

**OUT- PATIENT RECORD**

Date : 10/2/24  
MRNO :  
Name : Fajaz Khan  
Age/Gender : 40y/M  
Mobile No :  
Passport No :  
Aadhar number :

Pulse : 56 bpm	B.P : 120/80	Resp : 20 bpm	Temp : 98°F
Weight : 90.3 kg	Height : 173	BMI : 30.2	Waist Circum : 106

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Married, Nonveg  
Sleep/BFB @ No Allergy.  
No addiction  
PH: Mother: DM.  
Ciprof 500  
1) Avoid oil/ghee  
2) Morning walk 45 min  
3) Repeat Ciprof after 2 months

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

Follow up date:

  
  
Doctor Signature

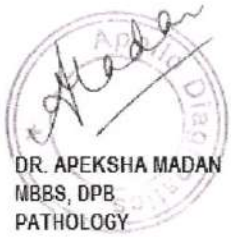


Patient Name	: Mr.FAYAZ KHAN	Collected	: 10/Feb/2024 09:55AM
Age/Gender	: 40 Y 11 M 0 D/M	Received	: 10/Feb/2024 12:53PM
UHID/MR No	: STAR.0000061313	Reported	: 10/Feb/2024 04:53PM
Visit ID	: STAROPV67241	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 954416		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic  
 RBC : Normocytic normochromic  
 WBC : Normal in number, morphology and distribution. No abnormal cells seen  
 Platelets : Adequate in Number  
 Parasites : No Haemoparasites seen  
 IMPRESSION : Normocytic normochromic blood picture  
 Note/Comment : Please Correlate clinically

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

SIN No:BED240033662



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Siliguri: 3A,3B Creascent Court Building, Jhankar More, Burdwan Road, Darjeeling, Pin 734005; T- 8231944412

Berhampore: 13/3/A. A. C ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

TOUCHING LIVES

Expertise. Empowering you.

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	15.5	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	47.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.93	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	97.3	fL	83-101	Calculated
MCH	31.5	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,790	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55	%	40-80	Electrical Impedence
LYMPHOCYTES	37	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	07	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3184.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2142.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	57.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	405.3	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	189000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

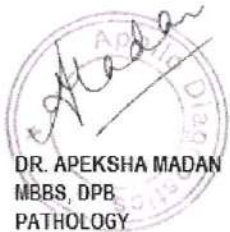
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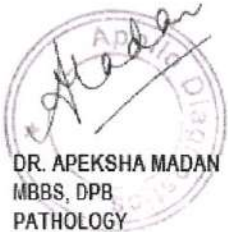
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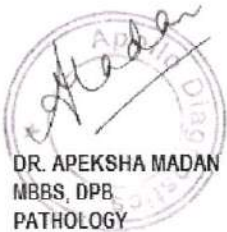
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Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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TOUCHING LIVES

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Patient Name : Mr.FAYAZ KHAN	Collected : 10/Feb/2024 04:59PM
Age/Gender : 40 Y 11 M 0 D/M	Received : 10/Feb/2024 05:48PM
UHID/MR No : STAR.0000061313	Reported : 10/Feb/2024 06:30PM
Visit ID : STAROPV67241	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 954416	

DEPARTMENT OF BIOCHEMISTRY

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

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

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

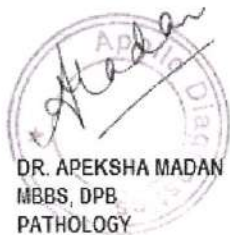
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	100	mg/dL	70-140	GOD - POD

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:PLP1418084

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 Received : 10/Feb/2024 04:37PM  
 Reported : 10/Feb/2024 06:15PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

**Comment:**


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

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

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

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

Page 6 of 12

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

SIN No:EDT240014860

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	205	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	174	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	169	mg/dL	<130	Calculated
LDL CHOLESTEROL	134.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.69		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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TOUCHING LIVES

Patient Name : Mr.FAYAZ KHAN  
 Age/Gender : 40 Y 11 M 0 D/M  
 UHID/MR No : STAR.0000061313  
 Visit ID : STAROPV67241  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 954416

Collected : 10/Feb/2024 09:55AM  
 Received : 10/Feb/2024 04:40PM  
 Reported : 10/Feb/2024 06:05PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.57	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.26	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	48	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	56.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.30	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



Dr. Pratibha Kadam  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist

SIN No: SE04625245



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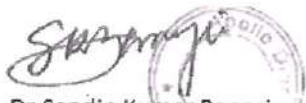


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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	23.90	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	3.5-8.5	Uricase
CALCIUM	8.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139.3	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102.0	mmol/L	98 - 107	Direct ISE



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	18.90	U/L	0-54.99	IFCC

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Berhampore: 13/3/A. A. C ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029



