

Echocardiography Report

Name: Mr. KISHAN KUMAR SONY

Age/Sex: 33Yrs/M

Date: 04.09.2024

Summary of 2D echo

Baseline echocardiography revealed:

- No chamber enlargement seen.
- No RWMA.
- LVEF - 60%
- Normal Diastolic function (E>A)
- Good RV function
- No MR
- Trace TR
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse

Observations:-Dimensions

LVID d=	38.8	(35-55mm)
LV IVS=	6.6	(06-11mm)
Pwd =	9.0	(06-11mm)
Ao =	21.3	(20-37mm)
LA =	23.7	(21-37mm)
LVEF =	60%	(55 +6.2%)

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Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited

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Mitral Valve - Normal

No MR

Aortic valve- Normal

No AR

Tricuspid Valve -

Trace TR

Pulmonary Valve-Norm

No PR

Impression:

- Normal Valves & Chamber dimensions
- No RWMAP
- Normal LV systolic function (EF= 60%)
- Normal Diastolic function
- No PAH

DR. RAJNI SHARMA (DM CARDIOLOGY)

SR. CONSULTANT

Dr. RAJNI SHARMA
MBBS, MD, DM Cardiology
Senior Consultant- Cardiology
Apollo One, Plot No.34, Pusa Road
Karol Bagh, New Delhi-110005
Regn. No. DMC-22672

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

kishan kumar sany on 3/9/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
Medically Fit	<input checked="" type="checkbox"/>
<p>It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>lifestyle modification</u></p> <p>2.</p> <p>3.</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<p>Current Unfit.</p> <p>Review after _____ recommended</p>	
Unfit	

Height: 175cm

Weight: 51kg

Blood Pressure: 108/78 mmHg

Dr.  _____
Medical Officer

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New Delhi-110005

This certificate is not meant for medico-legal purposes

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Mr. Kishan Kumar Sony
Age - 33y/M

Height : 175 cm	Weight : 51 kg.	BMI : 16.65	Waist Circum :
Temp : 98.6 F	Pulse : 94 bpm	Resp : 20 mt	B.P : 108/78 mmHg

<p>General Examination / Allergies History</p> <p>P. History - No.</p> <p>Sx History - No.</p> <p>Family History - f-DM2 M-x</p> <p>Married - No kids.</p> <p>Allergy - No.</p> <p>Diet - Veg.</p> <p>Physical activity - walk</p> <p>Addiction - No.</p>	<p style="text-align: center;">SPO2 - 98%</p> <p>Clinical Diagnosis & Management Plan</p> <p>Pt. came for general physical checkup.</p> <p><u>O/E</u> - CVS - S1S2t</p> <p>CNS - conscious, oriented</p> <p>PA - soft, NT.</p> <p>RS - B/C air entry +.</p> <p>GI - indigestion - frequent episodes. - anxiety episodes</p> <p style="text-align: center;"><u>Adw</u></p> <p>- Cardio exercises.</p> <p>- Breathing exercises.</p> <p>- Non-oily, non fried food</p> <p>- Tab. Spolec DS x 15 days 1-0-1</p> <p>- Tab. Pantop 40mg x 15 days 1-0-0</p> <p style="text-align: center;"><u>Psychiatry consultation</u></p> <p style="text-align: center;">APOLLO ONE Doctor Signature</p> <p style="text-align: center;">Plot No. 3, Block No. 34, Metro Pillar No. 77 Pusa Road, WEA Karol Bagh, New Delhi - 110002</p> <p style="text-align: center;">BOOK YOUR APPOINTMENT TODAY!</p>
	<p style="text-align: center;">Reports awaited</p> <p>Follow up date:</p>

=====

NAME: KISHAN KUMAR SONY

DATE: 03.09.2024

REF. BY:- HEALTH CHECKUP

=====

AGE : 33Y/SEX/M

MR. NO:- SKAR.0000076046

S.NO. :- 2222

=====

X-RAY CHEST PA VIEW

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.

