


Patient Name : Mr.RAJESH KUMAR	Collected : 14/Sep/2024 11:24AM
Age/Gender : 48 Y 3 M 4 D/M	Received : 14/Sep/2024 12:36PM
UHID/MR No : CAOP.0000001233	Reported : 14/Sep/2024 03:43PM
Visit ID : CAOPPV01619	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32954	

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.4	g/dL	13-17	Spectrophotometer
PCV	36.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.07	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	72.0	fL	83-101	Calculated
MCH	22.5	pg	27-32	Calculated
MCHC	31.2	g/dL	31.5-34.5	Calculated
R.D.W	16.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	75	%	40-80	Electrical Impedance
LYMPHOCYTES	20	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5700	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1520	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	152	Cells/cu.mm	20-500	Calculated
MONOCYTES	228	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.75		0.78- 3.53	Calculated
PLATELET COUNT	156000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBCs	Show mild anisocytosis are Normocytic Normochromic along with few microcytic hypochromic cells			
WBCs	Are essentially unremarkable. No abnormal cells seen.			
Platelets	Adequate in number, verified on smear			



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



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

SIN No: AOP240900241

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK


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	No Hemoparasites seen in smears examined.
Advice	Clinical correlation



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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



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Patient Name : Mr.RAJESH KUMAR	Collected : 14/Sep/2024 11:24AM
Age/Gender : 48 Y 3 M 4 D/M	Received : 14/Sep/2024 02:28PM
UHID/MR No : CAOP.0000001233	Reported : 14/Sep/2024 02:52PM
Visit ID : CAOPOPV01619	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
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:

- 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.



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Patient Name	: Mr.RAJESH KUMAR	Collected	: 16/Sep/2024 11:28AM
Age/Gender	: 48 Y 3 M 4 D/M	Received	: 16/Sep/2024 12:54PM
UHID/MR No	: CAOP.0000001233	Reported	: 16/Sep/2024 01:43PM
Visit ID	: CAOPOPV01619	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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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
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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Patient Name	: Mr.RAJESH KUMAR	Collected	: 14/Sep/2024 11:24AM
Age/Gender	: 48 Y 3 M 4 D/M	Received	: 14/Sep/2024 02:30PM
UHID/MR No	: CAOP.0000001233	Reported	: 14/Sep/2024 03:39PM
Visit ID	: CAOPPV01619	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	157	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	90	mg/dL	<150	
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	103	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.36		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.04		<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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	160.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	5.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		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.

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



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Emp/Auth/TPA ID	: 22E32954		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.77	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	21.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	97	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	5.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated



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



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

SIN No: AOP240900242

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Patient Name : Mr.RAJESH KUMAR	Collected : 14/Sep/2024 11:24AM
Age/Gender : 48 Y 3 M 4 D/M	Received : 14/Sep/2024 03:37PM
UHID/MR No : CAOP.0000001233	Reported : 14/Sep/2024 04:25PM
Visit ID : CAOPOPV01619	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32954	

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) , SERUM	163.00	U/L	16-73	Glycylglycine Kinetic method



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



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Patient Name : Mr.RAJESH KUMAR	Collected : 14/Sep/2024 11:24AM
Age/Gender : 48 Y 3 M 4 D/M	Received : 14/Sep/2024 07:36PM
UHID/MR No : CAOP.0000001233	Reported : 14/Sep/2024 09:34PM
Visit ID : CAOPOPV01619	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32954	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.44	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.5	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.450	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



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



SIN No:AOP240900244
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Visit ID : CAOPOPV01619	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32954	

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

Nidhi

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



SIN No:AOP240900244
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Patient Name : Mr.RAJESH KUMAR	Collected : 14/Sep/2024 11:24AM
Age/Gender : 48 Y 3 M 4 D/M	Received : 14/Sep/2024 07:36PM
UHID/MR No : CAOP.0000001233	Reported : 14/Sep/2024 08:11PM
Visit ID : CAOPOPV01619	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32954	

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	0.980	ng/mL	0-4	CLIA



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist

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Patient Name : Mr.RAJESH KUMAR	Collected : 14/Sep/2024 11:24AM
Age/Gender : 48 Y 3 M 4 D/M	Received : 14/Sep/2024 01:16PM
UHID/MR No : CAOP.0000001233	Reported : 14/Sep/2024 03:39PM
Visit ID : CAOPOPV01619	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32954	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
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	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/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.