Patient Name : Mr.FAYAZ KHAN  
Age/Gender : 40 Y 11 M 0 D/M  
UHID/MR No : STAR.0000061313  
Visit ID : STAROPV67241  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 954416

Collected : 10/Feb/2024 09:55AM  
Received : 10/Feb/2024 01:14PM  
Reported : 10/Feb/2024 04:38PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.79	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.62	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.110	µIU/mL	0.25-5.0	ELFA

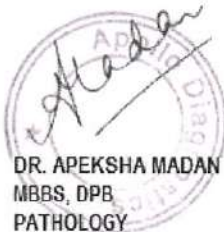
Comment:

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

Page 11 of 12

DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No: SPL24022171

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## OUR LAB NETWORK

### ANDHRA PRADESH

Guntur : Ground Floor 4-15-91/1, Bharat Peta Road, Guntur - 522007 T: 9642101777 / 0863 223 2213

Rajahmundry : 22-9-15/2, Korukonda Road, Opp. Bijili Ice Factory, Jayakrishna Puram, Rajahmundry - 533105 T: 9100910996

Tirupathi : D No:23-9-99/3, Amaravathi Nagar. M R Pala Main Road, Tirupathi - 517501 T: 9515965968 / 8772243415 / 8227743414

Vijayawada : Parmeshwara Complex, Venkateshwara Puram. Vijayawada - 5200101:08662497878 / 9100105801

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<b>TOUGHING NIVES</b>	<b>Patient Name</b> : Mr.FAYAZ KHAN	<b>Collected</b> : 10/Feb/2024 09:55AM
<b>Age/Gender</b> : 40 Y 11 M 0 D/M	<b>Received</b> : 10/Feb/2024 05:01PM	
<b>UHID/MR No</b> : STAR.0000061313	<b>Reported</b> : 10/Feb/2024 08:40PM	
<b>Visit ID</b> : STAROPV67241	<b>Status</b> : Final Report	
<b>Ref Doctor</b> : Dr.SELF	<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED	
<b>Emp/Auth/TPA ID</b> : 954416		

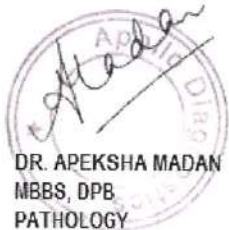
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Page 12 of 12



**DR. APEKSHA MADAN**  
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PATHOLOGY

SIN No:UR2279625



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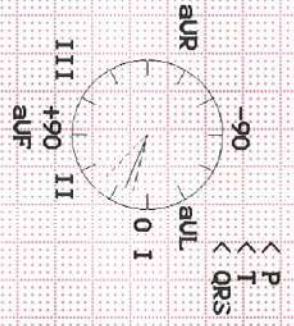
Berhampore : 13/3/A, A. C ROAD, INDTAPRASHTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029



10/2/23

Measurement Results:

QRS	104 ms
QT/QTcB	428 / 409 ms
PR	130 ms
P	112 ms
RR/PP	1076 / 1070 ms
P/QRS/T	44 / 23 / 15 degrees