Please correlate clinically and with lab. Investigations



DR. SEEMA PRAJAPATI
SENIOR RESIDENT
RADIODIAGNOSIS

Note: It is only a professional opinion. Kindly correlate clinically.

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Apollo One

CONSENT FORM

Patient Name: Kishan Kumar Sony Age: 83
UHID Number: Company Name: Bank of Baroda

I Mr/Mrs/Ms. K. Kishan Kumar Sony Employee of Bank of Baroda
(Company) Want to inform you that ~~I am not interested in getting~~
Tests done which is a part of my routine health check package. Due to unavailability of Doctor, I will come on
04/09/2024

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 02/09/2024

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NEW DELHI, DELHI INDIA

Pincode:- 110005
Phone no:- 1860-500-7788
Email:- ApolloOnePusaRoad@apolloclinic.com

Apollo One

CONSENT FORM

Patient Name: Kishan Kumar Sany Age: 32

UHID Number: Company Name: Bank of Baroda

I Mr/Mrs/Ms Kishan Kumar Sany Employee of Bank of Baroda
(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

Due to unavailability of Doctor, I will come tomorrow on 04/09/2024 for Echo-2D Test

And I claim the above statement in my full consciousness.

Patient Signature: Kishan

Date: 03/09/2024

Apollo One - New Delhi Address:

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NEW DELHI, DELHI INDIA

Pincode:- 110005
Phone no:- 1860-500-7788
Email:- ApolloOnePusaRoad@apolloclinic.com

Eye Checkup

NAME: - MR. Kishan Kumar Somy

Age: - 33

Date: 31/9/24

SELF / CORPORATE: -

Right Eye		Left Eye
Distant Vision	Same Vision (6/6)	Same Vision (6/6)
Near vision	6/6	6/6
Color vision	OK	OK
Fundus examination		
Intraocular pressure		
Slit lamp exam		

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DR. ALVEEN KAUR

Consultant - Dentist

BDS

Contact : 9817966537



Advanced Diagnostics Powered by AI

Mr. Kishan Kumar

33/M

Q:-

Crowding .

Stains⁺⁺

Calculus⁺⁺

Tartar⁺

Halitosis⁺

fed 1st 6/

R Adv.

→ Capping 1st 6/

oral prophylaxis

Dr. Alveen Kaur

Signature: -

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Dr. Sanjiv Dang

MBBS, MS (ENT)
Ear, Nose & Throat Consultant
DMC Regn. No. 9555
Timing : 5.30 pm - 8.30 pm
E : sanjivdang.mamc@gmail.com

For appointment please contact :
011-40043300-07, 8448702877

Krishan Kumar Soni
M 33ycom

ENT : (NAD)
R
Chest : clear

Ad
No medication
SDang
3.9.2024

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Ameerpet, Hyderabad-500038, Telangana.

ID	Height	Age	Gender	Test Date / Time
skar0000076046	175cm	33	Male	03.09.2024. 08:49

! Check impedance.

Body Composition Analysis

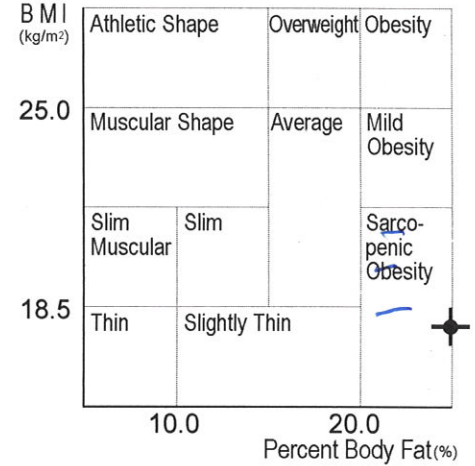
	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	24.8 (37.9~46.3)	24.8	31.5 (48.7~59.5)	33.3 (51.5~63.0)	51.3 (57.3~77.5)
Protein (kg)	6.3 (10.2~12.4)				
Minerals (kg)	2.20 (3.50~4.28)	non-osseous			
Body Fat Mass (kg)	18.0 (8.1~16.2)				

InBody Score

/100 Points

* InBody Score cannot be calculated.
You may have Edema. Please consult your physician.

