



बैंक ऑफ बड़ोदा
Bank of Baroda

4028

सुशान्त कल्याण गिर्कार

Name

BUSHANT KALYAN GIRKAR

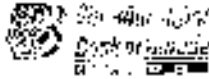
एकताई एच. नं.

E.C. No. 73838



अधिकारी अधिकृत
Issuing Authority

अधिकारी अधिकृत
Signature of Holder



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Medihel (Aroofemi Healthcare Limited)
Helpline number: 011-41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. GIRKAR SUSHANT KAIYAN
EC NO.	73639
DESIGNATION	RELATIONSHIP MANAGER (NTB)
PLACE OF WORK	VASAI, VASAI WEST
BIRTHDATE	21-03-1986
PROPOSED DATE OF HEALTH CHECKUP	28-02-2024
BOOKING REFERENCE NO.	23M73639100093490F

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **23-02-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No signature required. For any clarification, please contact Medihel (Aroofemi Healthcare Limited).)

प्रति,

सम्बन्धक,

Mediawheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41196959

महोदय/ महोदया,

विषय: वेवू ऑफ़ बड़ीदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैब्लेट वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

कर्मचारी विवरण	
नाम	MR. GIRKAR SUSHANT KALYAN
फ.क्यू.नं.	73638
पदनाम	RELATIONSHIP MANAGER (NTS)
कार्य का स्थान	VASAI, VASAI WEST
जन्म की तारीख	21-03-1986
स्वास्थ्य जांच की प्रस्तावित तारीख	28-02-2024
व्यक्ति संदर्भ सं.	23M73638100093490E

यह अनुमोदन संस्तुति पत्र तभी वैध माना जाएगा जब इसे वेवू ऑफ़ बड़ीदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 23-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुसूची के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैब्लेट सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इन संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं व्यक्ति संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(गुल्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

वेवू ऑफ़ बड़ीदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediawheel (Arcofemi Healthcare Limited) से संपर्क करें।)

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years)
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

OUT- PATIENT RECORD

Date: 28/2/24.
MRNO: 61693
Name: Suhant. Airkar.
Age/Gender:
Mobile No:
Passport No:
Aadhar number:

Pulse :	B.P : 110/80	Resp : 14/min	Temp : (37)
Weight : 100 kg	Height : 177.	BMI : 31.9	Waist Circum :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Hypertension 1st year. Stroke in 100 years 100.
Unmarried, Non-vegetarian
Sleep 8-9 hrs No Allergy.
No alcoholism
PH: Modem: OA Father: Obv Alcoholics
expressed.
HBAIC 6.1 creat 1.30
1) Atorvastatin 20mg
2) morning walk 45 mins daily
3) Repeat creat after 1 month
Physically fit

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

Follow up date:

APOLLO SPECIALTY
TARDEO,
MUMBAI
★
Dr. Signature

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

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

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apolloh.com

TO: Dr. Apeksha Madan	Collected	: 28/Feb/2024 08:21AM	
Patient Name	: Mr.SUAHANT K GIRKAR	Received	: 28/Feb/2024 10:34AM
Age/Gender	: 37 Y 11 M 7 DM	Reported	: 28/Feb/2024 12:37PM
UHID/MR No	: STAR.0000061693	Status	: Final Report
Visit ID	: STAROPV67783	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Ref Doctor	: Dr.SELF		
Emp/Auth/TPA ID	: 73839		

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, DPM
PATHOLOGY

SIN No:BED240051875

Patient Name	: Mr.SUAHANT K GIRKAR	Collected	: 28/Feb/2024 08:21AM
Age/Gender	: 37 Y 11 M 7 D/M	Received	: 28/Feb/2024 10:34AM
UHID/MR No	: STAR.0000061693	Reported	: 28/Feb/2024 12:37PM
Visit ID	: STAROPV67783	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Ault/TPA ID	: 73639		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.8	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,680	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3406.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2404.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	267.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	601.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.42		0.78- 3.53	Calculated
PLATELET COUNT	232000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

