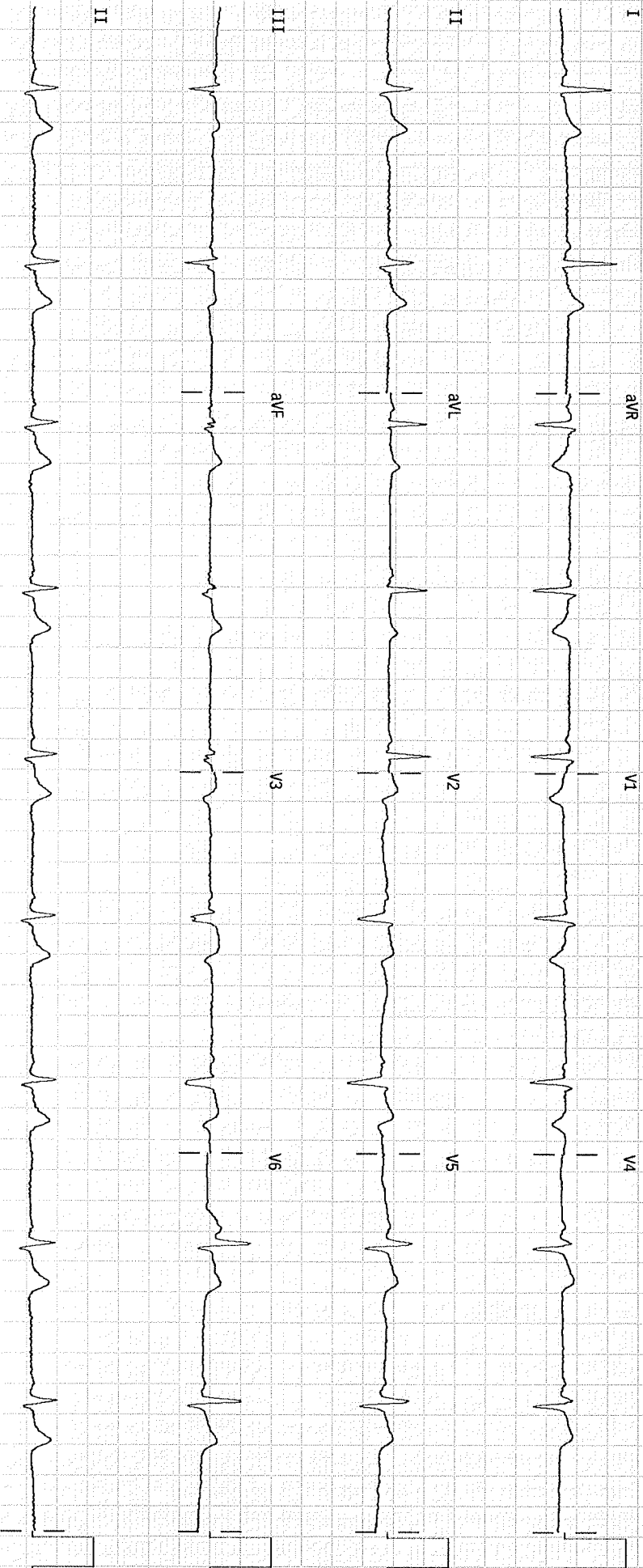
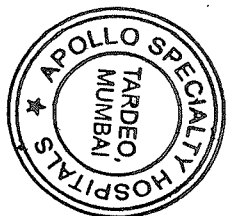
PR 132  
 QRSD 108  
 QT 390  
 QTcB 375

--AXIS--  
 P 9  
 QRS -2  
 T 26

12 Leads; Standard Placement

*Samplet RBBB not freeze changes.*

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

Device:

Speed: 25mm/sec

Limb: 10.0mm/mV

Chest: 10.00mm/mV

F 50- 0.50-40 Hz W

110C CL

P2

**EYE REPORT**

Name: Rajendra Mohir.

Date: 29/8/24

Age/Sex: 60/M.

Ref No.:

Complaint: BOV in L.E & PG.; h/o RK done in 1989

⊕ — 4 cut R. K marks + — ⊕

**Examination**

PG < +0.75  
+4.0

0.4:1  
FR+

V.H. Gr. IV

RTR ⊕

Clear lens.