Body Type



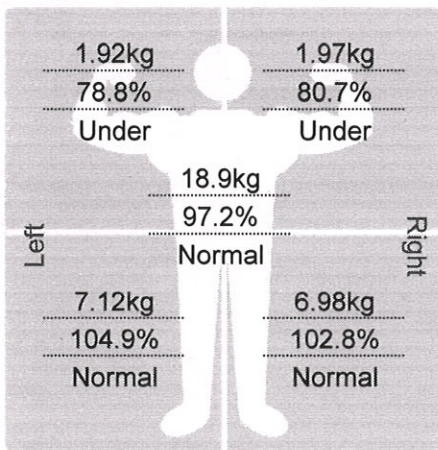
Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %	51.3	
SMM (kg) Skeletal Muscle Mass	70 80 90 100 110 120 130 140 150 160 170 %	17.0	
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %	18.0	

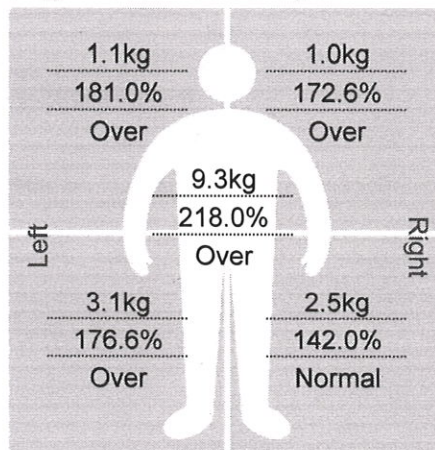
Obesity Analysis

	Under	Normal	Over
BMI (kg/m²) Body Mass Index	10.0 15.0 18.5 22.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0	16.8	
PBF (%) Percent Body Fat	0.0 5.0 10.0 15.0 20.0 25.0 30.0 35.0 40.0 45.0 50.0	35.1	

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Weight Control

Target Weight	67.4 kg
Weight Control	+ 16.1 kg
Fat Control	- 7.9 kg
Muscle Control	+ 24.0 kg

Obesity Evaluation

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

Body Balance Evaluation

Upper	<input checked="" type="checkbox"/> Balanced	<input type="checkbox"/> Slightly Unbalanced	<input type="checkbox"/> Extremely Unbalanced
Lower	<input checked="" type="checkbox"/> Balanced	<input type="checkbox"/> Slightly Unbalanced	<input type="checkbox"/> Extremely Unbalanced
Upper-Lower	<input type="checkbox"/> Balanced	<input checked="" type="checkbox"/> Slightly Unbalanced	<input type="checkbox"/> Extremely Unbalanced

Research Parameters

Basal Metabolic Rate	1089 kcal (1218~1406)
Waist-Hip Ratio	1.05 (0.80~0.90)
Visceral Fat Level	11 (1~9)
Obesity Degree	76 % (90~110)
Bone Mineral Content	1.80 kg (2.89~3.53)
SMI	5.9 kg/m ²
Recommended calorie intake	2552 kcal

Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	524.5	524.7	241.2	265.6	439.1
50 kHz	457.3	472.0	37.4	410.7	388.7
250 kHz	410.2	423.2	31.6	371.4	350.0