Page 2 of 13




DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240051875

COLLECTOR'S NAME : Mr.SUAHANT K GIRKAR	Collected : 28/Feb/2024 08:21AM
Age/Gender : 37 Y 11 M 7 D/M	Received : 28/Feb/2024 10:34AM
UHID/MR No : STAR_0000061693	Reported : 28/Feb/2024 12:37PM
Visit ID : STAROPV57783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73639	

DEPARTMENT OF HAEMATOLOGY

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

RBC : Normocytic normochromic

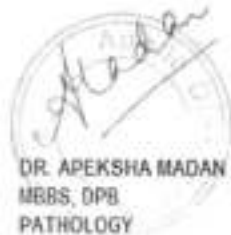
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

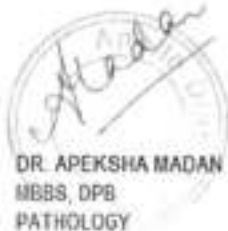
SIN No:BED240051875

Patient Name : Mr.SUAHANT K GIRKAR Age/Gender : 37 Y 11 M 7 DM UHID/MR No : STAR.0000061693 Visit ID : STAROPV67783 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 73639	Collected : 28/Feb/2024 08:21AM Received : 28/Feb/2024 10:34AM Reported : 28/Feb/2024 12:37PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SEN No:BED240051875

Patient Name	: Mr.SUAHANT K GIRKAR	Collected	: 28/Feb/2024 08:21AM
Age/Gender	: 37 Y 11 M 7 D/M	Received	: 28/Feb/2024 10:58AM
UHID/MR No	: STAR.0000061693	Reported	: 28/Feb/2024 12:37PM
Visit ID	: STAROPV67783	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 73639		

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	93	mg/dL	70-100	GOD - POD

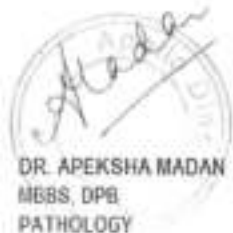
Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:PLP02114317

Patient Name : Mr.SUAHANT K GIRKAR Age/Gender : 37 Y 11 M 7 DM UHID/MR No : STAR.0000061693 Visit ID : STAROPV67783 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 73639	Collected : 28/Feb/2024 12:45PM Received : 28/Feb/2024 01:02PM Reported : 28/Feb/2024 01:11PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	112	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, DPM
PATHOLOGY

SIN No:PLP1425048

Patient Name	: Mr.SUAHANT K GIRKAR	Collected	: 28/Feb/2024 08:21AM
Age/Gender	: 37 Y 11 M 7 D/M	Received	: 28/Feb/2024 04:51PM
UHID/MR No	: STAR.0000061693	Reported	: 28/Feb/2024 05:57PM
Visit ID	: STAROPV57783	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 73639		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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: Diet/medication or fasting is not required.

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

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

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

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

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




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

SIN No:EDT240023373

Patient Name	: Mr.SUAHANT K GIRKAR	Collected	: 28/Feb/2024 08:21AM
Age/Gender	: 37 Y 11 M 7 D/M	Received	: 28/Feb/2024 04:51PM
UHID/MR No	: STAR.0000061693	Reported	: 28/Feb/2024 06:37PM
Visit ID	: STAROPV67783	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 73639		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	187	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	136	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	145	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.45		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithms now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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

SIN No:SE04643936



TO BE COLLECTED BY: Patient Name : Mr.SUAHANT K GIRKAR Age/Gender : 37 Y 11 M 7 D/M UHID/MR No : STAR.0000061693 Visit ID : STAROPV67783 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 73639	Collected : 28/Feb/2024 08:21AM Received : 28/Feb/2024 04:51PM Reported : 28/Feb/2024 06:37PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	56	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	71.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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:

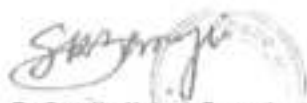
1. Hepatocellular Injury:

- 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 > 1In 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. Sandip Kumar Banerjee
 M.B.B.S, M.D (PATHOLOGY), D.P.B
 Consultant Pathologist

SIN No: SE04643936

Patient Name : Mr.SUAHANT K GIRKAR	Collected : 28/Feb/2024 08:21AM
Age/Gender : 37 Y 11 M 7 D/M	Received : 28/Feb/2024 04:51PM
UHID/MR No : STAR.0000061693	Reported : 28/Feb/2024 06:37PM
Visit ID : STAROPV67783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73639	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.30	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	30.30	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	14.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	3.5-8.5	Uricase
CALCIUM	8.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68	-	0.9-2.0	Calculated