Tenellated fundus  
0.4:1  
FR+

**Spectacle Rx**

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	+	+	130°	6/9	+	+	30°
Read	N6	0.5	1.0		N6	3.50	1.0	

add +3.0

add +3.0

Remarks:

**Medications:**

Trade Name	Frequency	Duration

Follow up:



*[Handwritten signature]*

Consultant:

**Apollo Spectra Hospitals**  
Famous Cine Labs, 156, Pt. M. M.  
Malviya Road, Tardeo, Mumbai - 400 034.  
Tel.: 022 4332 4500 www.apollospectra.com

*Dr. Nasrat J. Bakhari (Mistry)*  
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Mr. Rajendra M.

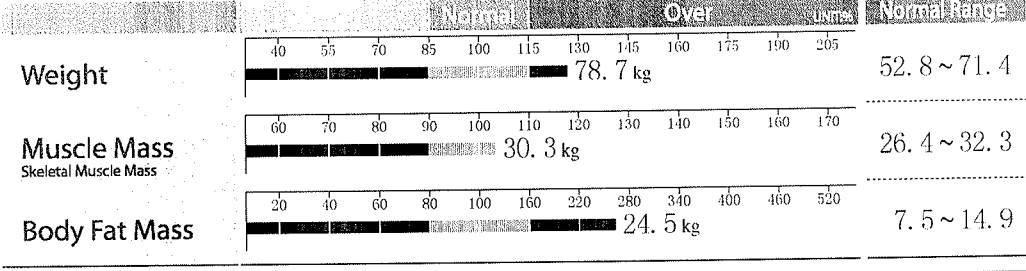
Age 60

Height 168cm  
Gender Male

Date 29. 8. 2024  
Time 09:59:53

APOLLO SPECTRA HOSPITAL

## Body Composition



TBW Total Body Water	39.8 kg (34.9 ~ 42.7)	FFM Fat Free Mass	54.2 kg (45.3 ~ 56.5)
Protein	10.7 kg (9.4 ~ 11.4)	Mineral*	3.68 kg (3.23 ~ 3.95)

\* Mineral is estimated.

## Obesity Diagnosis

BMI Body Mass Index (kg/m <sup>2</sup> )	27.9	18.5 ~ 25.0
PBF Percent Body Fat (%)	31.2	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.93	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1540	1670 ~ 1959

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 Lean

Left	3.0 kg Normal	Right	3.0 kg Normal
Trunk		24.5 kg Normal	
Left	8.4 kg Normal	Right	8.3 kg Normal

## Segmental Fat

Left	34.2% 1.6 kg Over	Right	32.6% 1.6 kg Over
Trunk		33.3% 13.0 kg Over	
Left	28.7% 3.6 kg Over	Right	28.7% 3.5 kg Over

\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control 0.0 kg    Fat Control 15.0 kg    Fitness Score 66

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	316.0	327.4	23.8	247.9	242.0
100kHz	276.6	289.8	19.4	224.5	214.8

\* 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: 78.7 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
157	275	236	275	257	275	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
178	236	275	394	150	178	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
394	394	394	236	275	139	
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**  
1600 kcal

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

<b>Patient Name</b>	: Mr. RAJENDRA S MOHRIR	<b>Age/Gender</b>	: 60 Y/M
<b>UHID/MR No.</b>	: STAR.0000065045	<b>OP Visit No</b>	: STAROPV72802
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-08-2024 12:27
<b>LRN#</b>	: RAD2409792	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 47539		

**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

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<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-08-2024 11:45
<b>LRN#</b>	: RAD2409792	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 47539		

**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 Left Renal Fossa is empty with the Left Kidney visualized medial and inferior to the Right Kidney with parenchymal fusion. The RIGHT KIDNEY measures 11.4 x 4.8 cms and the LEFT KIDNEY measures 9.6 x 4.2 cms in size. Both Kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen .**

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

**PROSTATE** : The prostate measures 3.4 x 2.5 x 2.4 cms and weighs 10.9 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 crossed fused Ectopic Left Kidney with parenchymal fusion to the lower pole of Right Kidney. No other significant abnormality is detected.**

**Patient Name** : Mr. RAJENDRA S MOHRIR

**Age/Gender** : 60 Y/M

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