Body Composition History

	Weight (kg)	SMM (kg)	PBF (%)
Recent	51.3	17.0	35.1
Total			

03.09.24. 08:49

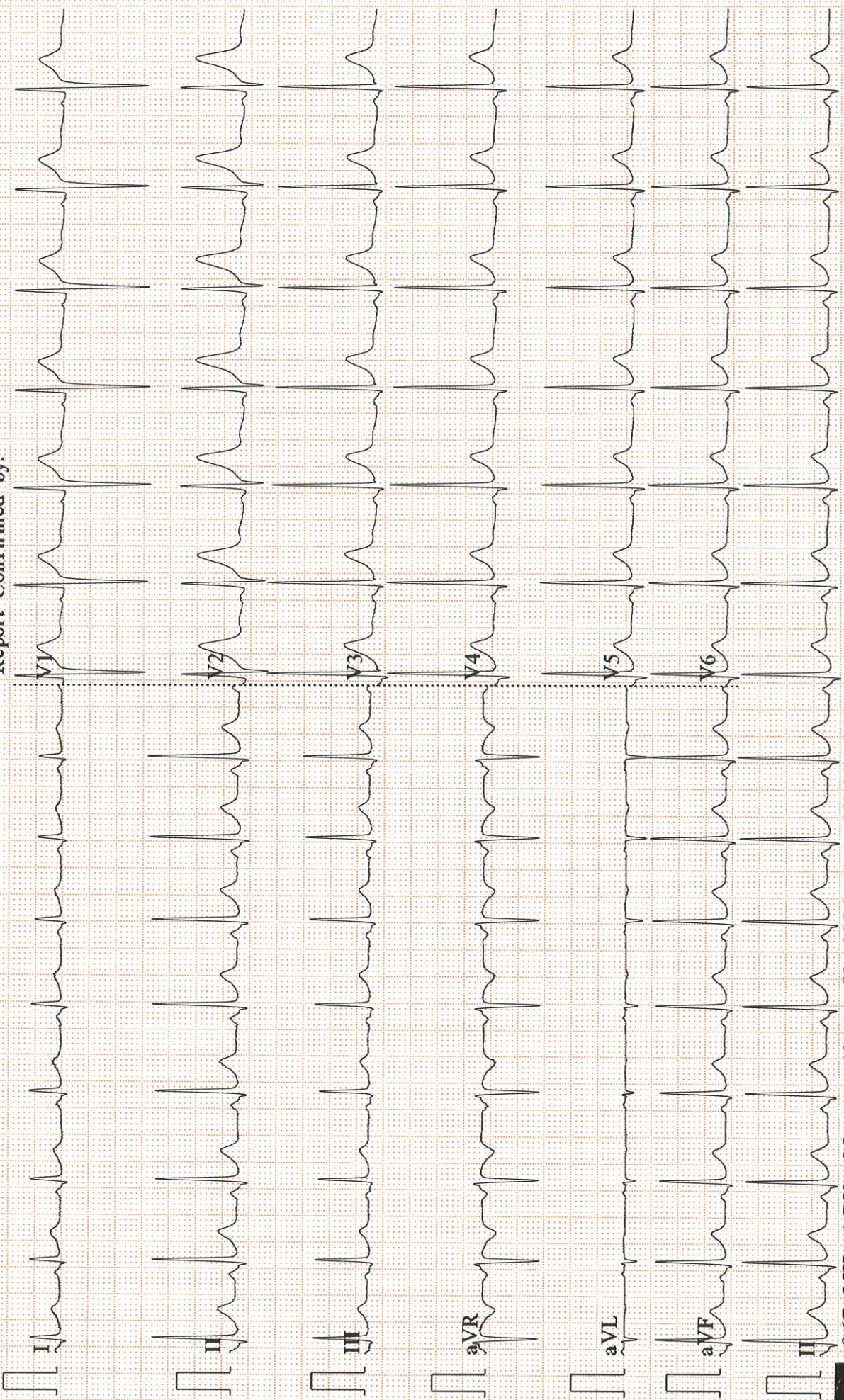
03-09-2024 08:43:48 AM

MR KISHAN KUMAR SONY
Male 33Years
Req. No. :

Diagnosis Information:
Sinus Arrhythmia
Short PR Interval

HR : 92 bpm
P : 84 ms
PR : 104 ms
QRS : 77 ms
QT/QTcBz : 334/413 ms
P/QRS/T : 57/73/66 °
RV5/SV1 : 1.702/1.524 mV

Report Confirmed by:



NAME:-KISHAN KUMAR SONY	AGE: 33Y/ SEX: M <small>Advanced Diagnostics Powered by AI</small>
DATE: September 3, 2024	REF.BY:- ARCOFEMI HEALTHCARE LIMITED
S.NO.:- 733	UHID NO.:- SKAR.0000076046

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size(12cm) and shows normal echotexture. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is partially contracted, does not show any evidence of cholecystitis or cholelithiasis.

CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size (RK 9.2 x 3.8cm, LK 10 x4.4cm in length), shape and echo pattern. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size (12cm) and echotexture.

Pancreas visualized part appears normal.

Urinary bladder is adequate and shows no mural or intraluminal pathology

Prostate is normal in Size(45x25x36mm), volume ~22cc and Shape. No focal lesion is seen.

Please correlate clinically.



DR. SEEMA PRAJAPATI
SENIOR RESIDENT
RADIODIAGNOSIS

This report is only a professional opinion and it is not valid for medico-legal purposes.

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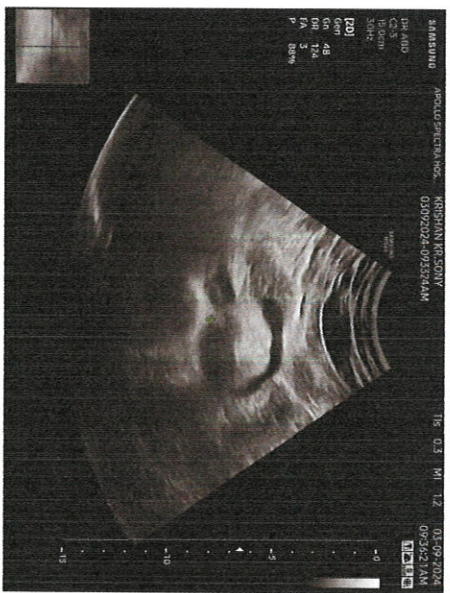
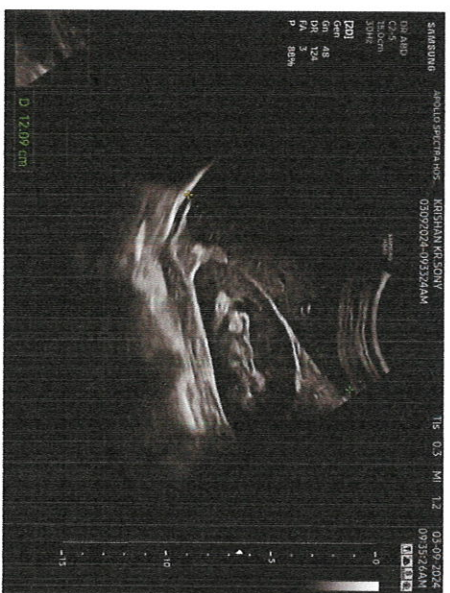
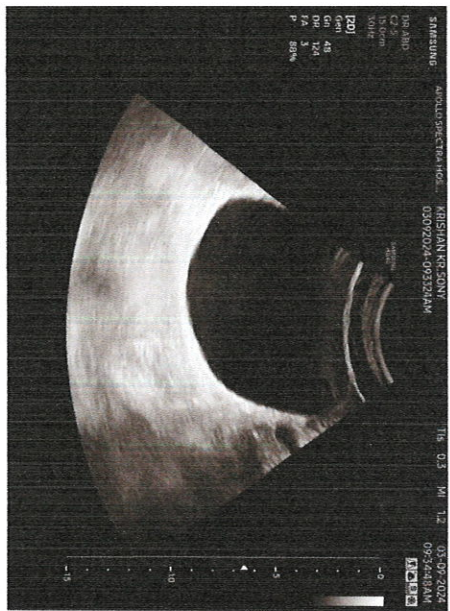
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Patient

ID
Name
Birth Date
Gender

Exam

03092024-093324AM
KRISHAN KR SONU
Accession #
Exam Date
Description
Operator



Patient Name : Mr.KISHAN KUMAR SONY
Age/Gender : 33 Y 3 M 6 D/M
UHID/MR No : SKAR.0000076046
Visit ID : CAOPOPV1470
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E32423

Collected : 03/Sep/2024 08:55AM
Received : 03/Sep/2024 10:04AM
Reported : 03/Sep/2024 10:49AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

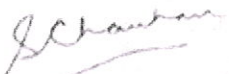
RBCs Show mild anisocytosis, are predominantly Normocytic Normochromic .