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

SIN No: SE04643936

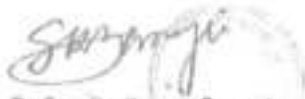


TOUCH UP YOUR LIVES Patient Name : Mr.SUAHANT K GIRKAR Age/Gender : 37 Y 11 M 7 D/M UHID/MR No : STAR.0000061693 Visit ID : STAROPV67783 Ref Doctor : Dr.SELF Empl/Auth/TPA ID : 73639	Collected : 28/Feb/2024 08:21AM Received : 28/Feb/2024 04:51PM Reported : 28/Feb/2024 06:37PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	35.00	U/L	15-73	Glycylglycine Nitroanalide

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

SIN No:SE04643936

Patient Name : Mr.SUAHANT K GIRKAR Age/Gender : 37 Y 11 M 7 DM UHID/MR No : STAR.0000061893 Visit ID : STAROPV67783 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 73639	Collected : 28/Feb/2024 08:21AM Received : 28/Feb/2024 11:07AM Reported : 28/Feb/2024 02:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.14	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.81	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	6.060	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

- 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 inhibits 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 thyrotoxic causes
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma




DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No: SPL24034256

Patient Name : Mr.SUAHANT K GIRKAR Age/Gender : 37 Y 11 M 7 D/M UHID/IR No : STAR.0000061693 Visit ID : STAROPV67783 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 73639	Collected : 28/Feb/2024 08:21AM Received : 28/Feb/2024 12:17PM Reported : 28/Feb/2024 02:11PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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 13 of 13

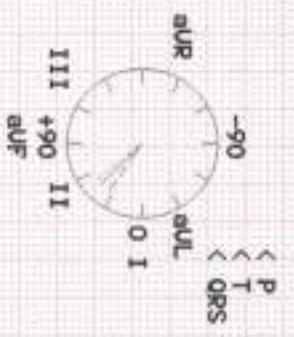



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:URL2292911

Measurement Results:

QRS	:	98 ms
QT/QTcB	:	414 / 406 ms
PR	:	158 ms
P	:	126 ms
RR/PP	:	1024 / 1015 ms
P/ORS/T	:	51 / 45 / 35 degrees



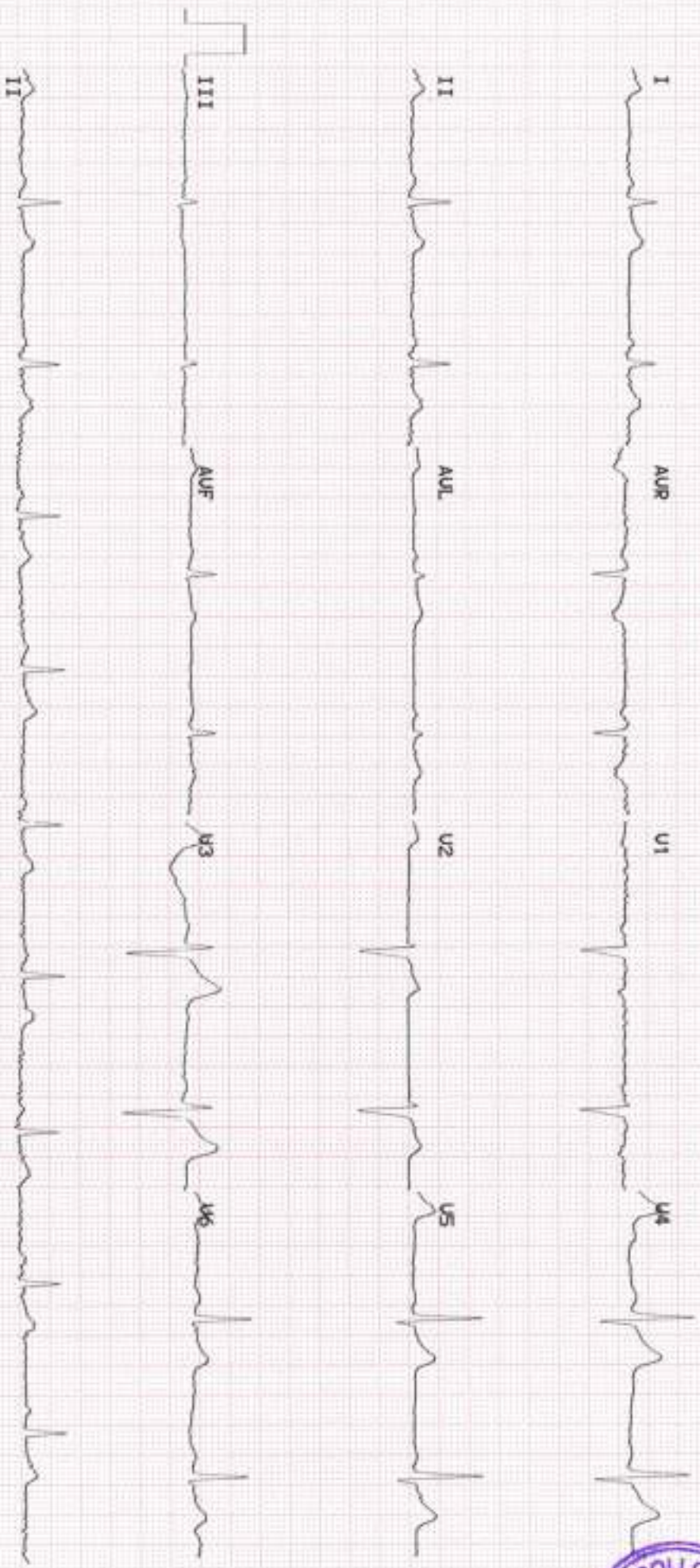
Interpretation:
 12SL - Interpretation:
 Sinus bradycardia
 Otherwise normal ECG