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



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Patient Name : Mr.RAJESH KUMAR	Collected : 16/Sep/2024 11:28AM
Age/Gender : 48 Y 3 M 4 D/M	Received : 16/Sep/2024 01:22PM
UHID/MR No : CAOP.0000001233	Reported : 16/Sep/2024 01:26PM
Visit ID : CAOPOPV01619	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32954	

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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



Dr. Shivangi Chauhan
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Consultant Pathologist



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SIN No: AOP240900428

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Patient Name : Mr.RAJESH KUMAR	Collected : 14/Sep/2024 11:24AM
Age/Gender : 48 Y 3 M 4 D/M	Received : 14/Sep/2024 04:18PM
UHID/MR No : CAOP.0000001233	Reported : 14/Sep/2024 04:48PM
Visit ID : CAOPOPV01619	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32954	

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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



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



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

SIN No: AOP240900247

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APOLLO CLINICS NETWORK

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Patient Name : Mr.RAJESH KUMAR
Age/Gender : 48 Y 3 M 4 D/M
UHID/MR No : CAOP.0000001233
Visit ID : CAOPOPV01619
Ref Doctor : Self
Emp/Auth/TPA ID : 22E32954

Collected : 14/Sep/2024 11:24AM
Received : 14/Sep/2024 04:18PM
Reported : 14/Sep/2024 04:48PM
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.Shivangi Chauhan
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Patient Name	: Mr. RAJESH KUMAR	Age	: 48Yrs 3Mths 9Days
UHID	: CAOP.0000001233	OP Visit No.	: CAOPOPV01619
Printed On	: 18-09-2024 11:57 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E32954		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size(13.6cm) and shows diffuse increase in echotexture with suggestive of Grade I fatty infiltration. No focal lesion seen in the liver. **Intrahepatic saccular dilatation of portal vein~21mm before bifurcation likely portal vein aneurysm.**

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 9.6x 4.3cm, LK 9.8x 5.1cm), shape and echo pattern. No growth or hydro nephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size (12.2cm) and echotexture.

Pancreas visualized part appears normal.

No free fluid seen in the peritoneal cavity.

Urinary bladder is adequate and shows no mural or intraluminal pathology.

Prostate is enlarged in Size(46x39x34mm), volume ~33cc s/o Prostatomegaly. and Shape. No focal lesion is seen.

Please correlate clinically.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



Dr. SEEMA PRAJAPATI
MBBS MD Radio
DMC111002
Radiology

DR. ALVEEN KAUR

Senior Consultant - Dental

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Eye Checkup

NAME: - Mr. RAJESH Kumar

Age: - 48

Date: 17/9/24

SELF / CORPORATE: -

Right Eye		Left Eye
Distant Vision	6/6	6/6
Near vision	N.V +3.00 sph	N.V +3.00 sph
Color vision	OK	OK
Fundus examination	/	/
Intraocular pressure	/	/
Slit lamp exam	/	/

Signature

APOLLO HEALTH AND LIFESTYLE LTD.
APOLLO ONE
Plot No. 3, Block No. 34, Metro Pillar No. 77
Pusa Road, WEA Karol Bagh
New Delhi-110005

Apollo One (Unit of Apollo Health and Lifestyle Ltd)

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
7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

www.apolloclinic.com

DR. RAJEEV NANGIA

MBBS, MS (ENT)

Senior Consultant

Contact: 8929440195

RAJESH KUMAR

48y M

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

For better
ENT Exam

OPH
ENT - NAD

[Signature]
14/9/26

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Pusa Road, WEA Karol Bagh
New Delhi-110005

Follow up date:

Doctor Signature

ID: 0000001233

14-09-2024 10:21:06 AM

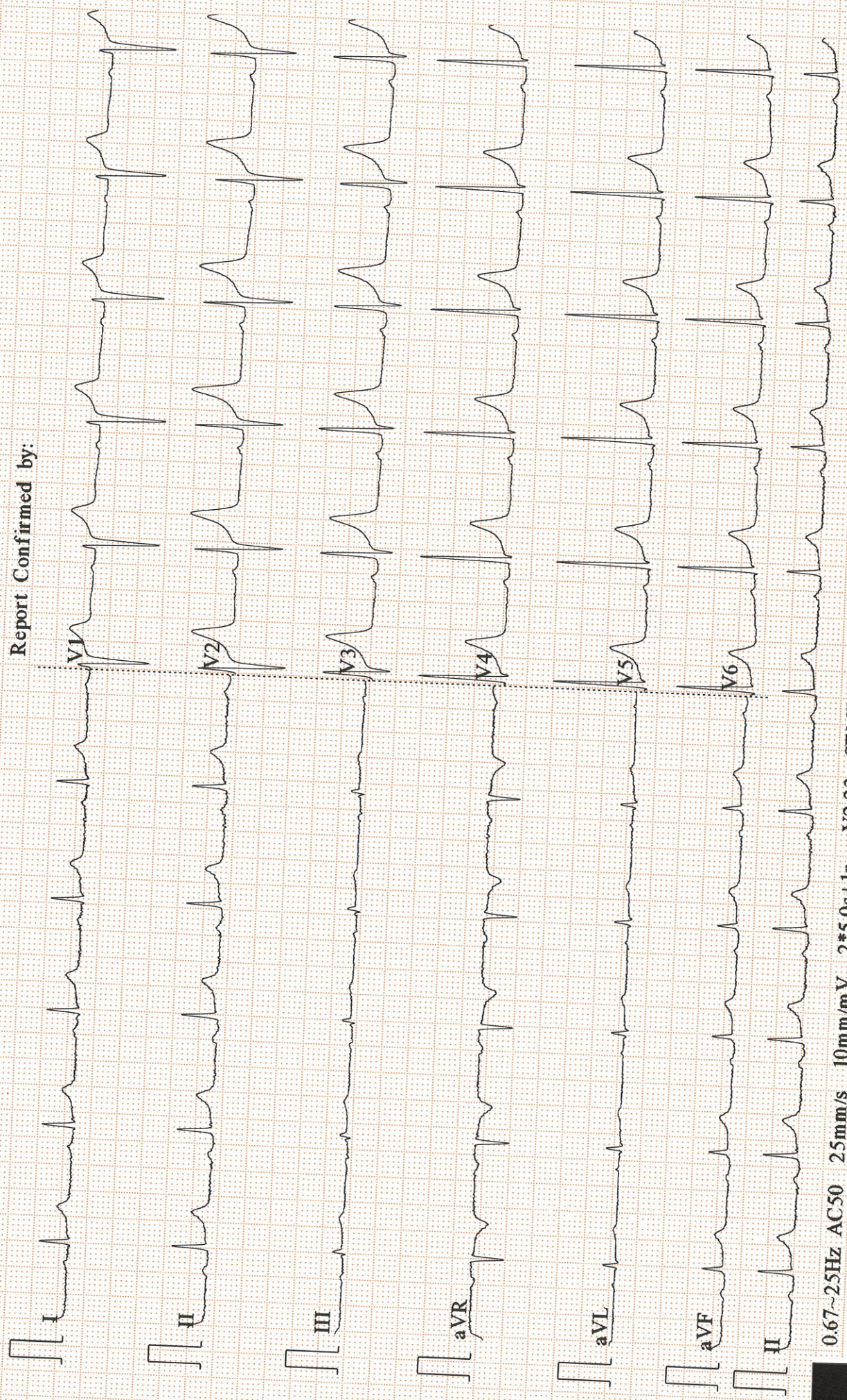
ARROW CC

MR RAJESH KUMAR
Male 48Years
Req. No. :

Diagnosis Information:
Sinus Rhythm
Normal ECG

HR : 66 bpm
P : 97 ms
PR : 180 ms
QRS : 84 ms
QT/QTcBz : 385/404 ms
P/QRS/T : 50/44/46 °
RV5/SV1 : 1.748/1.161 mV

Report Confirmed by:

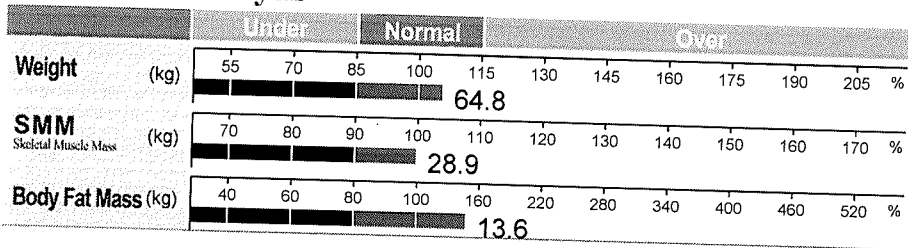


ID caop0000001233	Height 167cm	Age 48	Gender Male	Test Date / Time 14.09.2024. 10:19
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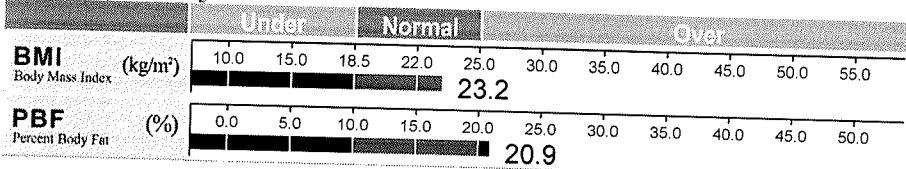
Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	37.7 (34.5~42.1)	37.7	48.5 (44.3~54.1)	51.2 (46.9~57.4)	64.8 (52.2~70.6)
Protein (kg)	10.2 (9.3~11.3)	non-osseous			
Minerals (kg)	3.31 (3.19~3.90)				
Body Fat Mass (kg)	13.6 (7.4~14.7)				