WBCs Normal in number and morphology
Differential count is within normal limits

Platelets Adequate in number, verified on smear
No Hemoparasites seen in smears examined.

Impression Normal peripheral smear study

Advice Clinical correlation



Dr.Shivangi Chauhan
M.B.B.S,M.D(Pathology)
Consultant Pathologist



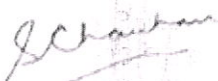
Patient Name	: Mr.KISHAN KUMAR SONY	Collected	: 03/Sep/2024 08:55AM
Age/Gender	: 33 Y 3 M 6 D/M	Received	: 03/Sep/2024 10:04AM
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Visit ID	: CAOPOPV1470	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32423		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13	g/dL	13-17	Spectrophotometer
PCV	39.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.5	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	29	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3185	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1421	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	98	Cells/cu.mm	20-500	Calculated
MONOCYTES	196	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.24		0.78- 3.53	Calculated
PLATELET COUNT	159000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Page 2 of 15


Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: BED240223115



TOUCHING LIVES

Patient Name : Mr.KISHAN KUMAR SONY
 Age/Gender : 33 Y 3 M 6 D/M
 UHID/MR No : SKAR.0000076046
 Visit ID : CAOPOPV1470
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E32423




Collected : 03/Sep/2024 08:55AM
 Received : 03/Sep/2024 10:04AM
 Reported : 03/Sep/2024 11:22AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination


 Dr. Shivangi Chauhan
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist



SIN No: BED240223115

Patient Name : Mr.KISHAN KUMAR SONY
Age/Gender : 33 Y 3 M 6 D/M
UHID/MR No : SKAR.0000076046
Visit ID : CAOPOPV1470
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E32423

Collected : 03/Sep/2024 08:55AM
Received : 03/Sep/2024 02:47PM
Reported : 03/Sep/2024 04:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	GOD - POD

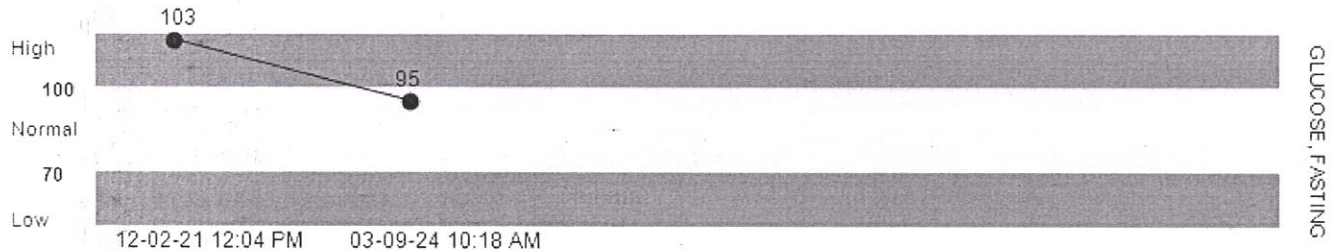
Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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

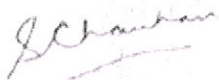


Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	135	mg/dL	70-140	GOD - POD

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


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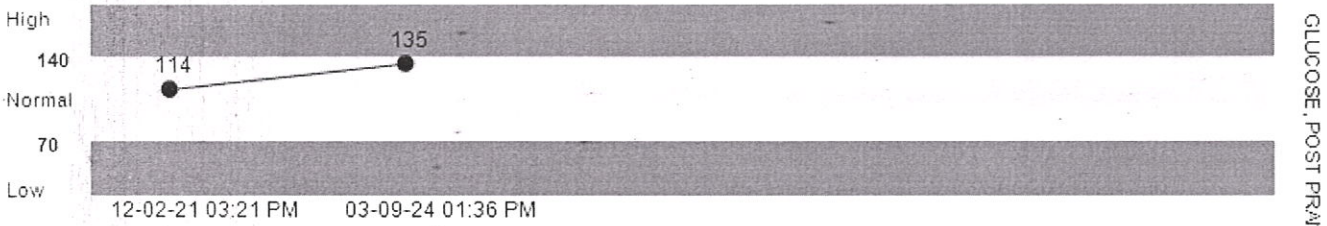
Patient Name : Mr.KISHAN KUMAR SONY
Age/Gender : 33 Y 3 M 6 D/M
UHID/MR No : SKAR.0000076046
Visit ID : CAOPOPV1470
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E32423