Sinus Bradycardia.

Mr. Sachant Gairiker.

Dr. (Mrs.) CHHAYA P. VAJJA
 M.D. (MUM)
 Physician & Cardiologist
 Reg. No. 55942

Unconfirmed report.



28/2/24

04:00:01 00:32:27

25mm/s 10mm/mV ADS

50Hz 0.08 - 20Hz 3_F1

Automatic U6.2.121 (1)

12SLbV231

Name : Mr. Sushant Girkar
Age : 37 Year(s)
Ref by : Health Check Up

Date : 28/02/2024
Sex : Male
Visit Type : OPD

PLAIN RADIOGRAPH OF CHEST (PA VIEW)

- Lungs show equal translucency and normal vasculature on both sides.
- No active pulmonary lesion seen.
- Trachea and mediastinum are in midline.
- Cardiac size and configuration are within normal limits.
- Pleural cavities are clear.
- Domes of diaphragm are smooth in outline.
- Bony thorax is normal.

CONCLUSION: No evidence of pulmonary, pleural or cardiac lesion seen.



Dr. Vinod V. Shetty

Radiologist

Patient Name : MR.SUSHANT GIRKAR
Ref. By : HEALTH CHECK UP

Date : 28-02-2024
Age : 37 years

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 10.0 x 4.7 cms and the **LEFT KIDNEY** measures 10.4 x 4.7 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.


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

PROSTATE : The prostate measures 3.2 x 2.6 x 2.4cms and weighs 10.7 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

Report with compliments.


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

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

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

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr.Sushant Girkar
Age : 37 Year(s)

Date : 28/02/2024
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
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Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr.Sushant Girkar
Age : 37 Year(s)

Date : 28/02/2024
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	90mm/sec
EPSS	04mm
LA	29mm
AO	27mm
LVID (d)	38mm
LVID(s)	24mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

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

Name: Mrs Sushant K Ginkar
Age: 37yrs/M

28/02/2024

- For Health Consultation
- Offers no complaints ENT related

O/E - Ears
R



S/L TM intact, mobile

Nose -



Septum deviated to (L)
Mucosa congested
No discharge

Throat - NAD

Imp: ENT-NAD

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

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. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable s`oups, 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 Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni 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.

EYE REPORT

Name: Sushant Girhan

Date: 28/2/24

Age / Sex: 37/m.