Muscle-Fat Analysis



Obesity Analysis



Segmental Lean Analysis

	Left	Right
Weight	2.99kg	3.07kg
%	100.9%	103.5%
Evaluation	Normal	Normal
Weight	24.4kg	
%	103.3%	
Evaluation	Normal	
Weight	7.39kg	7.43kg
%	89.7%	90.2%
Evaluation	Under	Normal

Segmental Fat Analysis

	Left	Right
Weight	0.7kg	0.6kg
%	123.4%	108.2%
Evaluation	Normal	Normal
Weight	7.3kg	
%	187.9%	
Evaluation	Over	
Weight	1.9kg	1.9kg
%	120.1%	121.2%
Evaluation	Normal	Normal

* Segmental fat is estimated.

Body Composition History

	14.09.24	10:19
Weight (kg)	64.8	
SMM (kg)	28.9	
PBF (%)	20.9	

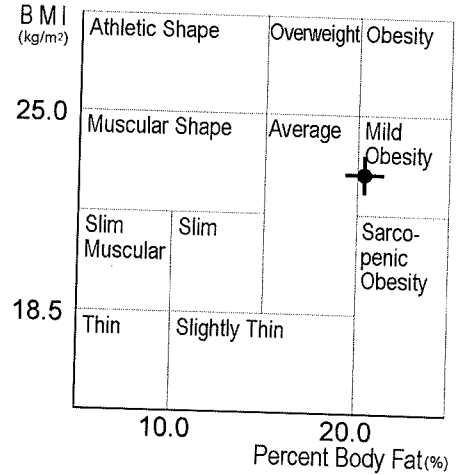
Recent Total

InBody Score

75/100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Body Type



Weight Control

Target Weight	61.3 kg
Weight Control	- 3.5 kg
Fat Control	- 4.4 kg
Muscle Control	+ 0.9 kg

Obesity Evaluation

BMI	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Slightly Over	<input type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Slightly Over	<input 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	1477 kcal	(1441~1679)
Waist-Hip Ratio	0.94	(0.80~0.90)
Visceral Fat Level	5	(1~9)
Obesity Degree	106 %	(90~110)
Bone Mineral Content	2.70 kg	(2.63~3.21)
SMI	7.5 kg/m ²	
Recommended calorie intake	2349 kcal	

Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	339.1	337.8	31.3	326.9	328.6
50 kHz	285.8	294.1	24.1	286.0	289.1
250 kHz	250.9	261.8	18.6	254.1	257.3

Mr Rajesh Kumar
Age - 48y/M

Height: 167cm	Weight: 65kg	BMI: 23.37	Waist Circum:
Temp: 98.3 F	Pulse: 72b/m	Resp: 20mt	B.P: 144/95

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Past h/o → N/S
Sp h/o → N/S
Dental → N/S
Diet → Mixed
Habits → No
Physical → Moderate
activities
Concl vaccines → 2doses
Maxiced,

SP₂ 97%
General health checkup

AS → Sub ⊕
NS → BLAC ⊕
PLAS → Soft BSA ⊕
CNS → conscious oriented

Ado
- Sink D, B, vit B₁₂
- Review @ Reports

Follow up date:

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Doctor's Signature

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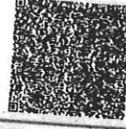
Website : www.apolloclinic.com



भारत सरकार
Government of India



Rajesh Kumar
Date of Birth/DOB: 10/06/1976
Male/ MALE



5624 7389 1252

VID: 9187 3083 0833 6613

मेरा आधार, मेरी पहचान



 **बँक ऑफ बरोडा**
Bank of Baroda

नाम
Name **RAJESH KUMAR**

कार्ड नं.
E. C. No. **61859**


Issuing Authority (Dr. D. K. ...)



Signature of Holder

CERTIFICATE OF MEDICAL FITNESS

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

Rajesh Kumar on 16/9/20

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

	Tick
<p>Medically Fit</p> <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>Surgeon opinion in view of prostate megaly</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>	
<p>Unfit</p>	

Height: 167 cm
Weight: 65 kg
Blood Pressure: 144/95

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Medical Officer

This certificate is not meant for medico-legal purposes

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