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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.



Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	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

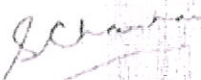
Note: Dietary preparation or fasting is not required.

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.


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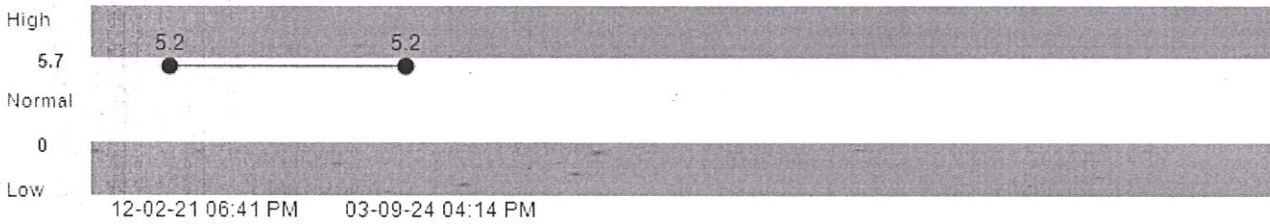
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5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 A: HbF >25%
 B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No: EDT240089505

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	201	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	111	mg/dL	<150	
HDL CHOLESTEROL	57	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	144	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.53		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

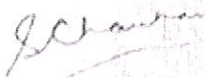
Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.90	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.90	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	1.00	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	124.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.20	g/dL	6.7-8.3	BIURET
ALBUMIN	5.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	2.15		0.9-2.0	Calculated

Please correlate clinically.

Comment:

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

1. Hepatocellular Injury:

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

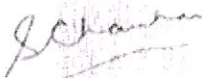
2. Cholestatic Pattern:

*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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Consultant Pathologist



SIN No:SE04820071



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Patient Name : Mr.KISHAN KUMAR SONY
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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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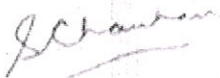
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	14.10	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	4.0-7.0	URICASE
CALCIUM	11.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.20	g/dL	6.7-8.3	BIURET
ALBUMIN	5.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	2.15		0.9-2.0	Calculated

Please correlate clinically.


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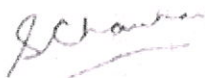
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), <i>SERUM</i>	13.00	U/L	16-73	Glycylglycine Kinetic method

Please correlate clinically.

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SIN No:SE04820071

Patient Name : Mr.KISHAN KUMAR SONY
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.89	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.323	µIU/mL	0.38-5.33	CLIA

Comment:

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

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

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



Nidhi
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M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SPL24137653



TOUCHING LIVES

MC- 6048

Patient Name : Mr.KISHAN KUMAR SONY
 Age/Gender : 33 Y 3 M 6 D/M
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	------------------------------------------

Nidhi

Dr Nidhi Sachdev
 M.B.B.S,MD(Pathology)
 Consultant Pathologist

SIN No:SPL24137653



Patient Name : Mr.KISHAN KUMAR SONY
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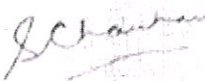
Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Refractometric
BIOCHEMICAL EXAMINATION				
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	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/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.

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SIN No: UR2410136

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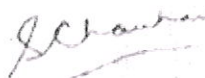
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Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***


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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.

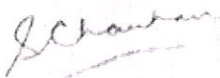
Laboratories not be responsible for any interpretation whatsoever.

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.

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SIN No: UF012084