Ref No.:

Complaint: Nil.

lids - N
conj. -

Examination

— K. clear — -0.5:1 -
Q.D.
R.R. RT (N)
Clear lens

Spectacle Rx

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	—	Plano	—	6/6 (st)	—	Plano	—
Read	N ₆	—	Plano	—	N ₆	—	Plano	—

Remarks:

Medications:

Trade Name	Frequency	Duration

Follow up:

Consultant:

ID
Age 37

Height 177cm
Gender Male

Date 28. 2. 2024
Time 09:34:37

APOLLO SPECTRA HOSPITAL

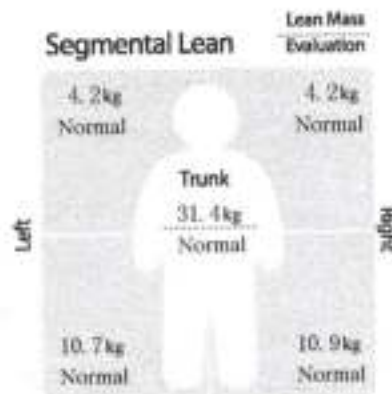
MR. Pushant Girkar

Body Composition

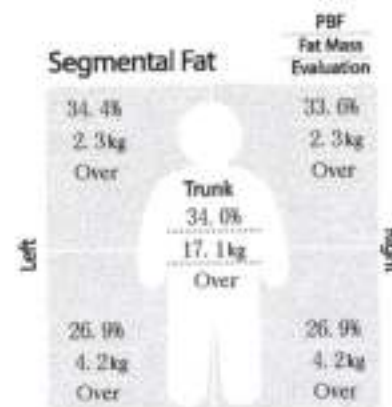
	Under	Normal	Over	Normal Range
Weight	100.0 kg			58.6 ~ 79.3
Muscle Mass <small>Skeletal Muscle Mass</small>	39.2 kg			29.5 ~ 36.1
Body Fat Mass	31.5 kg			8.3 ~ 16.5
TBW <small>Total Body Water</small>	50.3 kg (38.8 ~ 47.4)		FFM <small>Fat Free Mass</small>	68.5 kg (50.3 ~ 62.7)
Protein	13.7 kg (10.4 ~ 12.7)		Mineral*	4.50 kg (3.59 ~ 4.38)

* Mineral is estimated.

Segmental Lean



Segmental Fat



* Segmental Fat is estimated.

Obesity Diagnosis

	Value	Normal Range
BMI <small>Body Mass Index (kg/m²)</small>	31.9	18.5 ~ 25.0
PBF <small>Percent Body Fat (%)</small>	31.5	10.0 ~ 20.0
WHR <small>Waist-Hip Ratio</small>	1.01	0.80 ~ 0.90
BMR <small>Basal Metabolic Rate (kcal)</small>	1849	2022 ~ 2390

Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive

Weight Management

Weight	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
SMM	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" 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	

Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 19.5 kg	Fitness Score	70
----------------	--------	-------------	-----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kg	249.0	255.2	25.8	207.9	211.0
100kg	220.2	226.6	21.5	183.5	185.7

* 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: 100.0 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
200	350	300	350	326	350	
Table tennis	Tennis	Football	Oriental fencing	Gate ball	Badminton	
226	300	350	500	190	226	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope Jumping	Golf	
500	500	500	300	350	176	
Push-ups <small>development of upper body</small>	Sit-ups <small>abdominal muscle training</small>	Weight training <small>muscle preservation</small>	Dumbbell exercise <small>muscle strength</small>	Elastic band <small>muscle strength</small>	Squats <small>maintenance of lower body muscle</small>	

• 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

1900 kcal

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

Patient Name : Mr.SUAHANT K GIRKAR
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Collected : 28/Feb/2024 08:21AM
Received : 28/Feb/2024 10:34AM
Reported : 28/Feb/2024 12:37PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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



Patient Name : Mr.SUAHANT K GIRKAR
Age/Gender : 37 Y 11 M 7 D/M
UHID/MR No : STAR.0000061693
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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.8	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,680	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	36	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3406.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2404.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	267.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	601.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.42		0.78- 3.53	Calculated
PLATELET COUNT	232000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

Page 2 of 13



SIN No:BED240051875

Patient Name : Mr.SUAHANT K GIRKAR
Age/Gender : 37 Y 11 M 7 D/M
UHID/MR No : STAR.0000061693
Visit ID : STAROPV67783
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 73639