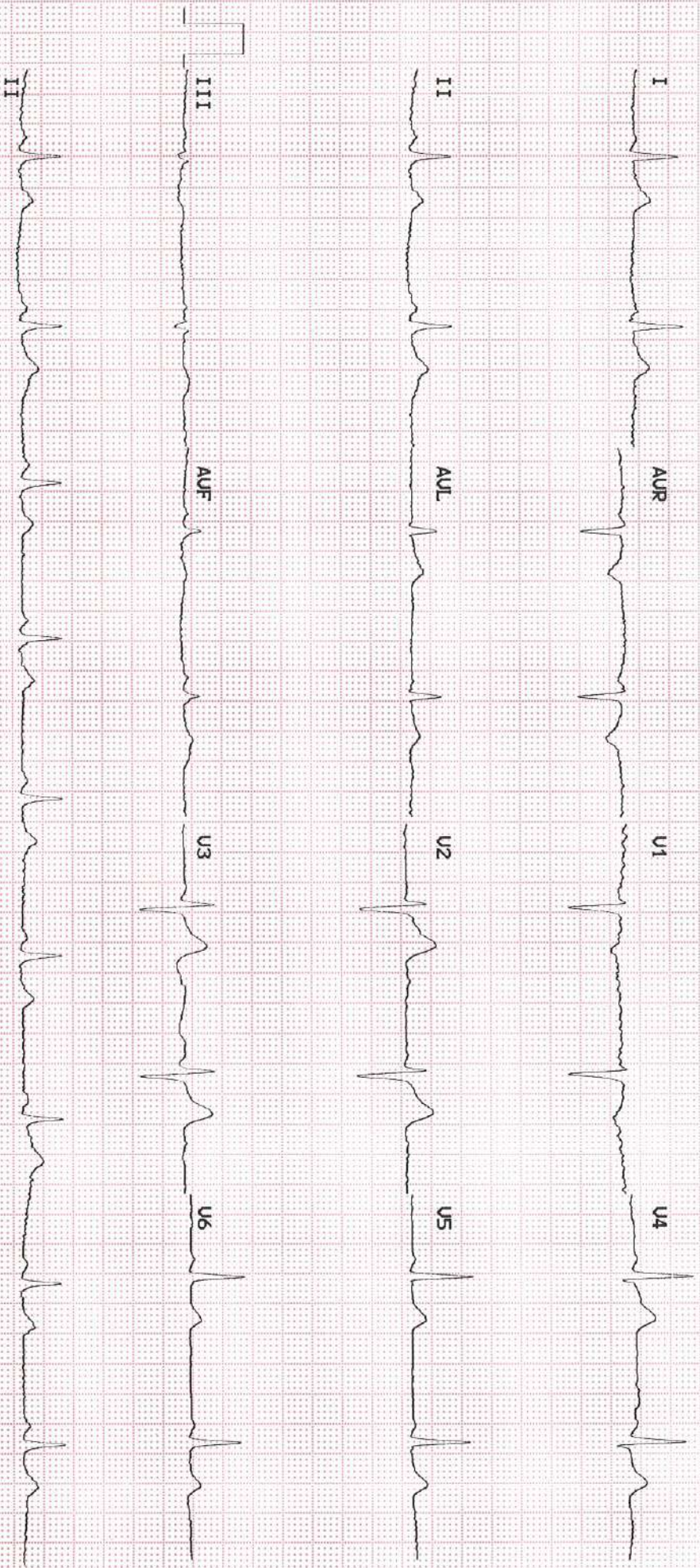


Interpretation:  
 12SL - Interpretation:  
 Sinus bradycardia  
 Otherwise normal ECG

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

*Sinus Bradycardia*

Unconfirmed report.









Patient Name	: Mr. Fayaz Khan	Age	: 40 Y M
UHID	: STAR.0000061313	OP Visit No	: STAROPV67241
Reported on	: 12-02-2024 11:29	Printed on	: 12-02-2024 11:29
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:12-02-2024 11:29

---End of the Report---

  
**Dr. VINOD SHETTY**  
Radiology





Name : Mr.Fayaz Khan  
Age : 40 Year(s)

Date : 10/02/2024  
Sex : Male  
Visit Type : OPD

### **ECHO Cardiography**

#### **Comments:**

Normal cardiac dimensions.  
Structurally normal valves.  
No evidence of LVH.  
Intact IAS/IVS.  
No evidence of regional wall motion abnormality.  
Normal LV systolic function (LVEF 60%).  
No diastolic dysfunction.  
Normal RV systolic function.  
No intracardiac clots / vegetation/ pericardial effusion.  
No evidence of pulmonary hypertension.PASP=30mmHg.  
IVC 12 mm collapsing with respiration.

#### **Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT.

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

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

**Apollo Specialty Hospitals Pvt. Ltd.** (CIN - U85100TG2009PTC099414)  
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**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.Fayaz Khan  
Age : 40 Year(s)

Date : 10/02/2024  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	90mm/sec
EPSS	06mm
LA	23mm
AO	25mm
LVID (d)	40mm
LVID(s)	23mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

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

**Apollo Specialty Hospitals Pvt. Ltd.** (CIN - U85100TG2009PTC099414)  
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)





Patient Name : MR. FAYAZ KHAN  
Ref. By : HEALTH CHECK UP

Date : 10-02-2024  
Age : 40 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER** : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL BLADDER** : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

**PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

**SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

**KIDNEYS** : The **RIGHT KIDNEY** measures 11.5 x 4.3 cms and the **LEFT KIDNEY** measures 11.9 x 4.9 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

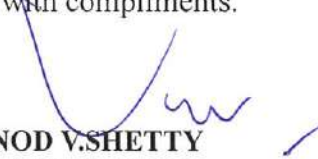
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 2.7 x 2.7 x 2.6 cms and weighs 10.4 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**IMPRESSION**: The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.

Report with compliments.

  
DR. VINOD V. SHETTY  
MD, D.M.R.D.  
CONSULTANT SONOLOGIST.





Name: Mr Faysal Khan  
Age: 40yr/M

10/02/2024

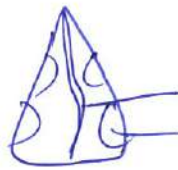
- For Health Consultation
- Offers no complaints

O/E - Ears -



B/L TM intact, mobile

Nose -



Septum deviated to (L)  
Mucosa @  
No discharge

Throat - NAD

Imp: ENT-NAD

MAJ (DR) SHRUTANIL SHARMA  
M.S. (ENT), PGDHHM, PGDMLS  
MMC - 2019096177





**EYE REPORT**

Name: *Kavya Khim*

Date: *10/02/2011*

Age / Sex: *40y / M*

Ref No.:

Complaint:

*no ocular do  
no a/o SE/DA*

Examination

Spectacle Rx

*Ue < 6/6*

*noceur la fms*

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

Remarks:

*noceur la fms*

Medications:

*As fms*

Trade Name	Frequency	Duration

Follow up:

*noceur la fms*

Consultant:







## FOODS TO AVOID

Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.

Condense milk, concentrated milk sweets, butter, cheese, cream.

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Papad, pickles, chutney.

Alcohol, smoking and Tobacco should be strictly avoided.

  
Fauziya Ansari  
Clinical Dietician/ Nutritionist  
E: diet.trd@apollospectra.com  
Cont: 8452884100

## DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

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

Exercise regularly for at least 30-45 minutes daily. Brisk walking is a good form of exercise, yoga, cycling, and swimming are.

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

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

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

### FOOD ALLOWED

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



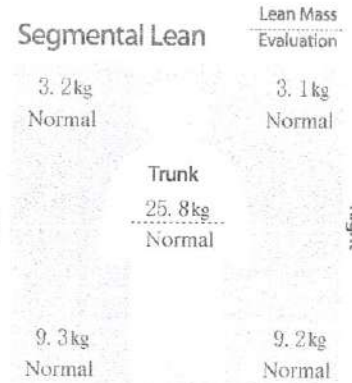
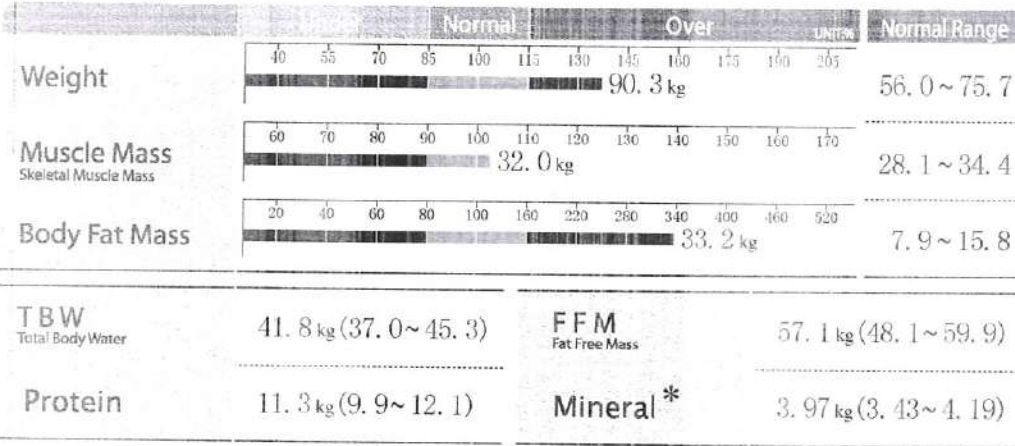
ID 61313  
Age 40

Height 173cm  
Gender Male

Date 10. 2. 2021  
Time 11:01:10

APOLLO SPECTRA HOSPITAL

## Body Composition



\* Mineral is estimated.

## Obesity Diagnosis

Parameter	Value	Normal Range
BMI (kg/m <sup>2</sup> )	30.2	18.5 ~ 25.0
PBF (%)	36.8	10.0 ~ 20.0
WHR	0.98	0.80 ~ 0.90
BMR (kcal)	1602	1862 ~ 2194

### Nutritional Evaluation

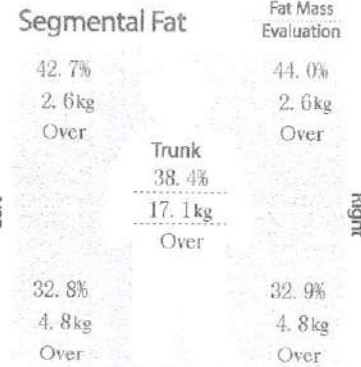
Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient
	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> 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 type="checkbox"/> Over	<input checked="" type="checkbox"/> Extremely Over
PBF	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	
WHR	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	



\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 23.2 kg	Fitness Score	58
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## Impedance

Z	RA	LA	TR	RL	LL
20kHz	329.9	315.5	26.3	238.1	235.5
100kHz	294.5	282.5	22.5	212.4	209.3

\* 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: 90.3 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
181	316	271	316	294	316	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
204	271	316	452	172	204	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
452	452	452	271	316	159	
Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats	
development of upper body	abdominal muscle training	back's prevention	muscle strength	muscle strength	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**  
1700 kcal

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