Collected : 28/Feb/2024 08:21AM
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DEPARTMENT OF HAEMATOLOGY

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

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



Patient Name : Mr.SUAHANT K GIRKAR	Collected : 28/Feb/2024 08:21AM
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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73639	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




DR. APEKSHA MADAN
MBBS, DPE
PATHOLOGY

SIN No:BED240051875

Patient Name : Mr.SUAHANT K GIRKAR	Collected : 28/Feb/2024 08:21AM
Age/Gender : 37 Y 11 M 7 D/M	Received : 28/Feb/2024 10:58AM
UHID/MR No : STAR.0000061693	Reported : 28/Feb/2024 12:37PM
Visit ID : STAROPV67783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73639	

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	93	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.



Patient Name : Mr.SUAHANT K GIRKAR	Collected : 28/Feb/2024 12:45PM
Age/Gender : 37 Y 11 M 7 D/M	Received : 28/Feb/2024 01:02PM
UHID/MR No : STAR.0000061693	Reported : 28/Feb/2024 01:11PM
Visit ID : STAROPV67783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73639	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	112	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.



Patient Name : Mr.SUAHANT K GIRKAR	Collected : 28/Feb/2024 08:21AM
Age/Gender : 37 Y 11 M 7 D/M	Received : 28/Feb/2024 04:51PM
UHID/MR No : STAR.0000061693	Reported : 28/Feb/2024 05:57PM
Visit ID : STAROPV67783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73639	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



Dr.Sandip Kumar Banerjee
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SIN No:EDT240023373

Patient Name : Mr.SUAHANT K GIRKAR	Collected : 28/Feb/2024 08:21AM
Age/Gender : 37 Y 11 M 7 D/M	Received : 28/Feb/2024 04:51PM
UHID/MR No : STAR.0000061693	Reported : 28/Feb/2024 06:37PM
Visit ID : STAROPV67783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73639	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	187	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	136	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	145	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.45		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04643936

Patient Name : Mr.SUAHANT K GIRKAR	Collected : 28/Feb/2024 08:21AM
Age/Gender : 37 Y 11 M 7 DM	Received : 28/Feb/2024 04:51PM
UHID/MR No : STAR.0000061693	Reported : 28/Feb/2024 06:37PM
Visit ID : STAROPV67783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73639	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	56	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	71.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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'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.



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SIN No:SE04643936

Patient Name : Mr.SUAHANT K GIRKAR
Age/Gender : 37 Y 11 M 7 D/M
UHID/MR No : STAR.0000061693
Visit ID : STAROPV67783
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 73639

Collected : 28/Feb/2024 08:21AM
Received : 28/Feb/2024 04:51PM
Reported : 28/Feb/2024 06:37PM
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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.30	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	30.30	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	14.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	3.5-8.5	Uricase
CALCIUM	8.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated



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SIN No:SE04643936

Patient Name : Mr.SUAHANT K GIRKAR	Collected : 28/Feb/2024 08:21AM
Age/Gender : 37 Y 11 M 7 D/M	Received : 28/Feb/2024 04:51PM
UHID/MR No : STAR.0000061693	Reported : 28/Feb/2024 06:37PM
Visit ID : STAROPV67783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73639	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	15-73	Glycylglycine Nitoranalide



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SIN No:SE04643936

Patient Name : Mr.SUAHANT K GIRKAR	Collected : 28/Feb/2024 08:21AM
Age/Gender : 37 Y 11 M 7 DM	Received : 28/Feb/2024 11:07AM
UHID/MR No : STAR.0000061693	Reported : 28/Feb/2024 02:10PM
Visit ID : STAROPV67783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73639	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.14	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.81	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	6.060	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

- 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL24034256

Patient Name : Mr.SUAHANT K GIRKAR	Collected : 28/Feb/2024 08:21AM
Age/Gender : 37 Y 11 M 7 D/M	Received : 28/Feb/2024 12:17PM
UHID/MR No : STAR.0000061693	Reported : 28/Feb/2024 02:11PM
Visit ID : STAROPV67783	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 73639	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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 13 of 13



SIN No:UR2292911

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
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